



Thursday, February 03, 2022

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)

4:00-6:00 p.m.

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD; Leigh Altman, Mecklenburg County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Dena Diorio, MPA; Vicki Evans; Amy Fowler, Orange County Commissioner, MD; Lodies Gloston, Vice-Chair, MA; Ted Godwin, Johnston County Commissioner; D. Lee Jackson, BA; John Lesica, MD; Lynne Nelson, Chair, BS; Gino Pazzaglini, MSW LFACHE; Pam Silberman, JD, DrPH; Anthony Trotman, MS; and McKinley Wooten, Jr., JD

APPOINTED MEMBERS ABSENT: David Hancock, MBA, MPAff; Donald McDonald, MSW; and Samruddhi Thaker, PhD

GUEST(S) PRESENT: Jeff Barnhart, McGuireWoods Consulting LLC; 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); Paige Rosemond; and Pamela Wade

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Ashley Holmes, Integrated Health Consultant II; Veronica Ingram, Executive Assistant II; Joshua Knight, Director of Internal Audit; Mya Lewis, Waiver Contract Manager; Mehul Mankad, Chief Medical Officer; Shawn Mazyck, Senior Vice-President/Provider Network; Beth Melcher, Senior Director of Clinical Innovation; 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 Risk and Compliance Officer; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Senior Director of Program Integrity; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Ashley Snyder, Director of Accounting and Finance; Tammy Thomas, Senior Vice-President/Business Evolution; Sara Wilson, Chief of Staff; Carol Wolff, General Counsel; Doug Wright, Director of Community and Member Engagement; and Ginger Yarbrough, NCQA Accreditation Manager

1. CALL TO ORDER: Board Chair Lynne Nelson called the meeting to order at 4:02 p.m. She welcomed four new members: Commissioner Leigh Altman, Commissioner Amy Fowler, Dena Diorio and Anthony Trotman.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	There were no public comments
4. Chair's Report	Chair Nelson reported the following: <ul style="list-style-type: none">Per Alliance <i>Policy G-1: Board of Directors Conflict of Interest</i>, annual disclosures are needed for all Board members by March 31. Members may contact Monica Portugal, Chief Risk and Compliance Officer, with questions about the form or policies.The annual Board budget retreat is part of the agency's budget process and is scheduled for Monday, March 21. It will be a hybrid event with lunch at 12:30 and presentations from 1:00 to 3:00. Kelly Goodfellow, Chief Financial Officer, will provide additional information including how to RSVP.
5. CEO's Report	Mr. Robinson reported the following: <ul style="list-style-type: none">Starting February 7 staff will begin a phased approach to returning to the office; the last phase is expected to finish in May 2022.As requested by Board members, Mehul Mankad, Chief Medical Officer, provided an overview of 2019 and 2020 data on suicides. Dr. Mankad also reviewed the agency's efforts to combat suicide, emphasizing access to care. The presentation is saved as part of the Board's files.

Thursday, February 03, 2022

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
6. Consent Agenda	<p>A. Draft Minutes from December 2, 2021, Board Meeting – page 5</p> <p>B. Client Rights/Human Rights Committee Report – page 10</p> <p>C. Quality Management Committee Report – page 52</p> <p>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.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Dr. Silberman to adopt the consent agenda; motion seconded by Dr. Lesica. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee – page 57</p> <p>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 and documents from the following January meetings: Steering, Durham, Wake, and Johnston.</p> <p>Doug Wright, Director of Community and Member Engagement, presented the report on behalf of CFAC Chair, Jason Phipps. Mr. Wright shared that CFAC's revised by-laws will be presented for approval and thanked the Board for the continued recognition of the importance of including CFAC in Board meetings. He also shared about interest meetings in Orange and Mecklenburg counties to establish local CFACs in those areas. Once voted in by the CFAC steering committee, these new local CFACs will meet and develop their own charters. Mr. Wright also shared about training on the Ombudsman, concerns about the Innovations waitlist, and allocation of new Innovations waiver slots approved in the North Carolina budget. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u></p> <p>The Board received the report.</p> <p>B. Executive Committee Report – page 112</p> <p>The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee's actions are reported to the Board at the next scheduled meeting. This month's report included draft minutes from the previous meeting and a reappointment recommendation. Chair Nelson reviewed the recommendation.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Mr. Pazzaglini to recommend to the Durham Board of County Commissioners the reappointment of Carol Council to Alliance's Board; motion seconded by Mr. Curro. Motion passed unanimously.</p> <p>Chair Nelson also shared that the Executive Committee met with the four recent appointees to the Board. She reviewed the typical appointment process which includes the Executive Committee interviewing applicants and forwarding recommendations to this Board for review, then the Board forwards recommendations to the respective Board of County Commissioners for final approval. Considering the unique appointment, Chair Nelson recommended that the Board accept the recent appointments.</p>

Thursday, February 03, 2022

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<p><u>BOARD ACTION</u> A motion was made by Vice-Chair Gloston to accept the appointments from Orange and Mecklenburg Counties (Commissioner Amy Fowler, Commissioner Leigh Altman, Dena Diorio, and Anthony Trotman); motion seconded by Mr. Pazzaglini. Motion passed unanimously.</p> <p>C. Finance Committee Report – page 115 The Finance Committee's function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This month's report included documents and draft minutes from the previous meeting and a request to approve a budget amendment, which requires super-majority approval.</p> <p>Gino Pazzaglini presented the report on behalf of David Hancock, Finance Committee Chair. The Finance Committee met directly before the Board meeting. Sara Pacholke, Senior Vice-President/Financial Operations, reviewed the budget amendment, which she and Mr. Pazzaglini shared are common occurrences. Ms. Pacholke reviewed potential reasons for budget amendments per NC General Statute 159-08; this budget amendment relates to additional funding with Orange and Mecklenburg counties' realignment with Alliance in December. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Mr. Wooten to approve the FY22 budget amendment 1 to increase the budget by \$349,500,867.00 bringing the total FY22 budget to \$923,449,490.00; motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p> <p>Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, provided an overview of the March 21, 2022, budget retreat, which will be held virtually and in-person. She shared that it will focus primarily on Medicaid funding and not state funding.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Mr. Curro 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 Commissioner Fowler. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>

Thursday, February 03, 2022

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
10. Special Update/Presentation: Supporting Youth with Complex Needs – page 128	<p>Beth Melcher, Ph.D., Senior Director of Clinical Innovation, provided an update on Alliance initiatives to respond to the needs of youth who have multiple and complex needs and who interface with DSS and other systems. She provided background including partnerships with Wake and Cumberland DSS (Departments of Social Services) to address complexity needs for specific youth.</p> <p>She reviewed a comprehensive plan to address gaps in service continuum and reduce the number of youths needing out of home placement or reduce the duration of that placement. Additionally, part of Alliance's efforts include a regional child facility-based crisis, designated beds in Mecklenburg, creation of group home crisis beds, and expanding the capacity of rapid response and transitional therapeutic foster care bed as well as developing a mobile outreach engagement stabilization. She reviewed early intervention strategies and recent legislation, Senate Bill 693 to support youth, and potential next steps. The presentation is saved as part of the board's files.</p> <p><u>BOARD ACTION</u> The Board received the training/presentation.</p>
11. Adjournment	All business was completed; the meeting adjourned at 6:02 p.m.

Next Board Meeting
Thursday, March 03, 2022
4:00 – 6:00 pm

Minutes approved by Board on March 3, 2022.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Draft Minutes from the December 2, 2021, Board Meeting

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Alliance Health (Alliance) Board of Directors (Board) per North Carolina General Statutes 122C is responsible for comprehensive planning, budgeting, implementing, and monitoring of community based mental health, developmental disabilities and substance use/addiction services to meet the needs of individuals in Alliance's catchment area. The minutes from the previous meeting is attached and submitted for review and approval by the Board.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes from the December 2, 2021, meeting.

CEO RECOMMENDATION: Approve the draft minutes from the December 2, 2021, meeting.

RESOURCE PERSON(S): Lynne Nelson, Board Chair; Robert Robinson, CEO

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Thursday, December 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD (exited at 5:24 pm); Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Vicki Evans; Lodies Gloston, Vice-Chair, MA; David Hancock, MBA, MPAff; D. Lee Jackson, BA (exited at 5:45 pm); John Lesica, MD; Donald McDonald, MSW; Lynne Nelson, Chair, BS; Gino Pazzaglini, MSW LFACHE; Pam Silberman, JD, DrPH; and McKinley Wooten, Jr., JD

APPOINTED MEMBERS ABSENT: Ted Godwin, Johnston County Commissioner; Samruddhi Thaker, PhD; and three vacancies

GUEST(S) PRESENT: Jamezetta Bedford, Orange Board of County Commissioners; 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); Jeremy Hicks, Clifton, Larsen and Allen, LLP; Pamela Wade; and Rachel Webster, Clifton, Larsen and Allen, LLP

ALLIANCE STAFF PRESENT: Ashley Snyder, Director of Accounting and Finance; Brandon Alexander, Communications and Marketing Specialist II; 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 Financial Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Vice-President/Quality Management; Shawn Mazyck, Senior Vice-President/Provider Network; Mehul Mankad, Chief Medical Officer; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Robert Robinson, CEO; Matthew Ruppel, Senior Director of Program Integrity; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Jennifer Stoltz, Administrative Assistant III; Tammy Thomas, Senior Vice-President/Business Evolution; Sara Wilson, Chief of Staff; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Board Chair Lynne Nelson called the meeting to order at 4:05 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	There were no public comments.
4. Chair's Report	Chair Nelson requested that Board members complete an upcoming survey to gather background and expertise of current Board members. That information will be used to confirm current composition of board members and aid in filling vacancies. She also shared that the Board plans to resume in-person meetings in February pending public health guidelines.
5. CEO's Report	<p>Mr. Robinson reviewed highlights of the December 1, 2021, realignment of Mecklenburg and Orange counties to Alliance's catchment area. Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer, provided a staffing update related to this realignment and the pending implementation of NC DHHS' Medicaid Transformation/Tailored Plan in 2022.</p> <p>Mr. Robinson also announced a sponsorship of a weeklong community event, For'Em on the Hill Community Conversations, on 97.9 WCHL in Chapel Hill. This event includes community conversations from public safety, social justice, education, healthcare, and business. Dr. Mehul Mankad, Chief Medical Officer, will participate on a healthcare panel on December 6 at 5:00 pm as part of the healthcare panel. Additional info can be found at https://chapelboro.com/forumonthehill.</p> <p>Mr. Robinson provided directions to drop off gifts or donate online (https://toysfortots.org/donate/Default.aspx) for the agency's annual Toys for Tots gift drive. Alliance's Office of Legal and Public Affairs and Veterans Affinity group are sponsoring the event.</p>

Thursday, December 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)

4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
6. Consent Agenda	<p>A. Draft Minutes from November 4, 2021, Board Meeting – page 4</p> <p>B. Executive Committee Report – page 8</p> <p>C. Quality Management Committee Report – 14</p> <p>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.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Dr. Silberman to adopt the consent agenda; motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee – page 18</p> <p>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 minutes and documents from recent Steering, Durham, Wake, Johnston, and Cumberland meetings.</p> <p>Doug Wright, Director of Community and Member Engagement, presented the report and provided an update from previous CFAC meetings. He noted review of the Human Rights Committee training, providing input on the Olmstead Plan and assistive technology, as well as continual review of the CFAC by-laws and relational agreement with Alliance. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u></p> <p>The Board received the report.</p> <p>B. Audit and Compliance Committee Report – page 147</p> <p>The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions and to assist the Board in fulfilling its oversight responsibilities. This Committee also develops, reviews, and revises the By-Laws and policies that govern Alliance. This report included revisions to the By-Laws, which were submitted to the Board prior to its November 4, 2021, meeting as part of the required thirty-day notification. The revisions were also reviewed by the Executive Committee during its November 15, 2021, meeting.</p> <p>Committee Chair, Dave Curro, introduced Carol Wolff, General Counsel. Ms. Wolff provided an overview of the proposed by-laws revisions. Chair Nelson shared an additional recommendation from the Executive Committee's review of the proposed revisions.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Mr. Pazzaglini to approve the by-laws with the recommended revisions and additionally, to change the effective date of Orange and Mecklenburg counties' realignment to December 1, 2021; to strike substance abuse and replace it with substance use; and to strike NCQA from Quality Management Committee citation and replace it with NC DHHS contract; and to keep current member composition (instead of the proposed composition revisions); motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p>

Thursday, December 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<p>C. Finance Committee Report – page 158</p> <p>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This Committee also reviews and recommends policies and procedures for managing contracts and other purchase of service arrangements. An annual audit is a requirement of the Local Government Budget and Fiscal Control Act (GS 159-34) and Alliance’s NC DHHS-DHB contract. This month’s report included documents and draft minutes from the previous meeting. Also, the auditors presented the results of the June 30, 2021, audited statements including time for questions.</p> <p>David Hancock, Committee Chair, introduced a contract recommendation. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Mr. Curro to approve a sole source exception allowable under NC General Statute 143-129 (e) (6) and to authorize the CEO to enter into a contract with Atcom Business Technology for speech recognition and surveys for the phone service for an amount not to exceed \$48,300.00; motion seconded by Chair Nelson. Motion passed unanimously.</p> <p>Mr. Hancock introduced the auditors from Clifton, Larsen, and Allen: Jeremy Hicks and Rachel Webster. Mr. Hicks shared that he and Ms. Webster provided a detailed report to the Finance Committee earlier today; he shared that the auditors issued an unmodified opinion, which is the highest level of assurance auditors present. Mr. Hancock congratulated Finance staff for excellent work. The audit presentation is saved as part of the Board’s files.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u></p> <p>A motion was made by Mr. Pazzaglini to enter closed session pursuant to NC General Statute 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with or give instructions to an attorney in order to preserve the attorney-client privilege, and to consider the qualifications, competence, and performance of an employee; motion seconded by Mr. Curro. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. Special Updates/Presentation(s)	<p>A. County Realignment Update</p> <p>Brian Perkins, Senior Vice-President/Strategy and Government Relations, presented the update; he noted that additional details were presented earlier in the meeting during the CEO report. The presentation is attached to and made part of these minutes.</p> <p>B. Legislative Update</p> <p>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Chief of Staff, presented an update on North Carolina’s state budget; they highlighted parts of the budget that are applicable to Medicaid, NC LME/MCOs (local management entities/managed care organizations), and persons served by Alliance. The presentation is saved as part of the Board’s files.</p> <p><u>BOARD ACTION</u></p> <p>The Board accepted the updates.</p>

Thursday, December 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
11. Adjournment	All business was completed; the meeting adjourned at 6:01 p.m.

Next Board Meeting
Thursday, February 03, 2022
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date..](#)

DRAFT



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Client Rights/Human Rights Committee Report

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Client Rights/Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. This Committee's functions include the following: reviewing and evaluating Alliance's Client Rights policies at least annually and recommending needed revisions to the Board; overseeing the protection of client rights and identifying and reporting to the Board issues which negatively impact the rights of persons served; and reporting to the Board at least quarterly.

This report includes draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Receive minutes and supporting documents from the January 13, 2022, meeting.

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Donald McDonald, Committee Chair; Doug Wright, Director of Community and Member Engagement

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Thursday, January 13, 2022

BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

Virtual Meeting Via Videoconference
4:00 p.m. – 5:30 p.m.

APPOINTED MEMBERS PRESENT: ☒ Marie Dodson, ☒ Dr. Michael Teague, ☒ Patricia Wells, ☒ Ira Wolfe, ☒ McKinley Wooten, Jr., JD

APPOINTED, NON-VOTING MEMBERS PRESENT: William Cunningham

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: ☒ Damali Alston, Director, Network Evaluation

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Starlett Davis, Member Engagement Specialist, Ramona Branch, Member Inclusion Specialist Noah Swabe, Member Inclusion Specialist, Erica Asbury, Member Inclusion Specialist, Todd Parker, QM, Incident & Grievance Manager

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - The minutes from the October 21, 2021, meeting was reviewed; a motion was made by Marie Dodson and seconded by Dr. Michael Teague to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Provider Report Cards	<p>Damali Alston, Director of Network Evaluation was in attendance and gave a presentation on Provider Report Cards:</p> <p>Hospital Inpatient Medicaid MH The percentage of discharges ages 3 through 64 who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility-based crisis service that received a follow up visit with a behavioral health practitioner within 7 days if discharge- benchmark is 40%</p> <p>Hospitalization Substance Use Disorder The percentage of discharges ages 3 through 64 who were admitted for substance use disorder treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service that received a follow up visit with a behavioral health practitioner within 7 days if discharge- benchmark is 40%</p> <p>30 Day Inpatient Readmissions The percentage of readmissions for all individuals ages 3 through 64 that occur within 30 days of discharge from the index admission for mental health or substance use disorder treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service that received a follow up visit with a behavioral health practitioner within 7 days if discharge- including individuals that who are admitted to the same facility or another acute care facility included above</p>	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:
	<p>Follow ups after discharge from an inpatient level of care keeps individuals healthier and drives positive care outcomes- early follow-ups can help detect post-discharge medication reactions and reduce hospital readmissions</p> <p>These score cards are shared monthly with facilities There are currently incentives for some facilities such as a rate increase if they can meet their metrics on the 7 day follow up</p> <p>Provider Score Cards</p> <ul style="list-style-type: none"> • ACT Billing Report • TCL Billing Encounter • Data entry into NCTOPPS <p>NCTOPPS is a state run platform that houses outcome and performance data on individuals that are receiving enhanced services for mental health and substance use disorders</p>		
4. Grievance Review	<p>Todd Parker, QM, Incident & Grievance Manager presented on the Q1 statistics for Grievances:</p> <ul style="list-style-type: none"> • 71 (43%) Grievance Members –Legal Guardians • 71 (43%) Internal Employee Concerns –Alliance Staff • 20 (12%) External Stakeholder Concerns -Outside entities • 3 (2%) Compliments <p>Quality of services account for 27% of complaints/grievances, and Access to Services complaints account for 19%</p> <p>72 (44%) Submitted by LME/MCO staff 72 (44%) Submitted by Members- Legal Guardians (Grievances)</p>	Ongoing	
5. Incident Review	<p>Todd Parker, QM, Incident & Grievance Manager presented on the Q1 statistics for incidents:</p> <p>Wake County continues to have the highest percentages of incidences, followed by Durham, Cumberland, and Johnston, with the lowest. Most incidences that were reported occurred in</p>	Ongoing	

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



Thursday, January 13, 2022

BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

Virtual Meeting Via Videoconference
4:00 p.m. – 5:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>PRTF (Psychiatric Residential Treatment Facility) and IIH (Intensive in Home) services.</p> <p>90% restrictive interventions were from physical restraints 67% of Restrictive Interventions were from PRTF Programs 38 injuries were reported 15% of all incidents fell under abuse/neglect/exploitation 37 deaths were reported during Q1 27% of the deaths reported were due to terminal illnesses</p> <ul style="list-style-type: none">• One (1) Plan of Correction was issued during Q1• 13 Late Incident emails sent for 1 late report submitted		
6. Announcements/Other	<p>William Cunningham (Mecklenburg County) has submitted his application, and this will go to the Board for consideration of appointment</p> <p>Doug Wright will be retiring effective March 31, 2022</p>		

7. **ADJOURNMENT: 5pm:** The next meeting will be April 14, 2021 from 4:00 p.m. to 5:30 p.m.

Respectfully Submitted by:

[Click here to enter text.](#)

Date Approved

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

Holly Hill Hospital, LLC

Scorecard

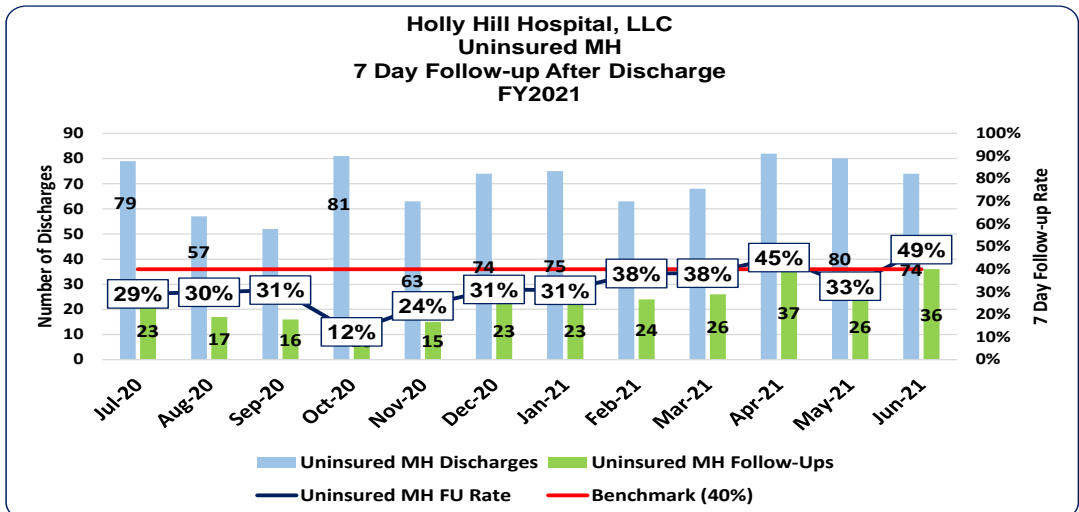
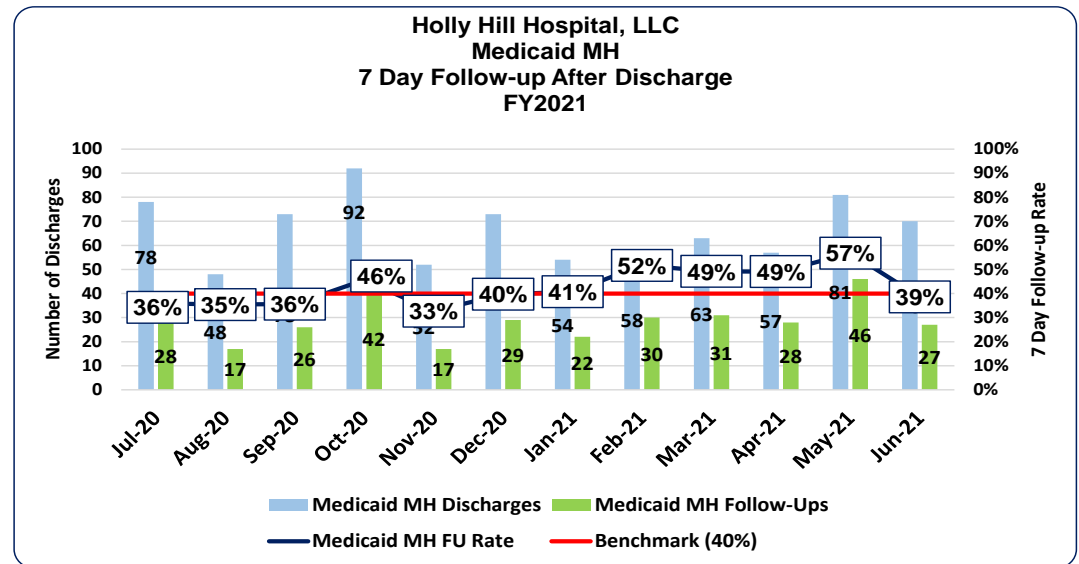
FY2021, Quarter 1 (July 2020 – June 2021)



Follow-Up after Hospitalization for Mental Health

The percentage of discharges for individuals ages 3 through 64 who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility-based crisis service that received a follow-up visit with a behavioral health practitioner within 7 days of discharge.

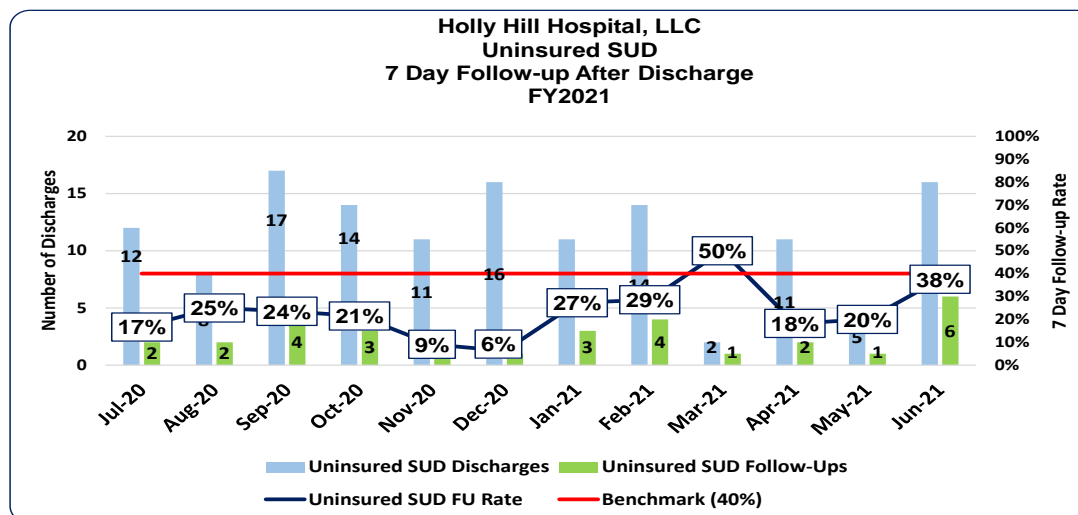
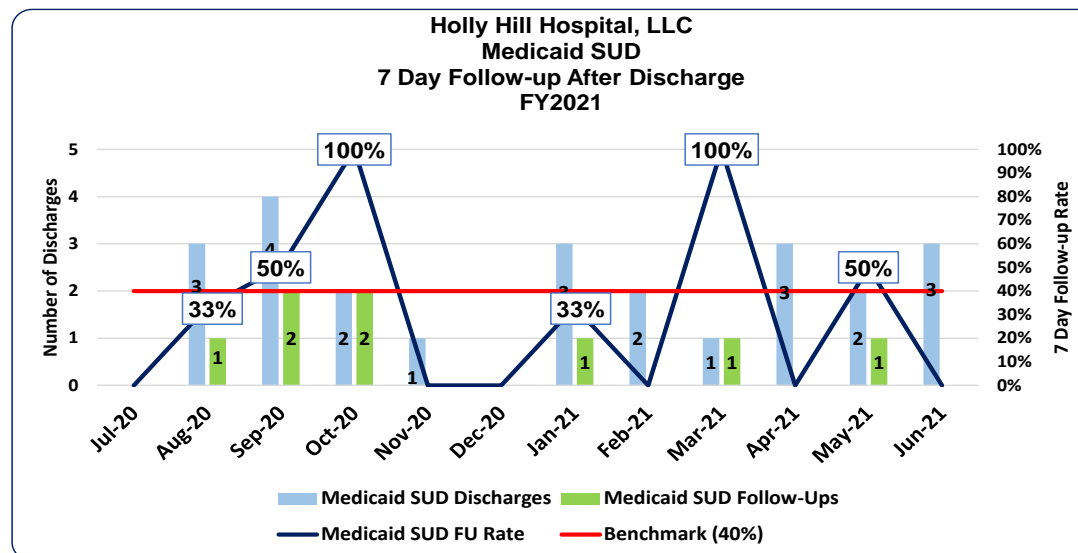
**Exclusions apply including, but not limited, to eligibility criteria, discharges to Hospice and other Residential Services, and readmissions within 7 days.*



Follow-Up after Hospitalization for Substance Use Disorder

The percentage of discharges for individuals ages 3 through 64 who were admitted for substance use disorder treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service that received a follow-up visit with a behavioral health practitioner within 7 days of discharge.

**Exclusions apply including, but not limited, to eligibility criteria, discharges to Hospice and other Residential Services, and readmissions within 7 days.*



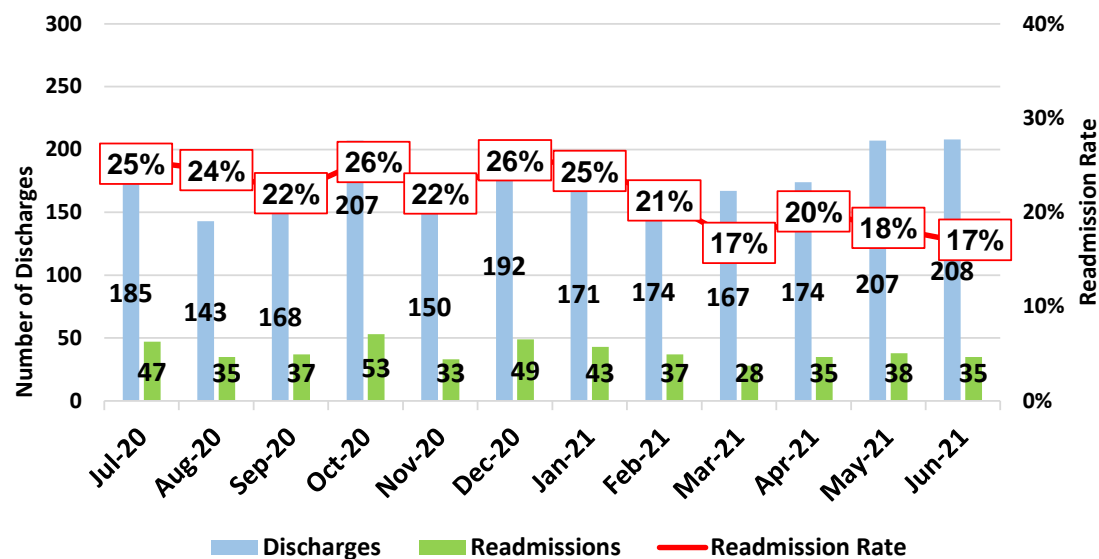
30 Day Readmissions

The percentage of readmissions for all individuals ages 3 through 64 that occur within 30 days of discharge from the index admission for mental health or substance use disorder treatment in a community-based hospital, state psychiatric hospital, ADATC, or detox/facility-based crisis service.

This includes individuals who are admitted to the same facility or another acute care facility included above.

**Based on NCDHHS Performance Measures*

Holly Hill Hospital, LLC
30 Day Inpatient Readmissions
FY2021



Follow-up after Hospitalization for Mental Illness

Follow-up after discharge from an inpatient level of care keeps individuals healthier and drives positive care outcomes. Follow-up with a behavioral health provider is vital to ensuring the individuals' transition to the home, work and community environment is supported and that gains made during the hospitalization are continued. Early follow-up can help detect post-discharge medication reactions and reduce hospital readmissions.

TIPS FOR SUCCESS

- ✓ Ensure all individuals have scheduled, verifiable follow-up appointments with a behavioral health provider within 1- 7 days of discharge from an acute inpatient setting.
Visits that occur on the same date of discharge do not count toward the measure.
- ✓ At discharge, provide the individual with detailed information about the follow-up visit, including the behavioral health provider name, physical address, phone number and website and/or email address.
- ✓ Verify with the individual that the aftercare plan is a good fit (e.g., transportation is not problematic, time of the appointment will work, etc.).
- ✓ Behavioral health providers should be given detailed information about the individual, including alternative phone numbers or contacts.
- ✓ A weekend discharge should not be a barrier for making sure the aftercare appointments are in place at the time of discharge.
- ✓ An aftercare appointment with the individual's primary care physician should not be the only appointment in place upon the individual's discharge from an inpatient level of care.
- ✓ Discharging the individual solely to a group home, assisted living facility, Alcoholics Anonymous, or Narcotics Anonymous is not an appropriate discharge plan.
- ✓ An individual should not be discharged from a facility with instructions to set their own follow-up appointment.
- ✓ Explain the benefits of aftercare to the individual, parents, caregivers and/or guardian, so they understand the importance of keeping these follow-up appointments.
- ✓ ***The Alliance Access Call Center can assist with scheduling appointments with community behavioral health network providers, and can assist you with any scheduling challenges before the individual is discharged, if needed.***

❖ **24-Hour Access and Information Line
Call (800) 510-9132**



Carolina Outreach
ACT Encounter Billing Report
FY21

Encounter Billing refers to utilization of billing code H0040 22 (ACT Encounter) following the paid ACT service code H0040.

Encounter Billing	Carolina Outreach	Alliance ACT Network
Quarter 1	95%	76%
Quarter 2	91%	92%
Quarter 3	89%	90%

Encounter Billing for TCL	Carolina Outreach	Alliance ACT Network
Quarter 1	93%	72%
Quarter 2	91%	93%
Quarter 3	92%	91%

ACT NC TOPPS Bi-Annual Updates
January – June 2021

In Alliance’s network, 764 ACTT bi-annual updates were completed January – June 2021.

Carolina Outreach completed 316 ACTT bi-annual updates January – June 2021.

In the past 3 months, what best describes your employment status?	Full-time	Not in labor force/not seeking	Part-time work (<10 hrs/wk)	Part-time work (11-34 hrs/wk)	Unemployed /seeking
Carolina Outreach (July – December 2020)	1%	50%	3%	6%	40%
Alliance (July – December 2020)	2%	59%	3%	8%	28%
Carolina Outreach (January – June 2021)	1%	47%	4%	4%	43%
Alliance (January – June 2021)	2%	58%	4%	8%	29%

In the past 3 months, how often did you participate in positive community/leisure activities?	A few times	More than a few times	Never
Carolina Outreach (July – December 2020)	65%	15%	20%
Alliance (July – December 2020)	64%	12%	24%
Carolina Outreach (January – June 2021)	62%	8%	30%
Alliance (January – June 2021)	63%	10%	28%

In the past 3 months, how often did you participate in recovery support or mutual aid groups?	A few times	More than a few times	Never
Carolina Outreach (July – December 2020)	5%	1%	94%
Alliance (July – December 2020)	7%	1%	92%
Carolina Outreach (January – June 2021)	5%	5%	90%
Alliance (January – June 2021)	9%	3%	89%



How supportive has your family and/or friends been of your treatment and recovery efforts?	No family/friends	No response	Not supportive	Somewhat supportive	Very supportive
Carolina Outreach (July – December 2020)	0%	90%	1%	4%	5%
Alliance (July – December 2020)	1%	56%	3%	20%	20%
Carolina Outreach (January – June 2021)	1%	90%	0%	5%	4%
Alliance (January – June 2021)	2%	59%	4%	17%	20%

Since the last interview, have you visited a dentist for a routine checkup?	yes	no	no response
Carolina Outreach (July – December 2020)	2%	8%	90%
Alliance (July – December 2020)	7%	37%	56%
Carolina Outreach (January – June 2021)	1%	9%	90%
Alliance (January – June 2021)	8%	30%	63%

Since the last interview, have you visited a physical health care provider for a routine checkup?	yes	no	no response
Carolina Outreach (July – December 2020)	7%	3%	90%
Alliance (July – December 2020)	29%	15%	56%
Carolina Outreach (January – June 2021)	7%	3%	90%
Alliance (January – June 2021)	28%	13%	59%



Q1 FY22 Complaint Analysis

CATEGORIES

Complaint: *(Internal and External Stakeholders)*

An expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services

Grievance:

A member or legal guardian's expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services

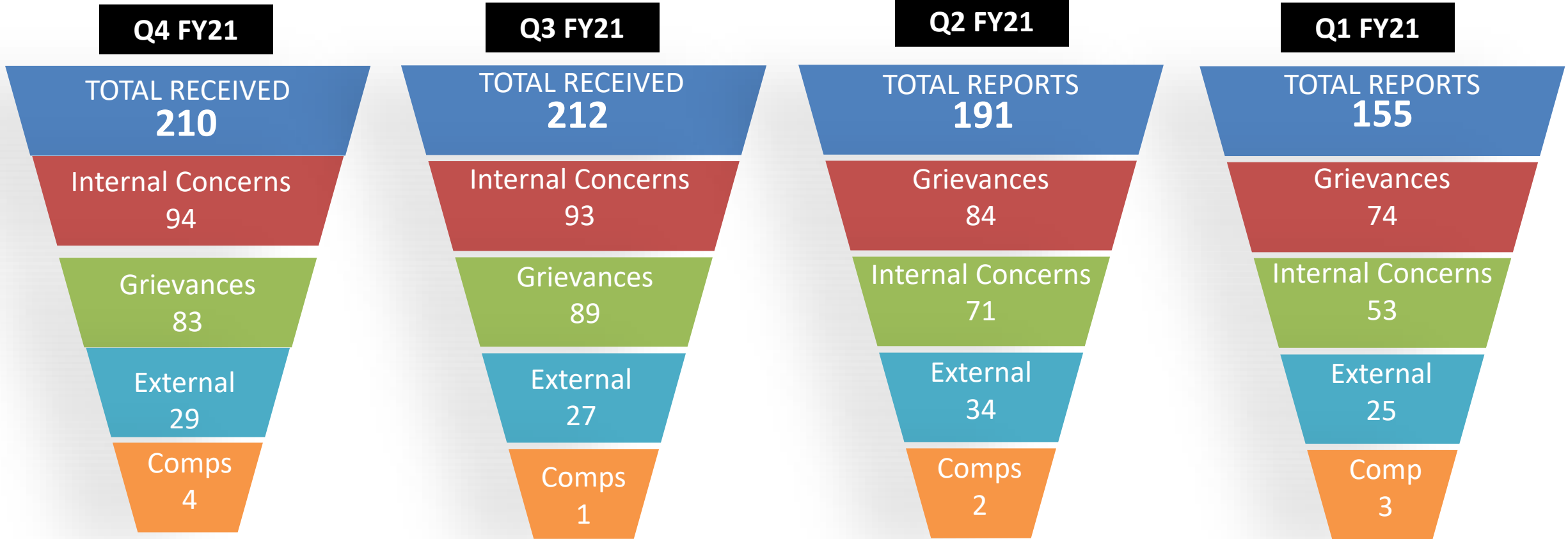
Internal Stakeholder Concern:

An Alliance staff member's expression of dissatisfaction about any matter related to service provision or Alliance functions.

Complaints and Grievances Overview

Q1 FY22 yielded 165 entries

- 71 (43%) Grievances – Members/legal guardians
- 71 (43%) Internal Employee Concerns – Alliance staff
- 20 (12%) External Stakeholder Concerns – Outside entities
- 3 (2%) Compliments

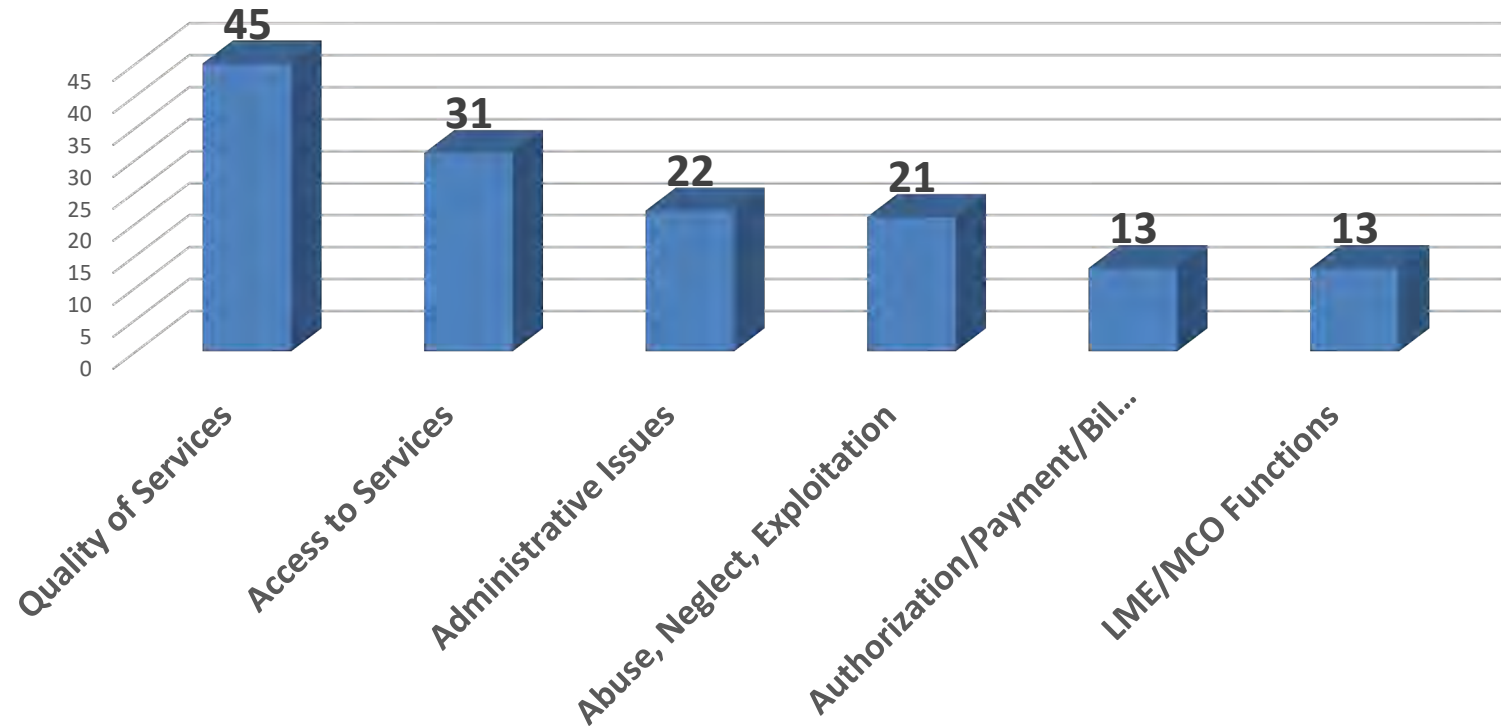


Nature of Issue Definitions

Reporting Category	Definition
Abuse, Neglect and Exploitation	Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health)
Access to Services	Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services
Administrative Issues	any complaint regarding a Provider's managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.
Authorization/Payment Issues/Billing PROVIDER ONLY	Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers
Basic Needs	Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.
Clients Rights	Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95 -2 (Client Rights Rules in Community Mental Health)
Confidentiality/HIPAA	Any breach of a consumer's confidentiality and/or HIPAA regulations.
LME/MCO Functions	Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.
LME/MCO Authorization/ Payment/Billing	Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices of the LME/MCO
Provider Choice	Complaint that a consumer or legally responsible person was not given information regarding available service providers.
Quality of Care – PROVIDER ONLY	Any complaint regarding inappropriate and/or inadequate provision of services, customer services and services including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.
Service Coordination between Providers	Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.
Other	Any complaint that does not fit the above areas.

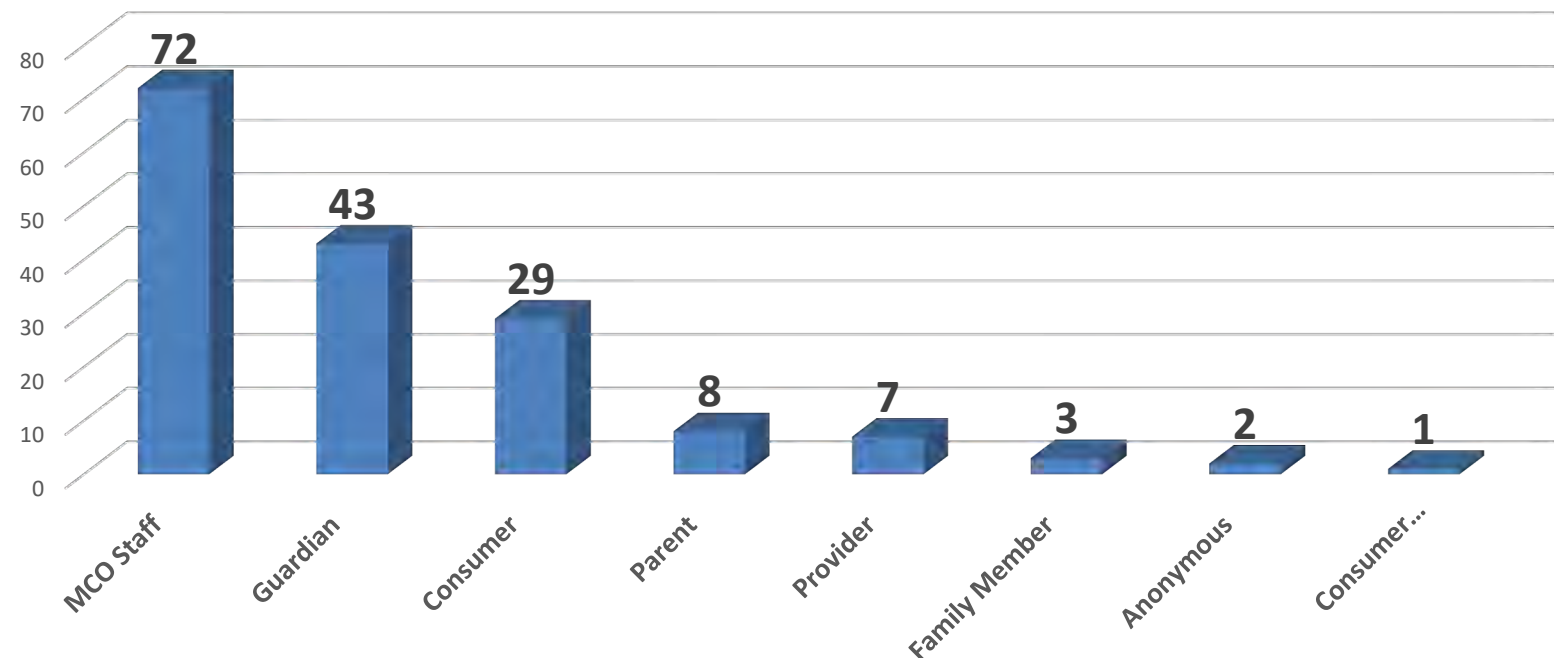
Nature of Issue/Type

(Top 6)



- **Quality of Services - 27% of all Complaints/Grievances**
- **Access to Services - 19% of all Complaints/Grievances**

Source: *Who submitted concerns?*



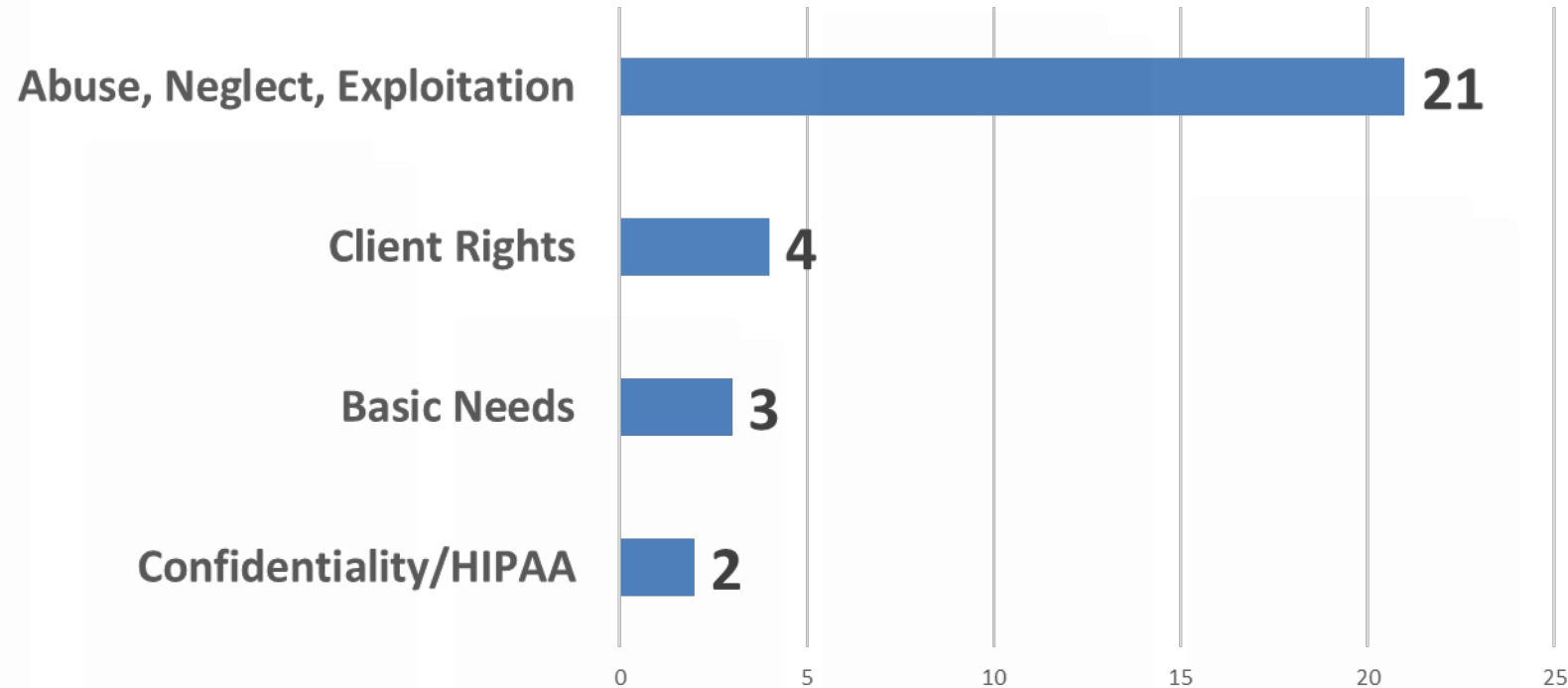
- **72 (44%) Submitted by MCO staff**
- **72 (44%) Submitted by Members or Legal Guardian (Grievances)**

Complaints Against Alliance

18 Complaints Against Alliance

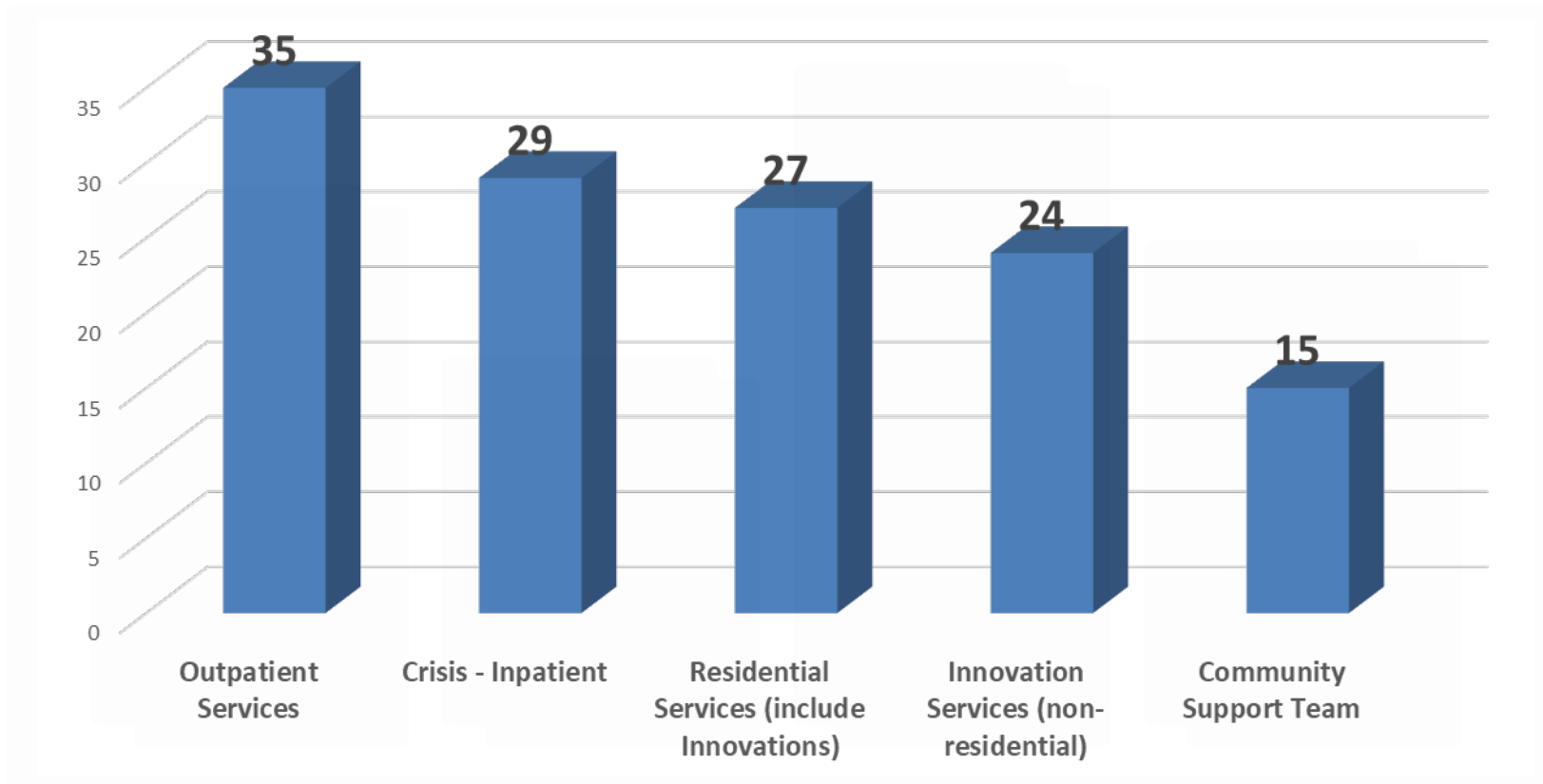
	Nature of Issue	Description
14	LME/MCO Functions	<ul style="list-style-type: none">Primarily complaints against Alliance staff
3	Authorization/Payment/Billing – LME/MCO Only	<ul style="list-style-type: none">Reimbursement issuesBilling/Payment flexibilities during COVID
1	Compliment	Grievance and CC Staff

Human Rights Issue



SERVICE BREAKDOWN

Top 5 Services Overall



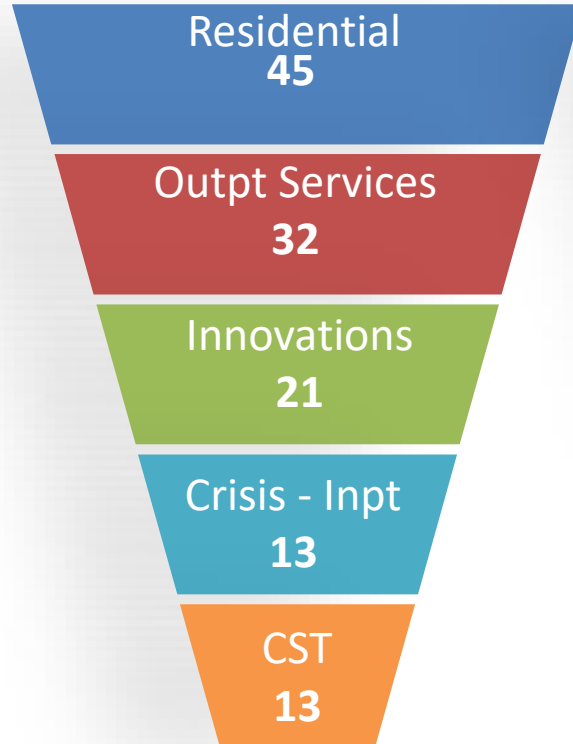
- 21% Outpatient Services
- 18% Crisis - Inpatient Services

- 16% Residential Services
- 15% Innovations Services

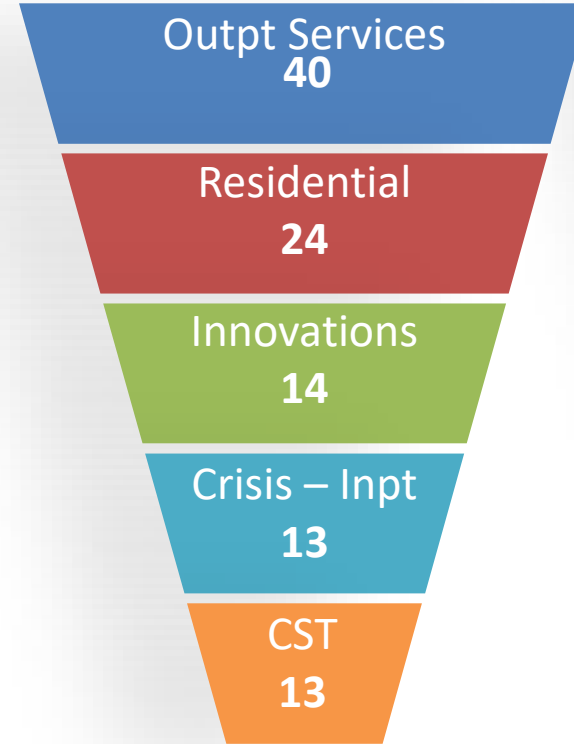
Q4 FY21



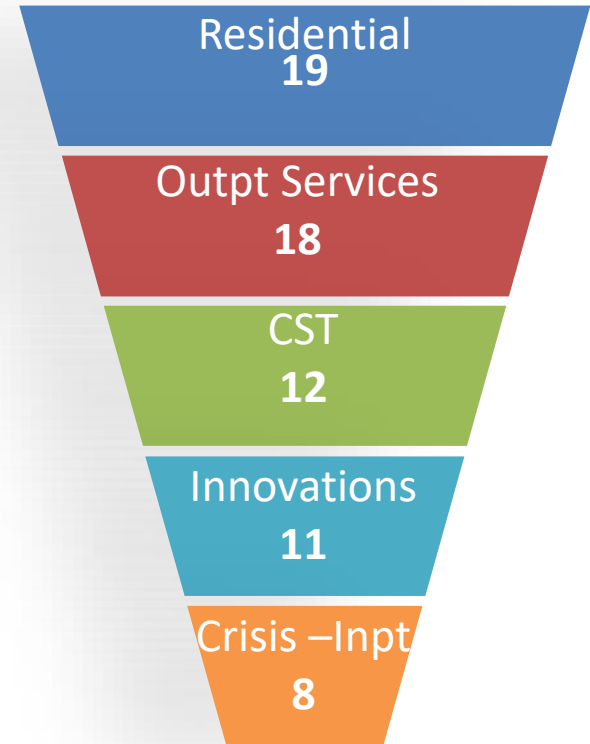
Q3 FY21



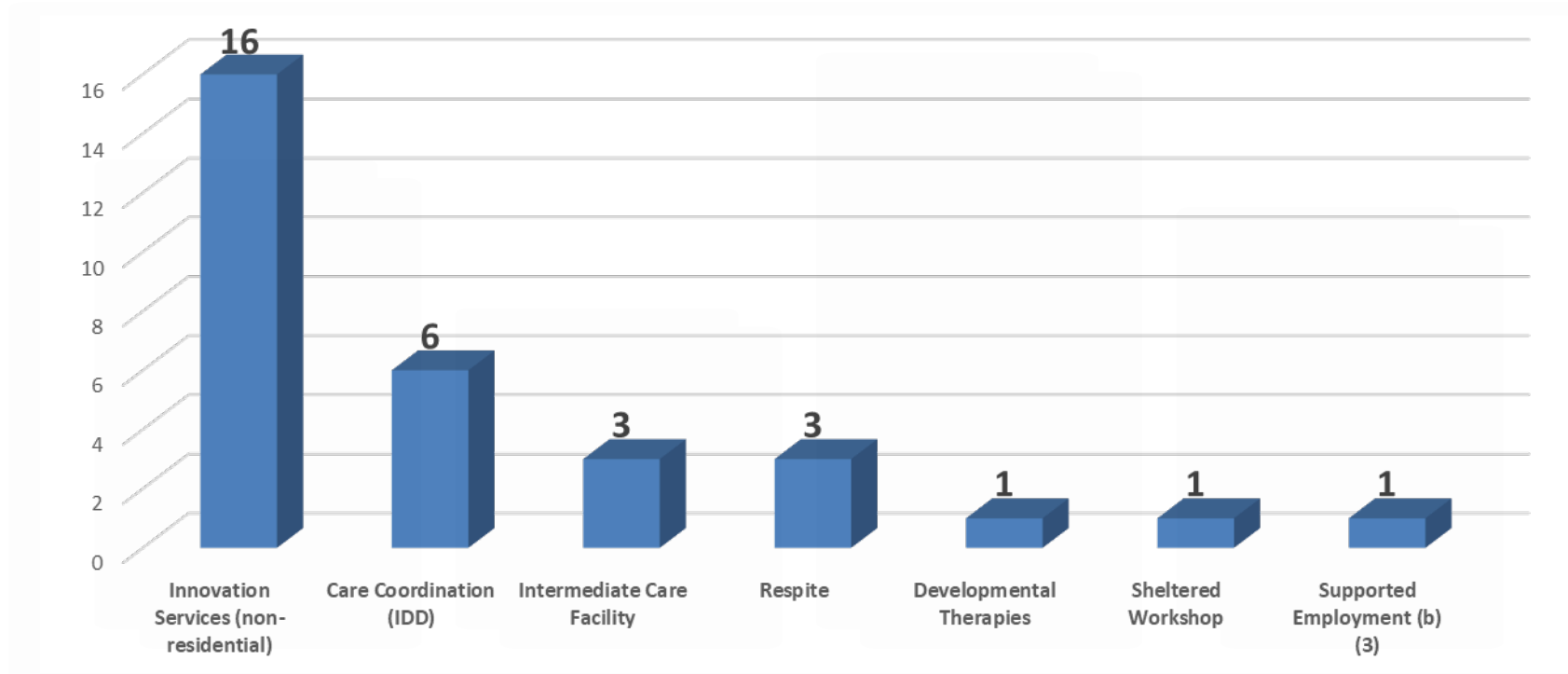
Q2 FY21



Q1 FY21

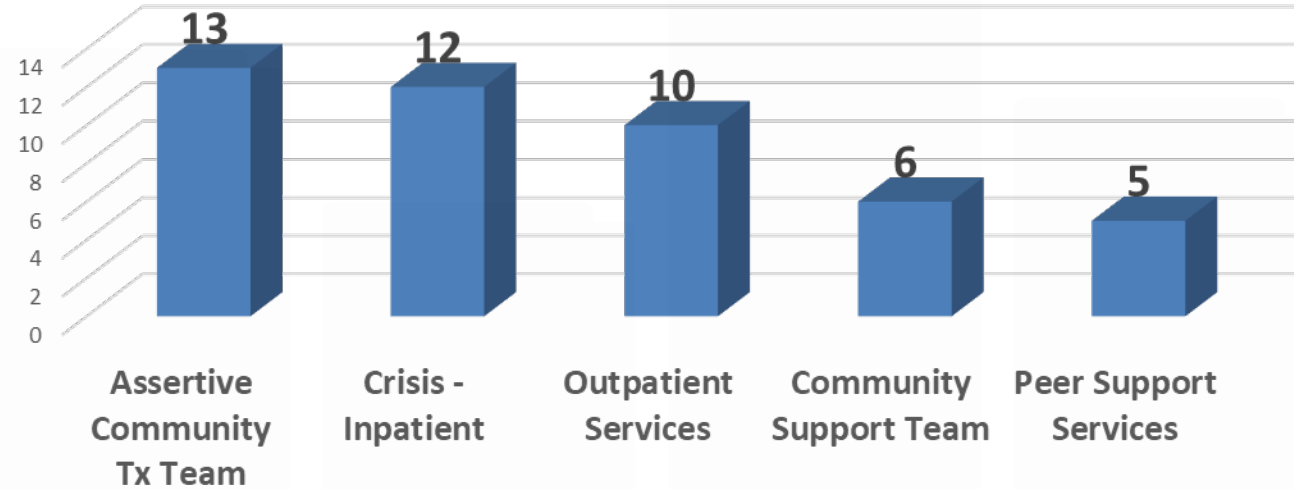


IDD Services (31)



- 19% of all complaints and grievances were from IDD services
- 52% of IDD services were Non-Residential Innovations Services

Top 5 MH/SUD Services (77 Total)



- **Complaints/Grievances related to these services represent 28% of all Complaints and Grievances**



Incident Trends Report Q1 FY22

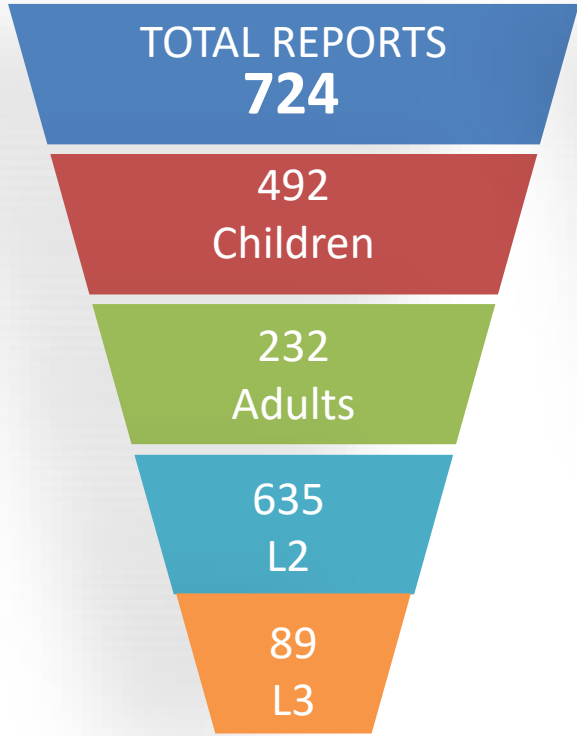
Incident Report Breakdown

- 640 Reports were entered into NC-IRIS for 268 members
- 441 children
- 199 adults

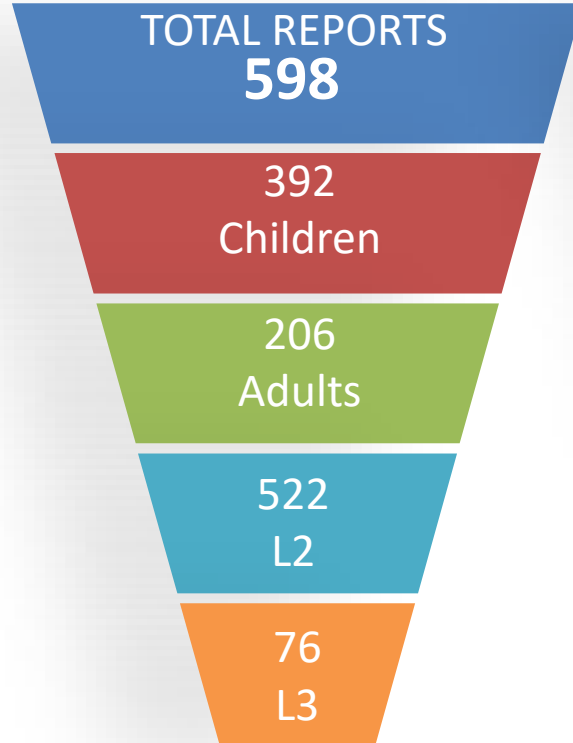
LEVELS

- 566 Level II reports
- 74 Level IV

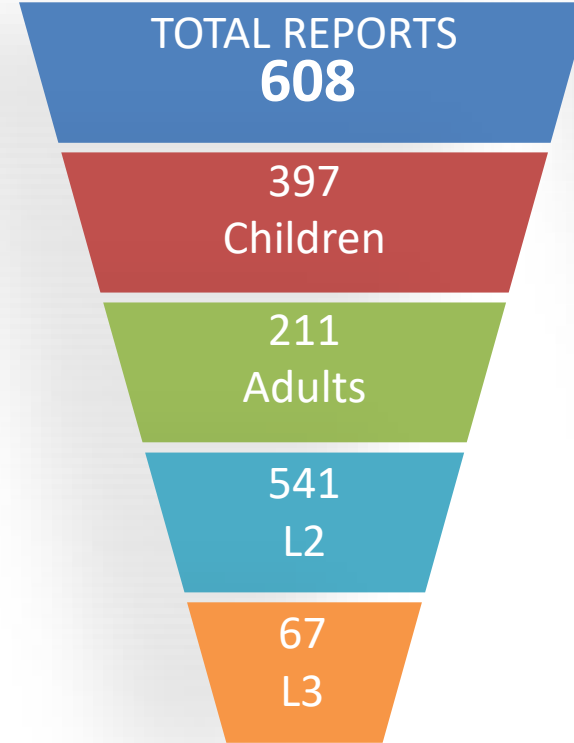
Q4 FY21



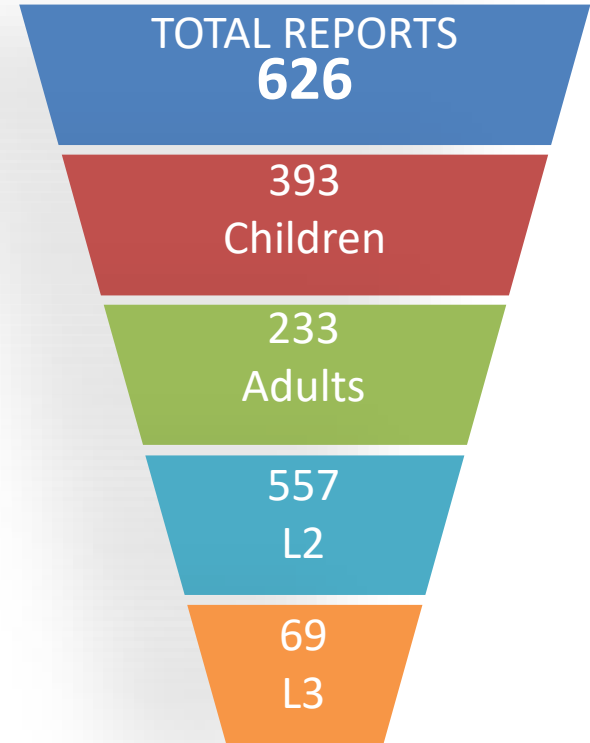
Q3 FY21



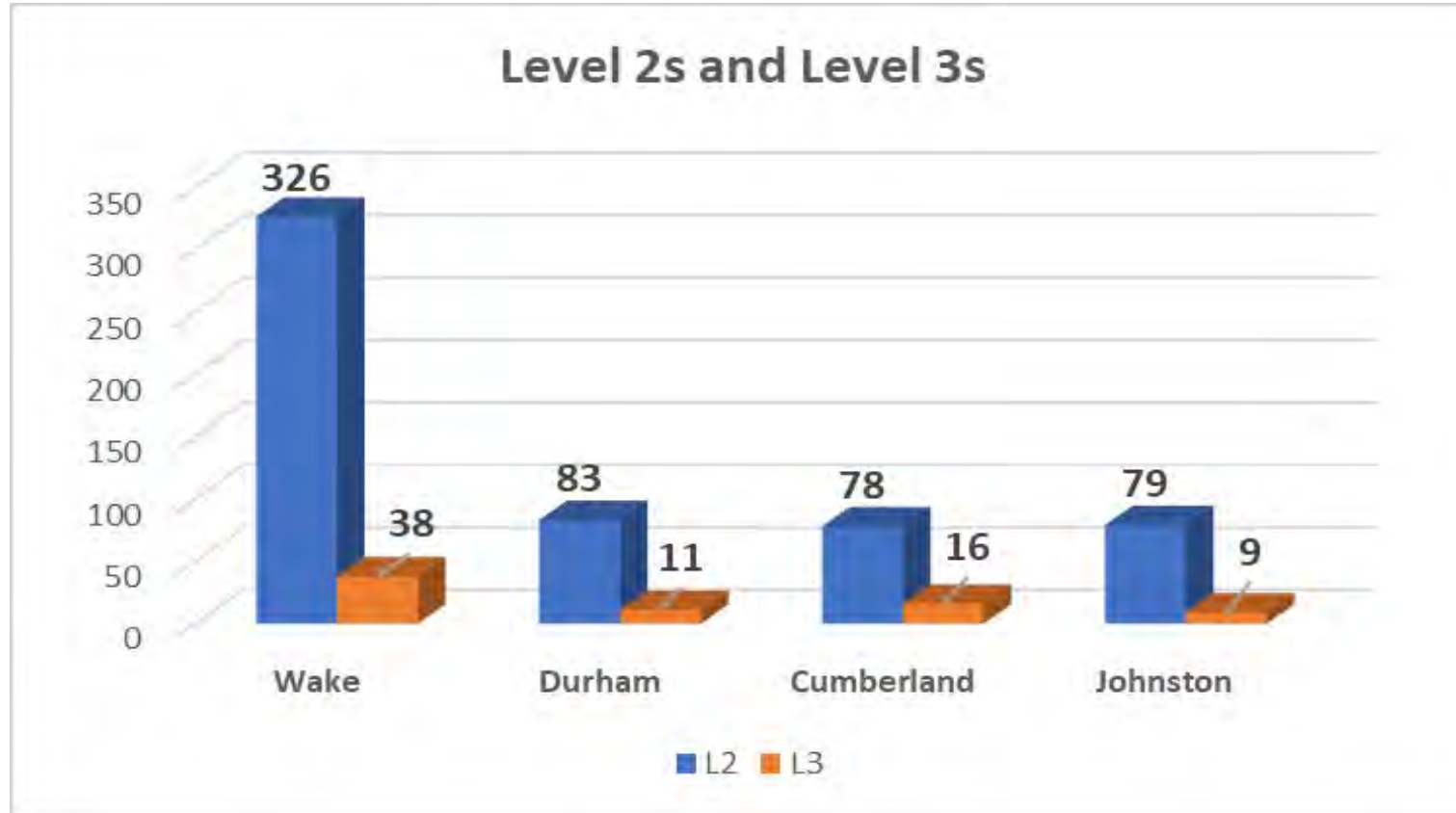
Q2 FY21



Q1 FY21



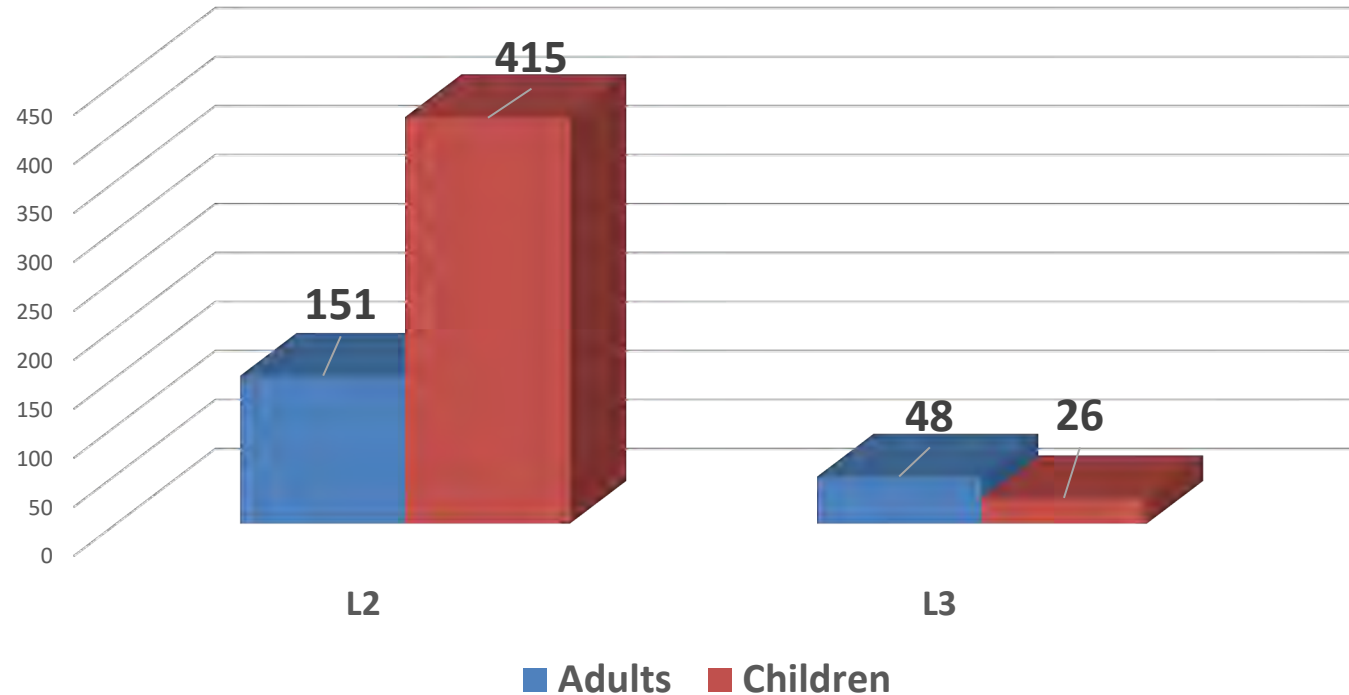
Incident Levels by County



Wake County submitted the largest number of Level 2 and Level 3 reports in the 1st quarter of FY2022

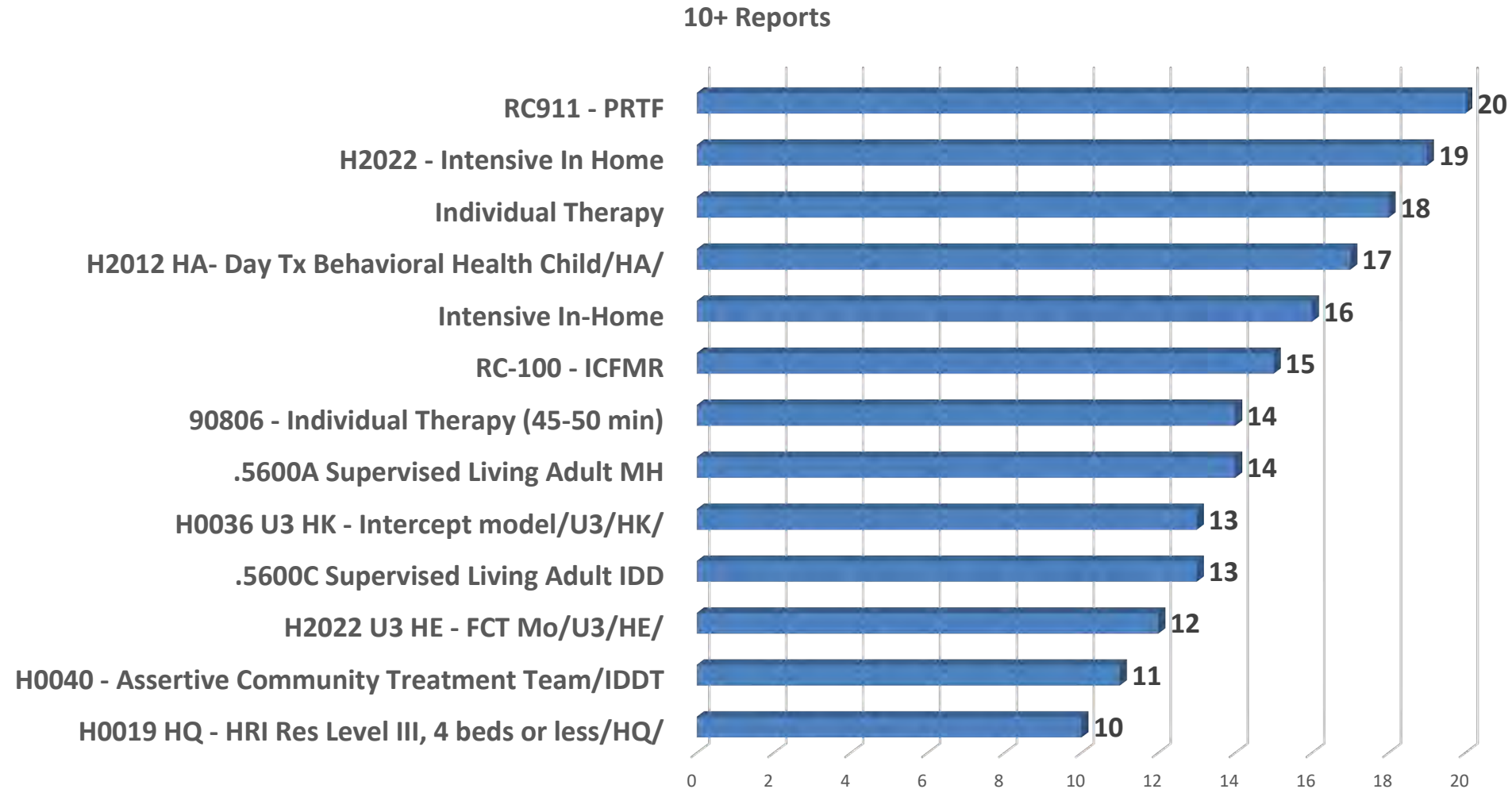
Adults vs. Children

(By Level)



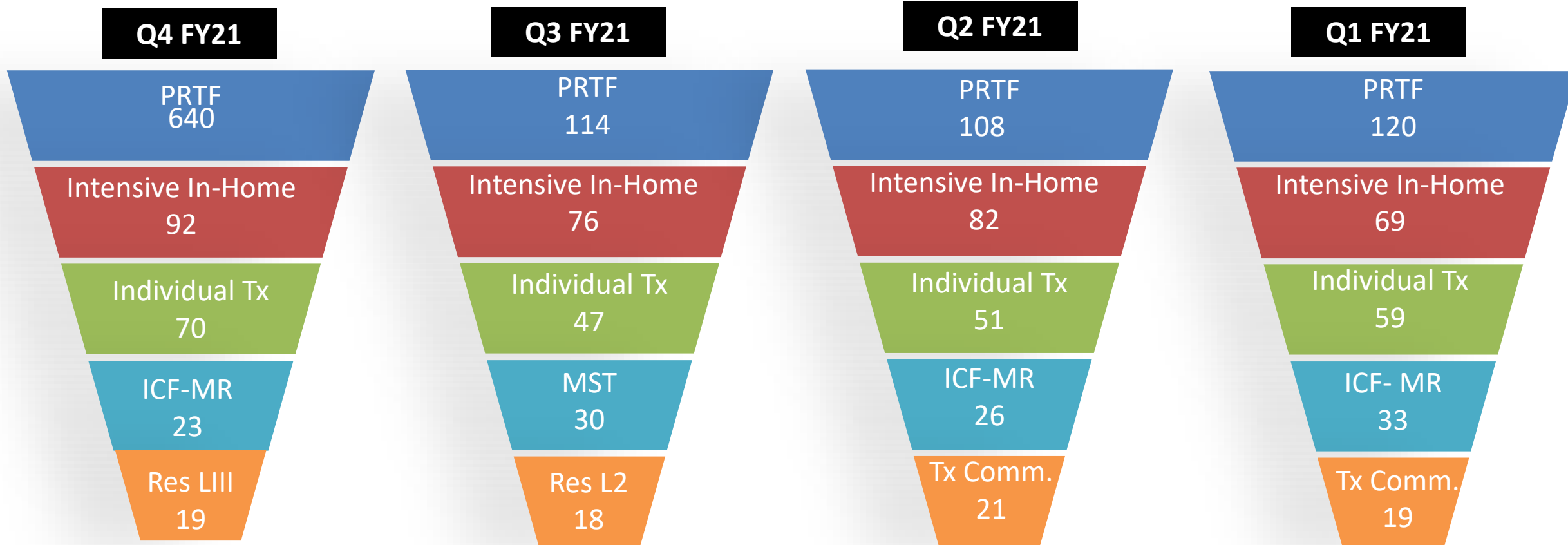
- A total of 441 Incidents were reported for children
- A total of 199 Incidents were reported for Adults

Service Breakdown



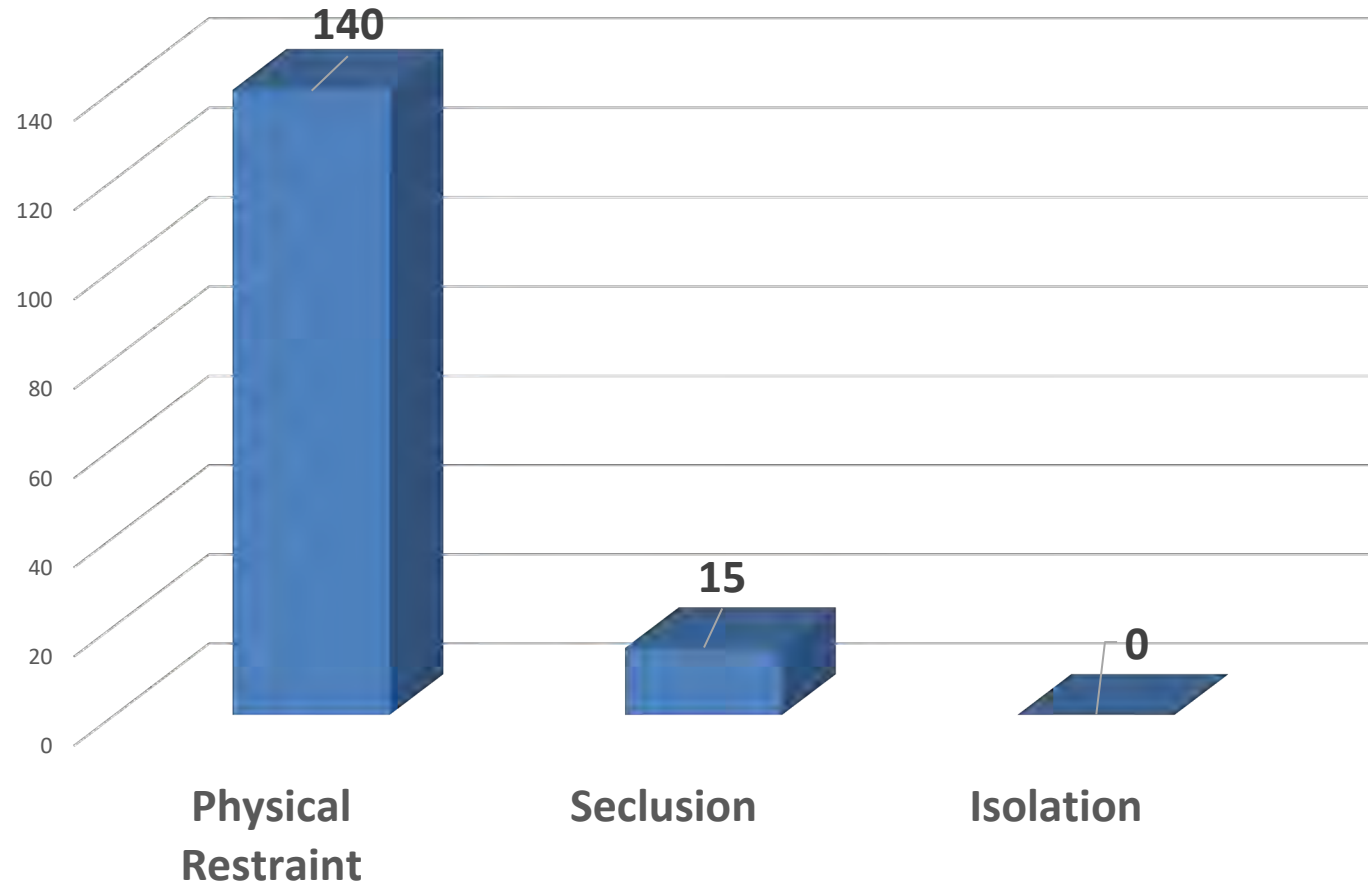
- PRTF – Service reporting the most Incidents

Top 5 Services (1 year History)



REPORTS BY INCIDENT CATEGORY (Primarily Human Rights Related)

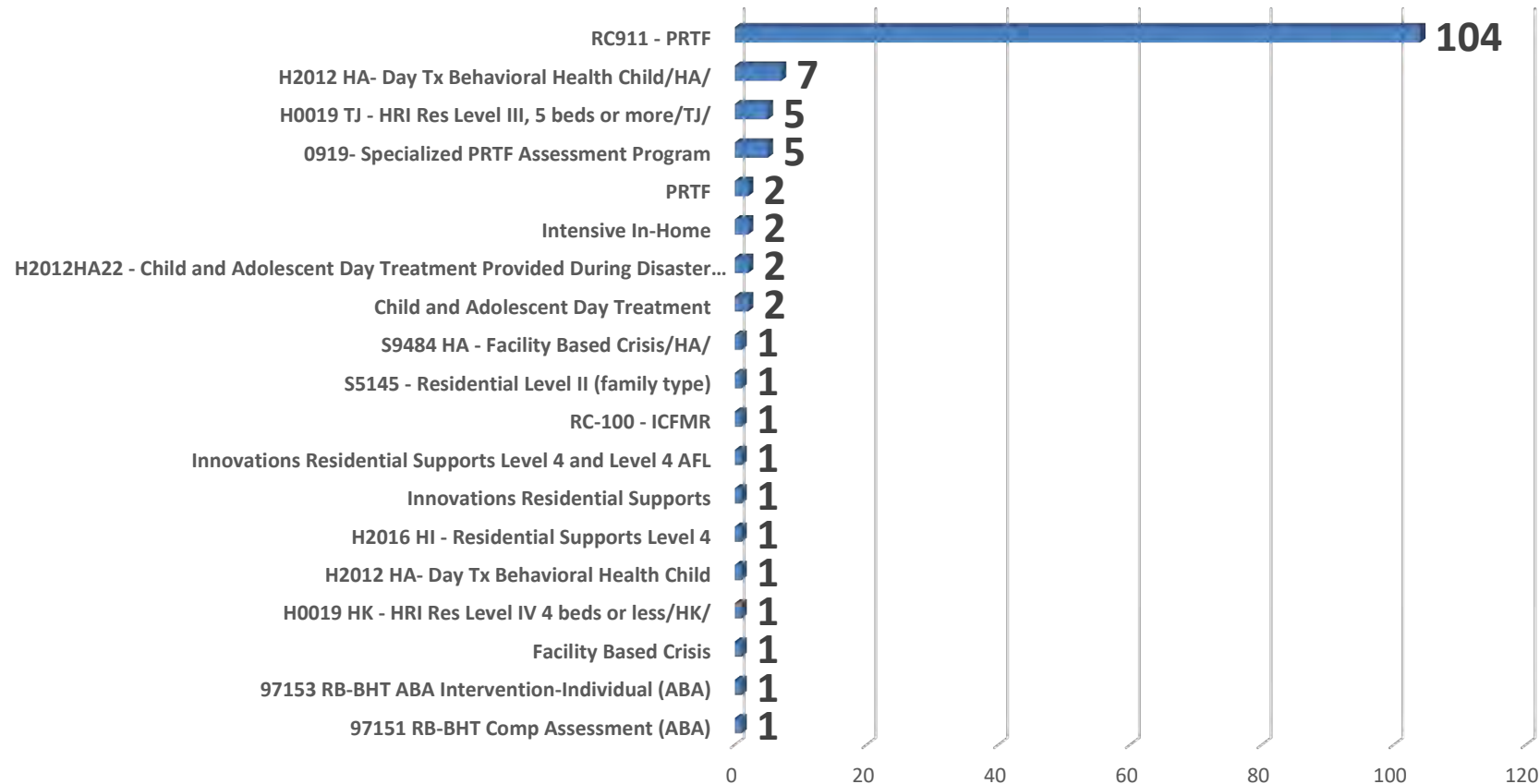
Restrictive Interventions



- **155 Restrictive Interventions reported (*18% of all Incident Reports*)**
- **90% of Restrictive Interventions were Physical Restraints**

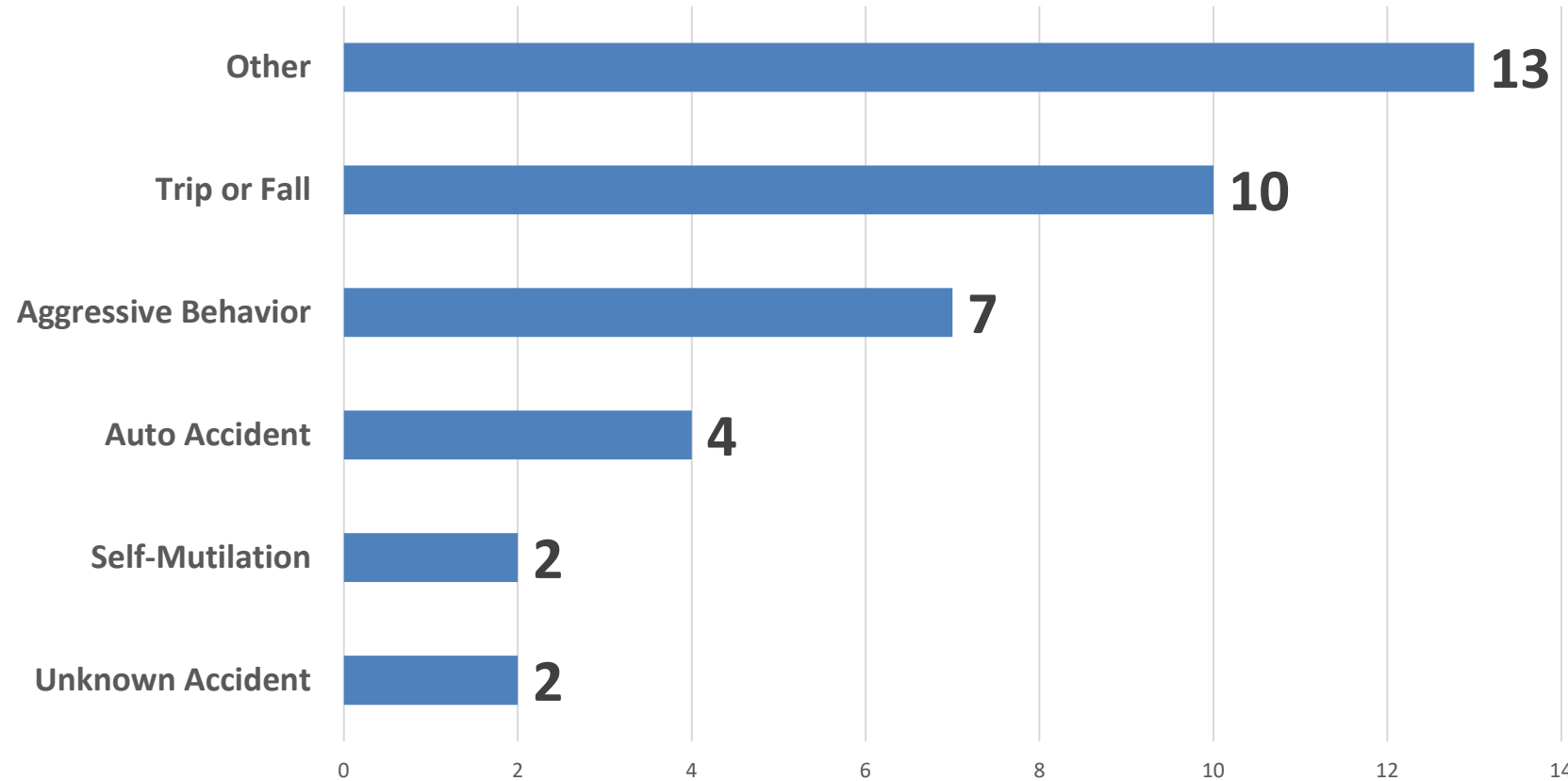
Physical Restraint

(Service Breakdown)



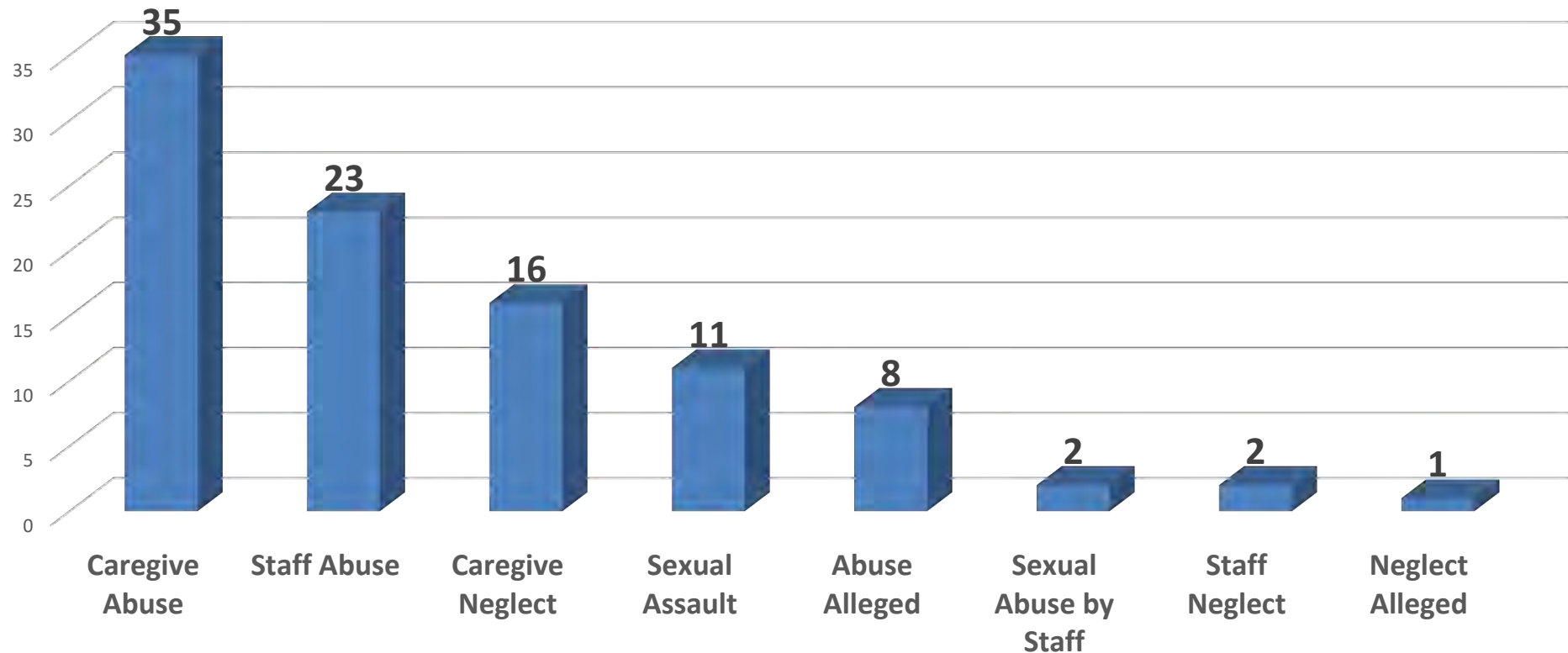
- 67% of Restrictive Interventions were from PRTF Programs

Injury Categories



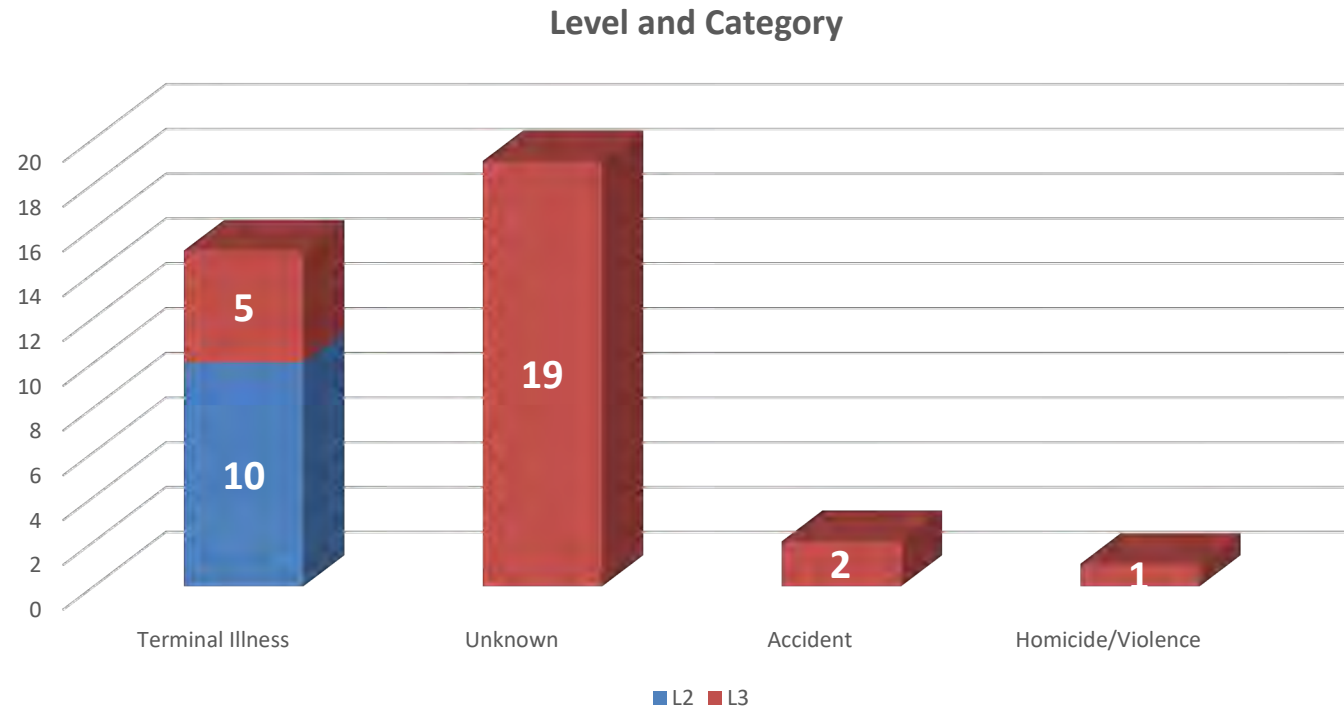
- **38 Total**
- **34% - “Other” Category**
- **26% - Trip or Fall Category**

Abuse/Neglect/Exploitation



- **98 reported in this category (15% of all Incidents)**
- **6 Substantiated**
 - 5 – Staff Abuse*
 - 1- Staff Neglect*

Member Deaths



- A total of 37 deaths were reported during the 4th quarter
- All L2 deaths -Terminal Illness (27% of all Deaths)
- 27 Confirmed L3 deaths

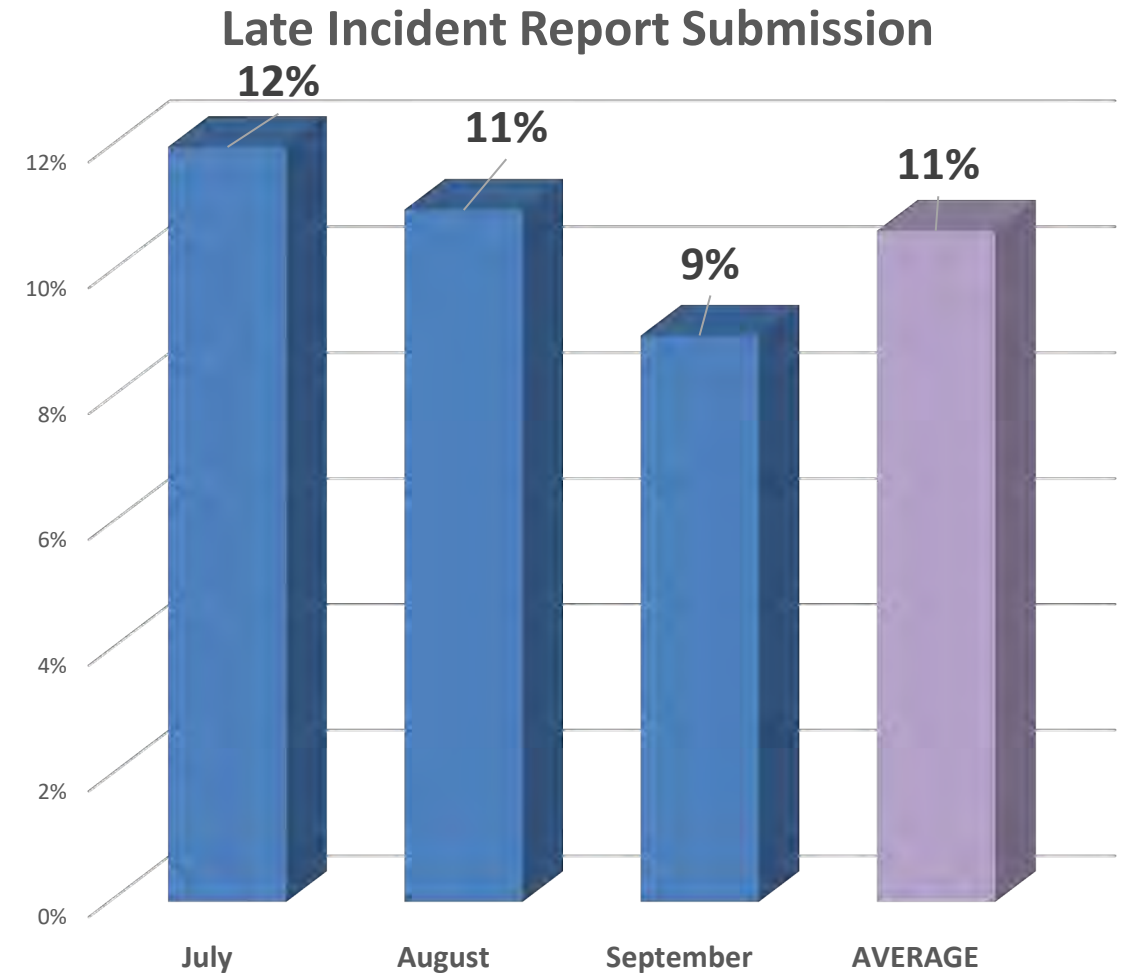
4 OCME Reports Reviewed by Med Team

2 confirmed L3 - Suicide
2 confirmed L2 - Accidents

Incident Report Compliance

Incident Report Compliance (Q4 FY2021)

- One (1) Plan of Correction issued during 1st Quarter
- 13 Late Incident emails sent for 1 late report submitted



- 1 point lower than Q4 2021



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Quality Management (QM) 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.

This report includes draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Mehul Mankad, MD, Chief Medical Officer

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Thursday, December 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
1:00-2:30 p.m.

This meeting was held virtually, via Zoom

APPOINTED MEMBERS PRESENT: ☒ David Curro, BS (Board member); ☒ Marie Dodson (CFAC), ☒ Pam Silberman, JD, DrPH (Board member; Committee Chair)
☒ Israel Pattison (CFAC); ☒ Carol Council (Board Member); ☒ Lodies Gloston (Board Member); : ☐ Maria Cervania, (Wake County Commissioner)

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); ☒ Pamela Wade

STAFF PRESENT: Wes Knepper, SVP Quality Management; Diane Fening, Executive Assistant I; Doug Wright, Director of Community and Member Engagement; Tia Grant, Quality Improvement Manager; Mehul Mankad, Chief Medical Officer; Damali Alston, Director of Network Evaluation

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

2. REVIEW OF THE MINUTES –The minutes from the November 4, 2021 meeting were reviewed. Marie Dodson moved to approve the minutes; Lodies Gloston seconded. The motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
OLD BUSINESS	<ul style="list-style-type: none">Dr. Mehul spoke about our approach to contracting with hospitals regarding helping us meet the seven-day access after discharge measure. Sean Schreiber is aware of these concerns. We have a contract in place with one of our medium sized providers and they are doing better with meeting their seven-day measures. Unfortunately, our largest provider is not receptive to the idea of downside risk (penalizing the provider for not reaching the measure). Sean's understanding is that we cannot force the issue. We will continue to work on this with our largest providers.Pam suggested we review these QIP results on a quarterly basis rather than a monthly basis to better see the trends rather than small changes. If something dramatic happens in between, Wes could bring it to the meeting. Would like descriptive statistics rather than raw data. Rolling averages, historical data. In February, he will present in new format. We won't have most of the data for new counties to present at that time. Wes will do it quarterly thereafter. State reviews quarterly. <p>QIP Updates</p> <ul style="list-style-type: none">2 HEDIS measures about screening for metabolic issues related to	QIP-Quality Improvement Plan	

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..](#)

Thursday, December 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
1:00-2:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>anti-psychotic use. The state average as calculated by Medicaid has gone down 5%, so our performance looks better in comparison.</p> <ul style="list-style-type: none">• We met the benchmark last time and this time for the TCLI primary care visits. Have plans to keep this open as we have a large population in Mecklenburg, and we want to make sure that this process gets translated over to the new staff.• The last one is a closed QIP that we come back to a year later-the number of TCL members referred for supported employment. We did a lot more of the referrals to supported employment by our staff.• Damali said that she works a lot with all our providers and there is a philosophical shift that needs to happen within our provider network clinically regarding clinical needs for members and seeing tenancy support and social determinant of health issues as important as clinical needs. Because of the emphasis on housing there is a lack of emphasis with the behavioral health providers on seeing the importance of employment as an intervention. We have and are continuing to do a lot of work with our providers around making that philosophical shift to a work first mindset and referring early and often for supportive employment. Recently started an employment collaborative that includes our behavioral health and supported employment providers and that is being cofacilitated by the UNC Center of Excellence to foster those relationships and improve those referral sources. We've made the shift recently to a value-based payment structure that went live yesterday. Vocational rehab are having staffing issues, so could be part of the reason for the decline.	<p><i>HEDIS - Healthcare Effectiveness Data and Information Set</i></p> <p><i>TCLI or TCL-Transitions to Community Living</i></p>	
3. NEW BUSINESS	<p>Health Outcomes Goals</p> <ul style="list-style-type: none">• 7 day follow up after hospitalization. We have a new measure regarding kids who are having a behavioral health crisis spending the night in the emergency room. We have started tracking the rate per 1,000 behavioral health kids of how many ED visits happen as well as average number of nights that they stay in ED.	<p><i>ED-Emergency Department</i></p>	

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..](#)

Thursday, December 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
1:00-2:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">Wes can pull a host of demographic information on the back end. These figures are only for kids that were not admitted. Most of these kids are in foster placement and end up in the emergency room because of a behavioral health issue that the foster parents cannot manage and they cannot return to that family. Some of them end up in the ED for weeks. Many of these are facility specific. A lot of these kids are associated with DSS. Rob is interested in Alliance trying to help the State with a model that can be generalized. <p>Prep for Quality Impact of County Realignment</p> <ul style="list-style-type: none">We went live yesterday with Orange and Mecklenburg counties. What we are watching for from a quality perspective are examples of provider or member grievances, incidents. We'll have more data in some months. We did get a lot of data from Cardinal, but a lot of it not in the format where we can just plug it right in. DHHS had asked that we report on previous data for Orange and Mecklenburg before we took over, but we don't want to report on any claims data that we did not pay. <p>We have been hiring some former Cardinal staff. We are looking forward to importing procedures, policies, programs, and approaches that did work well in Cardinal. One of the positions that is required by the Tailored Plan is Senior Clinician with expertise in IDD and TBI. The candidate we selected worked for Cardinal.</p> <p>Clinical Guideline Review</p> <ul style="list-style-type: none">Each year we look at the UM plan. It was reviewed in full at the August meeting. The most up to date version of Alliance's approved clinical guidelines is on the Alliance website. Alliance's Committee on Provider Quality develops and approves the guidelines. Updates are given also at the quarterly all provider meetings. We also educate providers through our education programs, using our training conference rooms and featuring speakers from the local universities. We do targeted collaboratives with providers as well. <p>Over/Under Utilization Monitoring</p> <ul style="list-style-type: none">Each year the QM Provider Quality committee works with Alliance staff and outside clinicians to craft what our guidelines should be.	<p><i>DSS – Department of Social Services</i></p> <p><i>IDD-Intellectual and Developmental Disability</i></p> <p><i>TBI – Traumatic Brain Injury</i></p> <p><i>UM-Utilization Management</i></p>	

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..](#)

Thursday, December 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
1:00-2:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">Broad overview of how we look at which services are being over/under utilized. Wide variety of potential drivers that we look at. The UM committee pulls together staff to look at metrics, track them month to month and look at our approval and denial rates, services and making sure that members are getting linked into the care they need. Dr. Mehul pointed out that the people looking at utilization are mostly clinicians and the people that look at costs are accountants. They do talk, but these are different goals. <p>Upcoming Meetings There will not be a January meeting. In February, we will be doing QIP Updates, Mecklenburg and Orange updates, and the performance dashboard.</p> <p>Wes updates – we signed a contract with a HEDIS vendor and have been loading data back and forth. When that is finished, reports requested by this committee on race, ethnicity, etc. will all be stratifiable by a host of demographic measures.</p>		

5. **ADJOURNMENT:** the meeting adjourned at 2:11 pm; the next meeting will be February 3, 2022, at 1:00.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Cumberland, Durham, Johnston, or Wake 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. 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.

This report includes draft minutes and documents from the following meetings: January 3, 2022, Steering Committee; January 10, 2022, Durham; January 11, 2022, Wake; and January 18, 2022, Johnston County; Cumberland County had not met as of submission deadline.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Jason Phipps, CFAC Chair; Doug Wright, Director of Community and Member Engagement

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Monday, January 03, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
Held Via Video Conference

MEMBERS PRESENT: ☑ Pinkey Dunston, ☑ Trula Miles, ☑ Marie Dodson, ☑ Jerry Dodson, ☑ Tracey Glenn Thomas, ☑ Brianna Harris, ☑ Sharon Harris
☑ Shirley Francis, ☑ Brenda Solomon, ☑ Renee Lloyd, ☑ Tekkyon Lloyd, ☑ Michael Maguire, ☑ Felishia McPherson, ☑ Israel Pattinson, ☑ Jason Phipps,

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ ShaValia Ingram, NCDHHS

STAFF PRESENT: Doug Wright, Director of Community & Member Inclusion, Lakeisha McCormick, Member Inclusion & Outreach Manager, Starlett Davis, Member Inclusion Specialist, Noah Swabe, Member Inclusion Specialist, Erica Asbury, Member Inclusion Specialist, Ramona Branch, Member Inclusion Specialist, Eileen Bennett, Member Inclusion Specialist, India Perez, Member Inclusion Specialist

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:35 pm
2. **REVIEW OF THE MINUTES** – The minutes from the December 6, 2021 meeting was reviewed; a motion was made by Michael Maguire and seconded by Marie Dodson to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	Members were asked to share their concerns and comment on the ongoing COVID-19 pandemic and the Omicron variant.	Ongoing	N/A
4. State Updates	None-	N/A	N/A
5. LME-MCO Updates	<p>Doug went over the LME/MCO updates:</p> <p>Mecklenburg and Orange CFAC:</p> <ul style="list-style-type: none">• Virtual information sessions for Mecklenburg County and Orange County CFAC will take place on January 24 (Meck) and January 25 (Orange)• An application has been composed for those that are interested in applying for appointment on the CFAC in those counties• The Steering Committee will review the applications and make their selections• Alliance is pushing for a start date of February or March <p>There will be no Alliance Board meeting this month The Human Rights Committee that meets every quarter will meet on January 13, 2022- information on that meeting will go out soon February 7, 2022 is set for the Alliance staff to return to the office The Steering Committee will continue to be virtual- Individual counties need to decide whether they would like to continue to be virtual or meet in person</p>	Ongoing	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..](#)

Monday, January 03, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
Held Via Video Conference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Mandy Cohen has resigned as Secretary and Kody Kinsley has taken over her position</p> <p>Community Health & Well Being Trainings:</p> <ul style="list-style-type: none"> Virtual Community Training: Managing Change in the New Year January 11, 2022 • 11 am – 2 pm Virtual Community Training: Domestic Violence 101 January 13, 2022 • 10–11 am Virtual Community Training: Human Trafficking and National Slavery Prevention Month January 26, 2022 • 2–3 pm <p>Members were advised to get with their Member Inclusion Specialist for assistance on registering for the trainings</p> <p>Legislative Breakfast- February 26, 2022- 9am-12pm</p>		
6. Ombudsman Presentation	<p>Doug went over the presentation: An update on the NC Medicaid Ombudsman-Year in Review</p> <p>Members were allowed to ask questions or comment after the presentation-and were all given an electronic copy of the presentation to review at their convenience</p>	N/A	N/A
7. Dual Eligible	<p>Tailored Plan Care Management?</p> <p>This question was brought up at the last meeting in December- If the member is on a tailored plan, yes, they will be eligible for care management.</p>	N/A	N/A
8. By-Laws/ Relational Agreement	<p>Ad-Hoc Committee meeting – Wednesday Jan. 5th at 5:30pm</p> <p>Questions:</p> <p>Local CFACs shall consist of no more than 14 official members, doing their utmost to have a fair representation of each disability category. The general public is always welcome and encouraged to participate. (Other unofficial members?)</p> <p>Local CFACs have the right to send one additional member to the Steering Committee as voting members on a monthly basis; the additional members attending can be determined by the local CFAC. (Currently two, should it be one additional or none and how to manage)</p>	Ongoing	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..

Monday, January 03, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
Held Via Video Conference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Members of the Ad-Hoc committee stated that they would review these questions again on Wednesday and make the decisions that night and report back to the Steering committee		
9. Subcommittees <ul style="list-style-type: none">• Wake• Durham• Cumberland• Johnston• Area Board• Human Rights• Quality Management	Annette Smith Charlitta Burruss Felishia McPherson Marie Dodson Dave Curro Doug Wright Israel Pattison/Marie Dodson/Dave Curro		
10. Announcements	None	N/A	N/A

ADJOURNMENT: 7:05 pm Marie Dodson moved to adjourn, and it was second by Michael Maguire
The next meeting will be February 7, 2022, at 5:30 p.m.

Join us for the

44th Legislative Breakfast on Mental Health

Saturday, February 26th, 2022

9:00am to 12:00pm

Presented Virtually



**2022 Theme: Building Mental Health Policy
for Comprehensive, Integrated, Whole Person Care:
Accessible, Effective, Lifelong Supports**

Registration Opens December 6th, 2021

Tickets \$25.00

Scholarships Available

**<https://legislativebreakfastmh.org>
info@legislativebreakfastmh.org**



Sponsorship Opportunities Available



Monday, January 10, 2022

Durham CFAC MEETING - REGULAR MEETING
Virtual meeting via videoconference

MEMBERS PRESENT: ☐ Steve Hill, ☒ Tammy Shaw, ☐ Latasha Jordan, ☒ Dave Curro,
☒ Brenda Solomon, ☒ Chris Dale, ☒ Pinkey Dunston, ☐ Regina Mays, ☒ Charlitta Burruss, ☐ Helen Castillo, ☐ Deborah Dolan

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Suzanne Thompson, DHHS ☒ ShaValia Ingram, DHHS

STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement, ☒ Ramona Branch, Member Inclusion Specialist,
Douglas McDowell, Alliance Health, Member Inclusion Specialist

<https://alliancehealthplan.zoom.us/j/98180766572>

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the November 8, 2021, and December 13, 2021 Consumer and Family Advisory Committee (CFAC) meeting were reviewed; and motioned to be approved by Dave Curro and Chris Dale, November, and Pinkey Dunston and Chris Dale December.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments/ Covid -19 Check In	Members continue to share their concerns and challenges with Covid-19, and the new Omicron variant.	N/A	N/A
4. Guest Speaker	Holly McCoy Durham Community Health Worker/ Peer Support – Holly was unable to join tonight due to illness- she will be rescheduled later	N/A	N/A
5. State Updates	ShaValia Ingram, NCDHHS was in attendance and went over the State updates January CE&E: County Realignment- <ul style="list-style-type: none">➤ Cabarrus, Stanly and Union counties moved to Partners Health Management on September 1➤ Davie and Forsyth counties moved to Partners on November 1➤ Davidson and Rockingham counties moved to Sandhills Center on December 1➤ Halifax County moved to Trillium on December 1➤ Warren County moved to Eastpointe on December 1	N/A	N/A

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



Monday, January 10, 2022

Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">➤ Mecklenburg and Orange counties moved to Alliance Healthcare on December 1➤ Alamance, Caswell, Chatham, Franklin, Granville, Person, Rowan, Stokes, and Vance counties are consolidating with Vaya Health on January 1, 2022➤ The Hope4NC Helpline (1-855- 587-3463) is here to connect North Carolinians with emotional support and mental health resources to help build coping skills and resilience during times of crisis➤ Joint DMHDDSAS & DHB Update call: Providers- Thursday, January 6th 3:00 p.m.— 4:00 p.m➤ Joint DMHDDSAS & DHB Update call: Consumers & Family Members- Monday, January 24th 2:00 p.m.—3:00 p.m➤ The State Consumer and Family Advisory Committee (SCFAC)- Wednesday, January 12, 2022- 9:00 a.m.— 3:00 p.m➤ The State to Local Collaboration Call- January 26, 2021 from 6:00 p.m.– 7:30 p.m➤ Every 3rd Thursday of the month from 5:30 p.m.-6:30 p.m. Medicaid Hot Topics Tailored Plan and Behavioral Health Jan 20, 2022 05:30 p.m. Feb 17, 2022 05:30 p.m➤ Child and Adolescent Mental Health Amid COVID-19: Reflection, Response, and Resiliency January 20, 2022 9:00 A.M.– 12:15 P.M➤ Save the Date for Spring 2022 13th Annual NC “One Community in Recovery” Conference: Healing Together After Being Apart April 27-29, 2022		
6. LME/MCO Updates	<p>Doug was in attendance tonight and went over the LME/MCO updates:</p> <p>Mecklenburg and Orange CFAC:</p> <ul style="list-style-type: none">• Virtual information sessions for Mecklenburg County and Orange County CFAC will take place on January 24 (Meck) and January 25 (Orange)	Ramona will help members register for CHWB trainings if they would like to attend	Ongoing

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:
	<ul style="list-style-type: none"> An application has been composed for those that are interested in applying for appointment on the CFAC in those counties The Steering Committee will review the applications and make their selections Alliance is pushing for a start date of February or March ➤ February 7, 2022 is set for the Alliance staff to return to the office <p>Community Health & Well Being Trainings:</p> <ul style="list-style-type: none"> Virtual Community Training: Managing Change in the New Year January 11, 2022 • 11 am – 2 pm Virtual Community Training: Domestic Violence 101 January 13, 2022 • 10–11 am Virtual Community Training: Human Trafficking and National Slavery Prevention Month January 26, 2022 • 2–3 pm <p>➤ Legislative Breakfast- February 26, 2022- 9am-12pm</p> <p>Tailored Plan Care Management?</p> <p>This question was brought up at the last meeting in December- If the member is on a tailored plan, yes, they will be eligible for care management.</p>		
7. Ombudsman Presentation	<p>Doug went over the presentation: An update on the NC Medicaid Ombudsman- Year in Review</p> <p>Members were allowed to ask questions or comment after the presentation- and were all given an electronic copy of the presentation to review at their convenience</p>	Ongoing	N/A
8. Steering Committee Updates	<p>Meetings- Stay virtual? Or when would you like to resume in person?</p> <p>The Steering Committee will continue to be virtual</p> <p>Durham County decided that they would continue to be virtual on a month to basis while assessing the COVID situation</p>	N/A	N/A
9. Announcements	None	N/A	N/A

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

ADJOURNMENT: 7:10pm The next meeting will be February 14, 2022, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Member Inclusion Specialist

01.12.2022

DRAFT

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



COMMUNITY ENGAGEMENT & EMPOWERMENT TEAM

Community Updates | January 2022

NCDHHS- DMH/DD/SUS

Happy New Year 2022

January 2022 Awareness Activities

As we enter into a new year let us try and be better stewards of our State and the people we serve. Starting with January when I was looking up what Awareness days fall in January one of the first that popped up was— **Get Organized Month!** If you are like me you have 10,000 emails that are in your inbox—you have no idea what your passwords are nor have you changed them in a very long time, you have papers that you have collected from '21 and possibly '20,'19. Lets make an effort to organize information to make it user friendly. Some ideas are: Set folders up on your emails so you can drop-in what is important, use a different email for different areas/topics: advocacy, shopping and personal. Set a day that you clean out your email so the next week you are starting fresh. Make a plan to organize one area in your life that has been bothering you—set a start date and a date for completion then set your next goal!! We can do this!!

January is also **National Birth Defect Prevention Month**—This is something that can effect any family at any time. It does not just effect one area of a family but it impacts all areas. Educate your self on how this affects those who are dealing with birth defects.

Poverty in America Awareness Month also falls in January— Poverty rate in NC is 16.1%. One out of every 6.2 residents in NC live in poverty. That comes out to be about 1,579,871 of 9,783,738. Residents reported income levels below poverty line in the last year—NC ranked 38th in the nation (pre-covid) —Educate yourself .

The **17th is Martin Luther King Day** —Find a place that you can volunteer your time—yes we are all busy but we can all take a couple of hours out of our day and read to the elderly, feed the homeless, pick trash up at a park, the list goes on .

Slavery and Human Trafficking Prevention Month also falls in January—Find a training on this. Learn the signs of what to look for. NC does have a problem with this, to learn more go to NC DOA [NC DOA : What is Human Trafficking?](#) and /or NC Stop Human Trafficking <http://www.ncstophumantrafficking.wordpress.com/>

January is also **National Thank You Month**—The CEE team would like to thank you all for all your hard work in '21 and the advocacy that you did for the citizens of NC. We look forward to working with you all in 22.

Thank you

Realignment of Counties from Cardinal

Cabarrus, Stanly and **Union** counties moved to Partners Health Management on September 1. **Davie** and **Forsyth** counties moved to Partners on November 1. [Visit Partners' website.](#)

Davidson and **Rockingham** counties moved to Sandhills Center on December 1. [Visit Sandhills' website.](#)

Halifax County moved to Trillium on December 1. [Visit Trillium's website.](#)

Warren County moved to Eastpointe on December 1. [Visit Eastpointe's website.](#)

Mecklenburg and **Orange** counties moved to Alliance Healthcare on December 1. [Visit Alliance's website.](#)

Alamance, Caswell, Chatham, Franklin, Granville, Person, Rowan, Stokes, and Vance counties are consolidating with Vaya Health on January 1, 2022. [Visit Vaya's website.](#)

HOPE4NC

The stress of life, especially during the ongoing COVID-19 crisis, can feel overwhelming. But you don't have to handle it on your own. The **Hope4NC Helpline** ([1-855-587-3463](tel:1-855-587-3463)) is here to connect North Carolinians with emotional support and mental health resources to help build coping skills and resilience during times of crisis. The helpline is available free of charge to everyone in North Carolina's 100 counties.

This initiative is in partnership with all seven of the state's LME/MCOs and REAL Crisis Intervention Inc. in Greenville. Hope4NC is confidential and available 24/7. A live person will always answer, no matter when help is needed.

When you call Hope4NC, hope is on the line. If you need any marketing material, please contact your CEE representative.



Monthly Meetings

PROVIDER & CONSUMER CALLS

Joint DMHDDSAS & DHB Update call: Providers

During this call, panelists will present policy updates to Providers from DMHDDSAS and DHB representatives followed by an open Q&A session.

Thursday, January 6th 3:00 p.m. — 4:00 p.m.

Register at: <https://tinyurl.com/ycktbeum>

Closed Captioning: <https://tinyurl.com/3mzecc6j>

Joint DMHDDSAS & DHB Update call: Consumers & Family Members

During this call, panelists will present policy updates to Consumers & Family Members from DMHDDSAS and DHB representatives followed by an open Q&A session.

Monday, January 24th 2:00 p.m. — 3:00 p.m.

Register at : <https://tinyurl.com/yzjrzuph>

Closed Captioning : <https://tinyurl.com/2ypx9a58>

After registering, you will receive a confirmation email containing information about joining the webinar.

Regional CFAC Meetings

Meetings have not been scheduled at this time, Stay tuned for date and time !!

In Person Training—CE&E Team

As we start to Prepare for 2022— Remember to get with your CE&E Team member to set up Trainings for your community events, committee's, and CFAC meetings.

The CE&E Team has started our Community Training's in-person! Reach out to your CE&E Team members to set up any of our trainings from our Technical Assistance Program (TTAP). Our team will continue to follow all guidelines that are suggested by the State, the CDC or your organization/facility. The CE&E Team is here to help— contact us to begin planning for your next event!

Please reach out to our team at : CEandE.staff@dhhs.nc.gov

Stacey Harward, BSW: Stacey.Harward@dhhs.nc.gov

ShaValia Ingram MS, MSW, LCSWA:

Shavalia.Ingram@dhhs.nc.gov

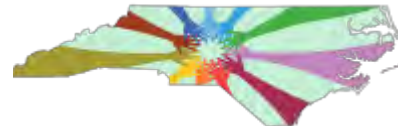
Wes Rider, BS: Wes.Rider@dhhs.nc.gov

Badia Henderson: Badia.Henderson@dhhs.nc.gov

State CFAC

The State Consumer and Family Advisory Committee (SCFAC)

Nothing About Us, Without Us.



meeting is on the 2nd Wednesday of every month and is open to the public. January,

SCFAC meetings will be held as hybrid meetings – the in-person option at this time is only for committee members. A virtual platform and teleconference options are provided for additional attendees.

Visit the State CFAC page for more information

www.ncdhhs.gov/divisions/mhddsas/councils-commissions/state-consumer-and-family-advisory-committee.

Next Meeting: Wednesday, January 12, 2022

Time: 9:00 a.m. — 3:00 p.m.

Join by web browser:

<https://tinyurl.com/StateCFACMeeting>

Call-in: +1-415-655-0003

Access Code: 171 378 2076

State to Local Collaboration Meeting

The State to Local Collaboration Call will resume the regular scheduled time 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: January 26, 2021 from 6:00 p.m.— 7:30 p.m.

<https://tinyurl.com/S2L-CollaborationCall>

+1-415-655-0003

Conference ID: 171 710 7705

Local CFAC Updates

Many local CFACs continue to meet virtually, some have started to have blended meetings . Make sure that you check with your LME/MCO to get the full calendar of events and meeting details, including how to connect with virtual meetings and/or in-person meetings.

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

NC Medicaid Managed Care Launched

Beneficiaries have several resources to [help answer questions](#) about their transition to NC Medicaid Managed Care. Those who want a reminder of which health plan they are enrolled in should call the [Enrollment Broker](#) at 833-870-5500 (TTY: 833-870-5588). Questions about benefits and coverage can be answered by calling their health plan at the number listed in the welcome packet or on the [What Beneficiaries Need to Know on Day One fact sheet](#). For other questions, beneficiaries can call the NC Medicaid Contact Center at 888-245-0179 or visit the "Beneficiaries" section of the [Medicaid website](#)

Learn More : <https://tinyurl.com/bpx5w7br>

Have a question about anything— send it to us!!

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is working to centralize questions coming in so that we can ensure that questions are answered in a timely manner by the appropriate subject matter experts. In order to do this we have two portals for incoming questions, our email BHIDD.helpcenter@dhhs.nc.gov or web portal <https://tinyurl.com/386hpk6h>

Please help us better our response time by using these avenues for submitting questions.

Where you can find more information

Medicaid Transformation

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>

NC Olmstead

Learn more about NC Olmstead
<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/nc-olmstead>
<https://www.ncdhhs.gov/events>

Grant Opportunities

<https://tinyurl.com/DMHDDSAS-Grants>

NC Medicaid Managed Care Hot Topics Webinar Series

Every 3rd Thursday of the month from 5:30 p.m.-6:30 p.m. Medicaid Hot Topics Tailored Plan and Behavioral Health

Jan 20, 2022 05:30 p.m. Feb 17, 2022 05:30 p.m.

[Register for 3rd Thursday webinars](#)

IDD Supported Living Levels 2/3 Workgroup News

Supported Living Levels 2 and 3 Workgroup Quarterly Meetings: The NC Innovations Waiver has a Service called Supported Living which provides services and supports to individuals on the Innovations Waiver who choose to live in their own home or apartment. If you are an Innovations Waiver recipient and you would like more information on Supported Living please ask your Innovations Care Coordinator

Anyone utilizing Innovations Supported Living Levels 2 or 3; providers or families/natural supports are invited to participate in quarterly meetings held regarding Innovations Supported Living. To receive more information on the meetings and be added to our listserv, please contact Christina Trovato at christina.a.trovato@dhhs.nc.gov and ask to be added to the SL 2/3 listserv.

NC Medicaid Beneficiary Portal

Medicaid serves low-income parents, children, seniors, and people with disabilities. The Beneficiary Portal offers information on applying for Medicaid and more.

[Go to the Beneficiary Portal](#)

Get the SCOOP on Managing Stress

It's important to make sure you are taking care of your mental health. Behavioral health is core to our overall health. With the Holidays and Covid –19 pandemic these are extraordinary times, individuals may be experiencing an increase in Stress. There are actions your can take, and resources that are available, to help maintain your mental health.

Follow the link below to find more information on **SCOOP of Managing Stress** and additional resources

<https://tinyurl.com/2p866tb7>

Traumatic Brain Injury

The next Brain Injury Advisory Council (BIAC) meeting will be held on Wednesday, March 9th from 9:00 a.m.-1:00 p.m. For meeting access information please send an email request with subject of "BIAC Meeting" to TBIContact@dhhs.nc.gov

A newly developed national toolkit is now available: [Toolkit: Traumatic Brain Injury and Substance Use Disorders: Making the Connections](#). The Toolkit was funded by SAMHSA Regions 7 and 8 Addiction Technology Transfer Centers and created by the National Association of State Head Injury Administrators (NASHIA) in partnership with Dr. Carolyn Lemsky. Please distribute this free resource widely!

A new pilot program is being developed in collaboration with the Justice Innovations Section to screen individuals for TBI and Mental Health at a Probation pilot site.

The IDD/TBI Section is in the process of developing rules for a new state funded residential service for individuals with TBI who have a SUD or MH diagnosis as well.

TBI grant activity is underway. We are recruiting for membership on the TBI Grant Steering Committee. This steering committee plays an important role in oversight of grant activity, monitoring project progress, making recommendations, problem solving challenges and other critical functions. Interested individuals should contact Sandy Pendergraft at sandy.pendergraft@bianc.net or Michael Brown at michael.brown@dhhs.nc.gov. All are welcome and encouraged to join!

The Brain Injury Association of NC (BIANC) website offers a large variety of information, educational learning tools and maintains a comprehensive online resource guide. The website can be found at www.bianc.net

A diverse and growing library of free online TBI training modules can be found at www.biancteach.net

Helpful Information On How To Find Housing and Utility Help

For helpful information on how to find housing and utility help, click on the following links: [Mortgage Assistance for Homeowners](#), [Rent Assistance for Landlords](#), [Rent/Utility Assistance for Tenants](#).

Veterans, Service Members & Families

Our Next GWG Meeting will be held on Thursday, January 27, 2022 from 2:00 p.m.-4:00 p.m. Topic for Agenda will be: Part V of the Social Determinants of Veteran Suicide: Avoiding Self Harm with Access to Lethal Means. Please sign up on the newsletter link as this will be a virtual meeting.

<https://ncgwg.org/>

<https://ncgwg.org/newsletter/>

Resource Guide for Veterans can be viewed electronically at <https://helpncvets.org/resources/>

If you would like a hard copy of the Veterans Resource Guide or would like to partner with us to get these guides out into the community, please notify your CEE Team member.

Resource Link for Veterans and Military Members:

<https://www.va.gov/VE/pressreleases/2021081801.asp>

[Guidelines for Helping Your Family after Combat Injury](#)

[Impact of Invisible Injuries: Helping your Family and Children](#)

[Sesame Street for Military Families](#)

[Understanding Refugee Trauma: For School Personnel](#)

[After a Crisis: Helping Young Children Heal](#)



Educational Opportunities

School-based Suicide Prevention: Promising Approaches and Opportunities for Research

Date/Time : January 14, 2022, 2:00 p.m.-3:30 p.m. ET

Location : Virtual

This NIMH-hosted webinar will provide an opportunity for diverse stakeholders, including school administrators, researchers, Practitioners, policymakers, and funders, to learn about new and innovative practices in school-based suicide prevention. There will be a particular focus on identifying and supporting high-risk youth , as well as opportunities for evaluating these efforts.

To Register : <https://tinyurl.com/4ks4k39b>

Child and Adolescent Mental Health Amid COVID-19: Reflection, Response, and Resiliency

January 20, 2022 9:00 A.M.– 12:15 P.M.

Without question, the global pandemic of 2020-2021 has had a significant impact on children, adolescents, and families across North Carolina. In this presentation, we will review what we know about the current state of child and adolescent mental health in North Carolina and will link this to policy and practice applications for our everyday work. We will explore how the pandemic highlighted existing health disparities for children and families with marginalized identities and link this to a need for advocacy work with in North Carolina.

Registration Link: <https://tinyurl.com/2p9bc9tr>

Conferences for 2022

Save the Date for Spring 2022 13th Annual NC “One Community in Recovery” Conference: Healing Together After Being Apart April 27-29, 2022

The Conference Center at GTCC, Colfax, NC Attend in person or via live webinar! To find out more about this conference click on the following link: <https://tinyurl.com/y63cmanc>



Advocacy Opportunity



Join local elected officials, mental health providers and community members in conversation about current events in mental health care: <https://tinyurl.com/yc48wprz>

Provider Appeal Rights Defined in the Standard Plan Contract Section V.D.5

Provider appeal rights defined in the Standard Plan Contract Section V.D.5 Provider Grievances and Appeals, and the appeal processes outlined in the Prompt Payment Fact Sheet, include deadlines to submit appeals which may vary by Standard Plans, from 30 days to 365 days after the decision giving rise to the right to appeal. The Department shared concerns from providers about these deadlines with the Standard Plans. In response, Standard Plans will temporarily extend the following minimum appeal timeframes to support the transition to NC Medicaid Managed Care:

For more information, see [Extension to NC Medicaid Managed Care Appeals Deadlines](#)

Appeal Submission Date	Minimum Appeal
Through Jan. 31, 2022	90 calendar days from the decision giving rise to the
Feb. 1, 2022 through March 31, 2022	60 calendar days from the decision giving rise to the
April 1, 2022 and later	30 calendar days from the decision giving rise to the right to appeal

Protecting Youth Mental Health

U.S. Surgeon General, Dr. Vivek Murthy, [issued](#) an advisory this week on [Protecting Youth Mental Health](#). The Advisory describes a decade-long increase of mental health challenges for youth and highlights the impacts of the COVID-19 pandemic on the mental health of children, adolescents, and young adults. Further, the Surgeon General issued recommendations to improve the mental health of youth through a “whole-of-society effort,” including actions and tools to recognize mental health challenges, educate, empower and promote access to high-quality mental healthcare.

Telehealth Utilization by Medicare Recipients

HHS Study Released on Telehealth Utilization by Medicare Recipients

The Department of Health and Human Services [released](#) a study last week outlining the use of telehealth among Medicare recipients in 2020. The [study](#) found an increasing willingness to seek out behavioral health services through telehealth. Notably, a third of visits to behavioral health specialists (including general psychiatrists, neuropsychiatrists, psychologists, clinical psychologists, and licensed clinical social workers) were conducted via telehealth. These providers saw the largest increase for telehealth utilization among all providers in 2020 by Medicare recipients.

Press Releases from the State

To find out the newest information from the State please check our web site at:

<https://www.ncdhhs.gov/press-releases>

Peer Support Job Board

Click [here](#) for up-to-date available peer support jobs across the state.

PEER SUPPORT CERTIFICATION RENEWAL REMINDERS

Attention Peer Support Specialists!

Peer Support Certification Renewal reminders are sent 60 days before your certification expires. Please visit the Peer Support Program [website](#) for details on how to renew your certification.

Upcoming PSS Trainings

- [New PSS 40-Hour Trainings](#)
- [20-Hour Additional Trainings](#)

Reporting Complaints or Ethical Violations

Allegations or observation of unethical and/or illegal behavior of a CPSS may be reported at <https://pss.unc.edu/contact-us> or by calling 919-843-3018.

PSS Employment Information

- 3927 Certified Peer Support Specialists as of Nov 30, 2021
- 1615 Certified Peers are employed as PSS
- 834 PSS are seeking employment

Full & up-to-date statistics can be found by visiting: <https://pss.unc.edu/data>

Latest NC Certified Peer Support Specialist News

Your feedback on this page is much appreciated! Please feel free to email us at CEandE.Staff@dhhs.nc.gov with any tips.

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>



Tuesday, January 11, 2022

Wake CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

MEMBERS PRESENT: ☒ Annette Smith, ☐ Rebekah Bailey, ☒ Trula James, ☐ Karen McKinnon, ☒ Benjamin Smith,
☐ Diane Morris, ☐ Connie King- Jerome, ☐ Vicky Bass, ☒ Jessica Larrison, ☒ Gregory Schweizer, ☐ Bradley Gavriluk, ☐ Faye Griffin, ☒ Israel
Pattison,

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Suzanne Thompson; DHHS ☒ ShaValia Ingram DHHS;

STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement;

☒ Erica Asbury, Member Engagement Specialist; ☒ LaKeisha McCormick, Manager- Member Inclusion and Outreach Mecklenburg; ☒ Eileen
Bennett, Member Inclusion Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the November 9, 2021, Consumer and Family Advisory Committee (CFAC) meeting were not reviewed due to time constraints the December 14, 2021 minutes were motioned by A. Smith and second by T. Miles.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Announcements	<p>A.Smith discussed the need to clean up the CFAC membership roles and to consider recruiting new members. A. Smith put emphasis on the need to be sure that the committee is diverse and representation from all aspects should take priority. Further discussion was given to finding a chairperson.</p> <p>A.Smith began to share her thoughts about the team approach towards consolidating the entitlement programs and relocation. She highlighted the way that members are placed on the list when the move and that perhaps Alliance could create a FAQ on the web site with standard answers.</p> <p>D. Wright explained relocating and the innovations waiver. He explained the role of the Care Manager and the process related and how families may still continue to contact Access for support.</p>	Ongoing	N/A
4. State Updates-S. Ingram	ShaValia Ingram, NCDHHS was in attendance and went over the State updates	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:
	<p>January CEE:</p> <ul style="list-style-type: none"> ➤ National Birth Defect Prevention Month, Poverty in America Awareness Month, Slavery and Human Trafficking Prevention Month, and Rev Dr. Martin Luther King Jr birthday. ➤ The realignments have taken place with the counties that were formerly with Cardinal. ➤ Joint DMHDDSAS & DHB Update call: Consumers and Families will take place on January 24th 2-3pm ➤ Hope 4 NC is available on the helpline and is a partnership of all seven of the state's LME/MCOs. ➤ State to Local Collaboration Meeting Next Call: January 26, 2022 6-7:30 pm. ➤ Emergency Rental Assistance is available and please contact the state call center 8 am-5pm Mon-Fri ➤ The next Brain Injury advisory council meeting will be on March 9th 9am-1pm. People wishing to attend will need to send an email request to TBIContact@dhhs.nc.gov ➤ The Veterans GWG Meeting will be on January 27th form 2-4pm. ➤ The Spring 2022 One Community in Recovery Conference will take place April 27th-29th February 26th from 1-2pm and will be completely virtual. ➤ Child and Adolescent Mental Health Amid COVID 19(: Reflection ,Response, and Resiliency will take place on January 20th 9am-12:15 pm there is a link on the newsletter for you to register. ➤ There is information and reminders about certification renewal for Peer Support workers. S. Ingram also shared that there is a website and number to report ethical violations. D. Wright asked to make a statement about his concern that the newsletter highlights ways to report Peer Support workers, but does not ever mention ways to make those same reports for other mental health practitioners and that they should consider how that might make the staff feel. He suggested that they might consider including all mental health 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	complaint or ethic concerns information so that one particular group is not singled out. S. Ingram stated that she will bring his comment back to her superiors.		
5. Steering Committee	D. Wright shared the Ombudsman presentation that was also shown at the Steering committee meeting on January 3 rd . D. Wright gave information on the Mecklenburg office being up and running and that the transition for care providers was designed to be both standardized and easy. Members are encouraged to seek assistance through the Ombudsman's office. A. Smith asked about the new providers and if many have been brought on board and if network providers get paid more? D. Wright stated that he would do research to see if there was in fact a difference and report back to the subcommittee. D. Wright reported that the Steering Committee and board meetings will remain virtual until December of 2022. He encouraged the subcommittee to discuss meetings and reports that staff are scheduled to return to the office in February. D. Wright also shared that detailed discussion should take place about in person meetings with the variants being taken into consideration.	Ongoing	N/A
6. MCO/LME update	<p>D. Wright shared:</p> <ul style="list-style-type: none"> ➤ The Orange and Mecklenburg Counties are in the process of having meeting and conversations are being had to help develop the CFAC teams. A meeting will be held on 1/24 in Mecklenburg and 1/25 in Orange for CFAC and a standardized application has been developed and will be distributed. T. Miles asked how is Alliance getting the word out that CFAC exists in these counties. D. Wright reported that Alliance is sending out email, making social media posts and listing through other media outlets. A. Smith added that Care Managers would also be a good source to get the information out to the families. D. Wright discussed that bulk email are not being sent out to members but Care Managers could certainly share the information with their families. ➤ There will be a Human Rights Committee meeting on 1/13. 	N/A	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:
	<ul style="list-style-type: none"> ➤ The Alliance staff are scheduled to return to the office on 2/7. As previously stated the Board meetings will remain virtual in February and it would be best to be consistent and have the subcommittees remain virtual in February as well. A. Smith stated that she thinks that we should remain virtual until there is an actual increase in membership and the need to be in person can then be agreed upon. ➤ D. Wright announced that Kody Kinsley is now the acting Secretary and that Dir Armstrong is now the Chief Health Equity Officer. Deepa Avula is now the Director. ➤ The 44th Legislative Breakfast will be February 26,2022 please notify Erica if you would like to attend. It will be virtual. 		
7. Announcements	<p>E. Asbury brought two flyers to the subcommittees attention: The Disabilities Rights event and Wake County Parent Focus group to discuss concerns for students with IDD diagnosis within the school system and well and African American students.</p> <p>A.Smith reminded the group to please write down goals for the year that they might like for us to address and to be prepared to help develop three strong points that represent Wake County CFAC. She would like for us to discuss them at the February meeting. A. Smith asked if the new staff members at Alliance had any creative ideas that we might use to boost our visibility and honor our members. L. McCormick shared that in here prior position they hosted a talent show and that members, staff and family were all very happy with the outcome.</p> <p>A. Cunningham would like to remain a guest at CFAC meetings and will attend whenever possible but cannot commit to attend on a regular basis.</p>		

ADJOURNMENT: J. Larrison motioned to adjourn and B. Smith second.A. Smith adjourned the meeting at 7:05pm. The next meeting will be February 8, 2021, at 5:30 p.m.

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

Respectfully Submitted by:

Erica Asbury, Member Engagement Specialist

01.18.2021

DRAFT

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



AN UPDATE FROM THE NC MEDICAID OMBUDSMAN: YEAR IN REVIEW

PRESENTERS: JULIEANNE TAYLOR & CHRISTY RHODES

DATE: DECEMBER 15, 2021

TODAY'S AGENDA

- I. Review Managed Care Basics
- II. Getting Help From the NC Medicaid Ombudsman
- III. NC Medicaid Managed Care Issues Identified & Addressed
- IV. Tailored Plans & NC Medicaid Direct
- V. Questions and Feedback From You

MANAGED CARE BASICS



NORTH CAROLINA'S TRANSITION TO MANAGED CARE

Changes

Health plans have a network of providers. Services must generally be obtained from providers in a beneficiary's health plan network.

Most people with Medicaid have been enrolled in a health plan. Coverage began July 1, 2021.

Individuals with significant behavioral health needs or intellectual/developmental disabilities still have a choice whether to enroll in a health plan until December 2022.

NC Medicaid Managed Care is intended to focus on "integrated care" and will address both medical and non-medical drivers of health.

For people enrolled in a health plan, Non-Emergency Medical Transportation is now managed by that health plan.

NORTH CAROLINA'S TRANSITION TO MANAGED CARE

What is Not Changing

Eligibility rules and the application process for NC Medicaid and NC Health Choice.

Covered services. Health plans may also offer added services.

How services are authorized and/or delivered for those not enrolled in a health plan.

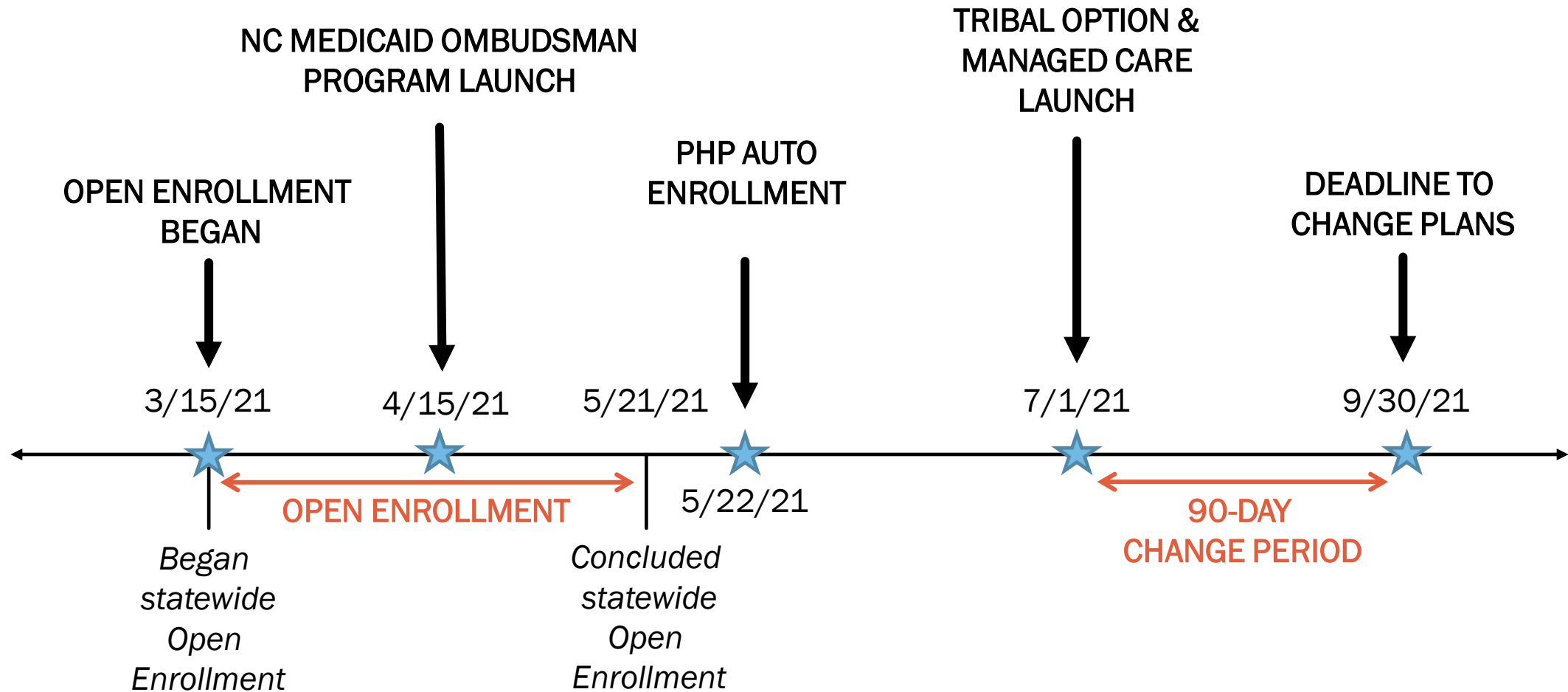
Waiver waitlists.

Clinical coverage policies.

NC MEDICAID MANAGED CARE ENROLLMENT GROUPS

Who must choose a health plan?	Who may choose a health plan?	Who cannot choose in a health plan?
<ul style="list-style-type: none"> • Most families and children • Children receiving NC Health Choice • Pregnant women • People receiving Breast & Cervical Cancer Medicaid • People who are blind or disabled and not receiving Medicare <p>Note: These groups must choose a health plan unless exempt or excluded for any reason.</p>	<ul style="list-style-type: none"> • Federally recognized tribal members and others eligible for services through Indian Health Service (IHS) • People with significant behavioral health needs, intellectual/developmental disability (I/DD), traumatic brain injury (TBI) and substance use disorders <p>Note: These groups may choose a health plan unless excluded for any reason.</p> <p>Note: Enhanced behavioral health services are only available through NC Medicaid Direct.</p>	<ul style="list-style-type: none"> • People receiving Family Planning Medicaid only • People who are medically needy • People participating in the Health Insurance Premium Payment (HIPP) program • People participating in the Program of All-Inclusive Care for the Elderly (PACE) • People receiving Refugee Medical Assistance • Children in foster care • Children receiving adoption assistance • Children receiving Community Alternatives Program for Children (CAP/C) services • People receiving Community Alternatives for Disabled Adults (CAP/DA) services • People receiving Medicaid AND Medicare • People receiving Innovations Waiver services • People receiving Traumatic Brain Injury (TBI) Waiver services

NC MEDICAID TRANSFORMATION TIMELINE



BENEFICIARY PROTECTIONS UNDER MANAGED CARE

Care Management

- Health plan members must have access to care management to address both medical care needs and social determinants of health. Care management can be provided by the health plan or locally by Advanced Medical Homes or local health departments.
- Health plans must employ a housing specialist, assist with food stamps applications, refer to medical legal partnerships, etc.

Transition of Care

- Transition of Care requirements are established to ensure beneficiary continuity of care upon the initial transition to NC Medicaid Managed Care and subsequently after beneficiaries transition among health plans and between health plans and NC Medicaid Direct or Local Management Entity/Managed Care Organizations (LME/MCO).

OTHER BENEFICIARY PROTECTIONS



- Health plans must provide language assistance services including interpretation and translation. Oral communication requires that translation services are made available. Written member materials must include taglines in the top 15 most common non-English languages in North Carolina.
- There are grievance, appeal and state fair hearing procedures that include timeliness standards.
 - Appeals are for any adverse benefit determination, such as denial of services or payments
 - Grievances are all other complaints against the health plan or providers
- Health plans must
 - have member advisory committees, including for Long-Term Services and Supports (LTSS).
 - facilitate transfers to different health plans or different providers, when appropriate.
- Health plans must operate a member services line, behavioral health crisis line and nurse line.

NC MEDICAID OMBUDSMAN SERVICES

YOUR ADVOCATE
FOR QUALITY CARE



NC MEDICAID
OMBUDSMAN

NC MEDICAID OMBUDSMAN: WHAT WE DO



- The NC Medicaid Ombudsman provides free, confidential support and education about the rights and responsibilities people have under NC Medicaid.
- We connect people to resources like legal aid, social services, housing resources, food assistance and other programs.
- We help Medicaid beneficiaries resolve issues so they can get the care they need.
- We are here to:
 - Educate
 - Advocate
 - Refer and connect
 - Conduct issue resolution
 - Track issues and monitor trends
 - Communicate with NC Medicaid

SERVICES PROVIDED BY THE NC MEDICAID OMBUDSMAN

Provide	Provide information to NC Medicaid beneficiaries about their rights under managed care or NC Medicaid Direct
Offer	Offer members guidance on filing appeals or grievances with their health plan
Investigate	Investigate issues reported by members and help them try to resolve issues informally
Monitor	Monitor the issues members experience with health plans and communicate with NC Medicaid to address problems
Refer	Refer members to community services to support health-related needs including legal aid, social services and other supports for a wide variety of issues

NO WRONG DOOR APPROACH

- The Ombudsman will also provide general information and referrals for many other issues.
- For example:
 - Medicaid and NC Health Choice eligibility
 - Private health insurance (including ACA coverage)
 - Referrals for other benefits such as food assistance, housing resources, Supplemental Security Income and veterans benefits



NC MEDICAID OMBUDSMAN'S INAUGURAL YEAR

- We have handled nearly 9,000 calls, including over 600 calls in Spanish.
- We have provided information and education or helped resolve issues in 6,807 cases.
- We have participated in over 200 outreach events, reaching nearly 20,000 people.

NC MEDICAID MANAGED CARE ISSUES IDENTIFIED & ADDRESSED SINCE LAUNCH



NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

- Prepaid Health Plans (PHPs) have contracted with third-party NEMT brokers to provide this service to individuals enrolled in Standard Plans.
- Through calls to the NC Medicaid Ombudsman, we identified issues including missed appointments, scheduling issues and provider contracting issues.
- In response, NC Medicaid has set up additional daily standing meetings with Standard Plans and NEMT brokers to provide guidance and oversight, address issues and work through to resolution.
- Individuals with questions should contact their PHP or the NC Medicaid Ombudsman.

TAILORED PLAN-ELIGIBLE BENEFICIARY UPDATE

- Through June 1, approximately 7,000 Tailored Plan-eligible beneficiaries made an active selection to enroll in Standard Plans, which may have made them ineligible for services they were receiving, had recently received, or may benefit from receiving under NC Medicaid Direct.
- Given the potential for these individuals to experience loss of services, NC Medicaid stopped Standard Plan enrollments of these beneficiaries and all Tailored Plan-eligible beneficiaries who selected a Standard Plan remain in NC Medicaid Direct for now.
- NC Medicaid sent a notice in June 2021 informing these beneficiaries of the change back to NC Medicaid Direct.
- These Tailored Plan-eligible beneficiaries will still have the option to enroll in a Standard Plan, if they prefer.
- In August 2021, NC Medicaid notified beneficiaries of the specific enrollment process for these Tailored Plan-eligible individuals, which includes enhanced choice counseling to help verify that beneficiaries have all the information they need to understand the impact of their decisions. These beneficiaries will be required to attest to understanding their change in services before enrolled in a Standard Plan.

PCP REASSIGNMENT

- Individuals enrolled in Carolina Complete Health, AmeriHealth Caritas or WellCare may have received a welcome packet with the incorrect Primary Care Provider (PCP) listed.
- These PHPs were made aware of the issue and took steps to remedy the error. PHPs sent out new Medicaid ID cards with the correct PCP assignments and conducted outreach to providers impacted by this error.
- Individuals with questions should contact their PHP or the NC Medicaid Ombudsman.

MISINFORMATION

- NC Medicaid's transition to managed care is new to everyone, including providers, care managers and healthcare advocates. As a result, there inevitably has been a lot of confusion and misinformation floating around.
- The NC Medicaid Ombudsman has been working with NC Medicaid to get the correct information out to beneficiaries as well as health care staff and advocates.
- NC Medicaid has responded to this issue by creating helpful resources and fact sheets for providers and beneficiaries. You can access these resources on NC Medicaid's Transformation webpage: <https://medicaid.ncdhhs.gov/transformation>
- The Ombudsman hosts a monthly webinar series to provide helpful information and managed care updates. You can sign up for our email list to receive invitations to these webinars here: <https://ncmedicaidombudsman.org/>

TRANSITION OF CARE EXTENSION

- NC Medicaid and the PHPs agreed to extend the policy for out-of-network flexibilities to providers who have not yet contracted with a PHP through **Nov. 30, 2021**. These flexibilities were originally expected to sunset on Aug. 30, 2021, and the extension ended on Nov. 30, 2021.
- Under this policy, the PHPs agreed to:
 - permit uncontracted, out-of-network providers enrolled in NC Medicaid to follow in-network provider prior authorization (PA) rules and may continue to get a PA retroactively. This exception does not apply to concurrent reviews for inpatient hospitalizations which should still occur during this time period.
 - reimburse out-of-network providers at the in-network rate of 100% of the Medicaid fee schedule.
 - delay implementation of the 90% rate reduction following good faith contracting provision.
 - allow beneficiaries to change their PCP for any reason.
 - extend [flexibility for Non-Emergency Medical and Non-Emergency Ambulance Transportation providers](#) through November 2021.

For more information, see NC Medicaid bulletin [Extension of Out of Network Provisions](#).

TRANSITION OF CARE EXTENSION CONT.

- PHPs are no longer required to pay out-of-network providers at the in-network rate of 100%.
- PHPs can also now refuse to cover most out of network care, which could result in providers unwillingness to see patients enrolled in PHP they are not enrolled in.
- Transition of Care protections continue to be in effect for persons moving in or out of managed care.
- The following are the situations in which PHPs must cover out of network care after the transition of care period ends without prior approval:
 - emergency services and urgent care
 - care needed while traveling
 - family planning services
 - behavioral health services during pregnancy.

TAILORED PLANS & NC MEDICAID DIRECT



NC MEDICAID MANAGED CARE ENROLLMENT GROUPS

Who must choose a health plan?	Who may choose a health plan?	Who cannot choose in a health plan?
<ul style="list-style-type: none">• Most families and children• Children receiving NC Health Choice• Pregnant women• People receiving Breast & Cervical Cancer Medicaid• People who are blind or disabled and not receiving Medicare <p>Note: These groups must choose a health plan unless exempt or excluded for any reason.</p>	<ul style="list-style-type: none">• Federally recognized tribal members and others eligible for services through Indian Health Service (IHS)• People with significant behavioral health needs, intellectual/developmental disability (I/DD), traumatic brain injury (TBI) and substance use disorders <p>Note: These groups may choose a health plan unless excluded for any reason.</p> <p>Note: Enhanced behavioral health services are only available through NC Medicaid Direct.</p>	<ul style="list-style-type: none">• People receiving Family Planning Medicaid only• People who are medically needy• People participating in the Health Insurance Premium Payment (HIPP) program• People participating in the Program of All-Inclusive Care for the Elderly (PACE)• People receiving Refugee Medical Assistance• Children in foster care• Children receiving adoption assistance• Children receiving Community Alternatives Program for Children (CAP/C) services• People receiving Community Alternatives for Disabled Adults (CAP/DA) services• People receiving Medicaid AND Medicare• People receiving Innovations Waiver services• People receiving Traumatic Brain Injury (TBI) Waiver services

Updated Launch for Tailored Plan

- NC Medicaid announced in November that Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will launch Dec. 1, 2022, instead of July 1, 2022.
- NC Medicaid's goal remains to ensure a seamless and successful experience for LME/MCO beneficiaries, their families and advocates, providers and other stakeholders committed to improving the health of North Carolinians.
- Beneficiaries who are enrolled in NC Medicaid Direct or the Eastern Band of Cherokee Indians (EBCI) Tribal Option and receive enhanced behavioral health, I/DD or traumatic brain injury services from a current LME/MCO will continue to receive care in the same way until the Tailored Plans launch on Dec. 1, 2022.

WHAT IS HAPPENING TO LME/MCOs?

(local management entities/managed care organizations)

Through December 2022: LME/MCO

- LME/MCOs continue managing care for those with significant behavioral health or I/DD needs (next slide).
- Physical health care for this population continues to be through NC Medicaid Direct (formerly known as fee-for-service).

WHAT IS HAPPENING TO LME/MCOs?

(local management entities/managed care organizations)

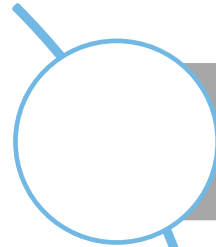
After December 2022: Tailored Plans

- For the first contract term (four years), LME/MCOs are the only entities that can become Tailored Plans.
- In July 2021, NCDHHS announced the following LME/MCOs selected as Tailored Plans:
 - Alliance Health
 - Eastpointe
 - Partners Health Management
 - Sandhills Center
 - Trillium Health Resources
 - Vaya Health
 - Cardinal Innovations Healthcare (has consolidated with Vaya) – Alliance took over Cardinal Innovations Healthcare as of Dec. 1, 2021
- Tailored Plans will manage both behavioral services and physical health care **only** for those with significant behavioral health, substance use, I/DD or TBI support needs.
- One Tailored Plan per region.

WHO TO CONTACT & WHEN?

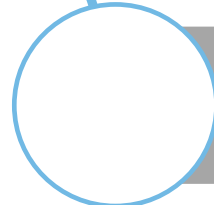
Department of Social Services (DSS)	Prepaid Health Plan (PHP)	NC Medicaid Enrollment Broker	NC Medicaid Ombudsman
Hours vary by county	Monday-Saturday 7 a.m. – 6 p.m.	Monday-Saturday 7 a.m. – 5 p.m.	Monday-Friday 8 a. m. - 5 p.m.
<ul style="list-style-type: none"> • To apply for Medicaid • Questions about Medicaid eligibility • Questions about type of Medicaid coverage • To update mailing address, phone number or language preference on file 	<ul style="list-style-type: none"> • Questions about covered services or health plan incentives • To change Primary Care Provider (PCP) • To request Non-Emergency Medical Transportation • To request a new Medicaid ID card (if lost or stolen) 	<ul style="list-style-type: none"> • To confirm enrollment in a health plan • To change health plans • If you were enrolled in a health plan but need to keep the services you currently receive through NC Medicaid Direct • Questions about a notice you've received 	<ul style="list-style-type: none"> • Questions about Medicaid transformation • If you are not receiving the care that you need • If you have contacted another entity about an issue and it remains unresolved • Questions about the complaint or appeal process • When you don't know where to start or who to call

CONTACTING NC MEDICAID OMBUDSMAN



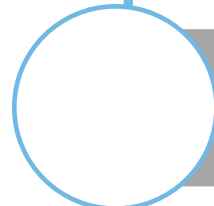
By phone

- 877-201-3750



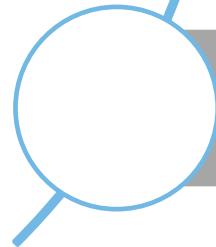
By email

- info@ncmedicaidombudsman.org



Online

- ncmedicaidombudsman.org



In person

- Coming soon!

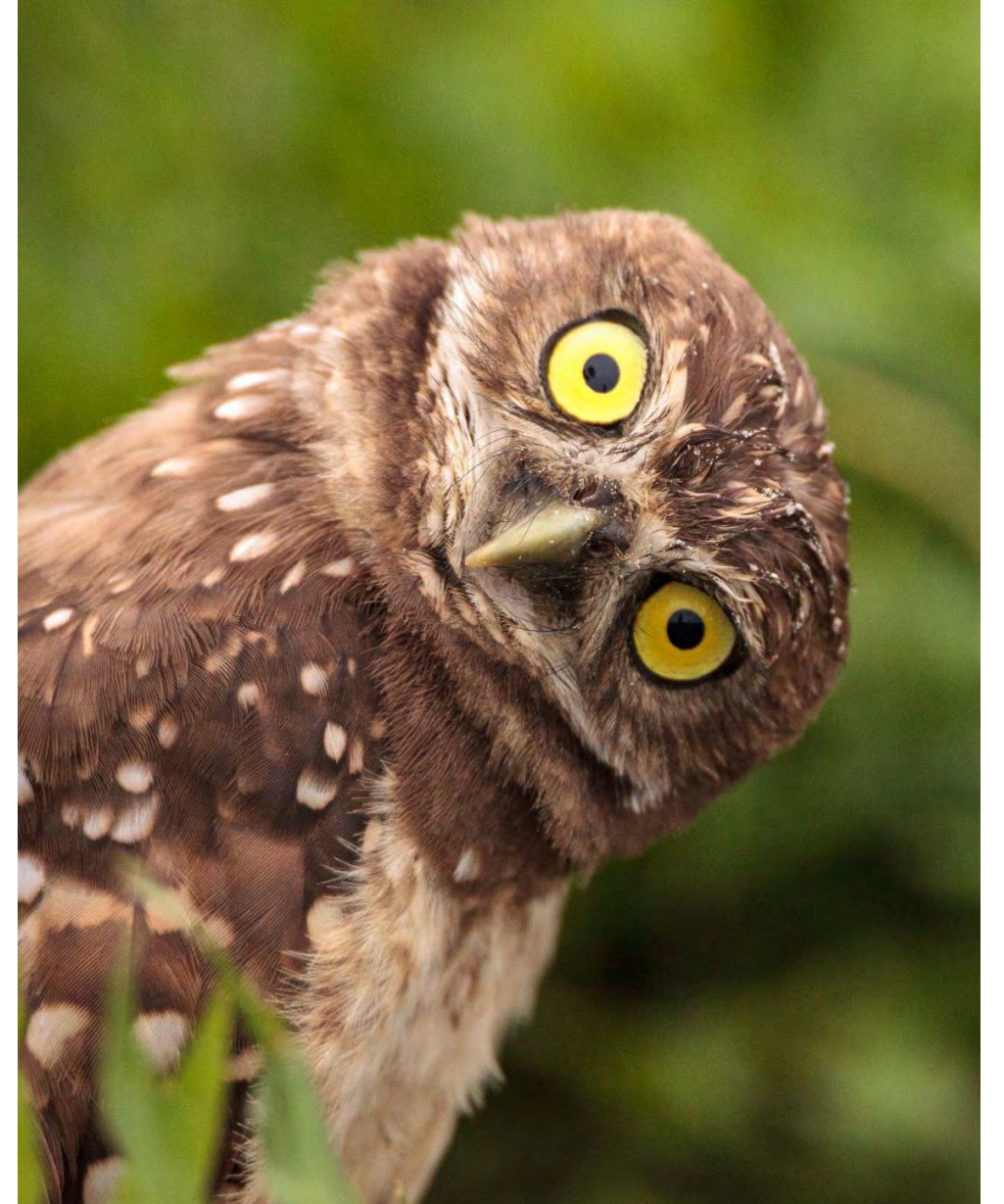
NC MEDICAID OMBUDSMAN OUTREACH

Digital versions of outreach materials (English and Spanish):
ncmedicaidombudsman.org/for-community-partners/

Request printed outreach materials (English and Spanish) be mailed to your organization by emailing info@ncmedicaidombudsman.org.

Presentations on NC Medicaid Managed Care & NC Medicaid Ombudsman available in English and Spanish. Submit your request here: ncmedicaidombudsman.org/for-community-partners/

**QUESTIONS?
FEEDBACK?
ISSUES TO REPORT?**



CONNECT WITH US!

 **NC Medicaid Ombudsman**

 **@NCMedicaidOmb**

 **@ncmedicaidombud**



ncmedicaidombudsman.org



Tuesday, January 18, 2022

Johnston CFAC MEETING - REGULAR MEETING
Virtual Meeting via Zoom
5:30 – 7:00 p.m.

MEMBERS PRESENT: Jason Phipps, Marie Dodson, Jerry Dodson, Leanna George, and Cindy Lopian

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement, Noah Swabe, Member Inclusion Specialist

Zoom Link: <https://alliancehealthplan.zoom.us/j/97531673591>

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from November were reviewed a motion was made by Jason, seconded by Jerry, motion passed. The minutes from December were reviewed a motion was made by Jerry, seconded by Jason, motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	CFAC members discussed technology challenges which limit meeting access to some CFAC members. A virtual option will be made available for the February meeting at the Alliance Smithfield office to accommodate all CFAC members.	Noah has made arrangements for a virtual option to be available in Smithfield for the February meeting.	February 15, 2022
4. LME/MCO Updates	<p>Doug reviewed the following information with the CFAC</p> <p>Mecklenburg and Orange CFAC:</p> <ul style="list-style-type: none">• Virtual information sessions for Mecklenburg County and Orange County CFAC will take place on January 24 (Meck) and January 25 (Orange)• An application has been composed for those that are interested in applying for appointment on the CFAC in those counties• The Steering Committee will review the applications and make their selections• Alliance is pushing for a start date of February or March <p>February 7, 2022 is set for the Alliance staff to return to the office</p>	Provide ongoing updates	None

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



Tuesday, January 18, 2022

Johnston CFAC MEETING - REGULAR MEETING
Virtual Meeting via Zoom
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Community Health & Well Being Trainings:</p> <ul style="list-style-type: none">Virtual Community Training: Human Trafficking and National Slavery Prevention Month January 26, 2022 • 2–3 pm <p>Legislative Breakfast- February 26, 2022- 9am-12pm</p> <p>Doug reviewed a presentation updating the CFAC on the NC Medicaid Ombudsman. Members were given an electronic copy of the presentation and given the opportunity to ask questions.</p>		
5. State Updates	<p>Doug reviewed the following state updates</p> <ul style="list-style-type: none">The Hope4NC Helpline (1-855- 587-3463) is here to connect North Carolinians with emotional support and mental health resources to help build coping skills and resilience during times of crisisJoint DMHDDSAS & DHB Update call: Consumers & Family Members- Monday, January 24th 2:00 p.m.—3:00 p.mThe State to Local Collaboration Call- January 26, 2021 from 6:00 p.m.– 7:30 p.mEvery 3rd Thursday of the month from 5:30 p.m.-6:30 p.m. Medicaid Hot Topics Tailored Plan and Behavioral Health Jan 20, 2022 05:30 p.m. Feb 17, 2022 05:30 p.mChild and Adolescent Mental Health Amid COVID-19: Reflection, Response, and Resiliency January 20, 2022 9:00 A.M.– 12:15 P.MSave the Date for Spring 2022 13th Annual NC “One Community in Recovery” Conference: Healing Together After Being Apart April 27-29, 2022	Provide on going updates	None
6. Meeting Location	The Steering Committee has decided to stay virtual going forward to accommodate the new counties.	Noah will make arrangements and coordinate with members needing additional access to technology.	February 15, 2022

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



Tuesday, January 18, 2022

Johnston CFAC MEETING - REGULAR MEETING
Virtual Meeting via Zoom
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	The Johnston CFAC has decided to remain virtual for the February meeting. However, there will be a virtual option offered in Smithfield for member with limited access to technology.		
7. Announcements	None	None	None

8. **ADJOURNMENT:** Next Meeting February 15, 2022 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Inclusion Specialist

[Click here to enter text.](#)

Date Approved

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

Fact Sheet

NC Medicaid

Children and Youth Transitioning from NC Medicaid Managed Care to Foster Care

Guidance for Children, Youth and their Families

The North Carolina Department of Health and Human Services (NCDHHS) transitioned most Medicaid beneficiaries to NC Medicaid Managed Care (Standard Plans) on July 1, 2021.

At the time of transition, children in foster care remained in NC Medicaid Direct without the option to choose a Standard Plan.

As of July 1, 2021, children who are enrolled in Standard Plans and enter foster care are disenrolled from their Standard Plan. This Fact Sheet addresses questions related to the Standard Plan disenrollment process for children in foster care.

WHAT HAPPENS IF I AM ENROLLED IN A STANDARD PLAN AT THE TIME I ENTER FOSTER CARE?

Once the local Department of Social Services (DSS) Medicaid program is aware that a child has entered foster care, the Medicaid caseworker adds foster care evidence in NC FAST, NCDHHS' eligibility system. This changes the child's managed care status in NC FAST. If a child is enrolled in a Standard Plan at the time they enter foster care, the child will be disenrolled from the Standard Plan and transitioned back to NC Medicaid Direct.

When the child transitions to NC Medicaid Direct, the Standard Plan works with Community Care of North Carolina (CCNC) and the Local Management Entity/Managed Care Organization (LME/MCO) to transition care management, services and supports for the child. All organizations work together to minimize any disruption of services or care.

WHAT IS THE DISENROLLMENT PROCESS TIMELINE?

After a child moves to foster care and the Medicaid caseworker adds foster care evidence in NC FAST, NC Medicaid Direct is effective retroactive to the first day of the month that the child entered foster care.

The child will receive health care services, paid through NC Medicaid Direct, retroactive to the first day of the month that the child entered foster care.



State of North Carolina • Department of Health and Human Services • Division of Health Benefits (NC Medicaid)
www.medicaid.ncdhhs.gov • NCDHHS is an equal opportunity employer and provider. DECEMBER 2021

WHAT ARE MY CHOICES AFTER I HAVE ENTERED FOSTER CARE?

After a child enters foster care, the child transitions to and remains in NC Medicaid Direct and cannot choose a Standard Plan.

WILL I LOSE ANY OF MY PROVIDERS?

Children in foster care can receive health care services from any provider who accepts NC Medicaid. This means they may continue to see the provider(s) from their Standard Plan.

For a full list of NC Medicaid providers, call **1-833-870-5500** or go to ncmedicaidplans.gov.

WHAT IF I HAVE QUESTIONS?

If you have questions about a child's **Medicaid eligibility**, you can contact your local DSS. A list of locations can be found here: ncdhhs.gov/localdss.

If you have questions about a child's **health care choices**, you can contact the NC Medicaid Enrollment Broker at **1-833-870-5500** or ncmedicaidplans.gov.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Executive Committee Report

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee may act on matters that are time-sensitive between regularly scheduled Board meetings and fulfill other duties as set forth in the by-laws or as otherwise directed by the Board of Directors. The Executive Committees' actions are reported to the Board at the next scheduled meeting.

This report includes draft minutes from the previous meeting and a reappointment recommendation.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the report; recommend to the Durham Board of County Commissioners the reappointment of Carol Council to Alliance's Board.

CEO RECOMMENDATION: Receive the report; recommend to the Durham Board of County Commissioners the reappointment of Carol Council to Alliance's Board.

RESOURCE PERSON(S): Lynne Nelson, Board Chair; Robert Robinson, CEO

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Monday, January 10, 2022

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 (Network Development and Services Committee Chair/Board Vice-Chair); Lynne Nelson, BS (Board Chair); Gino Pazzaglini, MSW LFACHE (previous Board Chair); and Pam Silberman, JD, DrPH (Quality Management Committee Chair)

APPOINTED MEMBERS ABSENT: David Hancock, MBA, PFAff (Finance Committee Chair); Donald McDonald, MSW (Client Rights/Human Rights Committee Chair)

BOARD MEMBERS PRESENT: Leigh Altman, Mecklenburg County Commissioner; Dena Diorio, Mecklenburg County Manager; Amy Fowler, Orange County Commissioner; and Anthony Troutman, Mecklenburg County Deputy Manager

GUEST(S): Badia Henderson, NC DHHS (Department of Health and Human Services)

STAFF PRESENT: Veronica Ingram, Executive Assistant II; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Sara Wilson, Chief of Staff, and Carol Wolff, General Counsel

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 4:02 p.m.

2. **REVIEW OF THE MINUTES** – The Committee reviewed minutes from the November 15, 2021, meeting; a motion was made by Vice-Chair Gloston and seconded by Mr. Pazzaglini to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Updates	A. Budget Retreat: Mr. Robinson reminded committee members that this annual meeting will be directly before the March executive committee meeting and is part of the annual timeline to develop next fiscal year's budget. B. County Realignment: Mr. Robinson provided an update noting continuation of services for people served and continual effort to ensure providers are contracted and paid. He also shared about additional staff hired to support care management efforts and prepare for NC DHHS' Tailored Plan.	A. None specified. B. None specified.	A. N/A B. N/A
4. Meet and Greet Recent Board Appointees	Committee members met with four recent appointees to Alliance's Board: Commissioner Leigh Altman, Commissioner Amy Fowler, Dena Diorio, and Anthony Troutman.	New members will attend the next Board meeting.	2/3/22
5. Reappointment Recommendation	Chair Nelson shared that three members' seats expire March 31, 2022: Carol Council, Donald McDonald, and McKinley Wooten. Ms. Council is willing to serve an additional term, Mr. McDonald is declining an additional term, and Mr. Wooten is completing his maximum allowed third term. As approved at the December 2, 2021, board meeting, seats vacated by members will be part of the attrition plan to reallocate seats with the addition of Mecklenburg and Orange counties. Chair Nelson reviewed the Board's process for reappointment, which includes review by this Committee, review by the Board, and final approval by the respective Board of County Commissioners.	Topic will be forwarded to the Board for review/approval.	2/3/22

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..](#)

Monday, January 10, 2022

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	COMMITTEE ACTION: A motion was made by Mr. Pazzaglini to recommend that the Board forwards a reappointment request for Carol Council to the Durham Board of County Commissioners; motion seconded by Mr. Curro. Motion passed unanimously.		
6. Draft Agenda for the February Board Meeting	Committee reviewed the draft agenda and provided input for staff; committee members requested in update on services for children with complex needs involved with DSS (Department of Social Services). Committee requested an update on network adequacy with physical health providers (when the agency starts NC DHHS' Tailored Plan functions) and an update on suicide rates. Also, Chair Nelson advised that the February meeting will be held virtually; the location of subsequent meetings will be determined per public health guidelines.	Ms. Ingram will forward the agenda to staff.	1/11/22

7. **ADJOURNMENT:** the meeting adjourned at 5:17 p.m.; the next meeting will be February 21, 2022, at 4:00 p.m.

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..](#)



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Finance Committee Report

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: The Finance Committee's function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This Committee also reviews and recommends policies and procedures for managing contracts and other purchase of service arrangements.

This month's report includes documents and draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Review/approve FY22 amendment 1 to increase the budget by \$349,500,867 bringing the total FY22 budget to \$923,449,490.

REQUEST FOR AREA BOARD ACTION: Approve the report.

CEO RECOMMENDATION: Approve the report.

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

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Finance Committee Meeting

Thursday, February 3, 2022

3:00-4:00 pm

AGENDA

- 1. Review of the Minutes – December 2, 2021**
- 2. Monthly Financial Reports as of December 31, 2021**
 - a. Summary of Net Position
 - b. Summary of Savings/(Loss) by Funding Source
 - c. Statement of Revenue and Expenses (Budget & Actual)
 - d. Senate Bill 208 Ratios
 - e. DHB Contractual Ratios
- 3. Contract(s)**
- 4. FY22 Budget Amendment**
 - a. **Motion** to recommend the Board approve the FY22 Amendment 1 to increase the budget by \$349,500,867 bringing the total FY22 budget to \$923,449,490.
- 5. FY23 Budget**
- 6. Adjournment**

*Next Meeting: Thursday, March 3, 2022 from 3:00-4:00
Alliance Health
Held virtually via Zoom*



Thursday, December 02, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
Virtual Meeting via videoconference - 2:30-4:00 p.m.

APPOINTED MEMBERS PRESENT: ☒ David Hancock, MBA, MPA (Committee Chair), ☐ D. Lee Jackson, ☒ Carol Council, ☒ Gino J. Pazzaglini, and ☒ Vicki Evans

BOARD MEMBERS PRESENT: Dave Curro, Heidi Carter, Glenn Adams

GUEST(S) PRESENT: Pamela Wade, Wake County; Denise Foreman, Wake County, Rachel Webster, CLA, Jeremy Hicks, CLA

STAFF PRESENT: Rob Robinson, CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sara Pacholke, Senior Vice-President Financial Operations, Ashley Snyder, Director of Accounting and Finance, Sean Schreiber, Executive Vice-President Chief Operating Officer, Carol Wolff, General Counsel, Sara Wilson, Chief of Staff, Dave Messinger, Accounting Manager, Colin Reilly, Accounting Supervisor, Monica Portugal, Chief Compliance Officer, Brian Perkins, Senior Vice-President Strategy and Government Relations

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 2:37 PM

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Monthly Financial Report	<p>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 October 31, 2021. Ms. Pacholke discussed the following:</p> <ul style="list-style-type: none">• Through 20/31/21, we have savings of \$11.7M• We are meeting all SB208 ratios• For the DHB required ratios we are meeting the defensive interval and at 84.99% for the medical loss ratio, just short of the required 85%. It's a cumulative ratio and we will continue to monitor it• A budget amendment will be brought in February to incorporate additional funds related to Mecklenburg and Orange realignment		
4. Review of Contracts	<p>Mr. Schreiber went over a contract for speech recognition and surveys related to our phone service. It's a tailored plan requirement. The cost for the software and implementation is \$48,300. We are seeking a sole source exception approval from the Board because compatibility with the existing phone service is the overriding consideration. It will also allow for less expensive integration of the new functions. A motion was made by Mr. Hancock and seconded by Ms. Evans to recommend to the Board approval of a sole source exception under NC GS 143-129-(e)(6) and to authorize the CEO to enter into a contract with Atcom Business Technology for speech recognition and surveys for the phone service for an amount not to exceed \$48,300. Motion passed unanimously.</p>		

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..](#)

Thursday, December 02, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
Virtual Meeting via videoconference - 2:30-4:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
5. Audit Report as of June 30, 2021	<p>Jeremy Hicks and Rachel Webster from CliftonLarsonAllen LLP (CLA) presented Alliance's June 30, 2021, audit report.</p> <ul style="list-style-type: none">• The went over the required Board communications.• The discussed the unmodified opinion, which is the highest level of assurance we can receive.• Due to this being a first-year audit they spent a significant time on internal controls and concluded our internal controls are strong.• They discussed their approach to the audit, specifically it being a risk-based audit.• They discussed accounting policies put in place by management and felt they are appropriate.• They discussed our estimates and felt they are reasonable.• They discussed a current year audit adjustment and an immaterial passed audit adjustment.• There were no material weaknesses or other deficiencies.• There were two immaterial other findings under the single audit.• Overall, they said we had an extremely clean audit.		
6. Closed Session	<p>A motion was made by Ms. Council and seconded by Mr. Pazzaglini to enter closed session pursuant to N.C.G.S. §143-318.11 (a) 6 to consider the qualifications, competence, and performance of an employee. Motion passed unanimously. All staff and guests except for Rachel Webster and Jeremy Hicks were placed in the waiting room. A motion was made by Mr. Hancock to seal the minutes and reconvene open session; seconded by Ms. Council. Motion passed unanimously.</p>		

7. **ADJOURNMENT:** the meeting adjourned at 3:39 PM; the next meeting will be February 3, 2022, from 3:00 p.m. to 4:00 p.m.

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..](#)



Alliance Health Statement of Net Position As of December 31, 2021

	Prior Year June 30, 2021 Actual	Current Year September 30, 2021 Actual	Current Year December 31, 2021 Actual	YTD Change December 31, 2021 Change	YTD % Change December 31, 2021 % Change
Assets					
Current Assets					
Cash and cash equivalents	9,182,030	31,478,868	101,439,970	92,257,940	322.2 %
Restricted cash	4,125,492	4,125,492	4,125,492	-	100.0 %
Short term investments	105,329,570	95,332,159	95,334,563	(9,995,008)	100.0 %
Due from other governments	11,995,440	15,186,894	26,299,335	14,303,896	173.2 %
Accounts receivable, net of allowance	260,552	478,564	440,189	179,637	92.0 %
Sales tax refund receivable	108,644	173,739	256,982	148,338	147.9 %
Prepaid expenses	842,976	2,847,238	3,061,577	2,218,601	107.5 %
Total Current Assets	131,844,704	149,622,954	230,958,108	99,113,404	154.4 %
Noncurrent Assets					
Noncurrent Restricted cash	71,808,392	74,489,898	77,783,585	5,975,193	104.4 %
Other Assets	321,461	321,460	321,461	-	100.0 %
Capital Assets, Net of AD	5,031,937	4,897,795	5,359,152	327,215	109.4 %
Deferred Outflows of Resources	10,588,273	10,588,273	10,588,273	-	100.0 %
Total Noncurrent Assets	87,750,063	90,297,426	94,052,471	6,302,408	104.2 %
Total Assets	219,594,767	239,920,380	325,010,579	105,415,812	135.5 %
Liabilities and Net Position					
Liabilities					
Current Liabilities					
AP and Other Current Liabilities	6,255,972	14,041,570	7,307,769	1,051,798	52.0 %
Claims and Other Service Liabilities	33,056,185	36,624,276	60,663,113	27,606,927	165.6 %
Unearned Revenue	17,309,099	17,675,334	17,321,147	12,048	98.0 %
Current Portion of Accrued Vacation	2,240,684	2,240,684	2,240,683	0	100.0 %
Due to Other Entities	-	748,613	1,497,227	1,497,227	200.0 %
Total Current Liabilities	58,861,940	71,330,477	89,029,939	30,168,000	124.8 %
Noncurrent Liabilities					
Net Pension Liability	19,448,550	20,448,550	21,448,550	2,000,000	104.9 %
Accrued Vacation	888,801	888,802	888,802	0	100.0 %
Total Noncurrent Liabilities	20,337,351	21,337,352	22,337,352	2,000,000	104.7 %
Total Liabilities	79,199,291	92,667,829	111,367,291	32,168,000	120.2 %
Net Position					
Capital Assets at Beginning of Year	5,031,938	5,031,937	5,031,938	-	100.0 %
Restricted	75,620,287	75,620,287	75,620,287	-	100.0 %
Unrestricted	59,743,251	59,743,251	59,743,251	-	100.0 %
Current Year Change in Net Position	-	6,857,076	73,247,812	73,247,812	1,068.2 %
Total Net Position	140,395,476	147,252,551	213,643,288	73,247,812	145.1 %
Total Liabilities and Net Position	219,594,767	239,920,380	325,010,579	105,415,812	135.5 %



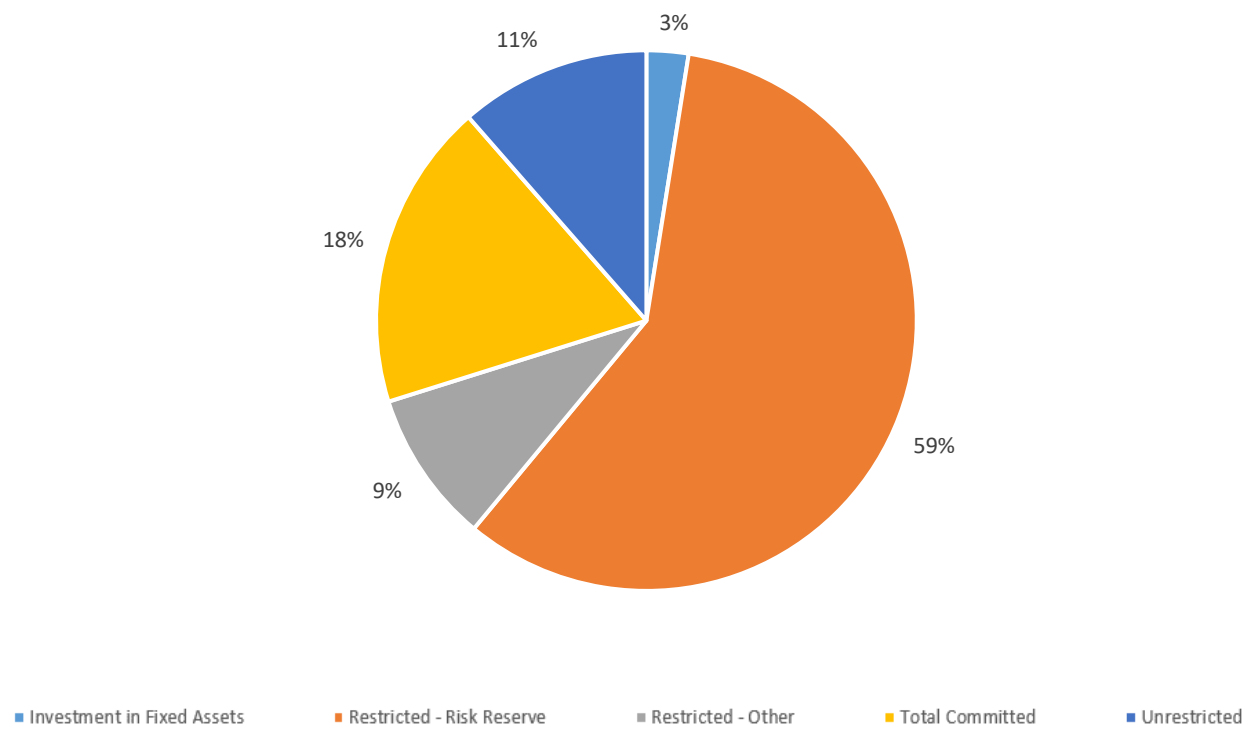
Summary of Savings/(Loss) by Funding Source as of December 31, 2021

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 262,119,407	\$ 238,429,453	\$ 23,689,954
Medicaid Waiver Risk Reserve	53,502,956	-	53,502,956
Federal Grants & State Funds	39,710,768	40,030,769	(320,001)
Local Funds	14,161,602	14,161,602	-
Administrative	40,134,053	43,759,150	(3,625,097)
Total	\$ 409,628,786	\$ 336,380,974	\$ 73,247,812

Fund Balance

	June 30, 2021	Change	December 31, 2021
Investment in Fixed Assets	5,031,938	327,214	5,359,152
Risk Reserve	71,494,795	53,502,956	124,997,751
Other	17,654,564	1,867,149	19,521,713
Total Restricted	89,149,359	55,370,105	144,519,464
Committed	47,630,674	(8,286,439)	39,344,235
Unrestricted	(1,416,496)	25,836,933	24,420,437
Total Unrestricted	46,214,178	17,550,494	63,764,672
Total Fund Balance	\$ 140,395,475	\$ 73,247,813	\$ 213,643,288

December 31, 2021 Actual



Reinvestment Detail

	Committed Funds FY22	Spent December 31, 2021	Balance to Spend
General Expenses	\$ 2,000,000	-	\$ 2,000,000
Child Facility Based Crisis Center	7,000,000	731,953	6,268,047
Total - Services	9,000,000	731,953	8,268,047
Administration			
Tailored Plan planning and implementation	35,636,221	6,057,259	29,578,962
Total - Administrative	35,636,221	6,057,259	29,578,962
Total Service and Administration	\$ 44,636,221	\$ 6,789,212	\$ 37,847,009

Fund Balance Detail

	June 30, 2021	Change	December 31, 2021
Investment in Fixed Assets	5,031,938	327,214	5,359,152
Restricted - Risk Reserve	71,494,795	53,502,956	124,997,751
Restricted - Other			
State Statutes	12,686,096	-	12,686,096
Prepays	842,976	2,218,601	3,061,577
State	351,452	(351,452)	-
Cumberland	3,002,823	-	3,002,823
Durham	771,217	-	771,217
Restricted - Other	17,654,564	1,867,149	19,521,713
Committed			
Intergovernmental Transfer	2,994,453	(1,497,227)	1,497,226
Reinvestments-Service	9,000,000	(731,953)	8,268,047
Reinvestments-Administrative	35,636,221	(6,057,259)	29,578,962
Total Committed	47,630,674	(8,286,439)	39,344,235
Unrestricted	(1,416,496)	25,836,933	24,420,437
Total Fund Balance	\$ 140,395,475	\$ 73,247,813	\$ 213,643,288

Restricted	55,697,319
Unrestricted	17,550,494
Total Fund Balance Change	\$ 73,247,813

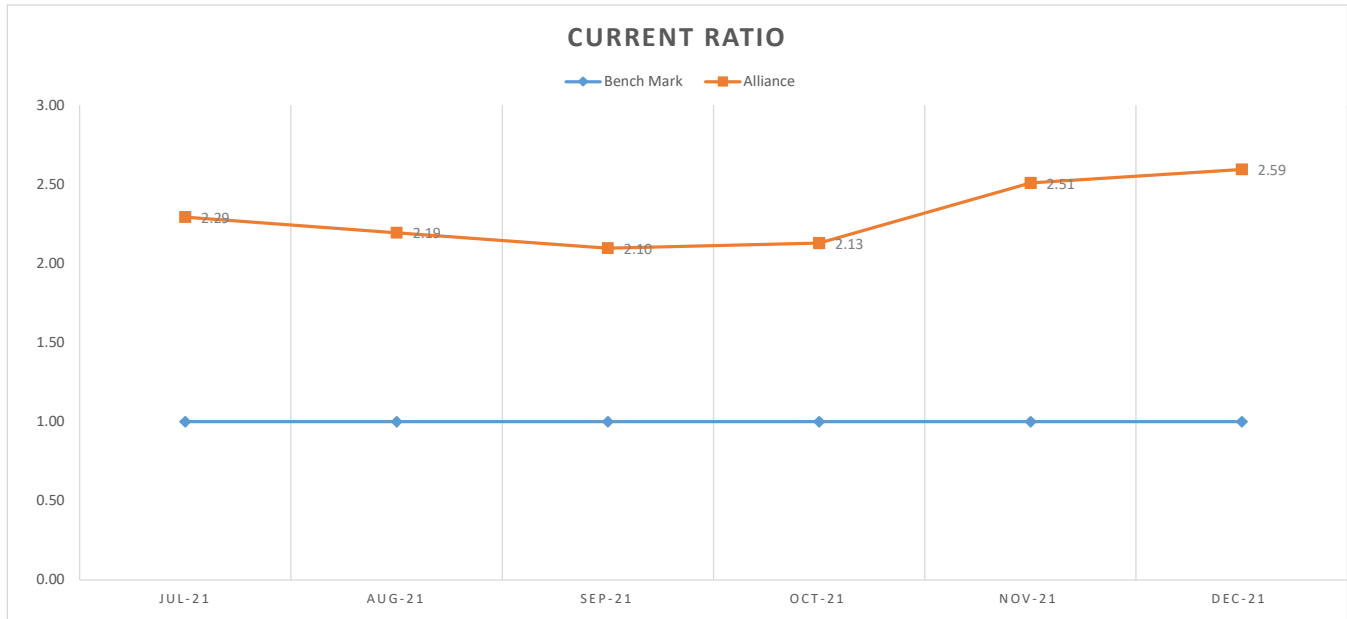


Alliance Health
Statement of Revenue and Expenses
As of December 31, 2021

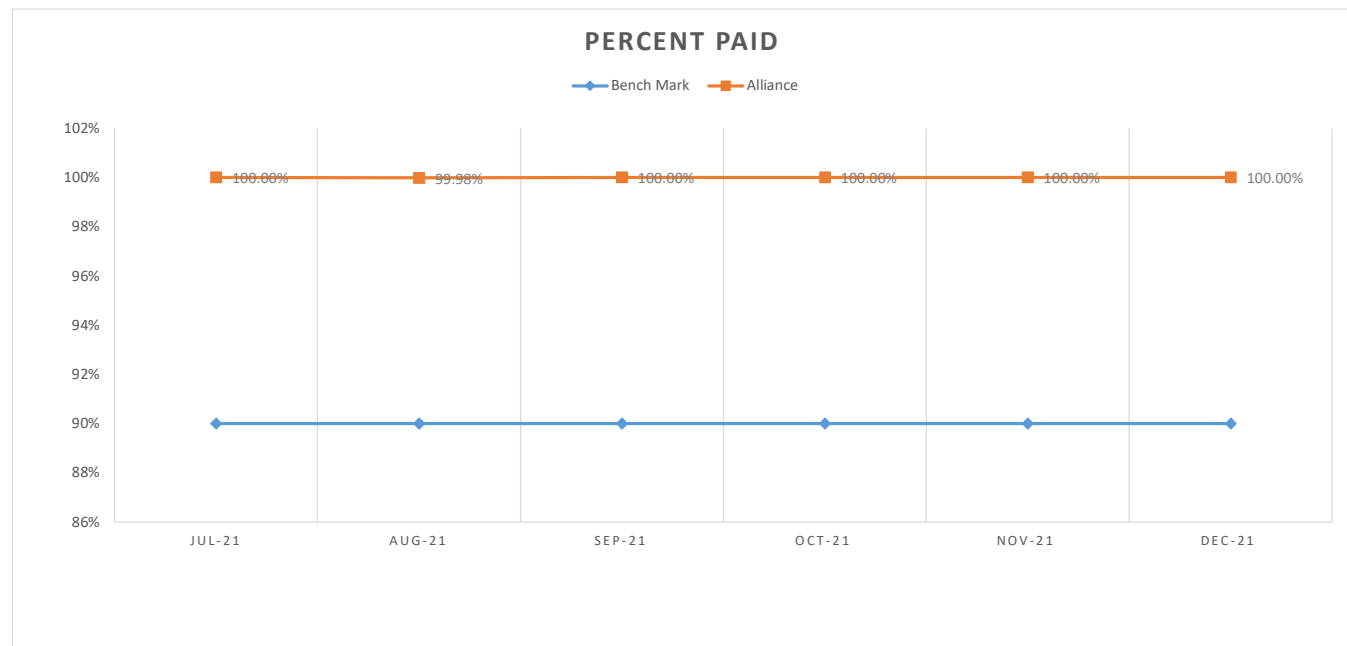
	For the Month of July 31, 2021	For the Month of August 31, 2021	For the Month of September 30, 2021	For the Month of October 31, 2021	For the Month of November 30, 2021	For the Month of December 31, 2021	Year to Date Actual December 31, 2021	Current Year Budget June 30, 2022	Budget Remaining June 30, 2022
Revenue									
Service Revenue									
Medicaid Waiver Service	39,557,391	39,745,949	40,871,739	39,002,996	40,172,618	116,271,670	315,622,363	419,996,322	109,882,212
State and Federal Grants	5,488,603	5,649,902	8,189,174	6,534,098	5,781,516	8,067,474	39,710,768	52,437,919	7,862,638
Local Grants	1,622,939	3,161,254	1,459,907	3,411,637	1,944,963	2,560,903	14,161,602	39,083,864	24,922,262
Total Service Revenue	46,668,933	48,557,105	50,520,820	48,948,731	47,899,097	126,900,047	369,494,733	511,518,105	142,667,112
Administrative Revenue									
Medicaid Waiver	5,431,782	5,352,163	5,558,069	4,713,528	6,097,050	9,393,278	36,545,870	57,688,571	21,909,507
State and Federal	395,692	395,692	395,693	395,693	395,692	663,343	2,641,804	3,851,407	546,260
Local	32,545	32,545	32,545	32,545	32,545	32,545	195,270	390,540	162,725
Other Lines of Business	121,286	121,286	121,286	121,286	121,286	121,286	727,716	-	(849,002)
Miscellaneous	1,893	1,931	1,857	1,692	14,035	1,983	23,393	500,000	474,853
Total Administrative Revenue	5,983,198	5,903,617	6,109,450	5,264,744	6,660,608	10,212,435	40,134,053	62,430,518	22,244,343
Total Revenue	52,652,131	54,460,722	56,630,270	54,213,475	54,559,705	137,112,482	409,628,786	573,948,623	164,911,455
Expenses									
Service Expense									
Medicaid Waiver Service	40,281,037	34,775,309	36,330,734	31,983,862	30,909,801	64,148,709	238,429,453	419,996,322	199,276,023
State and Federal Service	5,488,707	5,679,369	8,388,288	7,071,611	5,644,604	7,758,192	40,030,769	52,437,919	15,360,462
Local Service	1,622,939	3,161,253	1,459,907	3,411,636	1,944,964	2,560,902	14,161,602	39,083,864	28,780,657
Total Service Expense	47,392,683	43,615,931	46,178,929	42,467,109	38,499,369	74,467,803	292,621,824	511,518,105	243,417,142
Administrative Expense									
Salaries and Benefits	5,189,467	4,881,026	5,298,774	5,152,425	5,793,815	7,283,006	33,598,512	46,893,788	16,987,517
Professional Services	370,303	732,071	877,426	912,691	856,144	997,357	4,745,993	7,400,697	2,214,974
Operational Expenses	680,911	774,999	896,301	784,108	1,422,620	858,388	5,417,326	7,636,033	514,739
Miscellaneous Expense	(3,301)	14	514	(515)	159	447	(2,681)	500,000	502,681
Total Administrative Expense	6,237,380	6,388,110	7,073,015	6,848,709	8,072,738	9,139,198	43,759,150	62,430,518	20,219,911
Total Expenses	53,630,063	50,004,041	53,251,944	49,315,818	46,572,107	83,607,001	336,380,974	573,948,623	263,637,053
Current Year Change in Net Position	(977,931)	4,456,681	3,378,325	4,897,657	7,987,599	53,505,481	73,247,812	-	(98,725,598)



Senate Bill 208 Ratios - As of December 31, 2021



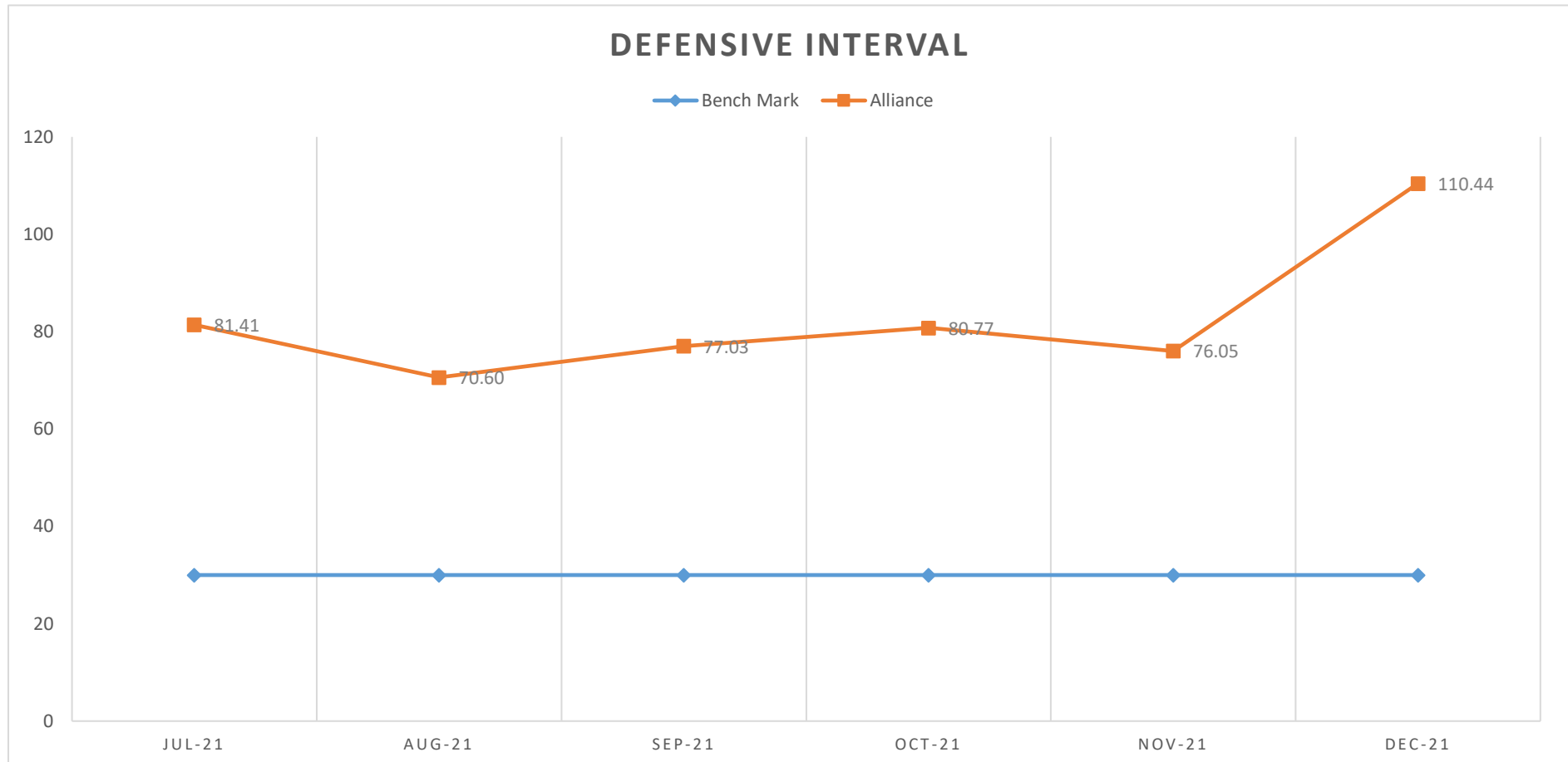
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



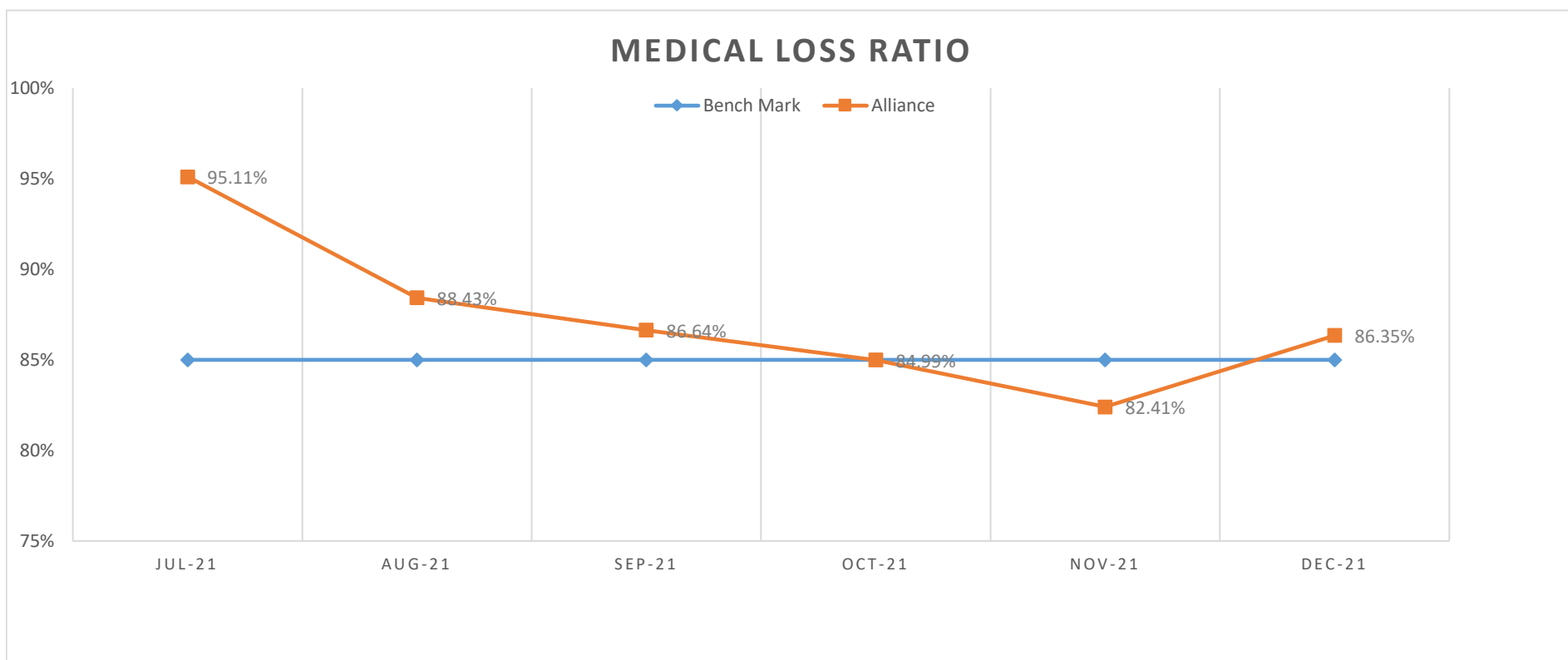
Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



Division of Health Benefits Ratios - As of December 31, 2021



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).

**FY 2021-2022 BUDGET ORDINANCE
ALLIANCE HEALTH
AMENDMENT NUMBER 2022-01**

WHEREAS, the annual budget ordinance for FY 2021 - 2022 was approved by the Alliance Health Area Board on June 3, 2021;

WHEREAS, on June 3, 2021, 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 2021-2022 budget ordinance is hereby amended to reflect the following budget adjustments.

Section 1: General Fund Appropriations

Administration	\$	114,316,877
Medicaid Services	\$	670,548,729
State Services	\$	92,281,700
Local Services	\$	45,612,184
Grant Funded Services	\$	190,000
Miscellaneous	\$	500,000
TOTAL	\$	923,449,490

Section 2: General Fund Revenue

Administration	\$	84,877,069
Medicaid Services	\$	664,548,729
State Services	\$	91,930,248
Local Services	\$	41,838,144
Grant Funded Services	\$	190,000
Miscellaneous	\$	500,000
Fund Balance Appropriation	\$	39,565,300
TOTAL	\$	923,449,490

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

	Approved Budget June 3, 2021	Amended Budget February 3, 2022	Difference	Footnote
Section 1: General Fund Appropriations				
Administrative	\$ 61,930,518	\$ 114,316,877	\$ 52,386,359	A
Medicaid Services	\$ 419,996,322	\$ 670,548,729	\$ 250,552,407	B
State Services	\$ 52,262,919	\$ 92,281,700	\$ 40,018,781	C
Local Services	\$ 39,083,864	\$ 45,612,184	\$ 6,528,320	D
Grant Funded Services	\$ 175,000	\$ 190,000	\$ 15,000	E
Miscellaneous	\$ 500,000	\$ 500,000	\$ -	F
TOTAL	\$ 573,948,623	\$ 923,449,490	\$ 349,500,867	
Section 2: General Fund Revenue				
Administrative	\$ 61,930,518	\$ 84,877,069	\$ 22,946,551	A
Medicaid Services	\$ 419,996,322	\$ 664,548,729	\$ 244,552,407	B
State Services	\$ 52,262,919	\$ 91,930,248	\$ 39,667,329	C
Local Services	\$ 39,083,864	\$ 41,838,144	\$ 2,754,280	D
Grant Funded Services	\$ 175,000	\$ 190,000	\$ 15,000	E
Miscellaneous	\$ 500,000	\$ 500,000	\$ -	F
Fund Balance Appropriation	\$ -	\$ 39,565,300	\$ 39,565,300	G
TOTAL	\$ 573,948,623	\$ 923,449,490	\$ 349,500,867	

A *Administrative Appropriations & Revenue*

The Administrative appropriation and revenue increased over the approved budget amount due to the county realignment. The realignment increases administrative revenue related to single stream and Medicaid. 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 budget amount due to the county realignment. The realignment increases the Medicaid per member per month (PMPM) and the 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 over the approved budget amount due to the county realignment. The realignment increases the annual single stream allocation as well as individually allocated funds. Examples of individually allocated funds are TCL, Opioid funding, prevention, 3-way, etc. In addition, the State Services appropriation increased as a result of fund balance appropriations related to NC Start.

D *Local Services Appropriations & Revenue*

The Local Services appropriations and revenue increased over the approved budget amount due to the county realignment. The realignment adds local funding from Mecklenburg. In addition, the Local Services appropriation increased as a result of fund balance appropriations related to Durham and Cumberland counties.

E *Grant Funded Services Appropriations & Revenue*

The Grant Funded appropriations and revenue increased over the approved budget to account for the overlap in grant periods.

F *Miscellaneous Appropriations & Revenue*

No change to Miscellaneous appropriations & revenue.

G *Fund Balance Appropriations*

Appropriating amounts from fund balance to cover intergovernmental transfers, reinvestment plans, NC Start and county programs funded by fund balance.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Supporting Youth with Complex Needs

DATE OF BOARD MEETING: February 3, 2022

BACKGROUND: Presentation to review and provide status updates on Alliance initiatives to respond to the needs of youth who have multiple and complex needs and who interface with DSS and other systems.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the presentation.

CEO RECOMMENDATION: Receive the presentation.

RESOURCE PERSON(S): Beth Melcher, Ph.D., Senior Director of Clinical Innovation

[\(Back to agenda\)](#)