

Non-Medicaid Residential Services

Referral Profile

Submit this completed form to refer an individual to Vaya Health (Vaya) Non-Medicaid Residential Services (NMRS), also called **State-funded Residential Services**. Funding is available on a limited basis for residents of the Vaya region who are uninsured or underinsured.

Vaya authorizes these non-entitlement resources based on individual eligibility and availability of funds. Eligibility is determined both medically and clinically through a Vaya internal Specialty Needs Staffing. If the individual is eligible, Vaya's Chief Financial Officer reviews the funding request. If funding is approved, Vaya notifies the requesting parties, and the provider organization is responsible for submitting the service authorization request.

Submission Checklist for Referral

All items in the checklist below must accompany this referral for the individual to be considered for NMRS:

☐ **Applicant's NMRS Referral Profile**

Date Submitted: _____

Available online at <https://providers.vayahealth.com/resources/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 Clinical Assessment (CCA) is required. Ensure this is in the applicant's medical record.

☐ **Guardianship papers**

Ensure this is in the applicant's medical record and/or include a copy.

☐ **Medication list/Medication Administration Record (MAR)**

Include the most recent list/MAR.

Submission Instructions

Submit your documentation in one of the following ways:

- Via secure email to NonMedicaidResidential@vayahealth.com.
- Fax to 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. Applicant Information

Applicant: _____ Vaya ID Number: _____ Date of birth: _____

County of residence: _____ County of Medicaid eligibility: _____

Applicant preference regarding county of residence: _____

Residential service requested (service type and setting): _____

Service requested duration: _____

Reason for NMRS request: _____

II. Referral Source

Name: _____

Relationship to applicant: _____ Organization: _____

Guardianship information (if applicable): _____

Phone: _____ Email: _____

Care management contact information (if applicable): _____

III. Funding Source/Eligibility

Medicare: ☐ Yes ☐ No

Medicaid: ☐ Yes ☐ No

SSI: ☐ Yes ☐ No

1915(i) assessed: ☐ Yes ☐ No

Other: ☐ Yes ☐ No

If other source applies, describe: _____

IV. Treating Health Care Professionals (if Applicable)

Name: _____	Organization: _____
Phone: _____	Email: _____
Name: _____	Organization: _____
Phone: _____	Email: _____
Name: _____	Organization: _____
Phone: _____	Email: _____

V. Prospective Provider Organization (if Applicable)

Legal Entity Name: _____

Full Primary Mailing Address: _____

Service Site Address (where the services will be authorized): _____

Provider NPI #: _____ Service Code: _____

Requested Service Type/Name: _____

VI. Applicant Needs Assessment

Please note: This section is not required for internal referrals (refer to GuidingCare).

A. Medical Needs

Describe the applicant's needs and documented diagnosis(es):

Does the 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 the applicant's needs and documented diagnosis(es):

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

If yes, explain:

C. Behavioral Needs

Describe the applicant's needs and documented diagnosis(es):

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

If yes, explain:

E. Supervision Needs

Describe the applicant's needs:

Does the 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 the applicant's needs and documented diagnosis(es):

Does the applicant require additional accommodations and/or additional staff support in this area? ☐ Yes ☐ No
If yes, explain:

G. Day Placement/Employment Needs

Describe the applicant's needs:

Does the applicant require additional accommodations and/or additional staff support in this area? ☐ Yes ☐ No
If yes, explain:

H. Medication Needs

List medications the applicant is prescribed, including dosage and frequency:

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

If yes, explain:

I. Other Needs

Describe the applicant's needs:

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

If yes, explain: