

1915(i) Frequently Asked Questions-

	1915(i) Question	Reference	Response	Source
1.	Who is eligible for 1915(i) services	Eligibility Questions	1915(i) services are for certain people with NC Medicaid. They are for children and adults with serious mental health conditions, severe substance use disorders, intellectual or developmental disabilities or traumatic brain injuries.	NCDHHS
2.	What age groups do 1915(i) services serve?	Eligibility Questions	1915(i) services are offered to people ages 3 and older.	NCDHHS
3.	Does a member have to have NC Medicaid to get 1915(i) services?	Eligibility Questions	Yes, a member must have full NC Medicaid to get 1915(i) services.	NCDHHS
4.	Can a member be eligible if they are on the waitlist for the NC Innovations Waiver?	Eligibility Questions	Members on the NC Innovations Waiver waitlist can be eligible for 1915(i) services. Having 1915(i) services will not affect their place on the waitlist.	NCDHHS
5.	If a member is receiving NC Innovations waiver or Traumatic Brain Injury waiver. Can they get 1915(i) services while getting waiver services?	Eligibility Questions	Members of the NC Innovations Waiver or TBI Waiver are NOT eligible for 1915(i) services. This is because these waivers already provide similar services to 1915(i). However, people on the waitlist for these waivers may be eligible for 1915(i).	NCDHHS

	1915(i) Question	Reference	Response	Source
6.	Which NC Medicaid plans are not eligible for 1915(i) services?	Eligibility Questions	AmeriHealth Caritas, Carolina Complete Health, HealthyBlue, UnitedHealthcare Community Plan WellCare. If a member has a serious mental health condition, severe substance use disorder, intellectual or developmental disabilities or traumatic brain injury, they may ask to move to a Tailored Plan so they can get 1915(i) services.	NCDHHS
7.	Why is the Medicaid eligibility window not consistent with member's birth month plan year?	Eligibility Questions	DSS determines Medicaid eligibility based on the date the application is received.	FAQ from the 3/20/25 Provider webinar
8.	Where can care managers obtain updates on members' 1915(i) assessment status and eligibility approval?	Eligibility Questions	TCM will receive feedback directly from Carelon after submitting the completed assessment directly to Carelon	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
9.	How do members get 1915(i) services?	How to Access 1915(i) Service Questions	First, they need to have NC Medicaid. Then, they need to call their Care Manager or Care Coordinator to schedule an assessment.	NCDHHS

	1915(i) Question	Reference	Response	Source
10.	Does a member have to do an assessment?	How to Access 1915(i) Service Questions	Yes, the 1915(i) assessment is required to see which services they need. The assessment can be done in person, or through a telemedicine appointment. It can take up to an hour. The Care Manager or Care Coordinator can do the assessment in the member's home or at a convenient place.	NCDHHS
11.	How long does it take to get services?	How to Access 1915(i) Service Questions	A member should get services within 90 days of approval. There may be other factors, like staff availability, that determine when services can start. The Care Manager or Care Coordinator who helped the member with their assessment can give them updates.	NCDHHS
12.	Do I need a Tailored Care Manager to get 1915(i) services?	How to Access 1915(i) Service Questions	No, you do not need a Tailored Care Manager to get 1915(i) services. If you do not have a Tailored Care Manager, you will be assigned someone (like a Care Coordinator) to help you with the 1915(i) assessment process.	NCDHHS
13.	Are 1915(i) services free?	How to Access 1915(i) Service Questions	Yes, 1915(i) services are free because they are a Medicaid benefit. There are no copays.	NCDHHS

	1915(i) Question	Reference	Response	Source
14.	What are the 1915(i) services for mental health?	How to Access 1915(i) Service Questions	These are the 1915(i) services for mental health: 1. Individual and Transitional Support (skills for living in the community), 2. Individual Placement and Support (job coaching), 3. Respite (breaks for you and your caregivers), and 4. Community Transition (supports for moving to your own home).	NCDHHS
15.	What are the 1915(i) services for substance use?	How to Access 1915(i) Service Questions	These are the 1915(i) services for substance use: 1. Individual and Transitional Support (skills for living in the community), 2. Individual Placement and Support (job coaching), 3. Respite (breaks for you and your caregivers), and 4. Community Transition (supports for moving to your own home).	NCDHHS
16.	What are the 1915(i) services for intellectual or developmental disabilities?	How to Access 1915(i) Service Questions	These are the 1915(i) services for intellectual or developmental disabilities: 1. Community Living and Supports (skills and supports for living in your home or community), 2. Supported Employment (job coaching), 3. Respite (breaks for you and your caregivers), and 4. Community Transition (supports for moving to your own home).	NCDHHS

	1915(i) Question	Reference	Response	Source
17.	What are the 1915(i) services for traumatic brain injury?	How to Access 1915(i) Service Questions	These are the 1915(i) services for traumatic brain injury: 1. Community Living and Supports (skills and supports for living in your home or community), 2. Supported Employment (job coaching), 3. Respite (breaks for you and your caregivers), and 4. Community Transition (supports for moving to your own home).	NCDHHS
18.	For the Community Transition service, what are some examples of approved settings?	How to Access 1915(i) Service Questions	Community Transition gives a member funds (up to \$5,000 in credit) to help them move from an approved setting to their own private home. Approved settings include a state-operated health care facility, a foster or group home, a psychiatric residential treatment facility, a community intermediate care facility (ICF-IID) and more.	NCDHHS
19.	Does a member need to go through Employment and Independence for People with Disabilities (EIPD) first before I can get job coaching through 1915(i)?	How to Access 1915(i) Service Questions	Yes, the member must have gone through services provided by Employment and Independence for People with Disabilities (EIPD), formerly known as Division of Vocational Rehabilitation Services before they can get job coaching services through 1915(i). This is a requirement for the Supported Employment service and Individual Placement and Support	NCDHHS

	1915(i) Question	Reference	Response	Source
			service. If the member has not completed EIPD yet, they can still schedule a 1915(i) assessment and get other services. If they need job coaching services, they will get a referral for EIPD first.	
20.	Does 1915(i) offer transportation services?	How to Access 1915(i) Service Questions	No, 1915(i) does not offer transportation services. However, you can get free rides to and from medical appointments through Non-Emergency Medical Transportation (NEMT).	NCDHHS
21.	Are there service hour limits for 1915(i) services?	How to Access 1915(i) Service Questions	Yes. Service hour limits depend on other factors, such as age and whether services are combined. Someone will be assigned to a member (like a Care Manager or Care Coordinator) to help track their service hours.	NCDHHS
22.	How do members find service providers for the 1915(i) services?	How to Access 1915(i) Service Questions	When they apply for 1915(i) services, someone will be assigned to them to help you find service providers. Or they can call the Member and Recipient Service Line on your health plan ID card for help with finding service providers. Service providers must meet requirements and work with a 1915(i) provider agency.	NCDHHS



	1915(i) Question	Reference	Response	Source
23.	Can guardians or relatives be service providers for 1915(i)?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	In certain situations, friends and family members can be paid by NC Medicaid to provide the services.	NCDHHS
24.	For members, currently on the Innovations Waitlist, can they keep their spot on the waitlist if they begin 1915(i) services?	How to Access 1915(i) Service Questions	Yes, members currently on the Innovations waitlist will keep their spot on the Innovations waitlist and continue to use of 1915(i) services. Members who are enrolled in the Innovations or TBI waiver will no longer be eligible for 1915(i) services, as they will have access to similar services through the Innovations or TBI waiver.	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)
25.	Do 1915i CLS RAPs require monthly supervisions like innovations RAP?	1915(i) Processes for Service Providers and Care Managers/Care Coordinators	Services delivered by relatives/legal guardians/other individuals who reside with the beneficiary are monitored monthly.	1915(i) Webinar for Service

	1915(i) Question	Reference	Response	Source
26.	How do you provide 1915i respite services for individuals who have an immediate need but you have to wait for approval	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Once eligibility has been determine, the 1915(i) service provider should coordinate with the care manager to complete an interim plan of care.	1915(i) Webinar for Service
27.	Services must begin within 45 days of approval. In rural areas and with members needing specialized staff, based on behaviors, etc, this may not always happen. What is required of the provider, based on this 45 days?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	The TCM manual requires that 1915(i) services start within 45 days of ISP/Care Plan approval. 1915(i) service providers should be working with the TCM to get the members into service within that timeframe.	1915(i) Webinar for Service
28.	Is there anyway to speed up the process and or time frames for members who are enrolling in IPS SE services as it is a rapid engagement and job placement model?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Per the Tailored Care Management Manual (Section 4.10 1915(i) Care Coordination) an "interim care plan or interim ISP can be completed reflecting care for immediately needed 1915(i) services. "Immediately needed 1915(i) services may include, but are not limited to, 1915(i) services that a member needs in order to: facilitate timely discharge from an inpatient setting or to prevent inappropriate placement in	1915(i) Webinar for Service

	1915(i) Question	Reference	Response	Source
			an inpatient or other restrictive setting; prevent imminent placement outside the person's current living arrangement; address severe co-occurring behavioral health and/or psychiatric conditions that place the person or others at significant risk of harm; or prevent imminent loss of competitive integrated employment or an offer of such employment". The manual also includes the information that should be included in an interim care plan or interim ISP.	
29.	How should the care planning look when a member has iOption services along with other enhanced services. Example would be someone with CST and IPS. Currently, the TCMs are only working with the IPS team. The member also has w plans: an enhanced services PCP in addition to the ISP. The member has 2 plans-a PCP and and ISP	1915(i) Processes for Service Providers and Care Managers/Care Coordinators	Care managers, 1915(i) service providers, and enhanced service providers should be working together with the beneficiary as a care team. Some members may need both a Care Plan and a PCP based on their service needs. Beneficiaries with a behavior health (BH) or substance use (SUD) diagnosis could have a care plan and and a PCP. The care plan for their 1915(i) services and a PCP for any enhanced BH or SUD services they may be receiving. Beneficiaries with an IDD diagnosis will only have a ISP.	1915(i) Webinar for Service

	1915(i) Question	Reference	Response	Source
30.	If someone has an autism diagnosis, but their IQ is over 75, would they qualify for 1915i services?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Approval is based upon the member meeting the needs-based criteria for 1915(i) services and requiring a need, treatment, or services related to an intellectual/developmental disability (I/DD), severe mental illness (SMI), severe substance use disorder (SUD), traumatic brain injury (TBI), or serious emotional disturbance (SED).	1915(i) Webinar for Service
31.	Where can 1915(i) service providers and care managers find resources related to 1915(i) processes for your plan?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	TCM providers receive monthly education about Trillium's process and steps needed to transition members from 1915(b)(3) to 1915(i). Trillium provides this information at their TCM Provider Forums and at their 1:1 meeting with TCM consultants. Trillium publishes Network and Clinical Communication Bulletins (NCB and CCB) with updated information around 1915(i). See NCB 332 333, 235 and CCB 16, 32, 40, 42, and 49. NC Medicaid's fact sheet on the Transition of 1915(b)(3) Benefits to 1915(i) is the source of truth for trainings, codes and processes. Trillium has posted the fact sheet in CCB 42 and 43 with all the resources at Provider Communications . Trillium also has a TCM guide.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services

	1915(i) Question	Reference	Response	Source
32.	How can 1915(i) service providers look-up the member's care managers to support engaging in the 1915(i) assessment and service planning process?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	<p>1915(i) service providers can refer to NCTracks to determine TCM assignment</p> <ul style="list-style-type: none"> 🌿 Click on the Enrollment tab 🌿 Scroll down and click on the current date range 🌿 Enrollment Detail box will pop up 🌿 Click on the Tailored Care Manager NPI numbers in blue to see the assigned TCM. <p>If Trillium is the TCM, the PCP/Provider Request for Care Manager Name or Assignment Referral Form (PCP/Provider Request for Care Manager Name or Assignment Referral Form (smartsheet.com) can be submitted to identify the Trillium TCM staff assigned to the member.</p>	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
33.	What steps should care managers take to submit the 1915(i) assessment?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	<p>CCB 42 and 43 – NC Medicaid's fact sheet on the Transition of 1915(b)(3) Benefits to 1915(i) includes information on where to submit the 1915(i) assessments. The TCM or care coordinator submits 1915(i) assessments directly to Carelon at NCMedicaid1915(i) requests@carelon.com. Please include the information below in the email:</p> <ul style="list-style-type: none"> 🌿 Provider or MCO contact's first and last name 	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services

	1915(i) Question	Reference	Response	Source
			 Contact's direct email address and phone number  Beneficiary's name and MID (as listed on the assessment)	
34.	Are psychological evaluations still required to confirm diagnosis?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Plans must maintain documentation in their systems to support the member's diagnosis, which may be established through a clinical assessment, diagnostic assessment, or psychological evaluation. Eligibility for 1915(i) services requires that the member demonstrate a need for treatment or services related to an intellectual/developmental disability (I/DD), severe mental illness (SMI), severe substance use disorder (SUD), traumatic brain injury (TBI), or serious emotional disturbance (SED). Members who do not have a qualifying diagnosis or do not require treatment/services for a qualifying diagnosis will not be eligible for 1915(i) services. Plans may request additional supporting documentation of a member's diagnosis to determine medical necessity for a 1915(i) service, which could include a psychological evaluation	1915(i) Webinar for Service

	1915(i) Question	Reference	Response	Source
35.	How long does it typically take from notifying the member's care manager to the services being provided?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	A person should receive services within 90 days of notifying the beneficiaries care manager	1915(i) Webinar for Service
36.	Please elaborate on the distinction between the "1915(i) Independent Assessment," and "1915(i) Independent Evaluation," and how each fit into the process/workflow.	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	The 1915(i) Independent Assessment is completed by the CM/TCM on behalf of the beneficiary. The 1915(i) Independent Evaluation is the tool used by the State's vendor to evaluate the assessment for recommendation of approval or denial of 1915(i) eligibility	FAQ from the 3/20/25 Provider webinar
37.	Is there standardized info required to be on care plans or ISPs?	1915(i) Processes for Service Providers and Care Managers/Care Coordinators	The required elements for the Care Plan and ISP are listed in the Tailored Care Management Manual in Section 4.4 "Required Content of Care Plan or ISP	FAQ from the 3/20/25 Provider webinar

	1915(i) Question	Reference	Response	Source
38.	Do 1915(i) Community Living and Supports Relative as Providers (RAPs) require monthly supervision?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Services delivered by relatives/legal guardians/other individuals who reside with the beneficiary are monitored monthly.	FAQ from the 3/20/25 Provider webinar
39.	Can members have both a PCP and a Care Plan/ISP?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	All individuals engaged in TCM are required to have a Care Plan or ISP. Many individuals engaged in TCM will also be using services (e.g., Enhanced Mental Health and Substance Abuse Services) that require a separate PCP for service authorization (see above response for list of services). Therefore, the Department expects that many individuals engaged in TCM will have both a PCP and a Care Plan/ISP. To reduce the time required to complete the PCP and Care Plan/ISP and ensure consistency across these documents, an individual's care manager/care coordinator should incorporate information from the individual's PCP into their Care Plan/ISP to the maximum extent possible and vice versa.	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)

	1915(i) Question	Reference	Response	Source
40.	Why are members required to obtain a 1915(i) independent assessment to use 1915(l) services?	1915(i) Processes for Service Providers and Care Managers/Care Coordinators	Federal rules require that individuals obtain an independent assessment to use 1915(i) services. Individuals must obtain a 1915(i) independent assessment to: <ul style="list-style-type: none"> Confirm they are eligible for 1915(i) services, Identify and confirm their needed services and supports, and Provide information necessary for completing their Care Plan/ISP. 	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)
41.	Who is responsible for completing the 1915(l) assessment and care plan/ISP for members who are looking to obtain 1915(l) services?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	1915(i) independent assessments and Care Plan/ISP development must always be conducted by a care manager/care coordinator and may not be conducted by a care manager extender.	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)
42.	How often does a 1915(l) Independent Assessment need to be completed?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Following the completion of an initial 1915(i) independent assessment, an individual must obtain a 1915(i) independent assessment at least annually or when their circumstances or needs change significantly. Care managers/care coordinators will use the same 1915(i) independent assessment standardized template issued by the Department when conducting	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)

	1915(i) Question	Reference	Response	Source
			reassessments. For individuals who are engaged in TCM, completion of the annual 1915(i) independent assessment should be incorporated into the individual's annual care management comprehensive assessment to minimize the number of assessments that an individual is required to undergo.	
43.	What are the HCBS Monitoring Requirements for 1915(i) services?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	<p>For ongoing monitoring for the 1915(i) services, the care manager/care coordinator are responsible for completing the following activities monthly:</p> <ul style="list-style-type: none"> 🌱 Monitoring Care Plan/ISP goals. 🌱 Maintaining close contact with the beneficiary, providers and other members of the care team. 🌱 Promoting the delivery of services and supports in the most integrated setting that is clinically appropriate for the beneficiary inclusive of HCBS requirements. 🌱 Updating the independent assessment at least annually or as significant changes occur. <ul style="list-style-type: none"> ○ Note: For beneficiaries in TCM and obtaining 1915(i) services, the care manager 	Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)

	1915(i) Question	Reference	Response	Source
			<p>must complete the independent assessment as part of the annual care management comprehensive reassessment.</p> <ul style="list-style-type: none"> 🌱 Notifying the appropriate Tailored Plan/PIHP of updates to 1915(i) service eligibility. 🌱 Monitoring of 1915(i) service delivery. <p>As a requirement of monitoring, the TCM provider must meet with the member face-to-face at least once per quarter (this can be in person or with two-way audio-visual communication) and conduct telephonic follow-up with the member for the other months in the quarter.</p>	
44.	We are struggling with Care Managers not completing the 1915(i) Assessment annually, resulting in members' services lapsing. What can we as a provider agency do to avoid that from occurring?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Reassessments need to be completed 60 days before eligibility expiration to allow enough time for Carelon to respond/determine eligibility. If you see a date is approaching, remind the TCM Provider of this. We routinely remind them it is their responsibility to do reassessments to avoid lapses	March 2025 Provider Forum

	1915(i) Question	Reference	Response	Source
45.	Should there be one or two plans for 1915(i) CLS? Some TCMs are stating they write an ISP and then provider should write a separate plan for short range goals and interventions. Other TCMs include short range goals an intervention	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	There should be one plan - the TCM provider creates the plan and the provider providing the CLS services are responsible for the short-range goals	March 2025 Provider Forum
46.	Who is supposed to sign the service order for 1915(i) services that can be ordered by a QP? Some TCMs are signing the service order, others are stating the Provider must sign the service order	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	The care plan does not have a specific signature place for service orders but a service order is required for 1915(i) ISP and ITS. Per the TCM manual both the care manager and service provider should be signing the care plan so either signature would meet the service order requirement if QP or other accepted licensure. CCP 5.4 Service Order A Service order is a mechanism to demonstrate medical necessity for a service and are based upon an assessment of the beneficiary's needs. A signed service order must be completed by one of the following; a. qualified professional; b. licensed behavioral health clinician; c. licensed psychologist; d. physician; e. nurse practitioner; or f. physician assistant per their scope of practice.	March 2025 Provider Forum

	1915(i) Question	Reference	Response	Source
47.	For 1915(i) members, is there a way to transition ISP effective dates to coincide with member birthdates so authorizations align just like Innovation member annual rhythms? It would help from a planning perspective to have consistency in authorization rhythms.	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	The plans should run consistently with the birth month for the member identified. Example: if a member's birth month is May their plan year should be June 1-May 31.	March 2025 Provider Forum
48.	If we apply EPSDT to a 1915(i) service, would the service be coverable if it was deemed medical necessity to "correct or ameliorate defects and physical and mental health conditions?" Specifically, if we were to apply EPSDT would 1915(i) CLS, Supported Employment and/or Individual and Transitional supports services be coverable if deemed medically necessary? Would 1915(i) CLS, Supported Employment and/or Individual and Transitional Supports services be coverable per EPSDT if	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	EPSDT is not applicable to 1915(i) CLS, Supported Employment, Individual and Transitional Supports or other 1915(i) services covered by NC Medicaid.	FAQs TP and MD Answers 1/10/2025

	1915(i) Question	Reference	Response	Source
	services were targeting behavioral supports or implementing therapeutic supports under the guidance of a medical professional such as allied health or mental health?			
49.	CCP 8H-3 1915(i) Individual and Transitional Support (ITS) does not clearly indicate if services delivered by telephone or through telehealth are billable. CCP 1H Telehealth, Virtual Communications and Remote Patient Monitoring is not referenced in CCP 8H-3. Section 5.5.1 of CCP 8H-3 (Contents of a Service Note) refers to “in-person, phone call or collateral” as possible types of contact. This is the only mention of telephone contact being an acceptable method of service delivery, but it is not clear if this translates to it being billable. Other policies refer to CCP 1H and/or have language that specifies	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	The Individual and Transitional Support service is not eligible to be provided via telehealth or telephonically. CCP 1H is not applicable to this service	FAQs TP and MD Answers 3/14/2025

	1915(i) Question	Reference	Response	Source
	that the service can be billed when provided by telephone or telehealth. Can this service be billed when provided by telephone?"			
50.	What is 1915(i) Individual Placement Support (IPS)?	Individual Placement Support (IPS) Questions	1915(i) IPS is an evidence-based Supported Employment model that helps individuals living with mental health and substance use conditions work at regular jobs of their choosing and retain that employment with personalized support.	IPS Frequently Asked Questions for TCM
51.	Who is eligible for the 1915(i) IPS service?	Individual Placement Support (IPS) Questions	<ol style="list-style-type: none"> 1. Age 16 years and older, 2. Serious Mental Illness (SMI), Severe and Persistent Mental Illness (SPMI), Serious Emotional Disturbance (SED) or a severe substance use disorder (SUD) diagnosis, 3. Expresses a desire to work (or go to school in order to pursue work), 4. A pattern of unemployment, underemployment or sporadic employment, and 5. A need for assistance in obtaining or maintaining employment. 	IPS Frequently Asked Questions for TCM

	1915(i) Question	Reference	Response	Source
52.	What if the individual also has an I/DD or TBI diagnosis?	Individual Placement Support (IPS) Questions	The individual could be eligible for 1915(i) IPS services if they have a documented diagnosis is of SMI, SPMI, SED or severe SUD. The Care Planning team (including the individual, the service provider, TCM, and guardian if applicable) should discuss which supported employment service would be most appropriate for the individual.	IPS Frequently Asked Questions for TCM
53.	What if the individual wants to work but has active symptoms or substance use?	Individual Placement Support (IPS) Questions	<p>The principle of zero exclusion in IPS encourages the individual to make their own decisions and experience the success and setbacks we all experience when employed. A referral should be made regardless of perceived opinions or assessments, including:</p> <ul style="list-style-type: none"> 🌱 Active mental health symptoms 🌱 Active substance use 🌱 Justice involvement 🌱 Member not receiving services or not engaged with mental health or substance use services 🌱 Choosing to not take medication 🌱 Unhoused or unstable housing 	IPS Frequently Asked Questions for TCM

	1915(i) Question	Reference	Response	Source
54.	What does the individual receive in the 1915(i) IPS service?	Individual Placement Support (IPS) Questions	Thorough assessment of work preferences and needs, ongoing benefits counseling, peer services, support to address barriers to work/education, personalized job search, job/education accommodations, time-unlimited job support while working, and collaboration with behavioral health services and Employment Independence for People with Disabilities (EIPD) (formerly Vocational Rehabilitation).	IPS Frequently Asked Questions for TCM
55.	What if the member wants to pursue education?	Individual Placement Support (IPS) Questions	For the member to use IPS for this goal, the pursuit of education must have an end goal of employment or career development.	IPS Frequently Asked Questions for TCM
56.	Why it's important to quickly complete the 1915(i) IPS referral?	Individual Placement Support (IPS) Questions	The principle of rapid job search tasks the IPS team with learning about the individual's desires and preferences for work quickly so that they can start the job search and talk to employers. The longer the individual waits to start job search, the more likely it is that the individual will become less motivated.	IPS Frequently Asked Questions for TCM
57.	What is the service order for 1915(i) IPS services?	Individual Placement	The signed care plan is the service order. Also note that currently the health plans are not requiring prior approval for 1915(i) IPS.	IPS Frequently Asked

	1915(i) Question	Reference	Response	Source
		Support (IPS) Questions		Questions for TCM
58.	What is an example for an employment goal on the individual's care plan?	Individual Placement Support (IPS) Questions	Long term goals can be as simple as: "I want a job", "I want a part-time job", "I want to go to school so I can find a job". More detail is acceptable though not required. Example: "I want a full-time job as a teacher". Short-term goals for the care plan are not required.	IPS Frequently Asked Questions for TCM
59.	What are some ways I can bring up employment to the individuals I work with?	Individual Placement Support (IPS) Questions	<ul style="list-style-type: none"> 🌱 Ask if the individual is currently working with an IPS team, has an open case with EIPD (formerly VR), or is currently employed. <ul style="list-style-type: none"> ○ If the individual mentions that they are working with EIPD or do not remember the name of their EIPD counselor, please refer to the EIPD Local Office Listing. 🌱 Look for signs of boredom, unstructured time or too much time at home, a lack of social support, feeling unproductive or unfulfilled, or needing more money to meet their needs. 🌱 Ask questions like: "What is it you always thought would be a great job?", "If you found a job right now, what would it be?" or "If you had an extra \$100 in your pocket, what would you do with it?" 	IPS Frequently Asked Questions for TCM

	1915(i) Question	Reference	Response	Source
			<p>🌱 If an individual expresses concerns due to barriers, let them know that the IPS team can help work through those barriers (such as impact to benefits, transportation, and work attire). A connection can also be made to the Peer Support Specialist to talk about personal reservations.</p> <p>🌱 If someone is not interested or is undecided about work, let them know you may bring it up in the future and touch base periodically. It is common for individuals with mental health and substance use disorders to feel discouraged or incapable because of what they've been told throughout their lives. You can be the encouraging voice they need!</p>	
60.	Can Provider Direct notify provider when a 1915(i) auth submitted by a TCM is approved?	Treatment Authorization and Billing Code Questions	Currently, there is no feature available that will send a notification.	March 2025 Provider Forum
61.	Where can care managers go to review or request to receive training on submitting 1915(i) SARs/TARs?	Treatment Authorization and Billing Code Questions	Trillium's learning portal for Providers has trainings on TAR submission for all.	Fact Sheet Processes and Frequently Asked

	1915(i) Question	Reference	Response	Source
				Questions for 1915(i) Services
62.	Where can care managers go when they have questions on which codes should be included in the 1915(i)-service authorization?	Treatment Authorization and Billing Code Questions	Clinical Communications Bulletins (CCB) include information about clinical and coding updates. For 1915(i) see CCB #42 and CCB #43 . Also see Benefit Plans Service Definitions for all codes.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
63.	Where can care managers go when they want an update on a submitted 1915(i) service authorization?	Treatment Authorization and Billing Code Questions	Provider Direct include information on what services a member has authorized at Provider Contact Information and Portals	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
64.	Does Trillium have a rate sheet listed for 1915(i) services?	Treatment Authorization and Billing Code Questions	Billing Codes Rates Check Write Schedule	February 2025 Provider Forum
65.	When can TCM Providers bill the 1915(i) add-on rate?	Treatment Authorization and Billing	The 1915(i) add-on payment is for the coordination services which are required for 1915(i) services under federal regulations. The	Fact Sheet North Carolina's

	1915(i) Question	Reference	Response	Source
		Code Questions	1915(i) TCM add-on rate cannot be leveraged until after the member has been deemed eligible for 1915(i) services. This means that TCM providers cannot bill the 1915(i) add-on payment for completion of the assessment. The 1915(i) add-on payment is not available for billing prior to a member being deemed eligible for 1915(i) services. For example, if a member is deemed eligible for 1915(i) services on Oct. 1, 2023, then the 1915(i) add-on payment cannot be billed prior to Oct. 2, 2023. The 1915(i) add-on payment is only intended to be billed monthly. The 1915(i) TCM Add-On rate is \$78.94, which mirrors the Innovations add-on payment rate.	Transition of 1915(b)(3) Benefits to 1915(i)
66.	Where can providers see 1915(i) authorizations?	Treatment Authorization and Billing Code Questions	Authorizations are provided "Provider Direct" however if the services is under a NPA no authorization is required and would not be shown.	Provider Forum FAQ
67.	Can members receive 1915(i) services and CLFS in lieu of service since they are considered different funding sources?	Treatment Authorization and Billing	Members receiving CLFS are excluded from receiving Medicaid State Plan Care or other Medicaid benefits included in CLFS bundled service. Those members receiving CLFS level 1 in	March 2025 Provider Forum

	1915(i) Question	Reference	Response	Source
		Code Questions	their home may be eligible for 1915(i) Respite. See service definitions for these services.	
68.	What constitutes a service order with the 1915(i) services?	Treatment Authorization and Billing Code Questions	UM is reviewing the CM QP signature as the service order for 1915(i). Provider agency would need to ensure they have a copy of the members Care Plan/ISP that includes the service codes, long range goals and this signature pages. As the provider agency, they should be getting a copy of this plan when providing services.	Provider Forum FAQ
69.	Is a traditional CCA required for services such as CLS and ITS?	Treatment Authorization and Billing Code Questions	For CLS this is an IDD specific service, member would a psychological evaluation that provides diagnostic impressions. As it relates to ITS documentation of a qualifying diagnosis would be needed, you could use the CCA for this MH service)	Provider Forum FAQ
70.	Is there a way providers can see 1915(i) CLS authorizations?	Treatment Authorization and Billing Code Questions	Service providers should be able to view authorizations through Provider Direct.	February 2025 Provider Forum

	1915(i) Question	Reference	Response	Source
71.	Why is there a continued problem with continuation for 1915(i) services, or getting authorizations and different care managers following processes for plan development?	Treatment Authorization and Billing Code Questions	Please continue to work with your care manager. If you have concerns, please reach out to Trillium to discuss authorization.	Provider Forum FAQ
72.	Do I need a contract to bill for Individual and Transitional Support. Ive been told I do and then I was told that I do not. Also how do I bill for the service?	Treatment Authorization and Billing Code Questions	You do need a contract to submit billing to Trillium, and all claims that you will be billing should be included in the contract. Please reach out to NetworkServicesSupport@TrilliumNC.org for more information concerning contracting.	1915(i) Questions SS Form
73.	What meetings/office hours are available for 1915(i) service providers who have questions or feedback related to 1915(i) services?	Resources and Point of Contact Questions	Providers can contact the PSSSL at (855) 250-1539 or via email at NetworkServicesSupport@TrilliumNC.org with any questions. The PSSSL is open Monday through Saturdays from 7 a.m.-6 p.m.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services

	1915(i) Question	Reference	Response	Source
74.	Where can 1915(i) service providers and care managers go if they need training on your plan's 1915(i) processes?	Resources and Point of Contact Questions	TCM Providers are educated monthly about Trillium's process and the steps needed to transition members from 1915(b)(3) to 1915(i). Trillium provides this information at their TCM Provider Forums and at their 1:1 meeting with TCM Consultants. Trillium publishes Network and Clinical Communication Bulletins (NCB and CCB) with updated information around 1915(i). See NCB 332, 333, 235 and CCB 16, 32, 40, 42, 49. Trillium has posted the NCMT FACT sheet in CCB 42 and 43 with all the resources. NCMT 1915(i) FACT SHEET is source of truth for trainings, codes, and processes at Provider Communications . Trillium also has a TCM guide.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
75.	What meetings/office hours are available for care managers who have questions or feedback related to 1915(i) services?	Resources and Point of Contact Questions	Trillium has monthly TCM provider forums and 1:1 meeting with consultants. Providers can contact the PSSSL at (855) 250-1539 or via email at NetworkServicesSupport@TrilliumNC.org with any questions. The PSSSL is open Monday through Saturdays from 7 a.m. - 6 p.m.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services

	1915(i) Question	Reference	Response	Source
76.	What point of contact, at your plan, can providers reach out to for questions on 1915(i)?	Resources and Point of Contact Questions	Providers should email UM@TrilliumNC.org for questions related to 1915(i) services. For questions related to contracting, providers should email NetworkServicesSupport@TrilliumNC.org . Providers can contact the PSSS at (855) 250-1539 or via email at NetworkServicesSupport@TrilliumNC.org with any questions The PSSS is open Monday through Saturdays from 7 a.m.-6 p.m. Providers may submit 1915(i) questions using the Smartsheet Submission Form: 1915(i) Questions SmartSheet Form	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
77.	What steps should care managers take if they are unable to obtain member contact information (phone number/address) from service providers?	Resources and Point of Contact Questions	Providers can reach out to their TCM consultant by phone or email if they have difficulty finding contact information for members so their TCM consultant can look in Trillium's records and NCTracks to see if there is additional contact information. Trillium has informed their TCM providers if they have difficulty engaging with any service providers, they should let their TCM consultant know so Trillium can intervene if necessary.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services

	1915(i) Question	Reference	Response	Source
78.	Who is the point of contact at the plan where care managers can reach out if they are having issues reaching members?	Resources and Point of Contact Questions	TCM Providers may reach out to their TCM consultant by phone or email if they have difficulty finding contact information for members so their TCM consultant can look in Trillium's records and NCTracks to see if there is additional contact information. We have informed Trillium's TCM providers if they have difficulty engaging with any B3 service providers, they should let their TCM consultant know so we can intervene if necessary.	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
79.	Where can care managers find a list of contracted 1915(i) providers, the services they provide and the populations they serve?	Resources and Point of Contact Questions	Trillium Plan-based Care Managers can search Trillium's provider data management system to view contract level data for each provider as well as view the Provider Directory. Trillium network staff send a list of all contracted providers to Trillium's TCM providers, which can be sorted by service code and county. TCM Provider-based Care Managers can also reference Trillium's Provider Directory .	Fact Sheet Processes and Frequently Asked Questions for 1915(i) Services
80.	Our problem continues to be obtaining authorization for 1915(i) services. What is happening with that?	Treatment Authorization and Billing	TCM would need to complete the 1915(i) assessment and submit it to Carelon for members they feel meet the 1915(i) criteria and then move forward with the other required	April 2025 Provider Forum

	1915(i) Question	Reference	Response	Source
		Code Questions	documentation. If providers have specific situations, you can submit your questions to NetworkServiceSupport@TrilliumNC.org for a response.	
81.	Are TCM providers required to submit the 1915(i) assessment and TCM assessment for 1915(i) services that require prior auth?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Yes, the members assigned TCM Provider are responsible for completing the full 1915(i) process for members to access 1915(i) services. Completion of the 1915(i) Assessment and Carelon submission to determine if a member may be eligible is required for all 1915(i) services.	July 2025 Provider Forum
82.	Can 1915(i) Services be self-directed?	1915(i) Processes for Service Providers and Care Managers /Care Coordinators	Yes, if you are asking if 1915(i) is like innovations, 1915(i) CCP's do not include self-directions such as employer of record or agency with choice models.	September 2025 Provider Forum