



Network Communication Bulletin #373

To: All Providers

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

Date: September 30, 2024

Subject: NCDHHS Response – Hurricane Helene – Sunday, September 29, 2024, Request for Proposal: Transition Management Services, Attention: All State Funded Providers, Attention Providers Submitting Paper Claim Submission, Public Comment Request – Proposed Adoption of Rules – Medication Units and Mobile Units, Incident Reporting: Member Deaths and Reporting, Message from DMHDDSUS Director, Kelly Crosbie, Change: October Summit – The Parallel Journey of Breast Cancer and Depression, New County Added: Re-Entry Simulations, Depression and Suicide Awareness Trainings, Provider Relations Resource for Behavioral Health Providers, DSP Recruitment and Retention Provider Grant Initiative, Trauma Intensive Comprehensive Clinical Assessment Certified Practitioners-Open Enrollment, Home and Community Based Services (HCBS) CAHPS Survey, September’s Roadmap 2 Ready, Trillium’s Health Resources’ Tailored Care Management Platform, Trillium is a Closed Network for BH/SUD/IDD, Requesting Naloxone: Process Change Effective September 30, 2024, Day Supports Service Providers Reminder, Incident Reporting Training for Providers, State-funded Substance Abuse Intensive Outpatient and Comprehensive Outpatient Program Rates, Person-Centered Tools and Strategies to Maximize Choice and Promote Safety, Victory Junction Fall 2024, Need to Report Fraud, Waste, and Abuse?

NEW

NCDHHS RESPONSE – HURRICANE HELENE – SUNDAY, SEPTEMBER 29, 2024




Partners,

First off — Thank you for all you and your teams are doing. In addition to rising to the heights of historic need in Western NC, I know you and your teams are also weathering this moment personally, and the impact on your own homes and families.


Our team at NCDHHS is working closely with federal, state, and local officials along with emergency response teams to support and provide emergency services to communities impacted by Hurricane Helene. The impact has been catastrophic, and we know the response will unfold over days and weeks, and the recovery over months and years to come.

Resource requests and needs are being identified and triaged as quickly as possible. As you are aware, there are serious transportation and communications challenges. Our team is embedded with the State Emergency Operations Center and is part of the Unified Command structure. This provides dedicated lanes for resource requests that largely flow first to County Emergency Management operations and then to State Emergency Operations. [Please continue to initiate requests to county emergency management.](#)

Here is a high-level summary of key efforts:

-  **Regulatory Flexibilities:** NCDHHS has implemented policy flexibilities to give healthcare providers and payers latitude to respond. Last night, Secretary Becerra issued the Public Health Emergency declaration. Further, we are implementing Medicaid flexibilities for beneficiaries to smooth reimbursement for medically necessary services, enable early prescription refills, expedite Nursing Home admissions, and more. We are temporarily allowing facilities to exceed licensed bed capacity when providing temporary shelter for evacuees from other facilities and allowing take-home dosing for opioid treatment providers. We have convened payers and appreciate their ongoing collaboration to streamline all processes at this time, to coordinate efforts, and to work proactively identify vulnerable individuals that are in home and support them.
-  **Responding to Healthcare facility needs:** Nearly 50 facilities have identified storm-related impacts and needs. In response to widespread challenges such as power outages, communications interruptions, medical and food supplies, and water issues, we are working with NC Emergency Management, NC National Guard, and private businesses to overcome transportation and logistics issues to meet these needs as soon as possible. We just received word this morning that the power situation at many hospitals is improving. In the past 48 hours the NC National Guard has airlifted more than 34,000 pounds of critical supplies. The unified response is working aggressively to deliver supplies, while also working to bring power, water, and telecommunications to an operational status. However, the destruction of some of these systems, especially some community water systems are sweeping — and temporary mitigation systems are being identified as well.
-  **Supporting Communities:** We are supporting shelters across the state with our county and other state agency partners. There are 24 shelters currently open with over 940 people utilizing those shelters – more are being deployed today and through the week.

We are working with Emergency Management partners on options to deploy additional state resources to reinforce existing shelters and expand mass feeding sites. An initial medical shelter is opening today to support individuals that are home bound with critical medical needs, and more sites are opening as well. To find a shelter, please visit [ReadyNC.gov](https://www.readync.gov).

 **State Facilities:** NCDHHS operates four facilities in Western North Carolina, Broughton Hospital (Morganton), J. Iverson Riddle Developmental Center (Morganton), Black Mountain Neuro-Medical Treatment Center (Black Mountain), and Julian F. Keith Alcohol & Drug Abuse Treatment Center (Black Mountain). Power has returned to two of these facilities, but none of these facilities have useable running water. Getting access to all of these facilities to support staffing continues to be challenging. The nearly 500 patients in these facilities are all safe and accounted for. We are grateful for the dedication of our colleagues who are ensuring those in our care remain safe.

As the circumstances evolve, we will continue to provide updates. [DPS has created a central website for Hurricane related information as well](#). This storm has been catastrophic for so many North Carolinians – I and my team are committed to doing everything we can to help.

Don't hesitate to reach out.

Best,

Kody H. Kinsley

Secretary

N.C. Department of Health & Human Services

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.

ATTENTION: ALL STATE FUNDED PROVIDERS

DMH/DD/SUS has established the FY 2023-2024 cut off for claims with dates of service in fiscal year 2023–2024 as October 28, 2024. To ensure claims are adjudicated and submitted to NCTracks timely, all state funded claims for dates of service in fiscal year 2023-2024 need to be submitted to Trillium for processing by October 14, 2024. Claims for dates of service in fiscal year 2023-2024 submitted after October 14th are at risk for denial for untimely submission and may not be reimbursable.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539 or email ClaimsSupport@TrilliumNC.org.

ATTENTION PROVIDERS SUBMITTING PAPER CLAIM SUBMISSIONS

Contracted providers are contractually required to submit their claims electronically via 837 HIPAA Transaction Files or can be entered via direct data entry into the appropriate provider portal.

Non-contracted providers who are unable to bill electronically, may submit a paper claim to the appropriate address below:

MEDICAID DIRECT:

Trillium Health Resources
PO Box 240909
Apple Valley, MN 55124

TAILORED PLAN:

Behavioral Health/IDD

Paper Claims Submission
Trillium Health Resources
PO Box 240909
Apple Valley, MN 55124

Physical Health




Paper Claims Submission
Trillium Health Resources
Attn: Claims
PO Box 8003
Farmington, MO 63640-8003

If you have any questions, please contact the Provider Support Service Line at 1-855-250-1539.

RESOURCES:

Need additional information on submitting claims to Trillium [see our website](#).

ADDITIONAL HELPFUL LINKS:

-  [For Providers | Trillium Health Resources](#)
-  [Medicaid Direct & Tailored Plan Claims Submission Protocol](#)
-  [Trillium Tailored Plan Quick Reference Guide](#)

PUBLIC COMMENT REQUEST-PROPOSED ADOPTION OF RULES-MEDICATION UNITS AND MOBILE UNITS



Public comment period is open until October 10, 2024 for the attached [Proposed Temporary Adoption of Rule 10A NCAC 27G .3605, Medication Units and Mobile Units](#).

Feedback is requested by October 10, 2024.

During the public comment period, the rule may be accessed via the Office of Administrative Hearings Rules Division Official Notices and Postings, via this link: [Rules Division Official Notices and Postings](#).

Comments may be submitted to: dmhddsarules@dhhs.nc.gov

INCIDENT REPORTING: MEMBER DEATHS AND REPORTING

-  An IRIS report is required if the member received any billable services from your agency in the 90 days preceding the member's passing. IRIS reports must be submitted within 72 hours of learning of the death.
-  Manner of deaths selected in the IRIS report as Unknown, Homicide, Suicide, or Accident are considered Level III incidents. Please provide a verbal 1-866-998-2597,

or email notification to Trillium immediately. You may contact Julie McCall (Julie.Mccall@TrilliumNC.org) or Olive Cyrus (Olive.Cyrus@TrilliumNC.org).

- 🌱 You are asked to please provide as much detail as possible in the Provider Comments section regarding the circumstances leading to the member's passing, including how your agency learned of the death. Also, please ensure that the last date of service is completed along with all necessary treatment information from the recent and/or last date of service.
- 🌱 Manner of Death
 - Terminal Illness/Natural Cause is only selected in the IRIS report if the member received hospice care prior to their passing, or when it is verified on the death certificate/Medical Examiner (ME) report.
 - Homicide or Accident is only selected in the IRIS report if the member was pronounced deceased on scene, or when it is verified on the death certificate/ME report. If available, please include a copy of the associated news report or article in the IRIS report for these incidents.
 - Unknown Cause is selected for all other deaths until the death certificate/ME report is obtained to verify the cause of death.
- 🌱 The death certificate or the ME report must be uploaded to the IRIS report upon receipt. In addition, the death information tabs in the IRIS report must be updated, saved, and resubmitted to accurately reflect the findings of the death certificate/ME report.
- 🌱 The death certificate can be obtained from the County Register of Deeds or the hospital (must be from the county that the member passed away in).
- 🌱 The ME report can be requested online from the [NC Office of the Chief Medical Examiner](#). The NC OCME will not provide an ME report if the cause of death is a known Terminal Illness/Natural Cause. ME reports are only provided if the manner of death is unknown, homicide, suicide, or accident. It's best to wait approximately 2 weeks after the date of death to submit the online request to the NC OCME.
- 🌱 The death certificate/ME report may initially state the manner of death as pending; however, you are expected to obtain the document with the final manner of death and upload it to the IRIS report.
- 🌱 Please contact Julie McCall (Julie.Mccall@TrilliumNC.org) or Olive Cyrus (Olive.Cyrus@TrilliumNC.org) via email or phone 1-866-998-2597, if you have any questions regarding incident reporting.

MESSAGE FROM DMHDD SUS DIRECTOR, KELLY CROSBIE, MSW, LCSW

Dear Community Partners,

I am pleased to present to you the [Division of Mental Health, Developmental Disabilities, and Substance Use Service's \(DMH/DD/SUS\) Strategic Plan for 2024-2029](#).






Please join us on October 9, 2024, at 6:00 p.m. at our townhall: Our Vision for the Future: Working Together to Transform the Public MH/SU/IDD/TBI System, where you will learn about what's next.

 [Register for the Townhall](#)

This is the first comprehensive strategic plan for DMH/DD/SUS since 2018. This plan describes our mission to build systems, services, and supports that improve the well-being of all North Carolinians affected by MH and SU challenges, I/DD, and TBI. It reflects our vision for communities without stigma where all are supported to live healthier and happier lives. It details what we are doing to make this vision a reality for all North Carolinians. It is the plan for our continued transformation.

We released a draft of this plan in June and were so appreciative of the community's engagement – we received over 130 comments, which we have used to refine and prepare the version you see today. Your partnership over the last nine months has been key in the development of a meaningful plan that improves our public MH/IDD/SU/TBI system. We are grateful to each of you who provided your input throughout this process.

The principles that guide and shape our work include:

-  Expanding Access to Services: Ensuring that services and supports are available and accessible in every community, especially for underserved populations.
-  Enhancing Care Quality: Investing in practices and system supports that elevate the standard of care for individuals.
-  Promoting Equity: Addressing disparities and stigma and working towards a system that serves everyone with fairness and respect.
-  Centering Around Lived Experience: We value lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
-  I am proud of this plan, and I hope that as a community partner you will be, too. This plan represents my commitment to lead positive change for all of you.

REMINDERS

CHANGE: OCTOBER SUMMIT-THE PARALLEL JOURNEY OF BREAST CANCER AND DEPRESSION

Please see the links ([English Flyer](#) and [Spanish Flyer](#)) for **October 7** at

N.C. Cooperative Extension- Duplin County Center
165-C Agriculture Drive
Kenansville, NC 28349

We apologize for any inconvenience. If there are any questions please contact Brooke.Mickelson@TrilliumNC.org.

NEW COUNTY ADDED: RE-ENTRY SIMULATIONS

Trillium Health Resources is 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.

** Please note: The Re-entry Simulation originally planned for September 24 in Bolivia has been rescheduled. The updated schedule is as follows:*

UPCOMING RE-ENTRY SIMULATION EVENTS:

 [Nash County, NC – October 29](#)




 [Brunswick County, NC – November 19](#)

 [Robeson County, NC – November 6](#)

DEPRESSION AND SUICIDE AWARENESS TRAININGS

Trillium Health Resources is presenting two trainings available in My Learning Campus. The links below will direct you to the trainings.

[Social Isolation Blues](#) will cover:

-  ways to deal with isolation
-  ways to identify social isolation
-  signs and strategies of social isolation

[Is Someone You Know Depressed or Suicidal?](#) will cover:

- 🌱 warning signs of depression and suicide
- 🌱 what you can do to help
- 🌱 suicide prevention
- 🌱 myths about suicide

PROVIDER RELATIONS RESOURCE FOR BEHAVIORAL HEALTH PROVIDERS

Trillium is offering another way for Behavioral Health providers to connect with their Provider Relations and Engagement Coordinators. We have been working to improve our level of service and are confident this new process will provide an excellent experience.

To locate your Coordinator, please [visit this link](#) to view the alphabetical listing of Behavioral Health providers.

DIRECT SUPPORT PROFESSIONAL RECRUITMENT AND RETENTION PROVIDER GRANT INITIATIVE

DMHDDSUS is announcing a new funding opportunity to strengthen the DSP workforce. This initiative is designed to provide financial support for DSPs to receive continuing education, training, and professional development to further enhance their ability to provide exceptional care. The application opens Sept. 9 at noon.

Due Date: Nov. 8, 2024, 12:00 p.m. | Application: [Apply here](#)

TRAUMA INTENSIVE COMPREHENSIVE CLINICAL ASSESSMENT (TiCCA) CERTIFIED PRACTITIONERS - OPEN ENROLLMENT

Trillium has identified a need for TiCCA Clinicians certified through Benchmarks and is currently recruiting for TiCCA certified clinicians within the 46 counties in the Trillium Region.

[Submit Questions](#)

[Application Here](#)

HOME AND COMMUNITY BASED SERVICES (HCBS) CAHPS SURVEY

The Home and Community Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey gathers direct feedback from Medicaid beneficiaries receiving HCBS about their experiences and the quality of the services and supports they receive. To increase response rates and survey engagement for the 2024 survey administration, NC Medicaid is asking for the support of providers, health plans, care managers and community partners to share information about this survey with their relevant adult (18 years of age or older) Medicaid beneficiaries.

- 🌱 Be on the lookout for a letter from NCDHHS alerting them about a survey
- 🌱 Be aware if a member or guardian receives a letter, they will soon be contacted via phone (likely from Area Code 734)
- 🌱 Be ready to share feedback about the quality of home and community based services they receive to help find ways to improve services.

[Find More Information Here](#)

SEPTEMBER'S ROADMAP 2 READY

Part of being prepared is to have a plan for any kind of emergency. We will be providing best practices on preparedness to help your organization. Last month we gave you information on [Hazard Vulnerability Analysis](#). September is [National Preparedness Month](#).

A lot goes into preparedness including:

- 🌱 Have a conversation with your loved ones
- 🌱 [Knowing your hazards](#)
- 🌱 [Locate and safeguard your important documents](#)
- 🌱 [Sign up for emergency alerts](#)
- 🌱 [Review/ make an emergency plan](#)
- 🌱 [Have a plan for any power outages](#) that can impact medical devices, keep medications at appropriate temperatures etc.

Having these conversations with your family, neighbors, staff, members, consumers, partners etc. is a part of preparedness month. Share best practices, what didn't go well in the past, and learn from each other! Check out the [Preparedness blog post](#) for more resources.

Please [complete the Mental Health Providers in Shelters document](#) if you wish to notify us of your interest in joining our Shelter Response Team. You must complete all the required fields and submit this document to let us know of your interest.

For more insight on what this could look like please view this training that the NCDHHS put together. (Available [in Trillium's My Learning Campus](#)).

TRILLIUM HEALTH RESOURCES'S TAILORED CARE MANAGEMENT PLATFORM

Trillium will not add any additional Care Management Agencies (CMA) or Advance Medical Home Plus (AMH+) to Trillium's Connections care management platform. New Tailored Care Management (TCM) providers will be required to secure utilization of a platform for documentation of service delivery that can also integrate data from standardized files.

The reason for this decision is that Trillium is not funded, nor is it financially sustainable to continue to support external Tailored Care Management entities in providing access to Trillium's Connections Tailored Care Management platform. Trillium is continuing to evaluate ongoing use by our existing providers. We plan to make a final decision on ongoing provider use of the Trillium Care Management platform no later than December 31, 2024. Providers using the Trillium platform are encouraged to consider other alternative business solutions.

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](#).

REQUESTING NALOXONE: PROCESS CHANGE EFFECTIVE SEPTEMBER 30, 2024

In response to the continuing opioid crisis, the North Carolina Department of Health and Human Services (DHHS) seeks to make naloxone more widely available, particularly to individuals and communities at highest risk of opioid overdose.

Effective September 30, 2024 all requests for Naloxone should be submitted to [Where Can I Get Naloxone?](#) The purpose of this form is for organizations to submit requests for naloxone to be provided by DHHS for distribution to individuals at high-risk of opioid overdose or those that may be able to assist in an overdose situation. Department's preference is for providers to use the above weblink to request supplies.

Once on the website, proceed to the bottom of the page under the heading Request for your Organization: "[Click here to submit your request](#)" for needed supplies.

DAY SUPPORTS SERVICE PROVIDERS REMINDER

This is reminder that providers who offer Day Supports Services, must adhere to the Day Supports Service definition under [NC Medicaid North Carolina Innovations Medicaid Clinical Coverage Policy No: 8-P](#) which states:

Transportation to/from the beneficiary's home, the day supports facility and travel within the community is included in the payment rate. Transportation to and from the licensed day program is the responsibility of the Day Supports provider.

Non-Emergency Medical Transportation (NEMT) **cannot** be used to transport Tailored Plan Members to and from Day Supports services.

Day Supports Providers may be subject to monitoring to ensure to adherence to NC Medicaid North Carolina Innovations Medicaid Clinical Coverage Policy No: 8-P.

INCIDENT REPORTING TRAINING FOR PROVIDERS

An updated Incident Reporting Training for providers has been posted to Trillium's [My Learning Campus](#). This is a great training for new staff or for any staff looking to refresh their knowledge. Training certificates are available upon online completion.

The training delivers a condensed summary of information regarding incident reporting. By the end of the training, your staff will be able to:

- 🌱 Identify the purpose of incident reporting
- 🌱 Define incidents
- 🌱 Recognize when an incident report is required
- 🌱 Navigate the Incident Response Improvement System (IRIS), and
- 🌱 Understand reporting guidelines

As a reminder, all Level II and Level III incidents must be submitted in IRIS within 72 hours of learning of the incident.

To all of our network providers, THANK YOU for continuing to adhere to IRIS reporting timelines!

Please contact IncidentReporting@TrilliumNC.org for any incident related questions.

STATE-FUNDED SUBSTANCE ABUSE INTENSIVE OUTPATIENT AND COMPREHENSIVE OUTPATIENT PROGRAM RATES

Trillium Health Resources (Trillium) received a bulletin from the North Carolina Department of Health and Human Services (NCDHHS) regarding the State-Funded Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment (SACOT) Services.

This bulletin outlines new rate increases for these state-funded services. Currently, Trillium is reviewing the financial impact prior to making any changes to rates; further communication will be forthcoming.

PERSON-CENTERED TOOLS AND STRATEGIES TO MAXIMIZE CHOICE AND PROMOTE SAFETY

The DMH/DD/SUS Crisis Prevention and Intervention Plan: Person-Centered Tools and Strategies to Maximize Choice and Promote Safety.

This training is designed for providers working in the DMH/DD/SUS system of care supporting people living with a wide range of disabilities or health conditions including mental health, substance use, Intellectual and Developmental Disabilities (IDD), older adults, etc. Training is particularly relevant to providers employed in programs where service definitions require PCP as articulated in the [Person-Centered Planning Guidance Document](#).

This virtual webinar event is part of the NC-DHHS' ongoing efforts to support and strengthen Person-Centered Planning across the state.

Click the button below for additional details and circulate widely to your provider networks.

 [DMH/DD/SUS Crisis Prevention and Intervention Plan](#)

If you have any questions, contact Robin Soderena at: robin.soderena@dhhs.nc.gov.

VICTORY JUNCTION FALL 2024

Get ready—the newest session for Trillium Family Weekend at Victory Junction is here! We hope our members and families will take advantage of the camp's inclusive environment and diverse amenities. Join us on a family weekend this fall in Randleman, NC.

The weekend is a unique experience for families to connect. Campers of every ability can feel fully empowered. Victory Junction adapts activities for every need.

The camp's amazing staff **are** familiar with hosting Trillium families. They even accommodate special diets. There is no cost to attend.

Open to all Trillium members and their families or natural supports, regardless of age or diagnosis.

Come experience the magic of camp with us! Spots are limited! Complete the [Fall 2024 Interest Form](#) to begin your application. Check the [Fall Flier](#) or visit the [Victory Junction Family Weekends Webpage](#) to learn more!

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.