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Partners Office Closure

Partners Health Management offices will be **closed on Monday, Jan. 19, 2026**, in observance of Martin Luther King Jr. Day.

Our **Behavioral Health Crisis Line** remains available at **1-833-353-2093** to support members 24/7/365.

NC Medicaid Reinstates GLP-1 Coverage

Effective immediately, NC Medicaid has reinstated coverage for GLP-1 medications used to treat obesity. Coverage will revert to the criteria in place as of Sept. 30, 2025.

This change applies to NC Medicaid Direct and NC Medicaid Managed Care. In accordance with the governor's directive, medications previously covered under the *NC Medicaid Outpatient Pharmacy Prior Approval Criteria GLP1s for Weight Management* (effective Aug. 1, 2024) are once again available.

Note to Providers: Prescribers should assess whether members experienced a lapse in therapy, a change in treatment or require a lower starting dose. Providers are encouraged to review applicable safety considerations and educate patients as appropriate.

What's Changing

- Effective immediately, Wegovy, Zepbound and Saxenda have been added back to the Preferred Drug List (PDL) as an off-cycle update.
- Wegovy is classified as a Preferred product.
- Zepbound and Saxenda are classified as Non-Preferred products.

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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- [Clinical criteria for GLP-1s](#) for weight management on NCTracks will be restored.
- Prior authorization requests for GLP-1 medications used for weight management may now be submitted under the reinstated criteria.

Continued Coverage for Other Indications

NC Medicaid continues to cover Wegovy and Zepbound for FDA-approved indications other than weight management, including:

- Reduction of major adverse cardiovascular events in adults with established cardiovascular disease and who are obese or overweight.
- Treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis in adults.
- Treatment of moderate to severe obstructive sleep apnea in adults with obesity.

Preferred PDL ADHD Medications

The following brand-name ADHD medications are preferred on NC Medicaid Preferred Drug List (PDL). Their generic equivalents are non-preferred and will require a prior authorization, including clinical justification explaining why the preferred brand cannot be used.

Please prescribe the brand name version of these products.

Preferred Brand Name ADHD Medications:

- Adderall® tablets (generic product per FDA)
- Adderall® XR capsules
- Concerta®
- Daytrana® patch
- Methylin® oral solution
- Vyvanse® capsules and chewable tablets

ADHD Medications Moved to Non-Preferred Status

Effective Oct. 1, 2025, the following brand-name ADHD medications moved from preferred to non-preferred on the PDL.

Note to Providers: When prescribing these medications, please indicate “generic substitution allowed” on the prescription.

Non-Preferred Brand Name ADHD Medications

(PDL changes effective Oct. 1, 2025)

- Aptensio® XR Capsule
- Cotempla™ XR-ODT
- Focalin®XR Capsule

JCPC Youth Services RFP

The Davidson County Juvenile Crime Prevention Council (JCPC) has released a Request for Proposals (RFP) for state fiscal year 2026-2027 to fund community-based programs serving delinquent and at-risk youth. This opportunity may be relevant for providers offering behavioral health, substance use, family-based, educational or skill-building services for court-involved youth.

- **Mandatory information sessions:** Jan. 20, 2026, or Jan. 21, 2026
- **Application deadline:** Feb. 6, 2026, at 2p.m.

[View the full RFP.](#)

UM Updates

Effective Jan. 1, 2026

NC Medicaid has finalized multiple Utilization Management-related policy updates effective Jan. 1, 2026, including changes to substance use disorder (SUD) and physical health Clinical Coverage Policies (CCP). Providers should review the applicable policies and ensure compliance with updated coverage, documentation and billing requirements.

Substance Use Disorder (SUD) Policy Updates

NC Medicaid has finalized updates to the substance use disorder (SUD) Clinical Coverage Policies (CCP) and State-funded service definitions, effective Jan. 1, 2026. These changes support *North Carolina's 1115 SUD Demonstration Waiver and align services with the American Society of Addiction Medicine (ASAM) Criteria, Third Edition*.

Additional details are available in the NC Medicaid Behavioral Health [Clinical Coverage Policy Updates](#).

New Stand-Alone SUD Clinical Coverage Policies

Providers must follow the applicable service-specific CCP for eligibility, staffing, documentation and medical requirements.

New CCPs:

- [CCP 8A-10](#): Clinically Managed Residential Withdrawal Management
- [CCP 8D-3](#): Clinically Managed Low Intensity Residential
- [CCP 8D-4](#): Clinically Managed Population Specific High Intensity Residential

Now Stand-Alone CCPs:

- [CCP 8A-12](#): Substance Use Intensive Outpatient Treatment
- [CCP 8A-13](#): Substance Use Comprehensive Outpatient Treatment
- [CCP 8D-5](#): Clinically Managed Residential High Intensity Residential (*previously Substance Abuse Non-Medical Community Residential Treatment*)
- [CCP 8D-6](#): Medically Monitored Intensive Inpatient Residential (*previously Substance Abuse Medically Monitored Community Residential Treatment*)

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These policies include clarified expectations for weekly treatment hours, staffing models, medical oversight, structured programming and readiness-to-change considerations.

Clinical and Documentation Expectations

Providers should:

- Review admission, continued stay and discharge criteria, including ASAM level requirements
- Ensure Person-Centered Plans (PCPs) reflect service-specific standards
- Maintain complete documentation supporting medical necessity at each level of care

State-Funded SUD Service Definition Updates

Effective Jan. 1, 2026, the N.C. Department of Health and Human Services (NC DHHS) updated the following service definitions for state-funded SUD programs:

- [Substance Abuse Intensive Outpatient Program \(SAIOP\)](#)
- [Substance Abuse Comprehensive Outpatient Treatment \(SACOT\)](#)
- [Clinically Managed Residential Services](#) (*previously Substance Abuse Non-Medical Community Residential Treatment*)
- [Clinically Managed Residential Withdrawal Management](#) (*previously Social Setting Detox*)
- [Clinically Managed Low-Intensity Residential Treatment](#) (*previously Substance Abuse Halfway House*)
- [Clinically Managed Population-Specific High-Intensity Residential Program](#)
- [Medically Monitored Intensive Inpatient Services](#) (*previously Substance Abuse Medically Monitored Community Residential Treatment*)

Reference materials are available through [NC DHHS Service Definitions](#), [NC Medicaid Program-Specific CCPs](#) and the [Partners Benefit Grid](#).

Reminder: Interoperability and Prior Authorization Rule

The Centers for Medicare & Medicaid Services interoperability and prior authorization changes have been postponed to July 1, 2026. There are no changes effective **Jan. 1, 2026**.

Current prior authorization timeframes will remain in effect:

- **Standard (non-urgent) requests:** up to 14 calendar days
- **Expedited (urgent) requests:** within 72 hours

CMS-mandated timeframes will not apply until July 1, 2026. No action is required at this time.

Related Provider Alerts

- Oct. 24, 2025: [SUD Update, Letter of Support Process for New Waiver Requests and OTP Waiver Renewals](#)
- Dec. 31, 2025: [UM Update: Interoperability Changes Postponed to July 1, 2026](#)

Physical Health Clinical Coverage Policy (CCP) Amendments

NC DHHS has completed amendments to several Physical Health CCPs, effective date of Jan. 1, 2026. These updates include policy revisions, updated forms, clarified criteria and coverage changes. Medicaid Bulletins have been published for select policies.

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Providers are responsible for reviewing the applicable CCPs and Medicaid Bulletins and ensuring compliance with updated coverage, documentation and billing requirements.

Amended Physical Health CCPs

- [CCP 1E-3 – Sterilization Procedures](#)
 - Updated Sterilization Consent Form with a new expiration date of July 31, 2028.
- [CCP 1S-11 – Genetic Testing: Gene Expression](#)
 - Added CPT code(s) for AlloMap®
 - Updated non-coverage criteria
 - Expanded coverage to include AlloMap® gene expression profiling for heart transplant rejection surveillance
- [CCP 1T-2 – Special Ophthalmological Services](#)
 - Added indications for computerized corneal topography (bullous keratopathy) and sensorimotor examination (hypotropia).
 - Clarified SCODI coverage for glaucoma diagnosis and monitoring; evaluation of corneal, iris, ciliary body, optic nerve, retinal, and macular disorders; and monitoring for retinal toxicity related to long-term chloroquine or hydroxychloroquine use.
 - Added coverage for amniotic membrane placement on the ocular surface without sutures for treatment of diseased or damaged corneal tissue.
 - Clarified non-coverage of sensorimotor exams when conditions are stable or when repeat exams do not result in a change in treatment.
 - Clarified that therapeutic contact lens fitting is not covered on the same date of service as a corneal procedure.
 - Clarified coverage indications and documentation expectations
 - [Medicaid Bulletin – Special Ophthalmological Services](#) published detailing policy revisions
- [CCP 2A-1 – Acute Inpatient Hospital Services](#)
 - Readmission review timeframe: The readmission quality review window is changing from 72 hours after discharge to 30 days after discharge.
 - Exclusions from UR measures (timing alone): Readmissions that occur within 30 days of an inpatient index stay for the same or similar diagnosis are not counted solely because they occurred within the 30-day window when they meet one of the exclusions below:
 - Cancer hospitals, critical access hospitals, planned hospital transfers and inpatient rehabilitation centers
 - Medical treatment of cancer
 - Psychiatric illness
 - Rehabilitation
 - Planned readmission
 - Under age 2 years
 - Discharge against medical advice during the index stay
 - Pregnancy, childbirth and puerperium
 - Organ or tissue transplant (including active evaluation, listed for transplant or post-transplant)
 - Sickle cell anemia
 - Cystic fibrosis

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- Authorization denial for inpatient, continued stay or post-acute care for the patient at the index admission, visit or stay
 - Clarified review exclusions and quality review parameters
 - [Medicaid Bulletin – Acute Inpatient Hospital Services](#) published
- [CCP 3L – State Plan Personal Care Services \(PCS\)](#)
 - Age eligibility changed from under 21 to under 18 for State Plan PCS
- [CCP 3L-1 – State Plan PCS Provided in Congregate Settings](#)
 - Grammatical and formatting updates only
 - No substantive changes to coverage or eligibility criteria

Additional Guidance

Providers are encouraged to review Section 8 (Policy Implementation and History) of each [program-specific Clinical Coverage Policy](#) for additional amendments effective Jan. 1, 2026.

Provider Action Required

- Review applicable Clinical Coverage Policies and Medicaid Bulletins in full
- Review internal clinical, documentation and billing processes as needed
- Ensure staff are informed of revised criteria and requirements

For more information or questions, contact Utilization Management:

- SUD and general UM questions: UMQuestions@PartnersBHM.org
- Physical Health UM questions: PHUMQuestions@PartnersBHM.org

Current Service Needs

After completing the October 2025 Network Adequacy review, Partners seeks providers across our 15-county service area. For details, forms and updates, visit the [Current Service Needs page](#).

Priority Service Gaps

Ambulatory Withdrawal Management (Adult): Ambulatory withdrawal management with extended on-site monitoring for adults includes medically supervised evaluation, withdrawal management and referral support, following structured protocols. This service is needed for NC Medicaid Direct and Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan.

Clinically Managed Residential Withdrawal Services (Adult): Clinically managed residential withdrawal services, also referred to as a social setting detoxification, are organized, facility-based services that provide 24-hour supervision, observation and support for adults who are intoxicated or experiencing withdrawal. Services are delivered by appropriately trained staff and focus on monitoring, stabilization and referral to ongoing treatment as needed. This service is needed for NC Medicaid Direct and Tailored Plan and is live, effective Jan. 1, 2026.

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Ongoing Needs

- **Psychological Evaluation and Interpretation** Standardized testing and interpretation to inform treatment selection and planning; may include psychosocial assessments and goal-directed psychotherapy for children and adolescents.

How to Participate

- Review requirements and next steps on the [Current Service Needs page](#).
- Already in Partners' network? Complete the [Provider Change Form](#).
- Not yet in the network? Submit the [Request for Consideration Form](#).
- NCTracks required: Your agency, NPI, taxonomy, sites and clinicians must be enrolled in NCTracks to contract with Partners and make contract changes.

Clinical Coverage Policies

Utilization Management uses clinical coverage policies to administer benefits and determine medical necessity. Service definitions and clinical policies guide when and how services are covered for physical health, behavioral health, substance use disorders (SUD), and intellectual/developmental disabilities (I/DD). Read more on the [Service Definitions](#) page on the Partners Provider Knowledge Base. For questions, email UMQuestions@PartnersBHM.org.

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.

[Read the full requirements and access the trainings here.](#)

Claims Information

The 2026 Checkwrite Schedule has been posted: <https://providers.partnersbhm.org/finance-documents-forms/>

Note to Providers: Partners has observed an increase in claims status inquiries from clearinghouses. Providers using a clearinghouse for claim reconciliation must ensure that their staff have access to remittance advice.

Explanation of Benefits (EOB) Requests for Coordination of Benefits Claims

Partners requests copies of the Explanation of Benefits members/claims submitted with *Coordination of Benefits*. The request will be sent via email from Partners Claims staff.

- Once requested, submit the information via secured email prior to the date specified in the request.

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- If a response is not received, the original claim payment will be recouped.

Claims Submission Reminders

- Each benefit plan must be submitted on separate claims.
- Ensure all diagnosis codes are included in claims. To help Partners measure member health, identify areas of risk and evaluate the quality of care.
- **Physical Health Paper Claims** – mail to:
Partners Health Management
Attn: Claims
PO Box 8002
Farmington, MO 63640-8002

Physical Health Claims Processing

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

- This change took effect July 1, 2024.
- Providers can now access Availity® in ProviderCONNECT under the “Physical Health Claims” Quick Links box.

Avoid Delays: Follow the Correct Claims Reconsideration Process

We've noticed an increase in claims reconsideration requests being sent to the Provider Dispute Email, which can delay processing. To ensure your request is managed quickly and correctly, follow the **Claims Reconsideration Process** outlined on our website.

- **Do not** send reconsideration requests to the dispute inbox.
- Follow the steps listed under the “Claims Reconsideration Process” section on the [Claims and Rates Information page](#).

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

Member/Recipient Eligibility and Enrollment

For eligibility and enrollment questions, providers are encouraged to contact the Eligibility and Enrollment Department at eligibilityenrollment@partnersbhm.org.

To request enrollment, providers should visit Alpha+ Home Page > Enrollments. For guidance, refer to University > Provider Portal Handbook > Enrollments.

If additional enrollment training is needed, email eligibilityenrollment@partnersbhm.org to schedule one-on-one training. Please note that providers will need to have Microsoft Teams screen sharing capabilities for more specific and in-depth training.

State Benefit Health Plans

Providers now have the option to request appropriate State Benefit Health Plans (AMI, ASTER etc.) with a future date. Providers may request 60 days prior to the current end date.

Recent Provider Alerts

- Dec. 31, 2025: [UM Update: Interoperability Changes Postponed to July 1, 2026](#)
- Dec. 23, 2025: [Process for Reversing Oct. 1, 2025, Fee Schedule Cuts](#)
- Dec. 22, 2025: [Update: Reversal of Medicaid Reimbursement Rate Reductions](#)

Training Resource and Collaborative (TRAC)

TRAC offers a centralized cross-functional selection of required training, collaboratives and events. TRAC provides a centralized hub for cross-functional required training, collaboratives and events.

Please note: the way you register for TRAC trainings and meetings has recently changed.

[Click here to view what is coming up and register.](#)

Live Virtual Provider Trainings

To view the currently available training courses and register, visit the [TRAC Provider Training](#) webpage. Email Training@PartnersBHM.org for accommodation requests.

- **Acceptance and Commitment Therapy (ACT)**
Explore ACT's six core processes for developing psychological flexibility and using the ACT Matrix to help clients' value-driven actions. This training is approved by the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) for six hours.
- **Becoming an Ally for LGBTQ Clients**
Gain knowledge and strategies to effectively support LGBTQ+ individuals and promote affirming environments.
- **CBT Learning Community**
Join us for live, virtual 90-minute training on the third Wednesday of each month, now featuring rotating topics that strengthen Cognitive Behavioral Therapy (CBT) skills, support self-care and improve quality of care. Training topics include Core Principles of Dialectical Behavioral Therapy (DBT), Core Principles Acceptance and Commitment Therapy (ACT), Core Principles of Trauma Informed Care and Seeking Safety, Core Principles of Mindfulness, Motivational Interviewing (MI) for Substance Use Behaviors and MI for Holistic Health and Well-being. These practical, evidence-based sessions are ideal for busy professionals.
- **Connecting Community Support Team and Permanent Supportive Housing (CST-PSH) Training**
Learn the CST-PSH evidence-based model for tenancy support services. This training fulfills North Carolina Service Definition requirements for 15 hours.
- **Dialectical Behavior Therapy (DBT) for Complex Cases**
Understand and apply DBT techniques to treat complex mental health cases. Approved for 6 NCSAPPB hours.
- **HIV & Ethics**
Stay updated on HIV diagnosis and treatment trends while exploring ethical decision-making and social determinants of health. Approved for six NCSAPPB hours (three HIV, three Ethics).
- **Illness Management and Recovery (IMR)**
Develop skills to support recovery and manage mental illness using evidence-based strategies. Approved for six NCSAPPB hours.

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- **Mindfulness and Recovery Training**
Discover mindfulness techniques for stress management and recovery in mental health and substance use. Approved for six NCSAPPB hours.
 - **Motivational Interviewing Training**
Learn the fundamentals of Motivational Interviewing (MI) to support client behavior change. This 13-hour training meets North Carolina Service Definition requirements.
 - **NCSNAP Training**
For forms, schedules, and instructions, email Training@PartnersBHM.org.
 - **Person Centered Thinking (PCT) Three-Day Training**
Engage in interactive exercises and discussions to support people with disabilities. Approved for 12 contact hours.
 - **Trauma Informed Care and Seeking Safety**
Learn principles of trauma-informed care and the Seeking Safety program for addressing trauma and substance use. Approved for six NCSAPPB hours.
 - **Trauma-Informed Interventions for People Who Support I/DD Members**
Explore the impact of trauma on individuals with I/DD and learn trauma-informed strategies.
 - **Treating SUD During the Modern Opioid Epidemic**
Examine the opioid epidemic's scope and explore evidence-based treatments, including medication and CBT. Approved for six NCSAPPB hours.
 - **Twelve-Step Facilitation Training**
Review TSF principles, treatment models, and recovery pathways for substance use disorders. Approved for six NCSAPPB hours.
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Live Virtual Provider Collaboratives and Meetings

To view the currently available training courses and register, visit the [TRAC Provider Training](#) webpage. Email Training@PartnersBHM.org for accommodation requests.

- **Autism Services Learning Collaborative**
Engage with Utilization Management to discuss service updates and essential information.
- **Global Continuous Quality Improvement Meeting**
Collaborate with providers, the Provider Advisory Council and stakeholders to develop quality improvement strategies and measurable outcomes that enhance integrated health services and care quality.
- **I/DD Breakout Meeting (Bi-Monthly)**
This bi-monthly meeting provides updates for contracted intellectual/developmental disability (I/DD) providers and is a subgroup of the Partners Provider Council. All I/DD providers are welcome to attend. To submit questions or topics for discussion, contact your Provider Council representative.
Note: All notetaking or recording is not permitted. Meeting presentations are shared with attendees and through the Provider Council after each session. To register, visit the [Partners Training Resource and Collaborative](#).
- **Long-Term Community Supports (LTCS) Collaborative**
Discuss the implementation of Medicaid In-Lieu of Service – Long-Term Community Supports (LTCS), address barriers to service access, and ensure service continuity and quality for members.

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- **Partners Provider Forum**
Stay updated with quarterly vital information and updates tailored for providers.
 - **Provider DEI Collaborative**
Engage in discussions on diversity, equity, and inclusion (DEI) to promote health equity and improve outcomes. Provider perspectives are vital for fostering actionable strategies for integrated care.
 - **Provider Open House**
A quarterly virtual event for new and existing providers to address questions and receive support, including one-on-one training opportunities. Providers with state funding contracts are encouraged to attend.
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On-Demand Behavioral Health Provider Training

- **1915(i) State Plan Amendment Training (1:09:45)**
Overview of 1915(i) services. Includes Q&A.
 - **Client-Specific Training Webinar (June 2024)**
Topic-specific training for providers.
 - **Crisis Response Training (3 hours)**
Comprehensive guide to crisis intervention strategies. Contact hours available.
 - **Critical Incident Reporting (CIRT/IRIS) (15:20)**
Training on incident reporting procedures.
 - **Community Support Team (CST) Service Definition (3 hours)**
Behavioral health support for severe mental illness. Meets CST Service Definition requirements. Three contact hours available.
 - **Employer of Record Webinar (27:37)**
Covers EOR monitoring, documentation, and quality management. No CE credits available.
 - **Enhanced Rate Request Webinar (25:58)**
Step-by-step ERR form completion and cost finding instructions. No CE credits available.
 - **Health Disparities: A Tribal Perspective (29:12)**
Explores health disparities among tribal populations and Medicaid's role. No CE credits available.
 - **Peer Support Services (PSS) Service Definition Webinar (42:29)**
 - **Person Centered Plan (PCP) Documentation Training Apr 2025 (51:20)**
 - **Plan of Correction Webinar 2024 (10:16)**
Training on crafting effective plans of correction.
 - **Tobacco-Free Recovery (4:45)**
Encourages tobacco-free practices for better health outcomes.
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On-Demand Physical Health Provider Training

- **Partners-CCH Physical Health Office Hours April 2025 (1:08:35)**
- **Partners-CCH Physical Health Office Hours March 2025 (1:07:24)**
- **Partners-CCH Physical Health Office Hours September 2024 (24:34)**
Handout available at registration
- **June 2024 Tailored Plan EVV Info Session (11:32)**
Covers Electronic Visit Verification requirements. Includes FAQ.

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- **May 2024 Physical Health Providers Update (40:36)**
Updates on tailored plans and care management. Includes FAQ.
 - **March 2024 Physical Health Providers Update (56:31)**
Collaboration strategies between providers and Partners Health Management.
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ProviderCONNECT On-Demand Trainings

- **ProAuth Demonstration Video April 2024**
The new system requires providers to log in to ProviderCONNECT to submit authorization requests. Since launch, Partners has identified some common questions among providers on how to access or use the system.
 - **User Navigation Guide Video**
Introduction to ProviderCONNECT portal features.
 - **LA Non-Utilizer Report Video**
Guides administrators on maintaining user accounts.
 - **Secure Messages Video**
Instructions on secure communication via ProviderCONNECT.
 - **Document Manager Video**
Guide to using the Document Manager for file sharing and management.
 - **SysAid2 Service Ticket Overview Video (8 minutes)**
Overview of the service ticket system.
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Tailored Plan Provider On-Demand Trainings

The North Carolina Department of Health and Human Services (NCDHHS) requires the listed training courses to 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 four LME/MCOs reciprocity for some Tailored Plan-required training courses.

All on-demand training courses can be accessed through PartnersTraining.org.

- **CLAS Standards (35:55)**
Reviews culturally and linguistically appropriate services (CLAS) standards for health equity and cultural competence. No CE credits available.
- **Due Process (33:07)**
Covers four dispute types: Medicaid appeals, non-Medicaid appeals, Provider disputes, and Grievances. No CE credits available.
- **EPSDT (18:26)**
Explores EPSDT requirements, periodicity schedules, diagnostic/treatment components, and service coordination. No CE credits available.
- **Fraud, Waste, and Abuse (20:47)**
Overview of compliance, regulatory programs, and the impact of fraud, waste, and abuse on healthcare. No CE credits available.

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- **Into the Mouths of Babies (4:10)**
Focuses on oral health services for Medicaid-insured children. Required for reimbursement eligibility. No CE credits available.
- **Hand Washing & PPE (12:40)**
Infection control training emphasizing handwashing and personal protective equipment (PPE). No CE credits available.
- **Infection Control: Community Care Settings (8:53)**
Focus on infection transmission, precautions, and member education in community care. No CE credits available.
- **Infection Control: Home Care Settings (9:55)**
Highlights infection control procedures in home care settings. No CE credits available.
- **Prevention & Population Health Management (18:52)**
Discusses Partners' health improvement approach, program goals and provider expectations. No CE credits available.

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 the 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.

Child & Family Team (CFT) Training Part One

Feb. 3-4, 2026 | 9 a.m. - 4 p.m. ([Register](#))

This System of Care training is a two-day, 11-hour experiential training. Child and Family Team training provides an overview from the family's perspective. The training reinforces the idea of "one family, one plan" by addressing CFT through the lens of multiple systems. Attendees must be present and on camera during the full two-day training to be eligible for a certificate of completion. **Offered quarterly, either virtually or in-person.*

Diabetes 101

Feb. 3, 2026 | 10 a.m. ([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.

Non-Suicidal Self-Injury

Feb. 10, 2026 | 10 a.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.

Hypertension

Feb. 11, 2026 | 2 p.m. ([Register](#))

This training provides overview of high blood pressure, including prevention, early detection, risk factors and

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complications. Participants learn self-management strategies and how to use community and online resources to support heart health.

Active Listening & De-escalation

Feb. 12, 2026 | 12 p.m. ([Register](#))

This training focuses on active listening skills, empathy and habits to keep yourself and other people safe. There will be discussion about how our own experiences impact our ability to assist others in high-stress situations.

Stress Management

Feb. 12, 2025 | 2 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.

Understanding Grief

Feb. 16, 2026 | 2 p.m. ([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.

Community Resiliency Model (CRM)[®]

Feb. 17, 2026 | 12 p.m. ([Register](#))

The Community Resiliency Model (CRM)[®] teaches participants about the impact of trauma and chronic stress on the nervous system, behaviors and long-term health. Participants will learn how to reset the nervous system with easy-to-learn, concrete coping skills, resulting in resilient communities.

Substance Use Disorder: Overview, Recovery and Resources

Feb. 18, 2026 | 10 a.m. ([Register](#))

This training provides an overview of substance use disorder, including its effects on mental and physical health, while identifying specific substances and their impacts. Participants will gain valuable insights into recognizing substance-related challenges and accessing helpful resources. Join us to explore practical strategies for supporting individuals impacted by substance use disorder.

Domestic Violence: How to Help

Feb. 19, 2026 | 1-4 p.m. ([Register](#))

Join us for an updated domestic violence training. We will discuss issues including coercion, gaslighting, stalking and lethality. Learn how to spot some subtle warning signs of domestic violence. We will discuss specific skills to help someone in a violent situation and keep everyone safe. **This is a three-hour class.*

Trauma Part 1 & Part 2: Introduction to Trauma and Resilience & Trauma-Informed Care

Feb. 20, 2026 | 10 a.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. We will look at how our behavior affects others who have a history of trauma and learn about the elements of trauma-informed care. **Trauma-Informed Care Probation/Parole available upon request.*

Darkness to Light

Feb. 24, 2026 | 9 a.m. ([Register](#))

The Darkness to Light training provides education about child sexual abuse and the steps you can take to prevent,

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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.*

Maternal Mental Health

Feb. 24, 2026 | 2 p.m. ([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.

Community Café

Feb. 25, 2026 | 10 a.m. ([Register](#))

Join us for an experiential café - Unhoused: A New Perspective. We will virtually explore life as an unhoused person and experience the challenges a person might encounter.

Mental Health 101

Feb. 25, 2026 | 2 p.m. ([Register](#))

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

Emotional Intelligence (EQ) Essentials

Feb. 26, 2026 | 10 a.m. ([Register](#))

This training introduces the core components of emotional intelligence and teaches practical skills to manage emotions, improve communication and build strong relationships in daily life and work.

Question, Persuade, Refer (QPR) Suicide Prevention

Feb. 26, 2026 | 2 p.m. ([Register](#))

This evidence-based training teaches the skills to recognize warning clues of suicide and intervene in a suicide crisis. *“Ask a question, save a life.”* *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. *Disponible en Español.*

Nutritional Impacts on Mental Health

Feb. 27, 2026 | 10 a.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.