



Transforming Lives. Building Community Well-Being.

## Clinical Communication Bulletin 52

**To:** All Trillium Providers  
**From:** Cindy Ehlers, Chief Operations Officer  
**Date:** May 10, 2024  
**Subject:** Tailored Plan Authorization Plans

### TAILORED PLAN AUTHORIZATION PLANS

This communication provides information around authorization requirements during the implementation of the Tailored Plan.

The North Carolina Department of Health and Human Services (NCDHHS) announced that Behavioral Health and I/DD Tailored Plans will launch on July 1, 2024. Tailored Plans are designed to service the complex needs of individuals with significant behavioral health disorders, I/DD, and Traumatic Brain Injuries (TBI). Tailored Plans will also serve uninsured individual that receive state-funded services, regardless of their diagnosis, along with those remaining in NC Medicaid Direct. Beneficiaries covered by the Trillium Tailored Plan will continue to receive behavioral health, I/DD, TBI and physical health care. The Trillium Tailored Plan will also cover pharmacy and other services for Members in the plan.

We understand this change can create anxiety for all stakeholders including members, providers, and community agencies. We want to make the transition as easy as possible for all. To allow for implementation of the Tailored Plan to occur without members losing services, and to ensure providers are paid in a timely manner, Trillium will offer transition of care flexibilities for services that require authorization Trillium members. Effective June 1, 2024 through September 30, 2024 all services for all members will not require a prior authorization. All services provided are subject to a post payment review to assure that medical necessity was met at the time of service delivery and all clinical information must still be completed as required by policy.

## **TRANSITION OF SERVICES WITH AUTHORIZATIONS**

Trillium will initiate a no prior authorization required period to ensure Providers with contracts will be able to file claims for dates of service from June 1, 2024 through September 30, 2024 without authorization.

Beginning on October 1, 2024, prior authorization must be submitted in Trillium Business System (TBS) for behavioral health and Tru Care for physical health. Services. [Trillium's benefit plan](#) can be found on our website and includes information on prior authorizations. This benefit plan will be updated prior to 10/1/2024.

## **CONCURRENT AUTHORIZATIONS DURING THE SOFT START (NO AUTHORIZATION PERIOD)**

All Medicaid and State funded members with concurrent service needs where prior authorization is normally required to continue services may file claims without authorization between June 1, 2024 and September 30, 2024.

Beginning in September, providers can begin submitting service authorization requests for dates of service beginning October 1, 2024. Effective October 1, 2024 authorizations must be submitted in (TBS) Trillium Provider Direct or Tru Care via our provider portal to request services with prior approval for effective dates from October 1, 2024 going forward. All clinical documents are required according to Clinical Coverage Policies. Services must adhere to the Trillium Benefit plan posted on the Trillium website.

## **NEW ADMISSIONS DURING THE SOFT START**

For claims filed for all new admissions that do not have a prior authorization during the dates. June 1, 2024-September 30th, 2024 providers will need to upload a Comprehensive Clinical Assessment and/or Psychological evaluation and PCP, ISP, care plan or service plan that supports dates of services for all services. It is the expectation that all agencies will ensure clinical documents are in place in Provider Direct medical record to support medical necessity for claims filed for services for new admissions beginning June 1, 2024- September 30, 2024.

## **NON-COVERED MEDICAID BENEFITS UNDER EPSDT**

Any Medicaid service that is a non-covered service currently provided to members through the plan must be requested using the form found on the Trillium website on our [Early and Periodic Screening Diagnosis and Treatment \(EPSDT\)](#). These requests will be reviewed for Medical Necessity. All non -covered services must receive prior authorization.

## **AFTER THE INITIAL TRANSITION OF CARE FLEXIBILITIES**

All services that require prior authorization in the Trillium benefit plan MUST be requested in Provider Direct for dates for service from October 1, 2024 going forward. Services that are not requested by this timeframe will not be backdated.

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Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to [UM@TrilliumNC.org](mailto:UM@TrilliumNC.org). Questions will be responded to as quickly as possible.