

February 05, 2016



ADDITIONAL LOCATION FOR THE MONTHLY PROVIDER MEETINGS NOW AVAILABLE

Beginning with the February 18, 2016 Provider Meeting, Trillium has added another in-person location at our 112 Health Dr. Greenville, NC 27834. This location has limited seating and can only accommodate 20 people. Trillium is requesting that if you would like to attend the meeting at this location, please RSVP to Donna Brown at Donna.Brown@TrilliumNC.org. In the subject line of the email, please type, "RSVP for Monthly Trillium Provider Meeting at Health Dr." In your email, please include your agency name, how many people will be attending and the date of the provider meeting.



For each provider meeting that you would like to attend at the Health Dr. location, you will need to send an email to RSVP due to the limited seating. You will receive a confirmation email if there is seating available or you will receive information about being placed on a wait list that will operate on a first come, first serve basis. This meeting will be set up like the meeting we host in Jacksonville with a video screen and the ability to interact with the presenters at the live meeting in Wilmington.




The need to RSVP will only be for the Health Dr. location. The meeting will continue to operate with the live meeting in Wilmington, 3809 Shipyard Blvd. Wilmington, NC 28403, with the remote locations in Jacksonville, 165 Center St. Jacksonville, NC 28546 and 112 Health Dr. Greenville, NC 27834. The WebEx will still be available for those of you who prefer that option. If you have any specific questions or concerns regarding this meeting, please contact your Network Operations Liaison

CHAT - COMPREHENSIVE HEALTH ASSESSMENT FOR TEENS

Trillium is looking for multiple providers of state and Medicaid funded adolescent services to participate in the implementation of CHAT in our provider network.



Why CHAT:

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 The mission of 2020 Vision: A New Destination for Child Services called for the use of standardized assessments tools in the assessment of adolescents for MH/SU disorders. Implementation of CHAT is a part of this plan.
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 CHAT is a supplementary tool created to add value to the current CCA.
 - <http://www.inflexion.com/CHAT>
 - CHAT provides organizations with a clinically validated instrument for assessing adolescents (ages 13-18).
 - It can be used to guide treatment planning for adolescents who are in treatment, in the juvenile justice system or a youth treatment facility.
 - CHAT follows a developmental approach that emphasizes the varying needs of young people
 - Uses engaging multimedia (audio) to facilitate adolescents' self-administration
 - Assesses strengths as well as problem areas, providing a more comprehensive portrait for guiding treatment.
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 A pilot program ran by Trillium, from April to October of 2015 assessed 159 adolescents.
 - The outcome of the data breakdown revealed, high marks in the levels of self-disclosure for teens and high satisfaction from clinicians.
 - There was also a notable increase in the number of adolescent who were diagnosed with co-occurring disorder during the pilot period as opposed to the previous year of diagnosis data.

CHAT TIMELINE

(All timelines are tentative and subject to change)

Question & Answer (Q&A) Submission Deadline Send via e-mail to: Maegan.Veillette@TrilliumNC.org "Questions RFP-CHAT" in email subject line	January 26, 2016, 5:00 PM (EST)
Q&A results posted on Trillium Website	February 1, 2016
Proposal Submission Deadline	February 19, 2016, 5:00 PM (EST)
RFP Award Notification	March 10, 2016
Date to begin implementation (projected)	April 30, 2016
Date for full implementation	May 30, 2016

UPDATES FROM THE CLAIMS DEPARTMENT

NEW BILLING EDIT FOR CLAIMS CONTAINING CLAIM LINES WITH MULTIPLE FUND SOURCES

Trillium Health Resources has received additional guidance from the Division of Medical Assistance. effective with dates of service on or after April 15, 2016, Trillium Health Resources will be implementing a new claim edit to deny any claim that is received with more than one fund source on claim lines. If you have service codes payable by different fund sources, they must be billed on a separate claims.

ELECTRONIC 837 SUBMISSIONS

Electronic 837 files may contain claims for various fund sources in the 837 file, provided that they are on a separate claim "header" within the file. Please share this information with the pertinent IT staff/vendor for your agency to ensure the file is generated appropriately.

PROVIDER DIRECT SUBMISSIONS

When entering claims in Provider Direct, only include those services for the same enrollee and fund source on a single claim. If an enrollee receives services from multiple fund sources, each fund source must be submitted on separate claims. Please ensure all billing staff with your agency is aware of this change in Provider Direct.

If you have any questions or need further assistance, please contact your Claims Specialist

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TRANSITIONS TO COMMUNITY LIVING (AMTCL) STATE BENEFIT PLAN (TARGET POPULATION) IS NOW AVAILABLE IN PROVIDER DIRECT (PD)

The new State Benefit Plan (Target Population), Transitions to Community Living (AMTCL), is now available as an option when completing New Enrollments and Client Updates in the Provider Direct (PD) system.

Transitions to Community Living (AMTCL) will be used with the new Tenancy Support Service and the criteria for assigning this State Benefit Plan is provided below.

Transitions to Community Living (AMTCL)

The AMTCL benefit plan consists of adults, ages 18 and over, who have been identified as participating in the N.C.-U.S. DOJ Settlement Agreement. Without the covered treatments and support, these individuals could experience impaired functioning that would compromise their ability to transition to or remain housed in the community and put them at risk for remaining in or admission to an institutional setting. Participation in the settlement agreement is evidenced by:

- 1 Having a verified diagnosis of SMI or SPMI, AND
- 2 Living in an ACH, OR
- 3 Receiving treatment in a state hospital, and upon discharge will have unsafe or unstable housing, OR

- 4 At Risk of living in an ACH. "At risk" categories of individuals include, but are not limited to:
- Individual is being discharged from state hospital and is homeless or has unstable housing.
 - Individual with SMI/SPMI is seeking ACH admission, as evidenced by PASRR screening.
 - Individual had two (2) or more community hospital or Emergency Room visits for psychiatric reasons in past two years.
 - Individual accessed Facility Based Crisis, Mobile Crisis Management, or Crisis Center Services for two (2) or more crises in past year.
 - Individual is paying 50 percent of monthly resources (income and/or benefit) in rent.
 - Individual is Homeless (unable to acquire and maintain regular, safe, secure and adequate housing, or lacks "fixed, regular, and adequate night-time residence").
 - Individual previously lived in an Adult Care Home.
 - Individual has had criminal justice involvement within the last two (2) years as a result of their mental illness.
 - Individual has already been identified as part of the Transitions to Community Living Initiative (for example, is receiving TCL In-Reach, has been referred for a TCL housing slot, has transitioned to TCL housing in community, etc.).
 - Other reason housing is considered unstable (to be reviewed by DHHS)

Individuals covered by this plan can and may include individuals that have been approved for a housing slot and/or are participating in a Supported Employment program that meets fidelity to an evidence-based model.

Individuals who meet eligibility for AMTCL also meet AMI and must be enrolled to pay for services necessary to sustain supportive community living while participating in TCL.

Individuals may also be eligible for other benefit plans, but the other benefit plans would be considered secondary.

NC ABLE PROGRAM - LEARN MORE

Learn about the implementation of the Achieving a Better Life Experience (ABLE) Act, which allows people with disabilities and their family members to save money in a 529A account for qualified medical expenses, similar to the tax-deferred accounts used by families to save for their children's college educations.

[North Carolina Department of State Treasurer](#) website

If you are using Internet Explorer and experiencing issues when opening forms that are found on the Trillium website, you are not alone. Luckily there are simple steps that you can take to fix this issue. Try this to see if it resolves your issues.

USEFUL LINKS AND OTHER INFORMATION YOU SHOULD KNOW

Revised [Opioid Overdose Prevention Toolkit](#) is now available from SAMHSA

Comprehensive manual for treatment professionals - [Counselor's Family Education Manual](#)



SAVE THE DATE

FEBRUARY OPPORTUNITIES

12th Annual Jean Mills Health Symposium

- 🌱 Friday, February 5 from 8:30 a.m. to 2:30 p.m.
Greenville, NC
[View More Information](#)

Supervision and the Recovering Professional

- 🌱 February 18-19
Raleigh, NC
[View More Information](#)

Fetal Alcohol Syndrome Webinar

- 🌱 February 22
[View More Information](#)

Adolescent Suicide Prevention

- 🌱 February 24
Raleigh, NC
[View More Information](#)

Documentation

- 🌱 February 26
Raleigh, NC
[View More Information](#)

MARCH OPPORTUNITIES

2016 Clinical Update

- 🌱 Wednesday and Thursday, 2-3
Raleigh, NC
[View More Information](#)

LOCUS/CALOCUS

- 🌱 March 3
Clemmons, NC
[View More Information](#)

CBT

- 🌱 March 9-11
Raleigh, NC
[View More Information](#)



STAY CONNECTED:

If you have questions regarding the content of this email please contact:
Rebecca Basden
Network Communication Specialist
Rebecca.Basden@TrilliumNC.org

Administrative & Business Matters - (866) 998-2597
24/7 Service Enrollment - (877) 685-2415

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