

**To:** All Providers

**From:** Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP  
VP of Network Management

**Date:** October 27, 2021

**Subject:** NCDHHS Extends the Open Public Comment Period for the Draft Olmstead Plan, through Nov. 8, Feedback for State Funded Service Definitions (Residential Supports and Supported Living Periodic), Soliciting Feedback for State Funded Supported Living and Residential Supports Service Definitions, Attention! Current Opportunities for Requests for Information, Tailored Care Management 101 Webinar Series, Important Reminders for Providers, North Carolina Standard & Tailored Plan Tobacco-Free Policy Requirements and Upcoming training opportunity, Important NC TOPPS Information, Parent Leadership Training, Disaster Unit Updates, Valued Providers Seal Program

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### **NCDHHS EXTENDS THE OPEN PUBLIC COMMENT PERIOD FOR THE DRAFT OLMSTEAD PLAN**

The North Carolina Department of Health and Human Services released a [draft of its Olmstead Plan](#) designed to assist people with disabilities to reside in and experience the full benefit of inclusive communities. **The plan is now open for public comment through Nov. 8, 2021.** NCDHHS encourages all interested individuals and organizations to provide comment on this draft plan. NCDHHS will publish the final, two-year plan in December and begin implementing activities outlined in the plan in calendar years 2022 and 2023.

The Olmstead Plan will serve as a blueprint for the way that NCDHHS and its state government partners make decisions central to improving the lives of people with disabilities. The plan will seek to divert people from entering institutions and support those wishing to leave by offering an array of community living services and supports. Access to housing, employment, transportation and other aspects of community life are addressed in the plan.

The draft plan incorporates efforts already underway across NCDHHS to refine and re-define policies and programs so they more clearly align with the U.S. Supreme Court's imperative in the Olmstead v. L.C. ruling of community integration. It builds on the foundation of NCDHHS' Transition to Community Living and Money Follows the Person programs, and it expands the work addressing social determinants of health that is at the heart of [NCDHHS' Healthy Opportunities](#) initiative.

"This draft plan will commit North Carolina to a future where people with disabilities can access the array of publicly-funded services in their communities they need to live everyday life, side-by-side with friends, family and neighbors," said Dave Richard, NCDHHS Deputy Secretary for NC Medicaid. "Realizing the promise of the Olmstead ruling requires all of us working together."

Throughout the past year, the NCDHHS Office of the Senior Advisor on the Americans with Disabilities Act and its contractor, the Technical Assistance Collaborative (TAC), have relied and built upon the insights, expertise and lived experience of the Olmstead Plan Stakeholder Advisory (OPSA) to develop the state's Olmstead Plan. The advisory's 36 external stakeholders have met quarterly and in committee for 15 months, advising NCDHHS on all aspects of the plan.

North Carolina's draft plan includes 11 priorities:

- 🌱 Strengthen individuals' and families' choice for community inclusion through increased access to home and community-based services and supports.
- 🌱 Address the direct support professional crisis. Implement strategies to recruit, train and retain the frontline staff who provide those daily services that allow people to live, work and thrive in their communities.
- 🌱 Transition people to more independent living situations from placements in institutional and segregated settings and provide needed supports in the community for individuals who are at risk of entering these settings.
- 🌱 Increase opportunities for supported education and pre-employment transition services for youth and competitive integrated employment opportunities for adults with disabilities.
- 🌱 Increase access to safe, decent and affordable housing.
- 🌱 Address gaps in services.
- 🌱 Explore alternatives to guardianship.
- 🌱 Address disparities in access to services.
- 🌱 Increase input to public policymaking from families and individuals with lived experience.
- 🌱 Increase access to transportation.
- 🌱 Use data for making quality improvements in the provision of services and for advancing the achievement of the plan's goals.

To submit public comment regarding the [draft Olmstead Plan](#), email [ncolmstead@tacinc.org](mailto:ncolmstead@tacinc.org).

[Olmstead](#) v. L.C. is a U.S. Supreme Court case that laid the groundwork for people with disabilities to live their lives as fully included members of the community. The case addressed the Americans with Disabilities Act's "integration mandate." The integration mandate requires all public entities, including the state of North Carolina, "administer services, programs, and activities" for people with disabilities in the most integrated setting appropriate to the person's needs. In the Olmstead ruling, the Supreme Court also urged states to develop a "comprehensive, effectively working plan"

for transitioning people to the community. NCDHHS has initiated the development of its Olmstead Plan under the leadership of the Office of the Senior Advisor on the ADA.

An Olmstead Plan cannot remedy every need and challenge a state faces in serving and supporting individuals with disabilities. NCDHHS' draft plan is intended to highlight how its current work, its future efforts and its use of resources are viewed through "an Olmstead lens" to achieve NCDHHS' mission under this plan to "assist people with disabilities to reside in and experience the full benefit of inclusive communities." For more information, visit [www.ncdhhs.gov/about/department-initiatives/nc-olmstead](http://www.ncdhhs.gov/about/department-initiatives/nc-olmstead).

You can also find this press release posted on the NC DHHS website at: [NCDHHS Releases Draft Olmstead Plan, Open for Public Comment Through Nov. 8 | NCDHHS](#)

## **FEEDBACK FOR STATE FUNDED SERVICE DEFINITIONS (RESIDENTIAL SUPPORTS AND SUPPORTED LIVING PERIODIC)**

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has posted for 45-day public comment at:

[Public Comment Link](#)

State-Funded service definitions for Residential Supports (revised) and Supported Living Periodic (new) for your feedback. The public comment review period is from **September 21 TO November 6, 2021** to [DMHIDDCONTACT@dhhs.nc.gov](mailto:DMHIDDCONTACT@dhhs.nc.gov). Below you will find a brief summary of the proposed service definitions. *Please note that although the services mirror Medicaid funded services, there are differences noted.*

### **SUPPORTED LIVING PERIODIC – NEW DEFINITION**

- 🌱 Supported Living Periodic provides a flexible partnership that enables an individual 18 years and older to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the individual.
- 🌱 This service requires a NC Support Needs Assessment Profile (Level 2 or lower), Supports Intensity Scale (Level B or lower), or TBI Assessment requiring a low level of supervision and support in most settings, such as in the community, home, work, etc.
- 🌱 Supported Living Periodic may include the following the services and supports:
  - Direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual budget management, attending appointments, and interpersonal and social skill building to enable the individual to live in a home in the community.
  - Assistance with monitoring health status and physical conditions, and assistance with transferring, ambulation and use of special mobility devices.

- 🌱 This service may not exceed 28 hours a week.
- 🌱 Transportation to and from the residence and points of travel in the community as outlined in the PCP or ISP is included to the degree that they are not reimbursed by another funding source and not used for personal use.

## **RESIDENTIAL SERVICES – *AMENDED* DEFINITION**

- 🌱 Residential Supports provides individualized services and supports to enable an individual 16 years and older to live successfully in a Group Home or Alternative Family Living (AFL) setting of their choice and be an active participant in the individual's community.
- 🌱 This service requires a NC Support Needs Assessment Profile (Level 2 – Level 4), Supports Intensity Scale (Level C – Level E), or TBI Assessment requiring a moderate to high level of supervision and support in most settings, such as in the community, home, work, etc.
- 🌱 The service includes learning and practicing new skills and improvement of existing skills to assist the individual to complete an activity to their level of independence.
- 🌱 Respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs, but it may not be billed on the same day as Residential Supports. Please feel free to share widely with your networks.
- 🌱 Transportation to and from the residence and points of travel in the community as outlined in the PCP or ISP is included to the degree that they are not reimbursed by another funding source and not used for personal use.

## **SOLICITING FEEDBACK FOR STATE FUNDED SUPPORTED LIVING AND RESIDENTIAL SUPPORTS SERVICE DEFINITIONS**

### **PROPOSED STATE FUNDED DEFINITIONS: SUPPORTED LIVING PERIODIC AND RESIDENTIAL SUPPORTS (I/DD & TBI), WEBINAR & Q/A**

**Friday, November 5, 2021**

**1:00 p.m. - 2:00 p.m.**

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is hosting a webinar session for stakeholders. To bring the most up-to-date information, the IDD & TBI Section at DMHDDSAS will be providing an informational webinar and soliciting your feedback for the proposed definitions, **Supported Living Periodic and Residential Supports (IDD & TBI)** services. Participants will receive an overview of the proposed definitions for individuals with Intellectual and Developmental Disabilities and Traumatic Brain Injury. The overview will include specific criteria for services and highlights of the definition. Please see log-in information below:

### **EVENT ADDRESS FOR ATTENDEES:**

- 🌱 [Join the Webinar](#)

**EVENT NUMBER (ACCESS CODE):** 2435 803 3132

**EVENT PASSWORD:** SFS1005

For more information or questions, contact: [DMHIDDCONTACT@dhhs.nc.gov](mailto:DMHIDDCONTACT@dhhs.nc.gov)

**Note:** Prior to the scheduled meeting, please check with your IT system administrator to ensure access to the WebEx platform.

## **ATTENTION! CURRENT OPPORTUNITIES FOR REQUESTS FOR INFORMATION**

### **COMMUNITY RESPITE SERVICES FOR INDIVIDUALS LICENSED**

Trillium Health Resources (Trillium) is seeking to identify mission-driven organizations that are interested in the development of **Community Respite Services for Individuals** licensed with the Division of Health Service Regulation (DHSR) under license type **27G.5100** for Children/Adolescents within Trillium's catchment area.

This Request for Information (RFI) is open to both in-network and out-of-network providers enrolled in NC Tracks who are free of contract sanctions, fraud investigations, and/or current or previous IRS liens. More than one provider may be selected.

Written letters of interest should include the following details in regards to how the provider plans to provide Community Respite Services:

- 🌱 Proposed location of Community Respite Services.
- 🌱 Proposed services that child and/or adolescent Members will receive will staying in the Community Respite site.
- 🌱 Proposed qualifications of staff.
- 🌱 Proposed timeline for establishing the Community Respite Services location.

Provider may submitted Letters of Interest by end of business October 29, 2021 through the [Submission Link](#).

### **TCL PEER SUPPORT SERVICE/IN-REACH FUNCTION SERVICES**

Trillium Health Resources (Trillium) is seeking to identify mission-driven organizations that are interested in the development of TCL Peer Support Service/In-Reach Function Services throughout Trillium's catchment area.

This Request for Information (RFI) is open to both in-network and out-of-network providers enrolled in NC Tracks and NC Medicaid who are free of contract sanctions, fraud investigations, and/or current or previous IRS liens. More than one provider may be selected.

Providers interested in providing Peer Support Specialist/In-Reach should provide an application via the link below by November 15, 2021.

 [Submission Link- CLICK HERE](#)

## **TAILORED CARE MANAGEMENT 101 WEBINAR SERIES**

Tailored Care Management will be the predominant care management model for the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan population, which includes individuals with significant behavioral health conditions (including serious mental illness, serious emotional disturbances and severe substance use disorders), I/DD and traumatic brain injury (TBI). Tailored Plan members will obtain care management through one of three approaches: through an Advanced Medical Home Plus (AMH+) practice, Care Management Agency (CMA), or a care manager based at a Tailored Plan.

The [Tailored Care Management 101 webinar series](#) was designed to help develop a shared understanding of the model across the North Carolina provider community (including advanced medical homes and behavioral health, I/DD, and TBI providers) and anyone interested.

The webinar series will run from October through mid-December, on Fridays from 12 to 1 p.m., and cover:

DATE	SUBJECT
Oct. 1, 2021	Introduction to Tailored Care Management
Oct. 8, 2021	Becoming an AMH+/CMA
Oct. 15, 2021	Health Information Technology (IT) Requirements and Data Sharing
Oct. 22, 2021	Partnering with a Clinically Integrated Network and Other Partners
Oct. 29, 2021	Delivery of Tailored Care Management
Nov. 5, 2021	Transitional Care Management and Community Inclusion Activities
Nov. 19, 2021	Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver
Dec. 3, 2021	Billing
Dec. 10, 2021	Oversight and Quality Measurement/Improvement

 Register for the [webinar series](#).

 [More information on Tailored Care Management](#)

## **IMPORTANT REMINDERS FOR PROVIDERS**

Providers who have questions related to claims, should call the Provider Support Service Line (PSSL) at 1-855-250-1539.

All Provider's delivering services to individuals in the Trillium catchment area must be enrolled in NCTracks, maintain a Provider Status of "01-Active", and have the correct affiliations. Failure to meet all of these requirements will cause claims to deny and may lead to the Contract being terminated. Trillium strongly encourages all providers to periodically review and compare their information in Provider Direct with NCTracks to ensure the contracted NPI number(s), Medicaid Health Plan(s), and Taxonomy(ies) remain active.

To review your information in NCTracks visit [www.nctracks.nc.gov](http://www.nctracks.nc.gov).

For a full list of Taxonomy codes visit [www.nucc.org](http://www.nucc.org).

## **NORTH CAROLINA STANDARD & TAILORED PLAN TOBACCO-FREE POLICY REQUIREMENTS AND UPCOMING TRAINING OPPORTUNITY**

### **BREATHE EASY NC: BECOMING TOBACCO FREE**

#### **1-Day Virtual Training**

#### **8.75 CME hours**

#### **November 17, 2021, 12:00-5:00pm EST**

This training will assist behavioral health leaders and practitioners to make behavioral health facilities 100% tobacco free and with improving their skills to provide evidence-based tobacco use treatment concurrently with mental health and substance use disorder treatment. Providers will receive the information and skills they need to prepare for the NC Medicaid tobacco-free policy requirement that goes into effect July 1, 2022.

Participants will learn about FDA approved tobacco treatment medication with behavioral interventions and how to deploy them in behavioral health settings. Participants will engage with professional ethics and learn how they fit with tobacco use treatment, as well as trauma-informed tobacco use treatment and policies. Then, through experiential training methods, participants will develop policy planning and implementation skills as well as quality improvement skills to integrate tobacco treatment into the behavioral health system.

## COURSE SCHEDULE

### **Part 1: Prerecorded Video Modules on Tobacco Treatment and Control and Standard of Care Evidence-Based Tobacco Treatment (available online; approximately 4 hours):**

- 🌱 Why Here/Why This/Why Now?
- 🌱 Combination Strategies for Tobacco Treatment
- 🌱 Pharmacotherapy Agents
- 🌱 Assessments
- 🌱 Cognitive Behavioral Therapy
- 🌱 Motivational Interviewing
- 🌱 Foundational Behavioral Therapy in Special Populations
- 🌱 The Roadmap to Successful Change

### **Part 2: Live, virtual course session (via Zoom), November 17, 2021, 12:00-5:00pm:**

- 🌱 Welcome and introductions
- 🌱 An Ethical Approach to Tobacco Treatment in Mental Health and Substance Use Disorder Settings
- 🌱 Motivational Interviewing w/interactive discussion about ethics
- 🌱 Moderated panel presentation
  - 🕒 Dr. Susan Saik-Peebles, Medical Director, Office for Behavioral Health and IDD, NCDHHS
  - 🕒 Mary Ward, President, McLeod Addictive Disease Center
  - 🕒 Brian Coon, Director of Clinical Programs, Pavillion
- 🌱 Tobacco Free Policy – The Roadmap Demystified: An Interactive Session
- 🌱 Deeper Dive into What Works: Integrating Policy and Treatment in Diverse Behavioral Health Settings
- 🌱 How QuitlineNC works/How to do referrals to QuitlineNC
- 🌱 Practical Approaches and Cases
- 🌱 Summary and Conclusion

The cost for the training is **\$150 for NC healthcare professionals** (\$300 for participants outside of NC) and includes all course materials, application processing, access to the online course site, and the live, virtual session. Scholarships for healthcare professionals who serve North Carolina are sponsored by the NC Division of Public Health.

Anyone, regardless of geographic region, is eligible to participate in the course. Some content is designed specifically to assist NC behavioral health facilities go tobacco free; however, the majority of the course content is applicable across many settings.

Course fees are payable by credit card only. Please register via our website at [www.dukeunctts.com](http://www.dukeunctts.com).

Have more questions about this training?

Contact us at [cttsprogram@duke.edu](mailto:cttsprogram@duke.edu) or 919-668-5042.

 [Register here](#)

## **TOBACCO-RELATED POLICY REQUIREMENTS GO INTO EFFECT ON JULY 1, 2022**

[Tobacco-related policy](#) requirements for Standard Plans and Tailored Plans contracted medical, behavioral health, intellectual/developmental disabilities (IDD), and traumatic brain injury (TBI) service providers will go into effect on July 1, 2022. These requirements will apply to both Medicaid and state-funded service providers. The Department will work with the Standard Plans and Tailored Plans to include these requirements, as appropriate, in advance of July 1, 2022.

Secondhand smoke is a well-documented danger to health. No one should be exposed to secondhand smoke when they access care or on the job. Research shows that most people who use tobacco want to quit. An environment free from triggers to use tobacco products is necessary to support service recipients whose goal is to become tobacco free. People with behavioral health disorders die disproportionately from tobacco-related illness. Among people who try to become tobacco free, only a small minority receive evidence-based care to assist them.

Therefore, starting July 1, 2022, NC Medicaid Managed Care Standard plans and Tailored Plans will require contracted providers, not including retail pharmacies, and with the exception of the residential provider facilities noted below, to implement a tobacco-free policy covering any portion of the property on which the participating provider operates that is under its control as owner or lessee, to include buildings, grounds, and vehicles.

A tobacco-free policy includes a prohibition on smoking combustible tobacco products and the use of non-combustible tobacco products, including electronic, heated and smokeless tobacco products, and/or nicotine products that are not approved by the FDA as tobacco treatment medications, as well as, prohibiting participating providers from purchasing, accepting as donations, and/or distributing tobacco products to the individuals they serve.

Intermediate care facilities for individuals with intellectual disabilities (ICF-IID) and IDD residential services subject to the Home and Community Based Services (HCBS) Final Rule are exempt from this requirement.

However, starting July 1, 2022, the following policies shall be required in these settings:

1. Indoor use of tobacco products shall be prohibited in all provider owned/operated contracted settings.
2. For outdoor areas of campus, providers shall:
  - 🌱 Ensure access to common outdoor space(s) that are free from exposure to tobacco use; and
  - 🌱 Prohibit staff/employees from using tobacco products anywhere on campus

As part of policy implementation, Standard Plan and Tailored Plan contracted service providers should integrate tobacco use treatment and support into all settings. Evidence-based tobacco use treatment is defined as a combination of FDA approved medications and counseling.

To support this policy change, the North Carolina Division of Public Health Tobacco Prevention and Control Branch partners with the Division of Mental Health/Developmental Disabilities/ Substance Abuse Services and the Division of Health Benefits to coordinate [Breathe Easy NC: Becoming Tobacco Free](#).

Breathe Easy NC: Becoming Tobacco Free is a statewide initiative to support people with behavioral health conditions and IDD/TBI in becoming tobacco free, by working with service providers to integrate tobacco use treatment and make campuses tobacco free.

- 🌱 Standard Plan and Tailored plan contracted service providers should make use of this resource to ensure they have a transparent, well-organized, and evidence-based tobacco-free policy and tobacco use treatment implementation process.
- 🌱 Making an organization's campus tobacco-free is a process that should involve all organization stakeholders: service recipients or clients, leadership, and staff. Implementing a tobacco-free policy can take 3-6 months, occasionally longer.
- 🌱 Providers should integrate tobacco use treatment or referrals to tobacco use treatment resources, such as QuitlineNC, prior to policy implementation.

Providers can visit [BreatheEasyNC.org](https://www.breathesync.org) for technical assistance and training on tobacco-free policy implementation and evidence-based tobacco use treatment or contact their county's [regional or local tobacco control staff](#) directly. They can assist with every step of this process.

If you have any questions, check out these Frequently Asked Questions (FAQ) webpages from Breathe Easy NC:

- 🌱 [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Behavioral Health & Medical Provider Agencies](#)
- 🌱 [NC Standard and Tailored Plan Tobacco Related Policies FAQ for Organizations that Serve People with IDD or TBI](#)

 [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Clients, Families and Staff](#)

For additional questions, please contact Stephanie Gans at [stephanie.gans@dhhs.nc.gov](mailto:stephanie.gans@dhhs.nc.gov).

## **IMPORTANT NC TOPPS INFORMATION**

Any members that transitioned from Trillium to a Standard Plan no longer need NC TOPPS updates. These members that are no longer receiving services through the LME/MCO will need to have an episode completion done in NC TOPPS as soon as possible.

Please see the [updated NC TOPPS Guidelines](#), pages 7 and 11 for additional information.

## **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 [flyer for more information](#).

## **DISASTER UNIT UPDATES**

### **HURRICANE PREPAREDNESS TIP #7**



Considering individual needs when planning for emergencies and disasters requires preparation. The FEMA website provides guidance for individuals with disabilities on how to prepare for the possibility of medical offices, pharmacies, and other businesses being closed. Take a look at the [FEMA website](#) to consider potential planning steps.

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 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 **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.

## VALUED PROVIDERS SEAL PROGRAM



Visit the [Valued Providers Seal Program](#) 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 [Valued Providers Seal Program Tool Kit](#) 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 [SealProgram@TrilliumNC.org](mailto:SealProgram@TrilliumNC.org) for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

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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: [NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium’s website.