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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
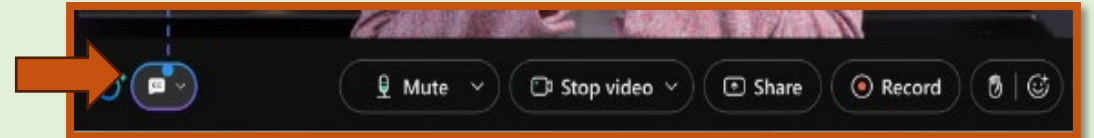
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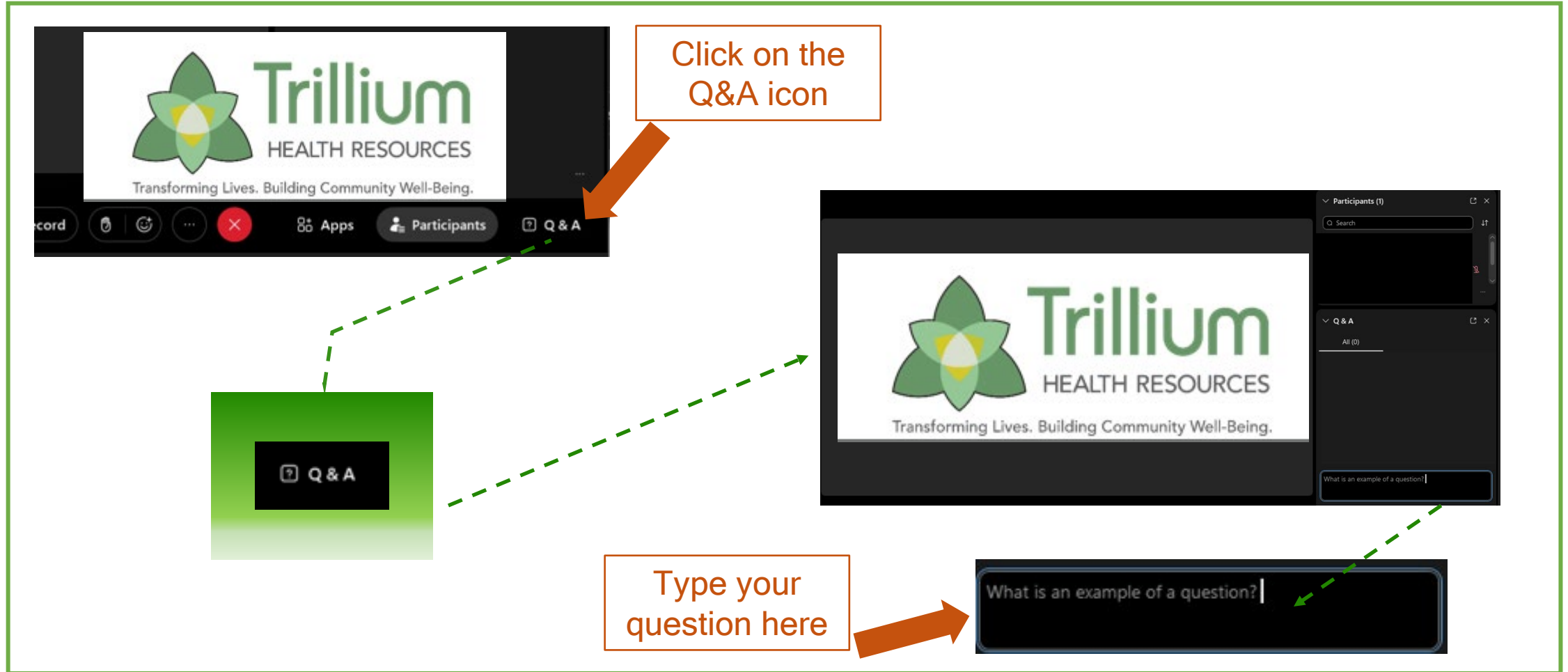
☑ Recording   ☑ Transcript/Highlights

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Type your question here

January Forum Agenda

Trillium HEALTH RESOURCES
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01 Welcome and Overview of Trillium's Tailored Plan

02 Disaster Preparedness

03 Network Development

04 Provider Data

05 1915i Updates

06 Upcoming Events

07 Rate Updates

08 Behavioral Health Provider Monitoring and Provider Accreditation Requirements & Oversight

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09 CCH Updates

10 2026 Provider Forum Survey

11 Upcoming Forum Meetings, Resources, Questions and Answers

1

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.
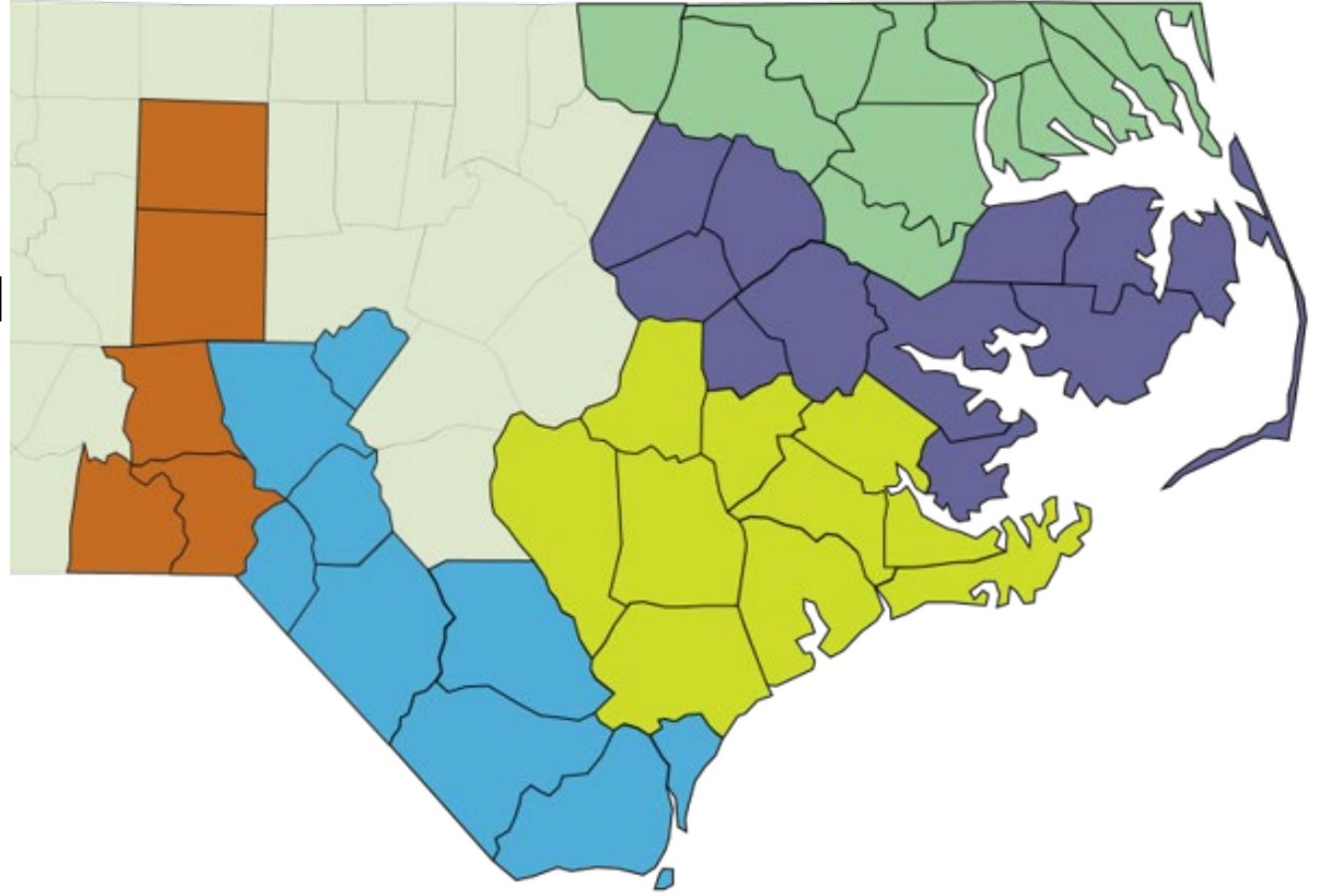
Regional Information

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%

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.

2 | Disaster Preparedness

Audrey Hart
Associate Head of Community Crisis and Disaster Response

Emergency Preparedness

- Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule establishes national emergency preparedness requirements

- Annual plan submission of each facility to Trillium

- Monthly topics shared in the Network Communication Bulletins

- Availability to provide resources and guidance on provider disaster plans and preparedness

Emergency Preparedness Rule

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 21 provider and supplier types.

- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.

- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Licensed Facilities Requirement Highlights

- Risk Assessments

- Staffing plan

- Missing residents

- Power loss- heat index and water access

- Evacuation protocols- have relocation sites identified
  - How will you partner with community facilities
  - Be sure to include Health Sharing plan, resident identification plan, and wholistic transportation plan

- Family/POA/LG Notification plan

- Communication plans if internet and cell phones do not work
  - Consider satellite phones, radios, and short-wave radios.
  - Have two ways to contact staff and emergency management
  - Facilities may seek information about the National Communication System (NCS), which offers a wide range of National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES

- Policies or contracts to cover supplies such as food, water, medicine for staff and patients

Emergency Preparedness Rule

- Trillium's goal is to:
  - Ensure providers have the resources, data, and guidance to improve and build on your emergency plans.
  - Facilitate communication between State and local government, providers, and members.
  - Ensure the safety and well-being of providers, members, and staff

Annual plan submission

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2026 Disaster Plans

By May 1, 2026 please submit a 2026 disaster plan for each site as a separate submission. Trillium's goal is to ensure member's needs are met during times of disaster.

To confirm your disaster plan was received just check the "send me a copy of my responses" option at the end of the form.

Provider Name *

Site Address *

City *

Zipcode *

County *
If other, select Other at the bottom of the list

Provider Type *

Contact Information

Facility/Site Phone Number *
+1

Disaster Point of Contact Name *

Disaster Point of Contact Cell # *
+1

Disaster Point of Contact Email Address *
✉

Disaster Plan 2026 *
Please upload a copy of your 2026 Disaster Plan HERE

Drop your files here
Browse

Monthly topics shared in the Network Communication Bulletins

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ROADMAP 2 READY: DECEMBER 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. We have covered 10 important emergency preparedness topics this past year. This month will serve as a reminder of the different resources that have been shared.

- North Carolina Healthcare Preparedness Coalitions & Hazard and Risk Assessments
- Power Outage toolkit for businesses
- Missing Consumer or member planning
- Making individualized emergency plans to assist your organization
- Tabletop exercises
- Extreme heat and alternate sources of energy
- Preparedness: Planning for supplies and food
- Reviewing emergency plans with staff
- Earthquake safety & tabletop exercises
- Updating your organization's contact information with 911

We hope that these monthly topics are helpful and provide actionable resources to assist your agency/organization to be better prepared in case of any emergency. If you have any questions or are looking for specific resources please contact Audrey Hart, Audrey.Hart@TrilliumNC.org.

- Topics are focused on the final rule requirements
- Provides actionable resources monthly
- If you are looking for specific topics, resources, or feedback: Audrey.Hart@TrilliumNC.org

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Current Service Needs

Markisha Jackson
Network Development Coordinator

- **Adult Partial Hospitalization** – Dare and Hyde

- **Child/Adolescent Partial Hospitalization** – Dare and Hyde

- **Opioid Treatment Program** – Anson, Beaufort, Bertie, Dare, Hyde, Lee, Richmond, Washington Counties.

- **Adult Substance Abuse Intensive Outpatient Program (SAIOP)** – Dare and Hyde

- **Psychosocial Rehabilitation** – Brunswick, Currituck, Dare, Hyde, New Hanover, and Onslow Counties.

- **Substance Abuse Comprehensive Outpatient Treatment (SACOT)** – Dare and Hyde Counties.

- **Adolescent Substance Abuse Intensive Outpatient Program (SAIOP)** – Dare, Hyde Counties.

Network Recruitment Opportunities

Current Recruitment Opportunities

- **Request for Proposal Clinical Management Platform:**

  Trillium is seeking proposals for a modern, flexible Clinical Management Platform that improves care management and coordination across all health domains. The Clinical Management Platform must enable regulatory compliance with current contractual requirements with North Carolina Department of Health and Human Services (NC DHHS) and National Committee for Quality Assurance (NCQA) accreditation requirements as Trillium is an accredited Health Plan under NCQA. The Clinical Management Platform must support billing functions to be completed in working with other ancillary systems.

- **Request for Proposal- Individual Placement and Support (Supported Employment)**

  The purpose of this Request for Proposal (RFP) is to invite service providers to increase access to Individual Placement and Support-Supported Employment (IPS-SE) in Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrell, and Washington counties

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Provider Data

Meg Sanders
Provider Data Management (PDM) Manager

- The PEF is Trillium's source of truth.

- Trillium encourages Providers to ensure information in NCTracks is up-to-date and accurate

- Please report in a timely manner any change (i.e., change in service location, Taxonomy code(s), NPI, etc.) that might impact claims or services

- Once the change is reported to NCTracks, please email Trillium at NetworkServicesSupport@TrilliumNC.org

- Beginning JANUARY 25th, 2026 – NCTracks will implement monitoring activities to verify provider compliance with NC National Accreditation benchmarks

- Will apply to only approved State Plan services assigned to the Community/Behavioral Health (BH) taxonomy code 251S00000X

- **Currently enrolled Providers** with 251S00000X Community/BH taxonomy code in NCTracks:
  - o Will be allowed 1-year grace period to submit the required National Accreditation in NCTracks for verification

  - o NCTracks will notify Providers 60-days prior to the National Accreditation expiration date listed in the system

- Beginning JANUARY 25th, 2026 – NCTracks will implement monitoring activities

- **NEW Providers** enrolling in NCTracks for the first time, who request to add the 251S00000X taxonomy code.
  - The system will display a text notification alerting Providers to the National Accreditation requirements.

  - Will include a link to identify the service name and whether a 1-year or 3-year timeframe is required to obtain National Accreditation

  - NCTracks will notify Providers 60-days prior to the National Accreditation being due based on enrollment.

- Additional reminders will be sent at 30, 14, and 7 days prior to expiration in NCTracks

When enrolling, re-enrolling, or completing re-credentialing/re-verification for taxonomy 251S00000X Community Behavioral Health:

- The Division of Health Benefits (DHB) must identify services being provided using this taxonomy.

- By completing this form, you are attesting that:
  - Your services correspond with a procedure code within this taxonomy
  - You are fully able to provide these services in the NC Medicaid program
  - You are or will be contracting with at least one NC Behavioral Health Intellectual/Developmental Disabilities Tailored Plan (CDSA and ITP CBRS excluded)

- To ensure accuracy, please complete the attestation form to ensure all services are included in NCTracks and up-to-date

- Link to form: https://www.nctracks.nc.gov/content/dam/jcr:20b1a77a-7c43-428e-afef-d6b600f1736f/NC%20Medicaid%20Co

5 | 1915i Updates

Ashley Lucas
IDD Director

What are 1915(i) Services?

Purpose: Support Medicaid members to live independently in their **home communities** through **non-medical behavioral health services**.

Who They Support:
- Members with:
  - Serious mental illness
  - Severe substance use disorders
  - Traumatic brain injuries (TBI)
  - Intellectual/developmental disabilities (IDD)
- Members on the **Registry of Unmet Needs** waiting for Innovations Waiver services

Service Locations:
- Provided **in member's home or community**
- **Not available for members living in institutions**

Rules/Restrictions
- Conflict-Free Care Management means providers **cannot deliver both** Tailored Care Management (TCM) and 1915(i) services to the same member
- CAP/C and CAP/DA Waiver Members can receive most 1915(i) services except Respite and Community Transition

Eligibility for 1915(i) services?

Eligible Members

- Must have an eligible **NC Medicaid Health Plan**, such as:
  - NC Medicaid Direct
  - Tailored Plans
  - EBCI Tribal Option
  - Children and Families Specialty Plan
- Trillium Medicaid Insurance Active: Medicaid B, TP Medicaid
- Members on the **Registry of Unmet Need (RUN)** may receive 1915(i) services while waiting
- **No requirement** to meet an institutional level of care for 1915(i) eligibility

Not Eligible Members
Recipients of the **Standard Plan, NC Innovations Waiver and TBI Waiver**

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

Supported Employment for IDD and TBI (CCP 8H-1)
Prior Authorization Required

Service Overview (8H-1, 1915 (i) Supported Employment for I/DD and TBI): Supported Employment helps members with Intellectual and Developmental Disabilities (IDD) or Traumatic Brain Injuries (TBI) obtain and maintain competitive, integrated employment. Services are individualized and ongoing, with a focus on job success and professional growth.

Included Services
- Career & Benefits Counseling
- Job Training & Development
- Medication/Behavioral Supports Peer Support
- Peer Support
- Ongoing Job Support

Service Pathway
- Employment and Independence for People with Disabilities (EIPD) Services Completed
- Supported Employment Eligibility
- Choose Employment Goals
- Job Development (Job Training and Placement)
- Employment Stabilization
- Long-Term Support (as needed)

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

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Service Phases & Hour Limits/Service Restrictions

- **Pre-Employment Phase:** 20 hours/week max, up to 180 days
- **Employment Stabilization Phase:** 40 hours/week max, up to 365 days
- **Long-Term Support Phase:** 10 hours/month or more, up to 40 hours/week if needed
- 40 Hours Total Allowed Per Week Maximum allowed so SE + CLS must be provided within the 40 hours

Requirement / Restriction	Yes	No
Must complete Employment and Independence for People with Disabilities (EIPD) first	✔	
SE + CLS cannot exceed 40 hours/week	✔	
Can receive if service is available under Rehabilitation Act of 1973 or under the Individuals with Disabilities Education Act.		✘
Family living in home can provide services		✘
Members living in ICF-IID eligible		✘

Individual Placement and Supports for Mental Health & Substance Use (IPS)(CCP 8H-2)
Prior Authorization Not Required

Service Overview (8H-2, 1915(i) Individual Placement & Support (IPS) for Mental Health & Substance Use):
- IPS helps members:
- Find a job that fits their skills
- Prepare for work (career planning, discovery, resume building, interview practice)
- Learn job tasks and succeed on the job
- Address transportation needs related to employment

Service Pathway
- Employment and Independence for People with Disabilities (EIPD) Services Completed
- IPS Eligibility Confirmed
- Career Profile and Goal Setting
- Job Search and Application Support
- Interview Practice and Job Prep
- Job Placement
- On-the-Job Coaching and Follow along support

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

Service Hour Limits/Service Restrictions

IPS **does not have a fixed service limit**. Intensity varies based on need.

- Member Need Level → Service Intensity
- More employment needs = more IPS support available.

Requirement / Restriction	Yes	No
Service has a hard service limit		✖
IPS based on medical necessity and member's progress toward goals outlined in the Career Profile	✔	
Sole IDD/TBI diagnosis qualifies		✖
Must complete Employment and Independence for People with Disabilities (EIPD) first	✔	
IPS delivered during ACT authorization		✖
SE + CLS combined may exceed 40 hours/week		✖
1915(i) documentation required (Assessment, CMCA, Care Plan)	✔	

Individual and Transitional Support (ITS)
Mental Health & Substance Use (CCP 8H-3)
Prior Authorization Not Required

Service Overview ([8H-3, 1915(i) Individual and Transitional Support (ITS)](): ITS provides personalized recovery support for members with mental health or substance use challenges.

Services include:
- Guidance and active participation in recovery planning
- Transportation assistance
- Help with housing and financial management
- Support for education and skill development

Service Pathway
- Assessment & Care Plan
- Member Goal Setting
- Personalized Support (Recovery, Housing, Finance, Education)
- Progress Tracking & Adjust Service Intensity
- Gradual Titration Down as Member Improves

Service Intensity: Service intensity **decreases** as the member progresses toward their recovery goals.
- Initial Recovery Stage = High intensity
- Stabilization Stage = Moderate intensity
- Ongoing Support = Low intensity

Individual and Transitional Support (ITS) Mental Health & Substance Use (CCP 8H-3)

Duration & Frequency

- ♣ Based on member need and progress
- ♣ Service intensity expected to taper down as the member improves
- ♣ No fixed time limits; flexible per care plan

Restrictions	Yes/No
Must follow Care Plan & member progress	Yes
Overlap with ACT, CST, IIH, MST, PSR, group residential (ages 16-21)	No
Available under Rehabilitation Act of 1973 or under the Individuals with Disabilities Education Act	No
Qualifies if sole IDD or TBI diagnosis	No
Family or LRP can provide service	No
Services can be given to a person at the same time as another service that is the same Medicaid covered type of service.	No
Provided in a group	No
1915(i) documentation required (Assessment, CMCA, Care Plan)	Yes

Respite (CCP 8H-4)
Prior Authorization Required

Service Overview ([8H-4, 1915(i) Respite](#)): Gives caregivers a break, while ensuring their loved one is cared for. Services can include overnight care, weekend care, and emergency care (in-home or out-of-home, for family emergencies).

Service Pathway
- Caregiver Needs Break
- Check Member Eligibility
- Schedule Respite Care
- Care Provided In-Home or Out-of-Home
- Caregiver Support Completed

Restriction	Yes/No
Provided by household members/legal guardians	No
Max 1200 units/year (300 Hours)	Yes
Billed same day as Residential Supports	No
Emergency care for family emergencies only	Yes
This service may be used as a regularly scheduled daily service for individual support	No
Respite may be used for members who are living alone or with a roommate	No
Members in CAP/C or CAP/DA waiver are eligible for Respite	No

Community Living and Support (CCP 8H-5)
Prior Authorization Required

Service Overview ([8H-5, Community Living and Supports](#)): Help members learn skills to **live independently at home** and **participate in the community,** including:

- Daily living skills: eating, bathing, dressing, hygiene, personal care
- Life skills: shopping, banking, budgeting
- Health and safety support

Service Pathway

- Assessment of Member Needs
- Skill Development in Daily Living & Community Participation
- Life Skills Training (Shopping, Banking, Personal Finance)
- Health & Safety Support
- Progress Monitoring & Care Plan Updates

Restrictions	Yes/No
Relatives in same household under 18 member	No
Relatives in same household over 18 member (if qualified)	Yes
Services can be given to a person at the same time as another service that is the same Medicaid covered type of service.	No
Members in Innovations or TBI waiver	No
Transportation to/from school	No
CLS + SE combined > 40 hours/week	No

Weekly Hour Limits

- Members (in school) 15 hours/week and (school break) 28 hours/week
- Members 22 years of age and older 28 hours/week if age 18 or older and has graduated
- Combined CLS + SE Max 40 hours/week

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Community Transition (CCP 8H-6)
Prior Authorization Required

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Service Overview ([8H-6, 1915(i) Community Transition](#)): Provides financial support to help members move from an institution or approved setting to their own home or apartment.

Funding: Up to $5,000 per member for 5-year period for only actual items purchased are covered:
- Security deposit for apartment/house
- Essential furnishings (furniture, kitchen utensils, linens)
- Moving expenses
- Utility setup fees (phone, internet, gas)

Approved Settings:
- State-operated healthcare facility
- Foster or group home
- Psychiatric residential treatment facility
- Community Intermediate Care Facility (ICF-IID)
- Other approved institutional or residential settings

Restrictions	Yes/No
Service provided by family members	No
Services duplicate items that are currently available from a roommate	No
Only for private homes/apartments with lease or owned by individual	Yes
Furnished beyond actual need or available services	No
Members in CAP/C or CAP/DA waiver	No
Members in Institution for Mental Disease (IMD)	No
Funding covers purchase costs only, not assistance time	Yes

Timing & Duration
- Funding available **up to 3 months pre-move**
- Covers expenses **up to 90 consecutive days post-move**

Process for Accessing 1915(i) Services

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Identification

Perform 1915(i) Assessment

Determine Eligibility

Care Plan/ISP Development

Prior Authorization/ Service Delivery

1
Member is identified by PCP, BH, IDD or other provider to need 1915(i) services

2
Care Manager will complete a 1915(i) assessment and submit to Carelon for review.

3
Carelon will review and determine eligibility for 1915(i) services.

4
Upon confirmed eligibility for 1915(i) services, the Care Manager will work with the member to identify the right service provider(s) and develop a personalized Care Plan/ISP. Required 60 days from TCM Consent

5
Care Manager submits the Care Plan/ISP for review. Once authorized, collaboration with service provider(s) to deliver services outlined in member's Care Plan/ISP and ongoing care.
NPA: *IPS and ITS*

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

*The Department uses different names for this plan according to a person's need (Care Plan for people with behavioral health-related needs and an ISP for people with I/DD or TBI).

1915(i) Assessment

New 1915(i) Assessment Tool effective 10/1/25

Who is responsible?
- The member's Care Manager or Care Coordinator must complete the 1915(i) Assessment Tool.

How to complete the assessment?
- It must be done **face-to-face**, either:
- **In person**, or **Via telehealth** (two-way audio and video).

When to complete the assessment?
- Completed **annually**.
- Scheduled to correspond with the member's **birth month**.

If there are difficulties contacting the member:
- Care Manager/Coordinator must work with the **service provider** to help connect with the member.
- Delays in completing the assessment can **impact service delivery**.

1915(i) Assessment Flow

Assessment Submitted

↓

Decision Made (2 weeks) Current average turnaround: 3 weeks

↓

Is decision received? —— No ——> Care Manager contacts Carelon for update

↓ Yes

Approval/Denial Letters sent to Health Plan & Member

When Providers should Bill:
- **Do NOT bill** 1915(i) services **until:**
  - Member is deemed **eligible** (after 1915(i) assessment completion)
  - Services are **authorized** by the member's Tailored Plan or LME/MCO

Claim Submission:
- Use **correct service codes** and **site location** for all claims
- If the service **does NOT start, occur, or end in the beneficiary's home, EVV** (Electronic Visit Verification) **does NOT apply**

Care Plan/ISP:
- Tailored Care Management (TCM) staff must add **accurate codes** to the member's Care Plan or Individual Support Plan (ISP)

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) *(Two separate lines on the same claim are required)*
T1017	U4	

Care Manager / Care Coordinator Responsibilities (Monthly)

Review Care Plan/ISP Goals

↓

Contact Member, Providers & Care Team

↓

Ensure Integrated, Appropriate Service Delivery

↓

Update Independent Assessment Annually

↓

Notify Supervisor for Eligibility Updates

↓

Quarterly:
- One Face-to-Face Meeting
- Telephonic Follow-Ups in Other Months

1915(i) Resources

- Provider Directory | Trillium Health Resources
- Person Centered Service Plan 42 CFR 441.725
- Person-Centered Service Planning in HCBS: Requirements and Best Practices
- Tailored Care Management Provider Manual (January 2025)
- Tailored Care Management: Conflict-Free Care Management Guidance | NC Medicaid
- NC Medicaid Program Specific Clinical Coverage Policies
- Records Management and Documentation Manual | NCDHHS
- Trillium Health Resources Tailored Care Management Providers List
- NC Medicaid Enrollment Broker-Check Enrollment Status
- https://ncmedicaidombudsman.org/
- https://medicaid.ncdhhs.gov/
- https://www.nctracks.nc.gov/content/public/providers.html
- NC DMH/DD/SAS Homepage
- PCP/Provider Request for Care Manager Name or Assignment Referral Form
- EIPD Local Office Listing
- Subpart G-HCBS Waiver Requirements

Benefit Plan Information/Medicaid Benefit Plan
- 1915(i) Quick Reference Guide
- 1915(i) FAQ
- 1915(i) Question Submission Form

Medicaid Benefit Plan

- Medicaid 1915(i) - Option Set of Services
  - Trillium 1915(i) Quick Reference Guide
  - 1915(i) Question Submission Form ⧉
  - 1915(i) Frequently Asked Questions

6 | Upcoming Events

Brooke Mickelson, B.S.
Director of Program Coordination

ReEntry Simulations

January 13, 2026-Lee County, Sanford
https://registration.socio.events/e/leeres

January 22, 2026- Beaufort County, Washington
https://registration.socio.events/e/beaufortcores

January 29, 2026- Pasquotank County, Elizabeth City
https://registration.socio.events/e/ecsu2026res

February 10, 2026- Pamlico County, Grantsboro
https://registration.socio.events/e/pamlicores

February 19, 2026- Scotland County, Laurinburg
https://registration.socio.events/e/scotres

March 24, 2026- Bertie County, Ahoskie
https://registration.socio.events/e/bertieres

April 7, 2026- Northampton County, Jackson
https://registration.socio.events/e/northamptonres

Supporting Children Early Simulations

March 10, 2026- Brunswick County, Bolivia
https://registration.socio.events/e/brunswicksces

April 14, 2026- Anson County, Wadesboro
Registration coming soon…

Post Disaster Simulations

Tentative May 7, 2026- Carteret County, Morehead City

May 8, 2026- Onslow County, Jacksonville
Registration coming soon...

June TBD, Columbus County

June TBD, Dare County

Post Disaster SIMULATION

Join us to Learn More about Disaster Preparedness

Make a plan

Build a kit

Be informed

In this Post Disaster Simulation, you will learn about the importance of being prepared. This journey walks you through the weeks following a disaster.

Participants will experience what it's like navigating life after a disaster and the many barriers faced. It also highlights the added struggles for individuals living with mental illness, developmental disabilities, and/or substance use disorders.

Summits & Symposiums

January 16, 2026
Human Trafficking Awareness Virtual Symposium
https://registration.socio.events/e/humantrafficking2026

February 27, 2026
Eating Disorder Awareness Symposium, Elizabeth City
https://registration.socio.events/e/eatingdosymposium

March 17, 2026
Nutrition & IDD Awareness Summit, Asheboro
https://registration.socio.events/e/nutritioniddsummit

April 30, 2026
Alcohol & FASD Awareness Symposium, Washington
https://registration.socio.events/e/fasdawaresymposium

Community Resiliency Model Training (CRM)®

February 4, 2026- Martin Community College, Williamston NC
9am - 12pm
https://www.surveymonkey.com/r/3Q2SMYJ

February 4, 2026- Martin Community College, Williamston NC
1pm – 4pm
https://www.surveymonkey.com/r/WSVZPZW

March 11, 2026 - RCC Corporate Training Center, Asheboro NC
9am – 12pm
https://www.surveymonkey.com/r/8CYF8PP

March 11, 2026 - RCC Corporate Training Center, Asheboro NC
1pm – 4pm
https://www.surveymonkey.com/r/GNBSM2X

Join a Community Supporting Mental Wellness

Trillium is launching the evidence-based Community Resiliency Model (CRM)® to empower the Trillium community to improve their well-being while supporting others.

Workshops for the Community
Click on a time below to register.

Wednesday, February 4, 2026

9 a.m.-12 p.m. or 1 p.m.-4 p.m.

Martin Community College
Building 1, Room 14
1161 Kehukee Park Road
Williamston, NC 27892

What is CRM?

Human beings have common, biological reactions to stressful and traumatic events. CRM® is the brain science behind regulating our nervous system.

Learn CRM Skills

The model teaches in-the-moment body awareness skills that help regulate stress and bring your nervous system back into balance.

What's in it for me?

Connect with community members and become one of our first CRM® Guides to best support you and others well-being!

07

Medicaid Behavioral Health Rate Restoration

Katherine Daley
Director Medical Economics

- **Rate Reductions Reversed:** NCDHHS announced reversal of Medicaid rate cuts (effective October 1, 2025) on December 10, 2025

- **Rate Restoration:** Trillium will restore rates to the rate that was effective on September 30, 2025

- **No October Recoupments:** No recoupments for services provided in October 2025

- **Claims Reprocessing:** Automatic reprocessing; no provider action required

- **GLP-1 Coverage Reinstated:**
  - Previously denied or end-dated prior authorizations (October 1, 2025 – December 12, 2025) must be resubmitted

Rate Restoration/Claims Reprocessing Timeline:

- Rates will be implemented by **February 19, 2026**

- Claims will be reprocessed by **March 21, 2026**

- Monitor future provider communications for updates
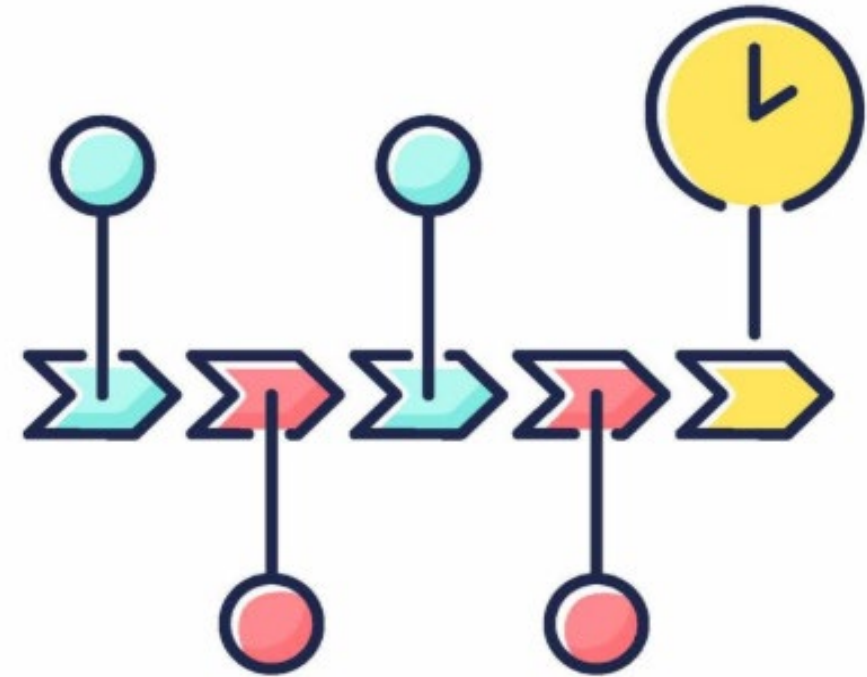
08

Behavioral Health Provider Monitoring and Provider Accreditation Requirements & Oversight

Julie Kokocha, M.Ed., BS, AHFI
Associate VP of Network Accountability • Network Management Leadership

Behavioral Health Provider Monitoring

- Trillium's Network Monitoring Team conducts behavioral health monitoring reviews to ensure that services provided to members meet applicable rules and regulations.

- Cyclical provider monitoring evaluates the quality of care, documentation and adherence to key components of Clinical Coverage Policies and Service Definitions that drive positive clinical outcomes.

- Trillium uses standardized instructions, tools, and resources developed internally by Trillium to support high quality service delivery. Monitoring tools and guidelines are available on Trillium's website.

- Monitoring reviews are conducted 1 year after contract execution and recur on a cyclical basis, determined by the provider's achieved score.

- Reviews are completed virtually, with in-person reviews available upon provider request.

Monitoring Review Notification & Process

Trillium
HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

- Trillium will provide advance written notice via secure email at least 28 calendar days prior to the monitoring review.

- Providers will receive a submission checklist outlining all required documentation. This letter will allow providers to select one of the following submission options:

  - Option 1: Provider Direct Upload

  - Option 2: Read Only Access to Provider's System

  - Option 3: E-mail

  - Option 4: Request an on-site monitoring review

- Potential post-review actions may include technical assistance, plan of correction, and/or recoupment as applicable.

- Upon completion of the monitoring review, providers will receive a survey link. Survey participation is anonymous and strongly recommended, as provider feedback is valuable.

Provider Accreditation Requirements & Oversight

- Providers must achieve and maintain national accreditation through one of the designated accrediting agencies, as required by applicable NC Medicaid Clinical Coverage Policies and State-funded Service Definitions.

- Adherence to accreditation requirements is a contractual obligation for applicable providers.

- Trillium conducts ongoing monitoring to verify that providers subject to accreditation are meeting and maintaining this standard.

- Failure to obtain or maintain required accreditation may result in corrective action, suspension of referrals, recoupment of payments, contract termination and/or other enforcement actions deemed appropriate.

Provider Accreditation Responsibilities and Resources

- Accreditation requirements are established in [NC Medicaid Clinical Coverage Policies](#) and [State-funded Service Definitions](#).

- Providers are responsible for reviewing the "Provider Qualifications" section of the Clinical Coverage Policy or State-funded Service Definition to identify required accreditation standards.

- Providers are encouraged to visit the NCTracks website and review the User Guides and Fact Sheet, including "How to Add or Update Accreditation on the Provider Profile in [NCTracks](#)" for additional guidance.

- For questions or assistance, providers may contact the Network Monitoring Team at NetworkMonitoring@TrilliumNC.org.

09

CCH UPDATES
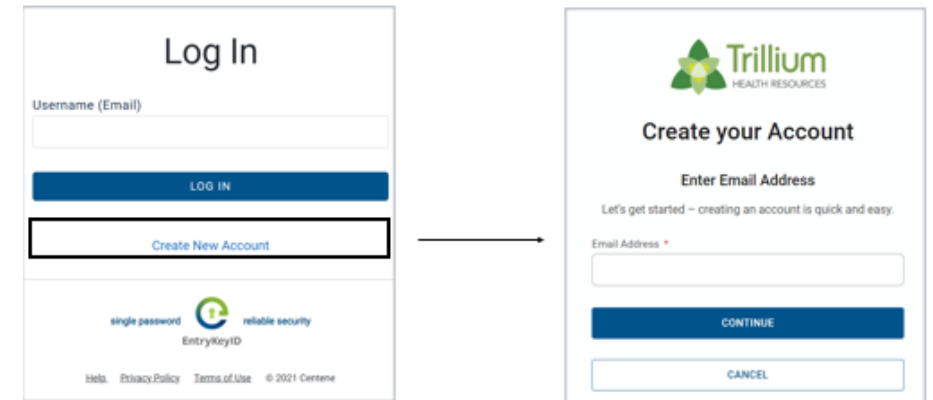
Gaines Carey, CHES
Education and Training Coordinator

Create a New Account: https://provider.trilliumhealthresources.org/

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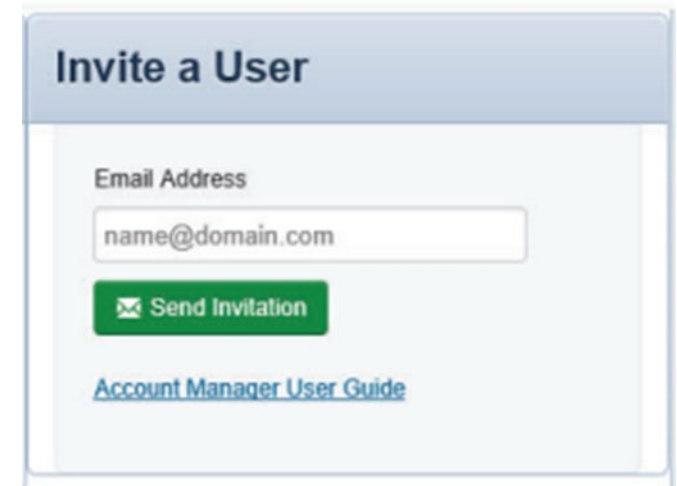
- Member Eligibility, Prior Authorizations, Claims Submissions, Claims Disputes, View Payments, View Health Records, and more

- Need additional support? Connect directly with your assigned Provider Engagement Administrator or email ProviderEngagement@cch-network.com to schedule a meeting!

- For more information with images view: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/Trillium-PH-Orientation.pdf.

Portal Access for Third-party Billers

- Third-party billing entities supporting Trillium providers third-party have accounts to the Secure Provider Portal when validated by the practice's **Portal Account Manager.**

- The Account Manager should Invite a User by sending an invitation to the email address for the third-party biller.

- This generates an email link to the Trillium PH Secure Provider Portal.

- User should continue to Create an Account, verifying their email, then returning to enter TIN, Phone, and Fax.

- **After this point, the third-party biller should contact the Portal Administrator at the practice to verify their account request.**

- Upon verification, the user will be able to login to the portal and have functionality to submit and view claims.

- Third-Party Biller Provider Portal Set-Up Guide

Trainings:

- Trillium Tailored Plan Information Session: The fourth Tuesday of every month at 12PM [Register Here](#)

- [PCS Provider Training](#)

- [CCHN Education and Training Webpage](#)

Resources:

- [Trillium Tailored Plan Provider Resources Webpage](#)

- [Trillium New Provider Onboarding Checklist (PDF)](#)

- [Trillium Out-of-Network (OON) Provider Guide (PDF)](#)

- [Personal Care Services Provider Companion Guide (PDF)](#)

- [Trillium Durable Medical Equipment (DME) Provider Guide (PDF)](#)

Claim Denial Trends for Jan 2026

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Claim Denial	Provider Guidance
Non-eligible/non-reimbursable service per plan or regulatory guidelines	The service billed is not covered and non-reimbursable based on NC Medicaid fee schedule. Please check the NC Medicaid fee schedule, Download Fee Schedules - DHB Fee Schedule & Covered Codes Portal. Additionally, review the clinical coverage policy and make sure the procedure is billable by your provider type. Clinical Coverage Policy Index	NC Medicaid
Deny: NDC missing/invalid or not appropriate for procedure & NDC not rebatable based on CMS labeler file	Carolina Complete Health mirrors NDC requirements from NC DHHS. We utilize the CMS NDC/procedure code crosswalk file and https://reimbursementcodes.com monthly to update configurations. Please verify NDC accuracy against the crosswalk and resubmit a corrected claim.
Deny-Bill NPI+ taxonomy not on Medicaid file or not active on SVC dates	Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Provider Guide: Provider Enrollment and Data (PDF)
Referring provider NPI not in Medicaid file/not active on SVC	Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Provider Guide: Provider Enrollment and Data (PDF)

*Always check our Known Issues Tracker for related issues that impact providers https://network.carolinacompletehealth.com/

10 | Provider Forum Survey

Savanna Griffin
Provider Escalations Manager

Provider Forum Survey

Please take a moment to use the survey link below to share your needs, interests, and the topics you'd like to see presented at future meetings. Your feedback helps us make sure our meetings are relevant, engaging, and valuable to you. Thank you for taking the time to share your thoughts.

https://www.surveymonkey.com/r/728FV9Z

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Upcoming Forum Meetings, Resources, Questions and Answers

Savanna Griffin
Provider Escalations Manager

Provider Forum Meeting Dates

📅 Upcoming Meeting Schedule

- February 11, 2026
- March 11, 2026
- April 8, 2026
- May 13, 2026
- June 10, 2026

- July 8, 2026
- August 12, 2026
- September 9, 2026
- October 14, 2026
- November 11, 2026
- December 9, 2026

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

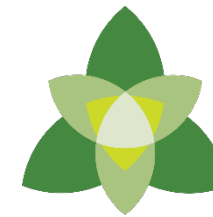 Trillium Direct Connect for Recovery

 Trillium Health Resources

 Trillium Health Resources

Member & Recipient Service Line
1-877-685-2415

Provider Support Service Line
1-855-250-1539

Administrative & Business Matters
1-866-998-2597