

Fact Sheet

NC Medicaid Managed Care: Request to Move to Tailored Plan

What is the process to request to move to a Tailored Plan?

Tailored Plans offer the same physical health services as Standard Plans and additional services for serious mental health disorders, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury. Tailored Plans are different from the LME/MCOs because they will focus on whole-person health care to better serve North Carolinians.

Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans offer services that are not available in a Standard Plan. Providers and beneficiaries may request to move to a Tailored Plan if they need certain services. This fact sheet explains the Request to Move to Tailored Plan process and how to submit the forms to the NC Medicaid Enrollment Broker.

CHILDREN AND FAMILIES SPECIALTY PLAN TRANSITIONS

The Children and Families Specialty Plan (CFSP) members can change their health plan at any time. All CFSP members can choose a Standard Plan, and some may also be able to choose a Tailored Plan. If the member changes to a Standard Plan or Tailored Plan, the change will be effective the first day of the following month from when the change was requested.

To move a member from the CFSP to a Tailored Plan, the member, their authorized representative or provider must submit a Nonservice-Associated Request. More details on how to submit this request see the “Nonservice-Associated Request” section.

To move a member from the CFSP to a Standard Plan, the member or their authorized representative must call the Enrollment Broker at **1-833-870-5500 (TTY:711)** to receive choice counseling and provide verbal informed consent to acknowledge that leaving the CFSP will result in the loss of statewide care management and services specific to the health plan.

REQUEST TO MOVE TO TAILORED PLAN: PROVIDER FORM

The “Request to Move to Tailored Plan: Provider Form” can be submitted online at ncmedicaidplans.gov/submit-forms-online. Forms can be mailed or faxed. For a printable form, call the Enrollment Broker at 1-833-870-5500 (TTY: 711 or RelayNC.com). The form can be filled out for the beneficiary by a doctor, therapist or other I/DD, mental health or substance use disorder provider. The form can be used for two types of submissions: Service-associated Requests and Nonservice-

associated Requests. Service-associated Requests require a Service Authorization Request (SAR) and it can be found in step 3 of the form.

	Service-associated Request	Nonservice-associated Request
Who can submit requests?	Providers	Beneficiaries
		Providers
Processing time	Within one business day	Five business days for Provider Forms
		Eight business days for Beneficiary Forms
When does the individual move to Tailored Plan?	The day the request is submitted	After approval, the individual is enrolled the first day of the following month

If approved, beneficiaries will receive a notice from the Enrollment Broker. The notice will inform the beneficiary when the move to Tailored Plan is effective (either the first day of the following month or on the date the request was submitted).

If denied, the Enrollment Broker will send the beneficiary a denial letter which includes information on the beneficiary's right to appeal the decision and the denial reason. The beneficiary has 30 days from the date of the denial notice to request a [State Fair Hearing \(appeal\)](#).

To learn more about how to complete the request watch the information video at ncmedicaidplans.gov/submit-forms-online.

REQUEST TO MOVE TO A TAILORED PLAN: BENEFICIARY FORM

The "Request to Move to Tailored Plan: Beneficiary Form" can be submitted online at ncmedicaidplans.gov/submit-forms-online. Forms can also be mailed or faxed by completing the downloadable version found at [Request to Move to a Tailored Plan: Beneficiary Form](#). The form can be filled out by the beneficiary or their legally responsible person such as the head of household, legal guardian or authorized representative. This form can be used for a NonService-associated Request submission. **CFSP beneficiaries or their authorized representative should only use a Nonservice-associated Request to request to move to a Tailored Plan.**

If approved, beneficiaries will receive a notice from the Enrollment Broker. The notice will inform the beneficiary the move to Tailored Plan is effective the first day of the following month.

If denied, the Enrollment Broker will send the beneficiary a denial letter which includes information on the beneficiary's right to appeal the decision and the denial reason. The beneficiary has 30 days from the date of the denial notice to request a [State Fair Hearing \(appeal\)](#).

To learn more about how to complete the request watch the information video at: ncmedicaidplans.gov/submit-forms-online.

TO SUBMIT A SECURE REQUEST ONLINE

1. Go to ncmedicaidplans.gov/submit-forms-online and select “Get started with guided forms.”
Select one of the following choices:
 - I want to request to move to a Tailored Plan
 - I am a beneficiary or their legally responsible person , if completing the beneficiary form
 - I want to request to move a beneficiary to a Tailored Plan. I am a provider or Care Manager, if completing the provider form.

You must fill out fields with an asterisk (*).


☐ I want to change my Standard Plan.
I am a beneficiary or their legally responsible person.

☒ I want to request to move to a Tailored Plan.
I am a beneficiary or their legally responsible person.

☐ I want to request to move a beneficiary to Tailored Plans.
I am a provider or Care Manager.

Fill out the information for the beneficiary who wants to change health plans

Beneficiary first name *	Beneficiary middle name
Test	Enter middle name

Beneficiary last name *	Date of birth *
Test	01/01/2001 

NC Medicaid ID number *

784697193J

Start your form

2. Complete all the required fields on Step 1 and Step 2, entering the beneficiary information and health care needs and provider information.
3. Supporting documentation can be uploaded on Step 3. This is optional.

Progress bar: 1. Beneficiary information (checked), 2. Health care needs (checked), 3. Provider information (active), 4. Read and confirm

Step 3

Tell us about a provider the beneficiary has visited recently

Tell us the name of a recent doctor, therapist or other healthcare provider. We will contact this provider with any questions about the intellectual / developmental disability (I/DD), mental health disorder, traumatic brain injury (TBI) or substance use disorder (SUD). You must fill out fields with an asterisk (*).

Provider or agency name *


test

Provider phone number *


9199876543

Optional: You can upload documents to support your request

Attach the most recent psychological evaluations, hospital discharge summaries or other assessments. This helps us review your request faster. If the beneficiary does not have documents, we will contact their provider. You can also send us supporting documents when you get the email to sign and submit this form.

Upload documents 

Next

 UAT Widget.... We are closed right... ^v

Step 3
Tell us about a provider

Tell us the name of a recent doctor, therapist or other healthcare provider listed above to obtain your personal medical records including records of intellectual / developmental disability (I/DD), mental health disorder, traumatic brain injury (TBI) or substance use disorder (SUD). You must fill out fields with an asterisk.

Provider or agency name *

test

Provider phone number *

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Optional: You can upload documents

Attach the most recent psychological or medical records to support your request faster. If the beneficiary does not have records, attach a letter from the provider stating the beneficiary's condition. Upload documents when you get them.

Upload your documents

You can upload up to 10 documents to support this request.

Choose file

Document requirements:

- Each file must be under 10MB.
- Approved file types are .pdf, .jpeg, .jpg, .png, .tif, .tiff, .bmp, .doc, .txt, and .rtf.
- Please make sure your file is not password-protected, secure, encrypted or corrupted. We will not be able to process it. If you cannot view your document, try saving it as an approved file type.

Upload documents

Next

UAT Widget... We are closed right now

4. On Step 4, both the provider and the beneficiary need to go to their email and sign the form.

When I submit this form, I am agreeing that:

- NC Medicaid may contact the doctor, therapist or other healthcare provider listed above to obtain my personal medical records including records of intellectual / developmental disability (I/DD), mental health disorder, traumatic brain injury (TBI) or substance use disorder (SUD).
- I expressly consent to NC Medicaid receiving any or all such records needed to make a decision on this request.

I understand that if this request is approved, I will stay in or be moved to a Tailored Plan.

If I have been assigned to a Standard Plan, I understand that I will no longer be enrolled in that health plan.

☒ I understand and agree

We will send a link to your email.
Click the link and sign the form to submit this request.

Send link to email to sign the form

Step 4
Read and confirm
Go to your email and click the link to sign the form.

Next steps for you

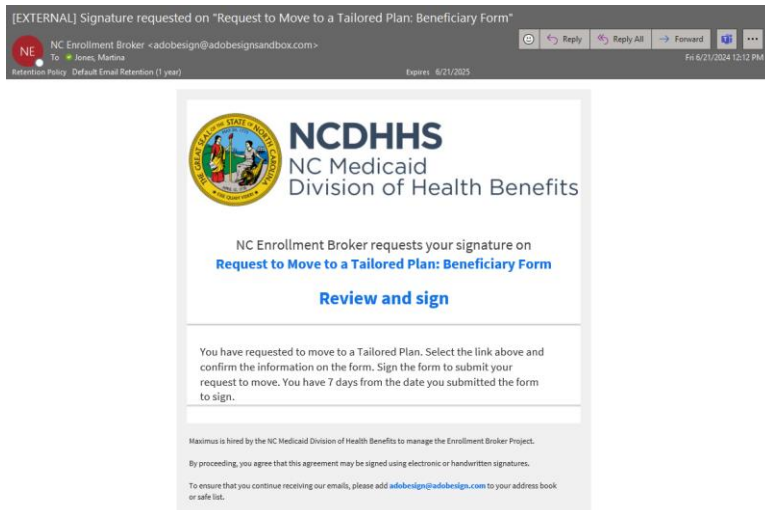
- Adobe Sign will send an email to the email address you gave in Step 1.
email@email.com
- You have **7 days** to sign the form sent to your email.
- If you do **not** sign the form by day 7, your request will be canceled. You will need to submit a new form.

What we will do

- Once we get the signed form, NC Medicaid will review this request. If we need more information, we will contact the beneficiary's doctor, therapist or other healthcare provider.
- If we **approve** the request, we will send a letter to tell the beneficiary when they will start getting Medicaid services through a Tailored Plan.
- If we **deny** the request, we will send a letter to tell the beneficiary they will stay in the Standard Plan. The letter will tell the beneficiary how to appeal if they do not agree with our decision.

Go back to Submit forms online

5. An email is sent from Adobe to the beneficiary and provider with a direct link to sign the form. Once both the beneficiary and provider sign the form, the document is automatically logged in the Enrollment Broker's system and is routed to the appropriate entity on the same day.



SERVICE-ASSOCIATED REQUESTS (SAR)

This is an expedited process. SARs are sent to the Tailored Plan within 24 hours and the individual is moved within one business day, retroactive to the date of the request.

SARs submitted to request CFSP beneficiaries move to a Tailored Plan will be processed as a NonService-Associated Request.

A SAR is submitted by the provider with the beneficiary's consent, requesting specific services only available through the Tailored Plan. This request allows the beneficiary to get services for a serious mental illness, substance use disorder, I/DD or TBI that are not available in a Standard Plan.

A SAR is required to be submitted along with any necessary support documentation,. Providers can use the SAR embedded in the Request to Move to Tailored Plan form or upload their own.

Submission and Review Process of SARs

Step 1	Step 2	Step 3	Step 4
<p>The provider submits form to the Enrollment Broker online at ncmedicaidplans.gov or by fax to 833-898-9655.</p> <p>Additional documentation included as necessary.</p>	<p>Within 24 hours of the provider's submission, the Enrollment Broker will review and process the form and request additional documentation from the provider (if needed).</p>	<p>The Tailored Plan and Enrollment Broker complete the review of the SAR.</p>	<p>If approved: the beneficiary will receive a notice with Tailored Plan enrollment information and an NC Medicaid ID card</p> <p>If denied: the beneficiary will receive a notice with denial reason and appeal rights to request a State Fair Hearing.</p>

*If approved, Service-associated Requests are effective the date the request was submitted.

NONSERVICE-ASSOCIATED REQUESTS

A NonService-associated Request can be submitted directly by a beneficiary using the Request to Move to Tailored Plan: Beneficiary form and does not require a SAR. The form can also be submitted by any provider (including a hospital) with the beneficiary's consent. Non Service-associated Requests are reviewed for approval or denial within eight business days for beneficiary forms and five business days for provider forms. **Nonservice-associated Requests should be used to request CFSP beneficiaries move to a Tailored Plan.**

Submission and Review Process of Nonservice-associated Requests

Step 1	Step 2	Step 3	Step 4
The beneficiary or provider submits the form either online at ncmedicaidplans.gov/submit-forms-online , by mail or via fax to the Enrollment Broker.	The Enrollment Broker reviews and processes the form.	If additional clinical documentation is needed, the Enrollment Broker clinical team will reach out to the beneficiary/provider.	<p>If approved: the beneficiary will receive a notice with Tailored Plan enrollment information and an NC Medicaid ID card</p> <p>If denied: the beneficiary will receive a notice with denial reason and appeal rights to request a State Fair Hearing.</p>

*If approved, the request is effective on the first day of the month following the approval.

If the form is not signed, or there is missing information, or incorrect information, the beneficiary will get a letter from the Enrollment Broker to let them know.

What's Changed with Children and Families Specialty Plan Launch :

- To move a member from the CFSP to a Tailored Plan, the member, or their authorized representative, or their provider must submit a NonService-Associated Request.
- Beneficiaries enrolled in the Children and Families Specialty Plan who need Tailored Plan only services will move to a Tailored Plan.
- Tailored Plan only services include:
 - Innovations Waiver services
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) services
 - State-Funded (non-Medicaid) services
 - TBI Waiver services
 - Transitions to Community Living (TCL) program services
 - Tailored Care Management

