

**To:** All Providers

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

**Date:** September 26, 2025

**Subject:** Funding Opportunity: \$6M Available for Community-Based Substance Use Services; Coming Soon: NCDHHS Credentialing Committee; NC Tracks Quick Links; Request for Proposal-Guilford County Behavioral Health Center; DCW Reporting Network Communication; ICF Reimbursement Increase 2025; Provider Strategy Summit; IRIS Reminders for Providers;; Stronger Together Conference 2025; Electronic Visit Verification Hard Launch; Upcoming Provider Application Changes; Children and Families Specialty Plan Launching Later This Year; Site Visit Guidance for Physical Therapists; NC Medicaid Help Center & Provider Ombudsman; Upcoming Post Disaster Simulation Opportunities; Roadmap to Ready: September 2025; Updates to Exclusion Sanction Questions on Provider Enrollment Applications; New Attestation Requirements for Individual Providers; Clinical Coverage Policy-Open for Public Comment; Vacancy on Trillium's Provider Council; Taxonomy Verification; Trillium Family Weekends at Victory Junction; Provider Directory and NCTracks Data; Upcoming Supporting Children Early Simulations November and December; Provider My Learning Campus Reminder; Need to Report Fraud, Waste, and Abuse?

## NEW

### **FUNDING OPPORTUNITY: \$6M AVAILABLE FOR COMMUNITY-BASED SUBSTANCE USE SERVICES**

The NC Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) is now accepting applications for [RFA #DMH25-005](#) to expand community-based substance use prevention, treatment, and recovery services.

This funding targets priority populations in areas with high overdose rates or limited access to services. A total of \$6 million is available, with awards up to \$500,000 per organization.

Don't miss this opportunity to strengthen substance use services in your community. Join the info session, get your questions answered, and apply today!

**Information Session Date/Time:** Thursday, October. 2, 2025, from 3:00 p.m. to 4:00 p.m.

**Registration Link:** [Register for the Informational Session](#)

**Download RFA:** [Download RFA](#)

**Applications Due:** November 3, 2025

**Email Questions Through October 6:** [rfa.responses@dhhs.nc.gov](mailto:rfa.responses@dhhs.nc.gov)

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## COMING SOON: NCDHHS CREDENTIALING COMMITTEE

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The North Carolina Department of Health and Human Services (NCDHHS), through General Dynamics Information Technology (GDIT), is preparing to launch a new **Credentialing Committee** on September 28, 2025, with the first Committee meeting slated for Oct. 8, 2025. This committee will be responsible for reviewing provider files that contain flagged items for disposition of their enrollment, reenrollment and recredentialing applications as well as items discovered through ongoing monitoring. This will apply to all providers enrolling with the following health plans:

- 🌿 NC Medicaid
- 🌿 Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS)
- 🌿 Division of Public Health (DPH)
- 🌿 Office of Rural Health (ORH)
- 🌿 NC Medicaid Managed Care health plans





### COMMITTEE MEMBERSHIP

The Committee is comprised of the following voting members:

- 🌿 One Medical Director (employed by GDIT)
- 🌿 Two NC Medicaid representatives
- 🌿 One representative from each unique managed care health plan
- 🌿 Multipayer (DMHDDSUS, DPH and ORH) representatives

In addition, non-voting participants, such as Peer Review Specialists applicable to provider types scheduled for discussion, will be invited to participate when needed.

## NCTRACKS QUICK LINKS

-  [Fact Sheet: Processes and Frequently Asked Questions for 1915\(i\) Services](#)
-  [DMH/DD/SUS Director Keynote Speaker at UCA WAVES Youth Mental Health Conference](#)
-  [National Recovery Month: Week Four Focuses on Purpose](#)
-  [New Medicaid Bulletin Articles as of Sept. 24th](#)

## REMINDERS

### REQUEST FOR PROPOSAL- GUILFORD COUNTY BEHAVIORAL HEALTH CENTER

The deadline for the Request for Proposal (RFP) for the Guilford County Behavioral Health Center has been extended to October 15, 2025, with updated requirements. Please visit the following link to learn more about the Request for Proposal and view the document for information regarding the updated requirements under the [Proposal Evaluation Information section](#) here.

### DCW REPORTING NETWORK COMMUNICATION

Following the passage of the 2023 Appropriations Act, Session Law 2023-134, North Carolina Medicaid established a process for eligible Medicaid providers to submit required information to participate in the Innovations Direct Care Worker (DCW) provider rate increase that was intended to support increased DCW wages.

If your organization receives DCW funding, you are required by state law to submit an annual report detailing how those funds were spent. This ensures the funding was used appropriately to support your DCW staff. Please review the Innovations DCW Wage Increase Attestation and Acknowledgment Form, which outlines the types of documentation you can submit to verify expenditures.

Important: To remain in compliance and avoid potential recoupment of funds, your completed report for State Fiscal Year 2025 (ending June 30, 2025) must be submitted no later than September 30, 2025.

To further assist you, we've included additional links to resources:

-  An [Example Innovations DCW Wage End-of Year Summary Report](#) for guidance.

🌱 An [Editable Innovations DCW Summary Report](#) of the summary report for your use.

Please submit your completed Summary Report in Excel format to [RatesFinance@TrilliumNC.org](mailto:RatesFinance@TrilliumNC.org).

If you have any questions, feel free to reach out to the same email address.

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## ICF REIMBURSEMENT INCREASE 2025

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Effective July 1, 2025, NC Medicaid implemented a \$34.29 increase to the per diem rate for Community-Based Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). This adjustment has been applied to the existing rates for all providers.

For members with individually negotiated rates, the increase has been incorporated into their specific rate agreements.

Providers are expected to submit replacement claims for services rendered on or after July 1, 2025, to reflect the updated rates. If you require confirmation of a facility's rate, please contact [RatesFinance@TrilliumNC.org](mailto:RatesFinance@TrilliumNC.org).

For additional details, please refer to the following bulletin: NC Medicaid Bulletin – Per Diem Increase for Community-Based ICF-IID

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## PROVIDER STRATEGY SUMMIT

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Resource Connections Provider Association, Inc. presents Provider Strategy Summit “Survival of The Fittest” Building Capacity.

🌱 September 27, 2025  
11:00 a.m. to 12:00 p.m.  
[Register Here](#)




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## IRIS REMINDERS FOR PROVIDERS

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### IRIS ALERTS:

🌱 The Live IRIS site is located at <https://iris.ncdhhs.gov>. In addition, the IRIS Training site can be accessed at <https://iristraining.ncdhhs.gov>.


### 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 about 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 required 72-hour 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 Compliance.

## 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 the 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 where the member's Medicaid 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 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.).
- 🌱 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](#) for IRIS counties: Jones, Pamlico, Craven, Pitt, Beaufort, Hyde, Dare, Tyrrell, Washington, Martin, Bertie, Chowan, Perquimans, Pasquotank, Currituck, Camden, Gates, Hertford, Northampton, Halifax, Nash.
- 🌱 [Cedric Johnson](#) for IRIS counties: Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Carteret

- 🌱 [Christy Way](#) for IRIS counties: Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
- 🌱 [Debbie Powell](#) for IRIS counties: Guilford
- 🌱 [John English](#) for IRIS counties: Edgecombe, Wilson, Robeson, Scotland, Greene
- 🌱 [Veronica Murphy](#) for IRIS counties: Duplin, Lenoir, Sampson, Warren and Wayne

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## ELECTRONIC VISIT VERIFICATION HARD LAUNCH

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**Attention All Home Health Providers**  
**Hard Launch is coming October 1, 2025**

### WHAT IS CHANGING?

Starting October 1, 2025, NC Medicaid will implement the **hard launch** phase of Electronic Visit Verification (EVV) for home health care services (HHCS) for dates of service rendered under both the Standard Plans and Tailored Plans. Claims for these services with dates of service on or after October 1, 2025, without the required EVV data, will be denied.

### REASON FOR THE CHANGE:

The 21st Century Cures Act requires the use of an EVV system for HHCS. EVV uses technology to record the times, dates and specific services provided, which helps ensure beneficiaries receive the services they are authorized to receive.

### WHAT DOES THIS MEAN FOR ME?

Timely preparation is essential to avoid disruptions in claims processing. Act now to ensure compliance and payment continuity.

- 🌱 All home health providers are expected to be fully compliant with EVV requirements for every visit.
- 🌱 EVV data must be validated prior to claims adjudication; and
- 🌱 Claims without the required EVV criteria will be denied.

### NEXT STEPS:

- 1. Begin sending EVV Data**

- 🌱 Revenue and service codes on the claim must match what is submitted with the EVV visit data or the claim will deny due to “no matching data”. The codes included in the visit and claim must also match the authorized services.
- 🌱 Health plan revenue and service code crosswalks are available on Trillium’s EVV webpage.

## 2. Review Rejection logs in the Third-Party Alternate EVV Vendor’s system

Follow the contracted third-party alternate EVV data capture vendors process for instructions to access this information

### HHAXchange:

- 🌱 Response file is sent to third-party alternate EVV data capture vendors via SFTP
- 🌱 The visit import rejections can be viewed in HHAX Portal: EDI Tool

## UPCOMING TRAININGS

Carolina Complete Health | Trillium EVV Office Hours - 9/18/25 @ 11:00 am [Register Here](#)

## HELPFUL RESOURCES

- 🌱 [Trillium Health Resources EVV Webpage](#)
- 🌱 [Trillium Claims Support](#)
- 🌱 Trillium Provider Support Services 1-855-250-1539
- 🌱 [HHAXchange Customer Support](#)
- 🌱 HHAXchange Customer Support Telephone Number 1-855-400-4429
- 🌱 [Carolina Complete Health Home Health Webpage](#)
- 🌱 [Carolina Complete Health Network Inquiries](#)
- 🌱 [Carolina Complete Health Provider Engagement Contact List](#)
- 🌱 Carolina Complete Health Provider Services Telephone Number 1-833-552-3876
- 🌱 [NC DHHS EVV Webpage](#)
- 🌱 [NC Medicaid Managed Care Provider Ombudsman](#)
- 🌱 NC Managed Care Provider Ombudsman Telephone Number 1-866-304-7062



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## UPCOMING PROVIDER APPLICATION CHANGES

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The following provider enrollment application updates are effective **September 28, 2025**, and were all made to meet National Committee for Quality Assurance (NCQA) standards.

Draft applications in the system at the time of implementation will be deleted. Providers should submit draft applications before Sept. 28, 2025, to prevent loss of data.

### KEY CHANGES INCLUDE:

- 🌱 Updated exclusion sanction questions that providers are required to answer as part of their NC Medicaid enrollment application. Answering these questions affirmatively does not automatically disqualify a provider from NCDHHS program participation. However, failure to disclose can result in denial of the application and subsequent termination from all programs. For more information and to read the updated questions, please see the [Updates to Exclusion Sanction Questions on Provider Enrollment Applications announcement](#).
- 🌱 A new attestation process has been created wherein individual and atypical individual providers completing initial enrollment, re-enrollment and reverification applications must attest that all information on the application is true, correct and complete to the best of their knowledge and belief. This attestation will be part of initial enrollment, re-enrollment and reverification applications submitted through the secured NCTracks provider portal. To review the attestation process, please visit the [New Attestation Requirements for Individual Providers announcement](#).
- 🌱 NCTracks will capture an Individual provider's race, ethnicity and languages spoken during Individual provider enrollment, re-enrollment, manage change requests and reverification applications. Responses are editable and offering this information is optional. Additional information is available in the [New Demographic Data Collection on Provider Applications announcement](#).

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## CHILDREN AND FAMILIES SPECIALTY PLAN LAUNCHING LATER THIS YEAR

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The Children and Families Specialty Plan (CFSP) is a first-of-its-kind statewide health plan to ensure access to comprehensive physical and behavioral health services for NC Medicaid-enrolled children, youth and families served by the child welfare system (e.g.

foster care) with seamless, integrated and coordinated care. The first CFSP contract was awarded to Blue Cross Blue Shield NC after a competitive selection process, and the term will last four years. The plan, named Healthy Blue Care Together (HBCT), will go live on December 1, 2025.

- 🌱 Providers should review the [What Providers Need to Know Before Children and Families Specialty Plan Launch \(Part 1\) fact sheet](#) for more information about impacted Medicaid beneficiaries, key dates, and contracting.
- 🌱 HBCT has their own provider contract template and process, making it imperative for providers serving impacted beneficiaries to initiate contact.
- 🌱 For additional information about CFSP, please visit the [Children and Families Specialty Plan webpage](#).

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## SITE VISIT GUIDANCE FOR PHYSICAL THERAPISTS

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Physical Therapists who are enrolling with NC Medicaid are categorized as moderate risk, which generally requires a site visit. However, there are special provisions when the individual enrolling with a Physical Therapist taxonomy is affiliating to an organization billing on their behalf.

In the NCTracks application, Physical Therapists must answer questions regarding site visits. When prompted, those enrolling with Taxonomy 225100000X are advised to:

- 🌱 Answer "No" to "Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare?" **when** the individual is **not** billing under their individual NPI and the application includes an affiliation to an organization.
- 🌱 This will trigger a manual review and will prompt a site visit only when deemed necessary.

**Note:** This instruction is **only applicable** to Physical Therapist enrolling with an Individual enrollment type.

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## NC MEDICAID HELP CENTER & PROVIDER OMBUDSMAN

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The Provider Ombudsman is separate from the managed care health plans' issue resolution processes and should be used only after contacting the health plan(s) or seeking information and guidance through the [NC Medicaid Help Center](#).

- 🌱 Inquiries may be submitted to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov) or by calling the Provider Ombudsman at 1-866-304-7062.

- 🌱 The health plan grievance and appeal process for providers can be found in the health plan's Provider Manual, linked on the [Health Plan Contacts and Resources webpage](#).

## UPCOMING POST-DISASTER SIMULATION OPPORTUNITIES

In this Post Disaster Simulation, you will learn about the importance of being prepared. This journey walks you through the weeks following a disaster.

Participants will experience what it's like navigating life after disaster and the many barriers faced. It also highlights the added struggles for individuals living with mental illness, developmental disabilities, and/or substance use disorders.

### Thursday, October 2, 2025

Check-in: 8:30 a.m.

Event time: 9:00 a.m.-12:00 p.m.

Brunswick Community College  
Odell Williamston Auditorium  
150 College Rd. NE  
Bolivia, NC 28422

[Register today and secure your spot](#)

### Thursday October 21, 2025

Check-in: 8:30 a.m.

Event time: 9:00 a.m.-12:00 p.m.

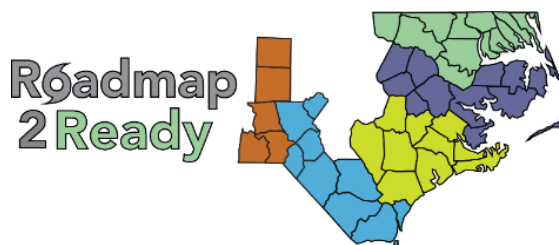
Onslow County Emergency Operations  
Center  
1180 N. Commons Dr.  
Jacksonville, NC 28546

[Register today and secure your spot](#)

Free and Open to the Public with Light refreshments provided.

## ROADMAP 2 READY: SEPTEMBER 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. In August we covered resources about how to calculate the supplies you may need in case of an emergency. Interested to see what is covered? [Click here?](#)



It is **National Preparedness Month!** [National Preparedness Month](#), observed each September, was established by FEMA in 2004 to encourage Americans to prepare for emergencies and disasters.

Review your emergency plans with your staff at your meetings by proposing a short scenario and discussing the procedures for your facility(-ies). Here are some topics you may not have covered before.

- 🌱 How are you going to protect your inventory?
- 🌱 How do you back up your contact information, contracts and medical information in a HIPAA safe manner and have it available without internet?
- 🌱 How will you address financial decisions and track expenses if you need to apply for a FEMA or file an insurance claim?

See more resources to address these questions and more from the [Small Business Administration Business Resilience Guide](#).

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.

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## UPDATES TO EXCLUSION SANCTION QUESTIONS ON PROVIDER ENROLLMENT APPLICATIONS

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Effective September 28, 2025, NCTracks will update initial, re-enrollment, re-verification and manage change request (MCR) provider application Exclusion Sanction questions. The new questions (N, Q, R and S) are required to meet National Committee for Quality Assurance (NCQA) standards. Providers must respond to these questions on all applicable provider enrollment applications initiated on or after **September 28, 2025**.

### THE CURRENT QUESTION READS:

- 🌱 **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?

The current question will be replaced with the following, and new questions Q, R, S will be added:

- 🌱 **N.** Is the enrolling provider currently engaged in the illegal use of drugs?

*"Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application but instead refers to conduct recent enough to indicate the individual is actively engaged in such use. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. §812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses*

*authorized under federal law. The term does include unlawful use of prescription-controlled substances.*

- 🌱 **Q.** Does the enrolling provider use any chemical substances that would in any way impair or limit the ability to practice medicine and perform the functions of the job with reasonable skill and safety?
- 🌱 **R.** Does the enrolling provider have any reason to believe that they would pose a risk to the safety or well-being of patients?
- 🌱 **S.** Is the enrolling provider unable to perform the essential functions of a practitioner in the area of practice even with reasonable accommodation?

## IMPORTANT NOTES

Answering these questions affirmatively does not automatically disqualify a provider from NC DHHS program participation. However, failure to disclose can result in denial of the application and subsequent termination from all NCDHHS programs.

To avoid delays or additional applications, providers are strongly encouraged to:

- 🌱 Submit all draft applications before September 27, 2025.
- 🌱 If drafts remain after the go-live date, be prepared to start a new application under the updated requirements.

Draft applications in the system at the time of implementation will be deleted. Providers should submit draft applications before September 28, 2025, to prevent loss of data.

- 🌱 Please contact the NCTracks Contact Center at **1-800-688-6696** with any questions.

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## NEW ATTESTATION REQUIREMENTS FOR INDIVIDUAL PROVIDERS

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Effective September 28, 2025, NCTracks is implementing a new attestation process for Individual and Atypical Individual providers as part of initial enrollment, re-enrollment and reverification applications submitted through the secured provider portal of NCTracks. This change aligns with the National Committee for Quality Assurance (NCQA) standards.

## NEW ATTESTATION REQUIREMENT

- 🌱 For initial and re-enrollment applications, the Individual practitioner will be required to complete an attestation before the application can be submitted for processing through NCTracks.
- 🌱 The Office Administrator (OA), after completing the application, will be prompted to “Request Provider Attestation” which will generate a notification to the Individual provider via a secure link to the Individual provider’s email address listed on the application.
- 🌱 To complete the attestation, the provider must confirm their identity by entering their National Provider Identifier (NPI)/Atypical number, date of birth, and the last four digits of their Social Security Number (SSN), then review the application and “Approve” or “Reject.”
- 🌱 If the Office Administrator (OA) and Individual Provider are the same person (based on SSN), the provider can complete and submit the application directly.
- 🌱 An email notification is sent to the OA when the attestation is completed, whether the Individual provider approves or rejects the application, allowing the OA to either correct and resend the application to the Individual provider for attestation, or submit the application.
- 🌱 If the Individual provider attestation is not completed within 45 calendar days, the application will automatically abandon.

## IMPORTANT NOTES

- 🌱 Draft applications in the system at the time of implementation will be deleted.
- 🌱 Providers should submit draft applications before September 28, 2025, to prevent loss of data.

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## CLINICAL COVERAGE POLICY-OPEN FOR PUBLIC COMMENT

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The Clinical Coverage Policy 2A-1 Acute Inpatient Services is open for public comment until 9/29/2025. This information can be found on the [Proposed Medicaid Policy](#) webpage.

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## VACANCY ON TRILLIUM'S PROVIDER COUNCIL

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The Provider Council has a seat available for a hospital representative. There is only one seat on the council to represent the five regions, so we will accept applications from any hospital in the Trillium Network. The deadline for applying will remain open until it is filled.

Applications can be found on the Trillium website and should be sent to the Provider Council President, [English Albertson](#). All applications will be forwarded to the Nominating Committee of the Provider Council to ensure that eligibility criteria are set forth in the bylaws and any Provider Council resolutions are met. Once this process is complete, the Nominating Committee will present the hospital representative nominees to the Provider Council for a vote.

To learn more about Trillium's Provider Council, please visit our [Provider Council webpage](#).

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## TAXONOMY VERIFICATION

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We would like to bring your attention to several updates regarding the Provider Permission Matrix. Please note that Taxonomy Code 261QR0401X has been removed from the Provider Permission Matrix, and Taxonomy Code 261QM0850X is only a State-funded allowable code. Medicaid has been removed.

It is the responsibility of the Provider to ensure an Active Allowable Taxonomy is in NC Tracks under the Provider NPI(s) Service Site Location(s).

NC Tracks posts updated Taxonomy Code Changes in the Provider Permission Matrix. Please ensure to review this periodically to ensure there will be no claims payment interruptions.

The Provider Permission Matrix, as well as a Provider Permission Matrix Instructions job aid are available on the [NCTracks Provider Enrollment](#) webpage.

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## TRILLIUM FAMILY WEEKENDS AT VICTORY JUNCTION

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October 31 – November 2, 2025 | Application Deadline: October 17, 2025

Get ready—the newest session for Trillium Family Weekend at Victory Junction is here! We hope our members and families will take advantage of the camp's inclusive environment and diverse amenities. Join us on a family weekend this fall in Randleman, NC.

The weekend is a unique experience for families to connect. Campers of every ability can feel fully empowered. Victory Junction adapts activities for every need. The camp's amazing staff are familiar with hosting Trillium families. They even accommodate special diets. There is no cost to attend.

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

Come experience the magic of camp with us! Spots are limited! Complete the [Fall 2025 Interest Form](#) to begin your application. Visit the [Victory Junction Family Weekends Webpage](#) to learn more!

***Covid-19 Statement:*** The COVID-19 vaccination is optional for campers and their families. Victory Junction highly recommends proof of a COVID-19 vaccination. This includes each person attending your party, ages 5 and up, who will be on-site during the family weekend. Self-pre-testing and reporting will be required for all within 48 hours of check-in.

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## PROVIDER DIRECTORY AND NCTRACKS DATA

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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](mailto:TrilliumProviderDirectory@TrilliumNC.org).



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## UPCOMING TRILLIUM REENTRY AND SUPPORTING CHILDREN EARLY SIMULATIONS NOVEMBER AND DECEMBER!

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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:

 [Dare County](#)—November 5, 2025

### SUPPORTING CHILDREN EARLY SIMULATIONS:

 [Sampson County](#)—November 13, 2025

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

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## PROVIDER MY LEARNING CAMPUS REMINDER

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To find updated and current Provider Trainings, please visit:

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

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## NEED TO REPORT FRAUD, WASTE AND ABUSE?

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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.