

In This Bulletin:

- **Hurricane Helene Updates**
- **Back-Up Staffing Flexibilities**
- **Complying with the Deficit Reduction Act**
- **IRIS Incident Reporting Reminders**
- **Claims Information**
- **Utilization Management Updates**
- **Recent Provider Alerts**
- **State News and Updates**
- **Training Resource and Collaborative (TRAC)**
- **Community Training**
- **Additional Events and Training**

Hurricane Helene Updates

Partners Health Management is actively supporting six counties affected by Hurricane Helene: Burke, Catawba, Cleveland, Gaston, Lincoln and Rutherford. The storm, which caused major flooding and power outages, has left many in our communities in need of assistance.

Our staff live and work in these communities, and we're ready to support our members and providers during this challenging time. If you or someone you know needs assistance, please reach out to these resources:

- **Emergency Assistance:** Call 911
- **PartnersACCESS (7 a.m.–6 p.m., Monday-Saturday):** 1-888-235-4673
- **Partners' Behavioral Crisis Line (24/7):** 1-833-353-2093
- **Partners' Pharmacy Line (24/7):** 1-866-453-7196
- **Partners' Provider Services Line (7 a.m.–6 p.m., Monday-Saturday):** 1-877-398-4145

For more information and additional resources, visit our [Hurricane Helene Resources page](#). Recovery will take time, but we are here to support you every step of the way.

Back-Up Staffing Flexibilities

In light of the challenges posed by Hurricane Helene, we are implementing temporary flexibilities regarding back-up staffing reporting. Effective immediately, all back-up staffing reporting requirements have been waived for the remainder of the year to allow providers to focus on recovery efforts.

This temporary measure will remain in place until January 2025, at which point back-up staffing reporting, and any associated plans of correction will resume. We appreciate your cooperation and understanding as we navigate this situation together.

Oct. 17, 2024

We encourage providers to keep internal records of these occurrences for their own awareness and to ensure they maintain a clear understanding of who is receiving services and who is not. This will help with transitioning back to standard procedures in January 2025.

If you have questions regarding back-up staffing, email BackupStaffing@PartnersBHM.org. Using this email will ensure timely responses to your questions.

Complying with the Deficit Reduction Act

The Deficit Reduction Act (DRA) of 2005 requires organizations receiving annual Medicaid payments of \$5 million or more to establish specific written policies about the Federal and State False Claims Acts. These acts address fraudulent activities and impose penalties such as treble damages and civil fines.

If you meet the \$5 million threshold in annual Medicaid payments (based on the North Carolina Fiscal Year: July 1-June 30), here is what you need:

1. Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards. [42CFR§438.608]
2. The designation of a compliance officer and a compliance committee that are accountable to senior management. [42CFR§438.608]
3. Effective training and education for the compliance officer and the organization's employees. [42CFR§438.608]
4. Effective lines of communication between the compliance officer and the organization's employees. [42CFR§438.608]
5. Enforcement of standards through well-publicized disciplinary guidelines. [42CFR§438.608]
6. Provision for internal monitoring and auditing. [42CFR§438.608]
7. Provision for prompt response to detected offenses, and for development of corrective action initiatives. [42CFR§438.608]
8. Written policies for all employees (including management) that provide detailed information about the False Claims Act established under 31 USC Sections 3729 through 3733, administrative remedies for false claims and statements established under 31 USC Section 3801 through 3812, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in 42 USC Section 1320a-7b(f));[42 USC Sec 1396(a)(68)]
 - a. As part of these written policies, include detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. [42 USC Sec 1396(a)(68)]
 - b. In any employee handbook for the entity, include a specific discussion of the laws described in subparagraph (A), the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. [42 USC Sec 1396(a)(68)]

Oct. 17, 2024

Each year, providers receiving \$5 million or more in Medicaid payments must certify in writing that they meet these requirements.

Visit the Partners Provider Knowledge Base to access the [annual certification/attestation form](#). Keep the completed form on file for inspection by Partners, other payers, the N.C. Department of Human Services (NCDHHS) and U.S. Department of Human Services (DHHS).

As part of its regular provider monitoring, Partners will check to ensure compliance with these requirements.

IRIS Incident Reporting Reminders

All providers of publicly funded services are required to submit Level II and Level III incident reports in the [North Carolina Incident Response Improvement Center](#) (IRIS) within 72 hours of becoming aware of the event. This applies to:

- **Category A Providers:** Providers of publicly funded services licensed under NC General Statutes 122C, except hospitals.
- **Category B Providers:** Providers of publicly funded non-licensed periodic or community-based mental health, developmentally disabled and/or substance abuse services.

Key Requirements:

- **Timely Reporting:**
Level II and Level III incidents must be reported in IRIS within 72 hours of discovering the incident.
- **Immediate Notification for Level III Incidents:**
Level III incidents must be reported to Partners immediately. For Partners members, notifications can be sent to IRIS@PartnersBHM.org.
- **Accurate Demographic Information:**
Ensure all demographic details are complete and accurate, including:
 - Correct spelling of the member's name
 - Date of birth
 - Host Local Management Entity/Managed Care Organization (LME/MCO) County (County where services are provided)
 - Home County (County where the member's Medicaid originates)
 - Member's LME/MCO number
 - Client Record Number
 - CNDS ID
 - Medicaid ID
- **Documentation Submission:**
Submit all requested documentation within five business days from the date of the request.
- **Provider Contact Information:**
Provide the name, phone number and email address of the appropriate staff or supervisor in all IRIS reports to allow Partners to reach you if needed.

Oct. 17, 2024

- **Daily IRIS Report Follow-Up:**

Check your submitted IRIS reports daily for any comments, follow-up requests or documentation needs from Partners.

Additional Resources:

- For virtual IRIS training, [register here](#).
- To schedule an in-person IRIS training, email IRIS@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.

[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.

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.

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.

Oct. 17, 2024

Physical Health Claims

Partners Health Management has partnered with **Availity®**, an independent company, to operate and service our electronic data interchange (EDI) and portal transactions with Carolina Complete Health for Physical Health Claims processing.

The change took place July 1, 2024.

Availity® can now be found in ProviderCONNECT called "Physical Health Claims" under the Quick Links box.

Reminder: Physical Health Paper Claims: Mail to:

Partners Health Management
Attn: Claims
PO Box 8002
Farmington, MO 63640-8002.

QUICK LINKS

-  Submit a request for help Partners SysAid2
-  Behavioral Health Claims
-  Physical Health Claims, effective 7/1/2024
-  ProAuth Authorizations
-  Partners Events
-  Sign up for the Pyx Health Mobile App and get a FREE GIFT CARD!
-  Partners Health Library

Utilization Management Updates

Notice of Adverse Benefit Determination Appeals

When Partners denies or limits a request for benefits, services, procedures or products, members and recipients have the right to appeal. Understanding this process is critical for both providers and members to ensure access to necessary services and to protect members' rights.

The appeal process depends on the funding source, such as Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan, NC Medicaid Direct or State-Funded Services.

Appeals Deadlines:

- **Medicaid:** Appeals must be filed within 60 calendar days of the Notice of Adverse Benefit Determination (NABD) or denial letter.
- **State-Funded Services:** Appeals must be filed within 15 calendar days.

Appeal instructions are included with the NABD or denial letter.

Providers may play a key role in guiding members through the appeals process, especially if a service, procedure or product denial could negatively impact the member's health or well-being. Providers should inform members about their rights and help them file appeals within the required timeframe to prevent unnecessary gaps in care.

Appeal Submission Methods:

- **Phone:** 704-884-2650
- **Fax:** 704-884-2720
- **Email:** Appeals@PartnersBHM.org
- **In-Person:** Any Partners' Location
- **Mail:**

Provider Communication Bulletin #157

Oct. 17, 2024

Partners Health Management
c/o Appeals Department Coordinator
901 S. New Hope Road
Gastonia, NC 28054

Important Reminders:

- Only the member or their legal guardian has appeal rights. If a member chooses to designate a representative (such as a family member, provider, doctor or prescriber) to act on their behalf, the member must give written consent. Appeals without consent may be rejected.
- If denied due to missing documentation, providers can resubmit the request. Members can still appeal, provided the appeal is filed within the required timeframe.
- Expedited appeals can be requested if there is an immediate risk to the member's health or well-being. Justification must be submitted to process the request within 72 hours.

Providers need to be aware of the expedited appeals process, as delays in receiving critical services could harm the member's health.

For questions regarding the appeals process, contact the Appeals department. For service authorization inquiries, contact the specific department involved.

Prior Authorization and Service Request Information:

- [Behavioral Health/IDD Services Tailored Plan/NC Medicaid Direct](#)
- [Behavioral Health I/DD State Funded](#)
- [Pharmacy Services](#)
- [Physical Health Services](#)

Changes to Long-Term Community Supports Definition

The In-Lieu of Service Long-Term Community Supports (LTCS) now has separate definitions for NC Medicaid Direct members and Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan members. NCDHHS has approved the Tailored Plan LTCS Service Definition. The current NC Medicaid Direct service definition will remain in effect for NC Medicaid Direct members. Revisions to the NC Medicaid Direct LTCS definition will be communicated as updates are received from NCDHHS.

Changes to the service definitions are highlighted in the comparison table below and can be accessed on the Partners [Provider Knowledge Base](#):

Service Definition Version	Tailored Plan LTCS Service Definition (Effective July 1, 2024)	NC Medicaid Direct LTCS Service Definition (currently posted) (Effective August 19, 2021, Updated July 1, 2024)
Ages	18+ (and out of school)	22+
Codes	T2016 U5 U1 (Level 1) T2016 U5 U2 (Level 2) T2016 U5 U3 (Level 3)	T2016 U5 U1 (Level 1) T2016 U5 U2 (Level 2) T2016 U5 U3 (Level 3)

Provider Communication Bulletin #157

Oct. 17, 2024

	T2016 U5 U3 TL (Level 3) T2016 U5 U4 (Level 4) T2016 U5 U4 TL (Level 4) T2016 U5 U6 (Level 5) T2016 U5 U6 TL (Level 5)	T2016 U5 U3 TL (Level 3) T2016 U5 U4 (Level 4) T2016 U5 U4 TL (Level 4) T2016 U5 U6 (Level 5) T2016 U5 U6 TL (Level 5)
Group Code	Tailored Plan	Medicaid Direct
Units	Level 1: Up to 5 units per week Levels 2-5: One unit per day, up to 7 units per week	Level 1: Up to 5 units per week Levels 2-5: One unit per day
Service Definition	A “Day Program” is defined as an <u>individual/group, facility-based service and/or a community based periodic service that aids the individual</u> with acquiring, retaining and improving socialization and daily living skills. “Community Activities” are furnished in a community-based setting, separate from the <u>member’s place of residence and/or provider’s facility</u>. Members engage in community interests and activities of their choice with persons who are not disabled.	A “Day Program” is defined as a group, facility-based service that helps the individual with acquiring, retaining, improving socialization and daily living skills. “Community Activities” are furnished in a community-based setting, separate from the beneficiary’s place of residence. Beneficiaries engage in community interests and activities of their choice with persons who are not disabled.
Entrance Process	PCP or <u>ISP</u> <u>Additional language added:</u> If the member has more than one service (e.g., supported employment and LTCS), all providers must be reflected on one unified plan. The goals in the plan should reflect each part of the LTCS service level the member receives (e.g., residential goals and goals related to meaningful day activities) as well as any other service the member receives. Service orders are valid for one year from the date of the last required signature entered on a Person-Centered Plan (PCP/ISP). Medical necessities must be reviewed, and services must be ordered at least annually based on the date of the plan. Referring to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) Person Centered Planning Instruction Manual and	PCP <u>Psychological Evaluation Requirements:</u> A Psychological Evaluation within the last five years must be submitted for the individual, indicating Functional Eligibility for ICF-IID per CCP 8E. <u>Service Order Requirement</u> Service Orders are required for each individual service (e.g. Residential, Day Supports, SE) and may be written by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Licensed Psychologist (PhD), Nurse Practitioner (NP), or a Physician Assistant (PA). A service order must be in place prior to or on the day that the service is initially provided to bill Medicaid for the service. Even if the individual is retroactively eligible for Medicaid, the provider cannot bill Medicaid without a valid service order.

	the DMH/DD/SAS Records Management and Documentation Manual for additional information on service orders signatures and the date of plan. Note: initial service orders require licensed staff signatures outlined above, annual/continued service orders can be signed by a Qualified Professional. <u>Psychological Evaluation Requirements:</u> <u>If a member has been diagnosed with an intellectual disability</u>, a current Psychological Evaluation (within five years) must be submitted for the individual, indicating Functional Eligibility for Intermediate Care Facilities – Individuals with Intellectual Disabilities (ICF-IID) per Clinical Coverage Policy (CCP) 8E. In addition to current clinical documentation of active functional deficits and any relevant diagnoses/related conditions, evidence of an I/DD occurring before adulthood (before age 22) may include: • Psychological testing shows a current DSM diagnosis of ID (intellectual disability) by a qualified clinician. • Reliable report(s) of significant delay in achieving developmental milestones. • Inclusion in special education programs (these may have different labels) during the developmental period. • Never have lived independently. • Reliable information that the individual has never been successfully employed or had other accomplishments that would be uncommon in a person with an I/DD without supports. • Eligibility for Social Security Disability benefits before adulthood for reasons related. • A substantiated diagnosis of autism spectrum disorder (ASD), even in adulthood.	
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Provider Communication Bulletin #157

Oct. 17, 2024

	- Absence of mental health disorders that might better account for intellectual and/or functional impairments. - Absence of medical conditions that might better account for intellectual and/or functional impairments.	
Admission Criteria	B. <u>Potential</u> Eligibility for ICF-IID Functional Eligibility is documented. Addition of the following: - Three substantial functional limitations - Adaptive and cognitive testing supports the diagnosis. - I/DD diagnosis or closely related condition - Closely related conditions (Cerebral Palsy, Epilepsy, related medical conditions) need to include physician records in addition to assessments of functional behavior. C. NCSNAP or SIS - LTCS Level 1-2 – NCSNAP minimum level 1 or SIS level A-C - LTCS Level 3-5 – NCSNAP minimum level 2 or SIS level D-G	Eligibility for ICF-IID Functional Eligibility is documented.
	Additional language added to continued stay criteria: G. The requested service is individualized, specific, and consistent with symptoms or confirmed diagnosis under treatment, and does not exceed the member's needs. H. The requested service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide. I. The requested service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker or the provider.	
Service Exclusions	LTCS members may not concurrently receive: Any non-Medicaid funded service residential services	LTCS members may not concurrently receive:

Provider Communication Bulletin #157

Oct. 17, 2024

	• 1915(i) Community Living and Supports (for LTCS Level 2-5) • Non-Medicaid funded periodic I/DD service. • Intermediate Care Facility (ICF) • CAP-C or CAP-DA • 1915(c) Innovations Waiver services	• Non-Medicaid funded (state-funded) periodic IDD services, or 1915(c) Innovations Waiver services. • Only members with a CURRENT authorization for Personal Assistance may be allowed to continue in this service. • Individuals may receive (b)(3) Community Navigator concurrently with LTCS. • Outpatient services, Psychosocial Rehabilitation and Supported Employment are not considered coverable Day Activities of LTCS and are billed separately from LTCS. • Respite is not available for LTCS Levels 2, 4 and 5 beneficiaries. (b)(3) Respite may be used to provide temporary relief for LTCS Level 1 and 3 beneficiaries
Staffing Requirements	Unlicensed residential providers will be provided a quality check sheet prior to member being placed. Verification for Provider Qualifications: Providers must be enrolled in NCTracks as a Medicaid eligible provider. Frequency of Verification: Providers must maintain NCTracks enrollment as a Medicaid eligible provider. Within 60 days of hire, direct support professionals (DSPs) have competency in the following areas: • <u>Communication</u> – the DSP builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication. • <u>Person-Centered Practices</u> – the DSP uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.	Meet the provider qualification policies, procedures, and standards established by NC Medicaid; and • Fulfill the requirements of 10A NCAC 27G. • Meet the provider qualification policies, procedures, and standards established by NC Medicaid; and • Fulfill the requirements of 10A NCAC 27G. Frequency of Verification: Partners verifies credentials upon initial review and re-verifies agency credentials, including a sample of employee qualifications, at a frequency determined by Partners, no less than every three years. By Dec. 31, 2018, direct support professionals (DSPs) have competency in the following areas: • <u>Communication</u> – the DSP builds trust and productive relationships with people he/she supports, co-workers and others through respectful and

	• <u>Evaluation and Observation</u> – the DSP closely monitors an individual’s physical and emotional health, gathers information about the individual, and communicates observations to guide services. • <u>Crisis Prevention and Intervention</u> – the DSP identifies risk and behaviors that can lead to crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others. • <u>Professionalism and Ethics</u> – the DSP works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights. • <u>Health and Wellness</u> – the DSP plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being. • <u>Community Inclusion and Networking</u> – the DSP helps individuals to be a part of the community through valued roles and relationships and assist individuals with major transitions that occur in community life. • <u>Cultural Competency</u> – the DSP respects cultural differences and provides services and supports that fit with an individual’s preferences. • <u>Education, Training and Self-Development</u> – the DSP obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.	clear verbal and written communication. • <u>Person-Centered Practices</u> – the DSP uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals. • <u>Evaluation and Observation</u> – the DSP closely monitors an individual’s physical and emotional health, gathers information about the individual, and communicates observations to guide services. • <u>Crisis Prevention and Intervention</u> – the DSP identifies risk and behaviors that can lead to crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others. • <u>Professionalism and Ethics</u> – the DSP works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights. • <u>Health and Wellness</u> – the DSP plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being. • <u>Community Inclusion and Networking</u> – the DSP helps individuals to be a part of the community through valued roles and relationships and assist individuals with major transitions that occur in community life. • <u>Cultural Competency</u> – the DSP respects cultural differences and provides services and supports that fit with an individual’s preferences. • <u>Education, Training and Self-Development</u> – the DSP obtains and maintains necessary certifications and
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Provider Communication Bulletin #157

Oct. 17, 2024

		seeks opportunities to improve their skills and work practices through further education and training.
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High Fidelity Wraparound (HFW)

Please see the highlighted changes to the service definition and note that this service definition has been divided into two separate definitions including one service definition for NC Medicaid Direct members and one for Tailored Plan members.

Service Definition Version	Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan High Fidelity Wraparound (Effective July 1, 2024)	NC Medicaid Direct High-Fidelity Wraparound	Previous High-Fidelity Wraparound (End date of Oct. 31, 2024)
Codes	H0032 U5 (HFW) H0032 U5 U1 (Encounter)	H0032 U5	H0032 U5
Group Code	Tailored Plan	NC Medicaid Direct	N/A
Ages	3 up to 21	5 to 20	5 to 20
Utilization Management	- HFW will be a maximum of 12 months; 1 unit is equal to 1 month. - Notification Service Authorization Request (SAR) by the Local Management Entity/Managed Care Organization (LME/MCO) is required within 72 hours of admission. Initial pass-through authorization is for 9 months, and it is expected that Phase 1 (Engagement/Team Preparation) and Phase 2 (Plan Development) will be	- HFW will be a maximum of 18 months. Prior Authorization by the LME/MCO is required before or on the first date of service. Initial authorization is for 60 days, and it is expected that Phase 1 (Engagement/Team Preparation) and Phase 2 (Plan Development) will be completed, and Plan Implementation (Phase 3) will be initiated.	- HFW will be a maximum of 18 months. Prior Authorization by the LME-MCO is required before or on the first date of service. Initial authorization is for 60 days, and it is expected that Phase 1 (Engagement/Team Preparation) and Phase 2 (Plan Development) will be completed, and Plan Implementation (Phase 3) will be initiated.

Provider Communication Bulletin #157

Oct. 17, 2024

	completed, and Plan Implementation (Phase 3) will be initiated. After that, each reauthorization will be for no more than 60 days (2 Units).	- The initial reauthorization will be for up to 180 days. - After that, each reauthorization will be for no more than 60 days.	- The initial reauthorization will be for up to 180 days. - After that, each reauthorization will be for no more than 60 days.
Entrance Process	Additional requirement details added: A service order signed by a fully licensed or associate licensed clinician shall be submitted. For concurrent authorizations, beyond the initial 9 months, an updated Person-Centered Plan or HFW Plan of Care to include Phase 1, Phase 2 and Phase 3 is required.		
Eligibility Criteria	Addition of primary I/DD diagnosis and a co-occurring diagnosis of mental health or substance use disorder.		
Service Exclusions	The following services are excluded and cannot be provided during the same authorization period: - Community Support Team (CST) - Substance Use residential services. - Assertive Community Treatment Team (ACTT) - Tenancy Support Team - Multi-Systemic Therapy (MST)	The following services are excluded and cannot be provided during the same authorization period: - Community Support Team - Substance Abuse residential services. - ACTT - Tenancy Support Team	The following services are excluded and cannot be provided during the same authorization period: - Community Support Team - Substance Abuse residential services. - ACTT - Tenancy Support Team

Provider Communication Bulletin #157

Oct. 17, 2024

	Family Centered Treatment (FCT) Additional language added: Inpatient, Facility-Based Crisis, and emergency department services can still be accessed as medically necessary for crisis stabilizations. Tailored Care Management will not be provided during the same authorization period as it is duplicative. An overlap of 30 days is allowed according to the State duplicative service flexibilities procedure during transitions.		
Staffing Requirements	Coach/Qualified Professional: The HFW Coach Certification process should take no longer than 12 months from the date of completing HFW Foundations Training. Received training in <u>CANS</u> and <u>ASAM</u>. Motivational Interviewing behavior change strategies from a <u>MINT trainer</u>. *Removal of Licensed or Associate Professional title. Family Partner: Bachelor's degree in a human services field from an accredited	Qualified Professional: Received training in <u>CALOCUS/LOCUS</u> and <u>CANS</u>. Motivational Interviewing behavior change strategies. Family Partner: Holds National Certification in Family Complete Family Peer Support certification within one year of hire date. Must complete an HFW training curriculum, and MH/IDD/SAS, and in accordance with model expectations, training and knowledge in dual	Qualified Professional: Received training in <u>CALOCUS/LOCUS</u> and <u>CANS</u>. Motivational Interviewing behavior change strategies. Family Partner: Holds National Certification in Family Peer Complete Family Peer Support certification within one year of hire date. Must complete an HFW training curriculum, and MH/IDD/SAS, and in accordance with model expectations, training and knowledge in dual

Provider Communication Bulletin #157

Oct. 17, 2024

	university and one year of experience working with the target population; or associate's degree in a human service field from an accredited school and two years of experience working with children/adolescents/transition age youth; or high school diploma or GED and a minimum of four years of experience working with children/adolescents/transition age youth Must have lived experience as a primary caregiver for a child who has/had mental health or substance abuse disorder or intellectual/developmental disability. Experience in navigating any of the child and family-serving systems. When part of a Wraparound Team, Family Support Partner is certified in the role of Family Support Partner in High Fidelity Wraparound or is in process of completing certification process take no longer than 12 months from date of completing HFW Foundations Training in accordance with model expectations.	diagnosis (MHSU and I/DD). Have received trauma informed care training. Have received training in CALOCUS/LOCUS and CANS. Safety and crisis planning; Motivational interviewing behavior change strategies.	diagnosis (MHSU and I/DD). Have received trauma informed care training. Have received training in CALOCUS/LOCUS and CANS. Safety and crisis planning; Motivational interviewing behavior change strategies.
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	Holds National Certification in Family Peer Support or is actively working on completing certification and is on track to complete Family Peer Support certification within 18 months of hire date. Youth Support Partner: Addition of the following: When part of a Wraparound Team, Youth Support Partner is certified in the role of Youth Support Partner in High Fidelity Wraparound or is in process of completing certification process take no longer than 12 months from date of completing HFW Foundations Training in accordance with model expectations.		
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Community Living and Supports (CLS)

Accurate entry of service codes and treatment types is critical for CLS authorization requests (1915(i) and Innovations). Errors may prevent authorization and billing. Detailed guidance can be found in the [1915\(i\) CLS and Innovations CLS Authorization Request Instructions](#)

CORRECTION: Supported Employment (IPS-SE) Update

A prior alert incorrectly stated that prior authorization is required for 1915(i) and 1915(b)(3) Supported Employment/NC Core IPS-SE services. *Correction:* No prior authorization is required. For details, view the updated [Provider Alert](#).

For SAR submission inquiries, contact Utilization Management at UMQuestions@PartnersBHM.org.

Recent Provider Alerts

Provider Communication Bulletin #157

Oct. 17, 2024

Oct. 14, 2024: [Hurricane Helene Policy Flexibilities extended through December 31, 2024](#)

Oct. 8, 2024: [Hurricane Helene Clinical Policy Flexibilities](#)

Oct. 4, 2024: [Assistance for Providers Experiencing Disruptions Due to Hurricane Helene](#)

Oct. 3, 2024: [Supported Employment \(IPS-SE\) Update](#)

Oct. 2, 2024: [NCDHHS Announces Temporary Medicaid Flexibilities Due to Hurricane Helene](#)

Sept. 25, 2024: [Extension of Tailored Plan Launch Flexibilities](#)

State News and Updates

NCDHHS Trainings:

Inclusion Works October Lunch and Learn: Empowering Employment for Individuals with I/DD through Benefits Counseling Part 1

Oct. 23, 2024, noon-1 p.m. ([Register](#))

Inclusion Works October Lunch and Learn: Empowering Employment for Individuals with I/DD through Benefits Counseling Part 2

Oct. 30, 2024, noon-1 p.m. ([Register](#))

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 North Carolina 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.

On Demand Trainings:

1915(i) State Plan Amendment Training

On Demand ([Register](#))

This training provides an overview of the 1915(i) Medicaid program, explaining the transition from (b)(3) services to 1915(i), including updates to service codes and care plans. It outlines the process for accessing 1915(i) services, along with key authorization requirements and directs viewers to available resources for further guidance.

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.

Client Specific Training Webinar

On Demand ([Register](#))

This webinar explains what client specific training is and the requirements indicated in 10A NCAC 27G .0202. Certificates and CEs are not available for this webinar.

Crisis Response Training

On Demand ([Register](#))

Crisis Response Training reviews best practices, requirements and strategies for providers addressing crisis needs. Instruction covers content for before, during and after crisis episodes.

Critical Incident Reporting (CIRT/IRIS) Training

On Demand ([Register](#))

Training on how to complete Critical Incident Reporting (CIRT) using the Incident Response Improvement System (IRIS)

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 quiz with a score of 80% or greater. Three contact hours are available for this training. The webinar platform automatically emails the link to the test within 24 hours of viewing the webinar. Tests are reviewed once a week, and certificates are emailed within two weeks. Email Training@PartnersBHM.org if you have any questions.

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.

Oct. 17, 2024

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.

Enhanced Rate Request (ERR) Webinar

On Demand ([Register](#))

This on-demand recording contains step-by-step instructions on completing Enhanced Rate Requests (ERR), how to use the cost finding template and how to complete the enhanced rate request form. Register and view the recording on-demand as many times as you wish. To view and save supporting documentation, please click to the left of the video on the paper icon and select each document to download to your computer.

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.

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.

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](#))

Provider Communication Bulletin #157

Oct. 17, 2024

Participants will gain an understanding of infection control using PPE and frequent handwashing. 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.

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.

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.

Physical Health Providers Update LME/MCO Tailored Plans & Tailored Care Management

On Demand ([Register](#))

Partners Health Management and Carolina Complete Health (CCH) bring a shared vision for true partnerships with all providers across the system of care, which is reflected in our network management model. As the only Provider-Led Entity (PLE), CCH seeks out physician and clinician expertise in medical policy and aims to give providers a voice in how to best care for their patients while reducing administrative burden. Since Partners' inception as a managed care organization, Partners has executed a strategy of collaboration with providers. Our mutual goal is to aid providers as they offer accessible, robust and effective services for members.

Plan of Correction Training Webinar

On Demand ([Register](#))

This webinar will help providers learn more about the Plan of Correction (POC) process and Partners' POC policy. It will also explain what Partners expects from POCs and what Partners' responsibilities are with POCs. Please note, NBCC credit is not available for this webinar.

ProAuth Demonstration, Updated April 2024

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.

ProviderCONNECT User Navigation Guide Video

On Demand ([Register](#))

Provider Communication Bulletin #157

Oct. 17, 2024

This ProviderCONNECT User Navigation Guide is designed as a brief orientation to portal features following a successful login.

ProviderCONNECT LA Non-Utilizer Report Video

On Demand ([Register](#))

Local administrators should maintain their back-up local administrators (LAs), any additional LAs and general users (GUs) they have set up in the ProviderCONNECT Portal Dashboard. This video will guide providers through that process.

ProviderCONNECT Secure Messages Video

On Demand ([Register](#))

Secure Messages is an app in ProviderCONNECT that enables Partners and providers to exchange messages within the secure portal. This is a step-by-step instructional guide to using the Secure Messages app.

ProviderCONNECT Document Manager Video

On Demand ([Register](#))

Document Manager is an app in ProviderCONNECT that enables Partners to share documents with providers within the secured portal. It also can be used as a file management system for maintaining files within your organization. This is a step-by-step instructional guide to using Document Manager.

Provider SysAid2 Service Ticket Overview Video

On Demand ([Register](#))

This 8-minute video provides you an overview of the Partners SysAid2 Service Ticket System.

Live Trainings (Online or In-Person)

NCSNAP Training

Email Training@PartnersBHM.org to request forms, schedules and instructions and to submit requests.

Provider Open House

Nov. 7, 2024, 9-10 a.m. ([Register](#))

The Provider Open House is a virtual event that occurs quarterly, the first Thursday of August, November, February and May, from 9 a.m. to 10 a.m. It 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 at 9 a.m. and is staffed by 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 assist 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.

Oct. 17, 2024

Mindfulness and Recovery Training

Nov. 12 and 14, 2024, 9 a.m.-12:15 p.m. ([Register](#))

Trainer: Eric Ottinger, LCAS, LPC

Mindfulness is the fastest developing area in mental health. This two-day training will cover its history and benefits in treating mental health conditions and substance use disorders. Participants will learn techniques for managing thoughts, emotions and stress, and will explore the importance of balancing clinician self-care with client care. The training will also introduce self-monitoring and data collection to enhance mindfulness practices in the recovery process.

Participants will have to be present with audio and visual capabilities and must be visible on camera for both sessions to receive credit. No Partial credit will be given. NCSAPPB approved for up to six hours. If you need accommodation to participate in the training, please email Training@PartnersBHM.org.

Long-Term Community Supports (LTCS) Collaborative

Nov. 14, 2024, 1-2 p.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.

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

Nov 18-21, 2024, 8:30 a.m.-12:30 p.m. ([Register](#))

Join Partners' Training Resource and Collaborative (TRAC) for Community Support Team and Permanent Supportive Housing (CST-PSH) training, an evidence-based model for ongoing tenancy support services required for CST providers. This training meets NC service definition requirements and will support providers 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. These sessions will be facilitated by trained Partners staff. You must attend all sessions fully and be visible on video to receive credit. No partial credit will be given. Driving is not permitted during Partners' trainings. If you need accommodation to participate in this training, email Training@PartnersBHM.org.

CBT Learning Community

Nov. 20, 2024, 2-3:30 p.m. ([Register](#))

CBT Learning Community is a monthly meeting where like-minded providers gather in a learning community to explore skills, concepts, case studies and expand techniques. This learning community will help 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.

Participants can earn 1.5 contact hours of continuing education credits. You must have audio/video access and be visible on camera during the session. Driving is not permitted during Partners trainings. If you need accommodations to participate in the session, please email Training@PartnersBHM.org.

Provider Communication Bulletin #157

Oct. 17, 2024

Person Centered Thinking (PCT) 3-Day Training

Nov. 25-27, 2024, 9 a.m.-2 p.m. ([Register](#))

Person Centered Thinking (PCT) is a foundational and philosophical framework for those involved in supporting people with disabilities. This activity-filled, three-day training consists of applied stories, guided exercises, group work and discussion. This approved National Learning Community Curriculum meets the requirements of North Carolina 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 to participate in the session, email Training@PartnersBHM.org.

Global Continuous Quality Improvement (GCQI) Meeting – Quarterly

Dec. 6, 2024, 9:30-10:30 a.m.

Mar. 7, 2025, 9:30-10:30 a.m.

June 6, 2025, 9:30-10:30 a.m.

GCQI is a collaborative, provider-led, virtual meeting with Partners' Provider Advisory Council and other stakeholders to identify meaningful, measurable outcomes and make recommendations for the delivery of optimal care for our members. GCQI seeks to collaboratively standardize quality improvement efforts and advance the accessibility, effectiveness, efficiency and satisfaction of the services provided. This includes promoting high quality services, developing improvement strategies, identifying measurable outcomes and developing tools to measure outcomes and make recommendations.

To register and seek accommodations to participate in the session, please email Training@PartnersBHM.org.

Partners Provider Forum – Quarterly

Dec. 11, 2024, 1-3 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.

Autism Services Learning Collaborative

Dec. 17, 2024, 3:30-4:30 p.m. ([Register](#))

Join Utilization Management (UM) to discuss service updates and relevant information. If you need accommodation to participate in the session, email Training@PartnersBHM.org.

Provider DEI Collaborative – Quarterly

Jan. 9, 2025, 2-3 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 (DEI) 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 and to foster better outcomes and improve quality of life for members. To achieve these goals, we must know and understand the different populations we serve.

Oct. 17, 2024

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!

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. Participants who request a certificate will need to be on-camera during the training.

For more information contact: Amber Matthews, AMatthews@PartnersBHM.org.

Darkness to Light

Oct. 29, 2024, 9 a.m.-noon ([Register](#))

The Darkness to Light training provides education about child sexual abuse and the steps you can take to prevent, recognize and react responsibly to child sexual abuse; participants learn proactive steps to protect children from this significant risk. *This is a 3-hour training.*

Non-Suicidal Self Injury

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

Nov. 7, 2024, 6-8 p.m. ([Register](#))

Learn about Non-Suicidal Self-Injury, what causes people to injure themselves, warning indicators and what we can do when we encounter someone who self-injures.

Understanding Grief

Nov. 6, 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.

Domestic Violence: How to Help

Nov. 7, 2024, 2-4 p.m. ([Register](#))

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

Diabetes 101

Nov. 8, 2024, 10 a.m.-noon ([Register](#))

The Diabetes 101 training provides a comprehensive overview of diabetes, including its types, signs, symptoms, risk factors and potential complications. Participants will gain knowledge about diabetes prevention, self-management strategies and valuable resources to support those affected by the condition.

Partners Member Café

Nov. 12, 2024, 1-2 p.m. ([Register](#))

Partners Member Café is held the second Tuesday of each month. Grab a cup of coffee, sit down and join us virtually to get to know us and learn how we can help you. Ask us questions about the resources and services you need and who to call. We look forward to seeing you!

Oct. 17, 2024

Community Resilience Model®

Nov. 13, 2024, 10 a.m.-noon ([Register](#))

The Community Resilience Model® (CRM) 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.

Trauma Part One: Introduction to Trauma and Resilience

Nov. 13, 2024, 2-4 p.m. ([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, how to address its effects and develop resilience.

Maternal Mental Health

Nov. 14, 2024, 10 a.m.-noon ([Register](#))

This training delves into the nuances of maternal mental health, perinatal mood disorders and practical tools for support. Explore the essential intersection of mental health, pregnancy/postpartum care and social determinants of health while gaining insights that contribute to creating a nurturing environment for mothers.

Trauma Part Two: Trauma Informed Care

Nov. 14, 2024, 2-4 p.m. ([Register](#))

We will look at how our behavior affects others who have a history of trauma and learn about the elements of trauma informed care. *Childcare setting specific version is available upon request.*

Active Listening/De-escalation

Nov. 15, 2024, 10 a.m.-noon ([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

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

Nov. 21, 2024, 6-8 p.m. ([Register](#))

This evidence-based training teaches the skills to recognize warning signs of suicide and intervene in a suicide crisis. *"Ask a question, save a life."*

Stress Management

Nov. 19, 2024, 2-4 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.

Human Trafficking: Keeping Our Children Safe

Nov. 21, 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 resources to keep our children safe.

Nutritional Impact on Mental Health

Nov. 21, 2024, 2-4 p.m. ([Register](#))

Provider Communication Bulletin #157

Oct. 17, 2024

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.

Mental Health 101

Nov. 22, 2024, 10 a.m.-noon ([Register](#))

Learn about mental wellness, potential signs and symptoms of mental health challenges and some of the common behavioral health disorders. The training also includes information about treatment and what to do in a crisis.

Partners Community Café

Nov. 27, 2024, 10-11 a.m. ([Register](#))

Partners Community Café is held on the fourth Wednesday of each month.

In-Person Trainings

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

Jan. 8 and 9, 9 a.m.- 4 p.m. ([Register](#))

This System of Care training will be virtual. CFT Part 1 is a two-day experiential training course (when you register, you agree to attend both days) with the 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. For more information, email CETraining@PartnersBHM.org.

Additional Events and Training

Hickory Brain Injury Support Group

Nov. 26, 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 is followed by 15 to 30 minutes of mindfulness awareness education and practice.

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

Provider Communication Bulletin #157

Oct. 17, 2024

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