AGENDA ITEMS:  

2. Agenda Adjustments  
There were no adjustments to the agenda.

3. Public Comment  
There were no public comments.

4. Chair's Report  
Chair Pazzaglini requested initial feedback on combining the By-Laws/Policy Committee and the Audit and Compliance Committee. The topic will also be reviewed at the April 19, 2021, Board Executive Committee meeting.

5. CEO's Report  
Mr. Robinson asked Monica Portugal, Chief Compliance Officer, to share an update and reminder of the agency’s policy to communicate with Board members via an agency issued email. Ms. Portugal reviewed the history and purpose behind this process.

6. Consent Agenda  

   B. Network Development and Services Committee Report – page 13  
   C. Quality Management Committee Report – page 17

The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.

BOARD ACTION  
A motion was made by Vice-Chair Nelson to adopt the consent agenda; motion seconded by Mr. Curro. Motion passed unanimously.
AGENDA ITEMS: DISCUSSION:

7. Committee Reports

A. Consumer and Family Advisory Committee Consumer and Family Advisory Committee – page 21

The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the recent Steering, Durham, Wake, Johnston and Cumberland meetings.

Doug Wright, Director of Community and Member Engagement, presented the report. Mr. Wright acknowledged the passing of CFAC member and former CFAC Chair, Dan Shaw. He shared about recent CFAC meetings including a COVID-19 update from Alliance Chief Medical Officer, Mehul Mankad; an update from NC DHHS; recommended changes to statute regarding CFAC and State CFAC member advisory committees for the NC DHHS standard plan and tailored plans; and the NCQA accreditation process. The CFAC report is attached to and made part of these minutes.

BOARD ACTION

The Board received the report.

B. Executive Committee Report – page 81

The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This report included draft minutes from the March 15, 2021, meeting and potential next steps from the recent survey of Board members.

Chair Pazzaglini provided a brief overview of the Board survey, noting the timeline for reviewing survey results. Wes Knepper, Senior Director of Quality Management, presented the proposed next steps. The Executive Committee report is attached to and made part of these minutes.

BOARD ACTION

A motion was made by Dr. Silberman to approve the next steps from the 2020 Board survey; motion seconded by Mr. Holder. Motion passed unanimously.

C. Finance Committee Report – page 84

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. This month’s report included draft minutes from the March 4, 2021, meeting, the Summary of Savings/(Loss) by Funding Source, ratios for the period ending February 28, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics.

David Hancock, Committee Chair, presented the report. He and Sara Pacholke, Senior Vice-President/Financial Operations, reviewed the report and items submitted for Board approval. The Finance Committee report is attached to and made part of these minutes.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. Hancock to approve the FY21 Amendment 1 to increase the budget by $140,956,213 bringing the total FY21 budget to $692,798,739 and to approve the FY21 revised reinvestment plan for $19,894,135; motion seconded by Ms. Council. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Hancock to adopt the resolution related to electronic payments; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
</tr>
<tr>
<td>D. By-Laws/Policy Committee Report – page 98</td>
<td>Per Alliance Health Board Policy “Development of Policies and Procedures,” the Board is to review all policies annually. The Board Policy Committee also reviews Policies throughout the year on an ad hoc basis. This month’s report included minutes from the previous meeting and a policy with recommended revisions.</td>
</tr>
<tr>
<td></td>
<td>Lodies Gloston, Committee Chair, reviewed the report and shared that the recommendation was also reviewed by the Board Executive Committee prior to today’s presentation to the full Board. Monica Portugal, Chief Compliance Officer, reviewed the policy submitted in the report noting recommended changes, benefits of the proposed revision, and potential next steps. The By-Laws/Policy Committee report is attached to and made part of these minutes.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. Wooten to approve the submitted policy, G4: Development of Policies and Procedures, with recommended revisions; motion seconded by Mr. Curro. Motion passed unanimously.</td>
</tr>
<tr>
<td>8. Leases</td>
<td>A. Lease Agreement for 162 Sally Hill Circle, Fayetteville – page 103</td>
</tr>
<tr>
<td></td>
<td>Alliance, in collaboration with Cumberland County, has committed to create a higher-level, crisis bed, response capacity in a Level 3 group home setting for youth involved with Cumberland DSS. The County has agreed to lease property to Alliance to use for the group home, and Alliance has agreed to select an enhanced service provider having an expertise in assessment and treatment planning to assist with transition back into a community family setting to operate the residential setting. Carol Wolff, General Counsel, provided an overview of the lease summary, which was included in the packet.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston to approve the proposed lease agreement from Cumberland County for 162 Sally Hill Circle, Fayetteville, to authorize the CEO to execute it, and to authorize the CEO to sublease the property to the selected service provider; motion seconded by Mr. Holder. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>B. Lease Agreement for 400 W. Ransom Street, Fuquay-Varina – page 106</td>
</tr>
<tr>
<td></td>
<td>With the intent of building a child crisis facility, Alliance purchased the property located at 400 W. Ransom Street, Fuquay-Varina, in April 2018. This facility increases Alliance’s local crisis continuum, which includes mobile crisis, rapid response, evidence, based and best practices, and several proven intensive home based treatment models to work with the youth and their family in their own community. Ms. Wolff provided an overview of the lease summary, which was included in the packet.</td>
</tr>
</tbody>
</table>
AGENDA ITEMS:                               DISCUSSION:

BOARD ACTION                               A motion was made by Mr. Jackson to approve the lease of 400 W. Ransom Street in Fuquay-Varina to KidsPeace National Centers of North America Inc. as proposed, and to authorize the CEO to execute the lease agreement; motion seconded by Ms. Gloston. Motion passed unanimously.

9. Closed Session(s)                       BOARD ACTION                               A motion was made by Mr. Wooten to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Dr. Silberman. Motion passed unanimously.

10. Reconvene Open Session                The Board returned to open session.

11. Special Update/ Presentation: Supportive Housing Investments – page 111

Alliance continues to make capital investments with select affordable housing developers to establish exclusive set aside units for our members. Ann Oshel, Senior Vice-President/Community Health and Well-Being, provided an update on past capital investments and planned investments as Alliance moves towards Tailored Plan implementation.

Ms. Oshel reviewed the importance of landlord and developer relationships, partnerships with local municipalities, and the importance of capital investments as a health plan; she also reviewed the beneficial impact for the people Alliance serves. Lastly, Ms. Oshel provided an overview of recent efforts to create inventory for this social determinant of health. The presentation is saved as part of the Board’s files.

BOARD ACTION                               The Board accepted the training/presentation.

12. Adjournment                            All business was completed; the meeting adjourned at 6:08 p.m.

Next Board Meeting
Thursday, May 06, 2021
4:00 – 6:00 pm

Minutes approved by Board on May 6, 2021.
RESOLUTION of the BOARD OF DIRECTORS
authorizing Alliance Health to engage in electronic payments

THAT WHEREAS, it is the desire of the Board of Directors that Alliance Health is authorized to engage in electronic payments as defined by N.C. General Statute §159-28; and

WHEREAS, it is the responsibility of the Finance Officer, who is appointed by and serves at the pleasure of the Board of Directors to adopt a written policy outlining procedures for pre-auditing obligations that will be incurred by electronic payments as required by NC Administrative Code NCAC 03.0409; and

WHEREAS, it is the responsibility of the Finance Officer, who is appointed by and serves at the pleasure of the Board of Directors, to adopt a written policy outlining procedures for disbursing public funds by electronic transaction as required by NC Administrative Code 20 NCAC 03.0410.

NOW, THEREFORE, BE IT RESOLVED, by the Alliance Health Board of Directors that;

1. The Alliance Health Board of Directors, hereby authorizes Alliance Health to engage in electronic payments as defined by N.C. General Statute §159-28;

2. The Alliance Health Board of Directors delegates the authority to the CEO to adopt a written Operating Policy outlining procedures for pre-auditing obligations that will be incurred by electronic payments as required by 20 NCAC 03.0409;

3. The Alliance Health Board of Directors delegates the authority to the CEO to adopt a written Operating Policy outlining procedures for disbursing public funds by electronic transaction as required by 20 NCAC 03.0410; and

4. This Resolution shall take effect immediately upon its passage.

Adopted this the 1st day of April, 2021.

Gino Pazzaglini, Chair of the Board of Directors

CERTIFICATION
I, Executive Secretary to the Alliance Health Board of Directors, hereby certify this Resolution is a true and exact copy of a resolution adopted by the Board of Directors during a regular meeting on April 1, 2021.

Executive Secretary to the Board
ITEM: Draft Minutes from the March 4, 2021, Board Meeting and March 15, 2021, Budget Retreat

DATE OF BOARD MEETING: April 1, 2021

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes.

CEO RECOMMENDATION: Approve the draft minutes.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; and Robert Robinson, CEO
MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Angela Diaz, MBA (entered at 4:35 pm); Lodies Gloston, MA; Duane Holder, MPA; D. Lee Jackson, BA; Lynne Nelson, Vice-Chair, BS; Gino Pazzaglini, Board Chair, MSW LFACHE; Pam Silberman, JD, DrPH; and McKinley Wooten, Jr., JD (entered at 5:18 pm)

APPOINTED MEMBERS ABSENT: David Hancock, MBA, MPAff; Donald McDonald, MSW; vacancy representing Cumberland County; two vacancies representing Durham County; vacancy representing Johnston County; and vacancy representing Wake County

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services); Mary Hutchings, Wake County Finance Department;

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Senior Director of Communications; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Director of Quality Management; Jennifer Meade, Community Health and System of Care Manager; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Senior Director of Program Integrity; Sean Schreiber, Executive Vice-President/Network and Community Health; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Board Chair Gino Pazzaglini called the meeting to order at 4:02 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>3. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>4. Chair’s Report</td>
<td>Chair Pazzaglini shared that Jennifer Anderson resigned from the Board; a commemorative plaque will be sent to Ms. Anderson, thanking her for her service. He also reminded Board members of the following: annual compliance attestation forms are due by March 31 and the annual budget retreat is March 15 from 1:00-3:30.</td>
</tr>
<tr>
<td>5. CEO’s Report</td>
<td>Mr. Robinson provided an update on crisis facilities in Alliance’s catchment area. He noted that the child crisis facility in Fuquay-Varina is expected to open in July 2021. The facility in Fayetteville is partially renovated, partially open and being utilized; longer-term crisis residential services are pending completion of the renovations. Mr. Robinson shared that NC DHHS is issuing a RFP (request for services) for one statewide contract for foster care services; DHHS had delayed issuing this RFP until after Medicaid Transformation plans go live (i.e. standard plan, tailored plan); it is estimated to be released in 2023.</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
</table>
| The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda. | **BOARD ACTION**
A motion was made by Mr. Curro to adopt the consent agenda; motion seconded by Ms. Gloston. Motion passed unanimously. |
| **7. Committee Reports** |  |
| A. Consumer and Family Advisory Committee – page 23 | The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the following February meetings: Steering, Durham, Wake, and Johnston, and the January Cumberland meeting. The committee reports were sent as part of the Board packet; Dave Curro presented the CFAC report. Mr. Curro provided an update from the recent Steering Committee meeting: each subcommittee meeting included check-in with members and updates from the State, NC LME/MCO and provider association group’s 2021 legislative priorities, and trainings requested by CFAC members and additional outreach to provide education and resources, specifically regarding COVID-19 pandemic. | **BOARD ACTION**
The Board received the report. |
| B. Executive Committee Report – page 105 | The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month’s report included draft minutes from the February 15, 2021, meeting and potential next steps from the recent survey of Board members. Wes Knepper, Senior Director of Quality Management, presented the results from the survey. Board members reviewed the presentation and preliminary recommendations. Board members provided additional guidance including the following recommendations: Revisiting the orientation for new board members, possibly utilizing a veteran member of the Board to help with the onboarding experience for new Board members. This input will be compiled and presented to the Executive Committee at their March 15, 2021, meeting and brought back to the Board for approval at the April 1, 2021, Board meeting. The presentation is saved as part of the Board files. | **BOARD ACTION**
The Board received the report. |
| **8. Closed Session(s)** | **BOARD ACTION**
A motion was made by Mr. Jackson to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Dr. Silberman. Motion passed unanimously. |
AGENDA ITEMS:                  DISCUSSION:

9.  Reconvene Open Session     The Board returned to open session.

Chair Pazzaglini added a topic to the agenda: Resolution for Orange County Alignment. Mr. Robinson provided background for this resolution; the request initiated from Orange County and this resolution is part of the process as prescribed by NC DHHS. Ms. Wolff read the resolution, which is attached to and made part of these minutes.

**BOARD ACTION**
A motion was made by Vice-Chair Nelson to approve the Orange County realignment resolution as amended; motion seconded by Commissioner Adams. Motion passed unanimously.

10. Special Updates/            A. COVID-19 Vaccine Update
    Presentation(s)            Mehul Mankad, Chief Medical Officer, provided the update. Dr. Mankad noted increased allocations pending shipment to North Carolina and the number of first doses administered among Alliance’s catchment region. This presentation is saved as part of the Board’s files.

**BOARD ACTION**
The Board accepted the training/presentation.

B. Communications Strategy for Members and Providers – page 107
The Alliance Communications Department has responsibility for a wide range of internal and external communications activities including public and media relations, management of the organizational social media program, and oversight of the external website and internal intranet. Doug Fuller, Senior Director of Communications, presented a brief overview of current communications strategy with a focus on activity designed to enhance the experience of members and providers and meet requirements for NC DHHS’ tailored plan and subsequent accreditation. Mr. Fuller noted that much of this revised focus is on member and provider digital experience and will include a redesign of the agency’s website. This presentation is saved as part of the Board’s files.

**BOARD ACTION**
The Board accepted the training/presentation.

11. Adjournment                All business was completed; the meeting adjourned at 6:10 p.m.

Next Board Meeting
Thursday, April 01, 2021
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date]..
RESOLUTION of the BOARD OF DIRECTORS

THAT WHEREAS, on November 5, 2020, the Orange County Board of Commissioners voted to disengage from Cardinal Innovations Healthcare and realign with Alliance Health and sent a Letter of Intent on November 16, 2020 to the Secretary of the North Carolina Department of Health and Human Services (DHHS), the counties in the regional areas of both Cardinal and Alliance, and the Co-Chairs of the Joint Legislative Oversight Committee on Health and Human Services as required by law; and

WHEREAS, on February 16, 2021 the Orange County Board of Commissioners unanimously approved a Disengagement Plan to disengage from Cardinal Innovations Healthcare and align with Alliance Health; and

WHEREAS, North Carolina General Statute §122C-115(a) empowers a county to choose its Local Management Entity/Managed Care Organization (LME/MCO) subject to the approval of the Secretary of DHHS; and

WHEREAS, the LME/MCO Board of Directors with which a county wishes to realign must agree to accept the requesting county by a majority vote; and

WHEREAS, Alliance Health leadership has been engaged in discussions with Orange County and believes that Orange County would be a positive addition to its existing catchment area, connecting Orange County with the other counties in the Research Triangle with which it shares a regional transportation system, a regional workforce, and a network of providers with Durham and Wake counties; and

WHEREAS, the Alliance Health Board of Directors has reviewed the county's approved Disengagement Plan and considered the impact on current members, providers and operations.

NOW, THEREFORE BE IT RESOLVED by the Alliance Health Board of Directors that;

1. The Alliance Health Board of Directors, representing the counties of Cumberland, Durham, Wake, and Johnston, is agreeable and enthusiastic to accept Orange County as a member county of Alliance Health upon approval by the Secretary of the North Carolina Department of Health and Human Services.

2. Alliance Health hereby approves the published Orange County Disengagement Plan and directs the CEO to continue to take the necessary actions, in partnership with Orange County, to align Orange County with Alliance Health.

3. Upon approval by the Secretary of the alignment, Alliance Health will make the necessary changes to its Bylaws to provide for one additional seat on the Board of Directors allocated to Orange County and any other necessary modifications to effect the alignment.

Adopted this the 4th day of March, 2021.

Gino Pazzaglini, MSW, LFACHE
Chair of the Board of Directors

CERTIFICATION
I, Executive Secretary to the Alliance Health Board of Directors, hereby certify this Resolution is a true and exact copy of a resolution adopted by the Board of Directors during a regular meeting on March 4, 2021.

Executive Secretary to the Board
MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD (entered at 1:43 pm); Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Angela Diaz, MBA; Lodies Gloston, MA; Lynne Nelson, Vice-Chair, BS; Gino Pazzaglini, Board Chair, MSW LFACHE; and Pam Silberman, JD, DrPH

APPOINTED MEMBERS ABSENT: David Hancock, MBA, MPA; Duane Holder, MPA; D. Lee Jackson, BA; Donald McDonald, MSW; McKinley Wooten, Jr., JD vacancy representing Cumberland County; two vacancies representing Durham County; vacancy representing Johnston County; and vacancy representing Wake County

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; and Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Ann Oshel, Senior Vice-President/Community Health and Well-Being; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Ashley Snyder, Director of Accounting and Finance; Jennifer Stoltz, Administrative Assistant II; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. WELCOME/INTRODUCTION: Mr. Robinson welcomed attendees and introduced new staff member, Jennifer Stoltz. Ms. Goodfellow provided an overview of the agenda.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. CFAC Highlights</td>
<td>Doug Wright, Director of Community and Member Engagement, reviewed CFAC’s (consumer and family advisory committee) highlights, which include a review of NC General Statute 122C in regards to CFAC’s role to review and comment on LME/MCO and/or Tailored Plan providers’ budget. Mr. Wright reviewed a fifteen-year old report that heavily influences how CFAC operates and the needs of the people Alliance serves. He also reviewed six CFAC concerns/priorities.</td>
</tr>
<tr>
<td>3. Areas of Focus</td>
<td>Sara Pacholke, Senior Vice-President/Financial Operations, provided an overview of the financial summary as of January 2021, the NC DHHS (Department of Health and Human Services) risk corridor, which was implemented in March 2020, the agency’s growth in Medicaid covered lives, and methods to increase engagement with the people Alliance serves. Mehul Mankad, Chief Medical Officer, reviewed additional areas of focus, specifically comparing pre-COVID, COVID and post-COVID service utilization and cost trends. Dr. Mankad reviewed members served and medical loss ratio. Sean Schreiber, Executive Vice-President/Network and Community Health, provided a detailed overview of spending for residential services. He also reviewed additional plans to align services with social determinants of health such as housing, transportation, etc.</td>
</tr>
<tr>
<td>4. Tailored Plan Rate Book Summary</td>
<td>Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, provided a summary of the Tailored Plan draft rate book including savings targets, outstanding items that are not currently reflected in rates, trend assumptions and managed care assumptions.</td>
</tr>
<tr>
<td>5. Tailored Plan Budget Review</td>
<td>Sara Pacholke, Senior Vice-President/Financial Operations, reviewed current spending and planned spending through FY22 (fiscal year 2021-2022).</td>
</tr>
<tr>
<td>6. Key Takeaways</td>
<td>The budget retreat presentation saved as part of the Board’s files.</td>
</tr>
<tr>
<td>7. Adjournment</td>
<td>All business was completed; the meeting ended at 2:46 p.m.</td>
</tr>
</tbody>
</table>
AREA BOARD FY2021-2022 BUDGET RETREAT
(virtual meeting via videoconference)
1:00-3:30 p.m.

Next Board Meeting
Thursday, April 01, 2021
4:00 – 6:00 pm

Minutes approved by Board on Click or tap to enter a date..
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: The committee reviews progress on the agency’s network development plan and progress on service development. The committee reports to the Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements.

This report includes draft minutes from the March 10, 2021, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Donald McDonald, Committee Chair; Sean Schreiber, Executive Vice-President/Network and Community Health
**APPOINTED MEMBERS PRESENT:** ☒ Heidi Carter, MPH, MS, Board member; ☐ Sally Hunter; ☒ Donald McDonald, MSW, Board member (Committee Chair); ☒ Lynne Nelson, BS, Board Vice Chair; ☐ Vacancy

**BOARD MEMBERS PRESENT:** N/A

**GUEST(S) PRESENT:** Yvonne French (NC DHHS/DMH Liaison)

**STAFF PRESENT:** Sean Schreiber, Executive Vice-President/Network and Community Health; Sandra Ellis, Administrative Assistant III, Carlyle Johnson, Director of Provider Network Strat & Ini

1. **WELCOME AND INTRODUCTIONS** – Meeting was called to order at 4:00PM by the Chair, Donald McDonald.

2. **REVIEW OF THE MINUTES** – The minutes from the September 9, 2020 meeting were reviewed; a motion was made by Ms. Nelson and seconded by Commissioner Carter to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Closed Network Exceptions: Sean</td>
<td>1. Alliance is moving toward NCQA accreditation which provides additional</td>
<td>Will continuously review.</td>
<td>May 12, 2021</td>
</tr>
<tr>
<td></td>
<td>standards to further promote access and network adequacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Discussed overview of Alliance’s closed-network management, and how</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>providers may be brought into the closed network to fill gaps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Reviewed options for efficiently addressing identified network gaps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Committee provided feedback and suggestions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carlyle Johnson</td>
<td>the network adequacy standards and changes that will occur under the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tailored Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. NCQA accreditation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• NCQA requires additional analysis based on ratio of providers to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increased focus on diversity, equity and inclusion, alignment of member</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>characteristics and provider capacity (race, ethnicity, culture and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>language).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Challenges aligning NCQA and DHHS requirements within the same report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Tailored Plan Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• At least monthly monitoring of network accessibility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Expanded scope to include primary care, specialty, pharmacy and other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tailored Plan service categories.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Primary Care Recruiting Status update</td>
<td>1. Provided committee an update of progress related to primary care outreach and recruiting. Efforts have been underway since November and are going well.</td>
<td>Will provide ongoing updates</td>
<td>May 12, 2021</td>
</tr>
</tbody>
</table>

6. **ADJOURNMENT:** The meeting adjourned at 5:00pm; the next meeting will be May 12, 2021, from 4:00 p.m. to 5:30p
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s monitoring and evaluation committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members whereof three are Board members and two are members of the Consumer and Family Advisory Committee (CFAC). Other non-voting members include at least one MCO employee and one provider representative. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Medical Director, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; the Quality Management Data Manager; and other staff as designated.

The Global QMC meets at least quarterly each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually.

The draft minutes from the previous meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Wes Knepper, Director of Quality Management
This meeting was held virtually, via Zoom.

APPOINTED MEMBERS PRESENT: ☒ David Curro, BS (Board member); ☒ Marie Dodson (CFAC), ☒ Duane Holder, MPA (Board member); ☒ Pam Silberman, JD, DrPH (Board member; Committee Chair) ☒ Israel Pattison (CFAC) ☒ Carol Council (Board Member)

APPOINTED, NON-VOTING MEMBERS PRESENT: ☒ Diane Murphy, (Provider, IDD) ☒ Dava Muserallo, (Provider MH/SUD)

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: ☒ Mary Hutchings; ☒ Yvonne French (LME Liaison); Holly Thomas who works in an integrative medical practice in Knightdale

STAFF PRESENT: Michael Bollini, Chief Operating Officer; Diane Fening, Executive Assistant I; Wes Knepper, Quality Management Director; Mehul Mankad, Chief Medical Officer; Doug Wright, Director of Community and Member Engagement; Tia Grant, Quality Improvement Manager; Ginger Yarbrough, NCQA Accreditation Manager

1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 1:00 p.m.

2. REVIEW OF THE MINUTES – The minutes from the February 4, 2021 meeting were reviewed; a motion was made by Marie to approve the minutes and was seconded by Duane. The motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. OLD BUSINESS | Satisfaction Survey Timeline Update  
A summary overview of satisfaction from the State will be presented at the next 
committee meeting (in May). The analysis will be posted on web page. 
There will not be a perception of care survey comparison with other MCOs this 
year as the State has done in the past. There was such a variety of ways that these 
surveys were administered and that influenced the level of satisfaction so the 
State didn’t feel they could make a good comparison. 
Our members were really satisfied with us in general. |  |  |

4. NEW BUSINESS  
a. NCQA Accreditation  
Ginger Yarbrough is piloting our effort to obtain MHBO accreditation. 
We are URAQ accredited and are going for MBHO accreditation. 
We are only doing behavioral health right now. LTSS is a distinction under 
NCQA that can be added on to MBHO accreditation. 
LTSS in NCQA’s world is used sometimes for waiver services. Health 
Plan accreditation is what we are striving for three years after Tailored 
Plan go live. It is a much bigger undertaking. By the end of contract 
year three we will be required to have a Health Plan accreditation with 
NCQA National Committee for Quality Assurance. 
MBHO: Managed behavioral health organization accreditation 
LTSS- Long term services and supports distinction |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>an LTSS distinction so we are proactively getting the LTSS distinction so we will be ready.</td>
<td>HP-Health Plan Accreditation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>i. Timeline and Current State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NCQA is not looking just at policies and procedures, so we have a lookback period to make sure we are following those procedures. The lookback is to last October. We will always have a lookback period. Two days in May will be virtual file review. If all goes to according to plan, we hope to have a three-year accreditation with NCQA by the end of June as an MBHO with an LTSS distinction. Care Coordination is thought of by NCQA as population health and coordinating across systems and in our world right now it’s more care management. We have been shifting our language over the past couple of years. The idea of shifting the mindset of Alliance from just meeting state requirements, demonstrating our outcomes with measurement and making us accountable for it at the highest level is a big shift for us. Our MHBO and future health plan accreditations place a huge emphasis on HEDIS measures and coincidentally NCQA is in charge of both of these accreditations and HEDIS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>ii. How We’ve Prepared</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alliance has been doing a lot of preparation over the past year. We have completed many gap analyses and done many trainings, created new programs (complex case management program, specific LTSS program, behavioral health screening program) and published self-management tools on our website. This was all done before October last year. We’ve also been tagging and highlighting documents for reviewers. We’ve been working with external consultants which has been invaluable and have been working with NCQA to make sure they understand how Medicaid is set up in North Carolina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>iii. MBHO vs Health Plan Accreditations</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We will be required to have a health plan accreditation with an LTSS distinction by year three after we go live as a Tailored Plan. It is good that we are moving now to get the MBHO accreditation. It sets us up to make the bigger step to a health plan. We are going to be covering so much more. There will be more standards covering more content. Huge emphasis on HEDIS and satisfaction score. We are measured against our peers (every Medicaid health plan across the country). There will be an expanded focus on population health management. We are going to have to do a lot more delegation monitoring.

We are not as concerned about how accreditation will impact our providers, more concerned with the broader Medicaid transformation that this is a part of. That will have a big impact on providers and who our providers are. Increased focus on coordination between providers and measurable outcomes for members.

We will be held to same quality standards as the Standard Plans.

b. **CQI Committee Structure Changes**

We are looking at adding on two sub committees this year—one on pharmacy and therapeutics and one on health equity. Using the quality measures we have and the satisfaction scores, we will try and identify trends and disparities between different demographic and geographic groups and then identify where we have opportunities to make improvements there. When we are making improvements want to do it in a way that doesn’t unintentionally create a disparity.

The April meeting is cancelled. At the May meeting, the satisfaction surveys results and analysis will be presented. At the June meeting, will be covering the needs and gaps analysis.

### Agenda Items:

<table>
<thead>
<tr>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will be required to have a health plan accreditation with an LTSS</td>
<td><strong>HEDIS-Healthcare Effectiveness Data and Information Set</strong></td>
<td></td>
</tr>
<tr>
<td>distinction by year three after we go live as a Tailored Plan. It is good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that we are moving now to get the MBHO accreditation. It sets us up to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>make the bigger step to a health plan. We are going to be covering so</td>
<td></td>
<td></td>
</tr>
<tr>
<td>much more. There will be more standards covering more content. Huge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emphasis on HEDIS and satisfaction score. We are measured against our</td>
<td></td>
<td></td>
</tr>
<tr>
<td>peers (every Medicaid health plan across the country). There will be an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>expanded focus on population health management. We are going to have to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do a lot more delegation monitoring. We are not as concerned about how</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accreditation will impact our providers, more concerned with the broader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid transformation that this is a part of. That will have a big</td>
<td></td>
<td></td>
</tr>
<tr>
<td>impact on providers and who our providers are. Increased focus on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coordination between providers and measurable outcomes for members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We will be held to same quality standards as the Standard Plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. <strong>CQI Committee Structure Changes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We are looking at adding on two sub committees this year—one on pharmacy</td>
<td>Pam will message Rob about the possibility of going over the satisfaction</td>
<td>As soon as possible.</td>
</tr>
<tr>
<td>and therapeutics and one on health equity. Using the quality measures we</td>
<td>surveys, quality of care and NCQA accreditation in the June board</td>
<td></td>
</tr>
<tr>
<td>have and the satisfaction scores, we will try and identify trends and</td>
<td>meeting.</td>
<td></td>
</tr>
<tr>
<td>disparities between different demographic and geographic groups and then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>identify where we have opportunities to make improvements there. When we</td>
<td></td>
<td></td>
</tr>
<tr>
<td>are making improvements want to do it in a way that doesn’t unintentionally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>create a disparity. The April meeting is cancelled. At the May meeting,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the satisfaction surveys results and analysis will be presented. At the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June meeting, will be covering the needs and gaps analysis.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT**: the meeting adjourned at 1:43 pm; the next meeting will be May 6, 2021, at 1:00.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Durham, Wake, or Cumberland Counties who receive mental health, intellectual/developmental disabilities and substance use/addiction services. CFAC is a self-governing committee that serves as an advisor to Alliance administration and Board of Directors.

State statutes charge CFAC with the following responsibilities:
- Review, comment on and monitor the implementation of the local business plan
- Identify service gaps and underserved populations
- Make recommendations regarding the service array and monitor the development of additional services
- Review and comment on the Alliance budget
- Participate in all quality improvement measures and performance indicators
- Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve the delivery of mental health, intellectual/other developmental disabilities and substance use/addiction services.

The Alliance CFAC meets at 5:30pm on the first Monday in the months of February, April, June, August, October and December at the Alliance Corporate Office, 5200 West Paramount Parkway, in Morrisville. Sub-committee meetings are held in individual counties; the schedules for those meetings are available on our website.

The Alliance CFAC tries to meet its statutory requirements by providing minutes to its meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments.

This report includes documents from the following meetings: Draft minutes and supporting documents from the Steering Committee – March 1, 2021; Durham March 8, 2021; Wake March 9, 2021; Johnston March 16, 2021; and Cumberland February 25, 2021.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Jason Phipps, CFAC Chair; Doug Wright, Director of Community and Member Engagement
MEMBERS PRESENT: ☒ Jason Phipps ☒ Pinkey Dunston, ☒ Steve Hill, ☒ Trula Miles, ☒ Marie Dodson, ☒ Jerry Dodson, ☒ Shirley Francis, ☒ Breanna Harris, ☒ Renee Lloyd, ☒ Sharon Harris, ☒ Tekkeyon Lloyd, ☒ Brenda Solomon, ☒ Dave Curro, ☒ Felicia McPherson, ☒ Tracey Glenn Thomas, ☒ Dr. Michael Maguire, ☒ Regina Mays, ☒ Annette Smith

BOARD MEMBERS PRESENT: None

GUEST(S): Stacey Harward, NCDHHS, ShaVaila Ingram, NCDHHS, ☒ Dr. Mehul Mankad, Chief Medical Officer, Alliance Health

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Starlett Davis, Member Engagement Specialist, Ramona Branch, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 1, 2021 meeting was reviewed; a motion was made by Dr. Michael Maguire and seconded by Marie Dodson to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status. Alliance staff made a short informational video about the COVID-19 vaccine and this was shown to members. Dr. Mehul Mankad, Chief Medical Officer, Alliance Health was in attendance during tonight’s meeting and presented new information on COVID-19, where NC stands with our vaccine rollout, as well as trends and metrics. The floor was then opened up and members were given the opportunity to ask questions to Dr. Mankad. He will also be in attendance to all of the Alliance CFAC subcommittee’s for the month of March to present on Covid 19 vaccine efforts, metrics, and Q&amp;A.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. State Updates</td>
<td>Stacey Harward, NCDHHS was in attendance tonight and gave an overview of the State updates for March. Stacey also introduced ShaVaila Ingram, NCDHHS who will be taking over the Alliance CFAC catchment area, as our CE&amp;E representative and technical support.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>• CE&amp;E updates for March will be coming soon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• SCOOP project with UNC TV &amp; Facebook Live starting again this month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
## CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

**Monday, March 01, 2021**

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING  
5200 W. Paramount Parkway, Morrisville, NC 27560  
5:30pm – 7:00 p.m.  
Virtual Meeting Held via Video Conference

---

### AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGENDA ITEMS:</strong></td>
<td><strong>DISCUSSION:</strong></td>
<td><strong>NEXT STEPS:</strong></td>
<td><strong>TIME FRAME:</strong></td>
</tr>
</tbody>
</table>
| Tuesday, March 30, 2021 Physical Activity | ✗ March is Traumatic Brain Injury Month, Disability Awareness Month  
 ✗ State to Local Call - 4th Wednesday of every month  
 ✗ SCFAC Wednesday March 10, 9am-1pm  
 ✗ Regional CFAC (Alliance) March 15, 6-730pm  
 ✗ Military Stand Downs begin this month (March 19) and run through April Please make sure to go over the CE&E updates once they become available. | | |
| | | | |
| **5. LME-MCO Updates** | Doug went over the LME/MCO updates and included overviews on the following:  
 SCFAC Letters:  
 ✗ 122C-170. Local Consumer and Family Advisory Committees  
 ✗ 122C-171. State Consumer and Family Advisory Committee  
 ✗ Standard Plan Member Advisory Committee (MAC)  
 ✗ Letter to Secretary Cohen from SCFAC | | |
| | Doug went over these letters and gave members an opportunity to ask questions. Members were encouraged to read through them and direct any questions or concerns to him. | | Ongoing |
| | Alliance Budget Retreat:  
 ✗ Major CFAC Concerns  
 ✗ Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial.  
 ✗ Child Facility Based Crisis in Fuquay Varina  
 ✗ Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them.  
 ✗ Innovations Waitlist – continues to grow (over 4000)  
 ✗ CFAC MH/SUD Wish List  
 ✗ Peer Run SUD Recovery Community Centers. | | N/A |

---

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expansion of MH Peer Services (less expensive, farther upstream, effective)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prevention (Peer Respite, Drop In Centers, Life Skills)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase Peer Support programs for MH/SUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CFAC IDD Wish List</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Baseline of services for members on the ‘List of Unmet Needs’ – Other waiver options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increased Innovations Waiver Slots</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address the Direct Care worker crisis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doug went over each of these topics and asked the group if there was anything else they would like to add or take off the lists.

7. Subcommittees

- Wake
- Durham
- Cumberland
- Johnston
- Area Board
- Human Rights
- Quality Management

Subcommittee Updates:

- Wake: Annette Smith (Chair): Active with DSP and CFAC Orientation Packet working group
- Durham: Steve Hill (Chair): Charlitta Burruss (Co-Chair): Follow up Q&A with Senator Woodard and Delegates in April; Re vamping trainings for CFAC members
- Cumberland: Felisha McPherson (Chair): Medicaid Managed Care transformation, and Access and Information community sessions
- Johnston: Marie Dodson (Chair): Adult Guardianship training and alternatives and community information sessions
- Area Board: (Dave Curro): Board to meet Thursday 03.04.2021 Orange County update, and Tailored plan readiness
- Human Rights: Please read the attachments and email Doug with any questions or concerns

Ongoing | N/A
<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Announcements</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

9. ADJOURNMENT: 7:04 pm: The next meeting will be April 5, 2021, at 5:30 p.m.

Respectfully Submitted by:


Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
Thank you to All the Social Workers Who Serve and Help to Make Life Better for our MHDDSAS Consumers and Families!

Veterans HOPE Program

“Healing Outreach Partnerships for Empowerment (HOPE) was developed 2 years ago by the ABCCM Veterans Services of the Carolinas (VSC) in collaboration with NCDHHS/DMH to provide extensive outreach services to the most vulnerable Veterans in North Carolina—unsheltered homeless Veterans suffering from Serious Mental Illnesses (SMI) such as TBI, PTSD and MST. This program and model successfully create positive relationships harnessing Peer Support Specialist to connect this marginalized population with community services and resources, simultaneously addressing homelessness and the mental health conditions that cause it.” Brandon Wilson, Director, Veterans Services of the Carolinas.

https://drive.google.com/file/d/1DH10O1XsRpCvqGTcCP9oAm03jeKkY0eN/view

Medicaid Transformation

NC Medicaid Transition to Managed Care for Community Partners
the Beneficiary Experience

3-4 p.m. on Wednesday, March 10, 2021

The Department of Health and Human Services is committed to ensuring a smooth transition for the 1.6 million Medicaid beneficiaries who will be moving to Medicaid Managed Care. We are approaching a key milestone as open enrollment for NC Medicaid Managed Care begins on March 15, 2021.

Please join NC Department of Health and Human Services Secretary Mandy Cohen, M.D.; Secretary for NC Medicaid Dave Richards; Assistant Secretary for NC Medicaid Jay Ludlam and other senior leaders as we provide an update on key dates and resources for beneficiaries as they choose a health plan under Medicaid Managed Care. There will also be an opportunity to submit questions for the panelists.

Registration is required. Feel free to share the webinar invitation and registration link with other community partners interested in attending. A recording of the webinar will be available following the event and posted on the NC Medicaid website.

Send questions to Medicaid.NCEngagement@dhhs.nc.gov

Go to ncdhhs.gov/stress-management for a description of each event.
Save the Date for TBI Tuesdays in March

Please join the Administration for Community Living (ACL) this March in observance of Brain Injury Awareness Month. In lieu of ACL’s annual in-person TBI Stakeholder Day, we will be hosting virtual Traumatic Brain Injury (TBI) events. If you have any questions about this event, please contact tbitarc@hsri.org.

Go to the Brain Injury Association of America to get involved: https://www.biausa.org

Outreach to All: Brain Injury within Underserved Populations
March 9, 2021, 1:00 - 4:00 pm ET
Register for the session

Sustainable Partnerships: Forging Relationships that Last
March 16, 2021, 1:00 - 4:00 pm ET
Register for the session

Return to Learn: Equal Access to Education for Students with Brain Injury
March 23, 2021, 1:00 - 4:00 pm ET
Register for the session

Justice for All: Serving Individuals with Brain Injury Across the Justice System
March 30, 2021, 1:00 - 4:00 pm ET
Register for the session

A TBI grant survey is currently posted requesting input from stakeholders on what they think should be the focus of the grant proposal for the upcoming new TBI grant federal funding opportunity. Anyone interested in participating in this anonymous survey can do so here: TBI Grant Focus Survey

A national survey is being conducted with Vocational Rehabilitation Counselors statewide to determine their knowledge, skill and ability in working with individuals living with TBI. Follow up training opportunities will be offered to strengthen their skill in the field.

A webinar was held entitled “Untangling the Complex Relationship between Suicide and Brain Injury”. Interested individuals can access the free recording here: Watch Recording

A free two part webinar series focused on TBI & Behavioral Health will be presented in March by a national expert in the field. March is Brain Injury Awareness month. Stay tuned for events and activities. For more information please call 984-236-5040, email TBIContact@dhhs.nc.gov or visit https://www.ncdhhs.gov/

“So There is a TBI Webinar”

Save the Date: Part 2
March 10, 12:00 – 1:30 PM

Participants are encouraged to view Part 1: “What If There's a TBI?” webinar before joining this live, interactive follow-up session with more information on strategies and accommodations for problem-solving challenging neurobehavioral issues.

Details for both webinars available by March 1 here: https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury

North Carolina Council on Developmental Disabilities

The NC Council on Developmental Disabilities will be launching their March Disability Awareness Month. Please visit their website and stay tuned for more information! https://nccdd.org/

ECAC is currently trying to determine and better meet the needs of the individuals and families that we serve and would appreciate your input. Our needs assessment will serve as a vital tool for our program planning, as it provides us with valuable information to guide our services. There are a total of 7 questions and it should take less than 5 minutes.

Community Engagement & Empowerment Team members are trained and ready to provide crucial COVID-19 Vaccine Training to you and your community. Community groups such as CFACs, faith-based, and other community organizations can receive this training virtually by request. Our team will help make the process easy by setting up the virtual event and managing registrations.

Contact us by email to schedule: CEandE.Staff@dhhs.nc.gov
**Monthly Meetings**

**CONSUMER & PROVIDER CALLS:**

Joint DHMDDSAS & DHB COVID-19 Update: Consumers & Family Members
Monday, March 1, 2021 at 2 pm
https://attendee.gotowebinar.com/register/8328655858054727694

Joint DHMDDSAS & DHB COVID-19 Update: Providers
Thursday, March 4, 2021
https://attendee.gotowebinar.com/register/8189378521146993164

**Regional CFAC Meetings**

Alliance, Eastpointe, Sandhills and Trillium
March 15, 2021, 6 pm – 7:30 pm
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only) +1 984-204-1487, 72477081# United States, Raleigh
Phone Conference ID: 724 770 81#

Cardinal, Partners and Vaya
March 23, 2021, 6 pm – 7:30 pm
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only) +1 984-204-1487, 16351470# United States, Raleigh
Phone Conference ID: 163 514 70#

**Opportunities for Participation**

**Medicaid Transformation**

If you are interest in our webinar on NC Medicaid’s Transition to Managed Care for Community Partners. We have posted a recording of it along with the presentation to our website. These items may be found here.

If you have any questions or problems accessing the site, contact us at Medicaid.Transformation@dhhs.nc.gov.

Here are some additional sites that you may go to find more information on Medicaid Transformation:
https://medicaid.ncdhhs.gov/transformation
https://medicaid.ncdhhs.gov/transformation/more-information

**Olmstead Listening Sessions**

Learn more about NC Olmstead and get information on the on-going listening sessions by clicking on the link:

**Grant Opportunities**

https://tinyurl.com/DHMDDSAS-Grants

**Peer Support Specialist**

If you are interested in becoming a Peer Support Specialist, online training options are available! To find an online course, please visit https://pss.unc.edu/training.

**State CFAC**

The State Consumer and Family Advisory Committee (CFAC) meeting is on the 2nd Wednesday of every month and is open to the public. Due to COVID-19, all State CFAC meetings will be held as webinars until further notice. Suzanne Thompson will be supporting SCFAC from March—May 2021; contact Suzanne by email for more information on the meetings.

Next Meeting: Wednesday, March 10, 2021
Time: 9:00 am to 1 pm
Join by web browser:
https://tinyurl.com/StateCFACMeeting
Call-in: +1-415-655-0003
Access Code: 171 378 2076

**Local CFAC Updates**

Local CFACs are meeting again in March, check with your LME/MCO to get full calendar and meeting details, including how to connect with those virtual meetings.

Click on the directory link to find your LME/MCO: https://www.ncdhhs.gov/providers/lme-mco-directory

**State to Local Collaboration**

The State to Local Collaboration Call will resume the regular schedule of every 4th Wednesday of the month. CFAC members can use the same Phone Number and Conference ID for each meeting. Links to participate by web will be sent out before each meeting. The call-in number and conference ID will not change.

Next Call: March 24, 2021
https://tinyurl.com/S2L-CollaborationCall
+1-415-655-0003
Conference ID: 171 710 7705

**Medicaid Transformation: Ombudsman Update**

Legal Aid of North Carolina (Legal Aid) will provide Medicaid Managed Care Ombudsman services for the state’s Medicaid beneficiaries beginning in Spring 2021. Legal Aid, partnering with the Charlotte Center for Legal Advocacy and Pisgah Legal Services, will serve as a central resource to educate and inform beneficiaries about the state’s move to Medicaid Managed Care through outreach events, a public website and a toll-free phone number. The Ombudsman will also help resolve issues within the Medicaid Managed Care delivery system.

More information about the Ombudsman will be available soon on the NC Medicaid website.

**Food and Nutrition Service**

Veterans, Servicemembers & Families

Want to learn more about services for Veterans in North Carolina? Go to the NC Governor’s Working Group and explore the site- you’ll find out more about the Interactive Retreat Center near Fort Bragg, the monthly NCGWG meetings (including how to view them on Facebook), workshops, economic, health and COVID-19 related issues pertaining to related to Veterans and their families.

For more information, contact Jeff Smith, Military and Veterans Program Liaison, by email at Jeff.Smith@dhhs.nc.gov.

---

Community Engagement & Empowerment Team

The Division of MH/DD/SAS, Community Engagement and Empowerment team provides education, training, and technical assistance to internal and external organizations and groups to facilitate community inclusion and meaningful engagement of persons with lived MH/DD/SUD experience across HHS policy making, program development, and service delivery systems. Learn more at: https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement
Part 4A. Consumer and Family Advisory Committees.

§ 122C-170. Local Consumer and Family Advisory Committees.

(a) Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers shall establish committees made up of consumers and family members to be known as Consumer and Family Advisory Committees (CFACS). A local CFAC shall be a self-governing and a self-directed organization that advises the Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers in its catchment area on the planning and management of the local public mental health, intellectual and developmental disabilities, substance use disorder services and traumatic brain injury system.

Each CFAC shall adopt bylaws to govern the selection and appointment of its members, their terms of service, the number of members, and other procedural matters. At the request of either the CFAC or the governing board of Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers, the CFAC and the governing board shall execute an agreement that identifies the roles and responsibilities of each party, channels of communication between the parties, and a process for resolving disputes between the parties.

(b) Each of the disability groups shall be equally represented on the CFAC, and the CFAC shall reflect as closely as possible the racial and ethnic composition of the catchment area. The terms of members shall be three years, and no member may serve more than three consecutive terms. The CFAC shall be composed exclusively of:

1. Adult consumers of mental health, intellectual and developmental disabilities, and substance use disorder services and traumatic brain injury.
2. Family members of consumers of mental health, intellectual and developmental disabilities, and substance use disorder services and traumatic brain injury.
3. The CFAC shall undertake all of the following:

1. Review, comment on, and monitor the implementation of the contract deliverables between Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers and the North Carolina Department of Health and Human Services and its various Divisions.
2. Identify service gaps and underserved populations.
3. Make recommendations regarding the service array and monitor the development of additional services.
4. Review and comment on the Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers budget.
(5) Shall develop a collaborative and working relationship with the Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers Member Advisory Committees to obtain input related to service delivery and system change issues.

(6) Submit to the State Consumer and Family Advisory Committee Receive the findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, and substance use disorder and traumatic brain injury services including statewide issues.

(d) The director of Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers shall provide sufficient staff to assist the CFAC in implementing its duties under subsection (c) of this section. The assistance shall include data for the identification of service gaps and underserved populations, training to review and comment on contract deliverables and budgets, procedures to allow participation in quality monitoring, and technical advice on rules of procedure and applicable laws. (2006-142, s. 5; 2012-151, s. 5.)
§ 122C-171. State Consumer and Family Advisory Committee.

(a) There is established the State Consumer and Family Advisory Committee (State CFAC). The State CFAC shall be a self-governing and self-directed organization that advises the Department and the General Assembly on the planning and management of the State’s public mental health, intellectual and developmental disabilities, and substance use disorder abuse services system.

(b) The State CFAC shall be composed of 28 members. The members shall be composed exclusively of adult consumers of mental health, intellectual and developmental disabilities, substance use disorder services and traumatic brain injury; and family members of consumers of mental health, intellectual and developmental disabilities, substance use disorder services and traumatic brain injury. One of the members shall be a member or designee of the Indian Affairs Council. The representative from the Indian Affairs Council must meet the same criteria of being an adult consumer or family member of one of the four disabilities. The terms of members shall be three years, and no member may serve more than two consecutive terms. Vacancies shall be filled by the appointing authority. The appointing authorities shall work with the SCFAC Chair, Vice Chair and Division of Mental Health, Developmental Disabilities and Substance Abuse Services State CFAC staff liaison to ensure that the membership is diverse and reflects as closely as possible the racial and ethnic composition of the state.

The members shall be appointed as follows:

1. Twelve by the Secretary. The Secretary’s appointments shall reflect each of the disability groups. The terms shall be staggered so that terms of four of the appointees expire each year.
2. Five by the President Pro Tempore of the Senate, selected from the three State regions for institutional services as follows: two from the Eastern Region, one from the Central Region and two from the Western Region. The terms of appointment shall be staggered so that the term of two appointees expires every year.
3. Five by the Speaker of the House of Representatives, selected from the three State regions for institutional services as follows: two from the Eastern Region, two from the Central Region and one from the Western Region. The terms of appointment shall be staggered so that the term of two appointees expires every year.
4. Five by the North Carolina Association of County Commissioners, selected from the three State regions for institutional services as follows: two from the Eastern Region, two from the Central Region and one from the Western Region. The terms of appointment shall be staggered so that the term of two appointees expires every year.
5. One by the North Carolina Commission on Indian Affairs

(c) The State CFAC shall undertake all of the following:
1. Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.
2. Identify service gaps and underserved populations.
3. Make recommendations regarding the service array and monitor the development of additional services.
4. Review and comment on the State budget for mental health, intellectual and developmental disabilities, and substance use disorder services.
5. Review and comment on Contract Deliverables and the process and outcomes of the PHP’s in meeting these deliverables.
6. Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, and...
substance use disorder and traumatic brain injury services including statewide issues.

(7) Shall develop a collaborative and working relationship with the PHP Member Advisory Committees to obtain input related to service delivery and system change issues.

(d) The Secretary shall provide sufficient staff to assist the State CFAC in implementing its duties under subsection (c) of this section. The assistance shall include data for the identification of service gaps and underserved populations, training to review and comment on the State Plan and departmental budget, procedures to allow participation in quality monitoring, and technical advice on rules of procedure and applicable laws.

(e) State CFAC members shall receive the per diem and allowances prescribed by G.S. 138-5 for State boards and commissions. (2006-142, s. 5; 2009-50, s. 1.)
October 23, 2020

Dear Secretary Cohen:

This letter details the recommendations of the State Consumer and Family Advisory Committee (SCFAC) regarding the structure and operation of the “Standard Plan Member Advisory Committee” (MAC). SCFAC believes this proposed structure will be most effective for representing the interests of consumers and families as the Standard Plans are implemented throughout North Carolina in the coming months.

First, SCFAC recognizes and appreciates the willingness expressed by many NCDHHS personnel to include the thoughts and concerns of consumers and family statewide as this important transformation unfolds in North Carolina, both as legislated by the NC General Assembly and as designed and implemented by NCDHHS.

Second, SCFAC strongly supports retaining the role and responsibilities of Local Consumer and Family Advisory Committees (LCFAC) as is currently in place for each LME-MCO. Any changes to the LME-MCO structure as Tailored Plans as designed and implemented during the coming months must fully integrate the LCFAC’s as a primary source of consumer and family input into the structure and operation of Tailored Plans. SCFAC also supports inclusion of the SCFAC and LCFAC structure into any Statewide Specialized Foster Care Plan which will be implemented to assist those populations enrolled in the foster care system or receiving adoption assistance, or former foster children and youth up to age 28.

Third, with specific regard to the “Standard Plan Member Advisory Committees,” SCFAC submits the following proposals which are based upon a review of the portion of the Revised and Restated PHP RFP30-190029-DHB regarding MAC’s as well as various conversations among SCFAC members, DHHS staff, and Prepaid Health Plan (PHP) representatives. SCFAC recognizes that no definitive plan for the structure and operation of MAC’s has yet been finalized or approved.

STRUCTURE

Each PHP will establish, in consultation with the SCFAC and DHHS staff, a MAC to help garner Member and stakeholder input and advice regarding PHP policies and procedures.

Each MAC will consist of at least nine (9) members, five (5) of which will be consumers/member or family representatives. One (1) member of the MAC will be either a member of the SCFAC or an individual appointed by the SCFAC.

Initial membership of MAC’s will be determined by combined input from PHP’s, providers within the PHP network, SCFAC, local Consumer and Family Advisory Committees (LCFAC’s), and other community organizations. All entities will be responsible for recruitment.
If membership is not by consent of these designated entities, DHHS staff will have authority to determine final membership. Subsequent membership, as well as the Chairperson of the MAC, will be determined by the MAC as composed at the time.

Each MAC will meet at least quarterly, either in person or by telephone conference, with additional meeting held as the MAC members deem necessary. Agendas will be set by the Chairperson with consultation from MAC members. Non-provider members of the MAC will be compensated reasonable travel and time expenses as set forth in state regulations.

OPERATIONS

5) Topics for MAC discussion will include, but are not limited to:
   a. Medical, pharmacy and behavioral health benefits,
   b. Opportunity for Health Priority domains,
   c. Care Management, and
   d. Enhanced Care Management Plans.

Each PHP will designate a PHP contact within its organization who can facilitate communication among MAC members and appropriate personnel within the PHP. It is also requested that NC DHHS designate an individual(s) who will facilitate communication between the MAC’s PHP and appropriate DHHS personnel as needed.

It is anticipated that each MAC will be involved in the initial phase of any implementation or changes of procedures or services proposed by the PHP and that the PHP will consider any MAC input prior to the effective dates of any changes. This input is not intended to be in lieu of or a substitute for any contractual, statutory, or regulatory rights or obligations of the PHP, but solely advisory to any PHP action.

Members of the MAC will receive, upon request and on a timely basis, copies of all PHP reports to the NC DHHS required by contract or pursuant to the PHP RFP and referenced in the RFP sections establishing MAC’s.

Each MAC will communicate its proposals/actions with all Local CFAC’s statewide as well as to the SCFAC (through its designated member) and will consider input from all CFAC’s in its deliberations and communications with the PHP.

Recognizing that PHP’s are not “quasi-governmental agencies” and have a Board of Directors with many and varied responsibilities, it is requested that a “non-provider member” of the MAC will be placed on each PHP’s Board of Directors for purposes related to the provision of services pursuant to the Standard Plans. Alternatively, a process may be created whereby each PHP’s Board of Directors will receive input from the MAC on matters significant to and related to the provision of services to the PHP members.

Although SCFAC recognizes that several of these issues may not be able to be fully addressed at immediately, all recommendations must be addressed as promptly as possible as Standard Plans are implemented throughout the state. Likewise, while SCFAC has attempted to make these recommendations as comprehensive as possible, SCFAC reserves the right to make further recommendations as the MAC’s are more fully developed.

Finally, it is the clear intent of the SCFAC that the plan of integrated care together with quality care management be successful and ultimately benefits those in need of system supports. SCFAC members, together with their statewide individual and organizational partners welcome the opportunity to work with both PHP’s and NCDHHS as the plan proceeds.

Thank you.

Mark Fuhrmann, Chair
mfuhrmann@triad.rr.com

April DeSelms, Vice-Chair
aprideselms@gmail.com

On behalf of the State Consumer and Family Advisory Committee
(c) The CFAC shall undertake all of the following:

(1) Review, comment on, and monitor the implementation of the contract deliverables between Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers and the North Carolina Department of Health and Human Services and its various Divisions.

(2) Identify service gaps and underserved populations.

(3) Make recommendations regarding the service array and monitor the development of additional services.

(4) Review and comment on the Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers budget.

(5) Shall develop a collaborative and working relationship with the Local Management Entities/Managed Care Organizations and/or Tailored Plan Providers Member Advisory Committees to obtain input related to service delivery and system change issues.

(6) Submit to the State Consumer and Family Advisory Committee Receive the findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, and substance use disorder and traumatic brain injury services including statewide issues.
Major CFAC Concerns

1. Continued cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met (Short sighted response at all levels).

2. Current and post covid children services: (Child Facility Based Crisis in Fuquay Varina – an obvious win)

3. Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them. (An issue we’ve been talking about for over 5 years)

4. Innovations Waitlist – continues to grow (over 4000)
5. Baseline of services (Other waiver options) for members on the ‘Registry of Unmet Needs’

6. Peer Services

• Peer Run SUD Recovery Community Centers.
• Expansion of MH/SUD Peer Services (less expensive, farther upstream, effective)
• Prevention (Peer Respite, Drop In Centers, Life Skills)
• I/DD Peer Pilot – want to know more/ be involved
Provider Monitoring for Individual/Human Rights

Shannon O’Neal, MA, LCMHC
Provider Network Evaluator II
Routine Monitoring

Providers are monitored in accordance with the monitoring process described in the DHHS North Carolina Provider Monitoring Process for LME-MCOs. Post-payment reviews are conducted according to contract requirements, at a minimum of every two (2) years. All providers with the exception of those providing hospital or ICF-MR services only are monitored. To obtain inter-rater reliability within Alliance and between LME/MCOs, monitoring tools are scored according to guideline requirements. **Routine monitoring may be comprised of a routine monitoring tool and a post-payment review or a post-payment review alone.** Only the post-payment review tool is completed for providers of services provided only in licensed facilities which are monitored annually by DHSR.
Overview of Individual Rights in Routine Monitoring: Agency Access and Availability

- **Timely Access to Care**: Evidence that the provider meets access standards related to appointment availability. Emergent=2 hours, Urgent=48 hours, Routine=2 weeks.

- **Office Wait Time**: Scheduled Appointments=60 mins. After scheduled meeting, Walk-Ins=Within 2 hours of arrival (if provider unable to see, then appt. must be scheduled for next available day), Emergencies=Face-to Face emergency care within 2 hours of the request for care.

- **Physical access, reasonable accommodations, and accessible equipment.**
Overview of Individual Rights in Routine Monitoring: Record Review

- **Valid Consent for Treatment**
- **Valid, individualized service plan**
- **Individualized service notes** relate to goal(s) in the service plan and include an assessment of progress toward goal(s)
- **Coordination of Care**
- **24 hour coverage**
- **Right to be treated by qualified staff**
Unlicensed AFLs are monitored when a change in provider, location or consumer occurs and either annually or every 2 years thereafter. An unlicensed AFL is monitored within 30 days when a consumer moves to a new unlicensed placement, the consumer and AFL provider move to a new location, when a new consumer moves into an Unlicensed AFL placement in which another consumer had previously lived or when the Unlicensed AFL associates with a different provider agency. Thereafter, Unlicensed AFLs in which Innovations consumers live are monitored annually. Unlicensed AFLs in which consumers not on the Innovations waiver are monitored every two years. Currently, only consumers on the Innovations waiver live in unlicensed AFLs. Since the Unlicensed AFL tool questions depend on knowing the needs of the consumer living in the home, only homes with consumers are monitored.
Overview of Individual Rights in AFL Monitoring

- Medical and Emergency Preparedness.
- Food/water is available.
- Facility and grounds are safe and clean. Hallways and doorways are unobstructed.
- Individual privacy is assured.
- Staff is qualified. Appropriate background checks have been completed. Provider has a back-up staffing plan.
- Funds Management/Evidence of quarterly statements provided to individual.
Home and Community-Based Services (HCBS) Monitoring

- HCBS only applies to the following Traumatic Brain Injury (TBI) services, Innovations waiver services, and B3DI services: Residential Supports (licensed and unlicensed homes), Day Supports, Supported Employment, Adult Day Health, and Developmental Day.
- Every provider site address providing any of the services listed above must have a HCBS self-assessment portal entry in the DHHS portal database. Alliance reviews each portal entry in accordance with the standards given by the state, including client rights.
- An intensive HCBS review is warranted when one of the following happens: when a TBI consumer needs to change services, or there has been a notification of a need for heightened scrutiny (this can be triggered by the state, care coordination, or Compliance or grievance issue). The DHHS HCBS Review Tool is utilized.
Overview of Individual Rights in HCBS Monitoring

• The setting is integrated in and supports full access to the greater community (work, live, recreate, and other services). There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. (All Waiver Services)
  • Transportation and other supports are provided/accessible.
  • People can interact with other non-paid members of the community.
  • Employment opportunities are pursued.
  • Setting is selected by consumer.
  • If applies-People can choose the rooms/area they work in.
Overview of Individual Rights in HCBS Monitoring

• Ensures the rights of privacy, dignity, and respect, and freedom from coercion or restraint.
  • Individuals are informed about their rights in a manner that supports understanding prior to beginning services and have received written notification of said rights.
  • Individuals are supported in having access to supports that advocate for client rights.
  • Informed consent is presented in a manner that supports understanding at admission. Staff receive training in informed consent. Informed consent is obtained prior to implementation of medical or behavioral interventions. Individuals are involved in discussion of such interventions, and interventions are documented in the PCP (Person-Centered Plan)/ISP (Individualized Service Plan).
Overview of Individual Rights in HCBS Monitoring

• Ensures the rights of privacy, dignity, and respect, and freedom from coercion or restraint (continued).
  • Evidence that restrictions/interventions are not being used that are prohibited by Medicaid.
  • People have the space and opportunity to speak on the phone, use technology, visit with others, etc.
  • People have a place and opportunity to be by themselves during the day.
  • If any restrictions are imposed on the person, there is evidence of a plan for restoring the right/fading the restriction.
  • For those using psychotropic meds: Less-restrictive interventions have been considered. People on meds are receiving the fewest meds possible, at the lowest dosage possible.
  • People receive supports and education in health literacy and opportunities to change and improve.
Overview of Individual Rights in HCBS Monitoring

• Optimizes, but does not regiment, independent initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.
  • Provider policies and PCP/ISP support the exercise of choice and autonomy. People receive only the level of support needed to make their own decisions. Informal communications are conducted in a way that helps the individual understand, make, and communicate choices.
  • Evidence that people exercise their rights as citizens to voice opinions, vote, move about the community, etc.
Overview of Individual Rights in HCBS Monitoring

• Individuals are free and supported to control their own schedules and activities, as well as have access to food at all times.
  • People choose their daily activities, schedules, and locations of activities as opposed to being “told” what they are to do.
  • People receive support needed to make choices about the kinds of work and activities they prefer.
  • People have meals at the times and places of their choosing. Snacks are available and accessible at all times.
Overview of Individual Rights in HCBS Monitoring

- Choice is facilitated regarding services, supports, and who provides them.
  - People select the services/supports they receive. People are given a choice of providers.
  - Risks are identified and methods for minimizing them addressed.
Overview of Individual Rights in HCBS Monitoring

• The setting is physically accessible to the individual.
  • Modifications have been made to promote maximum access and use of physical environment for the person, if needed/requested.
Overview of Individual Rights in HCBS Monitoring

• Residential Settings have additional criteria pertaining to rights:
  • Individuals have privacy in their sleeping or living unit.
  • Landlord/Tenant Laws.
  • Units have entrance doors lockable by the individuals with only appropriate staff having keys.
  • Individuals sharing units have a choice of roommates.
  • Individuals are free to furnish and decorate sleeping and living units.
  • Individuals are free to have visitors of their choosing.
  • Any modification of the additional conditions for provider owned or controlled residential setting must be supported by specific need and justified in PCP/ISP. Modifications noted are approved by the Human Rights Committee.
Questions?

Thank you!!!
MEMBERS PRESENT: ☒ Steve Hill, ☐ Tammy Shaw, ☐ James Henry, ☐ Latasha Jordan, ☐ Dave Curro, ☒ Brenda Solomon, ☒ Chris Dale, ☐ Dan Shaw, ☒ Pinkey Dunston, ☒ Regina Mays, ☐ Charlitta Burruss, ☐ Helen Castillo

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thompson, DHHS, ☒ ShaVaila Ingram, DHHS, ☒ Dr. Mehul Mankad, Alliance Chief Medical Officer, ☐ Debra Duncan, Durham Community Liaison, Durham Network of Care

STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement, ☐ Terrasine Gardner, Member Engagement Manager, ☒ Ramona Branch, Member Engagement Specialist, ☒ Starlett Davis, Member Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 11, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Chris Dale and seconded by Charlitta Burruss to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comments</td>
<td>Members shared their thoughts and concerns about the ongoing COVID pandemic. Several members continue to be impacted by these unprecedented times.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Dr. Mehul Mankad</td>
<td>Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status. Alliance staff made a short informational video about the COVID-19 vaccine and this was shown to members. Dr. Mehul Mankad, Chief Medical Officer, Alliance Health was in attendance during tonight’s meeting and presented new information on COVID-19, where NC stands with our vaccine rollout, as well as trends and metrics. The floor was then opened up and members were given the opportunity to ask questions to Dr. Mankad.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Debra Duncan</td>
<td>Durham Network of Care Overview:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.

https://alliancehealthplan.zoom.us/meeting/register/tJYsfu2pqT4uGNFVqntThPr1QiVWiAekkIsUN
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra Duncan Alliance Health’s Durham Community Liaison, and Network of Care Administrator was in attendance and presented on Durham Network of Care and how it is beneficial for community members. After the presentation, members were allowed to ask questions and comment on the presentation. This is part of our monthly ongoing efforts of trainings and presentations for CFAC members. Debra’s contact information for those that have any additional questions or comments: Debra B. Duncan, CIRS Community Liaison and Durham Network of Care Administrator Alliance Health Durham Network of Care 5200 W. Paramount Parkway Suite B Morrisville, NC 27560 Office: 919-651-8851 Cell: 919-491-7102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. LME/MCO Updates</td>
<td>Doug went over the LME/MCO updates: Hope 4 NC: This is an ongoing effort to help people in our communities, Please spread the word: Sometimes, the stress of life can leave you feeling hopeless and alone and you may not know where to turn. With support and someone to listen, you can find a way through. Hope4NC is here to connect you with the help you need, whenever you need it. Call us 1-855-587-3463 24/7 for free and confidential emotional support, counseling referrals, and community resources. SCFAC Letters: 122C-170. Local Consumer and Family Advisory Committees • Proposed language 122C-171. State Consumer and Family Advisory Committee • Proposed language Standard Plan Member Advisory Committee (MAC) • Letter to Secretary Cohen from SCFAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
|              | Doug went over these letters and gave members an opportunity to ask questions. Members were encouraged to read through them and direct any questions or concerns to him. Regional Forums: Alliance CFAC and System of Care will collaborate together for informational presentations on Standard Plans. Durham County and Johnston County will collaborate as a joint effort to inform our communities about Standard Plans. Stay tuned for more updates. Alliance Budget Retreat:  
  ➢ Major CFAC Concerns  
    • Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial.  
    • Child Facility Based Crisis in Fuquay Varina  
    • Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them.  
    • Innovations Waitlist – continues to grow (over 4000)  
  ➢ CFAC MH/SUD Wish List  
    • Peer Run SUD Recovery Community Centers.  
    • Expansion of MH Peer Services (less expensive, farther upstream, effective)  
    • Prevention (Peer Respite, Drop In Centers, Life Skills)  
    • Increase Peer Support programs for MH/SUD  
  ➢ CFAC IDD Wish List  
    • Baseline of services for members on the 'List of Unmet Needs' – Other waiver options  
    • Increased Innovations Waiver Slots  
    • Address the Direct Care worker crisis | | | |
<p>|              | Doug went over each of these topics and asked the group if there was anything else they would like to add or take off the lists. | | |</p>
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCQA MBHO: Alliance Health is currently under a National Committee for Quality Assurance accreditation for Managed Behavioral Health Organization. Key Points of Presentation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following standards are part of the MBHO:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quality Management &amp; Improvement (QI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilization Management (UM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Long Term Services And Supports (LTSS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Credentialing &amp; Recredentialing (CR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Member Rights &amp; Responsibilities (RR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Care Coordination (CC)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation Efforts:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All-Staff, Leadership, and Targeted Departmental Trainings over the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focused Reviews and Education with Specific Teams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Creating New Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exhaustive Gaps Analysis and File Reviews and Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tagging/Highlighting Documents for Reviewers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• COVID Accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• External Consultant Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBHO vs Health Plan:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 3 Years After Tailored Plan Contract Award</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• More Standards Covering More Content (Physical Health &amp; Pharmacy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focus on HEDIS and Satisfaction Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Expanded Focus on Population Health Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Impact of Delegation Grows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. State Updates</td>
<td>Suzanne Thompson, NCDHHS was in attendance tonight and gave an overview of the State updates for March. Stacey also introduced ShaVaila Ingram, NCDHHS who will be taking over the Alliance CFAC catchment area, as our CE&amp;E representative and technical support.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>➢ CE&amp;E updates for March have been sent out</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 8. Announcements | - SCOOP project with UNC TV & Facebook Live starting again this month  
  - Tuesday, March 16, 2021 Ok to Ask for Help  
  - Tuesday, March 30, 2021 Physical Activity  
  - March is Traumatic Brain Injury Month, Disability Awareness Month  
  - State to Local Call- 4th Wednesday of every month  
  - SCFAC Wednesday March 10, 9am-1pm  
  - Regional CFAC (Alliance) March 15, 6-730pm  
  - Military Stand Downs begin this month (March 19) and run through April | | |
| 8. Announcements | - Ramona will be going out on FMLA medical leave for April and May and Starlett Davis, Member Engagement Specialist will be assisting with Durham County while she is out. Starlett was in attendance and introduced herself to the group. Ramona will send out contact information to the members before her leave. | N/A | N/A |

**ADJOURNMENT: 6:43pm** the next meeting will be April 12, 2021, at 5:30 p.m.

Respectfully Submitted by:

**Ramona Branch, Member Engagement Specialist**

03.11.2021

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
NCQA MBHO Update
QMC March 4, 2021
Terminology

• NCQA - National Committee for Quality Assurance

Accreditation Types:

• MBHO - Managed Behavioral Health Organization Accreditation

• LTSS – Long Term Services and Supports distinction

• HP – Health Plan Accreditation
Standards under MBHO

- Quality Management & Improvement (QI)
- Utilization Management (UM)
- Long Term Services And Supports (LTSS)
- Credentialing & Recredentialing (CR)
- Member Rights & Responsibilities (RR)
- Care Coordination (CC)*
Preparation Efforts

• All-Staff, Leadership, and Targeted Departmental Trainings over the last year
• Focused Reviews and Education with Specific Teams
• Creating New Programs

• Exhaustive Gaps Analysis and File Reviews and Preparation
• Tagging/Highlighting Documents for Reviewers
• COVID Accommodations
• External Consultant Review
MBHO vs Health Plan

- 3 Years After Tailored Plan Contract Award
- More Standards Covering More Content (Physical Health & Pharmacy)
- Focus on HEDIS and Satisfaction Score
- Expanded Focus on Population Health Management
- Impact of Delegation Grows
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 9, 2021, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Jessica Larrison and seconded by Faye Griffin to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comments Individual and Family Challenges</td>
<td>Covid 19 Check in: Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Dr, Mehul Mankad</td>
<td>Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status. Alliance staff made a short informational video about the COVID-19 vaccine and this was shown to members. Dr. Mehul Mankad, Chief Medical Officer, Alliance Health was in attendance during tonight’s meeting and presented new information on COVID-19, where NC stands with our vaccine rollout, as well as trends and metrics. The floor was then opened up and members were given the opportunity to ask questions to Dr. Mankad.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>5. State Updates</td>
<td>Suzanne Thompson, NCDHHS was in attendance tonight and gave an overview of the State updates for March. Stacey also introduced ShaVaila Ingram, NCDHHS who will be taking over the Alliance CFAC catchment area, as our CE&amp;E representative and technical support.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE&amp;E updates for March have been sent out</td>
</tr>
<tr>
<td>SCOOP project with UNC TV &amp; Facebook Live starting again this month</td>
</tr>
<tr>
<td>Tuesday, March 16, 2021 Ok to Ask for Help</td>
</tr>
<tr>
<td>Tuesday, March 30, 2021 Physical Activity</td>
</tr>
<tr>
<td>March is Traumatic Brain Injury Month, Disability Awareness Month</td>
</tr>
<tr>
<td>State to Local Call- 4th Wednesday of every month</td>
</tr>
<tr>
<td>SCFAC Wednesday March 10, 9am-1pm</td>
</tr>
<tr>
<td>Regional CFAC (Alliance) March 15, 6-730pm</td>
</tr>
<tr>
<td>Military Stand Downs begin this month (March 19) and run through April</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEXT STEPS:</th>
</tr>
</thead>
</table>

6. **LME/MCO updates**

Doug went over the LME/MCO updates:

**Hope 4 NC:** This is an ongoing effort to help people in our communities. Please spread the word:

Sometimes, the stress of life can leave you feeling hopeless and alone and you may not know where to turn. With support and someone to listen, you can find a way through. Hope4NC is here to connect you with the help you need, whenever you need it. Call us 1-855-587-3463 24/7 for free and confidential emotional support, counseling referrals, and community resources.

**SCFAC Letters:**

- **122C-170. Local Consumer and Family Advisory Committees**
  - Proposed language
- **122C-171. State Consumer and Family Advisory Committee**
  - Proposed language
- **Standard Plan Member Advisory Committee (MAC)**
  - Letter to Secretary Cohen from SCFAC

Doug went over these letters and gave members an opportunity to ask questions. Members were encouraged to read through them and direct any questions or concerns to him.

Regional Forums: Alliance CFAC and System of Care will collaborate together for informational presentations on Standard Plans. Wake County

<table>
<thead>
<tr>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
</tr>
</tbody>
</table>
and Cumberland County will collaborate as a joint effort to inform our communities about Standard Plans. Stay tuned for more updates.

Alliance Budget Retreat:

- Major CFAC Concerns
  - Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial.
  - Child Facility Based Crisis in Fuquay Varina
  - Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them.
  - Innovations Waitlist – continues to grow (over 4000)
- CFAC MH/SUD Wish List
  - Peer Run SUD Recovery Community Centers.
  - Expansion of MH Peer Services (less expensive, farther upstream, effective)
  - Prevention (Peer Respite, Drop In Centers, Life Skills)
  - Increase Peer Support programs for MH/SUD
- CFAC IDD Wish List
  - Baseline of services for members on the ‘List of Unmet Needs’ – Other waiver options
  - Increased Innovations Waiver Slots
  - Address the Direct Care worker crisis

Doug went over each of these topics and asked the group if there was anything else they would like to add or take off the lists.

NCQA MBHO: Alliance Health is currently under a National Committee for Quality Assurance accreditation for Managed Behavioral Health Organization.

Key Points of Presentation:

The following standards are part of the MBHO:

- Quality Management & Improvement (QI)
- Utilization Management (UM)

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
|               | • Long Term Services And Supports (LTSS)  
• Credentialing & Recredentialing (CR)  
• Member Rights & Responsibilities (RR)  
• Care Coordination (CC)* |             |             |
| Preparation Efforts: | • All-Staff, Leadership, and Targeted Departmental Trainings over the last year  
• Focused Reviews and Education with Specific Teams  
• Creating New Programs  
• Exhaustive Gaps Analysis and File Reviews and Preparation  
• Tagging/Highlighting Documents for Reviewers  
• COVID Accommodations  
• External Consultant Review |             |             |
| MBHO vs Health Plan: | • 3 Years After Tailored Plan Contract Award  
• More Standards Covering More Content (Physical Health & Pharmacy)  
• Focus on HEDIS and Satisfaction Score  
• Expanded Focus on Population Health Management  
• Impact of Delegation Grows |             |             |
| 7. Announcements/ Wake DSP-Annette | 1. Future speaker topic options:  
2. Guardianship vs supported decision making: Time and Speaker to be determined  
3. One of our Senators or Reps to discuss bills that may affect us: Because of the relationship that Durham County has established with Senator Woodard and Delegates; it was suggested that the next time Durham has a meeting with them, that Wake County CFAC will be invited to listen in- Date TBD  
4. Brainstorm ideas i.e.: Member Connect zoom calls between meetings- Members discussed ways to connect with other members in between meetings  
• Member Moments- where members of the community join a Zoom session and share about a topic of their choice |  Ongoing | N/A |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

- County Corners- where members of the county share their experiences in the specific community they live in within their county (challenges; barriers)

4. ADJOURNMENT: 7:04 pm the next meeting will be April 13, 2021, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Member Engagement Specialist

03.12.2021
MEMBERS PRESENT: Cassandra Herbert-Williams, Marie Dodson, Jerry Dodson, Leanna George, Jason Phipps

BOARD MEMBERS PRESENT:

GUEST(S):

STAFF PRESENT: Dr. Mankad Mehul, Chief Medical Officer, Doug Wright, Director of Community & Member Engagement, Erica Ashbury, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist

https://alliancehealthplan.zoom.us/meeting/register/tJctfumrqTgtHN2V20r5dCxyEuQWl8qOih-q

Meeting ID: 926 7086 3998
Passcode: 012115

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from January were reviewed, a motion was made by , seconded by , Motion Passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment</td>
<td>None at this time</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual/Family Challenges and Solutions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. COVID-19 with Dr. Mankad

Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status. Alliance staff made a short informational video about the COVID-19 vaccine which was shown to members.

Dr. Mehul Mankad, Chief Medical Officer, Alliance Health was in attendance during tonight’s meeting and presented new information on COVID-19. Dr. Mankad shared some of the specifics about Group 4 which becomes live March 17th. Some vaccination resources including some mass vaccination sites were shared with members as well.

Ongoing

5. LME/MCO Updates

Doug reviewed several LME/MCO updates including the following,

Hope 4 NC: This is an ongoing effort to help people in our communities, Please spread the word. Doug thanked CFAC members for their assistance in spreading the word about Hope 4 NC. Doug encouraged members to continue to spread information about the program and to please let Noah or Doug know if more promotional material is needed.

N/A

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| **Doug reviewed the Alliance Budget Retreat and covered the following key points.** | Major CFAC Concerns  
- Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial.  
- Child Facility Based Crisis in Fuquay Varina  
- Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them.  
- Innovations Waitlist – continues to grow (over 4000)  
**CFAC MH/SUD Wish List**  
- Peer Run SUD Recovery Community Centers.  
- Expansion of MH Peer Services (less expensive, farther upstream, effective)  
- Prevention (Peer Respite, Drop In Centers, Life Skills)  
- Increase Peer Support programs for MH/SUD  
**CFAC IDD Wish List**  
- Baseline of services for members on the ‘List of Unmet Needs’ – Other waiver options  
- Increased Innovations Waiver Slots  
- Address the Direct Care worker crisis  
Doug also reviewed the NCQA MBHO: Alliance Health is currently under a National Committee for Quality Assurance accreditation for Managed Behavioral Health Organization. Doug gave a presentation on NCQA MBHO and what the agency was doing to prepare and complete the review. | | |

5. **State Updates**  
Doug reviewed the most recent state CE&E update going over the most recent SCOOP and upcoming events and trainings throughout the state.  
N/A  
N/A

6. **Guardianship Event**  
Noah discussed some suggestions that came from Alliances communications and marketing department on how to best proceed with production of the guardianship videos. The suggestions were to shorten the video length and break the presentations up into several smaller videos. We would focus our initial efforts on what is guardianship, how to get guardianship, why you may or may not consider guardianship, restoration of guardianship, and alternatives to guardianship. The goal is for the videos to be recorded and completed by mid April leaving time to promote a follow up Q and A forum before the end of the school year.  
Noah will follow up with UNC’s Rethinking Guardianship program and Johnston County Clerk of Court Michelle Ball about providing support and information for the videos. After making contact Noah will coordinate with the Johnston CFAC, community partners, and Alliance to produce the videos.  
ASAP

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### Agenda Items:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Medicaid Transformation Town Hall and Community Involvement</td>
<td>Alliance CFAC and System of Care are collaborating together for informational presentations on Standard Plans. Johnston and Durham County will collaborate as a joint effort to inform our communities about Standard Plans. Sara Wilson part of Alliances Government Relations Team will present and answer questions via zoom.</td>
<td>Noah will meet with Ramona and Durham SOC to discuss some of the logistics. Noah will also follow up with the Johnston Child Collaborative to gauge their interest in partnering on the event.</td>
<td>ASAP</td>
</tr>
<tr>
<td>8. Announcements</td>
<td>Noah discussed tracking community events and collaborative that CFAC members participate. This way events are easy to track and captured for the annual report.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

9. **Adjournment:** Next Meeting April 20, 2021 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Engagement Specialist  

[Click here to enter text.]

Date Approved
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expansion of MH Peer Services (less expensive, farther upstream, effective) &lt;br&gt; • Prevention (Peer Respite, Drop In Centers, Life Skills) &lt;br&gt; • Increase Peer Support programs for MH/SUD &lt;br&gt; ☐ CFAC IDD Wish List &lt;br&gt; • Baseline of services for members on the ‘List of Unmet Needs’ – Other waiver options &lt;br&gt; • Increased Innovations Waiver Slots &lt;br&gt; • Address the Direct Care worker crisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doug went over each of these topics and asked the group if there was anything else they would like to add or take off the lists.</td>
<td></td>
</tr>
<tr>
<td>7. Subcommittees &lt;br&gt; • Wake &lt;br&gt; • Durham &lt;br&gt; • Cumberland &lt;br&gt; • Johnston &lt;br&gt; • Area Board &lt;br&gt; • Human Rights &lt;br&gt; • Quality Management</td>
<td>Subcommittee Updates: &lt;br&gt; • Wake: Annette Smith (Chair): Active with DSP and CFAC Orientation Packet working group &lt;br&gt; • Durham: Steve Hill (Chair): Charlitta Burruss (Co-Chair): Follow up Q&amp;A with Senator Woodard and Delegates in April; Re vamping trainings for CFAC members &lt;br&gt; • Cumberland: Felisha McPherson (Chair): Medicaid Managed Care transformation, and Access and Information community sessions &lt;br&gt; • Johnston: Marie Dodson (Chair): Adult Guardianship training and alternatives and community information sessions &lt;br&gt; • Area Board: (Dave Curro): Board to meet Thursday 03.04.2021 Orange County update, and Tailored plan readiness &lt;br&gt; • Human Rights: Please read the attachments and email Doug with any questions or concerns</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on [Click or tap to enter a date].
CFAC MEETING - REGULAR MEETING
(Virtual Meeting via Video Conferencing)
5:30-7:00 p.m.

MEMBERS PRESENT: Michael McGuire, Ellen Gibson, Dorothy Johnson, Carrie Morrisy, Jackie Blue, Sharon Harris, Briana Harris, Shirley Francis, Tekeyon Lloyd, Tracey Glenn-Thomas, Renee Lloyd, Carson Lloyd Jr., Felishia McPherson, Alejandro Vasquez, Andrea Clementi

BOARD MEMBERS PRESENT:
GUEST(S): Suzanne B. Thompson, Community Engagement and Empowerment Team, ShaValia Ingram, Community Engagement and Empowerment Team, Valencia Handy, Community, Stepheeria Nicolson, Health Department

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement, Terrasine Gardner, Member Engagement Manager, Starlett Davis, Member Engagement Specialist

Join Zoom Meeting
https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2

Meeting ID: 991 7538 7198
Passcode: 935256

Dial by your location
+1 646 558 8656 US (New York)

1. WELCOME AND INTRODUCTIONS: Renee Lloyd

2. REVIEW OF THE MINUTES – The minutes from the February 25, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Renee Lloyd and seconded by Michael McGuire to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comments</td>
<td>Renee and Starlett Community events and resources. Covid 19 Check ins. Everyone gave an update on how they were doing in general and the committee members and Alliance staff gave support. The members did not have any community updates.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. ADA Updates</td>
<td>Shirley Francis- ADA updated meeting information. Starlett Davis will be sending out updates received from Ms. Shirley as she gets them. They are meeting quarterly. The next meeting is May 19, 2021.</td>
<td>See Shirley, Starlett, Terrasine or Doug for questions.</td>
<td>Next meeting 5/19/2021</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Mankad presented on the Covid 19 vaccine. He started with a video made via Alliance about hesitations with getting the vaccine in the Black Community. Dr. Mankad gave statistics on the population in Cumberland County versus the confirmed cases in the county. He explained the possible inaccuracy of confirmed cases due to lack of test early on. The death rate is 273 in the county which is as many people die from the flu in the past 10 years. The vaccine is available and has gone through certain priority group. 34.048/ 10 percent have been vaccinated. You are eligible to get vaccination if you work in health care. The Dr. explained that if you are a care giver of a loved and your role is unpaid, you may still qualify as a health care provider. Inform the vaccination site that the care you give exposes you to bodily fluids. You are considered an unpaid health care worker and qualify as a priority one population. There is no cost for the shot. The others that are eligible are anyone 65 or older regardless of situation, work field, etc. The third group are school teachers, including day care and any teacher in K-12. Use Find Your Spot website to find a site. The members were able to have a Q&amp;A session. The number of the CDC was put in the chat for all those that had questions. Starting March 10, 2021, manufacturing, colleges and universities, groceries, meat packing, restaurant, gov. service workers, police and fire, and bus drivers will be eligible. There is a 3rd vaccine company coming in the next coming weeks. The Moderna, and Pfizer require 2 shots. Johnson and Johnson are a one shot vaccine. The governor also rolled back some restrictions because the numbers are going down in the state. Safety is still key. The lesser restrictions include some restaurants opening and movies having less restrictions.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. State Updates</td>
<td>ShaValia Ingram and Suzanne Thompson&lt;br&gt;Doug, Terrasine and Starlett&lt;br&gt;February CE&amp;E Update</td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Suzzanne Thompson introduced ShaValia Ingram and her role in the coming months. The new update comes out on tomorrow. Ms. Suzzane highlighted some events and activities that had not passed.

Monday, March 1st, Covid 19 Consumer Call at 2pm.
Tuesday March 2nd, 6pm to 8pm, Scoop Presentation: Observe your use of Substances, Live Stream on the Facebook Governors Institute Page. All previous videos are on there as well and other presentations/town halls

Wednesday, Women’s History Month Lunch and Learn, 12p to 1p

Thursday, March 4, 3pm-4pm, Covid 19 Provider Call.

March Update will go out tomorrow or over the weekend

Two Tuesdays from now, Fed Gov. will start a 2week series on traumatic brain injuries.

Ms. Ingram came on to introduce herself. She has a background in mental health and is a previous Alliance employee as well as other organizations in the community.

7. MCO

Starlett MCO Updates
Medicaid Transition to Managed Care

Starlett went over the presentation.

- North Carolina’s Vision for Medicaid Transformation. “To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

- Highlights of Medicaid Transformation- Whole-person Focus and Healthy Opportunities Initiative, Primary Care and Local Care Management Investment, and Value-based Payments.

- Medicaid Managed Care Day One Goals- In the transition to an innovative managed care program, NCDHHS’ priority for Day One is that individuals get the care they need, and providers get paid as well as a few other priorities.

- Moving to NC Medicaid Managed Care- Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care. Beneficiaries will
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>be able to choose from 5 Health plans and Eastern Band of Cherokee Indians (EBCI) Tribal Option. All health plans go live July 1, 2021.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NC Medicaid Direct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs, or they have limited benefits. This will be called NC Medicaid Direct.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behavioral Health I/DD Tailored Plans (launching July 2022)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The eligibility requirements and timeline were discussed. Communication and Engagement, Key partners in engagement, and the beneficiary Portal/resources were presented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• An overview was given on the Enrollment broker, their role, and how to utilize them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Web portal was presented with screen shots of the web page to assist with navigations. The resources contact/web engagement options available were also presented.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Trainings/ Community Events

Starlett Davis discussed the Virtual Medicaid Transformation Community Forum. We discussed what we did last year and how it could look this year virtually being sponsored by CFAC. The committee were in agreement on doing this. Starlett will email the committee as soon as she has more information on it. Starlett, what trainings/presentations are you interested in having during our monthly meetings? We also discussed what presentations or events to think about presenting to the community, a community outreach project. This will be something that the CFAC committee will be spearheading this.

See Starlett, Terrasine or Doug for questions.

Please let Starlett know of any trainings committee is interested in.

3/25/2021
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee asked for a list to see who in the committee were active and inactive to see if we have spots for new members. Dr. McGuire proposed that the inactive members to be moved into the associate members. Starlett will look into that.</td>
<td>See Starlett, Terrasine or Doug for questions. Please let Starlett know of any trainings committee is interested in.</td>
<td>3/25/2021</td>
<td></td>
</tr>
<tr>
<td>9. Prep for next meeting</td>
<td>Renee- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. Think about what trainings the committee would like to have during monthly meetings. Think about what community outreach CFAC would like to spearhead. Be prepared to discuss virtual community forum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Appreciation</td>
<td>Everyone gave their appreciations.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**ADJOURNMENT:**

Respectfully Submitted by:

[Click here to enter text.] Date Approved
ITEM: Executive Committee Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This report includes draft minutes from the March 15, 2021, meeting and potential next steps from the recent survey of Board members.

REQUEST FOR AREA BOARD ACTION: Accept the report. Review the survey results and approve the recommended next steps.

CEO RECOMMENDATION: Accept the report. Review the survey results and approve the recommended next steps.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; and Robert Robinson, CEO
Monday, March 15, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING
(virtual meeting via videoconference)
4:00-6:00 p.m.

APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair); Lodies Gloston, MA (Policy Committee Chair); David Hancock, MBA, PFAff; (Finance Committee Chair); Lynne Nelson, BS (Board Vice-Chair); Gino Pazzaglini, MSW LFACHE (Board Chair), and Pam Silberman, JD, DrPH (Quality Management Committee Chair) (exited at 4:33 pm)

APPOINTED MEMBERS ABSENT: Angela Diaz, MBA (Client Rights/Human Rights Committee Chair); and Donald McDonald, MSW (Network Development and Services Committee Chair)

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Director of Quality Management; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, CEO; Jennifer Stoltz, Administrative Assistant II; Sara Wilson, Senior Director of Government Relations; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:03 p.m.

2. REVIEW OF THE MINUTES – The Committee reviewed minutes from the February 15, 2021, meeting; a motion was made by Mr. Curro and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>COMMITTEE ACTION:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Closed Session</td>
<td>A motion was by Ms. Gloston to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1. Motion seconded by Mr. Curro. Motion passed unanimously.</td>
<td>None specified</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Reconvene Open Session</td>
<td>Committee returned to open session.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5. Proposed Next Steps from Board Survey</td>
<td>Wes Knepper, Senior Director of Quality Management, presented an update on recommended next steps. Committee members confirmed the recommendations and requested providing quarterly updates to the Board via the Chair’s report.</td>
<td>The updated recommendations will be presented to the Board at the April 1 Board meeting for approval.</td>
<td>4/1/21</td>
<td></td>
</tr>
<tr>
<td>6. Policy Review</td>
<td>Monica Portugal, Chief Compliance Officer, reviewed draft revisions to a policy that was presented to the Board Policy Committee last week.</td>
<td>The policy will be presented to the Board at the April 1 meeting for approval.</td>
<td>4/1/21</td>
<td></td>
</tr>
</tbody>
</table>

COMMITTEE ACTION:
A motion was by Ms. Gloston to forward policy G-4 (Development of Policies and Procedures) to the Board and recommend approval. Motion seconded by Mr. Hancock. Motion passed unanimously.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Overview of Two Leases</td>
<td>Carol Wolff, General Counsel, provided an update on two leases. The lease for 400 West Ransom Street is for the provider to operate a child crisis facility in Fuquay-Varina; the lease term will be consistent with the service contract. Mr. Robinson provided an update on the lease for 162 Sally Hill Circle in Fayetteville. Mr. Robinson shared that this is part of the agency's efforts to address the needs of children in foster care requiring crisis services. This effort is a partnership between Alliance, Cumberland County and Cumberland DSS. Ms. Wolff reviewed conditions of the lease.</td>
<td>Leases will be presented to the Board at the April 1 meeting and per the by-laws require supermajority approval.</td>
<td>4/1/21</td>
</tr>
<tr>
<td>8. Agenda for April Board Meeting</td>
<td>Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>3/16/21</td>
</tr>
</tbody>
</table>

9. **ADJOURNMENT:** The meeting adjourned at 5:15 p.m.; the next meeting will be April 19, 2021, at 4:00 p.m.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting.

This month’s report includes draft minutes from the March 4, 2021, meeting, the Summary of Savings/(Loss) by Funding Source, ratios for the period ending February 28, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): David Hancock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
AGENDA

1. Review of the Minutes – March 4, 2021

   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DHB Contractual Ratios

3. Contract Approvals

4. FY21 Budget Amendment and Reinvestment Plan

5. Electronic Payment Resolution

6. Closed Session – Motion to enter closed session pursuant to NC General Statue 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1.

7. Adjournment
1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 3:02 PM

2. REVIEW OF THE MINUTES – The minutes from the February 4, 2021, meeting were reviewed; a motion was made by Mr. Pazzaglini and seconded by Mr. Jackson to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
---|---|---|---
3. Monthly Financial Report | The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios as of January 31, 2021. Ms. Pacholke discussed the following reports:  
- Through 1/31/21, we have savings of $29M with projections through June 30, 2021 around $43M. This assumes that the service rate increases continue through 6/30, but the COVID revenue add-on ends 3/31/21. There has been no information regarding when the COVID revenue add-on will end. Alliance is continuing work on the spending plan as well as increase marketing to ensure individuals know how to access services.  
- We are meeting all SB208 ratios  
- We are meeting the defensive interval required in the DHB contract, however the MLR is currently below the 85% threshold (82.99%). Alliance is monitoring this ratio and continuing to work on the spending plan to increase spending, especially related to COVID revenue. In general, enrollment has increased, however individuals in our catchment area are not accessing services.  
Ms. Pacholke shared that a budget amendment will be brought to the Board in April to include additional funding received and to appropriate funds from fund balance to use for the child facility based crisis construction (the Board previously approved this contract). | | |
4. Closed Session | A motion was made by Mr. Pazzaglini and seconded by Mr. Jackson to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of the United States, or not considered a public record within the meaning of Chapter 132 of General Statutes. The motion passed unanimously. | | |
5. **ADJOURNMENT**: the meeting adjourned at 3:31 PM; the next meeting will be April 1, 2021, from 3:00 p.m. to 4:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Committee returned to open session at 3:31 and the meeting was adjourned.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Summary of Savings/(Loss) by Funding Source as of February 28, 2021

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>308,222,897</td>
<td>282,901,867</td>
<td>25,321,030</td>
<td>26,563,874</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>51,772,335</td>
<td>51,914,188</td>
<td>(141,854)</td>
<td>-</td>
</tr>
<tr>
<td>Local Funds</td>
<td>11,772,252</td>
<td>14,478,488</td>
<td>(2,706,236)</td>
<td>2,801,934</td>
</tr>
<tr>
<td>Administrative</td>
<td>46,249,968</td>
<td>47,507,129</td>
<td>(1,257,161)</td>
<td>2,535,445</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425,177,480</strong></td>
<td><strong>396,801,672</strong></td>
<td><strong>28,375,807</strong></td>
<td><strong>42,641,296</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Committed</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intergovernment Transfers</td>
<td>(2,005,211)</td>
<td>(3,007,817)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>(4,440,093)</td>
<td>(9,861,738)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Committed</strong></td>
<td>(6,445,304)</td>
<td>(12,869,555)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Restricted</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted - Risk Reserve</td>
<td>2,743,926</td>
<td>11,129,063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>32,077,186</td>
<td>44,381,788</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fund Balance Change</strong></td>
<td>$26,375,808</td>
<td>$42,641,296</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Fund Balance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,846,758</td>
<td>(2,260,209)</td>
<td>2,586,549</td>
<td>2,407,251</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>60,923,872</td>
<td>7,160,028</td>
<td>68,083,900</td>
<td>71,663,915</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>4,017,894</td>
<td>-</td>
<td>4,017,894</td>
<td>4,017,894</td>
</tr>
<tr>
<td>State Statutes</td>
<td>873,407</td>
<td>550,343</td>
<td>1,423,750</td>
<td>900,000</td>
</tr>
<tr>
<td>Cumberland</td>
<td>2,966,038</td>
<td>(2,706,236)</td>
<td>259,802</td>
<td>4,040,038</td>
</tr>
<tr>
<td>Durham</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,727,934</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>7,857,339</td>
<td>(2,155,893)</td>
<td>5,701,446</td>
<td>10,685,866</td>
</tr>
<tr>
<td>Committed</td>
<td>3,007,817</td>
<td>(2,005,211)</td>
<td>1,002,606</td>
<td>-</td>
</tr>
<tr>
<td>Intergovernment Transfer</td>
<td>500,000</td>
<td>-</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>12,192,000</td>
<td>(4,440,093)</td>
<td>7,751,907</td>
<td>2,330,262</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>15,699,817</td>
<td>(6,445,304)</td>
<td>9,254,513</td>
<td>2,830,262</td>
</tr>
<tr>
<td>Total Committed</td>
<td>15,699,817</td>
<td>(6,445,304)</td>
<td>9,254,513</td>
<td>2,830,262</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>22,021,136</td>
<td>32,077,186</td>
<td>54,098,323</td>
<td>66,402,924</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>$111,348,923</strong></td>
<td><strong>$26,375,808</strong></td>
<td><strong>$139,724,731</strong></td>
<td><strong>$153,990,219</strong></td>
</tr>
</tbody>
</table>

### February 28, 2021 Actual and June 30, 2021 Projection

- **February 28, 2021 Actual**
  - 2% Investment in Fixed Assets
  - 39% Restricted - Risk Reserve
  - 49% Restricted - Other
  - 6% Total Committed
  - 4% Unrestricted

- **June 30, 2021 Projection**
  - 2% Investment in Fixed Assets
  - 43% Restricted - Risk Reserve
  - 46% Restricted - Other
  - 2% Total Committed
  - 7% Unrestricted
A FY21 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th></th>
<th>Committed Funds</th>
<th></th>
<th>Spent</th>
<th>Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY21</td>
<td>January 31, 2021</td>
<td></td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>General Expenses</td>
<td>$500,000</td>
<td>-</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$500,000</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Total - Services</td>
<td>$500,000</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Administration</td>
<td>$12,192,000</td>
<td>$4,440,093</td>
<td>$</td>
<td>9,861,738</td>
</tr>
<tr>
<td>Tailored Plan planning and implementation</td>
<td>$12,192,000</td>
<td>$4,440,093</td>
<td>$</td>
<td>9,861,738</td>
</tr>
<tr>
<td>Total - Administrative</td>
<td>$12,692,000</td>
<td>$4,440,093</td>
<td>$</td>
<td>9,861,738</td>
</tr>
</tbody>
</table>

B Key Assumptions

1) Restricted - Other State Statutes - is the amount as of June 30, 2020. This will change once fiscal year 21 is closed.

2) The savings related to Medicaid Waiver Services is based on the average of year to date revenues vs. expenses, however we reduced it to factor in continued rate increases and the COVID add on ending March 31, 2021. The COVID add on ending is determined by the State.

3) Tailor plan spending projections are based on current spend. A more detailed projection will be provided during the budget retreat.

4) Projections are based on currently available information and therefore are subject to change.
## Statement of Revenue and Expenses (Budget and Actual) - As of February 28, 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,239,101</td>
<td>$1,229,627</td>
<td>$11,772,252</td>
<td>$26,466,849</td>
<td>30.79%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$74,809,994</td>
<td>$6,422,675</td>
<td>$51,772,335</td>
<td>$23,037,660</td>
<td>69.21%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$399,202,069</td>
<td>$38,850,357</td>
<td>$315,382,925</td>
<td>$83,819,144</td>
<td>79.00%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$512,251,164</td>
<td>$46,502,659</td>
<td>$378,927,512</td>
<td>$133,323,652</td>
<td>73.97%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$382,104</td>
<td>$31,843</td>
<td>$254,741</td>
<td>$127,363</td>
<td>66.67%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,282</td>
<td>$2,906,259</td>
<td>$1,453,126</td>
<td>66.67%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$54,436,646</td>
<td>$5,297,486</td>
<td>$43,013,466</td>
<td>$11,423,180</td>
<td>79.02%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$3,775</td>
<td>$75,502</td>
<td>$424,498</td>
<td>15.10%</td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>$59,678,135</td>
<td>$5,696,386</td>
<td>$46,249,968</td>
<td>$13,428,167</td>
<td>77.50%</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>$571,929,299</td>
<td>$52,199,045</td>
<td>$425,177,480</td>
<td>$146,751,819</td>
<td>74.34%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,239,101</td>
<td>$2,195,752</td>
<td>$14,478,488</td>
<td>$23,760,613</td>
<td>37.86%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>$74,809,994</td>
<td>$6,303,516</td>
<td>$51,914,188</td>
<td>$22,895,806</td>
<td>69.39%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$399,202,069</td>
<td>$38,436,844</td>
<td>$282,901,867</td>
<td>$116,300,202</td>
<td>70.87%</td>
</tr>
<tr>
<td>Total Service Expenses</td>
<td>$512,251,164</td>
<td>$46,936,111</td>
<td>$349,294,543</td>
<td>$162,956,621</td>
<td>68.19%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>$7,297,796</td>
<td>$703,948</td>
<td>$5,858,538</td>
<td>$1,439,258</td>
<td>80.28%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>$44,807,318</td>
<td>$3,942,214</td>
<td>$35,970,499</td>
<td>$8,836,819</td>
<td>80.28%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$7,073,021</td>
<td>$1,416,853</td>
<td>$5,678,092</td>
<td>$1,394,929</td>
<td>80.28%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>$500,000</td>
<td>$0</td>
<td>$0</td>
<td>$500,000</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Administrative Expenses</td>
<td>$59,678,135</td>
<td>$6,063,014</td>
<td>$47,507,129</td>
<td>$12,171,006</td>
<td>79.61%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$571,929,299</td>
<td>$52,999,125</td>
<td>$396,801,672</td>
<td>$175,127,627</td>
<td>69.38%</td>
</tr>
</tbody>
</table>

## CHANGE IN NET POSITION

- **(800,080)**
- **$28,375,807**
**Senate Bill 208 Ratios - As of February 28, 2021**

**CURRENT RATIO**

*Current Ratio* = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.

**PERCENT PAID**

*Percent Paid* = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
**Defensive Interval** = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/20-6/30/21).
WHEREAS, the annual budget ordinance for FY 2020 - 2021 was approved by the Alliance Health Area Board on June 4, 2020;

WHEREAS, on June 4, 2020, the Alliance Health Area Board adopted a budget ordinance making appropriations in such sums that the Board considers sufficient and proper in accordance with G.S. 159-13;

BE IT ORDAINED by the Alliance Health Area Board that for the purpose of operations for the LME/MCO, that the 2020-2021 budget ordinance is hereby amended to reflect the following budget adjustments.

Section 1: General Fund Appropriations

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$85,653,413</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$489,688,922</td>
</tr>
<tr>
<td>State Services</td>
<td>$78,543,762</td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,237,642</td>
</tr>
<tr>
<td>Grant Funded Services</td>
<td>$175,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$692,798,739</strong></td>
</tr>
</tbody>
</table>

Section 2: General Fund Revenue

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$70,466,960</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$481,986,787</td>
</tr>
<tr>
<td>State Services</td>
<td>$78,543,762</td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,237,642</td>
</tr>
<tr>
<td>Grant Funded Services</td>
<td>$175,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
</tr>
<tr>
<td>Fund Balance Appropriation</td>
<td>$22,888,588</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$692,798,739</strong></td>
</tr>
</tbody>
</table>

The Budget as amended continues to satisfy the requirements of G.S. 159-8 and 159-13. All ordinance and portions of ordinance in conflict herewith are hereby repealed.
### Budget Amendment Details

#### Section 1: General Fund Appropriations

<table>
<thead>
<tr>
<th></th>
<th>Approved Budget June 4, 2020</th>
<th>Amended Budget April 1 2021</th>
<th>Difference</th>
<th>Footnote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>$59,178,135</td>
<td>$85,653,413</td>
<td>$26,475,278</td>
<td>A</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$399,202,069</td>
<td>$489,688,922</td>
<td>$90,486,853</td>
<td>B</td>
</tr>
<tr>
<td>State Services</td>
<td>$54,548,221</td>
<td>$78,543,762</td>
<td>$23,995,541</td>
<td>C</td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,239,101</td>
<td>$38,237,642</td>
<td>($1,459)</td>
<td>D</td>
</tr>
<tr>
<td>Grant Funded Services</td>
<td>$175,000</td>
<td>$175,000</td>
<td>-</td>
<td>E</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
<td>$500,000</td>
<td>-</td>
<td>F</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$551,842,526</strong></td>
<td><strong>$692,798,739</strong></td>
<td><strong>$140,956,213</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Section 2: General Fund Revenue

<table>
<thead>
<tr>
<th></th>
<th>Approved Budget June 4, 2020</th>
<th>Amended Budget April 1 2021</th>
<th>Difference</th>
<th>Footnote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>$59,178,135</td>
<td>$70,466,960</td>
<td>$11,288,825</td>
<td>A</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$399,202,069</td>
<td>$481,986,787</td>
<td>$82,784,718</td>
<td>B</td>
</tr>
<tr>
<td>State Services</td>
<td>$54,548,221</td>
<td>$78,543,762</td>
<td>$23,995,541</td>
<td>C</td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,239,101</td>
<td>$38,237,642</td>
<td>($1,459)</td>
<td>D</td>
</tr>
<tr>
<td>Grant Funded Services</td>
<td>$175,000</td>
<td>$175,000</td>
<td>-</td>
<td>E</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
<td>$500,000</td>
<td>-</td>
<td>F</td>
</tr>
<tr>
<td>Fund Balance Appropriation</td>
<td>$ -</td>
<td>$22,888,588</td>
<td>$22,888,588</td>
<td>G</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$551,842,526</strong></td>
<td><strong>$692,798,739</strong></td>
<td><strong>$140,956,213</strong></td>
<td></td>
</tr>
</tbody>
</table>
A *Administrative Appropriations & Revenue*
The Administrative appropriation and revenue increased over the approved budgeted amount due to an increase in overall Medicaid revenue related to the PMPM rate increase due to COVID and due to an increase in Medicaid lives. In addition, the Administrative appropriations increased as a result of fund balance appropriations related to reinvestments and intergovernmental transfers.

B *Medicaid Services Appropriations & Revenue*
The Medicaid appropriation and revenue increased over the approved budgeted amount due to the increase in overall Medicaid revenue related to the PMPM rate increase due to COVID and due to an increase in Medicaid lives. In addition, the Medicaid Services appropriation increased as a result of fund balance appropriations related to reinvestments.

C *State Services Appropriations & Revenue*
The State Services appropriation and revenue increased as a result of additional allocations received from the State throughout the year. Examples are TLCI, ADATC, Opioid funding, CARES, etc.

D *Local Services Appropriations & Revenue*
The Local Services appropriations and revenue decreased as a result of an adjustment to the budgeted amount for a salaried position in Durham County.

E *Grant Funded Services Appropriations & Revenue*
No change to Grant Funded Services appropriations and revenue.

F *Miscellaneous Appropriations & Revenue*
No change to Miscellaneous appropriations & revenue.

G *Fund Balance Appropriations*
Appropriating amounts from fund balance to cover intergovernmental transfers and reinvestment plans.
<table>
<thead>
<tr>
<th>Category</th>
<th>FY21</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services</strong></td>
<td></td>
</tr>
<tr>
<td>Child Facility Based Crisis</td>
<td>$ 7,202,135</td>
</tr>
<tr>
<td>General</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
</tr>
<tr>
<td>Tailored Plan Implementation*</td>
<td>12,192,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 19,894,135</td>
</tr>
</tbody>
</table>
RESOLUTION of the BOARD OF DIRECTORS
authorizing Alliance Health to engage in electronic payments

THAT WHEREAS, it is the desire of the Board of Directors that Alliance Health is authorized to engage in electronic payments as defined by N.C. General Statute §159-28; and

WHEREAS, it is the responsibility of the Finance Officer, who is appointed by and serves at the pleasure of the Board of Directors to adopt a written policy outlining procedures for pre-auditing obligations that will be incurred by electronic payments as required by NC Administrative Code NCAC 03.0409; and

WHEREAS, it is the responsibility of the Finance Officer, who is appointed by and serves at the pleasure of the Board of Directors, to adopt a written policy outlining procedures for disbursing public funds by electronic transaction as required by NC Administrative Code 20 NCAC 03.0410.

NOW, THEREFORE, BE IT RESOLVED, by the Alliance Health Board of Directors that;

1. The Alliance Health Board of Directors, hereby authorizes Alliance Health to engage in electronic payments as defined by N.C. General Statute §159-28;

2. The Alliance Health Board of Directors delegates the authority to the CEO to adopt a written Operating Policy outlining procedures for pre-auditing obligations that will be incurred by electronic payments as required by 20 NCAC 03.0409;

3. The Alliance Health Board of Directors delegates the authority to the CEO to adopt a written Operating Policy outlining procedures for disbursing public funds by electronic transaction as required by 20 NCAC 03.0410; and

4. This Resolution shall take effect immediately upon its passage.

Adopted this the ____ day of April, 2021.

_______________________________________
Gino Pazzaglini, Chair of the Board of Directors

CERTIFICATION
I, Executive Secretary to the Alliance Health Board of Directors, hereby certify this Resolution is a true and exact copy of a resolution adopted by the Board of Directors during a regular meeting on March __, 2021.

________________________________
Executive Secretary to the Board
ITEM: By-Laws/Policy Committee Report

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: Per Alliance Health Board Policy “Development of Policies and Procedures,” the Board is to review all policies annually. The Board Policy Committee also reviews Policies throughout the year on an ad hoc basis.

This report includes draft minutes from the March 11, 2021, meeting and the following policies:

Policies reviewed and submitted for continued use without revisions: None

Policies reviewed with recommended revisions:
G4 Development of Policies and Procedures

Policies reviewed and recommended to repeal: None

REQUEST FOR AREA BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the March meeting as submitted. Approve the submitted policy for use with recommended revisions.

CEO RECOMMENDATION: Accept the report. Accept Board Policy Committee minutes from the March meeting as submitted. Approve the submitted policy for use with recommended revisions.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
Board Policy Committee - Regular Meeting
Thursday, March 11, 2021
(virtual meeting via videoconference)
4:00-5:30 p.m.

Appointed Members Present: ☒ Lodies Gloston, MA (Committee Chair), ☒ McKinley Wooten, JD and ☐ (vacancy)
Board Members Present: ☐ Gino Pazzaglini
Guests Present: ☒ Laura Radulescu
Staff Present: ☒ Kathy Dempsey, Compliance Analyst; ☒ Lynn McKoy, Director of Corporate Compliance; ☒ Monica Portugal, Chief Compliance Officer; ☒ Jamie Preslar, Administrative Assistant III; ☒ Carol Wolff, General Counsel

1. Welcome and Introductions – The meeting was called to order at 4:03 p.m.

2. Review of the Minutes – The minutes from the December 10, 2020, meeting were reviewed; a motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

3. Development of Operational Policies/Policy for
   Revision: G4
   Development of Policies & Procedures

   Ms. Portugal explained that it is desirable for the organization to have a more fluid process for creating, revising and approving policies as we move towards becoming a Tailored Plan. It is also desirable to add more substance to the policies so that they are operating policies with practical guidance, instead of broad, overarching statements. Accordingly, Ms. Portugal and Ms. Wolff presented suggested revisions to policy G4 Development of Policies and Procedures.

   Ms. Portugal also presented policy master index outlining the list of current policies and a proposed policy level (operating or Board) for each.

   The Committee discussed how to effect the necessary changes in the process of creating and approving policies and how best to reflect the change in policy G4 Development of Policies and Procedures.

   The Committee discussed how to repeal existing policies as they are replaced by new operational policies. It was suggested that the list would come to the Policy Committee to recommend repeal and then go to the Board of Directors for final approval.

   Ms. Portugal recommended adding non-retaliation and whistleblower policies as new Board policies.

   Mr. Wooten moved to approve revised policy G4. The motion carried unanimously.

   Send policy G4 to Executive Committee for review.

   The revised policy will be presented to the Board of Directors for approval.

   Next meeting 3.15.21
   Next scheduled Board meeting 4.1.21
4. **Other** – Ms. Gloston explained that her tenure on the Alliance Board of Directors has been extended until 2022. Accordingly, Ms. Gloston will be presiding over the next regular Committee meeting scheduled for June.

5. **ADJOURNMENT**: The meeting adjourned at 4:30 p.m.; The next meeting will be June 10, 2021, from 4:00 p.m. to 5:30 p.m.
I. PURPOSE

To provide a process for the Alliance Health (Alliance) Board of Directors to develop, revise, review, approve and monitor Board policies and procedures that govern the Board of Directors and the core business of the Area Authority. The development, review, approval and maintenance of policies and procedures addressing the operations of the organization (operational policies) is delegated to the CEO, and does not require Board review or approval.

II. DEFINITIONS

Approval authority: The party or parties authorized to approve Board of Directors and Area Authority policies and procedures. The Board of Directors approves Board policies and procedures and the Chief Executive Officer approves operational policies and procedures.

Approval date: The date on which the policies and procedures have been approved by all applicable parties and become effective for use. This approval date shall appear on all policies and procedures.

Board of Directors: Any use of the term Board of Directors in policies and procedures shall be deemed to include the Area Board, Area Authority, LME-MCO and other such terms used in North Carolina General Statutes.

Chief Executive Officer (CEO): The CEO is hired and evaluated by the Board of Directors and is responsible for leading and conducting the Area Authority’s business and affairs. Any use of the term CEO in policies and procedures shall be deemed to include the Area Director and other such terms used in North Carolina General Statutes.

Board policy and procedures: Documents developed and approved by the Board of Directors that provide direction to govern the Board of Directors or guidance to the Area Authority.

Operational policy and procedures: Documents developed and approved by the Chief Executive Officer that provide direction and steps for employees to follow when performing a particular function.

Review date: The date the Board policies and procedures were reviewed and approved for continued use. Operational policies and procedures review date is the date Alliance initiates the review of
operational policies and procedures. Policies and procedures shall be reviewed at least annually (month year to month year) and revised as necessary. 

**Revision date:** The date on which the policies and procedures were revised to reflect required changes in the organization’s decision-making process. Revisions may be effected at any time and it is not necessary to await the scheduled review date.

### III. POLICY STATEMENT

The Board of Directors shall be responsible for the development, revision, approval, and monitoring of Board policies and procedures that govern the operation and actions of the Board of Directors and set policies to guide and provide direction to the Area Authority. Among other things, these policies may relate to the Board’s fiduciary responsibilities, monitoring and control functions, and the mission, vision and goals of the organization. Board policies and procedures must consider Federal regulations, State statutes, NC DHHS rules and contracts and other regulatory or accreditation requirements applicable to the Area Authority.

### IV. PROCEDURES

Board policies and procedures for inclusion in the policy manual require Board of Directors action. Annually, the Board of Directors shall review its policies and procedures. These reviews may occur more often if required by rules, statutes, or accrediting bodies.

The Board Policy Committee shall develop, review and revise all Board of Directors policies and procedures before submission to the full Board of Directors for review and approval. Board of Directors policies and procedures affecting operations, which come under the purview of other Board Committees, shall be reviewed by those Committees and their input provided to the Board Policy Committee four weeks prior to their scheduled review. Non-substantive, grammatical revisions may be made with the approval of the Board Policy Committee.

The Chief Executive Officer (or designee) is responsible for developing a process for revising, approving and monitoring all operational policies and procedures.
ITEM: Lease Agreement of 162 Sally Hill Circle, Fayetteville, NC

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: Over the last fiscal year, Cumberland County has seen a significant increase in youth in DSS custody losing their living arrangements, and alternative placements were unable to be identified resulting in long stays in the ED or other unsuitable locations. These inappropriate placements create significant negative impacts on the youth involved and considerable stress and concern on the individuals and agencies charged with supporting them. Recognizing that securing suitable placement and treatment for these youth is a pervasive issue across North Carolina, Alliance developed a comprehensive plan to address this issue in Cumberland County. Alliance, in collaboration with the County, has committed to create a higher-level crisis bed response capacity in a Level 3 group home setting for youth involved with Cumberland DSS. The County has agreed to lease property to Alliance to use for the group home, and Alliance has agreed to select an enhanced service provider having an expertise in assessment and treatment planning to assist with transition back into a community family setting to operate the residential setting. Once selected, the Provider will be required to sublease the property from Alliance. The property requires renovation including improvements necessary for the property to be licensed as a Level 3 Group Home, prior to occupying the Leased Premises. Cumberland County has agreed to allow Alliance to utilize County funds for the renovation work. Cumberland County has offered the proposed Lease Agreement, which includes the following terms:

1. The Leased Premises includes 162 Sally Hill Circle Fayetteville, NC 28306, North Carolina, which includes a 1 acre parcel containing a 3 bedroom 2 bath approx. 2,976 sq. ft. residential structure.
2. The Term of the Lease will begin upon substantial completion of the renovation through June 30, 2026, renewable upon mutual agreement.
3. Rent is $1.00 annually.
4. Use of the Leased Premises is to provide behavioral health, substance abuse, intellectual and developmental disability and physical health services, including a Group Home, and may be subleased by Alliance to the designated service Provider.
5. Cumberland County will continue to maintain the property and the structure. Alliance will be responsible for janitorial, trash removal as well as regular maintenance to keep the property in good condition.
6. Utilities will be the responsibility of Alliance.

REQUEST FOR AREA BOARD ACTION: The Board is requested to approved the proposed Lease Agreement and authorize the CEO to execute it, as well as authorize the sublease to the designated service provider upon the same terms as the Lease Agreement.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Robert Robinson, CEO; and Carol Wolff, General Counsel
Lease Summary – 162 Sally Hill Circle, Fayetteville

**Landlord:** Cumberland County

**Tenant:** Alliance Health

**Building Address:** 162 Sally Hill Circle, Fayetteville

**Property Overview/ Background:**
- 1 acre lot on a private street with existing 3 bedroom 2 bath approx. 2,976 sq. ft residential structure
- Approximately 6.7 miles south of Alliance Cumberland office
- Property was previously used by Cumberland DSS as group home
- The County will make repairs to the septic system before lease execution. Garage may be razed by the County if we have no need for it
- On septic system and well water
- Property needs renovating. County is allowing Alliance to use County roll over fund balance. Alliance will handle renovations, which include new roof, demolishing the unattached garage and other necessary improvements for licensure
- Will require Level 3 Group Home Licensure

**Leased Premises:** All property and house

**Property Uses/Program:**
- Level 3 Group Home for up to 6 adolescents male and female
- Alliance is currently seeking an enhanced service provider having an expertise in assessment and treatment planning to assist with transition back into a community family setting to operate the Group Home
- Program will serve Cumberland DSS involved youth
- Alliance will Sublease to the designated Service Provider

**Term:**
- Commencement Date: Once provider is in place
- Expiration Date: June 30, 2026
- Renewal Option: Upon mutual agreement so long as Alliance is contracting for the service.

**Initial Rent:** $1.00 annual

**Rental Adjustments during Initial and Extended Terms:** n/a

**Deposit:** n/a

**Maintenance:**
- Cumberland County:
  - Structure, HVAC, building systems
• Grounds maintenance
• Septic and Well
• Pest Control
• Private street maintenance
• Security and fire alarm system monitoring

• **Alliance:**
  • Janitorial
  • Trash removal
  • Utilities

**Termination terms:**
• Upon Default, with 30 days’ notice to cure
• Upon 10 days’ notice in the event Alliance is no longer able to use the property as intended.
**ITEM:** Lease Agreement for 400 W. Ransom Street, Fuquay-Varina

**DATE OF BOARD MEETING:** April 1, 2021

**BACKGROUND:** With the intent of building a child crisis facility, Alliance purchased the property located at 400 W. Ransom Street, Fuquay-Varina, in April, 2018. The site and existing structure was formerly used as small hospital and skilled nursing facility by WakeMed, but had been vacant since 2013. Alliance received a Grant from the State of NC for $1 million to assist with renovations to the property. An additional $7.3 million has been invested for the renovation from Alliance reinvestment dollars.

Once complete, the facility will house 16 facility-based crisis beds with capacity to serve children ages 6-12 and adolescents ages 13-17, all genders, for up to 14 days. It will also include a Tier IV Behavioral Health Urgent Care (open 24/7) for assessment, observation and disposition including individuals transported under an Involuntary Commitment. The Urgent Care will have capacity for 6 youth at a time for observation, however will be able to provide crisis assessments continually. This is a short-term (less than 24 hours) visit to evaluate and triage the child for medically necessary services and hopefully back home. This facility increases Alliance’s local crisis continuum which includes Mobile Crisis, Rapid Response, Evidence Based and best practices and several proven intensive home based treatment models to work with the youth and their family in their own community. Construction on the facility is expected to be substantially complete by the end of June.

A formal Request for Proposals seeking a provider to operate the program was issued by Alliance. After receiving several responses, Alliance chose the non-profit entity KidsPeace National Centers of North America Inc. (‘KidsPeace’) to be the contracted provider for the facility-based crisis services and Tier IV Behavioral Health Urgent Care. KidsPeace currently operates three very similar programs in the northeast in addition to a 120-bed psychiatric hospital. Alliance needs to lease the facility to KidsPeace in order for them to operate the program. The proposed Lease Agreement includes the following terms:

1. The Leased Premises includes all of the property and building EXCEPT for approximately 6,000 sq. ft. of undeveloped space, which is carved out of the lease and reserved for use by Alliance. A description of the building is attached.
2. The Term of the Lease will begin upon substantial completion of the construction through June 30, 2023, renewable upon mutual agreement, so long as KidsPeace maintains the Provider Contract for the services rendered at the facility.
3. Rent is $1.00 annually.
4. Use of the Leased Premises is solely for the operation of the programs described in the Provider Contract between KidsPeace and Alliance.
5. Repairs and Maintenance. Alliance will continue to maintain the property and the structure. KidsPeace will be responsible for janitorial, trash removal and security systems as well as regular maintenance to keep the property in good condition including the courtyard area.
6. Utilities will be provided by Alliance, except for telephone, cable television, internet, or wireless connectivity.
7. The Lease will terminate early if the Provider Contract with KidsPeace expires or is otherwise terminated for any reason, or in the event of an uncured event of default.
REQUEST FOR AREA BOARD ACTION: The Board is requested to consider and approve the lease of 400 W. Ransom Street in Fuquay-Varina to KidsPeace National Centers of North America Inc. as proposed, and authorize the CEO to execute the lease agreement.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Carol Wolff, General Counsel; Kate Peterson, Healthcare Network Project Manager
Lease Summary – 400 W. Ransom St. Fuquay-Varina

Landlord: Alliance Health

Tenant: KidsPeace National Centers Of North America Inc.

Building Address: 400 W. Ransom St. Fuquay-Varina

Property Overview/ Background:
• 5 acre lot at the end of a cul-de-sac with existing 28,000 sq. ft building
• Approximately 25 miles from Alliance HQ and 1 mile from Fuquay-Varina Town Hall
• Purchased by Alliance from WakeMed in 2018 for $967,500.00. [Wake Deed Book 016881/454].
• Went through an unexpected re-zoning process that resulted in several Site Specific Conditions placed in the property by the Town of F-V (REZ-2018-26) (I/CZD), including:
  i. Limit to use for individuals under the age of 21 and their families. Such use shall not preclude family counseling or other related services.
  ii. Maintain fencing around patient courtyard.
  iii. Provide psychiatric security windows in all patient treatment rooms.
  iv. Provide security cameras at entrances/exits.
  v. The entrance used for secure transfers of individuals who have been determined to meet involuntary commitment criteria shall be screened from public view with opaque landscape buffer consisting of evergreen shrubs a minimum size planting of 6 feet high at time of planting, or hard surface materials to create a private entrance screened from view by the public with the exception of the asphalt driving surface and associated curb and gutter.
  vi. Provide 24/7 on-site security while operating as a licensed crisis facility.
  vii. Maintain opaque landscape buffer adjacent to the sidewalk, a minimum size planting of six (6) feet at the time of planting, or hard surface materials a minimum of eight (8) feet in height around perimeter of the patient courtyard, with the exception of required exit doors.
  viii. Prohibit outdoor recreation that would create loud or disturbing noise after 8:30PM and before 9AM. Such prohibitions shall not preclude reasonable outdoor therapeutic activities not creating unreasonable noise.
• Alliance has invested approx. $7.3 million for extensive renovations and received $1 million Grant from NC for renovations.
• Substantial Completion expected July 2021.

Leased Premises: Property and building, EXCEPT for approx. 6,000 sq.ft. ‘shell space’ reserved to Alliance. Description attached. Parking: Included, shared with other tenants.

Property Uses/Program:
• 16 facility-based crisis beds for children ages 6-12 and adolescents ages 13-17, all genders, for up to 14 days.
• Tier IV Behavioral Health Urgent Care (open 24/7) for assessment, observation and disposition including individuals transported under an Involuntary Commitment. The Urgent
Care will have capacity for 6 youth at a time for observation, however will be able to provide crisis assessments continually.

- A formal RFP seeking a provider to operate the program was issued by Alliance. After receiving several responses, Alliance chose the non-profit entity KidsPeace National Centers Of North America Inc. (‘KidsPeace’) to be the contracted provider for the facility-based crisis services and Tier IV Behavioral Health Urgent Care.
- Program will allow Medicaid from Standard Plans

**Term:**
- Commencement Date: Substantial Completion
- Expiration Date: June 30, 2023
- Renewal Option: Upon mutual agreement so long as KidsPeace retains Alliance Provider Contract.

**Initial Rent:** $1.00 annual

**Rental Adjustments during Initial and Extended Terms:** n/a

**Deposit:** n/a

**Maintenance:**
- **Alliance:**
  - Structure, HVAC building systems
  - Utilities: Electrical power, water and sewer (NOT telephone, cable television, internet, or wireless connectivity)
  - Grounds maintenance

- **KidsPeace:**
  - Janitorial
  - Trash removal
  - Security systems
  - Courtyard turf maintenance

**Termination terms:**
- Upon Default, with 30 days’ notice to cure
- Immediately upon termination or expiration of KidsPeace Provider Contract
ITEM: Update on Supportive Housing Investments

DATE OF BOARD MEETING: April 1, 2021

BACKGROUND: Alliance continues to make capital investments with select affordable housing developers to establish exclusive set aside units for our members. We will provide an update on past capital investments and planned investments as we move towards Tailored Plan implementation.

REQUEST FOR AREA BOARD ACTION: Receive the update.

CEO RECOMMENDATION: Receive the update.

RESOURCE PERSON(S): Ann Oshel, Senior Vice-President/Community Health and Well-Being