

Date: Thursday, June 30, 2022

Q1. Will Clinical assessments be completed by the same provider which provides the service, example SACOT or SAIOP?

Answer: Yes, this process will not change.

Q2. Will members receiving SACOT or SAIOP have Care Managers?

Answer: All Medicaid members enrolled in the Tailored Plan will be assigned a TCM unless they live in an intermediate care facility or receive High Fidelity Wrap Around or ACTT

Q3. The question about the assessments was if the same provider will do the assessment or will another provider have to complete the assessment not if an assessment is needed.

Answer: Yes, provider of SACOT or SAIOP services can do assessments, make recommendations for whatever service is appropriate and offer provider choice, just as they do today.

Q4. What is the difference between care management and case management?

Answer: Please visit medicaid.ncdhhs.gov/tailored-care-management for more information on Tailored Care Management for Medicaid members. Some adults and children who have mental health and substance use disorder needs, but do not have Medicaid, may be eligible to get case management services. A case manager is a specially trained behavioral health care worker who helps you and your health care providers to make sure you get the right care when and where you need it. The case manager knows what resources are available in your community and will work with local providers to get you the help you need.

Q5. Will letters go to members or provider agencies

Answer: A: Enrollment letters and welcome packets will go to the member/recipient, guardian, or legal responsible person and address that were provided to NCDHHS.

Q6. Will Provider Direct continue to be used for IDD TAR's and billing? When will IDD providers receive training?

Answer: A: Yes, there will also be a new portal for physical health providers as well. Trillium's Network Management Department will be sharing new trainings in the months to come, please sign up at trilliumhealthresources.org/for-providers/provider-communications to be sure you are getting notifications for when new trainings are available on My Learning Campus.

Q7. Should a recipient not receive their letter for enrollment, is there a contact person that they can reach out to

Answer: Recipients for state-funded services will get a welcome packet from Trillium, but should not get an enrollment letter from the Enrollment Broker unless they are enrolled in Medicaid. Please call the Enrollment Broker at 1-833-870-5500 if you do not get an enrollment letter and you think this is in error.

Q8. We have a contract with Trillium to provider Consultative Services to it's clients under Innovation Wavier Services so how does the Tailored Plans affect that?

Answer: Please call our Provider Support Service Line at 1-855-250-1539 if you need to check on the status of your contract with Trillium.

Q9. Will the BH Crisis Line only be taking calls from Trillium members/recipients?

Answer: Anyone can call the number, but the kinds of services that can be coordinated will depend on the caller's insurance. Trillium can connect anyone to mobile crisis service providers.

Q10. Will care managers job description change with the tailored plans?

Answer: Please check with your employer; most job descriptions will be changing given the additional attention to physical health care services and unmet health resource needs.

Q11. With the care coordinators assigned to recipients will job responsibilities remain the same

Answer: See above.