

Transforming Lives. Building Community Well-Being.

- To: All 1915(i) and B3 Providers
- Cindy Ehlers, Chief Operations Officer From:

Date: July 3, 2024

Transition to Tailored Plan Subject:

WHAT HAPPENS WITH 1915(I) AND B3 SERVICES FOR TAILORED PLAN AND MEDICAID DIRECT MEMBERS

This communication is to clarify questions around 1915(i) and B3 services for Tailored Plans and Medicaid Direct members.

For Members who have transitioned to Tailored Plan please use the grid below as a quick cheat sheet and next steps:

Tailored Plan Category	1915 (i) eligibility status			
Already assessed and approved for 1915 (i)	🔺 Member will keep 1915 (i) until 1 year from annual eligibility date.			
	Member will need a 1915(i) assessment prior to annual year of eligibility date in Provider Direct.			
	Member will need care plan or updated ISP uploaded to TBS.			
	A TCM should be able to view 1915(i) assessment in Provider Direct.			
	Insurance tab in Provider Direct will include end date of 1915 (i) insurance			
Previously B3 eligible and waiting on assessment and results	An exception to the waiver has been granted and these members will be presumptive eligible for 1915(i) from 7/1/2024-8/30/2024 for the assessment to be completed Member will be presumptive eligible (PE) until 8/30/2024 or until approval date whichever is earlier.			
	Member will need a 1915(i) assessment prior to annual year of eligibility date in Provider Direct.			
	Member will need care plan or updated ISP uploaded to TBS.			
	A TCM should be able to view 1915(i) assessment in Provider Direct.			
Provider Support Services – 1-855-250-1539				



Tailored Plan Category	1915 (i) eligibility status	
	Members not assessed or no decision prior to 8/30/24 will not be eligible for 1915(i).	
Currently B3 eligible, but formerly not eligible for 1915(i) Members above the 150% FPL	A new waiver amendment was approved to allow for 1915(i) eligibility for these members.	
	Member will need a 1915(i) assessment prior to annual year of eligibility date in Provider Direct.	
	Member will need care plan or updated ISP uploaded to TBS.	
	A TCM should be able to view 1915(i) assessment in Provider Direct.	
	Insurance tab in Provider Direct will include end date of 1915 (i) insurance.	

For Members that remain in Medicaid Direct please use the grid below as a quick cheat sheet and next steps:

Medicaid Direct Category	1915 (i) eligibility status and next steps
	Member will keep 1915 (i) until 1 year from annual eligibility date.
	Member will need a 1915(i) assessment prior to annual year of eligibility date in Provider Direct.
Already assessed and approved for 1915 (i)	Member Will need care plan or updated ISP uploaded to TBS.
	TCM should be able to view 1915(i) assessment in Provider Direct.
	Insurance tab in Provider Direct will include end date of 1915 (i) insurance.
	Member will continue to receive B3 services until 11/30/2024.
Currently B3 eligible and waiting on assessment	Member will need a 1915(i) assessment prior 11/30/24. Upon approval, members will move to 1915(i) eligibility.
	Will need care plan or updated ISP uploaded to TBS

Medicaid Direct Category	1915 (i) eligibility status and next steps
	A TCM should be able to view 1915(i) assessment in Provider Direct.
	Members not assessed or no decision prior to 11/30/24 will not be eligible for 1915(i).
	All B3 services end 12/31/24.

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to <u>UM@TrilliumNC.org</u>. Questions will be responded to as quickly as possible.