



# Network Communication

## Bulletin #464

**To:** All Providers

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

**Date:** April 24, 2026

**Subject:** New Behavioral Health Urgent Care Opens in Robeson County; NC Tracks Quick Links; Innovations Waiver Providers-Updated Service and National Accreditation Requirements; Post-Enrollment National Accreditation Update; Appropriate Use of Modifier CR (Catastrophe/Disaster Related); Important Announcement; Provider Monitoring Trends October-December 2025; Tailored Plan/PIHP Provider Manual; Funding Source Classification; Roadmap 2 Ready: April 2026; Provider My Learning Campus Reminder; Need to Report Fraud, Waste, and Abuse?

### NEW

## NEW BEHAVIORAL HEALTH URGENT CARE OPENS IN ROBESON COUNTY

NCDHHS leaders joined Trillium Health Resources, Southeastern Integrated Care and the Lumbee Tribe of North Carolina on April 17 for the ribbon-cutting of a new Behavioral Health Urgent Care (BHUC) serving both adults and children.

The 24-hour facility provides rapid, short-term stabilization for people ages four and older experiencing mental health, substance use, or intellectual/developmental disability crises, offering an alternative to hospital emergency departments.

NCDHHS invested \$2.2 million in the project as part of the state's historic mental health funding initiative. This is the eighth of 13 new or expanded BHUCs planned statewide.

## NCTRACKS QUICK LINKS

- [Side by Side with DMH/DD/SUS Celebrating Autism Acceptance Month](#)
- [NCDDH Inclusion Connects Releases Quarterly Report Expanding Access to Services and Supports for People with I/DD](#)
- [Draft TBI State Action Plan Available for Public Comment Through April 27](#)
- [Raising Resilience: What the Data Says about AAPI Youth and How Parents Can Help](#)



## REMINDERS

### INNOVATIONS WAIVER PROVIDERS-UPDATED SERVICE AND NATIONAL ACCREDITATION REQUIREMENTS

Providers of select Intellectual and Developmental Disability (I/DD) services included in [Clinical Coverage Policy 8-P, North Carolina Innovations](#), in addition to Benefits Counseling, must be nationally accredited.

Beginning April 20, 2026, the Provider Permission Matrix (PPM), for taxonomy 251S00000X (Community/Behavioral Health), will be updated as indicated below to add multiple Innovations Waiver Service options, all of which require national accreditation to be reported at the time of selection.

- **Column AE/AF – SERVICE-TYPE/SERVICE** – will offer thirty-nine (39) Innovation Waiver Service options instead of the single Community/Behavioral Health service offered now, allowing providers to more accurately report the service being rendered to Medicaid beneficiaries.
- **Column AG - DOES-SRVC-RQRE-ACCREDITATION** - will be modified to 'Yes' for select Innovations Waiver Services
- **Column AI - SERVICE-ACCREDITATION-TYP** – will identify the accrediting body from which national accreditation is accepted for that Service.

### CURRENTLY ENROLLED INNOVATIONS WAIVER PROVIDERS MUST TAKE ACTION

On April 20, 2027, the Community/Behavioral Health Service under taxonomy 251S00000X, currently utilized for Innovations Waiver services, will be end-dated and removed from the PPM. Any provider who has not enrolled in a new Innovations Waiver Service—as well as reported their national accreditation at that time—will no longer be eligible to receive reimbursement for Innovations Waiver services. Innovations Waiver Providers enrolling with 251S00000X taxonomy for the following scenarios, national accreditation will be required as indicated on the PPM:

- Newly enrolling providers.
- Providers adding taxonomy 251S00000X to their existing record.
- Or providers adding a new Innovations Waiver Service to their existing 251S00000X taxonomy.

## HOW TO ADD NEW INNOVATIONS WAIVER SERVICES AND NATIONAL ACCREDITATION TO NCTRACKS RECORD

Beginning April 20, 2026, Innovation Waiver providers with an active 251S00000X taxonomy who are already nationally accredited are strongly encouraged to complete an NCTracks Manage Change Request (MCR) to select another Innovations Waiver Service and to report their national accreditation. This ensures compliance and brings the provider record up to date. If a new Innovations Waiver Service and the required national accreditation is not added by April 20, 2027, the provider risks adverse action causing an inability to receive reimbursement for Innovation Waiver services.

In addition, providers must understand that national accreditation expiration dates are not automatically updated once added to the NCTracks record. Providers are required to update their national accreditation prior to expiration to avoid adverse action.

Innovations Waiver Services under Taxonomy 251S00000X as displayed on the PPM after April 20, 2026.

NC Medicaid Innovations Service	Accepted Accreditations Required Prior to Enrolling (Must Have One)
Benefits Counseling	COA; CQL; JCAHO; CARF
Community Living and Support	COA; CQL; JCAHO; CARF
Community Navigator	COA; CQL; JCAHO; CARF
Community Networking	COA; CQL; JCAHO; CARF
Community Transition (Agency W/Choice Provider)	COA; CQL; JCAHO; CARF
Crisis Services	COA; CQL; JCAHO; CARF
Day Supports	COA; CQL; JCAHO; CARF
Individual Goods & Services (Agency With Choice Providers Only)	COA; CQL; JCAHO; CARF
Natural Supports Education (Agency With Choice Providers Only)	COA; CQL; JCAHO; CARF
Residential Supports	COA; CQL; JCAHO; CARF
Respite (Provider Agencies And Facilities Only)	COA; CQL; JCAHO; CARF ACHC; CHAP (Nursing Respite)
Supported Employment	COA; CQL; JCAHO; CARF
Supported Living	COA; CQL; JCAHO; CAR

For more information, see the [How to Add or Update Licensing and Accreditation on the Provider Profile in NCTracks Job Aid](#).

---

## POST-ENROLLMENT NATIONAL ACCREDITATION UPDATE

---

Organizational providers of NC Medicaid behavioral health, intellectual and developmental disabilities (I/DD) and substance use services are reminded that achievement of national accreditation is required per:

- NC Gen Stat § 122C-81 (2023)
- NC Medicaid [clinical coverage policies](#)
- The North Carolina Medicaid State Plan
- National accreditation is also required as outlined in the Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS) State-funded Service Definitions.

This requirement is referred to as post-enrollment accreditation, as it is required within either one or three years after the provider's initial enrollment with their selected Service. Individual providers billing under their own individual National Provider Identifier (NPI) and taxonomy are not impacted by this change.

Providers delivering Innovations Waiver services included in [Clinical Coverage Policy 8-P, North Carolina Innovations](#), in addition to Benefits Counseling, must be nationally accredited at the time of selecting and enrolling in an Innovations Waiver Service. Please see additional information in the previous bulletin titled, [Innovations Waiver Providers – Updated Service and National Accreditation Requirements](#).

Providers with an active 251S00000X (Community/Behavioral Health Agency) taxonomy are advised to initiate the process of obtaining national accreditation if not already in process. Beginning April 20, 2026, NCTracks monitoring efforts for national accreditation under the 251S00000X taxonomy will be instituted to verify compliance with NC Gen Stat § 122C-81 (2023) and clinical coverage policy requirements.

### UPCOMING PROVIDER PERMISSION MATRIX CHANGES

Beginning April 20, 2026, the Provider Permission Matrix (PPM) will be updated so that column DOES-SRVC-RQRE-ACCREDITATION (column AG) will be modified for taxonomy 251S00000X - Community/Behavioral Health Agency to inform:

- Whether national accreditation is required within one or three years of the initial enrollment with the selected SERVICE (column AF); and

- Which providers need to gain national accreditation from one of the entities identified in the SERVICE-ACCREDITATION-TYP (column AI) within the timeline specified.

## **EXISTING PROVIDERS WITH ACTIVE 251S00000X TAXONOMY – DEADLINE IMPOSED**

Existing providers with an active 251S00000X taxonomy must ensure they are enrolled with at least one SERVICE-TYPE (column AE) and SERVICE (column AF) by Aug. 1, 2026, to avoid termination of the taxonomy and potentially the service location and provider record. Services may be added through the submission of a Manage Change Request (MCR) in [NCTracks](#).

The PPM will be updated April 20, 2026, to display the most current available Services and the criteria required to enroll with that Service. Existing providers with an active Service as of April 20, 2026, will have until April 20, 2027, to complete post-enrollment accreditation and add it to their NCTracks record, making it imperative to begin the process if not already in progress.

## **PROVIDERS ENROLLING WITH 251S00000X TAXONOMY**

Beginning April 20, 2026:

- Providers newly enrolling under taxonomy 251S00000X
- Providers adding taxonomy 251S00000X to their existing record
- Providers adding a new Service under existing 251S00000X taxonomy

Provider must select a Service at the time of enrollment. The option to select taxonomy 251S00000X without a Service will no longer be permitted.

Selecting a Service begins the timeline to be accredited within either one or three years after initial enrollment with their selected Service, as indicated on the PPM. See the table below for additional information about the Services available.

## **ADDING NATIONAL ACCREDITATION TO NCTRACKS RECORD**

Beginning April 20, 2026, providers with an active 251S00000X taxonomy who are already nationally accredited are strongly encouraged to complete an MCR to add the accreditation to their NCTracks provider record. This ensures early compliance with the post-enrollment requirement. If not added timely, the provider risks adverse action when the timeline for reporting national accreditation expires.

In addition, providers must understand that national accreditation certification expiration dates are not automatically updated once added to the NCTracks record. Providers are required to update their national accreditation prior to expiration to avoid adverse action.

For more information, see the [How to Add or Update Licensing and Accreditation on the Provider Profile in NCTracks Job Aid](#).

## POTENTIAL ADVERSE ACTIONS

Failure to obtain the required post-enrollment national accreditation within the timeframes outlined in the table below will result in suspension of the Service-related claims from NCTracks and the contracted health plans.

If action is not taken within the suspension period to add a national accreditation, the Service will terminate on the provider record which may lead to additional repercussions such as:

- Termination of the taxonomy if there are no other active services;
- Termination of the location if there are no other active taxonomies for that location; and/or
- Termination of the provider record if there are no other active service locations.

The chart below shows when national accreditation is required for NC Medicaid Services under taxonomy 251S00000X, and which national accreditations are accepted for each Service.

When Accreditation is Required	NC Medicaid Services	Accepted Accreditation (Must Have One)
Within one year of enrollment in new service	1915(l) Individual And Transitional Support	Council on Accreditation (COA); Joint Commission on Accreditation of Healthcare Organization (JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF)
Within one year of enrollment in new service	1915(l) Individual Placement & Supports For MH & SU	COA; JCAHO; CARF
Within one year of enrollment in new service	Ambulatory Withdrawal Management With Extended On-Site Monitoring	COA; JCAHO; CARF
Within one year of enrollment in new service	Ambulatory Withdrawal Management Without Extended On-Site Monitoring	COA; JCAHO; CARF
Within one year of enrollment in new services	Child And Adolescent Day Treatment (CADT)	COA; JCAHO; CARF
Within one year of enrollment in new services	Community Support Team	Council on Quality and Leadership (CQL); COA; JCAHO; CARF

<b>When Accreditation is Required</b>	<b>NC Medicaid Services</b>	<b>Accepted Accreditation (Must Have One)</b>
Within one year of enrollment in new services	Facility-Based Crisis Services for Children And Adolescents	COA; JCAHO; CARF
Within one year of enrollment in new services	Intensive In-Home	COA; JCAHO; CARF
Within one year of enrollment in new services	Medically Monitored Inpatient Withdrawal Management Services	COA; JCAHO; CARF
Within one year of enrollment in new services	Peer Support Services	COA; JCAHO; CARF
Within three years of enrollment in new services	Diagnostic Assessment	COA; JCAHO; CARF
Within three years of enrollment in new services	Mobile Crisis Management	COA; JCAHO; CARF
Within three years of enrollment in new services	Multisystemic Therapy (MST)	COA; JCAHO; CARF
Within three years of enrollment in new services	Psychosocial Rehab	COA; JCAHO; CARF
Within three years of enrollment in new services	Substance Abuse Comprehensive Outpatient Treatment	COA; JCAHO; CARF
Within three years of enrollment in new services	Substance Abuse Intensive Outpatient Program	COA; JCAHO; CARF
Within three years of enrollment in new services	Substance Abuse Medically Monitored Community Residential Treatment	COA; JCAHO; CARF
Within three years of enrollment in new services	Substance Abuse Nonmedical Community Residential	COA; JCAHO; CARF
Prior to enrolling in service (Innovation/SA)	Benefits Counseling	COA; JCAHO; CARF
Prior to enrolling in service (Innovations/SA)	Community Living and Support	COA; JCAHO; CARF
Prior to enrolling in service (Innovations/SA)	Community Navigator	COA; JCAHO; CARF
Prior to enrolling in service (Innovations/SA)	Community Networking	COA; JCAHO; CARF
Prior to enrolling in service (Innovations/SA)	Community Transition (Agency W/Choice Provider)	COA; JCAHO; CARF

When Accreditation is Required	NC Medicaid Services	Accepted Accreditation (Must Have One)
Prior to enrolling in service (Innovations/SA)	Crisis Services	COA; JCAHO; CARF
Prior to enrolling in service (Innovations/SA)	Day Supports	COA; JCAHO; CARF

## RESOURCES

- [Provider Permission Matrix](#) (the newest version of the PPM will be available on April 20, 2026)
- [Permission Matrix Instructions Job Aid](#) under Quick Links
- Medicaid Behavioral Health clinical coverage policies may be accessed at [Program Specific Clinical Coverage Policies | NC Medicaid](#).
- DMH/DD/SUS State-funded Services coverage policies may be accessed at [NC DMH/DD/SUS: Service Definitions](#).
- Upcoming Layout Changes for PPM announcement may be accessed at [NCTracks](#)
- [How to Add or Update Accreditation on the Provider Profile in NCTracks Job Aid](#)

## APPROPRIATE USE OF MODIFIER CR (CATASTROPHE/DISASTER RELATED)

Modifier CR should only be appended to procedure codes when services are directly related to a Federal or State-declared emergency or disaster. This bulletin applies to NC Medicaid Direct and NC Medicaid Managed Care. This bulletin serves as a reminder regarding the appropriate use of Modifier CR (Catastrophe/Disaster Related) on claims submissions. Modifier CR should **only** be appended to procedure codes when services are directly related to a Federal or State-declared emergency or disaster event. The use of this modifier must align with official guidance and direction issued through NC Medicaid communications.

Providers are expected to ensure that:

- Modifier CR is used **exclusively** during an active, declared emergency or disaster period.
- Its application is consistent with NC Medicaid instructions specific to the event.
- Claims submitted with Modifier CR outside of these circumstances are not appropriate and may be subject to denials or further review.

---

## 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 2<sup>nd</sup> 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

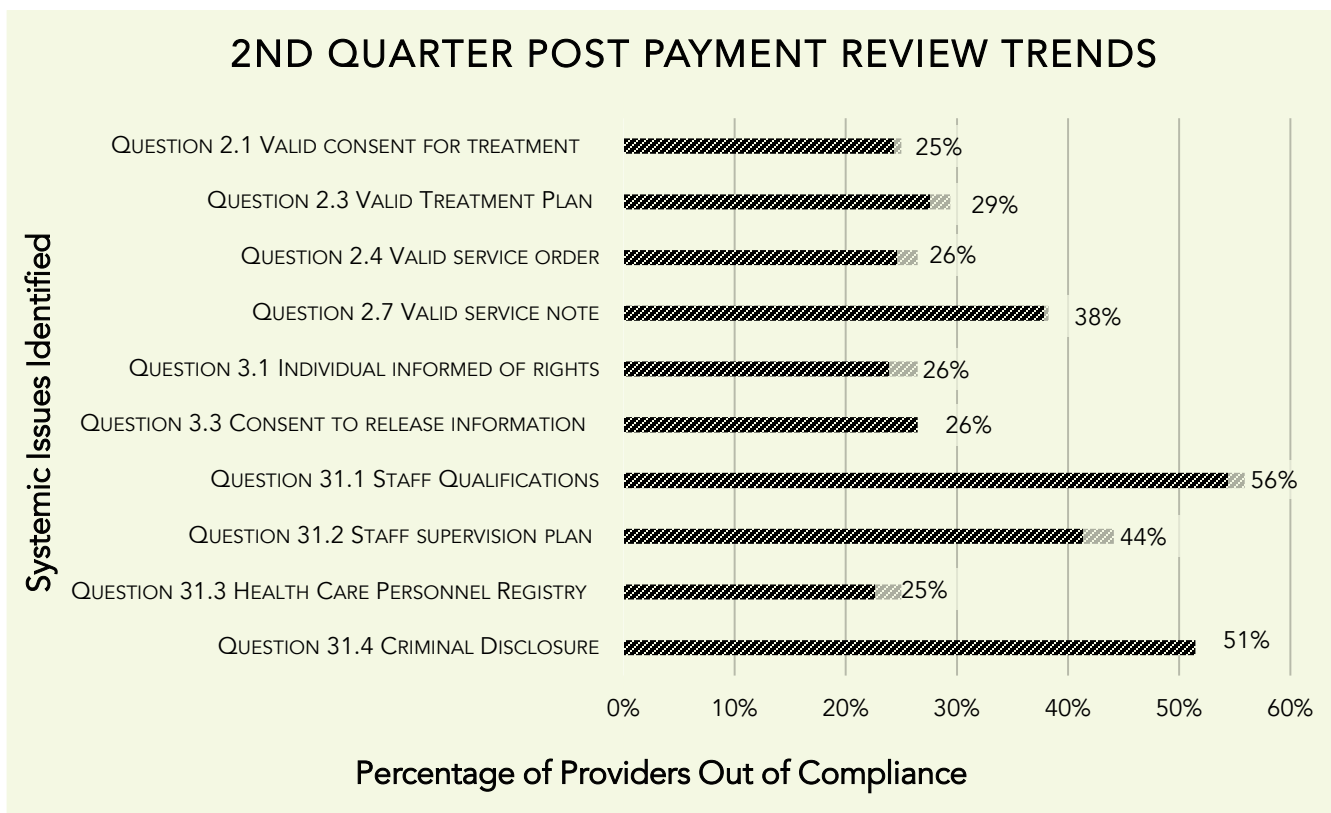
**Review tool Question 31.1, Staff Qualifications** - 56% of providers were out of compliance in this area. Network Monitoring Team reviews found issues related to missing diplomas or High School Diplomas that were not valid and missing required training.

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



Any monitoring questions can be sent to the following email: [NetworkMonitoring@TrilliumNC.org](mailto: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.

- [View the manual here.](#)

---

## 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

