

To: All Providers

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VP of Network Management

Date: June 15, 2022

Subject: Tailored Plan Contract Roll Out, Stakeholder Engagement Behavioral Health Clinical Coverage Policy Update, Home And Community-Based Services Validation Processes Update

SPECIAL BULLETIN MEDICAID TRANSFORMATION

TAILORED PLAN CONTRACT ROLL OUT

On July 26, 2021, the North Carolina Department of Health and Human Services (“NC DHHS”) announced that Trillium was awarded a contract to serve as a Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan. NC DHHS anticipates that Tailored Plans will launch on December 1, 2022.

In anticipation, and to ensure Trillium will meet the Network Adequacy requirements for Tailored Plan, Trillium will begin issuing the NCDHHS approved Tailored Plan Procurement Contract (“TP Provider Contract”) to its fully contracted providers in June 2022. The effective date of the TP Provider Contract will be December 1, 2022 and providers will continue serving Trillium members under the terms and conditions of their **current** procurement contract.

The TP Provider Contract and a Quick Reference Guide is available on the Trillium Health Resources website for any provider that wishes to review the terms and conditions. Please note this template is subject to change as the Department issues additional guidance. Trillium will communicate such changes in a Network Communication Bulletin and issue addendums to incorporate the change.

[Review the TP Provider](#)

[Review the Quick Reference Guide](#)

Disclosure: *The Quick Reference Guide does not capture every edit. It highlights changes that have the potential to increase provider issues for meeting contracting requirements, service delivery, claims, and reimbursement.*

Please submit any questions regarding the TP Provider Contract, this communication, or the contracting process to [Trillium Contracting](#) or call the Provider Support Services Line at 1-855-250-1539.

Your agency may have received a Tailored Plan (TP) Contract and while there is a 90 day Opt-Out period from when you receive the contract, a quicker response is desired and will assist Trillium to ensure Network Adequacy.

Rejecting participation in any program shall not have any impact upon the provider's ability to continue participation under other programs. Click on the following link to submit any questions [Provider Contracting Questions and Feedback](#).

STAKEHOLDER ENGAGEMENT BEHAVIORAL HEALTH CLINICAL COVERAGE POLICY UPDATE

NC DHHS invites you to join one of two stakeholder engagement webinars to review the 1915i Option Individual and Transitional Support Service Draft Policy. These webinars are open to all stakeholders. The draft policy is a combination of the current (b)(3) Individual Support service for adults and the Transitional Living Skills service for adolescents.

STAKEHOLDER ENGAGEMENT, BEHAVIORAL HEALTH CLINICAL COVERAGE POLICY UPDATE



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

June 22, 2022, 2-3PM

Join on your computer or mobile app

 [Click here to join the meeting](#)

Join with a video conferencing device

 ncgov@m.webex.com

 Video Conference ID: 119 996 692 1

 [Alternate VTC instructions](#)

Or call in (audio only)

 [+1 984-204-1487,,26671643#](tel:+1984204148726671643) United States, Raleigh

Phone Conference ID: 266 716 43#

June 24, 2022, 2-3PM

Join on your computer or mobile app

 [Click here to join the meeting](#)

Join with a video conferencing device

 ncgov@m.webex.com

 Video Conference ID: 115 429 234 3

 [Alternate VTC instructions](#)

Or call in (audio only)

 [+1 984-204-1487,,327065867#](tel:+19842041487327065867) United States, Raleigh

Phone Conference ID: 327 065 867#

For additional information about upcoming webinars send email to june.freeman@dhhs.nc.gov.

JCB#421—HOME AND COMMUNITY-BASED SERVICES VALIDATION PROCESSES UPDATE

This bulletin replaces [Joint Communication Bulletin #J411](#) which provided an updated HCBS validation process and timeline to Local Management Entity-Managed Care Organizations (LME-MCO's).








This bulletin changes the dates for re-posting the Statewide Transition Plan for public comment and re-submission of the Statewide Transition Plan to the Centers of Medicare and Medicaid Services (CMS) for final approval.

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Health Benefits (DHB) are providing the following guidance to support the continuation of North Carolina's HCBS Validation processes amidst response to the COVID-19 public health emergency.

Effective March 8, 2022, the NC HCBS Statewide Transition Plan outlines the use of telehealth for Care Coordination monitoring as an allowable method of HCBS validation.

It remains critical that person-centered planning, individual choice and efforts to comply with the HCBS Final Rule continue to be at the forefront of our service delivery system and this flexibility will ensure that North Carolina demonstrates that the state's existing HCBS settings comply with the HCBS Final Rule by March 17, 2023.

THE DHHS HAS ADJUSTED THE FOLLOWING HCBS TIMELINES ACCORDINGLY:

-  **March 8, 2022:** HCBS validation and DHHS look-behind efforts relaunched
-  **April 15, 2022:** Identification of all HCBS settings unwilling or unable to comply with HCBS settings requirements submitted to the DHHS HCBS Internal Team. Process begins for providing technical assistance to providers of non-compliant HCBS settings, beneficiary and family engagement, and transition planning for individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements.
-  **May 1, 2022:** Identification concludes of all non-compliant HCBS settings, HCBS settings unwilling or unable to comply with HCBS settings requirements and individuals needing to transition to HCBS compliant settings.
-  **June 15, 2022:** Re-posting of Statewide Transition Plan for 30-day public comment.
-  **June 8, 2022:** Validation Quarterly Reporting Tool (Final Submission) due to the DHHS HCBS Internal Team.
-  **July 31, 2022:** Re-submit Statewide Transition Plan for final approval to the Centers for Medicare and Medicaid Services (CMS).
-  **Dec. 31, 2022:** Transitions conclude of individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements to HCBS compliant sites.

The DHHS HCBS Internal Team will make every effort to continue monitoring and reviewing CMS guidelines, the NC HCBS Statewide Transition Plan, and timelines established within the HCBS Standard Operating Procedures (SOP) Manual and Guidance. It is expected that all processes established through the NC HCBS Statewide Transition Plan and the HCBS SOP will continue without interruption.

If you have any questions, please contact the DHHS HCBS Internal Team at HCBSTransPlan@dhhs.nc.gov.

 [Here you can find Previous Bulletins](#)