

To: All Providers

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

Date: July 14, 2022

Subject: Annual Provider Development Needs Assessment, Tailored Plan Provider Manual, JCB #J418 re: TCL IPS referrals (Clarification from DMHDDSAS), JCB-423 - Placement of Minors in Unlicensed Alternative Family Living Homes (UAFLs), Incident Reporting, Physical Health Network, Ending of NC State of Emergency Flexibilities for both Medicaid AND State Providers, Individual Placement Support Training, Attention IDD Providers: National Core Indicators™ (NCI) Staff Stability Survey for 2021 Available, NC TOPPS Update, NC TOPPS Training Now on the Learning Campus!, 2022 NC SNAP Examiner's Certification Schedule Virtual Training, Disaster Planning, Valued Providers Seal Program, Need to Report Fraud, Waste, and Abuse?

ANNUAL PROVIDER DEVELOPMENT NEEDS ASSESSMENT

Trillium Health Resources requests your participation in the annual Provider Development Needs Assessment. Your participation in this survey is completely voluntary. All of your responses will be kept confidential. They will only be used for statistical purposes and will be reported only in aggregated form. If you have any question, please contact Sarah Willhite, Training Manager (Sarah.Willhite@TrilliumNC.org).

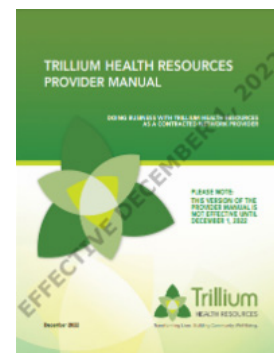
 [Provider Development Needs Assessment](#)

The survey will be open through July 15, 2022.

TAILORED PLAN PROVIDER MANUAL

The new Tailored Plan Provider Manual has been posted on Provider Learning Campus and in Provider Direct. Those providers who have signed and executed a Tailored Plan contract can view the new manual now.

Please note: The Tailored Plan Provider manual will not be in effect until December 1, 2022. There will be a watermark on the new manual until that time.



JCB #J418 re: TCL IPS referrals (Clarification from DMHDDSAS)

DMH/DD/SAS has received recent inquiries regarding JCB #J418 regarding TCL IPS referrals. The intent of the JCB was to address the consistently, years-long low numbers of TCL individuals being referred to IPS (and thus the provision of IPS) as well as the continued reports that staff serving TCL individuals do not think these individuals can work or are ready to work. IPS teams are adept at engaging individuals to explore employment and education interests, but they don't get the chance to do that if individuals are never referred.

With that being said, individuals already receiving IPS/employment services (through ACT or IPS) would not be referred to IPS teams as it is a violation of the service definition policies and because they are already receiving IPS-Supported Employment services from the SE specialist. Additionally, TCL individuals being referred to IPS have the right to decline the referral or the right to meet with an IPS team and then decide not to continue. Staff interventions to address the individual's concerns related to declining referrals need to be clearly documented. For those who decline a referral, it is the expectation that staff serving TCL individuals periodically explore employment with individuals to see if it is something they may want to explore in the future.

JCB-423 - Placement of Minors in Unlicensed Alternative Family Living Homes (UAFLs)

This bulletin serves to reiterate laws and rules governing both the operation and provision of services within a licensable facility as outlined in Joint Communication Bulletin #J244.

The NC Department of Health and Human Services (DHHS) received notification that LME/MCOs may be participating in the coordination of placement for minor children and adolescents in unlicensed Alternative Family Living Homes (AFLs). Engagement in this practice must cease as it violates the laws and rules governing licensure of facilities.

The following is a summary of the main statutes and rules that require an AFL to be licensed if it is providing services to one or more minors or to two or more adults.

- 1.** N.C.G.S. § 122C-3(14) defines a "licensable facility" as "a facility for one or more minors or for two or more adults that provides services to individuals who have mentally illness or intellectual or other developmental disabilities, or substance abusers. These services shall be day services offered to the same individual for a period of three hours or more during a 24-hour period, or residential services provided for 24 consecutive hours or more. Facilities for individuals who are substance abusers include chemical dependency facilities."
- 2.** N.C.G.S. § 122C-21 states the purpose of the licensure laws. The purpose of the licensure laws and rules is to provide for licensure of facilities for individuals with mental health disorders, developmental disabilities, and substance use disorders by the development, establishment,

and enforcement of basic rules governing the provision of services to individuals who receive services from licensable facilities and the construction, maintenance, and operation of these licensable facilities that, based on existing knowledge, will ensure safe and adequate treatment of these individuals.

3. N.C.G.S. § 122C-23(a) states “No person shall establish, maintain, or operate a licensable facility for individuals with mental illness, individuals with intellectual or other developmental disabilities, or substance abusers without a current license issued by the Secretary.”
4. 10A NCAC 27G .5601(a) defines “Supervised living” as “a 24-hour facility which provides residential services to individuals in a home environment where the primary purposes of these services is the care, habilitation, or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.”
5. 10A NCAC 27G .5601(b) requires that a supervised living facility “be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients.”
6. N.C.G.S. § 122C-28 states: “Operating a licensable facility without a license is a Class H felony, including a fine of one thousand dollars (\$1,000) per day that the facility is in operation in violation of [Article 2 of Chapter 122C of the General Statutes].”

In summary, an AFL must be licensed if it serves one or more minors or two or more adults. If LME/MCOs are engaging in the coordination of care and payment of placement in unlicensed facilities that do not meet licensing requirements as written in the statutes and rules, this practice must cease immediately to protect client safety and ensure adequate treatment.



The Division of Health Service Regulation (DHSR) has provided some of the content in this bulletin.

If you have any questions, please contact Chameka Jackson at 919-417-8145 or Chameka.L.Jackson@dhhs.nc.gov.

INCIDENT REPORTING

Incident reporting offers the opportunity to analyze trends to prevent the occurrence of future incidents. Below are reminders to keep in mind as you continue to report diligently:

IRIS REPORTING TIMELINES

-  **Level 2 incidents**=An IRIS report must be submitted within 72 *clock* hours of learning of the incident.
-  **Level 3 incidents**= Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

TRILLIUM'S REPORTING EXPECTATIONS

- 🌱 All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72 hour required timeframe, please provide a statement in the IRIS report regarding the submission of the incident outside reporting timeframe.
- 🌱 All required fields (DOB, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.
- 🌱 Response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to Program Integrity.

REMINDERS

- 🌱 When selecting the "Host" LME-MCO and the "Home" LME-MCO on the Provider Information tab in IRIS, please remember that the "Host" LME-MCO is the county where services are being provided and the "Home" LME-MCO is the county of residence the member's insurance is linked to.
- 🌱 For Allegations of Abuse/Neglect/Exploitation against staff, please upload the DSS letter and HCPR letter into IRIS upon receipt. In addition, please upload your internal provider investigation into IRIS and ensure completion of the HCPR Investigation Results tab within 5 days.
- 🌱 For Member Deaths, please upload the death certificate and/or Medical Examiner report upon receipt, and update the death information tabs accordingly.
- 🌱 Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error.
- 🌱 For Member Injury, please elaborate on the type of treatment (i.e., stitches, cast, prescription medication) that the member receives for the injury (treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.).
- 🌱 Click the link to access the [Incident Response and Reporting Manual](#).

Please visit Trillium's [My Learning Campus](#) to access Incident Reporting Training for your agency staff.

For any incident related questions, please contact Julie McCall (Julie.Mccall@TrilliumNC.org) or Jennifer Kelly (Jennifer.Kelly@TrilliumNC.org).

PHYSICAL HEALTH NETWORK

Trillium Health Resources is in the process of working to develop a robust integrated network of providers in partnership with Carolina Complete Health, Trillium's Standard Plan partner, in preparation to go live as a Tailored Plan on December 1, 2022.

Trillium maintains an open network for all physical health providers and will enter into a good faith contracting effort with any willing provider of physical health services via partnership with Carolina Complete Health. To join the Trillium network for physical health services, please reach out directly to Carolina Complete Health Network by emailing NetworkRelations@cch-network.com, calling 1-833-552-3876 (after choosing Provider Services, press 8 for Contracting), or going online to [Network Carolina Complete Health](#).

SPECIAL BULLETIN COVID-19: ENDING OF NC STATE OF EMERGENCY FLEXIBILITIES FOR BOTH MEDICAID AND STATE PROVIDERS



In accordance with NC Medicaid SPECIAL BULLETIN COVID-19 #237: Extension of NC State of Emergency Temporary

Flexibilities, all COVID-19 flexibilities not made into permanent policy will be ending for members with Medicaid B insurance on August 31, 2022. [SPECIAL BULLETIN COVID-19 #237: Extension of NC State of Emergency Temporary Flexibilities | NC Medicaid \(ncdhhs.gov\)](#)

This means several changes to our service array for Medicaid and State Benefit Plans.

1. Disaster codes CR and GT CR will be end dated effective August 31, 2022 in the Medicaid B Benefit Plan and in all provider contracts.
2. Any permanent additions will be added to the Medicaid Benefit Plan and made available in In-Network provider contracts.
3. Prior authorization rules will resume on September 1, 2022. This means that services requiring prior authorization must be requested by August 15, 2022. Visit counts for all services will start over July 1, 2022.
4. Enhanced rates associated with COVID-19 will be ending on August 31, 2022, with the exception of Mobile Crisis services. Community-based Mobile Crisis Intervention services will have a 5% rate increase through April 1, 2027, as authorized by section 9813 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2). This rate will be added to the HCPCS code H2011.
5. All In Lieu of (ILOS) and Alternative Service Definitions associated with COVID-19 will no longer be a benefit in the Medicaid B or State-funded service array.

SERVICES EFFECTED INCLUDE:

-  Assertive Engagement YA341 CR
-  Disaster Outreach and Engagement H0038 HI CR

- 🌱 Disaster Coordination Rehabilitation and Support H2017 CR
- 🌱 Home Monitoring through Virtual Supervision S5135 GT U5
- 🌱 Rapid Response Team H2011 U5 CR
- 🌱 Community Inclusion and Support T2021 HI CR (individual)
- 🌱 Community Inclusion and Support T2021 HI HQ CR (Group)

As previously discussed, many flexibilities were made into permanent policy. We will be adding permanent flexibilities to our Trillium Medicaid B Benefit Plan and In-Network provider contracts and providers may start requesting these new codes on August 1, 2022. A quick overview of these changes are provided on the chart below:

SERVICE	POLICY CHANGE	BENEFIT PLAN UPDATE
OUTPATIENT CODES	CPT codes 90785, 90832,90834, 90837, 90839,90840, 90846, 90847,90849,and 90853 were made telephonic eligible.	KX modifier added to codes for service provided telephonically. All codes count towards outpatient visits limits except 90785, 90839 and 90840 regardless of using KX or not.
PEER SUPPORT	Services may be provided by telehealth or telephonically, audio-only communication but limited to 20% or less of total service time provided per beneficiary per fiscal year.	GT and KX modifier added to H0038 for service provided by telehealth or telephonically. Prior Authorization requirements apply.
(B)(3) INDIVIDUAL SUPPORT	Service may be provided by two-way, real-time audio and video as well as telephonically.	GT and KX added to T1019 U4. Prior authorization is required
RH – BHT	CPT codes 97151, 97152,97153, 97154, 97155,97156, 97157, were made telehealth-eligible. If two-way audio-visual options are not accessible to the beneficiary, the following services may be offered by telephonic modality: 97156 and 97157	GT and KX added to applicable codes. Prior Authorization requirements apply

One caveat to the flexibilities ending is the B3 Supported Employment. This flexibility will remain in place to allow telehealth according to JCB # 42O.

The flexibilities will end for Members receiving Innovations services on January 16, 2023, unless an extension of the Public Health Emergency.

We are currently working on these changes and will have this completed by August 1, 2022, to allow providers to begin entering authorization requests for a start of date of September 1, 2022. Benefit Plans on posted Trilliums website will also be updated to highlight these changes.

More specific information can be found about the changes [SPECIAL BULLETIN COVID-19 #237: Extension of NC State of Emergency Temporary Flexibilities | NC Medicaid \(ncdhhs.gov\)](#)

All questions related to this Clinical Communication can be sent to UM@TrilliumNC.org.

INDIVIDUAL PLACEMENT SUPPORT TRAINING

This training will provide information on the components of Individual Placement Support Service:

- 1.** An overview of the evidence based Supported Employment model
- 2.** An overview of Employment and Benefits
- 3.** An overview of how Div. of Vocational Rehabilitation service integrate with IPS services
- 4.** Enhancing motivational interviewing skills around employment

TARGET AUDIENCE: TCL In-Reach Staff, TCL Care Coordinators, CST Providers/Teams, ACT Vocational Specialists, Division of Vocational Rehabilitation Services IPS Liaisons/Staff, Behavioral Health Providers and Clinicians, Substance Use Counselors

WHEN: July 27, 2022, 9:00 am -1:00 pm

WHERE: Virtual (**Registration Required**)

[REGISTER FOR THIS TRAINING](#)

ATTENTION IDD PROVIDERS: NATIONAL CORE INDICATORS™ (NCI) STAFF STABILITY SURVEY FOR 2021 AVAILABLE

We are encouraging IDD Providers to complete the National Core Indicators™ (NCI) Staff Stability Survey for IDD Providers. It is vitally important that we hear from you about issues affecting the IDD DSP workforce. Your agency should have already received an email with the survey; the email subject is "NC NCI Staff Stability Survey 2021." **Surveys are due July 31, 2022.** If you are an I/DD provider and you have not received the survey link, or if you have any questions, please contact NCISurvey@dhhs.nc.gov.

NC TOPPS UPDATE

NC TOPPS PROVIDERS PLEASE BE ADVISED OF THE INFORMATION BELOW:

Completion of an NC TOPPS is required no later than the second visit for all NC TOPPS services. Updates should be submitted at 90 days, 180 days, and biannually (every 180 days) as long as the member is still receiving services.

An episode completion should be done when a member is discharged or stops receiving services. Remember, NC TOPPS can be done as soon as 14 days before the due date.

NC TOPPS compliance is measured by NC TOPPS episodes being completed and being submitted on time. On time completion is measured by the date AND timestamp of the Initial NC TOPPS episode submission. NC TOPPS episodes are measured in days and timestamped, therefore a 3 Month update is due 90 days after the Initial Interview.

For example: if an Initial Interview is completed on 10/5/2021 at 3 PM, normally we would add 3 months to the date to come up with a due date of 1/5/2022 at 3 PM. This is incorrect. Adding 90 days to 10/5/2021 gives us 1/3/2022 AND we would have to make sure to submit the update by the timestamped time of 3 PM. Only submitting the update by the due date is not enough. If you submit the update on 1/3/2022 at 3:01 PM, it is considered late.

To assist NC TOPPS providers with meeting compliance for both completion and timeliness, Network Staff will be sending one report every week to agency/site Superusers that includes Past Due, Due Now, and Upcoming Updates. Please pay close attention to these emails if and when you receive them. If your agency receives a report, action is required.

If you have any questions, please submit them to NCTOPPS@TrilliumNC.org.

NC TOPPS TRAINING NOW ON THE LEARNING CAMPUS!

Trillium provided a training/information session on NC TOPPS for provider agency NC TOPPS users on April 5, 2022. The training/information session included information on registering for an NC TOPPS account, QP and Data Entry user access and capabilities, Agency/Site Superuser requirements, access, and capabilities, and LME/MCO Superuser capabilities.

The training/information session also included information on Trillium's updated monitoring procedures for NC TOPPS and NC TOPPS compliance expectations. It is strongly recommended that all agency site Superusers that were not able to attend access the recording on Trillium's Provider Learning Campus. In order to access the training/information session a user must have a Provider My Learning Campus account.

If you do not have a Provider My Learning Campus account, please click on the link to submit your Provider Learning Campus Agreement Form: [Provider Learning Campus Agreement Form Request](#).

2022 NC SNAP EXAMINER'S CERTIFICATION SCHEDULE VIRTUAL TRAINING

NC-SNAP certification is available to professional ID/DD staff that is responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities. The schedule below reflects all scheduled virtual training dates for 2022. To facilitate the registration process, staff responsible for completing the NC-SNAP should contact their LME/MCO and speak to the training coordinator for assistance completing registration. The LME/MCO training coordinator will ensure that all persons requesting NC-SNAP certification have the proper credentials and are in a position that requires them to complete or review NC-SNAP assessments prior to forwarding the registration request for training. The QP is not registered for a scheduled training until he or she has received a confirmation email and Microsoft Teams invite.

Please note that typically there is a high demand for NC-SNAP certification training. All staff registered are asked to notify the training site in advance, at least 72 business hours ahead of the scheduled training, if unable to attend the scheduled training. Registered staff that do not cancel in advance and/or do not login for a scheduled training session may be prohibited from re-registering for at least sixty days. On training day participants are asked to sign into Microsoft Teams ten (10) minutes before training is to begin, training will start promptly at 1pm. NC-SNAP examiner certification require all the allotted time; In turn, **staff signing in more than five (5) minutes late will not be admitted and required to re-register for an alternative training.**

🌱 [NC SNAP2022 Examiner's Certification Schedule Virtual Training](#)

DISASTER PLANNING

Are you familiar with the Know Your Zone tool developed by the North Carolina Department of Public Safety? This tool assists with identifying the area's most at risk to storm surge and flooding. Enter an address in this tool to determine your zone by visiting the [North Carolina Department of Public Safety](#) webpage.

Roadmap2 Ready

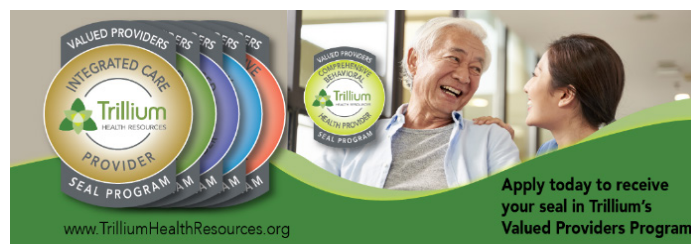
Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season during the COVID-19 pandemic. Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our webpage [Community Crisis and Disaster Response](#). 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 28 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 for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

NEED TO REPORT FRAUD, WASTE AND ABUSE?

EthicsPoint is a secure and confidential system available 24 hours a day, 7 days a week for reporting suspected violations of fraud, abuse and confidentiality breaches. You can access EthicPpoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

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. These questions will be answered in a Q&A format and published on Trillium’s website.