



Network Communication

Bulletin #466

To: All Providers

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

Date: May 8, 2026

Subject: Trillium Health Resources Notice To Providers; IRIS Reminders for Providers; Care Manager Training On The Alignment of 1915(i) Eligibility and Care Plan/ISP To Members' Birth Month; NC Tracks Quick Links; Informed Choice for Members with I/DD; Roadmap 2 Ready: May 2026; New Behavioral Health Urgent Care Opens in Robeson County; Innovations Waiver Providers-Updated Service and National Accreditation Requirements; Post-Enrollment National Accreditation Update; Appropriate Use of Modifier CR (Catastrophe/Disaster Related); Provider My Learning Campus Reminder; Need to Report Fraud, Waste, and Abuse?

NEW

TRILLIUM HEALTH RESOURCES NOTICE TO PROVIDERS

We have identified a critical issue impacting the implementation of the remittance advice file split by funding source. As a result, the planned update will be delayed.

Our team is actively working to resolve the issue and is assessing the overall impact. We will provide an updated timeline as soon as it is available.

We appreciate your patience and understanding and will continue to share updates as more information becomes available.

Sincerely,
Trillium Health Resources

IRIS REMINDERS FOR PROVIDERS

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>.

NEW UPDATES

- When the IRIS report is completed, please ensure the incident report is submitted through the Supervisor Actions: Incident Submission tab. Once the Submit



Incident Report button is clicked, IRIS will give a thumbs up to provide confirmation that the incident report was successfully submitted.

- Please remember that an Incident Number does not confirm an incident
- not have access to the Incident Numbers but can request them to be sent to the provider if needed.

IRIS REPORTING TIMELINES

- Level 2 incidents=An IRIS report must be submitted within 72 hours of learning of the incident.
- Level 3 incidents= Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

TRILLIUM'S REPORTING EXPECTATIONS

- All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72-hour required timeframe, please provide a statement in the IRIS report regarding the submission of the incident outside reporting timeframe.
- All required fields (DOB, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.
- **Please ensure member's LME-MCO record number, Medicaid ID and/or CNDS ID is completed on the Consumer's Treatment tab.**
- On the Provider Information tab, please ensure the Provider Agency name is entered in full and how it appears on the contract/license etc.
- When a report contains allegations of abuse/neglect/exploitation against staff, the internal investigation report is required to be uploaded to the IRIS report within 5 working days.
- Response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to 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 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** (Julie.Mccall@TrilliumNC.org) 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** (Cedric.Johnson@TrilliumNC.org) for IRIS counties: Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Carteret
- **Christy Way** (Christy.Way@TrilliumNC.org) for IRIS counties: Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
- **Debbie Powell** (Debbie.Powell@TrilliumNC.org) for IRIS counties: Guilford

- **John English** (John.English@TrilliumNC.org) for IRIS counties: Edgecombe, Wilson, Robeson, Scotland, Greene
- **Veronica Murphy** (Veronica.Murphy@trilliumNC.org) for IRIS counties: Duplin, Lenoir, Sampson, Warren and Wayne

CARE MANAGER TRAINING ON THE ALIGNMENT OF 1915(I) ELIGIBILITY AND CARE PLAN/ISP TO MEMBERS' BIRTH MONTH

The Department has elected to align the 1915(i) Eligibility Timelines and the Care Plan/ISP with Members' birth months to minimize any disruption in their receipt of 1915(i) services. The plan for this approach has been reviewed with your organization's Care Management Leadership on multiple occasions for input and awareness. This approach will enable care managers more effectively plan for and manage 1915(i) assessment and Care Plan or ISP deadlines across multiple members. The change to birth month planning will ensure predictability for annual 1915(i) reassessments and an annual Care Plan or ISP completion. A member's birth month will determine when their Care Plans/ISPs and assessments expire, providing greater predictability for Health Plans and 1915(i) providers. Under this model, each Care Plan/ISP becomes effective the month after the member's birth month, and the care plan's end date is always the last day of the member's birth month. For example, a member with a January birthday will have a Care Plan/ISP effective February 1, with an end date of January 31 the following year. Similarly, a member with a July birthday will have an August 1 effective date and an end date of July 31 the following year.

The Department is hosting training sessions on this transition for both plan-based and community-based care managers as well as 1915(i) service providers. Training for care managers will be held on May 18 at 10:00 a.m. and May 20 at 2:00 p.m. These are duplicate sessions, and care managers are encouraged to attend the one that best fits their schedule. The training session for 1915(i) service providers is scheduled for May 28 at 10:00 a.m.

Registration for session is not required. Please find below the training links for plan-based and provider-based care managers, and 1915(i) service providers.

- May 18, 10:00am
[Join the session](#)
- May 20, 2:00pm
[Join the session](#)

Service Provider:

- May 28, 10:00am
[Join this session](#)

NCTRACKS QUICK LINKS

- [Ensuring Person-Centered Care for Children with Autism in NC Medicaid](#)
- [NCDHHS Reaffirms Commitment to Mental Health Care in Honor of Mental Health Awareness Month](#)
- [Assistant Secretary Crosbie Serving on Panel at the INSPIRED Lab Inaugural Prevention Science Summit](#)
- [State Consumer and Family Advisory Committee Meeting](#)
- [Brain Injury Advisory Council Meeting](#)
- [Side by Side with DMH/DD/SUS May is Mental Health Awareness Month](#)
- [SAMHSA National Prevention Week Resources and Events](#)

REMINDERS

INFORMED CHOICE FOR MEMBERS WITH I/DD

Please see below the following video as a helpful resource for supporting **informed choice** as members explore their employment options. We encourage providers to use it in conversations with members and families to ensure they understand the full range of opportunities available—including **competitive integrated employment**. By sharing clear, accessible information, we can reduce stigma, promote meaningful community-based work, and empower individuals with I/DD to make the decisions that best reflect their goals, strengths, and preferences. Providers play a vital role in guiding these discussions, and this video can help make those conversations more informed, person-centered, and supportive.

[Watch Video Here](#)

ROADMAP 2 READY MAY 2026

**Roadmap
2 Ready**



Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule.

National Preparedness Week is May 3-9 with resources often shared throughout the month. According to the [US Chamber of Commerce](#), every dollar invested in preparedness can save communities \$13 in economic impact, damages, and cleanup costs.

The National Oceanic and Atmospheric Administration created a [social media plan](#) (available in English and Spanish). Help us spread the word on preparedness! Working with your staff, members and families to incorporate preparedness will help overall community resilience and preparedness.

Be ready for hurricane season. Take action TODAY to be better prepared for when the worst happens. [Understand your risk](#) from hurricanes and begin [pre-season preparations](#) now. Make sure you have multiple ways of [receiving forecasts and alerts](#), and know what to do [before](#), [during](#), and [after a storm](#).

If you have not already submitted your Disaster plans through the following link by May 1, please do so as soon as possible. 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.

- [Disaster Plan Submission](#)

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.

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), has been 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) Innovations 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 Innovations 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
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

When Accreditation is Required	NC Medicaid Services	Accepted Accreditation (Must Have One)
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
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 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.