



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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LME-MCO Joint Communication Bulletin # J421

DATE: June 14, 2022
TO: Local Management Entities/Managed Care Organizations (LME/MCOs)
FROM: Saarah Waleed, Interim Assistant Director for Policy and Programs, DMH/DD/SAS
Deb Goda, Associate Director, Behavioral Health and I/DD, NC Medicaid
SUBJECT: Update to Home and Community Based Services (HCBS) Validation Process and Timeline

This bulletin replaces [Joint Communication Bulletin #J411](#) which provided an updated HCBS validation process and timeline to Local Management Entity-Managed Care Organizations (LME-MCO's).

This bulletin changes the dates for re-posting the Statewide Transition Plan for public comment and re-submission of the Statewide Transition Plan to the Centers of Medicare and Medicaid Services (CMS) for final approval.

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Health Benefits (DHB) are providing the following guidance to support the continuation of North Carolina's HCBS Validation processes amidst response to the COVID-19 public health emergency.

Effective March 8, 2022, the NC HCBS Statewide Transition Plan outlines the use of telehealth for Care Coordination monitoring as an allowable method of HCBS validation.

It remains critical that person-centered planning, individual choice and efforts to comply with the HCBS Final Rule continue to be at the forefront of our service delivery system and this flexibility will ensure that North Carolina demonstrates that the state's existing HCBS settings comply with the HCBS Final Rule by March 17, 2023.

The DHHS has adjusted the following HCBS timelines accordingly:

- **March 8, 2022:** HCBS validation and DHHS look-behind efforts relaunched.

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- **April 15, 2022:** Identification of all HCBS settings unwilling or unable to comply with HCBS settings requirements submitted to the DHHS HCBS Internal Team. Process begins for providing technical assistance to providers of non-compliant HCBS settings, beneficiary and family engagement, and transition planning for individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements.
- **May 1, 2022:** Identification concludes of all non-compliant HCBS settings, HCBS settings unwilling or unable to comply with HCBS settings requirements and individuals needing to transition to HCBS compliant settings.
- **June 15, 2022:** Re-posting of Statewide Transition Plan for 30-day public comment.
- **June 8, 2022:** Validation Quarterly Reporting Tool (Final Submission) due to the DHHS HCBS Internal Team.
- **July 31, 2022:** Re-submit Statewide Transition Plan for final approval to the Centers for Medicare and Medicaid Services (CMS).
- **Dec. 31, 2022:** Transitions conclude of individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements to HCBS compliant sites.

The DHHS HCBS Internal Team will make every effort to continue monitoring and reviewing CMS guidelines, the NC HCBS Statewide Transition Plan, and timelines established within the HCBS Standard Operating Procedures (SOP) Manual and Guidance. It is expected that all processes established through the NC HCBS Statewide Transition Plan and the HCBS SOP will continue without interruption.

If you have any questions, please contact the DHHS HCBS Internal Team at HCBSTransPlan@dhhs.nc.gov.

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

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