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UPDATED Provider Operations Manual Now Available

The Provider Operations Manual is your resource for detailed information about working with Partners. It also includes operational guidelines and procedures that providers must know to operate successfully within the Partners’ Network.

An updated version of the Partners’ Provider Operations Manual is available on the Provider Knowledge Base at <https://providers.partnersbhm.org/orientation-packet-provider-operations-manual/>.

If you have questions regarding the content, please contact your [Account Specialist](#).

***The Providers Spoke...we listened!* 2017-18 Provider Events**

During the past few months, Partners has been surveying you, the Provider Network, through focus groups and the Provider Council, to learn your opinion regarding how we communicate important information with you. In the past, we have held quarterly Provider Forums to communicate information and changes. However, thanks to the feedback we have received, we realized that this method has not been the best and most efficient way to collaborate and share with one another.

Therefore, with the new fiscal year, we will be implementing a new strategy for communicating directly with you each quarter. We will be conducting our provider forums through a series of webinars that you and your staff will be able to access from your agency’s site location.

- We will share, in advance, discipline-specific information so you will be able to designate the appropriate staff to view the webinars.
- You will be able to register in advance for the webinars.
- The webinars will be recorded, and available on the Partners’ Provider Knowledge Base site

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins and the Provider Knowledge Base website, located at <https://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.

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(<https://providers.partnersbhm.org>) , so they will be available to be viewed at a later date for those who miss the original air date.

We do value collaborating with each of you in person, so, in addition, we would like to invite you to an annual forum next year where you will have the opportunity to meet with the leadership staff from Partners and departmental staff to share information, network, and participate in educational and informative breakout sessions.

Make sure to save the date for the quarterly webinars. Registration will be available two months prior to the event:

Quarterly Webinars: Wednesday, Sept. 13, 2017, Wednesday, Dec. 13, 2017, and
Wednesday, June 13, 2018
Annual Forum: Wednesday, March 14, 2018, location and time to be announced

We realize that there are many changes within our system, and to make sure that your agency continues to stay up to date of these changes, we will continue to share important through our Provider Alerts, the monthly Provider Communication Bulletins, and the Provider Knowledge Base website, <https://providers.partnersbhm.org>.

Thank you for the hard work you do to serve the individuals receiving mental health, substance use disorder, and intellectual and developmental disability services through our system.

Credentialing Update

AppCentral: Partners is working with Sympplr (Cactus) to finalize development and implementation of our credentialing database. We currently have access to the live system and we are working to load data in preparation for the July 1, 2017 launch of that system. Many of you volunteered to help us test the AppCentral feature of Cactus. Thank you for your willingness to help us with this process. We will be reaching out to you in the coming weeks to start testing. As a reminder, please continue to use the forms posted on our website until we announce the launch of AppCentral.

iDirectory: Effective July 1, 2017 Partners will launch a new provider search tool on its website, www.partnersbhm.org. The iDirectory search tool will pull data from the Cactus database and will be updated in real time. We hope that this feature will be an improvement over the current search tool. Please help make this tool as useful as it can for our community--if you see problems with the search tool functionality, please contact us at enrollment@partnersbhm.org. As with the launch of any new system, we do expect to run into a few bumps in the road (especially during the month of July) but we hope to work through those as quickly as possible. Thank you in advance for your patience with this transition.

Credentialing vs Enrollment—Know the Difference: Do you know the differences between credentialing and enrollment? [This document](#) explains the two functions. You can find it on the Partners Provider Knowledge Base at <https://providers.partnersbhm.org/provider-enrollment-credentialing/>.

Reminder -- Medicaid Enrollment of New Behavioral Health Providers in NCTracks/Manage Change Request Submissions

Providers are reminded that, 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. This was announced in the March 16, 2017 Joint Communication Bulletin #J240–*Medicaid Enrollment of New Behavioral Health Providers in NCTracks*. 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>.

Guideline for submitting Managed Change Requests for Routing to DMA/DMH:

1. Providers must submit a Managed Change Request to NCTracks;
2. The request has to be outside of the three-week standard (at a minimum) that is outlined in the initial provider services correspondence to the provider from NCTracks; and
3. If the request involves any issues with enrollment or re-enrollment it may take much longer. It is currently taking a minimum of two months to complete.

If the above information is met, then the provider should submit the details on [this spreadsheet](#). ALL Fields must be completed or we cannot submit. Please submit to PNAS@partnersbhm.org

Provider Monitoring

Providers are reminded that **all direct care staff serving beneficiaries are required to have training that meets the needs of the person receiving services, as specified in the client's treatment plan.**

Per 10A NCAC 27G.0202, *Personnel Requirements, item (g)*:

Employee training programs will be provided and, at a minimum, shall consist of the following:

- 1) *general organizational orientation;*
- 2) *training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;*
- 3) ***training to meet the MH/IDD/SA needs of the client as specified in the treatment/habilitation plan;***
and
- 4) *training in infectious diseases and bloodborne pathogens.*

Note: This training must be completed prior to Date of Service to be considered met. There is also no specific format required for the documentation, only evidence that the employee has received the training to meet the treatment needs of the consumer receiving the service. (This can be found in supervision notes or as a separate form.)

In addition, Partners' Provider Monitoring staff are in the process of updating workflows to comply with Joint Communication Bulletin #254 "Changes to the Agency Monitoring Process." If you have further questions, please contact your [Account Specialist](#).

State Funded Contracts

Providers will be receiving, or have already received, their State Funded contracts for State Fiscal Year 2018. The contracted amount took into account changes to the state funded benefit plan as well as utilization. As always, Partners reviews utilization on a regular basis and will be reviewing capitation amounts and making adjustments as we can but will not do so until after the first quarter. Please note that payment for this current fiscal's year services will come out of the 2018 contract if billed after the June 15, 2017 cut-off date.

NPI Numbers

The following information may affect provider's ability to be paid if applicable.

Due to upcoming requirements from the State in regards to encounter data, Partners needs to make changes to ensure that all NPI numbers are active and correctly enrolled in NCTracks. **Providers need to ensure their enrollment for each NPI number is active in NCTracks and under the Medicaid Benefit plan in NCTracks.** This is required to continue to receive payment from Partners for dates of service after July 1, 2017 associated with the affected NPI numbers.

If an NPI number is terminated in NCTracks and/or terminated in the Medicaid Benefit plan in NCTracks, the NPI numbers will be updated in AlphaMCS, resulting in claim denials or recoupments for dates of service beginning July 1. Providers are responsible for verifying this information in NCTracks and addressing any NCTracks termination issues thru the NCTracks Manage Change Request process.

Partners strongly encourages providers to log into their NCTracks account to verify that their Billing and Rendering NPIs are active as indicated above. Providers are responsible for notifying Partners at enrollment@partnersbhm.org once the NPI number is active in the NCTracks system so the affected NPI number can be updated in AlphaMCS. Please ensure that the effective date of your NCTracks request runs consecutively with the end date so there is no lapse in coverage dates to avoid recoupments for that time period.

Questions can be directed to PNAS@partnersbhm.org.

Day Activity Benefit Limits

Partners has met with Day Activity providers regarding the changes in the July 2017 State Funded Services Benefit Plan. As a result, we have heard that many individuals are being given the opportunity to transition toward more community integrated services, even as a part of the Day Activity service.

Partners would like to continue to encourage this community integration through consumer choice. Therefore, Partners will not be placing a benefit limit of 25 hours/week on the use of Day Activity. However, in order to assure medical necessity for 30 hours/week, providers will need to include, in their treatment plans, information explaining how individuals are being integrated into the community and offered choice to do so.

If you have questions, please contact IDD Utilization Management at 704-884-2605.

IDD State-Funded Waitlist Referral Process

Effective July 1, 2017, providers of IDD state funded services will be required to contact Partners for referral(s) when the provider has available funds to serve a new individual. This process is being implemented to ensure a process of moving individuals from the Registry of Unmet Needs (RUN) for state-funded service into the needed service when it becomes available.

Request for Referral

When a provider agency has the ability to serve a new individual with state funding already in their budget, the provider agency will contact Partners to request a referral. This process will result in the provider being given the name and contact information for individuals who have been waiting for the service on the Registry of Unmet Needs for state funded services.

Periodic Services

- Hourly Respite
- Personal Assistance (YP020)
- Supported Employment- Individual (YA390) & Group (YP640)

For periodic services, the provider agency contacts the Partners' Program Support Specialist and/or designee to notify them of a vacancy and/or potential vacancy in their program. Please send an email to iddwaitlist@partnersbhm.org and in the subject line, enter the word "Vacancy". The provider agency informs the Program Support Specialist of the type of vacancy currently seeking to fill (service, location or county, as applicable).

Within two business days of notification, the Program Support Specialist will review the Registry of Unmet Needs for the state funded service and will send the provider agency the name and contact information for the individual who has been waiting the longest.

The provider agency will offer service to the designated individual and notify the Program Support Specialist of outcome.

Day/Residential Services

- Independent Living (YM700)
- Supervised Living- Moderate (YP720); Low (YP710)
- Family Living- High (YM755); Moderate (YP750); Low (YP740)
- Group Living- High (YP780); Moderate (YP770); Low (YP760)
- IDD Supervised Living- (YM811-YM816)
- Developmental Day – (YP610)- child only
- Day Activity (YP660)
- Day Supports Individual (YM580); Group (YM580HQ)

For day and residential programs, the Provider agency contacts the Partners' Program Support Specialist and/or designee to notify them of a vacancy and/or potential vacancy in their program. Please send an email to iddwaitlist@partnersbhm.org and in the subject line, enter the word "Vacancy". The provider agency informs the Program Support Specialist of the type of vacancy currently seeking to fill:

- Type of program
- Gender of vacancy
- Age

- Ambulatory/non-ambulatory
- Diagnosis
- Other (Medical/Behavioral)

Within two business days of notification, the Program Support Specialist will review the Registry of Unmet Needs for the state funded service and will send the provider agency the name and contact information for the five individuals who have been waiting the longest**.

The Provider Agency interviews/screens the individuals for the vacancy.

The provider agency selects the most appropriate candidate for the vacancy and then offers the individual/family and LRP the vacant slot. Once the individual/family and/or LRP accepts, the provider agency notifies the Program Support Specialist of the individual selected for vacancy, so the other candidates will remain on the RUN.

**Note that emergent residential/day needs take priority over individuals on the RUN. Emergent is defined as homelessness, DSS involvement with risk of removal from natural home, current crisis, risk of institutionalization, etc.

Referrals for Registry of Unmet Needs

Providers who have been maintaining their own waiting list are urged to contact Partners' IDD Registry and Referral Specialist to verify if the individuals are on the official Registry of Unmet Needs (RUN) list. Please send an email to iddwaitlist@partnersbhm.org and in the subject line, enter the word "Referral" with the following contact information:

- Name of the individuals
- Date of Birth
- Name of contact person (if different e.g. Guardian, LRP, parent)
- Contact number
- State funded service (s)

You will receive a follow-up email within two business days regarding the status of the individual being referred for the Registry of Unmet Needs.

For individuals who are not on the RUN, providers can assist the individual or legally responsible person in contacting Partners' Access to Care Department (1-888-235-HOPE (4673) to request IDD Services.

- The Access to Care Department will schedule an appointment with the IDD Registry and Referral Specialist for a screening to determine potential eligibility by requesting the supporting documentation.
 - The supporting documentation includes, but is not limited to current (child < than 3 years and adult < than 5 years old) psychological evaluation (including the adaptive behavioral composite score and a standardized IQ test score) which is determined by a Psychologist or Licensed Psychological Associate. Additional documents such as an Individual Education Plan (IEP), TEACCH Evaluation and/or medical assessments,
 - If the supporting documentation is not available or exceeding the Registry and Referral Specialist may assist in referral for a psychological evaluation.

Claims Training Survey

As a follow-up to the 2016 Provider Satisfaction Survey, Partners is requesting feedback regarding Question #10 of the survey, “*Claims trainings meet my needs,*” which received an achievement score below the low benchmark (79.7%).

To better meet your training needs, please complete this **two-question** survey to help us determine which specific aspects of claims submission require additional training:

<https://www.surveymonkey.com/r/5SHLQL8>

Thank you for your participation! If you have any questions, please contact Training@PartnersBHM.org.

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—May 2017

Claim Denial	Provider Recommended Action Steps
No coverage available for Patient/Service/Provider combo	Go to Patient > Patient Search and search for the patient in question. Check the Insurance tile to ensure the patient has effective insurance covering the DOS submitted on the claim. If this appears to be correct then contact the MCO for further assistance.
Invalid DCN (Document Ctrl #) or resubmission ref #	Look at your RA with the original claim number and make sure you entered it correctly.
Duplicate Claim	Write off charges as non-billable. Do not rebill.
Claim received after billing period	Claim has previously been submitted and adjudicated. Do not refile.
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 704-842-6486.

WRAP® and Certified Peer Support Specialist Training Opportunities

Partners Training Academy is looking for additional members to participate in our upcoming **WRAP®** and **Certified Peer Support Specialist trainings!** Details listed below:

WRAP® (Wellness Recovery Action Plan): This two-day, 16-hour training will take place in Partners’ Hickory Regional Office on July 31st – August 1st. For more information on the training curriculum, please visit <http://mentalhealthrecovery.com/>.

Certified Peer Support Specialist Training: This five-day, 40-hour training will take place in Partners’ Hickory Regional Office on October 9 – 13th. All participants are required to have completed a 16-20-hour WRAP®

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course before participating in this training. For more information about North Carolina's Peer Support Specialist program, please visit <http://pss.unc.edu/>.

Both trainings are **free of charge** to participants. All interested members must fill out an application to be considered for these trainings – please contact Training@PartnersBHM.org to request an application.

Website Updates

The following items have been updated on the Partners' Provider Knowledge Base, <https://providers.partnersbhm.org>:

- The Provider Operations Manual has been updated and is available at <https://providers.partnersbhm.org/orientation-packet-provider-operations-manual/>.
- New Medicaid/B3 and State-Funded Benefit Grids will be effective July 1, 2017 and are available at <https://providers.partnersbhm.org/benefit-grids/>.
- The Clinical Criteria Checksheets page has been redesigned and new checksheets added. It is located at <https://providers.partnersbhm.org/clinical-criteria-checksheets/>.

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 31, 2017 – [AlphaMCS Downtime; Perception of Care Survey Reminder](#)

June 1, 2017 – [AlphaMCS Latency](#)

June 7, 2017 – [AlphaMCS Latency Issues](#)

June 8, 2017 – [Provider Webinar; Credentialing Update; Perception of Care Reminder](#)

June 19, 2017 – [Request for Proposals – Referral Agency for Outside School Hour Support Services](#)

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

Recent Joint Communication Bulletins:

- [#J250 CCP 8A: Enhanced Mental Health and Substance Abuse Services](#)
- [#J251 Revised LME - MCO Request Form for Exception\(s\)
Updated Form To Request Exception for Choice and Access May 2017](#)
- [#J252 Disengagement of Nash County from Eastpointe](#)
- [#J253 CCP 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers](#)
- [#J254 Changes to the Agency Monitoring Process](#)

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

Request for Proposals, Cleveland County Schools—Referral Agency for Outside School Hour Autism

Support Services School Year-2017-18: Cleveland County Schools (“CCS”) is currently requesting proposals from appropriately licensed, local eligible to be or currently credentialed and contracted with Partners and endorsed providers to accept referrals for students with autism who need services outside the school day. The treatment model of applying agencies should complement existing school programs and ensure continuity between school and home. The agency should provide a continuum of services or have access to a network for referrals that encompasses a full continuum of services. To view the RFP, [click here](#).

NC HealthConnex Health Information Exchange: *Partners has learned that there is language in the current North Carolina General Assembly budget bill (<http://www.ncleg.net/Sessions/2017/Budget/2017/S257vccr.pdf>, page 147) that adjusts the date that Medicaid providers will be required to be connected to the HIE (Health Information Exchange. Providers should continue to pay attention to this conversation and how it will affect your organization. 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 p.m. To learn more about NC Health Connex, visit <https://hiea.nc.gov/>.

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.

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On-site sessions will be held:

June 26, 2017, 5:30-7:30 p.m.
Pack Memorial Library
67 Haywood St.
Asheville NC

Webinar sessions are scheduled for:

June 20, 2017, 2:00-3:30 p.m. Call in: 1-877-402-9753 9476918# Join Skype Meeting: https://meet.lync.com/nconnect-dhhs/kenneth.bausell/781YZCPG	June 22, 2017, 2:00-3:30 p.m. Call in: 1-877-402-9753 9476918# Join Skype Meeting: https://meet.lync.com/nconnect-dhhs/kenneth.bausell/5KJ941HS	June 29, 2017, 2:00-3:30 p.m. Call in: 1-877-402-9753 9476918# Join Skype Meeting: https://meet.lync.com/nconnect-dhhs/kenneth.bausell/CM24Q84H
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For additional information, please contact IDDListeningSessions@dhhs.nc.gov or 919-855-4968.

Fair Housing Law Training: Registration is now open for two Fair Housing Law training sessions on **Wednesday, July 12 at Western Piedmont Community College in Morganton.**

The morning session is for **service providers** and will take place from **10:00 a.m.-12:00 p.m.** The afternoon session is for **housing providers**, including landlords and property managers, and will take place from **1:30 p.m.-3:30 p.m.** Training topics include:

- An overview of federal and state Fair Housing laws;
- The legal responsibilities of property owners and managers;
- Properties covered by Fair Housing laws;
- Requests for reasonable accommodations, including assistance and service animals;
- Requests for reasonable modifications;
- Procedure and timeline for accommodations requests and fair housing complaints; and
- The rights of people with disabilities, including definition of “disability” and types of disability discrimination.

In addition, the presentation will provide a brief overview and timeline of the eviction process.

The trainings are free and open to anyone in your housing and service provider networks, so please pass along the following links to your community partners:

Service providers register here:

<http://www.nchfa.com/events/fair-housing-and-reasonable-accommodations-service-providers-0>

Housing providers register here:

<http://www.nchfa.com/events/fair-housing-and-reasonable-accommodations-housing-providers-morganton>

If you have any questions about the trainings or the registration process, please contact Charlotte Stewart at crstewart@nchfa.com or Karen Williams at kmwilliams@nchfa.com.

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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.

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.

DOT/SAP Qualification and Re-Qualification Training: Addiction Recovery Institute will present DOT/SAP Qualification and Re-Qualification Training August 16-18, 2017 in Florence, SC. To learn more and to register, [click here](#).

Save the Date: NADD 34th Annual Conference and Exhibit Show: The 34th Annual NADD Conference and Exhibit Show will be held November 1-3, 2017 at the Sheraton Charlotte Hotel. To learn more and register, please visit <http://thenadd.org/34th/>.

NCTracks News

Reminder - No NCTracks Checkwrite on June 27 2017: As stated in the published approved 2017 checkwrite schedules, "NCTracks will issue 50 checkwrites per fiscal year. The payment cycle will be weekly, exceptions being the last week of June (end of state fiscal year) and the last week of the calendar year."

The last checkwrite date for the state fiscal year will be on June 20. **There will be no checkwrite on June 27.** The first checkwrite for the new state fiscal year will be on July 5, 2017.

The 2017 checkwrite schedules can be found under Quick Links on the NCTracks [Provider Portal home page](#).

Selected Nurse Practitioners Must Submit Evidence of Certifications to DMA: When submitting an application and/or a Manage Change Request (MCR), the following nursing provider types will need to provide the required certifications, which are listed below. The user will need to enter the data in the Certification fields located in the Accreditation section of the application. At the end of the application, the user will need to select to upload the Certification document(s) so that the information can be verified. It is advantageous to the provider to supply this information in advance with the application rather than wait for a proof of certification request from NCTracks.

Nurse Practitioner

Border or Out of State Providers need to have ONE of the following:

- American Academy of Nurse Practitioners Certification Board (AANPCB)
- National Certification Corporation (NCC)
- American Nurses Credentialing Center (ANCC)
- Pediatric Nursing Certification Board (PNCB)

Midwife

In-State, Border or Out of State Providers need to have ONE of the following:

- State Board Certification (Certification from the entity responsible for certification in the applicants state of practice)
- Midwifery Joint Committee of NC (Only Applicable for In-State Providers)

Psychiatric Clinical Nurse Specialist

In-State, Border or Out of State Providers need to have ONE of the following:

- American Nurses Credentialing Center (ANCC)
- American Psychiatric Nurses Association (APNA)