



Transforming Lives. Building Community Well-Being.

## Network Communication Bulletin #211

**To:** All Providers

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

**Date:** February 28, 2022

**Subject:** For Providers of ACTT, Intensive In-Home, and Mobile Crisis Management Services, State-Funded Residential Supports (RS)(I/DD) Service and Supported Living Periodic (SLP) (I/DD & TBI) Periodic Service, SAMHSA Grant Announcement, Incident Reporting Reminders, Provider Manual & Member Handbook Updates, Attention Enrolling Providers: New NC Medicaid Provider Training Is Live!, NC TOPPS Providers Save the Date, State Funded TBI Long Term Residential Rehab-Open for Public Comment, MH Aspects of I/DD Professional Development Series-Course for Care Coordinators & Case Managers, North Carolina Standard & Tailored Plan Tobacco Free Policy Requirement, CCME's 2022 Quality Forum Webinars, Bladen County NC TOPPS Transitions, Peer Mentor Training Program: Accepting Applications!, Reporting Secondary Diagnosis on a Claim, Disaster Planning, 2022 Spring Family Weekends at Victory Junction with Trillium!, DMH/DD/SAS-Community Services and Supports of the North Carolina Department of Health and Human Services Community Inclusion Thursdays – A Series of Presentations on Topics Related to Community Inclusion, Valued Providers Seal Program, Need to Report Fraud, Waste, and Abuse?

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### **PROVIDERS OF ACTT, INTENSIVE IN-HOME, AND MOBILE CRISIS MANAGEMENT SERVICES**

Trillium is implementing a 30% temporary increase above the published standard rates for ACT, Intensive In-Home, and Mobile Crisis Management Services effective for dates of service March 1, 2022. The increase will be for state fiscal year 2021-2022 only and through June 30, 2022. Trillium reserves the right to adjust the rates upward or downward based on available funding.

This rate increase is independent of any other rate adjustments that have been implemented and are currently in effect. The Trillium Contracts Team will be reaching out to all applicable providers with contract addendums in the coming days.

Trillium is currently in the process of updating the rates in all applicable contracts for these services. Please allow up to two weeks for this process to be completed. We will send out another communication bulletin once the rates are updated. If you have any questions regarding this communication, please email: [RatesFinance@TrilliumNC.org](mailto:RatesFinance@TrilliumNC.org).



Member & Recipient Services Line - 877.685.2415  
Business & Administrative Matters - 866.998.2597

[TrilliumHealthResources.org](https://www.TrilliumHealthResources.org)






















## **STATE-FUNDED RESIDENTIAL SUPPORTS (RS)(I/DD) SERVICE AND SUPPORTED LIVING PERIODIC (SLP) (I/DD & TBI) PERIODIC SERVICE**

This communication bulletin informs of the following changes to the amended Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) state-funded service definitions under the Intellectual and Developmental Disabilities (I/DD) benefit plan effective March 1, 2022.




### **RESIDENTIAL SUPPORTS (I/DD)**

The service requirements for Residential Supports (I/DD) are as follows:

-  Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) for Autism Spectrum Disorder, Intellectual Disability or Traumatic Brain Injury, an individual must have:
  -  A psychological, neuropsychological, or psychiatric assessment that includes appropriate psychological / neuropsychological testing (with validated tools) performed by a licensed clinician within their scope.
  -  The disability is manifested before the person attains age 22, unless the disability is caused by a traumatic brain injury, in which case the disability may be manifested after attaining age 22.
-  Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities, an individual must have:
  -  A physician assessment, substantiating a definitive diagnosis and associated functional limitations consistent with a developmental disability. Associated psychological or neuropsychological testing is not required in this situation.
-  Residential Supports is an individualized service for the I/DD population, including individuals with Traumatic Brain Injury (TBI) that meet G.S. 122C-3(12a) that helps individuals aged 16 years and older with learning and practicing new skills and improving existing skills to assist the individual in increasing their level of independence. For the Traumatic Brain Injury (TBI) population, the service includes training and support for relearning skills, developing compensatory strategies and practicing new skills, and improving existing skills to assist the individual in achieving the greatest level of independence possible.
-  The service is provided in a licensed group home or licensed or unlicensed Alternative Family Living (AFL) setting that serves individuals with I/DD or TBI in accordance with G.S. 122C-3(12a).
-  For Residential Supports provided in an AFL, the site must be the primary residence of the AFL provider who receives reimbursement for the cost of care. These sites are licensed or unlicensed in accordance with **10A NCAC 27G .5600**. All unlicensed AFL sites will be reviewed using the LME-MCO AFL checklist for health and safety related issues.

-  The service must be provided in .5600 Supervised Living, Type B, Type C and Type F effective March 1, 2022.
  -  The following are bed capacity requirements for new and existing .5600 Supervised Living, Type B and Type C facilities effective March 1, 2022.
    -  Four beds or less for newly developed facilities; six beds or more for existing facilities
-  Respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs. Residential Supports may not be billed on the same day as Respite if Respite is billed for more than four hours on that day.
-  The service requires a NC Support Needs Assessment Profile (SNAP) (Level 2 – Level 4) or Supports Intensity Scale (SIS) (Level C – Level E) requiring a moderate to high level of supervision and support in most settings.
-  A service order must be signed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, consistent with their scope of practice prior to or on the first day Residential Supports (I/DD) services are rendered.
-  Individuals receiving this service may not be a Home and Community Based Services (HCBS) Waiver member or individual receiving Medicaid funded residential services, inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with a residential component.
-  Individuals who receive Residential Supports may not receive Community Living and Supports, Supported Living Periodic, Developmental Therapy, Personal Care Services, State Funded Personal Care or Personal Assistance.
-  This service is not available at the same time of day as state-funded periodic services, State Plan Medicaid Services that works directly with the individual, such as Private Duty Nursing.
-  This service is a daily 24/7 service.
-  Transportation to and from the residence and points of travel in the community as outlined in the Person-Centered Plan (PCP) or Individual Support Plan (ISP) is included to the degree that they are not reimbursed by another funding source and not used for personal use.

### SERVICE RATES:

-  Level 1: The service rate is \$193.54, 1 unit = 1 day. The procedure code is YM846.
-  Level 2: The service rate is \$220.08, 1 unit = 1 day. The procedure code is YM847.
-  Level 3: The service rate is \$246.16, 1 unit = 1 day. The procedure code is YM848.

LME-MCOs maintain rate setting authority.

**BILLING SHOULD BE COMPLETED AS FOLLOWS:**

- 🌱 Individuals NEW to the Residential Supports service should enroll in Residential Supports (Levels 1-3) and utilize the new appropriate NCTracks procedure code based upon assigned level effective March 1, 2022.
- 🌱 Individuals with I/DD or TBI CURRENTLY enrolled in the following services may transition to Residential Support (Levels 1-3), Supported Living Periodic or another available service by Aug. 31, 2022. Upon transitioning to the new service, the expectation is to utilize the new NCTracks procedure code. The current NCTracks procedure codes below will expire effective Aug. 31, 2022.

Termination of NCTracks Code under IDD/TBI Benefit Plan Effective Aug. 31, 2022	
Name of Service	NCTracks Code
Residential Supports	YM850
Family Living Low	YM740
Family Living Moderate	YP750
Family Living High	YP755
Group Living Low	YP760
Group Living Moderate	YP770
Group Living High	YP780
Supervised Living Low	YP710
Supervised Living Moderate	YP720
Supervised Living 1-6	YM811, YM812, YM813, YM814, YM815, and YM816














DMH/DD/SAS does not have a state-funded service requirement where current individuals accessing services must obtain updated Psychological assessments to access the updated service definitions. However, LME-MCOs should retain documentation that supports the individual meeting the applicable benefit plan and service criteria.

In the event that individuals currently enrolled in the above residential services for (IDD & TBI) effective Feb. 28, 2022 do not meet the service criteria for Residential Supports (I/DD) or Supported Living (I/DD & TBI), LME-MCOs must submit a waiver request form listing the individuals impacted in their catchment area to [DMHIDDContact@dhhs.nc.gov](mailto:DMHIDDContact@dhhs.nc.gov) by May 31, 2022.

**Note:** *Individuals with TBI may access Residential Supports (I/DD) or Supported Living (I/DD & TBI) per eligibility requirements in the applicable service definition. However, individuals meeting this eligibility requirement for G.S. 122C-3(38a) may also access TBI Long Term Residential Rehabilitation Service, slated to be released by Summer 2022.*

## SUPPORTED LIVING PERIODIC (SLP) (I/DD & TBI)

The service requirements for Supported Living Periodic (I/DD & TBI) are as follows:

-  Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) with Autism Spectrum Disorder, Intellectual Disability or Traumatic Brain Injury. OR to demonstrate meeting a Traumatic Brain Injury as defined by G.S. 122-C-3(38a), an individual must have:
  -  Appropriate psychological / neuropsychological testing (with validated tools) performed by a licensed clinician within their scope.
-  To demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities, an individual must have:
  -  A physician assessment, substantiating a definitive diagnosis and associated functional limitations consistent with a developmental disability. Associated psychological or neuropsychological testing is not required in this situation.
-  Supported living Periodic (I/DD & TBI) is an individualized service that provides assistance to individuals with activities of daily living, household chores essential to the health and safety of the individual, budget management, attending appointments, and interpersonal and social skill building to enable the individual to live independently in the community.
-  The service is provided in the home of the individual.
-  Training activities, supervision, and assistance may be provided to allow the individual to participate in home or community activities. Other activities include assistance with monitoring health status and physical conditions and assistance with transferring, ambulation and use of special mobility devices.
-  The service requires an NC SNAP (Level 2 or lower), Supports Intensity Scale (SIS) (Level C or lower), or TBI Assessment requiring low level of supervision and support in most settings.
-  A service order must be signed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, consistent with their scope of practice prior to or on the first day Supported Living Periodic (IDD & TBI) services are rendered.
-  Individuals who receive Supported Living Periodic may not receive Community Living and Support, Residential Supports, Developmental Therapy, Personal Care Services, State Plan Personal Care or Personal Assistance.
-  This service is not available at the same time of day as state-funded periodic services, State Plan Medicaid Services that works directly with the individual, such as Private Duty Nursing.
-  Individuals receiving this service may not be an HCBS Waiver member or individual receiving Medicaid funded residential services, inclusive of Medicaid ICF-IID ILOS with a residential component.
-  Supported Living Periodic services (I/DD & TBI) must not be duplicative of any other services the individual is receiving.

- 🌱 Relatives may not provide Supported Living Periodic.
- 🌱 All individuals receiving Supported Living Periodic (I/DD & TBI) services who live in the same household must be on the lease unless the individual is a live-in caregiver. A Supported Living Periodic home must have no more than three (3) residents including any live-in caregiver providing supports per SL2011-202/HB509. A live-in caregiver is defined as an individual unrelated to the individual and who provides services in the individual's home through the Supported Living Periodic provider agency and is not on the lease.
- 🌱 Transportation is an inclusive component of Supported Living Periodic to achieve goals and objectives related to these activities with the exception of transportation by another funding source and to and from medical services completed by natural supports.
- 🌱 This service may not exceed 28 hours a week.

### SERVICE RATE:

The service rate is \$8.01 per 15 minutes, 1 unit = 15 minutes. The procedure code is **YM854**. LME-MCOs maintain rate setting authority.

Ethical concerns should be submitted to DMH/DD/SAS Consumer Rights Team for review. If validated, additional review and action may be taken by the State.

If you have any questions, please contact Stephanie Jones at 984-236-5043 via e-mail [DMHIDDCONTACT@dhhs.nc.gov](mailto:DMHIDDCONTACT@dhhs.nc.gov).

- 🌱 [Residential Supports \(I/DD\) service definition](#)
- 🌱 [Residential Supports \(I/DD\) FAQ \(Frequently Asked Questions\)](#)
- 🌱 [Residential Supports \(IDD & TBI\) Waiver Request Form](#)
- 🌱 [Supported Living Periodic \(I/DD & TBI\) service definition](#)
- 🌱 [Supported Living Periodic \(I/DD & TBI\) FAQ \(Frequently Asked Questions\)](#)

## SAMHSA GRANT ANNOUNCEMENT

[Services Grant Program for Residential Treatment for Pregnant and Postpartum Women](#)

***Application Due Date: Monday, April 4, 2022***

The purpose of this SAMHSA grant program is to provide comprehensive substance use disorder (SUD) treatment services, recovery support services, and harm reduction interventions to pregnant and postpartum women across a continuum of specialty SUD residential and outpatient levels of care, based on comprehensive, individualized screenings and assessments that inform treatment planning and service delivery in a continuous care model. Using a holistic approach, grant funds also support required activities for minor children and partners of the women, and other extended family members of the women and children, as requested by the women.

Fundamental to this program is ensuring access to services for low-income women, including providing these services in locations accessible to low-income women.

SAMHSA plans to issue 19 awards of up to \$525,000 per year for up to 5 years.

## INCIDENT REPORTING REMINDERS

Incident reporting offers the opportunity to analyze trends to prevent the occurrence of future incidents. Below are reminders to keep in mind as you continue to report diligently:

### IRIS REPORTING TIMELINES

- 🌱 **Level 2 incidents**=An IRIS report must be submitted within 72 *clock* hours of learning of the incident.
- 🌱 **Level 3 incidents**= Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

### TRILLIUM'S REPORTING EXPECTATIONS

- 🌱 All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72 hour required timeframe, please provide a statement in the IRIS report regarding the submission of the incident outside reporting timeframe.
- 🌱 All required fields (DOB, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.
- 🌱 Response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to Program Integrity.

### REMINDERS

- 🌱 For Allegations of Abuse/Neglect/Exploitation against Staff, please upload the DSS letter and HCPR letter into IRIS upon receipt. In addition, please upload your internal provider investigation into IRIS and ensure completion of the HCPR Investigation Results tab within 5 days.
- 🌱 For Member Deaths, please upload the death certificate and/or Medical Examiner report upon receipt, and update the death information tabs accordingly.
- 🌱 Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error.
- 🌱 For Member Injury, please elaborate on the type of treatment (i.e., stitches, cast, prescription medication) that the member receives for the injury (treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.).

 Access the [Incident Response and Reporting Manual](#)

Please visit Trillium's [My Learning Campus](#) to access Incident Reporting Training for your agency staff. For any incident related questions, please contact Julie McCall ([Julie.Mccall@trilliumnc.org](mailto:Julie.Mccall@trilliumnc.org)) or Jennifer Kelly ([Jennifer.Kelly@trilliumnc.org](mailto:Jennifer.Kelly@trilliumnc.org)).

## **PROVIDER MANUAL & MEMBER HANDBOOK UPDATES**

The Trillium Provider Manual and Member Handbook have recently been updated. You can access these items from the links below.

 [Member Handbook](#)

 [Provider Manual](#)

## **ATTENTION ENROLLING PROVIDERS: NEW NC MEDICAID PROVIDER TRAINING IS LIVE!**

NC Medicaid has released an updated series of provider enrollment training videos, which are required components of the provider enrollment process for newly enrolling NC Medicaid providers and mandated under NCGS 108C-9 (c). Public Consulting Group (PCG) is the state contractor responsible for conducting the pre-enrollment trainings for all newly enrolling providers and will notify providers by email when the training is required.

The seven-part series covers current policies and procedures under the new NC Medicaid Managed Care guidelines. To complete the coursework, providers must watch each video, complete each quiz and pass the final exam with a 70% score or better.

For additional information about the required training, providers may call PCG at 877-522-1057, option 2, or email [NCDMAMedicaid@pcgus.com](mailto:NCDMAMedicaid@pcgus.com).

 [Providers New NC Medicaid Provider Training Live](#)

## **NCTOPPS SAVE THE DATE**

A virtual training will be held April 5, 2022, 10:00-11:30 am for all NC TOPPS services providers. The training will include NC TOPPS requirements for episode updates, process for transfer requests, new site requests, new user requests, Superuser functions, and LME/MCO monitoring. *Registration will be open March 1, 2022.*

## **STATE FUNDED TBI LONG TERM RESIDENTIAL REHAB-OPEN FOR PUBLIC COMMENT**

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has posted for 45 day public comment at [Proposed State-Funded-Service-Definition-Policies](#) for TBI Long Term Residential Rehabilitation for your feedback.



The public comment review period is from **February 8, 2022 – March 24, 2022** [DMHIDDCONTACT@dhhs.nc.gov](mailto:DMHIDDCONTACT@dhhs.nc.gov). Below you will find a brief summary of the proposed service definition.

### **TBI LONG TERM RESIDENTIAL REHABILITATION**

- 🌱 TBI Long Term Residential Rehabilitation provides individualized rehabilitative services and supports individuals 18 years and older with Traumatic Brain Injury (TBI).
- 🌱 This service must be provided in a licensed Supervised Living facility (i.e., Group Home or Alternative Family Living [AFL]) setting) of their choice to enable individuals to be active participants in their communities.
- 🌱 This service requires the following TBI Assessments:
  - NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment, **OR**
  - Comparable TBI Assessment that address Risk and Wellness supports needs, **AND**
  - Comprehensive Clinical Assessment (CCA), **AND**
  - Physical Examination completed by a physician assistant or physician extender within completed within one year prior to admission and annually thereafter. **AND**
  - Confirmed TBI condition or approved TBI Diagnostic Verification.
- 🌱 The provider of this service includes providing or making provision for “first responder” crisis response on a 24/7/365 basis to individuals experiencing a crisis. Mobile Crisis Management can be utilized for Behavioral Health crisis when medically necessary.
- 🌱 Transportation to and from the residence and points of travel in the community (i.e., employment) as outlined in the PCP or ISP is included to the degree that they are not reimbursed by another funding source and not used for personal use.

### **MH ASPECTS OF I/DD PROFESSIONAL DEVELOPMENT SERIES- COURSE FOR CARE COORDINATORS & CASE MANAGERS**

Trillium is offering FREE training for Care Coordinators, Case Managers, Program Managers, Intake and Intervention Support Specialists, who work directly with Children with Complex Needs who are dually diagnosed and provide services that include; Day Treatment, Intensive In-Home, Therapeutic Foster Care/Intensive Alternative Family Treatment (IAFT), AND Level 3 Residential Treatment. This training will provide participants with guiding principles & approaches to effective MH-IDD case management; mental health aspects of IDD; understanding the service needs of people with MH-IDD; working with families; systemic engagement; & leadership.

#### **START DATE: MARCH 14, 2022**

Weekly on Mondays from 1:00-2:45 pm EST. (Sessions are; 3/14, 3/21, 3/28, 4/4, 4/11, 4/18)

This course takes place *once weekly* via Zoom starting on Monday, March 14, 2022, from 1:00pm – 2:45pm EST. The course’s final session date is Monday, April 18, 2022.

Registration for this training will end on March 1, 2022. For additional information or questions, please contact Sarah Willhite at 1-866-998-2597 (ext. 5169) or via email at [sarah.willhite@trilliumnc.org](mailto:sarah.willhite@trilliumnc.org).

 [Register Here](#)

## **NORTH CAROLINA STANDARD & TAILORED PLAN TOBACCO-FREE POLICY REQUIREMENT**

### **TOBACCO-RELATED POLICY REQUIREMENTS GO INTO EFFECT ON DEC. 1, 2022.**

This replaces the bulletin published on Sept. 7, 2021, [North Carolina Standard & Tailored Plan Tobacco-Free Policy Requirement](#)

Tobacco-related policy requirements for Standard Plans and Tailored Plans contracted medical, behavioral health, intellectual/developmental disabilities (I/DD), and traumatic brain injury (TBI) service providers will be effective Dec. 1, 2022. These requirements will apply to both Medicaid and state-funded service providers. The Department will work with the Standard Plans and Tailored Plans to include these requirements, as appropriate, in advance of Dec. 1, 2022.

Secondhand smoke is a well-documented danger to health. No one should be exposed to secondhand smoke when they access care or on the job. Research shows that most people who use tobacco want to quit.

An environment free from triggers to use tobacco products is necessary to support service recipients whose goal is to become tobacco free. People with behavioral health disorders die disproportionately from tobacco-related illness. Among people who try to become tobacco free, only a small minority receive evidence-based care to assist them.

Therefore, starting Dec. 1, 2022, NC Medicaid Managed Care Standard plans and Tailored Plans will require contracted providers, not including retail pharmacies, and with the exception of the residential provider facilities noted below, to implement a tobacco-free policy covering any portion of the property on which the participating provider operates that is under its control as owner or lessee, to include buildings, grounds, and vehicles.

A tobacco-free policy includes a prohibition on smoking combustible tobacco products and the use of non-combustible tobacco products, including electronic, heated, and smokeless tobacco products, and/or nicotine products that are not approved by the FDA as tobacco treatment medications, as well as, prohibiting participating providers from purchasing, accepting as donations, and/or distributing tobacco products to the individuals they serve.

Intermediate care facilities for individuals with intellectual disabilities (ICF-IID) and I/DD residential services subject to the Home and Community Based Services (HCBS) Final Rule are exempt from this requirement.

However, starting Dec. 1, 2022, the following policies shall be required in these settings:

1. Indoor use of tobacco products shall be prohibited in all provider owned/operated contracted settings.
2. For outdoor areas of campus, providers shall:
  - 🌱 Ensure access to common outdoor space(s) that are free from exposure to tobacco use; and
  - 🌱 Prohibit staff/employees from using tobacco products anywhere on campus.

As part of policy implementation, Standard Plan and Tailored Plan contracted service providers should integrate tobacco use treatment and support into all settings. Evidence-based tobacco use treatment is defined as a combination of FDA approved medications and counseling.

To support this policy change, the North Carolina Division of Public Health Tobacco Prevention and Control Branch partners with the Division of Mental Health/Developmental Disabilities/ Substance Abuse Services and the Division of Health Benefits to coordinate [Breathe Easy NC: Becoming Tobacco Free](#).

Breathe Easy NC: Becoming Tobacco Free is a statewide initiative to support people with behavioral health conditions and I/DD/TBI in becoming tobacco free, by working with service providers to integrate tobacco use treatment and make campuses tobacco free.

- 🌱 Standard Plan and Tailored plan contracted service providers should make use of this resource to ensure they have a transparent, well-organized, and evidence-based tobacco-free policy and tobacco use treatment implementation process.
- 🌱 Making an organization's campus tobacco-free is a process that should involve all organization stakeholders: service recipients or clients, leadership, and staff. Implementing a tobacco-free policy can take 3-6 months, occasionally longer.
- 🌱 Providers should integrate tobacco use treatment or referrals to tobacco use treatment resources, such as QuitlineNC, prior to policy implementation.

Providers can visit [BreatheEasyNC.org](https://www.breathesync.org) for technical assistance and training on tobacco-free policy implementation and evidence-based tobacco use treatment or contact their county's [regional or local tobacco control staff directly](#). They can assist with every step of this process.

If you have any questions, check out these Frequently Asked Questions (FAQ) webpages from [Breathe Easy NC](#):

- 🌱 [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Behavioral Health & Medical Provider Agencies](#)
- 🌱 [NC Standard and Tailored Plan Tobacco Related Policies FAQ for Organizations that Serve People with I/DD or TBI](#)
- 🌱 [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Clients, Families and Staff](#)

## **SAVE THE DATE FOR CCME'S 2022 QUALITY FORUM WEBINARS**

Below is the date/time for the final webinar presented by the Carolina's Center for Medical Excellence.

This event is open to our staff and our providers. Registration and details are below:

### **IMPLEMENTING ASAM NEEDS ASSESSMENTS FOR ADDICTION TREATMENT**

**March 3, 1:00 p.m. – 2:00 p.m.**

#### **The Research Evidence on the Efficacy of Telehealth for Addiction and Mental Health**

[REGISTER HERE](#)

- 🌱 Can telehealth improve access to care?
- 🌱 What is the efficacy of telehealth for mental health and addiction treatment?
- 🌱 How can data inform evolving policies regarding telehealth?

#### **Presenter:**

Tami L. Mark, PhD currently works with RTI International and will be presenting on both topics. Dr. Mark is an internationally known expert on behavioral health care financing, services, and quality measurement. She has developed substance use disorder treatment quality measures and consulted with states on the use of quality measures to improve substance use disorder outcomes. She has also consulted with states on financing and payment approaches and on the use of administrative data to identify opportunities to improve their substance use disorder system. In addition to working with states, she has served on many Federal technical expert panels on substance use disorders such as for the National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Mark was a contributing author to the report *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. She has authored more than 125 scholarly peer-reviewed journal articles and many SAMHSA publications.

## **BLADEN COUNTY NC TOPPS TRANSITIONS**

The NC TOPPS Helpdesk will be working to convert LME/MCO record numbers on Bladen County members that have an active NC TOPPS record. If a member has a NC TOPPS episode due prior to the Helpdesk getting their record number transitioned, the NC TOPPS should be completed under the old record number in order for the NC TOPPS to remain up to date. The Helpdesk will also be adding any sites that have active NC TOPPS for Bladen County to Trillium's NC TOPPS. The provider does not need to complete a site addition request **UNLESS** the provider **DOES NOT** currently have any active Bladen County members in NC TOPPS **AND** the site is contracted to provider NC TOPPS services.

If you have any questions please contact Stephanie Wilson, [Stephanie.Wilson@TrilliumNC.org](mailto:Stephanie.Wilson@TrilliumNC.org).

## **PEER MENTOR TRAINING PROGRAM: ACCEPTING APPLICATIONS!**

The North Carolina Council on Developmental Disabilities (NCCDD) is recruiting approximately 15 individuals to participate in a Peer Mentor training for people with intellectual and other developmental disabilities (I/DD).

We are seeking individuals with lived experience with an I/DD with demonstrated knowledge of and direct personal experience navigating the North Carolina Medicaid delivery system.

Participants will learn key concepts to support peers with I/DD in a managed care system. All classes incorporate learning activities to be done as a group and individually, as well as knowledge checks. Participants will complete a pre-training and post-training evaluation to provide feedback which will be incorporated to improve the overall curriculum.

### **TOPICS INCLUDE:**

- 🌱 The role of the peer mentor
- 🌱 Supporting choices
- 🌱 Ethics and etiquette
- 🌱 Abuse, bullying & neglect
- 🌱 Self-determination and self-advocacy
- 🌱 Mental health and substance abuse
- 🌱 The Americans with Disabilities Act
- 🌱 Detecting scams and fraud

The program will begin in April 2022, with classes held weekly. All sessions will be held via Zoom to ensure the safety and health of the participants.

Individuals will receive a stipend of \$300 to participate in the program and complete a pre-training and post-training evaluation. Upon completing the course and achieving an 85% proficiency score, individuals will receive a certificate of course completion.

- 🌱 Apply for the [Peer Mentor Training Program](#)

If you have any questions, please contact Project Director, Kelly Friedlander, at [Kelly@cb-cg.com](mailto:Kelly@cb-cg.com)

For more information please click the link to visit our website: [Peer Mentor Program Website](#)

## **REPORTING SECONDARY DIAGNOSIS ON A CLAIM**

Trillium would like to remind all Providers to report all diagnoses related to the care that members are receiving during visits on your claims.

If you have any claims related questions please send email to [claims2@trilliumnc.org](mailto:claims2@trilliumnc.org).

# Roadmap2 Ready

## DISASTER PLANNING

As we approach the prime season for hurricanes and flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff trained/re-trained, and contingency and communication plans developed.

We began utilizing the Disaster Plan link last year to keep the process more streamlined. This year, you will again go to a link to share your 2022 Disaster Plan and important contact information.

This requested information includes:



Corporate site address and facility phone number

Any residential sites currently in your contract (address, phone numbers)

Please note, you will need to enter each site as a separate submission. Disaster plans must be submitted through the following link:

[2022 Disaster Plan Submission](#)

Disaster Plans are due ***no later than May 1, 2022***. If no updates are needed to your 2022 Disaster Plan, you ***MUST*** still resubmit the plan with a new cover page displaying the current year and disaster contact info. Failure to submit your Disaster Plan for 2022 by the deadline (May 1, 2022), may result in an audit and/or plan of correction.

The Federal Center for Medicare and Medicaid Services (CMS) posted guideline requirements for all entities that receive Medicaid funds and this applies to all of our Medicaid providers. For your reference, we have attached the Final Rule that will assist you in locating the requirements to the federal rules that apply to each of your situations.

Our contract with providers requires that you have an adequate disaster planning and training process in place within your organization. While it is our desire that no one has to contend with all that a natural disaster brings, the reality is that eastern North Carolina has dealt with its fair share of these kinds of disasters in the past. Living in this part of North Carolina, we know that the best way to cope when a disaster strikes is preparation. Please connect with your local emergency management services, know your local resources, and stay connected with Trillium in the event of an emergency. In addition, Trillium has a list of disaster preparedness resources listed on the [Community Crisis and Disaster Response webpage](#).

[Final Rule](#)

## 2022 SPRING FAMILY WEEKENDS AT VICTORY JUNCTION WITH TRILLIUM!

Family Retreats are BACK this spring and Trillium is excited to announce 2022 dates for **Spring Family Weekends** with our partners at Victory Junction! Whether or not your child has ever experienced the freedom and excitement of camp that Victory Junction has to offer, we invite you to join us! We want everyone to enjoy the inclusive environment and diverse amenities and activities adapted for every need. Make family memories to talk about for years to come and start the application process early, by signing up on the **NEW [Spring 2022 Interest Form](#)** today!



**Haven't heard of Victory Junction? [CHECK OUT OUR FLYER](#) and see more below!**

Located in Randleman, NC, just outside of Greensboro and founded by the Petty racing family, Victory Junction specializes in serving individuals with disabilities and serious illnesses all throughout the year. Programming provides a unique experience for families to bond and for children to feel fully **empowered** and build **self-confidence** while using amenities to achieve limitless possibilities.

There really is something for everyone at camp. Create a masterpiece in Creative Arts, race in the Racecar Simulator, experience horseback riding and other animal adventures, go boating or fishing at the lake and MORE!

Victory Junction's awesome staff and volunteers are familiar with serving a variety of needs and are another favorite part of visiting camp and so is the fact that they can accommodate special diets and have an on-site medical center.

Retreats are open to anyone who is a Trillium member who enjoys all that camp has to offer and their family, extended family, and/or natural supports!

### SPRING DATES:

🌱 April 8-10, 2022

🌱 April 22-24, 2022

### **Deadline to Register: March 1, 2022**

Be on the lookout for future Family Retreat Dates on the "[Trillium Health Resources](#)" and "[Trillium Direct Connect for Enrichment](#)" Facebook pages, and on the "[Victory Junction](#)" page on our website!

*COVID-19 Statement: For the safety of all individuals on-site, all Victory Junction staff and volunteers will be fully vaccinated against COVID-19 during Trillium Family Weekends. Victory Junction will require proof of a COVID-19 vaccination for each person attending in your party who are ages 5 and up who will be on-site during Trillium Family Weekends. For all participants under 5 years of age OR any attendee with a medical exemption against vaccination, proof of negative COVID-19 PCR test results within 72 hours prior*

to the start of the program will be required. An antibody/serology test will not be accepted. Masks will still be required of all participants when taking part in indoor program area activities.

## DMH/DD/SAS-COMMUNITY SERVICES AND SUPPORTS OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY INCLUSION THURSDAYS

### A SERIES OF PRESENTATIONS ON TOPICS RELATED TO COMMUNITY INCLUSION

Community Inclusion Thursdays are hosted and presented by Drs. Mark Salzer and Bryan McCormick from the [Temple University Collaborative](#) on Community Inclusion. The series is free, but **separate registration for each session is required**.

No continuing education credits are available for the series. Please direct any questions to Tara Alley [tara.alley@dhhs.nc.gov](mailto:tara.alley@dhhs.nc.gov) or Dr. Mark Salzer [mark.salzer@temple.edu](mailto:mark.salzer@temple.edu). Below is the information to register for the final presentation in this series:

#### **Recovery-Oriented Systems and Services and Community Inclusion**

March 17, 2022 – 2:00 – 3:00 pm

 [Register here](#)

**Presenter:** Dr. Mark Salzer

This session will provide an overview of the emergence of recovery-oriented concepts and practices in mental health services. The presenter will then discuss the emergence of community inclusion and how it is related to, and extends, the advances made by recovery initiatives.



The advertisement features a stack of five circular seals on the left, each representing a different provider seal: Integrated Care, Comprehensive Behavioral, Large Agency, Evidenced-Based Treatment, and Comprehensive I/DD. To the right, a photograph shows an elderly man smiling and talking to a woman. A green banner at the bottom contains the website [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org) and the text "Apply today to receive your seal in Trillium's Valued Providers Program".

## VALUED PROVIDERS SEAL PROGRAM

Visit the [Valued Providers Seal Program](#) web page for more information about the Contracted, Comprehensive Behavioral Health, Large Agency, Evidenced-Based Treatment, Comprehensive I/DD and Integrated Care Provider Seals.



After receiving this recognition, sharing such dedication and innovative care should be as easy as possible. The [Valued Providers Seal Program Tool Kit](#) is designed for just that. This resource provides tips for sharing news of provider seals on websites, social media, newsletters, and emails, along with pre-written posts and messages.

Trillium can see the impact providers make on our members and communities. We hope the tool kit serves to ensure those members and communities can see it as well.

Contact us at [SealProgram@TrilliumNC.org](mailto:SealProgram@TrilliumNC.org) for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

## **NEED TO REPORT FRAUD, WASTE AND ABUSE?**

Ethicspoint is a secure and confidential system available 24 hours a day, 7 days a week for reporting suspected violations of fraud, abuse and confidentiality breaches. You can access Ethicspoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

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Any questions about this Communication Bulletin *that does not already have an email listed for questions from that specific section*, may be sent to the following email: [NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium's website.