



Provider Forum

December 9, 2020



Beth Lackey

Provider Network Director

Agenda

- ▶ Provider Council Update
- ▶ EVV update
- ▶ UM Update
- ▶ Strategic Plan Goal: ED Goal Reduction
- ▶ High Fidelity Wraparound Service
- ▶ Back Up Staffing
- ▶ Monitoring Update
- ▶ Coordination of Benefits
- ▶ Provider Portal update
- ▶ Deadline to be Tobacco Free
- ▶ Additional Resources



Provider Council Update

Beginning Jan. 1, the new officers for the upcoming 2021 Calendar year are as follows:

- Chair: Alicia Emmons, Developmental Disabilities Resources, Inc.
 - Vice Chair: Teagan Brown, A Caring Alternative
 - Secretary: Vickie Smith, Infinite Beginnings
- *As a reminder, the Provider Council is an open meeting. There is no meeting in December.*
- *The meetings are held at 9:30am on the Fourth Friday of each month.*
- *The next meeting is January 22, 2021 at 9:30am. This will be a zoom meeting and will be published on the Partners website*



EVV Postponement

- ▶ NCDHHS has announced that it will delay the implementation of Electronic Visit Verification for a minimum of 90 days.
- ▶ During this time, Partners will continue our close collaboration with DHHS.
- ▶ We will update providers as we gain more information.
- ▶ Thank you for your partnership and valuable input throughout this process.





Utilization Management Updates

Jessie Green, MH/SU Utilization Management Supervisor

State: Community Support Team (CST) Clinical Coverage Policy (CCP 8A-6)

- ▶ Beneficiary is changed to individual
- ▶ Section 3.1- “the procedure, product, or service” was changed to “the service” throughout document
- ▶ Section 6.2 Team composition-
 - Certified Alcohol & Drug Counselor (CADC) is now included as the licensed substance abuse professional to replace Certified Substance Abuse Counselor (CSAC).
 - Licensed Clinical Mental Health Counselor (LCMHC) replaced Licensed Professional Counselor (LPC)



Updates to State ACTT (CCP 8A-1)

- ▶ 6.3 - This row now includes CADC
- ▶ 6.3.1 Team Leader: LCMHC was added
- ▶ 6.3.4 Substance Abuse Specialist: CADC was added
- ▶ 6.3.8 Program Assistant: a note was added discussing CSAC changing to CADC and LPC changing to LCMHC
- ▶ Under Attachment A. G. Reimbursement. A note was added stating the DMH/DD/SAS will not reimburse for conversion therapy





Partners' Strategic Plan: Reduction of ED Use

Carolyn Shoaf, PN Trainer

Interventions



Several interventions are in place to help reduce unnecessary use of the Emergency Department



Focus: Tailored Plan Readiness



Will highlight two interventions today

Audits for Crisis Plans

Use of In Lieu of Service Definitions to meet member needs

- High Fidelity Wraparound Service



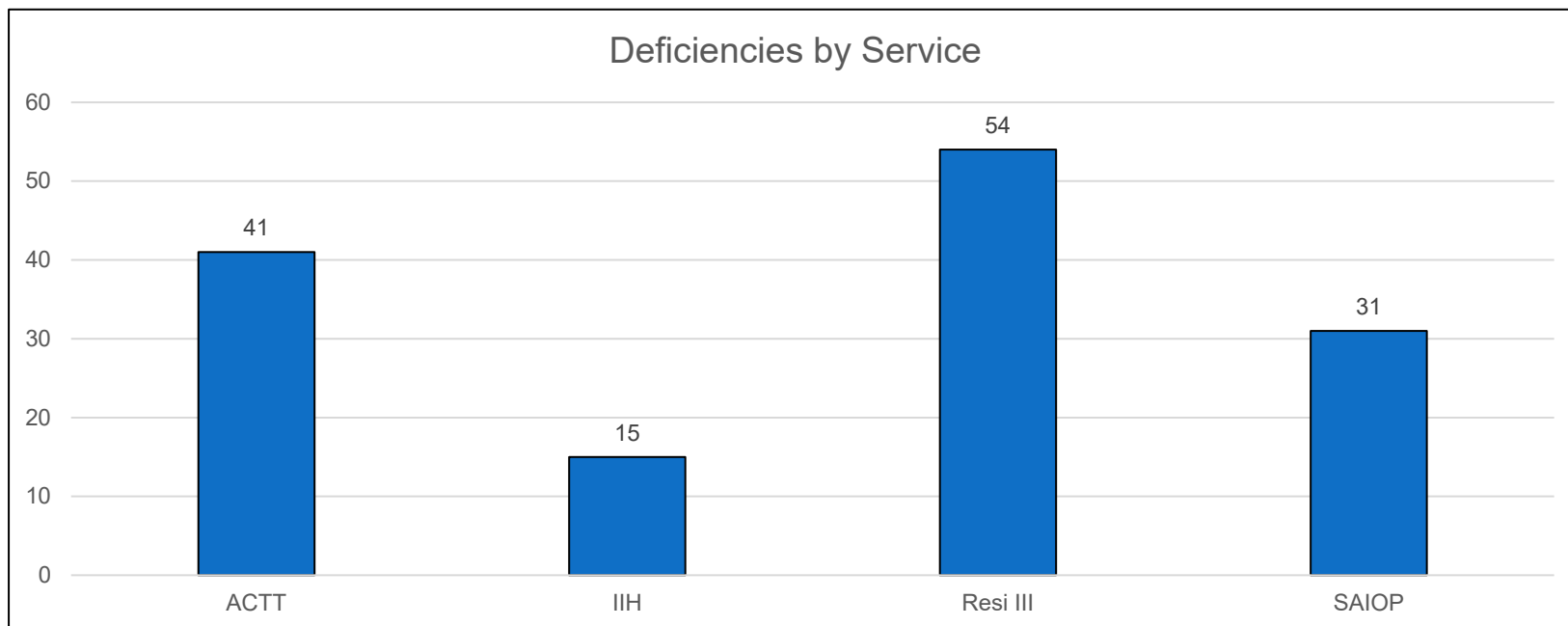
Crisis Plan Audit Results

- ▶ Strategy: UM Crisis Plan Audits
 - SACOT, SAIOP, ACTT and IIH services were audited 10 times.
 - Audits identified whether information was present/correct
 - *(Deficiencies were not counted for items left blank (N/A) per the instructions)*
 - The last section of five open ended questions was audited to identify whether or not the information supplied would be useful in a crisis situation.
 - Each item on the Crisis Plan was scored as a separate deficiency with each plan containing 38 possible items to be scored as adequate or as a deficiency



UM Crisis Plan Audit Outcomes by Service

Total number of deficiencies



Deficiencies for 25%+ of audits

- ▶ What am I like when I am feeling well?
- ▶ If I am in crisis what are ways others can help me and I can help myself? What strategies do not work well for me?
- ▶ What are some events or situations that have caused me trouble in the past?
- ▶ What are the early warning signs that I am not doing well?
- ▶ Is consent indicated for each person listed?



Opportunities for Improvement

- ▶ Ensure Crisis Plans are complete.
- ▶ Cross check for accuracy
 - Names of Clinical Homes, LME/MCO, Crisis Phone Numbers.
 - Audits found outdated/incorrect information
- ▶ Use current state-approved Crisis Plan forms
 - Some agencies are using self-created forms that did not have all of the required information
- ▶ Ensure the AGENCY crisis number for the member is listed in the Crisis Plan.
 - NOT the LME/MCO 24/7 number or 911
- ▶ If an item does not apply, document N/A instead of leaving blank
- ▶ Clarify if the member is his/her own legal guardian.
- ▶ Answers to open ended questions should be written so that someone assisting the person during a crisis has key information that is helpful.



Intervention: High Fidelity Wraparound

- ▶ High Fidelity Wraparound is a service designed to meet the need of youth ages 5-20 with complex mental health needs.
- ▶ In Lieu Of Service Definition available through the Provider Portal, Service Definitions section or the Partners' Provider Knowledge Base.



What is High Fidelity Wraparound?

Intensive, team-based, person-centered service



Provides coordinated, integrated, family-driven care to meet the complex needs of youth/young adults who are:

Involved with multiple systems

Experience serious emotional or behavioral difficulties

Have dual diagnosis with complex needs

Are at risk of placement in PRTFs or other institutional setting

and/or are aging out of Department of Social Services care



HFW is.....

- ▶ Built on core values
- ▶ A Team Based approach
 - HFW Facilitator
 - Family Partner and/or Youth Partner
 - Incorporates medical service, pro social activities and natural supports
- ▶ For youth ages 5-20 who qualify
- ▶ Designed to facilitate a collaborative relationship among a youth, the family and child-serving system
- ▶ Based on the National HFW Initiative



What does HFW do?

HFW results in a set of strategies and services provided in the most inclusive and least restrictive settings

HFW strategies are tailored to meet the unique and holistic needs of the youth and family

HFW includes supports to family members to reduce stress and ensure that services are accessed and treatments completed by the identified youth

HFW provides care in four phases following a model



Eligibility Criteria: key points

- ▶ Medicaid eligible children and adolescents ages 5-20
- ▶ MH or SUD diagnosis, other than sole IDD and
- ▶ Based on the Comprehensive Clinical Assessment (CCA) including use of the CALOCUS or CANS
 - Less intensive services were considered or previously attempted and
- ▶ At risk of not being able to return to or maintain placement in a community setting and
- ▶ Current or past history of or symptoms or behaviors indicating need for crisis intervention and
- ▶ Meets additional criteria listed in service definition



Who provides this service?

High Fidelity Wraparound service:

- CTS Health
- Support, Inc.
- Youth Villages





PARTNERS

Improving Lives. Strengthening Communities.

Quality Management Back-Up Staffing

Renae Cheek, Quality Management Analyst

Back-Up Staffing Guidelines

The back-up staffing plan is designed to ensure the health and safety of members receiving Innovations services. Failure to provide back-up staffing is a Level I Incident and must be reported to the LME/MCO. Partners has chosen AlphaMCS as the reporting method to be used by providers. If you do not have an AlphaMCS log-in, contact the Partners IT Help Desk at 704-842-6431 to be given access.



Back-Up Staffing Guidelines



The NC Department of Health and Human Services (NC DHHS) communicated via Joint Communication Bulletin 256 (#J256) on July 3, 2017 that “It is the expectation that if a provider agency or Employer of Record (EOR) staff member is unable to provide back-up staff, the provider or EOR is required to report this lack of staffing to the LME-MCO.” This is a requirement and back-up staffing reports should be submitted bi-weekly.



In relation to back-up staffing, there are two types of service interruptions: Failure to Provide Back-Up Staffing and Service Breaks.



When to submit a Failure to Provide Back-Up Staffing Report

Regularly scheduled staff is unable to provide service(s) AND a back-up staff is not available.

Regularly scheduled staff is unable to provide service(s) and back-up staff is available BUT is declined by the member/legally responsible person.



When to submit a Failure to Provide Back-Up Staffing Report

The purpose of the back-up staffing report is to document the reason that BACK-UP STAFF was not provided.



NOT:

why the primary staff was unable to provide the service.

to report service breaks.



Service Breaks

Per Clinical Coverage Policy 8P

<https://files.nc.gov/ncdma/documents/files/8-P.pdf> ,

and also communicated via Joint Communication Bulletin #J266 on September 21, 2017, service breaks do not require Back-Up Staffing reporting to the MCO. Service breaks are defined as holidays, vacations, weather conditions, illnesses, and scheduling conflicts. Services breaks should be documented in the member's record.



Service Breaks

The following table contains scenarios regarding when to complete a Failure to Provide Back-Up Staffing Report versus documenting a service break in the member's record. The scenarios are based on information provided by the Division of Health Benefits (DHB) in response to questions they have received from providers regarding completion and submission of *Failure to Provide Back-Up Staffing Incident Reports*.



Scenario	Type of Incident	Provider Action Step	Submit via ALPHA PORTAL BUS MODULE
Member had doctor's appointment and services were not provided	Service Break	Document the service break in the member record	No
Member went on vacation and did not receive services	Service Break	Document the service break in the member record	No
Regularly scheduled staff out due to illness. Back-up staff was offered but member/family did not want another staff person or back-up staff was unavailable	Failure to Provide Back-Up	Complete Failure to Provide Back-up Staffing Incident Report	Yes
Regularly scheduled staff quit. Back-up staff was offered but member/family did not want another staff person or back-up staff was unavailable	Failure to Provide Back-up	Complete Failure to Provide Back-up Staffing Incident Report	Yes
Member/family not utilizing all authorized service units available	Service Break	Document the service break in the member record	No
Member/family did not notify the supervisor that regularly scheduled staff did not show up for work until several days after the fact	Failure to Provide Back-up	Complete Failure to Provide Back- up Staffing Incident Report	Yes
New regularly scheduled staff in the process of being hired. Back-up staff offered during interim but declined or back-up staff was unavailable	Failure to Provide Back-up	Complete Failure to Provide Back- up Staffing Incident Report	Yes
Member did not have services over a holiday per member/family request	Service Break	Document the service break in the member record	No
Member/family requested no staff to come to give consumer a break	Service Break	Document the service break in the member record	No
Member/family requested no services due to inclement weather	Service Break	Document the service break in the member record	No
Member is sick and unable to participate in services	Service Break	Document the service break in the member record	No
Member is in the hospital	Service Break	Document the service break in the member record	No
Member/family had a scheduling conflict and requested cancellation of services	Service Break	Document the service break in the member record	No
Provider is closed for a holiday	Service Break	Document the service break in the member record	No
Provider is closed or closes early due to inclement weather	Service Break	Document the service break in the member record	No

Highlights of the Instructions:

To begin, go back to the menu in AlphaMCS, click on Quality Management → Backup Staffing → Create.

When you create, AlphaMCS will assign a unique back-up staffing report ID#. Fields with “asterisks” are required fields.

A report must be submitted for each date of incident, as the form does not allow for multiple dates.

To enter the member information, click on the “search” button, type in the last and first name and click “search” again and it should bring up the member. If it brings up more than one member with that name, look at the DOB and SSN before selecting.

Complete the provider details and contact information.

You will either check the box stating that Back-up Staffing was not available, or that back-up staffing was offered but declined. When either box is checked it will open additional fields, specific to the reason chosen, to be completed.



Highlights of the Instructions:

Choose the reason the BACK-UP staff was unavailable (not the primary staff) in the drop down. **If “Other” is chosen as the reason, there must be an explanation of what “other” means in the field to the right of the reason field.**

Do not submit a report for a date of incident prior to the actual date of incident (no future dates).

At the bottom of the report, you have the option of clicking on the “Save” button then returning to the form to complete. When you are ready to complete and submit the report to the MCO, click on the “Submit” box on the left of the form, then click on the “Save” button on the right of the form to send the report to the MCO.



Want a tutorial?

A video tutorial is available at the Partners Training Library. View on-demand at your convenience.

<https://www.partnerstraining.org/training-library/>

2019: Alpha Back Up Staffing Guide Video



Contact Information

If you have questions, please contact:

Renae Cheek, QM Analyst

rcheek@partnersbhm.org





Quality Management Provider Monitoring Update

Emily Pasour, QM Monitoring Specialist

**The QM Monitoring Unit
resumed monitoring activities on
November 16, 2020 on a limited
basis.**



TCLI Targeted Reviews will continue until completed. As of today about 75% are complete.



Unlicensed Alternative Family Living (UAFL) Monitoring

- ▶ Monitoring Specialists have begun to contact UAFL providers. All UAFL reviews due in November are being completed. Reviews going forward will be conducted virtually.
- ▶ **Note:** Any reviews that would have been due March 1, 2020 to October 31, 2020 have been moved to their next annual review date in 2021.



Post-Payment Monitoring

Regular Monitoring Reviews, often referred to as Routine Monitoring will resume on a limited basis and will be conducted by desk review.

To begin the Post-Payment Monitoring Review process priority will be given to conducting reviews of:

- Community Support Team – Permanent Supportive Housing Providers
- Any new provider that has begun offering services between July 1, 2019 to March 31, 2020
- Any provider that scored less than 85% during their last Post Payment Review Cycle.
- Employer of Record Members (Will begin in January 2021)
- Targeted Monitoring Reviews as requested due to concerns, complaints or grievances.



Post-Payment Review Process

- ❖ QM Monitoring Staff will notify providers of an upcoming review within time frames set forth in the Monitoring Policy.
 - Staff will work individually with each provider to ensure an agreed upon date to begin the review and the agreed upon process of dropping off records or uploading records electronically.
 - Time frames for submitting all documentation will be worked out on an individual basis with each provider, on an individual basis, to ensure it is a smooth and seamless review.
 - Unlike on-site reviews, these reviews will take longer to complete, so patience is requested as we want to ensure we have as much documentation as possible to increase the likelihood of a successful review.
 - Once a review is completed, the QM Monitoring Specialist will send out the results letter and tool within 15 days of said completion date.



Tips for a Successful Review

Be familiar with:

- the Clinical Coverage Policies for services you deliver.
- NCAC 10A 27G
- Records Management and Documentation Manual
APSM 45-2
- General Statute 122C
- your licensing requirements
- your Partners BHM Contract and the Partners
Provider Manual



Quality Management Monitoring Unit

Tim Harrison

Kaitlynn Ledsome

Angela Long

Kristy McCoy

Emily Pasour

Sharron Payton

Larry Holcombe, Supervisor



Questions?

If you have questions regarding Provider Monitoring, please contact the Quality Management Monitoring Unit at pnms@partnersbhm.org





Program Integrity

Summer Surratt, Program Integrity Investigator

Coordination of Benefits

Clinical Coverage Policy 8C: Coordination of Benefits states that “Any provider who serves dually eligible beneficiaries(i.e. Medicaid and Medicare or other insurance carriers) shall be enrolled as a participating provider with each of the identified insurance carriers in order to be reimbursed”

Partners Claims Adjudication Policy states that “ Claims with Coordination of Benefits (COB) should be submitted within 180 days of service and include the COB information on the claim.” If the member is currently enrolled in the Partners AlphaMCS system and obtains third party coverage, or the provider is made aware of other party coverage, it’s the provider’s responsibility to ensure this information is added to the system.



Coordination of Benefits

On March 28, 2003,(Revised May 22, 2018) the US Department of Health and Human Services and the Centers for Medicare and Medicaid Services released Program Memorandum Intermediaries/Carriers Transmittal AB-03-037 Subject: Provider Education Article: Medicare Payments for Part B Mental Health Services, which states “Medicare recognizes the following providers who are eligible under Part B to furnish diagnostic and/or therapeutic treatment for mental, psychoneurotic, and personality disorders. Those professionals are as follows:



Providers Eligible under Part B

Paneled Professionals

- ▶ Physicians(MD) and Doctors of Osteopathy (DO); particularly
- ▶ Psychiatrist
- ▶ Clinical Psychologist(CP);
- ▶ Clinical Social Workers(CSW);
- ▶ Clinical Nurse Specialist(CNS);
- ▶ Nurse Practitioners (NP);
- ▶ Physician Assistants (PA)
- ▶ Certified Nurse-Midwives(CNM) and
- ▶ Independently Practicing Psychologist(IPP)

All services provided to Medicare patients must be furnished by practitioners who by virtue of their specific State licensure certification and training are professionally qualified to provide medically necessary services; and who are empanelled with Medicare, have the rights to bill directly and collect and retain the fee for their services.



PARTNERS Responsibilities

- *Federal and state regulations require Partners to be the payer of last resort. Providers are required to collect all first- and third-party funds before submitting claims to Partners for reimbursement.* Third-party payers are any other funding sources that can be billed to pay for the services provided to the member. This can include worker's compensation, disability insurance or other health insurance.
- *Third-party payers, including Medicare and private health insurance carriers, must process the claim before Partners does.* Providers must report any payments or denial reasons from third-party payers on claims filed with Partners. Claims submitted without third-party information will be denied.
- Partners pays Coordination of Benefit claims according to the "lesser of" methodology. If the Medicaid allowed amount is more than the third-party payment, Partners will pay the difference up to the contracted allowed amount. If the other insurance payment is greater than the Partners contracted amount, no additional amount will be paid.



PARTNERS Responsibilities

- *Partners will not pay for any service that could have been paid for by Medicare or other private insurance plans had the beneficiary or provider complied with the plan's requirements. Examples of common private plan non-compliance denials include, but are not limited to:*

- Failure to get an authorization referral from a primary care physician

- Non-participating provider

- Failure to obtain prior approval

Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If the provider does not have enrolled providers or paneled staff with the primary payer, the member should be referred to an eligible provider of third-party covered services.



In Conclusion...

- ▶ Providers are required to collect all first- and third-party funds before submitting Medicaid claims to Partners for reimbursement.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If you have any additional questions please contact Partners Account Specialist and/or Claims Department.



References

- ▶ Clinical Coverage Policy 8C
- ▶ Partners Claims Adjudication Policy
- ▶ US Department of Health and Human Services and the Centers for Medicare and Medicaid Services



Contact Information

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Program Integrity Investigator
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Provider Portal Update

Carolyn Shoaf, PN Trainer

Phase One: In Progress



**Provider Beta
Testing completed:
Thank You!**



**Provider Training
Sessions Nov 9 –
Nov 20**



**Local Administrator
forms being sent to
CEOs and returned
to**

**[enrollment@partners
bhm.org](mailto:enrollment@partnersbhm.org)**

Local Administrators will be
contacted by Partners to set
up accounts.

Local Administrators will
facilitate staff accounts for
the portal



**Portal will Go Live
Jan 1, 2021**



Portal training update

When demonstrating the Document Management Feature, we stated uploaded documents would only be viewed by the individual user.

Correction: Documents uploaded to Document Manager will be viewed by all users of the practice/agency.

This correction will be referenced in updated training materials.



What if I have missed out?

If your CEO has not received a Local Administrator Form reach out to enrollment@partnersbhm.org

A recording of the November provider training is available for on-demand viewing on the Partners Training Academy Training Library

<https://www.partnerstraining.org/training-library/>





NC Medicaid: Tobacco Free Deadline

Carolyn Shoaf, PN Trainer

Medicaid Transformation

NC Medicaid will be **requiring** nearly all* physical and behavioral health care providers to provide a 100% tobacco-free treatment environment.

Requirement will go into effect **July 1, 2022**

*Provider owned/controlled programs which provide ICF-IID services or residential services that are subject to the HCBS final rule are exempt from this requirement. In these settings:

- Indoor use of tobacco products is prohibited.
- For outdoor areas of campus, providers shall:
 - ensure access to common outdoor space(s) that are free from exposure to tobacco products/use; AND
 - prohibit staff/employees from using tobacco products anywhere on campus.



What does 100% Tobacco-Free Mean?



A tobacco-free policy applies to all of the property under the program's control (that you rent or own)



All of that property (buildings, grounds, and vehicles) is tobacco-free



Tobacco includes the use of combustible, electronic, heated, and smokeless tobacco products



No designated areas for tobacco use indoors or outdoors



Programs do not purchase, accept as donations, or distribute any tobacco products



Tobacco Use Treatment Integration

- Essential component of taking any organization tobacco-free
- Screen all clients for tobacco use
- Offer evidence-based treatment integrated into programming
- Respond to any problems adhering to policy with **empathy and evidence-based treatment**

NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy
(nicotine patches and nicotine gum or
nicotine lozenge)

Other pharmacotherapy includes bupropion,
nicotine nasal spray and nicotine inhaler

Evidenced-Based Counseling

In order of effectiveness:

- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting,
and web-based counseling



QuitlineNC Behavioral Health Protocol

Seven scheduled calls

12 weeks of combination nicotine replacement

Letter to the client's healthcare provider

Quit coach specially trained in behavioral health

Regardless of insurance

[Click here to learn how to refer clients.](#)



1-800-QUIT-NOW
1 - 8 0 0 - 7 8 4 - 8 6 6 9

Spanish Speaking
1-855-Déjelo-Ya

Question #1:

“Do you currently have any mental health conditions, such as:

- Bi-Polar Disorder
- Depression
- Drug or Alcohol Use Disorder (SUD)
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Attention Deficit Hyperactivity Disorder (ADHD)

Question #2:

If the participants answered YES to Q1, then Q2 would be asked:

“Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?”

What happens when an organization goes tobacco-free?

State Operated Healthcare Facilities went tobacco-free and integrated tobacco use treatment in 2014 and found:

- Clients are much more successful becoming tobacco free themselves
- Decrease in staff sick days
- Decrease in conflict among consumers
- Better focus on treatment
- No change in program attendance or discharge



Additional Resources

[QuitlineNC](#)'s website has [materials](#) designed for people w/ behavioral health disorders

Tobacco-use treatment integration:

- ▶ The National Behavioral Health Network's [BHthechange.org](#)
- The Smoking Cessation Leadership Center's [behavioral health](#) resource page
- [Breathe Easy, Live Well Curriculum](#)
- ▶ Duke UNC Tobacco Treatment Specialist Training Program- [dukeunctts.com](#)

SAMHSA resources:

- [SAMHSA tobacco cessation page](#)
- [Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness A Quick Guide for Program Directors and Clinicians](#)
- [Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings](#)
- ▶ Also, check out this [infographic](#) from BHthechange.org



North Carolina Tobacco Prevention and Control Branch Funding Regions 2020-2025



1 – Tobin Lee
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tobin@mountainwise.org



2 – Karen Caldwell
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3 – David Willard
828-457-2110
David.Willard@apphealth.com

5 – TBD: Moving to
Durham County
June 2020

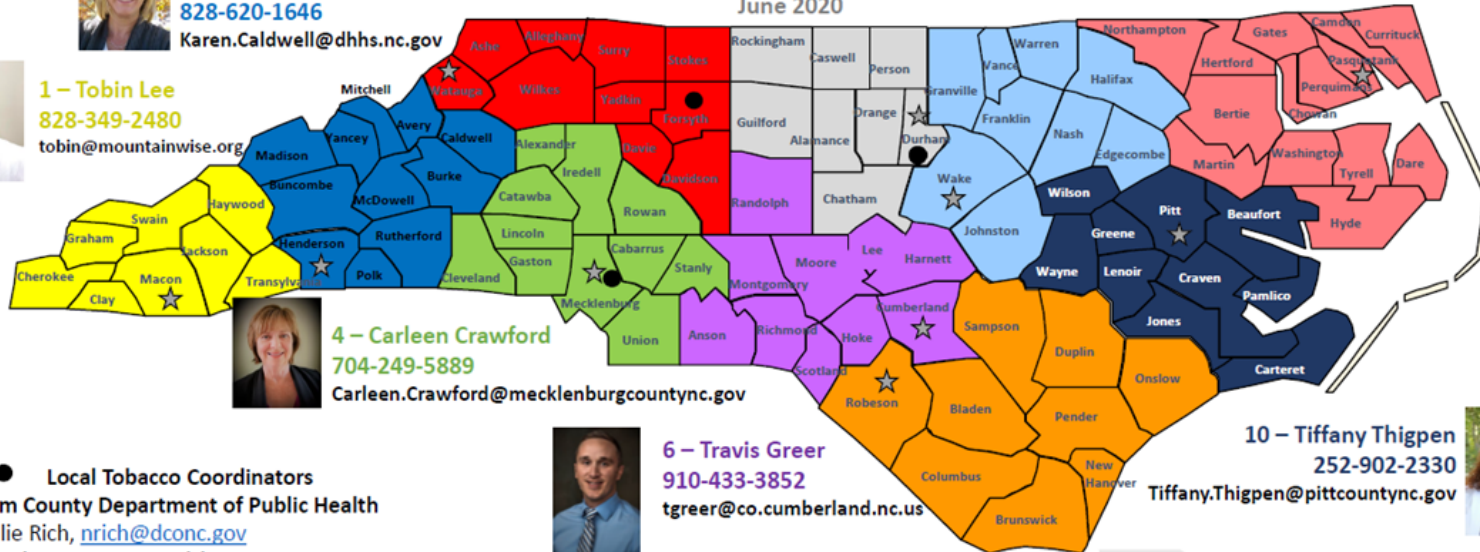
7 – Michelle Mulvihill
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9 – Teresa Beardsley
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10 – Tiffany Thigpen
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Tiffany.Thigpen@pittcountync.gov



- Local Tobacco Coordinators
- Durham County Department of Public Health
 - Natalie Rich, nrich@dhhs.nc.gov
- Mecklenburg County Health Department
 - Kim Bayha, Kimberly.bayha@mecklenburgcountync.gov
- Orange County Health Department
 - Rita Krosner, rkrosner@orangecountync.gov

Statewide tobacco use treatment integration



Stephanie Gans
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Additional Resources

Carolyn Shoaf, PN Trainer

Partners Training Academy

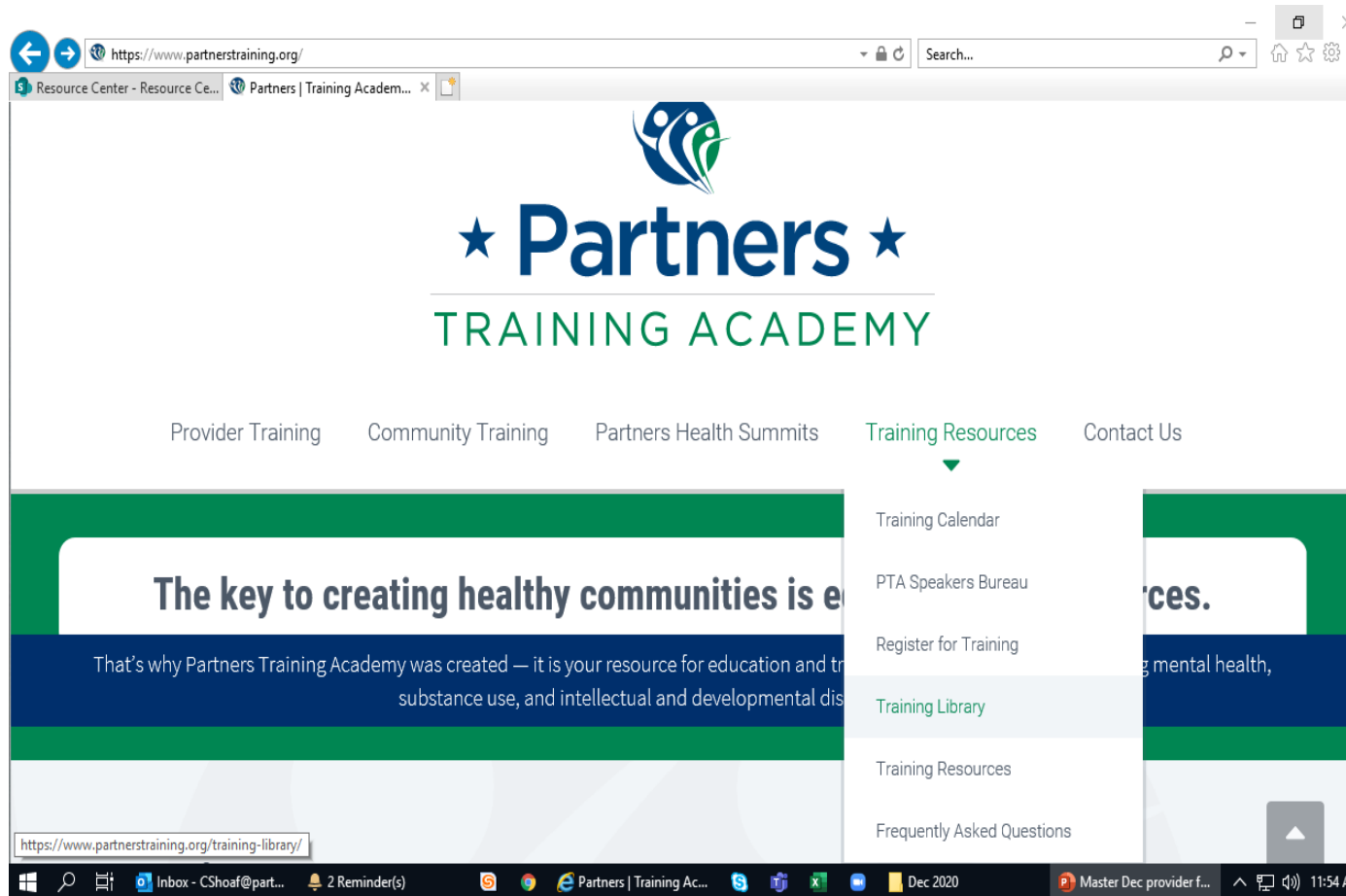
Training Library: On Demand Learning

- ▶ Find past trainings
 - Slide decks
 - Handouts
- ▶ Tip Sheets: Recently added 3 tipsheets for Tele-Health!
- ▶ Brief video tutorials

Use for personal knowledge or staff training



Find Training slide decks, tutorials, tip sheets and recordings. On Demand 24/7/365



← → <https://www.partnerstraining.org/training-library/> Search... Home Star Settings

Resource Center - Resource Ce... Training Library - Recent Pr... ×

Training Library

Looking for a **recent presentation** from a previous Partners Training Academy event?
Presentations are listed in chronological order, from newest to oldest.

2020

- [Cultural Competency: CLAS Standards – July 22, 2020](#)
 - [Enhanced National CLAS Standards](#)
 - [Implementation Checklist for the National CLAS Standards](#)
 - [CLAS: What, Why and how – Infographic](#)
- [Ethics in a Manage Care Environment – June 1, 2020](#)
- [Measurement Based Care Tips and Tools – February 20, 2020](#)
- [Quality Management Monitoring Overview – February 20, 2020](#)

↑

Windows Taskbar: Windows Start, Search, Task View, Taskbar icons: Outlook (Inbox - CShoaf@part...), Notification Area (2 Reminder(s)), Chrome, Edge (Training Library - Rec...), Teams, Word, PowerPoint, Calendar (Dec 2020), Taskbar icons: Master Dec provider f..., System tray (Speaker, Network, Volume), Time: 11:47 A



Virtual Open House

- ▶ Monthly opportunity to meet 1:1 with department reps
 - First Thursday of every month
- ▶ Ask questions specific to your office/agency
- ▶ Zoom meeting
 - Breakout rooms are used for 1:1 conversation
 - Drop in
- ▶ New providers should review Orientation Tool-kit materials first and have questions ready
- ▶ MUST pre-register through the Partners Training Academy



Member Education

- ▶ **Partners Member Café: The second Tuesday of each month, 1 p.m.-2 p.m. [Click here to register](#)**
- ▶ Partners is hosting monthly Member Cafes – virtual meetings for members to learn about plan updates, services, resources, voice concerns and speak directly to Partners’ employees who can assist in navigating the publicly funded behavioral health service system.



Advanced Directives Training

Psychiatric Advance Directive (PAD) Training

- ▶ **Multiple sessions are available. Sessions are held:**
 - the second Monday of each month from Noon-1:30 p.m.
[Click here to register for a second Monday session](#)
 - the fourth Monday of each month from 6-7:30 p.m.
[Click here to register for a fourth Monday session](#)
- ▶ In this training, hosted by Partners and NAMI South Mountains, members will be provided with the resources needed to create their own PAD so that treatment preferences, should they not be able to communicate for themselves, are shared with and heard by the treatment provider. The training also covers advance health care directives. A certified trainer will provide participants with the information and tools needed to create an advance directive.



Resources to Improve Business Acumen:

- ▶ **SCORE** is a resource partner of the U.S. Small Business Association and has been in existence since 1964.
(<https://www.score.org/>)
 - SCORE offers a variety of training courses for a low cost or for free. In addition to training, they offer volunteer counselors, advisors and mentors who offer individual, free to low-cost counseling throughout the US. They also have many free online courses on many topics related to running and growing your business. (<https://www.score.org/courses-demand?page=2>)
- ▶ **The Small Business Development Center**
 - offers local business consulting and at-cost training on a variety of business-related topics at <https://americassbdc.org/small-business-consulting-and-training/find-your-sbdc/>.
 - There are SBDCs in Charlotte, Hickory, Boone, Winston-Salem, Greenville, Asheville and many other locations across the state.



Thank you

*Happy Holidays and Best
Wishes to all!*

