Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Network Communication Bulletin #377

To: All Providers

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

Date: October 11, 2024

Subject: DHHS Hurricane Helene Recovery Resources, Hurricane Helene Available Waivers, Revised Tailored Plan and Medicaid Direct Claim Submission Protocol, Annual Provider Training Needs Assessment, Available Provider Trainings, Working with Children with Complex Needs, Updated Clinical Practice Guidelines List, Innovations Direct Care Worker Wage End of Year Summary Report, Request for Proposal: Transition Management Services, Attention: All State Funded Providers, Providers Submitting Paper Claim Submission, Incident Reporting: Member Deaths and Reporting, 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, 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, Victory Junction Fall 2024, Need to Report Fraud, Waste, and Abuse?

NEW

DHHS HURRICANE HELENE RECOVERY RESOURCES

- Call 911 for emergency assistance.
- Call 211 for local resources.
- For those seeking immediate shelter, ReadyNC.gov lists open shelters.
- Specific resource requests should be directed to county emergency management agencies.
- Individuals residing in counties affected by the disaster can apply for assistance with FEMA by visiting disasterassistance.gov or calling 1-800-621-3362.

- Visit the NCDHHS Hurricane Helene Recovery Resources website for current information.
- Visit the North Carolina Department of Public Safety website for Hurricane Helene storm information and resources.

MH/SU/IDD/TBI Hurricane Helene Recovery Resources

- Call or text 988 for mental health support from a trained mental health professional.
- Call NC's Peer Warmline (1-855-PEERS NC) to speak to a peer living in recovery from mental health or substance use issues.
- First responders and volunteers can call Hope4NC (1-855-587-3463) for support.
- The Disability Disaster Hotline provides information, referrals and guidance to people with disabilities and their families during disasters.
- The Connections App provides evidence-based support for mental health and substance use recovery.

SAMHSA Disaster Distress Helpline

The Disaster Distress Helpline (DDH) is the nation's only hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 (call or text 1-800-985-5990) to residents in the U.S. and its territories who are experiencing emotional distress or other mental health concerns related to natural or human-caused disasters.

Callers and texters are connected with trained and caring professionals from a network of crisis centers across the country. Helpline staff provide supportive counseling, including information on common stress reactions and healthy coping, as well as referrals to local disaster-related resources for follow-up care and support. For additional information and resources in disaster behavioral health, visit the SAMHSA Disaster Distress Helpline webpage.

Replacement Benefits Available for Food and Nutrition Services Recipients Impacted by Hurricane Helene

People in 23 Western North Carolina counties impacted by Hurricane Helene who are enrolled in Food and Nutrition Services now have access to replacement benefits on their Electronic Benefit Transfer (EBT) cards. The United States Department of Agriculture approved North Carolina to allow current FNS participants in the 23 counties

to receive 70% of their total monthly September benefit back on their EBT card. The benefit replacement is automatic and does not require action from the FNS participant. This impacts more than 200,000 people in North Carolina and more than $24 million in replacement benefits.

North Carolinians Enrolled in Food and Nutrition Services Can Use Benefits to Buy Hot Food Following Hurricane Helene

People and families in North Carolina who are enrolled in the Food and Nutrition Services (FNS) program can use their benefits to purchase hot food. This temporary flexibility applies to all 100 counties in North Carolina and the nearly 700,000 households enrolled in the FNS program. The North Carolina Department of Health and Human Services is working closely with the U.S. Department of Agriculture to ensure people impacted by Hurricane Helene receive assistance as soon as possible.

HURRICANE HELENE AVAILABLE WAIVERS

- Clinical Communication Bulletin 068
- Original CMS communication

2024 Hurricane Helene Available Waivers for Affected Counties in the State of North Carolina Health Care Providers

CMS is empowered to take proactive steps to help providers through waivers issued pursuant to section 1135 of the Social Security Act (the Act). In addition, the statute provides for discretionary SNF coverage authority under section 1812(f) of the Act, and extended coverage until December 2024 for certain telehealth services. The following blanket waivers and other flexibilities are in effect through the end of the Hurricane Helene public health emergency declaration of North Carolina signed 09/28/2024, retroactively from 09/25/24, for the geographic area covered by the President's declaration in the State of North Carolina, or when no longer needed. Despite the availability of blanket waivers, suppliers and providers should strive to return to their normal practice as soon as possible.

Blanket waivers DO NOT need to be submitted via the CMS 1135 Waiver Portal (https://cmsqualitysupport.servicenowservices.com/cms_1135) or via notification to the CMS Survey & Operations Group and are applied automatically by surveyors.

Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs), including Cancer Centers and Long-Term Care Hospitals (LTCHs)

- **Emergency Medical Treatment & Labor Act (EMTALA).** CMS is waiving the enforcement of section 1867(a) of the Act to allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus, so long as it is not inconsistent with a state's emergency preparedness plan or pandemic plan.
- **Medical Staff.** CMS is waiving requirements under 42 CFR §482.22(a)(1)-(4) to allow for physicians whose privileges will expire to continue practicing at the hospital and for new physicians to be able to practice before full medical staff/governing body review and approval to address workforce concerns. CMS is waiving §482.22(a)(1)-(4) regarding details of the credentialing and privileging process.
- **Physical Environment.** CMS is waiving certain physical environment requirements under the hospital, psychiatric hospital, and critical access hospital conditions of participation at 42 CFR §482.41 and 42 CFR §485.623 to allow increased flexibilities for surge capacity. CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the FINAL 2 09/29/2024 state's emergency preparedness or pandemic plan. States are still subject to obligations under the integration mandate of the Americans with Disabilities Act, to avoid subjecting persons with disabilities to unjustified institutionalization or segregation 0F1.
- **Telemedicine.** CMS is waiving the provisions related to telemedicine at 42 CFR §482.12(a) (8)– (9) for hospitals and §485.616(c) for CAHs, making it easier for telemedicine services to be furnished to the hospital's patients through an agreement with an off-site hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.
- **CAH Staff Licensure.** CMS is deferring staff licensure, certification, or registration to state law by waiving 42 CFR §485.608(d) regarding the requirement that staff of the CAH be licensed, certified, or registered in accordance with applicable federal, state, and local laws and regulations.

Temporary Expansion Locations. CMS is waiving certain physical environment requirements under 42 CFR §482.41 and §485.623 (as noted elsewhere in this waiver document) and the provider-based department location requirements at §413.65(e)(3)

to allow hospitals to establish and operate as part of the hospital any location meeting those conditions of participation for hospitals, including any existing provider-based departments of the hospital. This extends to any entity operating as a hospital so long as the relevant location meets the conditions of participation and other requirements not waived by CMS.

Expanded Ability for Hospitals to Offer Long-term Care Services ("Swing-Beds") for Patients who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31.

Under section 1135(b)(1) of the Act, CMS is waiving the eligibility requirements at 42 CFR 482.58(a)(1)-(4), "Special Requirements for hospital providers of long-term care services ('swing-beds')" to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF. In order to qualify for this waiver, hospitals must:

- Not use SNF swing beds for acute level care.
- Comply with all other hospital conditions of participation and those SNF provisions set out at 42 CFR 482.58(b) to the extent not waived.
- Be consistent with the state's emergency preparedness or pandemic plan.

- **CAH Status and Location.** CMS is waiving the requirement at 42 CFR §485.610(b) that the CAH be located in a rural area or an area being treated as being rural, allowing the CAH flexibility in the establishment of temporary surge site locations. CMS is also waiving the requirement at §485.610(e) regarding the CAH's off-campus and co-location requirements, allowing the CAH flexibility in establishing temporary off-site locations. In an effort to facilitate the establishment of CAHs without walls, these waivers will also suspend restrictions on CAHs regarding their location relative to other hospitals and CAHs consistent with a state's emergency preparedness or pandemic plan.
- **CAH Length of Stay.** CMS is waiving the requirements that CAHs limit the number of beds to 25, and that the length of stay be limited to 96 hours (per patient, on an annual average basis) under the Medicare conditions of participation for number of beds and length of stay at 42 CFR § 485.620.

Housing Acute Care Patients in the Inpatient Rehabilitation Facility (IRF) Excluded Distinct Part Units

Flexibility for Inpatient Rehabilitation Facilities Regarding the "60 Percent Rule"

- CMS is allowing IRFs to exclude patients from the freestanding hospital's or excluded distinct part unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.

Housing Acute Care Patients in the Inpatient Psychiatric Facility (IPF) Excluded Distinct Part Units

- CMS is allowing acute care hospitals to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.

Long-Term Care Facilities and Skilled Nursing Facilities (SNFs) and/or Nursing Facilities (NFs)

- **Reporting Minimum Data Set (MDS).** CMS is modifying the requirements at 42 CFR §483.20(b)(2) to provide relief to SNFs on the timeframes in which they must conduct a comprehensive assessment and collect MDS data. CMS is not waiving the requirements for facilities to conduct the assessment and collect MDS data at 42 CFR 483.20(b)(1).
- **Waive Pre-Admission Screening and Annual Resident Review (PASARR).** CMS is waiving 42 CFR § 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed postadmission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.

Supporting Care for Patients in Long-Term Care Acute Hospitals (LTCHs)

- CMS has determined it is appropriate to issue a blanket waiver to long-term care hospitals (LTCHs) where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement at § 412.23(e)(2), which allows these hospitals to participate in the LTCH PPS.

Skilled Nursing Facilities (SNFs)

- **3-Day Prior Hospitalization.** Using the authority under Section 1812(f) of the Act, CMS may cover SNF stays without a 3-day prior inpatient hospitalization. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes a one-time renewal of SNF coverage without first having to start a new benefit period (this portion of the waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances).
- **Physician Visits in Skilled Nursing Facilities/Nursing Facilities.** CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in- person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
- **Physical Environment.** CMS is waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department.

Hospice

- **Comprehensive Assessments.** CMS is modifying certain requirements at 42 CFR §418.54 related to updating comprehensive assessments of patients. This modifies the timeframes for updates to the comprehensive assessment found at §418.54(d). Hospices must continue to complete other required assessments

(i.e., initial and ad-hoc assessments based on a change in the patient's condition); however, the timeframes for updating the comprehensive assessment may be extended from 15 to 21 days.

HOME HEALTH AGENCIES (HHAS)

- **Reporting.** CMS is providing relief to HHAs on the timeframes related to OASIS Transmission through the following actions below: o Extending the 5-day completion requirement for the comprehensive assessment to 30 days. o Modifying the 30-day OASIS submission requirement. Delayed submission is permitted during the PHE.
- **Initial Assessments.** CMS is waiving the requirements at 42 CFR §484.55(a) to allow HHAs to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review. This will allow patients to be cared for in the best environment for them while reducing the impact on acute care and long- term care facilities. This will allow for maximizing coverage by already scarce physician, and advanced practice clinicians, and allow those clinicians to focus on caring for patients with the greatest acuity.

INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

- **Staffing Flexibilities.** CMS is waiving the requirements at 42 CFR §483.430(c)(4), which requires the facility to provide sufficient Direct Support Staff (DSS) so that Direct Care Staff (DCS) are not required to perform support services that interfere with direct client care. DSS performs activities such as cleaning of the facility, cooking, and laundry services. DSC performs activities such as teaching clients appropriate hygiene, budgeting, or effective communication and socialization skills. During the time of this waiver, DCS may be needed to conduct some of the activities normally performed by the DSS. This will allow facilities to adjust staffing patterns while maintaining the minimum staffing ratios required at §483.430(d)(3).
- **Physical Environment.** CMS is waiving certain physical environment requirements under the ICF/IID conditions of participation at 42 CFR §483.470 to allow increased flexibilities for surge capacity. CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state's emergency preparedness or pandemic plan. States are still subject to obligations under the integration mandate of the Americans with Disabilities Act,

to avoid subjecting persons with disabilities to unjustified institutionalization or segregation1F2.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

- When DMEPOS is lost, destroyed, irreparably damaged, or otherwise rendered unusable, CMS is allowing DME Medicare Administrative Contractors (MACs) to have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged, or otherwise rendered unusable or unavailable as a result of the emergency.
- This also allows CMS to temporarily extend the 10-business day deadline to provide notification of any subcontracting arrangements. During the temporary extension period, affected contract suppliers will have 30 business days to provide notice to the Competitive Bidding Implementation Contractor of any subcontracting arrangements. CMS will notify DMEPOS Competitive Bidding contract suppliers via e-mail when this temporary extension expires. All other competitive bidding program requirements remain in force. Note: CMS will provide notice of any changes to reporting timeframes for future events.

Replacement Prescription Fills

- Medicare payment may be permitted for replacement prescription fills (for a quantity up to the amount originally dispensed) of covered Part B drugs in circumstances where dispensed medication has been lost or otherwise rendered unusable by damage due to the disaster or emergency.

Practitioner Locations

- CMS is temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state. CMS will waive the physician or non-physician practitioner licensing requirements when the following four conditions are met: 1) must be enrolled as such in the Medicare program; 2) must possess a valid license to practice in the state, which relates to his or her Medicare enrollment; 3) is furnishing services – whether in person or via telehealth – in a state in which the emergency is occurring in order to contribute to relief efforts in his or her

professional capacity; and, 4) is not affirmatively excluded from practice in the state or any other state that is part of the 1135 emergency area. In addition to the statutory limitations that apply to 1135-based licensure waivers, an 1135 waiver, when granted by CMS, does not have the effect of waiving state or local licensure requirements or any requirement specified by the state or a local government as a condition for waiving its licensure requirements. Those requirements would continue to apply unless waived by the state. Therefore, in order for the physician or non-physician practitioner to avail him- or herself of the 1135 waiver under the conditions described above, the state also would have to waive its licensure requirements, either individually or categorically, for the type of practice for which the physician or non-physician practitioner is licensed in his or her home state.

PROVIDER ENROLLMENT

- Waive the following screening requirements:
  - Application Fee - (to the extent applicable).
  - Criminal background checks associated with fingerprint-based criminal background checks (FCBC) (to the extent applicable) - 42 CFR §424.518.
  - Site visits (to the extent applicable) - 42 CFR §424.517.
  - Allow licensed providers to render services outside of their state of enrollment.

CMS-13 Requirements (allowing rehab hospitals the ability to treat medical/surgical patients and receive an exemption from the requirements of CMS13 which requires that 60 percent of the patients treated at a facility paid under the rehab prospective payment system be treated for one of 13 specified conditions.

REVISED TAILORED PLAN AND MEDICAID DIRECT CLAIM SUBMISSION PROTOCOL

Trillium has posted a revised Tailored Plan & Medicaid Direct Claim Submission Protocol. Trillium revised its protocol based on the updated NC Medicaid Division of Health Benefits PHP Billing Guide that provides guidance to differentiate between Behavioral Health and Physical Health claims. The revised Behavioral Health error messages for EDI and Provider Direct will be deployed on October 16, 2024.

The revised Claim Submission protocol can be found in the Provider Documents & Forms page on our website under the Claims/Finance Information & Forms.

PHP Billing Guidance V28 will contain the updates and may be found on NC Medicaid Division of Health Benefits website under Health Plan Billing Guidance when released.

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

ANNUAL PROVIDER TRAINING NEEDS ASSESSMENT

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 October 4 – November 4, 2024.

AVAILABLE PROVIDER TRAININGS

Any questions related to the following trainings can be directed to TrainingUnit@TrilliumNC.org.

TAILORED PLAN and MEDICAID DIRECT TRAININGS
1. HIPAA Privacy and Security Rules
2. Prevention and Population Health Management for Behavioral Health and I/DD Professionals
3. Early Periodic Screening, Diagnostic and Treatment (EPSDT) for Providers
4. Disaster Planning: Preparing for, Responding to, and Recovering from a Crisis or Emergency Event for Providers
5. Fraud, Waste, and Abuse for Providers
6. Supports and Service Enhancements - For Providers
7. Provider Rights and Responsibilities For Providers

TAILORED PLAN and MEDICAID DIRECT TRAININGS
8. Culturally and Linguistically Competent Care for Providers
9. Infection Prevention and Control - Providers
10. TP/MDPIHP Provider Manual
11. Unmet Health Related Resource Needs for Providers
12. Provider Communications Marketing Responsibilities
13. Due Process
14. NEMT/NEAT for Providers
15. Tailored Plan Medicaid and State-Funded Claim Submission
16. Trillium Health Equity Strategy
17. The Engagement Strategy with the Eastern Band of Cherokee Indians
18. Introducing Trillium Staff and Providers to the Federally Recognized Eastern Band of Cherokee Indians and Their Culture
19. Introducing Trillium to the Waccamaw-Siouan Tribe, Meherrin Indian Tribe, Haliwa-Saponi Indian Tribe - North Carolina State-Recognized Tribes-"Tribal Cultural Awareness for Staff and Professionals"
20. Opportunities and Requirements of Working with Indian Health Care Providers
21. In-Reach and Transitions Training

TAILORED PLAN ONLY TRAININGS
1. State-Funded Services: Administrative and Billing Guide
2. State-Funded Services: Clinical Guidelines
MEDICAID DIRECT ONLY TRAININGS
1. NC Medicaid Managed Care vs NC Medicaid Direct: What's the Difference?
2. Tailored Care Management For Youth In Foster Care, Receiving Adoption Assistance, or Former Foster Youth - Care Management

MEDICAID EXPANSION, MEDICAID DIRECT, TAILORED PLAN TRAININGS	
1.	Managed Care/Tailored Plan 101 for Providers
OTHER TRAININGS	
1.	Submitting a Claim
2.	Health Disparities
3.	Navigating ePASS: Guide to Providing Application Assistance
4.	Tailored Plan Medicaid and State-Funded Claims Submission

REMINDERS

WORKING WITH CHILDREN WITH COMPLEX NEEDS

The Build Up Team, housed within the Impact Center at UNC's Frank Porter Graham Child Development Institute is offering an Implementation Science 101 webinar titled Understanding How Implementation Science and Practice May Improve Agency and Clinical Outcomes.

- Click here to register for Friday, November 8, 2024 from 10am-12pm EST.

UPDATED CLINICAL PRACTICE GUILDLINE LIST

Providers, Trillium has reviewed and updated our Clinical Practice Guidelines (CPG) list which you can access on the CPG home page or use the link below for direct access:

- Clinical Practice Guidelines | Trillium Health Resources

INNOVATIONS DIRECT CARE WORKER WAGE END OF YEAR SUMMARY REPORT WAS DUE SEPTEMBER 30, 2024

Pursuant to the 2023 Appropriations Act, Session Law 2023-134, North Carolina Medicaid established a process for eligible Medicaid providers to submit required information to participate in the Innovations Direct Care Worker (DCW) provider rate increase that was intended to support increased DCW wages.

Providers should reference the Innovations DCW Wage Increase Attestation and Acknowledgment Form, which details the documentation they can use to support and verify that the Innovations DCW Wage Increase funding was used for the benefit of its Innovations DCW.

Per the legislation, Innovations waiver services providers must submit to the relevant Health Plan an annual summary of expenditures, due three months after the respective State Fiscal Year ending June 30, 2024, to validate distribution of Innovations DCW Wage Increase revenue.

For your convenience, please see the Example - Innovations Direct Care Worker Wage End of Year Summary Report, which details how to complete the required report.

For the State Fiscal Year ending June 30, 2024, the Innovations Direct Care Worker Wage End of Year Summary Report was due September 30, 2024.

The report should be submitted to RatesFinance@TrilliumNC.org. If you have questions about this report or require assistance, please submit an email to RatesFinance@TrilliumNC.org.

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.

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

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 notification by phone at 1-866-998-2597, or by email to Trillium immediately. 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 Medical Examiner 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.

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**

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.

- Interest Form

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.

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.