

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

June 11, 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.



Intended Audience:

- 1915(i) Service Provider Staff

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.

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.

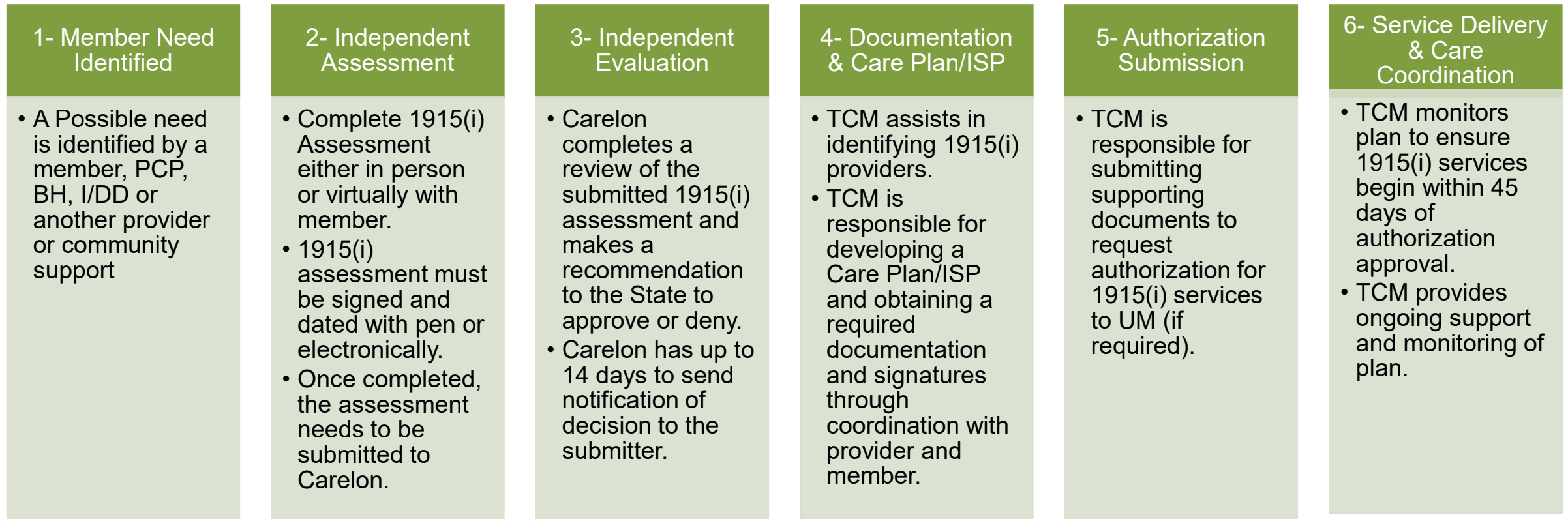
This will ensure predictability for eligibility timelines and annual reassessments.

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.

1915(i) Process



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

- For the annual reassessment for 1915(i) services, it is best practice to complete two months or 60 days before 1915(i) eligibility expires and no later than 45 days prior to expiration to ensure no gaps in services.
- 1915(i) eligibility is effective for up to 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).
- Care managers/care coordinators should follow the utilization management 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.

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 end the initial 1915(i) eligibility on the last day of the birth month.

This initial 1915(i) eligibility will likely be granted for less than one year, to start the birth month alignment immediately.

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.

New 1915(i) Assessment Tool

Type of Assessment:

- Initial
- Transitional (gap)
- Reassessment
- Annual Reassessment

Assessor Information			
Care Manager (CM) or Care Coordinator (CC) Name:			
CM / CC Agency Name:			
Type of Assessment Being Submitted / Eligibility Dates Being Requested			
Type of Assessment	Definition of Type	Requested Start Date	Requested End 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	N/A
Transitional ("gap") Assessment	Completed 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 and the requested end date will be the last day of the beneficiary's birth month.		
Annual Reassessment	Complete this row for beneficiary on the annual birth month assessment schedule. The requested Start Date will be the 1 st day of the month following the beneficiary's birth month. The requested End Date will be the last day of the beneficiary's birth month the following year. Maximum 1 year		
Reassessment	Complete this row for a beneficiary who has a change in level of functioning.		

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.

Member's 1915(i) Eligibility Expires before member's next birth month

Gap Care Plan/ISP

		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP			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 End Date
Birth Month	Member DOB	Date 1915(i) Eligibility Expires	Initial 1915(i) Care Plan/ISP Effective Date	Initial 1915(i) Care Plan/ISP End Date	Effective Date of Next Plan	Target Submission 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	End Date for 1915(i) Gap Eligibility
April	4/3/99	2/13/27	3/1/26	2/28/27	3/1/27	12/30/26	1/13/27	12/30/26	45	2/14/27	4/30/27	4/30/27
January	1/10/57	10/4/26	12/4/25	12/3/26	12/4/26	8/20/26	9/3/26	8/20/26	45	10/5/26	1/31/27	1/31/27

Aligning with full birth month schedule

First Birth Month Cycle Care Plan/ISP													
		1915(i) Eligibility	Care Plan/ISP			1915(i) Assessment	Carelon Reassessment Decision	Pre-Planning Work Starts	Care Plan/ISP Creation	Care Plan/ISP Effective Date	1915(i) Eligibility Effective Date	Care Plan/ISP Plan End Date	1915(i) Eligibility End Date
Birth Month	DOB	Date 1915(i) Eligibility Expires	Annual Care Plan/ISP Effective Date	Annual Care Plan/ISP End Date	Target Completion Date for Birth Month Alignment 1915(i) Reassessment	Target Submission 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 for 1915(i) Eligibility
April	4/3/99	4/30/27	5/1/27	4/30/28	3/1/27	3/16/27	3/30/27	3/16/27	45	5/1/27	5/1/27	4/30/28	4/30/28
January	1/10/57	1/31/27	2/1/27	1/31/28	12/2/26	12/17/26	12/31/26	12/17/26	45	2/1/27	2/1/27	1/31/28	1/31/28

Member's 1915(i) Eligibility Expires after member's next birth month.

Gap Care Plan/ISP

Gap Care Plan/ISP													
		1915(i) Eligibility	Initial 1915(i) Care Plan/ISP			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	Member DOB	Date 1915(i) Eligibility Expires	Initial 1915(i) Care Plan/ISP Effective Date	Initial 1915(i) Care Plan/ISP End Date	Effective Date of Next Plan	Target Submission 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 for 1915(i) Eligibility
April	4/3/99	7/13/26	7/30/25	7/13/26	7/14/26	5/29/26	6/12/26	5/29/26	45	7/14/26	7/14/26	4/30/27	4/30/27
September	9/15/06	11/30/26	12/2/25	11/30/26	12/1/26	10/16/26	10/30/26	10/16/26	45	12/1/26	12/1/26	9/30/27	9/30/27
November	11/7/78	2/8/27	5/16/25	5/15/26	5/16/26	12/25/26	1/8/27	12/25/26	45	5/16/26	5/16/26	11/30/26	11/30/26

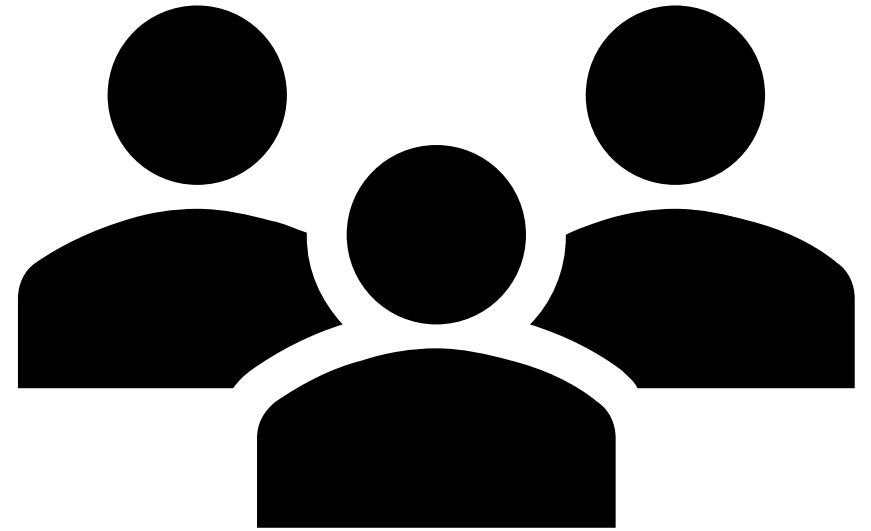
Aligning with full birth month schedule

First Birth Month Cycle Care Plan/ISP

First Birth Month Cycle Care Plan/ISP											
		1915(i) Eligibility	Plan Care Plan/ISP		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
Birth Month	Member DOB	Date 1915(i) Gap Eligibility Expires	Gap Care Plan/ISP Effective Date	Gap Care Plan/ISP End Date	Target Submission Date for Birth Month 1915(i) Reassessment	14 Day Decision Window for Carelon	CMCA, Gathering Documents (ROI), Setting Planning Meeting Date	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
April	4/3/99	4/30/27	7/14/26	4/30/27	3/16/27	3/30/27	3/16/27	5/1/27	5/1/27	4/30/28	4/30/28
September	9/15/06	9/30/27	12/1/26	9/30/27	8/16/27	8/30/27	8/16/27	10/1/27	10/1/27	9/30/28	9/30/28
November	11/7/78	11/30/26	5/16/26	11/30/26	10/16/26	10/30/26	10/16/26	12/1/26	12/1/26	12/1/27	12/1/27

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 **July 1, 2027**.
- **Birth Month Alignment Planning:** Planning begins with members who have a **September** birth month.

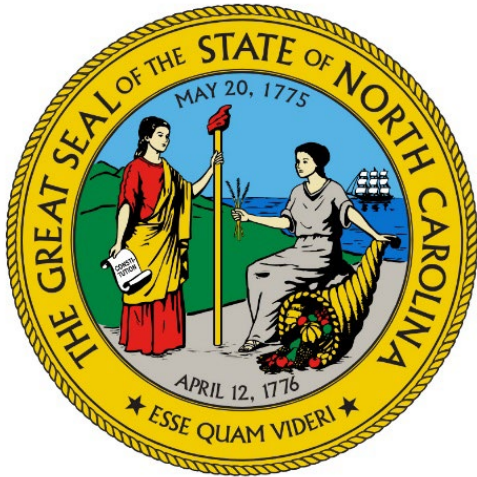
What This Means for Planning

- Care Managers will begin planning activities in **July** for members with a **September** 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
<p>1915(i) Training Recording and Presentation Decks</p> <p style="text-align: center;">1915(i) Material</p> <hr/> <p style="text-align: center;">1915(i) Training</p> <hr/> <p style="text-align: center;">1915(i) Q & A</p> <hr/> <p style="text-align: center;">1915(i) Additional Resources</p> <hr/> <p style="text-align: center;">1915(i) Service Provider Training</p>	<p>Information for Tailored Care Management Providers NC Medicaid</p> <div style="text-align: right;">     </div>
<p>1915(i) Service Definitions</p>	<p>Program Specific Clinical Coverage Policies NC Medicaid</p>
<p>DHB 1915(i) Support Email</p>	<p>DHHS-Medicaid.1915iSupport@dhhs.nc.gov</p>



Questions?