

**To:** All Providers

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

**Date:** March 29, 2024

**Subject:** Important Email Addresses Update, Side by Side with DMH/DD/SUS Monthly Webinar, Reentry Simulation Halifax County April 2, 2024, Tips for Filing Electronic Claims, New Inclusion Connects Initiative to Further Support People with Intellectual and Developmental Disabilities, Tobacco-Related Policy Requirements, Provider Trainings Available, Unlicensed Alternative Family Living and Overnight Respite Requests, North Carolina Incident Response Improvement System Alerts, NC-SNAP Submissions, Community Crisis Intervention Training, Proposed Medicaid Clinical Coverage Policies-Open for Review and Comment, Roadmap2 Ready Disaster Planning, Low Income Energy Assistance Program, Quest Analytics BetterDoctor Provider Outreach, Need to Report Fraud, Waste, and Abuse?

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### **IMPORTANT EMAIL ADDRESSES UPDATE**

On May 1, 2024, Eastpointe and Sandhills Center legacy MCO email addresses will no longer accept incoming emails. If you are unable to determine a staff member's Trillium email address, you may call 866-998-2597 and request to be transferred to any of our staff.

Please use Trillium email addresses going forward when communicating with all Trillium staff members. It is our hope that this will simplify communications and responses to your questions and concerns.

Thank you for your assistance!

## UPDATED PROVIDER FACT SHEETS

NCDHHS updated Fact Sheets in the NC Medicaid Managed Care Provider Playbook to reflect the July 1, 2024, launch of Tailored Plans.

- [What Providers Need to Know: Part 1 – Before Tailored Plan Launch](#)
- [Tailored Plan Provider Contracting Deadlines Questions and Answers](#)
- [NC Medicaid Provider and Health Plan Lookup Tool](#)
- [What Providers Need to Know: NC Health Choice Move to Medicaid](#)
- [NC Medicaid Managed Care: Provider Training](#)

## SIDE BY SIDE WITH DMH/DD/SUS MONTHLY WEBINAR

Join us each month to learn about policies and programs that affect the MH/IDD/SU/TBI community. The goal of this webinar is to bring everyone together in one (virtual) place. This group includes consumers, families, advisory groups, LME/MCOs, community members, and partner organizations.

Side by side, we will work together to better understand and improve our system. We will listen closely to one another, and we will share ideas for public policy that will improve lives in NC.

**Due to capacity limits of the webinar platform, please register each month to attend.**

**Date/Time:** Monday, April 1, 2024, 2:00-3:00 p.m.

**Join Link:** [Register here](#)

**English Flyer:** [Download flyer](#)

**Spanish Flyer:** [Download flyer](#)

Closed-Captioning & American Sign Language (ASL) Interpreters will be provided.

## REENTRY SIMULATION HALIFAX COUNTY APRIL 2, 2024

There are still available participant slots!

 [See all details](#)

## TIPS FOR FILING ELECTRONIC CLAIMS

 [See all details](#)

## NATIVE AMERICAN HEALTH SUMMIT IN APRIL

Trillium is hosting a Native American Health Summit on Saturday April 20<sup>th</sup>. This is an in-person event. Use the link below to learn more and register.

If you have any questions please contact Brooke Mickelson at [Brooke.Mickelson@trilliumnc.org](mailto:Brooke.Mickelson@trilliumnc.org)

 [Learn More and Register](#)

## NEW INCLUSION CONNECTS INITIATIVE TO FURTHER SUPPORT PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The North Carolina Department of Health and Human Services announced the launch of Inclusion Connects, a first-of-its-kind initiative in the state to better connect people with intellectual and developmental disabilities and their families with community-based services which are essential to supporting their health and well-being.

There are almost 200,000 people in North Carolina with developmental disabilities. Inclusion Connects will provide better access to the various supports and services available through Medicaid so people can live how and where they choose. For example, right now, there are more than 17,000 people on the Innovations Waiver Waitlist but only 39% of them are receiving services while they wait. There are similar services such as community living support, supported employment and respite care available now.

 [Press Release](#)

## TOBACCO-RELATED POLICY REQUIREMENTS

Tobacco-related policy requirements will be **effective July 1, 2024**, for NC Medicaid Managed Care Standard Plans, Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans, and Local Management Entity/Managed Care Organizations (LME/MCOs) contracted medical, behavioral health, I/DD and traumatic brain injury (TBI) service providers. These requirements apply to both Medicaid and state-funded service providers. The Department will work with health plans and LME/MCOs to include these requirements, as appropriate, in advance of July 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, as well as access to evidence-based treatment, is necessary to support service recipients whose

goal is to become tobacco free. Among people who try to become tobacco free, only a small minority receive such assistance. Additionally, people with behavioral health disorders die disproportionately from tobacco-related illness.

Starting July 1, 2024, 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.

 [Complete Detailed Information](#)

## PROVIDER TRAININGS AVAILABLE

### TAILORED PLAN and MEDICAID DIRECT TRAININGS

1. HIPAA Privacy and Security Rules
2. Prevention and Population Health Management for Behavioral Health and I/DD Professionals
3. Early Periodic Screening, Diagnostic and Treatment (EPSDT) for Providers
4. Disaster Planning: Preparing for, Responding to, and Recovering from a Crisis or Emergency Event for Providers
5. Fraud, Waste, and Abuse for Providers
6. Supports and Service Enhancements - For Providers
7. Provider Rights and Responsibilities For Providers
8. Culturally and Linguistically Competent Care for Providers
9. Infection Prevention and Control - Providers
10. TP/MDPIHP Provider Manual
11. Unmet Health Related Resource Needs for Providers
12. Provider Communications Marketing Responsibilities
13. Due Process
14. NEMT/NEAT for Providers
15. Tailored Plan Medicaid and State-Funded Claim Submission
16. Trillium Health Equity Strategy
17. The Engagement Strategy with the Eastern Band of Cherokee Indians
18. Introducing Trillium Staff and Providers to the Federally Recognized Eastern Band of Cherokee Indians and Their Culture
19. Introducing Trillium to the Waccamaw-Siouan Tribe, Meherrin Indian Tribe, Haliwa-Saponi Indian Tribe - North Carolina State-Recognized Tribes- "Tribal Cultural Awareness for Staff and Professionals"
20. Opportunities and Requirements of Working with Indian Health Care Providers

### TAILORED PLAN ONLY TRAININGS

1. State-Funded Services: Administrative and Billing Guide
2. State-Funded Services: Clinical Guidelines

### MEDICAID DIRECT ONLY TRAININGS

1. NC Medicaid Managed Care vs NC Medicaid Direct: What's the Difference?
2. Tailored Care Management For Youth In Foster Care, Receiving Adoption Assistance, or Former Foster Youth - Care Management

### MEDICAID EXPANSION, MEDICAID DIRECT, TAILORED PLAN TRAININGS

1. Managed Care/Tailored Plan 101 for Providers

### OTHER TRAININGS

1. Submitting a Claim
2. Health Disparities
3. Navigating ePASS: Guide to Providing Application Assistance
4. Tailored Plan Medicaid and State-Funded Claims Submission

## UNLICENSED ALTERNATIVE FAMILY LIVING AND OVERNIGHT RESPITE REQUESTS

Trillium conducts initial and annual site reviews for Unlicensed Alternative Family Living homes. These visits will be conducted live/virtually or conducted in person. Respite site visits will be conducted for any agency requesting overnight respite services in an unlicensed site.

To request, please complete the "Request to Add Site Form Alternate Family Living (AFL) or Respite" form located on Trillium's website under the For Provider's page- [AFL/Respite Additional Site Form](#).

An email notification will be sent with an attached checklist identifying items that will need to be seen during a site review. The documentation should be submitted as instructed. QP/Supervisor must be in attendance for the review.

## NORTH CAROLINA INCIDENT RESPONSE IMPROVEMENT SYSTEM ALERTS

Live [North Carolina Incident Response Improvement System](#) (IRIS). In addition, you can access the [IRIS Training site here](#).

## IRIS REPORTING TIMELINES

- 🌱 **Level 2 incidents**=An IRIS report must be submitted within 72 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.
- 🌱 Please ensure member's LME-MCO record number, Medicaid ID and/or CNDS ID is completed on the Consumer's Treatment tab.
- 🌱 On the Provider Information tab, please ensure the Provider Agency name is entered in full and how it appears on the contract/license etc.
- 🌱 When a report contains allegations of abuse/neglect/exploitation against staff, the internal investigation report is required to be uploaded to the IRIS report within 5 working days.
- 🌱 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

- 🌱 If staff is in a car accident while providing services to a member, an incident report is required to be submitted in IRIS. Even if member does not require medical treatment, it is an expectation that the incident is reported to Law Enforcement and medical treatment is offered. These incidents meet criteria for a level II incident and can be submitted as "Consumer Injury-Auto Accident"
- 🌱 On the Provider Information tab, please ensure the correct plan/service that the member is enrolled in is selected. This will ensure the IRIS report is directed to the proper Health Plan or LME-MCO for review.

- 🌱 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 ensure that both of the questions listed on the Incident Information tab, “Does this incident include an allegation against Staff and/or Facility?” and “Will this allegation require a submission of a Consumer Incident Report?” are both checked YES. Then complete the abuse tab and the all three tabs under the HCPR tab.
- 🌱 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.).
- 🌱 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](mailto:Julie.Mccall@TrilliumNC.org)) for IRIS counties: Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Jones, Carteret, Pamlico, Craven, Pitt, Beaufort, Hyde, Dare, Tyrrell, Washington, Martin, Bertie, Chowan, Perquimans, Pasquotank, Currituck, Camden, Gates, Hertford, Northampton, Halifax, Nash.
- 🌱 Christy Way ([Christy.Way@TrilliumNC.org](mailto:Christy.Way@TrilliumNC.org)) for IRIS counties: Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
- 🌱 Debbie Powell ([Debbie.Powell@TrilliumNC.org](mailto:Debbie.Powell@TrilliumNC.org)) for IRIS counties: Guilford
- 🌱 John English ([John.English@TrilliumNC.org](mailto:John.English@TrilliumNC.org)) for IRIS counties: Edgecombe, Wilson, Robeson, Scotland, Greene
- 🌱 Veronica Murphy ([Veronica.Murphy@TrilliumNC.org](mailto:Veronica.Murphy@TrilliumNC.org)) for IRIS counties: Duplin, Lenoir, Sampson, Warren and Wayne

## **NC-SNAP (NC SUPPORT NEEDS ASSESSMENT PROFILE)** **SUBMISSIONS**

Providers should submit NC-SNAP assessments utilizing the following e-mail box: [NCSNAP@trilliumnc.org](mailto:NCSNAP@trilliumnc.org).

## **TRILLIUM OFFERS COMMUNITY CRISIS INTERVENTION** **TRAINING**

Community Crisis Intervention is an 8-hour training offered exclusively through Trillium. The training is a free intensive 1-day training. See the flyer below for more information.

[Community Crisis Intervention Training Information](#)

## **PROPOSED MEDICAID CLINICAL COVERAGE POLICIES-** **OPEN FOR REVIEW AND COMMENT**

NC Medicaid Division of Health Benefits has posted Clinical Coverage Policies for public comment. [Proposed Medicaid Policies](#). The following new Behavioral Health Clinical Coverage Policies are now open for review and comment:

- 🌱 CCP 8D-3- Clinically Managed Low-Intensity Residential Services
- 🌱 CCP- 8D-4 Clinically Managed Population Specific High-Intensity Residential Program
- 🌱 CCP- 8D-5 Clinically Managed Residential Services
- 🌱 CCP 8D-6- Medically Monitored Intensive Inpatient Services

## **ROADMAP2 READY DISASTER PLANNING**

Trillium is sending out this reminder and notification to providers that disaster plans need to be reviewed and updated, staff trained/re-trained, and contingency and communication plans developed.

For 2024 disaster plan submission you will go to a link to share your 2024 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: [2024 Disaster Plan Submission](#)

Disaster Plans are due ***no later than May 1, 2024***. If no updates are needed to your 2024 Disaster Plan, you ***MUST*** still resubmit the plan with a new cover page displaying the current year and disaster contact info. **To confirm your disaster plan was received just check the "send me a copy of my responses" option at the end of the Disaster Plan Submission form.** Failure to submit your Disaster Plan for 2024 by the deadline (May 1, 2024), 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 North Carolina has dealt with its fair share of these kinds of disasters in the past. 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](#)

## **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](#)

## 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](mailto: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 anyone to report suspected violations of potential fraud, waste and abuse or confidentiality issues. You can access EthicsPoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

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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.