





To: All Providers
From: Cindy Ehlers, MS, LPC – Vice President of Clinical Operations
Date: March 22, 2019
Subject: Tailored Plan Eligibility Webinar, Trillium’s Cultural Competency Plan 2018-2019, 2019 CPT Behavioral Health CPT® Code Changes for Psychological Testing Changes, Home and Community Based Services (HCBS): Validation Process, RB-BHT Policy Up for Public Comment, North Carolina State Funds Availability Reminder, Updated Employer of Record Handbook, NC TOPPS Reminders, Provider Monitoring Updates and Reminders

TAILORED PLAN ELIGIBILITY WEBINAR

On March 26 from 1:30 – 2:30 p.m., DHHS will hold a stakeholder webinar to provide the specifics of Tailored Plan eligibility criteria, enrollment processes, and transitions between Standard Plans and Tailored Plans. On March 18, 2019 DHHS released a final policy guidance paper on these key concepts. The full paper can be found at <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>.

To Register:

<https://manatt.webex.com/manatt/onstage/g.php?MTID=ee52b3a507e3ebcded6e7cc6019bf92cd>

-  Registration is required to access the webinar
-  Audio for this webinar uses computer or cell phone speakers with landline availability





Additional information may be found on the NC Medicaid transformation website at www.ncdhhs.gov/nc-medicaid-transformation.

TRILLIUM’S CULTURAL COMPETENCY PLAN 2018-2019

Trillium participates in the State of North Carolina’s efforts to promote the delivery of services in a culturally competent manner to all members including those with limited English proficiency and diverse cultural and ethnic backgrounds. [42 CFR 438.206 (c) (2)]

To this end, Trillium strives to ensure that all members have equal access to services provided by a culturally competent network of providers and Trillium staff. Trillium recognizes, respects, and responds to the unique, culturally-defined needs of the population served in its geographic area.

Trillium staff and network providers understand cultural competence goes beyond race, color, national origin, age, disability, sex, creed, and/or language identifiers. Cultural competence encompasses understanding one’s own culture and the diversity within each culture. Trillium shall:

-  Maintain a respectful service delivery network, free of offensive practices and conditions
-  Recognize each individual’s unique value, contribution and potential
-  Develop approaches/programs/services to meet identified needs of a culturally diverse population and
-  Orient/train Trillium and network provider staff in the topics related to cultural awareness/competency

Trillium engages in the following goals and initiatives to address cultural competency of the provider network to meet the needs of the population served:

- 🌱 Identify cultural and language needs of the community through annual Network Adequacy and Accessibility Analysis to ensure that culturally diverse multi-lingual persons have access to MH/DD/SA services as needed.
- 🌱 Recruit providers to address service gaps/needs to ensure the workforce reflects the diversity of the community it serves.
- 🌱 Provide cultural awareness/competency training for network providers at least once during the year to include information, training resources and agency assessment tools for practitioners to support culturally competent communication.
- 🌱 Strongly encourages providers to complete cultural competency training courses based on the racial/ethnic composition of the member population.
- 🌱 Provide cultural awareness/competency training for all Trillium staff at orientation and annually for existing staff.
- 🌱 Review information on an annual basis for use of People First language, foreign language, deaf and hard of hearing interpreter services with whom Trillium contracts, as required.
- 🌱 Expand and promote cultural competency activities to increase providers' awareness in serving the growing, culturally diverse population.
- 🌱 Research availability of emerging and effective Best Practice Standards for culturally diverse populations and communicate findings to providers via training or Communication Bulletins.
- 🌱 Embed cultural competency awareness in Systems of Care and Person Centered Planning processes, to include health literacy assessment by care coordination.
- 🌱 Encourage network providers to identify resources utilizing focus groups or interviews with cultural or linguistic minority members to determine how to meet their social determinants of health needs or for cultural engagement and interaction within their communities.
- 🌱 The Cultural Competency Plan, which is posted on the Trillium website at www.TrilliumHealthResources.org, and all data collected as a part of this plan and through the Network Adequacy & Accessibility Analysis is reviewed annually and goals revised accordingly.
- 🌱 Resources to be utilized in developing a culturally competent network may include: recruiting bi-lingual, culturally competent providers through a Request for Proposal process; assistance in setting up telehealth sites for access to services, assisting with establishing a list of resources that include interpreters; information for TTY, Relay Video Conference Captioning, NC Relay, sign language; and publication of written material in other languages.
- 🌱 Provider contracts require compliance with all federal and state laws which prohibit discrimination on the grounds of race, color, age, creed, sex, religion, national origin, or physical/mental disability.

Trillium is responsible for 340,439 covered lives* in Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, and Washington Counties.

The information below is derived from the NC Medicaid Annual DHB Measures FY 2017-2018 and is a guide for Trillium staff as we design, edit, and implement future internal and external training plans.

County	Race Categories Reported For All Medicaid Enrollees Under The 1915 b/c Waiver In Catchment Area																			
	White		Black or African-American		American-Indian and Alaskan Native		Asian		Native Hawaiian and Other Pacific Islander		Other Race		Two or more races		Unknown		Declined		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Beaufort	5,910	51.96%	4,764	41.89%	11	0.10%	1	0.01%	21	0.18%	101	0.89%	3	0.03%	0	0.00%	563	4.95%	11,374	100.00%
Bertie	910	17.49%	4,181	80.34%	9	0.17%	0	0.00%	7	0.13%	24	0.46%	0	0.00%	0	0.00%	73	1.40%	5,204	100.00%
Brunswick	16,214	76.08%	3,767	17.68%	123	0.58%	1	0.00%	105	0.49%	264	1.24%	3	0.01%	1	0.00%	834	3.91%	21,312	100.00%
Camden	803	76.04%	219	20.74%	2	0.19%	0	0.00%	11	1.04%	11	1.04%	0	0.00%	0	0.00%	10	0.95%	1,056	100.00%
Carteret	8,616	83.38%	1,286	12.44%	46	0.45%	0	0.00%	78	0.75%	60	0.58%	5	0.05%	1	0.01%	242	2.34%	10,334	100.00%
Chowan	1,174	37.09%	1,905	60.19%	1	0.03%	0	0.00%	2	0.06%	10	0.32%	0	0.00%	0	0.00%	73	2.31%	3,165	100.00%
Columbus	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Craven	9,725	53.67%	7,461	41.18%	52	0.29%	1	0.01%	526	2.90%	114	0.63%	8	0.04%	0	0.00%	233	1.29%	18,120	100.00%
Currutuck	2,476	85.65%	326	11.28%	6	0.21%	0	0.00%	10	0.35%	20	0.69%	4	0.14%	0	0.00%	49	1.69%	2,891	100.00%
Dare	4,328	91.62%	237	5.02%	8	0.17%	0	0.00%	19	0.40%	64	1.35%	0	0.00%	0	0.00%	68	1.44%	4,724	100.00%
Gates	1,057	51.69%	925	45.23%	8	0.39%	1	0.05%	4	0.20%	12	0.59%	1	0.05%	0	0.00%	37	1.81%	2,045	100.00%
Hertford	1,176	18.33%	5,011	78.10%	22	0.34%	1	0.02%	27	0.42%	36	0.56%	0	0.00%	0	0.00%	143	2.23%	6,416	100.00%
Hyde	670	59.45%	391	34.69%	2	0.18%	0	0.00%	0	0.00%	13	1.15%	0	0.00%	0	0.00%	51	4.53%	1,127	100.00%
Jones	1,232	53.03%	994	42.79%	8	0.34%	0	0.00%	6	0.26%	19	0.82%	0	0.00%	0	0.00%	64	2.76%	2,323	100.00%
Martin	1,899	32.58%	3,727	63.94%	11	0.19%	0	0.00%	20	0.34%	27	0.46%	3	0.05%	0	0.00%	142	2.44%	5,829	100.00%
Nash	9,114	38.66%	13,315	56.47%	122	0.52%	0	0.00%	174	0.74%	831	3.52%	0	0.00%	0	0.00%	21	0.09%	23,577	100.00%
New Hanover	19,250	57.36%	12,208	36.38%	134	0.40%	3	0.01%	392	1.17%	483	1.44%	12	0.04%	1	0.00%	1,075	3.20%	33,558	100.00%
Northampton	1,178	20.32%	4,439	76.59%	14	0.24%	0	0.00%	19	0.33%	29	0.50%	0	0.00%	0	0.00%	117	2.02%	5,796	100.00%
Onslow	21,371	64.63%	9,710	29.36%	178	0.54%	1	0.00%	567	1.71%	535	1.62%	7	0.02%	1	0.00%	698	2.11%	33,068	100.00%
Pamlico	1,628	67.22%	668	27.58%	3	0.12%	0	0.00%	16	0.66%	19	0.78%	0	0.00%	0	0.00%	88	3.63%	2,422	100.00%
Pasquotank	3,863	43.73%	4,686	53.05%	11	0.12%	0	0.00%	62	0.70%	63	0.71%	4	0.05%	1	0.01%	143	1.62%	8,833	100.00%
Pender	7,822	67.56%	2,994	25.86%	33	0.29%	0	0.00%	33	0.29%	153	1.32%	1	0.01%	0	0.00%	542	4.68%	11,578	100.00%
Perquimans	1,475	56.72%	1,095	41.37%	4	0.15%	0	0.00%	3	0.11%	27	1.02%	0	0.00%	0	0.00%	43	1.62%	2,647	100.00%
Pitt	11,498	31.85%	23,018	63.75%	67	0.19%	1	0.00%	244	0.68%	274	0.76%	7	0.02%	0	0.00%	995	2.76%	36,104	100.00%
Tyrrell	411	49.05%	395	47.14%	2	0.24%	0	0.00%	16	1.91%	2	0.24%	0	0.00%	0	0.00%	12	1.43%	838	100.00%
Washington	971	27.43%	2,425	68.50%	4	0.11%	0	0.00%	6	0.17%	15	0.42%	1	0.03%	0	0.00%	118	3.33%	3,540	100.00%
Total	134,771	52.26%	110,147	42.71%	881	0.34%	10	0.00%	2,368	0.92%	3,206	1.24%	59	0.02%	5	0.00%	6,434	2.49%	257,881	100.00%

County	Ethnic Categories Reported For All Medicaid Enrollees In Catchment Area									
	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Beaufort	1,084	9.53%	9,260	81.42%	1,029	9.05%	0	0.00%	11,373	100.00%
Bertie	80	1.47%	4,872	89.69%	480	8.84%	0	0.00%	5,432	100.00%
Brunswick	591	2.80%	20,045	95.02%	459	2.18%	0	0.00%	21,095	100.00%
Camden	23	2.10%	994	90.86%	77	7.04%	0	0.00%	1,094	100.00%
Carteret	261	2.45%	10,157	95.51%	217	2.04%	0	0.00%	10,635	100.00%
Chowan	121	3.66%	2,968	89.72%	219	6.62%	0	0.00%	3,308	100.00%
Craven	1,215	6.65%	15,837	86.69%	1,217	6.66%	0	0.00%	18,269	100.00%
Currutuck	98	3.31%	2,630	88.82%	233	7.87%	0	0.00%	2,961	100.00%
Dare	683	14.36%	3,711	78.04%	361	7.59%	0	0.00%	4,755	100.00%
Gates	27	1.35%	1,866	93.02%	113	5.63%	0	0.00%	2,006	100.00%
Hertford	146	2.30%	5,730	90.38%	464	7.32%	0	0.00%	6,340	100.00%
Hyde	114	9.89%	868	75.28%	171	14.83%	0	0.00%	1,153	100.00%
Jones	125	5.43%	1,933	83.93%	245	10.64%	0	0.00%	2,303	100.00%
Martin	245	4.13%	5,149	86.73%	543	9.15%	0	0.00%	5,937	100.00%
New Hanover	1,359	4.05%	31,548	94.00%	653	1.95%	0	0.00%	33,560	100.00%
Northampton	101	1.70%	5,202	87.47%	644	10.83%	0	0.00%	5,947	100.00%
Onslow	1,449	4.50%	29,959	93.10%	770	2.39%	0	0.00%	32,178	100.00%
Pamlico	137	5.47%	2,116	84.54%	250	9.99%	0	0.00%	2,503	100.00%
Pasquotank	424	4.83%	7,687	87.53%	671	7.64%	0	0.00%	8,782	100.00%
Pender	444	3.90%	10,781	94.68%	162	1.42%	0	0.00%	11,387	100.00%
Perquimans	60	2.30%	2,386	91.45%	163	6.25%	0	0.00%	2,609	100.00%
Pitt	2,880	8.18%	28,740	81.60%	3,600	10.22%	0	0.00%	35,220	100.00%
Tyrrell	90	10.95%	682	82.97%	50	6.08%	0	0.00%	822	100.00%
Washington	146	4.04%	3,147	87.10%	320	8.86%	0	0.00%	3,613	100.00%
Total	11,903	5.10%	208,268	89.28%	13,111	5.62%	0	0.00%	233,282	100.00%

For additional resources please see:

- 🌱 U.S Department of Health and Human Services (National Institutes of Health)- <http://www.nih.gov/clearcommunication/culturalcompetency.htm>
- 🌱 National Center for Cultural Competence- <http://nccc.georgetown.edu/>.
- 🌱 Think Cultural Health <https://www.thinkculturalhealth.hhs.gov>.
- 🌱 <https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Trillium-Cultural-Competency-Plan.pdf>

2019 CPT BEHAVIORAL HEALTH CPT® CODE CHANGES FOR PSYCHOLOGICAL TESTING CHANGES

UPDATE MARCH 26, 2019

We were informed on Monday, March 25 that [JCB #322](#) (referencing the 2019 CPT Behavioral Health Code Changes) was revised with the addition of code "96133 Neuropsychological test administration; each additional hour."

In accordance with major revisions to the American Medical Association (AMA) Current Procedural Terminology (CPT®) for 2019, for dates of service on or after January 1, 2019, the 2019 versions of the CPT and Healthcare Common Procedure Coding System (HCPCS) medical codes sets are in effect.

The table below provides a crosswalk from covered 2018 CPT codes to 2019 CPT codes, units and daily limits.

2018 Psych Testing CPT Codes	2018 CPT Code Description	2019 Psych Testing CPT Codes	2019 CPT Code Description/Summary/Add on Codes
96101	Psychological Testing	Psychological Testing Evaluation Services	
		96130	Psychological test administration; first hour
		96131	Each additional hour
		Test Administration and Scoring	
		96136	Psychological test administration and scoring; first 30 minutes
		96137	Each additional 30 minutes
Developmental/Behavioral Testing			
96111	Developmental Testing	96112	Developmental test administration, first hour
		96113	Each additional 30 minutes
Neuropsychological Testing			
96116	Neurobehavioral Status Exam	96116	Neurobehavioral Status Exam
		96121	Each additional hour
2018 Psych Testing CPT Codes	2018 CPT Code Description	2019 Psych Testing CPT Codes	2019 CPT Code Description/Summary/Add on Codes
96118	Neuropsychological Testing	96132	Neuropsychological test administration; first hour
		96133	Neuropsychological test administration; each additional hour
		Test Administration and Scoring	
		96136	Neuropsychological test administration and scoring, first 30 minutes
		96137	Each additional 30 minutes





Providers are encouraged to pursue training and education regarding the use and documentation requirement of the new codes. The requirements are found in the AMA's 2019 CPT Manual. It is incumbent on each billing provider to read, understand, and ensure compliance with published 2019 CPT guidance and DHB policy for services billed to Medicaid and LME-MCOs.

For additional guidance related to the 2019 CPT updates, please see link below to the American Psychological Association FAQs.

<https://www.apaservices.org/practice/reimbursement/health-codes/testing-code-faq.pdf>.

HOME AND COMMUNITY BASED SERVICES (HCBS): VALIDATION PROCESS

Beginning April 1, 2019 through March 31, 2020, DHHS in partnership with LME/MCOs, is rolling out the HCBS validation phase of the Statewide Transition Plan. In order to receive final approval for the Home and Community Based State Transition Plan, North Carolina must assess the level of compliance of each site, validate compliance and describe the plan to remediate areas of non-compliance. All HCBS sites must meet full integration status and meet 100% validation by March 31, 2020. Validation strategies include:

-  Utilizing HCBS Care Coordination & CAP/DA Case Management Monitoring tools
-  Evaluation of My Individual Experience Surveys
-  Desk reviews, employing the HCBS Review Tool
-  On-site visits by designated HCBS LME-MCO & CAP/DA staff.

The purpose of the rule is to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i), and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

RB-BHT POLICY UP FOR PUBLIC COMMENT

Clinical Coverage Policy 8F for Research Based- Behavioral Health Treatment is up for Public Comment from 3/14/19 to 4/20/19. A link to the public comment page can be found here:

<https://medicaid.ncdhhs.gov/get-involved/proposed-medicaid-and-nc-health-choice-policies>

NORTH CAROLINA STATE FUNDS AVAILABILITY REMINDER

We would like to remind our providers that State funds are not an entitlement and are not available to individuals who do not have a North Carolina residential address or that have out-of-state Medicaid. In regards to State funding eligibility for those members who have third party insurance, please refer to [Clinical Communication #005](#). If you have any questions, please send an email to EnrollmentandEligibility@TrilliumNC.org or call Trillium at 1-866-998-2597 and ask to speak with an Enrollment & Eligibility Specialist.

UPDATED EMPLOYER OF RECORD HANDBOOK

The Employer of Record Handbook has been updated to clarify the requirements for Employee Qualifications and Crisis Provider Services. Employees who have criminal background checks that are positive for any convictions listed in Statute §108-C-4 cannot be hired as direct support staff. The details of Statute §108-C-4 have been added to the handbook. The care coordinator will be responsible for educating the employer about crisis services that are available to the member.

The employer will work with the care coordinator and the support team to determine the most appropriate crisis plan and supports for the member to ensure health and safety. For more information, please reference the [Employer of Record Handbook](#) located on the NC Innovations page on Trillium Health Resources website.

NC TOPPS REMINDERS

All NC TOPPS requests and questions need to be emailed, using secure email, to NCTOPPS@TrilliumNC.org. This includes requests for transfers and corrections to member information in the NC TOPPS System. It is imperative that requests be sent to this email to ensure that the request is received and can be processed in a timely manner. Email requests sent to Trillium staff email addresses may be delayed as the staff member may be unavailable or out of the office.

All NC TOPPS requests for transfers must include a completed Release of Information, signed by the member or their guardian, and it must state that the information to be released is and/or includes NC TOPPS records. The email should be titled "NC TOPPS Transfer Request" in the subject line and the body of the email should include the member's name, record number, and date of birth. Also, include the name of the QP that the NC TOPPS should be transferred to and their office location if your agency has multiple sites.

Coming Soon a NC TOPPS Refresher Webinar

PROVIDER MONITORING UPDATES AND REMINDERS

Beginning with reviews scheduled for March 11, 2019 and later, member files for provider monitoring will be required to be submitted 24 business hours prior to your scheduled review date and start time. However, you will still receive your Sample Notification ten business days prior to when files will be due to allow plenty of time for gathering and submitting files. The deadline for the submission of files is when the submission should be complete, not when submission should begin.

We strongly encourage providers to begin submitting files as soon as possible in order to resolve any technical issues that may arise in time for the review to begin as scheduled.

Trillium also provides monitoring checklists that detail what items are needed in the files. Please follow instructions carefully, use the checklists as a cover sheet for each file, and organize the items in files in the order that they are listed on the checklist. Also, please only include the items requested and only items that are current for the date range being reviewed. Submitting files in this manner will allow reviewers to complete your review in a timely manner and reduce instances of confusion or items being overlooked. If you are unsure of something you should or should not submit, the lead for your review will be glad to answer any questions you may have.

QUARTERLY PROVIDER INCIDENT REPORT (FORM QM-11) REMINDER

Trillium received an approval from DHHS to waive the reporting requirement for the Quarterly Provider Incident Report (Form QM-11). The waiver is approved for all contracted providers in the Trillium catchment area for the time period of February 25, 2016 through December 31, 2021. If there are any questions, please contact the Quality Management Department at QMInfo@TrilliumNC.org

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.

Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our [Upcoming Events page](#). Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the [RFP | RFA | RFI | Opportunities page](#) for listings.
