

**To:** All Providers

**From:** Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP  
VP of Network Management

**Date:** June 17, 2022

**Subject:** SPECIAL BULLETIN COVID-19 #251: Sun-setting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency, Additional Healthy Opportunities Services Now Available

### SPECIAL BULLETIN MEDICAID TRANSFORMATION

#### SPECIAL BULLETIN COVID-19 #251: SUN-SETTING OF TEMPORARY COVID-19 FLEXIBILITIES TIED TO THE NC STATE OF EMERGENCY

As communicated previously in [SPECIAL BULLETIN COVID-19 #237: Extension of NC State of Emergency Temporary Flexibilities](#), multiple COVID-related flexibilities are set to sunset on June 30, 2022.

To support providers and the NC Medicaid community, the NC Medicaid team compiled a comprehensive list of all the clinical policy flexibilities developed in response to COVID-19. Information on these can be found in [SPECIAL BULLETIN COVID-19 #237](#) and includes:

- 🌱 flexibilities that have been or are being incorporated into permanent policy.
- 🌱 temporary flexibilities that will end on June 30, 2022.
- 🌱 temporary flexibilities that will end at the end of the federal public health emergency (PHE) (date TBD).
- 🌱 The flexibilities detailed in [SPECIAL BULLETIN COVID-19 #237](#) have not changed.

*Note: The policy changes listed within this bulletin will apply to NC Medicaid Direct and Medicaid Managed Care. The Standard Plans and LME/MCOs may be no more restrictive in amount, scope and duration than the permanent policies, unless required by NC Medicaid's contract with the Standard Plans or LME/MCOs.*

Based on the North Carolina State of Emergency (SOE) established through [Executive Order \(EO\) 116](#), NC Medicaid (including NC Medicaid Direct and NC Medicaid Managed Care) implemented temporary changes to clinical policy to support providers and beneficiaries during the COVID-19 SOE.

Policy changes were announced by bulletin and indicated that certain flexibilities would end at the earlier of the cancellation of the SOE or when the policy modification was rescinded by NC Medicaid. **Currently the SOE is scheduled to end July 14, 2022.**

Many of the policy flexibilities implemented during the NC SOE and federal PHE have been made into permanent NC Medicaid clinical coverage as shown in the [linked document](#).

As a reminder, for services provided to Medicaid beneficiaries (not NC Health Choice) under 21 years of age, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions apply. EPSDT is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products or procedures for Medicaid beneficiaries under 21 years of age if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). It is possible that providers could request one of the temporary flexibilities based on the need of the beneficiary under EPSDT.

Additionally, NC Medicaid continues to study and evaluate many flexibilities utilized in the PHE. If you would like to submit a Clinical Coverage Request for an item to be considered for permanent coverage, please use the [Provider/Stakeholder Request for Coverage Form](#) and follow that process. Submitting a request will result in future consideration for permanent policy coverage and will not impact the June 30 end date.

## FEDERAL PHE

At the time of this bulletin, the federal PHE is still in effect. Please refer to the [federal Public Health Emergency website](#) for more information and updates.

 [Special Bulletin COVID-19 #251](#)



 [Special Bulletin COVID-19 #237](#)


## ADDITIONAL HEALTHY OPPORTUNITIES SERVICES NOW AVAILABLE

### NEW SERVICES ADDRESS TOXIC STRESS AND MULTIPLE NON-MEDICAL NEEDS

Effective June 15, 2022, qualifying Medicaid Standard Plan members in [Healthy Opportunities Pilot](#) regions may receive additional services that address toxic stress and multiple non-medical needs.

The following new services are:

-  **Evidence-Based Parenting Classes** (addresses toxic stress), including the Incredible Years curriculum, which provide group and one-on-one instruction, often in a classroom setting, over 18-20 sessions by a trained facilitator
-  **Home Visiting Services** (addresses toxic stress), including the Parents as Teachers curriculum, which provide one-on-one observation, instruction, and support from a trained case manager who may be a licensed clinician, and typically involve at least 12-24 home visits annually depending on the family's need.





 **Medical Respite** (addresses multiple non-medical needs) is a short-term, specialized program focused on individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care.

Toxic stress is prolonged, severe, or chronic stress that can cause significant problems with health, development, and functioning. Some stressors that are likely to cause adverse reactions are potentially traumatic events like exposure to violence (especially recurring violence such as child abuse or domestic violence, or threats of violence in neighborhoods with high rates of violent crime), experiences of war, terrorism, or natural disasters, or chronic stressors like low-income families' insecurity about basic needs.

Evidence-based parenting classes and home visiting services are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care/out of home placement or parental incarceration.

Medical Respite services include comprehensive residential care that provides the enrollee the opportunity to rest in a stable setting while enabling access to hospital, medical, and non-medical services that assist in completing their recuperation. Medical respite services should include, at a minimum, short-term post-hospitalization housing, medically-tailored meals and transportation services.

The new Healthy Opportunities Pilot services listed above are available in three regions of the state on the following timelines, overseen by the following Network Lead organizations:

1. **Access East Inc.:** Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
  -  All services available by July 26.
2. **Community Care of the Lower Cape Fear:** Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
  -  Evidence-Based Parenting Classes and Home Visiting Services will be available by June 20.
  -  Medical Respite will be available by July 11.
3. **Impact Health/Dogwood Health Trust:** Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
  -  All services are available as of June 15.

Qualified members are already eligible to receive food, housing and transportation services. To be eligible for and receive Pilot services, NC Medicaid Managed Care members must live in a Pilot region

and have at least one qualifying physical or behavioral health condition and one qualifying social risk factor, as defined by the Department. For more information, please see [frequently asked questions](#).

Those interested in pilot services should contact their health plan or care manager. For more information, please visit the [Healthy Opportunities Pilots webpage](#)

 [\*\*Additional Healthy Opportunities Services Now Available\*\*](#)

 [\*\*Provider/Stakeholder Request for Coverage Form\*\*](#)