





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

August 14, 2026

Collaboration

This training was developed collaboratively by the Tailored Plans and NC Medicaid to ensure consistent, standardized 1915(i) instruction across the state. This session will be recorded and posted on the Tailored Care Management (TCM) webpage.

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Intended Audience:

- 1915(i) Service Provider Staff

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Agenda

- Background on aligning plan with Birth Month
- 1915(i) Assessment
- Alignment Scenarios
- Reminders

Abbreviations & 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
- 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
- Utilization Management - UM

1915(i) Birth Month Alignment

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.

1915(i) Process

1- Member Need Identified	2- Independent Assessment	3- Independent Evaluation	4- Documentation & Care Plan/ISP	5- Authorization Submission	6- Service Delivery & Care Coordination
• A Possible need is identified by a member, PCP, BH, I/DD or another provider or community support	• Complete 1915(i) Assessment either in person or virtually with member. • 1915(i) assessment must be signed and dated with pen or electronically. • Once completed, the assessment needs to be submitted to Carelon.	• Carelon completes a review of the submitted 1915(i) assessment and makes a recommendation to the State to approve or deny. • Carelon has up to 14 days to send notification of decision to the submitter.	• TCM assists in identifying 1915(i) providers. • TCM is responsible for developing a Care Plan/ISP and obtaining a required documentation and signatures through coordination with provider and member.	• TCM is responsible for submitting supporting documents to request authorization for 1915(i) services to UM (if required).	• TCM monitors plan to ensure 1915(i) services begin within 45 days of authorization approval. • TCM provides ongoing support and monitoring of plan.

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 member's assigned Health Plan.
  - Copies of all documents must be provided to team members including PCP within 14 days of plan approval.

Transition Assumptions

- The annual reassessment for 1915(i) services must be completed two months or 60 days before 1915(i) eligibility expires to ensure no lapse 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.

Benefits of a Birth Month Alignment

Care Managers, Carelon, Tailored 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.

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.

Moving to Birth Month Alignment

Current State

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

Birth Month Transitions

- Initial process to align current eligibility and Care Plan/ISP with the birth month
- This will also address initial requests for 1915(i) services and the process.

Full Annual Birth Month Alignment

- Within one year all Care Plan/ISPs and 1915(i) eligibility will end the last day of the 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

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	

Summer 2026

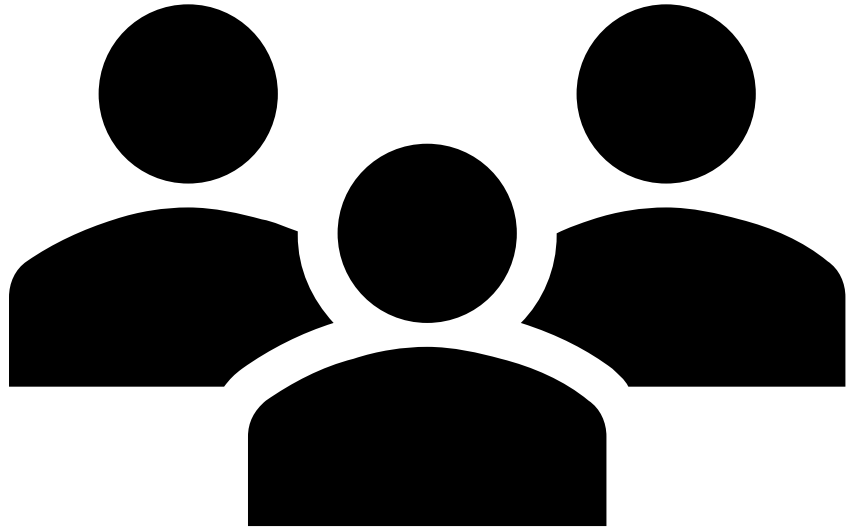
Example: Eligibility expires after birth month but Care Plan/ISP expires prior to birth month

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

Service Provider Responsibilities

- Begin services within 45 days of authorization.
- Communicate with Care Managers.
- Assist with scheduling the monitoring of services.
- Provide progress updates to Care Managers.
- Attend Care Plan/ISP meetings.
- Write the short-term goals.



Launch and Timeline

Key Takeaways

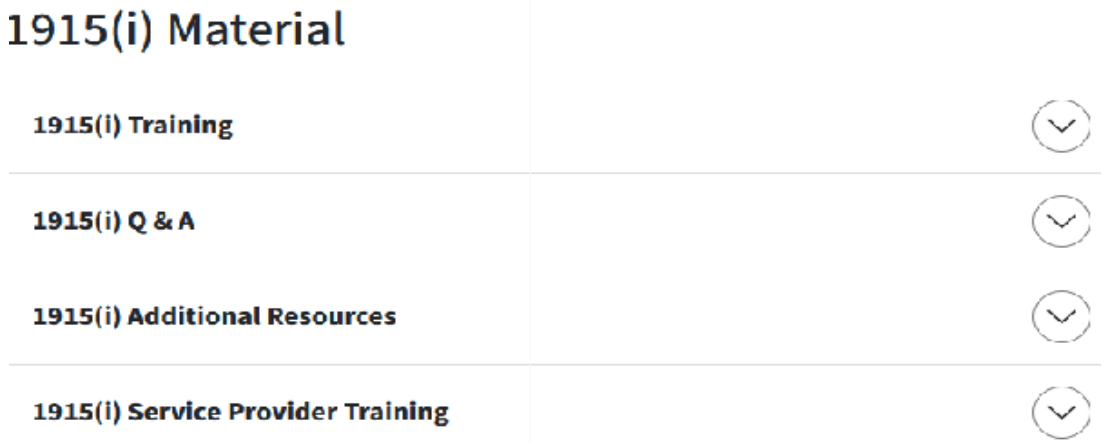
- **Medicaid 1915(i) Assessment:** The effective date for using the new assessment tool is **August 1, 2027**.
- **Birth Month Alignment Planning:** Planning begins with members who have an **October birth month**.

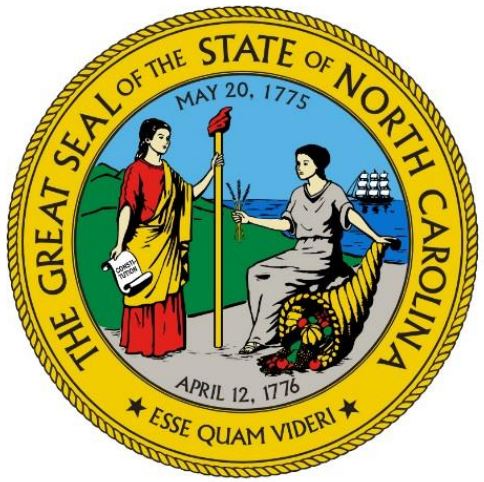
What This Means for Planning

- Care Managers will begin planning activities in **August** for members with an **October** birth month. Including completion of **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.

NC Medicaid 1915(i) Resources

1915(i) Resource	Link
1915(i) Training Recording and Presentation Decks 	Information for Tailored Care Management Providers | NC Medicaid
1915(i) Service Definitions	Program Specific Clinical Coverage Policies | NC Medicaid
DHB 1915(i) Support Email	DHHS-Medicaid.1915iSupport@dhhs.nc.gov


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Questions?