



Transforming Lives. Building Community Well-Being.

Network Communication Bulletin #292

To: All Providers

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

Date: March 31, 2023

Subject: Tobacco-Free Policy Requirement Effective April 1, 2024, Public Comment Period Open for State Funded Service Definition – Respite, Clinical Coverage Policy 11B-9 (Thymus Tissue Transplantation) Open for Public Comment, Splitting Claims for Medicaid Direct Implementation, EVV Soft Launch Schedule/Updates, Upcoming Assistive Technology Pop Up Events, Victory Junction Spring Dates!, Disaster Planning, Need to Report Fraud, Waste, and Abuse?

TOBACCO-FREE POLICY REQUIREMENT

Tobacco-related policy requirements for Standard Plans, Tailored Plans and LME/MCO contracted medical, behavioral health, intellectual/developmental disabilities (I/DD), and traumatic brain injury (TBI) service providers will be *effective April 1, 2024*. These requirements will apply to both Medicaid and state-funded service providers. The Department will work with the Standard Plans, Tailored Plans, and LME/MCOs to include these requirements, as appropriate, in advance of *April 1, 2024*.

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.

Starting April 1, 2024, NC Medicaid Managed Care Standard plans, Tailored Plans and LME/MCOs will require contracted providers, with exceptions noted below, to implement a tobacco-free policy covering any portion of the property on which the provider operates that is under its control as owner or lessee, including buildings, grounds, and vehicles.

A tobacco-free policy includes prohibition on smoking combustible tobacco products and use of non-combustible tobacco products, such as electronic, heated, and smokeless tobacco products, and nicotine products not approved by the FDA as tobacco use treatment medications. A tobacco-free policy also includes prohibition on contracted providers purchasing, accepting as donations, or distributing tobacco products to individuals they serve.

DOES NOT APPLY TO THESE SETTINGS

This tobacco-free policy requirement does not apply to:

- 🌱 Retail pharmacies;
- 🌱 Properties where no direct clinical services are provided;
- 🌱 Non-emergency medical transport;
- 🌱 Alternative family living settings;
- 🌱 Manufacturing sites that employ people who receive adult developmental vocational program services; or
- 🌱 Manufacturing sites that employ adults who receive other group day services.

PARTIAL REQUIREMENT FOR THESE SETTINGS

Also exempt from the above policy are Intermediate Care Facilities for adults with intellectual disabilities (ICF-IID) and adult I/DD residential services subject to the Home and Community Based Services (HCBS) Final Rule and their State Funded equivalent services, as well as State Funded adult mental health residential settings.

Starting April 1, 2024, the following tobacco-free policies shall be required in these settings:

1. Use of tobacco products is prohibited indoors when the building or home in which the provider
 - a. Operates is under the provider's control as owner or lessee.
2. Outdoor areas under the provider's control as owner or lessee must:
 - a. Ensure access to common outdoor space(s) on the property free from exposure to tobacco use; and
 - b. Prohibit staff/employees from using tobacco products anywhere on the property.

The above-referenced residential providers retain the option to implement a 100% tobacco-free campus policy for the safety of clients and staff.

PROVIDER MONITORING

Starting April 1, 2024, provider monitoring for the tobacco-free policy requirement will occur through a grievance/complaint process. Technical assistance by the NC Division of Public Health's (DPH) Tobacco Prevention and Control Branch will be used to address grievances/complaints related to exposure to tobacco use on contracted provider property subject to the tobacco-free policy requirement.

The purpose of the policy requirement and grievance/complaint process is both to protect people from secondhand smoke/aerosol and to facilitate evidence-based tobacco use treatment in any setting a beneficiary seeks it. In maintaining adherence to a tobacco-free policy, providers should take a trauma-informed, non-punitive approach toward addressing tobacco-use on campus by any clients they serve.



The response to non-adherence to the policy by clients is compassion and collaboration to find ways that work for the client to adhere to the policy on campus, including assessing a client's need for tobacco use treatment and ensuring the client is provided necessary treatment services and supports. It is the responsibility of providers to offer clients the tools they need to be successful in avoiding using tobacco on campus.

Mirroring this collaborative approach, the grievance/complaint process used by NC DHHS and its health plan vendors, including LME/MCOs, for provider monitoring is an opportunity for technical assistance regarding both maintaining a tobacco-free campus and ensuring that clients continue to access necessary healthcare services while receiving the evidence-based tobacco use treatment interventions necessary to be successful in adhering to a policy.

SUPPORTING POLICY CHANGE

To support this policy change, the DPH 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 I/DD/TBI in becoming tobacco free, by working with service providers to integrate tobacco use treatment and make campuses tobacco free.

-  Standard Plan, Tailored Plan and LME/MCO 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 three to six 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.breatheeasync.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 [BreatheEasyNC.org](https://www.breatheeasync.org):

- 🌱 [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 I/DD or TBI](#)
- 🌱 [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Clients, Families and Staff](#)

If you have any questions, please contact Joyce Swetlick at Joyce.Swetlick@dhhs.nc.gov.

PUBLIC COMMENT PERIOD OPEN FOR STATE FUNDED SERVICE DEFINITION - RESPITE

The Division of Mental Health, Developmental Disabilities and Substance Use Services has posted for 45 day public comment at <https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/service-definitions/proposed-state-funded-service-definition-policies> State-Funded service definition for Respite for your feedback.

The public comment review period is from **March 17, 2023 – May 3, 2023** and your feedback can be provided at DMHIDDCONTACT@dhhs.nc.gov. Below you will find a brief summary of the proposed service definition.

RESPITE

- 🌱 Respite provides individualized or group periodic support and relief to the primary caregiver(s) from the stress of caring for child or adolescent recipients age 3-17 with serious emotional disturbance (SED), or severe substance use disorders (SUD), child or adolescent or adult recipients age 3 and above with intellectual or developmental disability (I/DD) or traumatic brain injury (TBI).
- 🌱 This service must be provided in the following settings:

- Mental Health and Substance Use - homes licensed to provide therapeutic foster care, private home services under 131D, a center-based or private home Respite service licensed under 10A NCAC 27G .5100. **OR**
 - I/DD or TBI - licensed AFLs (for children or if the AFL serves 2 or more adults), or unlicensed AFL (if serving 1 adult)
- 🌱 This service requires the following specific criteria:
- age 3 through 17 and has a primary diagnosis of a SED, or a primary diagnosis of severe SUD, as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5), or any subsequent editions of this reference material; **OR,**
 - age 3 and up and has a primary diagnosis of I/DD or TBI with a NC Support Needs Assessment Profile (Level 3 or higher), or Supports Intensity Scale (Level D or higher), or TBI Assessment requiring a moderate to high level of supervision and support in most settings;
 - The recipient requires continuous supervision due to their diagnosis;
 - The primary caregiver(s) need periodic support and relief from the responsibility and stress of caregiving **OR** the recipient needs periodic support and relief from the primary caregiver(s);
 - For all of the above there are no other natural supports are unavailable to assist with caregiving.
- 🌱 No more than 1,536 units (384 hours) can be provided to a recipient in a plan year.
- 🌱 For 24-hour respite, providers shall bill for the time staff were awake providing supports.

CLINICAL COVERAGE POLICY 11B-9 (THYMUS TISSUE TRANSPLANTATION) OPEN FOR PUBLIC COMMENT

Congenital athymia is a rare immune disorder in which a child is born without a thymus – an organ that plays a critical role in helping the body learn to fight infections. Children impacted by this disease typically die within the first two years of life and may have repeated, often life-threatening infections because they lack adequate working T cells.

This policy addresses thymus tissue transplantation (also known as culture thymus tissue [CTT] transplantation) using allogeneic processed thymus tissue (allogeneic processed thymus tissueagdc [RETHYMIC®], Enzyvant Therapeutics, Inc. Cambridge, MA) a regenerative therapy used for immune reconstitution in children with congenital athymia.

🌱 [Clinical Coverage Policy No:11B-9](#)

SPLITTING CLAIMS FOR MEDICAID DIRECT IMPLEMENTATION

Effective April 1, 2023 with the launch of Medicaid Direct implementation, providers submitting all claims excluding inpatient facility claims will need to split their claims by date of service (DOS). All claims with a DOS prior to 4/1/2023 should be billed separately from claims with a DOS of 4/1/2023 and forward. Failure to do so will result in the denial and/or recoupment of the claims.



If you have questions, please contact the Provider Support Service Line at 1-855-250-1539.

EVV SOFT LAUNCH SCHEDULE/UPDATES

 [Electronic Visit Verification Updates March-13-2023](#)

HOME HEALTH CARE SERVICES SOFT LAUNCH APRIL 1, 2023, THROUGH JUNE 30, 2023




Starting April 1, 2023, the North Carolina Department of Health and Human Services (NCDHHS) will implement a **soft launch** of the Electronic Visit Verification (EVV) system for Home Health Care Services (HHCS) rendered under both the Standard Plans and NC Medicaid Direct. **EVV will verify:**

- | | |
|--|--|
|  Date of service |  Individual providing service |
|  Beneficiary receiving services |  Type of service rendered |
|  Location of service |  Time the service begins and ends |

Services covered through the State Plan and the 3-A Home Health Clinical Coverage Policy that will be subject to the EVV requirement:

- | | |
|--|--|
|  Aide Services |  Occupational Therapy |
|  Physical Therapy |  Skilled Nursing Visits |
|  Speech Therapy | |

During this soft launch period beginning April 1, 2023:

-  Home Health Care providers will submit EVV information
-  The EVV program will operate as "Pay and Report"
-  Claims will not pend based on failed validation. If a claim fails validation, a report will be generated noting the validation issue and the provider will be allowed to receive payment.

A hard launch will begin July 1, 2023. On this date:

- 🌱 All Home Health Care providers are expected to be fully compliant with EVV requirements
- 🌱 EVV data must be validated prior to claims adjudication
- 🌱 Claims without the required EVV criteria will deny

REVENUE CODES AND SERVICES FOR CLAIMS SUBJECT TO EVV:

REVENUE CODE	SERVICE
THERAPIES	
420	Physical therapy
424	Physical therapy evaluation
430	Occupational therapy
434	Occupational therapy evaluation
440	Speech-language pathology services
444	Speech-language pathology services evaluation
SKILLED NURSING VISITS	
550	Skilled nursing: Initial assessment/re-assessment (Initial assessment of a new patient or 60-calendar-day re-assessment)
551	Skilled nursing: Treatment, teaching/training, observation/evaluation
559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria (for example, the beneficiary is not homebound)
580	Skilled nursing: venipuncture
581	Skilled nursing: Pre-filling insulin syringes/Medi-Planners
HOME HEALTH AIDE	
570	Home Health Aide

HOME HEALTH CARE SERVICES PROVIDER SELECTION OF ELECTRONIC VISIT VERIFICATION VENDOR

Home Health Care Service providers rendering Home Health Care Services (HHCS) subject to electronic visit verification (EVV) are required to utilize an EVV to capture HHCS visits.

This requirement includes providers who render HHCS under both NC Medicaid Managed Care and NC Medicaid Direct.

Each Medicaid payer type has a free EVV solution a provider can use. For providers rendering services to beneficiaries under:

- 🌱 **NC Medicaid Direct**, Sandata is the free solution.
- 🌱 Standard Plans (except for Healthy Blue) HHAeXchange is the free solution.
- 🌱 Healthy Blue, CareBridge is the free solution.

Home Health EVV soft launch is scheduled for April 1, 2023, for both Standard Plans and NC Medicaid Direct.

- 🌱 Providers rendering HHCS subject to EVV under NC Medicaid Direct must be registered with Sandata to use their free EVV solution or select an alternate EVV solution.
- 🌱 The selected alternate EVV solution vendor must be registered with Sandata and complete the required Sandata EVV training and testing.

NC Medicaid requested that all providers select an alternate EVV vendor by Nov. 1, 2022; however, there are providers who have yet to make a selection. **It is imperative that provider agencies delivering HHCS subject to EVV under NC Medicaid Direct and planning to use Sandata, the State's free EVV solution, register with Sandata immediately.**

NC Medicaid Direct

Those provider agencies delivering HHCS subject to EVV under NC Medicaid Direct that will not be using the State's EVV solution should contact their alternate EVV solution vendor **as soon as possible** to ensure the vendor is registered and has completed all required Sandata EVV training and testing no later than March 20, 2023.

- 🌱 Any provider agency planning to deliver HHCS subject to EVV under NC Medicaid Direct that has not registered with Sandata or that has not selected an alternate EVV solution by March 20, 2023, will be required to enroll with Sandata for the initial April 1, 2023, Home Health EVV soft launch.
- 🌱 After the April 1, 2023, launch, a change to an Alternate EVV solution can be made.
- 🌱 HHCS providers are to ensure there is no disruption in visit capture during the transition to an alternative EVV solution.

Standard Plans

Home Health Care Service providers rendering HHCS under a Standard Plan should contact either HHAeXchange or CareBridge as applicable to obtain information about registering to use their free EVV solution or for registration and testing information for their selected alternate EVV solution vendor. Contact information is below.

Sandata

- 🌱 Sandata Customer Support Team NCCustomerCare@Sandata.com
855-940-4915
- 🌱 Alternate EVV Support NCAItEVV@Sandata.com
844-289-4246

HHaEXchange

- 🌱 CustomerSupport:
www.hhaexchange.com/contact
855-400-4429

CareBridge

- 🌱 Customer Support ncevv@carebridgehealth.com
855-782-5976
- 🌱 Third-Party EVV Solutions Integrated with CareBridge
evvintegrationsupport@carebridgehealth.com
844-920-0989

NC Medicaid

- 🌱 Medicaid.evv@dhhs.nc.gov

UPCOMING ASSISTIVE TECHNOLOGY POP UP EVENTS

Upcoming Assistive Technology (AT) Pop Up events (open to the public) on Accessible Recreation and Gaming.

- 🌱 April 21 in Wilmington
- 🌱 May 19 in Sanford

[Registration info HERE](#)

Check out the [NCATP Events page](#) for more info.

VICTORY JUNCTION SPRING DATES!

NEW DATES FOR SPRING 2023

- 🌱 April 21 - 23, 2023 |
Application Deadline: **Friday April 7, 2023**



Get ready—the newest session for **Trillium Family Weekend** at Victory Junction is here! We hope our members and families will all take advantage of the inclusive environment and diverse amenities that camp has to offer and join us on a family retreat this spring in Randleman, NC. Programming provides a unique experience for families to connect.

Children of every ability can feel fully **empowered** and try activities adapted for every need. Victory Junction's amazing staff and volunteers are familiar with hosting Trillium families and even special diets are accommodated. There is no cost to attend.


Open to all Trillium members and their families or natural supports, regardless of age or diagnosis.

Come experience the magic of camp with us! Spots are limited! Sign the [SPRING 2023 INTEREST FORM](#) today for a referral to receive a link to apply OR [check out the flyer](#) on our [Trillium Family Weekend Webpage](#) to learn about the application process!

Covid-19 Statement: For the safety of all individuals on-site, all Victory Junction staff & volunteers will be fully vaccinated against COVID-19 during Trillium Family Weekends. Victory Junction highly recommends proof of a COVID-19 vaccination for each person attending in your party who are ages 5 and up who will be on-site during Trillium Family Spring Retreat Weekends, but proof of the COVID-19 vaccination is optional. Self-pre-testing & reporting will be required for all (within 48 hours of check-in). Arrival day testing (performed by VJ Medical team) will be required for all participants. Masks are required for all participants during indoor activities.

Want to stay in the loop about future Family Retreat Dates?

Visit the ["Trillium Health Resources"](#) and ["Trillium Direct Connect For Enrichment"](#) Facebook pages, and the ["Victory Junction"](#) page on our website for the most up-to-date announcements!

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Trillium Health Resources 

DISASTER PLANNING



As we approach the prime season for hurricanes and flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff trained/re-trained, and contingency and communication plans developed.

**Roadmap
2 Ready**



For 2023 disaster plan submission you will go to a link to share your 2023 Disaster Plan and important contact information.

This requested information includes:

-  Contact information for your designated "Disaster Point of Contact"
-  Corporate site address and facility phone number

- ♻️ Any residential sites currently in your contract (address, phone numbers)

Please note, you will need to enter each site as a separate submission. Disaster plans must be submitted through the following link: [2023 Disaster Plan Submission](#)

Disaster Plans are due ***no later than May 1, 2023***. If no updates are needed to your 2023 Disaster Plan, you ***MUST*** still resubmit the plan with a new cover page displaying the current year and disaster contact info. Failure to submit your Disaster Plan for 2023 by the deadline (May 1, 2023), may result in an audit and/or plan of correction.

The Federal Center for Medicare and Medicaid Services (CMS) posted guideline requirements for all entities that receive Medicaid funds and this applies to all of our Medicaid providers. For your reference, we have attached the Final Rule that will assist you in locating the requirements to the federal rules that apply to each of your situations.

Our contract with providers requires that you have an adequate disaster planning and training process in place within your organization. While it is our desire that no one has to contend with all that a hurricane or flood brings, the reality is that eastern North Carolina has dealt with its fair share of these kinds of disasters in the past.

Living in this part of North Carolina, we know that the best way to cope when a disaster strikes is preparation. Please connect with your local emergency management services, know your local resources, and stay connected with Trillium in the event of an emergency. In addition, Trillium has a list of disaster preparedness resources listed on the [Community Crisis and Disaster Response webpage](#).

- ♻️ [Final Rule](#)

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 EthicsPoint 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.