



Welcome to the July Provider Forum

Linda Hawley Isbell, MA, CI

Associate VP of Provider Relations and Engagement and Provider Support Services



Please Engage With Us



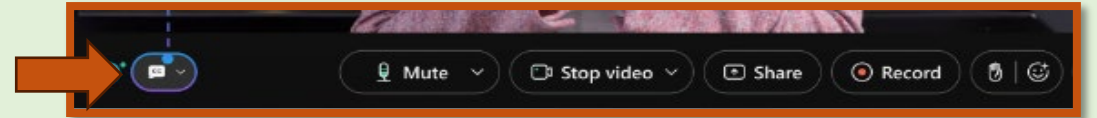
Engaging with our Subject Matter Experts. Options to ask questions: 1) raise your hand and we will call on you, 2) unmute and ask your question, and 3) add your question within the Q&A Bubble.



Questions that require more research, we will review them and provide the answer in the Frequently Asked Questions document (FAQ) posted on our website.



Accessibility features - Closed Captions



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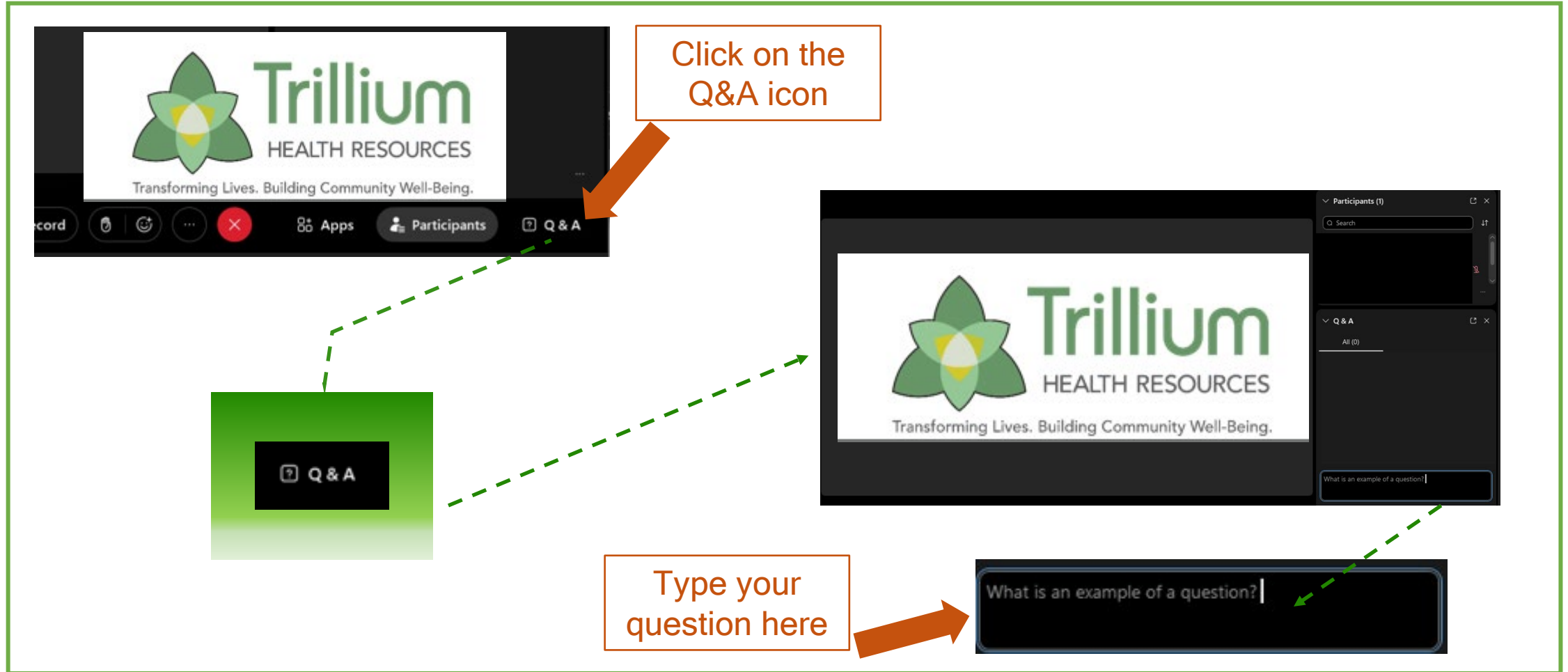


Recording



Transcript/Highlights

Accessing the Q&A feature in WebEx



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Welcome and Overview of Trillium and the Tailored Plan

Chauncey Dameron, MBA

Provider Relations and Engagement Manager

About Trillium Health Resources



- Trillium Health Resources is a Tailored Plan and Managed Care Organization (MCO) that manages serious mental health, substance use, traumatic brain injury, and intellectual/developmental disability services in North Carolina.
- For individuals receiving Medicaid through the Tailored Plan, we cover physical health care and pharmacy services as well.
- We also help uninsured individuals through state-funded services.

Regional Information

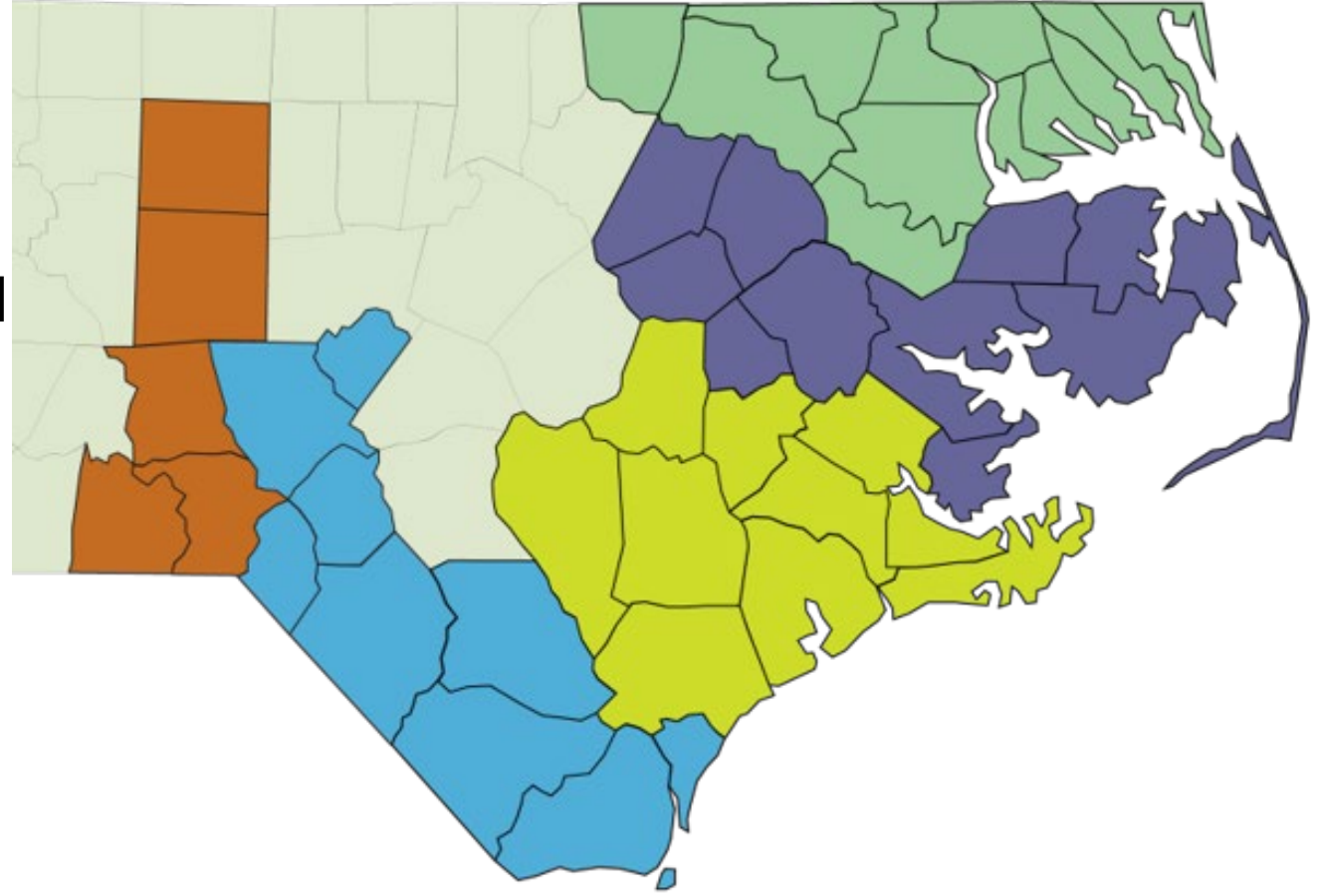
46 Counties

Land mass: 28,977 sq mi

Percentage of land mass in NC: 59.61

Total Population: 3,152,058

Percentage of NC pop: 30%



Network

- Physical health providers: 54,105
- Behavioral health providers: 14,103
- Vision providers: 452
- Pharmacy and medical supplies: 2,788
- Counties covered by providers: 100



Tailored Plan Partnerships



Trillium's Tailored Plan Partners

Carolina Complete Health (CCH):

Trillium's Standard Plan Partner; responsible for our Physical Health Network including Primary Care, Specialty Care, Durable Medical Equipment (DME), Vision, Long-Term Services and Supports (LTSS) Non-Emergency Medical Transportation (NEMT), and Non-Emergency Ambulance Transportation (NEAT).

Centene Vision Services:

Trillium's Vision partner (formerly Envolve), through our agreement with CCH; responsible for our Optometry Network.

PerformRx:

Trillium's Pharmacy Benefit Manager partner; responsible for our Pharmacy Network.

Modivcare:

Trillium's NEMT partner, through our agreement with CCH; responsible for our NEMT Network.

NC Department of Health and Human Services:

Trillium's oversight entity; responsible for managing the delivery of health and human-related services for all North Carolinians.

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HEDIS and HealthConnex Overview

Krissy Vestal, *Head of Performance Improvement*
David Giron, *Head of Performance Measures*

Objectives

- 1 Describe HEDIS
- 2 Benefits of HEDIS
- 3 Importance of connecting to NC HealthConnex



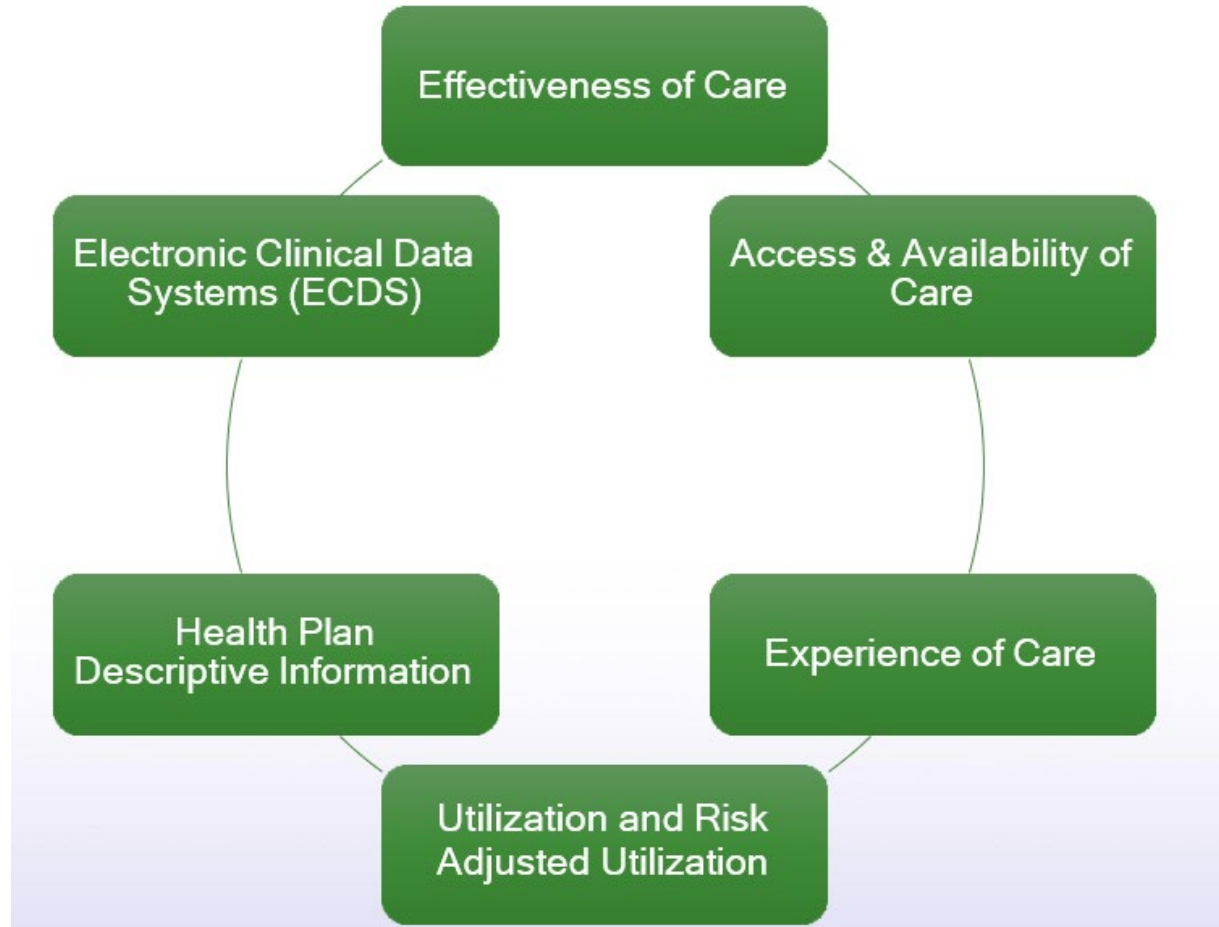
What is HEDIS?

- HEDIS is a set of performance measures created by the National Committee for Quality Assurance (NCQA), our accrediting body.
- More than 1,100 health plans have earned Health Plan Accreditation from NCQA.
- More than 215 million people are enrolled in plans that report HEDIS results.

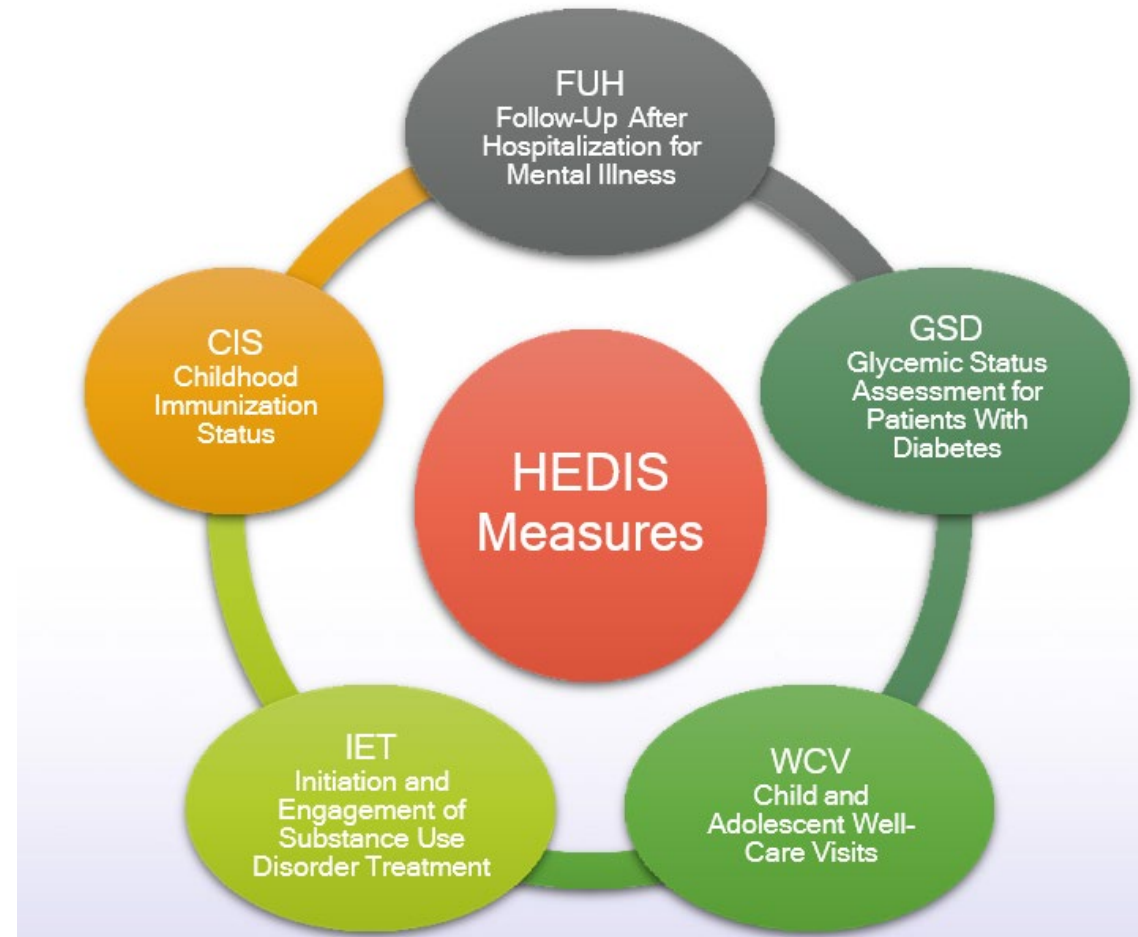


What does it stand for?
Healthcare
Effectiveness
Data and
Information
Set

HEDIS Domains

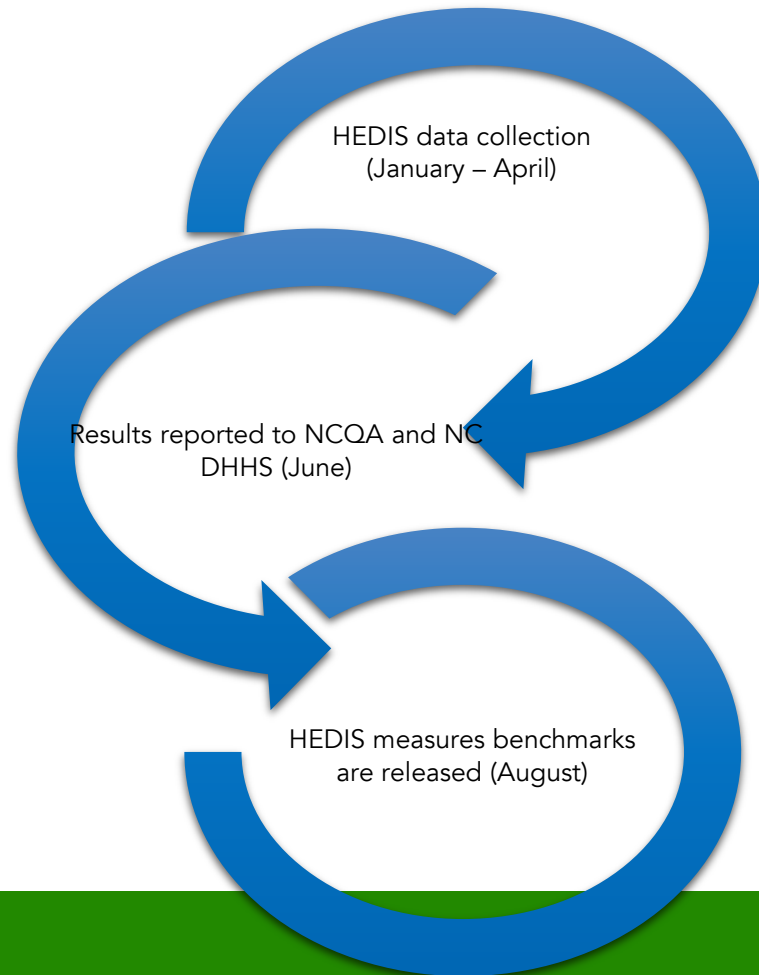


HEDIS Quality Measures



HEDIS National Reporting

Quality Management



Quality Improvement



Service
codes



Screening &
Prevention



Follow ups
within 7 days



Benefits of HEDIS

Understand quality of care

Discover gaps in healthcare

Improve member outcomes

Provide beneficial data

Monitor quality improvement



Quality Improvement

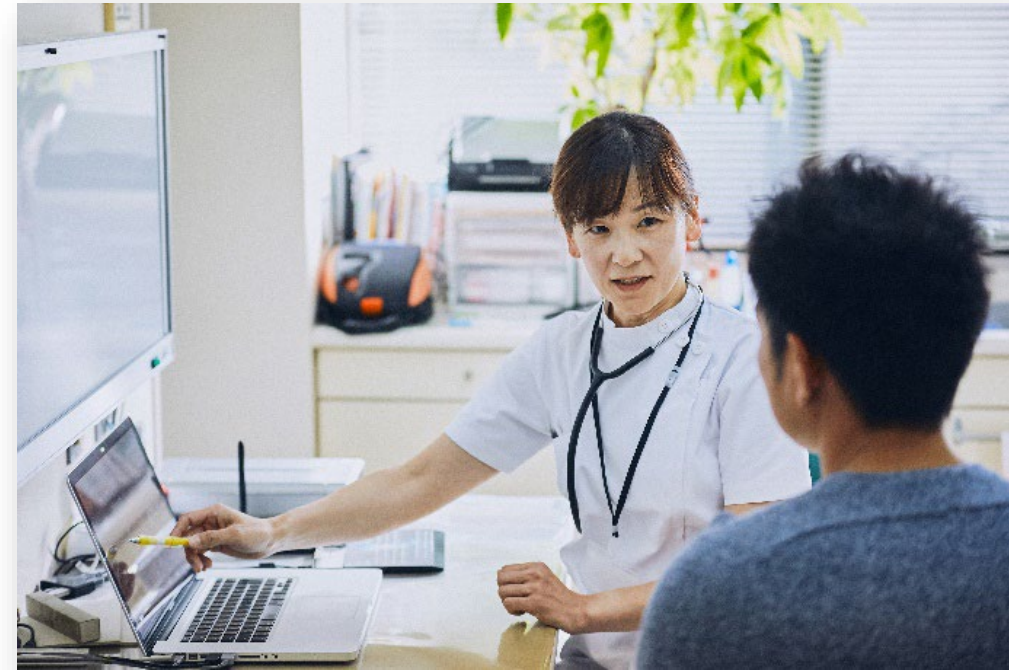
Quality Management

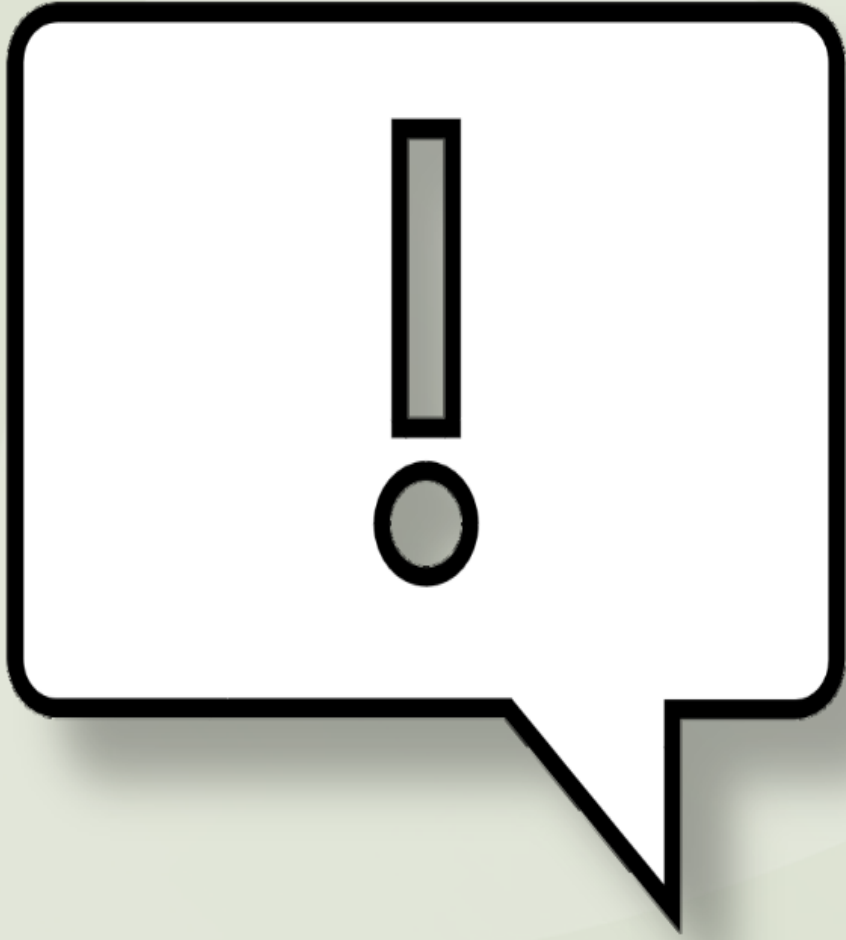


Service
codes
Follow ups
within 7
days



Screening
&
Prevention





**Why is it
Important to
Sign Up?**



Why NC HealthConnex?



Reduces Burden



Real-Time Access
to Patient Health
Information



Near-Real-Time
Quality Data



Standardization of
Patient Data



Questions?



[Trillium HEDIS Resources Webpage](#)

[How to Connect to Health Connex](#)

[NC DHHS Quality Tech Specs](#)

3

1915i Services, Clinical Coverage Policy 8-H, Relative as Direct Support Employee (RDSE)

Katina Dial-Scott

AVP of Operations I/DD & LTSS Services

What are 1915(i) Services?

- ❖ The 1915(i) Home and Community Based Services (HCBS) services are for members who receive Medicaid and want support to live in their home communities. These services are non-medical behavioral health services.
- ❖ These services are used to support members with serious mental illness, severe substance use disorders, traumatic brain injuries or intellectual/developmental disabilities. Members can receive these services while on the Registry of Unmet Needs for Innovations.
- ❖ They are provided at a member's residence or community and are not for members living in an institution.
- ❖ Federal conflict-free care management requirements state a provider cannot provide Tailored Care Management (TCM) and 1915(i) services to the same member.
- ❖ Individuals who are enrolled in Community Alternatives Program for Children (CAP/C) or Community Alternatives Program for Adults (CAP/DA) can receive some 1915(i) services. Members cannot receive Respite or Community Transition but are eligible to receive all other services.



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Eligibility for 1915(i) services?

Eligible







- ❖ Must have eligible NC Medicaid Health plan:
 - NC Medicaid Direct, Tailored Plans, EBCI Tribal Option and The Children and Families Specialty Plan (upon launch).
 - (Trillium Medicaid Insurance Active: Medicaid B, TP Medicaid)
- ❖ Members on the waitlist for Innovations Services may be eligible to receive 1915(i) services while they wait.
- ❖ Members are not required to meet an institutional level of care to be eligible for 1915(i) services.

Not Eligible

- ❖ Recipients of Standard Plan, the NC Innovations or TBI Waiver are not eligible for 1915(i) services.

NC Medicaid's Member Eligibility for 1915(i) Services

Eligibility for 1915(i) services varies on a benefit-by-benefit basis and is determined after an assessment is approved. Eligible populations must have a NC Medicaid health plan managed by an LME/MCO and include individuals with I/DD, SED, SMI, SPMI, SUD, and TBI.

1915(i) Services		I/DD (Intellectual/Developmental Disability)	SED (Serious Emotional Disturbance)	SMI and/or SPMI (Serious Mental Illness)/ Severe and Persistent Mental Illness)	SUD (Severe Substance Use Disorder)	TBI (Traumatic Brain Injury)
Community Living and Support		✓ All Ages				✓ All Ages
Supported Employment		✓ Ages 16+				✓ Ages 16+
Individual Placement and Support Services			✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	
Respite Care		✓ Ages 3+	✓ Ages 3-20		✓ Ages 3-20	✓ Ages 3+
Individual and Transitional Support			✓ Ages 16-21	✓ Ages 18+	✓ Ages 16+	
Community Transition		✓ All Ages		✓ All Ages	✓ All Ages	✓ All Ages



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1915(i) Services Supported Employment for IDD and TBI (CCP 8H-1)

Prior Authorization Required

Members with severe mental illness find competitive, community employment and provides ongoing, individualized services with a focus on employment. Services include personalized counseling to understand how work may affect a member's benefits, ongoing treatment to help manage medications, symptoms, and other behavioral health needs. An employment specialist and peer support help members to succeed on the job and advance professionally.

Restrictions:

- ❖ Members must have gone through services by Employment and Independence for People with Disabilities (EIPD) before they can get Supported Employment.
- ❖ 1915(i) SE and CLS may not exceed a combined limit of 40 hrs. per week.
- ❖ SE may not be provided by family members who live in the same household as the member.
- ❖ May not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973 or under the Individuals with Disabilities Education Act.
- ❖ May not be provided to a member living in an ICF-IID
- ❖ **Pre-employment and Employment Stabilization Phase:** A **maximum of 20 hours per week for up to 180 days** of services for initial job development, training, and support. If the member obtains employment and their schedule and support needs require more than **20 hours a week of services**, additional hours can be authorized.
- ❖ **Employment Stabilization Phase:** Based on the members' work schedule and support needs, not to exceed **40 hours a week**. Services can be authorized for up to **365 days** if the work schedule/ needs are not anticipated to change.
- ❖ **Long-Term Supported Employment Phase:** For a member who is stable in their employment and has minimal support needs, a **maximum of 10 hours per month** may be approved annually for periodic long-term support. If there is an increased support need, additional hours may be authorized. For a member with ongoing support needs, SE may be authorized for the number of hours necessary to support the member to remain stable in their employment; not to exceed **40 hours a week**.
- ❖ See the benefit plan for more details.
[8H-1, 1915 \(i\) Supported Employment for I/DD and TBI](#)



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1915(i) Services Individual Placement and Supports for Mental Health & Substance Use (IPS) (CCP 8H-2)

Prior Authorization Not Required

Helps members find, get, and keep a job that is right for them. A specialist will help them with career planning and discovery, resume help and job interview practice. Help with learning assigned job tasks and how to get to work

(Effective 1/1/2025, Clinical Communication Bulletin #70 released 12/20/2024 for Mental Health Parity updates, flexibilities ending and authorization changes need.)

Restrictions:

- ❖ Service does not have a hard limit.
- ❖ The duration and frequency at which IPS is provided must be based on medical necessity and progress made by the member toward goals outlined in the Career Profile.
- ❖ Services are based on the level of intensity required to acquire stable employment or interventions required for continued employment.
- ❖ Individuals with sole IDD or TBI diagnoses would not qualify for IPS-SE.
- ❖ Must have gone through services by Employment and Independence for People with Disabilities (EIPD) before you can get Individual Placement and Support.
- ❖ Services must not be provided during the same auth period as ACT.
- ❖ 1915(i) SE and CLS may not exceed a combined limit of 40 hrs. per week
- ❖ Even though this service is under a NPA all documentation is still required for the services to include:
 - 1915(i) Assessment
 - CMCA
 - Care Plan
- ❖ See the benefit plan for more details.

[8H-2, 1915\(i\) Individual Placement & Support \(IPS\) for Mental Health & Substance Use](#)



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1915(i) Services Individual and Transitional Support (ITS) (CCP 8H-3)

Prior Authorization Not Required

Members get personalized support for their recovery from mental health issues or substance use disorders. Members participate and guide their recovery process, have access to transportation, help to find housing, manage their finances, and continue their education.

(Effective 1/1/2025, Clinical Communication Bulletin #70 released 12/20/2024 for Mental Health Parity updates, flexibilities ending and authorization changes need.)

Restrictions:

- ❖ The duration and frequency must be based on member need and progress made by the member toward goals outlined in the care plan. It is expected that the service intensity titrates down as the member demonstrates improvement.
- ❖ Cannot be provided during the same authorization period as ACT, CST, IIH, MST, PSR, or those ages 16-21 who reside in Medicaid funded group residential treatment facility or any other duplicative service.
- ❖ Cannot be provided if the service is otherwise available under the Rehabilitation Act of 1973 or under the Individuals with Disabilities Education Act.
- ❖ Family members or LRP are not eligible to provide this service.
- ❖ Cannot be provided during the same time as another direct support Medicaid service.
- ❖ This service may not be provided in a group.
- ❖ Even though this service is under a NPA all documentation is still required for the services to include:
 - 1915(i) Assessment
 - CMCA
 - Care Plan
- ❖ See the benefit plan for more details.

[8H-3, 1915\(i\) Individual and Transitional Support \(ITS\)](#)



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1915(i) Services

Respite

(CCP 8H-4):

Prior Authorization Required

Gives caregivers a break, while knowing that their loved one is cared for.

Overnight, weekend, and emergency care for the member could be provided in or out of the home.

Restrictions:

- ❖ Respite must not be provided by any person or legal guardians if they live in the same home as the member.
- ❖ No more than **1200 units (300 hours)** can be provided in a plan year.
- ❖ Respite may not be billed on the same day as Residential Supports.
- ❖ Emergency care applies to family emergencies and does not include out of home crisis.
- ❖ This service may not be used as a regularly scheduled daily service for individual support.
- ❖ Respite may not be used for members who are living alone or with a roommate.
- ❖ Members enrolled in the CAP/C or CAP/DA waiver are not eligible for Respite services.
- ❖ See the benefit plan for more details.

[8H-4, 1915\(i\) Respite](#)



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1915(i) Services **Community Living and Support** **(CCP 8H-5)** **Prior Authorization Required**

Members learn skills to help them live independently at home and participate in the community.

Members learn to manage eating, bathing, dressing, personal care, hygiene and other daily activities. Life skills such as shopping and banking and extra support for health and safety.

Restrictions:

- ❖ Relatives who live in the same home as a member who is under 18 years old may not provide CLS.
- ❖ Members who are in school eligible for up to 15 hours per week when school is in session and up to 28 hours per week when school is not in session.
- ❖ Members 22 years of age and older may be eligible up to 28 hours per week.
 - ❖ Members 18 years of age or older that have graduated per CCP may be eligible for over age 22 limits.
- ❖ 1915(i) CLS and SE may not exceed a combined limit of 40 hrs. per week.
- ❖ Transportation to and from the school setting is not covered.
- ❖ Individuals who are enrolled in the Innovations or TBI waiver are not eligible for 1915(i) services.
- ❖ This service may not be provided during the same time as any other direct support Medicaid service.
- ❖ Relatives who live in the same primary residence as member, who is over 18 years old, can provide CLS if the relative meets the required staffing qualifications.
- ❖ See the benefit plan for more details.

[8H-5, Community Living and Supports](#)



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1915(i) Services Community Transition (CCP 8H-6)

Prior Authorization Required

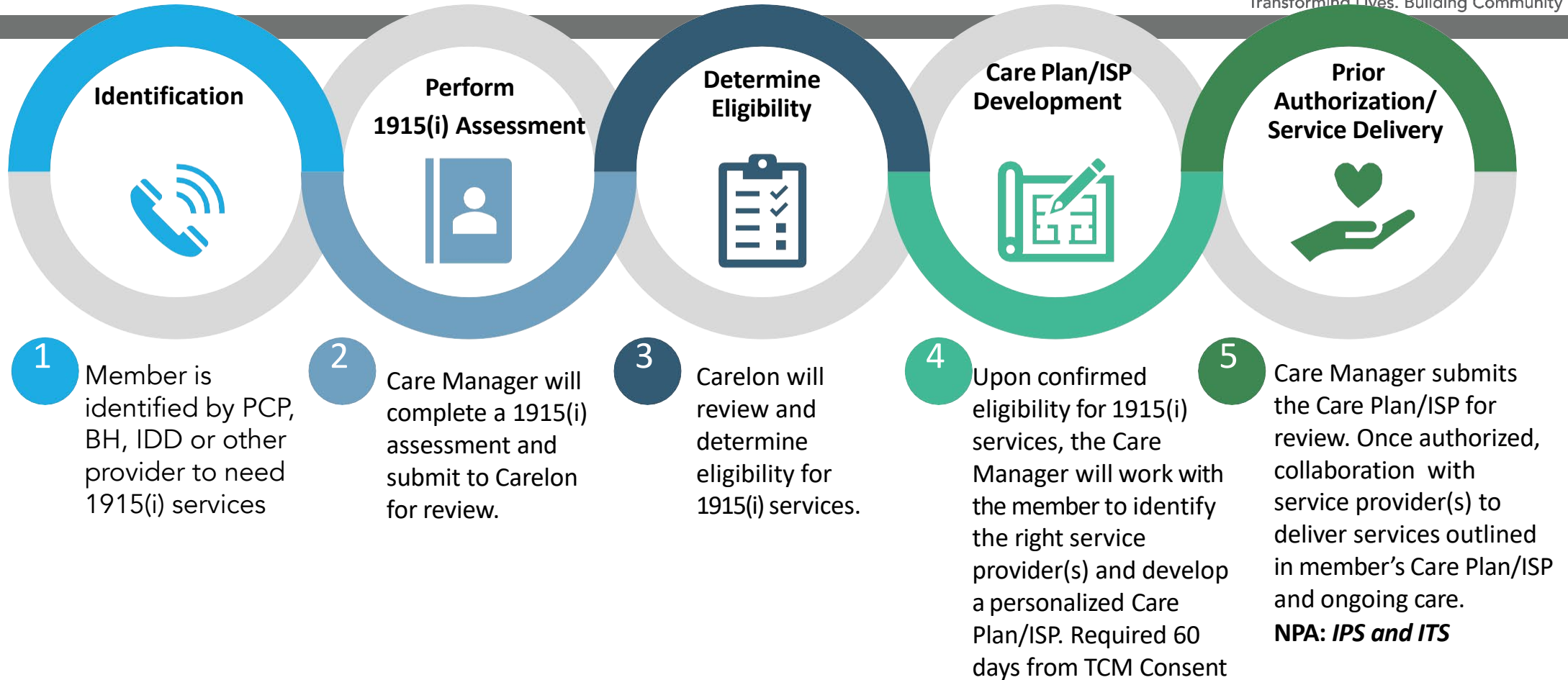
Members can get up to \$5,000 in credit to help them move from an institution or approved setting to their own home. Approved settings can be a state-operated health care facility, a foster or group home, a psychiatric residential treatment facility, a community intermediate care facility (ICF-IID) and more. Funding can be used for security deposit for an apartment or house, essential home furnishings, like furniture, kitchen utensils and linens, moving expenses, and set-up fees for utilities (like phone, internet, gas).

Restrictions:

- ❖ Available up to **3 months in advance** of a member's move to an integrated living arrangement, and up to **90 consecutive days** post move in date.
- ❖ Has a limit of \$5,000 per individual during a 5-year period.
- ❖ Only covers the actual items purchased, not the time spent helping the member to purchase them.
- ❖ May be provided only in a private home or apartment with a lease in the individual's/legal guardian's/ representative's name or a home owned by the individual.
- ❖ May not be provided by family members.
- ❖ Services cannot duplicate items that are currently available from a roommate.
- ❖ Furnished only to the extent that the member is unable to meet such expenses, or when the support cannot be obtained from other sources or services.
- ❖ May not be provided to members enrolled in the CAP/C or CAP/DA waiver.
- ❖ May not be provided to a member residing in an Institution for Mental Disease (IMD) regardless of the facility type.
- ❖ See the benefit plan for more details.

[8H-6, 1915\(i\) Community Transition](#)

Process for Accessing 1915(i) Services



1915(i) assessments are conducted annually or when circumstances or needs change significantly. These assessments determine continued eligibility for 1915(i) services.

What are the 1915(i) Service billing codes?

- ❖ Providers should not bill 1915(i) services until a member has been deemed eligible for 1915(i) services (which happens after the 1915(i) assessment has been completed) and the member's 1915(i) services have been authorized by the member's Tailored Plan or LME/MCO.
- ❖ When submitting 1915(i) service claims ensure you are using the correct codes and site location for services.

The following codes can be leveraged after the member has been authorized for 1915(i) services:

Code	Modifier(s)	1915(i) Service
H0043	U4	Community Transition
H0045	U4	Respite
H0045	HQ U4	Respite Group
H2023	U4	Supported Employment Initial
H2023	HQ U4	SE Initial Group
H2026	U4	SE Maintenance
H2026	HQ U4	SE Maintenance Group
T1019	U4	Individual and Transitional Support (subject to EVV)
T1019	U4 TS	Individual and Transitional Support (non-EVV, only in the community)
T2012	U4	Community Living and Supports (only in the community, non-EVV)
T2013	TF HQ U4	Community Living and Supports Group (subject to EVV)
T2012	GC U4	Community Living and Supports relative as provider lives in home (non-EVV)
T2013	TF U4	Community Living and Supports Individual (subject to EVV)
T1017	HT	TCM for 1915(i) (<i>Two separate lines on the same claim are required</i>)
T1017	U4	

Who can you contact at Trillium?

- ❖ Providers should email UM@trilliumnc.org for questions related to utilization management of 1915(i) services.
- ❖ Providers can reach out to their TCM consultant by phone or email if they have difficulty finding contact information for members so their TCM consultant can look in Trillium's system.
- ❖ For questions related to contracting, providers should email networkservicesupport@trilliumnc.org
- ❖ Providers can contact the PSSSL at (855) 250-1539 or via email at NetworkServicesSupport@trilliumnc.org with any questions The PSSSL is open Monday through Saturdays from 7 a.m. to 6 p.m.
- ❖ 1915(i) service providers can refer to NC Tracks to determine TCM assignment by clicking on the Enrollment tab, scroll down and click on the current date range, enrollment Detail box will pop up and click on the Tailored Care Manager NPI numbers in blue to see the assigned TCM.
- ❖ Trillium also has a link on our website located under "For Provider", then under "How do I...?". Providers can submit questions on the following topics by clicking [1915\(i\) Question Submission Form](#)
 - Who is the assigned Trillium TCM staff, Contact information for member, 1915(i) insurance eligibility coverage, 1915(i) assessment needed, ISP/Care Plan needed, Service authorization needed, Claims/Billing need and 1915(i) service code issue

Care Plan/ISP

TCM and 1915(i) providers must work together to ensure the ISP/Care Plans are completed in a timely manner and are fully completed with the correct information on them to avoid issues.

- ❖ TCM will Incorporate the results of the independent assessment into the Care Plan/ISP.
- ❖ TCM will complete the Care Plan/ISP within 60 calendar days of 1915(i) eligibility determination.
- ❖ Explain options regarding the services available and discuss the duration of each service.
- ❖ Include a plan for coordinating waiver services
- ❖ CM will complete long-range goals, and 1915(i) service provider will complete the short-range goals.
- ❖ Ensure the member provides a signature (wet or electronic) on the Care Plan or ISP to indicate informed consent, in addition to ensuring that the Care Plan/ISP includes signatures from all members and providers responsible for its implementation.
- ❖ Plans must align with the birth month. Dates: Initial Start Date through last day of member's birth month. Example: Birthday is in May the end date of the plan would need to be May 31st.
 - **Primary IDD or TBI Diagnosis > ISP**
 - **Primary MH Diagnosis > Care Plan**
- ❖ **Care Plan/ISP for CLS:** There should be one Care Plan/ISP for the member. The TCM provider creates the plan and the provider providing the CLS services are responsible for the Short-range goals.
- ❖ **Service Order Signatures:** The care plan does not have a specific signature place for service orders, but a service order is required for 1915(i) ISP and ITS. Per the TCM manual both the care manager and service provider should be signing the care plan so either signature would meet the service order requirement if QP or another accepted licensure. (CCP 5.4 Service Order)

Care Plan/ISP Trainings and Templates

- ❖ **Individual Support Plan (ISP) development Templates:** These are templates that can be utilized for the Individual Support Plan (ISP) development. Please make sure to follow the appropriate Clinical Coverage Policies for 1915i or Innovations Waiver to make sure all required elements are on the ISP that is developed.
 - [Tailored Care Management Providers Forms and Training | Trillium Health Resources](#)
- ❖ **TCM Training Resources and Links:** To ensure provider success, TCM Providers contracted with Trillium can access TCM specific trainings and support tools at their convenience. The Provider My Learning Campus, Trillium's web-based training platform, houses TCM specific trainings offered by Trillium and the Mountain Area Health Education Center (MAHEC).
 - **Step 1:** Provider - [My Learning Campus User Agreement Form](#)
 - **Step 2:** Provider - My Learning Campus [Click Provider Login](#)
 - **Step 3:** TCM providers can find pertinent trainings in the “**Tailored Care Management Tailored Plan**” category, as well as **All TCM Provider Forum** recordings in the “**Network Trainings**” category.
- ❖ **Accessing trainings through MAHEC:** [NC MAHEC](#) hosts a helpful web portal which contains a wealth of resources for TCM providers, including slideshows used in past Learning Collaborative meetings

Frequently Asked Questions

- ❖ **What constitutes a service order with the 1915i services?** UM is reviewing the CM QP signature as the service order for 1915i. Provider agency would need to ensure they have a copy of the members Care Plan/ISP that includes the, service codes, long range goals and this signature pages. As the provider agency, they should be getting a copy of this plan when providing services.
- ❖ **Is a traditional CCA required for services such as CLS and ITS?** For CLS this is an IDD specific service, member would a psychological evaluation that provides diagnostic impressions. As it relates to ITS documentation of a qualifying diagnosis would be needed, you could use the CCA for this MH service)
- ❖ **Is there a way providers can see 1915i CLS authorizations?** Service providers should be able to view authorizations through Provider Direct.
- ❖ **Why is thee a continued problem with continuation for 1915i services, or getting authorizations and different care managers following processes for plan development?** Please continue to work with your care manager. If you have concerns, please reach out to Trillium to discuss authorization.

Frequently Asked Questions Continued

- ❖ **Can members receive 1915(i) services and CLFS in lieu of service since they are considered different funding sources?** Members receiving CLFS are excluded from receiving Medicaid State Plan Care or other Medicaid benefits included in CLFS bundled service. Those members receiving CLFS level 1 in their home may be eligible for 1915(i) Respite. See service definitions for these services.
- ❖ **Where can providers see 1915(i) authorizations?** Authorizations are provided “Provider Direct” however if the services is under a NPA no authorization is required and would not be shown.
- ❖ **Change in assigned Tailored Care Manager (TCM):** TCM may change if a member changes TCM providers or opts out of TCM, staffing changes, reassignment from the department or due to member support needs. For example, if a member is assigned to a provider that offers TCM and 1915(i) services, the member would need a new TCM assignment or a referral to another 1915(i) service provider since both services cannot be provided by the same provider.

1915(i) Provider Resources

- ❖ **Medicaid Benefit Plan:** [Medicaid 1915\(i\) - Option Set of Services](#)
- ❖ **TCM Provider Manual:** [TCM Provider Manual](#)
- ❖ **1915(i) Services: Medicaid Home and Community-Based Services:** [Medicaid.NC.Gov/1915i.](#)
- ❖ **PCP/Provider Request for Care Manager Name or Assignment Referral Form:**
[PCP/Provider Request for Care Manager Name or Assignment Referral Form](#)
- ❖ **For TCM Assignment:** Providers can refer to NC Tracks to determine TCM assignment. Just click on the enrollment tab, scroll down and click on the current date range. The enrollment detail box will pop up, then click on the Tailored Care Manager NPI numbers in blue to see the assigned TCM. If Trillium is the TCM, the PCP/Provider Request for Care Manager Name or Assignment Referral Form ([PCP/Provider Request for Care Manager Name or Assignment Referral Form \(smartsheet.com\)](#)) can be submitted to identify the Trillium TCM staff assigned to the member.
- ❖ **1915(i) Question Submission Form** (Located under For Providers > How do I?) [1915i Question Submission Form](#)
- ❖ **Trillium Rate Sheet:** [Billing Codes & Rates | Check Write Schedule | Trillium Health Resources](#)
- ❖ **HHA issues with 1915i members not set up contact:** Claimssupport@trilliumnc.org, if including PHI [Zixmail Secure for Providers](#)

4

Trillium Ultimate Living Assistant (TULA)

Grayanna R. Young
Manager, TULA Remote Support



TULA

Trillium Ultimate Living Assistant

Technology Powered with Care™

Why Innovation in Care is Necessary

1

Supporting
Independence

2

Direct Support
Professional
(DSP) Crisis

3

Bridging the
Gap - The
Digital Divide

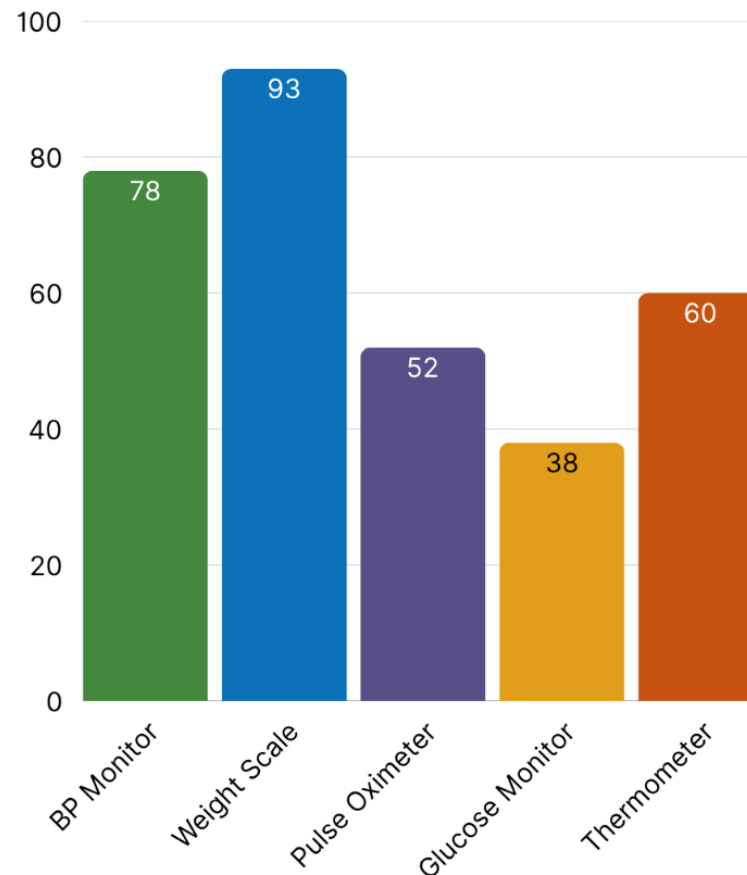
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Increasing
Access to Care

TULA Pilots + Focus

- TCM: IDD + Dual
- Autism Society of NC: ASD, IDD
- Physician's Alliance:
2 ACT Teams – Mental Health
- Monarch:
3 Group Homes – IDD + MH
- Easterseals PORT Health:
EMPOWER Day Programs (IDD)

Health Devices



290 TULA
Touchscreens
Deployed



Average 34
Touches per
Day



More than Half
of TULAs in Family
Homes followed
by Independent
Living





TULA

Trillium Ultimate Living Assistant

Technology Suite



The Ultimate Living Assistant

Daily Living

- Reminders
- Calendar
- To-do
- Medication Reminders



Health

- Managing Chronic Conditions
- Exercise
- Nutrition



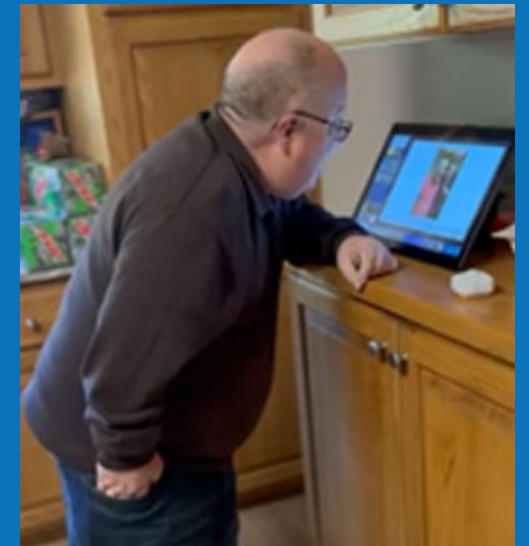
Connections

- Letters
- Messaging
- 2-way Video



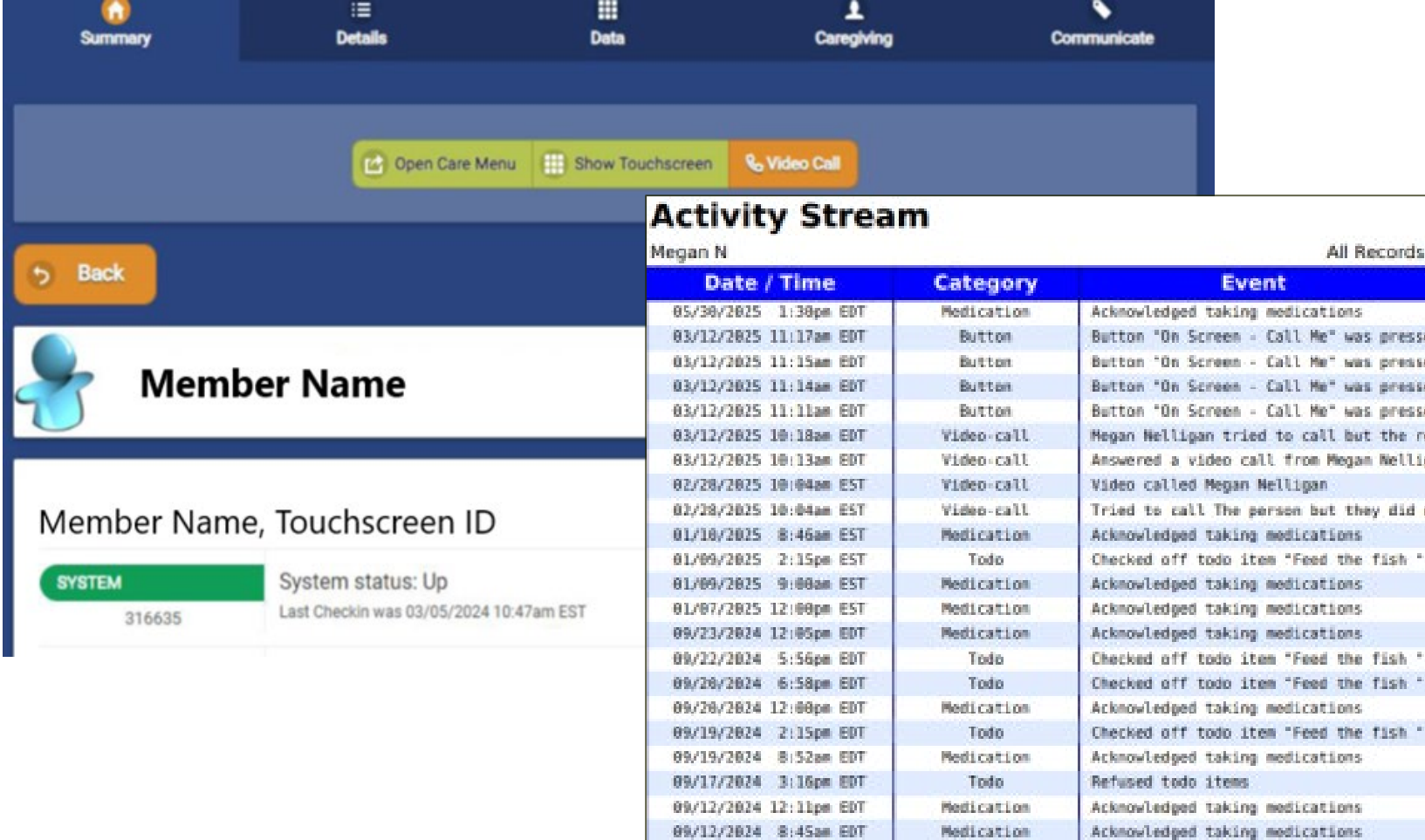
Engagement

- Games
- Trivia
- Calculator
- Audio Books
- Live Radio



Remote Supports

- Wireless Motion Sensors
- Door and Window Sensors
- Rule-Based Alerts for Activity
- Care Portal



The screenshot displays the Trillium Care Portal interface. At the top, there are navigation tabs: Summary, Details, Data, Caregiving, and Communicate. Below these, there are buttons for 'Open Care Menu', 'Show Touchscreen', and 'Video Call'. The main content area shows a 'Member Name' section with a blue person icon and a 'Back' button. Below this, there is a 'Member Name, Touchscreen ID' section with a green 'SYSTEM' button and the ID '316635'. To the right, there is an 'Activity Stream' table for 'Megan N' with columns for Date / Time, Category, and Event. The table lists various activities such as medication taking, button presses, and video calls.

Date / Time	Category	Event
05/30/2025 1:30pm EDT	Medication	Acknowledged taking medications
03/12/2025 11:17am EDT	Button	Button "On Screen - Call Me" was pressed
03/12/2025 11:15am EDT	Button	Button "On Screen - Call Me" was pressed
03/12/2025 11:14am EDT	Button	Button "On Screen - Call Me" was pressed
03/12/2025 11:11am EDT	Button	Button "On Screen - Call Me" was pressed
03/12/2025 10:18am EDT	Video-call	Megan Nelligan tried to call but the r
03/12/2025 10:13am EDT	Video-call	Answered a video call from Megan Nellig
02/28/2025 10:04am EST	Video-call	Video called Megan Nelligan
02/28/2025 10:04am EST	Video-call	Tried to call The person but they did
01/18/2025 8:46am EST	Medication	Acknowledged taking medications
01/09/2025 2:15pm EST	Todo	Checked off todo item "Feed the fish "
01/09/2025 9:00am EST	Medication	Acknowledged taking medications
01/07/2025 12:00pm EST	Medication	Acknowledged taking medications
09/23/2024 12:00pm EDT	Medication	Acknowledged taking medications
09/22/2024 5:56pm EDT	Todo	Checked off todo item "Feed the fish "
09/20/2024 6:58pm EDT	Todo	Checked off todo item "Feed the fish "
09/20/2024 12:00pm EDT	Medication	Acknowledged taking medications
09/19/2024 2:15pm EDT	Todo	Checked off todo item "Feed the fish "
09/19/2024 8:52am EDT	Medication	Acknowledged taking medications
09/17/2024 3:16pm EDT	Todo	Refused todo items
09/12/2024 12:11pm EDT	Medication	Acknowledged taking medications
09/12/2024 8:45am EDT	Medication	Acknowledged taking medications



02 28

82°F

Today is Thursday, June 6, 2024

Main Menu

Video Call

Slide Show

Call Me

- ☒ clean up breakfast area
- ☒ take medication
- ☒ take nightly shower

It is currently 2:28pm

Calendar

Prev

VIEW



5

Provider Council Updates

English Adams Albertson
Provider Council President

- The Provider Council has one seat available for a Hospital Representative. There is only 1 seat on the Council to represent the 5 Regions so we will take applications from any hospital in the Trillium Network.
- The deadline for applying will be **August 15, 2025**. Applications can be found on the Trillium website, and they should be sent to the Provider Council President, English Albertson (ealbertson@pridenc.com).

6

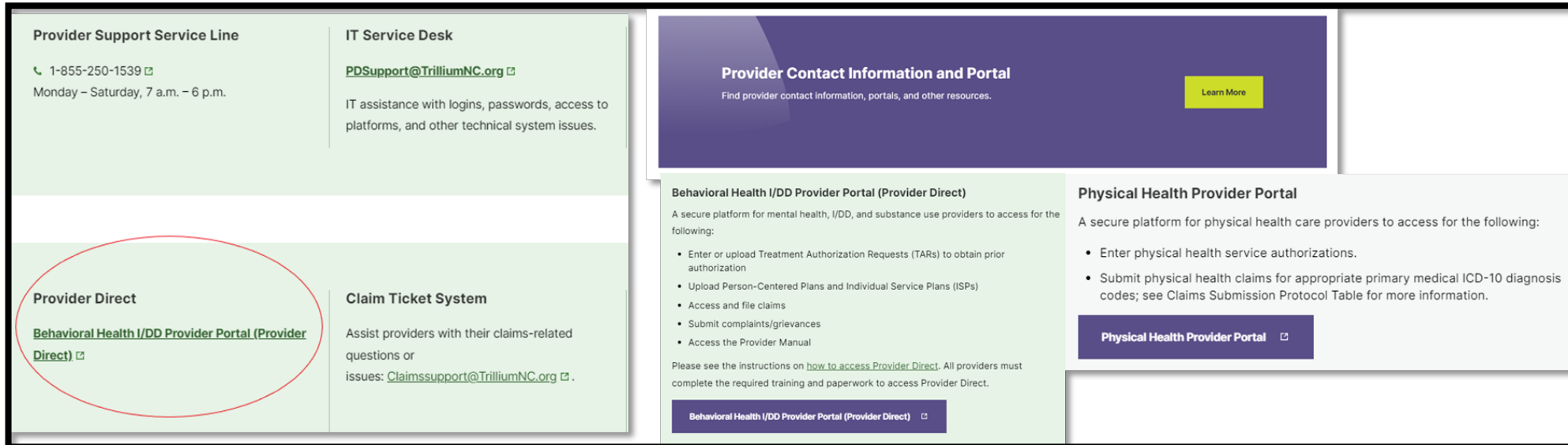
Provider Direct: Accessing PD, Submitting Tickets

Stacey Henderson

Director of IT Programs - Business Systems

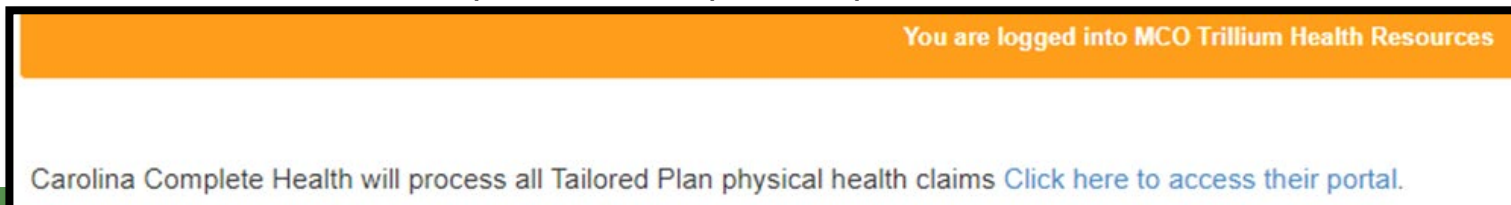
Accessing Provider Direct

- To access the secure provider portals, please visit trillium's website at www.TrilliumHealthResources.org and select "For Providers"
- Hyperlink to Provider Direct is displayed mid-way down on the "For Providers" page OR you can click on "Provider Contact Information and Portal"



The screenshot shows the 'For Providers' page layout. On the left, there are four green boxes: 'Provider Support Service Line' (1-855-250-1539, Monday-Saturday 7 a.m. - 6 p.m.), 'IT Service Desk' (PDSupport@TrilliumNC.org, IT assistance), 'Provider Direct' (Behavioral Health I/DD Provider Portal (Provider Direct) - circled in red), and 'Claim Ticket System' (Assist providers with their claims-related questions or issues: Claimssupport@TrilliumNC.org). On the right, there is a purple box for 'Provider Contact Information and Portal' (Find provider contact information, portals, and other resources. Learn More) and a light blue box for 'Physical Health Provider Portal' (A secure platform for physical health care providers to access for the following: Enter physical health service authorizations, Submit physical health claims for appropriate primary medical ICD-10 diagnosis codes; see Claims Submission Protocol Table for more information. Physical Health Provider Portal). Below the purple box is a green box for 'Behavioral Health I/DD Provider Portal (Provider Direct)' (A secure platform for mental health, I/DD, and substance use providers to access for the following: Enter or upload Treatment Authorization Requests (TARs) to obtain prior authorization, Upload Person-Centered Plans and Individual Service Plans (ISPs), Access and file claims, Submit complaints/grievances, Access the Provider Manual. Please see the instructions on how to access Provider Direct. All providers must complete the required training and paperwork to access Provider Direct. Behavioral Health I/DD Provider Portal (Provider Direct)).

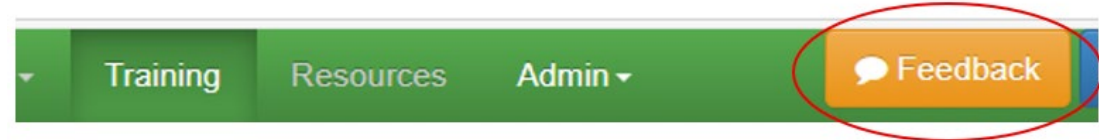
- In addition, a direct link to Carolina Complete Health's provider portal is available within each screen within Trillium's Provider Direct portal



The screenshot shows a notification banner with an orange header that says 'You are logged into MCO Trillium Health Resources'. Below the header, the text reads: 'Carolina Complete Health will process all Tailored Plan physical health claims Click here to access their portal.'

Resources and Assistance

- Training Materials can be found within Provider Direct for quick access
- Training resources are available for many Provider Direct functionalities.
- If you need technical assistance, you can reach out to PD Support via the FEEDBACK button within Provider Direct or email pdsupport@trilliumnc.org



Training Materials

Drag a column header and drop it here to group by that column					
Select	Title	Duration	Type	Updated	Comments
Select	My Learning Campus		Online	09/29/2022	My Learning Campus
Select	Claims CMS 1500 Training	22 minutes	Online	11/05/2021	Training is BOTH PC & MAC compatible
Select	Sud Consent Release and Revocation Form		Form	11/18/2019	DHHS SUD Consent Form
Select	Client Search, Insurance & Target Pops Training	10 minutes	Online	09/25/2019	Training is BOTH PC & MAC compatible
Select	Uploading Sud Consent Release and Revocation		Instructions	09/04/2019	How to upload SUD consent-DHHS Consent Compliance
Select	IDD Level of Care Eligibility Determination		Instructions	09/07/2017	New featured added to Client homepage on 9/7/2017
Select	Upload Files to MCO		Instructions	02/02/2017	New featured added to File Transfer Menu on 2/2/17
Select	Claims UB04 Training	21 minutes	Online	04/15/2015	Training is BOTH PC & MAC compatible
Select	Copy TAR Training	11 minutes	Online	02/09/2015	Training is BOTH PC & MAC compatible
Select	Treatment Authorization Request TAR Training	27 minutes	Online	02/09/2015	Training is BOTH PC & MAC compatible
Select	Client SIS, Clinical Documents & Crisis Plans Training	13 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible
Select	Client Update Training	12 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible
Select	Dashboard Training	20 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible
Select	Discharge TAR Training	12 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible
Select	Enrollment Training	31 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible
Select	File Transfer Training	7 minutes	Online	01/26/2015	Training is BOTH PC & MAC compatible

7

Network Opportunities

Richard Uranga MSW, MBA

Network Development Unit Manager / Veterans Point of Contact

Current Service Gaps

Partial Hospitalization

- **Adult - Dare and Hyde**
- **Child/Adolescent - Dare and Hyde**

Psychosocial Rehabilitation (PSR)

- **Brunswick, Currituck, Dare, Hyde, New Hanover, and Onslow**

Current Service Gaps Continued

Opioid Treatment Program (OPT)

- Anson, Beaufort, Bertie, Dare, Hyde, Lee, Richmond, and Washington

Substance Abuse Comprehensive Outpatient Treatment (SACOT)

- Dare and Hyde

Substance Abuse Intensive Outpatient Program (SAIOP)

- Adult - Dare and Hyde
- Adolescent - Dare, and Hyde

8

Provider Forum

Linda Hawley Isbell, MA, CI

Associate Vice President of Provider Relations and Engagement and Provider Support Services

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Building Community Well-Being.



May 2025 Provider Survey Data Results








May 2025 Provider Survey

- 🌱 We planned to conduct the survey through the end of May but decided to go through the first full week of June 2025 to have a complete 30-day timeframe for providers to participate.
- 🌱 We had 50 providers participate in the survey.



Network

-  Physical health providers: 54,105
-  Behavioral health providers: 14,103
-  Vision providers: 452
-  Pharmacy and medical supplies: 2,788
-  Counties covered by providers: 100



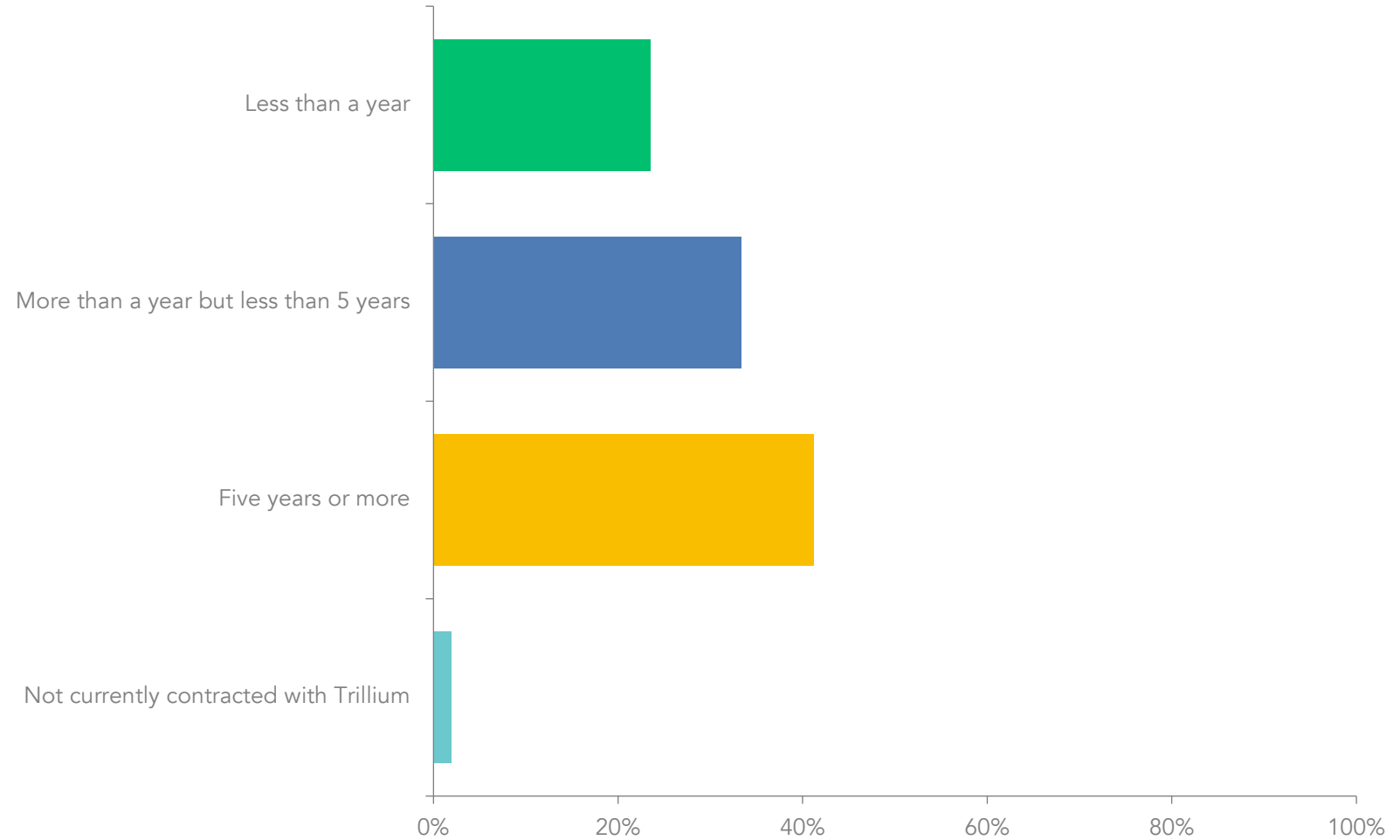
Trillium

HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Q1: How long have you been a Trillium contracted provider? (Please include the time contracted prior to Consolidation)

Answered: 51 Skipped: 3





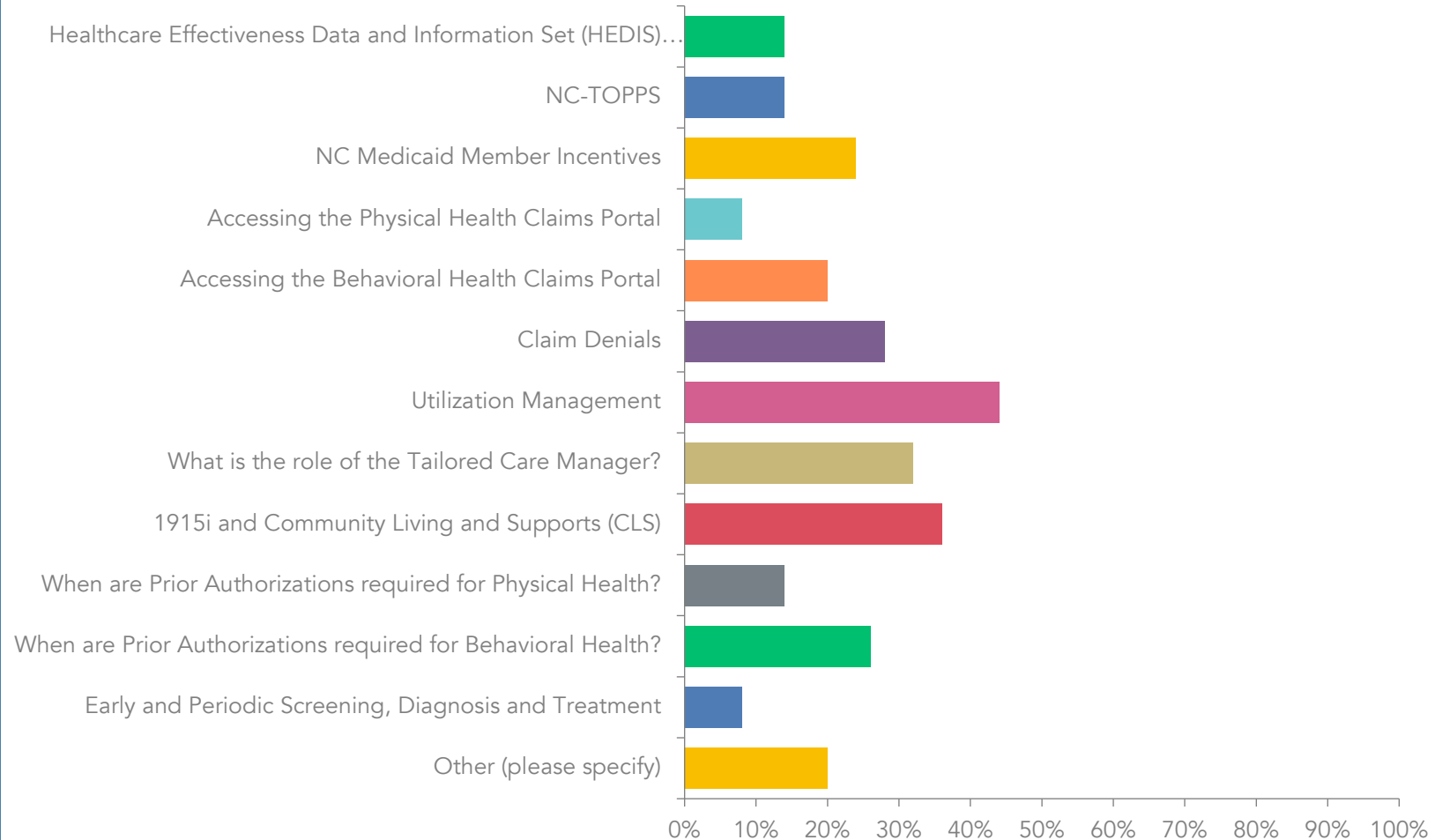
Trillium

HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Q2: What topics would you like to receive technical assistance and training on? Please check all that apply.

Answered: 50 Skipped: 4







Additional Write-in Topics

- ✿ Contract Information
- ✿ Continued trends of issues with Care Managers and other providers related to authorizations and plans.
- ✿ CST, PSR, SACOT and SAIOP
- ✿ More specific support and training for group home providers
- ✿ Billing codes for CLS. Which ones to use for which service.
- ✿ How to bill for CLS services through EVV.
- ✿ Need guidance on how providers can bill T2012 for services provided in the community if that service code is not in the ISP or authorization.
- ✿ What are the current expectations regarding compliance and quality assurance?
- ✿ Physical Health Discharge.
- ✿ PCP's and time span for submitting an authorization. With Innovations Waiver, there is a 30-day span in which the plan can be turned in early, prior to the start date.

- ✿ Role of Tailored Care Managers
- ✿ Issues accessing the portal.
- ✿ Housing
- ✿ Navigating CPT codes
- ✿ TAR submissions and approval process.
- ✿ When are Prior Authorizations required for behavioral health?
- ✿ Discuss changes in eligibility and confirming eligibility for services for Tailored Plan.
- ✿ 1915i and Community Living and Supports
- ✿ Utilization Management related to specific codes and rules/clinical coverage policies.
- ✿ NCTopps
- ✿ HEDIS
- ✿ Tailored Care Management Billing

Additional Write-in Topics (cont.)

-  Effective Communication related to member needs.
-  Claims
-  How to utilize the Provider Directory
-  Service codes and limits for T2012 and T2013

Next Steps

- ✿ We have begun to reach out to internal SME's to schedule technical assistance and education on these topics for our upcoming Provider Forums.
- ✿ For our July Provider Forum we will be having someone discuss 1915i, Physical Health discharge, Portal issues

9

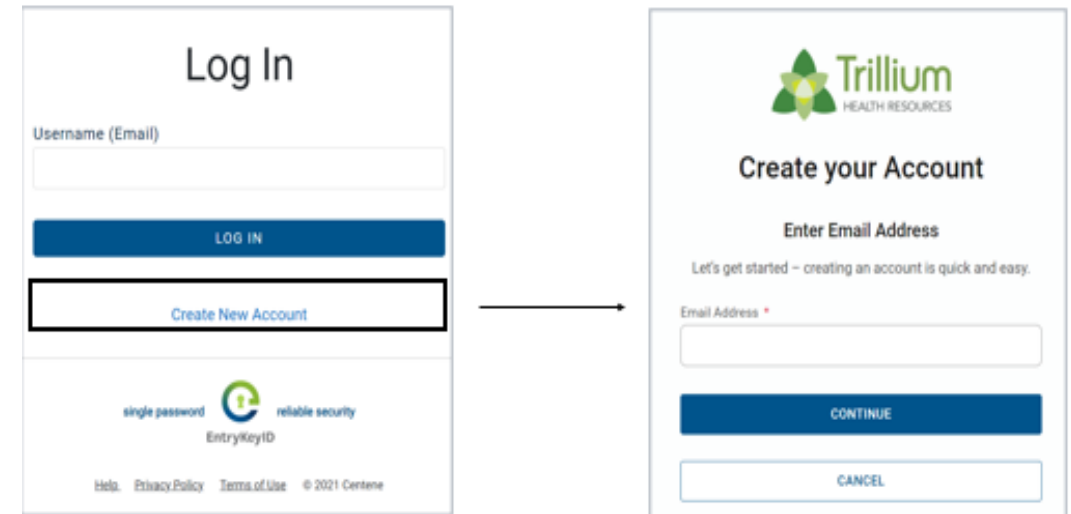
Physical Health Essential Information

Gaines Carey
Carolina Complete Health

Trillium Physical Health Portal Overview

Key Functions: Member Eligibility, Prior Authorizations, Claims Submissions, Claims Disputes, View Payments, View Health Records, and more.

- Create New Account:
<https://provider.trilliumhealthresources.org/>
- For more information with images view:
<https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/Trillium-PH-Orientation.pdf>.
- Need additional support? Connect directly with your assigned [Provider Engagement Administrator](#) or email ProviderEngagement@cch-network.com to schedule a meeting!



The diagram illustrates the user flow for creating a new account. It starts with the 'Log In' page, which has a 'Username (Email)' field, a 'LOG IN' button, and a 'Create New Account' button (highlighted with a red border). An arrow points from the 'Create New Account' button to the 'Create your Account' page. The 'Create your Account' page features the Trillium logo, the title 'Create your Account', the sub-header 'Enter Email Address', a message 'Let's get started -- creating an account is quick and easy.', an 'Email Address' field with a red asterisk, a 'CONTINUE' button, and a 'CANCEL' button.

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Prior Authorizations





How to Secure a Prior Authorization

Emergency services, family planning, post stabilization services, and tabletop x-rays do not require prior authorization.

Electronic Submission (Preferred)	Manual Submission
Secure Provider Portal: <ul style="list-style-type: none">• Provider.trilliumhealthresources.org	Phone: 1-855-250-1539 <ul style="list-style-type: none">• Connect with Trillium Provider Support Service Line and request a transfer to the Physical Health Utilization Management Team
Availity Essentials <ul style="list-style-type: none">• https://www.availity.com/provider/s/	Fax <ul style="list-style-type: none">• Use the Trillium PA Fax Form (PDF) and submit to one of the following:<ul style="list-style-type: none">• Outpatient: 833-875-0930• Inpatient medical: 833-875-0650• Concurrent review: 833-875-2264• Transplant: 866-753-5659• Physician Administered Drug Program (PADP): 833-754-0251



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Services Requiring Prior Authorization

All out-of-network (non-par) services and providers require prior authorization, excluding emergency services, family planning, post stabilization services, and table top x-rays

Ancillary Services

- Air Ambulance Transport (non-emergent fixed wing airplane)
- Home healthcare services including home hospice, home infusion, skilled nursing, personal care services, and therapy
- Hearing Aid devices including cochlear implants
- Genetic Testing

Inpatient Services

- All elective/scheduled admissions at least 14 business days prior to the scheduled date of admit (including deliveries) Note: Normal newborns do not require an authorization unless the level of care changes or the length of stay is greater than normal newborn
- All services performed in out of network facility
- Hospice care
- Rehabilitation facilities
- Skilled nursing facility
- Transplant related support services including pre-surgery assessment and post-transplant follow up care
- Notification for all Urgent/Emergent Admissions:
- Within one (1) business day following date of Admission
- Newborn Deliveries must include birth outcomes

Procedures/Services

- All procedures and services performed by out-of-network providers (except ER, urgent care, family planning, and treatment of communicable disease)
- Potentially Cosmetic including but not limited to:
 - bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures
- Experimental or investigational
- High Tech Imaging (i.e. CT, MRI, PET)
- Hysterectomy
- Oral Surgery
- Pain Management

**This list is not all-inclusive. Use the [Pre-Auth Needed Tool](#) to check if a specific service or procedure requires prior authorization.*



PA, Notification, and Determination Timeframes

Authorization Type	Timeframe for Provider to Notify Trillium Physical Health	Timeframe for Determination by Trillium Physical Health upon receipt of medical necessary medical information.
Standard Service Auth (inpatient)	Prior Authorization required at least fourteen (14) business days prior to the scheduled admission date	Within fourteen (14) business days from receipt of necessary medical information.
Standard Service Auth (outpatient)	Prior Authorization required at least fourteen (14) business days prior as soon as the need for service is identified	Within fourteen (14) business days from receipt of necessary medical information.
Emergent	Notification within one (1) business day of the admission for ongoing concurrent review and discharge planning	For urgent/expedited requests, a decision and notification is made within seventy-two (72) hours of the receipt of the request.
Urgent	Notification within one (1) business day of the admission for ongoing concurrent review and discharge planning	For urgent/expedited requests, a decision and notification is made within seventy-two (72) hours of the receipt of the request.
Retrospective Review	If the request is received within 90 days from the date of service (DOS) or the date of admission (DOA) and extenuating circumstances are clearly defined, the request will be reviewed for medical necessity	The health plan will have 30 calendar days to review and finalize a decision. If the request lacks clinical information, Carolina Complete Health may extend the retrospective review time frame for up to 15 calendar days (total 45 calendar days for review).

Additional Education for Prior Authorization

Required Documentation for Specialized Therapies (PT/OT/ST) [Outpatient Specialized Therapies Clinical Coverage Policy No: 10A](#)

- Signed MD Order within the last 6 months
- Evaluation/progress notes from the past 3 months
- Plan of Care
- For continuations: new order (if previous is signed & dated longer than 6 months ago) and an updated plan of care stating frequency and duration of therapy.

Home Health Services

[Home Health Services: Clinical Coverage Policy No: 3A](#)

- HH Therapy: Physician Order/Signed Plan of Care (CMS-485 form), Face to face encounter within 90 days prior or within 30 days after starting care, Therapy Evaluation and Plan of Care. Therapy evaluation must be completed prior and submitted with the Prior Authorization request.
- HH Skilled Nursing: Physician Order/Signed Plan of Care (CMS-485 form), Face to face encounter within 90 days prior or within 30 days after starting care.

Durable Medical Equipment

[Physical Rehabilitation Equipment and Supplies, 5A-1](#) [Respiratory Equipment and Supplies, 5A-2](#) [Nursing Equipment and Supplies, 5A-3](#) [Orthotics and Prosthetics, 5B](#)

- A PA is required for anything over the benefit limit outlined in the Clinical Coverage Policy.

Include Contact Information on Authorization Requests

- When submitting authorization requests, it is critical to include phone or fax numbers. Requests for Information (RFIs) can only be conducted via phone or fax. Approval/denial letters are also sent via fax.

Long Term Support Services Overview










Examples of Long Term Support Services(LTSS) Include:

- Personal Care Services (PCS)
- Home Health
- Private Duty Nursing (PDN)
- Infusion Services
- Hospice Services






If a provider identifies a member in need of LTSS or already receiving these services, they may refer the member to Tailored Plan Care Management (TCM) by contacting the Trillium directly.

Providers contracted for LTSS are not the same as a TCM Provider. TCM Providers must be certified through a rigorous screening and approval process. Certification is done in partnership with Tailored Plans and the State.

Additional Resources

-  Covered services view the Clinical Coverage Policies:
<https://network.carolinacompletehealth.com/resources/clinical-policies.html>
-  [Provider Manual: Updated 2/25/25 \(PDF\)](#)
-  [Tailored Plan Billing with Partners and Trillium for Physical Health Providers \(PDF\)](#)
-  [CCH Billing Guides](#)
-  [CCH Billing Manual](#)
-  [Trillium Durable Medical Equipment \(DME\) Provider Guide \(PDF\)](#)
-  [Trillium Tailored Plan Provider Resources](#)

Trainings Available

-  [Personal Care Services Provider Training \(PDF\)](#)
 - [Recording](#)
 - [Q&A \(PDF\)](#)
-  Trillium Physical Health Provider Orientation [Register in Advance](#)
-  [Trillium New Provider Onboarding Checklist \(PDF\)](#)
-  EVV Hard Launch is official! [Managed Care Electronic Visit Verification Home Health Implementation Hard Launch Effective Oct. 1, 2025 | NC Medicaid](#)
-  Join us for our next Home Health Office Hours to review what this all means and how to prepare on August 21st at 11 AM [register here.](#)

10

Resources, Questions and Answers

Chauncey Dameron, MBA

Provider Relations and Engagement Manager

Previous Forum Information

<https://www.trilliumhealthresources.org/>

For Providers

Overview

CLINICAL

Behavioral Health Screening Programs
Benefit Plans | Service Definitions
Billing Codes & Rates | Check Write Schedule
Clinical Practice Guidelines
Developmental Centers
EPSDT
Evidence-Based Practices
HEDIS Resources
NC-TOPPS
Prior Authorization Services Instructions
Tailored Care Management for Providers
Tailored Plan Medicaid Providers Pharmacy Benefits
Value-Based Care

RESOURCES

Communications
Contracting with Trillium
Electronic Health Records - Health Information Exchange
Electronic Visit Verification (EVV)
Network Participation Opportunities
Provider Council
Provider Directory
Provider Documents & Forms
Provider Self-Audits
Trillium Funding Opportunities

PROVIDER INFORMATION

Contact Information and Provider Portals
How do I...?
My Learning Campus Providers
Provider Forum

TAILORED PLANS - INFORMATION FOR PROVIDERS

Tailored Plans - Information for Providers
Provider Tailored Plan Contracting Reminders
Tailored Plan Trillium Training
NCDHHS Information




Select
Provider Forum

April 9, 2025

Provider Forum Questions & Answers Coming Soon

Provider Forum Presentation

Provider Forum Recording 



Thank you for your participation.



Connect With Us



[Trillium Health Resources](#)



[Trillium Direct Connect for Enrichment](#)



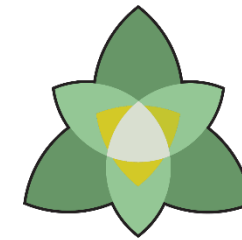
[Trillium Direct Connect for Recovery](#)



[Trillium Health Resources](#)



[Trillium Health Resources](#)



Trillium

HEALTH RESOURCES

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Member & Recipient Service Line

1-877-685-2415

Provider Support Service Line

1-855-250-1539

Administrative & Business Matters

1-866-998-2597