



## HELPFUL INFORMATION/LINKS

### **Telemedicine**

Trillium Health Resources Network Communication Bulletin #061 includes Service Guidance for Providers related to Telemedicine. The following services are covered by Telemedicine:

- 🌱 Mobile Crisis to include Crisis Chat as part of MCM
- 🌱 Outpatient Treatment, Individual and Group, all populations
- 🌱 Evaluation and Management codes, all populations
- 🌱 Assertive Community Treatment Team
- 🌱 Community Support Team
- 🌱 Supported Employment (for applicable elements of the service)
- 🌱 Peer Support
- 🌱 Community Navigator/Community Guide
- 🌱 Innovations Waiver
- 🌱 Respite
- 🌱 Day Treatment
- 🌱 Intensive In-Home
- 🌱 Multi-Systemic Therapy
- 🌱 Research Based Behavioral Health Treatment (RBBHT)
- 🌱 Family Center Treatment
- 🌱 Child First

Details related to these services can be found:

<https://www.trilliumhealthresources.org/sites/default/files/docs/Network-Communication-Bulletin/061-Network-Communication-Bulletin.pdf>

Trillium Health Resources is unable to waive licensure regulations for some services and is hopeful the DMDDSAS, DHSR and NC Medicaid will find a resolution soon. Trillium recommends providers use unmanaged outpatient group codes until further notice for SAiop and SACOT where possible and appropriately credentialed staff are available.

- 🌿 Substance Abuse Intensive Outpatient Program (SAiop)
- 🌿 Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- 🌿 Psychosocial Rehabilitation (PSR)
- 🌿 Other licensed facility based services for IDD

Details related to these services can be found:

<https://www.trilliumhealthresources.org/sites/default/files/docs/Network-Communication Bulletin/061-Network-Communication-Bulletin.pdf>

**For additional questions, requests, concerns or comments please submit a ticket to:**  
[NetworkServicesSupport@TrilliumNC.org](mailto:NetworkServicesSupport@TrilliumNC.org)

### COVID-19 Frequently Asked Questions

<b>Question</b>	<b>How do we bill for telemedicine services?</b>
Answer	Providers are advised to bill the current codes they have in their contracts, as they typically would for face to face services (considering duration, services rendered, participants, etc.). Trillium is actively working to add telemedicine modifiers to service codes and Trillium may require at some future point, replacement claims to add modifiers to service codes used for billing during this event.
<b>Question</b>	<b>Can Trillium Health Resources provide assistance with needed supplies?</b>
Answer	Please contact your county Local Emergency Management Office for needed supplies. Trillium Health Resources has reached out to multiple state officials regarding the urgency of this request and the answer is pending.
<b>Question</b>	<b>Can we have a rate increase to assist with increased staffing needs?</b>
Answer	Trillium is providing a 10 - 30% rate enhancement to support the staffing needs for the following services: <ul style="list-style-type: none"> <li>🌿 State Funds – Group Living Facility, Facility Based Crisis, Supervised Living</li> <li>🌿 Medicaid Funds – CLFS (all levels), Facility Based Crisis, IAFT, ICF, Residential Level III/IV, Residential Level II Single Family</li> <li>🌿 Medicaid Innovations – Residential Supports, Supported Living.</li> </ul> Details related to this can be found: <a href="https://www.trilliumhealthresources.org/sites/default/files/docs/Urgent-Notification/032320-UN-Rate-Enhancement.pdf">https://www.trilliumhealthresources.org/sites/default/files/docs/Urgent-Notification/032320-UN-Rate-Enhancement.pdf</a>

	<p><b>UPDATE:</b></p> <p>Effective 4/1/2020, Trillium is providing a 5% temporary rate enhancement for Community Living and Supports under the Innovations Waiver (procedure codes T2013TF and T2013 TF HQ).</p> <p>Details can be found in <a href="#">Network Communication Bulletin #066</a></p>
<b>Question</b>	<p><b>The EHR system we utilize does not allow a signature on every note. Is it acceptable to create clinical summaries comprised of a date range of notes, signed by a QP, for your retention payment process?</b></p>
Answer	<p>Yes, it would be acceptable for you to create clinical summaries comprised of a date range of notes, and those documents can be signed by a QP. Make sure that each service date missed is clearly outlined in the document.</p>
<b>Question</b>	<p><b>Have there been any changes to Monitoring?</b></p>
Answer	<p>Yes. Reviews of AFLs will be desk reviews, including the use of videos or still photographs of the site.</p> <p>Details can be found in <a href="#">Network Communication Bulletin #062</a></p>
<b>Question</b>	<p><b>Do we need to notify Trillium if services at our agency are disrupted?</b></p>
Answer	<p>Yes. Please notify Trillium by emailing <a href="mailto:NetworkServicesSupport@TrilliumNC.org">NetworkServicesSupport@TrilliumNC.org</a>.</p>
<b>Question</b>	<p><b>Can Trillium provide guidance related to Governor Cooper’s Stay at Home Order as it relates to Licensed Day Program Facilities?</b></p>
Answer	<p>Governor Cooper’s order states “All COVID-19 Essential Businesses and Operations are directed, to the maximum extent possible, to direct employees to work from home or telework” and “All COVID-19 Essential Businesses and Operations shall, to the extent practicable, maintain social distancing requirements set forth in the Executive Order. Trillium, in partnership with NC DHHS, has implemented, and will continue to implement, regulatory flexibilities that will enable providers to maximize telework. Trillium is offering alternatives to most types of licensed day service providers for alternative or in lieu of services to be delivered in ways that adhere to the social distancing and stay at home orders. Providers should immediately adapt their service delivery to conform to these flexibilities.</p> <p>Details can be found in <a href="#">Network Communication Bulletin #067</a></p>

<b>Question</b>	<b>Do we need to notify Trillium if services at our agency are disrupted?</b>
Answer	Yes. Please notify Trillium by emailing <a href="mailto:NetworkServicesSupport@TrilliumNC.org">NetworkServicesSupport@TrilliumNC.org</a> .
<b>Question</b>	<b>Should agencies in Eastern North Carolina providing Child First Services, continue to bill the In-Lieu of Case Rate for Children ages 3 and up?</b>
Answer	Yes. Be sure to record all contact with families by video conferencing or telephone.
<b>Question</b>	<b>Should agencies providing Child First Services expand the billing codes to include new telemedicine codes?</b>
Answer	We are in the process of adding the GT and CR modifiers to the codes, however until those are in place providers should continue to bill as usual. We will set a specific date to flip over to the new codes specific to Child First. The CR and GT modifiers are needed for data collection purposes. Our focus is on maintaining provider cash flow while we build all those codes into our systems.
<b>Question</b>	<b>How can we best communicate to families receiving Child First Services how to Access community supports and services such given the many difficulties that families are experiencing?</b>
Answer	We are collaborating with our Neighborhood Connections Team to provide in-house assistance to families during this difficult time. Stay tuned. More to come.
<b>Question</b>	<b>Can Trillium waive prior authorization requirements?</b>
Answer	Trillium is in the process of updating our platform with new codes and modifiers, anticipated completion date 4/10/2020. Once this is resolved, we will waive the prior authorization requirements for Medicaid (including Innovations) and State-Funded services, excluding PRTF and Inpatient services. Providers are cautioned that medical necessity is still a requirement and Trillium may conduct post payments clinical reviews at a later date. We will provide future communication regarding this as progress is made.  Details can be found in <a href="#">Network Communication Bulletin #064</a> :
<b>Question</b>	<b>Can Trillium provide guidance on the verbal consent process as we complete intake paperwork on unestablished clients?</b>
Answer	The guidance for obtaining consent for telemedicine services can apply to the completion of intake paperwork for new or “unestablished” clients. The provider should document consent in the client record and obtain written consent when able.

<b>Question</b>	<b>We have been asked to use the CR modifier for all Innovations Waiver services provided at this time. Can we just use the CR modifier if we are using a Appendix K Flexibility, that way we can distinguish services provided without any flexibilities compared to those services provided as usual? Will retainer pay be allowed for State Funded Day Activity services?</b>
Answer	Yes, CR Modifiers are intended to reflect the use of the flexibilities available in Appendix K. At this time, retainer payments do not apply to services outside of Innovations Waiver services.
<b>Question</b>	<b>Do I/DD staff need to also put COVID screenings of the client as part of their note/grids that mental health staff do?</b>
Answer	Documentation of screenings is not required at this time.
<b>Question</b>	<b>Does the 5% rate enhancement for CLS apply for all CLS cases we provide, or just for the ones we may to pay staff overtime on?</b>
Answer	The 5% rate enhancement for CLS is intended to support providers who have to pay overtime for staff when other staff cannot work due to COVID-19, or due to paying direct care staff a higher rate for hazard pay during this event. It is Trillium's expectation that this enhancement will be directly passed down to direct care staff.
<b>Question</b>	<b>Is the CR modifier required for all Innovations Waiver services starting 4/1/20?</b>
Answer	CR modifiers are intended to reflect the use of the flexibilities available through Innovations Waiver services in Appendix K. Please utilize this modifier anytime those flexibilities available in Appendix K are being utilized.
<b>Question</b>	<b>Can the retainer payment be claimed for Residential services?</b>
Answer	Yes, retainer payments apply to IW Residential Supports services.
<b>Question</b>	<b>Our agency hired a parent (RAP) to provide services to an adult member on 4/21/20. A care manager has informed the parent that we should bill and retro pay her for CLS services back to the date Appendix K was approved. Where can we find this information (to retro pay staff) in Appendix K? Will this be considered a conflict with current Medicaid documentation requirements?</b>
Answer	Services cannot be billed prior to the date that services were provided. If the Relative as Provider began billing services on 4/21/20, then billing should not begin prior to that date.

<b>Question</b>	<b>Other than Assertive Engagement, can state funded services (DT &amp; PA) be delivered via telemedicine?</b>
Answer	Please refer to <a href="#">Network Communication Bulletin #61</a> for guidance on state-funded services that can be provided via telehealth.
<b>Question</b>	<b>Should we continue to submit TARs for reauthorizations for new plan year, for increase in hours of service, B3 Respite initial request for service, etc., or when are TARs needed, or are they needed at all now?</b>
Answer	Medicaid B and Medicaid C (Innovations Waiver services) do not require initial or concurrent authorization at this time. Enhanced State services will continue to require authorizations at this time due to the limited availability of State funds. Therefore, your agency does not have to submit a TAR for Medicaid B and C services.
<b>Question</b>	<b>Can it be confirm that the Appendix K reporting form is ONLY for the flexibilities that were approved contingent on a case-by-case approval?</b>
Answer	Please see <a href="#">Network Communication Bulletin #62</a> for information on how Trillium is tracking on the Innovations waiver flexibilities available under Appendix K.
<b>Question</b>	<b>Flexibility form - The Trillium appendix K reporting form reads as needing to be completed only for those flexibility that require case-by-case approval (per Appendix K), whereas other MCOs are asking for details about every flexibility that is being utilized. I need confirmation that the blanket form per member is ok?</b>
Answer	Please see <a href="#">Network Communication Bulletin #62</a> for information on how Trillium is tracking on the Innovations waiver flexibilities available under Appendix K.
<b>Question</b>	<b>Retainer – for documentation of daily notes – do we have to name each goal that would have been run, or is it ok to do a blanket notation this billing note is specific to CV IW Retainer?</b>
Answer	Provider agencies and EOR(s) shall maintain documentation (as usual) via the required service documentation grid by entering COVID-19 on the Grid with QP signature/EOR signature and date. It is sufficient to enter COVID-19 or a blanket statement regarding COVID-19 into the grid.
<b>Question</b>	<b>Tela CLS – code/rate differentiation for telephonic vs. 2 way video (or the ILOS for that matter)?</b>
Answer	There is no differentiation in the rate.

<b>Question</b>	<b>Tela CLS – can it be based on staff and member? Meaning, if staff a still goes in home, and staff b can't go in home, but can tele on alternate days, is that allowable?</b>
Answer	Innovations Waiver can be provided via telehealth where applicable and appropriate for the member. The member should be able to participate and have their needs met through telehealth modalities. Telehealth would not be appropriate for those members who require a significant level of support to engage (i.e. physical prompts, hand over hand assistance, complete physical assistance, or other comparable levels of support). Additional guidance from DHHS regarding the use of telehealth for Innovations Waiver Services will be forthcoming.
<b>Question</b>	<b>Modifiers – confirming, use CR for EVERY App K flex? Even if CLS is still in home or CLS tele?</b>
Answer	CR Modifiers are intended to reflect the use of the flexibilities available through Innovations Waiver services in Appendix K. Please utilize this modifier anytime those flexibilities available in Appendix K are being utilized.
<b>Question</b>	<b>IDD consumer registered in our Group Home recently received a pacemaker and is now in need of one on one innovation services. Is there a way to start rendering these services immediately without authorization? Were would I began?</b>
Answer	To access Innovations Waiver services, the member or legally responsible person will need to request that the member be placed on the Registry of Unmet Needs. This is the list maintained for those waiting for Innovations Waiver services.
<b>Question</b>	<b>Is there a flexibility template form that EOR's can complete to show the flexibility's that they will utilize during this period? There are a number of MCO's that have this form, which will ensure everyone is aware of the ones they are utilizing.</b>
Answer	Yes, provider agencies and EOR(s) shall maintain documentation (as usual) via the required service documentation grid by entering COVID-19 on the grid with the QP or EOR signature and date. Please see Network Communication Bulletin #62 on our website for more information.
<b>Question</b>	<b>The 5% rate enhancement for CLS, is that for all CLS cases or only certain cases?</b>
Answer	The 5% rate enhancement for CLS is intended to support providers who have to pay overtime for staff when other staff cannot work due to COVID-19, or due to paying direct care staff a higher rate for hazard pay during this event It is Trillium's expectation that this enhancement will be directly passed down to direct care staff.





<b>Question</b>	<b>I was on the Q&amp;A on 4/21/2020 and I thought I heard that we still need to bill the services to Trillium in order to receive the retention payment even if another staff is currently providing the service. If we do need to bill it through our EHR, how will you be able to know how the number of units that were actually with the consumer versus the ones that were not? Is this correct, and if so, do we still need to complete the Google sheet?</b>
Answer	In order to access retainer payments, your agency will complete a Smartsheet form every Monday for the previous week's retainer payments. Please utilize the Smartsheet form link included in Network Communication Bulletin #62. Your agency will continue to bill for the services (as if they were being provided) as this is how the funding will be made available to your agency for retainer payments to staff.
<b>Question</b>	<b>What Innovations services if any can be done via phone/video chat</b>
Answer	Innovations Waiver can be provided via telehealth where applicable and appropriate for the member. The member should be able to participate and have their needs met through telehealth modalities. Telehealth would not be appropriate for those members who require a significant level of support to engage (i.e. physical prompts, hand over hand assistance, complete physical assistance, or other comparable levels of support). Additional guidance from DHHS regarding the use of telehealth for Innovations Waiver Services will be forthcoming.
<b>Question</b>	<b>Would we be able to utilize the rate increase for CLS to purchase CDC recommended PPE equipment for our field staff?</b>
Answer	The 5% rate enhancement for CLS is intended to support providers who have to pay overtime for staff when other staff cannot work due to COVID-19, or due to paying direct care staff a higher rate for hazard pay during this event. It is Trillium's expectation that this enhancement will be directly passed down to direct care staff.
<b>Question</b>	<b>Should we still use the CR modifier even if the member is not exceeding their previously authorized frequency of services?</b>
Answer	CR Modifiers are intended to reflect the use of the flexibilities available through Innovations Waiver services in Appendix K. Please utilize this modifier anytime those flexibilities available in Appendix K are being utilized.



<p><b>Question</b></p>	<p><b>If new staff are hired, is it okay to have them go through u tube training on medication administration, 1st aid cplf this virus continues to be active at the end of June, is it possible for the staff who is currently an employee, training to be extended beyond June 30,2020 date. Can you provide information to providers on the steps or process of dealing with an individual or staff who may contact the virus in order to be consistent.</b></p>
<p>Answer</p>	<p>Providers will need to provide trainings as outlined in the current standards. Relatives of adult waiver members and current direct staff are able to provide services to members prior to background checks and training for 90 days. No extension beyond 90 days has been made at this time. For information on how to support members with COVID-19, please refer to the CDC and websites for more information. Trillium has a number of resources also available on our website related to COVID-19.</p>
<p><b>Question</b></p>	<p><b>Can Innovation Waiver services be delivered both in person and via telemedicine? (i.e. CLS is delivered via telemedicine M, W, F and is delivered in person T &amp; Th)</b></p>
<p>Answer</p>	<p>Innovations Waiver can be provided via telehealth where applicable and appropriate for the member. The member should be able to participate and have their needs met through telehealth modalities. Telehealth would not be appropriate for those members who require a significant level of support to engage (i.e. physical prompts, hand over hand assistance, complete physical assistance, or other comparable levels of support). Additional guidance from DHHS regarding the use of telehealth for Innovations Waiver Services will be forthcoming.</p>
<p><b>Question</b></p>	<p><b>For retainer payments, are we only eligible for them if the member is not receiving services? We have a staff out sick due to COVID-19, we are still providing the Supported Living services to the member, as he is not sick, but want to know if we can receive retainer payment to pay staff who is out. If this is an option how do we submit for the retainer without looking like we are trying to double bill for the service?</b></p>
<p>Answer</p>	<p>The direct care staff who is unable to work due to COVID-19 illness would be eligible for a retainer payment. In order to access retainer payments, your agency will complete a Smartsheet form every Monday for the previous week's retainer payments. Please utilize the Smartsheet form link included in Network Communication Bulletin #62. Your agency will also continue to bill for the services (as if they were being provided) as this is how the funding will be made available to your agency for retainer payments for staff. For guidance on billing for services during this time, be sure to review the Network Communication Bulletins on our website for more information.</p>

<b>Question</b>	<b>When will the service rate be determined for this service.</b>
Answer	T2014CGCR (Residential Supports Level 2-AFL) has been increased by 30% and the new rate is \$176.06.
<b>Question</b>	<b>During this time of COVID, we had a staff member who was requested by the family to NOT WORK to lessen the amount of exposure to the person served. A Relative as Provider is able to cover the hours that would originally be provided by the other staff. However, due to the retainer pay, we are in need of additional hours to cover the hours worked and the hours for the staff on retainer pay.</b>
Answer	Innovations Waiver services do not require prior authorization at this time. Therefore, your agency should be able to bill for services rendered by the Relative as Provider in addition to the retainer payments being billed. Please refer to Network Communication Bulletins on our website for more information.
<b>Question</b>	<b>If we do a face to face peer support visit, do we still need to use the CR modifier or can we just bill the H0038.</b>
Answer	If you have not modified service delivery as a result of COVID-19, you will use the service code you would normally use to bill for the service. The modifiers are available for use in Provider contracts when service deliver has been modified.
<b>Question</b>	<b>Will State funded IOP/SACOT also have same flexibility of hours as Medicaid clients?</b>
Answer	Yes, the flexibility listed in Special Bulletin COVID-19 Behavioral Health Service Flexibilities #046 applies to both State Funded and Medicaid members for SAIOP/SACOT Services
<b>Question</b>	<b>How is NC DHHS handling the CMS policy change to bill the same POS for telehealth had the service taken place in person if not for PHE with a 95 modifier? As we provide services in NUR and ALF facilities, I've not found guidance on this from NCDHHS or conflicting information at best.</b>
Answer	Trillium has not received any guidance related to the 95 modifier. The majority of the guidance we have received around Place of Service recommends using the typical Place of Service.

<p><b>Question</b></p>	<p><b>To clarify, if we are doing therapy over the phone (telephonic) what codes do we bill? Do we bill the standard therapy codes of 90832, 90834, 90837, 90847, and 90846 or do we do the telephonic codes based off the duration on the phone of 98966, 98967, or 98968?</b></p>
<p>Answer</p>	<p>Outpatient Psychotherapy CPT codes to be used telephonically during the state of emergency are outlined in NC DHHS Special Bulletin #59 and telephonic assessment and management codes are listed in NC DHHS Special Bulletin #34. Christie will read answer on 4/28 call, Sheryl is unable to participate.</p>
<p><b>Question</b></p>	<p><b>what codes and modifiers are we supposed to use</b></p>
<p>Answer</p>	<p>Please see guidance under Special Bulletin #46. The GT modifier is billed when there is two way video communication, CR is billed when there is a modification to the service due to the crisis and if both apply the service is billed with both the GT and CR modifier.</p>
<p><b>Question</b></p>	<p><b>are we to only use 90832 because we can only have 30 minute sessions</b></p>
<p>Answer</p>	<p>We need additional information to provide an adequate response to this question.</p>
<p><b>Question</b></p>	<ol style="list-style-type: none"> <li><b>1. just for clarification, are phone sessions being reimbursed at same rate as video</b></li> <li><b>2. is there any kind of time frame for telehealth as it stands. Can we expect another 2 months? Will these codes no longer be valid after stay at home orders are lifted? Is there any conversation regarding continued telehealth services as we are getting a lot of positive feedback about how easy and time saving it has been</b></li> <li><b>3. Are there plans to make telehealth a more long term option</b></li> </ol>
<p>Answer</p>	<ol style="list-style-type: none"> <li>1. Trillium posted the new rate listing specific to COVID-19 codes and rates. You can see the new rates <a href="#">HERE</a></li> <li>2. We are following information from DHHS, Trillium will publish bulletins around any kind of wind down process for transitioning back to traditional service delivery, several of the codes and/or modifiers may not be valid after a certain period of time following the State of Emergency, providers will be notified before that occurs. Many outpatient services were available via telehealth prior to the State of Emergency.</li> <li>3. To be determined in the future.</li> </ol>
<p><b>Question</b></p>	<p><b>Re: the "no prior authorization" for new services--would this also apply to reauthorization when the time comes</b></p>
<p>Answer</p>	<p>Yes</p>

<b>Question</b>	<b>Can you provide some typical scenarios and how they would be billed and documented in the chart?</b>
Answer	We need more information to respond to this question.
<b>Question</b>	<b>Why didn't Innovations Day Support get a rate increase? We have Day Support direct care staff, CLFS staff, and Residential Supports staff because we have a day program and group homes. Some direct support staff qualify for wage increases according to the rate increases of particular services, but others do not. We need to be able to retain all our direct care staff. It's difficult to treat them differently.</b>
Answer	We appreciate your feedback. We will carefully consider your feedback. Any changes to rates will be communicated out to our Provider Network.
<b>Question</b>	<b>Some MCOs are making "stabilization" payments to providers to make up for funding that is being lost. Our rates have been increased for some services, but we are required to pass it on to direct care staff. If we are in this crisis for a protracted period of time, we will need additional support to keep the doors open. The direct support staff have their increased wages, but the infrastructure that supports them and the clients will be at risk. We are not currently able to get the hours we were getting because services that were provided in groups are now provided individually and because some clients' families do not want services provided in their homes. Will Trillium consider any such stabilization payments in the future?</b>
Answer	We appreciate your feedback. We will carefully consider your feedback. Please also be aware that small business loans are available through the CARES Act.
<b>Question</b>	<b>I am still providing face to face visits as requested by patients. Do you know where I can get mask? I only have one box left.</b>
Answer	<ul style="list-style-type: none"> <li> Trillium posted information Personal Protective Equipment (PPE) on our website: <a href="http://www.TrilliumHealthResources.org">www.TrilliumHealthResources.org</a> located on our Coronavirus Information page.</li> <li> Additional Resources: NC DHHS posted a memo titled: dated March 30,2020 regarding PPE</li> <li> <a href="#">NCDHHS COVID-10 Procurement Form:</a></li> <li> Please check with local emergency management and utilize the CCNC COVID-19 nurse triage line at 1-877-490-6642 for further assistance.</li> </ul>

<p><b>Question</b></p>	<p><b>CST Question-Affirming per NCDHHS Special Bulletin COVID-19 #46 it states "staff trainings are only waived if there are not opportunities to receive the specific trainings virtually." Based on that document, the training for the 15 hours of Permanent Supportive Housing Training is temporarily waived as it is not virtually provided....correct?? Thanks</b></p>
<p>Answer</p>	<p>Yes, NC DHHS Special Bulletin COVID-19 #46 Behavioral Health Service Flexibilities does waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency and if there are not opportunities to receive the specific training virtually. According to #46, this change is retroactive to March 10, 2020. At this time, Permanent Supportive Housing Training is not available virtually, however a virtual training will be available on June 10, 11, 17 and 18, 2020. When the virtual training is available the training requirement will not be waived. More information about training registration and attendance will be forthcoming.</p>
<p><b>Question</b></p>	<p><b>CST Question-Per service definition, "the initial training requirements may be waived by the hiring agency if the team member can produce documentation certifying that training was completed no more than 24-months prior to hire". If a staff person already employed by the agency assumes a position on the CST Team, is the date of hire for that person the date they were hired with the agency or the date they assume the CST position? Thanks</b></p>
<p>Answer</p>	<p>The day that the staff member assumes the role with the CST team.</p>
<p><b>Question</b></p>	<p><b>The following is Eastpointe's guidelines for obtaining plan signatures. Will this suffice for Trillium? Eastpointe will accept a qualified professional/para-professional or clinician signature in place of the member or legally responsible person's (LRP) signature, along with a notation that the member/LRP gave consent for the provider representative to sign the document on his or her behalf. The provider should document whether such consent was made via telephone, email or other means (e.g. through a window).</b></p>
<p>Answer</p>	<p>According to the <a href="#">Records Management and Documentation Manual</a>. Guidance outlined in the APSM 45-2. Chapter 4-7 If the provider who developed the PCP is unable to obtain the signature of the legally responsible person, there shall be documentation on the signature page and/or in a service note, reflecting due diligence in the efforts to obtain the signature and documentation stating why the signature could not be obtained. When this occurs, there shall be ongoing attempts to obtain the signature as soon as possible.</p> <p>Providers will need to write on the signature line for member/LRP unable to obtain signature due to COVID-19. Also the provider will need to document in the member's chart/record that the member provided verbal consent</p>

<b>Question</b>	<b>Will our required connection date of 6/22 to NCHIEb be moved back because of how this virus is affecting our businesses?</b>
Answer	As of April 23, 2020, Trillium has not been notified by the state that there will be a delay in North Carolina Health Information Exchange connectivity requirements. For the most update to date information from the NC Health Information Exchange Authority (NCHIEA); please go to this link: <a href="https://hiea.nc.gov/about-us/about-nc-hiea">https://hiea.nc.gov/about-us/about-nc-hiea</a>
<b>Question</b>	<b>If I bill a service that has a modifier, do I put that modifier in the first modifier space and the video conference code in the second space?</b>
Answer	The service code and modifier combination included in the your provider contract will indicate the order of the modifiers needed for appropriate billing of that service.-Christie will read answer on 4/28 call, Sheryl is unable to participate.
<b>Question</b>	<b>On special bulletin 46, it waives the 3 hour daily limit for day treatment. Trillium had previously imposed a 2 hour minimum limit. With Bulletin #46, does this mean there is NO minimum (for instance, we would be able to bill a 30 minutes session)</b>
Answer	Trillium will follow guidance in Special Bulletin #46.
<b>Question</b>	<b>When will the GT modifier be working on billable? All GT services are getting denied. If not fixed by 4/28, we have been told to bill using regular code and re-bill when GT is corrected but this puts a large burden on the provider.</b>
Answer	Please reach out to your claims specialist if you have specific questions about claims/denials. We will provide general guidance on this call.
<b>Question</b>	<b>State bulletins have said we do not need authorization OR reauthorization. If we want to err on the side of caution, can we still submit for authorizations and reauthorizations?</b>
Answer	TARs for services that require No Prior Auth will not be processed.
<b>Question</b>	<b>Would Trillium consider doing anything like the "retainer" payments for MH programs that are struggling (PSR and Day Treatment) due to facility programs not being able to operate and staff trying but unable to obtain hours via telehealth or telephone</b>
Answer	Not at this time, we are aware the DHHS has received this question as well and we await further guidance. Please note the retainer payments for Innovations Waiver services are specifically allowed per Appendix K that was approved by CMS.

<b>Question</b>	<b>Trillium had previously declined extensions for 1st Aid/CPR trainings with the reasoning that Red Cross was still offering the classes. All Red Cross classes are on-line only now. Could Trillium reconsider either allowing us to do classes by Zoom OR allowing an exemption if someone's certification is due to expire.</b>
Answer	Trillium would allow online certifications from the American Red Cross in whatever online platform/avenue the Red Cross allowed
<b>Question</b>	<b>The last call said there will be no prior autos; does this include the needed TARs for requesting more units outside of the 24 unmanaged visits? We will still need to submit one?</b>
Answer	There is no prior authorization required when billing using a code modified for disaster use
<b>Question</b>	<b>What is the billing code modifier for phone sessions? This is for children/families without access to internet/smart devices.</b>
Answer	Yes; Please review <a href="#">Special Bulletin COVID-19 Behavioral Health Service Flexibilities #046</a> . You will use the appropriate telephonic service codes (ADD CODES)
<b>Question</b>	<b>At what rate will Trillium pay the codes listed in Special Bulletin #59 for telephonic psychotherapy? Will claims already submitted be re-adjudicated or will the services need to be rebilled?</b>
Answer	Trillium posted the new rate listing specific to COVID-19 codes and rates. You can see the new rates <a href="#">HERE</a>  For any claims that have already been submitted, replacement claims will be needed.
<b>Question</b>	<b>Will Trillium send out the exact Enhanced Rates or so we adjust them by the percentage rate that was sent out to us? The residential rate given was 30%.</b>
Answer	Trillium posted the new rate listing specific to COVID-19 codes and rates. You can see the new rates <a href="#">HERE</a> .
<b>Question</b>	<b>How can I find out the exact reimbursement rate for Residential Supports services (under the Innovations Waiver) that my agency will receive once the rate enhancement is applied?</b>
Answer	If you have specific questions as it relates to the exact rate that your agency will receive, please email <a href="mailto:RATESFinance@TrilliumNC.org">RATESFinance@TrilliumNC.org</a>

<b>Question</b>	<b>The rate enhancements for Residential Support services, will those occur automatically when the providers submit their claims?</b>
Answer	No, it doesn't happen automatically. The provider will need to bill the service code with the CR modifier at the enhanced rate in order for the claim to pay the correct rate.
<b>Question</b>	<b>Residential Supports - should we be billing the enhanced rate of 30% for all of our Residential cases?</b>
Answer	The rate enhancement is effective in your contract for all cases as related to the COVID-19 event.
<b>Question</b>	<b>When are the new temporary rates going to be posted?</b>
Answer	Trillium posted the new rate listing specific to COVID-19 codes and rates. You can see the new rates <a href="#">HERE</a>
<b>Question</b>	<b>When can parents or guardians visit their ward in a residential facility</b>
Answer	The directive to limit visitors to behavioral health group homes as made by Governor Roy Cooper in Executive Order #120, Section 3. Until changes or modifications are made to this order to lift those restrictions, those restrictions will remain in place.
<b>Question</b>	<b>I understand that outpatient services do not require an auth, but have the edits been removed to allow for more than 24 visits to be paid?</b>
Answer	Yes, the edits have been removed to allow providers to bill more than 24 visit. [The outpatient codes with the CR/GT CR modifiers do not have the unmanaged visit limit edits attached to them.]

