NC Department of Health and Human Services

Policy Flexibilities

June 30, 2020 & July 9, 2020

Agenda

- How We Got Here
- Flexibilities (Keep and Not Keep)
- Timelines
- Q & A

How We Got Here

COVID Implementation Authority

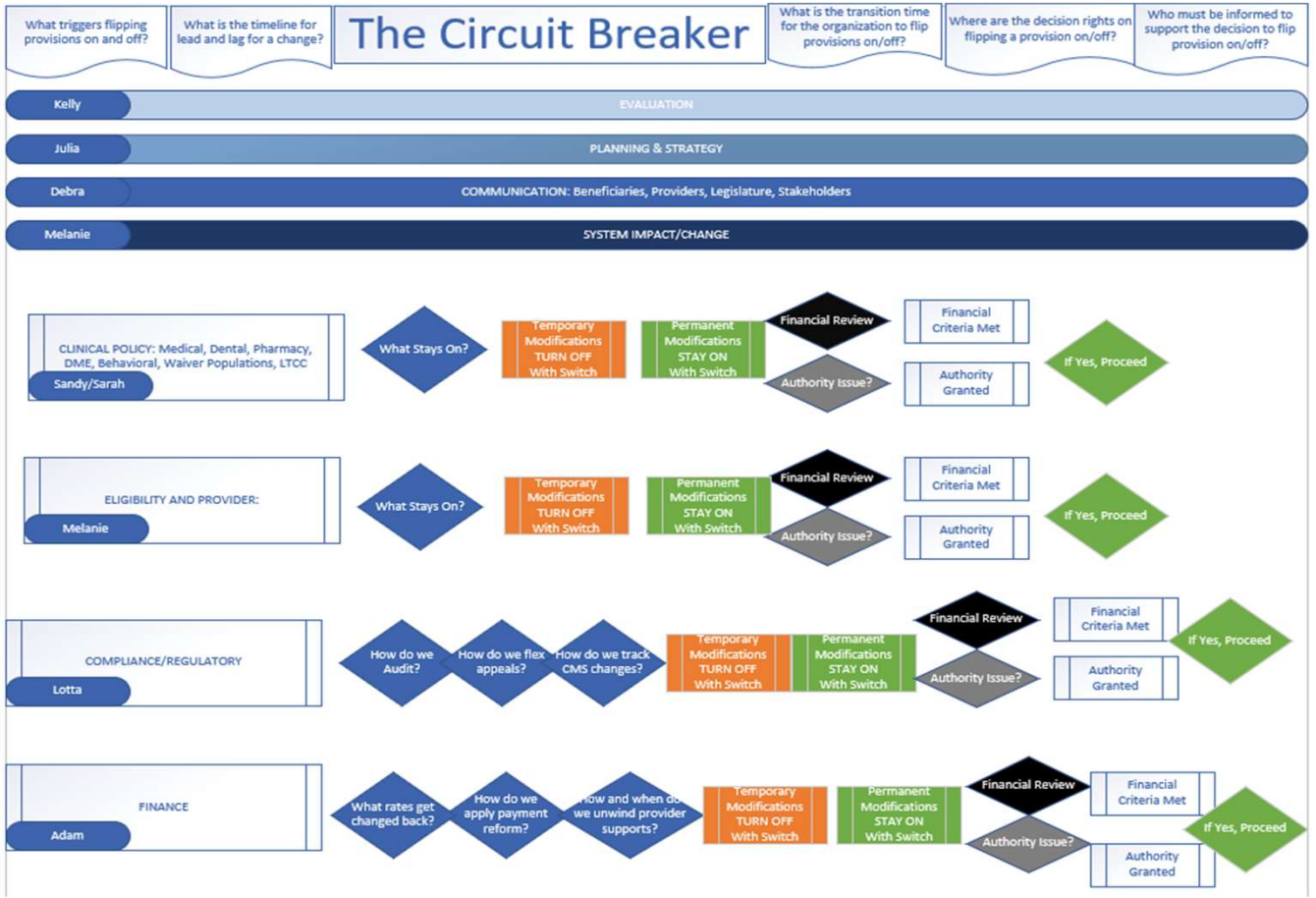
- 1115 Waiver
- 1135 Waiver (Round 1)
- 1135 Waiver (Round 2)
- Appendix K (Round 1) Innovations and TBI
- Appendix K (Round 2) Innovations and TBI
- Concurrence Letter
- Disaster SPA (Round 1)
- Disaster SPA (Round 2)
- Disaster SPA (Round 3)
- Existing State Authority

Policy Statement & Guiding Principle

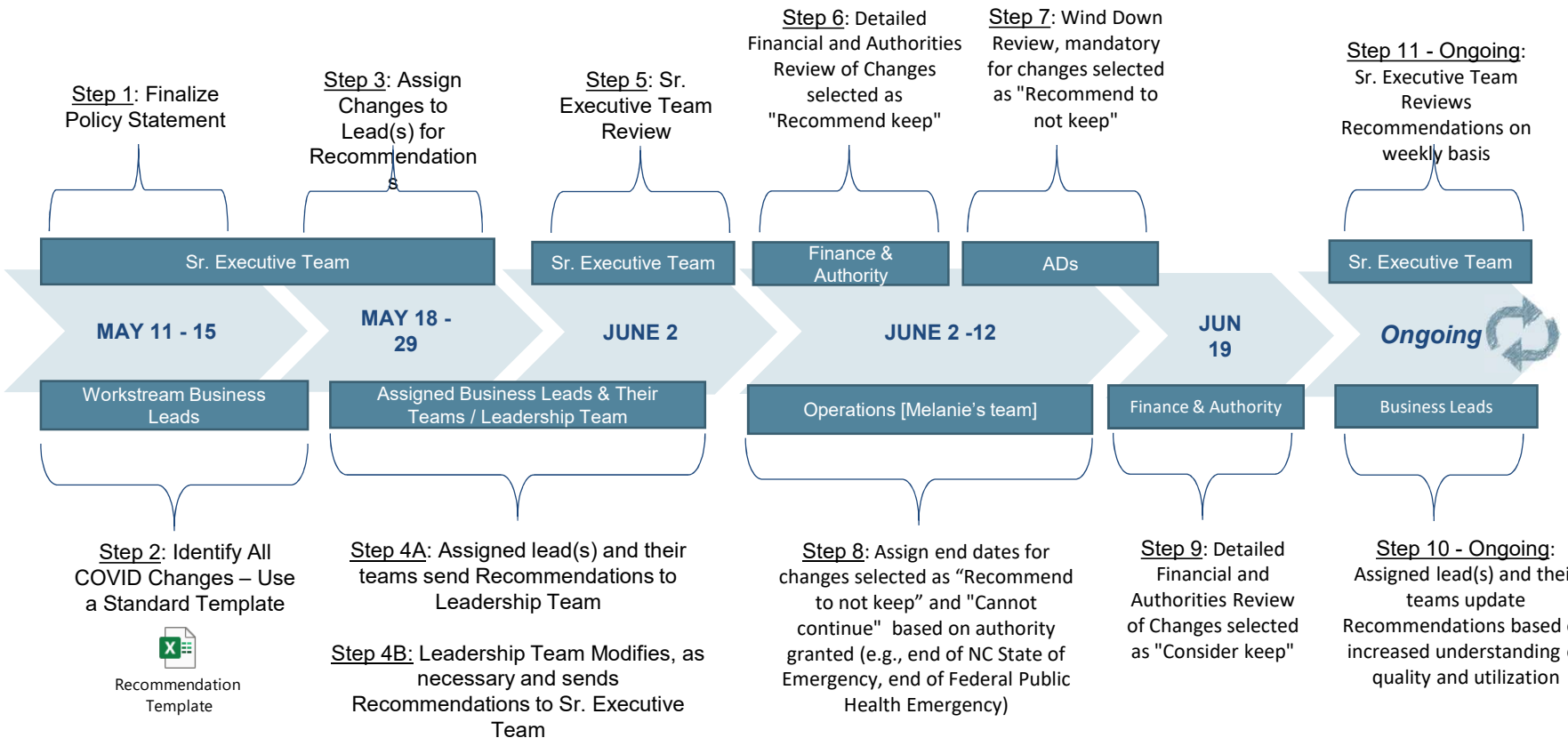
Medicaid has made significant changes to its program to address the COVID 19 pandemic. These changes were designed to support beneficiaries and providers during the pandemic. As we begin to look towards a post COVID world we must review these actions to determine what actions should be continued beyond the pandemic.

Our guiding principle should be to continue items that add value to the beneficiary experience, improve health outcomes and /or support our providers in their ability to provide quality care or beneficiaries. Although funding will ultimately drive our ability to keep some actions our recommendations of priority actions should start without funding or cost consideration.

The Circuit Breaker Approach



The Circuit Breaker Process Steps, Ownership & Timeline



Flexibilities (Keep, Keep with Changes, and Not Keep)

Recommendation	Definition
Recommended Keep	Has significant potential for improvement to quality and access beyond COVID
Recommend Keep with Changes	Has significant potential for improvement to quality and access beyond COVID, with changes to the flexibility
Recommend to Not Keep	No improvement except as response to COVID

1-H Update

Code/Service	Flexibility / Change Description	Recommendation
1-H	Remove limits on origination/distant sites	Recommended Keep
1-H	Remove requirement for consultation/referral-only model	Recommended Keep
1-H	Tablets/cell phones allowed	Recommended Keep
1-H	Non-HIPAA compliant software	Recommend to Not Keep

1-H Update

Code/Service	Flexibility / Change Description	Recommendation
1-H	Payment parity for 2-way audio/video (Keep)	Recommended Keep
1-H	Telephonic E&M – 99441-99443, G2012, G0071 (Keep with changes)	Recommended Keep with Changes
1-H	Virtual/Portal E&M – 99421-99423	Recommended Keep with Changes
1-H	Physician consultation – 99446-99449	Recommended Keep
1-H	Hybrid home visits – 99347-99350 (Keep with changes)	Recommended Keep with Changes

Outpatient Therapy

Code/Service	Flexibility / Change Description	Recommendation
90846, 90847, 90849, 90853, 90785, 90791, 90832,90834, 90837, 90839, 90840	Telephonic substitution for Telehealth - psychotherapy codes/interactive complexity	Recommend Keep with Changes
90791, 90832, 90834, 90837	Real time two-way audio/video permitted for relevant licensure types (existing licensure types - LMFT, LCMHC, LCAS and associate level licensures in additional to LCSW-A and LPA)	Recommended Keep
90846, 90847, 90849, 90853, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Waive initial prior approval and reauthorization.	Recommend to Not Keep
90839, 90840, 90846, 90847, 90849, 90853, 90785	Real time two-way audio/video permitted for relevant licensure types	Recommended Keep

Outpatient Therapy

Code/Service	Flexibility / Change Description	Recommendation
96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Real time two-way audio/video permitted for relevant licensure types	Recommend to Not Keep
90833, 90836, 90838	Telephonic substitution for Telehealth - add on codes for psychiatric prescribers	Recommend to Not Keep
98966, 98967, 98968	New telephonic assessment and management codes (for non-prescribers)	Recommend to Not Keep
99231, 99232, 99233, 99238, 99239	Real time two-way audio/video allowed for prescribers for inpatient psychiatric subsequent and discharge day services	Recommended Keep

Mobile Crisis

Code/Service	Flexibility / Change Description	Recommendation
8A Mobile Crisis Management- H2011	Real-time, two-way interactive audio and video telehealth	Recommended Keep
8A Mobile Crisis Management- H2011	Waive requirement that 80% must be face to face	Recommend to Not Keep
8A Mobile Crisis Management- H2011	Waive prior authorization after the initial unmanaged 32 units of service.	Recommend to Not Keep
8A Mobile Crisis Management- H2011	Waive 24 hours as the maximum length of service.	Recommend to Not Keep
8A Mobile Crisis Management- H2011	Waive staff training requirements within 90 days of employment, if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A Mobile Crisis Management- H2011	Allow for supervision by any licensed professional on the team or employed by the agency if Team Lead is sick or unavailable.	Recommended Keep

Intensive In-Home

Code/Service	Flexibility / Change Description	Recommendation
8A Intensive In-Home-H2022	Real-time, two-way interactive audio and video telehealth	Recommend to Not Keep
8A Intensive In-Home-H2022	Telephonic if telehealth not accessible	Recommend to Not Keep
8A Intensive In-Home-H2022	Waive reauthorization.	Recommend to Not Keep
8A Intensive In-Home-H2022	Waive staff training requirements within 30 and 90 day of employment, if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A Intensive In-Home-H2022	Waive the two hour per day minimum service provision and reduce to one hour per day in order to bill.	Recommend to Not Keep
8A Intensive In-Home-H2022	Waive requirement that staff must be dedicated to the team.	Recommend to Not Keep

Intensive In-Home

Code/Service	Flexibility / Change Description	Recommendation
8A Intensive In-Home-H2022	Waive requirements that 60 percent of contacts should be face to face and 60 percent of staff time should be spent outside of facility.	Recommend to Not Keep
8A Intensive In-Home-H2022	Waive team to family ratio of 1:12.	Recommend to Not Keep
8A Intensive In-Home-H2022	Allow for supervision by any licensed professional on the team or employed by the provider agency, within scope and training, if Team Lead is sick or unavailable.	Recommend to Not Keep
8A Intensive In-Home-H2022	Allow supervision by Team Lead, or designee as noted above, to occur virtually.	Recommended Keep

Multi-Systemic Therapy

Code/Service	Flexibility / Change Description	Recommendation
8A Multisystemic Therapy- H2033	Real-time, two-way interactive audio and video telehealth	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Telephonic if telehealth not accessible	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Waive reauthorization.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Waive staff introductory and quarterly training requirements if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Waive requirement that staff must be dedicated to the team.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	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.	Recommend to Not Keep

Multi-Systemic Therapy

Code/Service	Flexibility / Change Description	Recommendation
8A Multisystemic Therapy- H2033	Waive the three to five-month maximum duration of service.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Waive requirements that 50 percent of face-to-face contact with beneficiary and family and 60 percent of staff time should occur outside of facility.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Waive maximum of 480 units per three months.	Recommend to Not Keep
8A Multisystemic Therapy- H2033	Allow supervision by another master's level qualified professional (QP) employed by the provider agency if team lead is sick or unavailable.	Recommend to Not Keep

Community Support Team

Code/Service	Flexibility / Change Description	Recommendation
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Real-time, two-way interactive audio and video telehealth	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Telephonic if telehealth not accessible	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive reauthorization.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive requirement that staff must be dedicated to the team.	Recommend to Not Keep

Community Support Team

Code/Service	Flexibility / Change Description	Recommendation
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive requirement that associate licensed professional team lead be fully licensed within 30 months.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	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.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive Comprehensive Clinical Assessment for beyond six months of treatment.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive staff to beneficiary ratio of 1:12.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive monitoring of delivery of service by Team Leader.	Recommend to Not Keep

Community Support Team

Code/Service	Flexibility / Change Description	Recommendation
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Waive requirement that 75 percent of the service must be delivered face-to-face and outside of agency.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Allow functional assessments and crisis interventions to be completed via telehealth or telephonic modalities, as clinically appropriate.	Recommend to Not Keep
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Allow team meetings to occur virtually.	Recommended Keep

Assertive Community Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A-1 Assertive Community Treatment H0040	Real-time, two-way interactive audio and video telehealth	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Telephonic if telehealth not accessible	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Waive reauthorization.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Waive requirement that staff must be dedicated to the team.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Waive staff to beneficiary ratio of 1:8 for small teams and 1:9 for medium and large teams.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Waive requirement that team must demonstrate fidelity to the latest tool for Measurement of ACT (TMACT) model of care.	Recommend to Not Keep

Assertive Community Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A-1 Assertive Community Treatment H0040	Waive staff training requirements within 120 days of employment, if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Waive medium rate of service frequency and median rate of service intensity.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Allow any agency employed licensed staff, to provide supervision within scope if team lead is sick or unavailable.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Allow Associate licensed professional to have more than 30 months to become fully licensed.	Recommend to Not Keep
8A-1 Assertive Community Treatment H0040	Allow supervision to occur virtually.	Recommended Keep

Psychosocial Rehabilitation

Code/Service	Flexibility / Change Description	Recommendation
8A Psychosocial Rehabilitation H2017	Waive initial prior authorization and reauthorization	Recommend to Not Keep
8A Psychosocial Rehabilitation H2017	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.	Recommend to Not Keep
8A Psychosocial Rehabilitation H2017	Waive staff ratio of 1:8 only if provided via telehealth or telephonic modalities.	Recommend to Not Keep
8A Psychosocial Rehabilitation H2017	Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.	Recommend to Not Keep

Day Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Child and Adolescent Day Treatment 2012HA	Waive reauthorization.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Waive requirement that staff must be dedicated to the team.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Waive requirement that a maximum of 25 percent of treatment services may be provided outside of the day treatment facility. Waive staff to beneficiary ratio if provided outside of the facility.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Waive minimum of three hours of service per day.	Recommend to Not Keep

Day Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Child and Adolescent Day Treatment 2012HA	Waive requirements for staff training within 30 and 90 days of employment and follow up and ongoing continuing education requirements for fidelity of clinical models, if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Allow for supervision by any licensed professional, within scope, employed by the provider agency if team lead is sick or unavailable.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Allow service when school is not in operation.	Recommend to Not Keep
8A Child and Adolescent Day Treatment 2012HA	Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.	Recommend to Not Keep

Partial Hospitalization

Code/Service	Flexibility / Change Description	Recommendation
8A Partial Hospitalization H0035	Waive reauthorization.	Recommend to Not Keep
8A Partial Hospitalization H0035	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.	Recommend to Not Keep
8A Partial Hospitalization H0035	Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence	Recommend to Not Keep

Substance Abuse Intensive Outpatient Program

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Intensive Outpatient Program H0015	Waive reauthorization after the initial 30-day pass through.	Recommend to Not Keep
8A Substance Abuse Intensive Outpatient Program H0015	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.	Recommend to Not Keep
8A Substance Abuse Intensive Outpatient Program H0015	Waive beneficiary to staff ratio if provided outside of the facility.	Recommend to Not Keep
8A Substance Abuse Intensive Outpatient Program H0015	Waive requirement that the CCS or LCAS be on-site 50 percent of the hours open; but, must be available virtually.	Recommend to Not Keep

Substance Abuse Intensive Outpatient Program

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Intensive Outpatient Program H0015	Waive Urine Drug Screening requirements.	Recommend to Not Keep
8A Substance Abuse Intensive Outpatient Program H0015	Waive requirement for family counseling if the family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.	Recommend to Not Keep
8A Substance Abuse Intensive Outpatient Program H0015	Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.	Recommend to Not Keep

Substance Abuse Comprehensive Outpatient Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Waive reauthorization after the initial 60-day pass through.	Recommend to Not Keep
8A Substance Abuse Comprehensive Outpatient Treatment H2035	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.	Recommend to Not Keep
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Waive beneficiary to staff ratio if provided outside of the facility.	Recommend to Not Keep
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Waive requirement that CCS or LCAS must be on-site but must be available virtually a minimum of 90 percent of the hours the service is in operation.	Recommend to Not Keep

Substance Abuse Comprehensive Outpatient Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Waive Urine Drug Screening requirements.	Recommend to Not Keep
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Waive requirement for family counseling if family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.	Recommend to Not Keep
8A Substance Abuse Comprehensive Outpatient Treatment H2035	Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence	Recommend to Not Keep

Substance Abuse Comprehensive Outpatient Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Ambulatory Detoxification H0014	Waive initial authorization and reauthorization.	Recommend to Not Keep
8A Ambulatory Detoxification H0014	Allow supervision of LCAS or CCS to occur virtually.	Recommend to Not Keep

Substance Abuse Non-Medically Monitored Community Residential Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Non-Medical Community Residential Treatment H0012	Waive initial authorization and reauthorization.	Recommend to Not Keep
8A Substance Abuse Non-Medical Community Residential Treatment H0012	Waive the per person service maximum of 30 days of treatment in 12 months.	Recommend Keep with Changes
8A Substance Abuse Non-Medical Community Residential Treatment H0012	Allow LCAS and CCS to provide services via telehealth or telephonically interventions in lieu of being provided in-person at the facility.	Recommend to Not Keep
8A Substance Abuse Non-Medical Community Residential Treatment H0012	Allow supervision of QP, AP, and paraprofessionals to occur virtually.	Recommend to Not Keep

Substance Abuse Medically Monitored Community Residential Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Substance Abuse Medically Monitored Community Residential Treatment- H0013	Waive initial authorization and reauthorization.	Recommend to Not Keep
8A Substance Abuse Medically Monitored Community Residential Treatment- H0013	Waive the per person service maximum of no more than 30 days of treatment in 12 months.	Recommend Keep with Changes
8A Substance Abuse Medically Monitored Community Residential Treatment- H0013	Allow LCAS and CCS to provide services via telehealth or telephonically in lieu of being provided in-person at the facility.	Recommend to Not Keep
8A Substance Abuse Medically Monitored Community Residential Treatment- H0013	Allow supervision of QP, AP and paraprofessionals to occur virtually.	Recommend to Not Keep

Non-Hospital Medical Detoxification

Code/Service	Flexibility / Change Description	Recommendation
8A Non-Hospital Medical Detoxification H0010	Waive initial authorization and reauthorization.	Recommend to Not Keep
8A Non-Hospital Medical Detoxification H0010	Waive the per person service maximum of no more than 30 days of treatment in 12 months.	Recommend Keep with Changes
8A Non-Hospital Medical Detoxification H0010	Allow LCAS and CCS to provide services via telehealth or telephonically in lieu of being provided in-person at the facility.	Recommend to Not Keep
8A Non-Hospital Medical Detoxification H0010	Allow physician assessments to be completed by telehealth.	Recommended Keep
8A Non-Hospital Medical Detoxification H0010	Allow supervision of QP, AP, and paraprofessionals to occur virtually.	Recommend to Not Keep

Outpatient Opioid Treatment

Code/Service	Flexibility / Change Description	Recommendation
8A Outpatient Opioid Treatment H0020	Waive initial authorization and reauthorization.	Recommend to Not Keep
8A Outpatient Opioid Treatment H0020	Allow for up to 28 units to be billed in one day to allow for take home dosing for clinically appropriate individuals for up to 28 days.	Recommend Keep with Changes

Diagnostic Assessment

Code/Service	Flexibility / Change Description	Recommendation
8A Diagnostic Assessment -T1023	Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year.	Recommend to Not Keep

Peer Support Services

Code/Service	Flexibility / Change Description	Recommendation
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	real-time, two-way interactive audio and video telehealth	Recommend keep with changes
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	telephonic if telehealth not accessible	Recommend to Keep
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Waive initial authorization and reauthorization.	Recommend to Not Keep
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Waive staff to beneficiary ratio.	Recommend to Not Keep

Peer Support Services

Code/Service	Flexibility / Change Description	Recommendation
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Waive requirement that telephone time be 20 percent or less of total service time per individual per year.	Recommend to Not Keep
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Waive staff training requirements unable to be obtained during the state of emergency within 30 and 90 days of employment.	Recommend to Not Keep
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Allow supervision to occur virtually.	Recommended Keep
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Allow for Peer Support Services Program Supervisor to fulfill 90-day face-to-face contact through telehealth or telephonically.	Recommended Keep

Residential Treatment Services Level III

Code/Service	Flexibility / Change Description	Recommendation
8D-2 Residential Treatment Services Level III H0019	Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training.	Recommend to Not Keep
8D-2 Residential Treatment Services Level III H0019	Allow sex offender specific training to occur virtually.	Recommend to Not Keep
8D-2 Residential Treatment Services Level III H0019	Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Recommend to Not Keep

Residential Treatment Services Level I and II

Code/Service	Flexibility / Change Description	Recommendation
8D-2 Residential Treatment Services Level I and II – Family Type- H2020	Waive reauthorization.	Recommend to Not Keep
8D-2 Residential Treatment Services Level I and II – Family Type- H2020	Waive staff training requirements unable to be performed during the state of emergency, except sex offender specific training.	Recommend to Not Keep
8D-2 Residential Treatment Services Level I and II – Family Type- H2020	Allow sex offender training to occur virtually.	Recommend to Not Keep
8D-2 Residential Treatment Services Level I and II – Family Type- H2020	Allow QP, licensed professional, psychologist, psychiatrist to provide treatment and consultation via 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.	Recommended Keep

Residential Treatment Services Level II

Code/Service	Flexibility / Change Description	Recommendation
Residential Treatment Services 8D-2 Level II –- Program Type H2020	Waive reauthorization.	Recommend to Not Keep
Residential Treatment Services 8D-2 Level II –- Program Type H2020	Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training.	Recommend to Not Keep
Residential Treatment Services 8D-2 Level II –- Program Type H2020	Allow Sex Offender training to occur virtually.	Recommend to Not Keep
Residential Treatment Services 8D-2 Level II –- Program Type H2020	Allow QP, social worker, psychologist or psychiatrist to provide treatment, services, and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Recommend to Not Keep

Residential Treatment Services Level IV

Code/Service	Flexibility / Change Description	Recommendation
8D-2 Residential Treatment Services Level IV H0019	Allow social worker, psychologist or psychiatrist to provide services via telehealth instead of providing them in-person at facility.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive requirement that parent, and legal guardian must participate in rehabilitation plan development and implementation if unavailable due to illness.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive opportunity for individual inclusion in community activities.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Allow sex offender training to occur virtually.	Recommend to Not Keep

Residential Treatment Services Level IV

Code/Service	Flexibility / Change Description	Recommendation
8D-2 Residential Treatment Services Level IV H0019	Allow social worker, psychologist or psychiatrist to provide services via telehealth instead of providing them in-person at facility.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive requirement that parent, and legal guardian must participate in rehabilitation plan development and implementation if unavailable due to illness.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive opportunity for individual inclusion in community activities.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training.	Recommend to Not Keep
8D-2 Residential Treatment Services Level IV H0019	Allow sex offender training to occur virtually.	Recommend to Not Keep

Residential Treatment Services Level III

Code/Service	Flexibility / Change Description	Recommendation
8D-2 Residential Treatment Services Level III H0019	Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training.	Recommend to Not Keep
8D-2 Residential Treatment Services Level III H0019	Allow sex offender specific training to occur virtually.	Recommend to Not Keep
8D-2 Residential Treatment Services Level III H0019	Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Recommend to Not Keep

PRTF

Code/Service	Flexibility / Change Description	Recommendation
8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21 RC0911	Allow psychiatrist to provide services via telehealth instead of providing on-site at the facility.	Recommend Keep with Changes
8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21 RC0911	Allow licensed therapist(s) to provide services via telehealth instead of providing on-site at the facility.	Recommend Keep with Changes

Child Residential Facilities – Therapeutic Leave

Code/Service	Flexibility / Change Description	Recommendation
8D-1 and 8D-2Therapeutic Leave for Psychiatric Residential Treatment Facilities for Children under the Age of 21 Residential Treatment Services Levels II-IV RC183	Allow an increase of Therapeutic Leave days from 45 days to 95 days.	Recommended to Not Keep

ICF-IID

Code/Service	Flexibility / Change Description	Recommendation
8E Therapeutic Leave for Nursing Facilities and Intermediate Care for Individuals with Intellectual Disabilities (ICF-IID) RC183	Allow an increase of Therapeutic Leave days from 60 days to 120 days.	Recommended Keep with Changes

Professional Treatment Services in Facility-Based Crisis Program

Code/Service	Flexibility / Change Description	Recommendation
8A Professional Treatment Services in Facility-Based Crisis Program S9484	Waive per person maximum of 30 days of treatment per calendar year.	Recommend Keep with Changes

Facility-Based Crisis Services for Children and Adolescents

Code/Service	Flexibility / Change Description	Recommendation
8A-2 Facility-Based Crisis Services for Children and Adolescents S9484 HA	Waive maximum of 30 days of treatment per calendar year	Recommended Keep with Changes
8A-2 Facility-Based Crisis Services for Children and Adolescents S9484 HA	Waive staff training requirements if unable to be obtained during the state of emergency.	Recommend to Not Keep
8A-2 Facility-Based Crisis Services for Children and Adolescents S9484 HA	Allow psychiatric evaluation to be completed via telehealth instead of on-site at the facility and billed separately.	Recommended Keep
8A-2 Facility-Based Crisis Services for Children and Adolescents S9484 HA	Allow behavioral assessment to be completed via telehealth by the psychologist.	Recommend to Not Keep

(b)(3) DI NC Innovations Waiver Service Array will follow NC Innovations Waiver policy changes.

(b)(3) Services

Code/Service	Flexibility / Change Description	Recommendation
Supported Employment (Initial and Maintenance) - For Supported Employment for individuals with Mental Health needsH2023 U4; H2026 U4 HQ for group	Service may be provided via two-way, real-time audio and video - as well as telephonically.	Recommend Keep with Changes
Supported Employment (Initial and Maintenance) - For Supported Employment for individuals with I/DDH2023 U4; H2026 U4 HQ for group	Service may be provided via two-way, real-time audio and video.	Recommend Keep with Changes
Individual Support - T1019 U4	Service may be provided via two-way, real-time audio and video as well as telephonically.	Recommend Keep with Changes
Transitional Living Skills - H2022 U4	Service may be provided via two-way, real-time audio and video as well as telephonically.	Recommend Keep with Changes
Intensive Recovery Supports - T1012 U4	Service may be provided via two-way, real-time audio and video as well as telephonically.	Recommend Keep with Changes
In Home Skill Building - T2013 U4	Service may be provided via two-way, real-time audio and video.	Recommend Keep with Changes

BR-BHT

Code/Service	Flexibility / Change Description	Recommendation
RBBHT 97151, 97152, 97153, 97154, 97155, 97156, 97157	Waive concurrent authorization.	Recommend to Not Keep
RBBHT 97151, 97152, 97153, 97154, 97155, 97156, 97157	Allow two-way audio-visual Telehealth for services	Recommend Keep with Changes
RBBHT 97156	If two-way audio-visual options are not accessible to the beneficiary, the following services may be offered via telephonic modality.	Recommended Keep
RBBHT 97157	If two-way audio-visual options are not accessible to the beneficiary, the following services may be offered via telephonic modality.	Recommended Keep

Flexibility / Change Description	Recommendation
• 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. • Waive requirement for beneficiary to attend the Day Supports provider once per week. • 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.	Recommended Keep

Flexibility / Change Description	Recommendation
• 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, community networking	Recommend Keep with Changes

Flexibility / Change Description	Recommendation
• Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed. • 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 waiver. • Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period. • Allow relatives of adult waiver beneficiaries who reside in the home and out of the home to provide services prior to background check and training for 90 days • Allow relatives of minor waiver beneficiaries who reside in the home and out of the home to provide services prior to background check and training for 90 days	Recommend to Not Keep

Flexibility / Change Description	Recommendation
• Annual reassessments of level of care that exceeds the 60-calendar day approval requirement beginning on 3/13/2020, 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. • Community Living and Supports (under Innovations) and Life Skills Training and Personal Care (under TBI) 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.	Recommend to Not Keep

Timelines

- Policy Changes are being made and reviewed
- SPA Changes to be submitted as soon as possible
- Policies to be submitted to July PAG
- 45 Day Public Comment
- Policies posted and effective 10/1/20

Q & A