

**To:** All Providers

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**Date:** May 16, 2025

**Subject:** Attention Providers Using Alpha+ and iTransact; Trillium Health Resources Will be Performing Maintenance July 3-July 7; Register for Trillium's Provider Forums; Attention All Providers Regarding Claims; May is Mental Health Awareness Month; Ukeru Pilot Program; NCDHHS-DHB Credentialing Committee Initiative Stakeholder Engagement Session 2; NCTracks Quick Links; Accepting Applications for Two New Initiatives Focused on TBI Support; Timely Access – Appointment Wait Times Reminder; Cognitive Assessment and Care Plan Service; Attend Behavior App as a New Solution; May 2025 Trillium Provider Network Survey; Upcoming Trillium Symposium; Roadmap 2 Ready: May 2025; North Carolina's Improving Health and Promoting Value; Proposed Clinical Coverage Policy Changes; Advanced Medical Home Survey; Health Information Exchange Medicaid Services Early Adopters Program is Live; 1915(i) Resources for Download; NAMIWALKS; Mental Health Parity and Addiction Equity Act Webpage; Need to Report Fraud, Waste, and Abuse?

## TRENDING NEWS

### ATTENTION PROVIDERS USING ALPHA+ AND iTRANSACT

As the 365-day timely filing window has closed, access to Eastpointe and Sandhills Center claims systems for Behavioral Health/IDD providers will end on Monday, June 30, 2025.

Providers are encouraged to export copies of historical Remittance Advices (RAs) from the provider portals or FTP and submit any retro Medicaid claims now.

Providers are also encouraged to finish any remaining EVV submissions through HHAeXchange by June 30 as well before access to the platform ends.

From July 1, 2025 forward, providers should send an email to [ClaimsSupport@TrilliumNC.org](mailto:ClaimsSupport@TrilliumNC.org) for assistance submitting retro Medicaid claims for dates of service January 31, 2024, and before for Eastpointe and Sandhills Center. More information will be provided in the coming weeks.

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## TRILLIUM HEALTH RESOURCES WILL BE PERFORMING MAINTENANCE UPDATES TO PRODUCTION SERVERS AND SFTP ENVIRONMENT

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Beginning **Thursday, July 3, at 5:00 p.m.** through **Monday, July 7, at 8:00 p.m.**, the Trillium Business System platform, Provider Direct Portal, and SFTP Integrations **will be unavailable**. This upgrade will not impact any other platforms or provider portals.

During this time, you will not be able to access, submit, or interact with the Trillium Production environment. We will provide notification when all systems are restored and available to continue normal activities.

All claims submitted after **5:00 p.m. on Thursday, July 3, 2025**, will be processed once the system is restored on **Monday, July 7, 2025**.

To ensure continued access to the Trillium Health Resources SFTP environment, we are reminding organizations that IP addressing is subject to change. If your organization is connected to Trillium Health Resources SFTP environment, you should ensure you are using the URL ([sftp.ncinno.org](https://sftp.ncinno.org)). If your organization participates in 'Allow Listing,' please ensure you are allowed based on URL ([sftp.ncinno.org](https://sftp.ncinno.org)) rather than IP address.

If you have questions or concerns about how this may impact you, please submit a ticket to: [NetworkServicesSupport@TrilliumNC.org](mailto:NetworkServicesSupport@TrilliumNC.org).

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## REGISTER FOR TRILLIUM'S PROVIDER FORUMS

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Trillium's Provider Forums share the information most relevant to our network. The webinar series takes place on the second Wednesday of each month. It will share information providers identify as vital to their work.

Provider feedback, recent updates, and upcoming items will drive monthly topics. Each forum will conclude with a question-and-answer session.

Register for future forums and review previously held forum information: [Provider Forum](#) webpage.

The next forum is June 11, 2025.

## NEW

### ATTENTION: ALL PROVIDERS REGARDING CLAIMS

Trillium has identified an issue which occurred during the timeframe of 03/31/2025 to 05/05/2025 where some claims accepted by Trillium did not complete adjudication.

Trillium is asking that providers review their claim status report in the Provider Direct portal and resubmit any claim that does not reflect on the report. Trillium apologizes for any inconvenience and appreciates your partnership. If you have any questions, please contact:

 [ClaimsSupport@TrilliumNC.org](mailto:ClaimsSupport@TrilliumNC.org)

### MAY IS MENTAL HEALTH AWARENESS MONTH

#### SUPPORTING CHILDREN'S MENTAL HEALTH

It is important to remember the mental health needs of our children and youth. In North Carolina, more than 1 in 3 high school students report feeling sad or hopeless, with almost 1 in 3 middle school students reporting those same feelings.

One of the top priorities in the DMH/DD/SUS strategic plan is to make it easier for people to access and stay in services, including North Carolina's children and youth. These resources offer support for youth, their caregivers and professionals:

- [SOMETHINGS](#) is an app that matches youth with certified peer specialist mentors who provide support through text and video-calls.
- [Hazel Health](#) is a telehealth provider that partners with schools and families to provide high-quality virtual physical and mental health care at school. Services are also available to families outside of the school day and during the summer.
- [NAMI resources for kids, youth and young adults](#) include the suicide prevention campaign Ending the Silence, trauma awareness education for professionals, and resources for support during school breaks.

#### SUPPORTING OLDER ADULTS' MENTAL HEALTH

The mental health conditions of older adults are often underrecognized and undertreated. Approximately 14% of adults aged 60 and over live with a mental health issue. Globally, more than a quarter of deaths from suicide (27%) are among people in that age group.

To help bridge this gap in care, DMH/DD/SUS is working to increase awareness of, and access to mental health support for older adults. The following initiatives offer support for older adults and their families:

- 🌱 [NAMI Family-to-Family](#) is an educational program for families, significant others and friends of people with mental health conditions.
- 🌱 [The Aging Well High Country Older Adult Mental Health Initiative](#) is designed to address the mental health needs of older adults in Western North Carolina.
- 🌱 [Healthy Aging](#) is a program by the Kellin Foundation aimed at enhancing the quality of life for older adults and their caregivers serving Guilford and surrounding counties.

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## UKERU PILOT PROGRAM

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Level IV or PRTF provider, you are cordially invited to participate in the Ukeru Crisis Intervention Pilot sponsored by NC DHHS' Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS).

Ukeru is a crisis intervention program that offers an alternative to use of restraint and seclusion. Ukeru includes training on trauma-informed care, conflict resolution, and use of specialized equipment for behavior management to safely manage and diffuse crises. Providers that participate in this pilot program can layer the Ukeru program together with their existing restrictive intervention models. Learn more about Ukeru at [ukerusystems.com](http://ukerusystems.com).

Please see the pilot details below and register for an upcoming Virtual Information Session:

- 🌱 **May 16, from 11:00 a.m. to 12:00 p.m.:**  
[Ukeru Pilot Information Session Registration](#)
- 🌱 **May 20, from 3:00 to 4:00 p.m.:**  
[Ukeru Pilot Information Session Registration](#)

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## NCDHHS-DHB CREDENTIALING COMMITTEE INITIATIVE STAKEHOLDER ENGAGEMENT SESSION # 2

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Join the North Carolina Department of Health and Human Services (NCDHHS), Division of Health Benefits (DHB), for the second stakeholder teleconference to continue the discussion of a new initiative led in tandem with General Dynamics Information Technology (GDIT). This initiative will establish a Credentialing Committee aimed at maintaining a high-quality, ethical, and competent provider network to support NC Medicaid beneficiaries.

This second forum will offer stakeholders the opportunity to engage in meaningful dialogue about the committee's role in making final determinations regarding evidence of compliance and regulatory requirements by NC Medicaid provider applicants. You can expect to receive updates on the project's anticipated timeline and milestones as well as responses to previous questions received from the stakeholder community. The meeting will be recorded.

These sessions are intended to be interactive. You are encouraged to bring your questions and comments for further discussion.

For questions or more information, please contact:

[Medicaid.credcommittee.stakeholders@dhhs.nc.gov](mailto:Medicaid.credcommittee.stakeholders@dhhs.nc.gov).

The meeting agenda can be found here: [Stakeholder Engagement Presentation Agenda May 28, 2025](#).

Wednesday, May 28, 2025, 2:00 PM – 3:00 PM

Visit [NCTracks Home](#) for more information.

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## NCTRACKS QUICK LINKS

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-  [DMH/DD/SUS Posts Black Youth Suicide Prevention Action Plan Draft and Invites Public Comment](#)
-  [Crisis Services](#)
-  [DMH/DD/SUS Hosting Spring i2i Pre-Conference Session \*Advancing the Olmstead Plan: One Goal, Many Partners\*](#)
-  [NC Brain Injury Needs and Gaps Survey Deadline Extended to May 31, 2025](#)
-  [Medicaid Expansion Helps North Carolina Become a Leader in Reducing Overdose Deaths](#)
-  [Updated DHHS Records Management and Documentation Manual Posted for Public Comment](#)
-  [Milbank Quarterly Webinar: Medicaid's Role in Substance Use Treatment and Policy Innovation](#)
-  [NC Medicaid Credentialing Committee Initiative Stakeholder Teleconference](#)
-  [NASDDDS Features NCDHHS Accessible Communications Campaign During New Communication Affinity Group Meeting](#)

## REMINDERS

### **TRILLIUM HEALTH RESOURCES IS NOW ACCEPTING APPLICATIONS FOR TWO NEW INITIATIVES FOCUSED ON IMPROVING SUPPORT FOR PEOPLE WITH TRAUMATIC BRAIN INJURIES (TBI)**

We invite qualified organizations to apply for funding through the following Requests for Applications (RFAs):

- Development of a training program for direct support staff and community health workers serving people with TBI.
- Development of an electronic resource guide for people with TBI.

[Full details and application requirements are available on our website.](#)

### **TIMELY ACCESS – APPOINTMENT WAIT TIMES**

This is a reminder that all Trillium network providers must adhere to the Appointment Wait Time standards for Medicaid, Medicaid Direct, and State-funded services. These standards are outlined on pages 55–56 of the *Trillium Health Resources Behavioral Health I/DD Tailored Plan/PIHP Provider Manual*.

Trillium regularly monitors provider compliance with timely access requirements. Providers who do not meet these standards may be subject to corrective action.

Thank you for your continued commitment to ensuring that Trillium members receive timely access to all covered health care services.

### **COGNITIVE ASSESSMENT AND CARE PLAN SERVICE**

Effective May 1, 2025, NC Medicaid covers CPT 99483, Cognitive Assessment and Care Plan Service.

CPT 99483 is defined as assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home.

Providers can bill **CPT 99483**, which must include all the following required elements:

- 🌱 Cognition-focused evaluation, including a pertinent history and examination.
- 🌱 Medical decision-making of moderate or high complexity.
- 🌱 Functional assessment (e.g., basic and instrumental activities of daily living), including evaluation of decision-making capacity.
- 🌱 Use of standardized instruments for staging of dementia (ego, function assessment staging test (FAST), clinical dementia rating (CDR).
- 🌱 Medication reconciliation and review for high-risk medications.
- 🌱 Evaluation for neuropsychiatric and behavioral symptoms, including depression, using standardized screening instruments(s).
- 🌱 Evaluation of safety (e.g., home), including motor vehicle operation.
- 🌱 Identification of caregiver(s), and the caregiver's knowledge, needs, social support, and willingness to provide care.
- 🌱 Development, updating or revision, or review of an Advance Care Plan.
- 🌱 Creation of a written care plan, including:
  - Initial plans to address any neuropsychiatric and neuro-cognitive symptoms.
  - Function limitations.
  - Referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups).
  - Education and support for patients and/or caregiver.

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## **ATTEND BEHAVIOR APP AS A NEW SOLUTION**

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Trillium Innovative Development, in partnership with the NC Division MH/DD/SAS, presents the Attend Behavior App as a new solution for Children and Families with autism, ADHD and intellectual disabilities.

Please visit the [Attend website](#) at to learn more. Please share with members and families who may benefit by [clicking the link here](#) for parents and caregivers to enroll.

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## **MAY 2025 TRILLIUM PROVIDER NETWORK SURVEY**

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The Trillium Network Management team wants to continue to ensure that we provide technical assistance and education on a variety of topics that are relevant and important to our Provider Network. Since February 2025, we have conducted monthly Provider Forums to address issues and topics that our providers identified in the Fall 2024 Provider Survey.

Your input is important to us. We want to make sure that we meet 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 to develop and provide technical assistance on topics that are relevant to you and your organization. Also, our goal is to improve our customer service.

[May 2025 Trillium Provider Network Survey](#)

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## UPCOMING TRILLIUM SYMPOSIUM

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At Trillium, we know that community support saves lives. During the Trillium Suicide Prevention & PTSD Symposium, we can learn how to be there for one another, how to offer help when it's needed most, and how to create a space where no one feels alone.

 [June 26-Wilmington](#) – Suicide Prevention & PTSD Awareness Symposium

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## ROADMAP 2 READY: MAY 2025

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Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. In April we covered how to include missing residents/clients into your emergency plans. Interested to see what we covered in past posts, [click here](#).

Facilities are and should be helping their members or residents in making emergency plans specific to their needs.

These plans should include anything that they may be vulnerable to. Such as, home fires, flash flooding or flooding, hurricanes, power outages, etc. Recognizing what the barriers are must be part of their emergency plans. How will they and you plan to overcome those barriers?

 **Mobility:** if they use electric wheelchairs, beds, have ramps etc., what is a back up plan if they don't work anymore? Do you have a manual wheelchair?

- 🌱 **Communication** This can cover how you will receive alerts (if you are [hard of hearing](#), will you hear the fire alarm?), will you be able to tell shelters or emergency workers your needs, how many phone numbers do you know if your phone gets damaged?
- 🌱 **Transportation:-** Some facilities are **required and responsible** for creating an evacuation plan that includes how to transport their patient and any special medical needs. Knowing the needs of your residents will allow you to properly plan how to transport residents to safety.
- 🌱 **Continuity of operations and care** is critical even when something disrupts a regular day. Which medical care is critical to the resident's health and the facilities essential functions, who will ensure these tasks are completed, if internet and connectivity fail do you have a backup plan for vital records and data protections?

Here are some great resources that cover these topics in more detail as well as how to create individual emergency plans:

- 🌱 Red cross: [Disaster Safety for People with Disabilities](#)
- 🌱 FEMA: [Plans and tips for people with disabilities](#)
- 🌱 Patient/Client Evacuation plan [Template](#)
- 🌱 SAMHSA: [Disaster planning for people with access and functional needs](#)

Disaster Plans were due **May 1, 2025**. Even if no updates are needed to your 2025 Disaster Plan, you **must** still resubmit the plan with a new cover page displaying the current year and disaster contact info. **Disaster plans must be submitted through the following link: [2025 Disaster Plan Submission](#)**. To confirm your disaster plan was received just check the "send me a copy of my responses" option at the end of the Disaster Plan Submission form.

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## NORTH CAROLINA'S IMPROVING HEALTH AND PROMOTING VALUE POLICY PAPER IS OPEN FOR COMMENT

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Providers can go to NCDHHS's webpage, [An Update on Population Health Approach Guiding NC Medicaid](#). Public Comments Requested by May 30, 2025.

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## PROPOSED CLINICAL COVERAGE POLICY CHANGES

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These two policies are open for public comments. Providers can go to NCDHHS's webpage called [Proposed Medicaid Policies](#).

## PROPOSED POLICY DATE POSTED COMMENT PERIOD ENDS

 <a href="#">IT-2 Special Ophthalmological Services</a>	04/24/2025	06/08/2025
 <a href="#">3K-2 Community Alternatives Program For Disabled Adults</a>	04/24/2025	06/08/2025

## ADVANCED MEDICAL HOME (AMH) SURVEY

To customize the 2026 Advanced Medical Home (AMH) Measure Set to meet the needs of plans and providers, we are sharing a feedback survey. The survey will be open from April 22 to Friday, May 23. Our team will review your feedback, alongside measure steward updates and department priorities, and finalize any updates to the 2026 AMH Measure Set by the end of June 2025.

We appreciate you taking the time to share your input on this important measure set. Thank you!

 [Survey Link](#)

## HEALTH INFORMATION EXCHANGE MEDICAID SERVICES EARLY ADOPTERS PROGRAM IS LIVE

The program is seeking current Medicaid providers to become early adopters of two new use cases of the state-designated health information exchange.

The Digital Quality Measures (dQMs) and Health-Related Social Needs (HRSN) screening use cases are part of the HIE Medicaid Services (HMS) program, a new initiative supporting NC Medicaid's quality and population health efforts. **Provider organizations may be eligible for financial incentives for supporting innovation in dQMs and HRSN screening data exchange.**

The HMS Early Adopters program, led by the NC Health Information Exchange Authority (HIEA) and NC Medicaid, provides funding and hands-on support to provider organizations willing to lead the way in advancing these efforts. Early adopters will play a key role in shaping the future of health data exchange in North Carolina.

For more information about the program, including eligibility requirements, key activities and funding amounts, review the [HMS Early Adopters program overview document](#).

[More Information Here.](#)

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## 1915(i) RESOURCES FOR DOWNLOAD

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1915(i) services are for certain people with NC Medicaid. They are for people who have intellectual/developmental disabilities, traumatic brain injuries, serious mental health conditions or severe substance use disorders. Some people on the waitlist for the NC Innovations Waiver may qualify. These Medicaid services support people in their own homes or communities, instead of care facilities.

1915(i) services are available to eligible people with NC Medicaid through NC Medicaid Direct, Tailored Plans or the Eastern Band of Cherokee Indians Tribal Option.

Please share these bilingual and accessible resources to help your community get the answers they need. The 1915(i) Toolkit is available in **English** and **Spanish**.

The 1915(i) Toolkit includes:

-  [PowerPoint with essential details about 1915\(i\)](#)
-  [1915\(i\) Flyer](#)
-  [1915\(i\) Community Living and Supports Flyer](#)
-  [Social media copy and graphics](#)
-  [Email templates and newsletter graphic](#)
-  ["Accessing Home and Community-Based Services through 1915\(i\)"](#)
-  [Questions and Answers](#)

[Download the toolkit](#)

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## NAMIWALKS

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This yearly event brings together mental health advocates, peers, professionals, and family members to bring awareness, pledge to eradicate stigma in communities, and raise funds to support NAMI programs and services.

Come together to celebrate recovery, advocate for increased access to resources, and contribute to improving the lives of those who live with mental illness and their families. Show your support for mental health in North Carolina and DMH/DD/SUS's community partner, NAMI, by attending.

**Date/Time:** Saturday, May 17, 2025, 8:00 a.m. to 1:30 p.m.

**Location:** Perimeter Park, 3015 Carrington Mill Blvd, Morrisville, NC 27560

**Registration:** [Register for the walk](#)

**More Information:** [Visit the website](#)

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## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT WEBPAGE

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There are federal laws like the [Mental Health Parity and Addiction Equity Act](#) of 2008 that Trillium must follow.

This law requires health plans to treat behavioral health services the same as physical health services. Rules for mental health and substance use services must be like those for medical or surgical services. This includes limitations like copays, visit limits, and prior authorization requirements.

Providers can learn about Mental Health Parity and Addiction Equity Act by registering to attend future trainings by clicking on this link: [Mental Health Parity and Addiction Equity Act webpage](#). The Mental Health Parity and Addiction Kick Off session that occurred on January 21, 2025, is available for your viewing.

Providers can also submit their Mental Health Parity Provider Questions by using the link which is one of the links below:

-  [View the Parity Page](#)
-  [View the Parity Kickoff Recording](#)
-  [Frequently Asked Questions Link](#)

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## NEED TO REPORT FRAUD, WASTE AND ABUSE?

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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.