



NEW – CHILD CARE COORDINATION

Please make sure to submit an [Out of Home Request form](#) for any youth recommended for levels of care IAFT, Level III, or PRTF who are not currently assigned a care coordinator. The referral form, with instructions, can be found on the Trillium [website](#).

Please note that a care coordinator will be assigned to each child where an out of home request referral form has been submitted. The care coordinator will be in contact with the guardian and provider to discuss specifics about the request as well as participate in a pre-placement Child and Family Team meeting. The Care Coordinator will participate as a member of the CFT to ensure the discussion of available treatment options so that the CFT members can make a well informed decision regarding the least restrictive level of care that will most likely lead to success of the youth and their family.

This is a vital foundational part of the out of home process and all CFT members should consider the least restrictive level of care needed to ensure the youth's treatment needs are met.

NEW - IMPORTANT INFORMATION FROM QUALITY MANAGEMENT

FOR PRTF's:

Effective 3/16/2016, all PRTFs are required to enter all restrictive interventions into the Incident Response Improvement System (IRIS). Restrictive interventions include physical restraints, seclusions, mechanical restraints, and/or drug used as a restraint. Restrictive interventions are no longer considered planned even with an approved behavior plan or standing order. All restrictive interventions should only be used in an emergency situation to assure safety.

On March 16, 2016, a training was held in which all PRTF's along with MCO's were invited to learn about incident reporting requirements for PRTFs. Below is a link for IRIS reporting and a copy of the presentation provided at the training. It is highly recommended that your agency takes time to review the presentation and rules (42 CFR 483 Subpart G) associated with Restrictive Interventions to ensure that you are up to date with reporting requirements. Inpatient psychiatric services furnished in a psychiatric residential treatment facility as defined in § 483.352 of this chapter, must satisfy all requirements in subpart G of part 483 of this chapter governing the use of restraints and seclusions. If your agency would like training regarding how to complete an IRIS report, feel free to contact Quality Management Coordinators at IncidentReporting@TrilliumNC.org.

PERCEPTION OF CARE SURVEYS-THANK YOU!

If you participated in the 2016 Perception of Care surveys, Trillium would like to thank you! Your assistance and cooperation has been appreciated!

QUALITY IMPROVEMENT PROJECTS

The 2015-2016 Quality Improvement Projects (QIP's) are due on or before JULY 31, 2016. Any fully contracted provider agency with a state contract is required to submit 3 QIP's for FY 15-16. Please submit by emailing your projects to this address: QMINFO@TrilliumNC.org. If you have any questions about Quality Improvement Projects, contact Kari Jester at Kari.Jester@TrilliumNC.org.

NEW - TRILLIUM RELEASES THE REINVESTMENT PLAN INFOGRAPHIC

The Money We're Saving is Transforming More Lives!

[View Fact Sheet](#)

NEW - JCB #J203 INNOVATIONS WAIVER APPROVAL AND IMPLEMENTATION

The purpose of this bulletin is announce that The Centers for Medicare and Medicaid Services (CMS) have approved the Technical Amendment of the NC Innovations Waiver (0423). The effective date of the waiver is November 1, 2016.

This Technical Amendment includes changes to service definitions as well as the implementation of individual budgets. Individual budgets will be implemented with Individualized Service Plans (ISPs) that go into effect on November 1, 2016.

The NC Innovations Policy, DMA Clinical Coverage Policy 8P, will be updated and posted at <http://www.ncdhhs.gov/dma/mp/index.htm>.



If you have questions regarding the content of this email please contact:

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