

To: All 1915(i) and B3 Providers
From: Cindy Ehlers, Chief Operations Officer
Date: August 27, 2024
Subject: NCDHHS blog post on 1915(i) Updates for Providers

1915(I) UPDATES FOR PROVIDERS

[On August 26 2024, NCDHHS published the below blog post.](#)

1915(i) services are home and community-based services (HCBS) which provide opportunities for Medicaid beneficiaries to receive services in their own home or community settings instead of institutional settings.

The NC Medicaid 1915(i) services are:

- 🌱 Community Living and Support
- 🌱 Community Transition
- 🌱 Individual and Transitional Support
- 🌱 Respite
- 🌱 Individual Placement and Support
- 🌱 Supported Employment

1915(B)(3) SERVICES ENDING

Over the last year, NC Medicaid, the Local Managed Entities/Managed Care Organizations (LME/MCOs), and the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans have worked to transition members receiving 1915(b)(3) services under the 1915(b) waiver authority to services under the 1915(i) HCBS State Plan Option in anticipation of the Tailored Plan launch. Tailored Plans operate under an 1115 Demonstration Waiver authority and 1915(b)(3) services are not available under this waiver.

Effective Jan. 1, 2025, 1915(b)(3) services will no longer be available to NC Medicaid members.

- 🌱 To ensure members do not experience a disruption in services, providers of 1915(i) and 1915(b)(3) services should work with Tailored Care Managers/Care Coordinators to have

members who receive 1915(b)(3) services assessed for 1915(i) services and update their Care Plan/ISP.

- 🌱 It is critical for service providers, Tailored Care Managers/Care Coordinators and health plans to work together to complete the required steps to transition all members from 1915(b)(3) services to 1915(i) services as soon as possible.

Prior to Tailored Plan launch, some members with 1915(b)(3) services who had not received the assessment to receive 1915(i) services. NC Medicaid worked with health plans to identify these members and provided eligibility for individuals to transition from 1915(b)(3) services into 1915(i).

Members impacted received a letter and have until Aug. 30, 2024, to complete an assessment or they will lose access to 1915(i) services.

- 🌱 Tailored Plans were also notified in June 2024 that they had until Aug. 30, 2024, to engage these members and their provider to complete an assessment or risk their members losing access to 1915(i) services.
- 🌱 Providers should be working with the Tailored Plans to complete assessments for these individuals.

Members who remain in NC Medicaid Direct and are currently receiving 1915(b)(3) services have until Nov. 30, 2024, to transition to 1915(i) services to avoid any disruption in services.

1915(b)(3) Service Authorizations for Members Enrolled in a LME/MCO

NC Medicaid provided guidance to the LME/MCOs regarding the steps to take when providers request 1915(b)(3) services. If a service provider submits an authorization for 1915(b)(3) services, the LME/MCO will take the following actions:

- 🌱 Notify the requesting provider the authorization cannot be authorized for any dates of service after Dec. 31, 2024.
- 🌱 Inform the requesting provider the member needs an eligibility assessment for 1915(i) services by their Tailored Care Manager/Care Coordinator as soon as possible.
- 🌱 Advise the requesting provider to contact the member's Tailored Care Manager/Care Coordinator to support the development of the care plan/ISP.
- 🌱 Inform the requesting provider failure to work with the Tailored Care Manager/Care Coordinator to support the development of the care plan/ISP by Nov. 30, 2024, may result in service disruption for the member Jan. 1, 2025.

- 🌱 Notify the member to contact their Tailored Care Manager/Care Coordinator to complete the 1915(i) assessment and develop the care plan/ISP to avoid disruption of services Jan. 1, 2025.
- 🌱 Failure to work with the Tailored Care Manager/Care Coordinator to develop the care plan/ISP by Nov. 30, 2024, may result in disruption of services Jan 1, 2025.
- 🌱 Notify the Tailored Care Manager/Care Coordinator to make outreach to the member to complete the 1915(i) assessment, if any 1915(b)(3) services are approved.

It is critical that all members of the care team and the health plan are working together to support the completion of the necessary steps so that members are assessed for transition into 1915(i) services well in advance of their transition dates.

1915(i) ASSESSMENT TOOL UPDATED

In May 2024, NC Medicaid updated the 1915(i) assessment tool for clarity to support Tailored Care Management providers in completing the 1915(i) assessment. The updated 1915(i) assessment has been uploaded to the [Information for Tailored Care Management Providers page](#) (under Provider Resources > TCM Guidance). Tailored Care Management providers can begin using the updated 1915(i) assessment tool now. All providers should transition to the updated 1915(i) assessment tool by **Sept 30, 2024**.

1915(i) REASSESSMENTS REMINDER

Federal regulations require that a member is reassessed for 1915(i) services every 12 months. Tailored Care Management providers should work with members to be reassessed in their birth month and should be planning out the reassessment timeline so that members do not lose access to services. As Tailored Care Management providers work on building out the reassessment timeline for members, they should be communicating and working closely with both the service provider(s) and the member's health plan to communicate reassessment status for the members they are serving.

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