



NC Innovations Waiver Reserved-Capacity (Emergency) Slot Request Form

This form must be completed before a Vaya Health (Vaya) member assigned to a provider-based care manager can be considered for a reserved-capacity (emergency) NC Innovations Waiver slot. Vaya is allotted a limited number of reserved-capacity slots each fiscal year. These slots are awarded only to individuals who are an imminent risk to themselves or others, per requirements indicated below.

I. Request Information

(Completed by Vaya Member and Recipient Services staff)

Name of individual making request: _____

(only the prospective slot recipient or their legally responsible person [LRP] may request an emergency slot.)

Relationship to the prospective slot recipient: Self LRP

Phone number for individual making request: _____

Date of call: _____ Time of call: _____

II. Member Information

(Completed by Vaya Member and Recipient Services staff)

Name: _____ AHR number: _____

Date of birth: _____ Age: _____

Current county of Medicaid origin: _____ County of residence: _____

Care manager's/care coordinator's name: _____

Tailored Care Management provider: _____

Care manager's phone number: _____

Additional information relevant to request: _____

III. Required Eligibility Documentation Checklist

*(Completed by the Vaya Innovations Slot Coordinator to confirm documentation requirements are met. Missing/incomplete documentation will result in **an administrative denial of the request**. Vaya staff will not conduct a case staffing call if requirements are not met.*

- Member/LRP made the request
- Guardianship documentation uploaded into MCIS
- Intellectual/developmental disability (I/DD) diagnosis documentation attached (includes psychological evaluation and diagnosis by a psychologist or psychological associate licensed by the North Carolina Psychology Board)
- Documentation of functional limitations included in an evaluation completed by a psychologist or psychological associate licensed by the North Carolina Psychology Board

IV. Eligibility Details

(Completed by the member's care manager; supporting documentation must be attached)

A. NC Innovations Waiver eligibility criteria:

- Individual requires active treatment (e.g., a continuous program that includes aggressive, consistent implementation of specialized and generic training, treatment, health services, and related services described in 42 CFR 483.440) necessitating the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care.

Provide supporting information:

AND ONE OF THE FOLLOWING:

- Individual has a diagnosis of intellectual disability per the DSM-5: Intellectual disability is a disability characterized by significant limitations both in general intellectual function resulting in, or associated with, deficits or impairments in adaptive behavior. The disability manifests before age 18.

Full-Scale IQ: _____

Provide supporting information (e.g., IQ scores, adaptive deficits as measured by psychological evaluation):

OR

Individual has a closely related condition (i.e., a severe chronic disability) that meets

ALL the following conditions:

- Is attributable to cerebral palsy, epilepsy, or any other condition, other than mental illness, found to be closely related to intellectual disability, because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that expressed by individuals with intellectual disabilities, and requires treatment or services similar to those required by these individuals
- Manifested before the person reached age 22
- Is likely to continue indefinitely
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living

Provide supporting information (e.g., associated diagnoses from primary care provider or psychological testing):

Care manager: Send to SNStaffing@vayahealth.com and complete the second half of this section prior to the staffing.

B. Emergency slot criteria:

The individual is at significant, imminent risk of serious harm, which is documented by a professional.

AND

Meets one or more of the following criteria:

- The primary caregiver(s)/support system is/are not able to provide the level of support necessary to meet the individual's exceptional behavioral or exceptional medical needs and documented risk issues.

Describe exceptional behavioral/medical needs, if applicable:

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- The issue(s) related to the individual's disability has/have been determined by the county Department of Social Services (DSS) to result in imminent risk of coming into DSS custody.
 - The individual requires protection from confirmed abuse, neglect, or exploitation as documented by DSS.

AND

No other service systems can meet the identified need.

V. Case History and Presentation

(Completed by the member's care manager)

Brief, relevant history and case presentation (e.g., demographic info, diagnosis, treatment history, etc.):

Summary of current situation (how the individual meets the criteria outlined above):

VI. Specialty Needs Staffing Team Recommendation

(Completed by the member's care manager)