

# Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary Form

## What is this form for?

Some services for **people with an intellectual or developmental disability (I/DD), mental illness, traumatic brain injury, or substance use disorder** are only available through the LME-MCOs and in NC Medicaid Direct. It may benefit you to stay with your LME-MCO and in NC Medicaid Direct if you need one of these services. These services are listed on pages 5 and 6. They are not available in the new Standard Health Plans.

This form can be filled out by you, your legal guardian or legally responsible person. Your care manager/care coordinator may assist you in completing this form.

## Complete this form if the following apply to you:

- You have received a letter telling you to choose a health plan in NC Medicaid Managed Care, but you want to stay in NC Medicaid Direct and with your LME-MCO.

**Or**

- You are enrolled in a health plan in NC Medicaid Managed Care, but you need the services and/or supports available in NC Medicaid Direct and through LME-MCOs.

## Send this form to NC Medicaid by mail, fax, or online.

### Mail

NC Medicaid  
PO Box 613  
Morrisville, NC 27560

### Fax

1-833-898-9655

### Online

[ncmedicaidplans.gov](https://ncmedicaidplans.gov)

There is also a form you can ask your provider to complete instead of completing this form yourself. You can call NC Medicaid at the number below to ask for the form or you can find it on the website: [ncmedicaidplans.gov](https://ncmedicaidplans.gov)

## What happens next?

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

If your request is approved, we will send you a letter to let you know that you will continue to or begin to receive, your Medicaid services through NC Medicaid Direct and your LME-MCO.

If your request is not approved, we will send you a letter letting you know that you will be enrolled, or continue to be enrolled, in one of the new Health Plans that best serves your mental health, substance use, I/DD, or Traumatic Brain Injury needs. The letter will also tell you how you can appeal if you do not agree with our decision.

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**Questions?** We can help. Go to [ncmedicaidplans.gov](https://ncmedicaidplans.gov). Use the “chat” tool on the website. Or call us at **1-833-870-5500** (TTY: 711 or RelayNC.com), 7 a.m. to 5 p.m., Monday through Saturday. The call is toll free. You will need your Medicaid ID number.



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## 1. Contact information for person enrolled in NC Medicaid

Fill out contact information for the person with NC Medicaid

<b>Name (First, Middle, Last)</b>	
<b>Date of Birth (Month/Day/Year)</b>	
<b>NC Medicaid ID Number</b>	
<b>Phone number</b>	

## 2. Check all the needs below that apply to you:

Check if the need is related to developmental disability, mental illness, traumatic brain injury, or substance use disorder. Please check all that apply. Tell us more about these needs. You may submit your most recent documents (such as psychological evaluations, hospital discharge summaries, or other assessments) to support this request. This will help us review your request quicker. If you do not have documentation, we will reach out to your provider.

- Intellectual/developmental disability (I/DD)
- Mental Illness
- Traumatic Brain Injury
- Substance Use Disorder

If you checked a need above, tell us more about how your disability or condition is affecting your life and any support you need to help you.

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- Optional: Please check if the beneficiary is a youth involved in the juvenile justice system. (Note: Juvenile Justice system involvement is a sign that a beneficiary has high support needs for their mental illness, substance use disorder, I/DD or traumatic brain injury).

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### 3. Provider Information

Please provide the name of your doctor, therapist or other behavioral health provider that can share additional information about your behavioral health, IDD, or TBI needs. We will contact him or her with any questions about your intellectual/developmental disability, mental illness, traumatic brain injury or substance use disorder.

<b>Provider or Agency Name</b>	
<b>Provider Phone Number</b>	

### 4. Care Coordinator/Care Manager Signature

If a Care Coordinator or Care Manager is assisting you with completing this form, they must sign and print their name below. You can skip this section if a Care Coordinator or Care Manager is not helping you with this form.

**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.**

<b>Signature</b>	<b>Date</b>
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<b>Printed Name</b>	<b>Plan/Provider Affiliation</b>
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## 5. Beneficiary Attestation:

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

**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 my personal 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 needed to make a decision on this request.**

**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.**

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**Signature of Person Enrolled in NC Medicaid  
Or Legally Responsible Person**

**Date**

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**Printed Name**

**Phone number for person  
filling out this form  
(if not the person with Medicaid)**

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# Request to Move to NC Medicaid Direct or 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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## LME-MCOs

- Alliance Health Care
- Cardinal Innovations
- Eastpointe
- Partners Behavioral Health
- Sandhills Center
- Trillium Health Resources
- Vaya

## 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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