

Non-Medicaid Residential Services (NMRS) Referral Profile

Submission Checklist for Referral

Non-Medicaid Residential funds are available on a limited basis for persons who are uninsured or underinsured. These are non-entitlement resources authorized based on eligibility. Below is a checklist of items that must accompany this referral for a review of eligibility to occur. Please submit the following required documents for referral to the Non-Medicaid (State-funded) Residential Services (NMRS) wait list:

Applicant's NMRS Referral Profile

Date Submitted: _____

Available online at providers.vayahealth.com/learning-lab/forms.

Applicant's most recent psychological evaluation

The evaluation must have been completed within the last five years. A full-scale IQ score and adaptive composite score are required for applicants with an intellectual/developmental disability (I/DD). Ensure this is in the applicant's medical record.

Applicant's most recent person-centered plan

For applicants with I/DD, an NC Support Needs Assessment Profile (NC-SNAP), Supports Intensity Scale (SIS), or Level of Care (LOC) assessment is required. NC-SNAP, SIS, and LOC assessments must have been completed within the last year. For applicants with a mental health diagnosis, a Comprehensive Care Assessment (CCA) is required. Ensure this is in the applicant's medical record.

Guardianship papers

Ensure this is in the applicant's medical record.

Submission Instructions

Submit your documentation in one of the following ways:

- Via secure email to NonMedicaidResidential@vayahealth.com.
- Fax to Vaya Health (Vaya) at 828-398-0994, Attn: Housing Team.

Please note: After receiving the documents listed above, Vaya's Utilization Management team will determine the applicant's eligibility. Determination of eligibility does not mean funding is readily available. NMRS availability is based on the availability of State funding. **There is no entitlement to housing funds through Vaya, except for individuals approved to participate in the Transitions to Community Living program.**

NMRS Referral Profile

I. Member Information

Applicant: _____ Vaya ID Number: _____

Home address: _____ Date of birth: _____

Applicant preference regarding county of residency: _____

Level of service requested: _____

II. Referral Source

Name: _____

Relationship to applicant: _____ Agency: _____

Guardianship information (if applicable): _____

Phone: _____ Email: _____

III. Funding Source

Medicare: Yes No

Medicaid: Yes No

SSI: Yes No

Other: Yes No

If other source applies, describe:

IV. Applicant Needs Assessment

Please note: This section is not required for internal referrals. Refer to Guiding Care.

A. Medical Needs

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

B. Mental Health Needs: Mental health needs include current services, past traumas, etc.

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

C. Behavioral Needs

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

D. Activities of Daily Living Needs

(If applicable, attach appropriate assessments or reference electronic files in the Vaya system.)

Activities of daily living needs may include assistance with eating, drinking, bathing, dressing, toileting, etc.

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

E. Supervision Needs

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

F. Physical Accommodations

Physical accommodations include assistance with mobility, adaptive equipment, independent living skills, etc.

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

G. Day Placement/Employment Needs

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

H. Medication Needs

List medications applicant is prescribed, including dosage and frequency:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:

I. Other Needs

Describe applicant's needs:

Does applicant require additional accommodations and/or additional staff support in this area? Yes No

If yes, explain:
