



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Know Your NC Medicaid Health Care Options

Notice of disenrollment rights for the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan

Your rights

NC Medicaid must tell NC Medicaid Managed Care members about their disenrollment rights at least 60 days before program services start.

You qualify for the Tailored Plan

The Tailored Plan offers health care services you may need for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

Each North Carolina county has one Tailored Plan

Your Tailored Plan is based on the county that manages your Medicaid case. You can't choose a different Tailored Plan. If the county that manages your Medicaid case changes, you will be moved to the Tailored Plan that serves that county. To learn more about the service area (counties) for each Tailored Plan, go to the *Find* page at ncmedicaidplans.gov.

You can disenroll from (leave) the Tailored Plan at any time and for any reason

You can choose to get your health care services from a different health care option if you qualify.



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You can get free auxiliary aids and services, including information in other languages or formats such as large print or audio. Call us toll free at 1-833-870-5500.

ATTENTION: For free interpreter services, call **1-833-870-5500** (TTY: 711 or RelayNC.com).

Español (Spanish)
ATENCIÓN: Para servicios gratuitos de un intérprete, llame al **1-833-870-5500** (número de TTY: 711 o RelayNC.com).

繁體中文 (Chinese)
注意: 如需免費的口譯員服務, 請撥打 **1-833-870-5500** (TTY: 711 或 RelayNC.com)

NC Medicaid complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex.



Disenrollment (leaving the Tailored Plan)

How to ask to move to a Standard Plan

The **Standard Plans** are North Carolina Medicaid and NC Health Choice health plans. All health plans offer physical health, pharmacy, care coordination and basic behavioral health services. Standard Plans offer added services for members who qualify.

Remember: The Tailored Plan offers services that Standard Plans do not. These include services for a mental health disorder, substance abuse disorder, intellectual/developmental disability (I/IDD), or traumatic brain injury (TBI).

If you want to move to a Standard Plan

You must call us before you can move to a Standard Plan. We will explain your health care options. This is to help you make the best choice for your needs.

Use one of these ways to enroll in a Standard Plan

- Call us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com).
 - We will explain your choices. You will need to confirm your decision to choose a Standard Plan before we will move you to a Standard Plan.
- Mail or fax an enrollment form.
 - We will call you to explain your choices. You will need to confirm your decision to choose a Standard Plan before we will move you to a Standard Plan.
 - If we can't reach you to explain your choices, we will deny your request to move to a Standard Plan. If you disagree with the denial, you can appeal by asking for a State Fair Hearing.

How to ask to move to the EBCI Tribal Option or NC Medicaid Direct

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 Indian Health Service (IHS) 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 Health 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 is North Carolina's health care program for Medicaid members who are not in NC Medicaid Managed Care. It includes care coordination by

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Questions? Go to ncmedicaidplans.gov. Or call us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com). We can speak with you in other languages.

Community Care of North Carolina (CCNC), the primary care case management entity (PCCMe). Six Local Management Entity-Managed Care Organizations (LME-MCOs) coordinate services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

Use one of these ways to enroll in the EBCI Tribal Option or NC Medicaid Direct

- 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 us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com).
- Mail or fax an enrollment form.



How to ask to move back to the Tailored Plan

If you leave the Tailored Plan but then need a service that only the Tailored Plan offers, you can ask to move back to the Tailored Plan at any time. If you still qualify for the Tailored Plan, you will be moved back.

If you no longer qualify for the Tailored Plan, you can fill out the *Request to Move to the Tailored Plan: Beneficiary Form*. Or your provider can fill out the *Request to Move to the Tailored Plan: Provider Form*.

You can find both forms at ncmedicaidplans.gov.

Or call us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com).



Expedited (faster) request to change health care options

If you think you have an **urgent medical need**, you can ask for an expedited (faster) review of your request to change health care options. An urgent medical need means that the time to change your health care option will cause danger to your life, physical or mental health, or ability to get, keep or regain maximum function. If your request for an expedited review is approved, you will get a letter about your request to change health care options within 3 days of making the request.

Decisions on requests to change health care options

If your request is approved, you will get a decision letter in the mail. It will tell you the date the change starts. The start date will be no later than the first day of the second month after the month you asked to disenroll.

If your request is denied, you will get a letter in the mail. It will tell you why your request was denied. It will tell you how to appeal if you disagree with the decision.

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State Fair Hearings for disenrollment decisions

You have a right to ask for a State Fair Hearing if you disagree with a disenrollment decision. The NC Office of Administrative Hearings (OAH) holds State Fair Hearings. You will have a chance to give an administrative law judge more information. You can also ask questions about the decision. In North Carolina, State Fair Hearings offer the choice to have a free, voluntary mediation session before your Hearing date.

How to ask for a State Fair Hearing

You will have **30 days** from the date on the decision letter to ask OAH for a State Fair Hearing. You can ask for a State Fair Hearing by mail or fax. Or you can call OAH. The decision letter will include a State Fair Hearing Request Form. It tells you how to file your appeal.

If your life, physical or mental health, or ability to get, keep or regain maximum function is in danger, you can ask for an expedited (faster) State Fair Hearing. You can ask by mail or fax. Or you can call OAH. The State Fair Hearing Request Form tells you how to ask for a faster appeal.

You can ask for a State Fair Hearing yourself. You can also ask a friend, family member, your provider or a lawyer to help you. If you need help with your State Fair Hearing request, call us at **1-833-870-5500** (TTY: 711 or RelayNC.com).

SAMPLE



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