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

Summer 2026

Collaboration

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

This training was developed collaboratively by the Health Plans and DHB to ensure consistent, standardized 1915 (i) instruction across the state. This session will be recorded and posted on the TCM webpage and in the NC AHEC TCM portal.

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Intended Audience:

- Care Managers
- Care Manager Supervisors
- Extenders

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Abbreviations & Definitions

(Commonly used abbreviations and definitions)

- ISP – Individual Support Plan
- HCBS- Home and Community Based Services
- TOC- Transition of Care
- CMA – Care Management Agency
- PLE – Provider Lead Entity
- IA – Independent Assessment
- CM- Care Manager
- AMH+- Advanced Medical Home Plus
- PCP- Primary Care Physician
- Gap Plan- A short term Care Plan/ISP and eligibility period used to transition to the member's birth month schedule

Agenda:

- Background on aligning plan with Birth Month
- 1915(i) Timelines
- Scenario Assumptions
- Alignment Scenarios
- Birth Month Calculator Demo
- Reminders and Updates

1915(i) Birth Month Alignment Update

- To ensure that Members experience minimal disruption in receipt of 1915(i) services, the Department is electing to move both the 1915(i) Eligibility Timelines and the Care Plan/ISP to a Birth Month Alignment.

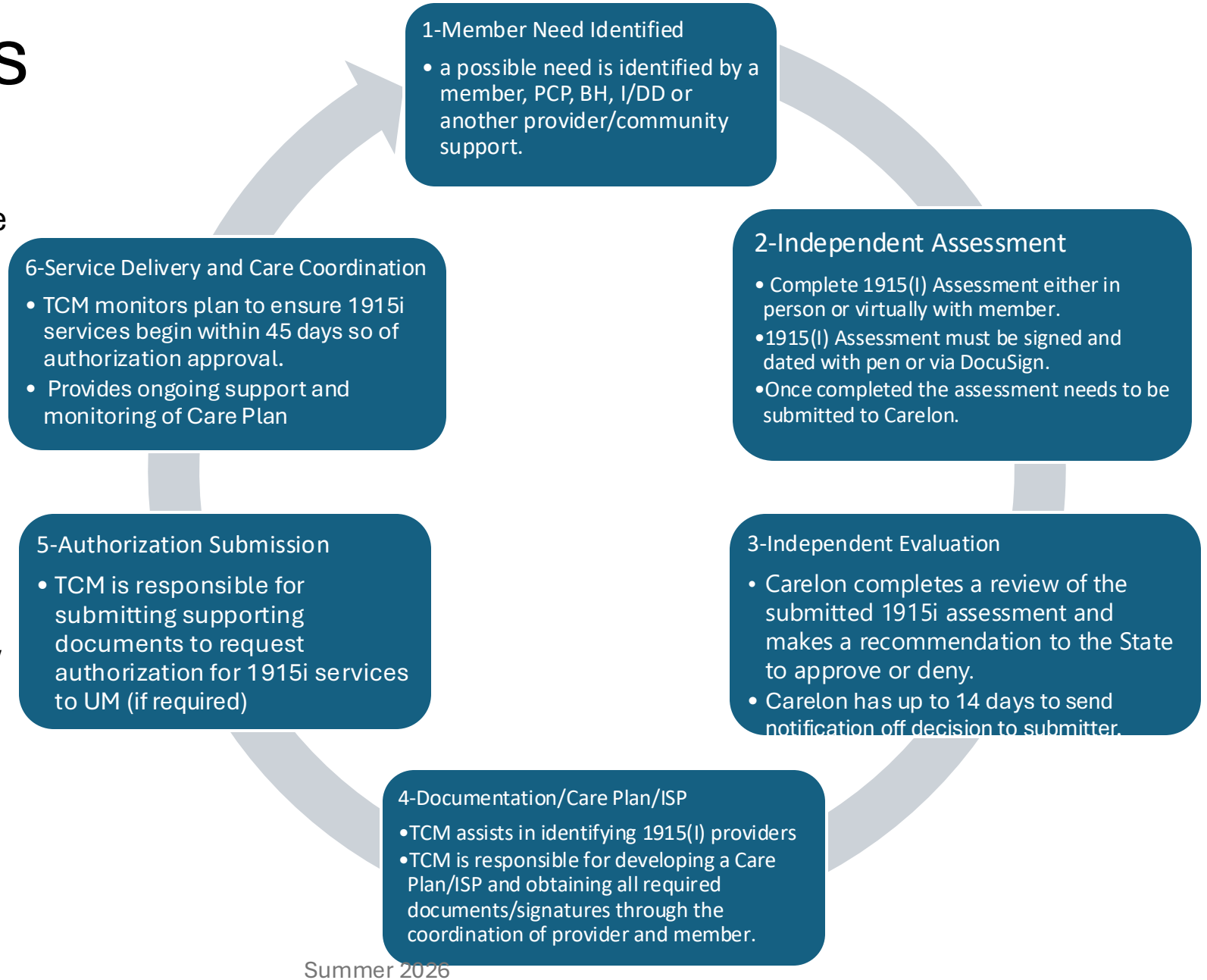
Benefits of a Birth Month Alignment

- Care Managers, Carelon, Health Plans and Providers will be aware of the timeline.
- Standardization across the state should decrease lapses of eligibility and authorizations.
- This will ensure predictability for eligibility timelines and annual reassessments.
- Streamline Health Plan Transitions of Care (TOC). Plans will know when plans and assessment are expected to expire.
- Streamline CMA transitions so Care Managers are aware of expiration dates.
- Increase consistency of expectations throughout the NC Medicaid system.

1915(i) Process

REMINDERS:

- The 1915(i) assessment must be approved by the State prior to requesting authorization of any the 1915(i) service.
- Signatures must be obtained prior to the plan effective date.
- Steps 4 and 5 need to be completed within 45 days of the Independent Evaluation approval date.
- For service authorization, follow the UM requirements of the individual's assigned Health Plan.
- Copies of all documents must be provided to team members including PCP within 14 days of plan approval



Scenario Assumptions

- The reassessment is required to be completed every twelve months. The annual reassessment for 1915(i) services must be completed 60 days before 1915(i) eligibility expires to ensure no lapses in services.
- 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/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 UM requirements of the individual's assigned Health Plan.
- Initially the first plan year will be an abbreviated plan year. All following plans will align with the birth month.

Carelon

Carelon is committed to supporting the North Carolina system-wide shift to the 1915(i)birth month cycle.

As reflected on the new 1915(i) assessment, Carelon will make eligibility recommendations based on the start date. Eligibility is only valid for 365 days. (366 for leap year)

Since initial 1915(i) eligibility will end on the last day of the birth month, the next 1915(i) eligibility cycle will start on the first of the month after the birth month and continue annually thereafter.

Carelon reviews 1915(i) assessments and sends eligibility notifications to the submitter within 14 calendar days.

Carelon also understands and will be prepared to accept 1915(i) reassessments that occur in quick succession to fill the gap between the initial 1915(i) eligibility and the birth month alignment. This will be reflected on the new 1915(i) assessment once published.

Summer 2026

New NC Medicaid 1915(i) Assessment Tool

Assessment is sent to Carelon according to your Health Plan process (some submit directly to Carelon and others submit through the Health Plan.

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
Traditional "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 1st day of the month following the beneficiary's birth month.	

Medicaid 1915(i) Assessment: The publishing date for using the new assessment tool is **August 1, 2026**.

Birth Month Alignment Planning: Planning may begin with members who have an **October birth month**.

Current state

Birth month transitions

Full annual birth month alignment

The next few slides will help address how we are moving to the birth month schedule.

Initial process to align current eligibility and care plan/ISPs with the birth month.

This will also address Initial requests for 1915(i) services and the process.

Within one year all plans and 1915(i) eligibility will end on the last day of the birth month.

"Gap" Care Plan/ISP

Scenario:

When a member's 1915(i) eligibility expires **before** the member's next birth month

Example: Eligibility and Care Plan/ISP ends prior to members birth month

Gap Care Plan/ISP

Current					Short/Gap Period								
		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP **If both the Eligiblity and the Care Plan/ISP ends prior to members birth month, complete Short/Gap Period for both**			1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	ISP/Care Plan Creation	1915(i) Eligibility Effective Date	Gap Plan End Date	1915(i) Eligibility Birth Month End Date	
Birth Month (Spelled out- April, May, etc)	**Member DOB (MM/DD/YYYY)**	**Date 1915(i) Eligibility Expires (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP Effective Date (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP End Date (MM/DD/YYYY)**	**Effective Date of Next Plan**	**Due Date for 1915(i) Reassessment (Gap Plan)**	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**Next 1915(i) Eligibility Start Date**	**End Date for Gap ISP/Plan**	**Last Day of Birth Month to Support Eligibility Alignment**	**Eligiblity will always be for one full year, however our gap plans will be less then one year until the plan is aligned.**
April	4/3/99	2/13/27	3/1/26	2/28/27	3/1/27	12/15/26	12/29/26	12/15/26	60	2/14/27	4/30/27	4/30/27	

Birth Month Aligned							
1915(i) Assessment	Carelon Reassessment	Pre-Planning Work Starts	Care Plan/ISP Creation	Care Plan/ISP Effective	1915(i) Eligibility Effective Date	Care Plan/ISP Plan End Date	1915(i) Eligibility End Date
Due Date for 1915(i) Reassessment (Birth Month Alignment)	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**First Birth Month Cycle ISP/Care Plan Start Date**	**1915(i) Eligibility Start Date**	**First Birth Month Cycle End Date for ISP/Plan**	**End Date for1915(i) Eligibility**
3/1/27	3/15/27	3/1/27	60	5/1/27	5/1/27	4/30/28	4/30/28

Example: Eligibility expires prior to the birth month but the Care Plan/ISP expires after birth month

Gap Care Plan/ISP

Current					Short/Gap Period								
		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP **If the eligibility expires prior to birth month but the Care Plan exceeds the birth month, you will update the 1915(i) Assessment but still utilize the current Care Plan.**			1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	ISP/Care Plan Creation	1915(i) Eligibility Effective Date	Gap Plan End Date	1915(i) Eligibility Birth Month End Date	
Birth Month (Spelled out- April, May, etc)	**Member DOB (MM/DD/YYYY)**	**Date 1915(i) Eligibility Expires (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP Effective Date (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP End Date (MM/DD/YYYY)**	**Effective Date of Next Plan**	**Due Date for 1915(i) Reassessment (Gap Plan)**	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**Next 1915(i) Eligibility Start Date**	**End Date for Gap ISP/Plan**	**Last Day of Birth Month to Support Eligibility Alignment**	**Eligiblity will always be for one full year, however our gap plans will be less then one year until the plan is aligned.**
April	4/3/99	2/13/27	7/5/26	7/4/27	7/5/27	12/15/26	12/29/26	12/15/26	60	2/14/27	4/30/27	4/30/27	

Birth Month Aligned							
1915(i) Assessment	Carelon Reassessment	Pre-Planning Work Starts	Care Plan/ISP Creation	Care Plan/ISP Effective	1915(i) Eligibility Effective Date	Care Plan/ISP Plan End Date	1915(i) Eligibility End Date
Due Date for 1915(i) Reassessment (Birth Month Alignment)	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**First Birth Month Cycle ISP/Care Plan Start Date**	**1915(i) Eligibility Start Date**	**First Birth Month Cycle End Date for ISP/Plan**	**End Date for1915(i) Eligibility**
3/1/27	3/15/27	3/1/27	60	5/1/27	5/1/27	4/30/28	4/30/28

"Gap" Care Plan/ISP

Scenario:

When a member's 1915(i) eligibility expires **after** the member's next birth month

Example: Eligibility expires after birth month and Care Plan/ISP expires after birth month

Current Care Plan/ISP							Short/Gap Period						
		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP **If Eligiblity and Care Plan end date is after members birth month, move to "Birth Month Aligned" Section**			1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	ISP/Care Plan Creation	Gap Plan Effective Date	1915(i) Transitional Eligibility Effective Date (Gap)	1915(i) Transitional Eligibility and Gap Plan End Date	1915(i) Eligibility End Date
Birth Month (Spelled out-, April, May, etc)	**Member DOB (MM/DD/YYYY)**	**Date 1915(i) Eligibility Expires (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP Effective Date (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP End Date (MM/DD/YYYY)**	**Effective Date of Next Plan**	**Due Date for 1915(i) Reassessment (Gap Plan)**	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**Gap ISP/Care Plan Start Date**	**1915(i) Eligibility Start Date for Gap**	**End Date for Gap Care Plan/ISP**	**End Date for1915(i) Eligibility**
October	10/15/01	11/25/26	6/1/26	5/31/27	6/1/27	9/26/26	10/10/26	9/26/26	60	6/1/27	11/26/26	10/31/26	10/31/26

Birth Month Aligned							
1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	Plan Effective Date	1915(i) Eligibility Effective Date	Care Plan/ISP End Date	1915(i) Eligibility End Date	
Due Date for Birth Month 1915(i) Reassessment	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning**	**First Birth Month Cycle ISP/Care Plan Start Date**	**1915(i) Birth Month Eligibility Start Date**	**First Birth Month Cycle End Date for ISP/Plan**	**End Date for 1915(i) Eligibility**	
9/1/26	9/15/26	9/1/26	11/1/26	11/1/26	10/31/27	10/31/27	

Example: Eligibility expires after birth month but Care Plan/ISP expires prior to birth month

Current Care Plan/ISP							Short/Gap Period						
		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP **If eligibility is after birth month but Care Plan expires before birth month, complete "Short/Gap Period" section for Care Plan/ISP only.**			1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	ISP/Care Plan Creation	Gap Plan Effective Date	1915(i) Transitional Eligibility Effective Date (Gap)	1915(i) Transitional Eligibility and Gap Plan End Date	1915(i) Eligibility End Date
Birth Month (Spelled out-, April, May, etc)	**Member DOB (MM/DD/YYYY)**	**Date 1915(i) Eligibility Expires (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP Effective Date (MM/DD/YYYY)**	**Initial 1915(i) Care Plan/ISP End Date (MM/DD/YYYY)**	**Effective Date of Next Plan**	**Due Date for 1915(i) Reassessment (Gap Plan)**	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning Meeting Date**	**Day Count for Planning Meeting(s), CMCA, Plan Creation, Signatures**	**Gap ISP/Care Plan Start Date**	**1915(i) Eligibility Start Date for Gap**	**End Date for Gap Care Plan/ISP**	**End Date for1915(i) Eligibility**
October	10/15/01	11/25/26	9/5/25	9/4/26	9/5/26	9/26/26	10/10/26	9/26/26	60	9/5/26	11/26/26	10/31/26	10/31/26

Birth Month Aligned						
1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	Plan Effective Date	1915(i) Eligibility Effective Date	Care Plan/ISP End Date	1915(i) Eligibility End Date
Due Date for Birth Month 1915(i) Reassessment	**14 Day Decision Window for Carelon**	**CMCA, Gathering Documents (ROI), Setting Planning**	**First Birth Month Cycle ISP/Care Plan Start Date**	**1915(i) Birth Month Eligibility Start Date**	**First Birth Month Cycle End Date for ISP/Plan**	**End Date for 1915(i) Eligibility**
9/1/26	9/15/26	9/1/26	11/1/26	11/1/26	10/31/27	10/31/27

NC Medicaid 1915(i) Assessment and Planning

What This Means for Planning

• Care Managers may begin planning activities in **August** for members with an **October** birth month. Including completion of **1915(i) reassessment, CMCA**, **gathering documents (ROIs)**, and **scheduling the planning meeting**.

Note: Some Care Managers have already been completing assessments during the member's birth month based on prior guidance. This launch does not change that process.

1915(i) Birth Month Alignment Calculator Demo

This tool was developed collaboratively by the Health Plans and DHB to assist care management staff to calculate the key dates in order to align the 1915(i) eligibility and Care Plan/ISPs to the birth month.

- Fill in the yellow shaded boxes and the tool will do the rest!

- **Please send us feedback on your experience with the tool.**

Demo of Birth month Calculation Tool

- Demos for the Birth Month Calculation tool will be shared during the August and September 1915(i) Office Hours.

  - August 24, 2026 10:00 - 10:30
  - September 21, 2026 10:00 - 10:30

1915(i) Service Claims

Care Managers are integral to the initiation and continuity of 1915(i) services. Their responsibilities include completing the 1915(i) assessment, collaborating with the member's care team to develop Care Plans/ISPs, and ensuring prior authorizations are submitted.

It is essential that all required components remain in active status to support the claims process for 1915(i) service delivery. Each component must be active for a 1915(i) claim to be successfully submitted and approved.

1915(i) Assessment	**1915(i) Service Eligibility**	**Active** 1915(i) Eligibility	Successful 1915(i) Claim
		Expired 1915(i) Eligibility	**Unsuccessful 1915(i) Claim**
Service Authorization	**Care Plan or ISP**	**Active** Care Plan/ISP	Successful 1915(i) Claim
		Expired Care Plan/ISP	**Unsuccessful 1915(i) Claim**
Prior Authorization*	**Review for Medical Necessity**	**Active** Prior Authorization	Successful 1915(i) Claim
		Expired Prior Authorization	**Unsuccessful 1915(i) Claim**

* Additional information about Prior Authorization on the next slide.

1915(i) Service Claims and Prior Authorization

Prior approval processes for 1915(i) services vary by Health Plan, so Care Managers must follow the guidance issued by the member's assigned Plan.

- Health Plans are not required in contract to follow the 1915(i) Clinical Coverage Policy (CCP). DHB removed prior approval from most of the behavioral health CCPs in January 2025, but most of the Health Plans have received approval from the DHB parity team to add prior approval and limits to their policies.
  - To ensure 1915(i) service providers will be paid for service delivery it is best practice for care managers/care coordinators to check with the member's assigned Health Plan to know if they need prior approval for a service.
- When Prior Authorization is required, a SAR/TAR is completed for the 1915(i) service and submitted to the Health Plan's Utilization Management (UM) team.
  - If the Health Plan requires a SAR/TAR, it must be approved by the Health Plan's UM team before 1915(i) services begin.

1915(i) Eligibility Determination Inquiry Pathway

1915(i) Eligibility Decision Timeline

- The determination process may take longer than 14 calendar days if outreach is needed to obtain additional information. If Carelon sends a request for additional information, please respond directly to the original email thread that contains the subject line ***1915i Waiver Outreach – Information Requested***. Please do not initiate a new email when responding.

1915(i) Eligibility Inquiry Pathway

- If the 1915(i) assessment was submitted by the Health Plan and not directly to Carelon, please contact the Health Plan for status of the 1915(i) assessment.

- Inquiries to Carelon regarding 1915i assessments including, status updates and follow up questions in response to requests for additional information may be directed to the following email address: Questions.NCMC1915i@carelon.com. **Please note that Carelon will only respond to the email address that originally submitted the 1915(i) assessment.**

NC Medicaid 1915(i) Eligibility Status Check 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.**

NC Medicaid 1915(i) Assessment

- DHB will offer training on the updated NC Medicaid1915(i) Assessment Tool
  - August 10, 2026 at 1pm
  - August 12, 2026 at 11

1915(i) Office Hours and Questions

DHB and the Health Plans will host **30-minute office hour** sessions to help answer your questions about the 1915(i) birth-month alignment/1915(i) Assessment Tool.

August Office Hours

- August 10, 2026 10:00 - 10:30
- August 24, 2026 10:00 - 10:30

September Office Hours

- September 21, 2026 10:00 - 10:30

October Office Hours

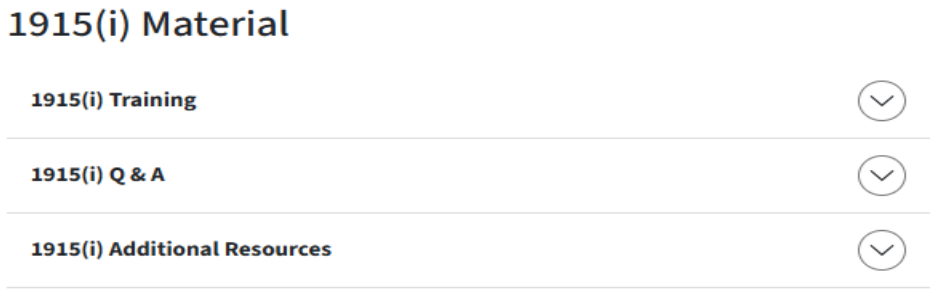
- October 5, 2026 10:00 - 10:30
- October 19, 2026 10:00 - 10:30

DHB has also established a dedicated email address for the submission of your 1915(i) questions.

DHHS-Medicaid.1915iSupport@dhhs.nc.gov.

NC Medicaid 1915(i) Resources

1915(i) Resource	Link
1915(i) Training Recording, Presentation Decks and Tools	Information for Tailored Care Management Providers | NC Medicaid
1915(i) Service Definitions	Program Specific Clinical Coverage Policies | NC Medicaid
1915(i) Health Plan specific processes for Health Plans Visit the webpages listed below for information on 1915(i) services and processes for the following Health Plans. Alliance Health Questions and Answers Healthy Blue Together Questions and Answers Partners Health Questions and Answers Trillium Health Questions and Answers Vaya Health Questions and Answers	
DHB 1915(i) Support Email	DHHS-Medicaid.1915iSupport@dhhs.nc.gov



Questions ?

DHHS-Medicaid.1915iSupport@dhhs.nc.gov.

