

- To: All Providers
- From: Khristine Brewington, MS, LCMHC, LCAS, CCS, CCJP VP of Network Management
- **Date:** June 4, 2021
- Subject: National Core Indicators-Staff Stability Survey, Current Request for Information Opportunity, Parent Leadership Training, Free Booth Sign Ups for Trillium OneCommunity Park It Events, NC Innovations Clinical Coverage Policy 8P Public comment Period, Revision to Joint Communication Bulletin #J345 – Clarification Regarding Expansion of High Fidelity Wraparound Teams and Provider Expectations, NC Medicaid Managed Care Provider Update,_DHHS announces 3 Regions for Medicaid Healthy Opportunities Pilots, Reminder: Expiring Credential Update Requirement, Extending Provider Medicaid Rates beyond June 30, 2021, Transition to Medicaid Managed Care: Guidance for Providers Impacted by 42 CFR Part 2, Provider Training Needs (Survey from DMH), Grant Opportunity for Providers, Disaster Response Unit Updates, Electronic Visit Verification Implementation for Innovations and TBI Waivers Administered by LME-MCOs, Victory Junction Family Retreat Weekends, Valued Providers SEAL Program, June 2021 Community Mental Health First Aid (MHFA) Trainings for NC Residents

Need Your Assistance Please! National Core Indicators-Staff Stability Survey

DHHS is in the middle of completion of the annual Staff Stability Survey. It is important that as many providers as possible complete this survey to ensure accurate workforce information is received for NC. Many bills are being submitted to NC legislature surrounding our direct support workforce as we look at staff stability and information from this survey will provide an abundance of data about direct support professionals in our state. The completion rate for this survey last year was 34%. Their goal is to have as close to 100% participation from providers as possible. In order do to so, they need all providers to participate. Please check out the link below for more information.

Providers with questions about the survey can contact<u>ncisurvey@dhhs.nc.gov</u> The end date for survey completion is June 30, 2021.

ATTENTION CURRENT REQUEST FOR INFORMATION OPPORTUNITY:

Trillium Health Resources (Trillium) is in the process of identifying mission-driven companies that are interested in the development of **High Fidelity Wrap-Around (HFW) Services** within Trillium's 26-county catchment area.





Trillium is interested in providers that demonstrate the capability and capacity to provide the service in a way that can achieve the desired outcomes including increased family assets and functioning and reduced out of home residential treatment and inpatient hospitalizations.

Written letters of interest will be received until end of business July 31, 2021.

To submit your letter of interest please click the link <u>Provider Recruitment Opportunities</u>; which can also be found on the Trillium website.

PARENT LEADERSHIP TRAINING

Trillium and the Division of Public Health, children and youth branch will be providing "Parent Leadership Training" which includes selectable modules to match the leadership interests and needs of your families of children with special needs groups. The modules are taught in 1.5 hour modules by trained, peer parents in small group formats. See <u>flyer for more information</u>.

FREE BOOTH SIGN UPS FOR TRILLIUM ONECOMMUNITY PARK IT!

Trillium invites our provider and community resource network to participate in our OneCommunity Park It! Inclusive Community events. These events are designed to share information and resources in our communities about services and supports during this one of a kind community fun event that promotes inclusion for everyone. You will be responsible for your own set up including table, chairs and tent for the event. Please go to the links below to sign up! We look forward to seeing everyone there!!



- Click here to Sign up for Free Booth Trillium OneCommunity Park It Hampstead! June 19, 2021 from 11:00 a.m.-4:00p.m. The Kiwanis Park in Hampstead located at 586 Sloop Point Rd.
- Click here to Sign Up for Free Booth for Trillium OneCommunity- Park It Elizabeth City! June 26, 2021 from 11:00a.m.-4:00p.m. Funjunktion, 983 Simpson Ditch Road, Elizabeth City.

NC INNOVATIONS CLINICAL COVERAGE POLICY 8P PUBLIC COMMENT PERIOD

NC Innovations Clinical Coverage 8P is currently posted for public comment through July 2. Please go to the link below to share your comments.

Proposed Medicaid and NC Health Choice Policies

REVISION TO JOINT COMMUNICATION BULLETIN #J345 – CLARIFICATION REGARDING EXPANSION OF HIGH FIDELITY WRAPAROUND TEAMS AND PROVIDER EXPECTATIONS

This is a clarification of the previously published Joint Communication Bulletin #J345 released on Nov. 7, 2019. This communication bulletin will provide additional guidance to providers and local managed entities managed care organizations (LME-MCOs) for the expansion of High Fidelity Wraparound (HFW) teams across the State or the initiation of HFW Teams in a new county. This bulletin will also address the expectations of providers when the coach position is vacant. HFW is an evidenced-informed and standardized supportive care coordination service for youth (3-20 years old) with serious emotional disturbance or youth with serious emotional disturbance and a co-occurring substance use disorder and/or intellectual/developmental disability. "In lieu of service definitions" have been developed to promote the use of HFW services across the State. It is the expectation of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) that providers of HFW services ensure that HFW coaches, facilitators, Family Support Partners, and Youth Support Partners complete the North Carolina High Fidelity Wraparound Training Program (NC HFWTP) training and credentialing requirements. The NC HFWTP operates out of UNC Greensboro (UNCG).

All HFW team members must successfully complete skill and competency-based training to become credentialed to provide HFW. Successful credentialing of HFW coach, facilitators, Family Support Partners, and Youth Support Partners within 9-12 months is required. Certification of HFW Family Support Partners by the National Federation of Families for Children's Mental Health within 18 months of employment is also required.

New Teams or Expansion:

The provider must obtain via an application process written approval from the NC HFWTP and LME-MCO to open a new HFW team. Prior to approval, the NC HFWTP will work with the provider to complete a readiness assessment. Should a provider wish to open additional teams, written approval must be obtained from both the LME-MCO and the NC HFWTP, Should an LME-MCO or provider agency apply for funding through a grant, the NC HFWTP will be notified of the application and once the award has been granted.

NEW COUNTY EXPANSION REVISION:

An LME-MCO and/or provider agency that wishes to expand beyond the county or counties in which an existing HFW team currently serves must submit a letter of intent to the NC HFWTP. The letter will need to include the name of the provider agency that will deliver HFW in the identified county or counties and a justification for expansion that includes:

- Why the identified county was selected for expansion;
- A plan describing how the site will ensure an adequate referral stream; and

A Identify established partnerships that are essential for HFW success.

After receiving the letter of intent, the NC HFWTP Project Manager will arrange a meeting between the LMEMCO, provider agency and the NC HFWTP to discuss timelines and any additional technical assistance that will be needed during the expansion. The NC HFWTP Project Manager will provide a letter to the LME-MCO, copying the provider, acknowledging the addition of the new county or counties that will be served by the HFW team.

STAFF HIRING:

- **1.** Providers will coordinate with and include the NC HFWTP Implementation Specialist in the interview process for coaches and facilitators.
- 2. Providers and coaches will coordinate and include NC Families United in the interview process for Family Support Partners and Youth Support Partners.
- 3. Youth Support Partners hired cannot exceed the age as set forth by the NC HFWTP.

Staff Training and Coaching/Supervision Requirements:

- **1.** Training, monitoring, and credentialing tracks:
 - a. There is one training and monitoring track provided by the NC HFWTP.
 - b. There are two credentialing tracks: i. HFWTP provides credentialing for new teams and noncredentialed coaches ii. HFWTP allows credentialed coaches to credential team members
- **2.** All HFW staff, including coaches, must complete NC HFWTP foundational training with a NC HFWTP approved trainer.
- 3. The HFW coach must complete HFW coach credentialing within 9-12 months of employment.
- **4.** The HFW facilitator, Family Support Partner, and Youth Support Partner must complete their role-specific credentialing within 9-12 months of employment.
- The Family Support Partner will complete the Federation of Families National Credentialing for Parent Family Peers as a Certified Parent Support Provider (CPSP) within 18 months of employment.
- **6.** The NC HFWTP will observe and engage in coaching calls with coaches based on the schedule for coaching credentialing and as needed for fidelity purposes.
- **7.** Coaches will adhere to the expectations and requirements of coaching and supervision as prescribed by the NC HFWTP guidelines.
- **8.** Once a team member is credentialed by the NC HFWTP, the team must adhere to the prescribed recredentialing criteria set by NC HFWTP.

9. Once a coach is credentialed by the NC HFWTP, he/she is permitted to credential new team members, with the exception of new coaches.

CREDENTIALING REQUIREMENT TIMELINES REVISION

The target date for obtaining the coach credential is one year from completion of HFW Foundations Training. Individual team members must be credentialed within one year from the date they were first assigned a youth/family.

FIDELITY AND MONITORING REQUIREMENTS

The NC HFWTP, on behalf of the Department of Health and Human Services (DHSS), shall track adherence to the NC HFW model and determine HFW performance outcomes through the teams' participation in the use of both the Wraparound Fidelity Index – EZ (WFI-EZ) and NC HFWTP-specific monitoring tools. Specific requirements:

- 1. Providers and their coaches will ensure HFW Teams prepare and collect WFI-EZ surveys at prescribed intervals according to the NC HFWTP WFI-EZ Protocol. Sites will submit collected surveys to UNCG HFWTP for data entry and generation of reports per the WFI-EZ Survey Collection Instructions.
- **2.** Coaches will ensure additional relevant data of youth and families is entered and/or uploaded into the designated website according to NC HFWTP protocols.
- **3.** Coaches will adhere to the required coaching observation schedule set forth by their assigned Implementation Specialist.
- **4.** Coaches will engage in calls and/or meeting with their assigned Implementation Specialist on an as needed basis.

FIDELITY AND MONITORING REVISION

Coaches will ensure all youth Chart Forms are submitted according to NC HFW Team: Coach Timelines and Tracking requirements.

Each site will have an onsite audit two times per year. During the audit, the NC HFWTP will review youth records and Coaches' Coaching and Supervision Records.

LOSS OF A COACH:

Should a site lose a coach due to resignation or dismissal of any kind, the NC HFWTP may provide coaching to the team for a period of 30 days. After 30 days, if the site has not hired a new coach, and if capacity allows, the site will be invoiced by the NC HFWTP, for the time of the Implementation Specialist who provides the coaching for a period of no longer than 60 days.

LOSS OF COACH REVISION

Provider agencies are responsible for developing a written plan for how they will manage the HFW team in the event of a planned or unplanned coach absence. The provider agency will be responsible for the administrative and clinical supervision of the team, regularly communicating with the NC HFWTP Implementation Specialist, tracking team activities, and ensuring all required timelines are met.

If the agency has a Credentialed Support Coach within the agency, the Credentialed Support Coach will complete credentialing activities as needed to avoid missing target credential dates and conduct group coaching. If the agency does not have a Credentialed Coach Support, the assigned NC HFWTP Implementation Specialist will complete credentialing activities and group coaching with the team for 30 days. After 30 days, if the site has not hired a new coach or existing coach has not returned, and capacity allows, a meeting will be held to negotiate continued NC HFWTP Implementation Specialist support. The site will be invoiced by the NC HFWTP for the Implementation Specialist's credentialing and coaching time for a period of no longer than 60 additional days.

If a HFW team fails to meet minimum standards for HFW, the responsible LME-MCO will be notified, a corrective action plan will be put in place. After six months, if insufficient improvement has been made, the NC HFWTP reserves the right to discontinue training, credentialing and fidelity monitoring.

If you have any questions, please contact Petra Mozzetti at 984-236-5066 or via e-mail <u>petra.mozzetti@dhhs.nc.gov</u>.

NC MEDICAID MANAGED CARE PROVIDER UPDATE

NC Medicaid Managed Care Provider Update – May 28, 2021

Key Dates for Transitioning to NC Medicaid Managed Care

- 🔺 May 21, 2021 Open Enrollment ended
- A May 22, 2021 Auto Enrollment ended for beneficiaries who did not select a health plan
- May 22, 2021 (approximate) Transition of Care information was sent to each health plan for beneficiaries assigned to that health plan
- A July 1, 2021 NC Medicaid Managed Care launch

PROVIDER CONTRACTING REMINDERS

Although the initial contracting milestones previously identified by the NC Department of Health and Human Services (DHHS) have passed, that should not deter uncontracted providers from quickly beginning that process to best ensure participation in a health plan's network at managed care launch (July 1, 2021).

In order for a provider to be included in a health plan's network at managed care launch, contracts should be executed with health plans as early as possible. Health plans need sufficient time for signed contracts

to be returned and to process those contracts. Typically, health plan processing time is two to three weeks, but may take longer. Providers need to contract with health plans in a timely fashion to avoid losing patients or otherwise disrupting the provider's Medicaid business.

Beneficiaries who did not choose a health plan before May 21 were auto-enrolled to ensure continuous coverage of Medicaid health services. Once the health plan receives the beneficiary information, the health plan will auto-assign a PCP/AMH to the beneficiary.

Within the first 90 days of Managed Care Launch (through Sept. 30, 2021), beneficiaries can contact the Enrollment Broker to change health plan for any reason. After the 90-day choice period, beneficiaries can change their health plan at their Medicaid recertification date. Health plan changes outside of the 90-day choice period are allowed "with cause," and can be requested by contacting the Enrollment Broker and submitting the Health Plan Change Request form. Beneficiaries will be able to change their assigned PCP/AMH up to 30 days after they receive notice from the health plan of their initial PCP/AMH assignment, which will be received no later than June 12, 2021. After that, they can change their PCP/AMH only one time each year.

After open enrollment, newly eligible Medicaid beneficiaries who are required to enroll in a health plan may choose a health plan and/or a PCP/AMH at the time of application. If beneficiaries do not choose a health plan, they will be auto-enrolled in a health plan. Beneficiaries will have 90 days from their Medicaid effective date to change their health plan for any reason. Health plan enrollments, whether selected by the beneficiary or through auto-enrollment, will be processed nightly. If the newly eligible beneficiary does not select a primary care provider, then the health plan will auto-assign to a PCP/AMH within 24 hours.

See the <u>Member Enrollment fact sheets</u> for more information.

PROVIDER OMBUDSMAN

NC Medicaid offers a Provider Ombudsman to assist providers transitioning to NC Medicaid Managed Care by receiving and responding to inquiries, concerns and complaints regarding health plans. This service is intended to represent the interests of the provider community, provide supportive resources and assist with issues through resolution.

The Ombudsman will also investigate and address complaints of alleged maladministration or violations of rights against the health plans. Health plans are expected to resolve complaints promptly and furnish a summary of final resolution to NC Medicaid. Inquiries may be submitted to <u>Medicaid.ProviderOmbudsman@dhhs.nc.gov</u> or the Medicaid Managed Care Provider Ombudsman at 919-527-6666. Likewise, responses may also be delivered through either email or by phone. The Provider Ombudsman contact information can be found in each health plan's Provider Manual linked on the <u>Health Plan Contacts and Resources Page</u>.

Additionally, the Ombudsman will assist providers with <u>Health Information Exchange</u> (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

The Ombudsman service is separate and apart from the Health Plans Provider Grievances and Appeals process. Each health plan has a grievance and appeal process for providers, separate from the process for beneficiaries, which can be found in each health plan's Provider Manual, linked on the <u>Health Plan</u> <u>Contacts and Resources Page</u>.

PROVIDER PLAYBOOK UPDATES

The <u>Provider Playbook</u> is a collection of information and tools specifically designed to providers transition to NC Medicaid Managed Care. New resources to the <u>fact sheet</u> page include:

- Provider Directory (Updated) A detailed look at the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool. The fact sheet enables providers to understand the information contained in the tool, how to ensure accurate information and where to turn for answers to questions.
- Transition of Care for Beneficiaries Receiving Long-term Services and Supports (Updated) An overview of how NC Medicaid Managed Care impacts beneficiaries with disabilities and older adults who are receiving Long-Term Services and Supports (LTSS).
- What Providers Need to Know After Managed Care Launch (Updated) An overview of key dates, reminders and links to assist providers and their beneficiaries after Managed Care launch on July 1, 2021.
- Managed Care Claims and Prior Authorizations Submission Part 2 (Updated) An overview of frequently asked questions regarding providers and PHPs during the claims and submission process.
- Introduction to Medicaid Transformation Part 2: Enrollment and Timelines (Updated) An overview of the Medicaid transformation and Enrollment along with important dates and information for beneficiaries to be aware of.
- Managed Care Eligibility for Newborns: What Providers Need to Know (Updated) A detailed look at newborn health coverage through Medicaid. This fact sheet gives providers the information they need to submit payments for newborns, understand newborn eligibility, determine what transition of care may be required and where to turn to for questions.
- Managed Care Populations: Do I Need to Choose a Health Plan? This fact sheet for beneficiaries outlines who must choose a health plan, who may choose a health plan, and who cannot choose a health plan.
- Panel Management A detailed look at panel management for providers that delves into panel size, updates, and patient eligibility.

New resources will be added to the Provider Playbook as they become available.

PROVIDER OUTREACH TO PATIENT PANELS

Some providers are encouraging patients to sign up for NC Medicaid Managed Care and listing the health plans they have contracted with to help patients with health plan selection. We welcome this engagement from our providers, but please note that not all Medicaid beneficiaries are moving to managed care. Receiving blanket letters sent to all Medicaid beneficiaries is causing some confusion for beneficiaries who are not required to sign up at this time.

If your practice is conducting outreach, we encourage providers to include the following language in any communication to patients about your contracted health plans and signing up for NC Medicaid Managed Care:

This letter is not an official enrollment notice. Depending on your current eligibility, you may not be required to enroll with a health plan. Please call the Enrollment Broker at 833-870-5500 (TTY: 833-870-5588) for assistance.

See the <u>Member Enrollment Managed Care Populations fact sheet</u> for more information about beneficiary transition requirements.

NC MEDICAID MANAGED CARE HOT TOPICS WEBINAR SERIES ON THE FIRST AND THIRD THURSDAY OF THE MONTH:

The Medicaid webinars on the first and third Thursday of the month are dedicated to bringing you latebreaking information/guidance on NC Medicaid's transition to NC Medicaid Managed Care. Topics will vary, but each session will include an open question and answer period.

Upcoming topics will include: transitions of care, hot topics with health plan chief medical officers (CMOs), transition highs and lows, and more. To register to attend visit the <u>AHEC Medicaid Managed</u> <u>Care webpage</u>.

Providers are encouraged to submit questions in advance. Virtual Office Hours will cover a range of NC Medicaid Managed Care topics. For the most up-to-date schedule, visit the <u>AHEC Medicaid Managed</u> <u>Care webpage</u>.

ENSURE YOUR INFORMATION DISPLAYS CORRECTLY IN NC'S PROVIDER DIRECTORY – MEDICAID AND NC HEALTH CHOICE PROVIDER AND HEALTH PLAN LOOK-UP TOOL

Interim reports are temporarily available on the <u>Managed Care Provider Playbook Resources page</u> to assist providers in verifying their records. The Provider Directory Listing Report, as well as the Provider Affiliation Report, is available to **all** actively enrolled Medicaid and NC Health Choice providers. In combination, these reports allow all providers to confirm the information visible to NC Medicaid beneficiaries as each utilize the "Medicaid and NC Health Choice Provider and Health Plan Look-up Tool" to find participating provider information, and if applicable, enroll in NC Medicaid Managed Care.

- Providers may use the NCTracks MCR process, available in the Secure NCTracks Provider Portal, to modify any provider record or service location information as well as individual to organization affiliations.
- If the Provider Affiliation information is incorrect, the affiliated individual provider or the Office Administrator for the affiliated individual provider must update the group affiliation.
- Providers unable to find their practice associated with the correct health plans should reach out directly to the health plan to discuss contracting options. If contracting with health plans through a Clinically Integrated Network (CIN), providers should reach out to their CIN to resolve.

As NC Medicaid moves forward with the implementation of NC Medicaid Managed Care, it is important enrolled providers use these resources to thoroughly review their individual and organization provider enrollment information and submit changes as needed using the Manage Change Request process.

Find more information here.

PHP QUICK REFERENCE GUIDES CREATED

NC Medicaid's Managed Care Prepaid Health Plans (PHPs) created quick reference guides to include the most current and comprehensive information for providers.

The PHP quick reference guides are available on the <u>Provider Playbook Fact Sheet</u> webpage under the Health Plan Resources section. Links to the Health Plan training webpages have also been added on the <u>Provider Playbook Training Courses webpage</u>.

HELP CENTER NOW AVAILABLE FOR PROVIDERS TO FIND INFORMATION

The <u>NC Medicaid Help Center</u> is an online source of information about NC Medicaid Managed Care, COVID-19, Medicaid and behavioral health services. It is also used to view answers to questions from the NC Medicaid Help Center mailbox, webinars and other sources. To use this new tool:

- **1.** Go to <u>NC Medicaid Help Center</u>
- 2. Type a topic or key words into the search bar
- **3.** Select a topic from the available list of Categories

More information about the NC Medicaid Help Center here.

TAILORED CARE MANAGEMENT CERTIFICATION

To continue supporting providers interested in obtaining certification as an Advanced Medical Home Plus (AMH+) practice or Care Management Agency (CMA), the Department extended the Round 1 application deadline from March 1, 2021 to June 1, 2021. More information is available <u>here</u>.

DHHS ANNOUNCES THREE REGIONS FOR MEDICAID HEALTHY OPPORTUNITIES PILOTS

A Three Regions for Medicaid Healthy Opportunities Pilots

A MAJOR MILESTONE FOR NATION'S FIRST COMPREHENSIVE MEDICAID PILOT TO ADDRESS NON-MEDICAL DRIVERS OF HEALTH

The North Carolina Department of Health and Human Services today announced the selection of organizations to serve three regions of the state, marking a major milestone towards launching the nation's first comprehensive program to test evidence-based, non-medical interventions designed to reduce costs and improve the health of Medicaid beneficiaries. The groundbreaking program will create a systematic approach to integrating and financing non-medical services that address housing stability, transportation access, food security, and interpersonal safety into the delivery of healthcare.

Following a competitive selection process, the organizations will reach three regions, two in eastern North Carolina and one in western North Carolina.

- **1. Access East, Inc.:** Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
- 2. Community Care of the Lower Cape Fear: Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
- **3. Dogwood Health Trust:** Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

To be eligible for and receive Pilot services, NC Medicaid Managed Care members must live in one of the three selected regions, have at least one qualifying physical or behavioral health condition, and have one qualifying social risk factor.

REMINDER: EXPIRING CREDENTIAL UPDATE REQUIREMENT

<u>Reminder: Expiring Credential Update Requirement</u> - May 26, 2021

To ensure providers meet their contractual obligation to keep credentials current, a process of 45 and 60-day notifications of suspension for failure to update a credential prior to the expiration date on file with NCTracks was implemented in early May 2021. In suspension status, claims pend and will not pay.

NCTracks is sending these notifications to providers through the Provider Message Center Inbox in advance of the expiration date of the credential (licenses, certifications and accreditations). If the credential is not updated, a reminder notice is sent at 30 calendar days and again at 14 calendar days prior to the expiration of the credential. The final reminder is sent seven calendar days prior to the expiration date.

The provider's taxonomy code(s) that requires the expiring credential will be terminated on the 61st calendar day following suspension. If the terminated taxonomy represents the only taxonomy for that location or provider record, then the service location or enrollment record will also terminate. Terminated providers must reapply in order to participate in North Carolina Medicaid and NC Health Choice programs.

EXTENDING PROVIDER MEDICAID RATES BEYOND JUNE 30, 2021

Trillium is working with the North Carolina Department of Health and Human Services (NC DHHS) on service specific guidance in response to the COVID-19 pandemic. The North Carolina Division of Health Benefits (DHB) coordinated with the Center for Medicare and Medicaid Services (CMS) and requested waivers that support flexibility in service delivery that both protects the public and ensures our most vulnerable citizens.

Effective July 1, 2021, Trillium will be extending some of the rate increases that were implemented during the COVID-19 pandemic, and reducing others as long as the public health emergency (PHE) is in place for state fiscal year 2021-2022. Trillium reserves the right to adjust the rates upward or downward based on factors related to the PHE. These increases are to be used for services that may require providers to pay overtime for staff when other staff cannot work due to COVID-19 or due to paying care staff a higher rate for hazard pay during the PHE.

The rates will be extended within all applicable contracts prior to July 1, 2021. Trillium may audit records for providers that bill these codes to assure compliance with the billing and to ensure these enhanced rates do go to direct care staff. This bulletin impacts many services and rates, therefore in order to view the specific rates please go to:

Trillium COVID-19 Rate Codes Table FY-19-21

If you have any questions regarding this communication, please email: <u>RatesFinance@TrilliumNC.org</u>

TRANSITION TO MEDICAID MANAGED CARE: GUIDANCE FOR PROVIDERS IMPACTED BY 42 CFR PART 2

This training will provide information to providers on how Substance Abuse Confidentiality Regulations will affect the crossover for Medicaid members.

42 CFR PART 2 AT CROSSOVER: TRAININGS TO PROVIDER NETWORK

Monday, June 7, 2021: noon-1:00pm

A Register Here

PROVIDER TRAINING NEEDS (SURVEY FROM DMH)

In continued partnership and coordination with the state and community stakeholders, the NC Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS) seeks your assistance in identifying current needs for training across our system servicing children, youth, and young adults dually diagnosed with a mental illness and an intellectual or developmental disability (to include Autism Spectrum Disorder). DMHDDSAS and Behavioral Health Springboard-UNC Chapel Hill School of Social Work have collaborated to develop a needs assessment to gain more insight on how to best support the workforce.

Currently, they are expanding their training and workforce development efforts and would like your feedback on the subject areas needed for targeted training. DMHDDSAS is requesting information from Mental Health and Intellectual and Developmental Disability provider agencies, LME-MCO staff, members, families, and DHHS staff to accomplish this task. The assessment will take approximately 5 minutes to complete and is completely voluntary. All responses will be recorded anonymously. They would like as many responses as possible and encourage multiple individuals within organizations and families to complete the needs assessment. If you are a provider agency with multiple sites; we encourage multiple staff from each local site to complete.

Thank you for your time and participation! Your responses will help craft the training and workforce development efforts to strengthen a highly qualified child serving behavioral health system.

The needs assessment will close to participation on *Monday, June 14, 2021 at 5pm*.

Training Assessment

GRANT OPPORTUNITY FOR PROVIDERS

USDA Distance Learning & Telemedicine Grant Program (DLT)

OPPORTUNITY TO APPLY FOR FUNDING

The USDA begins accepting applications for funding under the DLT program on April 5, 2021. Applications must be received no later than June 4, 2021, to be eligible for funding under this grant opportunity.

- The Agency encourages applicants to consider projects that will promote equity and economic opportunity in rural America, specifically those that advance the following key priorities:
 - Containing the COVID-19 pandemic
 - O Ensuring racial equity
 - Rebuilding our rural economy and
 - Addressing the climate crisis.

- Congress provided USDA Rural Development \$57 million in DLT funding in Fiscal Year (FY) 2021. As it was authorized to do, the Agency applied \$18 million from FY 2021 to award projects from the prior fiscal year. Approximately \$44.5 million is available. This amount includes \$39.2 million in funds appropriated for FY 2021 as well as funds totaling \$5.3 million which were not awarded during FY 2020.
- The Agency also reserves the right to increase funding for applications should additional appropriations become available for the same purposes.

Please go to the following link for additional information regarding this opportunity including how to apply:

Grant opportunity for providers

DISASTER RESPONSE UNIT UPDATES

Hurricane Preparedness Tip #1

Make a Plan and Check Your Kits as hurricane season begins June 1st and ends November 30th. To learn more about how to make a plan and what should be in your kits take a look at the resources and website links shared on these toolkits that can be found on the <u>Community Crisis and Disaster</u> <u>Response webpage</u>:



A Hurricane Season Readiness Member toolkits A Hurricane Season Readiness Provider toolkits

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 <u>Community Crisis and Disaster Response</u> webpage. 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 **Changes to Provider Operations form**. This form is located on the <u>Community Crisis and Disaster Response</u> 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.

ELECTRONIC VISIT VERIFICATION IMPLEMENTATION FOR INNOVATIONS AND TBI WAIVERS ADMINISTERED BY LME-MCOS

NC Medicaid implementation of Electronic Visit Verification (EVV) for the Innovations Waiver, TBI Waiver and (b)(3) services administered by the LME-MCOs has been moved to June 30, 2021. This new date is to allow for additional testing and provider training.

Providers should continue to work with the applicable LME-MCOs to prepare for the June 30, 2021, EVV implementation date for Innovations Waiver, TBI Waiver and (b)(3) services administered by the LME-MCOs.

Please submit questions to: Medicaid.EVV@dhhs.nc.gov

TRILLIUM SUMMER FAMILY RETREATS AT VICTORY JUNCTION

Trillium is excited to announce that we are extending the deadlines for Trillium Family Retreats at Victory Junction this summer! Any members and their families and natural supports who are interested in attending a session this summer should <u>click here for the Interest Form</u> to receive an application link from Victory Junction Camper Admissions!



Due to the multi-step application process and the limited number of spots available, applicants are encouraged to complete the online application using the link from Victory Junction Camper Admissions as soon as possible! After submitting the online application, applications are reviewed by Victory Junction's Medical Team and decision letters will be sent out 30 days prior to the date of the session.

If you are interested in attending a Summer Session click the links below:

Victory Junction Flyer

Session Dates and Application Deadlines:

- ▲ June 18-20 deadline June 4
- ▲ July 2-4 deadline June 18

- 🞄 July 12-14 deadline June 28
- 🔺 July 19-21 deadline July 5

Be on the lookout for future Family Retreat Dates and announcements for Fall 2021 on the Trillium Health Resources and Trillium Direct Connect Facebook pages, and also at the <u>Trillium Victory Junction</u> webpage.

Please share with any members and families who would enjoy this unique experience!

Please contact <u>Sarah.Beaver@TrilliumNC.org</u> with any questions about the process.

Page 16 of 17



VALUED PROVIDERS SEAL PROGRAM

Visit the <u>Valued Providers Seal Program</u> web page for more information about the Contracted, Comprehensive Behavioral Health, Large Agency, Evidenced-Based Treatment, Comprehensive I/DD and Integrated Care Provider Seals.

After receiving this recognition, sharing such dedication and innovative care should be as easy as possible. The <u>Valued Providers Seal Program Tool Kit</u> is designed for just that. This resource provides tips for sharing news of provider seals on websites, social media, newsletters, and emails, along with pre-written posts and messages. Trillium can see the impact providers make on our members and communities. We hope the tool kit serves to ensure those members and communities can see it as well.

Contact us at <u>SealProgram@TrilliumNC.org</u> for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!june 2021 Community Mental Health First Aid (MHFA) Trainings for NC Residents

Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. These trainings will give you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use challenge and help connect them to appropriate care.

Youth Mental health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) will be held virtually and participants are required to complete a 2-hour self-pace study prior to attending the instructor-led training.

Adult MHFA June 23, 2021 (8:30am-2:30pm)

Adult MHFA June 28, 2021 (8:30am-2:30pm) Youth MHFA June 30, 2021 (8:30am-2:30pm)

*Registration Deadline was May 15, 2021

Although there is no cost to you, this course is valued at \$25 per person. If you must cancel your registration, please do so within 48 hours of the instructor led course. Failure to cancel within the recommended timeframe may result in a 30-day waiting period to reschedule the training.

Please contact Wylanda Jones via email at <u>Wylanda.Jones@TrilliumNC.org</u> or Carlos Mirodipini at <u>Carlos.Mirodipini@TrilliumNC.org</u>. You may also contact them via phone at 1-866-998-2597.

A Here more information and registration

Any questions about this Communication Bulletin *that does not already have an email listed for questions from that specific section*, may be sent to the following email: <u>NetworkManagement@TrilliumNC.org</u>. These questions will be answered in a Q&A format and published on Trillium's website.