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21st Century Cures Act Funding Available for New Consumers

Partners has received another allocation of 21st Century Cures funding. The majority of this money will be used to specifically to increase Medication Assisted Treatment within opioid treatment programs. There are four of these programs within our area who are all actively recruiting new consumers, and our Access to Care Call Center (1-888-235-HOPE) has appointment slots available to get consumers scheduled right away.

Please encourage anyone with an opioid use disorder who has not had insurance or financial resources to pay for this most effective treatment to call and get into services.

We are also working with office-based opioid treatment providers to establish or expand contract for uninsured consumers and have new Overdose Response Teams starting to outreach survivors of opioid overdoses and rapidly engage in services.

To learn more about the services available through this funding and who is eligible for services, please contact Barbara Hallisey at bhallisey@partnersbhm.org or call 704-842-6418.

NC Medicaid Transformation Update

As many are aware, the North Carolina Department of Health and Human Services plans to transition all Medicaid and NC Health Choice programs from a fee-for-service model to managed care. Although behavioral health and intellectual and developmental disability services have operated in a managed care environment through the 1915 (b)/(c) waiver for many years, this shift will eventually affect all care funded by Medicaid and NC Health Choice.

In November 2017, DHHS submitted an amended Section 1115 demonstration waiver to the Centers for Medicare and Medicaid Services (CMS), which was the formal request to grant permission to change how Medicaid Services are delivered.

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 [Who to Contact listing](#) for the correct contact or reach out to your [account specialist](#).

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DHHS has released the following managed care concept papers on specific subjects related to the proposed program design. Each paper will include a 30-day comment period. All comments are welcome and can be submitted via email to Medicaid.Transformation@dhhs.nc.gov by the date listed next to the concept paper.

- [Prepaid Health Plan Network Adequacy and Accessibility Standards](#) - Released Feb. 15, 2018.
Comment period is open through March 29, 2018.
- [Managed Care Benefits and Clinical Coverage Policies](#) - Released March 2, 2018.
Comment period is open through March 31, 2018.
- [Beneficiaries in Medicaid Managed Care](#) - Released March 9, 2018.
Comment period is open through March 31, 2018.

All providers are urged to stay abreast of the information shared by DHHS regarding Medicaid transformation and the impact it can have on their operations. Information regarding this effort can be found at <https://www.ncdhhs.gov/medicaid-transformation>. In addition, Partners will also highlight white papers, comment periods, and additional information in future Provider Communication Bulletins.

Partners' Provider Forum Offers Information, Tools for the Future

Almost 200 attendees braved the surprise winter weather to attend Partners' first-ever Annual Provider Forum. The event, held in Hickory, offered providers a chance to network with members of seventeen Partners' departments, learn about the NC Department of Health and Human Services' super measures, and get a glimpse of what's in store as we move toward a value-based payment system.

You can view the presentations and download copies of handouts from each departmental table by visiting <https://providers.partnersbhm.org/annual-provider-forum/>.

Make sure to mark your calendar for the next Provider Webinar, to be held Wednesday, June 13, 2018 at 1 p.m. Registration will open in April for the webinar. If you have questions about the Provider Forum or future Provider Webinars, please contact Roanna Newton at 828-323-8054 or email rnewton@partnersbhm.org.

Alpha System Password Complexity Change

Over the next month, Medware will be updating their system to strengthen the password security for accessing their Alpha systems.

The password rules will require the use of passwords that contain:

- lowercase and uppercase alphabetic characters
- numbers
- special characters.

Please be prepared for this change. More information will be distributed with instructions on how to make the change and the exact date that it will be enforced. If you have questions, please contact Partners' IT Service Desk at 704-842-6431.

Credentialing and Recredentialing Reminders

Recredentialing and Contract Expiration Dates: As explained in [Provider Communication Bulletin #77](#) (January 2018), all providers must be credentialed in order to have a contract and provide services to Partners' consumers. In an effort to ensure that providers credentialing does not expire (resulting in a contract termination), providers will receive a contract warning letter 90 days before the credentialing expiration date if a **COMPLETE** recredentialing application has not been received by Partners' Credentialing Department. The warning letter will include a final date in which the complete application must be turned in or Partners will begin the contract termination process. The process will begin in order to ensure that Partners' consumers will continue to receive needed services (and be transitioned to another provider) if the current provider will not be renewing their contract with Partners. Partners encourages providers to begin the recredentialing process six months before their credentialing expires to avoid any disruption in services.

Credentialing Notifications: As we explained during the credentialing training provided in April 2017 and consistently posted on the [Credentialing and Enrollment page](#) of the [Partners Provider Knowledge Base website](#), all credentialing notices are sent to the primary credentialing contact identified by the **applicant**. If this or any other information is incorrect, your application could be delayed or denied. Clinicians need to keep their CAQH applications up-to-date with accurate information. Partners relies on this information to be used to contact clinicians as needed for updates to credentialing status.

Requirements Related to Owners/Managers:

- Owner means "a person with ownership or control interest" as defined in 42 CFR §455.101.
- Managing employee means, as defined in 42 CFR §455.101: A "general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency." For example, this includes but is not limited to any of the following:
 1. Individuals who are authorized to engage in or who have authority concerning financial transaction and decisions (such as EFT, check signing, line of credit utilization approval, debt expansion approval, etc.)
 2. Individuals who have the authority to hire and/or fire employees
 3. Individuals who have the authority to open or close individual programs of the provider entity (such as both the literal opening and closing of an office, either for weather or financial reasons and the termination of a program for financial reasons)

This is not an exhaustive list and it is up to each Applicant to determine which employees in their organization meet this definition.

Whenever Partners' credentialing staff receive your agency application, they will compare the information included in the Owner/Manager section of your application with the information you include on your organizational chart and the information from both the NC Secretary of State and NC Tracks. If there are inconsistencies with individuals identified as owners/managers, then staff will ask you for clarification. **Please ensure that, at a minimum, the information submitted in your credentialing application is consistent with NC TRACKS.** The following link spells out the requirement that the managed care organization is held to related to this requirement: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/fftoolkit-ownership-control.pdf>.

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Provider National Accreditation Requirements: Partners verifies accreditation status at credentialing and at recredentialing for all providers who apply to deliver services that require national accreditation. **Providers are expected to report any change of accreditation status immediately.** Providers who continue to deliver services which require national accreditation after their accreditation is lost or lapses are at risk of having those services recouped and/or receive payback notification through post-payment review processes. It is critical that national accreditation status remains active and current for all required services.

NC Secretary of State Registration: All providers who are credentialed and contracted with Partners as an “agency” **MUST** be registered with the NC Secretary of State. “Agency” means an entity organized as a corporation, limited liability company (LLC), partnership, limited liability partnership (LLP), or other corporate entity registered with the NC Secretary of State that delivers outpatient, enhanced, or residential mental health, intellectual/developmental disability, and/or substance use services (MH/IDD/SUS). Employees of the Agency provide services to consumers, and the Agency ensures that all employees meet qualifications to provide the services and that all other requirements of the contract between the LME/MCO and Agency are met.

Medical Board Primary Source Verification of Education:

As previously published in [Provider Communication Bulletin #73](#) in September 2017: *“As part of the credentialing requirements for URAC, Partners must conduct primary source verification of the education of all clinicians who are credentialed in our network **unless** the licensing board associated with that credential attests that they conduct primary source verification of education **or** the clinician is Board Certified. The NC Medical Board does **not** complete primary source verification of education. For that reason, Partners must complete primary source verification of all NC Medical Board licensed clinicians who are **not** Board Certified. **The way this verification is done is through the clinician making a request to their school for an “official transcript” to be sent directly to the credentialing team here at Partners (1985 Tate Blvd. Hickory, NC 28602).** This additional verification may cause delays in processing of applications for these clinicians. We understand the critical nature of processing physician applications as quickly as possible and will make every effort to finalize them as quickly as possible once the verification has been received.”*

NOTE: We understand that there has been some confusion around requirements stating that the clinician only had seven days to comply with our request for a transcript. That is an error and we apologize for that confusion. Of course, we do want to receive the verification as quickly as possible and we know you want to get it to us as quickly as possible. We will not be able to finalize the application and present findings to the Credentialing Committee for a decision until after we receive verification of education.

Hospital Privileges: Also, hospitals are reminded of the following requirement as previously announced in [Provider Communication Bulletin #73](#) in September 2017:

“All physicians making application for credentialing with Partners must answer the questions in Section 5 of the CAQH application related to Hospital Affiliations. This section cannot be left blank.

- *If the answer to the first question, “Do you have admitting privileges?” is “No” then you must list someone (by name) who admits for you. The answer cannot be the Emergency Department or the name of a hospital. If you do not have admitting privileges or a person (by name) who admits for you, then your application will be considered incomplete until you have fully answered the question regarding admitting privileges.*
- *If the answer to the first question, “Do you have admitting privileges?” is “Yes” then you must complete the information in the next section specific to the hospital where privileges have been granted.”*

Section 5 Hospital Affiliations				
Admitting Arrangements	DO YOU HAVE HOSPITAL PRIVILEGES?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YOU DO NOT ADMIT PATIENTS, WHAT TYPE OF ADMITTING ARRANGEMENTS DO YOU HAVE?

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* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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Section 5 Hospital Affiliations (Continued)	
Hospital Privileges If applicable, list all hospital affiliations. List primary hospital, then other current affiliations, followed by previous affiliations in chronological order. If you have additional hospital privileges, use the Supplemental Hospital Privileges Form on page 30.	PRIMARY HOSPITAL
	HOSPITAL NAME
	NUMBER STREET SUITE/BUILDING
	CITY STATE ZIP CODE
	TELEPHONE FAX
	DEPARTMENT NAME
	DEPARTMENT DIRECTOR'S LAST NAME
	DEPARTMENT DIRECTOR'S FIRST NAME

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Nurse Practitioner Credentialing: Pursuant to [Clinical Coverage Policy 8C](#), Section 6.1, and [LME-MCO Communication Bulletin #J253 \(J253\)](#), nurse practitioners seeking credentialing or recredentialing must meet the following criteria:

1. Hold certification as a Psychiatric Mental Health Nurse Practitioner (PMHNP), **OR**
2. Provide all of the following to the credentialing body:
 - a. Documentation that they have three full-time years of psychiatric care and prescribing experience under licensed psychiatric supervision including psychiatric assessments and psychotropic medication prescribing; **AND**
 - b. A signed supervision agreement with a North Carolina Licensed Psychiatrist that covers prescribing activities; **AND**
 - c. Continuing education requirements, going forward, which include 20 hours each year focused on psychiatric physiology, diagnosis, and psychopharmacology. (21 NCAC 36.0807)

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J253 allows for the possibility of a waiver of the above requirements if there are “access needs” within the network that are “documented in the records of the credentialing body, approved by the Prepaid Inpatient Health Plan (PIHP) Medical Director, and reassessed on an annual basis”. Nurse practitioner applications will be presented to the Chief Medical Officer for waiver consideration prior to being presented to the Credentialing Committee for approval. Nurse practitioner applicants who are granted a waiver and approved by the Credentialing committee will be limited to a one year credentialing approval and not the standard three year credentialing term. This conclusion will be revisited no later than October 2018.

If you have questions about the previous items, please contact the Credentialing Department at credentialingteam@partnersbhm.org or call 704-842-6483.

Credentialing Requirements for Hospital/Health Systems Only: The language pertaining to credentialing for hospital/health system facilities and associated clinicians recently changed, and the Delegated Credentialing Agreement is no longer necessary for these facilities or the clinicians associated with these facilities when billing is through the facility’s NPI number. Per the language in the current version of the contract between DMA and Partners (please see the “current” excerpt below), your facility’s direct enrollment in NC Tracks fully satisfies the credentialing requirements for your facility **and** the associated clinicians that bill through your facility’s NPI number.

Please note that in order to maintain an accurate record of your facility’s clinicians in AlphaMCS, we will continue to require that your facility notify Partners of any provider changes (additions, deletions, new licenses, etc.) via the [Hospital-Based Clinician Registration Worksheet](#). This worksheet can be located on the Provider Knowledge Base on the [Credentialing and Enrollment Page](#).

For your convenience and comparison, you will find below the previous and current DMA contract language on the issue of hospital credentialing. Please contact Shawn Causby at 704-884-2521 or via email at SCausby@partnersbhm.org with any questions you may have.

<u>Previous DMA Contract Language</u>	<u>Current DMA Contract Language</u>
<i>Hospital Credentialing: In order to decrease the administrative burden on hospitals/ health systems directly enrolled with the NC Medicaid program, PIHP may accept and rely upon DMA's credentialing of hospitals licensed under Chapter 131E of the North Carolina General Statutes, if it so chooses. This may include all facilities and sites affiliated with the hospital/ health system seeking to be credentialed by PIHP to the extent such facilities and sites are enrolled with OMA and affiliated with the hospital/ health system in the State's MMIS ("NCTracks"). The Department agrees to accept all liability for such credentialing and to indemnify and hold harmless PIHP from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the credentialing of hospitals performed by OMA or its contractor and relied upon by PIHP in accordance with this Contract. PIHP shall be responsible for credentialing of all practitioners billing through the hospital/ health system, either directly or through a Delegated Credentialing Agreement with the hospital/ health system that meets applicable federal and state laws, rules and regulations and PIHP accreditation standards.</i>	<i>7.7.3 Hospital Credentialing: In order to decrease the administrative burden on hospitals/ health systems directly enrolled with the NC Medicaid program, PIHP may accept and rely upon DMA's credentialing of hospitals licensed under Chapter 131 E of the North Carolina General Statutes, if it so chooses, including all facilities and sites enrolled with DMA and affiliated with the hospital/ health system in the State's MMIS and all practitioners billing through the hospital/health system's NPI(s). The Department agrees to accept all liability for such credentialing and to indemnify and hold harmless PIHP from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the credentialing of hospitals performed by DMA or its contractor and relied upon by PIHP in accordance with this Contract.</i>

Requests for Services

Request for Proposals - Dialectical Behavioral Therapy: RFP Issued: March 14, 2018; Submissions due April 18, 2018

Partners initiated this Request for Proposals (RFP) to identify agencies interested in and qualified to become enrolled as approved network providers through Partners' credentialing process to offer Dialectical Behavior Therapy. This RFP will also be used to identify current Partners' Network Providers interested in and qualified to provide services as outlined in this RFP. This RFP is designed to identify agencies to provide Dialectical Behavior Therapy through clinicians certified or in the process of certification by the Linehan Institute. Please go to [The Linehan Institute](#) website to learn more about DBT and [The Linehan Board of Certification](#) website to learn more about the certification process.

The RFP ([Click Here for Partners BHM RFP #0318-001](#)) offers an overview of Partners, requirements to submit a proposal and links for additional resources. Please review the RFP and if you are interested in being considered for provision of these services with Partners submit a response to the RFP according to the instructions included in RFP #0318-001.

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) are posted with the RFP at <https://providers.partnersbhm.org/request-for-services/>. Questions and Answers will be added to the FAQ periodically, please continue to check the website. Please contact Vanessa Anderson at vanderson@partnersbhm.org with any further questions.

Eye Movement Desensitization and Reprocessing Therapy (EMDR): Effective April 1, 2018, Partners is increasing capacity for EMDR Therapy throughout the catchment area. NC Licensed Practitioners who have completed 20 hours of Emdria approved Basic Training for EMDR Therapy are eligible to apply to provide this service in the Partners Network. Please refer to the Emdria Training website at <https://emdria.site-ym.com/?page=22> for more information.

It is required that all EMDR Providers agree to use A Collaborative Outcome Resource Network (ACORN) as their outcomes measurement tool. Please contact nnewton@partnersbhm.org for more information on ACORN.

After April 1, 2018, out of network providers meeting criteria for this service would need to email their interest in providing this service to providers@partnersbhm.org. To provide this service, all out of network providers will also need to be approved through Partners credentialing process.

After April 1, 2018, in network providers meeting criteria for this service would need to submit a Provider Change Form to credentialingteam@partnersbhm.org.

Emdria Definition of Eye Movement Desensitization and Reprocessing Therapy-"EMDR is an evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD). In addition, successful outcomes are well-documented in the literature for EMDR treatment of other psychiatric disorders, mental health problems, and somatic symptoms. The model on which EMDR is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences. This impairs the client's ability to integrate these experiences in an adaptive manner. The eight-phase, three-pronged process of EMDR facilitates the resumption of normal information processing and integration. This treatment approach, which targets past experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the

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disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers." <http://emdria.site-ym.com/>

The EMDR service code for Medicaid and IPRS is 90837 EM. The Partners' enhanced rate for provision of EMDR Therapy is \$125 for 60 minutes.

Partners is also continuously recruiting for a number of services. Visit <https://providers.partnersbhm.org/request-for-services/> to view the list.

Claims Information

Providers are reminded to use the email claimsdepartment@partnersbhm.org for all email inquiries so that they are handled in the most efficient manner. Please do not send email directly to individual employees.

AlphaMCS Portal University is an available resource and guide for navigating AlphaMCS. If you need additional claims training, please contact Rhonda Colvard by email (rcolvard@partnersbhm.org) to schedule a time for training.

Medicaid—February 2018 Number of Days to Process and Pay All Claims	
Received Date to Paid Date:	8.8

Top Five Medicaid Claim Denials—February 2018	
Claim Denial	Provider Recommended Action Steps
The procedure code/bill type is inconsistent with the place of service	Contact Claims Department.
Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
Billing Taxonomy submitted is not associated with the Billing NPI	Resubmit claim with a valid taxonomy.
Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
Claim received after billing period	Write off charges as non-billable. Do not rebill.

Timely Filing Override Requests: *Please make sure claims are being submitted according to the timely filing guidelines. If claims deny for any of the reasons below, make sure you submit timely filing override requests within the time frames below.*

Timely filing override requests should only be submitted for the following reasons. All requests are reviewed for consideration.

- **Retroactive Medicaid:** Claims based on retroactive Medicaid eligibility must have authorization requested within 30 days and submit claims within 90 days of the date modified in NCTracks for eligibility date range. Claims department should be contacted prior to submitting claims.
- **Retroactive Medicare/TPL:** If claims are recouped due retroactive Medicare/TPL, the claim can be resubmitted once the claim has been resubmitted to other insurance. The only exception is claims that are not within the Fiscal Year for State benefit. Please resubmit within 90 days of the recoupment.
- **License update/addition:** Request must be submitted within 30 days of the update or addition.
- **NPI/Taxonomy update/addition:** Request must be submitted within 30 days of the update or addition.

- Site update: Request must be submitted within 30 days of update.
- AlphaMCS system issues identified by Partners
- Eligibility issue with NC Fast/NC Tracks: Request must be submitted within 30 days of date modified in NCTracks.

Timely Filing Requests should be sent directly to claimsdepartment@partnersbhm.org prior to submitting the claims.

Attention IDD Providers: NC-SNAP

An NC Support Needs Assessment Profile (NC-SNAP) is required for individuals with Intellectual and/or Developmental Disabilities receiving services funded by State funds (IPRS), B3, ICF-IID, and state developmental centers that do not have a SIS Assessment completed.

- An NC-SNAP is valid for one year. Authorization periods must be covered by a valid NC-SNAP. A gap in NC-SNAP coverage dates could result in recoupment of claims.
- A NC-SNAP Update must be completed if the consumer is transferred to another IDD service provider, is discharged, or will no longer receive any IDD services (including transitioning to non-IDD services). An update is done by completing the NC-SNAP Summary Report & Supplemental Information form (cover sheet), marking the Change in DD Support Status, and indicating the changes on the form.
- Fax updates to 704-884-2690 and upload into AlphaMCS.
- All complete NC-SNAPs and updates must be faxed to 704-884-2690; Attention: Laura Reisinger and Roxann Revels. Partners will enter these into the North Carolina NC-SNAP Database.
- All complete NC-SNAPs and updates must be uploaded into AlphaMCS.
- Providers must do both to be in compliance.

If you have questions you may contact **Laura Reisinger** by email at lreisinger@partnersbhm.org; by phone at 704-884-2645; or fax to 704-884-2690.

Positive Trends: Home and Community Based Services Standards

Over the coming months, members of Partners' Intellectual and Developmental Disabilities Monitoring Team will be sharing some of the trends they have seen that promote self-determination and compliance with Home and Community Based Services (HCBS) standards. Here is an article from Bonita Stanley, Monitoring Specialist, IDD Care Coordination:

North Carolina supports serving individuals with disabilities in the most integrated settings possible, based on what is appropriate as defined in the person-centered plan. We believe that individuals with disabilities should have the opportunity to live in community settings that reflect community values and standards. This is the backbone to the Home and Community Based Services (HCBS). The provider stakeholders are a critical part of HCBS being imitated to the fullest. As a monitoring specialist, I have seen the provider agencies try to their mold current practices to fit the standards and I have seen agencies who embrace the vision for involving individuals to their fullest degrees possible.

In my role, I visit both the group homes and alternative family living homes and one of the areas of HCBS that cause the most concern is the individual having a key to the house.

In one instance, the Alternative Family Living (AFL) host had never thought about giving a key to the individual because he uses a walker and never enters or exits the home without assistance. The AFL host asked the individual if he would like to have a key and the individual indicated he would. The AFL host began introducing the new skill of unlocking a door to an individual who has never had a key or used a key in his life. After a

month, they can insert the key and unlock the deadbolt with assistance of the AFL host. This is their fullest degree possible.

In another AFL, the individual is in a wheelchair and never enters or exits the house without assistance and relies totally on others for mobility because they cannot manually operate a wheelchair. Again, the individual was asking if they wanted to have a key and when they indicated they would. A key is now in their purse on a keychain they bought. They will never use a key and owning a key is their fullest degree possible.

Sometimes fullest degree possible is just being given an option to own a key. I visit an individual who does not have mobility issues and who knows how to use keys and had keys in his past. When he was asked if he wanted a key to his house or a lock on the door to his room he indicated that there was no need for a lock or key. The individual's choice was not to have a lock and key was their fullest degree possible.

In one of the homes I visit, the individual was excited to have a key to his home but quickly lost it. Another key was provided and again it was lost. The individual has a desire but more training is needed before the individual can be given another key. Their desire to have a key and the goals that is currently working on is leading to their highest degree possible.

Group Homes can find the HCBS most challenging. One group home I visit has embraced change. HCBS were not embraced at first and they tried to mold old group home standards to meet HCBS. With a recent management change, a new way of thinking emerged. The group home management began the process of HCBS with a group home meeting to educate staff and then individual rights training for the residents. Individuals were given a choice to have a lock and key to their bedroom doors, key codes for the front door, pets in the bedroom, they now go on dates, and have company over. They have weekly group home meetings to discuss menus and take turns cooking. They also develop activity calendars where everyone gets the opportunity to provide input on activities and a choice not to participate. They can individually select activities to involve themselves in like church services and access to community resources. The individual's dreams are being embraced. The biggest change is the attitude of the individuals. They are happy and feel empowered to make choices. This agency is integrating individuals to the fullest degree possible.

As a monitoring specialist, I am looking for the North Carolina standards to be met in each group home and AFL home and to be fully transitioned and in compliance by required date. This is not easy but can be accomplished if the agency embraces the changes, provides education, and give individuals opportunities to live full lives. At Partners, we are here to support the agencies through this transition to HCBS.

If you have questions or concerns, please reach out to your IDD Monitoring Specialist or contact Joan Vaughn, IDD Monitoring Supervisor, at 336-527-3219 or by emailing jvaughn@partnersbhm.org.

Want to help your consumers find housing? Attend our Housing Workshop

The Partners Housing Team is hosting a Housing Workshop, along with Legal Aid of NC and NChousingsearch.org, on March 27, 2018 at Partners Hickory office, 1985 Tate Blvd. SE, Hickory, NC 28602.

The morning session from 8:45-10:30 a.m. will be targeted to landlords. It will provide landlords with a great networking opportunity and will feature an informative presentation from an attorney with Legal Aid. They will also learn about free advertising with NChousingsearch.org.

The afternoon session from 11:30 a.m.-4:30 p.m. will focus on finding and maintaining housing for providers, with an emphasis for TCLI updates and guidelines. Providers will be able to learn about determining housing needs, applying for housing, and developing housing relationships. This session will also feature a discussion with housing representatives from DHHS and a guest speaker from the NC Housing Finance Agency.

Space is limited and to ensure your seat, send your RSVP for this workshop to Bre Griffin, Housing Educator, at bgriffin@partnersbhm.org.

Register Now! Partners Health Summit: Treating the Opioid Crisis



Learn about local solutions and treatments for North Carolina's opioid epidemic at this free education conference, sponsored by Partners.

When: April 6, 2018, 8 a.m.-4 p.m.

Where: Hickory Metro Conference Center, 1960 13th Avenue Drive SE, Hickory, NC 28602

Admission is FREE. Continuing Education Units will be available.

To register, visit <https://www.partnerstraining.org/treating-opioid-crisis/>.

Partners Training Academy Opportunities

All Partners Training Academy sessions are **FREE** to registered attendees.

Be sure to register at www.PartnersTraining.com.

If you have any questions about Partners Training Academy events, or **would like to be added to the waiting list for a training that is already full**, please contact Kali Sbalbi, Public Relations Training Coordinator, by emailing Training@PartnersBHM.org or calling 704-884-2669. For more information about attending Partners Training Academy sessions, visit our [Frequently Asked Questions page](#).



Alternatives to Guardianship: Supported, Not Supplanted Decision-Making

Wednesday, March 28, 2018

10:00 a.m. – 12:00 p.m., Gastonia, NC ([Registration](#))

3:00 p.m. – 5:00 p.m., Hickory, NC ([Registration](#))

Description: If you are considering guardianship or are currently a guardian, this session is a must for you. We will explore how to provide just the right amount of support for people with disabilities as they make good and bad decisions, and grow and learn from them all.

Trainer: [Holly Stiles](#), Senior Attorney, [Disability Rights North Carolina](#)

Foundation for Success: An Optimized Electronic Health Record ([Registration](#))

Wednesday, April 11, 2018, 9:00 a.m. – 10:30 a.m., Gastonia, NC

(optional Q&A with trainer and networking time with EHR vendors: 10:30 a.m. – 12:30 p.m.)

Description: The purpose of this presentation is to discuss the importance of an electronic health record (EHR) to support an organization's services and strategic initiatives, along with the best practices for selecting, implementing, and optimizing a system.

Trainer: [Matt Hoffman](#), Afia Health

Overview of Personal Outcome Measures

Thursday, April 12, 2018, 10:00 a.m. – 4:00 p.m., Hickory, NC ([Registration](#))

Thursday, April 19, 2018, 10:00 a.m. – 4:00 p.m., Gastonia, NC ([Registration](#))

Thursday, April 26, 2018, 10:00 a.m. – 4:00 p.m., Elkin, NC ([Registration](#))

Description: Personal Outcome Measures® are a tool developed by the Council on Quality and Leadership (CQL) to ensure supports and services are truly person-centered. This one-day overview will provide a basic understanding of the Personal Outcome Measures® as you prepare to use them in planning.

Trainers: [Michelle Stroebel](#), Intellectual Developmental Disabilities Assessment Team Supervisor, Partners, and [Tammy Wellman](#), Intellectual Developmental Disabilities Systems Manager, Partners

NC SNAP ([Registration](#))

Wednesday, April 18, 2018, 1:00 p.m. – 4:00 p.m., Gastonia, NC

Description: The NC-SNAP (NC Support Needs Assessment Profile) is a needs assessment tool that, when administered properly, measures an individual's level of intensity of need for developmental disabilities (DD) supports and services. Persons in North Carolina who have a DD diagnosis and receive state funded supports and or are placed on the waiting list to receive state funded DD supports must have an NCSNAP administered annually.

Trainer: [Rachel Noell](#), NC Department of Health and Human Services

WRAP® ([Registration](#))

Thursday, April 26 – Friday, April 27, 2018, 8:00 a.m. – 5:00 p.m., Gastonia, NC

Description: The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system rooted in the principle of self-determination. Participants of this training will create their own WRAP® to be used as a tool throughout their recovery.

Trainer: [Patty Schaeffer](#) and [Stephanie Rhodes](#), Certified WRAP Facilitators

Motivational Interviewing in Group Therapy ([Registration](#))

Wednesday, May 9, 2018, 8:30 a.m. – 4:30 p.m., Hickory, NC

Description: This training is appropriate for any direct service provider who provides client care in a group setting (or plans to provide client care in a group setting) and who has completed Introduction to Motivational Interviewing.

Trainer: [Laurie Conaty](#), MSW, LCSW, LCAS

NC TOPPS 101 & Super User ([Registration](#))

Wednesday, May 9, 2018, 9:00 a.m. – 12:30 p.m., Webinar

Description: NC TOPPS 101 is an introduction to NC TOPPS and includes a demonstration of the NC TOPPS online system for the provider agency's staff user. The NC TOPPS Super User training outlines the roles and responsibilities of the NC TOPPS Super User.

Trainer: [Veronica Somerville](#), MHA, MBA, Quality Management Analyst, Partners

Certified Peer Support Specialist ([Registration](#))

Monday, June 11 – Friday, June 15, 2018, 8:00 a.m. – 5:00 p.m., Gastonia, NC

Description: Peer Support Specialists are people living in recovery with mental illness and/or substance use disorder who provide support to others who can benefit from their lived experiences. The North Carolina Certified Peer Support Specialist Program certifies that the peer has met a set of requirements necessary to support other individuals with mental health or substance use disorder.

Trainer: [Monroe Consulting, LLC](#) – Take Your Heart to Work® Curriculum

Person Centered Thinking ([Registration](#))

Tuesday, June 19 – Wednesday, June 20, 2018, 9:00 a.m. – 4:30 p.m., Gastonia, NC

Description: Person Centered Thinking (PCT) 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.

Trainer: [Evelyn McGill, MA, LPC, LCAS, CSI, NCC](#), Certified Person Centered Thinking Trainer with [The Learning Community](#)

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 <https://providers.partnersbhm.org/provider-alert-archive/>.

Alerts issued since the last Provider Bulletin:

- February 22, 2018–[Rapid Response Stabilization Services Referrals; Third Party Liability/Medicare Bypass Codes](#)
- March 2, 2018–[EMDR Update; ACORN Training](#)
- March 6, 2018–[IRIS Unavailable on Thursday, March 8, 2018](#)
- March 14, 2018–[Request for Proposals – Dialectical Behavior Therapy](#)

All **LME-MCO Joint Communication Bulletins** can be found at

<http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>.

1. [#J277 Authorization Requests for Services When a Third-Party Payer is Primary](#)
2. [#J279 Experience of Care and Health Outcomes Survey 2016-2017](#)
 - [NC Adult ECHO 2017 Report](#)
 - [NC Child ECHO 2017 Report](#)
3. [#J278 SFY 2018 Network Adequacy and Accessibility Analysis Requirements for North Carolina LME/MCOs](#)
 - [Network Adequacy and Accessibility Analysis Requirements for North Carolina LME/MCOs](#)
 - [Appendix A - DMHDDSAS Contract Language](#)
 - [Appendix B - DMA Contract Language](#)
 - [Appendix C - Service Codes](#)
 - [Appendix C - Service Codes \(004\)](#)
 - [Appendix D - Urban Rural County Designation \(004\)](#)
 - [Appendix E – Form To Request Exception Choice Access](#)
 - [Appendix F - Network Access Plan Requirements \(003\)](#)
4. [#J280 NC DMA 2017 Provider Satisfaction Survey](#)

- [Network Adequacy and Accessibility Analysis Requirements for North Carolina LME/MCOs](#)
5. [#J281 Medicaid and Eligibility for TCLI Housing Slots](#)

Providers are encouraged to review the monthly *NC Division of Medical Assistance Medicaid Bulletin*.

Bulletins are posted at <https://dma.ncdhhs.gov/documents/2018-medicaid-bulletin-and-index>

Announcements and Reminders

Statewide ASAM and MAT Training: The NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services announces several training opportunities for providers serving people with substance use disorders. The programs are jointly provided with Mountain AHEC and in collaboration with the NC AHEC System.

Courses include:

- The ASAM Criteria Skill Building Two-Day Training
- The ASAM Criteria Overview One-Day Workshop
- Making Medication-Assisted Treatment More Meaningful: Using Evidence- Based Practices to Promote Recovery

Trainings will be held in March and April. Training dates and locations can be found at

<http://my.ncahec.net/education.php>.

Save the Date—NC TIDE Spring 2018 Conference: NC TIDE will host its Spring 2018 Conference April 22-25, 2018 at the Hilton Wilmington Riverside. Visit www.nctide.org to learn more.