Alliance Health

Provider Practice Transformation Academy

1915(i) Assessment

Prior Submissions and ISP Timelines

What is it? Members with Medicaid are determined eligible for 1915(i) services through an independent assessment. When a member is determined eligible, care managers will move forward with completion of the care plan/ISP and submission of authorization. The assigned care manager is responsible for the 1915(i) independent assessment, care plan/ISP development and prior authorization submission for 1915(i) services.

Assessments: 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 will use the same 1915(i) independent assessment standardized template issued by the NCDHHS when conducting reassessments.

Why is it important? Federal rules require that individuals obtain an independent assessment and independent evaluation to use 1915(i) services.

Care plan/ISP development and timelines:

- If the service provider has already been identified, the care manager should notify the service provider that the member has been deemed eligible for 1915(i) services.
- If the service provider has not been identified, the member's care manager should work with the member/LRP to identify a 1915(i) service provider for their 1915(i) services.
- The member's initial care plan/ISP must be reviewed and approved/denied within 60-days of 1915(i) independent evaluation eligibility determination from the state.
- The care plan/ISP should end on the last day of the member's birth month.
- Every annual care plan/ISP will start, the first day of the month following the birth month and end, the last day of the birth month. This will ensure all plans are not due at the same time.

Example: Mary received a care plan approval on May 12, 2024. Her plan is due within 60 days or no later than July 11, 2024. Mary has a November birthday so her first plan will be end-dated November 30, 2024. Mary's next plan will be for a full 12 months. This plan will have a start date of December 1, 2024, and an end date of November 30, 2025.

Prior authorization submission: The care manager submits the completed care plan/ISP through Jiva for review.

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. If the 1915(i) service is provided by a relative or guardian, face-to-face monitoring must occur monthly.