



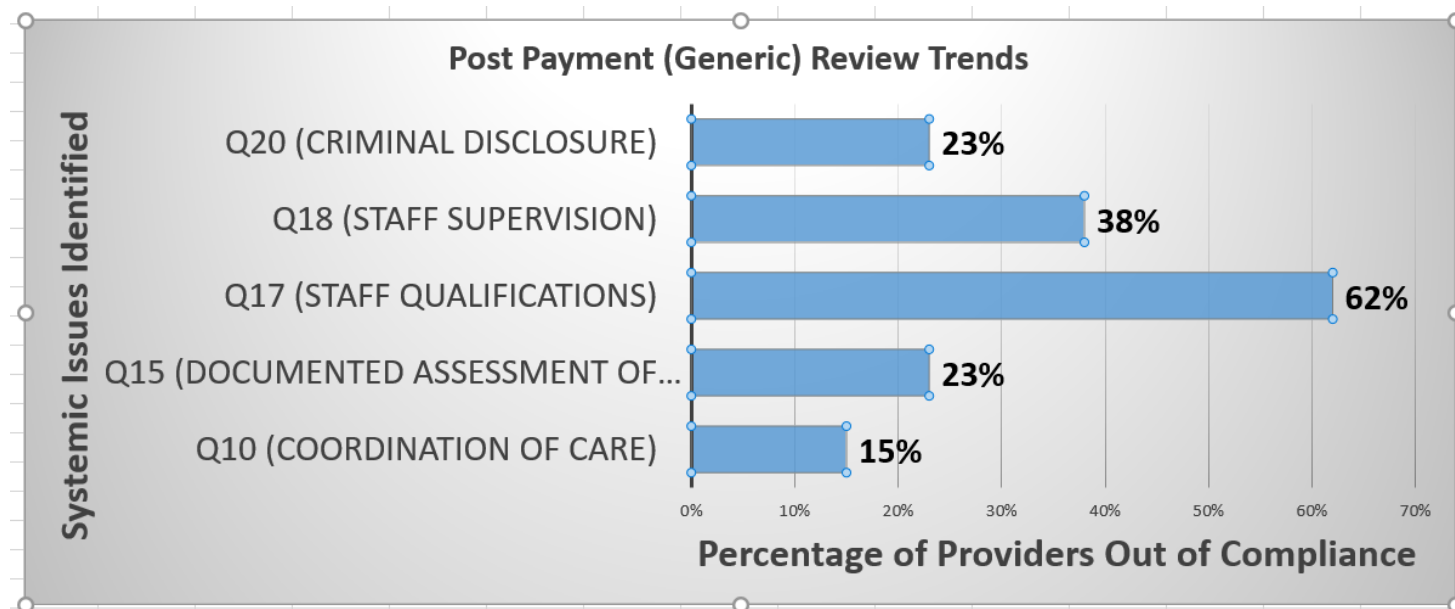
To: All Providers

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

Date: May 6, 2019

Subject: Provider Monitoring Trends January-March 2019, Requests for Proposals, Open Enrollment for Psychologists, 2019 Disaster Plan Reminder, Home and Community Based Services (HCBS): Validation Process, QM Reminder, NCI Staff Stability Survey-Help us learn about the IDD Staffing Situation in North Carolina

PROVIDER MONITORING TRENDS:



Below is a summary of the trends identified in Provider Monitoring for reviews using the *Post-Payment Generic tool* during the Jan '19 – March '19 quarter, along with guidance and recommendations related to each:

- ▲ **REVIEW TOOL QUESTION 10, COORDINATION OF CARE** - 15% of providers were out of compliance in this area. Most services reviewed using the Generic tool require that providers maintain evidence of coordination of care for their members. Requirements vary by service definition, so please refer to your Clinical Coverage Policy or Service Definition for these requirements. Examples may be case management activities, coordination with medical/psychiatric/other providers, coordination with community supports/organizations and/or natural supports, coordination in crisis/discharge planning, participation in child and family teams, etc.- all based on the member's individualized needs. Documentation formats also vary but may include service notes, contact notes/logs, authorizations to release information and disclosure logs, integrated PCPs/service plans, CFT meeting notes, etc. If a member refuses to allow an agency to contact other providers/supports to coordinate care, documentation of their refusal must be in the record.






- REVIEW TOOL QUESTION 15, ASSESSMENT OF PROGRESS** - 23% of providers were out of compliance in this area. Services required to be documented using a FULL service note are required to include assessment of progress, i.e. assessment of the effectiveness of the intervention and the member's progress toward their goal(s) being addressed (how did it turn out for the member, how did they respond, etc.). For case management-type services/activities, a description of the result or outcome of the case management activity fulfills this requirement. Please refer to your Clinical Coverage Policy or Service Definition and APSM 45-2 for service note requirements.
- REVIEW TOOL QUESTION 17, STAFF QUALIFICATIONS** - 62% of providers were out of compliance in this area. NCAC 27G .0104, NCAC 27G .0202 and Clinical Coverage Policies/Service Definitions all govern staff qualification requirements and should be referenced to ensure staff are qualified to deliver the particular service provided. The most common deficiencies included lack of evidence that staff had received client specific training on the member's treatment plan/PCP (diagnosis, goals, interventions, crisis plan, etc.) and/or specialized training, if necessary, to meet the member's needs. There is no required format for this training, but it must be documented in some way, e.g. training/review checklist, supervision note, staff signature on the plan/PCP, etc. and must be done prior to service delivery. Another common area of concern is related to service definition-specific training (e.g. related to IIH, CST, ACT, PSR, etc.). Providers should refer to Clinical Coverage Policies and Service Definitions for specific trainings required for their service (in addition to those required by NCAC 27G .0202) and their required timeframes (e.g. within 30, 60 or 90 days of hire, etc.) Lastly, Bloodborne Pathogens training is required (prior to service delivery) and is required to be updated annually- per 29 CFR 1910.1030.
- REVIEW TOOL QUESTION 18, STAFF SUPERVISION** - 38% of providers were out of compliance in this area. The most common trend related to supervision is that staff supervision plans are not always individualized. North Carolina Administrative Code 10A NCAC 27G .0203 and .0204 specify that *individualized* supervision plans must be initiated and implemented for associate professionals and paraprofessionals. This means that every staff person should have their own supervision plan with at least 1-2 of their supervision goals being individualized and tailored to their strengths and needs as an employee, and there should be supporting documentation to show that the plan has been implemented as written.
- REVIEW TOOL QUESTION 20, CRIMINAL DISCLOSURE** - 23% of providers were out of compliance in this area. Providers must require all staff/applicants to disclose any/all criminal convictions prior to hire according to 10A NCAC 27G .0202. Often, the issue is staff/applicants are asked to disclose criminal convictions, "excluding misdemeanors," on their employment application or criminal disclosure statement instead of all criminal convictions.

REQUESTS FOR PROPOSALS:

SUBSTANCE ABUSE COMPREHENSIVE OUTPATIENT TREATMENT (SACOT):

Trillium has identified a need for Substance Abuse Comprehensive Outpatient Treatment (SACOT) Programs in the counties below within the Trillium Catchment area for the adult Substance Use population.

The primary purpose of this RFP is to invite service providers of Substance Use services to submit a proposal for the implementation of a SACOT Program into the provider network for the following counties as required:

-  **Northern Region:** Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Northampton, Pasquotank, Perquimans
-  **Central Region:** Dare, Hyde, Nash, Tyrrell
-  **Southern Region:** Onslow, Pender

[SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM \(SAIOP\):](#)

Trillium has identified a need for Substance Abuse Intensive Outpatient Program (SAIOP) in the counties below within the Trillium Catchment area for the adult Mental Health/Substance Use population. The primary purpose of this RFP is to invite service providers of Adult MH/SU services to submit a proposal for the implementation of a SAIOP into the provider network for the following counties as required:




-  **Northern Region:** Camden, Currituck, Gates, Northampton and Perquimans

[TRILLIUM HEALTH RESOURCES - OPEN ENROLLMENT – PSYCHOLOGISTS](#)

JOIN OUR NETWORK

Trillium Health Resources is hosting an open enrollment for Psychological Services in order to allow more individuals access to the quality care they need.

Trillium is currently accepting applications for Licensed Psychologists and Licensed Psychological Associates to provide the following services to Medicaid beneficiaries:

-  Psychological Testing
-  Evaluation for Autism Spectrum Disorder
-  Specialized Consultative Services and development of Behavior Support Plans

In order to increase access to care, providers within in the 26 county Trillium catchment area, as well as neighboring Out of Catchment counties including Halifax, Edgecombe, Wilson, Greene, Lenoir, Duplin, Sampson, and Bladen counties are eligible. Both in-network and out-of-network providers may apply.

Providers must be registered with NC Tracks. Psychologists must be licensed in the State of NC and demonstrate experience with the population served. All applicants are required to be credentialed with Trillium prior to the delivery of services.

Please click the application link to apply:

 [APPLICATION](#)

2019 DISASTER PLAN REMINDER

As we get closer to the start of hurricane season and potential flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff should be trained, along with development of contingency and communication plans. Please email a copy of your current Disaster plan to Julie Brinson at NetworkMonitoring@TrilliumNC.org **no later than June 1, 2019** along with the name and contact number of your agency contact during a disaster.

Our contract with providers requires that you have an adequate disaster plan and training in place in your organization. While it is our desire that no one has to contend with all that a disaster like a hurricane or flood brings, the reality is that eastern North Carolina has had to deal with its fair share of these kinds of disasters. We know from living in this part of North Carolina 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 to with Trillium in the event of an emergency.

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.

QM REMINDER

Just a friendly reminder that IRIS reports are due within 72 hours of when providers learn of the incident. For any questions or technical assistance, please email IncidentReporting@TrilliumNC.org. Thank you for your timely submissions!

NCI STAFF STABILITY SURVEY-HELP US LEARN ABOUT THE IDD STAFFING SITUATION IN NORTH CAROLINA

North Carolina is participating in the National Core Indicators™ (NCI) Staff Stability Survey. Using this survey, NC will gather essential data regarding the Direct Support Professional (DSP) workforce in NC.

The NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has decided to participate in this survey to examine statewide workforce data (such as **wages** and **turnover** rates) and to make improvements through policy and systems changes. It is **vitaly important that we hear from our providers about issues affecting the DSP workforce**. This survey seeks information from I/DD providers of all settings who provide direct support to adults (18 and over) with intellectual/developmental disabilities. The survey responses are completely confidential; DMH/DD/SAS staff will not have access to the answers of individual providers.

Below are a few questions and answers that provide additional insight into this process:

How can you help?

- 🌱 Our goal is to have 100% participation from all provider organizations in NC. Because some providers work in states other than NC, ensure the data submitted in the survey is a true reflection of NC specific DSP staffing trends.

What should you do if you have questions?

- 🌱 Direct questions to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services at NCISurvey@dhhs.gov.

How long will the survey be open?

- 🌱 The survey will be open from February 2019 - May 31, 2019.

What will happen after the survey closes?

- 🌱 NCI will produce a national Staff Stability report with state specific data. This report will be publicly available.
- 🌱 DMH/DD/SAS will examine report results to determine system of policy changes that might be needed to increase DSP quality and stability in NC.

DMH/DD/SAS is excited to be a part of this wonderful opportunity to hear directly from providers about the DSP workforce. We know that DSP workforce related challenges such as high turnover and worker shortages are affecting several provider agencies, the individuals we serve and their families. **It is our sincere hope that you will be able to provide as much information as possible so that we can have a true picture of DSP staffing trends across the state of NC.**

If you have any additional questions, comments, or concerns, please feel free to reach out to LaToya Chancey at NCISurvey@dhhs.nc.gov.

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.
