



Transforming Lives. Building Community Well-Being.

Clinical Communication Bulletin 49

To: All Trillium Providers
From: Cindy Ehlers, Chief Operations Officer
Date: April 19, 2024
Subject: Transition from B3 to 1915i services

This bulletin is a repost of the most recent updates posted by NC DHHS from April 16, 2024.

The information below contains important dates around the transition of members from 1915 (b) (3) to 1915(i).

Effective July 1, 2023, 1915(i) services became available to NC Medicaid beneficiaries with qualifying diagnoses who were deemed eligible for 1915(i) services. 1915(i) services are home and community-based services (HCBS) which provide opportunities for Medicaid enrollees to receive services in their own home or community rather than institutions. The NC Medicaid 1915(i) services are: Community Living and Support, Community Transition, Individual and Transitional Support, Respite, Individual Placement and Support, and Supported Employment.

For more information on the 1915(i) services, see the [NC Medicaid Obtains Approval of the 1915\(i\) State Plan Amendment](#) bulletin. This bulletin applies to NC Medicaid Direct and the Behavioral Health Intellectual/Developmental Disabilities (I/DD) Tailored Plan upon launch.

Local Management Entities/Managed Care Organizations (LME/MCOs) started transitioning members receiving 1915(b)(3) services to 1915(i) services in July 2023. The Tailored Care Managers/Care Coordinators for members receiving 1915(b)(3) services are actively reaching out to members to complete the 1915(i) assessment. Additionally, the Care Managers/Care Coordinators are working with those members and their service providers to develop/update the Care Plan, for individuals with behavioral health needs, or the Individual Support Plan (ISP), for individuals with I/DD or traumatic brain injury (TBI).

The Department encourages providers of 1915(i) and 1915(b)(3) services to work with Care Managers/Care Coordinators to get members receiving 1915(b)(3) services assessed for 1915(i) services and update the Care Plan/ISP. There are some individuals who, due to federal regulations, are unable to transition into 1915(i) services. Those individuals will continue to have access to 1915(b)(3) services until they are eligible for 1915(i) services. Care Managers/Care Coordinators should still prioritize assessment completion for all members who are on 1915(b)(3) services. The Department anticipates ending 1915(b)(3) services effective June 30, 2024.

To support smooth transitions to 1915(i) services, the Department is allowing Care Managers/Care Coordinators to modify existing 1915(b)(3) care plans/ISPs to reflect 1915(i) services to be received to support the transition of 1915(b)(3) members into 1915(i) services. These edits would include striking through existing services, replacing them with appropriate 1915(i) services and completing a new signature page with Care Manager/Care Coordinator and Legally Responsible Person (LRP) signatures.

Additionally, the Care Plan/ISP must include signatures from all individuals and providers responsible for its implementation. 1915(b)(3) transition members should receive a fully updated 1915(i) care plan/ISP during the next annual review by the Care Manager/Care Coordinator. The Tailored Care Management (TCM) Provider Manual can be found on the [TCM Webpage under the Provider Resources section](#).

Please see the [North Carolina Transition of 1915\(b\)\(3\) Benefits to 1915\(i\) Fact Sheet](#) for additional information.

Division of Health Benefits also publishes a [Fact Sheet with FAQ on this transition](#).

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be responded to as quickly as possible.