

Connecting Members to non-1915(i) services

(This is a suggestive guide, and nothing in it reflects any change to any 1915(i) policy)

Core Principles

Primary Role: Care coordinators do not directly provide services; they coordinate access to both 1915(i) and non-1915(i) supports.

Non-duplication Requirement: They must ensure that any service accessed outside 1915(i) is not the same in nature and scope as a 1915(i) service the member currently receives.

Person-centered Approach: All connections must align with the member's goals, preferences, and needs as documented in the Plan of Care (POC)

1. Identifying Non-1915(i) Needs

Use comprehensive assessments (WHODAS/DLA, self-assessments, collateral info) to identify needs that may be met through other programs.

Consider social determinants of health (economic stability, education, housing, community context, etc.).

Review existing services to avoid overlap, including waivers, IEPs, vocational rehabilitation, foster care supports, and other state & federal programs.

2. Checking for Existing Services

MMIS Lookup: Before adding services to the POC, coordinators check the Medicaid Management Information System to see if the member is on a 1915(c) waiver or other Medicaid program that could provide similar services.

Coordination with Other Case Managers: If the member is already in another program (e.g., Autism Waiver, DD Waiver, Vocational Rehabilitation), the coordinator contacts that program's case manager to ensure the POC does not duplicate services.

3. Key Non-1915(i) Service Sources (review the 1915(i) Care Coordination policy for specifics in each of these sources)

1915(c) Waiver Services (must be used first if available)

SPED/Ex-SPED (Service Payments for the Elderly and Disabled)

IDEA/IEP Services (school-based supports)

Vocational Rehabilitation (Rehabilitation Act of 1973)

Foster Care/Title IV-E Prevention Services

Community programs (housing assistance, employment supports, cultural services, health and social programs)

Other state, local, or private resources that meet needs without duplicating 1915(i) scope.

4. Special Rules for Certain Programs (review Care Coordination policy for specifics in each area)

IDEA / IEP: Must document that services are not available through the school before adding to POC.

Vocational Rehabilitation: Must document that services are not available under Section 110 of the Rehabilitation Act.

Foster Care: 1915(i) services can only supplement, not replace, maintenance/supervision.

5. Ongoing Monitoring

Quarterly Reviews: Ensure non-1915(i) services are still needed, effective, and non-duplicative.

Progress Reports: Monthly written updates from providers to confirm service delivery and necessity.

Face-to-face Meetings: At least every 90 days to review satisfaction, appropriateness, and continued need.

6. When Urgent Needs Arise

If no provider is immediately available:

Care coordinators can help members apply for other services or access temporary supports (e.g., filling out a housing application) until a formal provider is in place. They must not step into the role of the service provider themselves

In conclusion: Care coordinators act as navigators, mapping out all available service systems, ensuring the member gets the right mix of supports from the right sources, and preventing duplication of services between 1915(i) and non-1915(i) services.