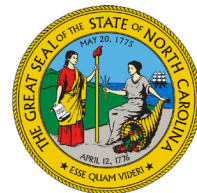




Behavioral Health and Intellectual/ Developmental Disabilities **Tailored Plan State-funded Services Recipient Handbook**

Effective February 1, 2024



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Office of Communications

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Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other information in large print. Call **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. If English is not your first language, we can help. Call **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información en letra grande. Llame al **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Si el inglés no es su lengua nativa, podemos ayudarlo. Llame al **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarlo a responder a sus preguntas en su idioma.

中国人 (Chinese): 您可以申请免费的辅助工具和服务, 包括本资料和其他计划信息的大字版。请致电 **800-510-9132 or TTY/TDD: 711 or 800-735-2962**。如果英语不是您的首选语言, 我们能提供帮助。请致电 **800-510-9132 or TTY/TDD: 711 or 800-735-2962**。我们可以通过口头或书面形式, 用您使用的语言免费为您提供本资料中的信息, 为您提供翻译服务, 并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및

기타정보가있습니다. **800-510-9132 or TTY/TDD: 711 or 800-735-2962** 번으로 전화주시기 바랍니다. 영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **800-510-9132 or TTY/TDD: 711 or 800-735-2962**번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

عربي (Arabic):

يُمكنكم الحصول على المساعدة والخدمات مجاناً، بما في ذلك هذا المادّة ومعلومات أخرى بحروف كبيرة. اتصلوا بـ **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. إذا لم تكن اللغة العربية لغتكم الأم، يمكننا مساعدتكم. اتصلوا بـ **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. يمكننا توفير المعلومات الموجودة في هذا المادّة بلغة لغتكم، سواءً شفوياً أو كتابياً، ويمكننا توفير خدمات المترجمين، ويمكننا مساعدتكم بالإجابة عن أسئلتكم بلغة لغتكم.

800-510-9132 or TTY/TDD: 711 or 800-735-2962.

کت غل تسيل ٲيزيل جن إل ا غلل تنك اذا
لعل لصتا. ةدعاسملا اننكم في ،لوال
مقرلا 800-510-9132 or TTY/TDD: 711 or
800-735-2962 تامول عمل كل مدقن نأ اننكم
وأ ائففش ك تغلب دن تسمل اذه في ةدراول
تامدخ ل ا باباتك

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વનિતી કરી શકો છો. **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. પર કોલ કરો જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વનિા મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃរួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពី ផ្នែកទៀតនៃជាអក្ខរកម្មពុម្ពផ្សាយ។ ហៅទូរសព្ទទទេលខេ **800-510-9132 or TTY/TDD: 711 or 800-735-2962** ។ ប្រសិនបើសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទទេលខេ **800-510-9132 or TTY/TDD: 711 or 800-735-2962** យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៃក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្ខរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លុយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi): आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **800-510-9132 or TTY/TDD: 711 or 800-735-2962** पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **800-510-9132 or TTY/TDD: 711 or 800-735-2962** पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं।

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາເບີ **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **800-510-9132 or TTY/TDD: 711 or 800-735-2962**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງປາກເປົ້າ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。 **800-510-9132 or TTY/TDD: 711 or 800-735-2962**に電話してください。英語が母国語でない方はご相談ください。 **800-510-9132 or TTY/TDD: 711 or 800-735-2962** に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。



Notice of Nondiscrimination

Alliance Health complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. Alliance Health does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Alliance Health provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Alliance Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **800-510-9132 or TTY/TDD: 711 or 800-735-2962**.

If you believe that Alliance Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

Office of Compliance and Risk Management

Alliance Health
5200 W. Paramount Parkway, Suite 200
Morrisville, NC 27560

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- By phone: **800-368-1019 (TDD: 800-537-7697)**

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

Alliance Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, identidad o expresión de género u orientación sexual. Alliance Health no excluye a las personas ni las trata de forma diferente por motivos de raza, color, origen nacional, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, género, identidad o expresión de género u orientación sexual.

Alliance Health proporciona ayuda y servicios auxiliares gratuitos a las personas con discapacidades para que se comuniquen eficazmente con nosotros, por ejemplo:

- Intérpretes calificados de lenguaje de señas americano
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Alliance Health ofrece servicios lingüísticos gratuitos a las personas para las cual el idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame al **800-510-9132 or TTY/TDD: 711 or 800-735-2962**.

Si cree que Alliance Health no le ha prestado estos servicios o lo ha discriminado de alguna otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Office of Compliance and Risk Management

Alliance Health

5200 W. Paramount Parkway, Suite 200

Morrisville, NC 27560

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos:

- En línea: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Por correo:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- Por teléfono: **800-368-1019**
(TDD: **800-537-7697**)

Los formularios de quejas están disponibles en: hhs.gov/ocr/office/file/index.html.

Your Alliance Health Quick Reference Guide

I want to:	I can contact:
Find a provider, or mental health, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) service	Member and Recipient Services at 800-510-9132
Get this handbook in another format or language	Member and Recipient Services at 800-510-9132 (TTY:711)
Keep track of my appointments and services	Member and Recipient Services at 800-510-9132
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 877-223-4617, at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.
<ul style="list-style-type: none">• Understand a letter or notice I got in the mail from my health plan• File a complaint about my health plan• Get help with a recent change or denial of my health care services	Member and Recipient Services at 800-510-9132
Update my address	Member and Recipient Services at 800-510-9132.
Find my plan’s provider directory or other general information about my plan	Visit our website at AllianceTailoredPlan.org or call Member and Recipient Services at 800-510-9132.

Key Words Used in This Handbook

**As you read this handbook, you may see some new words.
Here is what we mean when we use them.**

Adult Care Home	A licensed residential care setting with 7 or more beds for elderly or disabled people who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.
Advance Directive	A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.
Appeal	If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." Appeals and grievances are different.
Behavioral Health Care	Mental health and substance use disorder treatment and recovery services.
Beneficiary	A person who is receiving Medicaid.
Benefits	A set of health care services covered by your health plan.
Care Coordination	A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources, or monitoring treatment attendance.
Care Management	A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food and safe housing.
Care Manager	<p>A specially trained health professional who works with you and your service providers to make sure you get the right care when and where you need it.</p> <p>Some adults and children with I/DD and TBI conditions who do not have Medicaid may be eligible to have a Care Manager. Alliance Health will match you to a Care Manager who has specialized training to meet your needs and works for Alliance Health.</p>
Complaint	Dissatisfaction about your health plan, provider, care or services. Contact your plan and tell them you have a "complaint" about your services. Complaints and appeals are different.

Covered Services	Services that are provided by your health plan.
County Department of Social Services (DSS)	The local (county) public agency that is responsible for determining eligibility for Medicaid, NC Health Choice and other assistance programs.
Department of Health and Human Services (NCDHHS)	The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the State Division of Social Services, the Division of Aging and Adult Services, and other health and human services agencies. The NCDHHS website is ncdhhs.gov .
Emergency Department Care (Emergency Room Care)	Care you receive in a hospital if you are experiencing an emergency medical condition.
Emergency Medical Condition	A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.
Emergency Services	Services you receive to treat your emergency medical condition.
Health Insurance	A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.
Innovations Waiver	Special federal program designed to meet the needs of people with intellectual or developmental disabilities (I/DD) who prefer to get long-term services and supports in their home or community rather than in an institutional setting.
Institution	An institution is a health care facility or setting that may provide physical and/or behavioral supports. Some examples include, but are not limited to, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Skilled Nursing Facility (SNF) and Adult Care Home (ACH).
Legal Guardian or Legally Responsible Person	A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).
Managed Care	A health care program where North Carolina contracts with health plans called managed care organizations (MCOs) to arrange for integrated and coordinated physical, behavioral health and other health services for Medicaid and NC Health Choice beneficiaries. In North Carolina, there are 3 types of managed care plans.

Medicaid	Medicaid is a health insurance program. The program helps families or individuals who have low income or serious medical problems. It is paid with federal and state dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your county's Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights – https://medicaid.ncdhhs.gov/ and https://Medicaid.ncdhhs.gov/medicaid/your-rights .
Medically Necessary	Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
Member and Recipient Services	A phone number you can call to speak to someone and get help when you have a question. The number for Alliance Health is 800-510-9132 (TTY:711).
Network (or Provider Network)	A group of service providers, hospitals, and other health professionals who have a contract with your health plan to offer state-funded services for recipients.
Participant/ Individual/Member	A person enrolled in and covered by a health plan.
Physician	A person who is qualified to practice medicine.
Plan (or Health Plan)	The organization providing you with health care services.
Prior Authorization or Preauthorization	Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.
Recipient	An individual who is getting a state-funded service or state-funded additional support (like care management or community inclusion services).
Referrals	A documented order from your provider for you to receive certain state-funded services.
Rehabilitation and Therapy Services and Devices	Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.
Service Limit	The maximum amount of a specific service that can be received.
Standard Plan	A Standard Plan is a North Carolina Medicaid and NC Health Choice health plan that offers physical health, pharmacy, care management and basic mental health and substance use services for members. Standard Plans offer added services for members who qualify. Some added services may be different for each Standard Plan.

State-funded Core Services	State-funded services that all Tailored Plans must offer.
State-funded Non-Core Services (Additional Services)	Additional state-funded services that Tailored Plans can choose to offer.
State-funded Services	Refers to services for mental health, I/DD, TBI and substance use that are funded by the state or federal government outside of Medicaid and include core services and non-core services.
Substance Use Disorder	A medical disorder that includes the misuse of or addiction to alcohol and/or legal or illegal drugs.
Traumatic Brain Injury Waiver (TBI Waiver)	Special federal program that provides long-term services and supports to allow people who experienced a traumatic brain injury (TBI) on or after their 18th birthday to remain in their homes and communities. The Tailored Plan providing services in Cumberland, Durham, Johnston, Mecklenburg, Orange or Wake counties manages this special program. The NC TBI Waiver does not operate in all geographic areas of the state.
Urgent Care	Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

Welcome to the Alliance Health North Carolina

State-funded Services Program

- State-funded Services Overview 01
- How to Use This Handbook 01
- Help from Member and Recipient Services 02
- For People with Hearing, Vision or Speech Disabilities 02
- How Can I Get State-funded Services? 04
- What Services Are Available? 05
- Extra Support to Manage Your Health (Care Management and Case Management) 09
- Diversion 10
- System of Care 10
- If You Have Problems with Your Health Plan’s State-funded Services, You Can File a Complaint 11
- Appeals 12
- Recipient Rights and Responsibilities 13
 - Your Rights 13
 - Your Responsibilities 13
- Advance Directives 14
 - Living Will 14
 - Health Care Power of Attorney 14
 - Advance Instruction for Mental Health Treatment 14
 - Forms You Can Use to Make an Advance Directive 15
- Concerns About Abuse, Neglect and Exploitation 15
- Fraud, Waste and Abuse 15
- Important Phone Numbers 16



Alliance Health **Tailored Plan**

NC State-funded Services

This handbook will help you understand the state-funded services available to you. You can also call Member and Recipient Services with questions at 800-510-9132 or visit AllianceTailoredPlan.org.

State-funded Services Overview

Alliance Health manages state-funded services for people who live in our coverage area who do not have insurance or who need services that are not available to them in their health plans. State-funded services are services for mental health, intellectual or developmental disability (I/DD), traumatic brain injury (TBI) and substance use disorders that are funded by the state or federal government outside of Medicaid. This guide has information to help you get state-funded services if you need them. You may be eligible for state-funded services if you do not have health insurance or if you have health insurance, including Medicaid, that does not cover all your needs. State-funded services are limited by the availability of state funding.



How to Use This Handbook

This handbook is your guide to state-funded services offered by Alliance Health.

When you have questions about state-funded services, you can:

- Use this handbook
- Ask your care manager
- Call Member and Recipient Services at **800-510-9132 (TTY:711)**
- Visit our website at AllianceTailoredPlan.org

Help from Member and Recipient Services

Member and Recipient Services has people to help you. You can call Member and Recipient Services at 800-510-9132 (TTY:711).

- In case of a medical emergency, call 911
- For help with non-emergency issues and questions, call Member and Recipient Services Monday – Saturday, 7 a.m. to 6 p.m. Please leave a message if you call us after these hours with a non-urgent request. We will call you back within 1 business day.
- **You can call Member and Recipient Services to get help when you have a question.** Call us to ask about services, eligibility for state-funded services, to get help with referrals or ask about any change that might affect you or your family’s benefits
- **If English is not your first language, we can help.** Just call us and we will find a way to talk with you in your own language

Other Ways We Can Help

If you are experiencing thoughts of hurting yourself or others, or emotional or mental pain or distress, call the Behavioral Health Crisis Line at 877-223-4617 at any time, 24 hours a day, 7 days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems like stress, depression or anxiety. We can get you the support you need to feel better.

If you are in danger or need immediate medical attention, call 911.

For People with Hearing, Vision or Speech Disabilities

You have the right to receive information about your health plan, care and services in a format that you can understand and access. Alliance Health provides free services to help people communicate effectively with us. See below for specific information on some types of accommodations:

For People with Hearing Loss

If you are deaf, hard of hearing or deaf-blind or you feel that you have difficulty hearing and need help communicating, there are resources available to assist you. These include but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Information in large print
- Staff trained to handle your relay service calls (videophone, captioned phone and TTY)

For People with Vision Loss

If you have vision loss, resources available to help you include, but are not limited to:

- Written materials in accessible formats (such as large print, Braille, audio, accessible electronic format)

For People with Speech Disabilities

If you have a speech disability, some services may include, but are not limited to:

- Speech-to-Speech Relay (STS)
- Artificial larynx

For People with Multiple Disabilities

Access needs for people with disabilities vary. Special aids and services are provided free of charge.

Other Special Aids and Services for People with Disabilities

- Help making or getting to appointments
- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assist in making or getting to appointments
- Easy access to and from services (like ADA accessible, ramps, handrails and other services)

To ask for services, call Member and Recipient Services at 800-510-9132 (TTY:711).

Alliance Health complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that Alliance Health failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member and Recipient Services at 800-510-9132 (TTY:711). If you have issues that you have been unable to resolve with Alliance Health, you may contact the NC Medicaid Ombudsman at **1-877-201-3750** or [ncmedicaidombudsman.org](https://www.ncmedicaidombudsman.org).



How Can I Get State-funded Services?

You can call Member and Recipient Services at 800-510-9132 to find out whether you are eligible to get state-funded services, get connected to a state-funded services provider or obtain answers to any other questions you may have. You can also get translation services in your native language from an interpreter.

If you have thoughts of hurting yourself or others, or have severe distress or anxiety, call the Behavioral Health Crisis Line at 877-223-4617 any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.

All people living in Alliance Health's coverage area are eligible to receive crisis services listed under "What Services are Available?"

To be eligible to receive state-funded behavioral health services you or your family member must meet the following:

- Your or your family's income must be at or below 300% of the federal poverty level
- The person seeking state-funded services is either uninsured or has insurance, including Medicaid, but the insurance does not cover the needed state-funded service or a service that is similar
- The person seeking state-funded substance use disorder treatment services has insurance, but the amount that the person has to pay out of pocket prevents them from being able to use their insurance to pay for the service

Individuals with intellectual/developmental disability and traumatic brain Injury are eligible for state-funded services and supports with no income limits. These supports and services are also available when insurance, including Medicaid, does not provide coverage for a similar service.

As part of the state-funded eligibility process, your provider will ask you to provide proof of household income and proof of residency in one of the 6 counties covered by Alliance. Additionally, if you do not have insurance coverage, your provider will assist you to apply for Medicaid.

State-funded services are not an entitlement and funding is limited. This means that even if you are eligible to receive services, you may not be able to get services if there are not enough funds. If this happens, you may be put on a waiting list by Alliance Health until additional funds are available. If you are pregnant and using drugs or alcohol, or are a person who injects drugs, you may be able to get help while you wait for services. Please contact your care manager or Member and Recipient Services at 800-510-9132 to let them know about any pregnancy and/or substance use.

What Services Are Available?

Alliance Health covers services for adults and children with mental health, substance use disorder (SUD), intellectual/developmental disabilities (I/DD) and/or traumatic brain injury (TBI) needs subject to available funding.

List of Available Behavioral Health, I/DD and TBI Services		
Type of Service	Core Services (Available in all regions)	Non-Core (Additional Services) included in your plan
All-Disability	<ul style="list-style-type: none"> • Diagnostic assessment • Facility based crisis for adults • Inpatient BH services • Mobile crisis management • Outpatient services 	<ul style="list-style-type: none"> • Behavioral Health Urgent Care
Adult Mental Health	<ul style="list-style-type: none"> • Assertive community treatment (ACT) • Assertive engagement • Case management • Community support team (CST) • Peer Support Services • Psychosocial rehabilitation • Mental health recovery residential services • Individual placement and support (supported employment) • Transition management service • Critical Time Intervention • BH Comprehensive Case Management 	
Child Mental Health	<ul style="list-style-type: none"> • High fidelity wraparound (HFW) • Intensive In-Home (IIH) • Multi-systemic Therapy (MST) • Respite • Assertive engagement 	<ul style="list-style-type: none"> • Child and Adolescent Day Treatment

Type of Service	Core Services (Available in all regions)	Non-Core (Additional Services) included in your plan
I/DD and TBI	<ul style="list-style-type: none"> • Residential Supports • Day Supports Group • Community Living and Support • Supported Living Periodic • Supported employment • Respite • Adult Day Vocational Programs (ADVP) 	<ul style="list-style-type: none"> • TBI long term residential rehabilitation services • Respite
Substance Use Disorder - Adult	<ul style="list-style-type: none"> • Ambulatory detoxification • Assertive engagement • Case management • Clinically managed population specific high intensity residential services • Outpatient opioid treatment • Non-hospital medical detoxification • Peer supports • Substance use residential services and supports • Substance abuse halfway house • Substance Abuse Comprehensive Outpatient Treatment (SACOT) • Substance Abuse Intensive Outpatient Program (SAIOP) • Substance abuse medically monitored community residential treatment • Substance abuse non-medical community residential treatment • Individual placement and support (supported employment) • Community Support Team (CST) • BH Comprehensive Case Management 	<ul style="list-style-type: none"> • Social setting detoxification services
Substance Use Disorder - Child	<ul style="list-style-type: none"> • Multi-systemic Therapy (MST) • Substance Abuse Intensive Outpatient (SAIOP) • Substance use residential services and supports • High fidelity wraparound (HFW) • Assertive engagement 	<ul style="list-style-type: none"> • Intensive in-home • Child and Adolescent Day Treatment • Respite

Crisis Services

Behavioral Health Crisis Services

- Mobile crisis management
- Facility-based crisis (for children and adolescents)
- Professional treatment services in a facility-based crisis program

Substance Use Disorder Crisis Services

- Ambulatory detoxification
- Non-hospital medical detoxification
- Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

Appointment Guide

IF YOU CALL FOR THIS TYPE OF SERVICE:

YOUR APPOINTMENT SHOULD TAKE PLACE:

Mental Health

Routine services

within 14 days

Urgent care services

within 24 hours

Emergency services (services to treat a life-threatening condition)

Go to a hospital emergency room immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic

Mobile crisis management services

within 2 hours

Substance Use Disorders

Routine services

within 48 hours

Urgent care services

within 24 hours

Emergency services (services to treat a life-threatening condition)

Go to a hospital emergency room immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic

If you are not getting the care you need within the time limits described above, call Member and Recipient Services at 800-510-9132.

Copayments

A “copay” is a fee you pay when you get certain health care services from a provider. Eligible Alliance Health recipients receiving state-funded services may not have to pay a copay to their provider.

Service Authorization and Actions

Alliance Health will need to approve most state-funded treatments and services **before** you receive them. Alliance Health may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**.

Asking for approval of a treatment or service is called a **service authorization request**. The list of treatments or services that need a service authorization request may change over time. To determine if a service requires prior authorization, please visit our website at AllianceHealthPlan.org/Services. To get approval for these treatments or services, your provider will submit an authorization request using the Alliance Claims System Portal. In addition to electronic submission, your or your provider may call Member and Recipient Services at 800-510-9132 for assistance submitting a service authorization request.

What happens after we get your service authorization request?

You must get the services that need a service authorization from providers who are in Alliance Health's state-funded services network. Call Recipient Services at 800-510-9132 if you have questions or need help. Alliance Health uses a group of qualified health care professionals for reviews. Their job is to be sure that the service you ask for is covered by our plan and that it will help with your condition. Alliance Health's nurses, doctors and behavioral health clinicians will review your provider's request.

Alliance Health uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary. Alliance Health will let you know within 14 days of your request if one of the above services is approved. You can also request a faster review, called an expedited review, in which case Alliance Health will let you know within 3 days.

Sometimes Alliance Health may deny or limit a request your provider makes. This decision is called a “utilization management review decision.”

If you receive a denial, reduction, suspension or termination of services and you do not agree with our decision, you may ask for an “appeal.” You must submit an appeal in writing for state-funded services. See page 12 for more information on appeals.

There are some treatments and services that do not require preauthorization. Crisis services usually do not require preauthorization. The list of services that do not require a service authorization can change. Covered services that are available and which do not require preauthorization can be found on the Alliance Health website at AllianceHealthPlan.org/Services.

The following services do not require preauthorization but may have limits on the number of visits covered:

- Assertive Engagement
- Clinical Assessment
- Crisis Services including
 - Facility Based Crisis
 - Behavioral Health Urgent Care
 - Mobile Crisis Management
 - Non-Hospital Medical Detoxification
- Hospital Discharge Transition Services
- Medication Management and Administration
- Medication Assisted Treatment
- Opioid Treatment (Authorization not required for initial 30 days)

- Outpatient Therapy Services
- Psychosocial Rehabilitation (PSR)

Traumatic Brain Injury (TBI) State-funded Services

The Traumatic Brain Injury (TBI) state-funded services program provides services and supports to individuals with TBI. Services include, but are not limited to, residential supports, day programs, vocational services, transportation, therapy, respite, assistive technology and home modifications. For more information, please contact Member and Recipient Services at 800-510-9132.

Extra Support to Manage Your Health (Care Management and Case Management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help.

- **Case Management for Adults and Children with Behavioral Health Needs.** Some adults and children who have mental health and substance use disorder needs, but do not have Medicaid, may be eligible to get case management services. A case manager is a specially trained behavioral health care worker who helps you and your health care providers to make sure you get the right care when and where you need it. Your case manager knows what resources are available in your community and will work with local providers to get you the help you need.
- **Care Management for Adults and Children with I/DD and TBI.** Some adults and children who have I/DD and TBI conditions, but do not have Medicaid, may be eligible to have a care manager who works for Alliance Health. If you qualify, Alliance Health will match you to a care manager that has specialized training to meet your needs.

If you are eligible to receive case management or care management services, you may not be able to get services if all the funding has been used. If this happens, you may be put on a waiting list by Alliance Health until additional funds are available.

Your case manager or care manager can:

- Help arrange your appointments and share resources on public transportation to and from your provider
- Support you in reaching your goals to better manage your ongoing behavioral health, I/DD or TBI conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your providers about your care
- Connect you to helpful resources in your community
- Help address any concerns with services received
- Provide referrals, information and help in getting low-cost or free medical services (federally qualified health centers and rural health centers, community-based resources and social support services)

To help you manage your behavioral health, I/DD or TBI care needs, your case manager or care manager will ask about your concerns and create a plan with your input that lists your specific goals and ways to reach them. The plan will also list services in the community that can help you reach your health goals.

To learn more about how you get can extra support to manage your health, call Member and Recipient Services at 800-510-9132.

Tobacco Cessation

Tobacco use and vaping cause serious health problems. Quitting can improve your health, protect your loved ones from secondhand smoke and save you money. Alliance partners with QuitlineNC to offer free 24/7 coaching support and

nicotine replacement therapy. QuitlineNC's tobacco cessation program offers 4 coaching sessions with unlimited web coaching or texting, and free nicotine replacement therapy (NRT), consisting of an 8-week regimen of combination NRT – patches for the addiction, plus gum or lozenges for the urges.

To better support tobacco users with mental health conditions including substance use disorders, QuitlineNC now offers an intensive Tobacco Cessation Behavioral Health Program. The program includes 7 coaching sessions, with unlimited web coaching or texting, and free nicotine replacement therapy (NRT), consisting of a 12-week regimen of combination NRT – patches for the addiction, plus gum or lozenges for the urges. Recipients will qualify for the intensive program if they let their quit coach know that they have a behavioral health condition when asked if they have any behavioral health conditions, and also let them know that their behavioral health condition will affect their ability to quit. Access a QuitLineNC Brochure at <https://quitlinenc.com/docs/patient-resources/QuitlineNC-BehavioralHealth-bro-WEB.pdf>.

QuitLineNC also offers a Pregnancy Protocol for those who are pregnant, planning to become pregnant in the next 3 months, breastfeeding, or 12 months postpartum. This program consists of 10 coaching sessions.

Their E-cigarette and vaping program offers online and texting support, and they have a specialized texting or web coaching program for youth. Your provider or Tailored Plan care manager can refer you to QuitlineNC or you can contact them directly by calling 800-QUITNOW, access their webpage at <https://quitlinenc.dph.ncdhhs.gov/> or our Member and Recipient Services Line at 800-510-9132 can assist you.

Community Inclusion

You may require services and supports that are provided in long-term facility settings, such as a psychiatric hospital or adult care home. You may be eligible for extra support from Alliance Health to

move to or remain in the community. Alliance Health will reach out to you if you live in these types of facilities to see whether you qualify for extra support and explain the choice you have to leave these facilities and live in community settings. Alliance Health will work with you if you choose to leave these types of facilities to create a plan to receive services in your homes and communities. Alliance Health staff will work with you to prepare you for the move. The staff will connect individuals with behavioral health needs to case management and individuals with I/DD or TBI needs to a care manager once you move to the community to make sure you have the right services and supports.

Diversion

Alliance Health will provide diversion interventions to eligible members who are at risk of requiring supports in an institutional setting or adult care home (ACH). We will work with you to provide information on and access to community-based services. For those who choose to remain in the community, we will work with you to create a Community Integration Plan (CIP) to ensure this decision was based on informed choice, and to provide services and support, including permanent supported housing as needed.

System of Care

Alliance Health will use the System of Care model to support children and youth receiving behavioral health services. North Carolina's System of Care model brings together a group of community-based services, including those provided by Alliance Health and those provided through schools and other state agencies, such as juvenile justice or child welfare. System of Care Family Partners are available to support families to ensure the services that a child and their family are receiving are coordinated and address the specific needs and strengths of both child and family. Family Partners can also work with families on the development of care plans. For more information, families can reach out to Member and Recipient Services at 800-510-9132. Families

may also reach out to their local System of Care Community Collaborative at AllianceHealthPlan.org/members/services/children-and-family/system-of-care/ to learn about local resources for state-funded service recipients.

If You Have Problems with Your Health Plan's State-funded Services, You Can File a Complaint

We hope Alliance Health serves you well. If you are unhappy or have a complaint with any of your state-funded behavioral health, intellectual or developmental disability (I/DD) or traumatic brain injury (TBI) state-funded services, case manager, Alliance Health, or your service provider, you may call Member and Recipient Services at 800-510-9132 or write to

Alliance Health
Quality Management Department
Attn: Complaints and Grievances
5200 W. Paramount Parkway, Suite 200
Morrisville, NC 27560

BY EMAIL:

Complaints@AllianceHealthPlan.org

Contacting us with a complaint means that you are unhappy with Alliance Health, your provider or your services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will record your call, your concern and our solution. We will inform you that we have received your complaint in writing. We will also send you a written notice when we have finished working on your complaint.

You can ask a family member, friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services or help filling out any forms, we can help you.

You can contact us by phone, electronically or in writing:

- **PHONE:** Call Member and Recipient Services at 800-510-9132, 24 hours a day, 7 days a week. After business hours, you may leave a message.
- **MAIL:** You can write us with your complaint to
Alliance Health
Quality Management Department
Attn: Complaints and Grievances
5200 W. Paramount Parkway, Suite 200
Morrisville, NC 27560
- **ELECTRONICALLY:** You may submit a complaint online via the member portal by visiting AllianceHealthPlan.org.

Resolving Your Complaint

We will let you know in writing that we got your complaint within 5 business days of receiving it. Our letter will also let you know whether we will address the complaint informally or by conducting an investigation. If you do not agree with the resolution of the complaint, you may file an appeal.

- **Informal Resolution Process:** If we address the complaint informally, we will review your complaint and tell you in writing how we resolved it within 15 business days from receiving it. If you do not agree with the resolution/outcome of the complaint, you may file an appeal with Alliance Health within 15 working days from the date of the informal resolution letter.
- **Investigation Process:** If we do an investigation of your complaint, we will complete the investigation with 30 days from receiving your complaint and tell you in writing how we resolved it within 15 days of completing the investigation. If you do not agree with the investigation report, you may file an appeal of the investigation report within 21 calendar days. The appeal for an investigation is limited to items identified in the original complaint record and the investigation report.

The Health Plan will convene a review committee to review the appeal and Alliance Health will issue a written decision based on the appeal committee's decision to uphold or overturn the findings of the investigation.

You can ask a family member, a friend, your provider or a legal representative to help you with your appeal. The decision letter shall be dated within 28 calendar days from receipt of the appeal for an investigation or within 20 working days from receipt of the appeal of an informal decision.

You may also contact the Customer Service and Community Rights (CSCR) Team of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) toll-free at 855-262-1946, by phone at 984-236-5300 or email at dmh.advocacy@dhhs.nc.gov.

The CSCR team will work with you and the Health Plan for any possible options for services.

Appeals

Sometimes Alliance Health may decide to deny, suspend, reduce or terminate a request your provider makes for you for state-funded services offered by our plan. You will receive a letter from Alliance Health notifying you of any decision to deny, suspend, reduce or terminate a service request your provider makes. The letter will include information regarding the reason for the decision and any available options while the appeal is under review. State-funded services recipients have the right to appeal decisions to deny, suspend, reduce or terminate their services. Alliance Health must receive the recipient's appeal in writing within 15 working days from the date on the notification letter.

When you ask for an appeal with the Health Plan, Alliance Health has 7 business days to give you an answer. You can ask a family member, a friend, your provider or a legal representative to help you with your appeal. You or your legal guardian can ask for an appeal. You can call Alliance Health at 919-651-8641 or email appeals@AllianceHealthPlan.org

if you need help with your appeal request. It is easy to ask for an appeal by using one of the options below:

- **MAIL:** Fill out and sign the appeal request in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **FAX:** Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **EMAIL:** Fill out, sign, and email the Appeal Request Form in the notice you receive about our decision. You will find the email listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **WEBSITE:** Appeals can also be submitted online at AllianceHealthPlan.org.

Timelines for Utilization Management Service Appeals

Alliance Health will make a decision on your appeal within 7 business days from the day we get your appeal request. We will mail you a letter to tell you about our decision.

Decisions on Appeals

If you do not agree with our decision, you can ask for an appeal with the State Non-Medicaid Appeals Panel. The "State Non-Medicaid Appeals Panel" is part of the NC Department of Health and Human Services (NCDHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The request for an NCDHHS-level appeal must be received within 11 calendar days from the date on the letter from Alliance Health.

State Non-Medicaid Appeals Panel

The State Non-Medicaid Appeals Panel will review your request and will issue their findings and

decisions. The Director from Alliance Health will issue a final written decision on your request based on the State Non-Medicaid Appeals Panel's findings. We make a final decision within 10 days of receiving the Panel's findings.

You must go through our appeal process before you can appeal to the state.

If you would like to request a hearing by the State Non-Medicaid Appeals Panel, you must complete the "Non-Medicaid Hearing Request Form" attached to your Decision Letter and mail or fax it to:

DMH/DD/SAS Hearing Office

c/o Customer Service and Community Rights
Mail Service Center 3001, Raleigh, NC 27699-3009
Phone: 984-236-5300
Fax: 919-733-4962

Continuation of Services During an Appeal

Sometimes Alliance Health's decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. Alliance Health is not required to continue this service. To request for services to continue during your appeal, please contact Alliance's Appeal Department at 919-651-8641 or email appeals@AllianceHealthPlan.org.

Recipient Rights and Responsibilities

As an Alliance Health recipient of state-funded services, you have certain rights. Alliance Health will respect your rights and make sure that no one working for our plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as an Alliance Health recipient of state-funded services. For a full list of your rights and responsibilities as a member of Alliance Health visit our website at AllianceTailoredPlan.org or call Member and Recipient Services at 800-510-9132 to get a copy.

Your Rights

As an Alliance Health recipient of state-funded services, you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity
- Discuss any concerns about services without fear of retaliation
- Have your plan of care fully explained to you
- Give your approval for any treatment or plan of care
- Be told of your options when getting services so you or your guardian can make an informed choice
- Refuse care and be told what you may risk if you do, except for emergency situations including any involuntary commitment
- Receive information on available treatment options
- Ask, if needed, that your medical record be amended or corrected
- Be sure your medical record is private and will not be shared with anyone except as required by law, contract or with your approval
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints

Your Responsibilities

As an Alliance Health recipient of state-funded services, you agree to:

- Treat health care staff with respect
- Tell us if you have problems/concerns with any health care staff by calling Member and Recipient Services at 800-510-9132
- Keep your appointments – if you must cancel, call as soon as you can

Advance Directives

There may come a time when you become unable to make decisions about your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of written directions you give about the health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time.
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness.
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning and other brain functions, and it is highly unlikely the condition will be reversed.

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would and would not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would and would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health

treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms You Can Use to Make an Advance Directive

You can register your advance directive with the NC Secretary of State's Office so that your wishes will be available to medical professionals. You can find the advance directive forms at sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 919-807-2167 or write to:

Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your health care provider or call Member and Recipient Services at 800-510-9132 if you have any questions about advance directives.

Concerns About Abuse, Neglect and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of you (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** be report these concerns to the local Department of Social Services (DSS). The local DSS can be found

at ncdhhs.gov/divisions/social-services/local-dss-directory. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual/developmental disability services (I/DD) or traumatic brain injury (TBI) services from an unlicensed staff member to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the Healthcare Personnel Registry Section is ncnar.org/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, contact Member and Recipient Services at 800-510-9132 (TTY:711).

Fraud, Waste and Abuse

If you suspect that someone is committing fraud associated with state-funded services, report it. For example, a provider or a clinic billing for services that were not provided or were not medically necessary is committing fraud.

You can report suspected fraud and abuse:

- Call the State Auditor's Waste Line at 800-730-TIPS (800-730-8477).
- Call the Alliance Compliance Line at 855-727-6721.

Important Phone Numbers

Alliance Health Member and Recipient Services line	800-510-9132 Monday-Saturday from 7 a.m. to 6 p.m.
Alliance Health Behavioral Health Crisis line	877-223-4617 Available 24 hours a day, 7 days a week
Alliance Health Provider Services line	855-759-9700 Monday-Saturday from 7 a.m. to 6 p.m.
Free Legal Services line	866-219-5262 Monday-Friday from 8:30 a.m. to 4:30 p.m. Monday and Thursday 5:30 p.m. to 8:30 p.m.
File a complaint Advance Health Care Directive Registry phone number	919-814-5100 Monday-Friday from 8 a.m. to 5 p.m.
State Auditor Waste line	800-730-TIPS (800-730-8477)

