**Department of Health & Human Services**

**Division of State Operated Healthcare Facilities**

**Neuro-Medical Treatment Centers**

**Referral Requirements**

**A complete referral to a Neuro-Medical Treatment Center is comprised of the following items:**

Referral Application (DSOHF/NTC-3102)

Referral Consent (DSOHF/NTC-3103)

Pre-Admission Screening and Resident Review (PASRR)

FL-2 indicating SNF level of care (NC Medicaid 372 124)

Medication Administration Record (MAR) – minimum 7 days

Most recent History and Physical Evaluation (H&P)

**Additional Required Supporting Documentation:**

Physician/Nursing Progress Notes

Psychiatric evaluation(s), if applicable

Most recent lab report(s)

Current care/service plan, if applicable

Recent hospital admission/discharge summaries

**If accepted for admission, the following will need to be provided prior to admission:**

* Recent photograph
* Copy of Insurance Information (Medicaid/Medicare/Private Insurance)
* Birth certificate
* Immunization record
* Guardianship order, if applicable
* Advanced Directives, as applicable:
* Power of attorney (POA) papers
* Do not resuscitate (DNR) order
* End-of-life care wishes
* Medical orders for life-sustaining treatment (MOLST)
* Living Will

Completed referral, along with supporting documentation, should be submitted to: [DSOHF.NTC.Referrals@dhhs.nc.gov](mailto:DSOHF.NTC.Referrals@dhhs.nc.gov)