

To: All Providers

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

Date: January 16, 2024

Subject: Person-Centered Responsibility, Consolidation Questions & Answers Dashboard, LME/MCO Consolidation Fact Sheets, The Center for Medicare and Medicaid Services to Continue Certain Appendix K Flexibilities, Verification of Relative/Legal Guardian as Direct Support Employee, NC Department of Health and Human Services Hot Topics, African American Health Summit, New Exclusion Sanction Questions to be Added to Applications for Enrollment, Provider Recruitment Opportunity 1915(i) Services, New 1915(i) Service Changes Training, Low Income Energy Assistance Program, NC Child Treatment Program Spring 2024 Learning Collaborative Applications, Health Disparities Training, Register for the Next Reentry Simulation, Person-Centered Thinking Training, NC IDD Health ECHO For Primary Care Providers, Quest Analytics BetterDoctor Provider Outreach, Need to Report Fraud, Waste, and Abuse?

PERSON-CENTERED PLAN RESPONSIBILITY

Regarding the responsibility of writing Person-Centered Plans (PCPs) for enhanced services, it is critical that members receive timely access to care. Enhanced service providers are responsible for developing initial, update and discharge PCPs for their services. (see [clinical coverage policies/service definitions](#).)

This guidance applies to services including but not limited to the following: Intensive in-home, Multisystemic Therapy, Assertive Community Treatment team, Community Support team, Therapeutic Foster Care, Level III/IV residential, and Psychiatric Residential Treatment Facility (PRTF).

For a full list of enhanced services/benefits and specific DHHS guidance around PCP requirements, please visit this link: <https://medicaid.ncdhhs.gov/north-carolinas->

[transition-1915b3-benefits-1915i](#) (referencing page 7 of [NCMT Provider FactSheet-NCMT 1915\(i\) 2023-10 v2.pdf](#)).

CONSOLIDATION QUESTIONS & ANSWERS DASHBOARD JANUARY 12, 2024

As part of Trillium’s Consolidation efforts, we created a tool to track questions submitted by Providers. The dashboard below provides a high level overview of the types and numbers of concerns and is utilized internally to ensure timely responses are provided to the Network.



LME/MCO CONSOLIDATION FACT SHEETS

NC Medicaid published Fact Sheets providing an overview of the LME/MCO Consolidation.

[For Member](#)

[For Providers](#)

THE CENTER FOR MEDICARE AND MEDICAID SERVICES TO CONTINUE CERTAIN APPENDIX K FLEXIBILITIES

On Nov. 22, 2023, The Centers for Medicare, and Medicaid Services (CMS) approved North Carolina Medicaid to continue certain Appendix K flexibilities in the 1915 (c) Innovations Waiver and TBI (Traumatic Brain Injury) Waiver amendment, effective March 1, 2024.

CMS allows States to use Appendix K during emergency situations. During the public health emergency, it was used to support waiver members to remain safe in their communities during the public health emergency. Some of the Appendix K flexibilities will end Feb. 29, 2024. NC Medicaid will work with the LME-MCO's to support members in transitioning from the Appendix K flexibilities that will be discontinued in the Innovations and TBI Waiver amendments by March 1, 2024.

WHAT DOES THIS MEAN FOR INNOVATIONS WAIVER MEMBERS?

Innovations Waiver members will be able to continue using the Appendix K flexibilities until Feb. 29, 2024. On March 1, 2024, Innovations Waiver members will be able to use the following approved flexibilities, which will be considered ongoing and included in the approved amendment:

- 🌱 Home delivered meals (up to seven meals per week/one per day).
- 🌱 Access to real time, two-way interactive audio, and video telehealth for Community Living Support including:
 - Day Support
 - Supported Employment
 - Supported Living and Community Networking to be delivered via telehealth.
- 🌱 Allow members to receive services in alternative locations: hotel, shelter, church or alternative facility-based settings under specific circumstances.
- 🌱 Remove the requirement for members to attend the day supports provider once per week.
- 🌱 Increase the Innovations waiver cap from \$135,000 to \$184,000 per waiver year.
 - This is a change from the initial requested increase of \$157,000 and takes into account the Innovations Direct Care Worker increase.
- 🌱 Allow parents of minor children receiving Community Living and Support to provide this service to their child who has been indicated as having extraordinary support needs up to 40 hours/week.
- 🌱 Allow Supported Living to be provided by relatives.
- 🌱 Allow relatives as providers for adult waiver members to provide above 56 hours/week, not exceeding 84 hours/week of Community Living and Supports.
- 🌱 Community Navigator service will be available only to members who self-direct one or more of their services through the agency with choice or employer of record model.

- Added 350 Legislated Innovations Waiver slots. Waiver slots were not part of the Appendix K flexibilities but were added to align with legislative requirements.

For more information: [UPDATE: Appendix K Flexibilities](#)

VERIFICATION OF RELATIVE/LEGAL GUARDIAN AS DIRECT SUPPORT EMPLOYEE

Effective January 16, 2024, Trillium will implement the following change to the current *Verification of Relative/Legal Guardian as Direct Support Employee*:

A new online form will replace the current Verification of Relative/Legal Guardian as Direct Service Employee form. Effective January 16th, 2024, please use the following link to place initial and annual requests for [Relative as Direct Support Employee \(RDSE\)](#). This will replace the previously used form. **ALL** fields on this new form must be completed before the form is considered successfully completed. If any of the fields in this form are not completed, the form may not submit, resulting in untracked RDSE's and/or unapproved RDSE's who require prior approval. Unapproved RDSE's could present auditing/monitoring issues.

Reminders for Submitting RDSE Applications:

- RDSE's are tracked by the member's ISP year for annual recertification and, for initial RDSEs, forms should be submitted 30 days prior to the new RDSE's proposed start date.
- Forms should be submitted for all RDSEs regardless of the # of hrs/week each RDSE will provide.
 - Those providing up to 40 hrs/week are submitted for tracking purposes only.
 - Those submitted for 41-84 hrs/week are submitted for prior approval (except for those tracked under the Appendix K flexibilities that end 2/29/2024).
 - Forms submitted for Appendix K flexibilities through 2/29/2024 will continue to be submitted for tracking purposes only.
- Trillium's process is being updated to reflect the waiver amendment changes implementing 3/1/2024:
 - Parents of minors can be RDSE up to 40 hrs/week of Community Living and Supports.
 - Adults members' RDSEs may be approved to provide 41-84 hrs/week.
 - RDSEs may provide Supported Living.

Questions regarding these changes can be directed to Tim.Patterson@TrilliumNC.org.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

HOT TOPICS

The North Carolina Department of Health and Human Services released the Hot Topics Bulletin. [See details here](#).

AFRICAN AMERICAN HEALTH SUMMIT

Trillium Health Resources will host a FREE African American Health Summit to share how YOU can take steps to improve your health! Come hear about the health care conditions impacting African American communities. Topics included: Maternal mortality rates, Mental health service disparities, Heart disease, Sickle cell disease

[See more details and register](#)

NEW EXCLUSION SANCTION QUESTIONS TO BE ADDED TO APPLICATIONS FOR ENROLLMENT

Beginning Jan. 28, 2024, five new additional exclusion sanction questions will be added to enrollment, re-enrollment, full MCRs, office administrator (OA) and re-verification applications:

- 🌱 L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?
- 🌱 M. Has the enrolling provider ever practiced without liability coverage?
- 🌱 N. Does the enrolling provider have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?
- 🌱 O. Has the enrolling provider's hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?
- 🌱 P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?

All five questions are applicable to individual providers. However; only two of the questions will be applicable to organizations:

- 🌱 L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?
- 🌱 M. Has the enrolling provider ever practiced without liability coverage?

Affirmative answers to exclusion sanction questions on all applications require a written explanation AND supporting documentation.

A thorough written explanation for each question answered affirmatively must be signed and dated by the responsible party within six months of the application date. Failure to disclose documentation related to an affirmative response will result in a denial of the application. A full explanation of the new documentation requirements can be found below:

🌱 [Update to Documentation Requirements for Exclusion Sanction Questions.](#)

PROVIDER RECRUITMENT OPPORTUNITY: 1915(i) SERVICES

Mission-driven organizations that are interested in providing 1915(i) Services to members assigned to the new Consolidated LME/MCO launching in 2024 are encouraged to apply.

Providers must meet all requirements as detailed in the relevant NC Department of Health and Human Services [Clinical Coverage Policies available on the NCDHHS Website.](#)

This recruitment should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of an agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.

Interested Providers should submit an application to the link below:

🌱 [1915\(i\) Service Application](#)

🌱 [To Submit a Questions Link](#)

NEW 1915(b)(3) TO 1915(i) SERVICE CHANGES TRAINING

We invite you to enroll in an exciting microlearning opportunity to learn about the transition from 1915(b)(3) to 1915(i) service changes.

[See details here](#)

LOW INCOME ENERGY ASSISTANCE PROGRAM

The Low Income Energy Assistance Program (LIEAP) is a federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills.

Households including a person aged 60 or older or disabled persons receiving services through the NC Division of Aging and Adult Services are eligible to sign up for assistance from Dec. 1 – 31. All other households may apply from Jan. 1 – March 31 or until funds are exhausted.

 [More Information](#)

NC CHILD TREATMENT PROGRAM SPRING 2024 LEARNING COLLABORATIVE APPLICATIONS ARE NOW OPEN

The NC Child Treatment Program is happy to announce that applications for the Spring 2024 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative are now open!!

We have streamlined our training platform to include fewer days of training, while sustaining the benefits of our rostering program through individualized and group support & coaching.

We will have our 2nd information call Tuesday, January 16, 2024. Please click on the links below to access the applications and information guide with info call details.

[NC Child Treatment Program](#)

HEALTH DISPARITIES TRAINING

According to the World Health Organization, International Day of Persons with Disabilities was first recognized by the United Nations and is celebrated every year on December 3.

This day is about promoting the rights and well-being of persons with disabilities at every level of society and development. And to raise awareness of the situation of persons with disabilities in all aspects of political, social, economic, and cultural life.

See more information about the [Health Disparities Training](#).

REGISTER FOR THE NEXT REENTRY SIMULATION

Save the date of January 30, 2024 on your calendars for a Reentry Simulation to be held in Elizabeth City, NC from 8:30a.m. – 12:30 p.m.

[Registration and Details](#)

PERSON-CENTERED THINKING: 12 HOUR TRAINING

Person-Centered Thinking Training approved by the National Learning Community will be held on Tuesday, March 12 and Wednesday, March 13, 2024. See flyer for more information.

[Registration and Details](#)

NC IDD HEALTH ECHO™ FOR PRIMARY CARE PROVIDERS

Through the IDD Health Home Initiative, funded by the Division of MH/IDD/SUS, The Arc of NC and the Autism Society of NC partner each year to improve and enhance integrated care for people with IDD. In early February we are launching our IDD Health ECHO for physicians and medical professionals. This is an opportunity for physicians, PAs, and FNPs to learn more about the unique aspects and challenges in providing physical health care for adolescents and adults with IDD. We will have experts covering topics including communication, community services, the “Fatal Five,” health screenings, assessments and behavior changes, medication side effects, sexuality, and transitions from pediatric to adult care. CMEs, CEUs and contact hours are free through AHEC.

[See Details and Register](#)

QUEST ANALYTICS BETTERDOCTOR PROVIDER OUTREACH

Trillium Health Resources has contracted with Quest Analytics for network adequacy and provider directory accuracy.

On our behalf, Quest Analytics conducts provider outreach to validate the data on Trillium’s Member-facing Provider Directory.

Quest Analytics utilizes BetterDoctor as a solution for Provider Directory accuracy and outreach efforts. BetterDoctor will contact providers by fax, mail, email, and/or a telephone call on a quarterly basis.

The provider letter will explain the process and request the provider validate the data contained in Trillium's Member-facing Provider Directory. The providers will validate and update their data via their input into the BetterDoctor portal.

The Network team will review the validated data and will work with the provider to resolve any inaccurate data issues.

If you have any questions about Member-facing Provider Directory validation and outreach, email TrilliumProviderDirectory@TrilliumNC.org or call 1-855-250-1539.

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.