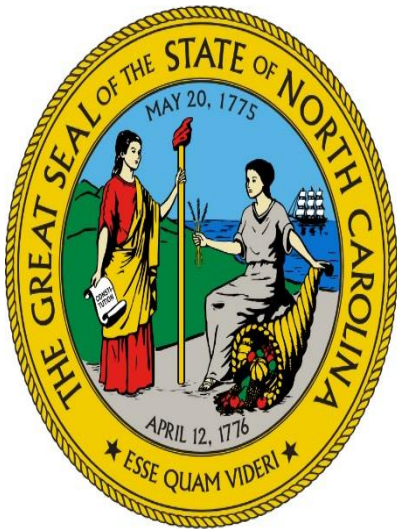




NC Department of Health and Human Services



Joint DMH/DD/SAS & DHB Consumer Webinar

Transitioning 1915(b)(3) Services to 1915(i)

December 19, 2022

Agenda

- **Transition of 1915(b)(3) Services to 1915(i) Services**
- **Individuals Currently Using 1915(b)(3) Services Will Transition to 1915(i) Services**
- **Services Transitioning to 1915(i)**
- **Eligibility for 1915(i) Services**
- **Deep Dive: Accessing 1915(i) Services**
 - **Process Flow**
 - **1915(i) Services and Tailored Care Management**
 - **Network Adequacy**
- **Q&A**

Home and Community-Based Services (HCBS)

- Home and community-based services (HCBS) provide opportunities for Medicaid enrollees to obtain services in their own home or community rather than institutions or other isolated settings.
- These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.
- States can offer HCBS through different Medicaid options. Currently, LME/MCOs provide “1915(b)(3)” services, a set of HCBS, to Medicaid enrollees with significant behavioral health needs, I/DD, and TBI.



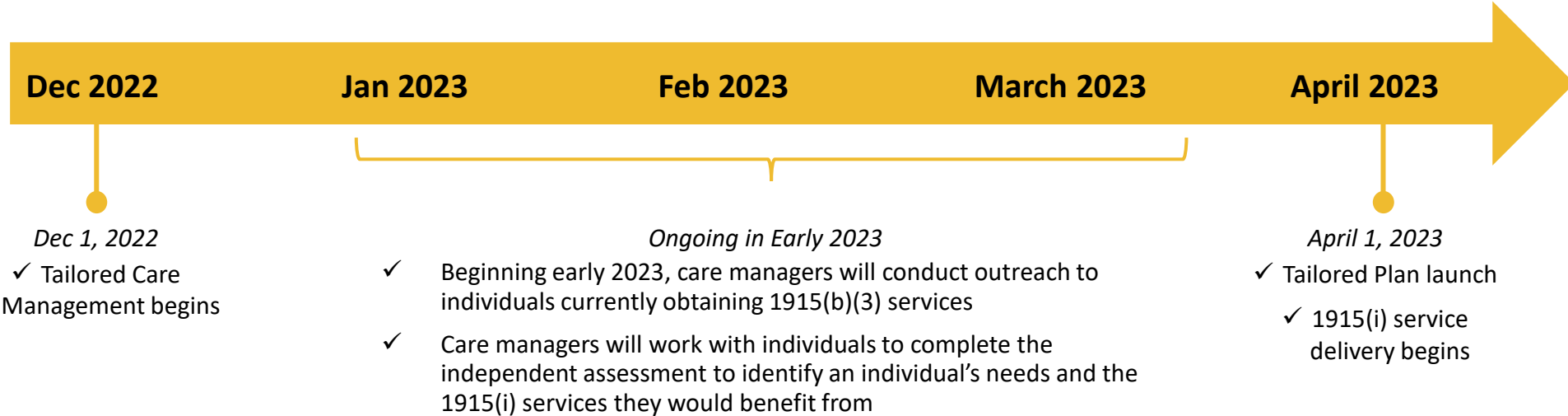
Transition of 1915(b)(3) Services to 1915(i) Services

- On April 1, 2023, most individuals using 1915(b)(3) services will enroll in Tailored Plans. Due to federal rules, Tailored Plans cannot continue offering 1915(b)(3) services.
- **To ensure that individuals maintain access to these critical services, 1915(b)(3) services will transition to a different option for offering HCBS called 1915(i) services. 1915(i) services will be offered by all Tailored Plans.***
- As part of the transition, the state is generally keeping services in their current form, with some changes to service names, and is expanding services to new populations.
- 1915(b)(3) services will transition to become 1915(i) services by **April 1, 2023**.

* 1915(i) services will also be available through NC Medicaid Direct (including individuals enrolled in the Tribal Option) and the Children & Families Specialty Plan (upon launch).

Individuals Currently Using 1915(b)(3) Services Will Transition to 1915(i) Services

The Department is committed to ensuring that individuals currently obtaining 1915(b)(3) services do not experience disruption in their covered services in the transition to 1915(i) services. Before April 1, 2023, individuals currently obtaining 1915(b)(3) services will receive an independent assessment to identify needed 1915(i) services.



Services Transitioning to 1915(i)

As part of the transition to 1915(i), the Department is either keeping services in their current form or expanding the scope of existing services, such as making some services 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

Services Transitioning to Other Medicaid Programs

The Community Navigator/Community Guide and Deinstitutionalization services that are offered currently as 1915(b)(3) services will be offered under different Medicaid programs. These services will not transition to become 1915(i) services.

Current 1915(b)(3) Service	Future Coverage
<p style="text-align: center;">Community Navigator/ Community Guide</p>	<ul style="list-style-type: none"> • Tailored Care Management, the main care management program for people in Tailored Plans, will encompass the Community Navigator/Community Guide service covered by 1915(b)(3). • Individuals enrolled in Tailored Care Management will have access to the range of supports offered today by community navigators.*
<p style="text-align: center;">Deinstitutionalization (DI) Services**</p>	<ul style="list-style-type: none"> • Current 1915(b)(3) DI services will only be available through the 1915(c) Innovations waiver as of Tailored Plan launch.

*Community Navigator will continue to be offered as a standalone service for individuals enrolled in the Innovations waiver who are self-directing their services; however, its scope will change to only focus on self-direction functions.

**The Department will be transitioning individuals currently receiving (b)(3)DI services to the Innovations waiver effective 4/1/2023.

Eligibility

Beneficiary Eligibility for 1915(i) Services

Eligibility for 1915(i) services varies on a service-by-service basis. Eligible populations include individuals with an I/DD, TBI, serious mental illness (SMI), serious emotional disturbance (SED), or severe substance use disorder (SUD) who meet needs-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>



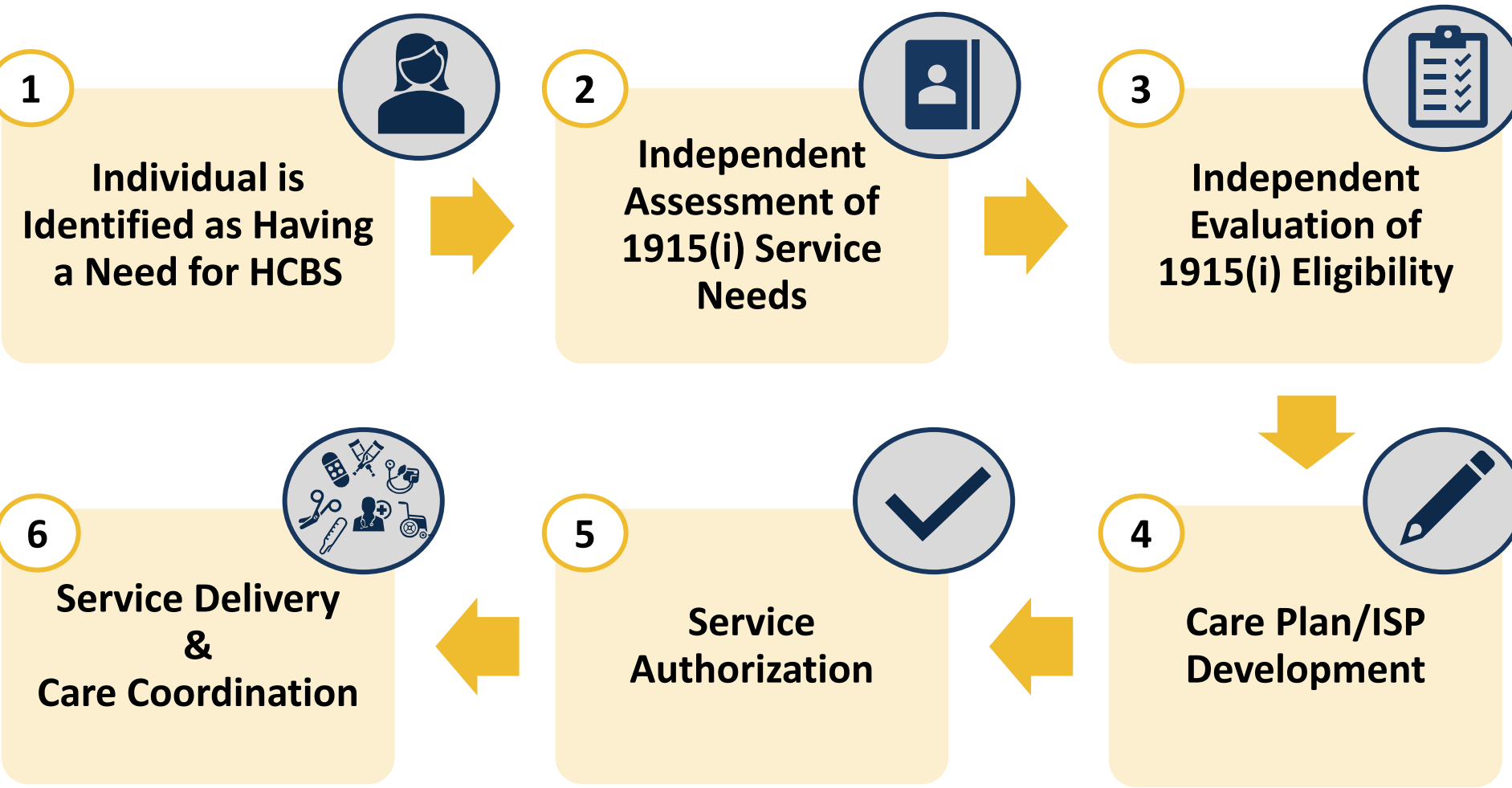
Needs-Based Criteria
<ul style="list-style-type: none"> At least one deficit in an activity of daily living or instrumental activity of daily living (e.g., meal preparation)
<ul style="list-style-type: none"> Moving to own community living arrangement and need initial set-up expenses/items
<ul style="list-style-type: none"> At least one deficit in an instrumental activity of daily living (e.g., meal preparation)
<ul style="list-style-type: none"> Requires assistance with an area of major life activity (e.g., self-care; mobility; capacity for independent living) or Unable to care for themselves in the absence of their primary caregiver due to needs that exceed typical supervision.
<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

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

Deep Dive: Accessing 1915(i) Services

Process Flow for Accessing 1915(i) Services

Accessing 1915(i) Services in Tailored Plans



1

Individual is Identified as Having a Need for HCBS



- ***For individuals currently obtaining 1915(b)(3) services:*** Care managers will conduct outreach to begin the process to transition to 1915(i) services
- ***For individuals that will be newly eligible for 1915(i) services:*** An individual visits a provider such as a PCP, BH, or I/DD provider.
 - Provider identifies that the individual needs a 1915(i) service.
 - Provider refers individual to their care manager to determine eligibility.

2

Independent Assessment of 1915(i) Service Needs

- The individual's assigned care manager, (e.g., at a Tailored Plan or AMH+/CMA) conducts the independent assessment.
- The independent assessment will:
 - Identify an individual's needs,
 - Identify 1915(i) services an individual would benefit from, and
 - Inform a service plan for 1915(i) services that will be incorporated into the individual's Care Plan/ISP.



3

Independent Evaluation of 1915(i) Eligibility

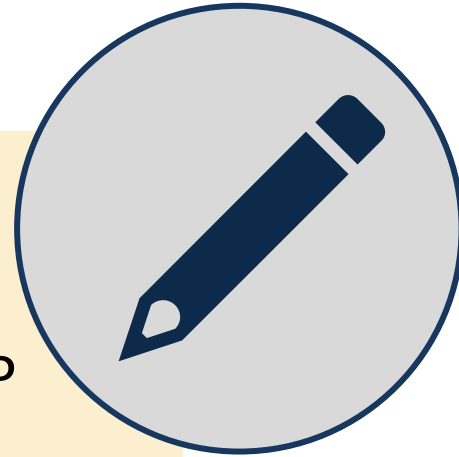


- The Tailored Plan will evaluate and confirm that the individual meets the eligibility criteria for 1915(i) services.

4

Care Plan/ISP

- The care manager assists the individual in identifying 1915(i) service provider(s).
- The care manager develops the Care Plan/ISP with the individual and other identified representatives.
- The care manager ensures the Care Plan/ISP reflects the individual's:
 - Needed services and supports
 - Preferences for the delivery of services, and
 - Name of the service provider.



5

Service Authorization



- The care manager submits completed Care Plan/ISP to the individual's Tailored Plan for review.
- The individual's Tailored Plan approves/denies the Care Plan/ISP to authorize services.
- Tailored Plans will review and approve or deny the Care Plan/ISP within 60 days of 1915(i) eligibility determination

6

Service Delivery & Care Coordination

- The care manager follows up with 1915(i) service provider(s) to implement the authorized 1915(i) service(s) according to the Care Plan/ISP.
- 1915(i) services will begin within 45 days after the approval of the individual's Care Plan/ISP.
- The care manager provides ongoing care coordination.



1915(i) Services and Tailored Care Management

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Individuals obtaining 1915(i) services are eligible for Tailored Care Management. Individuals engaged in Tailored Care Management can obtain 1915(i) care coordination through their assigned care manager.

1915(i) & Tailored Care Management

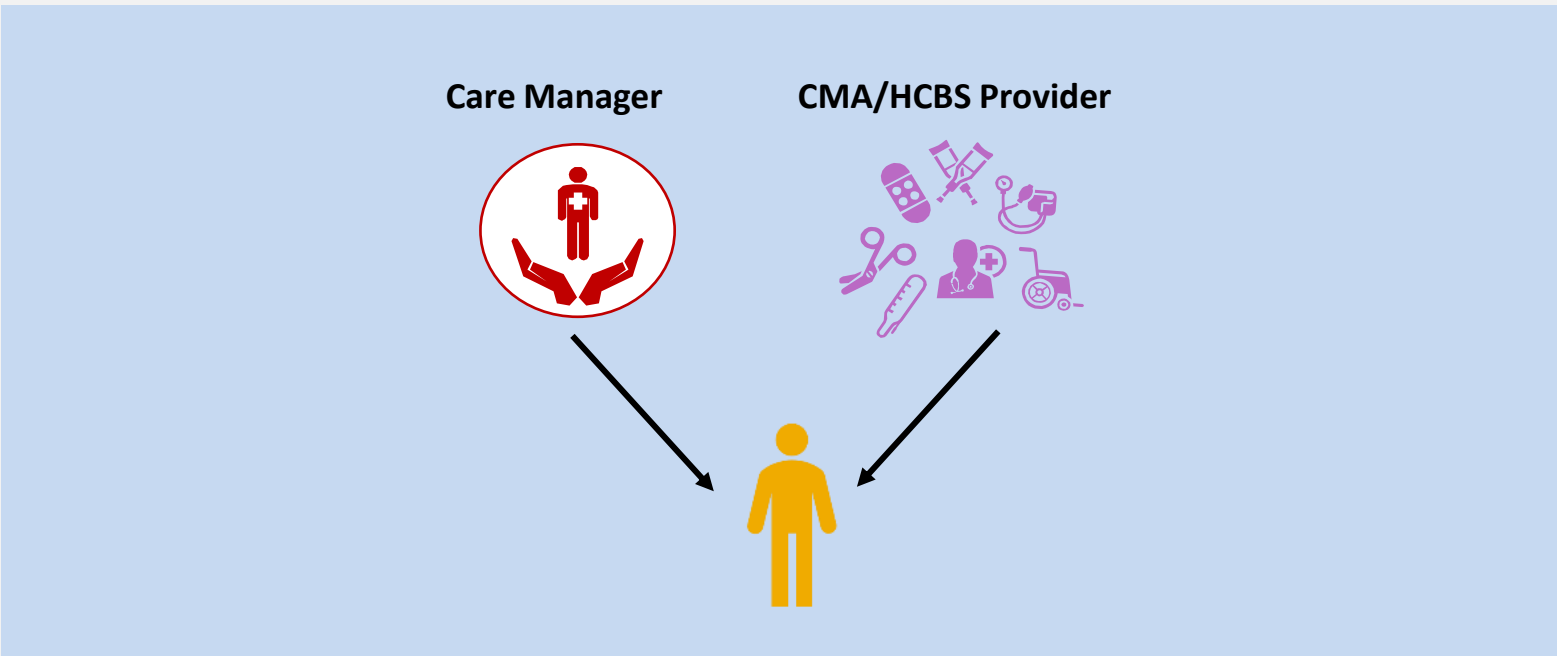
- **AMH+/CMAs.** All AMH+/CMAs will be able to delivery Tailored Care Management to individuals obtaining 1915(i) services.
- **Assigned Care Manager.** The individual's assigned care manager for Tailored Care Management will also be able to provide care coordination for 1915(i) services. Individuals who become eligible for 1915(i) services will be able to keep their assigned care manager.
- **Care Manager Training.** All care managers providing Tailored Care Management will receive training on the eligibility, assessment, and coordination of 1915(i) services.
- **Ongoing Care Management.** Care managers will provide 1915(i) care coordination as part of Tailored Care Management (e.g., update the individual's existing Care Plan/ISP for 1915(i) services).



Conflict-Free Care Management

1915(i) services are required to be “conflict-free” so that individuals have independent guidance in deciding where to obtain their services. For 1915(i) services, this means that an individual may not receive both Tailored Care Management and 1915(i) services from the same behavioral health or I/DD provider acting as a CMA.

Conflict-Free Care Management Rules



Network Adequacy

Network Adequacy

Tailored Plans will ensure there are enough 1915(i) service providers to meet the following network adequacy requirements:

	≥ 2 service providers within each Tailored Plan Region	≥ 2 service providers within 45 minutes of the individual's residence	Not subject to standard
Community Living and Support	✓		
Individual and Transitional Support	✓		
Supported Employment	✓		
Respite	✓ <i>Out-of-home respite</i>	✓ <i>In-home respite</i>	
Community Transition			✓

Questions and Answers



Comments, questions and feedback are welcome at:

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Medicaid.Transformation@dhhs.nc.gov