



NC Innovations Waiver Health Plan Transfer Form

Care managers/care coordinators for Vaya Health (Vaya) members who participate in the NC Innovations Waiver should submit this form if the member transfers to a different Behavioral Health and Intellectual/Developmental Disability Tailored Plan (Tailored Plan) region. Complete, print, sign, and send the form and supporting documentation via secure email to HealthPlanTOC@vayahealth.com.

Today's date: _____

Member Information

Name: _____

Date of birth: _____ Medicaid ID: _____

Former county of Medicaid origin: _____ New county of Medicaid origin: _____

Change effective date as verified by the Department of Social Services (DSS): _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Alternate number: _____

Legally responsible person (LRP)/guardian (if applicable): _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Alternate number: _____

Care Manager/Care Coordinator Information

Name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Transfer Information

Tailored Plan to which the member requests a transfer: _____

Provider organization(s) currently serving the member and each service provided:

Required Documentation

Submit the following documentation with this form:

- The member's current, approved plan of care (also known as an Individual Support Plan, or ISP) and any updates
- Current approval form for the member's plan of care/ISP
- Supports Intensity Scale® (SIS) or NC-SNAP score
- An approved Level of Care determination or original Level of Care and current redetermination
- A current psychological evaluation inclusive of adaptive behavior, if available, and copies of any evaluations relevant to the member's care
- An Individualized Education Program (IEP) or letter from the NC Division of Vocational Rehabilitation Services, if available
- The member's current, approved Innovations Waiver Individual Budget
- Copies of current guardianship or legal custody documentation, if applicable
- Copies of current service authorizations
- Copies of current releases of information to the new Tailored Plan
- Copy of current Resource Allocation (RA) letter

Provider-based care managers whose Risk Support Needs Assessment (RSNA) is **not embedded** in the Comprehensive Care Management Assessment must also submit an RSNA.

Signatures

Care manager/care coordinator signature: _____ Date: _____

Vaya member or LRP signature: _____ Date: _____