



Network Communication Bulletin #019

To: All Providers
From: Cindy Ehlers, MS, LPC - Vice President of Clinical Operations
Date: January 2, 2018
Subject: Rate Increase for Specialized Consultative Services (T2025);
Updated NC DHHS Records Retention and Disposition Schedule for Grants;
2018 Monitoring Review Process Changes for SA Prevention Providers;
Supplemental Short-term Assistance for Group Homes;
Reminder of New Claims Taxonomy Edits
Provider Direct Maintenance

I. Rate Increase for Specialized Consultative Services (T2025)

Effective 12/15/2017, the rate for Innovations Waiver Funded Specialized Consultative Services (T2025) will be increased to \$31.25/unit. The rate for Innovations Waiver SCS-BCBA (T2025 HO) will remain at \$31.25/unit. This will be reflected both in Trillium's Innovations Waiver Benefit Plan and in the service contracts of providers currently contracted to provide this service.

For LP/LPAs who are utilizing BCBA's to provide ancillary services such as observation, monitoring and training of staff and family members, the LP/LPAs should use the T2025 code for the direct service work of the LP/LPA and the BCBA's should use the T2025 HO code for the service activities they provide.

II. Updated NC DHHS Records Retention and Disposition Schedule for Grants

The North Carolina Department of Health and Human Services (N. C. DHHS) Controller's Office has issued the N. C. DHHS Records Retention and Disposition Schedule for Grants, which provides by funding source and State Fiscal Year the earliest date that records for the funding source may be destroyed. This retention schedule is governed by Federal regulations found at 7 CFR 3016.42, 7 CFR 3019.53, 45 CFR 74.53 and 45 CFR 92.42 and State regulations found at 09 NCAC 03M .0703 (4).

All financial and programmatic records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained in accordance with this schedule. All State and local government agencies, nongovernmental entities and their subrecipients, including applicable vendors, that administer programs funded by Federal sources passed through the N. C. DHHS and its divisions and offices are expected to maintain compliance with both the N. C. DHHS Records Retention and Disposition Schedule for Grants and any agency-specific programmatic record retention requirements.

The N. C. DHHS Records Retention and Disposition Schedule for Grants has been updated through September 30, 2017 and supersedes previously approved applicable schedules.

The updated Schedule has been posted along with the related Background pages. The information can be located on the NC DHHS Office of Controller's website at the following link:

URL: <https://www2.ncdhhs.gov/control/retention/retention.htm>

PDF: <https://www2.ncdhhs.gov/control/retention/2017/recordsheet17.pdf>

<https://www2.ncdhhs.gov/control/retention/2017/recordback17.pdf>

III. 2018 Monitoring/Review Process Changes for SA Prevention Providers

During the past fiscal year, DMHDDSAS conducted programmatic reviews of all of the elements of the state's substance use prevention programs and providers. The review tool and process represented a change, driven by previous input from SAMHSA about an expectation for increased oversight of the use of these block grant funds. The LME-MCOs and the providers of prevention services responded with immense support and cooperation and the results were evident in the findings of the review.

The prevention system is grappling with the transition to predominate use of population-based prevention strategies rather than the historic use of individual-based prevention strategies. This transition includes the requirement to complete a data-based needs assessment and adoption of a new online reporting system (<http://ecco.nc.pro-sps.com/index.php>). When fully implemented the Ecco system will afford providers, LME-MCOs and DMHDDSAS the perspective of monthly review and trend analysis of the performance of the system.

Community-based prevention providers are encouraged to access available technical assistance on meeting DMHDDSAS requirements, planning for prevention services, or effective implementation of prevention strategies at the North Carolina Training and Technical Assistance Center: <http://ncpreventiontta.org/>. The TTA Center is established to assist with transformation and maximizing system performance.

What does this mean for the 2018 Review and Community-Based Prevention Providers?

DMHDDSAS has acknowledged the activities burden adoption of the Ecco system has placed on LME-MCOs and community based prevention providers this year. In recognition of the transition required to adopt the online reporting and monitoring system, DMHDDSAS will not require that community-based prevention providers be on-site at the LME-MCOs for the Spring 2018 audit.

LME-MCOs are expected to continue to apply the DMHDDSAS Block Grant and SOC Expansion Review Tools, SAPTBG Prevention Program Monitoring worksheet for monitoring providers (<https://www.ncdhhs.gov/divisions/mhddsas/LME-MCO/audit>).

If you have any questions about the changes to the 2018 Monitoring Review Process Changes for SA Prevention Providers, please feel free to contact the DMHDDSAS Prevention Team at 919-715-2432.

The bulletin for this announcement is located [HERE](#)

IV. Supplemental Short-Term Assistance for Group Homes

Per Session law 2017-57 Section 11F.18 A, the General Assembly has appropriated five million dollars (\$5,000,000) in nonrecurring supplemental short-term assistance funds for individuals living in group homes for each year of the 2017-2019 fiscal biennium. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) is the division responsible

for determining the process to disburse these funds. The funds will be distributed through the LME-MCOs to the group homes with 10A NCAC 27G .5601(c)(1) and 10A NCAC 27G .5601(c)(3) designations that house individuals with a primary diagnosis of mental illness or a developmental disability and meet the criteria described below in the operational instructions.

Operational Instructions for the LME/MCO Supplemental Short-Term Assistance for Group Homes

1. The resident was eligible for Medicaid-covered Personal Care Services prior to January 1, 2013.
2. The resident was determined to be ineligible for Personal Care Services on or after January 1, 2013.
3. The resident has been a continuous resident in a group home since December 31, 2012.

NOTE: The recipient may not receive this funding if a Medicaid appeal has been filed and Maintenance of Service (MOS) has been granted for PCS.

Funding allocated will be used as one-time short-term assistance, not to exceed \$464.30 per month per resident of a 10A NCAC 27G .5601(c)(1) and 10A NCAC 27G .5601(c)(3) designated group home who meets the identified criteria.

Group homes must contact their respective LME-MCO to request and receive an assistance payment using the "[Short-Term Group Home Assistance Request Form](#)". This form is to be submitted to Trillium Health Resources via the THR Accounts Payable email address (AccountsPayable@TrilliumNC.org).

The group home must also submit a list of all funding sources for the operating cost of the group home for the preceding two years using the "[Funding Sources Notification](#)" form.

The list of all funding sources should be submitted to Mya Lewis, IDD & TBI Section Chief, by January 31, 2018 at mya.lewis@dhhs.nc.gov.

Additional information may be found in the following memorandum ([Memorandum 11/6/2017](#)).

V. Reminder of New Claims Taxonomy Edits

As of December 15, 2017, Trillium has implemented the new claim edits for Medicaid services to validate the service billed to the taxonomy and taxonomy to rendering provider based on DMA Guidelines.

If you are a group provider, you should list the Multi-specialty or Single Specialty taxonomy codes in the billing taxonomy field. Rendering provider taxonomy information should then be entered in the appropriate rendering provider section of the claim form. If the taxonomy and rendering provider submitted on the claim are not valid, you will receive denial "The Rendering Provider Taxonomy is not an accepted taxonomy for Medicaid claims."

In addition, and to reduce possible denials, please make sure services are billed with the correct Service to Taxonomy code. If the service and taxonomy submitted on the claim are not valid you will receive denial "The Combination of the service and Attending/Rendering provider Taxonomy is not valid per DMA."

If you have questions about the Taxonomy code, please reference the list on the National Uniform Claim Committee website <http://www.nucc.org/>.

CMS1500 Claims - FL24 (Loop 2400) will show the Service and Taxonomy. Please make sure the taxonomy in FL24J (Loop 2310B) is valid with the Service selected in FL24D (Loop 2400: SV101).

FL33 (Loop 2010AA) - Billing Provider) will also need to be valid for the service definition/location in FL24D (Loop 2400:SV101).

UB04 Claims - FL76 (Loop 2310A- Attending Provider) will show the Taxonomy selected. Please make sure the Taxonomy is associated with the service billed in FL42 (Loop 2400-SV2). FL81 (Loop 2000A-Billing Provider) will also need to be valid for the service in FL42 (Loop 2400-SV2).

Submitting claims via 837 electronic files - Please ensure the correct NPI, address, zip + 4 and Taxonomies are valid for the services billed.

Trillium encourages Provider Agencies to review their contracted site information, which can be found under the Provider Management option in Provider Direct (PD). In addition, please make sure that all NPI#s, address information, and taxonomies have the correct linkage at NCTracks. To review the linkages in NCTracks associated with your provider agency, please go to the NCTracks website at www.NCTracks.gov.

Failure to have the appropriate information updated in Trillium's software platform and/or in NCTracks may result in claim denials.

If you have any questions, please contact your Claims Specialist.

VI. Provider Direct Maintenance

On January 04, 2018, we will be doing updates to the Provider Direct 3.0 system from 5-8 PM. There is a possibility of system downtime during these updates, so we ask that you please plan accordingly.

This service outage supports IT efforts to provide reliable and consistent service delivery through patching, modifying, and testing updates during off-peak hours.

Thank you for your patience while we continuously work to improve and develop Provider Direct.

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.