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)
- ☐ Exploration of Community Resources Attestation (DSOHF/NTC-3121)
- ☐ 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