



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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DATE: June 1, 2023

SUBJECT: **Ending Clinical Policy Flexibilities Associated with the Federal Public Health Emergency**

This notice contains information on flexibilities that are ending at or after the end of the Federal Public Health Emergency

The policy changes listed within this notice will apply to NC Medicaid Managed Care and the Division of Mental Health, Developmental Disabilities & Substance Use Services State-Funded services.

To support providers, NC Medicaid community and individuals receiving state-funded services, the NC Medicaid and DMH/DD/SUS teams are providing a list of all the clinical policy flexibilities related to the Federal Public Health Emergency (PHE), including:

- Flexibilities that have been or are being incorporated into permanent policy
- All flexibilities in permanent NC Medicaid policy can be found on the [NC Medicaid Program Specific Clinical Coverage Policies](#) page.
- All flexibilities for permanent State-Funded service definition policies and CPT/HCPCS codes can be found on the [DMH/DD/SUS State-Funded Service Definitions](#) and [NCTracks System](#) webpages, respectively.
- Temporary Disaster SPA flexibilities that will end at the end of the federal PHE (May 11, 2023)
- Temporary Appendix K flexibilities that will end six months after the end of the federal PHE (Nov. 11, 2023)

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NC Medicaid and DMH/DD/SUS have evaluated data from the use of federal COVID-19 public health emergency flexibilities and stakeholder feedback on the State’s pandemic response. Based on this review, many of the policy flexibilities implemented during federal PHE have been or will be incorporated into permanent NC Medicaid Clinical Coverage Policy and State-Funded service definitions. These flexibilities have been shown to be beneficial for both providers and members, improving the access and/or quality of care provided to NC Medicaid beneficiaries and state-funded recipients.

NC Medicaid and DMH/DD/SUS continue to be committed to providing as much advance notice as possible to the provider community as temporary COVID-19 flexibilities end. NC Medicaid and DMH/DD/SUS continue to monitor a variety of factors, including:

- Beneficiary, recipient, and provider impact of sunseting some flexibilities
- Time needed by providers to adjust to the rescinding of the policy given the unprecedented nationwide workforce shortages, which impact providers’ ability to deliver care

Please see the details in the documents linked in this notice for more information on which flexibilities will be sunseting.

As a reminder, many flexibilities associated with the end of the North Carolina State of Emergency ended on June 30, 2022. These flexibilities were published in [COVID-19 Special Bulletin #237](#).

Permanent Telehealth Services Flexibilities

All NC Medicaid policies can be found on the [NC Medicaid Program Specific Clinical Coverage Policies](#) page. All State-Funded service definition policies and CPT/HCPCS codes can be found on the [DMH/DD/SUS State-Funded Service Definitions](#) and [NCTracks System](#) webpages, respectively. Please see the below table with a summary of all telehealth flexibilities which were made permanent across different areas:

Telehealth Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Evaluation and Management (E/M) Services					
Office or Other Outpatient Services 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	X			Policies 1H, 8C, 8J	See FY 23 DMH Service Array with COVID-19 Services rev. 113023.
Subsequent Hospital Care 99231, 99232, 99233	X			Policy 8C	State-Funded Telehealth & Virtual Communications Services
Hospital Discharge Day Management 99238, 99239	X			Policy 8C	State-Funded Telehealth & Virtual Communications Services
Office Consultation 99241, 99242, 99243, 99244, 99245	X			Policies 1H, 8C, 8J, 1E-7	See FY 23 DMH Service Array with COVID-19 Services rev. 113023.

Telehealth Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Inpatient Consultation 99251, 99252, 99253, 99254, 99255	X			Policies 1H, 8C	See FY 23 DMH Service Array with COVID-19 Services rev. 113023.
Home Services					
99347, 99349, 99350 (Hybrid Model*)	X			*See policy 1H for use of these codes for hybrid model Policy 8C	GT Modifier to be added to these CPT codes effective date of 11/1/21.
Online Digital Evaluation and Management 99421, 99422, 99423	X			Policy 1H	State-Funded Telehealth and Virtual Communications Services
Telephonic E/M and Virtual Patient Communication 99441, 99442, 99443, G2012	X			Policy 1H	State-Funded Telehealth and Virtual Communications Services. There is no state-funded equivalent for G2012.
Interprofessional Assessment and Management 99446, 99447, 99448, 99449	X			Policy 1H	State-Funded Telehealth and Virtual Communications Services
Outpatient Behavioral Health					
Interactive Complexity 90785	X			* See policy 8C for prior approval requirements and limitations Policy 8J	* See policy 8C for prior approval requirements
Psychiatric Diagnostic Procedures 90791, 90792	X			* See policy 8C for prior approval requirements and limitations Policy 8J	* See policy 8C for prior approval requirements
Psychotherapy 90832, 90833, 90834, 90836, 90837, 90838	X			* See policy 8C for prior approval requirements and limitations Policies 8J, 10C	* See policy 8C for prior approval requirements
Psychotherapy for Crisis 90839, 90840	X			* See policy 8C for prior approval	* See policy 8C for prior approval requirements

Telehealth Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
				requirements and limitations Policy 8J	
Other Psychotherapy 90846, 90847, 90849, 90853	X			* See policy 8C for prior approval requirements and limitations Policies 8J, 10C	* See policy 8C for prior approval requirements
Developmental/Psychological/Neuropsychological Testing 96110, 96116, 96130, 96131, 96132, 96133, 96146	X			Policies 8C, 8J	CPT codes 96116, 96130, 96131, 96132 & 96133 are available for state-funded with the GT modifier. CPT code 96110 under review for state-funded telehealth services. There is no state-funded equivalent for 96146.
Outpatient Services					
Research Based Behavioral Health Treatment for Autism Spectrum Disorder					
Adaptive Behavior Assessment 97151, 97152	X			Policy 8F	No state-funded equivalent.
Adaptive Behavior Treatment 97153, 97154, 97155, 97156, 97157	X			Policy 8F *If two-way audio-visual equipment is not available, 97156 and 97157 may be offered via telephone	No state-funded equivalents.
Peer Services H0038	X			Policy 8G	See State-Funded Peer Support Service for limitations.
Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol (Diagnostic Assessment) T1023	X			Policy 8J; 8A-5	State-Funded Diagnostic Assessment
NC Innovations and NC TBI Waivers: Community Living Supports, Day Supports, Supported Employment, Life Skills	X			Policy 8P and TBI Waiver	State-Funded Community Living Supports,

Telehealth Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Training, Supported Living, Community Networking H2011, H2015, H2016, H2025, S5110, S5111, S5125, S5150, S5165, T1005, T1015, T2013, T2014, T2020, T2021, T2025, T2027, T2033, T2034, T2038, T2041					Day Supports, Supported Employment, and Supported Living YM851GT, YM852GT, YM590GT, YP390GT, YP640GT & YM854GT
Long-Term Vocational Support Services (Extended Services IDD)	X			No Medicaid equivalent CCP.	See State-Funded DMHDDSAS Service Definitions 2003-2019 document.

Behavioral Health Services

All temporary behavioral health *policy* flexibilities outlined in [COVID-19 Special Bulletins](#) that have not been made permanent or ended on June 30, 2022 with the end of the NC State of Emergency, will be end-dated on either May 11, 2023 for Disaster SPA flexibilities which end with the end of the federal PHE, or November 11, 2023 for Appendix K flexibilities, which end 6 months after the federal PHE.

Temporary Behavioral health COVID-19 policy flexibilities found in the following COVID-19 Special Bulletins [#9](#), [#19](#), [#20](#), [#35](#), [#46](#), [#59](#), [#60](#), [#76](#), and [#108](#) which did not end on June 30, 2022, will end on either May 11, 2023 or November 11, 2023.

Please see the table below for a summary of the flexibilities that were made permanent and/or will end effective May 11, 2023 or November 11, 2023:

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
CPT codes 90785, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, and 90853 were made telehealth- and telephonic- eligible.	X			Policy 8C	Policy 8C & See FY 23 DMH Service Array with COVID-19 Services rev. 113023. Telephonic (KX Modifier) under review for state-funded.
CPT codes 90791, 90792, 90833, 90836, and 90838 were made telehealth-eligible.	X			Policy 8C	Policy 8C & See FY 23 DMH Service Array with COVID-19 Services rev. 113023.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Evaluation and Management CPT codes 99202-99205, 99304-99337, 99341-99350 and 99417 were made telehealth-eligible.	X			Policy 8C	Policy 8C & See FY 23 DMH Service Array with COVID-19 Services rev. 113023 for E & M CPT Codes: 99202-99205. E & M CPT codes 99304-99337, 99341-99350 and 99417 are under review for state-funded services.
Peer Support Services may be provided by telehealth or telephonically, audio-only communication but limited to 20% or less of total service time provided per beneficiary per fiscal year.	X			Policy 8G	State-Funded Peer Support Services
Facility Based Crisis for Children may be covered up to 45 days in a 12-month period (or may exceed with medical necessity).	X			Policy 8A-2	State-Funded Facility-Based Crisis Service for Children & Adolescents
Facility Based Crisis for Children: Psychiatrist shall conduct a psychiatric assessment of each beneficiary in person or by telehealth within 24 hours of admission.	X			Policy 8A-2	State-Funded Facility-Based Crisis Service for Children & Adolescents
Facility Based Crisis for Children: Allow psychiatric evaluation to be completed by telehealth instead of on-site at the facility and billed separately.	X			Policy 8A-2	State-Funded Facility-Based Crisis Service for Children & Adolescents
(b)(3) Supported Employment (Initial and Maintenance): For Supported Employment for individuals with intellectual and developmental disabilities, service may be provided by two-way, real-time audio and video, as well as telephonically.	X			(b) waiver	State-Funded Supported Employment IDD is aligned with NC Innovations Waiver telehealth policy.
(b)(3) Individual Support: Service may be provided by two-way, real-time audio and video as well as telephonically.	X			(b) waiver	State-Funded Individual Support will support this provision until made permanent in the service definition

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
					policy. (Note: Service will end-date September 30, 2023.)
(b)(3) Transitional Living Skills: Service may be provided by two-way, real-time audio and video as well as telephonically	X			(b) waiver	No equivalent state-funded service.
(b)(3) In-Home Skill Building: Service may be provided by two-way, real-time audio and video.	X			(b) waiver	No equivalent state-funded service.
Diagnostic Assessment: Diagnostic Assessment can be provided by telehealth per NC Medicaid Clinical Coverage Policy I-H.	X			Policy 8A-5	State-Funded Diagnostic Assessment
Research Based – Behavioral Health Treatment (RB-BHT): CPT codes 97151, 97152, 97153, 97154, 97155, 97156, 97157, were made telehealth-eligible.	X			Policy 8F	No equivalent state-funded service.
Research-Based – Behavioral Health Treatment (RB-BHT): If two-way audio-visual options are not accessible to the beneficiary, the following services may be offered by telephonic modality: 972156 and 97157	X			Policy 8F	No equivalent state-funded service.
NC Innovations and NC TBI Waiver: Waive requirement for beneficiary to attend the Day Supports provider once per week.	X			Policy 8P and NC TBI Waiver	For State-Funded Day Supports: To promote community integration and inclusion, individuals are required to check-in at the Day Supports facility as defined within the ISP or PCP.
NC Innovations: Real-time, two-way interactive audio and video telehealth for the following services: Community living supports, day supports, supported employment, life skills training, supported living and community networking.	X			Policy 8P	State-Funded Community Living Supports, Day Supports, Supported Employment and Supported Living Periodic will support this provision until made permanent in the service definition policy.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
NC Innovation and NC TBI Waiver: Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19-related issues.	X			Policy 8P and NC TBI Waiver	State-Funded Residential Supports Levels 1-3, Supported Living Periodic, TBI Long Term Residential Rehabilitation, Day Supports, Community Living and Supports, Supported Employment, and Long Term Vocational Supports will support this provision until made permanent in the service definition policy.
NC Innovations and NC TBI Waiver: Allow for additional 90-day periods for existing staff to continue providing services when staff are unable to complete the hands-on portion of the Crisis Prevention/De-Escalation training or the hands-on portion of the Cardiopulmonary Resuscitation training. Where the extension of the waiver of provider determinations falls outside of the expiration date of the Appendix K, the state will submit either an amended Appendix K or a simple waiver amendment.	X			Policy 8P and NC TBI Waiver	Not supported for any state-funded services.
Substance Abuse Medically Monitored Community Residential Treatment: Service may not be billed for more than 45 days in a 12-month period	X			<i>SPA has been approved by CMS.</i>	See State-Funded Enhanced MH & SAS 2022 document.
Ambulatory Detoxification: Physician assessments must be conducted within 24 hours of admission in-person or by telehealth	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Non-Hospital Medical Detoxification: Service may be covered up to 45 days in a 12-month period (or may exceed with medical necessity).	X			<i>SPA approved by CMS.</i>	See State-Funded Enhanced MH & SAS 2022 document.
Non-Hospital Medical Detoxification:	X			Policy 8A	See State-Funded

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Physician assessments may be conducted in-person or by telehealth.				Permitted in current policy.	Enhanced MH & SAS 2022 document. Permitted in current policy.
Substance Abuse Non-Medical Community Residential Treatment: Service may be billed for 45 days in a 12-month period	X			<i>SPA has been approved by CMS.</i>	See State-Funded Enhanced MH & SAS 2022 document.
Intensive In-Home: Allow supervision by team lead, or designee as noted above, to occur virtually.	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Ambulatory Detoxification: Allow supervision of LCAS or CCS to occur virtually.	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Non-Hospital Medical Detoxification: Allow supervision of QP, AP and paraprofessionals to occur virtually.	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Assertive Community Treatment: Allow supervision to occur virtually.	X			Policy 8A-1 Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Peer Support Services (PSS): Allow supervision to occur virtually.	X			Policy 8G Permitted in current policy.	State-Funded Peer Support Services
Peer Support Services (PSS): Allow for Peer Support Services Program Supervisor to fulfill 90-day face-to-face contact through telehealth or telephonically.	X			Policy 8G	State-Funded Peer Support Services
Residential Treatment Services Level I and II – Family Type: Allow sex offender training to occur virtually.	X			Policy 8D-2 Permitted in current policy.	Policy 8D-2 Permitted in current policy.
Residential Treatment Services Level III: Allow sex offender specific training to occur virtually.	X			Policy 8D-2 Permitted in current policy.	Policy 8D-2 Permitted in current policy.
Substance Abuse Non-Medical Community Residential Treatment: Allow supervision of QP, AP to occur virtually.	X			Policy 8A	See State-Funded Enhanced MH

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
					& SAS 2022 document.
Mobile Crisis Management: Allow for supervision by any licensed professional on the team or employed by the agency if team lead is sick or unavailable.	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document. Permitted in current policy.
Multisystemic Therapy: Waive requirement that staff must be dedicated to the team.	X			Policy 8A Permitted in current policy.	See State-Funded Enhanced MH & SAS 2022 document.
Increased Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF IID) days for therapeutic leave (TL) to 120 days per year.	X			SPA has been submitted to CMS to increase TL for ICF IID to 90 days per year.	State-Funded Therapeutic Leave is sunsetting September 30, 2023.
NC Innovations and NC TBI Waiver: Home Delivered Meals	--			<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>	No state-funded equivalent.
NC Innovation and NC TBI Waiver: Waive \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services. A new waiver limit will not be established.	--			<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>	No state-funded equivalent.
Substance Abuse Comprehensive Outpatient Treatment: Waive reauthorization after the initial 60-day pass through.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Mobile Crisis Management: Waive 24 hours as the maximum length of service.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Mobile Crisis Management: Waive staff training requirements within 90 days of employment, if unable to be obtained during the state of emergency.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Diagnostic Assessment: Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year.		X		Policy 8A-5	State-Funded Diagnostic Assessment

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Intensive In-Home: Waive reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Intensive In-Home: Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency.		X		Policy 8A	State-Funded Enhanced MH & SAS 2022
Intensive In-Home: Waive the two-hour per day minimum service provision and reduce to one-hour per day in order to bill.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Multisystemic Therapy: Waive reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Multisystemic Therapy: Waive staff introductory and quarterly training requirements if unable to be obtained during the state of emergency.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Multisystemic Therapy: Waive minimum monthly contacts of 12 in the first month and six contacts in the second and third month must be met unless individual or family member becomes ill during month and cannot receive services.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Multisystemic Therapy: Waive the three to five-month maximum duration of service.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Multisystemic Therapy: Allow supervision by another master's level qualified professional (QP) employed by the provider agency if team lead is sick or unavailable.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Psychosocial Rehabilitation: Waive initial prior authorization and reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Psychosocial Rehabilitation: Waive requirement for a minimum of five hours per day, five days a week of service availability. Service must be available a minimum of 10 hours per week.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Psychosocial Rehabilitation: Waive staff ratio of 1:8 only if provided by telehealth or telephonic modalities.		X		Policy 8A	See State-Funded Enhanced MH

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
					& SAS 2022 document.
Psychosocial Rehabilitation: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Child and Adolescent Day Treatment: Waive reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Child and Adolescent Day Treatment: Waive minimum of three hours of service per day.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Child and Adolescent Day Treatment: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Partial Hospitalization: Waive reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Partial Hospitalization: Waive requirement of minimum service availability of four hours a day five days per week; but must provide 10 hours of treatment per week in order to bill.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Partial Hospitalization: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Professional Treatment Services in Facility-Based Crisis Program: Waive per person maximum of 30 days of treatment per calendar year.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program: Waive reauthorization after the initial 30-day pass through		X		CCP 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program: Waive the required minimum service availability of three hours per day three days per week; but must provide 1.5 hours of treatment per day, three days per week to bill.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program:		X		Policy 8A	See State-Funded

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Waive beneficiary to staff ratio if provided outside of the facility.					Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program: Waive Urine Drug Screening requirements.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program: Waive requirement for family counseling if the family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Intensive Outpatient Program: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Comprehensive Outpatient Treatment: Waive the required for minimum service availability of four hours per day, five days per week; but must provide two hours per day, five days per week to bill.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Comprehensive Outpatient Treatment: Waive Urine Drug Screening requirements.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Comprehensive Outpatient Treatment: Waive requirement for family counseling if family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.		X		Policy 8A	State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Comprehensive Outpatient Treatment: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Ambulatory Detoxification: Waive initial authorization and reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Non-Medical Community Residential Treatment: Waive initial authorization and reauthorization		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Non-Medical Community Residential Treatment:		X		Policy 8A	See State-Funded Enhanced MH

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Allow LCAS and CCS to provide services by telehealth or telephonically interventions in lieu of being provided in-person at the facility.					& SAS 2022 document.
Substance Abuse Medically Monitored Community Residential Treatment: Waive initial authorization and reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Substance Abuse Medically Monitored Community Residential Treatment: Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Non-Hospital Medical Detoxification: Waive initial authorization and reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Non-Hospital Medical Detoxification: Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Outpatient Opioid Treatment: Waive initial authorization and reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Medically Supervised or ADATC Detoxification Crisis Stabilization: Waive reauthorization.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Medically Supervised or ADATC Detoxification Crisis Stabilization: Waive maximum of 30-days of treatment within 12 months.		X		Policy 8A	See State-Funded Enhanced MH & SAS 2022 document.
Community Support Team: Waive reauthorization.		X		Policy 8A-6	See State-Funded Enhanced MH & SAS 2022 document.
Community Support Team: Waive requirement that staff must be dedicated to the team		X		Policy 8A-6	See State-Funded Enhanced MH & SAS 2022 document.
Community Support Team: Waive requirement that associate licensed professional team lead be fully licensed within 30 months.		X		Policy 8A-6	See State-Funded Enhanced MH & SAS 2022 document.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
Community Support Team: Waive maximum of eight units for first and last 30-day period for individuals transitioning to and from other services and allow for 40 units of service overlap.		X		Policy 8A-6	See State-Funded Enhanced MH & SAS 2022 document.
Assertive Community Treatment: Waive reauthorization.		X		Policy 8A-1	See State-Funded Enhanced MH & SAS 2022 document.
Assertive Community Treatment: Waive staff to beneficiary ratio of 1:8 for small teams and 1:9 for medium and large teams.		X		Policy 8A-1	See State-Funded Enhanced MH & SAS 2022
Assertive Community Treatment: Waive requirement that team must demonstrate fidelity to the latest tool for Measurement of ACT (TMACT) model of care.		X		Policy 8A-1	See State-Funded Enhanced MH & SAS 2022 document.
Assertive Community Treatment: Waive median rate of service frequency and median rate of service intensity.		X		Policy 8A-1	See State-Funded Enhanced MH & SAS 2022 document.
Residential Treatment Services Level I and II – Family Type: Allow QP, licensed professional, psychologist, psychiatrist to provide treatment and consultation by telehealth and/or telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility. All supervision and daily structure services must be provided in-person by the appropriate staff.		X		Policy 8D-2	Policy 8D-2
Level II – Program Type Residential Treatment Services Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training.		X		Policy 8D-2	Policy 8D-2
Level II – Program Type Residential Treatment Services Allow Sex Offender training to occur virtually.		X		Policy 8D-2	Policy 8D-2
Level II – Program Type Residential Treatment Services Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation by telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.		X		Policy 8D-2	Policy 8D-2
Residential Treatment Services Level III: Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation by telehealth and telephonically, as clinically indicated and based on level of		X		Policy 8D-2	Policy 8D-2

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
expertise, instead of providing on-site at the facility.					
Residential Treatment Services Level IV: Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training.		X		Policy 8D-2	Policy 8D-2
Residential Treatment Services Level IV: Allow sex offender training to occur virtually.		X		Policy 8D-2	Policy 8D-2
Research Based – Behavioral Health Treatment (RB-BHT): Waive concurrent authorization under Medicare authorities.		X		Policy 8F	No equivalent state-funded service.
Research Based – Behavioral Health Treatment (RB-BHT): If two-way audiovisual options are not accessible to the beneficiary, the following services may be offered by telephonic modality: 97151, 97152, 97153, 97154, and 97155.		X		Policy 8F	No equivalent state-funded service.
Intensive In-Home: Real-time, two-way interactive audio and video telehealth		X		CCP 8A	See State-Funded Enhanced MH & SAS 2022 document.
Mobile Crisis Management: Waive prior authorization after the initial unmanaged 32 units of service		X		CCP 8A	See State-Funded Enhanced MH & SAS 2022 document.
NC Innovations: Allow Day Supports, Community Living and Supports, Supported Employment and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting. Residential setting refers to the setting types listed in the Residential Service definition in the approved NC Innovations Waiver.			X	Policy 8P	State-Funded Day Supports, Community Living and Supports and Supported Employment
NC Innovations and NC TBI Waiver: Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.			X	Policy 8P and NC TBI Waiver	Based on funding availability for State-Funded I/DD & TBI services.
NC Innovations and NC TBI Waiver: Respite may be provided when family is out of state due to evacuation/displacement until they return home.			X	Policy 8P and NC TBI Waiver	See State-Funded DMHDDSAS Service Definitions 2003-2019 document.
NC Innovations and NC TBI Waiver: Waive prior approval for individuals who are displaced and allow Respite to be provided out of state.			X	Policy 8P and NC TBI Waiver	No state-funded equivalent.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
<p>NC Innovations and NC TBI Waiver: Annual reassessments of level of care that exceeds the 60-calendar-day approval requirement beginning on March 13, 2020, will remain open, and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impedes this process. Annual reassessments of level of care may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.</p>			X	Policy 8P and NC TBI Waiver	No state-funded equivalent.
<p>NC Innovations: Community Living and Supports may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.</p>			X	Policy 8P	State-Funded Community Living & Supports
<p>NC Innovations and NC TBI Waiver: Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge.</p>			X	Policy 8P and NC TBI Waiver	No state-funded equivalent.
<p>NC Innovations and NC TBI Waiver: Waive the face-to-face requirements for monthly and quarterly care coordination/beneficiary meetings for individuals receiving residential supports, new to waiver or relative-as-provider during this amendment. Waive the face-to-face requirements for quarterly care coordinator/beneficiary meetings. Individuals who do not receive at least one service per month will receive monthly monitoring (which can be telephonic) as quarterly meetings are not sufficient for such individuals. Monthly and quarterly monitoring will occur telephonically. This telephonic assessment/monitoring will be conducted in accordance with HIPAA requirements.</p>			X	Policy 8P and NC TBI Waiver	State-Funded Residential Supports
<p>NC Innovations and NC TBI Waiver Temporarily include retainer payments to address emergency- related issues.</p>			X	Policy 8P and NC TBI Waiver	No state-funded equivalent.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 5/11/23	Sunsetting 11/11/23	NC Medicaid Comments	State-Funded Comments
NC Innovations: Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.			X	Policy 8P	State-Funded Supported Living
NC Innovations: Respite may be utilized during school hours for sickness or injury, when a student is suspended or expelled, or school hours during the public health emergency necessitate remote learning.			X	Policy 8P	See State-Funded DMHDDSAS Service Definitions 2003-2019 document.
NC Innovations and NC TBI Waiver: Allow for existing staff to continue to provide service for 90 days when CPR and NCI re-certification has lapsed.			X	Policy 8P and NC TBI Waiver	Not supported for any state-funded services.
NC TBI Waiver: Life Skills Training (for behavioral intervention) and Personal Care may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.			X	NC TBI Waiver	No state-funded equivalent.
NC Innovations: Waive Support Intensity Scale Assessments/reassessment during amendment.			X		For all state-funded I/DD and TBI services requiring a Support Intensity Scale Assessment.

Additional State-Funded ONLY service definition policies with COVID flexibilities ending on May 11, 2023:

State-Funded Services	COVID Flexibilities Sunsetting 5/11/23	State-Funded Comments
State-Funded IPS for COVID-19 Crisis	X	https://www.ncdhhs.gov/state-funded-ips-covid-19-crisis-4-2020-final/download
CTI Service Definition COVID-19	X	https://www.ncdhhs.gov/cti-service-definition-covid-19-final/download
Transition Management Services COVID-19	X	https://www.ncdhhs.gov/transition-management-services-4-22-20-covid-19-final/download
CAET-Group (YA 394)*	X	State-Funded Alternative Service Definition
Personal Assistance (YP020)*	X	State-Funded MHDDSAS Service Definitions 12-15-19
ADVP (YP630)	X	State-Funded MHDDSAS Service Definitions 12-15-19
Day Activity (YP660)*	X	State-Funded MHDDSAS Service Definitions 12-15-19

Developmental Day (YP610)*	X	State-Funded MHDDSAS Service Definitions 12-15-19
Personal Care Services (YM050)*	X	State-Funded MHDDSAS Service Definitions 12-15-19

*These services are also end dating as of 9/30/23. Please see JCB #449 for details.

If you have questions regarding Medicaid services, please contact Stephanie Wilson at 919-527-6652 or stephanie.wilson@dhhs.nc.gov. For state-funded IDD/TBI services, please contact Stephanie Jones at 984-236-5043 or stephanie.jones@dhhs.nc.gov or for state-funded MH or SUD services, Starleen Scott-Robbins at 984-236-5131 or Starleen.Scott-Robbins@dhhs.nc.gov.