



Network Communication Bulletin #383

To: All Providers

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

Date: November 21, 2024

Subject: Request for Application: Rural Equity and Innovation in Integrated Care, Important Information for Relative as Direct Support Employee, Stakeholder Engagement Behavioral Health Clinical Coverage Policy Update Webinar, November Roadmap2Ready, State Funded Services Rate Increase, Hurricane Helene Resources and Updates, NC Department of Health and Human Services Hot Topic Links, IRIS Reminders for Providers, Care Management Trainings Available in My Learning Campus, Trillium Provider Network Survey for Technical Assistance, Education, and Training Topics, Proposed Medicaid Policies Open for Public Comment, Medication Management Services - Open Enrollment, Connections-Care Management Platform, Annual Provider Training Needs Assessment Extended, Request for Proposal: Transition Management Services, Upcoming Re-Entry Simulations, Trillium is a Closed Network for BH/SUD/IDD, Need to Report Fraud, Waste, and Abuse?

NEW

REQUEST FOR APPLICATION: RURAL EQUITY AND INNOVATION IN INTEGRATED CARE

Rural Equity and Innovation Integrated Behavioral Health Model (REI-IBHM) will increase capacity to meet integrated care needs of rural northeastern NC and address health disparities in this region by paying for equity for Tailored Plan members living in this region. This Request for Application (RFA) will award \$2 million in funding for 3 years not to exceed \$6 million. The model will evaluate the impact of a value-based care (VBC) approach focused on Tailored Plan members. The model will provide access to primary care treatment through an integrated care delivery framework located in a specialty BH community based organization. The organization will have a primary focus on members with moderate to severe mental health conditions and/or chronic substance use

disorders and will include members with dual IDD diagnosis. Members will have access to primary care services in the same setting as behavioral health services.

The primary outcome is to increase access to integrated care in Tier I and Tier II counties in rural northeastern NC. Other objectives of this demonstration pilot also include improving quality of care, timely access to appointments for Tailored Plan members, reducing avoidable emergency department and inpatient utilization, and strengthening telehealth systems capacity.

Trillium will award funding for 1 provider for this demonstration pilot.

ELIGIBLE APPLICANTS:

- 🌱 Applicant must be enrolled in the Trillium provider network. The applicant must be Non-profit 501(c) 3 currently enrolled in Medicaid to provide BH/SUD and IDD services. Applicant must be willing to serve adults and children 16 and up for acute and chronic behavioral health and add primary care. Preference given to agencies that also treat adults with co-occurring IDD needs. Services must be provided both in person and through telehealth approaches. Applicant must be in good standing with Trillium.

ADDITIONAL ELIGIBILITY:

- 🌱 Eligible applicants must currently have a minimum of 300 Medicaid Tailored Plan members receiving services.
- 🌱 Eligible applicant must have current primary BH sites located in Tier I or Tier II counties within the majority of North Carolina's Region 6 including; Halifax, Northampton, Gates, Hertford, Bertie, Perquimans, Pasquotank, Camden, Chowan, Currituck, Dare, Tyrrell, Washington, Beaufort, Martin, Edgecombe, Pitt, Greene, Wayne, Lenoir, Duplin, Jones, Pamlico, Craven, Onslow, Carteret, and Hyde
- 🌱 Eligible applicants must have the ability to demonstrate current telehealth applications and capabilities and effective and efficient use of an internal telehealth network across multiple counties to increase access to behavioral health and add primary care. In addition, the model assures coordination of services to support chronic and acute physical health conditions as part of the member integrated care plan and care team model of delivery.
- 🌱 Applicants must provide evidence of established and working DEI policies that ensure that people of all backgrounds are supported equitably according to their uniqueness.

- 🌱 Agencies must provide evidence of an established Electronic Health Record of data collection and tracking that can monitor effectiveness, integrate data and track member outcomes.
- 🌱 Eligible agencies must offer Tailored Care Management and Crisis services as part of their service array.
- 🌱 Eligible agencies must ensure language interpretation services, including American Sign Language, are made available and utilized for effective, appropriate communication.
- 🌱 The agency awarded must agree to improve data collection and report quality measures using the Healthcare Effectiveness Data and Information Set (HEDIS) based on race, ethnicity, disability status, sexual orientation, gender identity and health related resource needs.

If your organization meets all the criteria, please click the link and complete the form below and apply for a meeting to discuss your plan for this model with our team no later than December 2, 2024.

[Complete this form.](#)

IMPORTANT INFORMATION FOR RELATIVE AS DIRECT SUPPORT EMPLOYEE

Effective December 1, 2024 providers and/or employer of record (EOR) should use the following link to request initial or renewal of Relative as Direct Support Employee (RDSE), formerly known as Relative as Provider (RAP): [Innovations Waiver - Relative/Guardian as Direct Service Employee](#).

STAKEHOLDER ENGAGEMENT BEHAVIORAL HEALTH CLINICAL COVERAGY POLICY UPDATE WEBINAR

NC DHHS invites you to join Virtual Office Hours regarding changes to clinical coverage policies due to the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). DHHS is providing opportunities for Health Plans and providers to receive information and ask questions. These office hours are open to all stakeholders. Health Plans and providers are encouraged to submit questions in advance for discussion during Virtual Office Hours. Please email questions in advance for discussion during Virtual Office Hours to Gregory.Daniels@dhhs.nc.gov.

Thursday, November 21, 2024

3:00 PM – 3:45 PM

Changes to clinical coverage policies due to the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

Join on your computer, mobile app, or room device.

[Join the meeting now](#)

Meeting ID: 285 840 484 952

Passcode: vKD7eW

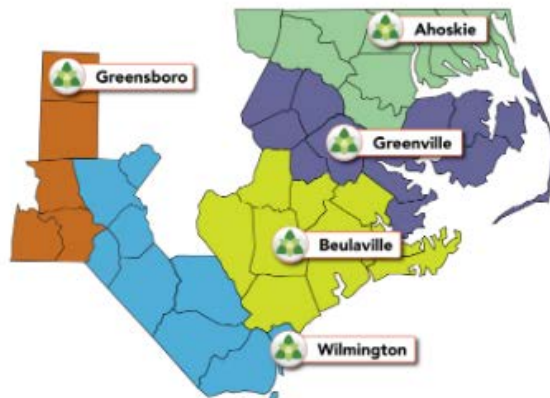
Dial in by phone

[+1 984-204-1487,,686247136#](tel:+19842041487,686247136#) United States, Raleigh

[Find a local number](#)

ROADMAP 2 READY

**Roadmap
2 Ready**

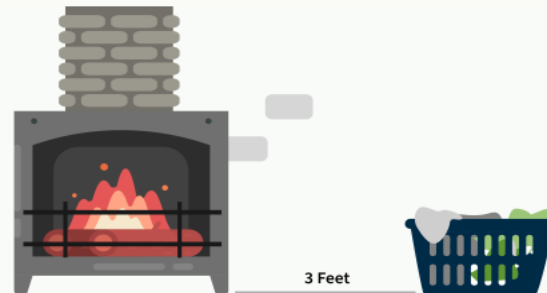


Part of being prepared is to have a plan for any kind of emergency. Last month we gave you information about [Fire Safety](#). This month we will cover one of the hazards that may have come up as a risk, [Winter Weather](#).

Although North Carolina can experience mild winters, it is not uncommon for us to experience its hazards. The past couple of years we have had days where the temperatures got into single digits which can be deadly if not prepared.

Preventing House Heating Fires

Although trending downward since the early 1980s, heating fires remained the second leading cause of home fires in 2021. An estimated 32,200 home heating fires were reported to fire departments within the United States. These fires caused an estimated 190 deaths, 625 injuries and \$442 million in property loss.



- ✓ Keep anything that can burn at least three feet from all heat sources including fireplaces, wood stoves, radiators, portable heaters or candles.
- ✓ Always plug space heaters directly into an outlet, and make sure its cord isn't damaged or frayed.
- ✓ Never use an oven to heat your home.
- ✓ Maintain heating equipment and chimneys by having them cleaned and inspected each year by a professional.

HOW CAN WE PREPARE?

- 🌿 Know how to [safely heat your home](#), carbon monoxide and fire safety are important
- 🌿 Know how you can prepare your [home with energy saving tips](#)
- 🌿 [Prepare your vehicles](#) (personal and work)

As a business:

- 🌿 Review your inclement weather plan and talk to staff ahead of time
 - Have a communication plan
- 🌿 If roads are impassable, have a backup plan
- 🌿 Ensure you have some safety and preparedness items on hand, as winter weather can worsen quickly
- 🌿 Read and review some [After Action reports from Texas](#) or [Winter Safety measures for Health Care Providers](#)

Thank you for helping us support the people of North Carolina.

REMINDERS

STATE FUNDED SERVICES RATE INCREASE





Please review the updated rate table that reflects rate increase for providers with approved State Funded services effective November 1, 2024. The [linked service codes](#) have been updated.

Service	Service Code/Description
Ind Grp Therapy	90832
Ind Grp Therapy	90834
Ind Grp Therapy	90849
Ind Grp Therapy	90853
E&M	99202
E&M	99203
E&M	99204
E&M	99205
E&M	99211
E&M	99212
E&M	99213
E&M	99214
E&M	99215
E&M	99242
E&M	99244
E&M	99245
MAT	H0020 Opioid Treatment
IDD CLS	YM852-CLS Grp-SF
Respite	YP012 Respite Adult Individ
Respite	YP013- Respite Adult Grp
Respite	YP014- Respite Child
Respite	YP015 Respite Grp Child

HURRICANE HELENE RESOURCES AND UPDATES







The [Disaster Supplemental Nutrition Assistance Program \(D-SNAP\)](#) is a temporary disaster food assistance program for individuals impacted by natural disasters like Hurricane Helene.

Additional Resources for Food Support:






-  [NC Food and Nutrition Services](#)
-  [NC WIC Program](#)
-  [NC WIC Flexibilities in Response to Hurricane Helene](#)
-  [Local Food Resources \(2-1-1\)](#)

PHYSICAL AND MENTAL HEALTH RESOURCES






[NCDHHS](#) has deployed crisis counselors in shelters and communities to support mental health recovery from Hurricane Helene. The following are resources currently available to support those in Western North Carolina:




-  [Julian F. Keith Alcohol and Drug Abuse Treatment Center](#)
-  [Weathering the Storm: Mental Health and Disability-related Resources](#)
-  [Somethings: Mental Health Services for Teens](#)
-  [Children with Special Health Care Needs Help Line](#)
-  [Hope for NC Helpline: support for first responders and volunteers](#)
-  [988 Suicide and Crisis Hotline](#)

ADDITIONAL SERVICES AND RESOURCES:

-  [FEMA Disaster Assistance: Citizenship and Immigration Status Requirement](#)
-  [DSS Directory - Local Social Services Agencies](#)
-  [Impact Health - Critical Social Needs Within Medical Care](#)
-  [Hurricane Helene Recovery Communications Toolkit](#)
-  [NC Volunteer Organizations Active in Disaster \(VOAD\):](#) helps to coordinate volunteer response throughout the region.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES HOT TOPIC LINKS

-  [DMHDDSUS Launches New I/DD Resource](#)
-  [988 Suicide & Crisis Lifeline](#)
-  [Peer Warmline](#)
-  [LME/MCO Crisis Lines](#)
-  [DMHDDSUS Dashboards](#)



-  [988 Performance Dashboard](#)
-  [LME/MCO Dashboard](#)
-  [Trainings and Webinars](#)

IRIS REMINDERS FOR PROVIDERS







IRIS ALERTS:

The Live IRIS site is located at <https://iris.ncdhhs.gov>. In addition, the IRIS Training site can be accessed at <https://iristraining.ncdhhs.gov>.

IRIS REPORTING TIMELINES








-  Level 2 incidents=An IRIS report must be submitted within 72 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.
-  Please ensure member's LME-MCO record number, Medicaid ID and/or CNDS ID is completed on the Consumer's Treatment tab.
-  On the Provider Information tab, please ensure the Provider Agency name is entered in full and how it appears on the contract/license etc.
-  When a report contains allegations of abuse/neglect/exploitation against staff, the internal investigation report is required to be uploaded to the IRIS report within 5 working days.
-  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 Compliance.

REMINDERS

-  If staff is in a car accident while providing services to a member, an incident report is required to be submitted in IRIS. Even if member does not require medical treatment, it is an expectation that the incident is reported to Law Enforcement and medical treatment is offered. These incidents meet criteria for a level II incident and can be submitted as "Consumer Injury-Auto Accident."
-  On the Provider Information tab, please ensure the correct plan/service that the member is enrolled in is selected. This will ensure the IRIS report is directed to the proper Health Plan or LME-MCO for review.
-  When selecting the "Host" LME-MCO and the "Home" LME-MCO on the Provider Information tab in IRIS, please remember that the "Host" LME-MCO is the county where services are being provided and the "Home" LME-MCO is the county of residence where the member's Medicaid is linked to.
-  For Allegations of Abuse/Neglect/Exploitation against Staff, please ensure that both of the questions listed on the Incident Information tab, "**Does this incident include an allegation against Staff and/or Facility?**" and "**Will this allegation require a submission of a Consumer Incident Report?**" are both checked YES. Then complete the abuse tab and all **three** tabs under the HCPR tab.
-  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.).

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) for **IRIS counties**: Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Jones, Carteret, Pamlico, Craven, Pitt, Beaufort, Hyde, Dare, Tyrrell, Washington, Martin, Bertie, Chowan, Perquimans, Pasquotank, Currituck, Camden, Gates, Hertford, Northampton, Halifax, Nash.

- 🌱 Christy Way (Christy.Way@TrilliumNC.org) for IRIS counties: Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
- 🌱 Debbie Powell (Debbie.Powell@TrilliumNC.org) for IRIS counties: Guilford
- 🌱 John English (John.English@TrilliumNC.org) for IRIS counties: Edgecombe, Wilson, Robeson, Scotland, Greene
- 🌱 Veronica Murphy (Veronica.Murphy@TrilliumNC.org) for IRIS counties: Duplin, Lenoir, Sampson, Warren, and Wayne

CARE MANAGEMENT TRAININGS AVAILABLE IN MY LEARNING CAMPUS

The Trillium Training Department would like to encourage the staff, providers and member to learn more about diabetes and healthy eating in these trainings on the [Members My Learning Campus](#):

- 🌱 [What is Diabetes?](#)
- 🌱 [Healthy Eating](#)
- 🌱 [Healthy Eating Tips](#)

TRILLIUM PROVIDER NETWORK SURVEY FOR TECHNICAL ASSISTANCE, EDUCATION, AND TRAINING TOPICS

The Trillium Network Management team wants to ensure that we provide technical assistance and education on a variety of topics to assist our provider network. Your input is important to us to make sure that we are meeting your needs, and expectations. We have three quick questions that will not take more than a minute to complete.

The purpose of these questions is to assist us in developing and providing technical assistance on topics that are relevant for you and your organization. Also, our goal is to improve our customer service.

- 🌱 [Click here to complete the survey](#)

PROPOSED MEDICAID POLICIES OPEN FOR PUBLIC COMMENT

All policies currently open for public comment can be found on the [North Carolina Medicaid Division of Health Benefits](#).





Providers can submit comments to Medicaid.public.comment@dhhs.nc.gov

Proposed Policy	Date Posted	Comment Period Ends
1N-1, Allergy Testing	10/11/2024	11/25/2024
1N-2, Allergy Immunotherapy	10/11/2024	11/25/2024
8A-9, Opioid Treatment Program Service	10/25/2024	11/23/2024
10A, Outpatient Specialized Therapies	11/04/2024	12/19/2024
10B, Independent Practitioners (IP)	11/04/2024	12/19/2024
PA Criteria Lyfgenia	11/04/2024	12/19/2024

MEDICATION MANAGEMENT SERVICES-OPEN ENROLLMENT

Trillium has identified the need for additional Psychiatric Medication Management Services. These services focus on reducing psychiatric and behavioral symptoms to improve functioning in familial, social, educational, or occupational life domains. Providers must be enrolled in NC Tracks and meet all requirements in [Clinical Coverage Policy 8C](#).

Qualified practitioners include:

-  Psychiatrist/ MD/ DO
-  Psychiatric Mental Health Nurse Practitioner (PMHNP)
-  Physician Assistant (PA)
-  Nurse Practitioner (NP)

[Questions Link](#)

[Application Link](#)

CONNECTIONS-CARE MANAGEMENT PLATFORM

[Network Communication Bulletin #378](#) notified providers that Trillium Health Resources will no longer offer our Tailored Care Management (TCM) platform to TCM providers.

Trillium's intent is to terminate the TCM provider contracts regarding the use of our care management platform no later than June 30, 2025. Future TCM providers will be required to utilize their own platform for documentation of service delivery.

The reason for this decision is that Trillium is not funded, nor is it financially sustainable to continue to support external TCM entities in providing access to Trillium's Connection platform.

ANNUAL PROVIDER TRAINING NEEDS ASSESSMENT EXTENDED

Trillium Health Resources requests your participation in the annual Provider Training Needs Assessment. Your participation in this survey is completely voluntary but very useful in the development of topics for provider trainings.

All of your responses will be kept confidential. Responses will only be used for statistical purposes and to determine your training needs.

Please take about five minutes to complete this survey so that Trillium's Training Department can provide trainings that your agency needs. If you have any questions, please contact Jackie Tadeo, Training Director (Jackie.Tadeo@TrilliumNC.org). You can access the survey by clicking the following link:

 [Provider Training Needs Assessment](#)

This survey will be available through November 22, 2024.

REQUEST FOR PROPOSAL: TRANSITION MANAGEMENT SERVICES

Trillium has posted a Request For Proposal (RFP) to invite service providers to submit a proposal for the implementation of Transition Management Services (TMS). TMS is provided to individuals participating in the Transition to Community Living (TCL) initiative.

TMS is a rehabilitation service intended to increase and restore an individual's ability to live successfully in the community by maintaining tenancy. TMS focuses on increasing the individual's ability to live as independently as possible, managing the illness, and reestablishing his or her community roles related to the following life domains: emotional, social, safety, housing, medical and health, educational, vocational, and legal. TMS provides structured rehabilitative interventions through a team approach. Providers may submit proposals for one or more of the counties/regions included in the RFP.

The five regions/counties included in the RFP are as follows:

1. Craven
2. Guilford/Randolph
3. Moore/Hoke
4. New Hanover
5. Pitt/Greene/Wilson

For more information, to ask questions, and to apply, please visit the [Current Service Needs](#) page on Trillium's website.

RE-ENTRY SIMULATION

Trillium Health Resources has been sponsoring Re-entry Simulations. You will learn about the many barriers individuals go through when they are released from jail.

Participants experience the difficulties of finding a job, keeping a stable home, going to treatment regularly, and following release rules.

UPCOMING RE-ENTRY SIMULATION EVENT:

 [Pasquotank County, NC – January 29, 2025](#)

TRILLIUM IS A CLOSED NETWORK FOR BH/SUD/IDD

As a reminder, Trillium operates a closed network for all behavioral health, substance use, and intellectual and developmental disabilities services. (*N.C. Gen. Stat. 108D-23*).

At this time, Trillium is not accepting requests to add new providers to the Trillium behavioral health, substance use, and intellectual and developmental disabilities provider network outside of a published recruitment opportunity.

Trillium continually assesses the needs of Members and adjusts the network to ensure Members have access to needed services. Current service needs are posted on our [Current Service Needs](#) webpage.

Non-Contracted Providers can submit an [Interest Submission Form](#) to express future interest in contracting for behavioral health, substance use, and intellectual and developmental disabilities services.

Trillium will review interest submissions on a monthly basis.

In-Network Trillium providers requesting contract changes should email NetworkServicesSupport@TrilliumNC.org or use the applicable forms located on our [Provider Documents Forms](#) webpage.

For more information, providers can review our [Network Participation webpage](#).

NEED TO REPORT FRAUD, WASTE AND ABUSE?

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