



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

1915(i) Assessment Training

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Agenda

- 1. Accessing the 1915(i) Assessment**
- 2. 1915(i) Assessment Requirements**
- 3. 1915(i) Assessment Components**
- 4. Submitting the 1915(i) Assessment**

Accessing the 1915(i) Assessment Tool

The 1915(i) assessment is available on the NC Medicaid Tailored Care Management website, under “Provider Resources” and then under “TCM Guidance”.

As TCM providers identify the need to assess individuals for the 1915(i) assessment, they can go to the NC Medicaid webpage to obtain the assessment tool.

The latest bulletin details the most recent updates.

Tailored Care Management

Tailored Care Management

Eligibility

Getting Started

How Tailored Care Managers Can Help You

ved: Just now

Changing Your Tailored Care Manager

Opting Out

Help

Impact Stories

Toolkit

Info for Tailored Care Management Providers

Assessments and Tools

- [NC Medicaid 1915\(i\) Assessment](#) (Aug. 1, 2025)
- [TCM Statewide Monitoring Tool](#) (Feb. 13, 2025)
- [HCBS Monitoring Checklist](#) (Feb. 5, 2025)

The 1915(i) Assessment is available through the link “**Info for Tailored Care Management Providers**”, and then under “**Assessments and Tools.**”

1915(i) assessment has requirements as outlined in 42 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 moving forward).
- 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 NCMedicaid1915requests@carelon.com.
 - Note: Please refer to your Health Plan’s assessment submission requirements to submit the 1915(i) assessment.



1915(i) Assessment Components

- **Demographics of Member:** Member Name, Medicaid ID (MID), Date of Birth, Health Plan
- **Care Manager Information:** Name and Agency
- **Relevant Clinical Information:**
 - **Relevant Diagnosis(es)** – This is an optional field as a diagnosis is not required for the 1915(i) assessment.
 - **Requires Treatment Service(s) for** – Indicate what types of treatment services the member needs. This is a critical component to determine which 1915(i) services the member may need/receive.
- **Relevant Dates***
 - Request Date for both annual assessments and reassessments
 - **Assessment Completion Date**
 - These are new fields that will be required effective 10/1/2025

Name			
MID (Medicaid ID)			
DOB			
Relevant Diagnosis(es) (optional)			
Requires Treatment Service(s) for:	<input type="checkbox"/> I/DD	<input type="checkbox"/> TBI	
	<input type="checkbox"/> SMI	<input type="checkbox"/> SED	
	<input type="checkbox"/> SUD		
<i>Select All that Apply</i>			
Care Manager/ Agency			
Health Plan			
Date Individual Requested 1915(i) Service			
Date 1915(i) Assessment Completed			
Is this a reassessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1915(i) Assessment Components

- Functional Assessment: Assessment of an individual's functional deficit(s).**
 - Assessors will indicate if the beneficiary needs no, some or total assistance in the functional area indicated.
 - Deficits are measured in the following areas:
 - Activities of Daily Living (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 his or her arms during bathing, the caregiver must complete the task.

	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				
Bathing				
Dressing				
Eating				
Grooming				
Toileting				
Transfer				
• To from bed				
• To from car				
Instrumental Activities				
Home maintenance				
Housekeeping				
Laundry				
Meal Prep				
	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)
Social and Work				
Interacting with others				
Responding to negative feedback				
Responding to change				
Screening out environmental stimuli				
Maintaining stamina				
Handling time pressures and multiple tasks				
Ability to learn new tasks				
Acceptable speed of completing tasks				
Cognitive/Behavior				
Speech/ Language/ Communication				
Self-Direction				
Social Development				
Learning				
Vocational Development				
Maladaptive Behavior				
Psychosis/ Hallucinations				
Mild Memory Loss				
Moderate Memory Loss				

1915(i) Assessment Components

- **Additional Assessment Questions:** The last portion of the assessment contains additional questions. Assessors can document comments as necessary (but comments are not required).
- **Requested Services:** The assessor can select the services requested by/for the beneficiary based on the assessment. Assessor can select all services that might apply.
- **Assessor Information:** The bottom of the assessment has a space for the signature of the assessor, the printed name of the assessor and a date of the assessment.
 - Signature can be digital.

Does the individual require support to manage a medical or health condition? Yes No

Comment: _____

Does the individual need support to acquire or maintain employment? Yes No

Comment: _____

Is the caregiver of the beneficiary in need of respite? Yes No

Comment: _____

Is the individual in need of rehabilitative service for IADLs, Social Skills, or Employment Skills?

Yes No

Comment: _____

Is the individual 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, ACH, etc.):

Are there plans for the individual to move to an independent living arrangement within the next 60 days?

Yes No

Comment: _____

Beneficiary requests the following services (please check all that apply):

- Community Transition
- Respite
- Individual and Transitional Supports
- Community Living Supports
- Supported Employment/Individual Placement Supports
- Beneficiary does not meet Target Population for any of the above services.

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 2 weeks. 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 2 weeks and the vendor has not requested additional information, it is recommended that the person who submitted the assessment reach out to the vendor to request the status of the review.
 - 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.





Thank you for your attendance.