

1915(i) Tailored Care Manager Assessment Training

February 3, 2023

Updated May 2023

NOTE: Information on Tailored Plan launch date and requirements for the 1915(i) independent evaluation have been updated in this presentation to reflect the latest information

Agenda

- **Background on 1915(i) Services**
- **1915(i) Process Flow**
- **Deep Dive: 1915(i) Assessment Tool/Requirements**
 - **Accessing the 1915(i) Assessment Tool**
 - **1915(i) Assessor: Qualifications & Training**
 - **Determining Eligibility for 1915(i) Services**
 - **What Beneficiaries are Eligible for 1915(i) Services?**
 - **1915(i) Assessment Requirements**
- **Completing the Assessment**
- **Q&A**

Background on 1915(i) Services

Tailored Care Management Provider Role in 1915(b)(3) to 1915(i) Transition

- Tailored Care Management providers are critical in supporting members in the transition from 1915(b)(3) benefits to 1915(i) services.
- Tailored Plans and Tailored Care Management providers must ensure, that for members currently obtaining 1915(b)(3) benefits, the federally required independent assessment, independent evaluation, and Care Plan/ISP for 1915(i) services are conducted prior to October 1, 2023, so that these members retain access to services (*see slide 12*).
- To streamline processes for providers and beneficiaries, 1915(i) care management/care coordination requirements are embedded into the Tailored Care Management model to the maximum extent possible (*see slide 14*).

Review of Key Dates

- **Dec. 1, 2022:** Tailored Care Management begins
- **Early 2023:** Tailored Plans must begin conducting independent evaluations and independent assessments for members currently receiving 1915(b)(3) services
- **July 1, 2023:** Service delivery begins under 1915(i) federal authority for individuals that are determined eligible and authorized prior to 7/1.
- **October 1, 2023:** Tailored Plan launch

Today's session is a training for Tailored Care Management providers and will focus on conducting the 1915(i) independent assessment).

Transition of 1915(b)(3) Benefits to 1915(i) Services

- 1915(b)(3) benefits are a set of critical Home and Community-based Services (HCBS).
- LME/MCOs currently provide 1915(b)(3) services to Medicaid beneficiaries with significant behavioral health needs, I/DD, and TBI.
- On October 1, 2023, most individuals using 1915(b)(3) services will enroll in Tailored Plans; because of federal requirements, Tailored Plans cannot offer 1915(b)(3) services.
- **To ensure that individuals maintain access to these critical services, North Carolina is transitioning 1915(b)(3) benefits to 1915(i) authority by October 1, 2023.**
- The 1915(i) services will be available through:
 - ✓ **Tailored Plans**
 - ✓ **NC Medicaid Direct**, including individuals enrolled in the Tribal Option, and
 - ✓ **Children & Families Specialty Plan (CFSP)** (upon launch).

Note: While requirements in this presentation are framed in terms of Tailored Plans, they also apply to NC Medicaid Direct and the CFSP.

Services Transitioning to 1915(i)

As part of the transition to 1915(i), the Department is either retaining benefits in their current form or expanding the scope of existing benefits, such as making some benefits available to additional populations.

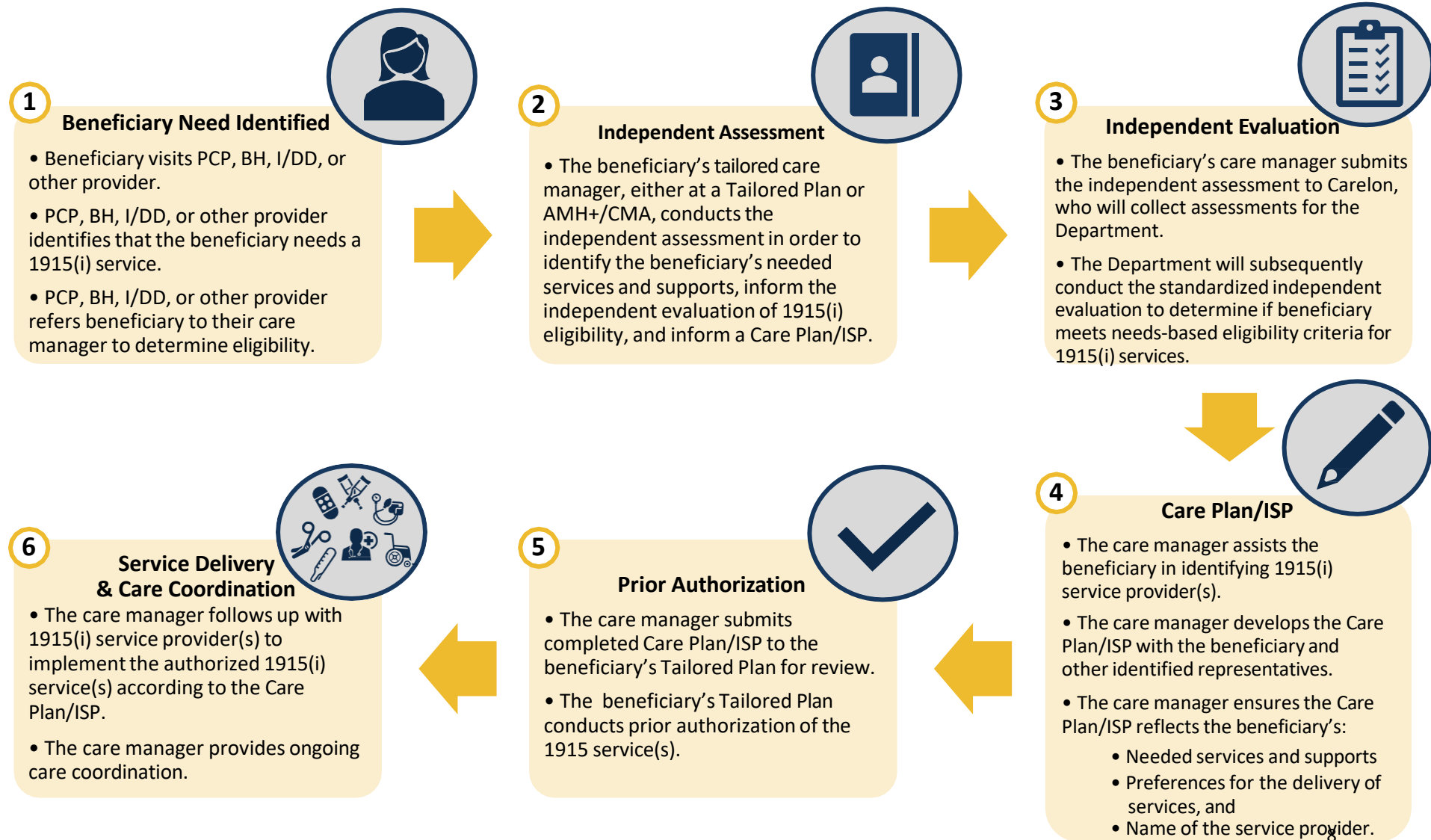
Current 1915(b)(3) Service		Future 1915(i) Services
In-Home Skill Building	➤	Community Living and Support
One-time Transitional Costs	➤	Community Transition
Individual Support	➤	Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i>
Transitional Living Skills	➤	
Intensive Recovery Supports*		
Respite	➤	Respite
Supported Employment	➤	Supported Employment

The Department will release clinical coverage policies for the new 1915(i) services.

*North Carolina is planning to update its State Plan Amendment (SPA) to incorporate intensive recovery supports.

1915(i) Process Flow

Process Flow: Accessing 1915(i) Services in Tailored Plans



Deep Dive: 1915(i) Assessment Tool/Requirements

1915(i) Assessor: Qualifications & Training

All AMH+/CMAs must have the capability to perform Tailored Care Management for individuals obtaining 1915(i) benefits. Accordingly, beneficiaries will be able to retain their care manager if they become eligible for a 1915(i) services. If an individual needs 1915(i) services, the individuals Tailored Care Manager is responsible for completing the 1915(i) assessment.



Care Manager Qualifications

Qualifications for care managers and 1915(i) assessors serving beneficiaries obtaining 1915(i) services are the same as qualifications to provide Tailored Care Management:

- Meet North Carolina’s definition of a Qualified Professional per 10A-NCAC 27G.0104



Care Manager Training

All care managers providing Tailored Care Management must be trained on the eligibility, assessment, and coordination of 1915(i) services including:

- ★ Process for conducting the independent assessment,
- Knowledge of available resources, service options, providers,
- Requirements for ongoing coordination and monitoring of 1915(i) services, and
- Best practices to improve health and quality of life outcomes

Accessing the 1915(i) Assessment Tool

The 1915(i) assessment is available on the NC Medicaid Tailored Care Management website, under “Other”.

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 1915(i) Assessment is available on the NC Medicaid [Tailored Care Management](#) website.

The screenshot shows the NC Medicaid Tailored Care Management website. At the top, there is a navigation bar with links for 'ABOUT US', 'NC.GOV', 'NCDHHS', 'SERVICES', and 'Select Language'. Below this is the NCDHHS logo and a search bar. The main content area is titled 'Tailored Care Management' and includes a description of the TCM model. A sidebar on the right contains a menu with 'Beneficiaries' and 'Meetings & Notices'. The main content area features a section titled 'Other' with a list of links:

- [AMH+/CMA Certification Site Review Protocol](#) (Jan. 31, 2023)
- [NC Medicaid 1915\(i\) Assessment](#) (Jan. 31, 2023)
- [Advanced Medical Home Plus \(AMH+\) and Care Management Agency \(CMA\) Tailored Care Management Capacity Building Funds Guidance](#) (Jan. 23, 2023)

The 1915(i) Assessment is available under the heading “Other”.

Determining Eligibility for 1915(i) Services

A beneficiary's tailored care manager or care coordinator (if opted out of care management) has responsibility to administer an independent assessment in line with federal requirements. The Department will determine eligibility for 1915(i) services.



Independent Assessment

- Responsible Entity:** Care managers/coordinators, whether they are based at an AMH+/CMA or Tailored Plan, must conduct the independent assessment.
- Purpose:** Determine eligibility for 1915(i) services following referral from a beneficiary's PCP, BH, or I/DD provider; Identify a beneficiary's needs and 1915(i) services they would benefit from; Inform a service plan for 1915(i) services that will be incorporated into the beneficiary's Care Plan/ISP.



Independent Evaluation

- Responsible Entity:** The Department will conduct the independent evaluation.
- Purpose:** Determine the beneficiary meets the needs-based eligibility criteria for 1915(i) service(s).

The Department and care managers/coordinators will use standardized tools to conduct the independent assessment and independent evaluation.

What Beneficiaries are Eligible for 1915(i) Services?

Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an I/DD, TBI, serious mental illness (SMI), serious emotional disturbance (SED), or severe substance use disorder (SUD) who meet need-based criteria set by the Department.*

	I/DD	SED	SMI	SUD	TBI
Community Living and Support	✓				✓
Community Transition	✓		✓	✓	✓
Individual and Transitional Support		✓ <i>ages 16-21</i>	✓ <i>ages 18+</i>	✓	
Respite	✓	✓ <i>ages 3-20</i>		✓ <i>ages 3-20</i>	✓
Supported Employment	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>



Needs-Based Criteria
<ul style="list-style-type: none"> • Have a functional deficit • Can benefit from skill acquisition (e.g., self-determination, independent living) or • Can benefit from assistance in monitoring a health condition/living skills
<ul style="list-style-type: none"> • Moving to own community living arrangement and need initial set-up expenses/items
<ul style="list-style-type: none"> • At least one deficit in an instrumental activity of daily living (e.g., meal preparation)
<ul style="list-style-type: none"> • Unable to care for themselves in the absence of their primary caregiver
<ul style="list-style-type: none"> • Express the desire to work • Has a pattern of under/unemployment or • Have educational goals that relate to employment goals

*Beneficiaries are not required to meet an institutional level of care to be eligible for 1915(i) benefits.

1915(i) Assessment Requirements

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).



1915(i) Assessment Transition Process

Due to the Tailored Plan launch, members who have open 1915(b)(3) service authorizations and are moving to the Tailored Plan need to have a 1915(i) assessments completed prior to Tailored Plan Launch.

- **Transition Assessments:**
 - 1915(i) transition assessments are the assessments for individuals who have an open 1915(b)(3) service authorization and are moving to the Tailored Plan.
 - The Department is working with the LME/MCOs to complete 1915(i) transition assessments. LME/MCOs may engaged TCM providers to support with the completion of these assessments.
- **Assessment Submission:**
 - If the LME/MCO reaches out to you to support 1915(i) transition assessments prior to Tailored Plan launch, please work with the LME/MCO to submit the completed assessment to the LME/MCO.
 - Beneficiary tailored care manager or care coordinator submits 1915(i) assessments to Carelon at NCMedicaid1915irequests@carelon.com.

The Department will provide more information on how assessments should be submitted after Tailored Plan Launch.

Completing the Assessment

1915(i) Assessment Components

- **Demographics of Member:** Member Name, Medicaid ID (MID), Date of Birth, Tailored Plan or LME/MCO
- **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.

Name	
MID	
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	
Tailored Plan/ LME- MCO	

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).

Beneficiary reports/assessor has identified a need for services based on beneficiary having at least one functional deficit below:

	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				

1915(i) Assessment Components

- Functional Assessment (continued):** Assessment of an individual’s functional deficit(s).
 - 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.

Beneficiary reports/assessor has identified a need for services based on beneficiary having at least one functional deficit below:

	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				

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).

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

Comment: _____

Is the individual interested in working? Yes No

Comment: _____

Is the primary caregiver in need of respite? Yes No

Comment: _____

Is the individual in need of rehabilitative/habilitative service for ADLs/IADLs/Social Skills/Employment Skills/etc.?
 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: _____

1915(i) Assessment Components

- **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.

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

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

Signature of Assessor _____

Date _____

Print Name of Assessor _____

Q&A