



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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LME/MCO Joint Communication Bulletin #J420

DATE: June 10, 2022
TO: Local Management Entities/Managed Care Organizations (LME/MCOs)
FROM: Saarah Waleed, Interim Assistant Director of Programs and Policy, DMH/DD/SAS
Deb Goda, Associate Director, Behavioral Health and I/DD, NC Medicaid
SUBJECT: Extension of Telehealth Flexibilities for Individual Placement and Support (IPS)

On March 26, 2020, Joint Communication Bulletin [#J358](#) informed the LME/MCOs that the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) was applying the same flexibilities to state-funded behavioral health services as those allowed under the NC Medicaid behavioral health flexibilities due to the declared North Carolina State of Emergency related to COVID-19. Among the flexibilities was the ability to bill two-way, real-time audio and visual and telephonic contacts for the (b)(3) Supported Employment service for individuals with mental health needs (Individual Placement and Support).

[Special Bulletin COVID-19 # 237](#), published by the Division of Health Benefits (DHB) on April 6, 2022, established:

1. an end-date of June 30, 2022 for some of the behavioral health flexibilities, including telehealth billing for IPS and
2. that the (b)(3) service will follow the State definition thereafter.

On Dec. 1, 2022, the IPS Clinical Coverage Policy will be updated to align with the transition from a [1915\(b\)\(3\) benefit to a 1915\(i\) benefit](#) available through the Tailored Plans. During the six-month period (July 1, 2022 – Nov. 30, 2022) between the sunset of telehealth flexibilities for IPS and the onset of the 1915(i) benefit, DMH/DD/SAS will permit billing for no more than 35% of IPS telehealth contacts (two-way, real-time audio and visual and telephonic). The remaining 65% of IPS contacts must be in the community per the IPS fidelity model for exemplary practice.

IPS is a community-based service, and as such, all efforts to provide in-person contacts in the community should be taken, particularly with individuals in Transitions to Community Living. IPS providers will continue

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to be subject to routine monitoring by the LME/MCOs and through fidelity evaluations.

If you have any questions, please contact Margaret Herring at margaret.herring@dhhs.nc.gov or 984-236-5057 at DMH/DD/SAS or June Freeman at June.freeman@dhhs.nc.gov or 919-527-7646 at NC Medicaid.

Previous bulletins can be accessed at: www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

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