Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Network Communication Bulletin #052

To: All Providers

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

Date: November 6, 2019

Subject: 835 Transaction File Changes, Network Monitoring Trends (July, August, September 2019), Peer Support Certification Training Curriculum Pause (JCB #339), Peer Support Services State Plan Amendment and Policy Update (JCB #344), Provider Manual Update, Important Reminder for Agencies that Provide Residential Services, CSAT GPRA Items For Download

835 Transaction File Changes

Effective November 21, 2019, in compliance with 5010 HIPAA compliance regulations, Trillium will be updating the outgoing 835 transaction files to all providers.

Currently, Trillium is sending a 1 in the 2100 loop, segment CLP02 identifying Trillium as a primary payer. This will change to include a 2 or 3 to identify Trillium as secondary or tertiary payer as applicable. If Trillium is the primary payer, 1 will still continue to be sent.

This change will assist providers in correctly applying payments received from Trillium if Trillium is not the only payer of the claim.

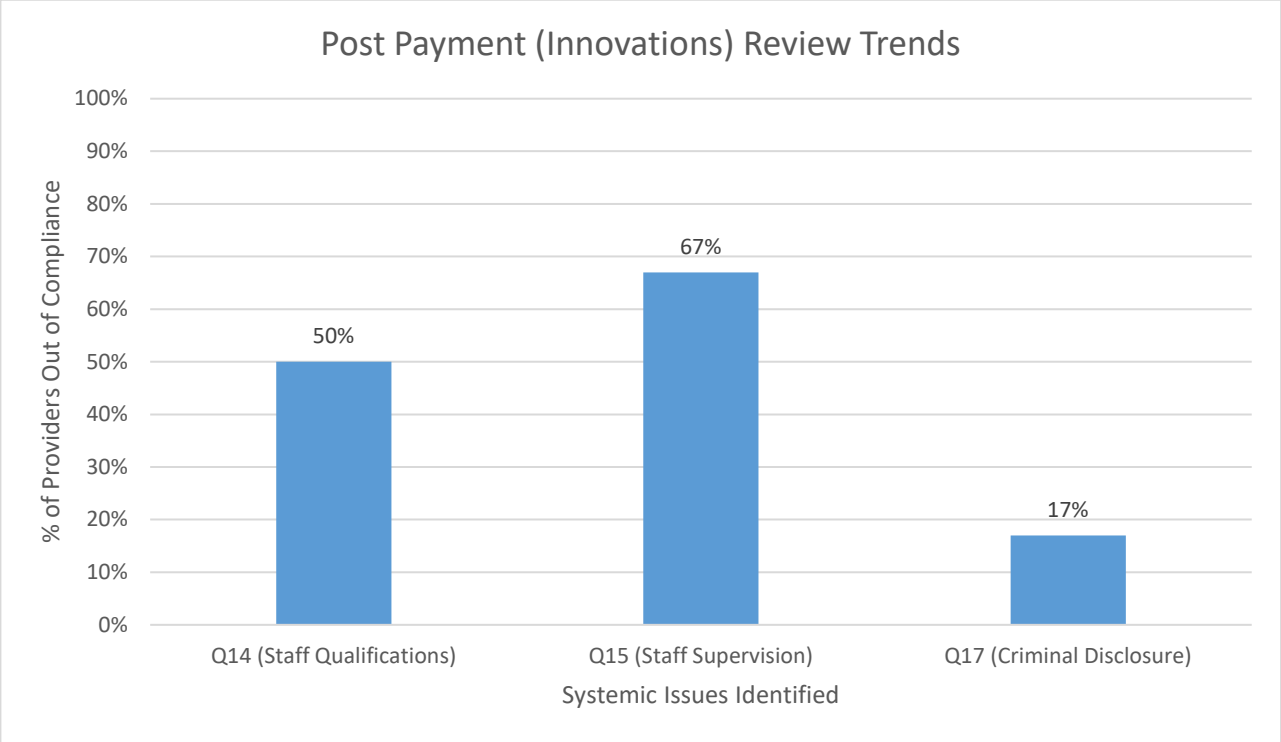
If you have any questions or concerns about this upcoming change please contact Trillium's IT Department at PDSupport@TrilliumNC.org or a Trillium Claims Specialist by calling 866-998-2597 or by emailing Claims2@TrilliumNC.org.

Provider Monitoring Trends July-September 2019

Below is a summary of the trends identified in Provider Monitoring for reviews using the *Post-Payment Generic tool* and *Post-Payment Innovations tool* during the July–September quarter, along with relevant guidance and recommendations:

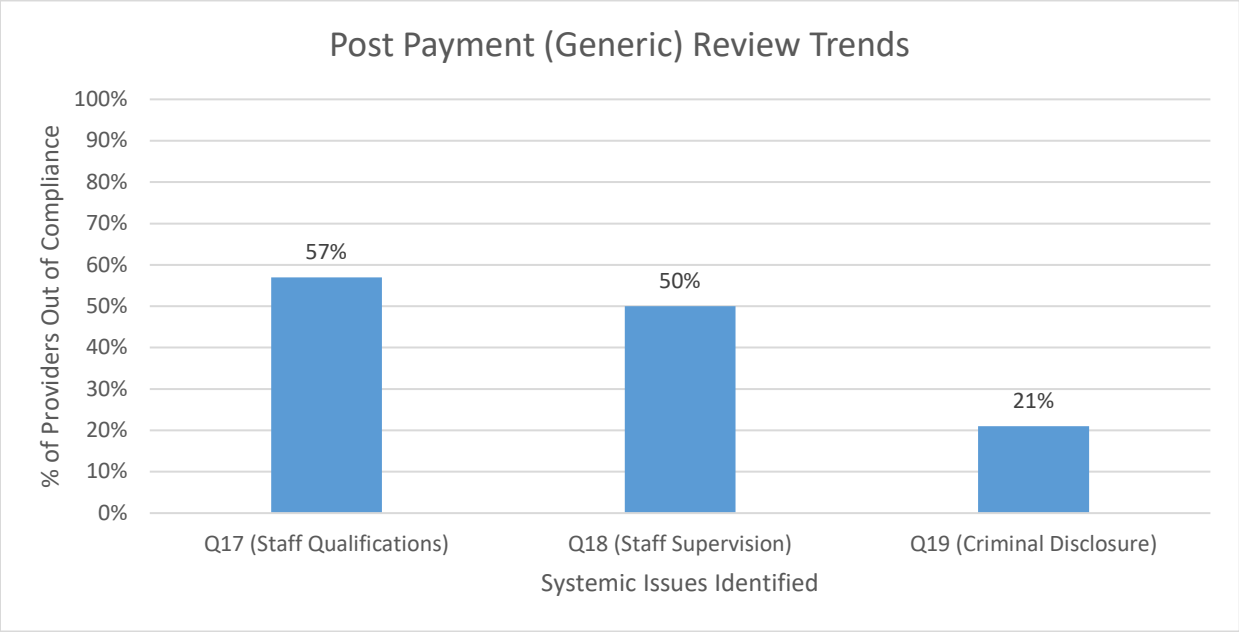
- Post-payment generic tool- question 17 & post-payment innovations tool- question 14, staff qualifications - 57% of providers reviewed using the Generic tool and 50% of providers reviewed using the Innovations tool were out of compliance in this area. NCAC 27G .0104, 27G .0202, 27E .0107 and Clinical 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, as well as anytime the member's needs change or the plan/PCP is updated. Also, some provider staff were found not to have received training in **Alternatives to Restrictive Interventions** prior to service. NCAC 27E .0107 requires that anyone interacting with members receive this training prior to providing services and at least annually thereafter. Additionally, this training must be in a curriculum approved by DHHS. Another common area of concern is related to **Service Definition-Specific training** (e.g. related to IIH, CADT, SACOT, 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) 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.



- **POST-PAYMENT GENERIC TOOL- QUESTION 18 & POST-PAYMENT INNOVATIONS TOOL- QUESTION 15, STAFF SUPERVISION** - 50% of providers reviewed using the Generic tool and 67% of providers reviewed using the Innovations tool were out of compliance in this area. The most common trend related to supervision is that staff supervision plans are not always individualized. 10A NCAC 27G .0203 - .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.

- **Post-Payment Generic tool- Question 20 & Post-Payment Innovations tool- Question 17, Criminal Disclosure** - 21% of providers reviewed using the Generic tool and 17% of providers reviewed using the Innovations tool 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.



Peer Support Certification Training Curriculum Pause (JCB #339)

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), in consultation with Behavioral Health Springboard (BHS) at the UNC School of Social Work and key stakeholders from the peer workforce, instituted a pause on the review and approval of new Peer Support Training curricula effective October 8, 2019.

During this pause, DMH/DD/SAS, through collaboration with community stakeholders, will evaluate the current certification process to ensure that current and future workforce needs are being met through the Peer Support Certification process.

All currently approved Peer Support Specialist (PSS) courses will still be able to provide peer support trainings during the pause. There are currently ten (10) approved/certified courses that are authorized to facilitate the 40-hour training. We encourage individuals seeking Peer Support Certification to visit the North Carolina Certified Peer Support Specialist Program website at https://pss.unc.edu/ to find upcoming approved PSS training sessions. If you have questions, please contact Stacy A. Smith at 919-715-2368 or Stacy.Smith@dhhs.nc.gov.

Peer Support Services State Plan Amendment and Policy Update (JCB #344)

The Medicaid State Plan Amendment (SPA) for Peer Support Services (PSS) was approved by the Centers for Medicare & Medicaid Services on October 23, 2019 with an effective date of July 1, 2019. The clinical coverage policy will be posted with an effective date of November 1, 2019.

Peer Support Services policy requirements are as follows:

- Program is under the direction of a full-time Qualified Professional (QP).
- Maximum program staff ratios: QP to Certified Peer Support Specialist (CPSS) is 1:8; CPSS to beneficiary is 1:15; and CPSS Group Facilitator to beneficiary is 1:12 for Peer Support Group.
- Peer Support Specialist must be certified by the NC Peer Support Specialist Certification Program.
- Beneficiaries are eligible for twenty-four (24) unmanaged units once per episode of care in a state fiscal year.
- Prior approval is required for Peer Support Services provided beyond the unmanaged unit limitation.
- A service order must be signed by a physician or other licensed clinician, per his or her scope of practice, prior to or on the first day service is rendered.
- Comprehensive Clinical Assessment is required to determine medical necessity of service.
- Clinical information must be obtained and documented in the beneficiary's Person-Centered Plan.
- PSS may be provided in the beneficiary's place of residence, community, in an emergency department, or in an office setting.
- PSS is not a first responder service. PSS providers shall coordinate with other service providers to ensure "first responder" coverage and crisis response.

Provider Manual & Member Handbook Update

Trillium completes annual reviews of all printed and electronic materials to ensure the accuracy of information presented to our providers and members. Network recently completed the review for the provider manual, and the revised member handbook will be posted soon. **View the updated Network Provider Manual** HERE.

Important Reminder For Agencies That Provide Residential Services

Since August 1, 2018, Trillium Health Resources has been tracking "Residential Openings" from providers providing residential services. This includes Residential Openings for: TFC, IAFT, Level II, Level III, and Level IV group home beds, UAFL, AFL and 5600 group homes. This also includes all ages and disability populations.

We appreciate all who participated on a consistent basis over the past year. Trillium continues to request that this updated information to be received by noon on the first Monday of each month. Currently, all staff at Trillium have access to the information provided. Trillium hopes to share this information with providers in the future.

All residential providers should send their monthly updates on the attached spreadsheet to: Residentialopenings@TrilliumNC.org

Even if you have Zero beds, please submit a completed spreadsheet.

Provider Name	Provider Contact Name	Provider Contact Phone#	Provider Contact Email	House Name	Funding	City	COUNTY	M/F, Either	Age Range	Vacancy#	Type of Site	Other important Information
ACME	Jane Doe	910-123-4567	JaneDoe@acme.net	Friendship house	SSDI SSI	Wilmington	New Hanover	Female	Adult	2	5600 A	Most members in house are above 40 years old
ABC	John DOe	252-987-6544	JohnDoe@abc.net	June house	Medicaid	Greenville	Pitt	Male	Adult	0	5600 C	Above 55

WHY IS THIS IMPORTANT FOR OUR PROVIDERS, STAKEHOLDERS, FAMILIES AND MEMBERS?

1. Providers, DSS, and LME/MCO will not have to call agencies that have no bed openings and will have up-to-date information from the LME/MCO should you need to search for any type of residential option.
2. Residential Agencies will have quick access to referrals from the entire network, LME/MCO, and stakeholders.
3. This process will create efficiencies for our entire community for members of all ages who need a residential option.
4. Please remember that least restrictive environment is always the expected best practice.
5. Members who need residential services coming out of an Emergency Department (ED) visit or hospital will be able to have quick options available.

If you have any questions please contact **Lori Meads,** Resource Coordinator at Lori.Meads@TrilliumNC.org or call 1-866-998-2597

CSAT GPRA ITEMS FOR DOWNLOAD

- CSAT GPRA Tool Complete Fillable
- CSAT GPRA Tool Follow-up
- CSAT GPRA Tool Discharge
- CSAT GPRA Tool Intake Baseline

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.