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Register Today --June 13 Provider Forum Webinar

Partners’ next Provider Forum will be held on June 13 via webinar and will focus on the results of the Community Needs Assessment and Gaps Analysis, which reviews the publicly funded behavioral health services provided to the citizens of the eight counties served by Partners. This information is used to decide which health care services are working, which should improve, and what needs to be added.

Date & Time: Tuesday, Jun 13, 2017 1:00 PM – 4:00 PM

Location: *Online Webinar*

Registration: [Register Here](#)

If you have questions about this webinar, please contact Roanna Newton by emailing newton@partnersbhm.org, or calling 828-323-8054.

Critical Time Intervention Authorizations

The definition for the state-funded Critical Time Intervention service (YP400) states that the **primary diagnosis must be Severe or Persistent Mental Illness/Mental Health (SPMI/MH)**.

The primary diagnosis **cannot be Substance Use Disorder (SUD)**.

Partners’ Utilization Management has noticed a small percentage of Service Authorization Requests (SARs) being submitted with a substance use disorder as the primary or only diagnosis.

Effective June 1, 2017, any SAR submitted that date forward for CTI (YP400) will receive an *administrative denial*. There are appeal rights with an administrative denial.

All providers are urged to have your staff to verify the primary diagnosis prior to submitting the SAR.

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins and the Provider Knowledge Base website, located at <http://providers.partnersbhm.org>. If you have any questions regarding this Bulletin, please reference the subject contact, contact your account specialist, or email questions@partnersbhm.org.

Request for Information—Multidisciplinary Evaluations

Partners is initiating a Request for Information (RFI) to solicit responses from appropriately qualified organizations to conduct Multidisciplinary Evaluations (MDE) for individuals. This RFI is specifically to identify organizations interested in and qualified to become enrolled as approved network providers through Partners credentialing process. Qualified in network providers are encouraged to apply. Depending on the volume of responses Partners will either select a number of providers to enroll or will issue a full Request for Proposals.

The RFI offers an overview of Partners, requirements and links for additional resources. Please review the RFI and if you are interested in being considered for provision of these services with Partners, complete the Response to RFI (found by clicking on the hyperlink in the RFI.) [Click Here for Partners BHM RFI #0517-004](#).

To be considered for provision of this service, all responses to the RFI need to be submitted by Wednesday, June 21, 2017, 5:00 pm. Issuance of an RFI or RFP does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.

Frequently Asked Questions (FAQs) will be posted to the Partners website with the RFI approximately 15 days after the release of the RFI. Please contact Vanessa Anderson at vanderson@partnersbhm.org with any questions.

Partners' Credentialing Update

Section Highlights:

- Credentialing Training posted to Partners' website [here](#)
- New ***required*** Social Security Death Master File Consent Form due to background check vendor change
- Providers ***must*** sign separate attestations for Partners and Vaya in CAQH before applications can be processed
- Provider volunteers needed to help us test the new credentialing database (Cactus/Symplr). Please email enrollment@partnersbhm.org

As we announced in Communication Bulletins #66, #67 and #68, the Credentialing Delegation Agreement between Partners and Vaya Health (Vaya) will end on June 30, 2017. As we bring the credentialing responsibility in-house we want to keep you up to date with our progress. Partners has been successful in the recruitment of a new credentialing team with all positions filled. If you have questions about credentialing please send them to enrollment@partnersbhm.org or contact Fielding Yelverton, Credentialing Supervisor, at (704) 884-2505.

Fielding provided credentialing training in four separate sessions during the month of April. The handouts and a video of the training are posted on our website at the following link: <https://providers.partnersbhm.org/provider-enrollment-credentialing>

Effective May 1, 2017 providers began submitting all CIF (Credentialing Initiation Forms), Change Request Forms, Request for Nominations Forms, Initial Credentialing Applications and Recredentialing Applications directly to Partners at enrollment@partnersbhm.org **Vaya will no longer accept Partners' credentialing applications.** If providers submit an application to Vaya, it will be returned to the provider. **Vaya will not forward the application to Partners.** If you have outstanding credentialing requests that you submitted to

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Vaya prior to May 1, 2017 you should continue to work with Vaya to finalize those requests.

Following is a break-down of the credentialing requests received by Partners from May 1, 2017 through May 19, 2017:

Initial CIF	Recredential CIF	Agency Initial	Agency Recredentialing	Add Sites	Add Services	*Other
20	6	4	1	9	6	50

*other includes removing/associating a clinician with a provider, removing sites and changing mailing addresses

Criminal Background Release: Partners made the decision to use a vendor, Castle Branch, to conduct criminal background and Social Security Death Master File verifications as part of the primary source verification credentialing activities. For that reason, an additional release form is required in order for the vendor to complete the background checks previously completed by Vaya through their vendor, Accurate. We apologize for the inconvenience this has caused to those of you who submitted your applications prior to the background release form being added to the applications. If the credentialing staff here at Partners has requested the release from you, please sign it and return it as soon as possible so that we can process the application you submitted to us. The release is now included as part of the applications and should not be a problem moving forward.

As a reminder, you MUST use the forms posted on Partners' Provider Knowledge Base website (<https://providers.partnersbhm.org>) in order to ensure that we have received all of the information required. Although we have attempted to standardize the forms as much as possible, the forms on our website are NOT the same as the forms we previously shared with Vaya.

CAQH: Partners now has access to CAQH and the attestation inside of CAQH will no longer be shared between Vaya and Partners. Clinicians will be required to sign separate attestations for each managed care organization. The credentialing staff will notify you directly if an attestation is needed for us to process the credentialing application.

Cactus/Symplr: Partners continues to work with Vaya and our credentialing database developer, Cactus (now Symplr) to transfer all current credentialing data into a database to be used by Partners. We are on track with the plan to have our Cactus system fully operational no later than July 1, 2017. We will let you know as soon as we are able to use that system to receive credentialing applications.

We would like to have some "provider volunteers" to help us test the application submission functions in early June. If you are interested in participating in this test phase please contact us at enrollment@partnersbhm.org

If you have any additional questions about this transition, please email enrollment@partnersbhm.org.

Providers Needed: Special Consultation Services and Forensic Evaluations

Partners is continually seeking providers to deliver Special Consultation Services and Forensic Evaluations. Special Consultation Services consist of evaluations as well as therapeutic physical, occupational, speech, recreational, and nutritional services provided for qualified individuals with Intellectual and Developmentally Disabled diagnoses. The organization/clinician providing Special Consultation Services must have the capacity to respond to requests for services in a timely manner, have access to required testing materials, deliver services in a location accessible to the consumer and be able to follow Medicare/Medicaid protocols if direct enrolled based on the consumer’s funding source. To provide this service an organization/clinician must be NC licensed and/or certified as required by the specific service provided, be credentialed by Partners and be willing to follow all other regulations as required.

Forensic Evaluators approved under the rules of the Commission for Mental Health, Developmental Disabilities and Substance Abuse services may be appointed by the court to examine defendants and submit written reports describing the present state of the defendant’s mental health. The evaluation is to determine if a defendant has the capacity to proceed to trial, needs further treatment or further evaluation. It is preferred that a Forensic Evaluator be a licensed clinician and have, at minimum, a two-year history of providing forensic evaluations, court/jail related assessments, experience with mental health assessments and evaluations. For provision of this service a clinician has to be certified by the state of North Carolina as a Certified Forensic Evaluator, be credentialed by Partners and be willing to follow all other regulations as required.

The following table shows the type of therapist needed and the county of need.

Therapist Type Needed	County of Need							
	Burke	Catawba	Cleveland	Gaston	Iredell	Lincoln	Surry	Yadkin
Psychologist PhD	X	X	X	X	X		X	
Psychologist LPA	X	X	X	X	X	X	X	
NC Licensed Clinicians- NC Certified as Forensic Evaluators	X	X	X	X	X	X	X	X
BCBA	X	X			X			
Occupational	X	X	X	X	X	X		
Physical	X	X	X	X	X	X	X	X
Speech	X	X			X		X	X
Recreational							X	X
Nutritional							X	X

To learn more about these opportunities, please email Partners’ Credentialing Department at enrollment@partnersbhm.org.

Reminder: Community Support Team Six Month Requirements

Per Implementation Update 89: *Beginning on and after October 1, 2011, all requests for concurrent authorizations that extend the authorization beyond a six month period for that consumer per that year, must be accompanied by an independent assessment indicating that Community Support Team continues to be medically necessary as well as an updated Person Centered Plan with a new service order signed by a medical doctor (MD), licensed psychologist, nurse practitioner (NP) or physician assistant (PA). The independent assessment must have been completed within 60 days of the new authorization request. The six months per*

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calendar year are cumulative and include any time during that calendar year when the consumer received Community Support Team services.

- *If there has been a gap in services, and an initial authorization is requested that would lead to an individual receiving six or more months of Community Support Team that year, those initial requests must be accompanied by an independent assessment and Person Centered Plan as noted above.*
- *Requests that do not include this documentation will be considered incomplete.*

If you have questions regarding this requirement, please contact Lynne Grey by email at lgrey@partnersbhm.org or call 704-884-2542.

State-Funded Services—Changes Effective July 1, 2017

Partners announced a number of changes to how state funds will be allocated in the next fiscal year, beginning July 1, 2017. This information was shared at the January 20 Provider Council meeting, in a [Provider Alert](#) released on February 2, and during the Partners Provider Forum on February 14.

Partners will be maintaining its current State/IPRS funding levels in Fiscal Year 2017-18 (FY2017-18), however, this funding will be reallocated to specific services. We have worked on this issue for a number of months, and multiple Partners' departments have participated in this discussion to determine what changes were the most beneficial to our service system.

The benefit plan changes, available online at <https://providers.partnersbhm.org/rates-three-way-contracts-reminders/#Benefit-Plan-Changes>, identifies the specific State/IPRS-funded services impacted effective July 1, 2017.

Partners wants to stress that State/IPRS funding within Partners is NOT BEING REDUCED. We are simply reallocating funding within the State/IPRS benefit grid for FY2017-18. Partners wants to emphasize that, going forward:

- Medicaid funds need to be utilized whenever possible to meet the needs of individuals who are eligible for Medicaid. Many individuals are eligible and enrolled in Medicaid, but continue to receive State/IPRS funded services when Medicaid services could effectively meet their needs. This is detrimental to the purpose of State/IPRS funding, which is designed to serve the indigent population.
- Our clinical team has reviewed and prioritized our State/IPRS services into three tiers, focusing on those that utilize best practices, evidence-based practices, and meet critical crisis needs. We are directing more funds toward these practices and services and away from services that are no longer viewed as best practice or are not clinically efficacious.
- We are limiting the time that individuals can receive some services, such as Assertive Community Treatment Team, in an effort to move individuals into Medicaid funding where possible. This allows individuals to receive services through State/IPRS funding until they can become Medicaid eligible, while forcing all parties to aggressively pursue the better funding source. Please note the language concerning extensions for authorization when progress is being shown toward Medicaid eligibility.

Partners will be publishing a grid of State/IPRS services to receive funding increases. We need to determine the amounts for those increases based on this year's utilization, and we are continuously reviewing utilization as the fiscal year progresses.

Again, note that these changes will take place in July 2017, and will result in no loss of funding for the state-funded service sector as a whole. If you have further questions, please direct them to your [Account Specialist](#).

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FY 2017-18 State-Funded Services Benefit Plan Changes

Partners has spent the last year evaluating its State Funded Services Benefit Plan. Partners’ leadership and clinical staff have assessed several factors in this process. Utilization, clinical efficacy and appropriateness, and maximizing effective services to the citizens of our eight counties were the main focal points of this intensive review. Based on this, the following changes will be effective July 1, 2017 to the Partners’ State Funded Benefit Plan. (This grid was originally published in the February 2, 2017 Provider Alert.)

Services & Service Codes	Benefit Plan Changes
YP620 – Adult Development Vocational Program (ADVP)	Effective July 1, 2017: <ul style="list-style-type: none"> • Freeze on Admissions/Referrals to this service line item • Criteria will be added to the Day Activity Utilization Management check sheet to increase diversion to other services
H2022 – Intensive In Home Services (IIH)	Will be eliminated from the State Funded Benefit plan effective July 1, 2017 <i>The episode of treatment should be completed prior to or by June 30, 2017 and consumer transitions should be completed.</i>
H2014 HM – Developmental Therapies Paraprofessional Individual	Will be eliminated from the State Funded Benefit plan effective July 1, 2017 <i>The episode of treatment should be completed prior to or by June 30, 2017 and consumer transitions should be completed.</i>
H2012 HA – Child/Adolescent Day Treatment	Will be eliminated from the State Funded Benefit plan effective July 1, 2017 <i>The episode of treatment should be completed prior to or by June 30, 2017 and consumer transitions should be completed.</i>
YP660- Day Activity	Effective July 1, 2017: <ul style="list-style-type: none"> • Units authorized will be reduced from 30 hours/week to 25 hours/week • Reduced length of authorizations • Criteria will be added to the Day Activity Utilization Management check sheet to increase diversion to other services • Admissions allowed to this service, but come as a referral from Partners
H0040 – Assertive Community Treatment Team (ACTT)	Effective July 1, 2017: <ul style="list-style-type: none"> • Benefit limit will change to four months for initial and concurrent requests. • With a contingency of applying for Medicaid during that time – documentation must be submitted with the SAR • For consumers currently authorized for ACTT services, the first concurrent requested after 6/30 will be considered a grace period. Providers will be expected to submit proof of application for Medicaid with the next request.
H2035 – Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	Effective July 1, 2017 <ul style="list-style-type: none"> • Benefit limit will change to a hard cap of four months Prior authorization is required. No exceptions, no pass-through.

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H0015 – Substance Abuse Intensive Outpatient Treatment (SAIOP)	Effective July 1, 2017 <ul style="list-style-type: none"> • Prior Authorization is required. No exceptions, no pass-through.
90837 – Psychotherapy – 60 minutes	Eliminated from the State Funded Benefit Plan effective July 1, 2017 <i>The episode of treatment should be completed prior to or by June 30, 2017 and consumer transitions should be completed.</i>
All Outpatient Basic Benefits Codes (Evaluation and Management Codes (E/M) not included)	Effective July 1, 2017: <ul style="list-style-type: none"> • 10 Unmanaged Outpatient Codes • Authorization required once the unmanaged benefit is exhausted

Claims Information

Claims Training: [AlphaMCS Portal University](#) is an available resource and guide for navigating AlphaMCS. If you need additional claims training, email rcolvard@partnersbhm.org to schedule a time for training.

Top Five Medicaid Claim Denials—April 2017

Claim Denial	Provider Recommended Action Steps
Claim received after billing period	Write off charges as non-billable. Do not rebill.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
Invalid DCN (Document Ctrl #) or resubmission ref #	Look at your RA with the original claim number and make sure you entered it correctly.
The procedure code/bill type is inconsistent with the place of service.	Contact your MCO.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.

As always, if you have questions about claims submission, please email claims_department@partnersbhm.org or call 1-877-864-1454, ext. 6486.

AlphaMCS Patient Module, Version 2 Video Available

Recently, Mediware released an update for AlphaMCS. This update changed the look and design to some of the screens in the AlphaMCS Provider Portal.

Mediware has loaded a video referencing the changes. Users can find it in the AlphaMCS Portal University, along with the Webinar Q&A document.

Please remember that if you need to gain access to Partners' AlphaMCS or need to reset your password, please call the Partners IT Service Desk at 704-842-6431. The Service Desk is available from 8 a.m.-5 p.m., Monday-Friday.

Training Opportunities

The following trainings are available at no cost for Partners' network providers. Please review the PTA [Attendance Requirements](#) prior to registering for training.



If you have any questions about Partners Training Academy events, please contact Kali Sbalbi, Public Relations Training Coordinator, by emailing training@partnersbhm.org or calling 704-884-2669.

Person Centered Planning

Date & Time: Tuesday, June 6, 2017, 9:00AM – 4:30PM

Location: Hickory Regional Office: 1985 Tate Blvd.SE, Hickory, NC 28602. Access the basement level from the main lobby. Enter Partners' office to get to the multipurpose room for this training session.

Electronic Registration is required--Visit the [Event Page to Register](#)

Description: Person Centered Planning (PCP) is a process designed to empower the person receiving treatment by focusing on what they want for their lives; instead of designing a plan based on resources available. The training goals and objectives are to:

- Understand the value of good planning;
- Know how to prepare and develop document plans;
- Be able to measure progress;
- Define Medical Necessity;
- Identify what is important to, and for, the individual and family, and to use both in developing the plan; and
- Write, update, and revise Person Centered Plans.

Person Center Planning is a one-day training. This training is limited to 40 participants--only two participants per agency may attend.

Trainer: [Evelyn McGill](#), MA, LPC, LCAS, CSI, NCC, Mental Health and Substance Use Utilization Management Care Manager, Partners Behavioral Health Management

Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services

Date & Time: June 7, 2017, 9:00 a.m.-12:00 p.m.

Location: Hickory Regional Office: 1985 Tate Blvd.SE, Hickory, NC 28602. Access the basement level from the main lobby. Enter Partners' office to get to the multipurpose room for this training session.

Description: Service providers are required to use the Level of Care Utilization System for Psychiatric and Addiction Services, or LOCUS, clinical tool to evaluate and determine the level of psychiatric or addiction services care needed for adults. This training is conducted by Partners' Mental Health and Substance Use Utilization Management staff. This hands-on training includes the review of a case and use of the LOCUS screening form to score the level of care needed.

Who Should Attend? Persons responsible for service authorization requests for mental health and substance use services.

Electronic Registration is Required—visit the [Event Page to Register](#).

This training is limited to 30 participants.

Trainers: Karen Olson, MS, MS, LPC; Robert Foster, M.Ed., LPC, LCAS; Tonya Childress, RN; Valerie Vickers-Robinson, MA, NCC, LPC, LCAS; Elly Perdue, MA, LPA.

Child and Adolescent Level of Care Utilization System (CALOCUS) for Psychiatric and Addiction Services

Date & Time: June 7, 2017, 1:00 p.m.-4:00 p.m.

Location: Hickory Regional Office: 1985 Tate Blvd.SE, Hickory, NC 28602. Access the basement level from the main lobby. Enter Partners' office to get to the multipurpose room for this training session.

Description: Service providers are required to use the Child and Adolescent Level of Care Utilization System for Psychiatric and Addiction Services, or CALOCUS, clinical tool to evaluate and determine the level of psychiatric or addiction services care needed for adults. This training is conducted by Partners' Mental Health and Substance Use Utilization Management staff. This hands-on training includes the review of a case and use of the LOCUS screening form to score the level of care needed.

Who Should Attend? Persons responsible for service authorization requests for mental health and substance use services.

Electronic Registration is Required—visit the [Event Page to Register](#).

This training is limited to 30 participants.

Trainers: Karen Olson, MS, MS, LPC; Robert Foster, M.Ed., LPC, LCAS; Tonya Childress, RN; Valerie Vickers-Robinson, MA, NCC, LPC, LCAS; Elly Perdue, MA, LPA.

Person Centered Thinking

Date & Time: June 27 - 28, 2017, 9:00am - 4:30pm

Location: Gastonia Corporate Office: 901 S. New Hope Road, Gastonia, NC 28054. Use the Auditorium Entrance, not the main entrance, to access the auditorium for this training session.

Description: Person Centered Thinking training serves as a foundation and philosophical framework for everyone who is involved in supporting people with disabilities. This activity-filled, two-day training consists of applied stories, guided exercises, group work and discussion, wherein the participants acquire core skills in person centered thinking

There is a class size limit of 30 participants.

Electronic Registration is Required: [Visit the Event Page to Register](#)

Trainer: [Evelyn McGill](#), MA, LPC, LCAS, CSI, NCC, Mental Health and Substance Use Utilization Management Care Manager, Partners Behavioral Health Management

Save the Date: Benchmarks' Partnering for Excellence (PFE) Conference

Date: Thursday, August 17, and Friday, August 18, 2017

Location: Statesville Civic Center, 300 S Center St, Statesville NC 28677

Registration coming soon

Partners is proud to be a project partner and sponsor of Benchmarks' upcoming *Partnering for Excellence Conference*. This conference focuses on the redesign of the local child welfare/behavioral health system, changing the way departments of social services (DSS), local management entities-managed care organizations (LME-MCOs), local providers, and the wider community understand the need for accessible, appropriate mental health services for children, youth and families who have experienced potentially traumatic events. Partnering for Excellence bridges the cultural and financial divides between the DSS and LME-MCO by aligning processes around a common clinical assessment and shared responsibility around treatment decisions and outcomes management.

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At this conference, you will:

- Learn how the pathway has been implemented and how this has led to an increase in resiliency efforts by community agencies
- Discover outcomes from Benchmarks' Rowan Department of Social Services & Cardinal Innovations partnership
- Understand the long-term impact of trauma on children
- Interact with others in your own system to determine trauma responsive approaches
- Interact with colleagues in your local area who are also working to create a trauma informed response

We will also have a special screening of the film *Resilience*, an exploration into the developments of medical studies where conditions like heart disease can be linked to childhood experiences, on Thursday evening, August 17.

A full agenda, and registration information for both days will be coming soon. Interested in becoming a sponsor? [Download sponsorship opportunities here](#). Contact [Paige Wiggs](#) for more information.

Alerts and LME/MCO Joint Communication Bulletins

Provider Alerts are sent to all providers subscribed through Constant Contact for "Information for Providers" and "All Partners' Communications." Published alerts are available on the Provider Knowledge Base at <http://providers.partnersbhm.org/provider-alert-archive/>.

Alerts issued since the last Provider Bulletin:

May 11, 2017 – [AlphaMCS Webinar; NC Innovations Listening Sessions](#)

All **LME-MCO Joint Communication Bulletins** can be found at <http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>.

Recent Joint Communication Bulletins

- [#J247 NC Interventions to be Released to Public Domain July 2017](#)
- [#J248 Critical Access Behavioral Health Agencies \(CABHAs\) Sunsetting](#)
- [#J249 2016 Perception of Care Report](#)
[[2016 Consumer Perception of Care Report](#)]

Providers are encouraged to review the monthly NC Division of Medical Assistance Medicaid Bulletin. Bulletins are posted at <https://dma.ncdhhs.gov/2017-medicaid-bulletin-and-index>.

Announcements and Resources

NCHIMA Behavioral Health Section Conference: The NCHIMA-BHS Board is hosting the 37th annual conference June 14 – 16, 2017 at The Royal Banquet and Conference Center, 3801 Hillsborough St., Raleigh, NC 27607.

This informative conference is essential in keeping you up to date on the most current information pertaining to consumer records, State and Federal changes and legal updates. Mark Botts will be presenting on confidentiality law, which will include SAMHSA's recent modernized Confidentiality of Substance Use Disorder Patient Records regulations (42 CFR Part 2). They were updated to facilitate health integration and information exchange within new health care models while continuing to protect the privacy and confidentiality of patients seeking treatment for substance use disorders. The rule was effective March 21, 2017, is published in the

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Federal Register. The early registration fee by June 1 is \$150.00 for NCHIMA members and \$160 for non-members. To learn more or to register, please visit <https://www.nchima.org/regions/behavioral-health-section/>.

NC Innovations Listening Sessions/Webinar Sessions: The NC Division of Medical Assistance and the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services are holding listening sessions on the NC Innovations Waiver as we prepare to renew the Waiver. The goals of the listening sessions are to provide an overview of the Innovations Waiver; let you know what just happened; let you know what's coming up; and get feedback.

Sessions are scheduled:

<u>Date and Time:</u> June 5, 5:30-7:30 p.m.	<u>Date and Time:</u> June 6, 5:30-7:30 p.m.	<u>Date and Time:</u> June 8, 5:30-7:30 p.m.	<u>Date and Time:</u> June 13, 5:30-7:30 p.m.
<u>Location:</u> Chapel Hill Library 100 Library Drive Room A Chapel Hill, NC	<u>Location:</u> Guilford County DSS 1203 Maple St. Room 123 Greensboro, NC	<u>Location:</u> Trillium Health Resources 165 Center Street Jacksonville NC	<u>Location:</u> Partners Behavioral Health Management 901 S. New Hope Rd. Gastonia, NC

Webinar sessions are scheduled for:

June 20, 2:00-3:30 p.m.
June 22, 2:00-3:30 p.m.
June 29, 2:00-3:30 p.m.

To participate in a webinar, please register at <https://attendee.gototraining.com/rt/5852094946454695425>. After registering, you will receive a confirmation email containing directions to join the webinar.

For additional information, please contact IDDLISTENINGSessions@dhhs.nc.gov or 919-855-4968.

Reminder -- Medicaid Enrollment of New Behavioral Health Providers in NCTracks: On March 16, 2017, the Division of Medical Assistance and Division of Mental Health/Developmental Disabilities/Substance Use Services issued Joint Communication Bulletin #J240—Medicaid Enrollment of New Behavioral Health Providers in NCTracks.

Effective July 1, 2017, Medicaid behavioral health providers requesting an initial enrollment through LME-MCOs must be directed to NCTracks. LME-MCOs will no longer enroll these Medicaid providers and transfer enrollment information through the Provider Upload process. Providers are urged to review [Joint Communication Bulletin #J240—Medicaid Enrollment of New Behavioral Health Providers in NCTracks](#) for details about this change.

If you have questions about this change, please contact DMA Provider Services at **919-855-4050**. To view this, and other Joint Communication Bulletins, please visit <https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>

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Ethics of Cultural Self-Awareness: Exploring Therapist Biases and the Counseling Process: Catawba County Social Services is hosting “Ethics of Cultural Self-Awareness: Exploring Therapist Biases and the Counseling Process” on Thursday, June 8, 2017 from 8:15 am to 12:30 pm at Catawba County Social Services in the DSS Assembly Room, 3030 11th Ave. Drive SE, Hickory, NC 28602.

This training, presented by Michael Kahn, LPC, JD, will explore how the therapist’s cultural values and biases can affect interactions with people who are different from them in various ways, including and especially their clients. Participants will receive 4.0 credit hours/CEUs for attending the training. The registration fee is \$100.00. To learn more or to register, please contact Janine Szymanski via email at jszymans@catawbacountync.gov. Registration deadline is June 1.

NC HealthConnex Health Information Exchange: Recently passed legislation **requires that as of February 1, 2018, all Medicaid providers must be connected to the HIE (Health Information Exchange) in order to continue to receive payments for Medicaid services provided.** By June 1, 2018, all other entities that receive state funds for the provision of health services (e.g. State Health Plan), including local management entities/managed care organizations, also must be connected. (NCGS 90-414.4)

Providers who do not receive state funding for the provision of health care services may also connect to NC HealthConnex on a voluntary basis.

What does connected mean?

To meet the state’s mandate, a Medicaid provider is “connected” when its clinical and demographic information pertaining to services paid for by Medicaid and other State-funded health care funds are being sent to the NC HealthConnex at least twice daily – either through a direct connection to NC HealthConnex or via a hub (i.e. a larger system with which it participates, another HIE with which it participates, or EHR vendor). Participation agreements signed with the designated entity would need to list all affiliate connections.

I am a behavioral health or substance abuse treatment provider in North Carolina. Am I required to connect to NC HealthConnex?

If you are a behavioral health provider that bills NC Medicaid for reimbursement for behavioral or mental health services, you are required to connect to the HIE Network, now called NC HealthConnex, by February 1, 2018. If you are a health care organization that receives State funds for providing health care, such as a practice that serves patients insured by the State Employee Health Plan, or you are a Managed Care Organization or Local Management Entity, you are required to connect to NC HealthConnex by June 1, 2018.

NC HealthConnex is on a mission to link every health care provider in North Carolina to improve health care quality and outcomes. **Interested providers are invited to join a monthly "How to Connect" call** to learn about who we are, the state mandate, steps to connect, as well as value-added features. These will be held the last Monday of every month at 12:00/noon. The next call is scheduled for Monday, May 22. Click here to [Register](#). To learn more about NC Health Connex, visit <https://hiea.nc.gov/>.