



Transforming Lives. Building Community Well-Being.

Network Communication Bulletin #212

To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP
VP of Network Management

Date: March 14, 2022

Subject: Current Recruitment Opportunity to Provide Forensic Evaluations, Special Bulletin COVID-19 #234: UPDATE to Permanent Changes Made for PHE Flexibilities and Plan for Sunsetting of Temporary Policies, Community Alternatives Program for Children Waiver Renewal Update, NC APSE event on Employment and People with Disabilities, Implementation Science "101" Training fFor CWCN Providers, SAMHSA Grant Announcement, Incident Reporting Reminders, NC TOPPS Training, Bladen County NC TOPPS Transitions, State Funded TBI Long Term Residential Rehab-Open for Public Comment, Reporting Secondary Diagnosis on a Claim, Disaster Planning, DMH/DD/SAS-Community Services and Supports of the North Carolina Department of Health and Human Services Community Inclusion Thursdays – A Series of Presentations on Topics Related to Community Inclusion, Valued Providers Seal Program, Need to Report Fraud, Waste, and Abuse?

ATTENTION! CURRENT RECRUITMENT OPPORTUNITY TO PROVIDE FORENSIC EVALUATIONS

Trillium Health Resources is currently accepting applications for Licensed Practitioners, including practitioners working within Agencies and Groups, to provide Forensic Evaluations to individuals referred by the criminal justice system.

Forensic Evaluators assess the defendant's current mental state and capacity to proceed to trial in accordance with 10A NCAC 27H .0201 through .0207. Applicants must complete Division of Mental Health, Developmental Disabilities and Substance Abuse Services requirements to become a local certified forensic evaluator. Training to become a forensic evaluator includes pre-certification training (6 hours) provided at the Pre-Trial Evaluation Center at Central Regional Hospital, as well as annual training seminars (4 hours) as specified in the rule.

Recruitment is open to practitioners located in all counties in the Trillium catchment area. Priority will be given to applicants who can service **Bladen, Pasquotank, Pitt, and/or New Hanover counties**.

Applicants that are interested should click the link [Provider Recruitment Opportunities](#) to apply for the Recruitment Opportunity -Forensic Evaluator. This can also be found on Trillium's website.

SPECIAL BULLETIN COVID-19 #234: UPDATE TO PERMANENT CHANGES MADE FOR PHE FLEXIBILITIES AND PLAN FOR SUNSETTING OF TEMPORARY POLICIES

CERTAIN COVID-19 FLEXIBILITIES IMPLEMENTED BY NC MEDICAID UNDER STATE AUTHORITY WILL BE ENDED AS OF MARCH 31, 2022

- 🌱 [SPECIAL BULLETIN COVID-19 #234](#) - Update permanent changes made PHE flexibilities and plan sunsetting

This Bulletin replaces [SPECIAL BULLETIN #226](#)

Based on the NC State of Emergency established through [Executive Order \(EO\) 116](#), NC Medicaid implemented temporary changes to clinical policy to support providers and beneficiaries during the COVID-19 State of Emergency. Policy changes were announced by bulletin which indicated that certain flexibilities would end at the earlier of the cancellation of the North Carolina State of Emergency or when the policy modification was rescinded by NC Medicaid.

NC Medicaid has evaluated data from the use of COVID-19 public health emergency (PHE) flexibilities implemented during the state's pandemic response as well as considered stakeholder feedback over the past two years of these flexibilities. Based on this review, many of the policy flexibilities implemented during the NC State of Emergency and federal PHE have been made into permanent NC Medicaid Clinical Coverage. NC Medicaid added these flexibilities because they have been shown to be beneficial for both providers and members and additionally, they improve the access and/or quality of care provided to NC Medicaid beneficiaries.

NC Medicaid is choosing not to add certain temporary flexibilities into permanent policy based on several factors including:

- 🌱 The flexibility was not used by the field broadly (or NC Medicaid did not have evidence that a given flexibility was used by the field).
- 🌱 NC Medicaid does not have the authority to keep the flexibility outside of the COVID-19 PHE.
- 🌱 The flexibility was evaluated through feedback from a multidisciplinary stakeholder group, and it was determined that certain flexibilities did not strengthen and/or add to the NC Medicaid program from a quality, cost and/or safety perspective.

As a reminder, for services provided to Medicaid beneficiaries under 21 years of age, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions apply. EPSDT is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

Note: The policy changes listed within this bulletin will apply to Medicaid Direct and Medicaid Managed Care. The Standard Plans and LME/MCOs may be no more restrictive in amount, scope and duration than the permanent policies, unless required by NC Medicaid's contract with the Standard Plans and LME/MCOs.

NC Medicaid continues to be committed to providing as much advance notice as possible to the provider community as temporary COVID-19 flexibilities end. While the NC State of Emergency has not been rescinded, NC Medicaid has decided to rescind some of the temporary COVID-19 flexibilities, effective April 1, 2022. Please see the details in the remaining pages of this bulletin for more information on which flexibilities will be sunseting as of March 31, 2022.

Many Clinical Policy provisions were enacted to support the COVID-19 response and do not require new federal authorities. These changes are in the process of becoming permanent policy and NC Medicaid is seeking federal authority where appropriate. For permanent policy changes to the Medicaid program, NC Medicaid will post changes publicly. All stakeholders are encouraged to provide feedback. Temporary flexibilities tied directly to the federal public health emergency remain in effect until the termination.

At the time of this bulletin, the federal PHE is still in effect. Please refer to the federal [Public Health Emergency website](#) for more information and updates.

To support providers and the NC Medicaid community, the NC Medicaid team has pulled together a comprehensive list of all the clinical policy flexibilities. You can find information about:

- 🌱 Flexibilities that have been or are being incorporated into permanent policy.
- 🌱 Temporary Flexibilities that will end on April 1, 2022 (i.e., sunseting on March 31, 2022).
- 🌱 Temporary Flexibilities that will end at the end of the federal PHE.

Please find detailed information in the PDF document below for your reference.

- 🌱 [SPECIAL BULLETIN COVID-19 #234](#)

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN WAIVER RENEWAL UPDATE

Waiver extension has been approved by CMS

NC Medicaid received approval from the Centers for Medicare and Medicaid Services (CMS) for an extension of the [Community Alternatives Program for Children](#) (CAP/C) waiver, which was set to expire Feb. 28, 2022. The CAP/C waiver will continue to be active through the duration of the renewed CAP/C waiver (the end date of the renewed waiver is to be determined).

All services and service limits authorized in the CAP/C waiver are active and available to currently enrolled and newly enrolled participants. All requests for services will be reviewed and will be determined based on individual needs and current and past utilization approvals. Service requests

for modifications, such as home and vehicle modifications, do not have a request cutoff date; requests for these services can be submitted at any time while the participant is actively enrolled in the CAP/C waiver.

NC Medicaid is in the process of updating the rates for direct care workers per North Carolina Senate Bill 105 enacted as S.L. 2021-108 in November 2021. Once these rates are updated for direct care workers supporting participants in the CAP/C waiver, the waiver application will be updated to reflect the new rates. Upon completing these updates, the public comment period for this waiver will begin. A draft of the renewed waiver will post for public comment and feedback at that time. The timeline for submitting the renewed waiver to CMS for approval will be communicated after the public comment period expires.

Waiver renewal stakeholder engagement information is available on the [NC Medicaid CAP/C webpage](#).

NC APSE EVENT ON EMPLOYMENT AND PEOPLE WITH DISABILITIES

WEDNESDAY, MARCH 16, 2022 1-4 PM EST

Beyond Person-Centered Thinking:

Assuring self-determination and social capital building with, and not for, job seekers with disabilities.

Innovative Person Driven Low/High Technology:

Accommodation Tools.

 [Registration Information](#)

IMPLEMENTATION SCIENCE "101" TRAINING FOR CWCN PROVIDERS

The Children with Complex Needs (CWCN) staff is partnering with UNC Chapel Hill's Impact Center at Frank Porter Graham Development Institute to incorporate implementation science supports within statewide workforce development activities. This collaboration was developed as part of the larger CWCN Workforce Development and Training program sponsored by NC Division of Mental Health, Developmental Disabilities, Substance Abuse Services.

Frank Porter Graham's work is based on implementation science principles and best practices that are applied within a local context, nurturing long-term partnerships, and achieving social impact with a focus on effective prevention and well-being strategies for children, youth, and families.

Impact Center team members will be supporting provider agencies in navigating systems processes, enabling them to put in place successful strategies that improve various policy, practice, and organizational outcomes. Implementation Science can assist staff with determining readiness across

all involved teams and engage the agency to determine what it will take to accomplish their overall goals.

Frank Porter Graham will be facilitating two Implementation Science “101” trainings for provider staff this spring. All provider staff who serve youth with **Intellectual Disabilities and/or Autism who have a Co-occurring Mental Health diagnosis** are encouraged to attend. Both events will cover the same information, so staff only needs to attend one.

 [AGENDA & FLYER](#)

DATE AND TIME:

March 29th: 9:00am-10:30am

[ZOOM LINK for MEETING](#)

Meeting ID: 937 5008 9295

Passcode: 537408

April 12th: 9:00am-10:30am

[ZOOM LINK for MEETING](#)

Meeting ID: 937 5008 9295

Passcode: 537408

SAMHSA GRANT ANNOUNCEMENT

[Services Grant Program for Residential Treatment for Pregnant and Postpartum Women](#)

Application Due Date: Monday, April 4, 2022


The purpose of this SAMHSA grant program is to provide comprehensive substance use disorder (SUD) treatment services, recovery support services, and harm reduction interventions to pregnant and postpartum women across a continuum of specialty SUD residential and outpatient levels of care, based on comprehensive, individualized screenings and assessments that inform treatment planning and service delivery in a continuous care model. Using a holistic approach, grant funds also support required activities for minor children and partners of the women, and other extended family members of the women and children, as requested by the women. Fundamental to this program is ensuring access to services for low-income women, including providing these services in locations accessible to low-income women.

SAMHSA plans to issue 19 awards of up to \$525,000 per year for up to 5 years.

INCIDENT REPORTING REMINDERS

Incident reporting offers the opportunity to analyze trends to prevent the occurrence of future incidents. Below are reminders to keep in mind as you continue to report diligently:

IRIS REPORTING TIMELINES

 **Level 2 incidents**=An IRIS report must be submitted within 72 *clock* hours of learning of the incident.

- 🌱 **Level 3 incidents**= Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

TRILLIUM'S REPORTING EXPECTATIONS

- 🌱 All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72 hour required timeframe, please provide a statement in the IRIS report regarding the submission of the incident outside reporting timeframe.
- 🌱 All required fields (DOB, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.
- 🌱 Response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to Program Integrity.

REMINDERS

- 🌱 For Allegations of Abuse/Neglect/Exploitation against Staff, please upload the DSS letter and HCPR letter into IRIS upon receipt. In addition, please upload your internal provider investigation into IRIS and ensure completion of the HCPR Investigation Results tab within 5 days.
- 🌱 For Member Deaths, please upload the death certificate and/or Medical Examiner report upon receipt, and update the death information tabs accordingly.
- 🌱 Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error.
- 🌱 For Member Injury, please elaborate on the type of treatment (i.e., stitches, cast, prescription medication) that the member receives for the injury (treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.).
- 🌱 Access the [Incident Response and Reporting Manual](#)

Please visit Trillium's [My Learning Campus](#) to access Incident Reporting Training for your agency staff.

For any incident related questions, please contact Julie McCall (Julie.Mccall@trilliumnc.org) or Jennifer Kelly (Jennifer.Kelly@trilliumnc.org).

NCTOPPS TRAINING

Trillium will host a virtual provider training on NC TOPPS. The training will cover Superuser functions, NC TOPPS entry expectations, requests to Trillium surrounding NC TOPPS transfers and unable to access member, and NC TOPPS Help Desk functions.

Please encourage *all* of your NC TOPPS users to participate, although, it is strongly recommended that at least one of your agency SuperUsers are registered and attend.

Date/Time: TUESDAY, APRIL 5, 2022 10:00 AM -11:30 AM

Location: WEBEX

REGISTRATION REQUIRED: [REGISTER HERE](#)

BLADEN COUNTY NC TOPPS TRANSITIONS

The NC TOPPS Helpdesk will be working to convert LME/MCO record numbers on Bladen County members that have an active NC TOPPS record. If a member has a NC TOPPS episode due prior to the Helpdesk getting their record number transitioned, the NC TOPPS should be completed under the old record number in order for the NC TOPPS to remain up to date. The Helpdesk will also be adding any sites that have active NC TOPPS for Bladen County to Trillium's NC TOPPS. The provider does not need to complete a site addition request **UNLESS** the provider **DOES NOT** currently have any active Bladen County members in NC TOPPS **AND** the site is contracted to provider NC TOPPS services.

If you have any questions please contact Stephanie Wilson, Stephanie.Wilson@TrilliumNC.org.

STATE FUNDED TBI LONG TERM RESIDENTIAL REHAB-OPEN FOR PUBLIC COMMENT

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has posted for 45 day public comment at [Proposed State-Funded-Service-Definition-Policies](#) for TBI Long Term Residential Rehabilitation for your feedback.

The public comment review period is from **February 8, 2022 – March 24, 2022** DMHIDDCONTACT@dhhs.nc.gov. Below you will find a brief summary of the proposed service definition.

TBI LONG TERM RESIDENTIAL REHABILITATION

- 🌱 TBI Long Term Residential Rehabilitation provides individualized rehabilitative services and supports individuals 18 years and older with Traumatic Brain Injury (TBI).
- 🌱 This service must be provided in a licensed Supervised Living facility (i.e., Group Home or Alternative Family Living [AFL]) setting) of their choice to enable individuals to be active participants in their communities.
- 🌱 This service requires the following TBI Assessments:
 - 🟡 NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment, **OR**
 - 🟡 Comparable TBI Assessment that address Risk and Wellness supports needs, **AND**
 - 🟡 Comprehensive Clinical Assessment (CCA), **AND**

- Physical Examination completed by a physician assistant or physician extender within completed within one year prior to admission and annually thereafter. **AND**
- Confirmed TBI condition or approved TBI Diagnostic Verification.
- ▲ The provider of this service includes providing or making provision for “first responder” crisis response on a 24/7/365 basis to individuals experiencing a crisis. Mobile Crisis Management can be utilized for Behavioral Health crisis when medically necessary.
- ▲ Transportation to and from the residence and points of travel in the community (i.e., employment) as outlined in the PCP or ISP is included to the degree that they are not reimbursed by another funding source and not used for personal use.

REPORTING SECONDARY DIAGNOSIS ON A CLAIM

Trillium would like to remind all Providers to report all diagnoses related to the care that members are receiving during visits on your claims.

If you have any claims related questions please send email to claims2@trilliumnc.org.

DISASTER PLANNING

As we approach the prime season for hurricanes and flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff trained/re-trained, and contingency and communication plans developed.

Roadmap2 Ready

We began utilizing the Disaster Plan link last year to keep the process more streamlined. This year, you will again go to a link to share your 2022 Disaster Plan and important contact information.

This requested information includes:

- ▲ Contact information for your designated “Disaster Point of Contact”
- ▲ Corporate site address and facility phone number
- ▲ Any residential sites currently in your contract (address, phone numbers)

Please note, you will need to enter each site as a separate submission. Disaster plans must be submitted through the following link:

- ▲ [2022 Disaster Plan Submission](#)

Disaster Plans are due **no later than May 1, 2022**. If no updates are needed to your 2022 Disaster Plan, you **MUST** still resubmit the plan with a new cover page displaying the current year and disaster contact info. Failure to submit your Disaster Plan for 2022 by the deadline (May 1, 2022), may result in an audit and/or plan of correction.

The Federal Center for Medicare and Medicaid Services (CMS) posted guideline requirements for all entities that receive Medicaid funds and this applies to all of our Medicaid providers. For your reference, we have attached the Final Rule that will assist you in locating the requirements to the federal rules that apply to each of your situations.

Our contract with providers requires that you have an adequate disaster planning and training process in place within your organization.

While it is our desire that no one has to contend with all that a natural disaster brings, the reality is that eastern North Carolina has dealt with its fair share of these kinds of disasters in the past. Living in this part of North Carolina, we know that the best way to cope when a disaster strikes is preparation. Please connect with your local emergency management services, know your local resources, and stay connected with Trillium in the event of an emergency. In addition, Trillium has a list of disaster preparedness resources listed on the [Community Crisis and Disaster Response webpage](#).

 [Final Rule](#)

DMH/DD/SAS-COMMUNITY SERVICES AND SUPPORTS OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY INCLUSION THURSDAYS

A SERIES OF PRESENTATIONS ON TOPICS RELATED TO COMMUNITY INCLUSION

Community Inclusion Thursdays are hosted and presented by Drs. Mark Salzer and Bryan McCormick from the [Temple University Collaborative](#) on Community Inclusion. The series is free, but **separate registration for each session is required**.

No continuing education credits are available for the series. Please direct any questions to Tara Alley tara.alley@dhhs.nc.gov or Dr. Mark Salzer mark.salzer@temple.edu. Below is the information to register for the final presentation in this series:

Recovery-Oriented Systems and Services and Community Inclusion

March 17, 2022 – 2:00 – 3:00 pm

 [Register here](#)

Presenter: Dr. Mark Salzer

This session will provide an overview of the emergence of recovery-oriented concepts and practices in mental health services. The presenter will then discuss the emergence of community inclusion and how it is related to, and extends, the advances made by recovery initiatives.



VALUED PROVIDERS SEAL PROGRAM

Visit the [Valued Providers Seal Program](#) web page for more information about the Contracted, Comprehensive Behavioral Health, Large Agency, Evidenced-Based Treatment, Comprehensive I/DD and Integrated Care Provider Seals.

After receiving this recognition, sharing such dedication and innovative care should be as easy as possible. The [Valued Providers Seal Program Tool Kit](#) is designed for just that. This resource provides tips for sharing news of provider seals on websites, social media, newsletters, and emails, along with pre-written posts and messages.

Contact us at SealProgram@TrilliumNC.org for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

NEED TO REPORT FRAUD, WASTE AND ABUSE?

Ethicspoint is a secure and confidential system available 24 hours a day, 7 days a week for reporting suspected violations of fraud, abuse and confidentiality breaches. You can access Ethicspoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

Any questions about this Communication Bulletin *that does not already have an email listed for questions from that specific section*, may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.