



# SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services  
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

## Provider & Practitioner Communications Plan

Sandhills Center promotes and encourages open channels of communication and active participation with the provider network in order to:

- ensure that providers and practitioners are aware of information necessary to the provision of behavioral health services to members, and
- comply with Sandhills Center's administrative and clinical requirements and procedures.

Sandhills Center develops and implements a formal communications plan which describes the provider relations program, including the strategies and processes for communications with providers and practitioners in the network. The Provider Communications Plan is reviewed and revised annually and updated during the fiscal year as needed.

The Plan includes but is not limited to:

- Orientation of new providers and practitioners;
- Updates of network activities;
- Mechanisms for securing provider manual;
- Changes in fee schedules and contracting provisions;
- Information on how to obtain benefits, eligibility, formulary, complaint and appeals information;
- Provider and practitioners dispute resolution process;
- Mechanisms for Sandhills Center to receive suggestions and guidance from participating providers and practitioners about how the provider network can best serve members
- Assistance for participating providers, practitioners and their staff regarding provider network issues.

In order to ensure that open communication and adequate provider / LME-MCO relations are maintained, the following procedures are followed:

1. Sandhills Center's Provider Communications Plan is part of the Provider Manual.  
<https://www.sandhillscenter.org/provider-manuals>
2. Network Development is responsible for developing, updating, and distributing the Plan. The Plan is presented to the Health Network Committee, Network Leadership Council and Quality Management Committee for review and input. It is reviewed and updated typically during the final quarter of the fiscal year.
3. The Provider Communications Plan consists of the following seven major segments:
  - a. Provider Orientation;
  - b. Provider Manual;
  - c. Network Leadership Council, Clinical Advisory & Credentialing Committees;

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- d. Provider Code of Ethics
- e. Sandhills Center Website;
- f. Quarterly Provider forums, and
- g. Training, Consultation and other Technical Support

## **Provider Orientation**

Orientation procedures are as follows:

1. Sandhills Center informs potential providers and practitioners of the orientation requirement during the credentialing/contracting process.
2. *New Provider Orientation*: Orientation materials consist of the 1) the Provider Manual posted on the Sandhills Center website, 2) information about the Provider Help Desk (1-855-777-4652), which offers technical assistance for providers practitioners, and 3) additional orientation materials developed by Sandhills Center program/departments posted on the Sandhills Center website under Provider Orientation. <https://www.sandhillscenter.org/for-providers/trainings-events/provider-orientation>. An overview of these orientation resources is shared when the executed contract is mailed to the provider/practitioner.
3. *Annual Orientation*: In collaboration with Sandhills Center programs/departments, the Training Coordinator plans and facilitates the annual orientation events for all network providers and practitioners during the last quarter of the fiscal year. In an effort to provide convenient provider and practitioner access, this orientation is typically presented in person, or may be posted on the Sandhills Center website in lieu of face-to-face presentations. Electronic notice of the annual orientation schedule and agenda topics are sent to providers and practitioners in a timely fashion and posted on the Sandhills Center website. Provider and practitioner participation in the in-person annual orientation is documented and maintained through sign in sheets. For website-only orientation, providers and practitioners are notified of the availability of website materials through Sandhills Center's provider email list serve. The expectation is that all applicable provider and practitioner staff will actively view materials, and will contact the Network Operations Director with any questions or concerns.
4. Orientation agendas are planned to provide network providers and practitioners with the information necessary to comply with all applicable requirements/standards, including but not limited to:
  - Overview of Sandhills Center's mandate and function; information regarding Sandhills Center's administration;
  - Overview of Sandhills Center website and how to find information on website, including:
    - 1) Mechanisms for securing DHB and DMH/DD/SAS updates, Sandhills Center provider updates, and updates of network activities;
    - 2) Mechanisms for locating and/or securing Provider Manual;
    - 3) Location of information concerning technical assistance, training announcements, frequently asked questions from the Provider Help Desk, and Sandhills Center personnel contact information for provider and practitioner questions;
    - 4) Changes in fee schedules and contracting provisions;
    - 5) Information on how to obtain benefits, eligibility, grievance and appeals information. Sandhills Center does not oversee medication formularies;
    - 6) Provider and practitioner dispute resolution process;
    - 7) Mechanism for Sandhills Center to receive suggestions and guidance from participating providers and practitioners about how the provider network can best serve members
  - Participating provider and practitioner responsibilities, including, as needed:
    - 1) Member Rights and Responsibilities;

- 2) Eligibility information
- 3) Clinical criteria;
- 4) Use of Electronic Slot Scheduler;
- 5) Authorizations and utilization review;
- 6) Care management requirements;
- 7) Documentation requirements;
- 8) Access and Availability criteria;
- 9) First Responder Responsibilities;
- 10) Billing and Claims;
- Quality Management;
- Service Monitoring;
- Primary Source Verification by Network Management credentialing staff;
- State and Federal Requirements;
- Cultural Competency;
- Credentialing and re-credentialing procedures, and
- Sanctions, Disputes and Appeals.

### **The Provider Manual**

The Division of Health Benefits (DHB) requires Sandhills Center to develop a Provider Manual (Manual) that informs network providers and potential providers of Sandhills Center’s processes, procedures, deadlines and requirements. Sandhills Center is dedicated to providing a manual that is user-friendly, contains up-to-date information, is written in clear concise language, and is easily accessible.

The manual is a viable part of Sandhills Center’s Communications Plan. The manual covers Sandhills Center’s purpose, mission, and treatment philosophy and community standards of practice, as well as:

- Introduction and Overview of Sandhills Center
- Governance and Administration
- Provider Network
- Contracts
- Member Rights and Empowerment
- Benefit Package
- Access, Enrollment and Authorization of Services
- Service Definitions and Criteria
- Resources for providers and practitioners
- Getting Paid
- Standards and Corporate Compliance
- Reconsideration Review Process for providers and practitioners
- Covered Services
- Glossary of Terms
- Acronyms

Sandhills Center ensures the Provider Manual is kept current through the following processes:

1. Network Operations is responsible for updating and maintaining the Provider Manuals for Medicaid and IPRS funded services, and to have the manual and updates posted on the Sandhills Center website.
2. Sandhills Center program and department directors update their sections of the provider manual as needed and forward the revisions to the Network Operations department for inclusion in the final version.

3. Information received from the Division Health Benefits and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services is added to the provider manual as needed.
4. Network Operations presents the provider manual to the Network Committee and the Quality Management Committee for review and approval on an annual basis and during the fiscal year if revisions are made.
5. Network providers and practitioners are notified electronically when changes are made to the manual and also on an annual basis during the final quarter of the fiscal year.
6. Upon written request, hard copies of the Provider Manual can be made available to providers and practitioners.
7. Network Operations informs providers and practitioners of revisions to the manual at quarterly provider forums.

### **The Network Leadership Council, Clinical Advisory and Credentialing Committees**

Sandhills Center implements a formal strategy to involve network providers and practitioners in committees that address clinical and provider payment policies (URAC NM-5). It recognizes the importance of network provider input and participation in decision making, in order to promote a collaborative environment between the LME-MCO, providers and practitioners.

#### **Network Leadership Council (NLC)**

The overall purpose of the Network Leadership Council is to ensure that provider perspective is represented in the Sandhills Center Health Network management processes and operations and to assist in building and maintaining a diverse provider network that meets the needs of members pursuant to State requirements.

NLC membership consists of network providers and practitioners, Sandhills Center staff, representatives from the Consumer and Family Advisory Committee (CFAC), and the Community Care of NC (CCNC). The council is co-chaired by a participating provider and a Sandhills Center Network Operations staff member.

Providers and practitioners serving on the council are expected to represent other providers and practitioners delivering the same or similar services and not their own individual agency/practices. Provider and practitioner representation must directly reflect network composition and may include individuals in either managerial/leadership and/or clinical roles, in each disability area and both large and small providers.

The scope of responsibilities of the Network Leadership Council include the following:

- Recommend new service initiatives to address service needs/gaps and participate in provider recruitment and retention activities to build and maintain network sufficiency;
- Provide input regarding the Sandhills Center Network Adequacy & Accessibility Analysis and Network Access Plan;
- Offer information and make recommendations for the use of emerging best practices;
- Provide input regarding the annual provider training plan;
- Assist in the development, approval and annual review of the Sandhills Center Cultural Competency Plan;
- Review Provider and Practitioner Satisfaction Survey results and make recommendations to address areas of concern;
- Review and make recommendations for the Provider Communication Plan annually;
- Review and make recommendations for the provider manual and web site;
- Review reports and data on provider and practitioner related performance and quality management activities and provide input/recommendations;
- Review and approval of the Provider Code of Ethics;
- Conduct an annual self-assessment process and evaluation;

- Offer recommendations for provider monitoring and quality indicators;
- Receive regular updates regarding on-going projects, and the latest information on pending changes from state and local organizations;
- Review provider and practitioner network performance against stated goals;
- Provide feedback and recommendations for staff education and training needs;
- Provide feedback and recommendations on clinical outcomes, clinical decision support tools, clinical criteria and the selection and use of evidence based, best practices and clinical practice guidelines through the Clinical Advisory Committee (see below);
- Provide feedback on network data management processes related to access to member information, treatment authorization, claims adjudication, and payment;
- Provide opportunity for feedback and recommendations regarding provider contracting, contractual responsibilities, rate setting and provider payment to the extent allowed by Sandhills Center clients - NC DHHS and NC DHB;
- Ensure that any changes in provider and/or practitioner contracts, contractual requirements, rates and administrative requirements are discussed in detail with providers and practitioners and that all are given an advanced 30-day notice of these and other changes unless specifically prohibited by law and statute or contractual requirements.

### **Clinical Advisory Committee (CAC)**

The Sandhills Center Clinical Advisory Committee was established to provide a forum for discussion and approval of clinical treatment practices and community standards of care that are used in the Sandhills Center provider network.

Clinical Advisory Committee membership is comprised of active practicing licensed clinicians that mirror the network composition in addition to Sandhills Center LME-MCO employees, licensed non-network healthcare practitioners residing within the LME-MCO's geographic area, and Sandhills Center licensed clinical leadership staff. The chairperson of the committee is Sandhills Center's Chief Medical Officer/Chief Clinical Officer.

Sandhills Center Clinical Advisory Committee Scope of Responsibilities and Duties:

1. Review of Evidenced based clinical practice guidelines in conjunction with recommendations from Sandhills Center Integrated Care partners;
2. Review clinical decision support tools/utilization management criteria;
3. Review of Customer Services clinical triage and referral processes;
4. Identification of training needs of providers and practitioners;
5. Evaluation of service utilization as related to clinical guidelines;
6. Evaluate data from Quality Management audits, Adequacy and Access Analysis and other data tools as resources for monitoring and effective clinical guidelines implementation;
7. This committee is the primary gate keeper for consideration of new/innovative services and rate changes for services that adhere to clinical practice continuums of services and emerging best practices. Recommendations regarding such will be provided to the Sandhills Center Chief Medical Officer/Chief Clinical Officer who will ultimately decide which rate changes and new/innovative services will be forwarded to the CEO for consideration.

### **Credentialing Committee**

The Credentialing Committee is a peer-review body with members from the range of practitioners and providers participating in the Sandhills Center's provider network to make recommendations, provide advice and expertise regarding credentialing decisions.

Sandhills Center ensures that Credentialing Committee membership is broad enough that appropriate clinical peer input with knowledge of service specific standards of care are available when reviewing credentialing and recredentialing applications and practitioner or provider disputes and appeals related to professional conduct or competence.

The Sandhills Center Credentialing Committee provides overall direction of the credentialing program including approval of credentialing and recredentialing criteria; approval and disapproval of practitioners and provider applications; provision of guidance and approval for credentialing & recredentialing policies, procedures and processes; and evaluation of the effectiveness of the credentialing program annually. The Credentialing Committee is comprised of active practicing licensed clinicians who have no other role in Sandhills Center's management and that mirror the network composition in addition to Sandhills Center's LME/MCO employees, licensed non-network healthcare practitioners residing within the LME/MCO geographic area, and licensed clinical leadership staff.

### **Scope of Responsibilities and Duties:**

1. The Credentialing Committee includes non-Sandhills Center members who hold active and unrestricted licensure in their field and are the only members casting votes on credentialing & re-credentialing matters. The Sandhills Center Chief Medical Officer/Chief Clinical Officer chairs the credentialing committee. In the case of a tie vote, the Sandhills Center Chief Medical Officer/Chief Clinical Officer casts the deciding vote;
2. The Credentialing Committee and/or Chief Medical Officer/Chief Clinical Officer decide whether network applicants are meeting reasonable standards of care and service. They are assisted in this task by Sandhills Center Credentialing Specialists who review applications against credentialing and recredentialing criteria prior to committee meetings;
3. The Credentialing Committee ensures that practitioner and provider membership is broad enough that appropriate clinical peer input with knowledge of service specific standards of care is available when reviewing particular types of providers applications;
4. The Credentialing Committee delegates authority to the Chief Medical Officer/Chief Clinical Officer to review and approve all clean applications. Evidence of the Chief Medical Officer/Chief Clinical Officer review and approval of clean applications includes a handwritten signature, hand written initials or a unique electronic identifier. The Credentialing Committee reviews the list of practitioners, agencies and facilities reviewed and approved by the Chief Medical Officer/Chief Clinical Officer.
5. If the Chief Medical Officer/Chief Clinical Officer identifies an issue where one or more of the credentialing criteria are not met, the file is reviewed by the Credentialing Committee. The Credentialing Committee reviews those deemed as "outliers", and has final authority to approve or disapprove applications to the network. Initial credentialing decisions are final and are NOT subject to appeal. Recredentialing applications have the right to appeal. An application may be "pending" for the purpose of obtaining additional information. The process by which applications are screened and presented to the Credentialing Committee for review is described in the Credentialing Application Review section (NCR 1a – 19a, NNM 3a Credentialing Plan Procedures – CR 11a). Recredentialing applications that have been denied may use the appeals process as described in policies and procedures NNM 13 through NNM 17. The appeals process is explained in the Denial of Recredentialing letter sent to the practitioner or provider.
6. Committee members vote to approve or deny credentialing or recredentialing applications. In the event that more information is needed to determine a decision; the committee will vote to pend the credentialing or recredentialing application, or place on action needed status to follow-up in future meeting(s);

7. The chair ensures that a quorum is met before any action is taken by the committee;
8. The Credentialing Committee and/or the Chief Medical Officer/Chief Clinical Officer provide guidance to Sandhills Center on the overall direction of the credentialing program. Specific discussions are processed with Sandhills Center's credentialing specialist(s);
9. Review and approval of credentialing & re-credentialing policies, procedures and criteria for services;
10. Review and approval and/or disapproval of practitioners and providers requesting enrollment in the network through credentialing & re-credentialing enrollment procedures;

Providing care to members: Sandhills Center does not permit practitioners or providers to provide care to its members before they are credentialed.

Sandhills Center's accrediting body considers a provider or practitioner to be credentialed as of the Credentialing Committee or Chief Medical Officer/Chief Clinical Officer's decision date and uses this date to assess timeliness in the file review elements, even if a review board or governing body reviews decisions made by the Credentialing Committee or Chief Medical Officer/Chief Clinical Officer.

Clean and unclean credentialing & recredentialing applications are defined as follows:

- a. The Credentialing committee has delegated authority to the Chief Medical Officer/Chief Clinical Officer to approve "clean" credentialing applications" as defined as Credentialing/Re-Credentialing applications with no open actions from any regulatory body/law enforcement agency and credentialing applications with no closed/resolved actions from any regulatory body/law enforcement agency within the last five (5) years. The previous definition also applies to matters of re-credentialing in addition to having no negative entries in the provider profile system.
- b. The definition of an "unclean" application for credentialing & re-credentialing is any application with adverse actions of five (5) years or younger & both open and completed QM issues. Unclean credentialing & re-credentialing applications are discussed monthly by the Credentialing Committee & minutes documented.

11. Reviews credentials for practitioners who do not meet established thresholds (unclean applications);
12. Gives thoughtful consideration to credentialing information;
13. Reviews the blinded "Requests for Adverse Action(s)" grid to obtain feedback for Network Committee.
14. The Credentialing Committee evaluates and reports to Sandhills Center management on the effectiveness of the credentialing program. This process may include reports on timeliness, volume, percentage of clean applications and percentage of grievances. Other reports are developed as needed.

**Provider and Practitioner Disputes & Appeals Functions:**

- Blind review and approval of adverse actions to be taken by Network Committee regarding practitioner or provider disputes and appeals;
- Blinded review and approval of practitioner or provider disputes and appeals related to professional conduct or competence;
- Completes annual summary of practitioner and provider disputes resolution activities.

## **Credentialing Committee Membership**

Credentialing Committee Members include:

1. Sandhills Center Chief Medical Officer/Chief Clinical Officer
2. Inpatient Psychiatric Services
3. Licensed Independent Practitioners/Licensed Practitioners
4. Outpatient Mental Health adult and child residential agency/facility
5. Outpatient Mental Health/Substance Abuse adult & child agency/facility and child residential
6. Substance Abuse Residential agency/facility
7. Sandhills Center External & Quality Programs Director
8. Sandhills Center Provider Network Operations Director
9. Sandhills Center Care Management/Utilization Management Director
10. Sandhills Center Quality Management Director

## **Membership Commitments:**

1. The Credentialing Committee maintains a heterogeneous membership and requires those responsible for credentialing and recredentialing decisions to refrain from basing credentialing decisions on an applicant's race, ethnic/national identity, gender, age, sexual orientation or patient type in which the practitioner specializes. Therefore, all identifying information is removed from flagged applications prior to Credentialing Committee submission to prevent the risk of discriminatory decisions. To prevent discrimination Sandhills Center educates all credentialing staff, Clinical Advisory and Credentialing Committee members regarding the requirement to comply with non-discriminatory practices. Sandhills Center's Corporate Compliance Officer monitors and tracks all reports of potential discrimination. Flagged applications that are "blinded" are reviewed by the Credentialing Committee. All reports are investigated, and proactive steps are taken to remedy any incidents of non-compliance with the non-discrimination policy.
2. Annually sign and date Acknowledgements of Confidentiality and Conflict of Interest;
3. Participate in Credentialing Committee orientation;
4. Commitment to active participation in the Credentialing Committee, including meeting attendance;
5. Share with the Credentialing Committee any issues and/or concerns for review and recommendations;
6. Provide input in matters relating to Credentialing Committee functions and activities as requested by the Chief Medical Officer/Chief Clinical Officer.

**PROVIDER COMMUNITY:** Clinical representation is reflective of a varied group of agencies including, but not limited to specialties, facilities, to In Patient psychiatric and substance abuse treatment facilities, Psychiatric Residential Treatment facilities and facility based crisis programs, private and community based hospitals and LIPs/LPs.

The Credentialing Committee is a rotating membership composed of licensed independent practitioners—MD's, practicing psychologists, LCSW's, LCAS's, and PLC's—who are representative of our provider network with regards to discipline, specialty, clinical competencies, geographic locations, and agency size.

## **Provider Code of Ethics**

The Sandhills Center provider network shall facilitate an open exchange of ideas, share values, goals, vision, and promote collaboration and mutual accountability among providers. The provider network strives to achieve best practices to empower individuals served to achieve their personal goals.

- Assure that staff adheres to the code of ethics.
- Provide support to other member agencies.



- Advocate for the further development of resources on a local and state level for individuals served.

Sandhills Center supports and encourages a network community, which has an expectation that providers will adhere to the highest ethical standards.

### **Sandhills Center Website**

Sandhills Center maintains a website to disseminate and continually update information for members, providers, stakeholders and the community. The website includes a “*For Providers*” section that can be accessed through the homepage. Information on the website for providers includes, but is not limited to:

(Also, see helpful links at <https://www.sandhillscenter.org/helpful-links/>)

1. Links to the *Division of Health Benefits* and the *Division of Mental Health, Developmental Disabilities and Substance Abuse Services* for access to Medicaid Bulletin Digests, Communication Bulletins, Implementation Updates, Regulations, etc.
2. Action Alerts and Budget Updates;
3. Incident and Death Reporting forms and instructions;
4. Service Definitions;
5. Fraud and Abuse;
6. North Carolina TOPPS Guidelines;
7. Person Centered Plan Manual and updates;  
<https://www.ncdhhs.gov/document/person-centered-planning>
8. Training opportunities;
9. Sandhills Center Provider Directory;
10. Sandhills Center Provider Manual;
11. Instructional manuals and forms;
12. Sandhills Managed Care Software System User Guide, Forms & Instructions, and Links;
13. Quarterly Provider Forums dates and agendas;
14. Sandhills Center memoranda, and
15. Links to:
  - a. The Division of Health Service Regulation; <https://www.ncdhhs.gov/divisions/dhsr>;
  - b. SAMHSA; <https://www.samhsa.gov/>;
  - c. NAMI; <https://naminc.org/>;
  - d. The North Carolina Council of Community Programs <https://nccdd.org/> and
  - e. Other information and resources as needed.

### **Quarterly Provider Forums**

Provider Forums are typically held four (4) times each year and are coordinated and facilitated by the Training Coordinator. Sandhills Center administrative and clinical staff present program updates, review significant changes in state and federal requirements, and provide other information that will assist network providers in achieving compliance with requirements to remain in good standing with both Sandhills and the State. Outside subject matter experts may be part of these forums as well.

Sandhills Center’s Executive Management and Department Directors provide input to the Training Coordinator regarding topics to be covered during the forums. Additionally, input and concerns voiced by members and network providers are reviewed for consideration as possible agenda items.

Provider Forums are informative and interactive, providing an opportunity for network providers to ask questions, obtain clarification and voice concerns. Evaluations are completed by participants. Summaries are prepared with

oversight of the Training Coordinator and shared with forum presenters in an effort to improve future forums. A training event is held immediately following the quarterly forum, when possible.

### **Training, Consultation, and other Technical Support**

#### **a) Provider Training**

Sandhills Center is committed to having a trained LME-MCO workforce & provider network. Under the direction of the Training Coordinator, an annual training plan is developed, consisting of training to promote the use of evidence-based practices, assist providers in meeting technical requirements and meet state, federal and accreditation requirements. It reflects the needs & priorities of Sandhills Center and its providers. It is formatted to show the training topic, the source of the training request(s), target audience and anticipated training date. This plan is an addition to the Sandhills Center's agency-wide new employee and annual orientations. Training is offered in work units to meet unit / individual job specific requirements, and training / technical assistance is offered by specific Sandhills Center departments.

Consideration of the following contributes to the development of this plan:

1. NC Division of Health Benefits (DHB) training requirements
2. NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) training requirements
3. Accreditation training requirements
4. Sandhills Center's Local Initiatives Business Plan & Statewide Initiatives Business Plan
5. Sandhills Center Staff Training Policies and Procedures
6. Provider Manual
7. Provider Communications Plan
8. Cultural Competency Plan
9. Quality Management Plan
10. Requests from Sandhills Center departments, including those based on Quality of Care Concerns, Provider Performance Trends and Quality Improvement Project outcomes
11. Sandhills Center Annual Services Needs/Gaps Strategic Plan
12. Provider Satisfaction Survey summary
13. Clinical Leadership Team (CLT)
14. Network Leadership Council (NLC)
15. Consumer and Family Advisory Committee (CFAC)
16. Sandhills Center Clinical Practice Guidelines
17. Global Continuous Quality Improvement Committee (GCQIC)
18. Annual Training Needs Assessment which includes:
  - a. Training Assessment completed by network providers
  - b. Meetings with Sandhills Center leadership
  - c. Requests from training evaluations and quarterly provider forums

Sandhills Center offers a broad scope of training for its providers through the Sandhills Center region. The Training Coordinator researches trainers and manages training activities to meet state, federal and accreditation requirements and to assist in meeting provider training needs. This is accomplished with the assistance of the AHECs, NC Council of Community Programs and other statewide resources. Training is funded by Sandhills Center, with no cost to network providers.

Training events are typically scheduled to occur two times each month. Additional topics may be added as training needs are identified.

Examples of training topics and activities include the following:

1. MH/IDD/SA Evidence Based Practice Training
2. Dialectical Behavioral Therapy
3. Cognitive Behavioral Therapy
4. Service Documentation Training
5. Person Centered Thinking Training
6. Ethics Training
7. Clinical Supervision Training
8. Cultural Competency Training
9. Crisis Response & Intervention Plan Training
10. Program Consultation with Subject Matter Experts
11. Peer Support Specialist Training
12. ICD-10 Training
13. Comprehensive Clinical Assessment Training
14. Service Specific Training, such as Psychosocial Rehabilitation Training
15. Trauma Informed Care Training

#### **b) Technical Assistance**

Sandhills Center offers technical assistance to providers in navigating the behavioral health services system, and guidance regarding the requirements and expectations of the State and Sandhills Center.

Network Operations receives the information gathered from the Division of Health Benefits and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services websites and promptly sends it to network providers via electronic transmission.

Network Operations maintains a comprehensive provider email distribution list of network providers and practitioners. Network providers maintain and update their own internal lists.

Provider Help Desk Coordinators, the designated contact for providers and practitioners in need of technical assistance, will:

1. Respond to provider's requests within two (2) business days by contacting the subject matter expert within the organization and responding to provider, or by directing the provider to the subject matter expert;
2. Post provider questions and answers on the website on a monthly basis, and
3. Monitor website to ensure information posted for providers and practitioners is current and accurate.