

To: All Providers of State and Medicaid Funded Services
From: Khristine Brewington, VP of Network Management, MS, LCMHC, LCAS, CCS, CCJP
Date: September 4, 2020
Subject: Assertive Community Treatment (ACT) and Individual Placement and Support (IPS) Fidelity Evaluation Protocol Update (JCB #373), Credentialing Update, Trillium's Disaster Response Unit Update, Recruitment Opportunity Announcement, Important NC SNAP Reminders

ASSERTIVE COMMUNITY TREATMENT (ACT) AND INDIVIDUAL PLACEMENT AND SUPPORT (IPS) FIDELITY EVALUATION PROTOCOL UPDATE (JCB #373)

Effective Jan. 1, 2020, DMH/DD/SAS staff no longer participate as fidelity evaluators for Assertive Community Treatment (ACT) and Individual Placement and Support (IPS) fidelity evaluations. DMH/DD/SAS has outlined guidance for fidelity evaluators and LME-MCOs. The ACT and attached IPS service definitions are to be referenced for policy and procedures with this communication serving as additional guidance effective immediately.

Effective Jan. 1, 2020, The UNC Institute for Best Practices assumed the lead on scheduling and facilitating all fidelity evaluations. In the event that an ACT or IPS team requests a postponement of a scheduled fidelity evaluation, ACT providers should contact Margaret Herring at margaret.herring@dhhs.nc.gov, and IPS providers should contact Tara Alley at tara.alley@dhhs.nc.gov who will contact the representative LME-MCO(s) to notify them of the request.

The LME-MCO has the authority to approve or deny any requests.

The following are examples of acceptable reasons for submitting a request:

- 🌱 Staff member passes away;
- 🌱 Staff member on unexpected, extended medical leave;
- 🌱 Natural disasters and public health crises;

Several concurrent evaluations for an agency with multiple ACT or IPS teams.

-  Essential staff vacancies lasting six months or longer
 -  For ACT, these positions include the psychiatric care provider, nurse, team lead, and specialist team positions (peer support specialist, employment specialist, and co-occurring disorders specialist)

LME-MCOs can initiate targeted monitoring at any time. Situations that necessitate targeted monitoring include:

-  For IPS, these positions include team lead, an employment support professional and an employment peer mentor

Excessive staff turnover over an extended period of time, defined as:

-  ACT/small or medium team- 6 or more staff resigning in 24 months
-  ACT/large team- 12 or more staff resigning in 24 months
-  IPS teams- 3 or more staff resigning in 12 months

An IPS provider is not contracted with the Division of Vocational Rehabilitation

A history of low scores across consecutive fidelity evaluations (includes overall scores and individual items)

-  An ACT provider scores a 1 on four or more items
-  An ACT provider scores between 3.0 and 3.6 on two consecutive evaluations
-  An IPS provider scores a 1 on two or more items
-  An IPS provider scores 74 – 89 on two consecutive reviews

Practices not in line with the ACT and IPS models or with person-centered, recovery-focused services (i.e., excessive drug screening, higher percentage of people in congregate living settings, continually low frequency of contact, unaccountable billing procedures)

LME-MCOs will receive a request to participate in/observe the on-site fidelity evaluation when:

-  An ACT or IPS team is requesting a re-evaluation
-  An ACT or IPS team has a history of low scores over two consecutive evaluations
-  A team that doesn't fully engage in pre-fidelity preparation (i.e., not responding to scheduling emails, completing and sharing pre-fidelity data forms, meeting established deadlines for pre-fidelity data) and post-fidelity communication regarding the reconsideration process (i.e., not responding to contesting emails by identified deadlines.)

If an agency seeks legal action against DHHS or DHHS' contractor(s) resulting from a fidelity evaluation, DMH/DD/SAS will inform any LME-MCO that holds a contract with that agency of the legal action.

If you have questions, please contact Stacy A. Smith at 984-236-5052 or stacy.smith@dhhs.nc.gov.

STATE FUNDED ACT POLICY

IPS FOR AMH/ASA

CREDENTIALING UPDATE

Effective October 1, 2020, Trillium Health Resources will no longer extend deadlines for provider and practitioner re-credentialing. Providers and practitioners should plan to meet their established three-year re-credentialing deadlines.

TRILLIUM'S DISASTER RESPONSE UNIT UPDATE



Roadmap2Ready Hurricane Preparedness Tip #2

September is National Preparedness Month and [Ready.gov](https://www.ready.gov) wants you to know that Disasters Don't Wait, Make Your Plan Today. Ready.gov provides information about making a plan based on recommendations from the Centers for Disease Control.

Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season during the COVID-19 pandemic. Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our new webpage [here](#). Our **Roadmap2Ready** campaign was developed by our Community Crisis and Disaster Response team with the intention of connecting members and providers to reliable resources that assist with preparing for a hurricane. Our team collaborates with state, county, and community programs within our 26 county catchment area to identify gaps and needs related to inclusive disaster response.

Please inform Trillium of any service provision or operational changes as a result of a tropical storm or hurricane by completing the new **Changes to Provider Operations form**. This form is located on the [Community Crisis and Disaster Response webpage](#) under the "Provider" tab when a storm is approaching. Our goal is to stay up to date about changes to service provision and to assist with continuing to best serve members.

RECRUITMENT OPPORTUNITY ANNOUNCEMENT

REQUEST FOR PROPOSAL: LEVEL III RESIDENTIAL SERVICE

Trillium identified a need for Level III Residential Service homes. We are recruiting one site per county listed for each specified target population below:

- ♻️ Males age 14 -18 who are involved with the Department of Juvenile Justice (DJJ) in New Hanover, Pitt, Onslow, and Brunswick counties.
- ♻️ Females age 14 -18 who are involved with the Department of Juvenile Justice (DJJ) in Jones, Onslow, and Pender counties.
- ♻️ Males age 10 -14 who are involved with the Department of Social Services (DSS) in New Hanover, Pitt and Onslow counties.
- ♻️ Females age 10 -14 who are involved with the Department of Social Services (DSS) in New Hanover and Pitt counties.

The Request for Proposal has been posted on Trillium's [RFP webpage](#). Deadline to apply is September 30, 2020.

IMPORTANT NCSNAP REMINDERS

All Persons served by the State's Developmental Disabilities (DD) System Require an NC SNAP:

- ♻️ Assessments should be completed and submitted upon initial contact with the I/DD service system (Provider)
- ♻️ Assessments should be updated annually and anytime a significant change has occurred in the individual's needs/level of support

NC SNAPs Must be submitted via Email or Fax:

- ♻️ Email: NCsnap@trilliumnc.org
- ♻️ Fax Number: 252-215-6874; 910-353-4954

Ensure NC SNAPs are Filled-Out Completely Prior to Submission:

- ♻️ Assessments missing pertinent information (Consumer ID Number, Type of Assessment, etc.) will be returned to the provider for correction
- ♻️ Individual's Case Number should be the member's Trillium Case/Record Number
- ♻️ Assessments may be completed "by hand" but should be written in clear/legible handwriting (please do not use cursive handwriting)
- ♻️ Members' social security numbers should not be recorded on NC SNAPs

Each Page of the NC SNAP must be Submitted for Initial and Annual Assessments:

- ♻️ NC SNAP Summary Report & Supplemental Information forms may be sent in isolation for Discharge NC SNAPs only
- ♻️ Incomplete assessments will not be processed, and will be returned to the provider (via email)

Discharge NC SNAPs Should be submitted as promptly as possible:

- ♻️ Please do not wait until the member is due for an annual NC SNAP update to submit discharge NC SNAP
- ♻️ If a member has changed providers, the new provider should be listed on the Summary Report & Supplemental Information page of the NC SNAP

NC SNAPs submitted via email must be sent securely:

- ♻️ Members' names/initials should not be listed within the subject line of the email (this is an electronic HIPAA violation)

The Date of NC SNAP Assessment Should Reflect the Date That Assessments are completed:

- ♻️ Assessments listing a future date cannot be entered into the database
- ♻️ Assessments containing a future date will be returned to the provider for correction

Past-Due NC SNAP Notifications are Sent-Out Weekly:

- ♻️ Please respond to requests for updated NC SNAPs as promptly as possible
- ♻️ A Plan of Correction will be issued for providers that fail to submit assessments after the third request has been sent

Necessary Corrections to a Member's NC SNAP Utilizing the Following Procedures:

- ♻️ Corrections should be made by the individual who completed the assessment
- ♻️ One single line shall be drawn through the error, making sure the original entry is still legible
- ♻️ The corrected information shall be recorded legibly above or near the original entry
- ♻️ An explanation as to the type of documentation error shall be included whenever the reason for the correction is unclear
- ♻️ Correction fluid or tape shall not be used for the correction of errors

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.