

Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO: Provider Form

What is this form for?

This form is for you to request for an individual with Medicaid to stay in, or move to, NC Medicaid Direct (formerly known as Fee-for-Service or traditional Medicaid) and an Local Management Entity-Managed Care Organization (LME-MCO). While physical health services are the same for all individuals with Medicaid, some services for **people with an intellectual/developmental disability (I/DD), mental illness, traumatic brain injury, or substance use disorder** are only available in NC Medicaid Direct and through the LME-MCOs. It may benefit an individual to stay in NC Medicaid Direct and their LME-MCO if they need these services. These services are not in the new Standard Health Plans. This form can be filled out by a doctor, therapist or other I/DD, Mental Health, or Substance Use Disorder provider of the person enrolled in NC Medicaid.

Send this form to NC Medicaid by mail, fax, or email:

Mail

NC Medicaid
PO Box 613
Morrisville, NC 27560

Fax

1-833-898-9655

What happens next?

NC Medicaid will review the information on the form and will contact the doctor, therapist or other behavioral health provider who completes this form if more information is needed.

If the request is approved, we will send a letter to the individual with Medicaid to let them know that they will continue getting, or begin getting, their Medicaid services through NC Medicaid Direct and an LME-MCO.

If the request is not approved, we will send a letter to the individual with Medicaid to let them know that they will continue to be enrolled, in one of the new Health Plans. The letter will also tell them how they can appeal if they do not agree with our decision.

Questions?

We can help. Go to ncmedicaidplans.gov. Use the “chat” tool on the website. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 8 p.m., 7 days a week.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

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7 a.m. to 5 p.m., Monday through Saturday.
We can speak with you in other languages.

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1. Beneficiary Demographic Information

Fill out the beneficiary demographic information and guardian/legally responsible person contact information.

Beneficiary Name (Last, First, M.I.)	
Date of Birth	NC Medicaid ID Number
Guardian/Legally Responsible Person	Guardian/Legally Responsible Person Phone Number

2. Provider Submitting this Form

Fill out the provider information

Provider Name (Last, First, M.I.)	Telephone Number
Provider Agency (if Applicable)	NPI/Provider Identifier
Provider email	

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3. Reason for Submitting Request

Beneficiaries may be eligible to stay in NC Medicaid Direct and their LME-MCO if they meet one of the criteria below. Check all reasons that apply and provide the requested information:

- ☐ Has used, or has a current need for, a Medicaid service that is only available through NC Medicaid Direct and an LME-MCO or a State-funded service. **A full list of Medicaid services only available through NC Medicaid Direct and the LME-MCOs and State-funded services is attached to this form.** Please note the service(s) needed.
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- ☐ Has an intellectual or developmental disability (I/DD), serious mental illness, serious emotional disturbance, qualifying substance use disorder, or is a child aged 0-3 with or at risk for, developmental delay or disability. Please provide the DSM 5 or ICD 10 Diagnosis Code/Description and the functional impairment related to the diagnosis:

ICD 10 Diagnosis Code	Description
Related Functional Impairment	

- ☐ Has survived a traumatic brain injury and is receiving traumatic brain injury services or has a traumatic brain injury that is otherwise a knowable fact. Please provide the ICD 10 Diagnosis Code/Description and the functional impairment related to the diagnosis:

ICD 10 Diagnosis Code	Description
Related Functional Impairment	

- ☐ Has had one involuntary commitment to a State Facility within the past 18 months.
- ☐ Has had two or more of the following within the past 18 months:
- psychiatric hospitalizations
 - visits to the emergency department due to a behavioral health diagnosis use of behavioral health crisis services (Mobile Crisis Management, Facility Based Crisis Services for Children and Adolescents, Professional Treatment Services in Facility Based Crisis Program)

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Please provide facility name and date of service below:

Facility/Agency Name	Date(s) of Service

- ☐ Other reason the beneficiary should remain in NC Medicaid Direct and his/her LME-MCO (please describe).

4. Provider Signature

I attest that the information presented in this form is accurate to the best of my knowledge. This request is being submitted for the benefit of the beneficiary and not for the benefit of the beneficiary's enrolled health plan or service provider. I understand this form may be subject to audit.

Signature

Date

Printed Name

Plan/Provider Affiliation

5. Care Coordinator/Care Manager Signature

I attest that the information presented in this form is accurate to the best of my knowledge. This request is being submitted for the benefit of the beneficiary and not for the benefit of the beneficiary's enrolled health plan. I understand this form may be subject to audit.

Signature

Date

Printed Name

Plan/Provider Affiliation

Questions?

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6. Beneficiary Attestation:

Have the beneficiary (or legally responsible person) read and sign the beneficiary attestation.

By signing below, I acknowledge that I am requesting to remain or be moved to fee-for-service Medicaid, referred to as NC Medicaid Direct, rather than be enrolled in a Standard Health Plan. I have been fully informed of the differences between NC Medicaid Direct and a Standard Health Plan. I acknowledge that this request will be considered by NC Medicaid or its agent and may be denied based upon my individual circumstances.

By signing below, I am agreeing that NC Medicaid may contact the doctor, therapist or other behavioral health provider listed above to obtain medical records, which may include records of the following: intellectual or developmental disability (IDD), mental illness, traumatic brain injury, or substance use disorder. I expressly consent to NC Medicaid receiving any or all such records.

I understand that if this request is approved, I will remain in or be moved to NC Medicaid Direct and my LME-MCO. If I have been assigned to a Standard Health Plan, I understand that I will no longer be enrolled in that plan.

Signature of Person Enrolled in NC Medicaid
Or Legally Responsible Person

Date

Printed Name

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Request to Stay in NC Medicaid Direct and LME-MCO: Appendix

MEDICAID BEHAVIORAL HEALTH SERVICES EXCLUDED FROM THE HEALTH PLAN BENEFIT.

THESE SERVICES ARE ONLY AVAILABLE IN NC MEDICAID DIRECT AND THROUGH THE LME/MCOS.

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services (MST)
- Psychiatric residential treatment facilities (PRTF)
- Assertive community treatment (ACT)
- Community support team (CST)
- Psychosocial rehabilitation (PSR)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Substance Abuse Intensive Outpatient (SAIOP)
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services*
- Traumatic Brain Injury Waiver services*
- 1915(b)(3) services
- State-Funded Behavioral Health and Intellectual and Developmental Disability Services

***Please note that waiver services are only available to individuals enrolled in the waiver.**

1915(b)(3) SERVICES

- Respite
- Supported Employment/Employment Specialist
- Individual Support
- One-time Transitional Costs
- NC Innovations Waiver Services (funded by (b)(3)) (Deinstitutionalization Services)
- Community Navigator
- In-home Skill Building
- Transitional Living Skills
- Intensive Recovery Support

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STATE-FUNDED BEHAVIORAL HEALTH AND I/DD SERVICES

Certain behavioral health and I/DD services are available for individuals who are uninsured or who do not have adequate insurance and are supported by state and federal funds. These services are available through LME-MCOs and vary by LME-MCO.

Examples of these services include substance use halfway house, developmental therapy, and residential supports. The full state-funded services list is accessible at:

<https://files.nc.gov/ncdhhs/State-Funded%20MHDDSAS%20Service%20Definitions%202003-2017%20effective%207-1-17.pdf>

The state-funded services available through the beneficiary's LME-MCO is accessible at:

- ☐ Alliance - <https://www.alliancehealthplan.org/wp-content/uploads/Non-Medicaid-Benefit-Plan-2.pdf>
- ☐ Cardinal - <https://www.cardinalinnovations.org/getmedia/7558d853-1d24-4df8-b0a8-572f4ae0d31e/cardinal-innovations-state-funded-services.pdf>
- ☐ Eastpointe - <http://www.eastpointe.net/provider/authorization-um-and-benefits-packages-2/#1559750317947-1e958130-3c23>
- ☐ Partners - <https://providers.partnersbhm.org/benefit-grids/>
- ☐ Sandhills - <https://www.sandhillscenter.org/for-providers/resources/>
- ☐ Trillium - <https://www.trilliumhealthresources.org/for-providers/benefit-plans-service-definitions>
- ☐ Vaya - <https://providers.vayahealth.com/service-authorization/coverage-info/>

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