

JOSH STEIN • Governor DEVDUTTA SANGVAI • Secretary JAY LUDLAM • Deputy Secretary, NC Medicaid

April 9, 2025

Re: NEMT Contact form

Dear County Directors of Social Services:

The Division of Health Benefits (DHB) wants to ensure we have accurate contact information on file for Non-Emergency Medical Transportation (NEMT).

Please complete the attached form and email it to Brenda Gooch at brenda.gooch@dhhs.nc.gov.

The top section of the form should have the name, title and/or position, telephone number and email address of the primary transportation coordinator and designated secondary point of contact.

The bottom section of the form should only be completed if there has been a change in staff assigned to NEMT services in your agency.

Thank you for assistance. If you have additional questions or concerns, please contact Brenda Gooch at brenda.gooch@dhbs.nc.gov

Sincerely,

Jave 166646866666 Deputy Secretary, NC Medicaid

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

LOCATION: 65 Moore Drive Durham, NC 27709 MAILING ADDRESS: P.O. Box 110606 Durham, NC 27709 www.ncdhhs.gov • TEL: 919-813-5340 • FAX: 919-882-8934

NEMT County Contact Form

____County Department of Social Services

(Name of County)

Primary NEMT Contact _____

Contact Title/Position _____

Contact Phone Number _____

Contact Email Address _____

Secondary NEMT Contact _____

Contact Title/Position _____

Contact Phone Number _____

Contact Email Address _____

Change of Contact

(Complete this section ONLY when reporting a change)

REMOVE NEMT Contact _____

New/Add NEMT Contact ______

Contact Title/Position _____

Contact Phone Number _____

Contact Email Address _____

The form is used to provide the local agency Transportation Coordinator or Designated Individual assigned to NEMT. Please email completed form to Brenda Gooch at brenda.gooch@dhhs.nc.gov