



MEMBER HANDBOOK

NC Medicaid Managed Care
Behavioral Health and Intellectual/
Developmental Disabilities Tailored Plan

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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NC MEDICAID MANAGED CARE BEHAVIORAL HEALTH AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES TAILORED PLAN MEMBER HANDBOOK

Vaya Health | November 2025



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 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, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información 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.

中国人 (Chinese): 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。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi **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.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타정보가 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.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations 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.

Hmoob (Hmong): 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.

عربي (Arabic):

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)**.

يمكننا أن نقدم لك **1-800-962-9003 (TTY/TDD 711)**. إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا إلى خدمات

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию 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.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon 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.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમ ાં આ સ મગ્રી અને અન્ય મ હિતી સહિત મફત સિ યક સિ ય અને સેવ ઓની પ્રવનાંતીકરી શકો છો. **1-800-962-9003 (TTY/TDD 711)**. પર કોલ કરો જો અંગ્રેજી તમ રી િથમ ભ ષ ન િોય, તો અમે મદદ કરી શકીએ છીએ. **1-800-962-9003 (TTY/TDD 711)**. પર કોલ કરો તમ રી ભ ષ મ ાં મૌખિક રીતે અથવ લેખિતમ ાં તમને આ સ મગ્રીની મ હિતી અમે પ્રવન મૂલ્યે આપી શકીએ છીએ, દુભ પ્રષય સેવ ઓની સુલભત આપી શકીએ છીએ અને તમ રી ભ ષ મ ાં તમ ર િશ્ચોન જવ બ આપવ મ ાં અમે સિ યત કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពី ផ្សេងទៀតនៅជាអក្សរពុម្ពធំ។ ហៅទូរសព្ទទៅលេខ **1-800-962-9003 (TTY/TDD 711)** ។ ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-800-962-9003 (TTY/TDD 711)**.

យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen 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.

हिंदी (Hindi): आप इस सामग्री और अन्य 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

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບພິ, ລວມທັງເອກະສານ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາ**1-800-962-9003 (TTY/TDD 711)**.

ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-800-962-9003 (TTY/TDD 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານ ເປັນພາສາຂອງທ່ານທາງປາກເປົ້າ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): 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。

Your Vaya Health Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Find a doctor, specialist, or health care service	My primary care provider (PCP). (If you need help with choosing your PCP, call 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
Learn more about choosing or enrolling in a health care option	Call the Enrollment Broker toll-free: 1-833-870-5500. Hours of operation: 7 a.m. to 5 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 health services	My PCP or Member and Recipient Services at 1-800-962-9003 (TTY 711)
Get help with getting to and from my doctor's appointments	Modivcare Member Services at 1-888-621-2084 or Vaya Member and Recipient Services at 1-800-962-9003. You can also find more information on transportation services in this handbook on page 36.
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.
Get answers to basic questions or concerns about my physical health, symptoms, or medicines	Nurse Line at 1-800-290-1623, at any time, 24 hours a day, 7 days a week, or talk with your PCP.
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from Vaya • File a complaint about Vaya • Get help with a recent change or denial of my health care services 	<p>Member and Recipient Services at 1-800-962-9003 or the NC Medicaid Ombudsman at 1-877-201-3750</p> <p>You can also find more information about the NC Medicaid Ombudsman in this handbook on page 72.</p>
Update my address	<p>Call your local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found at ncdhhs.gov/divisions/social-services/local-dss-directory.</p> <p>You can also use ePASS to update your address and information. epass.nc.gov is North Carolina's secure self-service website where you can apply for benefits and services. You can create a basic ePASS account, then choose to update to an Enhanced ePASS account.</p> <p>Sign up for ePASS at epass.nc.gov.</p>
Find my health plan's provider directory or other general information about my health plan	Visit our website at vayahealth.com or call Member and Recipient Services at 1-800-962-9003.

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 seven or more beds for older adults or persons with disabilities who need additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.

Adult Preventive Care: Care consisting of wellness checkups, patient counseling, and regular screenings to prevent adult illness, disease, and other health-related issues.

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.

Advanced Medical Home Plus (AMH+): Certified primary care practices whose providers have experience delivering primary care services to Tailored Plan members, including people with behavioral health, intellectual/developmental disabilities (I/DD), or traumatic brain injuries (TBI). These providers are also certified to provide care management to you if you are assigned to their practice.

Adverse Benefit Determination: A decision your health plan can make to deny, reduce, stop, or limit your health care services.

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 health 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 and Intellectual/Developmental Disabilities (I/DD) Tailored Plan: A North Carolina managed care health plan that offers physical health, pharmacy, and behavioral health services, including services that are not offered by Standard Plans, for members who may have significant mental health needs, intellectual/developmental disabilities (I/DDs), traumatic brain injuries (TBIs), or severe substance use disorders. For this handbook, the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan will be referred to as the "Tailored Plan."

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 the monitoring of 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 Management Agency (CMA): Provider organization with experience delivering behavioral health, I/DD, or TBI services to Tailored Plan members and that will deliver integrated, whole-person care management services to Tailored Plan members. These providers are certified to provide care management to you.

Care Manager: A health professional who 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.

Children’s Screening Services: A medical examination to monitor how a child is developing. Screening services can help identify concerns and problems early. The screenings assess social/emotional behavior, vision and hearing, motor skills and coordination, cognitive abilities, language, and speech.

Copayment (Copay): An amount you pay when you get certain health care services or a prescription.

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

Covered Services: Health care services that are provided by your health plan.

Crossover: The timeframe immediately before and after the start of NC Medicaid Managed Care.

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A Medicaid benefit that provides comprehensive and preventive health care services for children under 21 who receive Medicaid. When children need medical care, services are not limited by Vaya’s coverage policies. Medicaid makes sure that members under age 21 can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions.

Early Intervention: Services and support available to babies and young children with developmental delays and disabilities and their families. Services may include speech and physical therapy and other types of services.

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 Medical Transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

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

Enrollment Broker: Unbiased, third-party entity that provides managed care choice counseling, enrollment assistance, and coordinates outreach and education to beneficiaries.

Excluded Services: Services covered by the NC Medicaid Direct program but not by your health plan. You can get these services from any provider who takes Medicaid.

Fair Hearing: See “State Fair Hearing.”

Grievance: A complaint about your health plan, provider, care, or services. Contact your plan and tell them you have a “grievance” about your services. Grievances and appeals are different.

Habilitation Services and Devices: Health care services that help you keep, learn, or improve skills and functioning for daily living.

Health Care Option: Health care options include Standard Plans, Tailored Plans, EBCI Tribal Option, and NC Medicaid Direct. These options are based on the individual beneficiary.

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

Health Plan (or Plan): The organization providing you with health care services.

Home Health Care: Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing, or physical therapy services.

Hospice Services: Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social, and spiritual services that support terminally ill individuals and their families or caregivers.

Hospital Outpatient Care: Services you receive from a hospital or other medical setting that do not require hospitalization.

Hospitalization: Admission to a hospital for treatment that lasts more than 24 hours.

Innovations Waiver: The 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: 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).

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): Facility that provides residential, medical, and other supports to people with intellectual/developmental disabilities who have behavioral and/or medical conditions.

Legal Guardian or Legally Responsible Person: A person appointed by a court of law to make decisions for a person 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).

Long-Term Services and Supports: Care provided in the home, in community-based settings, or in facilities to help individuals with certain health conditions or disabilities with day-to-day activities. LTSS includes services like home health and personal care services.

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 beneficiaries. In North Carolina, there are three types of managed care plans.

Medicaid: Medicaid is a health coverage program that helps certain families or individuals who have low income or serious medical problems. It is paid with federal, state, and county dollars and covers many physical health, behavioral health, and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections.

Medically Necessary: Medical services, treatments, or supplies that are needed to diagnose or treat an illness, injury, condition or 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).

NC Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits), the 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.

NC Medicaid (State Medicaid Agency): Agency that manages Medicaid health care programs, pharmacy benefits, and behavioral health services on behalf of the North Carolina Department of Health and Human Services.

NC Medicaid Direct: Previously known as Medicaid Fee-For-Service, this category of care includes those who are not a part of NC Medicaid Managed Care.

NC Medicaid Member Ombudsman: A Department program that provides education and advocacy for Medicaid beneficiaries, whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman also resolves issues for NC Medicaid Managed Care members. A resource to be used when you have been unable to resolve issues with your health plan or PCP. The NC Medicaid Ombudsman program is separate and distinct from the Long-Term Care Ombudsman Program.

Network (or Provider Network): A group of doctors, hospitals, pharmacies, and other health professionals who have a contract with your health plan to provide health care services for members.

Network Provider: A provider that is in your health plan's provider network.

Non-Covered Services: Health care services that are not covered by your health plan.

Non-Emergency Medical Transportation (NEMT): Transportation your plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, mountain area transports, and public transportation.

Ongoing Course of Treatment: When a member, in the absence of continued services reflected in a treatment or service plan or as otherwise clinically indicated, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

Ongoing Special Condition: A condition that is serious enough to require treatment to avoid possible death or permanent harm. A chronic illness or condition that is life-threatening, degenerative, or disabling and requires treatment over an extended period. This definition also includes pregnancy in its second or third trimester, scheduled surgeries, organ transplants, scheduled inpatient care, or being terminally ill.

Out-of-Network Provider: A provider that is not in your health plan's provider network.

Palliative Care: Specialized care for a patient and family that begins at diagnosis and treatment of a serious or terminal illness. This type of care is focused on providing relief from symptoms and stress of the illness with the goal of improving quality of life for you and your family.

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

Physician: A person who is qualified to practice medicine.

Physician Services: Health care services you receive from a physician, nurse practitioner, or physician assistant.

Postnatal: Pregnancy health care for a mother who has just given birth to a child.

Premium: The amount you pay for your health insurance every month. Most Medicaid beneficiaries do not have a premium.

Prenatal: Pregnancy health care for expectant mothers prior to the birth of a child.

Prescription Drug Coverage: Refers to how the health plan helps pay for its members' prescription drugs and medications.

Prescription Drugs: A drug that, by law, requires a provider to order it before a beneficiary can receive it.

Primary Care: Services from a primary care provider (PCP) that help you prevent illness (check-up, immunization) to manage a health condition you already have (like diabetes).

Primary Care Provider or Primary Care Physician (PCP): The doctor or clinic where you get your primary care (immunizations, well-visits, sick visits, visits to help you manage an illness like diabetes). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency department.

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.

Prosthetics and Orthotics: Certain items (like artificial limbs or back braces) your doctor can order for you to use at home if you have an illness or an injury.

Provider Network: Agencies or professionals under contract with Vaya to provide authorized services to eligible individuals.

Provider: A health care professional or a facility that delivers health care services, like a doctor, clinician, hospital, or pharmacy.

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 see a specialist or receive certain medical 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.

Skilled Nursing Facility (SNF): A facility that provides skilled nursing care and related services for residents who require medical or nursing care or rehabilitation services for injured, disabled, or sick people.

Specialist: A provider who is trained and practices in a specific area of medicine.

Standard Plan: A Standard Plan is an NC Medicaid 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 Fair Hearing: When you do not agree with your health plan's resolution, you can ask for the state to review it. The NC Office of Administrative Hearings (OAH) will conduct your State Fair Hearing. The judge will carefully review Vaya's resolution. The judge does not work for your health plan. You may give the judge more medical updates. You may also ask questions directly to a member of the team who worked on your resolution.

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.

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

Tailored Care Management (TCM): Care management for members enrolled in Behavioral Health and I/DD Tailored Plans that is coordinated by a care manager who can help people with behavioral health, intellectual/developmental disability, and/or traumatic brain injury needs. The care manager works with you and a team of medical professionals and approved family members or other caregivers to consider your unique health-related needs and find the services you need in your community.

Tailored Plan: An NC Medicaid Managed Care health plan that offers physical health and pharmacy services, long-term services and supports (LTSS), and services for serious mental health, severe substance use, intellectual/developmental disabilities (I/DD) and traumatic brain injury (TBI). Tailored Plans offer added services for members who qualify.

Telehealth: Use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Transition of Care: Process of assisting you to move between health plans or to another Medicaid program, such as NC Medicaid Direct. The term “transition of care” also applies to the assistance provided to you when your provider is not enrolled in the health plan.

Transitions to Community Living (TCL) Program: Program that provides eligible adults living with serious mental health conditions the opportunity to live and work in their communities.

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 NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan

Table of Contents

Welcome to Vaya Health	18
NC Medicaid Managed Care Behavioral Health and I/DD Tailored Plan	18
How the Tailored Plan Works	18
How to Use This Handbook.....	19
Help from Member and Recipient Services	19
For People with Hearing, Vision, or Speech Disabilities	20
For People with Hearing Loss.....	20
For People with Vision Loss	20
For People with Speech Disabilities	20
For People with Multiple Disabilities	20
Other Special Aids and Services for People with Disabilities.....	21
Your Medicaid ID Card	21
Sample Medicaid ID Card.....	21
How to Get Care	22
How to Choose Your PCP	22
If Your Provider Leaves Our Health Plan Network.....	23
How to Change Your PCP	23
How to Get Regular Health Care.....	23
How to Get Specialty Care – Referrals.....	25
Out-of-Network Referral.....	25
Out-of-Network Providers	26
Get These Services from Vaya Without a Referral	26
Primary Care	26
Behavioral Health Services.....	26
988 Suicide and Crisis Lifeline	26
Women’s Health Care	27
Family Planning.....	27
Children’s Screening	27
Local Health Department Services.....	27
Emergencies.....	27
Urgent Care.....	28
Care Outside North Carolina and the United States.....	29
Your Health Care Benefits	30
Services Covered by Vaya’s Network.....	31
Regular Health Care	31
Maternity Care	31

Hospital Care.....	31
Behavioral Health Services (Mental Health and Substance Use Disorder Services)	31
Intellectual/Developmental Disabilities (I/DD) Services.....	32
1915(i) Services.....	33
Home Health Services.....	33
Personal Care Services.....	33
Hospice Care	33
Vision Care	34
Pharmacy	34
Retail Pharmacy Network	34
What medicines are covered?	35
What are formulary tiers?	35
Prior Authorizations for Prescriptions	35
Emergency Care	36
Specialty Care.....	36
Nursing Home Services	36
Transportation Services	36
How to Get Non-Emergency Medical Transportation (NEMT).....	36
Long-Term Services and Supports (LTSS).....	38
Family Planning.....	39
Other Covered Services.....	39
Added Services.....	39
In Lieu of Services	40
In Lieu of Services Offered by Vaya	40
Approval of In Lieu of Services.....	41
Changes to or Removal of In Lieu of Services.....	41
Substitution of In Lieu of Services.....	41
In Lieu of Services Rights.....	41
State-Funded Services.....	42
Extra Support to Manage Your Health (Tailored Care Management).....	42
Community Inclusion	44
Diversion	44
System of Care	45
Help with Problems beyond Medical Care	45
Other Programs to Help You Stay Healthy.....	45
Opioid Misuse Prevention Program.....	45
How to Get Naloxone.....	46
Pharmacy Lock-in Program	46
Specialized Health and Wellness Programs.....	46
Diabetes Prevention.....	46
Diabetes Management	46
Asthma Management	46
High Blood Pressure Management	47

Tobacco Cessation Services 47

Benefits You Can Get from Vaya OR an NC Medicaid Direct Provider 47

 HIV and STI Screening 47

 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): The Medicaid Health Benefit for Members under Age 21 47

 Early and Periodic Screening and Diagnosis 48

 The “T” in EPSDT: Treatment for Members under age 21..... 48

Benefits Covered by NC Medicaid Direct but Not by Vaya..... 48

Services NOT Covered..... 49

 If You Get a Bill..... 50

 Getting a Second Opinion 50

Health Plan Member Copays 50

 Copays if You Have Medicaid..... 50

Health Plan Information 52

Service Authorization and Actions..... 52

 What Happens after We Get Your Service Authorization Request? 54

 Prior Authorization Requests for Children under Age 21..... 54

 Important Details about Services Coverable by the Federal EPSDT Guarantee..... 54

 Prior Authorization and Timeframes 55

Information from Member and Recipient Services 55

You Can Help with Plan Policies..... 56

Medicaid Service Appeals 56

 Expedited (Faster) Appeals 57

 Member Requests for Expedited Appeals 57

 Provider Requests for Expedited Appeals 57

 Timelines for Standard Appeals..... 57

 Decisions on Appeals 58

 State Fair Hearings..... 58

 Free and Voluntary Mediations 58

 State Fair Hearings..... 58

 State Fair Hearings and Disenrollment Decisions..... 59

 Continuation of Benefits During an Appeal..... 59

 Appeals During Your Transition Out of the Vaya Tailored Plan..... 59

If You Have Problems with Your Health Plan, You Can File a Grievance 60

 Resolving Your Grievance 60

Transition of Care..... 61

 Your Care When You Change Health Care Options or Providers..... 61

Member Rights and Responsibilities 62

 Your Rights 62

 Your Rights if You Are a Minor..... 63

 Your Responsibilities..... 63

Changes to Your Health Care Option (Disenrollment)..... 64

 How to Request to Move to a Standard Plan 65

How to Request to Move to a Standard Plan if Getting Certain Services 65

How to Request to Move to the EBCI Tribal Option or NC Medicaid Direct 66

How to Request to Move Back to the Tailored Plan..... 66

Expedited Requests to Change Health Care Options 67

Decisions on Requests to Change Health Care Options 67

Reasons Why You May Have to Leave Vaya’s Tailored Plan 67

State Fair Hearings for Disenrollment Decisions 68

 Requesting a State Fair Hearing for Disenrollment Decisions..... 68

Advance Directives..... 69

 Living Will 69

 Health Care Power of Attorney..... 69

 Advance Instruction for Mental Health Treatment 70

 Forms You Can Use to Make an Advance Directive..... 70

Concerns About Abuse, Neglect and Exploitation 70

Fraud, Waste, and Abuse 71

Important Phone Numbers 71

Keep Us Informed 72

NC Medicaid Ombudsman 72



Welcome to Vaya Health

NC Medicaid Managed Care Behavioral Health and I/DD Tailored Plan

This handbook will help you understand the Medicaid health care services available to you. You can also call Member and Recipient Services with questions at 1-800-962-9003 or TTY 711 (available Monday through Saturday, 7 a.m. to 6 p.m.) or visit our website at vayahealth.com.

How the Tailored Plan Works

Welcome to the Vaya Health's Tailored Plan, called Vaya Total Care. Vaya Health, also known as Vaya, operates a Tailored Plan approved by North Carolina. The Tailored Plan is a type of managed care health plan that provides Medicaid members with integrated physical health, pharmacy, behavioral health, intellectual/developmental disability (I/DD), and traumatic brain injury (TBI) services to meet their health care needs. In this handbook, "behavioral health" means mental health and substance use disorders.

We contract with providers who have a lot of experience helping people who may need behavioral health, I/DD, and/or TBI care to stay healthy. We also provide Tailored Care Management services to work with you and your care team to keep you as healthy as possible and to make sure your services are well coordinated to meet your needs.

Many Medicaid members now get their health care through managed care. Managed care works like a central home to coordinate your health care needs. As a member of Vaya's Tailored Plan, you have all of the standard Medicaid benefits, plus additional behavioral health, I/DD, and TBI services to help keep you healthy available to you.

Vaya's Tailored Plan offers:

- Physical health services
- Pharmacy services
- Certain long-term services and supports
- Medicaid covered behavioral health services, including 1915(i) services. For more information on 1915(i) services, see page 33.

Vaya's Tailored Plan offers eligible individuals:

- Specialized I/DD and NC Innovations Waiver services
- Other State-funded behavioral health, I/DD, and TBI services

As a member of Vaya’s Tailored Plan, you may be eligible to have a care manager who will work with your health care providers to pay special attention to your complete care needs. The care manager can help make sure you get the medical, behavioral health, I/DD, TBI, and additional care beyond medical needs you may need, such as help with housing or food assistance.

You have a health care team. To meet the health care needs of people with NC Medicaid, Vaya partners with health care providers (doctors, therapists, specialists, hospitals, home care providers, and other health care facilities) who make up our **provider network**.

When you join the Vaya Tailored Plan, our provider network is here to support you. If you need to have a test, see a specialist, or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to certain doctors for some services without checking with your PCP. See page 26 for details.

You can visit our website at vayahealth.com/get-help/provider-search/ to find the provider directory online or call Member and Recipient Services at 1-800-962-9003 to get a copy of the provider directory.

How to Use This Handbook

This handbook tells you how the Vaya Tailored Plan works. It is your guide to health and wellness services. Read pages 22 to 29 now. These pages have information that you need to start using your health plan.

When you have questions about your health plan, you can:

- Use this handbook
- Ask your primary care provider (PCP)
- Ask your care 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).

- 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 and someone will call you back the following business day.
- **In case of a medical emergency, call 911.**
- **You can call Member and Recipient Services to get help when you have a question.** You may call us to choose or change your primary care provider (PCP), to ask about benefits and services, get help with

referrals, replace a lost Medicaid card, report the birth of a new baby, or ask about any change that might affect your or your family's benefits.

- If you are or become pregnant, your child will be assigned to a Standard Plan on the day your child is born. Call us and your local Department of Social Services right away if you become pregnant. We can help you choose a doctor for both you and your baby. You will be able to choose a different health plan for your child. Call the Enrollment Broker at 1-833-870-5500 for help choosing a health plan.
- **If English is not your first language, we can help.** Call us at 1-800-962-9003, 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 with us.

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 to help. 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
- Staff trained to appropriately 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:

- Information in large print
- Written materials in accessible formats (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 Ways We Can Help

If you have basic questions about your health, you can call our **Nurse Line at 1-800-290-1623** at any time, 24 hours a day, 7 days a week. This is a free call. You can get advice on when to go to your PCP or ask questions about symptoms or medications.

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. We are here to help you with problems like stress, depression, or anxiety. We can get you the support you need to feel better. This is a free call. **If you are in danger or need immediate medical attention, call 911.**

Other Special Aids and Services for People with Disabilities

- Help in making or getting to appointments
- 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 you make or get 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, national origin, age, disability, or sex. 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 at ncmedicaidombudsman.org.

Your Medicaid ID Card

Your Medicaid ID card has been mailed to you with this welcome packet and member handbook. We used the mailing address on file at your local Department of Social Services. Your Medicaid card has:

- Your primary care provider’s (PCP’s) name and phone number
- Your Medicaid Identification Number
- Information on how to contact us with questions

If anything is wrong on your Medicaid card, or if you lose your card, call Member and Recipient Services at 1-800-962-9003 (TTY 711). Always carry your Medicaid ID card with you. You will need to show it each time you go for care. However, if you do not have your Medicaid ID card, your provider may still be able to see you. If you need to access services before you receive your Medicaid ID card, call Member and Recipient Services at 1-800-962-9003 (TTY 711).

Sample Medicaid ID Card



200 RIDGEFIELD COURT, SUITE 218
ASHEVILLE, NC 28806-2355

Medicaid ID: _____ **NC Medicaid**

Member:
MEMBER NAME

PCP Name: _____ **RxBIN: 610602**
PROVIDER NAME **RxPCN: MCD**
PCP Phone: 000-000-0000 **RxGRP: VayaRX**
PCP Address
City, State ZIP

Detailed benefit information is available at vayahealth.com.

If you have a medical or life-threatening emergency, call 911 or go to a hospital emergency department immediately. For individuals who are hearing-impaired, dial 711 to reach Relay NC.

If you suspect a doctor, clinic, hospital, home health service, or any other kind of health provider is committing Medicaid fraud, report it. Call 919-881-2320 or the Vaya Confidential Compliance Hotline at 1-866-916-4255.

Member Website: www.vayahealth.com
Member and Recipient Service Line: 1-800-962-9003 or TTY 711
Pharmacy Service Line: 1-800-540-6083
Behavioral Health Crisis Line: 1-800-849-6127
Nurse Line: 1-800-290-1623
Vision Services (Avésis): 1-866-889-4457

Vaya Health and YOU: Moving Forward Together



How to Get Care

How to Choose Your PCP

- Your primary care provider (PCP) is a doctor, nurse practitioner, physician assistant, or other type of provider who will:
 - Care for your health
 - Coordinate your needs
 - Help you get referrals for specialized services if you need them
- As a Medicaid member, you had an opportunity to choose your own PCP. If you did not select a PCP, we chose one for you based on your past health care. You can find your PCP's name and contact information on your Medicaid ID card. If you would like to change your PCP, you have 30 days from the date you receive this packet to make the change. (See "How to Change Your PCP" on page 23 to learn how to make those changes.)
- When deciding on a PCP, you may want to find a PCP who:
 - You have seen before
 - Understands your health history
 - Is taking new patients
 - Can serve you in your language
 - Is easy to get to
- Each family member enrolled in Vaya's Tailored Plan can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member and Recipient Services at 1-800-962-9003 to get help with choosing a PCP that is right for you and your family.
- You can find the list of all the doctors, clinics, hospitals, labs, and others who partner with Vaya in our provider directory. You can visit our website at vayahealth.com/get-help/provider-search/ to look at the provider directory online. You can also call Member and Recipient Services at 1-800-962-9003 to get a printed copy of the provider directory.
- Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a health plan OB/GYN doctor or another provider who offers women's health care services. Women can get routine check-ups, follow-up care if needed, and regular care during pregnancy.

- If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. To request this change, call Member and Recipient Services at 1-800-962-9003 and be prepared to share the name of the specialist you would like to designate as your PCP.
- If you did not choose your PCP and have not visited your current PCP within the last 12-18 months, Vaya may assign you a different PCP based on your medical history.

If Your Provider Leaves Our Health Plan Network

- If your provider leaves the Vaya Tailored Plan, we will tell you within 15 days from when we know about this. If the provider who leaves the Vaya Tailored Plan is your PCP, we will tell you within 7 days and help make sure you select a new PCP within 30 days of contacting you.
- If your provider leaves our network, we can help you find a new one.
- Even if your provider leaves our network, you may be able to stay with your provider for a while longer in certain situations.
- Please read “Your Care When You Change Health Care Options or Providers” on page 61 for more information about how long you can stay with a provider who has left our network.
- If you have any questions about the information in this section, please visit our website at vayahealth.com or call Member and Recipient Services at 1-800-962-9003.

How to Change Your PCP

- You can find your primary care provider’s (PCP’s) name and contact information on your Medicaid ID card. To change your PCP, call Member and Recipient Services at 1-800-962-9003. After that, you can only change your PCP one time each year. You do not have to give a reason for the change.
- To change your PCP more than once a year, you need to have a good reason (good cause). For example, you may have good cause if:
 - Your PCP does not provide accessible and proper care, services or supplies (for example, does not set up hospital care or consults with specialists when required for treatment).
 - You disagree with your treatment plan.
 - Your PCP moves to a different location that is not convenient for you.
 - Your PCP changes the hours or days patients are seen.
 - You have trouble communicating with your PCP because of a language barrier or another issue.
 - Your PCP is not able to accommodate your special needs.
 - You and your PCP agree that a new PCP is what is best for your care.

Call Member and Recipient Services at 1-800-962-9003 to learn more about how you can change your PCP.

How to Get Regular Health Care

- “Regular health care” means exams, regular check-ups, shots, or other treatments to keep you well and to address illness or other symptoms. It also includes giving you advice when you need it and referring you to the hospital or specialists when needed. You and your primary care provider (PCP) work together to keep you well or to see that you get the care you need.

- Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you ever cannot keep an appointment, call to let your PCP know.
- **Making your first regular health care appointment.** As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. It is best to visit your PCP within 3 months of joining the Vaya Tailored Plan. There are several things you can do to help your PCP get to know you and your health care needs.
- How to prepare for your first visit with a new provider:
 - Request a transfer of medical records from your current provider to your new PCP.
 - Make a list of health concerns you have now, and be prepared to discuss your general health, past major illnesses, surgeries, and other health issues.
 - Make a list of questions you want to ask your PCP.
 - Bring all medications and supplements you are taking to your first appointment.
- **If you need care before your first appointment,** call your PCP's office to explain your concern. Your PCP will give you an earlier appointment to address that particular health concern. You should still keep the first appointment to talk about your medical history and ask questions.

It is important to Vaya that you can visit a doctor within a reasonable amount of time. The Appointment Guide (below) lets you know how long you may have to wait to be seen.

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:
Adult preventive care (services like routine health check-ups or immunizations)	Within 30 days
Pediatric preventive care (services like well-child check-ups)	Within 14 days for members younger than 6 months; within 30 days for members 6 months or older
Urgent care services (care for problems like sprains, flu symptoms or minor cuts and wounds)	Within 24 hours
Emergency or urgent care requested after normal business office hours	Go to the hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic
First prenatal visit (1st or 2nd trimester)	Within 14 days
First prenatal visit (3rd trimester or high-risk pregnancy)	Within 5 days

APPOINTMENT GUIDE

Mental Health

Routine services	Within 14 days
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to the 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 the hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic

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

How to Get Specialty Care – Referrals

- If you need specialized care that your primary care provider (PCP) cannot give, your PCP will refer you to a **specialist** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). If your PCP refers you to a specialist, we will pay for your care if it is medically necessary. Most specialists are Vaya Tailored Plan providers. Talk with your PCP to be sure you know how referrals work. See below for the process on referrals to a specialist who is not in our provider network.
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.
- There are some treatments and services your PCP must ask Vaya to approve before you can get them. Your PCP will tell you what those services are.
- If you have trouble getting a referral you think you need, contact Member and Recipient Services at 1-800-962-9003.

Out-of-Network Referral

- If Vaya does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our health plan. This is called an out-of-network referral. Your PCP or another network provider must ask Vaya for approval before you can get an out-of-network referral.

- To request care from an out-of-network provider, talk to your PCP or call Member and Recipient Services at 1-800-962-9003. Once Vaya has received all information we need to review the out-of-network referral, we will let you know our decision as soon as possible. To check on the status of the referral, call Member and Recipient Services at 1-800-962-9003.
- Sometimes we may not approve an out-of-network referral because we have a provider in Vaya's network who can treat you. If you do not agree with our decision, you can appeal our decision. See page 56 to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is similar to what you can get from a Vaya network provider. If you do not agree with our decision, you can appeal our decision. See page 56 to find out how.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. To request this change, call Member and Recipient Services at 1-800-962-9003 and be prepared to share the name of the specialist you would like to designate as your PCP.

Out-of-Network Providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our health plan, or an out-of-network provider. For more information about getting services from an out-of-network provider, talk to your primary care provider (PCP) or call Member and Recipient Services at 1-800-962-9003.

Get These Services from Vaya Without a Referral

A referral is a documented order from your provider for you to see a specialist or receive certain medical services. You do not need a referral to get these services:

Primary Care

You do not need a referral to get primary care services. If you need a check-up or have a question about your health, call your primary care provider (PCP) to make an appointment. **Your assigned PCP's name and contact information are listed on your Medicaid ID card.**

Behavioral Health Services

You do not need a referral for your first behavioral health or substance use disorder assessment completed in a 12-month period. Ask your PCP or call Member and Recipient Services at 1-800-962-9003 for a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at vayahealth.com/get-help/provider-search/.

You do not need a referral from your PCP to get mobile crisis services. Mobile crisis services are teams who can meet you in a safe location, including your home, school, or office to help you if you are experiencing a behavioral health crisis. Call the Behavioral Health Crisis Line at 1-800-849-6127 at any time, 24 hours a day, 7 days a week if you are experiencing a behavioral health crisis.

988 Suicide and Crisis Lifeline

You can call, text, or chat 988 at any time for yourself or a loved one who may need crisis support.

The 988 Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Anyone who is depressed, going through a hard time, needs to talk, or is thinking about suicide can access crisis services. Individuals will be connected to a skilled crisis counselor who will listen, provide support, and share resources. The 988 Lifeline is available to everyone.

If you are Deaf or Hard of Hearing, you can chat with a 988 Lifeline crisis counselor via:

- 988 ASL Videophone
- Online chat at chat.988lifeline.org
- Send any message to 988 to start a text conversation
- For TTY users, use your preferred relay service or dial 711, then 988

Women's Health Care

You do not need a referral from your PCP if:

- You are pregnant and need pregnancy-related services
- You need OB/GYN services
- You need family planning services
- You need to have a breast or pelvic exam

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services.

Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment, and counseling
- Screenings for cancer and other related conditions

Children's Screening

You do not need a referral to get children's screening services or school-based services.

Local Health Department Services

You do not need a referral to get services from your local health department.

Emergencies

You are always covered for emergencies. An emergency medical or behavioral condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that will not stop or a bad burn

- Broken bones
- Trouble breathing, convulsions or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting
- Drug overdose

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises. Non-emergencies may also be family issues or a breakup.

If you believe you have an emergency, call 911 or go to the nearest emergency department.

- You can go to any hospital or other setting to get emergency care.
- You **do not** need approval from Vaya or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.
- **If you're not sure, call your primary care provider (PCP) at any time, day or night.** Tell the person you speak with what is happening. Your PCP's team will:
 - Tell you what to do at home.
 - Tell you to come to the PCP's office.
 - Tell you about community services you can get, like a shelter.
 - Tell you to go to the nearest urgent care emergency department.

Remember: If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.

- **If you are out of the area when you have an emergency:**
 - Go to the nearest emergency department.

Remember: Use the emergency department only if you have an emergency. If you have questions, call your PCP or Vaya Member and Recipient Services at 1-800-962-9003.

If you need help with a mental health or drug use situation, feel stressed or worried or need someone to talk to, you can call the Behavioral Health Crisis Line at 1-800-849-6127 at any time, 24 hours a day, 7 days a week.

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an earache who wakes up in the middle of the night and will not stop crying
- The flu

- A cut that needs stitches
- A sprained ankle
- A bad splinter you cannot remove

Whether you are at home or away, you can walk into an urgent care clinic to get care the same day or make an appointment for the next day. If you would like assistance making an appointment:

- Call your PCP any time day or night.
- If you are unable to reach your PCP, call Member and Recipient Services at 1-800-962-9003. Tell the person who answers what is happening. They will tell you what to do.

Care Outside North Carolina and the United States

In some cases, Vaya may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and Vaya can give you more information about which providers and services are covered outside of North Carolina by your health plan and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere **within** the United States and its territories, Vaya will pay for your care.
- Vaya will not pay for care received **outside** of the United States and its territories.

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member and Recipient Services at 1-800-962-9003.



Your Health Care Benefits

NC Medicaid Managed Care provides **benefits**, or health care services covered by your health plan. Vaya also provides a number of extra health care services you cannot get through other Medicaid health plans.

This section describes:

- Covered and non-covered services. “Covered services” means Vaya will pay for the services if they are medically necessary for you. These are also called benefits. “Non-covered services” means Vaya is not allowed to pay for the services because they are not included in the benefit plan or they are not medically necessary for you.
- What to do if you are having a problem with your health plan.
- How Tailored Care Management can help you
- Other Vaya programs to help you get and stay healthy

Vaya will provide or arrange for most services you need. Your health benefits can help you stay as healthy as possible if you:

- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have mental health needs
- Need assistance with tasks like eating, bathing, dressing, toileting, or other activities of daily living
- Need help getting to the doctor’s office
- Need medications

The section below describes the specific services covered by Vaya. Ask your primary care provider (PCP) or call Member and Recipient Services at 1-800-962-9003 if you have any questions about your benefits.

You can get some services without going through your PCP. These include primary care, emergency care, women’s health services, family planning services, children’s screening services, school-based services, and some behavioral health services, including mobile crisis services. You can find more information about these services on page 26.

Services Covered by Vaya's Network

You must get the services below from providers who are in Vaya's network. Services must be medically necessary, and provided, coordinated, or referred by your primary care provider (PCP). Talk with your PCP or call Member and Recipient Services at 1-800-962-9003 if you have questions or need help.

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs, and tests
- Referrals to specialists
- Vision/hearing exams
- Well-baby care
- Well-childcare
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members under age 21 (see page 47 for more information about EPSDT services)
- Help with quitting tobacco

Maternity Care

- Prenatal, delivery, and postpartum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary post-partum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services for high-risk pregnancies during pregnancy and for 2 months after delivery (see page 42 for more information)

Hospital Care

- Inpatient care
- Outpatient care
- Labs, X-rays, and other tests

Behavioral Health Services (Mental Health and Substance Use Disorder Services)

Behavioral health care includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders.

The behavioral health services **covered** by Vaya include:

- Assertive community treatment (ACT)
- Behavioral health crisis services and withdrawal management services
 - Facility-based crisis services for children and adolescents
 - Mobile crisis management services
 - Professional treatment services in a facility-based crisis program
 - Ambulatory detoxification services

- Ambulatory withdrawal management without extended on-site monitoring
- Ambulatory withdrawal management with extended on-site monitoring
- Medically managed intensive inpatient withdrawal management services
- Medically monitored inpatient withdrawal management (non-hospital medical detoxification services)
- Child and adolescent day treatment services
- Community support team (CST)
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Multisystemic therapy services
- Intensive in-home services
- Inpatient behavioral health services
- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial hospitalization
- Peer support services
- Psychiatric residential treatment facilities (PRTFs)
- Psychological services in health departments and school-based health centers sponsored by health departments
- Psychosocial rehabilitation (PSR)
- Residential treatment facility services for children and adolescents
- Substance use disorder services
 - Clinically managed residential withdrawal management (social setting detox)
 - Outpatient opioid treatment services
 - Substance abuse comprehensive outpatient treatment (SACOT)
 - Substance abuse intensive outpatient program (SAIOP)
 - Substance abuse medically monitored residential treatment
 - Substance abuse non-medical community residential treatment

Intellectual/Developmental Disabilities (I/DD) Services

The Tailored Plan covers special services for individuals with intellectual/developmental disabilities (I/DD):

- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations waiver services, for people enrolled in the NC Innovations Waiver

NC Innovations waiver services support individuals with intellectual/developmental disabilities to live the life they choose. Individuals get services in their home or community.

- ***Applying for NC Innovations Waiver services.*** To find out whether you or a family member are eligible to get NC Innovations Waiver services, call Member and Recipient Services at 1-800-962-9003 or contact your care manager.
- ***Eligibility for NC Innovations Waiver services.*** A member who has an intellectual disability or a condition that results in the same needs as someone who has an intellectual disability may be eligible for NC Innovations Waiver services. You may be eligible to participate in the NC Innovations Waiver if you meet

several requirements related to the level of your needs and your living arrangements.

NC Innovations Waiver services are limited. If you are determined to be potentially eligible and there are no slots available, your or your family member's name will be placed on the Registry of Unmet Needs, also known as the "Innovations waitlist." Vaya can help you or your family member get other supportive services, including 1915(i) or State-funded services, while you or your family member are on the waiting list.

For more information on the NC Innovations Waiver, participants and families can read the NC Innovations Waiver Member Handbook, call Member and Recipient Services at 1-800-962-9003, or contact your care manager.

1915(i) Services

Vaya offers additional services to address needs related to a mental health need, substance use disorder, I/DD, or TBI. These include:

- Community living and support
- Community transition
- Individual and transitional support
- Respite
- Supported employment services

Home Health Services

- Must be medically necessary and arranged by Vaya.
- Time-limited skilled nursing services.
- Specialized therapies, including physical therapy, speech-language pathology, and occupational therapy.
- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping.
- Medical equipment and supplies.

Personal Care Services

- Must be medically necessary and arranged by Vaya.
- Help with common activities of daily living, including eating, dressing, and bathing, for individuals with disabilities and ongoing health conditions.

Hospice Care

- Hospice care will be arranged by Vaya if medically necessary.
- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death.
- Hospice provides medical, supportive, and palliative care to terminally ill individuals and their families or caregivers.
- You can get these services in your home, in a hospital, or in a nursing home.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams, medically necessary contact lenses, and dispensing fees for eyeglasses. Opticians may also fit and dispense medically necessary contact lenses and eyeglasses.
- Specialist referrals for eye diseases or defects
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses, and ophthalmic frames, is provided to you through the NC Medicaid Direct program. Although these eyeglasses are covered through NC Medicaid Direct, Vaya providers who work in an office that offers eye exams and eyeglasses must give you your eye exam and your NC Medicaid Direct eyeglasses (see page 48 for more information on benefits covered by Medicaid but not through Vaya).

Pharmacy

Vaya connects you to a large pharmacy network and gives you access to the medications you need when you need them. Your Medicaid ID card includes important information about your pharmacy benefit. Make sure you bring your Medicaid ID card when you go to the pharmacy. If your family members are also Vaya members, they will need to bring their own ID card to the pharmacy.

- Prescription drugs.
- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines.
- Insulin and other diabetic supplies like syringes, test strips, lancets and pen needles.
- Smoking cessation agents, including over-the-counter products.
- Emergency contraception.
- Medical and surgical supplies—available through durable medical equipment (DME) pharmacies and suppliers.

We also provide the Vaya Health Lock-In Program, which helps identify members at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines). See page 46 for more information on our pharmacy lock-in program.

Retail Pharmacy Network

As a Vaya member, you have access to a large pharmacy network that includes large chains and any pharmacy that is willing to contract with us. To find a covered local pharmacy, visit vayahealth.com/get-help/provider-search/ and click on “Find A Pharmacy” or call the Pharmacy Service Line at 1-800-540-6083. You can also use this tool or call the Pharmacy Service Line to help you find pharmacies that provide services like home delivery.

For Medicaid members, your prescriptions will cost \$4 or less. For more information, see pages 50-51. If you are not able to afford your copay at the time you pick it up, the pharmacy may be able to give you the medicine and bill you later. You should not have to go without your medicine because you cannot afford your copay. For more information, call the Pharmacy Service Line at 1-800-540-6083.

If you go to a pharmacy that is not in the Vaya network, you may be required to pay full price for the prescription. You may be able to receive a full or partial refund for a covered medication by submitting a claim to Vaya. The form to submit a manual claim can be found at vayahealth.com.

Return your completed form to the address listed on the form. For help, call the Pharmacy Service Line at 1-800-540-6083.

What medicines are covered?

The Preferred Drug List is the list of drugs that is covered by Vaya and approved by NC Medicaid. This list includes a wide selection of generic and brand name medicine and is designed to make sure you can get the medication you need. To find out if a drug is covered, visit vayahealth.com/benefits-services/pharmacy/medication-search/ to review the Preferred Drug List or call the Pharmacy Service Line at 1-800-540-6083.

What are formulary tiers?

Within the Preferred Drug List (PDL), each medication is assigned to a tier, or a level of coverage. While all medications are covered at the same copay for Medicaid members, Vaya and NC Medicaid promote the use of preferred medication when its right for you. The tiers are:

- **PDL Preferred:** This tier includes medications that are more cost-effective for the NC Medicaid Managed Care program.
- **PDL Non-Preferred:** This tier mostly consists of moderate cost generic and brand name prescription medications. You can get these medications when you have tried and failed the preferred agent(s) or if your prescriber says the preferred medicines are not right for you.
- **Non-PDL:** This tier includes medication that NC Medicaid does not manage but that are available to Vaya members within the limits of the Food and Drug Administration (FDA).
- **Excluded:** This tier of medications is not covered by NC Medicaid. Federal and/or state laws prohibit Vaya from covering these medications, even with prescriber approval.

Prior Authorizations for Prescriptions

Your prescriber may prescribe a drug that requires a review before the pharmacy is able to fill it. The review makes sure the drug is the safest, most effective, and most cost-efficient option for you before you start taking it. This review is called a prior authorization. The prior authorization process is conducted by a clinical pharmacy team. There are many reasons a prior authorization might be required, including:

- The drug/drug category has clinical criteria.
- The drug is non-preferred on the PDL.
- The drug's dosage/quantity exceeds Medicaid's limits.

If a prior authorization is required, your pharmacy will let you know and will begin the process. The pharmacy may be able to provide you a 72-hour supply of the medicine while the prior authorization is processed. Your prescriber will work with your pharmacist and Vaya to provide the needed information. A decision to approve or deny the prior authorization will be made by a clinical pharmacy team within 24 hours of receiving the information. If approved, we will notify you and your prescriber, and your pharmacy will be able to process the claim.

If the prior authorization is not approved, you and your prescriber will receive a notification letter, and we will work with your doctor to find another medication. Vaya is committed to fair reconsiderations and appeals. Your notification letter will tell you how to file an appeal. For more information on appeals, see page 56 of this handbook.

Emergency Care

- Emergency care services are procedures, treatments, or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room, or in another setting.
- For more about emergency services, see page 27.

Specialty Care

- Respiratory care services.
- Podiatry services.
- Chiropractic services.
- Cardiac care services.
- Surgical services.

Nursing Home Services

- Must be ordered by a physician and authorized by Vaya.
- Includes short-term or rehabilitation stays and long-term care for up to 90 days in a row. After the 90th day, your nursing services will be covered by NC Medicaid Direct and not Vaya. Talk with your PCP or call Member and Recipient Services at 1-800-962-9003 if you have questions.
- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy, and speech-language pathology.
- Nursing home services must come from a nursing home that is in Vaya's provider network. Call Member and Recipient Services at 1-800-962-9003 for help with questions about nursing home providers and plan networks.

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-emergency:** Vaya can arrange and pay for your transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment, or if your child (age 18 or younger) is a member of the Vaya Tailored Plan, transportation is also covered for the attendant, parent, or guardian. Non-emergency transportation includes personal vehicles, taxis, vans, mini-buses, mountain area transports, and public transportation.
- **Value-added:** Up to 12 round-trip rides annually (provided by our non-emergency medical transportation vendor) to help you get access to unmet health-related resource needs, such as rides to grocery stores, food banks, in-network pharmacies, prenatal classes, local community activities, and job-related activities.

How to Get Non-Emergency Medical Transportation (NEMT)

Vaya contracts with a company called Modivcare to manage non-emergency medical transportation services for Vaya members. Members should arrange for transportation as far in advance as possible, but no less than two business days before their appointment.

Call Modivcare Member Services at 1-888-621-2084 to arrange transportation to and from your appointment. This number is available 24 hours a day, 7 days a week. You can also request non-emergency medical transportation at any time by logging in to Vaya’s Member & Recipient Portal at vayahealth.com/member-recipient-portal/ and clicking on “Transportation Services” to connect to the Modivcare Online Passenger Portal for Vaya members.

Transportation is available Monday through Saturday, 7 a.m. to 6 p.m. For non-emergency (routine) transportation, you must schedule the trip at least 2 days in advance. If you need transportation to an urgent appointment, call as soon as you can. Modivcare will always attempt to arrange urgent transportation for you. If you call before or after regular business hours, you may need to leave a message. Modivcare Member Services will call you back.

If you need a health care service that is provided only after 6 p.m., call Vaya Member and Recipient Services at 1-800-962-9003 or Modivcare Member Services at 1-888-621-2084 to discuss your options.

You can call Member and Recipient Services for more information about:

- **How to request, schedule, or cancel a trip:** When you call to schedule transportation, Modivcare will ask you information about the trip, such as date, pickup/drop-off time, pickup/drop-off locations, and details around the required type of transportation, based on any mobility aides you use. To cancel or reschedule a trip, call the number above or use the Modivcare Online Passenger Portal on the Vaya website.
- **Member Conduct Policy:** If you act in a way that jeopardizes the safety of other passengers, or the driver, your transportation services may be suspended for 30 days. If you use public transit to travel to and from your health care appointments, you must follow the rules of the local transit system.
- **Cancellation policy:** Cancellations made less than 24 hours before your appointment may be classified as a “no-show”, unless there was good cause for the cancellation. “Good cause” includes if you are sick or your spouse, child, or parent is sick or has died.
- **Suspension of transportation services:** If you violate the Member Conduct Policy or miss more than 2 scheduled trips within 3 months without good cause, your transportation services may be suspended for 30 days. Vaya shall provide any member who is suspended from transportation services due to violation of the conduct policy with a gas voucher or mileage reimbursement in advance, if unable to pay, for trips to Medicaid covered services as long as they remain otherwise eligible for transportation assistance.
- **Critical care needs:** If your transportation services are suspended, you can still get transportation to appointments for critical health care services like dialysis or chemotherapy, but you will not receive rides to other, non-critical appointments.

For certain types of trips, Vaya may need to review the request or require additional information before we can schedule the trip. This is called **prior authorization** (see page 52 for more information on service authorization). The following types of trips must be reviewed by us and/or require additional information before we can schedule the trip:

- Travel for members who can provide their own transportation.
- Travel that Modivcare determines they cannot provide.
- Travel that allows both parents to accompany a child.
- Travel for parents or guardians to care for, or be taught how to care for, a child receiving inpatient care.

Your care manager can help you with requesting long-distance or overnight transportation and reimbursements. For more information, see page 52 for more information on service authorization, including how to ask for approval and prior authorization timeframes. If your appointment is located far away and requires treatment for several days in a row or a lengthy outpatient assessment, you may also be eligible for lodging or meal reimbursement.

You can get additional information about reimbursements and Vaya's Non-Emergency Medical Transportation policy by calling Member and Recipient Services at 1-800-962-9003.

Member and Recipient Services can provide information such as:

- How to request, schedule, or cancel a trip
- Any limitations on non-emergency medical transportation services
- Expected member conduct and procedures for "no-shows"
- How to get mileage reimbursement if you use your own car

When taking a ride to your appointment, you can expect to:

- Arrive at your appointment on time and no sooner than one hour before the appointment
- Not to wait more than one hour after the appointment for a ride home
- Not have to leave the appointment early

If you disagree with a decision made about your transportation services, you have the right to appeal our decision. See page 56 for more information on appeals. If you are dissatisfied with your transportation service, you may file a grievance. See page 60 for more information on grievances.

Long-Term Services and Supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing, or doing household chores. You can get help through a Vaya Tailored Plan benefit known as "Long-Term Services and Supports" (LTSS). LTSS includes services like home health and personal care services. You may get LTSS in your home, in a community, or in a nursing home.

- If you need LTSS, you may have a care manager on your care team. A "care manager" is a specially trained health professional who works with you, your doctors, and other providers of your choice to make sure you get the right care when and where you need it. For more information about what a care manager can do for you, see "Extra Support to Manage Your Health" on page 42.
- If you are leaving a nursing home and are worried about your living situation, we can help. Our Housing Specialist can connect you to housing options. Call Member and Recipient Services at 1-800-962-9003 to learn more.

If you have questions about using LTSS benefits, talk with your PCP or a member of your care team, or call Member and Recipient Services at 1-800-962-9003.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment, and counseling
- Screenings for cancer and other related conditions

Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telehealth
- Extra support to manage your health (see page 42 for more information)
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Local health department services
- Free clinic services

Added Services

Vaya offers extra benefits at no cost to you. These are called added services. Some added services may only be available for members who qualify. Vaya offers the following added services:

- **Prenatal – breastfeeding pump:** Access to a free breast pump from a list of pre-determined breast pump options. Members also can access a maximum of three lactation classes at no cost.
- **Education – GED® support:** A voucher for one-on-one guidance from a bilingual advisor, top-rated study materials (available in English or Spanish), GED-ready practice tests, GED tests, expert tutors for students who need additional help, private online community support group for students through Facebook, ability for students to earn college-ready credits. Once approved, the member has unlimited access to this support until they pass the GED tests.
- **Education – safety equipment for independent living:** A \$100 discount off one home safety or home assistance product that supports independent living. The member must select a product from a pre-determined list of items.
- **Nutrition – home delivered meals:** Fourteen home-delivered meals following any qualifying inpatient hospital discharge. Members are eligible within one month after the qualifying hospital stay.
- **Transportation – supportive rides:** Through our transportation vendor, Vaya provides eligible members with up to 12 round-trip rides annually to help you get access to unmet health-related resource needs, such as rides to grocery stores, food banks, in-network pharmacies, prenatal classes, local community activities, and job-related activities.

- **Wellness – \$10 gift card for getting a COVID-19 and/or flu vaccine:** Members can get a \$10 gift card when they get a COVID-19 or influenza (flu) vaccine. Members are eligible for up to 2 gift cards per plan year for getting any COVID-19 vaccination/booster or flu vaccine.
- **Wellness – healthy weight (Weight Watchers/WW):** A six-month voucher to access the WW application, which includes a food, activity, sleep, and water tracker; fitness video classes; social community; barcode scanner; wellness wins rewards program; meditation content; five-minute coaching audio lessons. Members can access this voucher once per calendar year. The benefit does not include workshops.

In Lieu of Services

Vaya offers services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called “in lieu of” services. These services are extra supports to improve your health if you need them. Vaya will work with you and/or your authorized representative to connect you to these services, resources, social services, and other supports upon NCDHHS approval. You are not required to use in lieu of services. These services can change to better meet your needs.

In Lieu of Services Offered by Vaya

- **Acute and subacute services in an Institute of Mental Disease (IMD):** Provides 24-hour access to intensive evaluation and treatment delivered in an IMD for inpatient psychiatric or substance use disorders (alternative to inpatient hospitalization and/or facility-based crisis)
- **Behavioral health crisis risk assessment and intervention:** Provides triage, crisis risk assessment, and intervention for members seeking care in a behavioral health urgent care center (alternative to emergency department services)
- **Child-focused assertive community treatment (Child ACT):** Offers a team-based, multidisciplinary approach to serving children living in a residential setting (alternative to care in a Psychiatric Residential Treatment Facility)
- **Dual diagnosis-capable ACT:** Designed for adults with a primary substance use diagnosis and a mental health condition but who do not qualify for traditional ACT and need intensive support to live successfully in their community (alternative to substance abuse intensive outpatient program and facility-based crisis)
- **Enhanced crisis response:** Designed for youth at risk of going to the emergency department or hospital due to a mental health crisis, as well as youth who are in the emergency department or hospital but unable to return home (alternative to emergency department services or inpatient hospitalization)
- **Family-centered treatment:** Provides family treatment for youth with a mental health or substance use disorder diagnosis at the member’s home (alternative to residential treatment level III group home)
- **First-episode psychosis ACT:** Offers comprehensive treatment for members experiencing a first episode of psychosis (alternative to traditional ACT)
- **High-fidelity wraparound:** Designed for children who are involved with multiple systems and who are experiencing serious emotional or behavioral difficulties (alternative to residential treatment level II)
- **In-home therapy:** Provided in the home of youth with complex mental health or substance use needs where coordination may be needed with other systems (alternative to intensive in-home or multisystemic therapy)

- **Long-term community supports:** Provides services and supports to help adults (and adolescents age 16 and older) who have an I/DD and to live in the community, instead of an institution (alternative to intermediate care facility for individuals with intellectual disabilities)
- **Outpatient plus:** Combines outpatient therapy services, monitoring, support, and management of care interventions for members with complex clinical needs that basic outpatient therapy cannot adequately address (alternative to intensive in-home or community support team)
- **Rapid Care:** Designed for children or adults with mental health or substance use needs and is provided for up to 24 hours in a facility (alternative to emergency department services or inpatient hospitalization)
- **Transitional Youth Services:** Helps members ages 16-21 with mental health or substance use diagnoses rebuild knowledge and skills needed to live independently (alternative to residential treatment)

Approval of In Lieu of Services

Vaya will offer in lieu of services when they are submitted to and approved by NC Medicaid.

Changes to or Removal of In Lieu of Services

Vaya will not reduce or remove in lieu of services without the approval of NC Medicaid during a contract year.

If there are changes, reductions, or removal to our in lieu of services, we will notify you by mail and update all marketing and educational materials at least 30 days before the change.

Substitution of In Lieu of Services

If the in lieu of service provided by Vaya is not a medically appropriate, cost-effective substitute or an issue is identified, a similar service or setting may be assigned to you. You have a right to refuse in lieu of services and request the original NC Medicaid State Plan or waiver service instead.

For more information on in lieu of services, call 1-800-962-9003 or visit our website at vayahealth.com.

In Lieu of Services Rights

- Be told what services are available to you, even after you are told about in lieu of services
- Be told what services are available to you, even after you choose an in lieu of service
- Be told where, when, and how to get the services you need from Vaya even when the service has an available in lieu of service
- Refuse to use an in lieu of service and get the original service
- Use the Vaya complaint process to settle complaints about in lieu of services. You can also contact the NC Medicaid Ombudsman any time you feel you were not fairly treated (see page 72 for more information about the NC Medicaid Ombudsman)
- Use the State Fair Hearing system for in lieu of services
- File an appeal for an in lieu of service
- Receive care even if you were told about in lieu of services, are getting an in lieu of service, or used to get an in lieu of service

If you have any questions about any of the benefits above, talk to your PCP or call Member and Recipient Services at 1-800-962-9003.

State-Funded Services

Vaya offers additional behavioral health, I/DD, and TBI services to residents who may not have Medicaid, are uninsured, or may be underinsured. These services are called “State-Funded services.” The availability of these services may be different from some Medicaid services and may be available on a limited basis.

If you have any questions about State-Funded services, talk to your PCP or call Member and Recipient Services at 1-800-962-9003.

Extra Support to Manage Your Health (Tailored Care 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. As a member of Vaya’s Tailored Plan, you may be eligible to have a care manager on your health care team unless you are getting certain services that already provide care management. A “care manager” is a specially trained health care worker who works with you and all your health care providers, including your doctors, to make sure you get the right care when and where you need it. The care manager knows what resources are available in your community and will work with local providers to get you the help you need.

Your care manager will belong to one of the following groups or organizations:

- **Advanced Medical Homes Plus (AMH+).** Certain primary care providers (PCPs) across the state see a lot of Tailored Plan members. These providers are called Advanced Medical Homes Plus (AMH+) and have a lot of experience working with people with behavioral health conditions, an intellectual/developmental disability (I/DD), or a traumatic brain injury (TBI) and will have care managers to help their patients.
- **A local behavioral health, I/DD or TBI services provider.** Certain service providers with experience working with people with behavioral health conditions, I/DD, and TBI will work with Vaya to provide Tailored Care Management for its members. These organizations are called **Tailored Care Management Providers.**
- **Vaya Health.** Your care manager may work for us and will help you coordinate and connect you to local services to address your health-related needs.

If you are getting NC Innovations Waiver services (see Member Handbook waiver supplement section “Basic Features of the NC Innovations Waiver” for more information), your care manager will work with those providers and help you get those services.

Vaya will match you to a care manager who has specialized training to meet your needs. You may change your care manager twice a year for any reason and at any time with a good reason (good cause). You can choose not to have a care manager at any time by calling Member and Recipient Services at 1-800-962-9003.

Your care manager can:

- Help arrange your appointments and transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions

- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors

To help you manage your health care needs, your care manager will ask about your health concerns and create a care plan with your input in person that lists your specific goals and ways to reach them. This care plan will cover your complete health and other related needs as needed, including:

- Physical health
- Behavioral health
- I/DD
- TBI
- Long-term services and supports
- Health-related resource needs

Your care manager may use your health records, discussions with other health care and social services providers, and other documents to help create the care plan. The care plan will also list services in the community that can help you reach your health goals. Your care manager will review your care plan at least once a year or when your circumstances, needs, or health condition change significantly. You may also ask for a review of your care plan at any time.

Your care manager will work with a team of health care professionals, service providers, and people with lives like yours (e.g., Peer Support Specialists) who will help you get services in your community to address your care needs. Your Tailored Care Management team will generally include your PCP, behavioral health, I/DD, and TBI providers, and other health care professionals who can help you with your needs and goals. Your care manager will task one of the members of your team to help you get each service listed in your care plan. Your care manager can work with family members and friends on this team if you want.

As part of the Tailored Care Management process, your care manager will meet with you regularly, either in person, over the phone, or using video chat. Your care manager will also have regular conversations with your Tailored Care Management team to make sure it is helping you make progress on your health goals and getting you the services that you need. Your care manager will also track and monitor the services you receive to ensure they are coordinated. Your health needs and goals will be at the center of the Tailored Care Management process, and you will have an important role in creating your care plan and making decisions on your care.

You will get information from Vaya in the mail about:

- Your assigned Tailored Care Management provider and how to make a change
- How to leave the Tailored Care Management program
- When your information will be shared with others
- How to make appeals and grievances

Your care manager will be in touch with you soon after you enroll to find out what care you need and to help you with appointments. Your care manager or someone from your care team is available to you 24 hours a day, 7 days a week. To learn more about how you can get extra support to manage your health, talk to your PCP or care manager, or call Member and Recipient Services at 1-800-962-9003.

Your Tailored Care Management provider may be an Advanced Medical Home+ (AMH+), a Care Management Agency (CMA), or Vaya's Care Management Department.

You can choose or change your Tailored Care Management provider during the year. If you want to choose or change your Tailored Care Management provider, you can call Member and Recipient Services at 1-800-962-9003 or submit the form: Tailored Care Management Opt Out/Change Form.

You can also choose not to have a care manager and not receive the Tailored Care Management benefit. Vaya will help you coordinate services, but the coordination will be more limited than Tailored Care Management. For example, you will not meet with a care manager on a regular schedule. This will not impact which providers you can see or what services are covered for you through Vaya. You can choose not to have Tailored Care Management or opt back in at any time by calling Member and Recipient Services at 1-800-962-9003 or submit the form: Tailored Care Management Opt Out/Change Form.

Community Inclusion

Some members may require services and supports that are sometimes provided in long-term facility settings, such as a state psychiatric hospital, adult care home (ACH), or intermediate care facility for individuals with intellectual/developmental disabilities (ICF/IID). Vaya will reach out to individuals living in these types of facilities to explain the choice members have to leave these facilities and live in community settings. Vaya may also contact their family and friends with the member's permission. Vaya will work with members living in these types of facilities who choose to leave to create a plan to receive services in their homes and communities. A care manager will work with the member to prepare them for the move and continue to work with them once they move to the community to make sure they have the right services and supports.

Members leaving facility settings who require long-term housing supports may also be eligible for the Transitions to Community Living (TCL) program. To learn more about Vaya's Community Inclusion and Transitions to Community Living programs, contact your care manager or call Member and Recipient Services at 1-800-962-9003.

Diversion

Vaya will provide diversion interventions to eligible members who are at risk of requiring supports in an institutional setting or adult care home (ACH). 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 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 child and family. Family Partners can also work with families on the development of care plans. For more information, families can contact their child's care manager or they 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 Vaya members. You can call Member and Recipient Services at 1-800-962-9003 for information about how to contact your local collaborative.

Help with Problems beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. Vaya can connect you to resources in your community to help you manage issues beyond your medical care.

Call Member and Recipient Services at 1-800-962-9003 if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed yourself or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, call 911.

Other Programs to Help You Stay Healthy

Vaya wants to help you and your family get and stay healthy. If you want to quit tobacco or are a new mom who wants to learn more about how to best feed your baby, we can connect you with the right program for support.

Call Member and Recipient Services at 1-800-962-9003 to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Newborn screening program
- Hearing screening program
- Early intervention program

Opioid Misuse Prevention Program

Opioids are powerful prescription medications that can be the right choice for treating severe pain. However, opioids may also have serious side effects, such as addiction and overdose. Vaya supports safe and

appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call Member and Recipient Services at 1-800-962-9003.

How to Get Naloxone

Naloxone, also known under the brand name NARCAN[®], is a medication that can help reverse the effects of an opioid overdose. In North Carolina, participating pharmacists can dispense naloxone without a prescription to anyone who may need it for themselves or for another person.

Vaya also offers programs that distribute naloxone to providers throughout our region. To learn more, talk to your treating provider about how you can get naloxone for free. For more information about naloxone works and to find other local organizations that provide naloxone for free, visit naloxonesaves.org.

Pharmacy Lock-in Program

The Vaya Health Lock-in Program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines). The Vaya Health Lock-in Program also helps identify members who get the medications from more than one prescriber (doctor, nurse practitioner, or physician's assistant). If you qualify for this program, Vaya will only pay for your pain medications and nerve medications when:

- One prescriber orders your medication. You will have the chance to pick a prescriber in the Vaya network.
- You will have these prescriptions filled from one pharmacy. You will have the chance to pick a pharmacy in Vaya's network.

If you qualify for Vaya Health Lock-in Program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision before you are placed in the program (see page 56 for more information on appeals).

Specialized Health and Wellness Programs

The health of your body impacts your mind and daily life. There are many things you can do on a regular basis to enhance your whole-person health and make both small and large differences in your life. Please talk to your care manager or your provider about resources to help you on your wellness journey. You can also find more information on our website at vayahealth.com.

Diabetes Prevention

Vaya and our community partners offer online and local onsite classes to help you prevent high blood sugar. These classes can help you learn more about eating healthy, reducing stress, and increasing physical activity.

Diabetes Management

Vaya and our community partners help you monitor your health and teach you how to manage symptoms of diabetes. We also help you identify anything that keeps you from getting health care services.

Asthma Management

Vaya will help you to learn more about asthma and how medicine might help you. You will learn how to use asthma medications correctly and what to do if your symptoms get worse.

High Blood Pressure Management

Vaya can help you control your high blood pressure through medication management and education about lifestyle changes. You will also learn how to monitor your blood pressure on your own with the support of your care team.

Tobacco Cessation Services

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 your whole body.

As a Vaya member, you have extra help through the Quit For Life® Program. This program offers support at every step in your path to quitting. It includes free coaching to help you quit. You can also join group video sessions and courses through a digital dashboard.

Quit For Life® also offers free nicotine replacement options, like nicotine patches or gum. Studies show that people are more likely to stop using tobacco products when they use nicotine replacement options, a quit plan, and support from a “quit-coach.” Vaya members with behavioral health needs or who are pregnant can receive extra support through dedicated coaching teams.

You can easily access Quit For Life® at any time on your mobile phone or other preferred device for a personalized experience. Quit For Life® is helpful if you are thinking about quitting, ready to quit, or need extra support after relapsing. For more information, call Member and Recipient Services at 1-800-962-9003.

Benefits You Can Get from Vaya OR an NC Medicaid Direct Provider

You can choose where to get some services. You can get these services from providers in the Vaya network or from another Medicaid provider. You do not need a referral from your primary care provider (PCP) to get these services. If you have any questions, talk to your PCP or call Member and Recipient Services at 1-800-962-9003.

HIV and STI Screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment, and counseling services any time from your PCP or other health care providers in the Vaya network. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit.

You can choose to go either to your PCP or to the local health department for diagnosis and treatment. You do not need a referral to go to the local health department.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): The Medicaid Health Benefit for Members under Age 21

EPSDT is Medicaid’s Comprehensive Child Health Program for individuals under age 21. EPSDT is authorized under the Social Security Act and includes preventive, diagnostic, and treatment services and periodic

screening of children, including vision, dental, and hearing services. Some EPSDT services require prior authorization. Preventive screening services under EPSDT do not require prior authorization. The act requires any medically necessary health care service that is listed in the act be provided to an EPSDT beneficiary even if the state Medicaid plan does not cover those services. Your care manager can provide you with additional information about EPSDT.

Early and Periodic Screening and Diagnosis

These “screening” visits are wellness checkups. They are free for members under age 21 and include a complete exam, free vaccines, and vision and hearing tests. Your provider will watch your child’s physical and emotional growth and well-being at each visit and “diagnose” any conditions that your child may have. At these visits, you will get referrals to any treatments your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for Members under age 21

Sometimes children need medical treatment for a health problem, and the planned treatment must be looked at based on its potential to treat, fix, or improve your child’s health problem or condition. This is decided based on your child’s need. Vaya cannot refuse your child’s treatment because of limits in your health plan or because it is not included in our health plan coverage policies. We must do a special EPSDT review in these cases.

When Vaya approves services for children, important rules apply:

- There are no copays for Medicaid covered services to members under age 21.
- There are no limits on how often a service or treatment is given.
- There is no limit on how many services the member can get on the same day.
- Services may be delivered in the best setting for the child’s health. This might include a school or a community setting.

If you have questions about EPSDT services, talk with your child’s PCP. You can also find out more about the federal EPSDT guarantee online. Visit our website at vayahealth.com or go to the NC Medicaid EPSDT webpage at <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>.

Benefits Covered by NC Medicaid Direct but Not by Vaya

There are some Medicaid services that Vaya **does not** cover, but if you need them, the services are covered for you by the NC Medicaid Direct program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided or billed by Local Education Agencies that are included in your child’s Individualized Education Program, Individual Family Service Plan, section 504 Accommodation Plan, Individual Health Plan, or Behavior Intervention Plan
- Services provided and billed by Children’s Developmental Agencies (CDSA), or by a provider contracted with a CDSA to provide those services, that are included in your child’s Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses, and ophthalmic frames (see page 34 for more information on vision services)

If you have questions or need help with accessing benefits you can only get through NC Medicaid Direct, talk with your primary care provider (PCP) or call Member and Recipient Services at 1-800-962-9003.

Services NOT Covered

Below are some examples of services that are **not available** from Vaya or NC Medicaid Direct. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco, or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Routine newborn circumcision (medically necessary circumcision is covered for all ages)
- Experimental drugs, procedures, or diagnostic tests
- Infertility treatments
- Sterilization reversal
- Sterilization for patients under age 21
- Medical photography
- Biofeedback
- Hypnosis
- Blood tests to determine paternity (contact your local child support enforcement agency)
- Chiropractic treatment unrelated to the treatment of an incomplete or partial dislocation of a joint in the spine
- Erectile dysfunction drugs
- Weight gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Hearing aid products and services for beneficiaries age 21 and older
- Services from a provider who is not part of Vaya’s Tailored Plan, unless it is a provider you are allowed to see as described elsewhere in this handbook
- Services for which you need a referral (approval) in advance, and you did not get it
- Services for which you need prior authorization in advance, and you did not get it
- Medical services provided out of the United States
- Tattoo removal

This list does not include all services that are not covered. To determine if a service is not covered, call Member and Recipient Services at 1-800-962-9003.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service that your PCP or Vaya does not approve. Or, if before you get a service, you agree to be a “private pay” or “self-pay” patient, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of Vaya’s Tailored Plan

If You Get a Bill

If you get a bill for a health care treatment or service you do not think you owe, **do not ignore it**. Call Member and Recipient Services at 1-800-962-9003 right away. We can help you understand why you received a bill. If you are not responsible for payment, Vaya will contact the provider and help fix the problem for you.

You have the right to ask for an appeal and a State Fair Hearing if you think you are being asked to pay for something Medicaid or Vaya should cover. See the Appeals section on page 56 in this handbook for more information. If you have any questions, call Member and Recipient Services at 1-800-962-9003.

Getting a Second Opinion

You may seek a second opinion from a network or out-of-network provider. Vaya does not require prior authorization for second opinions, but out-of-network providers must contact Vaya to make an agreement before delivering care.

You can find a network provider at vayahealth.com/get-help/provider-search. You can also contact your care manager or care coordinator or call our Member and Recipient Service Line at 1-800-962-9003 for help with getting a second opinion.

Health Plan Member Copays

Some members may be required to pay a copay. A copay is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy.

Copays if You Have Medicaid

SERVICE	YOUR COPAY
<ul style="list-style-type: none"> Chiropractic visits Doctor visits Non-emergency and emergency department visits Optometrist and optical visits Outpatient visits Podiatrist visits 	\$4 per visit
<ul style="list-style-type: none"> Generic and brand prescriptions 	\$4 per prescription

**There are NO copays for the following members or services:*

- Members under age 21
- Services related to pregnancy, childbirth, and postpartum care – to include prenatal care
- Members receiving hospice care
- Federally recognized tribal members or members receiving services through the Indian Health Service (IHS)
- Members residing in an institution who receive coverage for cost of care
- Members enrolled in Breast and Cervical Cancer Medicaid through the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP)
- Members in foster care

- Behavioral health, intellectual or developmental disability (I/DD), or traumatic brain injury (TBI) services
- Members enrolled in the NC Innovations and NC TBI waiver programs
- Members enrolled in Community Alternatives Programs for Children (CAP/C) and Disabled Adults (CAP/DA)
- Members enrolled in Long-Term Services and Supports (LTSS)
- Family Planning Services
- Services covered by Medicare and Medicaid
- Adult vaccines and vaccine administration
- HIV antiretroviral (ARV) medications

A provider cannot refuse to provide services if you cannot pay your copay at the time of service. If you have any questions about Medicaid copays, please call Member and Recipient Services at 1-800-962-9003.



Health Plan Information

Service Authorization and Actions

Vaya will need to approve some 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.**” The following treatments and services must be approved before you get them:

- Chiropractic Services
- Home Health Services
- Home Infusion Therapy
- Genetic Testing
- Fetal Surveillance
- Cochlear and Auditory Brainstem Implants
- Breast Surgeries
- Clinical Trial Services for Life Threatening Conditions
- Podiatry Services
- Routine Foot Care
- Bone Mass Measurement
- Imaging Services
- Rhinoplasty and/or Septorhinoplasty
- Routine Eye Examination and Visual Aids
- Ambulance Services
- Anesthesia Services
- Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair
- Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair
- Electrocardiography, Echocardiography, and Intravascular Ultrasound
- Hospice Services
- Private Duty Nursing
- State Plan Personal Care Services
- Out-of-State Services
- Nursing Facility Services
- Geropsychiatric Units in Nursing Facilities

- Hearing Aid Services
- Physical Rehabilitation Equipment and Supplies
- Respiratory Equipment and Supplies
- Nursing Equipment and Supplies
- Orthotics & Prosthetics
- Obstetrics
- Invasive Electrical Bone Growth Stimulation
- Hyperbaric Oxygenation Therapy
- Blepharoplasty/Blepharoptosis (Eyelid Repair)
- Surgery for Ambiguous Genitalia
- Surgery for Clinically Severe or Morbid Obesity
- Surgery of the Lingual Frenulum
- Stereotactic Pallidotomy
- Transcranial Doppler Studies
- Sleep Studies and Polysomnography Services
- Spinal Cord Stimulation
- Spinal Surgeries
- Wireless Capsule Endoscopy
- Implantable Bone Conduction Hearing Aids (BAHA)
- Fecal Microbiota Transplantation
- Balloon Ostial Dilation
- Reconstructive and Cosmetic Surgery
- Craniofacial Surgery
- Keloid Excision and Scar Revision
- Transplant Services
- Outpatient Specialized Therapies
- Independent Practitioners Respiratory Therapy Services
- CAR-T Cell Therapy
- Child and Adolescent Day Treatment
- Assertive Community Treatment
- Community Support Team
- Psychiatric Inpatient Care
- Long Term Community Supports
- ICF/IID
- NC Innovations Waiver Services
- Child Residential Treatment Services
- Psychiatric Residential Treatment Facility

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services, your doctor or other provider will submit requests for services on your behalf. If you have questions about how this works, or if you would like to submit a service authorization request under

the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, call Member and Recipient Services at 1-800-962-9003 or send your request in writing to:

Vaya Health
Attn: Utilization Management
200 Ridgefield Court, Suite 218
Asheville, NC 28806

What Happens after We Get Your Service Authorization Request?

Vaya uses a group of qualified health care professionals for reviews. Their job is to be sure that the treatment or service you asked for is covered by our health plan and that it will help with your medical condition. Vaya's nurses, doctors and behavioral health clinicians will review your provider's request.

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.

Sometimes Vaya may deny or limit a request your provider makes. This decision is called an "adverse benefit determination." When this happens, you can request any records, standards, and policies we used to decide on your request.

If you receive a denial and you do not agree with our decision, you may ask for an "appeal". You can call or send in the appeal form you will find with your decision notice. See page 56 for more information on appeals.

Prior Authorization Requests for Children under Age 21

Special rules apply to requests to approve medical services for children under age 21. Vaya cannot say no to a request for children under age 21 just because of our plan policies, policy limits, or rules. We must complete another review to help approve needed care. Vaya will use federal EPSDT guidelines for this review. These rules help Vaya take a careful look at:

- Your child's health problem
- The service or treatment your provider asked for

Vaya must approve services that are not included in our coverage policies when our review team finds that your child needs them to get well or to stay healthy. This means that Vaya's review team must agree with your provider that the service will:

- Correct or improve a health problem
- Keep the health problem from getting worse
- Prevent the development of other health problems

Important Details about Services Coverable by the Federal EPSDT Guarantee

- Your provider must ask Vaya for the service.
- Your provider must ask us to approve services that are not covered by Vaya.
- Your provider must explain clearly why the service is needed to help treat your child's health problem. Vaya's EPSDT reviewer must agree. We will work with your provider to get any information our team

needs to make a decision. Vaya will apply EPSDT rules to your child’s health condition. Your provider must tell us how the service will help improve your child’s health problem or help keep it from getting worse.

Vaya must approve these services with an “EPSDT review” *before* your provider gives them.

To learn more about the Medicaid health plan for children (EPSDT), see page 47, visit our website at vayahealth.com and visit the State of North Carolina website for the EPSDT guarantee at <https://medicaid.ncdhhs.gov/epsdt>.

Prior Authorization and Timeframes

We will review your request for a prior authorization within the following timeframes:

- **Standard review:** A decision will be made within 14 days after we receive your request.
- **Expedited (fast track) review:** A decision will be made, and you will hear from us within 3 days of your request. If your request is for a pharmacy review, a decision will be made within 24 hours.
- In most cases, you will be given at least 10 days’ notice if any change (to reduce, stop, or restrict services) is being made to current services. **If we approve a service and you have started to receive that service, we will not reduce, stop, or restrict the service during the approval period unless we determine the approval was based on information that was known to be wrong.**
- If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by Vaya or by Medicaid, even if we later deny payment to the provider.**

Information from Member and Recipient Services

You can call Member and Recipient Services at 1-800-962-9003 to get a PCP, to ask about benefits and services, to get help with referrals, to replace a lost Medicaid card, to report the birth of a new baby, or ask about any change that might affect you or your family’s benefits. We can answer any questions about the information in this handbook.

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 disabilities:** If you have difficulty hearing or need assistance communicating, please call us. If you are reading this on behalf of someone who is blind, deafblind or has difficulty seeing, we can help. We can tell you if a doctor’s office is equipped with special communications devices. Also, we have services like:
 - TTY machine—for TTY, dial 711 for Relay NC
 - Information in large print
 - Help in making or getting to appointments
 - 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 assist in making or getting to appointments.

You Can Help with Plan Policies

We value your ideas. You can help us develop policies that best serve our members. We have several member committees in our health plan or with NCDHHS, like:

- Vaya’s Consumer and Family Advisory Committee (CFAC) – a group that meets at least quarterly where you can give input on our programs and policies
- Vaya’s Long-Term Services and Supports (LTSS) Advisory Committee – a group that meets at least quarterly where you can give input on our Long Term Services and Supports programs and policies
- Medical Care Advisory Committee (MCAC) – a statewide group that gives advice to NC Medicaid about Medicaid medical care policies and quality of care
- State Consumer and Family Advisory Committee (CFAC) – a statewide group that gives advice to NC Medicaid and lawmakers to help them plan and manage the state’s behavioral health program

Call Member and Recipient Services at 1-800-962-9003 to learn more about how you can help.

Medicaid Service Appeals

Sometimes Vaya may decide to deny or limit a request your provider makes for you for Medicaid benefits or services offered by our health plan. This decision is called an “adverse benefit determination.” You will receive a letter from Vaya notifying you of any adverse benefit determination. Medicaid members have a right to appeal adverse benefit determinations to Vaya. You have 60 days from the date on your letter to ask for an appeal. When members do not agree with our decisions on an appeal, they can ask the NC Office of Administrative Hearings for a State Fair Hearing.

When you ask for an appeal, Vaya has 30 days to give you an answer. You can ask questions and give any updates (including new medical documents from your providers) that you think will help us approve your request. You may do that in person, in writing or by phone.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call Member and Recipient Services at 1-800-962-9003 or visit our website at 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 Form 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 60 days after the date on the notice.
- **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 60 days after the date on the notice.
- **BY PHONE:** Call Member and Recipient Services at 1-800-962-9003 and ask for an appeal. When you appeal, you and any person you have chosen to help you can see the health records and criteria that Vaya used to make the decision. If you choose to have someone help you, you must give them permission.
- **IN PERSON:** You may hand-deliver an appeal to Vaya’s Asheville office at 200 Ridgely Court, Suite 218, Asheville, NC 28806.
- **ONLINE:** You may submit an appeal electronically through our online Member & Recipient Portal at vayahealth.com/member-recipient-portal/.

You can also contact the **NC Medicaid Ombudsman** to get more information about your options. See page 72 for more information about the NC Medicaid Ombudsman.

Expedited (Faster) Appeals

You or your provider can ask for a faster review of your appeal when a delay will cause serious harm to your health or to your ability to attain, maintain or regain your good health. This faster review is called an expedited appeal.

You and your provider can ask for an expedited appeal by calling our Member and Recipient Appeals team at 1-800-893-6246, ext. 1400.

You can ask for an expedited appeal by phone, by mail, or by fax. There are instructions on your Appeal Request Form that will tell you how to ask for an expedited appeal.

Member Requests for Expedited Appeals

Vaya will review all member requests for expedited appeals. If your request for an expedited appeal is denied, we will call you during our business hours promptly following our decision. We also will tell you and the provider in writing if your request for an expedited appeal is denied. We will tell you the reason for the decision. Vaya will mail you a written notice within 2 calendar days.

If you do not agree with our decision to deny an expedited appeal request, you may file a grievance with us (see page 60 for more information on grievances).

When we deny a member's request for an expedited appeal, there is no need to make another appeal request. The appeal will be decided within 30 days of your request. In all cases, we will review appeals as fast as a member's medical condition requires.

Provider Requests for Expedited Appeals

If your provider asks us for an expedited appeal, we will give a decision no later than 72 hours after we get the request for an expedited appeal. We will call you and your provider as soon as there is a decision. We will send you and your provider a written notice of our decision within 72 hours from the day we received the expedited appeal request.

Timelines for Standard Appeals

If we have all the information we need, we will make a decision on your appeal within 30 days from the day we get your appeal request. We will mail you a letter to tell you about our decision. If we need more information to decide about your appeal, we:

- Will write to you and tell you what information is needed;
- Will explain why the delay is in your best interest; and
- May take an additional 14 days to decide your appeal if you request it or there is a need for additional information and the delay is in your best interest.

If you need more time to gather records and updates from your provider, just ask. You or a helper you name may ask us to delay your case until you are ready. Ask for an extension by calling Member and Recipient Services at 1-800-962-9003 or writing to: Vaya Health, Attn: Member and Recipient Appeals Team, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.

Decisions on Appeals

When we decide your appeal, we will send you a letter. This letter is called a “Notice of Decision.” If you do not agree with our decision, you can ask for a State Fair Hearing. You can ask for a State Fair Hearing within 120 days from the date on the Notice of Decision.

State Fair Hearings

If you do not agree with Vaya’s decision on your appeal, you can ask for a State Fair Hearing. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session. This meeting is held before your State Fair Hearing date.

Free and Voluntary Mediations

When you ask for a State Fair Hearing, you will get a phone call from the Mediation Network of North Carolina. The Mediation Network will call you within 5 business days after you request a State Fair Hearing. During this call you will be offered a mediation meeting. The North Carolina Department of Health and Human Services (NCDHHS) offers this free meeting to help resolve your disagreement quickly. These meetings are held by phone.

You do not have to accept this meeting. You can ask to schedule just your State Fair Hearing. When you do accept, a Mediation Network counselor will lead your meeting. This person does not take sides. A member of Vaya’s review team will also attend. If the meeting does not help with your disagreement, you will have a State Fair Hearing.

State Fair Hearings

State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). An administrative law judge will review your request along with new information you may have. The judge will make a decision on your service request. You can give any updates and facts you need to at this hearing. A member of Vaya’s review team will attend. You may ask questions about Vaya’s decision. The judge in your State Fair Hearing is not a part of Vaya in any way.

It is easy to ask for a State Fair Hearing. Use one of the options below:

- **MAIL:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the address listed on the form.
- **FAX:** Fill out, sign, and fax the State Fair Hearing Request Form that comes with your notice. You will find the fax number you need listed on the form.
- **BY PHONE:** Call OAH at 1-984-236-1860 and ask for a State Fair Hearing. You will get help with your request during this call.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing to appeal to the Superior Court.

State Fair Hearings and Disenrollment Decisions

If you disagree about a decision to change your health plan, you can ask for a State Fair Hearing. The process to ask for a State Fair Hearing for disenrollment decisions is different than the process to ask for a State Fair Hearing when Vaya limits or denies a service that you requested. For more information about requesting a State Fair Hearing for disenrollment decisions, see page 68.

Continuation of Benefits 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. You can also ask the person helping you with your appeal to make that request for you. Your provider cannot ask for your services to continue during an appeal.

The rules in the section are the same for appeals and State Fair Hearings.

There are special rules about continuing your service during your appeal. Please read this section carefully.

You will get a notice if Vaya is going to reduce or stop a service you are receiving. You have 10 calendar days from the date we send the letter to ask for your services to continue. The notice you get will tell you the exact date. The notice will also tell you how to ask for your services to continue while you appeal.

If you ask for your services to continue, Vaya will continue your services from the day you ask for them to continue until you the day get your appeal decision. You or your authorized representative may contact Member and Recipient Services at 1-800-962-9003 or contact the Appeals Coordinator on your adverse benefit determination letter to ask for your service to continue until you get a decision on your appeal.

Your appeal might not change the decision that Vaya made about your services. When this happens, Medicaid allows Vaya to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for services we paid for during your appeal.

Appeals During Your Transition Out of the Vaya Tailored Plan

If you decide to leave the Vaya Tailored Plan, your appeal may be impacted by this transition. Please see below for additional information for how we will process appeals at transition. If you will be transitioning out of our health plan soon and have an appeal with us, please contact Member and Recipient Services at 1-800-962-9003 for additional information.

We will continue to process any part of your appeal that affects authorization of services through the date that you leave the Vaya Tailored Plan.

If You Have Problems with Your Health Plan, You Can File a Grievance

We hope our health plan serves you well. If you are unhappy or have a complaint, you may talk with your primary care provider or contact Vaya. Vaya has a “no wrong door” approach to grievances, which can be submitted in any of the following ways:

- **BY PHONE:** Call Vaya Member and Recipient Services at 1-800-962-9003 or Vaya’s Grievance Resolution and Incident Team at 1-800-893-6246, extension 1600. You can also report concerns anonymously through Vaya’s toll-free, 24/7 Compliance Hotline at 1-866-916-4255.
- **ONLINE:** Visit the Vaya EthicsPoint compliance portal at vayahealth.ethicspoint.com (also allows you to report anonymously) or submit a grievance through our online Member & Recipient Portal at vayahealth.com/member-recipient-portal/.
- **BY EMAIL:** Send an email to resolutionteam@vayahealth.com.
- **BY MAIL:** Write to us at Vaya Health, Grievance Resolution and Incident Team, 200 Ridgefield Court, Suite 218, Asheville, NC 28806

A grievance and a complaint are the same thing. Contacting us with a grievance means that you are unhappy with Vaya, your provider, or your health 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 record your call, your problem, and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice when we have finished working on your grievance.

You can ask a family member, a friend, your provider, or a legal representative to help you with your grievance or the grievance process. 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.

You can contact us by phone or in writing at any time:

- By phone, call 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, and we will contact you during the next business day.
- You can write us with your grievance to Vaya Health, Grievance Resolution & Incidents Team, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.

Resolving Your Grievance

We will let you know in writing that we got your grievance within 5 days of receiving it.

- We will review your complaint and tell you how we resolved it in writing within 30 days of receiving your complaint.
- If your grievance is about your request for an expedited (faster) appeal, we will tell you how we resolved it in writing within 5 days of getting your complaint.

If you are not satisfied with how Vaya resolved your complaint, you may appeal our decision in writing within 7 calendar days from the date of the resolution notice or escalate your grievance to the North Carolina Department of Health and Human Services, NC Medicaid (Division of Health Benefits).

The notice will include information on how to file an appeal with Vaya. You can request an appeal in several ways:

- **BY PHONE:** Call Vaya Member and Recipient Services at 1-800-962-9003 or Vaya’s Grievance Resolution and Incident Team at 1-800-893-6246, extension 1600.
- **BY EMAIL:** ResolutionTeam@vayahealth.com
- **BY FAX:** 828-398-4226
- **BY MAIL:** Write to Vaya Health, Attn: Grievance Resolution and Incident Team, 200 Ridgefield Court, Suite 218, Asheville, NC 28806
- **IN PERSON:** You may hand-deliver an appeal to Vaya’s administrative office at 200 Ridgefield Court, Suite 218, Asheville, NC 28806.

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 at Vaya beyond this review.

For more information about escalating your appeal to NC Medicaid, you can contact the NC Medicaid Ombudsman at us at 877-201-3750 from 8 a.m. to 5 p.m., every Monday through Friday except for State holidays.

Transition of Care

Your Care When You Change Health Care Options or Providers

- If you join Vaya’s Tailored Plan from another health care option, we will work with your previous health care option to get your health information, like your service history, service authorizations, and other information about your current care into our records.
- You can finish receiving any services that have already been authorized by your previous health care option. After that, if necessary, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your providers under your former health plan will also be Vaya providers. If your provider is not part of our network, there are some instances when you can still see the provider that you had before you joined Vaya. You can continue to see your provider if:
 - At the time you join Vaya, you are receiving an ongoing course of treatment or have an ongoing special condition, such as an intellectual/developmental disability (I/DD), mental health diagnosis, substance use disorder, or traumatic brain injury (TBI). In that case, you can ask to keep your provider for up to 180 days.
 - You are more than 3 months pregnant when you join Vaya, and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.
 - You are pregnant when you join Vaya, and you are receiving services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
 - You have a surgery, organ transplant, or inpatient stay already scheduled that your provider is doing. In these cases, you may be able to stay with your provider through the scheduled procedure, discharge from the hospital, and for up to 90 days of follow-up care.

- You are terminally ill, and the provider is supporting you in your care. You are considered terminally ill if you have been told by your provider that he or she expects you have 6 months or less to live. In that case, you can keep your provider for the remainder of your life.
- If your provider leaves Vaya's Tailored Plan, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves Vaya is your primary care provider (PCP), we will tell you in writing within 7 days from when we know this will happen. We will tell you how you can choose a new PCP or how we will choose one for you if you do not make a choice within 30 days.
- If you want to continue receiving care from a provider who is not in our network:
 - Please let your assigned care manager know or call our Member and Recipient Services line at 1-800-962-9003.
 - Your care manager will document your preference and start the process of requesting approval for an Out-of-Network Agreement with the provider.
 - It will take roughly 3 business days to process the request for the Out-of-Network Agreement.
 - Once the Out-of-Network Agreement is processed, your care manager will notify you through your preferred communication style (telephone, email, in writing) of the decision and your ability to continue to receive the services from your provider.
- Vaya will help you move to a new care manager if necessary. Your current and new care manager will work together to come up with a plan to make sure you continue to receive the care you need.

If you have any questions, call Member and Recipient Services at 1-800-962-9003.

Member Rights and Responsibilities

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

Your Rights

As a member of Vaya's Tailored Plan, you have a right to:

- Be cared for with respect and with consideration for your dignity and privacy without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation, or gender identity
- Be told what services are available to you.
- Be told where, when, and how to get the services you need from Vaya.
- Be told of your options when getting services so you or your guardian can make an informed choice.
- Be told by your primary care provider (PCP) what health issues you may have, what can be done for you, and what will likely be the result, in a way you understand. This includes additional languages.
- Get a second opinion about your care.
- Give your approval of any treatment.
- Give your approval of any plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Get information about your health care.

- Get a copy of your medical record and talk about it with your PCP.
- Ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Vaya complaint process to voice complaints about Vaya or the care you receive. You can also contact the **NC Medicaid Ombudsman** any time you feel you were not fairly treated (see page 72 for more information about the NC Medicaid Ombudsman).
- Request an appeal of an adverse decision by Vaya or one of our subcontractors.
- Use the State Fair Hearing system or request an appeal of an adverse decision by Vaya.
- Appoint someone you trust (relative, friend, or lawyer) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment, free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive information about Vaya, available services, Vaya network practitioners and providers, and member rights and responsibilities.
- Participate with your practitioners in making decisions about your health care.
- Have a candid discussion about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Make recommendations about Vaya's Member Rights and Responsibilities Policy.

You also have rights related to receiving In Lieu of Services from Vaya. See page 41 for more information on your rights related to In Lieu of Services.

Your Rights if You Are a Minor

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

- Treatment for sexually transmitted diseases
- Services related to pregnancy
- Services to help with alcohol and/or other substance use disorders
- Services to help with emotional conditions

Your Responsibilities

As a member of Vaya's Tailored Plan, you agree to:

- Work with your PCP to protect and improve your health.
- Find out how your health plan coverage works.
- Listen to your PCP's advice and ask questions.
- Call or go back to your PCP if you do not get better, or ask for a second opinion.
- Treat health care staff with respect.
- Tell us if you have problems with any health care staff by calling the Member and Recipient Service Line at 1-800-962-9003.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency department only for emergencies.
- Call your PCP when you need medical care, even if it is after hours.

- Give information (to the extent possible) that Vaya and your providers need to provide care.
- Follow plans and instructions for care that you have agreed to with your providers.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, as much as possible.

Changes to Your Health Care Option (Disenrollment)

You are enrolled in Vaya's Tailored Plan, an NC Medicaid Managed Care Behavioral Health and I/DD Tailored Plan, because of the health care services that you need that may only be offered by our health plan. Your Tailored Plan is based on the county of your Medicaid eligibility. Only one Tailored Plan provides services in each county in the state, so you cannot choose a different Tailored Plan.

You are enrolled in Vaya's Tailored Plan, but you may choose to get health care services from a different NC Medicaid health care option that you qualify for. In addition to the Tailored Plan, other health care options that you **may** qualify for include:

- **Standard Plan.** A Standard Plan is an NC Medicaid health plan that offers physical health, pharmacy, care management, and basic behavioral health services for members. A Standard Plan offers added services for members who qualify. The added services may be different for each Standard Plan.
- **Eastern Band of Cherokee Indians (EBCI) Tribal Option.** The EBCI Tribal Option is the primary care case management entity (PCCMe) created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of federally recognized tribal members and others who qualify for services through the Indian Health Service and live in Cherokee, Haywood, Graham, Jackson, or Swain County, or in a neighboring county of the 5-county region. The EBCI Tribal Option includes care coordination by Vaya for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI). The EBCI Tribal Option offers added services for members who qualify.
- **NC Medicaid Direct.** NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in NC Medicaid Managed Care. NC Medicaid Direct includes care coordination provided by Community Care of North Carolina, the PCCMe, and 6 LME/MCOs that coordinate services for a mental health condition, substance use disorder, I/DD, or TBI. Care Management for physical health services is provided by CCNC, and Tailored Care Management is provided by the LME/MCO.

You **may** qualify to get care and services from one of the health care options listed above. To get more information on the health care options that you qualify for, you can contact the Enrollment Broker using any of the following ways:

- Go to ncmedicaidplans.gov.
- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on Google Play or the App Store.
- Call the Enrollment Broker at **1-833-870-5500** (TTY: 711 or RelayNC.com).
- **Remember: There are certain services you may need for a mental health condition, substance use disorder, I/DD, or TBI that are only offered by a Tailored Plan. For more information on the services only offered by Tailored Plans, see page 18.**

If you qualify, you can ask to move to a different health care option at any time and for any reason. See below for instructions on how to ask to move to a different health care option.

How to Request to Move to a Standard Plan

You can ask to move to a Standard Plan by contacting the Enrollment Broker. To choose a Standard Plan, you can enroll in one of these ways:

- Call the Enrollment Broker at **1-833-870-5500** (TTY: 711 or [RelayNC.com](https://www.relaync.com)).
 - If you call, the Enrollment Broker will explain your choices. You will need to confirm your decision to choose a Standard Plan before the Enrollment Broker will move you to a Standard Plan.
- Mail or fax an enrollment form to the Enrollment Broker. You can get an enrollment form by going to ncmedicaidplans.gov or by calling the Enrollment Broker.
 - **MAIL:** You can mail the enrollment form to the following address:
NC Medicaid
PO Box 613
Morrisville NC 27560
 - **FAX:** You can fax the enrollment form to 1-833-898-9655.

If you mail or fax the enrollment form, the Enrollment Broker will call you to explain your choices. You will need to confirm your decision to choose a Standard Plan before the Enrollment Broker will move you to a Standard Plan. If the Enrollment Broker cannot reach you to explain your choices, your request to move a Standard Plan will be denied. If you disagree with the decision to deny your request to move to a Standard Plan, you can appeal by requesting a State Fair Hearing. For more information on how to request a State Fair Hearing for disenrollment decisions, see page 68.

How to Request to Move to a Standard Plan if Getting Certain Services

If you are currently getting any of the following services, there are more steps that you must take before you can ask to move to a Standard Plan:

- Services through the NC Innovations Waiver program
 - NC Innovations Waiver participants can choose to leave their waiver program at any time. If you are currently getting NC Innovations Waiver services, you must leave the Waiver program before asking to move to a Standard Plan. If you leave the NC Innovations Waiver program, you will lose access to NC Innovations Waiver services.
 - If you want to leave the NC Innovations Waiver, you can contact your care manager or Member and Recipient Services at 1-800-962-9003 (TTY 711). Vaya will require you to sign a document saying you want to leave the NC Innovations Waiver program.
 - After you have finished the process to leave the NC Innovations Waiver program, you will follow the steps in the “How to Request to Move to a Standard Plan” section listed on page 65 to contact the Enrollment Broker to ask to move to a Standard Plan (disenroll).
- Services through the Transitions to Community Living (TCL) program
 - You can choose to leave the TCL program at any time. If you are currently in the TCL program, you must leave the program before asking to move to a Standard Plan. **If you leave the TCL program, you may lose access to some services, including your housing funding.**

- If you want to leave the TCL program, you can contact your care manager or Member and Recipient Services at 1-800-962-9003 (TTY 711). Vaya will require you to sign a document saying you want to leave the TCL program.
- After you have finished the process to leave the TCL program, you will follow the steps in the “How to Request to Move to a Standard Plan” section listed on page 65 to contact the Enrollment Broker to ask to move to a Standard Plan (disenroll).
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
 - You can choose to leave an ICF/IID at any time. If you are currently living in an ICF/IID, you must leave the ICF/IID before asking to move to a Standard Plan. **If you leave the ICF/IID, you may not be able to return to that facility even if you stay in or move back to the Tailored Plan.**
 - If you want to leave the ICF/IID, you must contact your care manager or Member and Recipient Services at 1-800-962-9003 (TTY 711) to make them aware you are leaving.
 - After you have contacted Vaya, you will follow the steps in the “How to Request to Move to a Standard Plan” section listed on page 65 to contact the Enrollment Broker to ask to move to a Standard Plan (disenroll).
- Non-Medicaid (State-funded) Services program
 - You can choose to leave the State-funded services program at any time. If you are currently in the State-funded services program, including State-funded Residential Services program, you must leave the program before asking to move to a Standard Plan. **If you leave the State-funded services program, you may not be able to return to the program or the State-funded residential home, even if you stay in or move back to the Tailored Plan.**
 - If you want to leave the placement where you are getting State-funded services, you must contact your care manager or Member and Recipient Services at 1-800-962-9003 (TTY 711) to make them aware you are leaving.
 - After you have contacted Vaya, you will follow the steps in the “How to Request to Move to a Standard Plan” section listed on page 64 to contact the Enrollment Broker to ask to move to a Standard Plan (disenroll).

How to Request to Move to the EBCI Tribal Option or NC Medicaid Direct

If you qualify, you may leave Vaya and move to the EBCI Tribal Option or NC Medicaid Direct at any time. To move to the EBCI Tribal Option or NC Medicaid Direct, you can contact the Enrollment Broker using any of the following ways:

- Go to ncmedicaidplans.gov.
- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on Google Play or the App Store.
- Call the Enrollment Broker at **1-833-870-5500** (TTY: 711 or RelayNC.com).

How to Request to Move Back to the Tailored Plan

If you move to a different health care option, but then need a service that is only offered by a Tailored Plan, you can ask to move back to Vaya at any time. To ask to move back to Vaya, you can contact the Enrollment Broker using any of the following ways:

- Go to ncmedicaidplans.gov.

- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on Google Play or the App Store.
- Call the Enrollment Broker at **1-833-870-5500** (TTY: 711 or [RelayNC.com](https://www.relaync.com)).

If you still qualify for the Tailored Plan, you will be moved back. If you no longer qualify for the Tailored Plan, you may complete the *Request to Move to the Tailored Plan – Beneficiary Form* or your provider can complete the *Request to Move to the Tailored Plan – Provider Form*. You can find both forms at ncmedicaidplans.gov or you can call the Enrollment Broker at 1-833-870-5500 (TTY: 711 or [RelayNC.com](https://www.relaync.com)) to have the form sent to you. **Remember: There is not a guarantee that you will be able to return to your previous waiver program or your previous residential placement if you move to a Standard Plan but then decide to move back to the Tailored Plan.**

Expedited Requests to Change Health Care Options

If believe you have an **urgent medical need**, you can ask for faster action (expedited review) of your request to change health care options (disenroll). An urgent medical need means that the timing of the regular process will cause your life, your physical or mental health, or your ability to attain, maintain, or regain maximum function to be in danger. If your request for an expedited review is approved, you will get a notice about your request to leave Vaya’s Tailored Plan within 3 days of making the request.

Decisions on Requests to Change Health Care Options

If your request to change health care options is approved, you will get a notice in the mail telling you when the change starts (effective date). The effective date will be no later than the first day of the second month after the month that you asked to change health care options. If your request to change health care options is denied, you will get a notice in the mail telling you why your request was denied and how to appeal if you disagree with the decision.

Reasons Why You May Have to Leave Vaya’s Tailored Plan

There are also some reasons why you may have to leave Vaya’s Tailored Plan, even when you did not ask to leave our plan. The following are reasons why you may have to leave Vaya when you did not ask to leave:

- If you lose your eligibility for the Tailored Plan:
 - You may lose your eligibility for Vaya’s Tailored Plan if you do not have a qualifying mental health condition, substance use disorder, I/DD, or TBI condition or have not used certain behavioral health services over a 24-month period.
 - If you are no longer eligible for Vaya’s Tailored Plan, you will receive a letter letting you know that you will be moved to a Standard Plan to receive your benefits and services. If this happens, you can call the NC Medicaid Contact Center at 1-888-245-0179 for help.
- If you lose your Medicaid Managed Care program eligibility:
 - You may lose your eligibility for the Medicaid Managed Care program if any of the following happens:
 - You stay in a nursing home for more than 90 days in a row (see page 36 for more information on nursing services).
 - You become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home.

- You change Medicaid eligibility category.
- You become incarcerated.
- You begin receiving Medicare.
- If you are no longer eligible for Medicaid Managed Care, you will receive a letter letting you know that you will continue to receive your benefits and services through NC Medicaid Direct instead of through Vaya. If this happens, you can call the NC Medicaid Contact Center at 1-888-245-0179 for help.
- If you lose your Medicaid eligibility:
 - You may have to leave our health plan if you are notified that you are no longer eligible to receive benefits and services through the Medicaid program. **If you are no longer eligible for Medicaid, you will receive a letter letting you know that all benefits and services that you may be receiving under the program will stop and information on how to appeal that decision if you disagree.** If this happens, call your local Department of Social Services.

State Fair Hearings for Disenrollment Decisions

You have a right to ask for a State Fair Hearing if you disagree with a disenrollment decision. State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). You will have a chance to give more information and ask questions about the decision for you to make a change before an administrative law judge. The judge in your State Fair Hearing is not a part of Vaya in any way. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session that is held before your hearing date (see page 58 for more information on mediations).

Requesting a State Fair Hearing for Disenrollment Decisions

If you disagree with a disenrollment decision, you have **30 days** from the date on the letter telling you of the decision to ask for a State Fair Hearing. You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call the Enrollment Broker at **1-833-870-5500** (TTY: 711 or [RelayNC.com](https://www.relaync.com)) if you need help with your State Fair Hearing request.

When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them permission. Include their name and contact information on the State Fair Hearing Request Form.

You can use one of the following ways to request a State Fair Hearing:

- **MAIL:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **FAX:** Fill out, sign, and fax the State Fair Hearing Request Form that comes with your notice. The fax numbers you need are listed on the form.
- **BY PHONE:** Call the OAH at 1-984-236-1860 and ask for a State Fair Hearing. You will get help with your request during this call. When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them permission. Include their name and contact information on the State Fair Hearing Request Form.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing Final Decision to appeal to the Superior Court.

Advance Directives

There may come a time when you become unable to manage 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 medical and mental 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 that 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 3 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 1-919-807-2167 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 at 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 primary care provider (PCP) 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 you (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). A list of DSS locations can be found at ncdhhs.gov/localdss. 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 Department of Social Services (DSS) and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the 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 your care manager or Member and Recipient Services at 1-800-962-9003 (TTY: dial 711 for Relay NC).

Fraud, Waste, and Abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission
- A doctor or a clinic bills for services that were not provided or were not medically necessary

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

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 1-877-362-8471.
- Call the State Auditor's Waste Line at 1-800-730-TIPS (1-800-730-8477).
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477).

You can also report fraud, waste, or billing/ program abuse by calling 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.

Important Phone Numbers

- **Vaya Member and Recipient Service Line:** 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 Nurse Line:** 1-800-290-1623, 24 hours a day, 7 days a week
- **Enrollment Broker:** 1-833-870-5500, Monday-Saturday, 7 a.m. to 5 p.m.
- **NC Medicaid Ombudsman:** 1-877-201-3750, Monday-Friday, 8 a.m. to 5 p.m.,
- **NC Medicaid Contact Center:** 1-888-245-0179, Monday-Friday, 8 a.m. to 5 p.m.
- **Vaya Provider Service Line:** 1-866-990-9712, Monday-Saturday, 7 a.m. to 6 p.m.
- **Vaya Prescriber Service Line:** 1-800-540-6083, Monday-Saturday, 7 a.m. to 6 p.m.
- **The NC Mediation Network:** 1-336-461-3300
- **Free Legal Services line:** 1-866-219-5262, Monday-Friday, 8:30 a.m. to 4:30 p.m.; Monday and Thursday 5:30 p.m. to 8:30 p.m.
- **File a grievance/complaint:** 1-800-962-9003 (TTY 711), Monday-Saturday, 7 a.m. to 6 p.m.
- **Advance Health Care Directive Registry:** 1-919-814-5400, Monday-Friday, 8 a.m. to 5 p.m.
- **NC Medicaid Fraud, Waste and Abuse Tip Line:** 1-877-362-8471
- **State Auditor Waste Line:** 1-800-730-TIPS (1-800-730-8477)

- **U.S. Office of Inspector General Fraud Line:** 1-800-HHS-TIPS (1-800-447-8477)
- **Vaya Confidential Compliance Hotline:** 1-866-916-4255

Keep Us Informed

Call Member and Recipient Services at 1-800-962-9003 whenever these changes happen in your life:

- You have a change in Medicaid eligibility.
- You give birth.
- There is a change in household family members.
- There is a change in Medicaid coverage for you or your children.

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families under NC Medicaid Managed Care get access to the care that they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits.
- Help you understand your rights and responsibilities.
- Provide information about NC Medicaid Managed Care.
- Answer your questions about enrolling with or disenrolling from a health plan.
- Help you understand a notice you have received.
- Refer you to other agencies that may be able to assist you with your health care needs.
- Help with issues you have been unable to resolve with your health care provider or health plan.
- Be an advocate for you if you are dealing with an issue or a complaint affecting access to health care.
- Provide information to assist you with your appeal, grievance, mediation, or fair hearing.
- Connect you to legal help if you need it to help resolve a problem with your health care.

You can contact the NC Medicaid Ombudsman at **1-877-201-3750** or ncmedicaidombudsman.org.



Member and Recipient Service Line: 1-800-962-9003 (TTY 711)

Behavioral Health Crisis Line: 1-800-849-6147 (24/7)

Nurse Line: 1-800-290-1623 (24/7)

Pharmacy Service Line: 1-800-540-6083

www.vayahealth.com

200 Ridgefield Court, Suite 218, Asheville, NC 28806