NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

1915(i) Assessment Training

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NC Medicaid – Behavioral Health Team

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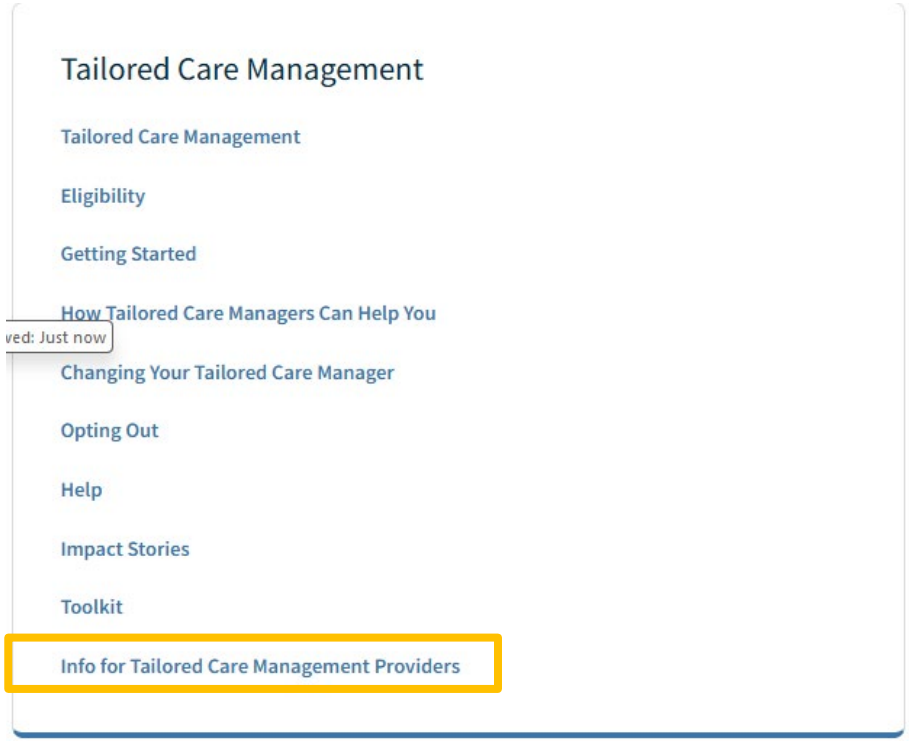
Agenda

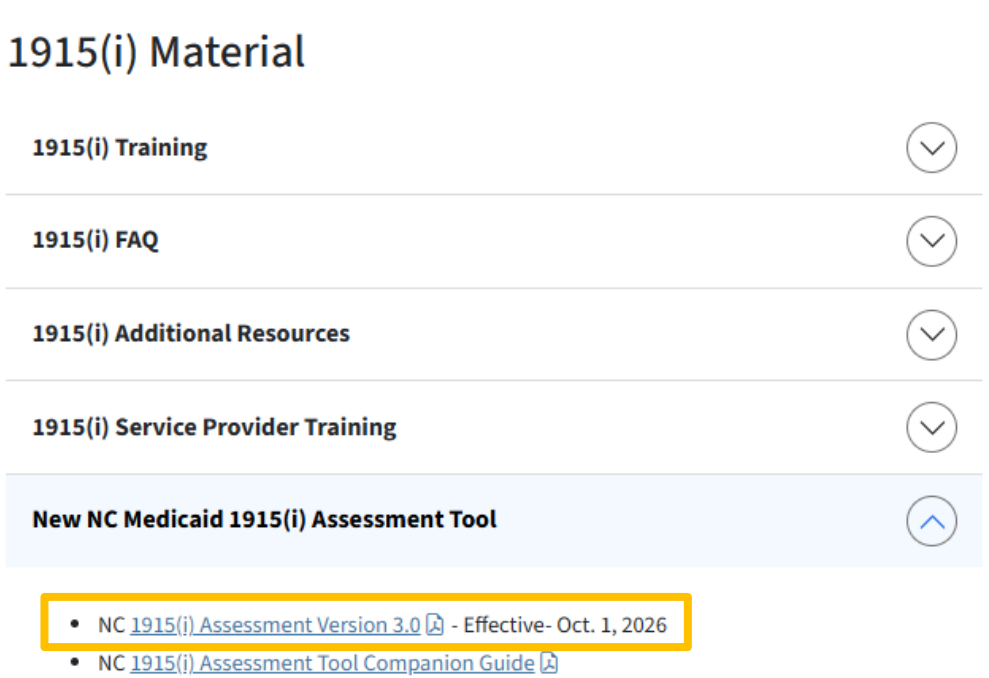
1. Accessing the 1915(i) Assessment
2. 1915(i) Assessment Requirements
3. 1915(i) Companion Guide Information
4. 1915(i) Assessment Components
5. Submitting the 1915(i) Assessment

Accessing the 1915(i) Assessment Tool

As TCM providers identify the need to assess beneficiaries for the 1915(i) assessment, they can go to the NC Medicaid website to obtain the assessment tool. The 1915(i) Assessment Tool Version 3.0 and the NC 1915(i) Assessment Tool Companion Guide are available on the NC Medicaid Tailored Care Management (TCM) website, under “Info for Tailored Care Management Providers” and then under “New NC Medicaid 1915(i) Assessment Tool.”

The latest bulletin details the most recent updates.





1915(i) Assessment Requirements

1915(i) assessment has requirements as outlined in 42 Code of Federal Regulation (CFR) § 441.720

1915(i) Assessment Requirements



- The regulations require a “face-to-face” assessment.
  - Therefore, the assessment must be completed in-person or via telehealth (i.e., two-way audio/visual).
- Must be completed annually (this assessment will correspond with the beneficiaries’ birth month published Aug. 1, 2026, for October 2026 birthdays).
- Must be performed by an independent assessor (i.e., cannot be performed by the provider of the 1915(i) service).
- **Assessment Submission:**
  - The 1915(i) assessment is submitted to Carelon at NCMedicaid1915irequests@carelon.com.
  - Note: Please refer to your health plan’s assessment submission requirements to submit the 1915(i) assessment.

1915(i) Companion Guide Information



- Provides step-by-step instructions for completing the NC 1915(i) Assessment Tool, including required beneficiary and assessor information.
- Outlines documentation requirements for each section of the assessment.
- Defines service categories and eligible population.
- Details how to assess Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), Social/Work, Cognitive/Behavior domains using None/Some/Total assistance levels.
- Outlines documentation of needs related to medical/health supports, employment supports, caregiver respite and habilitative/rehabilitative service needs.
- Includes guidance on documenting living arrangements, upcoming transitions and independent-living plans within 60 days.

1915(i) Assessment Components - Beneficiary

- **Demographics of Beneficiary:** Beneficiary Name, Medicaid ID (MID), Date of Birth, Health Plan
- **Relevant Clinical Information:**
  - Relevant Diagnosis(es) – This is an optional field as a diagnosis is not required for the 1915(i) assessment.
  - Beneficiary Health Plan – Beneficiary's enrolled health plan
- **Relevant Dates***
  - Request Date for Initial Assessment or Request to Continue 1915(i) Service(s).
  - Assessment Completion Date.
- **Treatment Service**
  - Requires Treatment Service(s) for – Indicate what types of treatment services the beneficiary needs. This is a critical component to determine which 1915(i) services the beneficiary may need/receive.

Beneficiary Information	
Beneficiary Name:	
Medicaid ID# (no spaces):	
Date of Birth (MM/DD/YYYY):	
Relevant Diagnosis(es) (optional):	
Beneficiary Health Plan *(Alliance Health Plan, Healthy Blue Care Together, Partners Health Management, Trillium Health Resources, Vaya Health):*	
Date Beneficiary or Legally Responsible Person (LRP) requested Initial or Continued 1915(i) Service(s) (List N/A for Transitional (gap) assessment type):	
Date 1915(i) Assessment Completed:	
Requires 1915(i) Service(s) for: (*Check All that Apply*)	☐ I/DD ☐ TBI ☐ SMI ☐ SPMI ☐ SED ☐ SUD

1915(i) Assessment Components - Assessor

- **Assessor Information:** Please list the name of the care manager and the name of the care management/care coordination agency.
- If care management is plan-based, please list the name of the health plan under agency name.

Assessor Information	
Care Manager (CM) or Care Coordinator (CC) Name:	
CM/CC Agency Name (List Health Plan if plan-based care management):	

Alignment of 1915(i) Eligibility and Care Plan/ISP to the Birth Month Process

- **Scenario Assumptions**
  - The annual reassessment for 1915(i) services must be completed two months or 60 days before 1915(i) eligibility expires.
  - 1915(i) eligibility is effective for 12 months.
  - Once on birth month cycle, 1915(i) eligibility start date is the same as the Care Plan/Individualized Service Plan (ISP) start date.
  - 1915(i) eligibility end date is the same as the Care Plan/ISP end date.
  - The effective date of the **annual** plan is always the first of the month following the birth month.
  - Care Plans/ISPs do not extend beyond 365 calendar days (366 days in leap years).
  - For service authorization, follow the utilization management (UM) requirements of the beneficiary's assigned health plan.
  - Initially, the first plan year will be an abbreviated plan year. All following plans will align with the birth month.

1915(i) Type of Assessment

- **Type of Assessment:**
  - Initial
  - Transitional (gap)
  - Reassessment
  - Annual Reassessment
- Please only add start dates to one type of assessment.
  - ****The initial assessment and reassessment do not have a requested start date.**

Type of Assessment Being Submitted/Eligibility Dates Being Requested		
Type of Assessment	**Definition of Type**	**Requested Start Date**
☐**Initial Assessment**	Complete this row for beneficiary entering 1915(i) service(s) for the first time **or** who are returning to 1915(i) service(s).	N/A
☐**Transitional "Gap" Assessment**	Complete this row to transition eligibility to a birth month annual assessment schedule. Requested start date will be the day after the existing eligibility end date.	
☐**Reassessment**	Complete this row to reassess a beneficiary with a current/active 1915(i) eligibility and needs to be reassessed for their needs-based criteria. Requested start date will be prefilled N/A.	N/A
☐**Annual Reassessment**	Complete this row for beneficiary on the annual birth month assessment schedule. The requested Start Date will be the first day of the month following the beneficiary's birth month.	

1915(i) Assessment Components

- **It is critical that the care manager complete the 1915(i) assessment in full, including review of all functional deficits. This will provide the independent evaluator with all applicable information needed for determining 1915(i) Home and Community-Based Services (HCBS) benefit eligibility.**
- Functional Assessment: Assessment of an individual's functional deficit(s).
  - Assessors will indicate if the beneficiary needs none, some or total assistance in the functional area indicated.
  - Deficits are measured in the following areas:
    - ADLs – ambulation, bathing, dressing, etc.
    - Instrumental Activities (i.e., IADLs) – meal prep, housekeeping, laundry, etc.
    - Social and Work Tasks – interacting with others, responding to negative feedback, etc.
    - Cognitive/Behavioral Tasks – speech/language/communication, self-direction, etc.
  - Assessors can document comments as necessary (but comments are not required).
  - No Assistance means the individual can complete the activity independently with no intervention or reminders from others.
  - Some Assistance means the individual needs prompting/reminders. This prompting can range from gestural/verbal prompts to hands-on assistance to complete the activity/task.
  - Total Assistance means the individual requires that a caregiver complete all parts of a task. Although a caregiver may get some assistance from the individual, such as the individual raising their arms during bathing, the caregiver must complete the task.

Table 1: Beneficiary's Need for Activities of Daily Living, Instrumental Activities of Daily Living, Social and Work, and Cognitive/Behavior Assistance				
Activity, Task or Skill	**Assistance Needed None**	**Assistance Needed Some**	**Assistance Needed Total**	**Comments (e.g., who assists, equipment used, problems or issues for caregivers, type of assistance needed)**
Activities of Daily Living				
Ambulation	☐ None	☐ Some	☐ Total	
Bathing	☐ None	☐ Some	☐ Total	
Dressing	☐ None	☐ Some	☐ Total	
Eating	☐ None	☐ Some	☐ Total	
Grooming	☐ None	☐ Some	☐ Total	
Toileting	☐ None	☐ Some	☐ Total	
Transfer	☐ None	☐ Some	☐ Total	
• To from bed	☐ None	☐ Some	☐ Total	
• To from car	☐ None	☐ Some	☐ Total	
Instrumental Activities of Daily Living				
Home maintenance	☐ None	☐ Some	☐ Total	
Housekeeping	☐ None	☐ Some	☐ Total	
Laundry	☐ None	☐ Some	☐ Total	
Meal prep	☐ None	☐ Some	☐ Total	
Money management	☐ None	☐ Some	☐ Total	
Shopping/errands	☐ None	☐ Some	☐ Total	
Transportation	☐ None	☐ Some	☐ Total	
• Use of	☐ None	☐ Some	☐ Total	
• Scheduling	☐ None	☐ Some	☐ Total	
Social and Work				
Interacting with others	☐ None	☐ Some	☐ Total	
Responding to negative feedback	☐ None	☐ Some	☐ Total	
Responding to change	☐ None	☐ Some	☐ Total	
Screening out environmental stimuli	☐ None	☐ Some	☐ Total	
Maintaining stamina	☐ None	☐ Some	☐ Total	
Handling time pressures and multiple tasks	☐ None	☐ Some	☐ Total	
Ability to learn new tasks	☐ None	☐ Some	☐ Total	

1915(i) Assessment Components (cont.)

- Functional Assessment: Other
  - Assessors may indicate Activities, Tasks, or Skills not listed in prior sections of Table 1.
  - Assessors will indicate if the beneficiary needs none, some or total assistance in the additional functional area(s) listed.
  - Assessors can document comments as necessary (but comments are not required).
  - No Assistance means the individual can complete the activity independently with no intervention or reminders from others.
  - Some Assistance means the individual needs prompting/reminders. This prompting can range from gestural/verbal prompts to hands-on assistance to complete the activity/task.
  - Total Assistance means the individual requires that a caregiver complete all parts of a task. Although a caregiver may get some assistance from the individual, such as the individual raising their arms during bathing, the caregiver must complete the task.

Activity, Task or Skill	Assistance Needed None	Assistance Needed Some	Assistance Needed Total	Comments (e.g., who assists, equipment used, problems or issues for caregivers, type of assistance needed)
Cognitive/Behavior				
Speech/Language/ Communication	☐ None	☐ Some	☐ Total	
Self-Direction	☐ None	☐ Some	☐ Total	
Social Development	☐ None	☐ Some	☐ Total	
Learning	☐ None	☐ Some	☐ Total	
Vocational Development	☐ None	☐ Some	☐ Total	
Maladaptive Behavior	☐ None	☐ Some	☐ Total	
Psychosis/Hallucinations	☐ None	☐ Some	☐ Total	
Mild Memory Loss	☐ None	☐ Some	☐ Total	
Moderate Memory Loss	☐ None	☐ Some	☐ Total	
Other:				
	☐ None	☐ Some	☐ Total	
	☐ None	☐ Some	☐ Total	
	☐ None	☐ Some	☐ Total	
	☐ None	☐ Some	☐ Total	
	☐ None	☐ Some	☐ Total	
	☐ None	☐ Some	☐ Total	

1915(i) Assessment Components (cont.)

- **Additional Assessment Questions:** The last portion of the assessment contains additional questions. Assessors can document comments as necessary (but comments are not required).
- **Rehabilitative/Habilitative Service Questions:** Please reference the companion guide for additional guidance.

Table 2: Additional Questions Regarding Beneficiary's Need for Assistance		
Does the beneficiary require support to manage a medical or health condition?	☐ Yes ☐ No	Comment:
Does the beneficiary express a desire to work?	☐ Yes ☐ No	Comment:
Does the beneficiary express a desire to obtain education leading to work?	☐ Yes ☐ No	Comment:
Does the beneficiary have a pattern of unemployment, underemployment or sporadic employment	☐ Yes ☐ No	Comment:
Does the beneficiary need support to acquire or maintain employment?	☐ Yes ☐ No	Comment:
Is the caregiver of the beneficiary in need of respite?	☐ Yes ☐ No	Comment:
Does the beneficiary lack the ability to care for themselves in the absence of a primary caregiver and have needs that exceed that of a child without behavioral health concerns/developmental disabilities that could have care provided by a traditional babysitter or day care.	☐ Yes ☐ No	Comment:
Is the beneficiary in need of **rehabilitative** service for Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), Social Skills or Employment Skills?	☐ Yes ☐ No	Comment:
Is the beneficiary in need of **habilitative** service for ADLs, IADLs, Social Skills or Employment Skills?	☐ Yes ☐ No	Comment:
Current Living Arrangement (i.e., At home w/ Family, Group Home, Adult Care Home (ACH), etc.):		Comment:
Are there plans for the beneficiary to move from a State Developmental Center (ICF-IID), community ICF-IID, nursing facility, or another provider-operated/controlled setting (ACH, psychiatric residential treatment facility, foster home, Alternative Family Living (AFL), or group home) to an independent living arrangement within the next 60 days?	☐ Yes ☐ No	Comment:
Is the beneficiary in need of initial set-up expenses/items?	☐ Yes ☐ No	Comment:

Services coverable under the 1915(i) Home and Community-Based Services (HCBS) benefit where medically necessary and determined eligible for 1915(i) include:	• Community Transition • Respite • Individual and Transitional Supports • Community Living and Supports • Supported Employment/Individual Placement Supports

1915(i) Coverable Services

Services coverable under the 1915(i) Home and Community-Based Services (HCBS) benefit where medically necessary and determined eligible for 1915(i) include:	• Community Transition • Respite • Individual and Transitional Supports • Community Living and Supports • Supported Employment/Individual Placement Supports

1915(i) Assessment Validation

- **Assessor Information:** The bottom of the assessment has a space for the signature of the assessor, the printed name and title/credentials of the assessor and date of the assessment.
  - Signature can be digital.
  - Only signed assessments are valid.

Submitting the 1915(i) Assessment

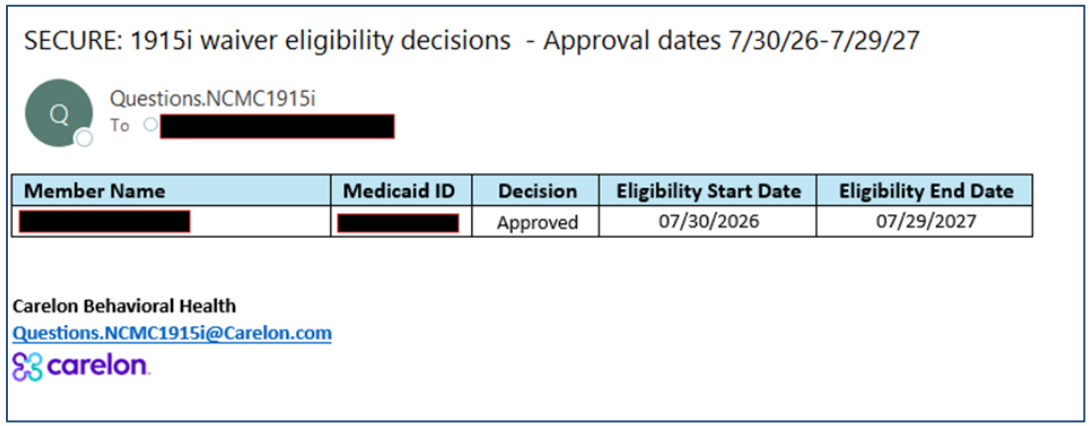
- Please refer to your health plan's assessment submission requirements to submit the 1915(i) assessment.
- The standard timeframe for when a decision is rendered is approximately 14 calendar days. If additional information has been requested from the assessor or the total number of assessments have increased for a review period, the review process may take longer.
  - If a decision is not received within 14 calendar days and the vendor has not requested additional information, it is recommended that the person who submitted the assessment reach out to the vendor (Carelon) to request the status of the review at Questions.NCMC1915i@carelon.com.
  - The service provider should reach out to the care manager to understand status of the 1915(i) eligibility. If the 1915(i) service provider is not getting updates from the care manager/care coordinator, they can reach out to the beneficiary's health plan.

**Please note that Carelon will only respond to the email address that originally submitted the assessment.

Example of Decision Email Notification from Carelon

- 1915(i) Approval Example

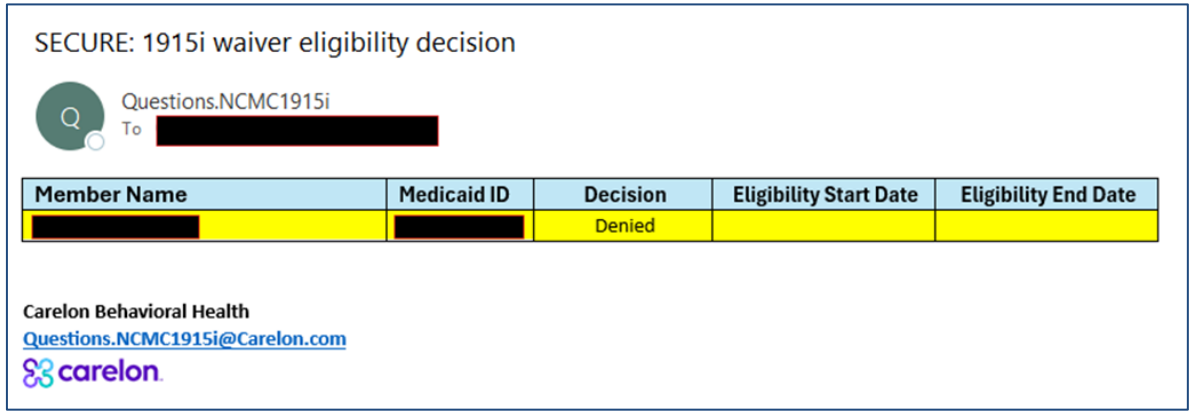
Carelon Email Address



Email Title

- 1915(i) Denial Example

Carelon Email Address



Email Title

1915(i) Assessment Status Checks by Non-Submitter

- Health plans should use the NC Medicaid ServiceNow ticket system to request status.

- Providers who submit directly to Carelon should call the NC Medicaid Contact Center **888-245-0179** to request status. A ServiceNow ticket will be created for the provider.

****Please note reviews can take longer than 14 days if additional information has been requested or the total number of assessments have increased for a review period.**

Thank you for your attendance.