

To: All Providers of State and Medicaid-Funded Services

From: Kristine Brewington
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Subject: Revisions to Procurement Contract, Direct Support Professional Survey, , Tool for Measurement of ACT (TMACT) and Individual Placement and Support (IPS) Fidelity Evaluations during the COVID-19 Response (JCB #361), SPECIAL BULLETIN COVID-19 #56: Key Federal Funding Available for Health Care Providers and Hospitals, Modifications to Behavioral Health and Intellectual and Developmental Disability Clinical Coverage Policies, Recent Additions to Trillium’s COVID-19 Webpage

REVISIONS TO PROCUREMENT CONTRACT

The Procurement Contract has been revised and will be effective July 1, 2020. Fully contracted practitioners and providers that have a contract that ends on or after June 30, 2020 will receive the revised contract upon the expiration of their current contract.

For example, if a contract has an end date of August 31, 2020, the revised contract will be issued effective September 1, 2020.

The revisions include, but are not limited to:

- ♻️ Additional language under Article I.4, Article I.13(H), Article II.5(A), Article II.8(A)
- ♻️ Revised language under Article 1.15
- ♻️ Updated Definitions

The revised contract can be reviewed in its entirety on our website or by selecting the following link: [Revised Procurement Contract template](#).

Questions or concerns regarding these revisions can be submitted to Contracts@TrilliumNC.org.

DIRECT SUPPORT PROFESSIONAL SURVEY

The National Alliance of Direct Support Professionals (NADSP) in partnership with the Institute on Community Integration at the University of Minnesota has developed a survey for Direct Support Professionals (DSPs) to understand the impact of the COVID-19 pandemic on this workforce and identify the most effective ways to protect DSPs and the people they support. The results of this survey will be shared widely with policymakers, services providers, direct support professionals, families, and stakeholders. Information from this survey can prove useful to state systems as they construct plans for recovery and future disaster planning.

♻️ [Survey link available here](#)

TOOL FOR MEASUREMENT OF ACT (TMACT) AND INDIVIDUAL PLACEMENT AND SUPPORT (IPS) FIDELITY EVALUATIONS DURING THE COVID-19 RESPONSE

Due to the declared North Carolina State of Emergency related to COVID-19, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) is temporarily suspending all Tool for Measurement of ACT (TMACT) evaluations and Individual Placement and Support (IPS) fidelity evaluations.

Effective April 16, 2020, any Assertive Community Treatment (ACT) or Individual Placement and Support (IPS) team that met fidelity prior to the State of Emergency related to COVID-19 will continue to meet Medicaid and State-funded services policy requirements through the end of the declared State of Emergency.

These temporary changes are retroactive to March 10, 2020 and will end the earlier of the cancellation of the North Carolina state of emergency declaration or when the policy modification is rescinded. When the temporary modifications end, all prior service requirements will resume.

The Department is evaluating language to ensure that the LME-MCOs have clear guidance on when policy guidance and joint communication bulletins take precedence over the Contract during the North Carolina State of Emergency related to COVID-19 and will clarify in a future communication to the LME-MCOs.

Please direct any questions or comments to Stacy Smith at stacy.smith@dhhs.nc.gov or 919-715-2368 at DMHDDSAS or June Freeman June.freeman@dhhs.nc.gov or 919-527-7646 at NC Medicaid.

SPECIAL BULLETIN COVID-19 #56: KEY FEDERAL FUNDING AVAILABLE FOR HEALTH CARE PROVIDERS AND HOSPITALS

Congress has enacted three significant stimulus packages to help the country weather the COVID-19 pandemic:

- 🌱 Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R. 6074)
- 🌱 Families First Coronavirus Response Act (H.R. 6201)
- 🌱 Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748)

These three packages establish a variety of funding sources to support providers, each with distinct features including which provider types are eligible, if providers must apply to be considered and if the financial benefit is a grant or a loan that must be repaid.

The [“Key Federal Funding Available for Health Care Providers and Hospitals to Address COVID-19”](#) document compiles information on the new federal funding available, organized by funding opportunity and eligible provider types. For each source of federal funding, the chart indicates whether providers must take some action to benefit, what action (if any) they must take, and where to find more information.

In addition, NC Medicaid is implementing North Carolina-specific initiatives to support providers through the COVID-19 federal state of emergency declaration.

MODIFICATIONS TO BEHAVIORAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITY CLINICAL COVERAGE POLICIES

Effective April 16, 2020, NC Medicaid, in partnership with the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), is temporarily modifying its Behavioral Health and Intellectual and Developmental Disability Clinical Coverage Policies to better enable the delivery of care to NC Medicaid, NC Health Choice and State-funded individuals in response to the COVID-19 Pandemic.

These temporary changes are retroactive to March 10, 2020, AND will end with the cancellation of the North Carolina state of emergency declaration or when the policy modification is rescinded, whichever occurs first. When the temporary modifications end, all prior service requirements will resume.




During the North Carolina declared state of emergency, services must continue to be provided at an intensity and quality that meet the needs of the individual, consistent with the individual’s goals and the intended outcomes of the service. In addition, the service must be provided by staff at a ratio (as relevant) and with the expertise and scope necessary to meet the needs of each individual.

Please full view document explaining modifications [here](#).

RECENT ADDITIONS TO TRILLIUM’S COVID-19 WEBPAGE

INFECTION PREVENTION IN ASSISTED LIVING FACILITIES TRAINING

North Carolina’s Statewide Program for Infection Control and Epidemiology hosted training on April 9 geared to assisted living facilities. The training helped inform congregate living facilities about the following

-  Description of COVID-19: signs/symptoms, populations at risk, and transmission
-  Identify recommended preventions
-  Share common misconceptions

The training was previously recorded and can be accessed through the webinar link or pdf slides on the page below: <https://spice.unc.edu/webinars/>

SCREENING/MONITORING GUIDANCE FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

From the Centers for Disease Control and the National Council for Behavioral Health, new guidelines have been promoted for behavioral health facilities to screen and monitor all individuals residing in or visiting such facilities. It is located on our page below in the “Preventing COVID-19 Spread in Communities” section near the bottom.

<https://www.trilliumhealthresources.org/news-events-training/coronavirus-information>

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.