

To: All Providers

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Date: July 07, 2025

Subject: IPV HOP Notification; Reentry Series Now Available for Staff & Providers; Roadmap to Ready: July 2025; Proposed Amendment of Rule; North Carolina Person-Centered Practice Learning Collaborative Orientation with Tailored Plans; New Date for Trillium's July Provider Forum; Provider Directory and NCTracks Data; NCTracks Quick Links; Justice Involved Network Recruitment; Upcoming Supporting Children Early Simulations September through December; NC Medicaid Guidance on Sunsetting of Community Alternative Program Waiver Appendix K Flexibilities; NC Innovations Waiver: Supports Intensity Scale-Adult; NASADAD and NASDDDS Conferences; Hope4NC Weekly Report; New Behavioral Health Respite Facility Targeted Toward Children and Adolescents Opens in Columbus County; Early and Periodic Screening, Diagnosis and Treatment (EPSDT); Open Enrollment for Forensic Evaluators; Attention: Home Health Providers; Provider My Learning Campus Reminder; Need to Report Fraud, Waste, and Abuse?

NEW

INTIMATE PARTNER VIOLENCE-HEALTHY OPPORTUNITIES PILOT NOTIFICATION

Hello Healthy Opportunities Pilot (HOP) Partners,

Trillium was notified earlier last week that there has been a HOP extension that allows continuation of Intimate Partner Violence (IPV) services through December 31, 2025, or until written notice from the Department that the waiver has ended, whichever comes first.

The extension has been granted due to safety concerns associated with early termination of services for members enrolled in HOP services as a result of their IPV risk factor.

HOP IPV service delivery continuation and winddown is applicable to HOP enrollees who meet the following requirements as of the date of this notice:

- 🌱 The member was determined eligible for HOP services and enrolled in HOP during the pilot service delivery period II and at the time-of-service delivery stop notification on June 2, 2025; and
- 🌱 The HOP enrollee was authorized to receive IPV services on or before June 2, 2025, for which the HOP enrollee had an open and active authorization to receive at least one of the IPV or Cross-Doman services listed in Table 1: HOP IPV Service Winddown – Services Available beyond July 1, 2025; and
- 🌱 The HOP enrollee requires HOP supports to address their IPV-related needs, and there is no other funding or delivery source for those services available to that HOP enrollee.

Table 1: HOP IPV Service Winddown– Services Available	
Service	Domain
IPV Case Management	IPV
Violence Intervention Services	IPV
Evidence-Based Parenting Curriculum	IPV
Home Visiting Services	IPV
Holistic High-Intensity Case Management	Cross-Domain
IPV-Related Linkages to Health-Related Legal Supports	Cross-Domain
Housing Move-In Support	Housing
Inspection for Housing Safety and Quality	Housing
One-Time Payment for Security Deposit and First Month's Rent	Housing

NEXT STEPS:

- 🌱 Trillium in coordination with the Network Leads, IPV HSOs and HOP Care Teams will identify impacted and eligible members. Trillium asks that if you are an entity supporting a member whom you suspect is eligible per the waiver extension guidelines above to please reach out directly to Maegan.Veillette@TrilliumNC.org.
- 🌱 Once members are identified, The Trillium HOP IPV Extender will work alongside care teams and HSOs to support IPV member needs with a goal of reaching out directly to members no later than July 18th, 2025.

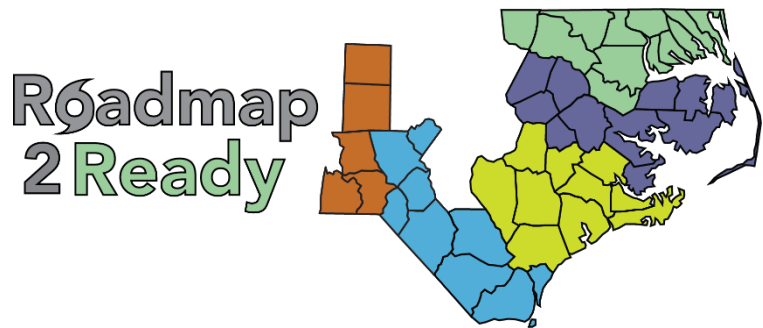
🌱 Please reach out directly to Maegan.Veillette@TrilliumNC.org with any questions.

REENTRY SERIES NOW AVAILABLE FOR STAFF AND PROVIDERS

By the end of this training, you will have a comprehensive understanding of reentry and the Reentry 2030 initiative, including its four overarching goals and key objectives. You will be able to define and identify barriers to successful reentry, describe how Trillium Health Resources and the T-STAR program support reentry efforts, and understand the role and formation of Local Reentry Councils in North Carolina. [ACCESS TRAINING HERE](#)

ROADMAP TO READY: JULY 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule. In May we covered how to help your members or residents with their emergency plans.



[See what we covered in past posts](#)

CMS Requires the planning for alternate sources of energy to maintain the following: Temperatures to protect patient health and safety and for the safe sanitary storage of provisions.

Here are some questions and things to consider when creating or reviewing your policies:

- 🌱 Review HVAC-system/air conditioner vulnerabilities, have backup systems identified and/or contracts for additional cooling capabilities.
- 🌱 Review additional critical systems that may be impacted by high temperatures (for example, IT servers, communication systems, sensitive medical equipment, etc.).
- 🌱 Evacuation planning in case of power loss or HVAC malfunction.
- 🌱 Strategies for supporting vulnerable employees and community members (list).

- 🌱 Protocols to reduce staff, resident, and patient exposure to extreme heat and reduce health impacts (opportunities for hydration and cooling, frequent breaks, shifting schedules to minimize exposure to midday and evening heat, cancelling outdoor activities, etc.). See [OSHA](#) and [CDC](#).
- 🌱 Stay aware of heat risk forecasts throughout the heat season (June 1 – Sept 1): NWS HeatRisk and National Integrated Heat Health Information System ([Heat.gov](#)).
- 🌱 Inventory of key supplies and plans to rapidly expand capabilities with surge in heat-related illnesses (including but not limited to respiratory, cardiac, and heat stroke supplies/equipment such as ample ice, bags for ice immersion, evaporative cooling, etc.).

Disaster Plans were due **May 1, 2025**. Even if no updates are needed to your 2025 Disaster Plan, you **must** still resubmit the plan with a new cover page displaying the current year and disaster contact information. **Disaster plans must be submitted through the following link:** [2025 Disaster Plan Submission](#). 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.

PROPOSED AMENDMENT OF RULE

The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (Commission) proposed to amend, via permanent procedures, Rule 10A NCAC 26E .0406, *Disposal of Unused Controlled Substances from Nursing Home*. The Commission also proposes to adopt, via permanent procedures, Rule 10A NCAC 27G .3605, *Medication Units and Mobile Units*.

Public Comment Period: June 17, 2025, through August 15, 2025. Written comments to the proposed rule must be submitted electronically to dmhddsarules@dhhs.nc.gov or mailed to W. Denise Baker 3001 Mail Service Center Raleigh, NC 27699-3001.

During the Public Comment Period, both rules will be available in [Volume 39 Issue 24 of the North Carolina Register](#) scheduled for publication June 16, 2025 and accessible on [The North Carolina Register](#) webpage as well as via the [Commission for MH/DD/SAS Proposed Rules](#) page accessible via the link provided.

NORTH CAROLINA PERSON-CENTERED PRACTICE LEARNING COLLABORATIVE ORIENTATION WITH TAILORED PLANS

Please see below the details of the forthcoming Person-Centered Collaborative. We look forward to the opportunity to engage with you and your providers and appreciate your support sharing with your network.

WHAT IS THIS ABOUT?





From 2025-2026, national experts from InLeadS and Flourishing Spark will facilitate a **free four-session Person Centered Practice Learning Collaborative for service providers** under the North Carolina Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS).

The Collaborative will strengthen service providers' skills in attaining and incorporating individualized goals documented in the Person-Centered Plan and promote better outcomes for individuals receiving services, with particular focus on individuals with Serious Mental Illness (SMI)/Seriously Emotionally Disturbed (SED).

COLLABORATIVE ORIENTATION

The Collaborative facilitators invite representatives from the Tailored Plans (Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health) to attend an introductory 60-minute orientation to learn more about the Learning Collaborative and help shape the structure.

WHAT WILL WE TALK ABOUT?

-  The purpose and structure of the Collaborative
-  Benefits of participation for Tailored Plans and service providers
-  Service provider recruitment
-  How Tailored Plans can support Outcomes of the collaborative

The orientation will take place on **August 13, 2025, from 11:00 a.m. to 12:00 p.m. Eastern time.**

To register for the training, send an email to: Questions can be sent to srajcevic@hsri.org.

NEW DATE FOR TRILLIUM'S JULY PROVIDER FORUM

Trillium's Provider Forums share the information most relevant to our network. The webinar series normally takes place on the second Wednesday of each month, but for the month of July we have changed our schedule. **The next forum is July 23, 2025.**




Provider feedback, recent updates, and upcoming items will drive monthly topics. Each forum will conclude with a question-and-answer session.

Register for future forums and review previously held forum information: [Provider Forum](#) webpage.

PROVIDER DIRECTORY AND NCTRACKS DATA

Trillium encourages all provider agencies to regularly review and update their provider information in NCTracks. The data in NCTracks is used to populate Trillium's Provider Directory, which is a vital resource for members, families, and stakeholders. Thank you for your continued commitment to maintaining accurate and up-to-date information on the Directory. For any questions related to Trillium's Provider Directory, please contact TrilliumProviderDirectory@TrilliumNC.org.

NCTRACKS QUICK LINKS

-  [2025 NC Medicaid Standard plan Performance Comparison Tool](#)
-  [Tailored Care Management Temporary Rate Extension Ended](#)
-  [2021-2023 Annual Quality Report Available](#)

REMINDERS

JUSTICE INVOLVED NETWORK RECRUITMENT

Trillium Health Resources is seeking providers who are interested in serving **justice-involved adults and/or justice-involved youth** who are members of the **Trillium Tailored Plan** and **Trillium Medicaid Direct**.

As part of our ongoing commitment to improving access to care and supporting individuals involved with the justice system, we are expanding our provider network to include organizations and professionals who are equipped and willing to meet the

unique needs of this population. Services may include, but are not limited to, behavioral health, substance use treatment, physical health, care coordination, and reentry support.

If your organization is interested in providing services to justice-involved individuals and becoming a key partner in this important work, please complete our **Provider Interest Form** using the link below by July 15, 2025.

 [Click here if you are interested in serving Justice Involved Adults](#)

 [Click here if you are interested in serving Justice Involved Youth](#)

We appreciate your continued commitment to the communities we serve.

UPCOMING SUPPORTING CHILDREN EARLY SIMULATIONS SEPTEMBER THROUGH DECEMBER!

Supporting Children Early Simulation opportunities being offered from September through December!

These events are free and open for anyone to attend. Please share the information with your contacts!

RE-ENTRY SIMULATIONS:

[Craven County](#)—July 15, 2025

[Edgecombe County](#)—October 30, 2025

[Anson County](#)—July 22, 2025

[Dare County](#)—November 5, 2025

[Warren County](#)—August 5, 2025

SUPPORTING CHILDREN EARLY SIMULATIONS:

[Guilford County](#)—September 23, 2025

[Sampson County](#)—November 13, 2025

[Edgecombe County](#)—December 4, 2025

NC MEDICAID GUIDANCE ON SUNSETTING OF COMMUNITY ALTERNATIVE PROGRAM WAIVER APPENDIX K FLEXIBILITIES

NC Medicaid Hurricane Helene flexibilities for Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) Waiver programs will expire on June 30, 2025.

To learn more about the emergency planning for CAP/C and CAP/DA to manage the effects of Hurricane Helene, please review the [Hurricane Helene Policy Flexibilities to Support Providers and Members - Oct. 11, 2024](#).

CAP/C and CAP/DA Flexibilities Prior to June 30, 2025

ACTIONS BEGINNING JULY 1, 2025

In-home aide, pediatric nurse aide, attendant nurse care, personal assistance services and coordinated caregiving were authorized to be administered in a different residence or alternative setting in the event the waiver participant is displaced from their home.

Provision for services must follow the required settings outlined in Section 7.7 in CAP/DA and 7.14 in CAP/C and Appendix B of Clinical Coverage policies.

Beneficiaries in impacted areas who could not receive their in-person scheduled assessment or a required in-person monitoring visit, a telephonic assessment or monitoring visit were permitted.

Monitoring contacts must follow the required monitoring contacts outlined Section 7.6 in the CAP/C and Section 7.11 in the CAP/DA Clinical Coverage policies.

Annual assessments and new and annual service plans during the hurricane recovery period were postponed until safe contact could be arranged to complete these assessments and service plans.

CAP/C and CAP/DA case management entities that did not complete an annual reassessment or an updated annual service plan on their assigned beneficiaries must complete them by Sept. 30, 2025.

Case management entities could conduct quarterly telephonic contact with waiver beneficiaries and quarterly telephonic contact with service providers to monitor the impacted member's service plan, other essential case management needs and initial and annual telephonic assessments of level of care and reasonable indication of need.

Monitoring contacts must follow the required monitoring contacts outlined Section 7.6 in the CAP/C and Section 7.11 in the CAP/DA Clinical Coverage policies.

Home and community-based services that are identified from the CAP emergency and disaster plan assessment were implemented with retroactive approval. The assessed need for the home and community-based service must be documented in the emergency and disaster plan or evidence of the need if access to e-CAP is not available.

Ensure the impacted beneficiary's record is updated to include disaster planning that included a retroactive approval. Assess the ongoing needs telephonically with the beneficiary by June 30, 2025. If necessary, update the plan of care if services are no longer needed or if services are needed ongoing.

[NC Medicaid Guidance on Sunsetting of Community Alternatives Program Waiver Appendix K Flexibilities](#)

NC INNOVATIONS WAIVER: SUPPORTS INTENSITY SCALE-ADULT

The Centers for Medicare & Medicaid Services (CMS) requires individuals in the NC Medicaid Innovations waiver program to have a valid and comprehensive assessment.

NC Medicaid uses the Supports Intensity Scale-Adult Version (SIS-A) for this requirement for individuals age 16 and older and the Supports Intensity Scale-Children's Version (SIS-C) for individuals ages 5 through 15. SIS-A is used to determine and measure the supports a person needs to be successful in life.

UPCOMING CHANGES

Beginning July 1, 2025, NC Medicaid will transition to a new version of the SIS-A for individuals ages 16 and older.

Individuals will receive the new version of the assessment at their regularly scheduled time (every three years for the SIS-A).

Children ages 5 through 15 will continue to complete the SIS-C based on their regular assessment scheduled (every two years for the SIS-C).

More information about the SIS-A 2nd edition can be found on the American Association on Intellectual and Developmental Disabilities (AAIDD)'s website.





WHAT TO EXPECT?

The new SIS-A allows for a more detailed assessment.

You may notice new information in the final assessment report. We do not expect this to change the supports budget you get. It will take approximately three years for all eligible individuals to transition to the SIS-A 2nd Edition and receive a new supports budget. The supports budget is a guideline and not a final limit.

CONTACT

If you have questions, contact your Tailored Plan or Local Management Entity/Managed Care Organization at the phone number listed below:

-  Alliance Health, 1-800-510-9132, TTY: 711 or 1-800-735-2962
-  Partners Health Management, 1-888-235-4673, TTY: 711
-  Trillium Health Resources, 1-877-685-2415, TTY: 711
-  Vaya Health, 1-800-962-9003, TTY: 711

NATIONAL ASSOCIATION OF STATE DIRECTORS OF DEVELOPMENTAL DISABILITIES SERVICES AND NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTOR'S CONFERENCES

DMH/DD/SUS Director Kelly Crosbie took part in two national conferences in the Washington D.C. area earlier this month to talk about policy shifts due to the changing administration. At the National Association of State Directors of Developmental Disabilities Services (NASDDDS) symposium in Arlington, Virginia, Director Crosbie shared information on how to lead while navigating congressional actions, federal rule changes, executive actions, and administrative updates and staying focused on key priorities for North Carolina.

At the 2025 National Association of State Alcohol and Drug Agency Director's Federal Policy (NASADAD) conference in Washington D.C., she and other policy experts discussed how to continue the development of effective alcohol and drug use prevention and treatment programs while navigating federal policy shifts.

HOPE4NC WEEKLY REPORT

Hope4NC teams are partnering with Long-Term Recovery Groups (LTRGs) and local organizations to bring emotional support and recovery resources to communities affected by Hurricane Helene.

Hope4NC is present in every impacted county to provide mental health services and ongoing recovery support.

Through the dedication and hard work of our collaborative teams, some of the services we've provided include:

- 🌱 Hotline Calls: 7,618
- 🌱 Individual Crisis Counseling: 1,485
- 🌱 Group Counseling/Public Education/Events: 3,338
- 🌱 In-Person Contacts: Over 8,000

NEW BEHAVIORAL HEALTH RESPITE FACILITY FOR CHILDREN AND ADOLESCENTS OPENS IN COLUMBUS COUNTY

In Columbus County, families who provide constant care to children and adolescents with mental health issues will now get support from a new respite center in Chadbourn. Life Changing Behavioral Health Urgent Care opened with a ribbon cutting ceremony recently.

This six-bed behavioral health respite facility provides a safe and caring environment for children and adolescents while family members or caregivers get the rest needed to recover from continuous supervision. Services include emergency crisis stays, hospital preventions, early release from hospitals, prevention of homelessness, and short-term stays.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

Trillium reviews preventive health screenings to improve the overall health of children. Trillium will cover services, products, or procedures for a Medicaid member under age 21 if the service is medically necessary to correct a defect, physical or mental illness, or a condition found through a screening examination.

[See our brochure.](#)

EPSDT REQUIRED SERVICES AND COVERAGE

The assigned primary care provider (PCP) is responsible for EPSDT services, including screening, diagnosis and treatment.

Screening services include:

- 🌱 Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) “Guidelines for Health Supervision III” and described in “Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents;” This includes screening for developmental delay at each visit through age 5; and screening for autism spectrum disorders per AAP guidelines.
- 🌱 Health and development history.
- 🌱 Unclothed physical exam.
- 🌱 Development assessment and behavioral health screening.
- 🌱 Assessment and provision of immunizations as appropriate for age and health history, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
- 🌱 Assessment of nutrition status.
- 🌱 Vision testing.
- 🌱 Hearing testing.
- 🌱 Laboratory procedures appropriate for age and population groups, including blood lead screening.
- 🌱 Oral health assessments, evaluations, prophylaxis and oral hygiene counseling for all children at preventive visits at regular intervals and in accordance with state Oral Health Periodicity Schedule.
- 🌱 Infant members under age 1 must be referred to a dentist or dental professional working under the supervision of a dentist as part of the Medicaid Fee-for-Service program.
- 🌱 Anticipatory guidance and health education.
- 🌱 Referral for additional services if indicated for further diagnosis and treatment services.

Trillium will ensure and verify that network behavioral health providers coordinate with Primary Care Providers and specialists conducting EPSDT screenings. Trillium will not make an adverse benefit determination on a service authorization request for a child until the request is reviewed.

For more information, please view our [EPSDT Policy](#).

OPEN ENROLLMENT FOR FORENSIC EVALUATORS

Trillium is currently recruiting for forensic evaluators within the Trillium region.

For interested providers not currently certified, Trillium will register the applicant for a free, online training offered August 22, 2025. Applications are accepted until August 8, 2025. Certification requires completion of the six-hour training, followed by a passing examination score. Participants will be required to submit their certificate to Trillium Health Resources once it is emailed to you from the state.

State Guidelines for Training Eligibility:

1. Be a fully licensed clinician as defined in Rule 10A NCAC 27G.0104.
2. Work under contract with a LME-MCO.
3. Provide documentation of current licensure status to the LME-MCO.
4. Provide documentation of training and expertise with the mental health, developmental disabilities, or substance abuse (MH/DD/SA) services population.
5. Request the LME-MCO submit his or her name to the Pre-Trial Evaluation Center for the training and certification program.
6. Complete annual recertification training as scheduled.

To submit an application:

[Forensic Evaluator Open Enrollment](#)

ATTENTION: HOME HEALTH PROVIDERS

Section 12006 of the Twenty-First Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) require utilization of an Electronic Visit Verification (EVV) system for all services provided in the home.

To ensure that the provider community complies with the Cures Act requirements, the state of North Carolina will require **HHCS providers to move from Soft Launch to Hard Launch effective October 1, 2025**. As a result, Trillium will continue its partnership with HHAeXchange as its EVV solution for Home Health services.

In preparation for the HHCS Hard Launch, we want to ensure your agency is ready. Therefore, Trillium Health Resources along with its Standard Plan Partner, Carolina Complete Health (CCH) will be offering two options for submission of Trillium Tailored Plan Home Health claims.

1. **Direct Bill Option** - providers can choose to submit billing directly to the plan just as they do now. However, providers must still submit visit data via HHAx Trillium portal! Visit data from HHAx and the direct billed claims to the plan will be matched at the plan level. **Reminder:** Providers are **still** required to submit visit information via HHAeXchange even if direct bill option is used.
2. **HHAx claims submission** – providers will bill claims with visit data via HHAx. Claims will then be sent to the plans for adjudication.

HHCS providers are encouraged to submit EVV visit information to HHAeXchange through the duration of the soft launch period to ensure all systems are operating as intended for a successful hard launch.

HH Hard Launch Guidelines effective October 1, 2025:

- 🌱 All providers are expected to be fully compliant with EVV requirements.
- 🌱 Direct billed claims will pend for 14 days waiting on visit data from HHAx. If visit data is not received from HHAx within 14 days of receipt of the claims, the claims will deny.

EVV visit data must be submitted and validated prior to claims adjudication.

- 🌱 Soft launch will continue through September 30, 2025. October 1, 2025, and after, claims will deny without EVV criteria.
- 🌱 If you experience challenges with claim submission through HHAeXchange during soft launch, you are able to submit claims outside of HHA while working collaboratively with Trillium and HHA to resolve any barriers.

RESOURCES:

- 🌱 [Trillium Health Resources website](#)
- 🌱 [Trilliums EVV page](#)
- 🌱 [Trilliums Home Health Service Code Crosswalk](#)
- 🌱 Onboarding Form Link: [North Carolina Home Health HHAeXchange Provider Enrollment Form](#) [LME Provider Portal Questionnaire](#)
- 🌱 [HHAeXchange Knowledge Base](#) HHAeXchange job aids and resources link
- 🌱 [Billing](#) Watch billing videos to learn more about the billing process
- 🌱 [HHAeXchange Knowledge Base Home](#) for Providers with 3rd Party EVV Provider
- 🌱 [Managed Care Electronic Visit Verification Home Health Implementation Hard Launch Effective Oct. 1, 2025, I NC Medicaid](#)

For questions or issues encountered please email ClaimsSupport@TrilliumNC.org

PROVIDER MY LEARNING CAMPUS REMINDER

To find updated and current Provider Trainings, please visit:

[Provider My Learning Campus](#) or [this list of provider trainings](#).

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.