



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health, Developmental
Disabilities and Substance Use Services

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Division of Mental Health, Developmental Disabilities & Substance Use Services

Hurricane Helene Policy Flexibilities to Support Providers and Recipients

North Carolina Governor Roy Cooper issued Executive Order 315 on Sept. 25, 2024, which declared a state of emergency for North Carolina in anticipation of potential severe weather caused by the approach of Hurricane Helene.

The Division of Mental Health, Developmental Disabilities and Substance Use Services (Division of MH/DD/SUS) is committed to North Carolina's response to and recovery from Hurricane Helene. We are working with county, state and federal partners to make it faster and easier for uninsured and underinsured individuals to access and receive mental health, substance use, IDD and Traumatic Brain Injury (TBI) services as well as to support providers to deliver these services.

The flexibilities in this bulletin are effective from Sept. 26, 2024, through Dec. 31, 2024 (unless otherwise communicated by DHHS). Additional updates will be provided as they become available.

The Division of MH/DD/SUS, in partnership with the DHHS Division of Health Benefits (DHB) NC Medicaid and the Division of Health Service Regulation (DHSR), is temporarily modifying some its Mental Health, Substance Use Disorder, Intellectual and Developmental Disability and Traumatic Brain Injury clinical policies to better enable the delivery of care to individuals impacted by Hurricane Helene.

Behavioral health services must continue to be provided at an intensity and quality that meet the needs of the individual and be consistent with the goals and the intended outcomes of the service being provided. In addition, the service must be provided by staff at a ratio (as relevant) and by staff with the expertise and scope necessary to meet the needs of each individual.

This bulletin contains clinical policy flexibilities which have been implemented due to the Hurricane Helene Public Health Emergency (PHE). The flexibilities listed in this bulletin are intended to benefit those individuals and providers directly impacted by Hurricane Helene. These flexibilities are also intended to alleviate burden for providers who are supporting impacted members and/or have

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additional patients (patient surges). It is recommended that providers only leverage the below listed flexibilities to support impacted individuals or while impacted facilities and staff are recovering from Hurricane Helene. Providers should return to normal business operations as soon as possible to be compliant with the Division of MH/DD/SUS' state-funded service definitions.

Behavioral Health Services delivered via telehealth or telephonically must follow the requirements and guidance in State-Funded Telehealth and Virtual Communications at [DMHDDSUS State-Funded Service Definitions](#). Services delivered via telehealth must have the GT modifier appended to the Current Procedure Terminology (CPT) or the Healthcare Common Procedure Coding System (HCPCS) code to indicate that a service has been provided via interactive audio-visual communication. Services delivered via telephonically must have the KX modifier appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.

Please contact Margaret Roy at Margaret.Roy@dhhs.nc.gov if you have questions regarding the Helene flexibilities included in this bulletin.

Procedure Code	State-Funded Mental Health & Substance Use Disorder Service Definition (DMHDDSUS State-Funded Service Definitions)
H0014:HF	<p>Ambulatory Withdrawal Management (WM) with Extended On-Site Monitoring (ambulatory detoxification):</p> <ul style="list-style-type: none"> • Waive authorization requirement after the first three days of service has been provided. • Waive staff training requirements for length of the state of emergency or unless otherwise notified.
H0014	<p>Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring (formerly ambulatory detoxification):</p> <ul style="list-style-type: none"> • Waive requirement for authorization after the first three days of service has been provided. • Waive staff training requirements for length of the state of emergency or unless otherwise notified.
H0040	<p>Assertive Community Treatment (ACT):</p> <ul style="list-style-type: none"> • Waive prior authorization and reauthorization request. • Waive staff to individual ratio of 1:8 for small teams and 1:9 for medium and large teams. • Waive requirement that team must demonstrate fidelity to the latest tool for Measurement of ACT (TMACT) model of care. • Waive median rate of service frequency and median rate of service intensity. • Waive staff training requirements within 120 days of employment, if unable to be obtained during the state of emergency.

	<ul style="list-style-type: none"> • Allow any agency-employed, licensed staff to provide supervision within scope if team lead is unavailable. • Allow Associate licensed professional to have more than 30 months to become fully licensed. • Allow supervision to occur virtually. • Waive requirement that staff must be dedicated to the team. • Service may be provided via real-time, two-way interactive audio and video telehealth. • Service may be provided telephonically if telehealth is not accessible.
YA352	<p>Assertive Engagement-QP (Licensed & Unlicensed):</p> <ul style="list-style-type: none"> • Waive the 20% limitation on telehealth until the end of the state of emergency or unless otherwise notified. • Allow 120 days for required trainings to be completed.
YA353	<p>Assertive Engagement-AP, CPSS & Paraprofessional:</p> <ul style="list-style-type: none"> • Waive the 20% limitation on telehealth until the end of the state of emergency or unless otherwise notified. • Allow 120 days for required trainings to be completed.
H2012:HA	<p>Child and Adolescent Day Treatment:</p> <ul style="list-style-type: none"> • Waive prior approval request and reauthorization request. • Waive minimum of three hours of service per day. • Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person’s residence. • Waive requirement that a maximum of 25% of treatment services may be provided outside of the day treatment facility. • Waive staff-to-individual ratio if provided outside of the facility. • 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. • Allow for supervision by any licensed professional, within scope, employed by the provider agency if team lead is unavailable. • Allow service when school is not in operation.
H2015:HT (HO, HF, HN, U1, HM)	<p>Community Support Team (CST):</p> <ul style="list-style-type: none"> • Waive authorization requirement after the 30-day pass-through. • Waive reauthorization requirement. • Waive requirement that staff must be dedicated to the team. • Waive requirement that associate licensed professional team lead be fully licensed within 30 months. • 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.

	<ul style="list-style-type: none"> • Allow team meetings to occur virtually. • Waive requirement that 75% of the service must be delivered face-to-face and outside of agency. • Waive Comprehensive Clinical Assessment beyond six months of treatment. • Waive staff to individual ratio of 1:12. • Waive monitoring of delivery of service by team leader. • Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency. • Allow functional assessments and crisis interventions to be completed by telehealth or telephonic modalities, as clinically appropriate. • Service may be provided via real-time, two-way interactive audio and video telehealth. • Service may be provided telephonically if telehealth is not accessible.
YP400 YP401	<p>Critical Time Intervention (CTI):</p> <ul style="list-style-type: none"> • Allow for the use of telehealth for the completion on contacts. • Waive 60 day and 90 day completion requirements for listed trainings. • Allow for 6 months for completion of all required trainings. • Allow for virtual (video and/or phone) meetings for weekly team meetings and clinical supervision. • Allow the 9-month CTI clock to be “paused” through the duration of the state of emergency or unless otherwise notified. • Allow for the use of telehealth communication devices to minimize risk of exposure.
YP660	<p>Day Activity:</p> <ul style="list-style-type: none"> • Waive the 1 staff to 8 client ratio. • Waive the 3 hours or more per day requirement.
CPT codes: 96112, 96113, 96136, 96137, 96138, 96139	<p>Developmental and Psychological Testing:</p> <ul style="list-style-type: none"> • Service is able to be provided via telehealth: CPT codes 96112, 96113, 96136, 96137, 96138, 96139.
T1023	<p>Diagnostic Assessment:</p> <ul style="list-style-type: none"> • Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year.

S9484:HA	<p>Facility-Based Crisis Services for Children and Adolescents:</p> <ul style="list-style-type: none"> • Waive requirement that authorization request must be submitted within two business days of admission. • Waive staff training requirements if unable to be obtained during the state of emergency. • Allow behavioral assessment to be completed by telehealth by the psychologist.
H2022	<p>Intensive In-Home:</p> <ul style="list-style-type: none"> • Waive prior approval and reauthorization request. • Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency. • Waive the two-hour per day minimum service provision and reduce to one-hour per day in order to bill the service. • Waive requirement that staff must be dedicated to the team. • Waive requirements that 60% of contacts should be face-to-face and 60% of staff time should be spent outside of facility. • Waive team-to-family ratio of 1:12. • Allow for supervision by any licensed professional on the team or employed by the provider agency, within scope and training, if Team Lead is unavailable. • Service may be delivered via real-time, two-way interactive audio and video telehealth. • Service may be provided telephonically if telehealth is not accessible.
H0010	<p>Medically Monitored Inpatient Withdrawal Management (formerly non-hospital medical detoxification):</p> <ul style="list-style-type: none"> • Waive requirement for authorization after the first three days of service have been provided. • Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility. • Physician assessments may be conducted in-person or by telehealth. • Waive staff training requirements for length of the state of emergency (SOE).
H2036	<p>Medically Supervised or Alcohol and Drug Abuse Treatment Center (ADATC) Detoxification Crisis Stabilization:</p> <ul style="list-style-type: none"> • Waive authorization requirement after the first eight hours of service. • Waive maximum of 30-days of treatment within 12 months.

<p>H2011</p>	<p>Mobile Crisis Management (MCM):</p> <ul style="list-style-type: none"> • Waive concurrent review after the first 32 units of service have been rendered. • Waive 80 percent of the service must be provided face-to-face. • Waive staff training requirements within 90 days of employment, if unable to be obtained during the state of emergency. • Waive concurrent review after the first 32 units of service have been rendered. • Waive requirement that 80% of the service must be provided face-to-face. • Service may be provided via real-time, two-way interactive audio and video telehealth.
<p>H2033</p>	<p>Multisystemic Therapy (MST):</p> <ul style="list-style-type: none"> • Waive prior approval and reauthorization request. • Waive staff introductory and quarterly training requirements if unable to be obtained during the state of emergency. • Waive minimum monthly contacts of 12 contacts in the first month • Waive minimum monthly contacts of six contacts in the second and third month. • Waive the three to five-month maximum duration of service. • Allow supervision by another master’s level qualified professional (QP) employed by the provider agency if team lead is unavailable. • Waive requirements that 50% of face-to-face contact with an individual and family and 60% of staff time should occur outside of facility. • Waive maximum of 480 units per three months. • Service may be provided via real-time, two-way interactive audio and video telehealth. • Service may be provided telephonically if telehealth is not accessible.
<p>H0020</p>	<p>Opioid Treatment Service (OTS):</p> <ul style="list-style-type: none"> • Waive requirement for prior authorization and concurrent reviews after the 90-day pass-through. • Waive requirement that a licensed professional shall complete a CCA or DA within ten (10) calendar days of the admission, to determine an ASAM level of care for discharge planning. • Waive requirement for clinical staff to be available five (5) days per week to offer and provide counseling. • Waive requirement for medical provider staff to be available five (5) days per week to provide methadone and buprenorphine inductions and patient care. • Waive requirement for In-Clinic Dosing Services to be available at least six (6) days per week, 12 months per year, for an individual who is in the induction phase or who is not stable enough for

	<p>unsupervised take-home doses. Daily, weekend and holiday medication dispensing hours must be scheduled to meet the needs of the individual.</p> <ul style="list-style-type: none"> • Waive requirement for the supervising RN, physician, NP, or PA to be available by phone immediately and physically arrive within one hour and be present on site in a timely manner as much as needed to address patient assessment and care needs. • Waive Monitoring drug testing, to be conducted at least one time per month. • Waive requirement for a biopsychosocial assessment if unable to complete at intake. • Waive staff training requirements for the length of SOE or unless otherwise notified.
Applicable Codes CPT Codes	<p>Outpatient Behavioral Health Services:</p> <ul style="list-style-type: none"> • Waive initial and reauthorization.
H0035	<p>Partial Hospitalization (PH):</p> <ul style="list-style-type: none"> • Waive prior approval requirement and reauthorization requirements. • Waive requirement of minimum service availability of four hours a day five days per week. <ul style="list-style-type: none"> ○ Service must be provided for a minimum of 10 hours of treatment per week to bill for the service. • Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person’s residence.
H0038, H0038:HQ	<p>Peer Support Services (PSS):</p> <ul style="list-style-type: none"> • Waive the requirement for telehealth or telephonically, audio-only communication be limited to 20% or less of total service time provided per individual per fiscal year. • Waive staff-to-individual ratio. • Waive staff training requirements unable to be obtained during the state of emergency within 30 and 90 days of employment. • Waive initial authorization and reauthorization.
S9484	<p>Professional Treatment Services in Facility-Based Crisis Program (Adult):</p> <ul style="list-style-type: none"> • Waive per person maximum of 45 days of treatment per calendar year. • Waive prior approval requirement and reauthorization requirement.
YA230	<p>Psychiatric Residential Treatment Facility (PRTF) for Children:</p> <ul style="list-style-type: none"> • Allow psychiatrist to provide services via telehealth instead of providing on-site at the facility.

	<ul style="list-style-type: none"> • Allow licensed therapist(s) to provide services via telehealth instead of providing on-site at the facility.
H2017	<p>Psychosocial Rehabilitation (PSR):</p> <ul style="list-style-type: none"> • Waive prior authorization and reauthorization request. • Waive requirement for a minimum of five hours per day, five days a week of service availability. <ul style="list-style-type: none"> ○ Service must be available a minimum of 10 hours per week. • Waive staff ratio of 1:8 only if provided by telehealth or telephonic modalities. • Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person’s residence.
S5145	<p>Residential Treatment Services II – Family Type:</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ All supervision and daily structure services must be provided in-person by the appropriate staff. • Waive reauthorization. • Waive staff training requirements unable to be performed during the state of emergency, except sex offender specific training. <p>CCP 8D-2: https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies</p>
H2020	<p>Residential Treatment Services Level II – Program Type:</p> <ul style="list-style-type: none"> • Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training. • Allow sex offender training to occur virtually. • 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. • Waive reauthorization. <p>CCP 8D-2: https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies</p>
H0019:HQ or HJ	<p>Residential Treatment Services Level III:</p> <ul style="list-style-type: none"> • 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. • Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training. <p>CCP 8D-2: https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies</p>

<p>H0019:HK or UR</p>	<p>Residential Treatment Services Level IV:</p> <ul style="list-style-type: none"> • Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training. • Allow sex offender training to occur virtually. • Allow social worker, psychologist or psychiatrist to provide services via telehealth instead of providing them in-person at facility. • Waive opportunity for individual inclusion in community activities. <p>CCP 8D-2: https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies</p>
<p>YP014</p>	<p>Respite Services (Individual Child) - SED/SUD:</p> <ul style="list-style-type: none"> • Waive prior approval up to 60 days, when individuals are displaced out of state by Hurricane Helene or if the individual must transfer to a new provider for service delivery.
<p>H2035</p>	<p>Substance Abuse Comprehensive Outpatient Treatment (SACOT):</p> <ul style="list-style-type: none"> • Waive reauthorization after the initial 60-day pass through. • Waive the required for minimum service availability of four hours per day, five days per week. <ul style="list-style-type: none"> ○ Service must be provided for a minimum of two hours of treatment per day, five days per week to bill for the service. • Waive Urine Drug Screening requirements. • Waive requirement for family counseling if family is unavailable or unwilling to participate in telehealth or telephonic interventions. • Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person’s residence. • Waive individual-to-staff ratio if provided outside of the facility. • Waive requirement that certified clinical supervisor (CCS) or licensed clinical addiction specialist (LCAS) must be on-site but must be available virtually a minimum of 90% of the hours the service is in operation.
<p>H0015</p>	<p>Substance Abuse Intensive Outpatient Program (SAIOP):</p> <ul style="list-style-type: none"> • Waive reauthorization after the initial 30-day pass through. • Waive the required minimum service availability of three hours per day, three days per week. <ul style="list-style-type: none"> ○ Service must be provided for a minimum of 1.5 hours of treatment per day, three days per week to bill for the service. • Waive individual to staff ratio if provided outside of the facility. • Waive Urine Drug Screening requirements. • Waive requirement for family counseling if the family is unavailable or unwilling to participate in telehealth or telephonic interventions. • Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person’s residence. • Waive requirement that the CCS or LCAS be on-site 50% of the hours open; but must be available virtually.

H0013	<p>Substance Abuse Medically Monitored Community Residential Treatment:</p> <ul style="list-style-type: none"> • Waive prior authorization and reauthorization request. • Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility. • Allow supervision of QP, Associate Professional (AP) to occur virtually.
H0012:HB	<p>Substance Abuse Non-Medical Community Residential Treatment:</p> <ul style="list-style-type: none"> • Waive prior authorization and reauthorization request. • Allow LCAS and CCS to provide services by telehealth or telephonically interventions in lieu of being provided in-person at the facility.
YM120	<p>Tenancy Support-Team (Transition Management Services):</p> <ul style="list-style-type: none"> • Allow use of telehealth, two-way real-time interactive audio and video, to provide care and services when participants are in different physical locations. • Allow 120 days to complete training requirements upon hire.
YA254-259	<p>Therapeutic Leave for Residential Treatment Services Levels II-IV:</p> <ul style="list-style-type: none"> • Allow an increase of Therapeutic Leave days from 45 days to 90 days.
Procedure Code	<p>State-Funded IDD and TBI Service Definitions (DMHDDSUS State-Funded Service Definitions)</p>
YM851	<p>Community Living and Support Individual:</p> <ul style="list-style-type: none"> • Allow service hours to be provided in an acute care hospital or short-term institutional stay, when the state-funded recipient is displaced from home due to injury because of Hurricane Helene and the state-funded recipient 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.
YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012,	<p>Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Support Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Living Periodic Individual IDD & TBI, Supported Employment Individual IDD, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p>

<p>YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<ul style="list-style-type: none"> • Allow direct service hours to be provided alternatives settings: hotels, shelter, church, or alternative facility-based setting or the home of a direct care worker due to Hurricane Helene-related impact.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Allow state-funded services to be provided out of state without prior approval by the Tailored Plan and LME/MCO when the state-funded recipient is displaced and requires out of state shelter.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • 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.
<p>YP620, YM851, YM852, YM580, YM590,</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult,</p>

<p>YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Allow prior approval to be waived up to 60 days, when state-funded recipients are displaced out of state by Hurricane Helene. Or the individual must transfer to a new provider for delivery of services.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Allow utilization review of Individual Support Plans (ISP) and/or revised ISPs to be reviewed and approved (if the request meets medical necessity) retroactively to 09/25/2024 for state-funded recipients impacted by Hurricane Helene.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Allow annual Individual Support Plans (ISPs) that are expiring and currently meeting a state-funded recipient's needs impacted by Hurricane Helene to be extended by three months. • Allow the requirement to approve the plan by the last day of birth month to be extended by 3 months after the birth month, when telephonic or virtual monitoring is provided to ensure the plan continues to meet the recipient's needs.

<p>YM851, YM852, YP642, YM854</p>	<p>Community Living and Support Individual, Community Living and Support Group, Supported Employment IDD, and Supported Living Periodic:</p> <ul style="list-style-type: none"> • Allow relatives who reside in the home and out of the home of the state-funded recipient to provide the following services: Community Living and Support, Supported Employment and Supported Living Periodic, for individuals impacted by Hurricane Helene. This should only be used for cases when the direct support staff is impacted by Hurricane Helene and not able to provide services.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Waive training requirements for existing staff for 90-days to continue providing services, if staff is unable to obtain training during the state of emergency.
<p>YP620, YM851, YM852, YM580, YM590, YA389, YM846, YM847, YM848, YP012, YP013, YP014, YP015, YM854, YP642, YM849, YM853</p>	<p>Adult Developmental Vocational Program, Community Living and Support Individual, Community Living and Support Group, Day Supports Individual, Day Supports Group, Long Term Vocational Support IDD, Residential Supports Level 1, Residential Supports Level 2, Residential Supports Level 3, Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, Respite Services IDD Individual Group, Supported Employment IDD, Supported Living Periodic, TBI Long Term Residential Rehabilitation Level 1, and TBI Long Term Residential Rehabilitation Level 2:</p> <ul style="list-style-type: none"> • Allow annual reassessments for medical necessity to exceed the annual requirement beginning on September 26, 2024, to remain open, and services will continue for three months to allow sufficient time to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from Hurricane Helene impedes this process. • Allow annual reassessments for medical necessity to be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.

<p>YM580, YM590</p>	<p>Day Supports Individual, Day Supports Group:</p> <ul style="list-style-type: none"> • Allow a change in Day Support Group to Day Supports Individual without a change in the Individuals Support Plan (ISP) or prior authorization for state-funded recipients impacted by Hurricane Helene. The ISP should be updated as soon as the provider is able to meet with the state-funded recipient telephonically or virtually.
<p>YP012, YP013, YP014, YP015</p>	<p>Respite Services IDD Individual Adult, Respite Services IDD Group Adult, Respite Services IDD Individual Child, and Respite Services IDD Individual Group:</p> <ul style="list-style-type: none"> • Allow respite services to be provided when family is out of state due to evacuation/displacement until they return home.