



To: All Providers

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

Date: April 10, 2026

Subject: Important Announcement; Provider Monitoring Trends October-December 2025; Tailored Plan/PIHP Provider Manual; NC Tracks Quick Link; Funding Source Classification; Roadmap 2 Ready: April 2026; Request for Proposal Award Announcement: Individualized Placement and Support-Supported Employment (IPS-SE); Join Trillium's Global Quality Improvement Committee (GQIC); Provider My Learning Campus Reminder; Need to Report Fraud, Waste, and Abuse?

NEW

IMPORTANT ANNOUNCEMENT

Trillium Health Resources (Trillium) is sharing an important update regarding the implementation timeline for Trillium's unified claims system for Tailored Plan operations. After careful consideration, Trillium has made the decision to adjust the go-live date from July 1, 2026 to October 1, 2026. This additional time is intentional and reflects Trillium's commitment to ensuring a smooth, well-supported transition for your organization. This adjustment **will not affect providers who hold an NC Medicaid Direct or State-funded only** contract with Trillium.

To learn more about Trillium's Tailored Plan Claims Platform Migration, please visit: [Tailored Plan Claims Platform](#).

You can sign up to receive Trillium's network bulletins here: [Provider Communications](#)

PROVIDER MONITORING TRENDS OCTOBER-DECEMBER 2025

Below is a summary of the trends identified in Provider Monitoring for reviews using the *Trillium Post-Payment Review tool* during the 2nd Quarter (Oct-2025-Dec 2025), along with guidance and recommendations related to each.

Review tool Question 2.1 Valid Consent For Treatment - 25% of providers were out of compliance in this area. Network Monitoring Team reviews found issues ranging from no consents, consents missing permission to seek emergency treatment, expired consents, and consents not signed or dated.



During post payment reviews, the service record is reviewed for a consent for treatment signed by the individual and/or legally responsible person prior to the date of service being reviewed. The Following Elements are Required a) Signature of the individual and/or legally responsible person. b) Permission to seek emergency medical care from a hospital or physician (consent does not need to be hospital/physician specific) shall be obtained from the individual or legally responsible person. c) Consent for planned use of a restrictive intervention. Please refer to the Records Management and Documentation Manual APSM 45-2, 10A NCAC 27G 0205. (d) (6), 10A NCAC 27G .0206 (a) (6), and 10A NCAC 27E .0104 (g) (2) (B) for further requirements.

Review tool Question 2.3 Valid Treatment Plan - 29% of providers were out of compliance in this area. Network Monitoring Team reviews found issues ranging from no plans in place, plans extending target dates beyond a year, plans not signed by members or legally responsible person, plans including services that were not ordered or recommended in the Clinical Comprehensive Assessment. During post payment reviews, the service plan is reviewed to ensure the format required by service definition is used, the plan contains all the required elements in accordance with 10A NCAC 27G, that the individualized PCP/Service Plan begins at admission and shall be rewritten annually and updated/revised, that the appropriate service has been ordered on or before the date of service being reviewed. Please refer to the Records Management and Documentation Manual APSM 45-2 and NC MH/DD/SA Person-Centered Planning Guidance Document for further requirements.

Review tool Question 2.4, Valid Service Order - 25% of providers were out of compliance in this area. Network Monitoring Team reviews found issues ranging from plans that had no service order in place, or how the service order could not be verified as no Service Plan was submitted. During post payment reviews, plans are reviewed for service orders. Please refer to CCP, the Records Manual APSM 45-2 and NC MH/DD/SA Person-Centered Planning Guidance Document for service order requirements

Review tool Question 2.7, Valid Service Note - 38% of providers were out of compliance in this area. Network Monitoring Team reviews found issues ranging from missing notes, notes completed outside the 7-day rule, notes that did not meet electronic note requirements, notes not signed, missing grid requirements, and canned notes. During post payment reviews, we review service notes for required elements. Please refer to your Clinical Coverage Policy or Service Definition and APSM 45-2 for service note requirements.

Review tool Question 3.1, Individual Informed Of their Rights - 26% of providers were out of compliance in this area. Network Monitoring Team reviews found missing evidence that the individual or legally responsible person has been informed of their rights. Providers must ensure that information provided to the individual must be in writing, and include the following elements:

1)The individual/LRP has been informed of the right to contact Disability Rights North Carolina (formerly the Governor's Advocacy Council for Persons with Disabilities), 2) rules for the agency that the individual is expected to follow and possible penalties for violations of the rules, 3) documentation that the individual/LRP has been informed in writing the process for obtaining a copy of his or her treatment plan and 4) informed of the right to consent to or to refuse treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability. Please refer to 10A NCAC 27D .0201, G.S. 122C and 10A NCAC 27D .0303 regarding rights requirements.

Review tool Question 3.3, Consent to Release Information - 26% of providers were out of compliance in this area. Network Monitoring Team reviews found consents missing who the information was to be released to, missing signatures, or blank signed consents. Please refer to 10A NCAC 26B .0202 for requirements of a consent form

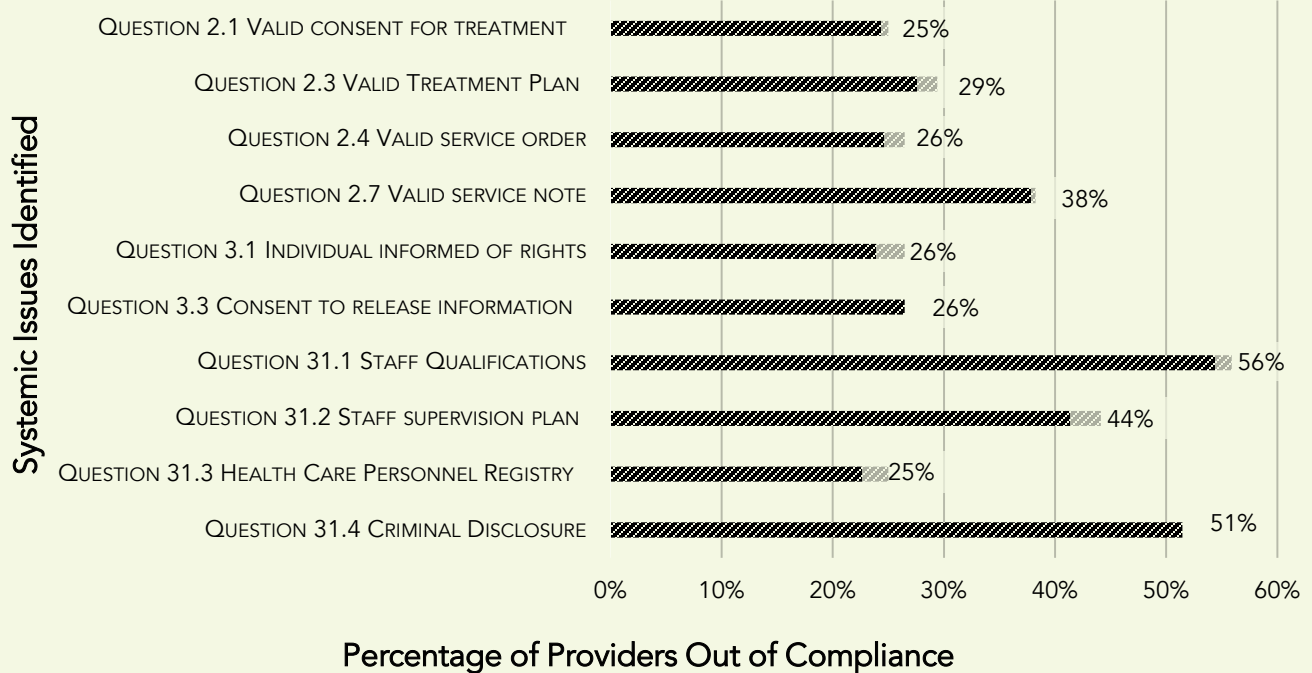
Review tool Question 31.1, Staff Qualifications - 56% of providers were out of compliance in this area. Network Monitoring Team reviews found issues related to missing diplomas or High School Diplomas that were not valid and missing required training. Please refer to NCAC 27G .0104, NCAC 27G .0202 and the Clinical Coverage Policies/Service Definitions regarding staff qualification

Review tool Question 31.2, Staff Supervision - 44% of providers were out of compliance in this area. Network Monitoring Team reviews found issues related to no supervision plans, supervision plans not individualized and no supervision of staff. Please refer to 10A NCAC 27G .0104, 10A NCAC 27G .0203 and the Clinical Coverage Policies/Service Definitions regarding staff supervision requirements

Review tool Question 31.3, Health Care Registry - 25% of providers were out of compliance in this area. Network Monitoring Team reviews found issues related to Health Care Registry checks not being completed. Providers must obtain a Health Care Registry check on staff prior to date of service. Please refer to 10A NCAC 27G .0202 (b)(4) and the Clinical Coverage Policies/Service Definitions regarding requirements

Review tool Question 31.4, Criminal Disclosure - 51% of providers were out of compliance in this area. Network Monitoring Team reviews found issues with no evidence of agency requiring criminal disclosure. Providers must require all staff/applicants to disclose any/all criminal convictions prior to hiring staff. Please refer to 10A NCAC 27G .0202 for requirements

2ND QUARTER POST PAYMENT REVIEW TRENDS



Any monitoring questions can be sent to the following email:
NetworkMonitoring@trilliumnc.org

TAILORED PLAN/PIHP PROVIDER MANUAL

Trillium Health Resources has updated the Tailored Plan/PIHP Provider Manual. The Provider Manual is posted on our website under "Provider Documents & Forms" for your review. [Click here](#) to view the manual.

NCTRACKS QUICK LINKS

- [Same Day Mental Health and Substance Use Care in Your Community](#)
- [Kelly Crosbie featured in the Latest "Exceeding Expectations with Kenneth Kelty" Podcast](#)
- [NC Primary Prevention Advocacy Day Register by May 1 to Participate](#)
- [Draft TBI State Action Plan Available for Public Comment](#)
- [Side by Side with DMH/DD/SUS April is Autism Acceptance Month](#)
- [Inclusion Works Lunch & Learn "The Future of Autism & Employment: Lessons Learned from TEACCH"](#)

- [Mountain Area Health Education Center Women's Recovery Conference-Early Bird Registration Through April 29, 2026](#)
- [Sexual Assault Prevention and Awareness Month](#)
- [2026 NC Tide Conference](#)

REMINDERS

FUNDING SOURCE CLASSIFICATION

Trillium Health Resources would like to make you aware:

Beginning with the May 6, 2026 check write, Remittance Advice (RA) and 835 files will be separated by funding source. You will receive multiple payments and corresponding remittance files instead of a single combined file.

FUNDING SOURCE CLASSIFICATION

All claims must be correctly identified and reported under one of the following categories:

- **Tailored Plan Medicaid:** For members enrolled in a Tailored Plan, claims must be submitted to the appropriate LME/MCO.
- **Medicaid Direct (Fee-for-Service):** For beneficiaries not enrolled in a Tailored Plan, claims continue to be processed through NC Tracks.
- **State-Funded (Non-Medicaid):** These services are not included in Medicaid 835 remittances and must be handled through the LME/MCO's designated systems.

WHAT THIS MEANS FOR YOU:

- You may receive **multiple EFTs/checks**, each tied to a specific funding source
- Each payment will have a **corresponding RA and 835 file**
- Each RA/835 will include **only claims for that funding source**

WHY THIS CHANGE IS OCCURRING:

This update ensures compliance with state and federal requirements to separate funding sources and improve financial reporting accuracy.

WHAT YOU SHOULD DO:

Update your posting and reconciliation processes to handle multiple remittance files per payment cycle

Reconcile each RA/835 individually to its corresponding payment

ROADMAP 2 READY APRIL 2026

This month will be a little different. We were asked to share this anonymous, needs assessment survey in partnership with INCLUDE NC and NCDHHS.

**Roadmap
2 Ready**



INCLUDE NC is a multi-year collaboration between UNCSSW and the North Carolina Department of Health and Human Services (NCDHHS) to identify strategies to best support youth with intellectual and developmental disabilities (I/DD) during weather and/or disaster events.

Recent extreme weather events in North Carolina have shown there are critical gaps in the way we ensure the physical and psychological safety of youth with I/DD during emergencies. To that end, we have designed a needs assessment for (group we are sending this to) about their experiences and needs when supporting youth with I/DD. This survey is completely anonymous, takes about 15-20 minutes to complete, and will be open from March 24-April 30. It can be accessed by clicking this link: [Include NC Needs Assessment](#)

The results will be published in a report that will inform resources and trainings that will be developed to support the I/DD population.

Disaster plans must be submitted through the following link by May 1st [2026 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.

REQUEST FOR PROPOSAL AWARD ANNOUNCEMENT: INDIVIDUALIZED PLACEMENT AND SUPPORT-SUPPORTED EMPLOYMENT (IPS-SE)

After careful review of proposal submissions, Trillium Health Resources is pleased to announce that **Holt Assessment Services** has been selected to provide Medicaid-funded Individualized Placement and Support-Supported Employment (1915i). Services will be based in Northampton County.

Thank you to all who participated in the application process. We appreciate the time and effort that providers have spent preparing and submitting proposals, and we encourage providers to continue monitoring recruitment opportunities.

JOIN TRILLIUM'S GLOBAL QUALITY IMPROVEMENT COMMITTEE (GQIC)

Are you passionate about enhancing healthcare quality and driving meaningful change? Trillium is seeking a dedicated **CFAC representative (North Central region)** as well as an **Integrated Care Representative (working in primary care or an Advanced Medical Home)** to join the Global Quality Improvement Committee (GQIC).

The GQIC is a dynamic group of practitioners, providers, specialists, and family representatives working together to improve healthcare quality. By joining, you'll have the opportunity to:

- Collaborate on impactful quality initiatives.
- Share insights and expertise with peers and Trillium staff.
- Help shape recommendations that guide quality improvement efforts.

If you are interested in joining GQIC, please complete the [GQIC Interest Form](#) and submit it to QMInfo@TrilliumNC.org. Visit [Trillium Health Resources - Committees](#) or [My Learning Campus](#) for more information about GQIC.

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.