

To: All Providers

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

Date: January 13, 2020

Subject: Provider Monitoring Trends: October 2019-December 2019, Disaster Planning, NC DHHS Opioid Treatment Provider RFA Opportunity, State Funded Behavioral Health Urgent Care Service Definition (JCB#353), Incident Reporting: Member Deaths and Reporting, Provider Directory Updates, Supported Living Level 3 Stakeholders Meeting on January 30, RFP and RFI Updates: Family Centered Treatment®, Facility Based Crisis, and Statewide Provider Recruitment for Hurricane Shelter Response Team

PROVIDER MONITORING TRENDS: OCTOBER 2019-DECEMBER 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 October 2019 – December 2019 quarter, along with relevant guidance and recommendations.

POST-PAYMENT GENERIC TOOL- QUESTION 6, TREATMENT PLANS - 20% of providers reviewed using the Generic tool did not meet the 85% threshold in this area. Clinical Coverage Policies and APSM 45-2 require that members have treatment plans *individualized* to meet their unique needs. Goals, interventions, strategies, crisis plans, etc. should all be individualized and based on the member's strengths, needs, and preferences.

POST-PAYMENT GENERIC TOOL- QUESTION 17, STAFF QUALIFICATIONS - 20% of providers reviewed using the Generic tool did not meet the 85% threshold 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 systemic issue included lack of evidence that staff had received Client Specific training** on the member's treatment plan/primary care provider (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 needs change or the plan/PCP is updated.

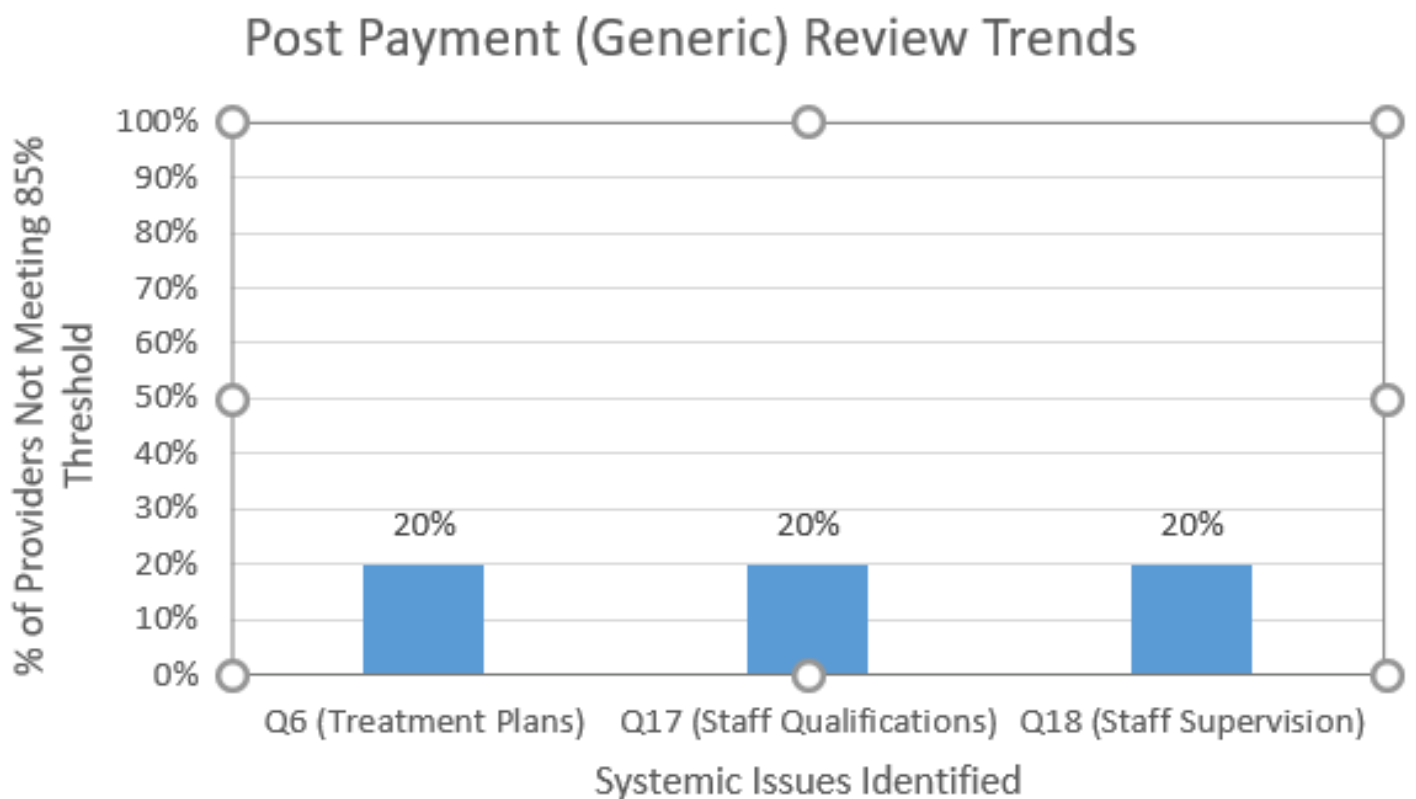
POST-PAYMENT GENERIC TOOL- QUESTION 18 & POST-PAYMENT INNOVATIONS TOOL- QUESTION 15, STAFF SUPERVISION - 20% of providers reviewed using the Generic tool and 36% of providers reviewed using the Innovations tool did not meet the 85% threshold in this area. The most common trend related to supervision is that staff supervision plans are not always individualized.

10A NCAC 27G .0203 -.0204 specifies 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 one or two individualized supervision goals that are tailored to their strengths and needs as an employee. There should be supporting documentation to show that the plan has been implemented as written.

POST-PAYMENT INNOVATIONS TOOL- QUESTION 17, CRIMINAL DISCLOSURE - 18% of providers reviewed using the Innovations tool did not meet the 85% threshold 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 that staff/applicants are asked to disclose criminal convictions, "excluding misdemeanors," on their employment application or criminal disclosure statement instead of all criminal convictions.



DISASTER PLANNING

We are fast approaching the prime season for hurricanes and flooding disasters. To prepare, we are sending out this reminder that disaster plans need to be reviewed and updated, staff trained/re-trained, and contingency and communication plans developed. **Please email a copy of your 2020 Disaster Plan to Krystin Ross at Krystin.Ross@TrilliumNC.org no later than April 30, 2020, along with the name and contact number of your agency's responsible person(s) during a disaster on the cover page of your plan. Failure to submit your Disaster Plan for 2020 by the deadline (April 30, 2020), may result in an audit and/or plan of correction.**

As many of you are aware, the Federal Center for Medicare and Medicaid Services (CMS) have posted guideline requirements for all entities that receive Medicaid funds and this applies to all of our Medicaid providers.

For your reference, we have attached the Final Rule that will assist you in locating the requirements to the federal rules that apply to each of your situations.

Our contract with providers requires that you have an adequate disaster plan and training process in place for your organization. While it is our desire that no one has to contend with all that a hurricane or flood brings, the reality is that Eastern North Carolina has dealt with its fair share of these kinds of disasters in the past. Living in this part of North Carolina, we know 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 with Trillium in the event of an emergency.

<https://www.govinfo.gov/content/pkg/FR-2016-08-19/pdf/FR-2016-08-19.pdf>

OPIOID TREATMENT PROVIDERS (OTPs) RFA OPPORTUNITY

The NC Department of Health and Human Services (DHHS) posted a request for application (RFA) for a Bundled Rate Pilot for Medication Assisted Recovery -available to OTPs only. The due date for applications is February 17, 2020.

For more information, click the link below:

<https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities>

STATE FUNDED BEHAVIORAL HEALTH URGENT CARE SERVICE DEFINITION

Effective February 1, 2020, the state-funded behavioral health urgent care (BHUC) service definition will go live and supersede any existing alternative BHUC service definitions. A copy of the service definition can be found at the link below:

<https://files.nc.gov/ncdhhs/documents/files/State-Funded-Behavioral-Health-Urgent-Care--BHUC---effective-2-1-2020.pdf>.

BHUC is a designated service for individuals four (4) years or older experiencing a behavioral health crisis related to a substance use disorder, mental health disorder, intellectual or developmental disability (I/DD) diagnosis, or any combination of the above.

The BHUC service is designed to provide triage, crisis risk assessment, evaluation, and intervention to individuals whose crisis response needs are deemed to be urgent or emergent. BHUC is an alternative, but not a replacement, to the Emergency Department (ED) in a community hospital. Individuals receiving this service will be evaluated, then stabilized and/or referred to the most appropriate level of care.

A BHUC Center can either be classified as a Tier III or a Tier IV facility.

If an agency is operating a service that does not meet the requirements for a Tier III or a Tier IV BHUC, the agency can no longer be identified as a BHUC, and may continue to provide services as a same day walk-in clinic.

Agencies providing BHUC will be required to use the following billing codes effective February 1, 2020:

BHUC Assessment	BHUC Observation
T-2016 U5	T-2016 U8

Effective February 1, 2020, the following codes will be end-dated for BHUC use:

YA324 - Crisis Evaluation and Observation
YA369 - Crisis Evaluation and Observation

INCIDENT REPORTING: MEMBER DEATHS AND REPORTING

Incident Response Improvement System (IRIS) report is required if the member received any billable services from your agency in the 90 days preceding the member's passing. IRIS reports must be submitted within 72 hours of learning of the death.

Manner of deaths selected in the IRIS report as unknown, homicide, suicide, or accident are considered Level III incidents. Please provide a verbal notification (866-998-2597) or email notification to Trillium immediately. You may contact Julie McCall (Julie.Mccall@TrilliumNCnc.org) or Amanda Morgan (Amanda.Morgan@TrilliumNC.org).

You are asked to please provide as much detail as possible in the Provider Comments section regarding the circumstances leading to the member's passing, including how your agency learned of the death.

Manner of Death:

- Terminal illness/natural cause is only selected in the IRIS report if the member received hospice care prior to their passing, or when it is verified on the death certificate/Medical Examiner (ME) report.
- Homicide or accident is only selected in the IRIS report if the member was pronounced deceased on scene, or when it is verified on the death certificate/ME report. If available, please include a copy of the associated news report or article in the IRIS report for these incidents.
- Unknown Cause is selected for all other deaths until the death certificate/ME report is obtained to verify the cause of death.

The death certificate or the ME report must be uploaded to the IRIS report upon receipt. In addition, the death information tabs in the IRIS report must be updated, saved, and resubmitted to accurately reflect the findings of the death certificate/ME report.

The death certificate can be obtained from the County Register of Deeds or the hospital (must be from the county that the member passed away in). The ME report can be requested online from the NC Office of the Chief Medical Examiner (NC OCME) here:

<https://www.ocme.dhhs.nc.gov/docrequest.asp>. The NC OCME *will not* provide a ME report if the cause of death is a known terminal illness or natural cause.

ME reports are only provided if the manner of death is unknown, homicide, suicide, or accident. It is best to wait approximately two weeks after the date of death to submit the online request to the NC OCME.

The death certificate/ME report may initially state the manner of death as pending; however, you are expected to obtain the document with the *final* manner of death and upload it to the IRIS report.

Please contact Julie McCall (Julie.McCall@TrilliumNC.org) or Amanda Morgan (Amanda.Morgan@TrilliumNC.org) via email or call 866-998-2597 if you have any questions regarding incident reporting.

PROVIDER DIRECTORY UPDATES

We continue to strive to improve our Provider Directory and need your assistance. If you, or your agency's information needs to be updated or changed in our Provider Directory, please complete a [Provider Change Form](#) and send the form to our new email address:

TrilliumProviderDirectory@TrilliumNC.org.

It is the responsibility of the provider to check their information in our [Provider Directory](#) to ensure the information is accurate and current.

PROVIDER NETWORK TRAINING NEEDS ASSESSMENT

Your input is valuable to us! Please take a few minutes to complete the Provider Network Training Needs Assessment so that we can help meet your training needs. Responses needed by February 8, 2020. Take the survey here: <https://www.surveymonkey.com/r/2XN7XHK>

NCDHHS SUPPORTED LIVING LEVEL 3 STAKEHOLDERS MEETING

Providers, members and other stakeholders are invited to attend a meeting about Supported Living Level 3 at Alliance Offices in Morrisville, North Carolina on January 30, 2020 from 1:00-3:00 p.m. Attendance can be in-person, or call-in via the "Zoom" meeting platform in the attached link below.

No pre-registration is required. Get more information and access the zoom link [here](#).

REQUEST FOR PROPOSAL (RFP) AND REQUEST FOR INFORMATION (RFI) UPDATES

Trillium has recently posted two RFPs: **Family Centered Treatment® (FCT)** in all 26 counties; and **Facility Based Crisis (FBC)** for Brunswick County. If you are interested, please go to the [RFP | RFA | RFI | Opportunities](#) page to learn more about each opportunity, including applicable counties, and how to apply.

Statewide Provider Recruitment for Hurricane Shelter Response Team; please enter your submissions here: <https://app.smartsheet.com/b/form/621861ac3dcb4efa836abf2831470b4b>

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.