



Clinical Communication Bulletin 003

To: All Enrollees, Stakeholders and Providers
From: Cham Trowell, UM Director and Julie Brown, UM Manager
Date: August 25, 2015
Subject: Updates related to service orders, expectations for crisis plans, B3 denials, and DSM-5

Service Orders

Trillium Health Resources is committed to assuring that individuals receive a whole health, integrated care approach. Part of this approach includes our network of providers assisting the people they support to gain access to Medicaid. In accordance with this philosophy, Trillium will require all STATE Funded Mental Health and Substance Use services be ordered by a licensed physician, licensed psychologist, physician assistant or licensed nurse practitioner prior to or on the day that the services are to be provided. The rationale behind this requirement is to prevent the possibility of services being delivered without a valid service order should the individual move from State funded services to Medicaid eligibility.

Effective October 1, 2015, the Part III Service Orders Section A of the PCP must be fully completed by a licensed physician (MD or DO), licensed psychologist (PhD), licensed physician assistant or a licensed nurse practitioner for Medicaid and State Funded Mental Health and Substance Use services. Section B may still be completed by a Qualified Professional (QP) or Licensed Professional (LP) for Intellectual and Developmental Disability services. If you have questions, please contact your provider liaison.

Crisis Plans

Effective November 1, 2015, Trillium Health Resources will also require the Person-Centered Comprehensive Crisis Plan as part of the Person-Centered Plan (PCP) for all new admissions or at the time of the annual rewrite of the plan. This plan was fully implemented January 1, 2014; however, the use of this Crisis Plan was not enforced across our network of providers. Training on Comprehensive Crisis Plans will be posted on our learning portal at a date to be announced.

Please refer to NC Department of Health and Human Services Communication Bulletin #139 for more details regarding this requirement.

[Communication Bulletin #139: Person-Centered Crisis Prevention & Intervention Plan & Crisis Plan Training Element](#)

[Training Element - Instructions](#)

Trillium Health Resources will honor a grace period for implementation of State Funded Service Orders and Comprehensive Crisis Plan requirements. If a Treatment Authorization Request (TAR) was returned as an Administrative Denial due to absence of one of these requirements, please resubmit the TAR with explanation and UM will honor the original requested start date, if the request meets medical necessity when clinically reviewed. Providers are encouraged to implement these requirements as soon as possible. Any TAR that is submitted after noted effective dates without the required elements will be returned as an Administrative Denial and the original requested start date will not be honored (i.e. No Backdating).

B3 Denials

Trillium Health Resources is experiencing an increase in the number of denials for B3 services for “No Authorization”.

This is mainly affecting the former CoastalCare providers where an authorization was approved by CoastalCare’s UM Department and the data was migrated from Alpha to Cardinal Innovations Enterprise (CIE). Trillium’s UM Department is aware of this issue and working diligently to get it resolved. Once the authorizations are corrected, the claims will be readjudicated.

DSM-5

The Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* was released in May 2013. Thus, DSM-5 codes should be included on all plans of service beginning August 1, 2014. Please make sure all plans - Individual Service Plan (ISP), PCP, and treatment plan - include DSM-5 diagnoses. Effective immediately, DSM-5 diagnoses are required on all treatment plans and clinical documents or the TAR will be returned as an administrative denial.

UM Reminders

When requesting a service for the first time in CIE Provider Direct 3.0, even if it is a continuation request, the Treatment Authorization Request (TAR) must include the clinical documents required at admission for each service requested. These documents include the CCA and psychological evaluation recommending the level of care being requested and the current Treatment Plan/ISP/PCP inclusive of the Service Order. The clinical documents associated with the active authorization migrated over from AlphaMCS were not uploaded. TARs submitted without these required clinical documents will be returned as Administrative Denials due to lack of information to determine medical necessity. Please review the benefit plans on our website www.trilliumhealthresources.org for a list of all documents needed for each service.

Please DO NOT fax clinical documents. All clinical documents must be uploaded in CIE Provider Direct. If there are technical difficulties or if you are a provider requesting services that involve a Single Case Agreement, please send the TAR form and clinical documents in a secure email to UM@TrilliumNC.org.