



Network Communication Bulletin #056

To: All Providers

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Date: January 31, 2020

Subject: Building Best Practices Across MH/SU and I/DD Services, Project ECHO Autism, Disaster Planning, Opioid Treatment Providers RFA Opportunity, State Funded Behavioral Health Urgent Care Service Definition (JCB 353), RFP and RFI Updates, NC Board of Licensed Clinical Mental Health Counselors Name Change (SB 537), Provider Directory Updates

BUILDING BEST PRACTICES ACROSS MENTAL HEALTH/SUBSTANCE USE (MH/SU) AND INTELLECTUAL AND DEVELOPMENTAL (I/DD) SERVICES

Trillium Health Resources expects its network of providers to utilize fundamental best practices and established clinical practice guidelines that have been found to be effective in producing positive outcomes and essential in guiding quality care for members served.

By using objective measurement tools, we can determine if the services that are being provided to our members are effective in helping them to reduce symptoms, improve the quality of their mental and physical health, achieve personal goals, and/or maintain or improve self-sufficiency. There are many available measurement tools and clinical guidelines available to assist providers in helping members reach their goals and improve their lives.

These specific guidelines were selected based on their relevancy to current and future members whose behavioral health services will be managed by Trillium. The guidelines are not intended to dictate clinical practice but instead serve as reference points to help providers and members make appropriate decisions and create treatment plans for specific behavioral health conditions. Along with following the guidelines, providers should always use their clinical judgment to develop a tailored plan for each member based on his/her individual need(s) in order to achieve positive outcomes for the member.

Many of the clinical practice guidelines were adopted from the American Psychiatric Association; others were reviewed by board-certified or licensed practitioners from appropriate specialties. The reviewed standards were adopted and modified in the absence of a national guideline, mainly to ensure effectiveness in rural areas. All of the following clinical practice guidelines were reviewed and approved by Trillium and its Clinical Advisory Committee, which consists of practitioners from a variety of specialties that are representative of Trillium's Provider Network.

Trillium's Utilization Management Department uses these clinical standards and practice guidelines to evaluate the appropriateness of treatment levels, the member's progress during treatment, and the effectiveness of the treatment program.

Providers are encouraged to use these guidelines and standards as a general guide to effective care. Members may also use these guidelines to aid in their decisions concerning services and treatment. Trillium will conduct on-going monitoring and review of these guidelines and will modify, delete, and/or add to the list as new research and best practices emerge.

ROUTINE SCREENING FOR DEPRESSION IS ENCOURAGED

- 🌱 Consider the use of the Patient Health Questionnaire (PHQ-9)
[Patient Health Questionnaire-9 \(PHQ-9\)](#)
- 🌱 Rule out other potential sources of depressive symptoms and treat the underlying cause (e.g., medications, other medical or psychiatric conditions).

ASSESS ALCOHOL CONSUMPTION

- 🌱 Consider use of the CAGE Alcohol Questionnaire or the Drug Abuse Screening Test (DAST).
 - ▶ CAGE Questionnaire:
<https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/838>
 - ▶ DAST:
http://www.emcdda.europa.eu/attachements.cfm/att_61480_EN_DAST%202008.pdf
- 🌱 For positive scores on CAGE or DAST, consider further assessment:
 - ▶ [The Alcohol Use Disorders Identification Test \(AUDIT\)](#)

ASSESS FOR MEDICAL COMORBIDITIES

The prevalence of depression is increased in patients with medical conditions such as diabetes, stroke, cancer, and congestive heart failure. Untreated or inadequately treated depression may negatively impact patients' adherence to medical treatment.

RECOMMENDATIONS FOR ANTIDEPRESSANT MEDICATION MANAGEMENT

- 🌱 Bipolar disorder often presents initially during the depressed phase. Initiating or titrating antidepressant medication can precipitate a manic episode.
- 🌱 Side effects account for as many as two-thirds of all premature discontinuations of antidepressants.
 - ▶ Educate members that most side effects are early onset and are time limited.
 - ▶ Monitor for suicidal thoughts or ideations, especially when prescribed to children, adolescents, and young adults.
- 🌱 Initially, the member should be evaluated every 1-2 weeks to monitor compliance, symptom improvement, and medication side effects.
 - ▶ Assess response at 4-6 weeks and adjust therapy as indicated.
 - ▶ Reassess response at 12 weeks.
 - The PHQ-9 can be used to objectively measure effectiveness of treatment.
- 🌱 Consider a specialist consultation/referral for an incomplete response to treatment.

- 🌱 Communicate and coordinate care with the treatment team; behavioral health providers and medical providers.

PROJECT ECHO AUTISM



Teleconsultation Series: February 10, February 24, March 9, March 23, April 6, April 20, May 4, May 18, June 1, and June 15, 2020

This free series is for mental health providers in Eastern North Carolina who offer treatment to individuals with an autism spectrum disorder (ASD) of any age, and who would like to develop their expertise in providing treatment to this population. Project ECHO is an online learning and guided practice model that links clinicians practicing in local communities with specialist care teams.

These 90-minute teleconsultation events will include topics such as evidence based interventions for ASD, ASD and Anxiety, ASD and ADHD, Emotional Regulation Intervention Strategies, Social Competency Intervention Strategies, and much more.

If you are interested in participating in these sessions, please email teacch_echomh@med.unc.edu. Participants can earn free continuing education credits.

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 of 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.

Please refer to the highlighted sections in the document below:

[Federal Register Rules and Regulations for Emergency Preparedness](#)

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 Opioid Treatment Providers 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 (JCB 353)

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


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

Trillium recently posted two new RFPs and a new RFI. If you are interested in applying, please go to our [RFP | RFA | RFI | Opportunities](#) page to learn more about each opportunity, including applicable counties, and how to apply.

New RFPs:

-  Family Centered Treatment® (FCT) in all 26 counties
-  Facility Based Crisis (FBC) for Brunswick County

New RFI:

-  **Statewide Provider Recruitment for Hurricane Shelter Response Team**
 - ▶ This Request for Information (RFI) will obtain information about providers statewide throughout North Carolina that are capable of providing a local shelter response to our 26 counties. Trillium is searching statewide for providers who are interested in working in shelters during natural disasters. Trillium is looking for information from the following providers who have experience in providing behavioral health and IDD/TBI services:
 - NC Certified Peer support specialist
 - Family Navigators for IDD/TBI
 - Qualified Professionals
 - Licensed practitioners (MD, Ph.D., LPA, LPC, LCAS, CCS, LCSW, LMFT etc.):

See the RFI here: <https://app.smartsheet.com/b/form/621861ac3dcb4efa836abf2831470b4b>

NC BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS NAME CHANGE (SB 537)

Senate Bill 537 passed in the NC Senate and House and was signed into law by NC Governor Roy Cooper on November 6, 2019. This new law does the following: a) changes the Board and license names, b) gives the Board the ability to enter into reciprocity agreements with individual states, and c) gives the Board the authority to establish an impaired professionals program.

This law went into effect on January 1, 2020. Currently, the Board is changing web addresses, e-mails, and all accounts with the former name NCBLPC, to the new name NCBLCMHC. The new website will be live soon.





Please review the updated names in the chart below:

<u>PAST NAME</u>	<u>CURRENT NAME</u>
NC Board of Licensed Professional Counselors (NCBLPC)_	NC Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)
Licensed Professional Counselor Associate (LPCA)	Licensed Clinical Mental Health Counselor Associate (LCMHCA)
Licensed Professional Counselor (LPC)	Licensed Clinical Mental Health Counselor (LCMHC)
Licensed Professional Counselor Supervisor (LPCS)	Licensed Clinical Mental Health Counselor Supervisor (LCMHCS)

Licensees are asked to complete name changes to include your new license name on documents (i.e. professional disclosure statement, business cards, etc.), in social media profiles, including LinkedIn, Facebook, and other websites, as well as any other official business by June 30, 2020. Please be sure to upload your new professional disclosure statement with no other changes than the name.

To change your name with Trillium, please submit a [Provider Change Form](#) and e-mail the form to: TrilliumProviderDirectory@TrilliumNC.org, no later than June 30, 2020.

For more information or to get assistance:

-  View the letter [here](#). or access it in your online portal
-  Read the winter 2019 edition of the Board Insider [here](#)
-  View the ratified bill [here](#)
-  Contact NCBLCMHC at LCMHInfo@ncblcmhc.org or call 844-622-3572 or 336-217-6007.

PROVIDER DIRECTORY UPDATES

We continue to strive to improve our Provider Directory and request 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 e-mail the form to: 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.

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.