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Network Communication Bulletin #215

To: All Providers

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VP of Network Management

Date: April 29, 2022

Subject: Physical Health Network, NC DHHS is seeking to Amend Section 1115 Demonstration Waiver, DHHS Joint Communication Bulletin # J410 Revisions to the State-Funded Community Living and Support (CLS) (I/DD & TBI) Service and Day Supports (DS) (I/DD & TBI) Service Definitions, Joint Communication Bulletin #J411 Update to Home and Community-Based Services (HCBS) Validation Processes, DHHS Joint Communication Bulletin #J412 Level of Care and Supporting Documentation During the COVID-19 State of Emergency, NAMI NC Would Like to Receive Input on a New Program for Professionals and Licensed Staff, Update on HEALTHCONNEX (NCHIEA), NC TOPPS & Training Now on the Learning Campus!, Open for Public Comment- Clinical Coverage Policy 8B-Inpatient Behavioral Health Services, CCP 8D-5 Clinically Managed Residential Services-Medium Intensity, Additional Proposed Clinical Coverage Policies with Open Comment Periods, Adolescent Stakeholder Engagement, NC TRACKS Training for Providers, 2022 NC SNAP Examiner's Certification Schedule Virtual Training, Current Recruitment Opportunity to Provide Forensic Evaluations, Disaster Planning, NC DHHS Request for Applications for Substance Use Disorder Services for Individuals with Intellectual & Developmental Disabilities, Valued Providers Seal Program, Need to Report Fraud, Waste, and Abuse?

PHYSICAL HEALTH NETWORK

Trillium Health Resources is in the process of working to develop a robust integrated network of providers in partnership with Carolina Complete Health, Trillium's Standard Plan partner, in preparation to go live as a Tailored Plan on December 1, 2022.

Trillium maintains an open network for all physical health providers and will enter into a good faith contracting effort with any willing provider of physical health services via partnership with Carolina Complete Health. To join the Trillium network for physical health services, please reach out directly to Carolina Complete Health Network by emailing networkrelations@cch-network.com, calling 1-833-552-3876 (after choosing Provider Services, press 8 for Contracting), or going online to <https://network.carolinacompletehealth.com/>.

Trillium maintains a closed network for BH/IDD services. To request join the Trillium network for BH/IDD services, please visit our Provider Recruitment or Vendor Opportunities webpage for current network openings OR email NetworkServicesSupport@TrilliumNC.org.

NC DHHS IS SEEKING TO AMEND SECTION 1115 DEMONSTRATION WAIVER

NC DHHS is seeking to amend its Section 1115 demonstration waiver to reflect changes to the eligibility and delivery system for families being served by the North Carolina child welfare system (Child Placement Services and Child Protective Services).

Join us for an overview of the key amendment requests. There will be time for questions and answers.

WEBINAR-BASED PUBLIC HEARING FOR THE NC MEDICAID 1115 WAIVER PROPOSED CHILD WELFARE AMENDMENT

 **Tuesday, May 3, 2022, at 2 p.m.**

[Register for this session](#)

 **Monday, May 9, 2022, at 3 p.m.**

[Register for this session](#)

The proposed amendment application is available on the [NC Medicaid website](#). North Carolina's current 1115 waiver authorizes significant transformations of the North Carolina Medicaid delivery system through a managed care program, the Healthy Opportunities Pilots and a waiver of the institution for mental diseases (IMD) exclusion for substance use disorder treatment.

DHHS JOINT COMMUNICATION BULLETIN # J410 REVISIONS TO THE STATE-FUNDED COMMUNITY LIVING AND SUPPORT (CLS) (I/DD & TBI) SERVICE AND DAY SUPPORTS (DS) (I/DD & TBI) SERVICE DEFINITIONS

Revisions have been made to the CLS and DS service definitions based on feedback from providers and LME-MCOs. This communication bulletin explains changes in the new service definition which become effective with the publication date of this bulletin. This bulletin provides updated language to state-funded CLS and DS effective the publication date of this bulletin (April 8, 2022).

Date	Section or Subsection Amended	Change
04/05/2022	Section 3.2.2	<ol style="list-style-type: none"> Revised the documentation requirements to remove associated psychological or neuropsychological testing from admission criteria for individuals with a developmental disability with no cognitive impairment

Date	Section or Subsection Amended	Change
04/05/2022	Section 5.5	<ol style="list-style-type: none"> 1. Removed the documentation requirements for Qualified Professionals (QP) to countersign service notes written by staff who do not have QP status within 48 hours of service delivery.






If you have any questions, please contact Stephanie Jones at 984-236-5043 or DMHIDDCONTACT@dhhs.nc.gov.

DHHS JOINT COMMUNICATION BULLETIN # J411 UPDATE TO HOME AND COMMUNITY-BASED SERVICES (HCBS) VALIDATION PROCESSES

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Health Benefits (DHB) are providing the following guidance to support the continuation of North Carolina's HCBS Validation processes amidst response to the COVID-19 public health emergency.

It remains critical that person-centered planning, individual choice, and efforts to comply with the HCB Settings Rule continue to be at the forefront of our service delivery system. Effective March 8, 2022, the NC HCBS Statewide Transition Plan was updated to include the use of telehealth for Care Coordination monitoring as an allowable method of HCBS Validation. The flexibility will ensure the State's existing HCBS settings comply with the Settings Rule by March 17, 2023.

DHHS has adjusted the following HCBS timelines accordingly:

-  **March 8, 2022:** HCBS validation and DHHS look-behind efforts relaunched.
-  **April 15, 2022:** Identification of all HCBS settings unwilling or unable to comply with HCBS settings requirements submitted to the DHHS HCBS Internal Team. Process began for providing technical assistance to providers of non-compliant HCBS settings, beneficiary and family engagement, and transition planning for individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements.
-  **May 1, 2022: Conclude** identification of all non-compliant HCBS settings, HCBS settings unwilling or unable to comply with HCBS settings requirements and individuals needing to transition to HCBS compliant settings.
-  **May 15, 2022:** Re-posting of Statewide Transition Plan for 30-day public comment.
-  **June 8, 2022:** Validation Quarterly Reporting Tool (Final Submission) due to the DHHS HCBS Internal Team.

- 🗓️ **July 1, 2022:** Re-submit Statewide Transition Plan for final approval to the Centers for Medicare and Medicaid Services (CMS).
- 🗓️ **Dec. 31, 2022:** Transitions conclude for individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements to HCBS compliant sites.

If you have any questions, please contact the DHHS HCBS Internal Team at HCBSTransPlan@dhhs.nc.gov.

HCBS final rule resources and information can be accessed at [NCDHHS HCBS Resources webpage](#).

DHHS JOINT COMMUNICATION BULLETIN # J412 LEVEL OF CARE AND SUPPORTING DOCUMENTATION DURING THE COVID-19 STATE OF EMERGENCY (UPDATE TO JCB #366 LEVEL OF CARE AND SUPPORTING DOCUMENTATION DURING COVID-19 STATE OF EMERGENCY)

This clarifies guidance for the NC Innovations and Traumatic Brain Injury (TBI) waiver Level of Care processes.

We recognize that COVID-19 negatively impacted people's ability to obtain medical or psychological evaluations/assessments. Therefore, the psychologists, psychological associates or physicians performing initial evaluations of level of care for waiver beneficiaries may use historical medical or psychological evaluations/assessments to determine appropriateness for entrance to either the NC TBI or NC Innovations Waiver. Documentation must support that entrance criteria is met.

This flexibility related to the NC Innovations and NC TBI Waiver Levels of Care is effective until NC Medicaid's termination of the NC Innovations and NC TBI Waiver Appendix Ks.

If you have any questions, please contact Kenneth Bausell at 919-527-7643 or Kenneth.Bausell@dhhs.nc.gov.

NAMI NC WOULD LIKE TO RECEIVE INPUT ON A NEW PROGRAM FOR PROFESSIONALS AND LICENSED STAFF

[NAMI Provider](#) introduces mental health and other professionals to the "lived experience" perspective of people with mental health conditions and their loved ones. Although peers/families are essential to the recovery process, their needs and views can be hard to discern. The course is taught by a panel of three: a mental health professional, a person with lived experience of a mental illness, and a family member. NAMI Provider can be offered as a 15-hour class or 4-hour seminar.

You may know that NAMI stands for the National Alliance on Mental Illness, and we are the nation's largest grassroots mental health organization. NAMI is the "street smarts" of mental health, a natural counterpart to a professional person's years of training and education. Here in North Carolina, we bring free classes, support groups, and presentations to thousands of peers and their loved ones each year.

We would love to bring this valuable training to employees of all providers and LME-MCOs. Please [complete a brief survey](#) to help us determine the best way forward.

UPDATE ON HEALTHCONNEX (NCHIEA)

On March 30, NC HealthConnex, the State's Health Information Exchange (HIE), released an important update and reminder on the current status of the NC HealthConnex program. Providers are expected to be connected to the platform no later than January 1, 2023, unless they are included in the exceptions list. It is expected that there will be no more extensions granted. It is also important to remember that this is a legislative requirement. Additional information may be found on our Trillium website for providers as well as the HealthConnex website (<https://hiea.nc.gov/>).

An excerpt from the March newsletter is included here. Please pay special attention to the monthly call regarding how to connect.



NC HIEA REACHES OUT TO PROVIDERS, OFFERS LEGISLATIVE RECOMMENDATIONS BEFORE EXTENDED CONNECTION DEADLINE

The NC HIEA is reaching out to providers about the legislative requirement to connect to NC HealthConnex, the state-designated health information exchange (HIE), before Jan. 1, 2023; its Advisory Board has offered recommendations to the state legislature on how to facilitate these connections.

Last summer, as the COVID-19 pandemic created enormous challenges for health care, the NC HEIA worked with the N.C. General Assembly to amend the Statewide HIE Act (see [NCSL 2021-26](#)).

In addition to extending the connection deadline, the legislation required the NC HIEA and its Advisory Board to undertake a large-scale effort to determine the status of statewide connectivity among providers, develop recommendations to support enforcement of the HIE Act, and report on these initiatives to the state legislature. In February and March 2022, the NC HIEA contacted unconnected providers by mail and email informing them about the Jan. 1, 2023, deadline and how to connect to NC HealthConnex.

The NC HIEA's Advisory Board also submitted a [legislative report](#) with three overarching recommendations for consideration of legislative action by the Joint Legislative Oversight Committee of Health and Human Services for the Short Session, which will convene in mid-April. These are:

-  Establish clear enforcement articles of the HIE Act
-  Change voluntary designations for certain providers

- 🌱 Add two seats to the Advisory Board to represent provider-accountable care and state-funded payer partners

Providers and organizations are encouraged to take immediate action to understand the requirements of the HIE Act and begin the connection process before the deadline.

How to Connect Calls are held the last Monday of every month at noon.

- 🌱 [Register here for the next call](#)

NC TOPPS PROVIDERS

NC TOPPS providers please be advised of the information below:

Completion of an NC TOPPS is required no later than the second visit for all NC TOPPS services. Updates should be submitted at 90 days, 180 days, and biannually (every 180 days) as long as the member is still receiving services. An episode completion should be done when a member is discharged or stops receiving services. Remember, NC TOPPS can be done as soon as 14 days before the due date.

NC TOPPS compliance is measured by NC TOPPS episodes being completed and being submitted on time. On time completion is measured by the date AND timestamp of the Initial NC TOPPS episode submission. NC TOPPS episodes are measured in days and timestamped, therefore a 3 Month update is due 90 days after the Initial Interview.

For example: if an Initial Interview is completed on 10/5/2021 at 3 PM, normally we would add 3 months to the date to come up with a due date of 1/5/2022 at 3 PM. This is incorrect. Adding 90 days to 10/5/2021 gives us 1/3/2022 AND we would have to make sure to submit the update by the timestamped time of 3 PM. Only submitting the update by the due date is not enough. If you submit the update on 1/3/2022 at 3:01 PM, it is considered late.

To assist NC TOPPS providers with meeting compliance for both completion and timeliness, Network Staff will be sending one report every week to agency/site Superusers that includes Past Due, Due Now, and Upcoming Updates. Please pay close attention to these emails if and when you receive them. If your agency receives a report, action is required.

If you have any questions, please submit them to NCTOPPS@TrilliumNC.org.

NC TOPPS TRAINING NOW ON THE LEARNING CAMPUS!

Trillium provided a training/information session on NC TOPPS for provider agency NC TOPPS users on April 5, 2022. The training/information session included information on registering for an NC TOPPS account, QP and Data Entry user access and capabilities, Agency/Site Superuser requirements, access, and capabilities, and LME/MCO Superuser capabilities.

The training/information session also included information on Trillium's updated monitoring procedures for NC TOPPS and NC TOPPS compliance expectations. It is strongly recommended that all agency site Superusers that were not able to attend access the recording on Trillium's Provider Learning Campus. In order to access the training/information session a user must have a Provider My Learning Campus account.

If you do not have a Provider My Learning Campus account, please click on the link to submit your Provider Learning Campus Agreement Form: [Provider Learning Campus Agreement Form Request](#).

OPEN FOR PUBLIC COMMENT- CLINICAL COVERAGE POLICY 8B- INPATIENT BEHAVIORAL HEALTH SERVICES

NC DHHS is offering an opportunity to provide comments on the revised Clinical Coverage Policy 8B- Inpatient Behavioral Health Services.

Please send your comments to: medicaid.public.comment@dhhs.nc.gov.

 [NC-Medicaid Behavioral Health Stakeholder Engagement](#)

CCP 8D-5 CLINICALLY MANAGED RESIDENTIAL SERVICES- MEDIUM INTENSITY, ADOLESCENT STAKEHOLDER ENGAGEMENT

NC DHHS invites you to join the upcoming stakeholder engagement webinar to learn about the draft clinical coverage policy for ASAM level 3.5 Clinically Managed Moderate Intensity Residential Treatment- Adolescents This webinar is open to all stakeholders.

The meeting will be held on Microsoft Teams, and there is a call in option. Please see the link below for the Microsoft Teams invite information, as well as the draft clinical coverage policy.

If you have any questions, contact Stacy Smith at stacy.smith@dhhs.nc.gov

 [Public Comment 8B Inpatient Behavioral Health Services](#)

ADDITIONAL PROPOSED CLINICAL COVERAGE POLICIES WITH OPEN COMMENT PERIODS

Submit comments for policies listed below open for public comment by emailing: medicaid.public.comment@dhhs.nc.gov.

PROPOSED POLICY	DATE POSTED	COMMENT PERIOD ENDS
8B, Inpatient Behavioral Health Services	03/28/2022	05/12/2022
1E-7, Family Planning	04/01/2020	05/16/2022

NC TRACKS TRAINING FOR PROVIDERS

NCTracks Provider Training includes Computer Based Training courses (CBTs, which can be taken at any time and provide important information about how to use the NCTracks system), recorded webinars, participant guides, and job aids (that can be downloaded for future reference). These can be accessed using SkillPort, the Learning Management System for NCTracks.

To access the training please go to: [NC TRACKS Training for Providers](#)

2022 NC SNAP EXAMINER'S CERTIFICATION SCHEDULE VIRTUAL TRAINING

NC-SNAP certification is available to professional ID/DD staff that is responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities. The schedule below reflects all scheduled virtual training dates for 2022. To facilitate the registration process, staff responsible for completing the NC-SNAP should contact their LME/MCO and speak to the training coordinator for assistance completing registration. The LME/MCO training coordinator will ensure that all persons requesting NC-SNAP certification have the proper credentials and are in a position that requires them to complete or review NC-SNAP assessments prior to forwarding the registration request for training. The QP is not registered for a scheduled training until he or she has received a confirmation email and Microsoft Teams invite.

Please note that typically there is a high demand for NC-SNAP certification training. All staff registered are asked to notify the training site in advance, at least 72 business hours ahead of the scheduled training, if unable to attend the scheduled training. Registered staff that do not cancel in advance and/or do not login for a scheduled training session may be prohibited from re-registering for at least sixty days. On training day participants are asked to sign into Microsoft Teams ten (10) minutes before training is to begin, training will start promptly at 1pm. NC-SNAP examiner certification require all the allotted time; In turn, **staff signing in more than five (5) minutes late will not be admitted and required to re-register for an alternative training.**

 [NC SNAP2022 Examiner's Certification Schedule Virtual Training](#)

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.

Roadmap2 Ready

June 1st is the beginning of hurricane season and time to plan and prepare. Receiving alerts, developing shelter plans and evacuation plans are part of making a plan for disasters. Plans are different for everyone and based on individual needs. FEMA developed a list with four steps to consider. Take a look at their recommendations by visiting [Ready.gov](#).

Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season during the COVID-19 pandemic. Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our [Community Crisis and Disaster webpage](#). Our **Roadmap2Ready** campaign was developed by our Community Crisis and Disaster Response team with the intention of connecting members and providers to reliable resources that assist with preparing for a hurricane. Our team collaborates with state, county, and community programs within our 26 county catchment area to identify gaps and needs related to inclusive disaster response.

Please inform Trillium of any service provision or operational changes as a result of a tropical storm or hurricane by completing the changes to the Provider Operations Form. This form is located on the [Community Crisis and Disaster Response webpage](#) under the "Provider" tab when a storm is approaching. Our goal is to stay up to date about changes to service provision and to assist with continuing to best serve members.

NC DHHS SUBSTANCE USE DISORDER SERVICES FOR INDIVIDUALS WITH INTELLECTUAL & DEVELOPMENTAL DISABILITIES REQUEST FOR APPLICATIONS

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) recently released a Request for Applications (RFA) for Substance Use Disorder Services for Individuals with Intellectual & Developmental Disabilities.

If you have any questions regarding this RFA, please email the DMH/DD/SAS Contracts Team at RFA.responses@dhhs.nc.gov.

- 🌱 **Questions are Due:** Friday, April 29, 2022 by 5:00 PM Eastern Time.
- 🌱 **Application Due Date:** Tuesday, May 31, 2022 by 5:00 PM Eastern Time
- 🌱 **Anticipated Notice of Award:** June 17, 2022
- 🌱 **Anticipated Performance Period:** July 1, 2022 - March 14, 2023.

ELIGIBILITY INFORMATION

Applicant agencies may currently serve either the I/DD population or the SUD population, or both.

If currently licensed as a provider of SUD services in the state of North Carolina, the provider must be in good standing with DMH/DD/SAS and the Division of Health Service Regulation (DHSR), and not currently subject to any investigative or corrective actions. Applicants are further required to:

- 🌱 Have a current state-funded contract with one or more LME-MCOs and must include, at minimum, affirmation from the LME-MCO of its agreement and support of the proposal.
- 🌱 Applicant agencies must demonstrate partnership with other appropriate agencies if serving only either I/DD or SUD populations, or include as part of their proposal the manner in which they will become proficient in the development and delivery of services for individuals with I/DD and co-occurring SUD.

ELIGIBILITY IS OPEN TO NON-PROFIT PROVIDERS ONLY.

Programmatic Requirements

Successful applicants for these funds will have the following expectations:

1. Provide SUD clinical treatment and recovery support services specifically to individuals with an I/DD
 - 🌱 Provide an appropriate SUD Comprehensive Clinical Assessment/Diagnostic Assessment (CCA/DA).
 - 🌱 Implement outreach services to specifically engage and target the population of focus

- ♻️ Use the CCA/DA results to determine the most appropriate SUD services and ASAM level of care.
 - ♻️ Provide appropriate SUD services to the individual in inclusive settings and/or facilitate referral and admission to the appropriate level of care.
 - ♻️ Provide or connect to recovery services and supports, such as peer supports, mutual aid, etc., that are appropriate and accessible.
2. Educate family/caregivers on substance use and I/DD
 - ♻️ Provide educational materials on substance use and SUD to families/caregivers.
 - ♻️ Provide appropriate information and referral for recovery services and supports specifically for family members/caregivers.
 3. Comply with reporting requirements outlined in section 5.4 of this RFA.

Population Served

SUD services must be available to any eligible individual within the successful applicant agency/organization service area. Eligible individuals include uninsured or under-insured individuals with a substance use disorder as well as a co-occurring diagnosis of mild to moderate intellectual disability/cognitive impairment, borderline intellectual functioning and/or Autism Spectrum Disorder, or other identified intellectual or developmental disability.

Successful applicant agencies are required to provide educational and recovery support resources to families/caregivers of individuals involved in their services.

The full Substance Use Disorder Services for Individuals with Intellectual & Developmental Disabilities RFA with additional information can be found [here](#).

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.

Trillium can see the impact providers make on our members and communities. We hope the tool kit serves to ensure those members and communities can see it as well.

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 EthicPpoint 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.