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Holiday Office Closures



Partners offices will be closed on Monday, Tuesday and Wednesday, Dec. 25-27, 2023, in observance of the Christmas holiday. Additionally, Partners offices will close on Monday, Jan. 1, 2024, in Observance of New Year's Day.

Our Access to Care Call Center is available at **1-888-235-HOPE (4673)** from 7 a.m. to 6 p.m. Monday-Saturday to assist individuals looking for resources or services. Our [Behavioral Health Crisis Line](#) remains available at **833-353-2093** to support members anytime day or night 365 days a year. Read more about our Crisis Line:

<https://www.partnersbhm.org/crisis-help/>.

Davidson County Realignment Information

On February 1, 2024, individuals in Davidson County who receive Medicaid or State-funded Services for intellectual or developmental disabilities, mental health or substance use disorders will be automatically enrolled with Partners.

Partners communicates provider information through Provider Communication Bulletins, Provider Alerts and the Provider Knowledge Base website, located at <https://providers.partnersbhm.org>. If you have any questions regarding this bulletin, please reach out to the [Provider Network Help Desk and Contacts](#) or refer to the [Who to Contact page](#).

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Visit the [Davidson County Realignment page](#) for updates and to find answers to [Frequently Asked Questions](#). If you have a question that you do not see answered, please send your question to: CountyQuestions@PartnersBHM.org.

Partners Recognized as a Healthy People 2030 Champion

Partners has been recognized as a Healthy People 2030 Champion by the Office of Disease Prevention and Health Promotion (ODPHP) within the U.S. Department of Health and Human Services (HHS).

The [Healthy People 2030 Champion](#) designation recognizes our commitment to helping achieve the Healthy People 2030 vision of a society in which all people can achieve their full potential for health and well-being across the lifespan.

Healthy People 2030 sets 10-year national objectives to improve health and well-being nationwide. Healthy People 2030 Champions are public and private organizations that are working to help achieve the Healthy People objectives.



NC Innovations Waiver Appendix K Unwinding Update: December 2023

To avoid a disruption in care and support individuals and their families, NC Medicaid is extending Appendix K temporary flexibilities until Feb. 29, 2024, while the Centers for Medicare & Medicaid Services (CMS) reviews the Innovations and Traumatic Brain Injury (TBI) Waiver amendments.

The Federal Public Health Emergency (PHE) Declaration ended on May 11, 2023. NC Medicaid's Appendix K flexibilities were approved for six months after the federal PHE expiration.

What is Appendix K?

- During disasters, where state and/or national states of emergency are declared, NC Medicaid can request short-term flexibilities to be approved related to the 1915(c) waivers.
- The flexibilities are called Appendix K and require approval from NC Medicaid's federal partner the Centers for Medicare and Medicaid Services (CMS).
- The COVID-19 Appendix K flexibilities have been in place for over three years.

The flexibilities that are currently allowed under Appendix K will revert to the original authority/approved limits in the Innovations Waiver, Clinical Coverage Policy 8P unless included in the amended 1915(c) Innovations Waiver.

The following temporary Appendix K flexibilities will end on Feb. 29, 2024, unless it is indicated in the third column of the table below that CMS has approved the continuation of the flexibilities via the Innovations Waiver Technical Amendment effective March 1, 2024.

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Tailored Care Manager (TCM), member/Legally Responsible Person (LRP) and treatment team should consult to ensure that the member's plan reflects all current needs.

Flexibilities under Appendix K	Innovations Waiver Requirement	Flexibilities Status: Either approved by CMS in the 1915(c) Amended Waiver effective March 1, 2024, OR Ends Feb. 29, 2024
Increase in service hours without prior authorization	All services must be prior approved CCP 8P Page 11 – “Medicaid shall require prior approval for NC Innovations services. Provider(s) shall obtain prior approval before rendering NC Innovations services for a Medicaid beneficiary.”	Ends Feb. 29, 2024
Respite provided out-of-state if the member is displaced	No respite during out-of-state travel CCP 8P Page 41 “Respite services are not provided during out-of-state travel since the caregiver is present during the trip.”	Ends Feb. 29, 2024
Services in alternate settings Day Supports, Community Living and Supports, Supported Employment and Community Networking provided in the home of the member, the home of the direct care worker, or the residential setting. • Services in hotel, shelter, church, alternative facility or home of direct care worker due to COVID-19 • Community Living and Supports in acute care hospital or short-term	Each service definition specifies the settings in which the service can be provided. See service definitions in CCP 8P (Attachment C).	Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: • Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19-related issues. • Real-time, two-way interactive audio and video telehealth for the following services: ○ Community Living Supports

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institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with Activities of Daily Living (ADLs), behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.		○ Day Supports ○ Supported Employment ○ Supported Living ○ Community Networking *It has been noted that the use of real-time, two-way interactive audio and video telehealth must be of benefit to the member, meaning the member's skill level must be in line with the use of this method. For example, if the member relies on physical assistance to complete tasks virtual services would not be appropriate.
Waive requirement for beneficiary to attend the Day Supports provider (facility) once per week.		Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: • Remove the requirement for the beneficiary to attend the Day Supports provider once per week
Delays in Annual Individualized Support Plan (ISP)	Annual Plans must be submitted and approved by no later than first day of the month following the member's birth month. CCP 8P Page 2 – "Annual plan is defined as a 12-month period for the Annual Plan/Individual Support Plan year that runs from the first day of the month following the birth month to the last day of the month of the birth month." CCP 8P Page 14	Ends Feb. 29, 2024

	“The Care Coordinator reassesses each beneficiary’s needs at least annually and develops an updated ISP based on that reassessment” CCP 8P Page 16 “Annual updates are due during the birth date month of the beneficiary. For example, the annual update for a beneficiary with a birth date of May 5th is due during the month of May. The effective date of the annual update is always the first of the month following the birth month.”	
Waiver of one service per month requirements if due to COVID-19	The member must require at least one waiver service monthly as an eligibility requirement for continued waiver participation CCP 8P Page 10 – “The beneficiary shall require at least one waiver service provided monthly as identified in the person-centered planning process and indicated in the Individualized Support Plan (ISP) and Individualized Budget” CCP 8P Page 45 – “The following services are excluded from being considered a service to be used monthly: Assistive Technology, Vehicle Modification, Home Modifications, Community Transition, and Respite. If a beneficiary does not use an Innovations waiver service for a period of 30 calendar days, the PIHP shall send a written notice to the beneficiary that failure to use services for a period of 30 calendar days may result in a termination from the waiver. The PIHP shall attempt to engage the beneficiary in services. After a second 30-day period, the PIHP shall contact NC Medicaid to discuss termination of the beneficiary from the waiver. The beneficiary shall be notified	Ends Feb. 29, 2024

	of termination in writing and due process is followed.”	
Waiver of in-person care management	In-person care management is required a minimum of quarterly for all waiver participants, monthly for some CCP 8P Pages 18-19 “The Care Coordinator: a. Monitors the provision of services through observation of service provision, review of documentation and verbal reports; and b. Maintains close contact with members of the person-centered planning team to ensure that the ISP is implemented as intended; and c. Following the PIHP policy, assists the beneficiary and legally responsible person in choosing a qualified provider to implement each service in the ISP. d. Meets with the beneficiary and legally responsible person;” “Care Coordinator monitoring occurs monthly and consists of the following: a. A beneficiary that is new to the waiver receives face-to-face visits for the first six months and then on a schedule agreed to by the ISP team thereafter, no less than quarterly, to meet their health and safety needs; b. A beneficiary whose services are provided by guardians and relatives living in the home of the beneficiary receives monthly face-to-face monitoring visits;	Ends Feb. 29, 2024

	c. A beneficiary who lives in residential programs receives face-to-face monitoring visits monthly; d. A beneficiary who chooses the individual family-directed service option receives face-to-face monitoring visits monthly; e. For the months that the beneficiary does not receive face-to-face monitoring, the Care Coordinator has telephone contact with the beneficiary to ensure that there are no issues that need to be addressed; ...”	
Retainer Payments to address issues related to the COVID-19 emergency	Not Applicable – retainer payments are not included within waiver	Ends Feb. 29, 2024
Lapses in CPR and NCI re-certification for direct care workers	All agency staff working with member must obtain and maintain certifications in Cardiopulmonary Resuscitation (CPR), First Aid and Alternative to Restrictive Interventions Service definitions in CCP 8P include: “Agency staff that work with beneficiaries must be... e. Qualified in Cardiopulmonary Resuscitation (CPR) and First Aid f. Qualified in alternatives to restrictive interventions”	Ends Feb. 29, 2024
Allow relatives of adult and minor waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and	Supported Living cannot be provided by immediate family members Criminal Background checks are required before direct support workers provide care to member.	Ends Feb. 29, 2024 • Allow relatives of adult and minor waiver beneficiaries to provide services to beneficiaries prior to background

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training for 90 days.	Page 3 – “...a human services agency or health care provider must conduct an investigation prior to hiring a person or permitting an employee to furnish services directly to a beneficiary.” Supported Living service definition – “The Supported Living provider and provider staff shall not be a member of the beneficiary’s immediate family as defined in this service definition and reimbursement must not include payment for Supported Living provided by such persons.”	checks and training for 90 days Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: • Relatives of adult waiver beneficiaries can provide Supported Living to waiver beneficiaries
Waive Supports Intensity Scale (SIS) assessment	A SIS assessment is required every two years for members ages 5-15 and every three years for members age 16 and older CCP 8P Attachment E: The Supports Intensity Scale “An NC Innovations Wavier beneficiary is required to have a SIS assessment. Failure to comply with this requirement may result in the beneficiary’s termination from the waiver. “ “A routine assessment occurs every two years for beneficiaries aged 5-15 years of age and every three years for beneficiaries 16 years of age and older.”	Ends Feb. 29, 2024
Waive \$135,000 individual limit on a case-by-case basis for individuals who are currently receiving waiver services.	The cost of all waiver services cannot exceed \$135,000 per year unless the member is receiving Supported Living Level 3 and requires 24-hour support. CCP 8P Attachment F: Individual Budgets “...services may not total more than the \$135,000 cost limit within the waiver unless the follow criteria is met: An individual may exceed the \$135,000	Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: • Increase the annual waiver cost limit to \$184,000. An individual may exceed the waiver limit, to ensure health, safety and wellbeing, if

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	waiver limit, to ensure health, safety and wellbeing, if the following criteria is met: a. Beneficiaries utilizing Supported Living Level III: 1. lives independently without his or her family in a home that s/he owns, rents or leases, and 2. receives Supported Living Level III, and 3. requires 24-hour support.	the following criteria is met: a. Beneficiaries utilizing Supported Living Level III: 1. Lives independently without his or her family in a home that s/he owns, rents or leases, and 2. Receives Supported Living Level III, and requires 24-hour support.
Alternative Family Living (AFL) flexibility • Allow primary Alternative Family Living (AFL) Providers to provide Supported Employment, Day Supports or Community Networking to the participant living in the AFL	Primary AFL staff cannot deliver other services to the member (unless back-up exception met) CCP 8P Residential Supports definition “Primary AFL Staff who provide Residential Supports should not provide other waiver services to the beneficiary. In specific situations, to ensure beneficiary health and safety the LME/MCO may approve the AFL to serve as short term back up staff for day services (Day Supports, Community Networking or Supported Employment). This approval must be documented in the Individuals record at both the LME/MCO and the provider agency.”	Ends Feb. 29, 2024
Home Delivered Meals as	Not applicable – this is not a service in the	Approved by CMS in the 1915(c) Amended

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additional service	waiver at this time	Innovations Waiver effective March 1, 2024: Home-Delivered Meals (one meal per day and up to seven meals per week)
Increased flexibilities related to Relatives as Direct Support Employees Additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking, Day Supports and Supported Employment Allow legally responsible persons of minor waiver beneficiaries who reside in the home and out of the home to provide, Day Supports, Supported Employment, Community Living and Supports, and Community Networking	Parents/legal guardian in minor children cannot provide paid services. Relatives who live in the home of adult members can deliver only Community Living and Supports and ordinarily no more than 40 hours per week. In exceptional circumstances, up to 56 hours can be approved by Partners. Only relatives who were already providing more than 56 hours of services on Dec. 31, 2015 may exceed the 56-hour limit. CCP 8P Attachment G: Relative a Provider “A waiver beneficiary under the age of 18 may not receive services provided by a relative who resides in their home.” “Community living and Support is the only waiver service that may be provided by a relative who resides in the home of the beneficiary (age 18 and older). It is recommended that a relative residing in the home of the beneficiary provide no more than 40 hours per week of service to the person. This must be reported to the PIHP but does not require approval by the PIHP.” “If more than 40 hours are requested to be provided by relatives residing in the home of the beneficiary, then approval must be obtained by the PIHP. Justification needs to be provided as to why there is no other qualified provider to provide Community living and Support and assurances of provider choice and that the beneficiary shall not be isolated	Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: - Parents of minor beneficiaries can provide Community Living and Supports (CLS), if the beneficiary meets criteria as having extraordinary needs up to 40 hours per week. Definition of Extraordinary Needs: <i>“Extraordinary care means exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization.”</i> Approved by CMS in the 1915(c) Amended Innovations Waiver effective March 1, 2024: - Relatives residing in the home with adult beneficiaries may provide

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	from their community. In exceptional situations, up to 56 hours per week may be approved. This is the total number of hours that one relative may provide regardless of the number of beneficiaries residing in the home. “ “**Relatives who were providing more than 56 hours of services on Dec. 31, 2015, may exceed the 56-hour limit and be approved to provide the amount of services that they were authorized to provide as of Dec. 31, 2015 as long as the beneficiary continues to choose the relative as the staff member, there are no health and safety issues, and the beneficiary is not isolated from their community.”	up to 84 hours per week of CLS. Ends Feb. 29, 2024 • Relatives of adult or minor beneficiaries being allowed to provide Community Networking, Supported Employment, Day Supports Ends Feb. 29, 2024: • Employers of Record and/or Managing Employers of members self-directing their services through the Individual and Family Directed Models allowed to provide paid support services.
Individual and Family Directed Services (IFDS) flexibilities • Services provide by Employer of Record, Managing Employer or Representative	Services cannot be provided by Employers of Record, Managing Employers or Representatives CCP 8P Attachment G Relative as Provider and Attachment H: Individual and Family Directed Services “Employers of Record and Managing Employers participating in the Individual Family Directed option may not be employed to provide waiver services.” “The representative shall not: - Be paid for being the representative or provide paid supports to the beneficiary; Provide paid trainings to their beneficiary or their staff - Provide paid services to the beneficiary, including employees	Ends Feb. 29, 2024: Employers of Record and/or Managing Employers of members self-directing their services through the Individual and Family Directed Models allowed to provide paid support services. This ends on Feb. 29, 2024.

	of agencies providing services, except for guardianship services.”	
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Updating NC-TOPPS Superuser Information

It is time for Partners to review and update the Superuser list for each NC-TOPPS agency. Please review the current superuser(s) assigned to your agency and email NCTOPPSQuestions@PartnersBHM.org with any changes. Include your agency's name in the subject line.

Superusers are individuals who have oversight responsibilities for their Local Management Entity/Managed Care Organization (LME/MCO) or provider agency. **Every provider agency is required to have a superuser.** Superusers can track NC-TOPPS submissions and due dates for their provider agency, change a member's Qualified Professionals (QPs), and manage user enrollment requests. Superusers have access to the same features as QPs under their Reports tab (Updates Needed, Interview Search, and Individual Report) but also have access to other features.

To become an approved Superuser, you must already be an approved NC-TOPPS user for your agency. Contact [NC-TOPPS Help Desk](#) to request a Superuser Enrollment Form. Always keep the NC-TOPPS Help Desk and [Partners' NC-TOPPS Help Desk](#) in the loop when making any changes to your agency's superuser.

Important Links:

- Partners Training Manual/Instruction Video: <https://providers.partnersbhm.org/nc-topps/>
- NC-TOPPS guides: <https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp>

New Weekly State-Funded Services Waitlist Submissions Form

Providers are required to maintain their own agency waiting lists that are shared with Partners and added to the network's waiting list.

Providers are also expected to notify Partners at least weekly about members who have been added to their provider's State-Funded Services (SFS) waiting list. Providers can report their SFS waiting lists by completing and submitting the [Weekly Provider State-Funded Waitlist Submissions form](#).

For more information, email StateFundsWaitlist@PartnersBHM.org or call State-Funded Waitlist Coordinator Lisa Drake at 828-325-4682.

You can find additional information by visit the Partners Weekly State-Funded Services Waitlist Submissions webpage [here](#) or by going to Partners [Provider Knowledge Base](#) > Access to Care and Utilization Management > Weekly State-Funded Services Waitlist Submissions.

NC Innovations Waiver Terminations Update

NC Innovations Waiver members may be voluntarily or involuntarily terminated from the Innovations Waiver due to a variety of reasons including:

- Ineligibility for Medicaid.
- Moving outside the catchment area.
- Member is admitted to Intermediate Care Facility (ICF) or other institutional setting
- Failure to comply with participation guidelines.
- Failure to qualify for program participation.
- Member/legally responsible person requests termination

Termination may be initiated by the county Department of Social Services (DSS), Partners Health Management or the member/legal guardian. Terminations must be completed with full regard for the member's rights, including those related to a fair hearing. All terminations must be coordinated by Partners with DSS. Written notification of termination must be sent by Partners to the member or legal guardian and DSS. In the event of termination, Providers should:

- Provide education to the member/legally responsible person (LRP) about termination from Innovations.
- Remind member/LRP that the individual is eligible to re-enter the NC Innovations Waiver prior to the end of the current waiver year if Level of Care (LOC) is met. The individual will require a new approved LOC and will be treated as a new slot (i.e., Initial ISP).

An Individual Support Plan (ISP) Update should be completed for any terminations or transfers of member services. Tailored Care Managers (TCM) must:

- Complete update to ISP to document member's decision and education provided by to member/LRP by TCM.
- Submit a termination ISP update and budget to Utilization Management.
- On the same day as ISP update submission, complete the Provider Innovations Termination Notification Form, which can be found on the Partners ProviderCONNECT portal.

Involuntary Terminations can only be completed after Partners has consulted with the NC Division of Health Benefits. All potential Innovations Involuntary Terminations should be vetted by Partners before the potential termination date.

Please remember to send *potential* involuntary terminations, including member name, date of birth, Medicaid ID and brief description of situation/reason regarding a potential need for termination to:

IDDTerminationDischarges@PartnersBHM.org.

Claims Information

Providers are reminded to contact the Claims Department at ClaimsDepartment@PartnersBHM.org for all claims related questions. To avoid delays in receiving a response, please do not contact individual claims staff directly.

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[Alpha+ Portal University](#) is an available resource and guide for navigating Alpha+. If you need additional claims training, email ClaimsDepartment@PartnersBHM.org to schedule a time for training.

Explanation of Benefits requests for Coordination of Benefits Claims

As a reminder, Partners does request copies of the Explanation of Benefits for claims submitted indicating *Coordination of Benefits*. The request will originate via email from Partners Claims staff. Once requested, please submit the information via secured email prior to the date indicated in the emailed request. If a response is not received, the original claim payment will be recouped.

Reminder: Taxonomy Code 193200000X and 193400000X – Taxonomy Code 193200000X and 193400000X should not be submitted on claims as the rendering taxonomy code. All claims submitted with this taxonomy code as the rendering code will be reverted.

Reminder: Please remember to include all diagnosis codes on claims. This allows Partners to measure member health, identify areas of risk and evaluate the quality of care.

November 2023: Medicaid—Number of Days to Process and Pay All Claims

Received Date to Paid Date:	9
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Top Five Medicaid Claim Denials—November 2023

Claim Denial	Provider Recommended Action Steps
Service is not authorized.	Verify Service Authorization for consumer. Contact Utilization Management.
Duplicate Claim.	Claim has previously been submitted and adjudicated. Do not refile.
No coverage available for Patient/Service/Provider combo.	Go to Patient -> Patient Search and search for the patient in question. Check the insurance to ensure the patient has effective insurance covering to date of service submitted on the claim. If this appears to be correct, contact Partners for further assistance.
Claim received after billing period.	Write off charges as non-billable. Do not rebill.
MR claim has service line where a BP cannot be determined.	Please review contract to make sure all procedure codes denials are included in your contract.

Member/Recipient Eligibility and Enrollment

Providers are encouraged to contact the Eligibility and Enrollment Department at EligibilityEnrollment@PartnersBHM.org for eligibility and enrollment related questions.

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To request an enrollment, providers should go to [Alpha+ Home Page>Enrollments](#). University is an available resource for providers as a basic guide for navigating enrollments. For more information, go to [University>Provider Portal Handbook>Enrollments](#).

If additional enrollment training is needed, email EligibilityEnrollment@PartnersBHM.org to schedule one-on-one training. Note that providers will need Microsoft Teams screen sharing capabilities for more provider specific and in-depth training.

Utilization Management Updates

Effective Feb. 1, 2024, the State-funded services and codes below will NOT require prior authorization for INITIAL or CONCURRENT requests:

S9484	Facility Based Crisis
S9484 HA	Facility Based Crisis for Children
H2036	Medically Supervised Detoxification Crisis Stabilization
H2011 H2011 HK	Mobile Crisis Management
H0035 H0035 OT	Partial Hospitalization
H0040 H0040 DJ H0040 EN H0040 OT H0040 EN H0040 EN DJ	Assertive Community Treatment Team
YA352 YA353 YA352 KX YA352 GT	Assertive Engagement
YP730	Community Respite
YP830-YP836	Behavioral Health Counseling
90791 90791 GT 90791 DJ 90791 DD 90791 OT 90791 DJ JJ 90791BT 90791BT JJ 90792 90792 GT 90792GT JJ 90785 90785 90785GT	Assessment/Intake Codes

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90785 GT JJ	
H2015 HT U1 H2015 HT U1 OT H2015 HT HM H2015 HT HM OT H2015 HT HN H2015 HT HN OT H2015 HT HF H2015 HT HF OT H2015 HT HO H2015 HT HO OT H2015 HT U1 DJ H2015 HT U1 DJ OT H2015 HT HM DJ H2015 HT HM DJ OT H2015 HT HN DJ H2015 HT HN DJ OT H2015 HT HF DJ H2015 HT HF DJ OT	Community Support Team
96110-96112	Developmental Testing
T1023 T1023 GT T1023GT JJ	Diagnostic Assessment
99202 99202 GT 99203 99203 GT 99203 OT 99204 99204 GT 99204 25 99204 OT 99205 99205 GT 99205 OT	E/M Assessment Codes
99211 99211 GT 99212 99212 GT 99212 OU 99213 99213 GT 99213 25 99213OU 99213 OT 99214 99214 GT 99214 OU	E/M Established Patient Codes

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99214 OT 99215 99215 GT 99215 OT	
YP740 YP740TL YP750 YP750TL	Family Living
90846 90846 SR 90846 GT 90846 KX 90847 90847 SR 90847 GT 90847 KX	Family Therapy Codes
YP760 YP760 TL YP770 YP770 TL YP780 YP780 TL	Group Living
90849 90849 GT 90849 KX 90853 90853 OT 90853 GT 90853 KX	Group Therapy
YP630 YP630 DJ YP630 BC YP630 BC DJ	Individual Placement and Support (IPS) – Supported Employment
96116 96121	Neurobehavioral Status
96136 96137 96132 96132 GT 96133 96133 GT	Neuropsychological Testing
99241 99241 U4 99242 99243 99244 99245	Outpatient Consultation Codes
90837	Outpatient Individual Therapy Codes

90837 GT 90837 SR 90837 OT 90837 KX 90832 90832 GT 90832 GW 90832 BT 90832 TU 90832 KX 90832 OT 90834 90834 GT 90834 AH 90834 BT 90834 TU 90834 OT 90834 KX 90839 90839 KX 90839 GT 90840 90840 KX 90840 GT 90833 90833 GT 90836 90836 GT 90838 90838	
H2017 H2017 DJ H2017 OT	Psychosocial Rehabilitation
96105 96136 96137 96130 96130 GT 96131 96131 GT	Psychological Testing
YP710 YP720	Supervised Living
96372 96373 96374 96375 96372 96372 53 96372 XE	Therapeutic Injection

96372 GY 96372 59 CS 96372 CS 96372 XU 96372 Q6 96372 FP 96372 CC 96372 59 96375 96375 XU 96375 59	
YM120	Transition Management Services
H0014	Ambulatory Detox
YP790	Detox Social Setting
H0010	Non-Hospital Medical Detox
H0020	Opioid Treatment Services
H2035 H2035 OT	Substance Abuse Comprehensive Outpatient Treatment (SACOT)
H2034	Substance Abuse Halfway House
H0015 H0015 OT	Substance Abuse Intensive Outpatient (SAIOP)
H0012 HB	Substance Abuse Non-Medically Monitored Community Residential Treatment
H0013	Substance Abuse Medically Monitored Community Residential Treatment
90837 EM 900837 GT EM	Eye Movement Desensitization and Reprocess (EMDR)
YA346	Hospital Diversion, Planning, and Treatment (HDPT)
H2033 M1 H2033 M2 H2033 M3 H2033 M4 H2033 M5	Multi Systemic Therapy (MST)
H2033 M1 PB H2033 M2 PB H2033 M3 PB H2033 M4 PB H2033 M5 PB	Multi- Systemic Therapy (MST) for Problem Sexual Behaviors (PSB)
H2023 Z1-Z8	NC Core Individual Placement and Support (IPS) – Supported Employment
YA396 S3	Office Based Opioid Treatment Bundle
S5145 U5 S5145 UY	Rapid Response Bed
S5145	TF TFC-Trauma Care
0911	Psychiatric Residential Treatment Facility (PRTF)
H0046 S5145 S5145 DD S5145 HA	Residential Level I, II, & IAF
H2020	Residential Level II Group Home
H0019 HQ	Residential Level III

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H0019 TJ	
H0019 HK H0019 UR H0019 U5	Residential Level IV
H0015 AD	Substance Abuse Intensive Outpatient (SAIOP)

The following State-funded Services and Codes *will continue* to require prior authorization for initial and concurrent requests:

YP820	State-Funded Inpatient
YP821 YP821 SA	Three-Way Inpatient
YP822 YP822 SA	Three-Way Inpatient (Enhanced)

Effective Feb. 1, 2024, the State-funded Services and Codes below will ONLY require prior authorization for INITIAL requests to help ensure the recipient meets eligibility criteria as outlined in General Statute 122c (12a). No authorization is required for concurrent requests for these codes.

YA389	IDD Long Term Vocational Support
YA390	IDD Supported Employment Individual
YM107	RESIDENTIAL SUPPORTS LEVEL 2
YM108	RESIDENTIAL SUPPORTS LEVEL 3
YM111	SUPPORTED EMPLOYMENT GROUP
YM112	SUPPORTED EMPLOYMENT INDV
YM590	Day Supports, IDD & TBI
YM846	Residential Supports I/DD & TBI Level 1
YM846 U2	Residential Supports I/DD & TBI Level 1 AFL
YM847	Residential Supports I/DD & TBI Level 2
YM847 U2	Residential Supports I/DD & TBI Level 2 AFL
YM848	Residential Supports I/DD & TBI Level 3
YM848 U2	Residential Supports I/DD & TBI Level 3 AFL
YM851	Community Living & Support IDD, TBI
YM852	Community Living & Support IDD, TBI Group
YM854	Supported Living Periodic I/DD & TBI
YP010	HOURLY RESPITE - INDIVIDUAL
YP011	Respite Hourly DD Group
YP012	Respite Individual Adult
YP013	Respite Group Adult
YP014	Respite Individual Child
YP015	Respite Group Child
YP620	ADVP
YP640	SUPPORTED EMPLOYMENT GROUP
YP650	COMMUNITY REHABILITATION PROGRAM (SHELTERED WORKSHOP)

YP730	COMMUNITY RESPITE
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Guidance for State-Funded Providers:

- All State-funded providers are required to continue to maintain all required documentation in accordance with the service definition, general statute and Records Management and Documentation Manual.
- All claims are subject to post-payment review, up to and including possible recoupment.
- Providers are expected to continue to follow the State-Funded Waitlist process for residential services. Please see [Provider Communication Bulletin #145](#) for more detail or email UMQuestions@PartnersBHM.org for more information.
- NC Support Needs Assessment Profile (NC-SNAP) should be submitted to NCSNAP@PartnersBHM.org for review before expiration.

Peer Support Services:

Effective March 1, 2024, a prior authorization *will be* required for both Medicaid Direct and State-funded Peer Support Services.

Medicaid Direct Adult Behavioral Health Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Peer Support Services: H0038 – Peer Supports Individual H0038 HK – Peer Supports Individual Timely Follow-Up H0038 DJ – Peer Supports Individual (DOJ) H0038 HQ – Peer Supports Group H0038 HQ DJ – Peer Support Group (DOJ) H0038 EN - Peer	Notification Prior Authorization required for members who receive 64 units or less per fiscal year. No clinical documentation is required for a Notification SAR. For over 64 units, submit a Service Authorization Request (SAR) for prior approval. Initial: 270 units per 90 days. Includes both individual and group. Concurrent: 270 units per 90 days. Includes both individual and group.	LOCUS: 1 optional ASAM: 1	8G	Notification Prior Authorization required for members who receive 64 units or less per fiscal year. No clinical documentation is required for a Notification SAR. For over 64 units, submit a Service Authorization Request (SAR) for prior approval. Service Order is required and is due on or before the first date of service. Service Order is valid for 1 year. Initial: CCA, PCP, Service Order, and Comprehensive Crisis Plan. Concurrent: Updated PCP and Signature Page

State-Funded Adult Behavioral Health Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Peer Support Services: H0038 – Peer Support Individual H0038 (TY) – Peer Support Services Individual Timely Follow-Up H0038 (HQ) – Peer Supports Group	Notification Prior Authorization required for members who receive 64 units or less per fiscal year. No clinical documentation is required for a Notification SAR. For over 64 units, submit a Service Authorization Request (SAR) for prior approval. Initial: 270 units per 90 days. Includes both individual and group. Concurrent: 270 units per 90 days. Includes both individual and group.	LOCUS: 1 optional ASAM: 1	8G	Notification Prior Authorization required for members who receive 64 units or less per fiscal year. No clinical documentation is required for a Notification SAR. For over 64 units, submit a Service Authorization Request (SAR) for prior approval. Service Order is required and is due on or before the first date of service. Service Order is valid for 1 year. Initial: CCA, PCP, Service Order, and Comprehensive Crisis Plan. Concurrent: Updated PCP and Signature Page

We recognize that both Medicaid Direct and State-funded Peer Support units have not required prior authorization. Effective March 1, 2024, submit a service authorization request with all required documentation for medical necessity review.

For clinical information, refer to [Clinical Coverage Policy 8G](#). If you have questions about prior authorization submissions, email UMQuestions@PartnersBHM.org.

1915(i) Crosswalk Update:

Partners published the 1915(i) crosswalk on Aug. 17, 2023, in Partners [Provider Communication Bulletin #143](#).

Due to publication of [Clinical Coverage Policy 8H-5 Community Living and Supports](#), the crosswalk has been updated below to reflect the updated Community Living and Supports codes.

1915(b)(3) – 1915(i) Crosswalk

OLD 1915(b)(3) ending June 30, 2023	NEW 1915(b)(3) effective July 1, 2023	NEW 1915(i) effective July 1, 2023
T2013 U4 – 1915(b)(3) In-home Skill Building – Individual	<i>T2013 TF – 1915(b)(3) Community Living and Supports Individual (EVV)*</i>	T2013 TF U4 – 1915(i) Community Living and Supports Individual (EVV)
	<i>T2012 – 1915(b)(3) CLS Community Only (Non-EVV)*</i>	T2012 U4 – 1915(i) Community Living and Supports (Community Only, Non-EVV)
	<i>T2012 GC – 1915(b)(3) Community Living and Supports - Relative as Provider Lives in Home (Non-EVV)*</i>	T2012 GC U4 – 1915(i) Community Living and Supports (Relative as provider lives in home, non-EVV)
	<i>T2013 HQ – 1915(b)(3) Community Living and Supports Group (EVV)*</i>	T2013 TF HQ U4 – 1915(i) Community Living and Supports Group (EVV)

Authorization or service-related questions: UMQuestions@PartnersBHM.org.

Tailored Care Management questions: TailoredCareManagement@PartnersBHM.org.

For provider contract questions, reach out to your Provider Network Specialist or email PAS@PartnersBHM.org.

Medicaid Expansion: Utilization Management

This is a reminder to providers that, effective Dec. 1, 2023, a Medicaid claim will process against a State benefit authorization.

For prior authorization (PA) changes going from State to Medicaid Direct, a new authorization is not needed. The provider can contact the Claims Workgroup Email to notify them of the change to re-adjudicate claims.

For authorization changes going from Medicaid Direct to State, the provider will need to submit a new prior authorization request.

Authorization or service-related questions: UMQuestions@PartnersBHM.org.

Claims questions: ClaimsDepartment@PartnersBHM.org or 704-842-6486.

Partners Seeking Advisory Committee Members

Partners Health Management is seeking advisory committee members. We are asking our Provider Network to refer interested members who may want to get more involved.

Member and family advisory committees facilitate meaningful participation and input into the delivery of services for members and recipients of Behavioral Health and Intellectual/Developmental Disabilities (BH I/DD) Tailored Plan and Partners' Medicaid Direct Plans.

The committees are designed to guarantee the inclusion of members' perspectives and experiences, ensuring their voices are heard and integrated into the ongoing service and quality enhancements aimed at delivering high-quality, person-centered care.

Any member, recipient or family member of the Partners Tailored Plan or NC Medicaid Direct Plan who receives Medicaid or State-funded services may attend the committee meetings or apply to be a member of the committees. Providers and other stakeholders may also join committees.

For more information about committees seeking representation, reach out to the committee contacts below or visit the [Partners website](#) to read more about each committee and apply:

Committee	Contact
Consumer and Family Advisory Committee (CFAC)	Cindy Trobaugh CFAC@PartnersBHM.org 828-323-8090
NC Innovations Waiver Stakeholder Committee	Cindy Trobaugh InnovationsStakeholders@PartnersBHM.org 828-323-8090
Tribal Advisory Committee	Shelby Holland SHolland@PartnersBHM.org 704-607-9942
Human Rights Committee	Bonnie Stanifer BStanifer@PartnersBHM.org 704-884-2519
Long Term Services and Supports (LTSS) Stakeholder Advisory Committee	Angela Griffin LTSS_Stakeholder_Applications@PartnersBHM.org 704-884-2578
Health Equity Council	Leah Williams LWilliams@PartnersBHM.org 704-884-2670

State News and Updates

NCDHHS Resources:

- **Joint Communication Bulletins**, which are issued by the N.C. Department of Health and Human Services, can be found [here](#).
- **Medicaid Bulletins**: All bulletin articles are available [here](#). Providers are encouraged to frequently review this information.
- **Medicaid Pharmacy Newsletters** are available [here](#).
- **NCTracks**: Providers are encouraged to review NCTracks communications. To subscribe to NCTracks communications, [click here](#).

Training Resource and Collaborative (TRAC)

TRAC offers a centralized cross-functional selection of required training, collaboratives and events. [Click here](#) to view what is coming up in the next few months.

Tailored Plan On-Demand Provider Trainings

The N.C. Department of Health and Human Services (NCDHHS) requires the listed trainings be available for providers. This applies to Tailored Plan, Medicaid Direct and State-funded providers. Registering is easy. You will be prompted to enter simple registration information. The on-demand training will then be available immediately or when your schedule allows. **Note:** Training Reciprocity Among Tailored Plans. NCDHHS is allowing the six LME/MCOs reciprocity for some Tailored Plan-required trainings.

CLAS Standards

On-Demand ([Register](#))

The Office of Minority Health has established culturally and linguistically appropriate services (CLAS) Standards to address health equity, promote cultural competence, and to improve health outcomes. This training will review the fifteen CLAS standards and identify resources and training materials available to providers at no cost on the website, thinkculturalhealth.hhs.gov. CEs are not available for this training.

Due Process

On-Demand ([Register](#))

This on-demand webinar covers the following (but not limited to) four dispute types: Medicaid appeals, non-Medicaid appeals, Provider disputes, and Grievances. CEs are not available for this training.

EPSDT

On-Demand ([Register](#))

In the EPSDT training, you will learn: What is EPSDT; Partners EPSDT requirements; Periodicity Schedule; Diagnostic and Treatment Components; Medical Necessity Review; Service Coordination (Vaccines for Children, Into the Mouths of Babies, and Developmental Delay and Referral to NC Infant-Toddler Program); and EPSDT

components, diagnosis codes, modifiers, referrals, tracking, follow-up and outreach. CEs are not available for this training.

Fraud, Waste and Abuse

On-Demand ([Register](#))

This webinar covers (but is not limited to) the following: Regulatory Compliance Program, Types of Health Care Industry Oversight, Partners Program Integrity Department, Program Integrity Department Function Highlights, What are Fraud, Waste and Abuse (FWA), Potential Areas or examples of FWA and the Impact of FWA on health care. CEs are not available for this training.

Into the Mouths of Babies (IMB)

On-Demand ([Register](#))

The IMB program trains medical providers on how to provide preventative oral health services to Medicaid-insured children from tooth eruption to age 3 ½ (42 months). The goals of the program include preventing and reducing early childhood tooth decay and increasing referral of high-risk children to a dental home. This training is required before being permitted to receive reimbursement for IMB services. CEs are not available for this training.

Partners Hand Washing and Personal Protective Equipment (PPE)

On-Demand ([Register](#))

Participants will gain an understanding of infection control using PPE and frequent handwashing. CEs are not available for this training.

Partners Infection Control: Home Care Settings

On-Demand ([Register](#))

Participants will gain an understanding of infection control in the home care setting, which includes learning ways infections are transmitted, standard precautions and how to teach members about infection control procedures. CEs are not available for this training.

Partners Infection Control: Community Care Settings

On-Demand ([Register](#))

Participants will gain an understanding of infection control in the community care setting, which includes learning ways infections are transmitted, standard precautions and how to teach members about infection control procedures. CEs are not available for this training.

Prevention and Population Health Management

On-Demand ([Register](#))

Partners takes a population-based approach to improve the overall health of Medicaid members and State-funded recipients and collaborates with community partners on targeted initiatives. In this training, you will learn about: Partners Prevention and Population Health Core Philosophies, Program Goals, Partners Prevention and Population Health Approach, Provider Level Interventions and Partners Prevention and Population Health Programs Overview of Provider Expectations. CEs are not available for this training.

Provider Training-Live Virtual and/or Pre-recorded

ProAuth Demonstration June 2023

On Demand ([Register](#))

This on-demand video is designed to offer providers an overview of the features of Partners' ProAuth system to enter and manage authorizations. Be sure to download the attached pdf for Submitting Prior Auth Requests once you log into the webinar. CEs are not available for this training.

Community Support Team (CST) Service Definition Training

On Demand ([Register](#))

Community Support Team (CST) is a behavioral health support service designed to help people experiencing severe mental illness develop recovery and resiliency-oriented skills. This webinar meets the requirement of three hours of CST Service Definition Training. Registrants will view a previously recorded training that includes two 10-minute breaks. To receive a training certificate, registrants will need to view the full webinar and pass a 10-question quiz with a score of 80% or greater. 3 contact hours are available for this training.

Employer of Record (EOR) Webinar

On Demand ([Register](#))

This webinar provides an overview of Employer of Record (EOR) areas of importance including, monitoring processes, post payment reviews, documentation, staff qualifications, monitoring results, and Quality Management Monitoring Unit contact information. CEs are not available for this training.

Health Disparities: A Tribal Perspective

On-Demand ([Register](#))

Addressing Health Disparities Among Marginalized Populations: A Tribal Perspective On-Demand Webinar will review predominant health disparities among tribal members, describe the factors that create health disparities, describe the role that Medicaid Transformation can provide in addressing health disparities, review the Indian Health services eligibility, and review the concepts of cultural humility in supporting tribal communities. CEs are not available for this training.

Acceptance and Commitment Therapy (ACT) Training

Jan. 9 and 11, 2024, 9 a.m.-12:15 p.m. ([Register](#))

Trainer: Eric Ottinger, LCAS, LCMHC

Join Partners' Training Resource and Collaborative (TRAC) in a virtual, live training on Acceptance and Commitment Therapy (ACT). ACT is an empirically based treatment for a wide range of mental health issues and has been shown to be helpful for chronic pain, coping with cancer, weight loss, diabetes, epilepsy and decreasing stigma. ACT training will focus on six core processes that create psychological flexibility and will provide examples of how to conduct behavior analysis with the "ACT Matrix."

This virtual, live training will take place on Tuesday and Thursday, Jan. 9 and 11, 2024 from 9:00 a.m.–12:15 p.m. NCSAPPB approved for six hours. Participants must be visible on camera for both sessions and engage in the discussion using Zoom features, verbally, or via chat to receive credit. Driving is not permitted, and no partial credit will be given.

If you need accommodation to participate in this session, please email Training@PartnersBHM.org.

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LTCS Collaborative

Jan. 11, 2024, 10 a.m.-11:30 a.m. ([Register](#))

The LTCS Collaborative is a monthly meeting that is held the second Thursday of each month to discuss operationalizing Partners' Medicaid In-Lieu of Service – Long-Term Community Supports (LTCS). The Collaborative will discuss barriers to accessing the service for potentially eligible members and ensuring continuity and quality of the service the member receives.

Provider DEI Collaborative – Quarterly

Jan. 11, 2024, 2 p.m.-3 p.m. ([Register](#))

Apr. 11, 2024, 2 p.m.-3 p.m. ([Register](#))

The purpose of this quarterly collaborative facilitated by Vickie Smith is to bring awareness and increase conversations related to the topics of diversity, equity and inclusion related to our provider network.

Providers, we would like your participation in this collaborative! Your perspective is vital for health equity initiatives for the members we serve.

The goal of the DEI Provider Collaborative is to ensure that providers have access to the needed resources to serve members through the lens of ensuring diversity, equity, and inclusion. Another goal of the DEI Provider Collaborative is fostering better outcomes and improving quality of life for members. To achieve these goals, we must know and understand the different populations we serve.

As we transition to whole person integrated care of our members, it is important that we create actionable strategies to address members' behavioral, physical and pharmacy care. Consistent provider engagement in these discussions is critical to members' overall quality of care.

Please register here or on the Partners TRAC page at partnerstraining.org, and let's get to work!

CBT Learning Community

Jan. 17, 2024, 2 p.m.-3:30 p.m. ([Register](#))

Join like-minded providers in a learning community to explore skills, concepts, case studies and expand your own techniques. This learning community will you learn practical ways to use evidence-based practices in your day-to-day work with members.

What do we do in this learning community: self-care, reduce burnout, professional growth, connection to a community, explore evidence-based practices, gain a sense of mastery, invest in your own emotional bank account, improve in quality of care delivered and learn and practice skills that are reimbursable.

1.5 contact hours will be provided, and participation in this learning community meets continuing education requirements of certain service definitions. You must have audio/video access and be visible on camera during the session. Driving is not permitted during Partners trainings/events. If you need accommodations to participate in the session, please email Training@PartnersBHM.org.

Partners Provider Council

Jan. 26, 2024, 9:30 a.m. ([Register](#))

The Partners' Provider Council is a professional representative of and advocate for all service providers in the Partners' service area. The Council facilitates an open exchange of ideas and brings forward concerns and solutions while promoting collaboration and mutual accountability among providers. Meetings are held on the

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fourth Friday of the month. An intellectual and developmental disabilities (I/DD)/Innovations Provider Breakout Session will immediately follow this meeting. **The November 2023 meeting will be held on Dec. 1, 2023.*

Crisis Response Training

Jan. 30, 2024, 9 a.m.-12:15 p.m. ([Register](#))

Crisis Response Training is a 3-hour live virtual interactive class reviewing best practices, requirements and strategies for providers. Instruction covers content for before, during and after crisis episodes.

This event will be held on Tuesday, Jan. 30, 2024, from 9 a.m.-12:15 p.m. You must attend the full session and be visible on video to receive credit. No partial credit will be given.

If you need accommodation to participate in this training, email Training@PartnersBHM.org.

Provider Open House

Feb. 1, 2024, 9 a.m.-10 a.m. ([Register](#))

The Provider Open House is a virtual event that occurs the first Thursday of each month from 9 a.m.-10 a.m. and is open to new and existing providers in the Partners Health Management network. You can enter questions in the question/comment box during registration.

The Provider Open House begins promptly at 9 a.m. and is staffed by all the usual department representatives ready to respond to your questions. We ask that you use our Zoom Registration process in advance of the open house and add your question(s) directly into the Zoom Questions and Comments box. This effort on your part will help us better help you. Questions are welcome during the open house. You may place them in the chat box upon entering the Zoom meeting. Our intention is to address your questions or concerns in a private one-on-one breakout room, and we understand that your question may require further follow-up.

In addition, providers with state-funding contracts are encouraged to attend the Provider Open House. The Eligibility and Enrollment department can provide one-on-one training in a breakout room regarding state benefit recipient enrollment training. We look forward to your participation.

If you need accommodations to participate in the Provider Open House, email Training@PartnersBHM.org.

Connecting Community Support Team and Permanent Supportive Housing (CST-PSH) Training

Feb. 5-8, 2024, from 8:30 a.m.-12:30 p.m. ([Register](#))

Join Partners' Training Resource and Collaborative (TRAC) for CST-PSH training, an evidence-based model for ongoing tenancy support services required for CST providers. This training will support any provider by improving their understanding and practice of the PSH model. Experienced and certified PSH trainers from the Technical Assistance Collaborative (TAC) have created the training. Trained Partners staff will facilitate these sessions. This is an interactive training, and attendees are expected to participate fully (audio and visual required). All sessions must be completed to receive credit for the training. No partial credit is given.

This event is approved for 15 hours. If you need accommodation to attend this training, please email Training@PartnersBHM.org.

Twelve Step Facilitation Training

Feb. 13 and 15, 2024, from 9 a.m.-12:15 p.m. ([Register](#))

Join Partners' Training Resource and Collaborative (TRAC) and trainer, Eric Ottinger, LCAS, LCMHC for Twelve Step Facilitation. Learn more about what it really means to use this evidence-based practice to maximize

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opportunities for long-term recovery, connection and deeper life satisfaction. Both full sessions must be completed to receive credit for the training. No partial credit is given.

Eric Ottinger is approved by NCSAPPB to offer 6 credits for this training. If you need accommodation to attend this training, please email Training@PartnersBHM.org.

Person Centered Thinking (PCT) 3-Day Training

Feb. 13-15, 2024, 12:30 p.m.- 4:30 p.m. ([Register](#))

Person Centered Thinking (PCT) is a foundational and philosophical framework for those involved in supporting people with disabilities. This activity-filled, two-day training consists of applied stories, guided exercises, group work and discussion.

This approved National Learning Community Curriculum meets the requirements of NC service definitions for 12 contact hours. You must have audio/video access and be visible on camera. Driving is not permitted during Partners trainings. If you need accommodations, email Training@PartnersBHM.org.

Partners Provider Forum – Quarterly

March 13, 2024, 1 p.m.-3 p.m. ([Register](#))

Partners quarterly updates and vital information is shared with providers. Please click on the register button to register for this virtual live event.

Community Training

All Trainings are Virtual via Zoom and are two hours unless otherwise specified. Participants may not be admitted to the training if joining more than 15 minutes after training begins. Effective Aug. 1, 2023, participants who request a certificate will need to be on-camera during the training.

For more information contact: Amber Matthews, amatthews@partnersbhm.org.

Partners Member Café

Jan. 9, 2024, 1 p.m.-2 p.m. ([Register](#))

Partners Member Café is held the second Tuesday of each month. The topic for January will be Seasonal Affective Disorder.

Eating Behaviors and Impact on Mental Health

Jan. 9, 2024, 2 p.m.-4 p.m. ([Register](#))

Join us for an insightful training on the intricate relationship between eating behaviors and mental health. This interactive training will explore how our dietary choices and habits can profoundly influence our mental well-being, emphasizing the crucial connection between nutrition and mental health.

QPR (Question Persuade Refer) Suicide Prevention

Jan. 10, 2024, 10 a.m.-noon ([Register](#))

Many have experienced recent losses. The risk of suicide is still high. This evidence-based training teaches the skills to intervene in a suicide crisis. ****The maximum number of people allowed to participate in a virtual QPR training at one time is 30; registration is on a first come first served basis.**

Community Resilience Model®

Jan. 10, 2024, 2 p.m.-4 p.m. ([Register](#))

The Community Resilience Model® teaches participants about the impact of trauma and chronic stress on the nervous system, behavior, and long-term health. Participants learn how to reset the nervous system with easy to learn, concrete coping skills. One of the goals of CRM is to create trauma-informed and resilient communities.

Domestic Violence: How to Help

Jan. 11, 2024, 10 a.m.-noon ([Register](#))

Many of us are at home more than usual and the risk of domestic violence is high. Learn how to spot the warning signs of domestic violence and how to help someone in a violent situation.

Human Trafficking: Keeping Our Children Safe

Jan. 12, 2024, 10 a.m.-noon ([Register](#))

Human Trafficking is a global problem, even in the United States. Children may be susceptible to online predators. Learn about trafficking around the world and some ideas about how to keep our children safe.

Stress Management

Jan. 18, 2024, 2 p.m.-4 p.m. ([Register](#))

We're all stressed! Many of us are balancing jobs, school, family, finances and more. Let's get together and talk about ways we can manage our stress and have a little fun.

Trauma Informed Care

Jan. 19, 2024, 10 a.m.-noon ([Register](#))

Let's look at how our behavior affects others with trauma history. What are some simple changes we can make using what we know about trauma?

Understanding Grief

Jan. 23, 2024, 10 a.m.-noon ([Register](#))

Are you experiencing grief or do you know someone who is grieving? In this training, you will learn about the various causes, phases and other information related to the grieving process.

Mental Health 101

Jan. 24, 2024, 10 a.m.-noon ([Register](#))

In this two-hour training, learn about some of the more common behavioral health disorders. The class includes information about treatment and what to do in a crisis.

Partners Community Café

Jan. 24, 2024, 10 a.m.-11 a.m. ([Register](#))

Partners Community Café is held on the fourth Wednesday of each month. The topic for January's Community Café is specialty treatment courts and how they benefit the community.

Active Listening/De-escalation

Jan. 25, 2024, 2 p.m.-4 p.m. ([Register](#))

If you have ever been in a high stress situation where you did not know what to say or how to help, this is the training for you. Active Listening/De-escalation focuses on active listening skills, empathy and habits to keep yourself and other people safe.

Question Persuade Refer (QPR) Suicide Prevention

Jan. 29, 2024, 2 p.m.-4 p.m. ([Register](#))

Many have experienced recent losses. The risk of suicide is still high. This evidence-based training teaches the skills to intervene in a suicide crisis. *The maximum number of people allowed to participate in a virtual QPR training at one time is 30; registration is on a first-come, first-served basis.

Introduction to Trauma and Resilience

Jan. 30, 2024, 10 a.m.-noon ([Register](#))

Most of us have experienced trauma at some time. This can have a lasting effect on our learning, behavior and health. Learn about trauma and how to address the effects as well as how to develop resilience.

Non-Suicidal Self Injury

Jan. 31, 2024, 10 a.m.-2 p.m. ([Register](#))

Learn about NSSI, what causes people to injure themselves, and some ideas about what we can do when we encounter someone who self-injures.

In-Person Trainings

An Introduction to Child and Family Teams: A Cross System Training from the Family's Perspective (CFT Part 1)

Feb. 6-7, 2024, 9 a.m.-4 p.m. ([Register](#))

Partners Elkin Office

200 Elkin Business Park Dr.

Elkin, NC 28621

This System of Care training will be in-person. CFT Part 1 is a two-day experiential training course (when you register, you agree to attend both days) with a goal of providing an overview of Child and Family Team meetings from the family's perspective. The training seeks to reinforce the idea of "one family, one plan" by addressing CFT through the lens of multiple systems as they affect families in their everyday lives. Agency representatives and parents/family members 18 years old and older are encouraged to attend this training. Sessions must have a minimum of 10 participants. Do not schedule other appointments during this training. To register, send an email to CETraining@PartnersBHM.org.

Additional Events and Training

Hickory Brain Injury Support Group

Jan. 23, 2024, 6 p.m.-7:15 p.m.

Connect with survivors, families, and professionals. Meetings offer help, hope, and education, so you can live a happy and successful life after brain injury. This group meets on the fourth Tuesday of most months from 6 to 7:15 p.m. in the Community Room at First United Methodist Church, 311 3rd Ave NE, Hickory NC 28601. Times and locations sometimes vary. Meetings may occur online if there is a COVID-19 surge.

For more information, contact Travis Glass at 828-781-0778 or travis@crossroadscounseling.org. Also check facebook.com/HickoryBISG. Each meeting will be followed by 15 to 30 minutes of mindfulness awareness education and practice.

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Disability Support Professional Training: Mount Eagle College and University is now offering Disability Support Professionals (DSPs) the opportunity to earn national certification in their field through an accredited curriculum instructed by individuals with lived experience. To learn more about the program, please email mjames@mounteag.com or visit <https://mounteag.com/contact/> to submit a contact form.

Partners Community Collaboratives: Partners sponsors a monthly community collaborative in each of the counties in the service region.

Community Collaborative groups consist of representatives from local government agencies, community organizations, and service providers, as well as individuals, families and advocates who work together in a specific community to identify and solve problems for children, adolescents, adults and families struggling with mental health and substance use.

Together, group members:

- Identify gaps in services
- Partner with agencies and families
- Develop helpful resources
- Assist providers and families with issues related to services
- Ensure access to quality services

Currently, all collaboratives are meeting virtually. If you are interested in learning more about a group or attending, please email [Partners Community Engagement](#).

Select a county below to go to the associated collaborative information:

- | | | |
|-----------------------------|------------------------------|--------------------------|
| – Burke | – Forsyth | – Stanly |
| – Cabarrus | – Gaston | – Surry |
| – Catawba | – Iredell | – Union |
| – Cleveland | – Lincoln | – Yadkin |
| – Davie | – Rutherford | |