



To: All Providers

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VP of Network Management

Date: June 5, 2023






Subject: Ending Clinical Policy Flexibilities Associated with the Federal Public Health Emergency, Finalized State-Funded Outpatient Behavioral Health Services Clinical Coverage Policy

SPECIAL UPDATE BULLETIN MEDICAID TRANSFORMATION

ENDING CLINICAL POLICY FLEXIBILITIES ASSOCIATED WITH THE FEDERAL PUBLIC HEALTH EMERGENCY

[End of COVID Flexibilities](#)

The policy changes listed within the link above 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 [NC TRACKS 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 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.





Read the full Communication notice at the link above.

STATE-FUNDED OUTPATIENT BEHAVIORAL HEALTH SERVICES

See the link below for the finalized State-Funded Outpatient Behavioral Health Services Clinical Coverage Policy.

[State Funded CCP Policy](#)

The State-funded Outpatient Behavioral Health Services service definition was developed as a part of the 1115 SUD Demonstration Waiver. This policy is the state-funded version of the Division of Health Benefits' Clinical Coverage Policy 8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers. It is inclusive of the new Addiction Society of Medicine (ASAM) Criteria language regarding:

-  ASAM Level 1 services;
-  ASAM Level 0.5 Screening, Brief Intervention and Referral to Treatment (SBIRT);
-  ASAM determination of level of care for individuals diagnosed with a substance use disorder; and
-  ASAM training requirements.

[Previous Bulletin HERE](#)

If you have any questions, please contact Starleen Scott Robbins at 984-236-5131 or starleen.scott-robbins@dhhs.nc.gov.