



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 5 B. Executive Committee Report – page 9 C. Quality Management Committee Report – 15</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> 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 19 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> The Board received the report.</p> <p>B. Audit and Compliance Committee Report – page 148 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> 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>

AGENDA ITEMS:	DISCUSSION:
	<p>C. Finance Committee Report – page 159 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> 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> 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 – page 169 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 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> 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 February 3, 2022.



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

ITEM: Draft Minutes from the November 4, 2021, Board Meeting

DATE OF BOARD MEETING: December 2, 2021

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 November 4, 2021, meeting.

CEO RECOMMENDATION: Approve the draft minutes from the November 4, 2021, meeting.

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

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Thursday, November 04, 2021

AREA BOARD REGULAR MEETING

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

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

APPOINTED MEMBERS ABSENT: Maria Cervania, Wake County Commissioner, MPH; Ted Godwin, Johnston County Commissioner; Donald McDonald, MSW; and Samruddhi Thaker, PhD

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services); Jason Phipps, Alliance CFAC; Pamela Wade; and Antwane Yelverton

ALLIANCE STAFF PRESENT: Joey Dorsett, Senior Vice-President/Chief Information Officer; Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management; 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; Mehul Mankad, Chief Medical Officer; Shaw Mazyck, Senior Vice-President/Provider Network; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Matt Ruppel, Senior Director of Program Integrity; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Jennifer Stoltz, Administrative Assistant II; 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 4:00 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	David Curro reviewed an inclusivity housing conference he attended. There were no other public comments.
4. Chair’s Report	There was no report.
5. CEO’s Report	Mr. Robinson introduced the Chief of Staff, Sara Wilson.
6. Consent Agenda	<p>A. Draft Minutes from October 7, 2021, Board Meeting – page 4</p> <p>B. Audit and Compliance Committee Report – page 8</p> <p>C. Client Rights/Human Rights Committee Report – page 20</p> <p>D. Executive Committee Report – page 113</p> <p>E. Finance Committee Report – page 115</p> <p>F. Quality Management Committee Report - 125</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 discussions about the consent agenda.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Gloston to adopt the consent agenda; motion seconded by Mr. Curro. Motion passed unanimously.</p>

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
7. Committee Reports	<p>A. Consumer and Family Advisory Committee (5 minutes) – page 129 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 the October Steering, Durham, Wake, and Johnston Committee meetings.</p> <p>Jason Phipps, CFAC Chair, presented the report. Mr. Phipps provided an update from recent CFAC meetings, which included representatives from Mecklenburg and Orange County CFACs, pending changes to the CFAC by-laws, participation in the upcoming i2i Center for Integrative Care conference in December. He reviewed the importance of the continued relationship with current care managers, noting concerns over staffing changes, reassigning care managers, and additional notice regarding the transition of care managers. The CFAC report is attached to and made part of these minutes.</p> <p>BOARD ACTION The Board received the report.</p>
8. Lease of Suite 100A, at 201 Sage Road in Chapel Hill, NC (10 minutes) – page 215	<p>Carol Wolff, General Counsel, provided an overview of the lease assignment. The property includes approximately 3000 square feet of space on the first floor in Suite 100A. The term will commence on December 1, 2021, and expire on April 30, 2023. Per Alliance’s by-laws, this item required supermajority approval; a supermajority was present.</p> <p>BOARD ACTION A motion was made by Mr. Pazzaglini to accept the assignment of the lease from Cardinal Innovations for Suite 100A, at 201 Sage Road in Chapel Hill, NC; motion seconded by Dr. Silberman. Motion passed unanimously.</p>
9. Closed Session(s)	<p>BOARD ACTION A motion was made by Mr. Curro to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee; motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p>
10. Reconvene Open Session	<p>The Board returned to open session.</p>
11. Special Updates/Presentation(s)	<p>A. County Realignment Update Brian Perkins, Senior Vice-President/Strategy and Government Relations, presented the update. He noted the change in Mecklenburg and Orange counties realignment with Alliance; it will now be December 1, 2021. He shared that NC DHHS will notify members of the date change and Alliance will send notification closer to December 1. He also reviewed the agency’s multi-media campaign to boost public awareness to these new members.</p> <p>B. DEI Efforts as Hiring/Staffing Strategy – page 216 At the conclusion of the workforce demographic presentation at the October 7, 2021, meeting, the Board requested additional information regarding current DEI (diversity, equity, and inclusion) efforts and Alliance’s hiring/staffing strategy. Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer, presented the update noting data from FY21 (fiscal year 2020-2021), current hiring and staffing strategies/goals to attract, retain and develop staff. The presentation is saved as part of the Board’s files.</p>

Thursday, November 04, 2021

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>C. Medicaid Transformation Overview – page 217 Sara Wilson, Chief of Staff, provided an overview of Medicaid Transformation in NC, including a high-level summary of the NC DHHS Tailored Plan features. The Board also discussed current legislation regarding Medicaid expansion. The presentation is saved as part of the Board's files.</p> <p><u>BOARD ACTION</u> The Board accepted the updates/presentations.</p>
B. Adjournment	All business was completed; the meeting adjourned at 5:39 p.m.

Next Board Meeting
Thursday, December 02, 2021
4:00 – 6:00 pm

Minutes approved by Board on Click or tap to enter a date..

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

ITEM: Executive Committee Report

DATE OF BOARD MEETING: December 2, 2021

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.

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): Lynne Nelson, Board Chair; Robert Robinson, CEO

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Monday, November 15, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

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

APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair); Lodies Gloston, MA (Network Development and Services Committee Chair/Board Vice-Chair); David Hancock, MBA, PFAff (Finance Committee 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: Donald McDonald, MSW (Client Rights/Human Rights Committee Chair)

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Vice-President/Quality Management; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, CEO; Sara Wilson, Senior Director of Government Relations; 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 October 18, 2021, meeting; a motion was made by Dr. Silberman and seconded by Mr. Pazzaglini to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Closed Session	COMMITTEE ACTION: A motion was made by Mr. Curro to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee. Motion seconded by Vice-Chair Gloston. Motion passed unanimously.	N/A	N/A
4. Reconvene Open Session	Committee returned to open session.	N/A	N/A
5. Review Executive Committee Charter	Mr. Robinson reviewed the charter; committee provided input. Committee discussed editing sentence number five under responsibilities into two sentences. The charter is attached to and made part of these minutes. COMMITTEE ACTION: A motion was by Dr. Silberman to approve the charter with the recommended change (sentence 5. "Fulfill other duties as set forth in the by-laws or as otherwise directed by the Board of Directors" will become "5. Fulfill other duties as set forth in the by-laws" and "6. Fulfill other duties as directed by the Board of Directors"). Motion seconded by Mr. Pazzaglini. Motion passed unanimously.	N/A	N/A
6. Board Member Matrix	A. BY-LAWS: Ms. Wolff reviewed the proposed revisions to the by-laws; they were included in the packet for the November Board meeting and are scheduled to be presented to the Board in December for approval.	A. Board will consider the Committee's	A. 12/2/21 B. 12/2/21 C. 12/6/21

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, November 15, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>COMMITTEE ACTION: A motion was made by Dr. Silberman to recommend to the board, approval of the by-laws with recommended revisions, and changing the date for county realignments from December 15 to December 2). Motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p> <p>B. MATRIX: Ms. Ingram reviewed the matrix, which is a tool to compare demographics of current Board members with statute, by-laws, etc. Committee requested confirmation on which components were required.</p> <p>C. PENDING BOARD SEAT VACANCIES: Mr. Robinson advised the Committee to begin advertising for the Orange and Mecklenburg seats on Alliance's Board in early December; he will meet with staff by both counties to review the appointment process</p>	<p>recommendation for amending the by-laws.</p> <p>B. Staff will forward the matrix survey to board members.</p> <p>C. Ms. Ingram will post Board vacancies on Alliance's website in early December.</p>	
7. Updates	<p>A. COUNTY REALIGNMENT: Mr. Perkins provided an update on Orange and Mecklenburg counties' realignment with Alliance. He reviewed communication to these communities including an upcoming town hall, and a meeting with providers in both communities.</p>  <p>Mecklenburg County Campaign11x17.pdf</p> <p>B. RETURN TO OFFICE TIMELINE: Mr. Robinson provided an update, noting potential adjustments to staff returning to the office. Chair Nelson stated that the Board will keep its current timeline: to resume meeting in person in February 2022.</p>	<p>A. N/A B. N/A</p>	<p>A. N/A B. N/A</p>
8. Agenda for December Board Meeting	<p>Committee reviewed the draft agenda, provided input, and recommended pulling item 6b: Audit and Compliance Committee Report from the consent agenda and adding it to Committee Reports, as it contains recommended revisions to the by-laws.</p>	<p>Ms. Ingram will forward the agenda to staff.</p>	<p>12/15/21</p>

9. **ADJOURNMENT:** the meeting adjourned at 5:16 p.m.; the next meeting will be December 20, 2021, 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..](#)

Board Executive Committee Charter

Purpose:

The purpose of this charter is to develop and implement an Executive Committee of the Board of Directors (Board) in accordance with North Carolina General Statutes and Administrative Code and the Alliance Health By-Laws. The Area Authority is responsible for acting on matters that are time-sensitive between regularly scheduled board meetings.

Responsibilities:

The Executive Committee shall be responsible for the following:

1. Establish agendas for full Board of Directors meetings.
2. Act on matters that are time-sensitive between regularly scheduled board meetings.
3. Provide feedback to the CEO concerning current issues related to services, providers, staff, etc.
4. Function as the grievance committee to hear complaints regarding board member conduct and make recommendations to the full Board of Directors.
5. Fulfill other duties as set forth in the By-laws.
6. Fulfill other duties as directed by the Board of Directors.

New members shall receive orientation training regarding this charter and the following topics:

1. NC Open Meetings Law
2. Parliamentary Procedures

Annually, all members shall receive abbreviated training on this charter, NC Open Meetings Law, and Alliance parliamentary procedures as related to their responsibilities serving on the Committee and role as Committee Chairpersons.

The Committee shall meet at a minimum quarterly, however typically meets monthly prior to the next Board meeting. To enhance participation, members may participate via electronic means, e.g. telephone and video conferencing, which will be pre-arranged by the Alliance staff support person(s). Such participation includes the right to vote on issues during the course of the meeting. Notice of the time and place of every Executive Committee meeting shall be given to the members of the Executive Committee in the same manner that notice is given of Board of Directors meetings

When quorum, which shall consist of the Chairperson plus fifty (50) percent of members, is present, the Chairperson can call the meeting to order. When a quorum is not met, no action or decision can be made and there shall be no minutes.

Committee meetings shall follow the below structure:

1. Calling the meeting to order
2. Ensuring there is a recorder and having minutes taken
3. Reviewing and approving minutes from previous meeting
4. Considering matters on the meeting agenda
5. Calling for motions, a second and voting on items when appropriate
6. Adjournment

Emergency meetings may be called for unexpected circumstances that require immediate consideration by the Committee and subject to requirements listed in NC Open Meetings Law. Any member of the Board of Directors may request that the Chairperson call an Executive Committee meeting.

Approved by Alliance Board Executive Committee on November 15, 2021.

Relationships:

Alliance shall provide staff support to the Committee, including but not limited to, collecting and analyzing information that the Committee or the Board require to fulfill the requirements of this charter and per statute. The Chief Executive Officer or designee will be the staff liaison to the Executive Committee. The Executive Committee shall report to the Board of Directors (via the Executive Committee Chairperson) at least quarterly.

Membership:

1. Makeup of the Committee

The Executive Committee shall be composed of the Board Chairperson and Vice-Chairperson, Chairpersons of standing committees (who are Board members), the immediate past Board Chairperson or at-large member in the event the immediate past Board Chairperson is not available. The Board Chairperson shall serve as the Chairperson of the Executive Committee.

Absence from three (3) consecutive regularly scheduled Board meetings without notification to the Executive Secretary shall constitute resignation from the Board. Absence from four (4) or more of the regularly scheduled Board meetings during a 12-month period may also constitute resignation from the Board within the discretion of the Executive Committee. In computing absences, absence from two (2) standing Board Committee meetings may constitute one (1) absence from a regularly scheduled Board meeting.

2. Conflict of Interest

Committee members must disclose a conflict or the appearance of a conflict of interest and depending on the circumstances, may be prohibited from serving or restricted in voting based on the disclosure. This disclosure should be submitted on a conflict of interest form and will be reviewed by the Board Audit and Compliance Committee; the Audit and Compliance Committee will provide recommendations to the Board and/or Board Chairperson.

Furthermore, Committee members are prohibited from representing themselves as independent representatives of or act independently on behalf of the Alliance Executive Committee. Members who do not fully comply with the provisions in this charter may be subject to removal from the Committee.

Hello Mecklenburg!

All of us at Alliance Health are proud to be part of your community.

Listening. Learning.

We're working to understand the unique needs of folks here and learn the best ways to manage quality care for people with mental illness, substance use disorders, or intellectual/developmental disabilities.

**Empowering Mecklenburg communities.
Partnering for healthier lives.**

 **Alliance
Health**

AllianceHealthPlan.org or call **(800) 510-9132**
Provider Helpdesk: **(919) 651-8500**



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

ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: December 2, 2021

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; Wes Knepper, Senior Vice-President/Quality Management

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Thursday, November 04, 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)

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

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

2. REVIEW OF THE MINUTES –The minutes from the October 7, 2021 meeting were reviewed. Marie Dodson moved to approve the minutes; Carol Council seconded. The motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
<p>OLD BUSINESS</p>	<p>QIP Updates</p> <ul style="list-style-type: none"> 6 open QIPs. TCLI is now TCL (Transitions to Community Living). Still trending up. Two of the QIPs are HEDIS measures. Trending up for both adult screening on anti-psychotic medications (SSD measure). Wes still thinks that there are unreported improvements from the Point of Care testing. When we go live with the TP, and we are paying claims on both physical and behavioral health side, they will start showing up for us. These results do not include Orange and Mecklenburg counties yet. 7 day-Medicaid substance use disorder – this will probably take biggest hit when we bring Mecklenburg on. There is a 6-month delay in results. DHHS set 40% as target. Mehul said that this topic perplexes the entire health system. Challenge is that by and large the providers that do the inpatient work are entirely separate from providers that do outpatient follow up. Provider Network and Quality Management departments have been really trying to get these two worlds to work together. Value based contracts have not yielded positive results like we hoped. Homeless population question-we are trying to find ways to serve those members (telehealth has opened up possibilities) without disrupting the 	<p><i>QIP-Quality Improvement Plan</i></p> <p><i>TP-Tailored Pan</i></p> <p><i>HEDIS - Healthcare Effectiveness Data and Information Set</i></p> <ul style="list-style-type: none"> Mehul or Wes will ask Sean to take a look at value-based contracts having penalties as well as incentives. 	

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, November 04, 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>structure of their housing. Anyone with Medicaid will be assigned a PCP. Every person in Tailored Plan will have access to a care manager. Now we only provide outpatient care management to some of the people. Having someone assigned and providing care management, sharing data and making sure dots are connected between inpatient and outpatient and follow up is the goal of TP care management.</p> <ul style="list-style-type: none"> We exceeded TCL confirmed PCP visits. The goal was to exceed 80% and we did. Want to leave this one open until we merge with Mecklenburg and Orange. There are a large number of TCL members that will be coming on board. We want to make sure as we bring on new counties that everyone is above that target. 	<p><i>PCP-Primary care provider</i></p>	
<p>3. NEW BUSINESS</p>	<p>Census Data: Our Communities</p> <ul style="list-style-type: none"> Wes displayed some data from the census that is not specific to the Tailored Plan members or Alliance members. The six counties that serve and will serve make up 1/3 of the total population of North Carolina. Slides were shown on median age, income and diversity index, proportion of race and ethnicity groups, citizenship, language, housing, computer ownership and internet subscription, health insurance, and poverty. <p>TP Quality Overview – DHHS Slides</p> <ul style="list-style-type: none"> This presentation was part of the State’s Tailored Plan preparation. This is mostly planning, not how we operate now, but will be in the future. Highlights-how the State wants to see us planning for quality. The QM Plan will become QAPI (Quality Assessment and Performance Improvement Plan). There are two pieces. One is the PIPs (Performance Improvement Projects) which replace our QIPs. For the first year, the state will be assigning those to us. We can add additional projects. The other piece is the PSP (Provider Support Plan)-what resources, tools, training and data sharing agreements are we going to provide providers in order for them to operationalize and do some of the improvements. 	<p>Wes will look into:</p> <ul style="list-style-type: none"> providing a comparison of the race and ethnicity of the State and our membership. providing the percentage of the population in each of our counties that are not native English speakers if Alliance care managers currently ask members about access to computers and internet whether the numbers on the DHHS Medicaid/Public slide 	<ul style="list-style-type: none"> not specified

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Thursday, November 04, 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">• Right now most of our data priority is to bring Mecklenburg on December 1. Trying to get all that data loaded in. We have contracted with our HEDIS vendor to load all data in and we should be able to see any disparities for our QIPs by the July 1 go live date.• It will be interesting to see how all of the LME/MCOs attack the same PIP with the same measures. That hasn't happened before. We will have diff interventions that will be tailored to our unique circumstances, but the targets will be the same.• EQRO-will do annual equity report, produce targets, and eventually withhold measures for not reducing disparities.• Quality and Health Outcomes Committee (QHO) – the other health committees that the state uses. Some are new and some already existed. Some of them will apply to Alliance in a new way as a TP.	<p>includes military coverage</p> <ul style="list-style-type: none">○ whether he can break out veterans' numbers from the slide <p><i>EQRO-External Quality Review Organization</i></p>	

5. **ADJOURNMENT:** the meeting adjourned at 2:12 pm; the next meeting will be December 2, 2021, at 1:00.

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: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: December 2, 2021

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 documents from the following meetings: November 1, 2021, Steering Committee; November 8, 2021, Durham; November 9, 2021, Wake; and November 16, 2021, Johnston County; and October 28, 2021, Cumberland County.

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

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



Monday, November 01, 2021

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, ☑ Dave Curro, ☑ Annette Smith, ☑ Vicky Bass, ☑ Renee Lloyd, ☑ Tekkyon Lloyd, ☑ Michael Maguire, ☑ Faye Griffin

BOARD MEMBERS PRESENT: None

GUEST(S): ShaValia Ingram, NCDHHS

STAFF PRESENT: Doug Wright, Director of Community and Member Inclusion, Starlett Davis, Member Inclusion Specialist, Noah Swabe, Member Inclusion Specialist, Erica Asbury, 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 October 4, 2021 meeting were reviewed; a motion was made by Marie Dodson and seconded by Michael Maguire to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	No comments.	Ongoing	N/A
4. State Updates	ShaValia Ingram, NCDHHS was in attendance and went over the State updates November CEE: <ul style="list-style-type: none"> ➤ County realignments will begin on Dec 1,2021. Alliance is scheduled to transition both Orange and Mecklenburg on that date. Alamance, Caswell, Chatham, Franklin, Granville, Person, Rowan, Stokes and Vance will transition to Vaya on 1/1/2021 ➤ Please review the highlight focused on "Coping with Holiday Stress" ➤ Joint DMHDDSAS & DHB Update call: Consumers & Providers Thursday, November 4th from 2 pm - 3 pm ➤ Regional CFAC Meetings: will NOT take place due to the holiday. ➤ State to Local Collaboration Meeting <ul style="list-style-type: none"> ○ Next Call: November 24th, 2021 from 6:00 – 7:30 pm ➤ NC Medicaid Managed Care Hot Topics Webinar Series <ul style="list-style-type: none"> ○ Every 3rd Thursday of the month from 5-30-6:30 PM ○ Next webinar: November 18,2021 ➤ Pinehurst Conference will be held both virtual and in person this year from December 8-10 	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, November 01, 2021

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:
5. LME-MCO Updates	<p>Local Community Collaboration and Engagement Strategy</p> <p>Doug discussed the realignment and that date being moved up to 12/1/2021 based on the financial changes taking place in both Orange and Mecklenburg Counties.</p> <ul style="list-style-type: none"> ➤ The Orange and Mecklenburg County meet and greet did take place and there was one member there. That person has shown interest in being involved and has been invited to participate in the by-laws meeting. No other responses to outreach have happened yet. ➤ Staff members in those counties have been hired. Alliance is still seeking to fill several key positions and interviews are continuing to take place. ➤ Members were asked to please read document in its entirety and submit any questions or concerns to Doug or their Member Engagement Specialist for answers or clarification ➤ Tailor Plan implementation update: several documents have been delayed and an extra month has been given to complete them. The Tribal Engagement plan has been turned in. If the state turns it around, Alliance has 14 days in which to respond. 	Ongoing	N/A
6. By-Laws/ Charters	<ul style="list-style-type: none"> ➤ The meeting is scheduled to take place on 11/3/2021 at 5:30 pm via ZOOM ➤ The following members will serve on the subcommittee for the By Laws and Charters <ul style="list-style-type: none"> ○ Marie Dodson- Johnston County ○ Dave Curro- Durham County ○ Charlitta Burruss- Durham County ○ Annette Smith- Wake County ○ Michael Maguire-Cumberland County 	Ongoing	N/A
7. Steering Committee Meeting	The group unanimously voted to have the Steering Committee Meeting virtual for the long term.	N/A	N/A
8. Subcommittees	Due to time constraints the reports for each County a consent agenda will take place and the minutes from each county will be accepted as entered.	Ongoing	N/A

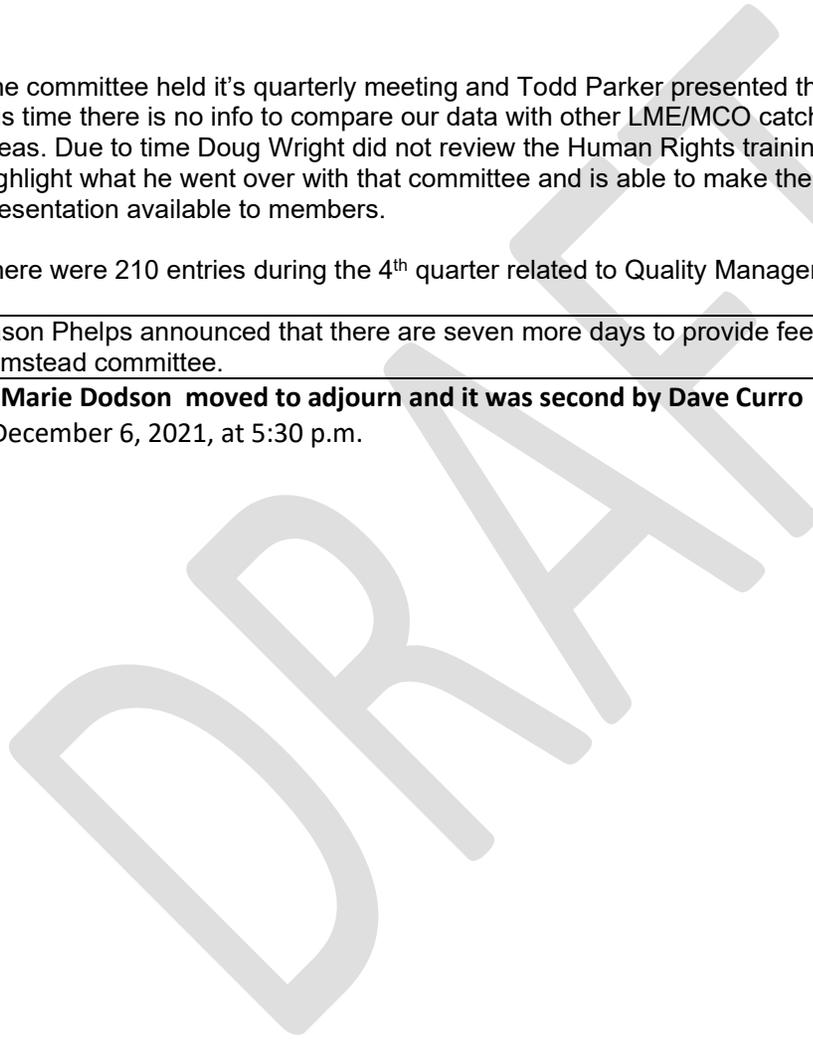
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on [Click or tap to enter a date..](#)

Monday, November 01, 2021

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:
<ul style="list-style-type: none"> • Human Rights • Quality Management 	<p>The committee held it's quarterly meeting and Todd Parker presented the data. At this time there is no info to compare our data with other LME/MCO catchment areas. Due to time Doug Wright did not review the Human Rights training, but did highlight what he went over with that committee and is able to make the presentation available to members.</p> <p>There were 210 entries during the 4th quarter related to Quality Management.</p>		
10. Announcements	Jason Phelps announced that there are seven more days to provide feedback to the Olmstead committee.	N/A	N/A

ADJOURNMENT: 7:07pm Marie Dodson moved to adjourn and it was second by Dave Curro
 The next meeting will be December 6, 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; minutes approved on [Click or tap to enter a date..](#)



COMMUNITY ENGAGEMENT & EMPOWERMENT TEAM

Community Updates | November 2021

NCDHHS- DMH/DD/SUS

DHHS Announces Updates to County Realignments to New LME/MCOs

On July 29, 2021, NCDHHS Secretary Mandy Cohen M.D. approved the Transition, Consolidation, and Dissolution Agreement (the Agreement) to consolidate Cardinal Innovations and Vaya Health, with Vaya Health remaining as the surviving entity.

The Agreement stated that the consolidation would be completed no later than April 1, 2022; the Agreement also indicated that the day-to-day operations of Cardinal Innovations may be assumed by Vaya prior to that date. Cardinal Innovations and Vaya Health agreed that the consolidation will occur on Jan 1, 2022 in order to best ensure the stability of members, providers and staff impacted by the transition.

Over the past several months, DHHS worked with the counties in the Cardinal region to support their decision to remain with Cardinal Innovations and ultimately align with Vaya Health or realign with a different LME/MCO.

The top priority for DHHS and the LME/MCOs during the transition period is to promote the stability of the LME/MCO system and ensure minimal disruption for Cardinal members, the LME/MCOs taking on new counties, and their provider networks.

The following reflects a **change in the original transition dates**:

Orange and Mecklenburg counties' transition date to Alliance Health has changed from Dec. 15, 2021 to Dec. 1, 2021.

The change was made after taking into consideration a number of operational factors that make the first day of the month preferable to a mid-month transition.

Alamance, Caswell, Chatham, Franklin, Granville, Person, Rowan, Stokes and Vance counties will transition to Vaya effective Jan. 1, 2022.

The following counties have no change to their realignment dates:

- Forsyth and Davie counties transition to Partners Health Management on Nov. 1, 2021.
- Warren County transitions to Eastpointe on Dec. 1, 2021.
- Halifax County transitions to Trillium Health Resources on Dec. 1, 2021.

Davidson and Rockingham counties transition to Sandhills Center on Dec. 1, 2021.

Please see the fact sheet [DHHS Announces Updates for County Realignments to New LME/MCOs](#) for more information.

Coping with Holiday Stress

In today's world everything seems to be going in warp speed! We are entering November and for some the next two months are a very difficult time. Loss of family, loneliness, isolation, stress, holiday blues, money shortage, family drama... The list can go on and on and on— But we look forward to this time of year with the joy and excitement of a child. Here are some suggestions to help you de-stress your holidays(if that is possible -maybe just a little bit)

Budget- and stick to it!!!

Be realistic in what you can do

Plan ahead

Acknowledge your feelings

Don't abandon healthy habits

Learn to say NO!!!

Here are some links that also provide some particle suggestions:

<https://tinyurl.com/4xkkj9bc>

<https://tinyurl.com/b3dbpwez>

Remember **Hope4NC— 1-855-587-3463** 24/7 for free and confidential emotional support, counseling referrals community resources.

In Person Training—CE&E Team

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

Kate Barrow, BA: Katherine.Barrow@dhhs.nc.gov

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

Monthly Meetings

PROVIDER & CONSUMER CALLS

Joint DMHDDSAS & DHB Update call: Providers

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

Thursday, November 4, from 3 - 4 pm

<https://tinyurl.com/7ae9x4z4>

Closed Captioning: <https://tinyurl.com/4jpnfd9>

Joint DMHDDSAS & DHB Update call:

Consumers & Family Members

During this call, panelists will address service gaps, create and amend policies, and direct funding into service areas that will be impactful in preventing the interruption and delay of BH/IDD services.

Monday, November 22, from 2 - 3 pm

<https://tinyurl.com/tjtkkp6r>

Closed captioning: <https://tinyurl.com/2cwb52nm>

Regional CFAC Meetings

Due to the Holidays we will not hold these calls in November or December. Stay tuned for information for future meetings.

State to Local Collaboration Meeting

The State to Local Collaboration Call will resume the regular schedule of every **4th Wednesday** of the month. CFAC members can use the same Phone Number and Conference ID for each meeting. Links to participate by web will be sent out before each meeting.

The call-in number and conference ID will not change.

Next Call: November 24 2021 from 6:00 – 7:30 pm

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

+1-415-655-0003

Conference ID: 171 710 7705

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>

State CFAC

The State Consumer and Family Advisory Committee (SCFAC)

Nothing About Us, Without Us.

meeting is on 2nd Wednesday of every month and is open to

the public. September, 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, November 10, 2021**

Time: **9:00 am to 3 pm**

Join by web browser:

<https://tinyurl.com/StateCFACMeeting>

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>

PROPOSED STATE FUNDED DEFINITIONS: SUPPORTED LIVING PERIODIC AND RESIDENTIAL SUPPORTS (I/DD&TBI)

WEBINAR & Q/A

FRIDAY, NOVEMBER 5, 2021

1:00P.M. - 2:00P.M.

The Division of MH/DD/SAS is hosting a webinar session for stakeholders. To bring the most up-to-date information, the IDD& TBI Section at DMHDDSAS will be providing an informational webinar and soliciting your feedback for the proposed definitions, **Supported Living Periodic and Residential Supports (IDD & TBI)** services. Participants will receive an overview of the proposed definitions for individuals with Intellectual and Developmental Disabilities and Traumatic Brain Injury. The overview will include specific criteria for services and highlights of the definition. Please see log-in information below:

Event address for attendees:

<https://tinyurl.com/a3s3bm59>

Event number (access code): 2435 803 3132

Event Password: SFS1005

For more information or questions, contact: DMHIDDCONTACT@dhhs.nc.gov

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>

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.

DHHS I/DD Stakeholder Workgroup Meetings

The workgroup is responsible for researching, recommending, and providing support/guidance for future implementation of best or promising practices to meet the needs of Individuals with Intellectual/Developmental Disabilities.

The workgroup will work collaboratively with a shared vision and planning.

Dates for the next workgroup :

November 18th—3-5 PM

<https://tinyurl.com/4thc69tk>

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](#)

Tailored Care Management 101

Tailored Care Management will be the predominant care management model for the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan population, which includes individuals with significant behavioral health conditions (including serious mental illness, serious emotional disturbances and severe substance use disorders), I/DD and traumatic brain injury (TBI). Tailored Plan members will obtain care management through one of three approaches: through an Advanced Medical Home Plus (AMH+) practice, Care Management Agency (CMA), or a care manager based at a Tailored Plan.

The Tailored Care Management 101 webinar series was designed to help develop a shared understanding of the model across the North Carolina provider community (including advanced medical homes and behavioral health, I/DD, and TBI providers) and anyone interested.

The webinar series will run from October through mid-December, on Fridays from 12 to 1 p.m., and cover the following:

<https://tinyurl.com/s8mpvexn>

11-5-21	Transitional Care Management and Community Inclusion Activities
11-19-21	Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver
12-3-21	Billing
12-10-21	Oversight and Quality Measurement/Improvement

NC Medicaid Managed Care Hot Topics Webinar Series

Every 3rd Thursday of the month from 5-30-6:30 PM
November 18, 2021 | **Medicaid Hot Topics Tailored Plan and Behavioral Health**

[Register for 3rd Thursday webinars](#)

Emergency Rental Assistance Program

The HOPE Program serves 88 counties in North Carolina and the remaining 12 counties are served by local Emergency Rental Assistance Programs.

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](#).

The Housing Opportunities and Prevention of Evictions Program (HOPE) provides rent and utility assistance to low-income renters that are experiencing financial hardship due to the economic impacts of COVID-19. If you have questions or need help applying, program representatives are available 8 a.m. – 5 p.m. Monday through Friday: HOPE Call Center:(888)927-5467

Traumatic Brain Injury

- Two Individuals living with TBI have been officially appointed to the SCFAC :
Jason Burke, Eastern Region
Orion Christy, Western Region
- The Brain Injury Advisory Council(BIAC) has formed a workgroup that will discuss the Administration for Community Living (ACL)requirements of Council membership composition and develop recommendations for meeting those requirements which will be submitted to DHHS leadership for consideration.
- The DMHDDSAS TBI Program is in the process of establishing a workgroup to begin updates for the TBI State Action Plan. If interested please email TBIContact@dhhs.nc.gov

For more information on DMHDDSAS TBI Program please visit <https://tinyurl.com/z7bz46df>

For information and training opportunities related to brain injury please visit www.bianc.net

Veterans, Servicemembers & Families

Our Next GWG Meeting will be held on Thursday, November 18, 2021 from 2-4pm. Topic for Agenda will be: the **Social Determinants of Veteran Suicide; Part III– MH/BH/EH After Effects**

Please sign up on the newsletter link as this will be a virtual meeting.

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

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](#)

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.



Educational Opportunities

NC Children with Complex Needs Training Series

Evidence-Based and Promising Practices to Support the Workforce and Partners Serving Individuals with Mental Illness and Intellectual and Developmental Disabilities

Effective Treatment and Special Considerations for Implementation and Sustainability Virtual Training Series

NC DMHDDSAS is sponsoring a training series to support workforce development for systems that interact with support, and provide treatment for people who have mental illness co-occurring with intellectual developmental disability. The trainings will cover the most common challenges in providing effective care to this population.

All Sessions will be held from 10-11:30 A.M.

Contact hours for each session :1.5

[Children with Complex Needs Didactic Series Fall 2021 | Behavioral Health Springboard \(unc.edu\)](#)



The NC BoS CoC Racial Equity Subcommittee is hosting the second Racial Equity Dialogue for 2021 very soon! We invite you to the last Racial Equity Dialogue of this season on Tuesday, November 9th at 11:30am.

The panelists will discuss how advocacy for Laws and Policies can disrupt Racial Disparities in the homeless response system.

Registration is required so if you haven't already, [register at this link](#) and mark your calendar.

AT3– Assistive Technology (AT) and Home & Community – Based Services (HCBS)

Wednesday, November 10,2021, 3:00 PM ET

AT is a critical service among long term services and supports (LTSS) that give people with disabilities an alternative to institutional care. Medicaid HCBS waivers are one important resource that provides AT. This Webinar will share an overview of HCBS waivers, how the American Rescue Plan Act (ARPA) is giving states the Opportunity to provide additional HCBS servers and supports, and how AT Act programs are involved with their state's HCBS waivers and other LTSS

<https://tinyurl.com/2mmnud3b>

ASAM 3.3 SUD and TBI Clinical Coverage Policy

Stakeholder Work Group

ASAM 3.3 will be a Medicaid Residential Service under the 1115 waiver to support individuals with co-occurring SUD and TBI needs. Please join us for our 2nd workgroup meeting.

When: Monday November 8th 2p-3p

Click here to join: <https://tinyurl.com/pu5vc4fn>

Or call 1-984-204-1487

Conference ID:823 484 692#

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>

Conferences



ONLINE REGISTRATION — [CLICK HERE](#)

CONFERENCE BROCHURE [HERE](#)

Program at a Glance [HERE](#)

TBI Conference— Forging Ahead: Together Towards Tomorrow



<https://www.bianc.net/conference-2021-registration-information>

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.

Peer Support Job Board

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

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

- 3859 Certified Peer Support Specialists as of Oct 15, 2021
- 1593 Certified Peers are employed as PSS
- 818 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

Peer Support Certification applications, including payment, can be submitted online on the NC CPSS program website. Visit <https://pss.unc.edu/certification> to get started, or call 919-843-3018 if you have any questions. As a reminder, please take a moment to read the Peer Support Certification & Re-certification policies, especially if your certification is about to lapse, by clicking this link: <https://pss.unc.edu/new-policies-effective-july-1st-2020>. 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/>



Human Rights Committee Training

Human Rights Committee

- Responsible for protection of human rights
- Implemented in accordance to NC General Statute, Administrative Code and Alliance Board by-laws
- Alliance staff provide support to the committee



Committee Responsibility

- Assure human rights protections are reviewed routinely
- Compliance with human rights and advance instruction
- Assure confidentiality
- Review complaint and appeal data
- Report system issues to the Board
- Work with state and local agencies
- Report to the Board at least quarterly



Committee Demographics

- Members appointed by the Alliance Board Chair
 - Committee chaired by a Board member
- Majority of the members must not be Board Members
- 50% of members must be individuals or family members of individuals served
- Representation from each county
- Alliance staff members do not vote



Conflict of Interest & Confidentiality

Members must disclose a conflict or the appearance of a conflict

Members may not represent themselves independent

Members may not act independent on behalf of the committee

If conflict is not resolved, the Chair will submit to Board Chair for final decision



Meeting Structure

- Held quarterly
- Emergency meetings can be called
- Quorum is required to conduct meetings
 - Chair plus 50% of members
 - If quorum is not met, informal discussions may be held with unanimous consent of members present

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"Quorum? We don't even have a pair!"

Meeting Structure

- Minutes are taken
- No individual is identified in minutes or reports
- Provider-specific discussion must comply with Alliance Provider Confidentiality procedure



Sample Meeting Agenda

- Call to order
- Agenda review & approval
- Review & approve previous minutes
- Call for motions & voting as appropriate
- Adjournment



Attendance

Absence from three (3) consecutive meetings without notification to the Chair or from 25% of meetings within a 12-month period are grounds for dismissal

Attendance



Required Training

New Member Training

- NC Statues and Administrative Rules
- Conflict of Interest and Confidentiality
- Duties of the State and Alliance CFAC
- Principles of Advocacy, Self Determination & Recovery
- Customer Service Strategies

All members are trained annually on human rights issues

NC Statutes & Administrative Rules

LME/MCO Board has ultimate responsibility for assurance of human rights

Each Board establishes at least one Human Rights Committee

Each Governing Contract Agency required to establish Human Rights Committee

Board must implement policy

Committee oversees Client Rights Protections for contracted services

NC Statutes & Administrative Rules

- Nothing herein precludes authority of:
 - A county DSS to investigate abuse, neglect, or exploitation
 - Disability Rights of North Carolina to conduct investigations regarding alleged violations of member rights
- Human Right Committees established by contract agencies shall carry out the provisions of this Rule



Duties of CFAC

Alliance CFAC

- Review and comment on Alliance Program Budget
- Participate in Quality Improvement Measures & Performance Indicators
- Submit to the State, CFAC findings and recommendations to improve MH/SUD/IDD service delivery

State CFAC

- Provide input and conduct oversight of the Division's operations and efforts toward strategic outcomes
- Advises DHHS and General Assembly on planning and management of the State's public MH/SUD/IDD service system

Five Components of Self Advocacy

Personal
Responsibility

Knowledge of
the law &
other rules

Fact finding
and
documentation

Negotiating

Believing in
oneself



Responsibility of the Self Advocate

Be clear on what you need & want

Always go to meetings

Ask who is at the meeting & why

Keep all your papers

Never sign blank forms or copies

Document what happens

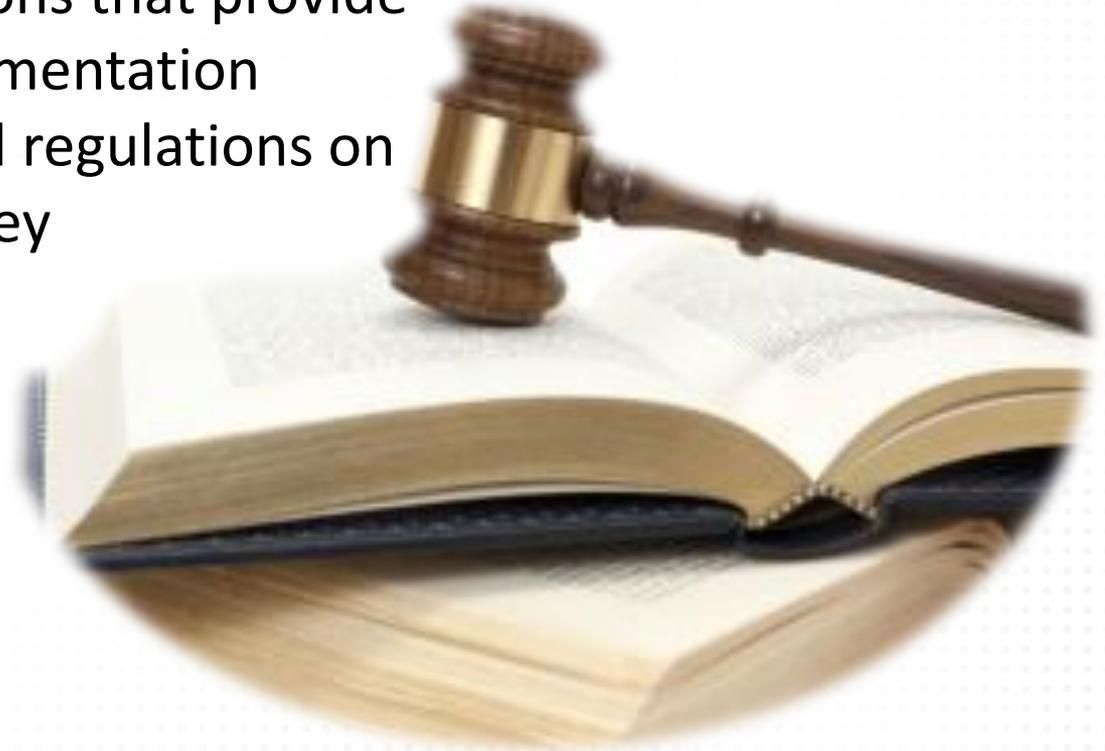
If you need help, take someone with you

Know the laws that regulate your services



State and Federal Laws

- Include definitions for eligibility and services
- Laws have regulations that provide guidance for implementation
- There are rules and regulations on how to spend money



Working with Providers

Find out if your provider has the needed specialized training

Evidence Best Practices help to justify request for services

Request written information on what your grievances/appeal rights are

Documentation and Fact Finding

Document what happens

Note times, dates and who you talked to

Write down if services aren't provided



Is it working????

Ask questions

- When, where and how often services will happen

Keep a log

- Write down when services happen

Know who to call

- If services don't occur, know your point of contact

Get it in writing

- Always ask for decisions/changes in writing

Use Communication skills

- Use telephone and meetings to gather information



Expressing Dissatisfaction



Tips for Negotiating



Self-Determination

The recognition of the right and need of individuals and their families to have the freedom to make their own choices and decisions



The Nation

- Holistic approach
- Individuals have reclaimed their lives, are productive and active members of society

RECOVERY

Alliance Service System

Managed care organization for public
MH/DD/SUD services

Services delivered by a network of Providers

Serves the citizens of Cumberland, Durham,
Johnston and Wake counties

Ensures that individuals who seek help receive
quality services and supports



Alliance Service System

Services respect & support individuals

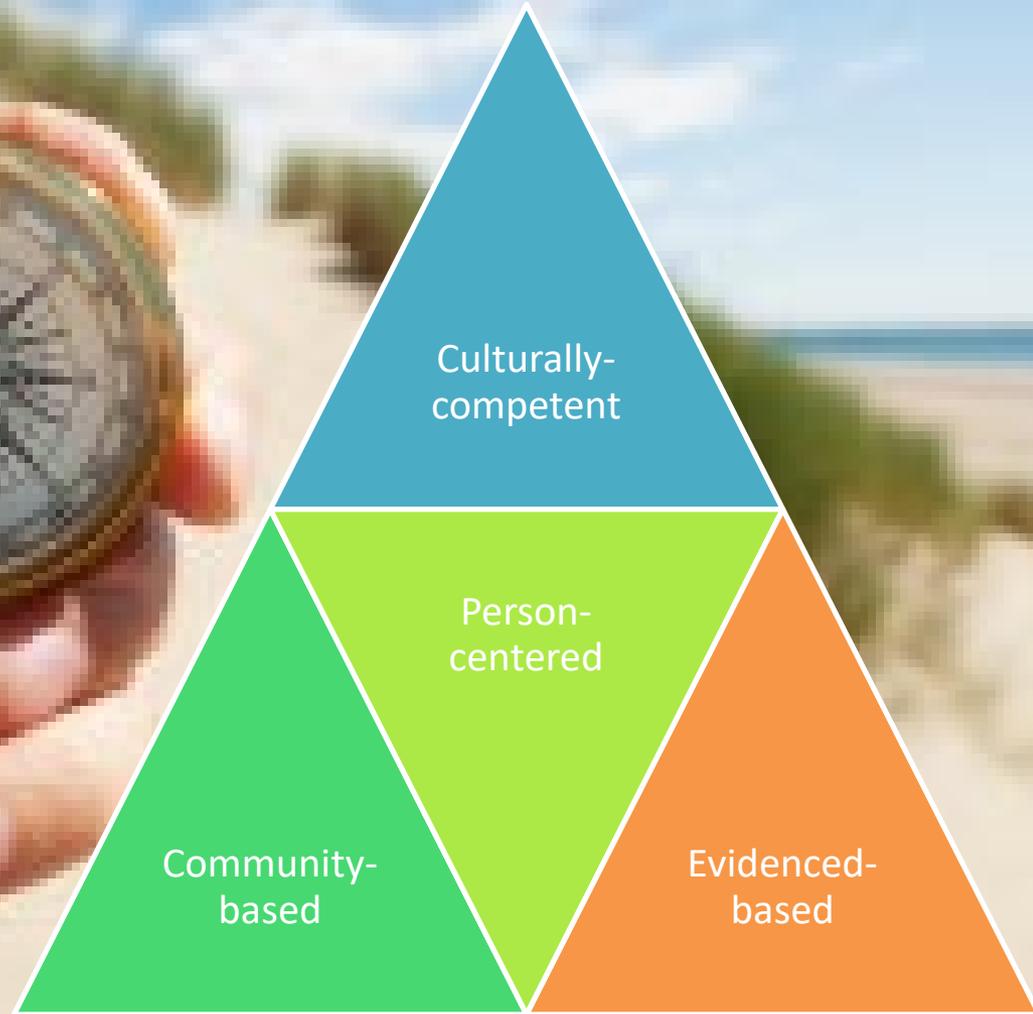
Services respond to real life needs

Services are effective

Based on a System of Care philosophy



SOC Core Values



Provider HR Committees

- Providers are required to establish HR committees
- Multiple providers can form joint committees
- Responsibilities mirror LME/MCO HR Committee



thank you

North Carolina Olmstead Plan



Technical Assistance Collaborative
15 Court Square, 11th Floor
Boston, MA 02108

October 12, 2021

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Introduction

To be added by DHHS in final Plan

DRAFT

Olmstead v. L. C.

Within the disability community, the *Olmstead v. L. C.* Supreme Court case¹ is often compared to *Brown v. Board of Education*, and with good reason. Like *Brown*, *Olmstead* is a transformative driver of cultural and systemic change. The *Olmstead* decision, which derives from the Americans with Disabilities Act (ADA), provided our country with a sweeping interpretation of the ADA’s “integration mandate.” Writing for the court, Justice Ruth Bader Ginsburg stated that “unjustified segregation” of people with disabilities in institutional settings was unlawful discrimination under the ADA. The ruling established that public entities like the North Carolina Department of Health and Human Services must provide community-based services to people with disabilities when: (1) such services are appropriate; (2) the affected person doesn’t oppose treatment that takes place in the community; and (3) providing such services can be “reasonably accommodated, taking into account the resources available... and the needs of others who are receiving disability services...”² Since the ruling, efforts to implement *Olmstead* have brought thousands of people with disabilities into the mainstream of American life.

¹ *Olmstead vs. L.C., 1999, 527 U.S.* at 600-01. Retrieved October 10, 2021 from <https://supreme.justia.com/cases/federal/us/527/581/>

² *Olmstead vs. L.C., 1999, 527 U.S.* at 600-01. Retrieved October 10, 2021 from <https://supreme.justia.com/cases/federal/us/527/581/>

The Development of North Carolina's Olmstead Plan

In January 2020, the North Carolina Department of Health and Human Services (DHHS) engaged the Technical Assistance Collaborative (TAC), in partnership with the Human Services Research Institute (HSRI), to assist in the development and implementation of a comprehensive, effectively working plan to support the state's residents with disabilities in the most integrated settings appropriate to their needs as required under *Olmstead*. Following 15 listening sessions and extensive qualitative and quantitative data review, TAC issued a report that included both an assessment and an analysis of how the systems, funding, services, and housing options of the DHHS and other state agencies function to serve people with disabilities in integrated settings.³ The findings of this report, summarized below, were among many sources of information used in the development of the state's Olmstead Plan. The report also offered information germane to subsequent phases of the initiative, specifically, technical assistance for implementation activities, as deemed necessary; and development and implementation of a system for performance evaluation and outcome measurement.

In the early summer of 2020, the DHHS Secretary announced appointments to the Olmstead Plan Stakeholder Advisory (OPSA), a group of diverse stakeholders from the disability advocacy community, including individuals with lived experience and their families; service providers; managers of provider networks (e.g., the Local Management Entities/Managed Care Organizations or LME/MCOs); professional associations; policymaking leaders within the DHHS; and state legislators from both sides of the aisle. The OPSA is co-chaired by the recent past chair of The Coalition and the current chair of the North Carolina Coalition on Aging. These Community Co-Chairs are joined by a Departmental Co-Chair, the Deputy Secretary for NC Medicaid. Please see [Appendix B](#) for a current list of OPSA members and their affiliations.

Shortly after the OPSA's first meeting, the DHHS adopted the following mission statement for the Olmstead initiative:

In collaboration with our partners, the NC DHHS provides essential services to assist people with disabilities to reside in and experience the full benefit of inclusive communities.

After discussion with its membership, the OPSA also adopted this vision statement:

North Carolina champions the right of all people with disabilities to choose to live life fully included in the community.

The DHHS recognized that while the OPSA would play a key role in advising the Department during plan development, the focused work for development and implementation would require staff and individuals involved in carrying out the day-to-day work. The DHHS subsequently complemented the

³ Technical Assistance Collaborative, Inc. & Human Services Research Institute (2021). [*An assessment of the North Carolina Department of Health and Human Services' system of services and supports for individuals with disabilities*](#) [PDF], Raleigh, NC: North Carolina Department of Health & Human Services, <https://bit.ly/3uZFBPB>

Advisory with a team of subject matter and data experts from across the Department, along with representatives from LME/MCOs and their provider networks. This OPSA Staff Work Group is led by the Office of the Senior Advisor on the Americans with Disabilities Act (ADA) and the Office of the General Counsel. The DHHS next formed committees from the OPSA’s membership, composed of external stakeholders, DHHS leadership, and other DHHS staff members, to develop recommendations and action steps to address plan priorities. The 2021 committees are:

Housing	Employment
Community Capacity Building	Transitions to Community
Children, Youth, and Families	Workforce Development
Older Adults	Quality Assurance and Quality of Life

The Department selected eight OPSA members to chair the committees, and each committee was assigned staff to guide and inform its work. Please see [Appendix B](#) for a list of OPSA committees and membership.

To date, the OPSA has convened six quarterly meetings, which have spotlighted key policy innovations; featured presentations from national experts;⁴ provided committee updates; and reviewed progress and provided feedback on Olmstead Plan development. The subcommittees have met regularly, providing meeting minutes and summaries to the Assistant Director for Olmstead Plan Development in the Office of the Senior Advisor on the ADA; these were forwarded to TAC for review.

⁴ In 2020, OPSA heard from TAC Executive Director Kevin Martone on Olmstead Plan development; Burton Blatt Institute Senior Director for Law and Policy Jonathan Martinis on supported decision-making; and Executive Director of the National Alliance for Direct Support Professionals (NADSP) Joe Macbeth and Director of the Institute for Community Integration (ICI) Amy Hewitt, Ph.D. on workforce development. In 2021, OPSA hosted expert presentations from the Lewin Group’s Leigh Ann Kingsbury on person-centered systems and aging with disabilities; High Impact’s Allan I. Bergman on competitive integrated employment; former Secretary of the Pennsylvania Department of Public Welfare and former Senior Advisor to the Secretary of Housing and Urban Development Estelle Richman on effective system change strategies; Mathematica’s Jessica Ross and Carey Appold on quality measurement; TAC’s Jim Yates on the Center for Medicare and Medicaid’s (CMS) Final Home and Community Based Services (HCBS) Settings Rule; and TCL Independent Reviewer Marti Knisley on supported housing. TAC Senior Consultant Sherry Lerch attended all quarterly meetings.

North Carolina's System to Support Individuals with Disabilities

Systems Overview

State Structure

The North Carolina Department of Health and Human Services (DHHS) has 33 divisions and offices⁵ in six broad service areas: Health; Opportunity and Well-Being; Medicaid; Operational Excellence; Policy and Communications; and Health Equity. The DHHS also oversees 14 facilities: developmental centers; neuro-medical treatment centers; psychiatric hospitals; alcohol and drug abuse treatment centers; and two residential programs for children. These divisions and offices are responsible for the oversight of state and federal funding; program development; establishing and informing statewide policy; providing advocacy and protection for recipients; providing technical assistance on evidence-based and promising practices; and overseeing quality improvement.

The Role of Local Management Entities/Managed Care Organizations, Tailored Plans, and Standard Plans

Since July 1, 2013, Local Management Entities/Managed Care Organizations (LME/MCOs) have been responsible for statewide management and oversight of the public system of mental health, developmental disabilities, and substance use disorder services at the community level. Their role is to coordinate both behavioral health and intellectual/developmental disability (I/DD) services, and payments for those services. This coordination is accomplished through a network of local community service providers which contract with and are monitored by the LME/MCOs. The LME/MCOs receive a monthly payment from the DHHS' Division of Health Benefits (NC Medicaid) based on the number of Medicaid beneficiaries residing in each LME/MCO's catchment area. Medicaid beneficiaries receive mental health, substance use disorder, and I/DD services through the LME/MCO's authorization for services within their network. LME/MCOs are also charged by General Statute to serve people who are uninsured, with funding supplied through U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) block grants that require matching state funds as a "Maintenance of Effort." The state portion of non-Medicaid funding is appropriated by the General Assembly and referred to as "single stream funding."

Prior to July 1, 2021, Medicaid beneficiaries were enrolled in NC Medicaid Direct, administered by the DHHS, for physical health and pharmacy benefits. Effective on that date, most Medicaid beneficiaries were required to enroll in a Medicaid managed care plan run by an insurance company, referred to as a "Standard Plan." Standard Plans provide integrated physical health, behavioral health, pharmacy benefits, and long-term services and supports to most Medicaid beneficiaries, as well as programs and services that address unmet health-related resource needs.

⁵ North Carolina Department of Health & Human Services (n.d.). *Overview*, Retrieved October 10, 2021 from <https://www.ncdhhs.gov/about/overview>

Beginning on July 1, 2022, selected LME/MCOs will operate Behavioral Health I/DD Tailored Plans to provide specialized services for individuals with significant behavioral health conditions, intellectual/developmental disabilities (I/DDs), or traumatic brain injury (TBI). Tailored Plans will include integrated physical health care, pharmacy benefits, and long-term services and supports, as well as programs and services to address unmet health-related resource needs.

NC Medicaid's "[Tailored Plan Information for Providers](#)" [PDF] resource provides more information.

System Strengths, Gaps, and Challenges in Supporting Individuals with Disabilities

Strengths of the System

North Carolina has been engaged for many years in transforming its services and systems to support individuals with disabilities as fully included members of their communities.

The Transitions to Community Living (TCL) effort has resulted in positive outcomes and improved delivery of services for many adults with serious mental illness (SMI) in North Carolina, and may act as a framework for serving people with other disabilities. North Carolina leverages numerous federal resources to support individuals with disabilities, including Medicaid Home and Community Based Services (HCBS) waivers, Money Follows the Person (MFP), the Children's System of Care model, and the development of affordable housing. North Carolina has made progress in providing opportunities for competitive integrated employment for individuals with disabilities; Governor Cooper signed Executive Order No. 92, declaring North Carolina an Employment First state. The DHHS promotes evidence-based practices that support children, adults, and older adults with behavioral health disorders; individuals with I/DD; and individuals involved with the criminal justice system. North Carolina's universities have created model programs, and provide training and consultation in evidence-based practices. LME/MCOs provide community-based services and supports in addition or as alternatives to Medicaid state plan services. Finally, the DHHS has entered into a contract with the Cherokee Indian Hospital Authority to support the Eastern Band of Cherokee Indians in addressing the health needs of American Indian/Alaska Native Medicaid beneficiaries, the first Indian managed care entity of its kind in the nation.⁶

Challenges within the System

While progress has been made towards achieving the vision of *Olmstead*, there is more work to do. Not enough community-based service providers have developed the skills necessary to serve individuals with complex needs or challenging behaviors, leaving state-operated facilities and costly, out-of-state psychiatric residential treatment facilities (PRTFs) as the only options for services for these individuals. Gaps in services impede community integration; additional community-based service options and capacity are needed for children, adults, and older adults with disabilities to reduce reliance on

⁶ North Carolina Department of Health & Human Services (2021, October 3). [Eastern Band of Cherokee Indians \(EBCI\) tribal option overview](#), Retrieved October 10, 2021 from <https://bit.ly/3iQTIrb>

institutional and congregate care settings. Yet the growth of service capacity is challenged by the staffing crisis faced by North Carolina and every state across the country. There are not enough staff, including but not limited to direct support professionals, to serve individuals with disabilities. Finally, the supply of affordable, accessible housing is limited in locations where services and transportation are readily available for individuals with disabilities.

A number of barriers inhibit both access to the services and supports that do exist and to the development of additional services to support individuals with disabilities as integrated members of their communities. Individuals and families must wait for services and funding. The Registry of Unmet Needs exceeds 15,000 individuals with I/DD, more than the number of Innovations Waiver participants. More than one in ten North Carolinians lacks access to health care coverage and must rely on limited and shrinking state funding for community-based services, leading them to turn instead to crisis, emergency department, and state-operated health care services. Finally, overly restrictive guardianship has been identified as a consistent barrier to community inclusion, affecting individuals with all disabilities and of all ages.

No Olmstead Plan can remedy every need and challenge a state faces in serving and supporting its residents with disabilities. This Plan, set forth by the DHHS, is intended to highlight how the Department's current work, future implementation efforts, and use of resources can be viewed through an Olmstead lens to achieve the state's vision of community inclusion for individuals with disabilities in North Carolina's publicly funded system of services and supports.

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North Carolina's Olmstead Plan Priorities

North Carolina's Olmstead Plan envisions all people with disabilities exercising their right to choose a life that is fully included in the community. This Plan sets forth priorities and strategies to help achieve this vision. In each priority, initial target measures are identified to assess progress in implementing strategies. Measures will be revised and refined, and new measures developed, as the Department of Health and Human Services (DHHS) enhances its ability to track data and establish baselines. This initial Plan will guide the Department's efforts as follows:

Year One: January 1, 2022 – December 31, 2022

Year Two: January 1, 2023 – December 31, 2023

This draft of the North Carolina Olmstead Plan is being published for public comment. As noted in the conclusion, the Plan that is ultimately adopted following public comment is intended to be a living document that is subject to regular change based on any number of circumstances, such as: meeting targets earlier than expected; failing to meet targets; receiving funding from the General Assembly or the federal government; or changing the trajectory of goals based on public input, learned experience, or circumstances that are unaccounted for or unforeseen. The DHHS welcomes scrutiny and criticism of this draft proposal, and will endeavor to finalize an Olmstead Plan that is fruitful, comprehensive, and achievable.

Priority Area 1: Strengthen Individuals' and Families' Choice for Community Inclusion through Increased Access to Home and Community Based Services and Supports

What Priority Area 1 Means

Home and Community Based Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their homes or in a community-integrated setting rather than in institutions or other isolating settings.

Why Priority Area 1 is Important

North Carolina has four Medicaid waivers that provide federal matching funds for HCBS: the Innovations waiver for individuals with intellectual/developmental disabilities (I/DD); the traumatic brain injury (TBI) waiver; and, for children and adults who are medically fragile or medically complex, the Community Alternatives Program for Children (CAP/C) waiver and the Community Alternatives Program for Disabled Adults (CAP/DA) waiver, respectively. The Centers for Medicare and Medicaid Services (CMS) issued a

Final Rule on the requirements for settings in which residential and employment/day services are provided to HCBS recipients. North Carolina must be fully compliant with the Final Rule by March 23, 2023 or risk losing federal revenue.

There are currently waiting lists for two of North Carolina’s four HCBS waivers. Approximately 2,100 people are on the CAP/DA waiver waiting list, and approximately 15,000 people are on the Innovations waiver waiting list (the Registry of Unmet Needs).⁷ Although the CAP/C waiver does not have a waiting list, the maximum participant count of 4,000 is reaching its limit. The demand for CAP/DA waiver services will likely increase; over the last ten years, while the North Carolina population saw a 10 percent increase, there was a 41.9 percent increase in the population over 65 years old.⁸ Finally, while the TBI waiver is a “pilot” and does not have a waiting list, eligibility for this waiver is limited to a few counties within the state.

Section 9817 of the American Rescue Plan Act temporarily increases Federal Medical Assistance Percentage (FMAP) rates by 10 percentage points for certain Medicaid HCBS expenditures. This federal funding boost can help states increase community-based options for people with disabilities. The policy of promoting community inclusion comports with Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131–12134, as interpreted by the Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999). The ruling requires public entities to administer services to individuals with disabilities in the most integrated setting appropriate to their needs.

North Carolina’s Priority Area 1 Efforts to Date

HCBS Transition Plan

- ✓ As of July 8, 2021, the DHHS had validated that 70.29 percent of the 6,000 residential, supported employment, and day supports sites providing HCBS to waiver recipients were in compliance with the Final Settings Rule.⁹
- ✓ The Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) is also revising I/DD and TBI state-funded service definitions to include HCBS principles, making these services comparable for recipients.

Expanded Opportunities for Community Inclusion and HCBS

- ✓ On July 12, 2021, the DHHS submitted to CMS a proposal and estimated expenditures for a number of initiatives to strengthen HCBS in North Carolina in support of this Olmstead Plan (see strategies below). The DHHS has received a partial approval of the Plan and, at the request of CMS, is in the process of providing clarification.
- ✓ The North Carolina General Assembly has proposed expanding participant counts in the Innovations waiver by 1,000, with 800 of these slots available by January 1, 2022, pending

⁷ Per conversation with North Carolina Division of Health Benefits staff.

⁸ 2019 Population estimates, U.S. Census Bureau.

⁹ Per conversation with North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services staff.

legislation. The North Carolina legislature has also proposed adding 114 slots to the CAP/DA waiver, pending legislation.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Priority Area 1 Strategies

- The DHHS will ensure that all remaining sites providing HCBS that are identified within the transition period are validated and in compliance with the Final HCBS Settings Rule by no later than March 2023.
- The DHHS will continue efforts to promote serving individuals in community-integrated settings, and will assess annual expenditures for institutional and community-based care with the intent of further rebalancing state and federal resources to support more individuals with disabilities in the community.
- The Division of Health Benefits (DHB) will add Innovations, CAP/DA, and CAP/C waiver slots using enhanced FMAP, pending CMS approval, and newly appropriated state funds.
- The DHHS will expand eligibility for the TBI waiver by adding counties of residence, reducing the age of eligibility to 18 years old, and increasing the income limit to 300 percent of the federal poverty level.
- The DHB will develop a state waiting list database of individuals with I/DD and, in the future, individuals with TBI, for both state-funded services and Medicaid-waiver-funded services.
- The DHB will inform families of children on the Registry of Unmet Needs that their children may be eligible and should be assessed for services through the CAP/C Waiver or Personal Care Services, as covered under the State Plan.
- The DHB is actively developing a Remote Supports service definition, initially for the TBI waiver renewal, followed by the Innovations waiver and, pending CMS approval, will use enhanced FMAP to add remote technology support to CAP/C and CAP/DA waivers.
- The DHB will expand Home Health services to include persons who are transitioning from institutions to the community and who have three or more chronic conditions of any type, and will expand Specialized Therapies for people transferring to the community from institutions for the first year.
- The DHB is revising North Carolina's regulations that set the cap on eligibility for 1915(c) waiver benefits for individuals transitioning from institutional care, to reduce/eliminate the deductible for community-based services, thereby increasing access to HCBS for these individuals.

Baseline Data/Targeted Measures for Priority Area 1

Baseline Data for Priority Area 1¹⁰

As of May 1, 2021, there were 13,138 individuals with I/DD supported by the Innovations waiver, and more than 15,000 individuals on the Registry of Unmet Needs (waiting list).

In Fiscal Year 2019, there were 11,534 adults with physical disabilities supported by the CAP/DA Waiver and 2,650 children with complex medical conditions supported by the CAP/C waiver.

The TBI waiver currently supports 41 individuals but has a capacity of 107 slots.

Targeted Measures for Priority Area 1

- By March 2023, 100 percent of HCBS settings will comply with the Final HCBS Settings Rule.
- As noted in Table 1 below, the DHHS will provide more than 2,300 additional participants with access to HCBS waivers by December 31, 2023.

Table 1: Planned Increases to HCBS Waiver Participation in North Carolina

	Calendar Year 2022	Calendar Year 2023
Innovations	Increase by 1,000	Increase by 1,000
CAP/DA	Increase by 114	Increase by 200
CAP/C	Expand to 5,000	Increase if needed

Resource Requirements for Priority Area 1

HCBS Transition Plan

The DMH/DD/SAS will cover the cost to apply the Final HCBS Settings Rule requirements to state-funded services within the existing state appropriation.

Expanded HCBS Opportunities

The cost of additional waiver slots will be covered through federal Medicaid revenues and increased state appropriations as approved by the North Carolina General Assembly.

The estimated state share of the cost of HCBS policy proposals will be covered through State Fiscal Year 2023 using a portion of the enhanced FMAP for HCBS.

¹⁰ Except where otherwise noted, baseline data for all Priority Areas was provided to TAC by DHHS staff.

Priority Area 2: Address the Direct Support Professional Crisis

What Priority Area 2 Means

Direct support professionals (DSP) are individuals who are employed to “provide a wide range of supportive services to individuals...on a day-to-day basis, including habilitation, health needs, personal care and hygiene, employment, transportation, recreation, housekeeping and other supports, so that these individuals can live, work and participate in their communities” and “lead self-directed, community and social lives.”¹¹ DSPs support activities of daily living to the extent needed and provide support and advocacy for individuals to be fully included in their communities. DSPs may work in community-based facilities or provide services to Medicaid waiver participants who live in their own apartments or with family.

Why Priority Area 2 is Important

The quality of support provided by DSPs to individuals with physical disabilities, intellectual/developmental disabilities (I/DD), mental health needs, and substance use disorders has a profound influence on their satisfaction with services and supports paid for by the State of North Carolina. Specific factors that can have a significant impact on the quality of life for these individuals include the competence, stability, and satisfaction of DSPs, as well as turnover rates and vacancies.

The success of Home and Community Based Services (HCBS) and other community-based services depends on having a workforce, inclusive of professional caregivers and, in some cases, family members who can meet the needs of individuals with disabilities living in the community. This is not only a matter of hiring enough qualified individuals, but of retaining them as well. While raising the hourly rate they receive is viewed as the priority solution to increase hiring of DSPs, requiring competency-based training is essential to improving the quality of services provided.

North Carolina has more than 123,000 direct service workers,¹² including DSPs, and the need for these workers is projected to increase by at least 20,000 jobs by 2028.¹³ However, the direct service workforce has high rates of turnover and lower rates of employee retention; 53 percent of the state’s direct service

¹¹ Congressional Record, November 4, 2003, p. H10301 as cited in *Report to the President 2017, America’s direct support workforce crisis: Effects on people with intellectual disabilities, families, communities and the U.S. economy*, President’s Committee for People with Intellectual Disabilities. The term “direct support professionals” is increasingly used for the frontline workforce within other populations of people with disabilities.

¹² Goldsmith, T. (2018, November 29). [Demand for NC direct care workers, mount, but wages decline](https://bit.ly/2YFDsMT), *North Carolina Health News*, <https://bit.ly/2YFDsMT>

¹³ Goldsmith, T. (2021, February 17). [As the long-term care industry shifts, COVID-19 shortchanges NC’s frontline workers](https://bit.ly/3mHiCp1), *North Carolina Health News*, <https://bit.ly/3mHiCp1>

workforce live at or near poverty level.¹⁴ Adequate rates of pay must be established, and competency-based training made available.

Currently, there is a gap between the HCBS services authorized and the services delivered by providers, attributed in large part to the lack of DSPs and in-home nurses. This gap will only widen as the DHHS is proposing to increase the number of participants for the Innovations, Community Alternatives Program for Children (CAP/C), Community Alternatives Program for Disabled Adults (CAP/DA), and traumatic brain injury (TBI) waivers. Adding waiver slots without also addressing the shortage of DSPs may create an environment where people have more difficulty accessing services.

Raising DSP wages will go a long way in stabilizing the workforce, however additional efforts will also be necessary to maximize the available workforce. The expanded use of assistive technology is emerging as a strategy to relieve the overwhelming demand for DSPs. For example, “smart homes” support individuals with I/DD, TBI, and physical disabilities to live independently. The technology and supports are designed to anticipate challenges and threats to safety and resolve them before they happen, allowing staff to intervene only when needed rather than being present 24/7. While not the solution for everyone, technology can empower individuals with disabilities with greater independence and expand access to HCBS support.¹⁵

North Carolina’s Priority Area 2 Efforts to Date

- ✓ In May 2021 the General Assembly introduced HB 914, an act to provide a rate increase for direct support services to Medicaid beneficiaries. Designated Medicaid providers covered by the bill include: those offering waiver services; those providing personal care services; intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs); nursing facilities; home health providers; and behavioral health residential facilities.
- ✓ The Division of Health Benefits (DHB) developed and implemented a pilot program to expend \$1.6 million by June 30, 2021 to provide communication access services for deaf, deaf-blind and hard-of-hearing Medicaid beneficiaries.
- ✓ By December 2021 the Division of Aging and Adult Services (DAAS), in collaboration with the NC Assistive Technology Project, will have accessed funds awarded via a COVID Aging and Disability Resource Center grant. These funds will support the initiation of specific services to assist seniors with disabilities to learn about and use assistive technology for communication and safety.
- ✓ Self-direction is an option under the Innovations, CAP/DA, and CAP/C waivers.

Please see [Appendix A](#) for additional North Carolina efforts to date.

¹⁴ Robins, A. (2020, October 6). [Essential jobs, essential care: A conversation with North Carolina](https://bit.ly/3mIGrN5), *PHI National*, <https://bit.ly/3mIGrN5>

¹⁵ LADD, Inc. (n.d.) [Smart living](https://laddinc.org/program/smart-living/), Retrieved October 10, 2021 from <https://laddinc.org/program/smart-living/>

Proposed Strategies for Priority Area 2

- The DHB will, pending CMS approval, allocate enhanced Federal Medical Assistance Percentage (FMAP) funds to increase DSP wages, to be sustained on an ongoing basis, pending inclusion of the additional funds in future state budgets.
- The DHB will, pending Centers for Medicare and Medicaid Services (CMS) approval, allocate enhanced FMAP for the recruitment and training of DSPs.
 - The Department of Health and Human Services (DHHS) will consult with qualified individuals to determine the competency-based curricula for training DSPs across sectors.
- The DHHS will establish a credential for DSPs that recognizes lived experience and that is portable among geographic regions of the state, and will identify a credentialing association/board/entity to develop and manage the credentialing process; advocate for the credential; and manage grievances.
- The DHB will assess the ability of families to receive authorized services for their medically complex children, given the shortage of in-home nurses.
- The Division of Services for the Blind (DSB) will provide virtual instruction to enable 50 individuals with visual impairment to successfully utilize assistive technology and adaptive devices to enhance their independent functioning in the home, family, community, and employment.
- The DHHS will work with the Standard Plans and Local Management Entities/Managed Care Organization (LME/MCO) Tailored Plans to increase the use of “smart home” technologies that support independent living.

Baseline Data / Targeted Measures for Priority Area 2

Baseline Data for Priority Area 2

The average starting wage for a DSP in North Carolina is \$10.88/hour; the average wage paid ongoing is \$11.95/hour.¹⁶

In Fiscal Year 2019, the penetration rate for assistive technology among Innovations waiver recipients was 7.9 percent.¹⁷

In Fiscal Year 2020, the Division of Vocational Rehabilitation Services (DVRS) provided assistive technology services including assessments, provision of adaptive equipment, and training for 700+ consumers.

¹⁶ National Core Indicators (2020). *National Core Indicators 2019 staff stability survey report* [PDF]. <https://bit.ly/3aoa1ld>

¹⁷ Technical Assistance Collaborative, Inc. & Human Services Research Institute (2021), *An assessment of the North Carolina Department of Health and Human Services' system of services and supports for individuals with disabilities* [PDF]. Raleigh, NC: North Carolina Department of Health & Human Services, <https://bit.ly/3uZFBPB>

Between April 2020 and August 2021, the DAAS Assistive Technology Project served 6,404 individuals. Of those served, 2,147 have a disability and 1,299 are age 60 or older.

In Fiscal Year 2019, the penetration rate for the self-directed Community Navigator service among individuals on the Innovations waiver was 24.8 percent;¹⁸ self-direction was selected by 23 percent of CAP/DA participants and 38 percent of CAP/C participants.

Targeted Measures for Priority Area 2

- Effective July 1, 2022, DSPs will be eligible to receive a wage increase to \$15.00/hour.
- By December 31, 2023, an additional 100 individuals will receive assistive technology, including “smart homes” technology, through Standard Plans and LME/MCO Tailored Plans.
- By December 31, 2023, 20 percent more seniors will have increased access to assistive technology through the Aging and Disability Resource Center DAAS Assistive Technology Project.
- By December 31, 2023, an additional five percent of individuals on the CAP/DA, CAP/C, and Innovations waivers will choose to self-direct their services.

Resource Requirements for Priority Area 2

Pending CMS approval, the DSP wage increase will be covered via enhanced FMAP and a General Assembly proposed budget increase through State Fiscal Year 2023.

Priority Area 3: Divert and Transition Individuals from Unnecessary Institutional and Segregated Settings

What Priority Area 3 Means

Diversion services provide individuals with disabilities the supports needed to remain at home, alleviating the need for institutional or congregate living. Many individuals with disabilities want to remain in their homes, but they or their families lack the resources or assistance they need to do so safely. More individuals could be supported in community-based settings of their choice if they and their families could easily access information about services to support greater independence.

Transition services and supports assist people to integrate into the community after leaving institutions or settings that hindered community inclusion. Individuals with disabilities can languish in such settings if they do not have either the supports to be successful, or the resources to cover transition costs such as first-month’s rent or move-in expenses.

¹⁸ DHHS Medicaid Claims Data.

Why Priority Area 3 is Important

Children and youth are negatively impacted by out-of-home placements, through reduced contact with their families, homes, communities, pets, friends, possessions, routines, and school settings. These changes can be traumatic, having a detrimental effect on children's brain development and neurological function. Adults also experience negative impacts when removed from their homes, resulting in loss of independent living skills and social supports. The longer an individual with a disability is in a more restrictive setting, the more challenging it is for them to return to independent living.

In addition to the individual benefits of diversion and transition services, there are cost savings that can be invested into serving more people in the community. For example, Money Follows the Person (MFP) offers individuals the opportunity to transition to the community where they can receive home- and community-based services; on average, North Carolina saves \$2,600 per person per month in its MFP program compared to the cost of institutional care.

Finally, diverting and transitioning individuals with mental health disorders from state psychiatric hospitals, adult care homes (ACHs), and homelessness are requirements of the Transitions to Community Living (TCL) settlement agreement with the U.S. Department of Justice.¹⁹ Over the last two years, North Carolina has been hampered in its ability to move individuals from ACHs as a result of the COVID-19 pandemic. The state fell just short of its benchmark to have 3,000 persons in housing by June of 2021. Per the TCL independent reviewer's 2020 report, North Carolina is not on track to transition 2,000 individuals from adult care homes to supported housing slots, which is one of the main sub-requirements in the settlement agreement and the issue at the heart of the alleged *Olmstead* violations leading to the agreement.

North Carolina's Priority Area 3 Efforts to Date

Diversion

- ✓ The North Carolina Department of Health and Human Services (DHHS) created the Referral, Screening, and Verification Process (RSVP)²⁰ to identify when a person with a serious and persistent mental illness (SPMI) is referred to an ACH. An "Independent Reviewer" then screens them for eligibility to TCL, to potentially divert the admission to an ACH.
- ✓ The Local Management Entities/Managed Care Organizations (LME/MCOs) are currently conducting in-reach with 1,241 adults with serious mental illness (SMI) and serious and persistent mental illness (SPMI) in state psychiatric hospitals, and with 3,852 individuals residing in ACHs, to engage and inform them about community mental health services and supportive housing options.²¹

¹⁹ North Carolina Department of Health & Human Services (n.d.). [Transitions to community living](https://bit.ly/3FxEwU8), Retrieved October 10, 2021 from <https://bit.ly/3FxEwU8>

²⁰ North Carolina Department of Health & Human Services (n.d.). [Transitions to Community Living - Referral Screening Verification Process \(RSVP\)](#) [PDF].

²¹ North Carolina Department of Health & Human Services (n.d.). [Transitions to Community Living - Referral Screening Verification Process \(RSVP\)](#) [PDF].

- ✓ The DHHS is proposing to use a portion of the American Rescue Plan Act five-percent set-aside as well as Duke Endowment funds to expand the availability of mobile crisis services to children using the Mobile Outreach Response Engagement Stabilization Service (MORES) model, including training staff in the provision of crisis services to children and a family peer support component, to divert inpatient admissions and out-of-home placements for treatment.
- ✓ Supported with Governor’s Task Force funds, the Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), the Vaya Health LME/MCO, and Mission Hospital have piloted the Resource Intensive Comprehensive Case Management Model. The model focuses on diverting adults with SMI from unnecessary hospital emergency department admissions, instead linking them to intensive community supports.
- ✓ The Promise Resource Network, a nationally recognized peer-run organization in Charlotte, and the Sunrise Community for Recovery and Wellness in Asheville, operate peer-run respite centers that offer an alternative to emergency department visits, inpatient mental health services, and involuntary commitments through a non-forced, voluntary, and unlocked healing alternative.

Transitions

- ✓ Since 2009, North Carolina has used the MFP demonstration to transition nearly 1,400 individuals from institutional settings to community-based living.
- ✓ Since 2013, the TCL effort has transitioned more than 5,000 individuals with SMI from SPHs and ACHs, with nearly 3,000 to date occupying their own permanent supported housing and only 28 readmissions to an SPH.²²
- ✓ The DMH/DD/SAS is engaged in Children’s Residential Redesign, an effort focusing on family support partners to increase families’ voice and choice; active decision-making; and appropriate transitions from placement to services and supports within the community.
- ✓ In 2021, the Green Tree Peer Center opened a peer-run crisis respite program to transition individuals from emergency departments by continuing to offer crisis support and a quiet space for up to 24 hours.
- ✓ In August 2021, the DMH/DD/SAS submitted a budget amendment under the Emergency COVID Grant to help no fewer than 200 individuals from impacted counties transition from incarceration into a North Carolina Oxford House.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Strategies for Priority Area 3

- The DHHS will embark on Child Welfare redesign to identify children and families served by the Division of Social Services, the Division of Health Benefits (DHB), and the DMH/DD/SAS, and to establish shared outcomes to reduce out-of-home placements.
- The DMH/DD/SAS will implement seven new mobile crisis services teams for children.

²² Represents fewer than 28 individuals; some had more than one state psychiatric hospital readmission.

- LME/MCOs will initiate in-reach to their members within seven days of admission to an ACH or SPH, and continue to provide not less than quarterly.
- The DHB will use a portion of the enhanced Federal Medical Assistance Percentage (FMAP) under the American Rescue Plan Act of 2021 to expand Healthy Options Care Needs screening to Home and Community Based Services (HCBS) beneficiaries.²³
- Pending Centers for Medicare and Medicaid Services (CMS) approval, the DHB will use a portion of the enhanced FMAP for bridge funding to cover transition support for individuals moving from institutional and congregate care settings into independent living.
- The Division of State Operated Healthcare Facilities (DSOHF) will continue to articulate specific stabilization goals, timeframes, and expectations for an individual's transition back to the community via the State Developmental Centers' Memorandum of Agreement with the individual and their family or guardian.
- The DSOHF is seeking and will incorporate stakeholder input as initial steps to developing a new strategic plan for the State Developmental Centers to be completed by December 31, 2022.
- The State Developmental Centers will establish Centers of Excellence for the purposes of testing service models and approaches to support individuals with intellectual/developmental disabilities (I/DD) in the community. These will provide training, technical assistance, and consultation for community providers to build their expertise in supporting individuals with challenging and complex needs, thereby reducing reliance on future admissions to the Centers.
- The DHHS will develop an on-demand Informed Decision Making (IDM) webinar for the LME/MCO staff and local Departments of Social Services (DSS) guardians to access at any time.
- The DHHS will expand the use of Consumer Engagement - IDM tool beyond TCL.
- The DHHS will expand the Barriers Committee which helps to resolve barriers to community living for the TCL population, to include all Olmstead populations.
- The Division of Aging and Adult Services (DAAS) will expand the use of the Screening and Priority Services Tool, or an alternative tool for prioritization of services, statewide.
- The DHHS will track ambulance transports to an alternative location other than emergency departments to assist in quantifying the need for expanded peer-run respite services.

Baseline Data/Targeted Measures for Priority Area 3

Baseline Data for Priority Area 3

NC Medicaid's MFP program has transitioned 369 older adults, 418 people with physical disabilities (under the age of 65) and 583 individuals with I/DD from nursing facilities, hospitals, intermediate care

²³ North Carolina Department of Health & Human Services, Division of Health Benefits (2021). [North Carolina spending plan for the implementation of the American Rescue Plan Act of 2021, Section 9817 10% FMAP increase for Home and Community-Based Services](https://medicaid.ncdhhs.gov/media/9910/open) [PDF]. <https://medicaid.ncdhhs.gov/media/9910/open>

facilities for individuals with intellectual disabilities (ICF/IIDs), and psychiatric residential treatment facilities (PRTFs).

In State Fiscal Year 2020, the number of individuals discharged from state psychiatric hospitals to TCL and supported housing increased by 28 percent from fiscal year 2019, and the number of individuals with SMI referred to ACHs decreased by 33 percent.²⁴

In State Fiscal Year 2020, specially trained emergency medical services (EMS) workers in five counties in North Carolina (Forsyth EMS, Orange EMS, Stokes EMS, McDowell EMS, and Onslow EMS) responded to behavioral health emergencies, reporting 1,565 community behavioral health paramedicine encounters. Of those encounters, 380 were treated on the scene, and required no transport to a higher level of emergency response; another 159 encounters resulted in the individuals being transported to alternative emergency response facilities (e.g., behavioral health urgent care centers or facility-based care centers) instead of to hospital emergency departments.

As of July 2021, ten providers in five of the sixteen Area Agencies on Aging reported using the Screening and Priority Services Tool. Four Area Agencies on Aging had offered training on use of the tool.²⁵

Peer-run crisis centers have diverted 380 individuals (24%) from inpatient admissions and transitioned 159 individuals (10%) from emergency department stays.

In State Fiscal Year 2021, 240 individuals in recovery from substance use disorders, including opioid use disorder, were mentored and transitioned from incarceration into a North Carolina Oxford House.

In Fiscal Year 2021, 25 percent of TCL-eligible individuals in Population Category 5 were diverted from ACH admissions.²⁶

In Fiscal Year 2021, 111 individuals with SMI, or co-occurring mental illness and substance use disorder, who were homeless or at risk of homelessness received Projects for Assistance in Transition from Homelessness (PATH) services.

Targeted Measures for Priority Area 3

- In each of Fiscal Years 2022 and 2023, MFP will support 68 transitions to the Innovations waiver and 3 transitions to the TBI waiver.
- By December 31, 2023, RSVP will divert 20 percent of TCL individuals from ACH admissions.
- By December 31, 2023, the DHHS will transition 750 individuals from ACHs.

²⁴ North Carolina Department of Health & Human Services (2021). [2019-2020 annual report of the North Carolina Transitions to Community Living Initiative](https://www.ncdhhs.gov/media/10458/open) [PDF]. Report to the Joint Legislative Oversight Committee on Health & Human Services, <https://www.ncdhhs.gov/media/10458/open>

²⁵ North Carolina Department of Health & Human Services (2018, November 18). [NC Area Agencies on Aging locations](#) [PDF].

²⁶ Individuals diverted from entry into an adult care home pursuant to the preadmission screening and diversion provisions established by the state.

- By December 31, 2023, 400 individuals will receive bridge funding to transition from institutional and congregate care settings to independent living.
- By June 30, 2023, at least eight Area Agencies on Aging and 30 providers will be using the Screening and Priority Services Tool.
- The North Carolina Council on Developmental Disabilities' re-entry initiative will work through its initiative partner (contractor) to transition 100 individuals with I/DD in 2022 and 60 more in the first six months of 2023 from certain jails and prisons into the community with the supports and services necessary for them to thrive, thereby reducing recidivism.

Priority Area 3 Resource Requirements

The cost of these initiatives will be covered using enhanced FMAP under the American Rescue Plan Act of 2021, pending CMS approval, LME/MCO and Tailored Plan contracts, Mental Health Block Grant set-aside funds, and existing state funds. Additional state funds may be requested as needed from the North Carolina General Assembly.

Priority Area 4: Increase Opportunities for Supported Education and Pre-employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities

What Priority Area 4 Means

Supported education is a person-centered approach that provides students with mental health disorders the opportunity to pursue post-secondary education options. Pre-employment transition services (Pre-ETS) are described in the Workforce Investment Opportunity Act (WIOA). The North Carolina Division of Vocational Rehabilitation Services (DVRS) is required to provide these services to students with disabilities 14 to 21 years of age in collaboration with Local Education Agencies for all eligible and potentially eligible students with disabilities. The DVRS also continues to provide vocational rehabilitation services to youth and adults with disabilities 14 years of age and older to assist them in reaching their goal of competitive, integrated employment (CIE).

Why Priority Area 4 is Important

Supported education assists individuals with mental health disorders in gaining access to the types of employment that meet their interests and abilities, and increases their ability to be self-sufficient by earning above minimum wage, through post-secondary education. Pre-ETS provides students with job exploration counseling, work-based learning experience, counseling on employment options, workplace readiness training, and instruction in self-advocacy. CIE assists individuals with disabilities to increase their dignity, self-sufficiency, and quality of life, resulting in more positive outcomes than sheltered employment.

Participation in supported employment is a requirement in the U.S. Department of Justice Transitions to Community Living (TCL) settlement agreement; 2,500 covered individuals are to be receiving supported employment services to meet the agreement's requirement of "substantial compliance" with respect to employment. However, according to the 2019 report of the Independent Reviewer designated by the Department of Justice to monitor North Carolina's compliance with the TCL settlement agreement, "the number of individuals in the TCL target population receiving IPS/SE [Individual Placement and Support (IPS) - Supported Employment] remains low and IPS/SE teams struggle to improve their performance. Data supports that there are many more individuals in the TCL population who want the opportunity to go to work or back to work." In State Fiscal Year 2021, Access to Supported Employment had the lowest mean score of 22 Transitions to Community Living Initiative (TCLI) performance indicators.

North Carolina's Priority Area 4 Efforts to Date

Supported Education/Pre-employment Transition Services for Youth

- ✓ The DVRS has 84 third-party cooperative agreements with school systems across the state in which the school systems contribute to the cost of dedicated vocational rehabilitation staff serving students with disabilities who express interest in CIE.
- ✓ The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) was awarded a U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Healthy Transitions grant, targeted for transition-age youth and young adults²⁷; the grant focuses on screening, assessment, referral, and coordination of services including access to employment and education services and supports.
- ✓ With the DVRS's active participation on the State Transition Team, joint trainings developed in partnership with Department of Public Instruction for Local Education Agencies and local vocational rehabilitation transition staff resulted in an analysis of local needs and goal-setting to address gaps in areas related to CIE.

Competitive, Integrated Employment

- ✓ In March 2019, the Cooper administration declared North Carolina an Employment First state under Executive Order No. 92, affirming that individuals with disabilities can and should be valued members of the competitive work force.²⁸
- ✓ The North Carolina Department of Health and Human Services (DHHS) supports CIE for individuals with serious mental illness using the evidence-based practice of Individual Placement and Support – Supported Employment (IPS/SE). This service is an entitlement for Medicaid beneficiaries and is available as funds allow for individuals supported with state funding.
- ✓ Supported employment is a covered service for participants in the Innovations waiver, traumatic brain injury (TBI) waiver, and available via (b)(3) services, as well as state-funded services.

²⁷ A student with a disability, age 14 to 22, is eligible for transition services as part of their Individualized Education Plan (IEP), so long as that student is enrolled in a public school, which includes charter schools.

²⁸ [North Carolina Executive Order No. 92: Employment First for North Carolinians with disabilities](#) (March 28, 2019).

- ✓ North Carolina's first episode psychosis program consists of three pilot sites; each site has a Supported Employment and Education (SEE) specialist.
- ✓ In partnership with the North Carolina Business Committee on Education, the DVRS, North Carolina State University, Wake Technical Community College, and targeted community rehabilitation providers have developed Science, Technology, Engineering, and Math, including Computer Science (STEM/CS) internships for neuro-diverse individuals resulting in an 80 percent rate of hire.
- ✓ Effective October 1, 2021, DVRS-funded work adjustment training must be provided in an integrated location, offer a choice of three broad occupational categories, and pay at least minimum wage for work performed.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Strategies for Priority Area 4

- The DHHS will work with the Department of Public Instruction to promote the inclusion of employment in every Individualized Education Plan (IEP).²⁹
- The DHHS will strengthen efforts to coordinate employment services across agencies and systems to decrease reliance on segregated employment settings for youth post-graduation.
- The Division of State Operated Healthcare Facilities (DSOHF) will eliminate all State Developmental Center use of subminimum wage and will add programmatic offerings to allow for experiential informed decision-making and better prepare individuals with skills to pursue CIE when they transition to a community setting.
- The DHHS will draw upon the experience of providers (e.g., Watauga Opportunities, Inc.) that have transitioned successfully from Adult Developmental Vocational Programs (ADVPs) to supported employment.
- The DHHS will solidify Medicaid coverage for supported employment through submission of a 1915(i) Medicaid State Plan Amendment (SPA) and alignment of the supported employment service definition across funding streams.
- TCL program staff will monitor the LME/MCOs to improve their monitoring and educating the behavioral health service providers to increase IPS/SE referrals for TCL participants and other individuals with SMI/SPMI.
- The DHHS will provide trainings to DVRS, DMH/DD/SAS, and Division of Health Benefits (DHB) employment provider agencies in evidence-based practices that support individuals to achieve CIE. Trainings will be conducted through two cohorts of 35 providers by the end of Fiscal Year 2022. The DHHS will provide two additional trainings, open to any service provider, outlining best practices in CIE (e.g., customized employment) for an additional 35 providers each. This statewide training effort will equip service providers to better assist all persons with disabilities

²⁹ U.S. Department of Education (July 12, 2017). [Individuals with Disabilities Education Act: Sec. 300.320 Definition of individualized education program - Individuals with Disabilities Education Act](#), <https://bit.ly/3ap1a2y>

in the pursuit of gainful employment in their communities at competitive wages according to their informed choice.

- LME/MCOs Tailored Plan staff will enhance assertive engagement in employment and education and strategies to address common barriers and obstacles for members during In-Reach, transition planning, and after transitioning to supportive housing.
- The DMH/DD/SAS will continue transitioning reimbursement for IPS/SE for individuals with SMI/SPMI from fee-for-service to milestone payments.
- The DVRS anticipates establishing a milestone rate for work adjustment training in November 2022.
- The Division of Aging and Adult Services (DAAS) will continue to promote the Senior Community Service Employment Program (SCSEP), empowering low-income older workers with disabilities to achieve economic independence while receiving training in community service activities that will assist them in gaining the marketable skills necessary to re-enter the workforce.

Baseline Data/Targeted Measures for Priority Area 4

Baseline Data for Priority Area 4

In the 2018-19 In-Person Survey, National Core Indicator® (NCI)³⁰ respondents in North Carolina were significantly below the NCI® national average in likelihood of having a paid community job (12% vs. 19%), and significantly above the NCI® national average in not having a paid community job despite wanting one (58% vs. 44%).³¹

In State Fiscal Year 2019, 4,817 individuals with a disability successfully exited the DVRS vocational rehabilitation program into CIE.

- ▶ 34 percent were transition-age youth.
- ▶ 34 percent were individuals with cognitive disabilities.
- ▶ 38 percent were individuals with a psychosocial disability.

In fiscal year 2019, 27.7 percent of individuals receiving state-funded developmental disability services authorized by the LME/MCOs received ADVP services, while only 1.1 percent received supported employment.

In federal Fiscal Year 2019, Division of Services for the Blind (DSB) vocational rehabilitation services were provided to 3,085 individuals with blindness or low vision.

³⁰ [National Core Indicators](#) (NCI) is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. North Carolina participates in the NCI.

³¹ National Core Indicators — The National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (2020). [In person survey \(IPS\) state report 2018-19, North Carolina report](#) [PDF]. <https://bit.ly/2YHKNfh>

From October 1, 2020 through August 30, 2021, the DVRS provided employment services to over 29,000 North Carolinians with disabilities and has provided pre-employment transition services in all 100 counties of the state, serving over 3,000 students with disabilities at a cost of \$8,678,871.

In Fiscal Year 2021, the DVRS purchased the following services for persons with disabilities in addition to directly provided services:

- | | |
|--------------------------------------------------|--------------------------------------------|
| ▶ Job Placement and Supports for \$16.67M | ▶ Assessment for \$2.30M |
| ▶ Training for \$5.56M | ▶ Treatment for \$2.22M |
| ▶ Transportation and Maintenance for \$4.39M | ▶ Rehabilitation Technology for \$1.40M |
| ▶ Pre-Employment Transition Services for \$7.37M | ▶ Auxiliary and Other Services for \$1.61M |

In State Fiscal Year 2021, more than 3,150 individuals achieved goals for CIE after working with the DVRS.

In State Fiscal Year 2021, Employment First efforts by the DHHS and the Office of State Human Resources (OSHR) touched over 1,400 North Carolinians to further the goals of the Governor's Executive Order 92.

North Carolina's Coordinated Specialty Care First Episode Psychosis (CSC FEP) programs reported that participants exceeded the national averages for "any time spent in work or school" and for "any time spent in work" by 12 months and 24 months.

The TCL rate for CIE is 39 percent.

Targeted Measures for Priority Area 4

- By December 31, 2022, the DVRS is committed to increasing by five percent the number of students with disabilities who are provided pre-employment transition services.
- By December 31, 2023, the DVRS will increase by five percent the number of vocational rehabilitation participants achieving CIE after having been provided supported employment or other on-the-job supports.
- North Carolina CSC FEP programs will report a two-percent increase above the national averages for "any time spent in work or school" by 12 months and 24 months, and for "any time spent in work" by 12 months and 24 months.
- By the end of Fiscal Year 2022, the DHHS will conduct training with two cohorts of 35 DVRS, DMH/DD/SAS, and DHB employment provider agencies on evidence-based practices that support individuals to achieve CIE. The DHHS will provide two additional trainings, open to any service provider, outlining best practices in CIE (e.g., customized employment) for an additional 35 providers each.
- By December 31, 2023, increase by five percent the number of individuals receiving state-funded and Medicaid funded supported employment services authorized by the LME/MCOs for individuals with an intellectual or other developmental disability.

- By December 31, 2022, increase by three percent over the previous calendar year the number of participants who exit the DSB vocational rehabilitation program in unsubsidized CIE.
- The DVRS has committed to ensuring that at least 34 percent of career training program participants will receive a measurable skill gain to help them achieve their employment goal.
- By December 31, 2023, increase by five percent IPS/SE service (through IPS/SE or Assertive Community Treatment) to TCL members and/or CIE rates.

Resource Requirements for Priority Area 4

The cost of these initiatives will be covered using federal vocational rehabilitation awards, educational funds, Aging funds, LME/MCO Tailored Plan contracts, and existing state funds. Additional state funds may be requested as needed from the General Assembly. These goals are set by the DHHS and the listed divisions; funds will be expended as made available, according to funding guidelines.

Priority Area 5: Increase Access to Safe, Decent, and Affordable Housing

What Priority Area 5 Means

Permanent supportive housing (PSH) combines lease-based, permanent affordable housing in the community with voluntary, flexible, and individualized services to support successful tenancies.

Why Priority Area 5 is Important

Housing is one of the best-researched social determinants of health. Selected housing interventions have been found to improve health outcomes and decrease health care costs.³² People who are chronically homeless face substantially higher morbidity associated with both physical and mental health conditions and increased mortality. People who are not chronically homeless but face housing instability (in the form of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to their stably housed peers.³³ Residential instability is associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression.³⁴

Conversely, research shows that PSH is more cost-effective than institutional or congregate housing options; is better aligned with individual housing preferences; and demonstrates positive outcomes such

³² Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

³³ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

³⁴ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

as reduced hospitalizations and homelessness, increased housing stability, and improved behavioral and physical health.³⁵

Research has also established the correlation between environmental factors within homes, such as lead exposure, mold, pest infestation and over-crowded living conditions, and poor health outcomes.³⁶ Many studies focusing on improving health have demonstrated positive results through improved housing quality and safety.³⁷

There is an affordable housing crisis in North Carolina (and nationally). While the cost of housing varies geographically, a person with a disability receiving Supplemental Security Income (SSI) in North Carolina would have to pay 99 percent of their monthly income to rent an efficiency unit and 102 percent of their monthly income for a one-bedroom unit, making independent living unaffordable without rental assistance. Key Rental Assistance is the only state-funded subsidy program that is “disability neutral,” that is, not targeted to any particular group of people with disabilities.

Housing is a requirement within the Transitions to Community Living (TCL) settlement agreement with the U.S. Department of Justice.

North Carolina’s Priority 5 Efforts to Date

- ✓ In 2016, the Department of Health and Human Services (DHHS) established a service definition for supported living. The North Carolina Council on Developmental Disabilities (NCCDD), with support from the state’s Money Follows the Person (MFP) program, funded a three-year grant to the Vaya Health Local Management Entity/Managed Care Organization (LME/MCO) to launch and expand supported living services across the state. The NCCDD also produced a resource web page on the topic.³⁸
- ✓ The DHHS amended the Innovations waiver to allow individuals receiving Supported Living Level 3 to exceed the \$135,000 cap.
- ✓ 2,957 individuals are currently in supportive housing through TCL, and 4,573 have been housed over the life of the program.³⁹
- ✓ The DHHS embedded housing-related services and supports into Medicaid policy and the state-funded Community Support Team service definition to support and sustain reimbursement.

³⁵ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

³⁶ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

³⁷ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://bit.ly/3Bzdidp), *Health Affairs*, <https://bit.ly/3Bzdidp>

³⁸ North Carolina Council on Developmental Disabilities (n.d.). [Supported living guidebook/resource manual](https://bit.ly/3AFXu7D), Retrieved October 10, 2021 from <https://bit.ly/3AFXu7D>

³⁹ North Carolina Department of Health & Human Services (2021). [2019-2020 annual report of the North Carolina Transitions to Community Living Initiative](https://www.ncdhhs.gov/media/10458/open) [PDF]. Report to the Joint Legislative Oversight Committee on Health & Human Services, <https://www.ncdhhs.gov/media/10458/open>

- ✓ Per North Carolina’s Consolidated Plan, 200 Low Income Housing Tax Credit units are set aside each year for individuals with disabilities; 10 percent of the units must be accessible.⁴⁰
- ✓ In 2020 the North Carolina Housing Finance Agency applied for and was awarded \$7,000,000 for U.S. Department of Housing and Urban Development (HUD) Section 811⁴¹ Project Rental Assistance units with about 188 apartments being targeted for individuals with disabilities transitioning from or at risk for institutionalization.
- ✓ North Carolina sought and received HUD approval for a remedial preference for individuals with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) who are living in an adult care home (ACH) or who are at risk of entry into an ACH, enabling individuals with SMI/SPMI who are being diverted or discharged from an ACH to have priority access to a number of newly created housing units.
- ✓ A state-funded program unique to North Carolina, the Independent Living Rehabilitation Program (ILRP), helps individuals with disabilities integrate into the community. The ILRP prioritizes people in institutional settings; people who can be diverted from institutionalization; and individuals who need support to maintain community-based living.
- ✓ The DHHS has contracted for a Strategic Housing Plan that will serve as a roadmap to expansion of affordable housing capacity for individuals with a variety of disabilities.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Strategies for Priority Area 5

- The DHHS will issue the Strategic Housing Plan for Individuals with Disabilities in early 2022. The Strategic Housing Plan will be based on the Olmstead Plan Stakeholder Advisory (OPSA) Housing Workgroup’s Driver Diagram (See [Appendix C](#)).
- The DHHS will support HUD housing providers, for example, The Arc of NC, in their efforts to gain more flexibility in the use of existing housing and vouchers.
- The DHHS will encourage the LME/MCOs and subsequently their Tailored Plans to utilize In Lieu Of Services to offer the individualized services and supports necessary to provide their members with community-based alternatives to institutional and congregate care settings.
- The DHHS will expand Community Inclusion pilots, beyond Eastpointe and Alliance LME/MCOs, to better promote successful tenancy and housing retention for the TCL population.
- The Division of State Operated Healthcare Facilities’ (DSOHF) State Developmental Centers will provide opportunities for individuals receiving services at the state centers to learn about

⁴⁰ North Carolina Housing Finance Agency (n.d.). [Low-Income Housing Tax Credits](#), Retrieved October 10, 2021 from <https://bit.ly/3ApwGrP>

⁴¹ Schaak, G. & Sloane, L. (2015). [Section 811 Supportive Housing for Persons with Disabilities program](#) [PDF]. *Advocates’ Guide 2015*. Washington, D.C.: National Low-Income Housing Coalition. <https://bit.ly/3mXL0n1>

supported living and to meet with individuals with intellectual/developmental disabilities (I/DD) who are living in the community with supported living services and supports.

- Facilitate and monitor occupancy of federal Housing Choice Vouchers utilized by TCL, as part of the Targeting Program, and to support individuals in 811 Mainstream units.
- Use the Integrated Supportive Housing Fund to identify and develop/rehabilitate units in Eastern counties by end of calendar year 2022.
- The DHHS will request additional funding for the Key Rental Assistance program.
- The DHHS and system partners will promote NCCDD's Supported Living Guidebook/Resource Manual for Individuals with I/DD.⁴²
- The DHB will include performance measurements related to housing stability in Tailored Plans, with incentives for high performance.
- The Division of Vocational Rehabilitation Services (DVRS) will expand efforts towards a comprehensive array of services and service delivery, and access to assistive technology, mobility, and transportation to support individuals in independent living.

Baseline Data/Targeted Measures for Priority Area 5

Baseline Data for Priority Area 5

In 2019, the Division of Services for the Blind (DSB) served 1,109 eligible individuals (365 through Independent Living Rehabilitation and 744 through Independent Living Older Blind). The DSB also held 33 daily living skills classes, attended by 380 eligible individuals.

As of June 30, 2021, the Integrated Supportive Housing Program had produced 14 developments with 176 housing units. On a yearly basis, the Key Rental Assistance program serves an average of 2,400 households; there are 19,000 households on the waitlist for this assistance.

As of December 2020, 114 individuals supported by the Innovations waiver resided in Supported Living Level 1; 126 individuals resided in Supported Living Level 2; and 85 individuals resided in Supported Living Level 3 — for a total of 325.

Targeted Measures for Priority Area 5

- By June 30, 2022, the DHHS will house 750 additional TCL participants, including 450 from ACHs.
- By December 31, 2023, pending execution of the agreement with HUD, achieve 25 percent occupancy of PRA 811 units.

⁴² North Carolina Council on Developmental Disabilities (n.d.). [Supported living guidebook/resource manual](https://bit.ly/3AFXu7D). Retrieved October 10, 2021 from <https://bit.ly/3AFXu7D>

- By December 31, 2023, increase by 10 percent the number of individuals with I/DD and traumatic brain injury (TBI) receiving Supported Living or In Lieu Of services to support greater independence.
- Expand implementation of Community Inclusion pilots to all LME/MCOs.
- By December 31, 2022, the Integrated Supportive Housing Program will have produced a total of 16 developments with 243 housing units to be placed in service.
- By December 31, 2023, 80 percent or more of ILRP participants will achieve their goal of living independently in their homes and communities.
- Pending adoption of the final state budget, the Key Rental Assistance program will increase by \$2M to \$6.25M annually, supporting an additional 42 to 116 households through June 2023; if approved, \$6.25M will support 116 households through at least June 2029.

Additional measures are deferred pending release of the NC Strategic Housing Plan in late spring 2022.

Resource Requirements for Priority Area 5

The DHHS will work with the North Carolina Housing Finance Agency and other partners to maximize the use of federal, state, local, and private resources to develop accessible housing and to make housing affordable for individuals with disabilities. The LME/MCOs, and subsequently the Tailored Plans, are expected to fund Supported Living and In Lieu Of services. The DHHS will request that the General Assembly appropriate additional funds for the Key Rental Assistance program.

Priority Area 6: Address Gaps in Services

What Priority Area 6 Means

Gaps in services occur when a service doesn't exist in the array, or when there is insufficient service capacity to meet the needs of individuals assessed as needing the service.

Why Priority Area 6 is Important

The lack of adequate community-based services and insufficient access to existing services are primary factors contributing to the admission to, and extended stay in, institutional settings for individuals with disabilities. There is considerable variability in service penetration rates among disability populations across the different Local Management Entities/Managed Care Organizations (LME/MCOs).⁴³

⁴³ The service penetration rate is based on the number of unduplicated eligible individuals and consumers who have received at least one billable service during the fiscal year.

Children

While overall numbers for psychiatric residential treatment facility (PRTF) utilization have been trending slightly downward, the proportion of children going out of state is increasing.⁴⁴ This is often due to lack of bed availability and lack of in-state provider specialization/training in the populations needing services. As a result of the COVID-19 pandemic, by December 2020, the rate of hospital emergency department discharges for pediatric patients with a behavioral health condition had increased by 70 percent over the prior year, according to the North Carolina Healthcare Association's patient data system.⁴⁵ Emergency department visits are also often the result of an inadequate array of community-based services or of inadequate access to the services that exist.

Adults

The DHHS has made progress in reaching milestones established for the Transitions to Community Living (TCL) Department of Justice settlement agreement, but continues to be challenged with supporting individuals outside of segregated settings. In June 2021, 63 of the nearly 3,000 TCL members who were housed did not remain stably housed in the community. Several of these TCL members expressed their desire to return to the congregate adult care home (ACH) setting as a result of isolation and feelings of loneliness that were amplified by the COVID-19 pandemic.

Older Adults

One in three North Carolina residents age 65 and older has at least one disability.⁴⁶ The presence of a disability often contributes to social isolation and increases the likelihood of depression, substance use disorders, and poor health care outcomes. A nationwide survey conducted by Cigna Healthcare reported that three in five adults now struggle with feelings of loneliness.⁴⁷ This figure has increased by 13 percent since 2018.

North Carolina's Priority 6 Efforts to Date

- ✓ The Department of Health and Human Services (DHHS) has developed child clinical assessment centers — short-term (two weeks or less) stays to stabilize a child; complete a clinical assessment; provide the family with resources to return the child to the community; and transition the child to an appropriate level of care such as another PRTF, therapeutic foster care, residential treatment, or other community setting.
- ✓ All LME/MCOs support high fidelity wraparound as an "In Lieu Of" service. The DHHS is piloting youth peers, embedded in high fidelity wraparound teams with a case manager and a family partner.

⁴⁴ Per conversation with DMH/DD/SAS staff.

⁴⁵ Strickland, S. (2021, June 14). [Letter: Behavioral health crisis across North Carolina has reached a state of emergency](https://bit.ly/3ByL2b0). *North Carolina Healthcare Association*. <https://bit.ly/3ByL2b0>

⁴⁶ U.S. Centers for Disease Control and Prevention, National Center on Birth Defects & Developmental Disabilities (n.d.). [Disability impacts North Carolina](https://bit.ly/3oWLPzV) [PDF], <https://bit.ly/3oWLPzV>

⁴⁷ Cigna Newsroom (n.d.). [Loneliness is at epidemic levels in America](https://bit.ly/3j8SLW7). Retrieved September 10, 2021 from <https://bit.ly/3j8SLW7>

- ✓ The DHHS was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to support crisis system redesign.
- ✓ The DHHS' application for the Traumatic Brain Injury (TBI) waiver extension will expand the waiver and supported living services to an additional catchment area allowing more individuals with TBI to live at home with supports.
- ✓ The Division of State Operated Healthcare Facilities (DSOHF) has implemented outpatient programs at the Alcohol and Drug Abuse Treatment Centers (ADATCs) to enhance the array of services available to support individuals with substance use disorders (SUDs) and co-occurring mental health disorders.

Proposed Strategies for Priority Area 6

North Carolina will fill gaps in services by identifying and applying population-specific, evidence-based, best and promising practices to support individuals with disabilities.

Strategies for Children

- The DHHS will expand access to children's mental health services by expanding mental health services in primary care, schools, and specialty care.
- The DHB will work with Standard Plans and LME/MCO Tailored Plans to continue to promote children's access to personal care services via Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) /Health Check.
- LME/MCOs and eventually Tailored Plans will increase the availability of high fidelity wrap-around services, care coordination, and therapeutic foster care families.
- Increase the supply of outpatient therapists trained to treat children with co-occurring mental health disorders and intellectual/developmental disabilities (I/DD).
- Formalize the PRTF children's residential redesign approach in statute, thereby applying tenets of the approach to PRTFs statewide.
- Promote use of the North Carolina Psychiatry Access Line (NC PAL), telephone consultation to connect pediatricians and primary care physicians with child psychiatrists to improve diagnoses and to reduce polypharmacy for children.

Strategies for Adults

- The DHHS will continue advocating for Medicaid expansion, which would provide an estimated 600,000 North Carolinians with health care coverage for chronic conditions, reducing opioid related complications and improving mental health.⁴⁸
- The DHB will submit a 1915(i) state plan amendment to transition Medicaid coverage for (b)(3) services for children and adults.

⁴⁸ Per communication with DHHS staff.

- The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will enhance crisis response services and increase access to them using American Rescue Plan Act funds.
- The DHHS will expand research-based behavioral health treatment services for adults with autism.
- The DHHS will expand core community-based services for individuals with TBI including cognitive rehabilitation, life skills training, and neuro-behavioral programming.

Strategies for Older Adults

- The Division of Aging and Adult Services (DAAS) in partnership with Centers for Independent Living and others will organize a cross-departmental effort to address senior social isolation.
- Issue one-time payments focused on social drivers of health to strengthen services to this vulnerable population incident to the heightened challenges caused by COVID-19.
- Make Senior Centers more welcoming of individuals with I/DD, TBI, and SMI.

Baseline Data/Targeted Measures for Priority Area 6

Baseline Data for Priority Area 6

Among all individuals with serious mental illness (SMI) or Serious Emotional Disturbance (SED) served in community mental health programs in North Carolina, only 2.5 percent are ages 0-12 compared to 29.3 percent in this age group nationally.⁴⁹

Between July 1, 2019, and June 30, 2021, 244 North Carolina children with Medicaid were placed in an out-of-state PRTF.⁵⁰

In federal Fiscal Year 2018, 22 counties in North Carolina had zero child psychiatric providers, and 6 counties had only one provider per 10,000 Medicaid-enrolled youth; 8 counties did not have any pediatric provider.⁵¹

The children's residential redesign approach is currently operating in five PRTFs in North Carolina.

In North Carolina's 2019 report to SAMHSA, community mental health services utilization per 1,000 people was 9.16 percent, well below the national average of 23.88 percent.⁵²

⁴⁹ U.S. Substance Abuse and Mental Health Services Administration (2020). [North Carolina 2019 Mental Health National Outcome Measures \(NOMS\): SAMHSA Uniform Reporting System \(URS\)](https://bit.ly/3Byvgww) [PDF]. Page 5. <https://bit.ly/3Byvgww>

⁵⁰ An out-of-state facility may be the closest facility to the child's home depending on where the child lives.

⁵¹ NC-PAL (n.d.). [North Carolina — Psychiatry Access Line](https://ncpal.org/node/3). Retrieved August 24, 2021 from <https://ncpal.org/node/3>

⁵² U.S. Substance Abuse and Mental Health Services Administration (2020). [North Carolina 2019 Mental Health National Outcome Measures \(NOMS\): SAMHSA Uniform Reporting System \(URS\)](https://bit.ly/3Byvgww) [PDF], <https://bit.ly/3Byvgww>

63 of nearly 3,000 individuals housed by TCL did not remain stably housed due to the lack of social connectedness.

As of August 2021, there were 3,945 individuals receiving Special Assistance/In-Home. This includes 1,017 individuals served through TCL.

In Fiscal Year 2018, of the 36,068 individuals with TBI who received one or more behavioral health services, 6,450 received crisis services; 1,280 lived in a skilled nursing facility; and 910 lived in a congregate care setting other than a skilled nursing facility.

Targeted Measures for Priority Area 6

- Children at risk of out-of-home placement will receive the evidence-based practice of high fidelity wraparound services when appropriate to divert such placements.
- By December 31, 2023, all PRTFs in North Carolina will adhere to the children's residential redesign approach.
- By December 31, 2023, Medicaid-enrolled children with behavioral health needs will have access to child psychiatric consultation.
- By December 31, 2023, the DHHS will increase peer specialist/peer-run services by two percent.
- By December 31, 2022, fifty adults over age 21 with Autism Spectrum Disorder (ASD) will receive research-based behavioral health treatment.
- The DMH/DD/SAS will provide a minimum of five TBI-specific trainings to community-based providers statewide through in-person, webinar, or online training module formats.
- Pending approval of SB 105, the state-county Special Assistance/In-Home program will increase for adult participants.

Resource Requirements for Priority Area 6

The DHHS will access Coronavirus Aid, Relief, and Economic Security (CARES) Act funding; American Rescue Plan Act funding, including enhanced Federal Medical Assistance Percentage (FMAP); federal Medicaid revenue ongoing; federal block grant funds; and existing state funds.

Priority Area 7: Explore Alternatives to Overly Restrictive Guardianship

What Does Priority Area 7 Mean?

Guardianship is a legal process utilized when a person cannot make or communicate safe or sound decisions about their person and/or property as a result of incapacity, or when they have become susceptible to fraud or undue influence. Most individuals with disabilities are capable of making responsible decisions about many areas of their lives and need only a limited guardian, if any, appointed. The courts, however, may lack awareness of the tools available to assist individuals with

disabilities to make informed decisions about their lives, and may therefore often order full guardianship, restricting the individual's rights beyond what is needed. Supported decision-making (SDM) is an alternative to guardianship. In this approach, individuals with disabilities whose decision-making autonomy might otherwise be limited or removed make and communicate their own decisions in any number of informal arrangements, with support from trusted family and friends.

Why Priority Area 7 is Important

Guardianship can be a barrier to realizing the intent of *Olmstead*. Nationally, people with intellectual/developmental disabilities (I/DD) who do *not* have a guardian are more likely to:⁵³

- ▶ Have a paid job
- ▶ Live independently
- ▶ Have friends other than staff or family
- ▶ Go on dates and socialize in the community
- ▶ Practice the religion of their choice

According to the North Carolina Council on Developmental Disabilities (NCCDD), guardianship is the most restrictive option of legal substitute decision-making, and continues to increase in North Carolina, specifically for younger adults with disabilities.⁵⁴

Money Follows the Person (MFP) program staff report that guardianship impedes the ability of some eligible individuals to benefit from the MFP program by keeping them in an institutional setting. Guardians can oppose an individual's transition from institutional care to the community, overriding the individual's desire to transition. County Clerks of Court, who make guardianship decisions, rely on varying and sometimes inconsistent sources of information in order to make their determination.⁵⁵

North Carolina's Priority Area 7 Efforts to Date

- ✓ Session Law 2014-100 directed the Division of Aging and Adult Services (DAAS) to develop a plan to evaluate complaints pertaining to wards under the care of publicly funded guardians. The plan promotes guardians' understanding of law and policy, and supports guardians to act in the best interest of the individual.

⁵³ Nye-Lengerman, K., Narby, C., & Pettingell, S. (2017). *How is guardianship status related to employment status for people with IDD? Findings from the National Core Indicators Adult Consumer Survey*. ThinkWork! Institute for Community Inclusion, University of Massachusetts Boston. <https://bit.ly/3ltYjvD>

⁵⁴ North Carolina Council on Developmental Disabilities (n.d.). *Rethinking guardianship: Building a case for less restrictive alternatives*. Retrieved October 10, 2021 from <https://nccdd.org/guardianship.html>

⁵⁵ Kendall Fields, L., Salmon, M. A., Marsh, S., Climo, A., Norris, T., & Nelson, G. (2018). *Rethinking guardianship: Building a case for less restrictive alternatives — final report*. Chapel Hill, NC: Jordan Institute for Families, School of Social Work, University of North Carolina. <https://bit.ly/3mJ9m3p>

- ✓ The Rethinking Guardianship North Carolina Statewide Workgroup has been in place since 2015, with the goals of promoting less restrictive alternatives to guardianship and creating long-term changes in the state’s guardianship system.
- ✓ Transitions to Community Living (TCL) adopted the Informed Decision-Making (IDM) Tool in 2020; the Department of Health and Human Services (DHHS) presented information on the tool to all 100 counties in North Carolina, targeting county Department of Social Services (DSS) guardians.

Proposed Strategies for Priority Area 7

- Educate the community at large about SDM and other alternatives to guardianship.
- Work with public and private guardianship agencies on supportive decision-making and other alternatives to guardianship.
- Work with the North Carolina General Assembly to develop a Bill of Rights for individuals subject to guardianship.
- Educate individuals subject to guardianship about the process for full or partial restoration of their rights.⁵⁶
- The Division of State Operated Healthcare Facilities (DSOHF) will provide educational resources and peer learning opportunities for individuals with I/DD to better understand their rights and to strengthen their abilities to self-advocate.
- The DAAS will support county DSS and the Corporation of Guardianship to expand competency restoration efforts using continuous quality improvement reviews, training, and consultation.
- Consider reform of General Statute 35A to provide a description of rights for respondents and adults subject to guardianship; improve access to legal counsel; eliminate the presumption of guardianship permanence through regular reviews; and encourage the use of supported decision-making and other less restrictive options to guardianship.

Baseline Data/Targeted Measures for Priority Area 7

Baseline Data for Priority Area 7

In State Fiscal Year 2021, out of more than 6,611 adults served by a public guardian in North Carolina, 4,137 (63%) were younger adults, age 18 to 59 years old; 2,561 (75%) of these younger adults have a primary diagnosis of I/DD or mental illness.

In State Fiscal Year 2021, 37 percent of the adults served by public guardians in North Carolina were older adults; 25 percent had a primary diagnosis of I/DD or mental illness.

⁵⁶ See, e.g., Wood, E. & Pogach, D. (2018). *Guardianship termination and restoration of rights* [PDF]. Washington, D.C.: National Center on Law & Elder Rights, <https://bit.ly/3mDF9Tr>

Between July 1, 2012 and December 31, 2015, data from the Administrative Office of the Court shows that only three percent of individuals under guardianship sought to have competency restored, but that 70 percent of these were successful in receiving restoration.⁵⁷

In State Fiscal Year 2021, 27 individuals had their competency restored.

Targeted Measures for Priority Area 7

- In 2022 and 2023, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will educate 100 individuals with I/DD and their families each year about the benefits of SDM.
- By December 31, 2023, a total of 800 individuals with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) will use the IDM tool.
- By December 31, 2023, there will be a five-percent increase in individuals who seek to have competency restored.

Resource Requirements for Priority Area 7

The DHHS will utilize existing federal and state funds to cover the costs of these strategies and will request additional funds from the General Assembly if necessary.

Priority Area 8: Address Disparities in Access to Services

What Priority Area 8 Means

In North Carolina, there are measurable differences in access to health care and services between white people with disabilities and people of color with disabilities. Access to health care and services also varies among geographical areas of the state.

Why Priority Area 8 is Important

These differences in access contribute to the overrepresentation of people of color with disabilities in more restrictive settings. Such settings separate these individuals, especially in rural areas, from the benefits of community inclusion, as well as from opportunities to achieve their full potential.

Whites compose 70.6 percent of North Carolina's population, African-Americans compose 22.5 percent of the state's population, Latinx/Hispanics compose 9 percent of the population, and American Indians and Alaska Natives (AI/AN) compose 1.2 percent. However, the distribution of these groups varies within the population served by publicly funded services, and intentional efforts to address these

⁵⁷ Conversation with Linda Kendall Fields, October 5, 2021.

differences are warranted.⁵⁸ The Centers for Disease Control and Prevention (CDC) acknowledges that social and economic differences often create health differences in communities of color, and that public health emergencies can isolate communities of colors from necessary resources.⁵⁹

Regarding geographic disparities, the percentage of individuals with a behavioral health diagnosis who received at least one service intended to respond to that diagnosis, relative to the estimated prevalence of behavioral health disorders, is different from county to county.

North Carolina's Priority Area 8 Efforts to Date

- ✓ The Department of Health and Human Services (DHHS) hired a Chief Equity Officer, responsible for developing, implementing, facilitating, and embedding health equity strategic initiatives into every aspect of DHHS programs, services, actions, outcomes, and internal employee culture.
- ✓ The DHHS and the Cherokee Indian Hospital Authority have entered into a contract to support the Eastern Band of Cherokee Indians (EBCI) in addressing the health needs of AI/AN Medicaid beneficiaries.⁶⁰ This Indian Managed Care Entity, the first of its kind in the nation, will reflect Tribal principles providing care coordination services in a culturally congruent system.
- ✓ The DHHS 2021-23 Strategic Plan includes the goal to “Advance health equity by reducing disparities in opportunity and outcomes for historically marginalized populations within the DHHS and across the state.”⁶¹
- ✓ Since the spring of 2020, opportunities to use telehealth have expanded significantly, increasing access to treatment and case management services for individuals residing in rural communities.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Strategies for Priority Area 8

- The DHHS will provide training and technical support to increase the number of highly qualified contracted providers from historically marginalized populations.
- The DHHS will require Local Management Entities/Managed Care Organizations (LME/MCOs) to collect and analyze race and ethnicity data on their members and service recipients, including individuals on the Registry of Unmet Needs.

⁵⁸ Technical Assistance Collaborative, Inc. & Human Services Research Institute (2021). *An assessment of the North Carolina Department of Health and Human Services' system of services and supports for individuals with disabilities* [PDF]. Raleigh, NC: North Carolina Department of Health & Human Services, <https://bit.ly/3uZFBPB>

⁵⁹ U.S. Centers for Disease Control & Prevention (n.d.). *Racism and health*, Retrieved October 10, 2021 from <https://bit.ly/3aFLDvL>

⁶⁰ North Carolina Department of Health & Human Services (October 3, 2021). *Eastern Band of Cherokee Indians (EBCI) tribal option overview*. Retrieved October 10, 2021 from <https://bit.ly/3iQTIrb>

⁶¹ North Carolina Department of Health & Human Services (2021). *NC Department of Health and Human Services 2021-2023 strategic plan* [PDF], <https://bit.ly/3FCpb4A>

- The DHHS will identify a vendor to provide quality translation of information/materials into the foreign languages most commonly spoken in North Carolina⁶², and in alternative formats that are readily accessible for individuals with disabilities.
- The Division of Health Benefits is actively developing a Remote Supports definition, initially for the traumatic brain injury (TBI) waiver renewal, followed by the Innovations waiver, and pending Centers for Medicare and Medicaid Services (CMS) approval, will use enhanced Federal Medical Assistance Percentage (FMAP) to add remote technology support to the Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) waivers to increase access to services for individuals living in rural areas of the state.
- The Office of Rural Health will support a robust network of community health workers (CHWs) to connect individuals to human services in historically underserved communities.
- The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will focus efforts to address underserved populations, for example, individuals living in rural communities.

Baseline Data/Targeted Measures for Priority Area 8

Baseline Data for Priority Area 8

Black North Carolinians utilize 27 percent of community-based mental health services funded by the DMH/DD/SAS and 32.4 percent of those funded by Medicaid, but represent 50.6 percent of all state psychiatric hospitalizations.

Black North Carolinians are disproportionately represented in the utilization of crisis services, representing 30 percent of the population in some communities but 50 percent of all crisis contacts.⁶³

Three of seven LME/MCOs do not track the race and ethnicity of individuals who are on the Registry of Unmet Needs; one LME/MCO collects the demographic information but does not analyze or report it.⁶⁴

Among the adult substance use disorder (SUD) population, Duplin County had the lowest penetration rate at 12 percent while Haywood County had the highest penetration rate at 58 percent, nearly five times higher.⁶⁵

⁶² Jensen, S. (2021, August 27). *The most commonly spoken languages in the Carolinas*. CharlotteStories.com. <https://bit.ly/3DrCkvA>

⁶³ RI International, data presented on March 17, 2021 on a national stakeholders call for crisis services.

⁶⁴ Dupuch, C., Pfau, S., & Franklin, M. (2021). Research findings and policy solutions to address the North Carolina Registry of Unmet Needs [PowerPoint slides]. Downloaded October 10, 2021 from <https://bit.ly/3mGDBbl>

⁶⁵ North Carolina Department of Health and Human Services (2018), *Strategic plan for improvement of behavioral health services: Session Law 2016-94, Section 12F.10.(a-d); Session Law 2017-57, Section 11F.6.(a-b)*, Retrieved March 25, 2021 from <https://digital.ncdcr.gov/digital/collection/p16062coll9/id/338055>

Targeted Measures for Priority Area 8

- The DHHS will provide up to two webinars in calendar year 2022 and again in calendar year 2023 to increase the number of highly qualified contracted providers from historically marginalized populations.
- The DHHS will increase by five percent the number of Black North Carolinians utilizing community-based mental health services funded by the DMH/DD/SAS and Medicaid in an effort to reduce overrepresentation in use of crisis services and state psychiatric hospital admissions.
- All LME/MCOs will collect and analyze race, ethnicity, and gender data on their members, including individuals on the Registry of Unmet Needs.

Resource Requirements for Priority Area 8

LME/MCO and Tailored Plan rates are determined to be actuarially sound to cover the administrative costs and to provide the services necessary to meet the contractual requirements for members. The DHHS will seek additional state funds from the General Assembly to cover costs apart from the LME/MCO Tailored Plan contracts if necessary.

Priority Area 9: Increase Input from Individuals with Lived Experience

What Priority Area 9 Means

Individuals with lived experience have firsthand knowledge about services and supports and the systems that provide them. These individuals are able to share a point of view and to provide vital information that those who represent their interests may overlook or ignore.

Why Priority Area 9 is Important

Organizations that incorporate individuals with firsthand experience in developing, designing, and delivering services are better able to deliver services that are appropriately targeted, efficient, fully integrated, culturally appropriate, and sustainable. Individuals are less likely to participate in services that do not reflect their needs and interests.

Of all stakeholders participating in the Technical Assistance Collaborative's (TAC) Services and Systems Assessment listening sessions and online survey, the individuals most directly impacted by the service system were least represented, despite efforts to solicit their participation.⁶⁶

⁶⁶ Technical Assistance Collaborative, Inc. & Human Services Research Institute (2021), *An assessment of the North Carolina Department of Health and Human Services' system of services and supports for individuals with disabilities* [PDF], Raleigh, NC: North Carolina Department of Health & Human Services, <https://bit.ly/3uZFBPB>

North Carolina's Priority Area 9 Efforts to Date

- ✓ The Money Follows the Person (MFP) program has four stakeholder engagement meetings per year, each averaging an attendance of 200 or more. In addition, the program funds the facilitation of Supported Living Levels 2 & 3 stakeholder meetings and workgroups.
- ✓ In the fall of 2021, the North Carolina Council on Developmental Disabilities (NCCDD) issued its federally required Five-Year Plan for FY 2022 – 2027, based on input received from over 500 individuals and families of individuals with intellectual/developmental disabilities (I/DD).
- ✓ In 2020, leaders from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) held virtual Town Hall meetings throughout North Carolina to hear from consumers, families, and advocates about how the behavioral health system is working and how the DHHS can advance a system that fosters independence, improves health, and promotes well-being for all North Carolinians.
- ✓ The DHHS has included meaningful representation of individuals with lived experience on the Olmstead Planning Stakeholder Advisory (OPSA).
- ✓ Peer Voice of North Carolina is a U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)-funded grassroots nonprofit in Mecklenburg County that uses the voices, experiences, and resilience of people who have overcome trauma, mental health, substance abuse, and related barriers to elevate recovery and wellness by providing a forum for individuals to have a voice and to influence mental health reform.

Please see [Appendix A](#) for additional North Carolina efforts to date.

Proposed Strategies for Priority Area 9

- The DHHS will continue to seek active participation in the OPSA by individuals with lived experience.
- The DHHS will explore ways to recognize financial costs associated with the time that people with lived experience contribute as members of DHHS workgroups and committees.
- The DHHS will explore opportunities to fund initiatives that give voice to and empower advocacy efforts of individuals with lived experience of behavioral health, I/DD, traumatic brain injury (TBI), and other disabilities.
- NCCDD will make peer support training available for people with lived I/DD experience.
- The DHHS will continue to conduct My Individual Experience surveys⁶⁷ of HCBS recipients.
- The DHHS will increase support of consumer-operated services.
- Introduce the option for state funds to support consumer-run services.
- The DHHS will promote and educate individuals about self-direction during annual renewals of Individual Support Plans (ISPs) and for individuals receiving Medicaid-funded services for the first time.

⁶⁷ North Carolina Department of Health & Human Services (n.d.), [Survey: My individual experience](#), Retrieved 9/30/21 from <https://bit.ly/3DrDSpo>

Baseline Data/Targeted Measures for Priority Area 9

Baseline Data for Priority Area 9

Thirty-one percent of the 45 members of the OPSA are people with lived experience.

The DHHS will establish baseline data on consumer-operated services that support individuals with SMI, I/DD, and TBI.

Targeted Measures for Priority Area 9

- The DHHS will increase support for organized advocacy groups led by families and individuals with lived experience.
- After establishing baseline data, the DHHS will establish a target to increase support for consumer-operated services.

Resource Requirements for Priority Area 9

The DHHS will utilize existing federal and state funds as well as Local Management Entity/Managed Care Organization (LME/MCO) Tailored Plan contracts to cover the costs of these strategies.

Priority Area 10: Reduce Transportation Burdens for Individuals with Disabilities

What Priority Area 10 Means

Individuals with disabilities and older adults often lack the financial resources to own a vehicle or to afford public transportation when it exists. Many parts of North Carolina do not have public transportation such as buses, cabs, or ride-share drivers.

Why Priority Area 10 is Important

With limited or no transportation options, individuals with disabilities are unable to visit with family and friends and to access food and clothing stores, health care providers, recreation centers, and social activities — in other words, to become integrated members of their communities. A robust service array is of little benefit if individuals are not able to access the opportunities due to the lack of transportation.

North Carolina's Priority Area 10 Efforts to Date

- ✓ The Department of Health and Human Services (DHHS) obtained Centers for Medicare and Medicaid Services (CMS) approval to allocate up to \$650 million in state and federal Medicaid funding to cover the cost of providing select Healthy Opportunities Pilot services related to housing, food, transportation, and interpersonal safety that directly impact the health outcomes and health care costs of Medicaid members.

Proposed Strategies for Priority Area 10

- Pending CMS approval, the Division of Health Benefits is proposing to add remote technology support to Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Adults with Disabilities (CAP/DA) waivers.
- The DHHS will continue to expand telehealth and scope of practice flexibilities to reduce transportation burdens.
- The DHHS will work with Standard Plans, Local Management Entities/Managed Care Organizations (LME/MCOs), and subsequently Tailored Plans to enhance Medicaid coverage for Non-Emergency Medical Transportation⁶⁸ in compliance with the Consolidated Appropriations Act of 2021.⁶⁹
- The DHHS will evaluate the impact on health care utilization of Healthy Opportunities' investment in transportation.
- The DHHS will promote opportunities for Peer Support Specialists and individuals with disabilities to establish ride-share arrangements.

Baseline Data/Targeted Measures for Priority Area 10

Baseline Data for Priority Area 10

The DHHS will seek to establish baseline data on the number of individuals in rural and underserved ZIP codes served through telehealth services.

Targeted Measures for Priority Area 10

- After establishing baseline data, the DHHS will set a target for increasing the number of people served through telehealth services in rural and underserved ZIP codes.

Resources Required for Priority Area 10

The DHHS will utilize, pending CMS approval, enhanced FMAP for HCBS; existing federal and state funds; and LME/MCO Tailored Plan contracts to cover the costs of these strategies.

Priority Area 11: Use Data for Quality Improvement

What Priority Area 11 Means

Regularly collecting and reporting data allows for objective assessment of the provision of services and progress towards achieving identified goals and measurement of outcomes, as opposed to strictly

⁶⁸ North Carolina Department of Health & Human Services (2021, July 20). *Non-emergency transportation for NC Medicaid Managed Care*. Retrieved September 30, 2021 from <https://bit.ly/3mJcVXI>

⁶⁹ Center for Medicaid & CHIP Services Informational Bulletin (July 12, 2021). *Medicaid coverage of certain medical transportation under the Consolidated Appropriations Act, 2021 (Public Law 116-260)* [PDF], <https://bit.ly/3FAGWpN>

determining the number of services delivered. Data should be used in determining areas of service provision that need to be improved.

Why Priority Area 11 is Important

Data is essential for validating or refuting popular beliefs that, left unchecked, can create a false sense of reality, either positive or negative. However, data collection must serve a purpose. DHHS staff have reported that in spite of ample data, they still have an incomplete sense of the quality of the services being delivered, and of the impact those services are having on recipients' lives.

There are numerous evidence-based and promising practices that demonstrate positive results. However, providers may elect not to transition to these practices absent incentives to do so. As stewards of federal and limited state funds, the Department of Health and Human Services (DHHS) should be driving service system transformation by requiring its contractors, Local Management Entities/Managed Care Organizations (LME/MCOs), and eventually the Tailored Plans to prioritize the expenditure of funding to develop a data-driven service delivery system.

Finally, data analysis will be essential to determine the extent to which North Carolina is achieving its Olmstead Plan priorities.

North Carolina's Priority Area 11 Efforts to Date:

- ✓ Behavioral Health Intellectual/Developmental Disability (I/DD) Tailored Plans will be required to:
 - Develop quality management and improvement programs, quality assessment and performance improvement plans, and at least three performance improvement projects.
 - Achieve National Committee for Quality Assurance health plan accreditation with the Long-Term Services and Support Distinction for Health Plans by the end of Contract Year 3.
 - Report a wide range of quality metrics, including outcome metrics, with variations depending on whether the enrollee is receiving Medicaid- or state-funded services.
- ✓ DHHS staff are working with Manatt to develop a set of patient-reported outcomes measures (PROMs) for both Standard and Tailored Plans, intended to cover health-related quality of life, symptoms, consumer experiences, and health behaviors.
- ✓ DHHS staff are working with Mathematica to enhance Transitions to Community Living (TCL) data quality and integration, performance measurement, and use of program data for evaluation and decision-making, and to establish a quality assurance framework that can be expanded as a model for the state's Olmstead Plan.
- ✓ The DHHS is developing a score card for LME/MCOs which will reflect data-driven performance on selected measures.
- ✓ The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) is expanding the data collected from providers who serve individuals under involuntary commitment to assess if the involuntary commitment was necessary and appropriate.

- ✓ The DMH/DD/SAS is conducting performance audits of the LME/MCOs, targeting reviews of specific services to determine whether they are meeting service definition requirements.
- ✓ The DMH/DD/SAS is aligning financial incentives to support the delivery of research-based behavioral health services.

Proposed Strategies for Priority Area 11

- The DHHS will invest in the technology needed to support more seamless data storage, integration, retrieval, and visualization across the Department.
- The DHHS will finalize a Master Patient Index to link service recipients' records across multiple datasets for more robust analyses.
- The DHHS will create a professional development series on available data resources to help staff understand the data that is available across the Department, the benefits and limitations of different data resources; how to request data from other divisions; and how to leverage data assets to inform decision-making.
- The DHHS will work with Mathematica to develop a quality assurance framework and test strategies that can be expanded across initiatives that impact individuals with a variety of disabilities.
- The DHHS will utilize key data points, performance measures, and indicators to assess progress towards achieving Olmstead Plan priorities and revising priorities, strategies, and measures as necessary.
- The DHHS Division of Budget and Analysis and the DHHS Office of the Controller will create a set of financial performance dashboards to promote stewardship of key funding resources, including division budgets, CARES Act funding, American Rescue Plan Act funding, and block grants, and to support management in making timely informed decisions.

Resource Requirements for Priority Area 11

The DHHS will utilize existing federal and state funds to cover the costs of these strategies. The DHHS will seek additional state funds from the General Assembly if necessary.

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Plan Implementation/Oversight

Designated Olmstead Staff

While this initial Olmstead Plan reinforces North Carolina’s vision for transitioning its services and systems to support individuals with disabilities in choosing integrated and inclusive community settings that meet their needs, the Department of Health and Human Services (DHHS) recognizes that effective and regular oversight will be necessary to facilitate implementation of the Plan. Therefore, the DHHS is proposing:

- To establish an Office of Olmstead Plan Implementation that will be led by the Senior Advisor on the Americans with Disabilities Act (ADA). The Senior Advisor reports directly to the Deputy Secretary for Medicaid within the DHHS. The Office will be staffed sufficiently to carry out the duties necessary to provide continued leadership and education; to monitor the implementation of Plan strategies; to assess progress towards measures; and to assist in resolving barriers and challenges that might impede implementation.
- To create an Olmstead Steering Committee, consisting of representatives from DHHS divisions and essential sister agencies, to guide and monitor North Carolina’s progress in achieving the Olmstead Plan priorities.
- To appoint and staff a second iteration of the Olmstead Plan Stakeholder Advisory (OPSA) to advise the state regarding its Olmstead Plan.

Ongoing Role of the Olmstead Plan Stakeholder Advisory

In addition to its internal structure of the Olmstead Steering Committee, North Carolina is committed to achieving this Olmstead Plan’s goals. The state recognizes that ongoing external stakeholder participation is key to achieving these goals and to transparency. The DHHS will continue to convene the OPSA and to seek the Advisory’s regular input and feedback regarding progress in implementing the Olmstead Plan and future Plan revisions.

Making *Olmstead* Everyone's Responsibility

As the Department continues to incorporate compliance with *Olmstead* into its day-to-day operations, the ongoing assessment of progress and need for Plan modifications must be the responsibility of every division. Review of the Plan should be incorporated into the role of all relevant committees, boards, commissions, and councils; progress must be captured in evaluation and reports; and action steps and requested resources must be included in strategic plans.



Figure 1. Cycle of Olmstead Planning
TAC 2019

Conclusion

North Carolina intends for the Olmstead Plan to be a living plan rather than a static document. The Department of Health and Human Services (DHHS) anticipates that goals, strategies, and measures will need to be adjusted and refined as implementation proceeds. The DHHS anticipates this plan will result in rebalancing of federal and state funds in favor of community-based services and supports. Moreover, the Plan will enhance community inclusion for people with disabilities and their families. The ability to achieve some of the Plan's goals and to implement some of its strategies will depend in part on the availability of additional federal and state funds. The DHHS will work closely with and will need the full support of its stakeholders, its sister agencies, and the North Carolina General Assembly to secure the Plan's success.

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Appendix A: North Carolina's Additional Efforts to Date in Achieving Olmstead Plan Priorities

Priority Area 1: Strengthen Individuals' and Families' Choice for Community Inclusion through Increased Access to Home and Community Based Services and Supports

- ✓ The North Carolina State Treasurer's Office administers [Achieving a Better Life Experience \(ABLE\) accounts](#), providing North Carolinians with disabilities — including physical, developmental, and mental health or other conditions — the opportunity to save money, while preserving their Supplemental Security Income (SSI) and Medicaid income.

Priority Area 2: Address the Direct Support Professional Crisis

- ✓ In April 2021, the North Carolina General Assembly introduced HB 665, an act to act to address the staffing crisis impacting intermediate care facilities for individuals with intellectual disabilities.
- ✓ The Trillium LME/MCO's *Choose Independence* Initiative offers funds to assist with purchases of Smart Home technology applications.

Priority Area 3: Divert and Transition Individuals from Unnecessary Institutional and Segregated Settings

Diversion

- ✓ The General Assembly has appropriated funding from the sale of the Dorothea Dix State Hospital property to the DHHS to establish state psychiatric hospital diversion services.⁷⁰ Funds have been allocated to convert existing licensed acute medical inpatient beds into licensed psychiatric or substance use inpatient beds or to create new licensed psychiatric or substance use inpatient beds, including in rural communities. In addition, funding was allocated to create new beds in a facility-based crisis program.
- ✓ Medicaid-eligible individuals on the waitlist for waiver services may qualify for (b)(3) Medicaid services and State Plan personal care, additional services focused on helping individuals remain in their homes or communities and avoid institutionalization or hospitalization.
- ✓ The Special Assistance/In-Home program provides cash supplements to support low-income individuals to live in the community as an alternative to institutions such as nursing facilities and adult care homes.
- ✓ North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START) is a statewide community crisis prevention and intervention program for individuals age six and above with intellectual/developmental disabilities (I/DD) and co-occurring complex behavioral and/or mental health needs. START crisis prevention and intervention services are provided through clinical systemic consultation, training, education, therapeutic respite, crisis response and therapeutic coaching.
- The DHHS implemented community behavioral health paramedicine pilots that use specially-trained emergency medical services (EMS) staff to intervene with patients experiencing behavioral health crises, and provide incentives for the participating EMS to either treat on-scene or route those patients not needing medical treatment to lower cost alternatives instead of hospital emergency departments.⁷¹

⁷⁰ North Carolina Department of Health and Human Services (2020). *Funds for local inpatient psychiatric beds or bed days purchased in state fiscal year 2019-2020 and other department initiatives to reduce state psychiatric hospital use, Session Law 2020-78, Part IV-E, Section 4E.1*. Report to the Joint Legislative Oversight Committee on Health and Human Services and Fiscal Research Division, December 21, 2020. Retrieved April 26, 2021 from <https://files.nc.gov/ncdhhs/SL-2020-78-Section-4E.1-Funds-for-Local-Inpatient-Psychiatric-Beds-or-Bed-Days--Final-.pdf>

⁷¹ North Carolina Department of Health and Human Services (2016). *Final report on the Community Paramedic Mobile Crisis Management Pilot Program, Session Law 2015-241, Section 12F.8.(d)* [PDF]. Report to the Joint Legislative Oversight Committee for Health and Human Services and the Fiscal Research Division, November 1, 2016. Retrieved April 26, 2021 from <https://files.nc.gov/ncdhhs/SL%202015-241%20Section%2012F%208%20d%20Community%20Paramedicine.pdf>

Transitions

- ✓ The DHHS invested in the creation of and staff training on the use of a Consumer Engagement - Informed Decision Making (IDM) tool to facilitate transitions from adult care homes (ACHs).
- ✓ The DHHS contracts require the Behavioral Health I/DD Tailored Plans ... “to identify members who are receiving care in an institutional setting and help transition them to the community, if their needs can be met safely in the community.”⁷²
- ✓ The Division of Aging and Adult Services (DAAS) has developed and piloted a Screening & Priority Services Tool to be used for older adults and individuals with disabilities and their caregivers to assess their level of functioning, need for services and access to resources in order to establish their prioritization for services.
- ✓ NC FIT (Formerly Incarcerated Transitions) program, a partnership between UNC Family Medicine, the North Carolina Department of Public Safety, The North Carolina Community Health Center Association, Federally Qualified Health Centers, County Departments of Public Health, community-based reentry organizations, and local reentry councils, establishes patient-centered primary care medical homes for returning inmates with chronic medical conditions, mental illness and/or substance use disorder. The FIT program provides vouchers to cover the office visits and medication costs for uninsured patients and utilizes specially trained community health workers (CHWs) with a personal history of incarceration, to establish rapport and trust and act as peer navigators in all aspects of reentry.

Priority Area 4: Increase Opportunities for Supported Education and Pre-employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities

Supported Education/Pre-employment Transition Services for Youth

- ✓ The Division of Vocational Rehabilitation Services (DVRS) provides pre-employment transition services and/or vocational rehabilitation services to all youth and students with disabilities to assist them in reaching their competitive integrated employment goals.
- ✓ The DVRS partners with the Youth Development Centers for adjudicated youth to provide Pre-Employment Transition Services and fosters connection to the local Vocational Rehabilitation office when returning to the home community.
- ✓ The DVRS has 113 dedicated transition positions and serves students with disabilities in all 100 North Carolina counties.

⁷² Department of Health and Human Services Request for Applications #: 30-2020-052-DHB BH I/DD Tailored Plan, November 13, 2020.

- ✓ The DVRS has recently revised its policy on supports provided for students and youth with disabilities who participate in comprehensive transition and post-secondary programs allowing additional funding for those that meet the established criteria.

Competitive Integrated Employment

- ✓ The DVRS has funded traditional supported employment services for people with I/DD under a milestone funding structure since 2013, incentivizing outcomes over delivery of units of services.
- ✓ In 2019, the DHHS and Vaya Health developed the North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE), a pilot project in which fee-for-service Medicaid reimbursement and state funding was replaced with a shared funding model. Both Vaya Health and DVRS fund the achievement of milestones for the provision of Individual Placement Support – Supported Employment (IPS/SE). The Alliance LME/MCO is in the process of implementing the approach, and the Partners, Trillium, and Sand Hills LME/MCOs are engaged in planning.
- ✓ The DVRS, the Division of Health Benefits (DHB) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) are strengthening their partnerships to support competitive, integrated employment (CIE) opportunities for North Carolinians with disabilities.
- ✓ NCcareers.org represents a collaborative effort to produce an accessible online resource for employment training, supports, and resources available to all North Carolinians, including those with disabilities. This effort is supported by the DHHS, the Department of Commerce, the Department of Public Instruction, and the University of North Carolina.
- ✓ The DVRS has added fee for service benefits counseling with approved vendors to increase access to benefits counseling for vocational rehabilitation clients.
- ✓ The DMH/DD/SAS has provided funding to sponsor Individual Placement and Support staff in receiving benefits counseling training through Cornell University, and has increased the state-funded IPS rate for providers with a benefits counselor on the team.

Priority Area 5: Increase Access to Safe, Decent, and Affordable Housing

- ✓ In 2020, a group of advocates, assisted by the DHHS, formed the Innovations Supported Living Stakeholders Levels 2 & 3 workgroup to advance strategies that offer greater access to, and sustainability of, supported living for individuals with significant disabilities.
- ✓ In Fiscal Year 2019, the DHHS partnered with the North Carolina Housing Finance Agency to develop the Integrated Supportive Housing Program, which provides interest-free loans to

community developments where up to 20 percent of the units are integrated and set aside for households participating in the Transitions to Community Living program.⁷³

- ✓ The DHHS established LME/MCO contract requirements for Housing Specialists.
- ✓ North Carolina has 3,847 federal housing vouchers targeted exclusively to people with disabilities.
- ✓ Key Rental Assistance is funded in the amount of approximately \$5.5 million annually.
- ✓ Proposed Special Provisions for S.B. 105, 2021 Appropriations Act, include eliminating the cap on the number of allowable state-county Special Assistance/In-Home payments.

Priority Area 6: Address Gaps in Services

- ✓ Since 2019, the DHB has provided research-based behavioral health treatment as a Medicaid state plan service for individuals under the age of 21.
- ✓ The North Carolina General Assembly recently approved legislation allowing licensure of Board Certified Behavior Analysts.
- ✓ The DHHS has engaged the Alliance of Disability Advocates North Carolina to provide community inclusion supports and benefits counseling to TCL recipients in the Alliance and Eastpointe catchment area.
- ✓ The DHHS recently reallocated Single Stream Funding based on data driven measures, successfully redistributing this state-only funding to the LME/MCOs with substantiated need.

⁷³ The Integrated Supportive Housing Program fosters a collaboration between a local housing developer, DHHS, and the LME/MCO to increase the supply of integrated, affordable rental housing. This housing consists of independent rental units where no more than 20% of the units are required to be set aside for persons with a disabling condition. Prospective tenants will be referred by DHHS and are anticipated to come with rental assistance and connection to supportive services. See [Integrated Supportive Housing Program: Program Guidelines](#) [PDF].

Priority Area 8: Address Disparities in Access to Services

- ✓ The DHHS has been meeting regularly with the Latino Congress to discuss strategies for improving communication about DHHS benefits and services to the Latinx community.
- ✓ On June 1, 2021, the DMH/DD/SAS held an open dialogue to create a safe space for individuals to share their perceptions about diversity, equity, and inclusion.⁷⁴

Priority Area 9: Increase Input from Individuals with Lived Experience

- ✓ TCL includes consumer satisfaction surveys as a tool for assessing the quality of services and overall success of the initiative.
- ✓ As part of its five-year plan process, in September 2020, the North Carolina Council on Developmental Disabilities (NCCDD) held statewide input sessions for adult and youth (age 30 and under) self-advocates to identify the issues that matter to them and the initiatives that NCCDD should work on to make North Carolina a more inclusive state for people with I/DD.
- ✓ In 2019, the DHHS held numerous statewide listening sessions to obtain input from a broad range of stakeholders, including Medicaid beneficiaries, to design initiatives under Medicaid Transformation.

⁷⁴ See also North Carolina Department of Health and Human Services (n.d.). [Diversity and Inclusion](https://bit.ly/3mM4E4W). Retrieved September 30, 2021 from <https://bit.ly/3mM4E4W>

Appendix B: Olmstead Plan Stakeholder Advisory Membership, Committee Assignments, and Staff Work Group (October 7, 2021)

OPSA Leadership

OPSA Community Co-Chairs:

Betsy MacMichael, BetsyM@fifnc.org

Charmaine Fuller Cooper, fullercoopercharmaine@gmail.com

OPSA Departmental Co-Chair:

Dave Richard (Deputy Secretary for NC Medicaid), Dave.Richard@dhhs.nc.gov

OPSA Membership

DHHS Divisions/Offices

1. **Office of the Secretary:**

Dep. Sec. Kody Kinsley, Kody.Kinsley@dhhs.nc.gov

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2. **NC Medicaid:**

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3. **Division of Mental Health, Developmental Disabilities and Substance Abuse Services:**

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4. **Division of State Operated Healthcare Facilities:**

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6. **Division of Social Services:**

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7. **Division of Aging and Adult Services:**
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Consumer, Family and Advocacy Group Representatives

8. **NC Council on Developmental Disabilities** – Kerri Bennett Eaker, Chair,
Kerri.Eaker@hcahealthcare.com
9. **Alcohol and Drug Council of NC** – Kurtis Taylor, Executive Director,
KTaylor@alcoholdrughelp.org
10. **National Alliance for People with Mental Illness/NC** – Judy Jenkins, Board President,
judy.jenkins@me.com
11. **Brain Injury Advisory Council of NC** – David Forsythe, Chair,
David.Forsythe@pcghinc.org
12. **State Consumer and Family Advisory Committee** – Jean Andersen, Committee Member,
tbiadvocate@windstream.net
13. **Disability Rights North Carolina** – Bryan Dooley, Chair,
Dooleybg@guilford.edu
14. **Statewide Independent Living Council** – Eva Reynolds, Chair,
ereynolds@disabilitypartners.org
15. **First in Families** – Betsy MacMichael, Executive Director,
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16. **Arc of NC** – Jeff Smith, Board Member,
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17. **Coalition on Aging** – Charmaine Fuller Cooper, Chair,
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18. **Dementia Alliance of North Carolina** – Lanier Cansler, Chair,
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19. **NC Child** – Jenny Hobbs, Parent Advisory Council,
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20. **NC Empowerment Network** – Matthew Potter, Board Member,
Pottmm5@gmail.com
21. **NC Mental Health Planning and Advisory Committee** – Lacy Flintall, Board Chair,
LFlintall@NCFamiliesUnited.org
22. **Promise Resource Network** – Cherene Allen-Caraco, CEO,
ccaraco@promiseresourcenetwork.org
23. **Disability Rights North Carolina** – Corye Dunn, Policy Director,
corye.dunn@disabilityrightsncc.org
24. **At-Large Member** – Matty Lazo-Chadderton,
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- 25. **Center for Family and Community Engagement, NCSU** – Glenda Clare, Family Partner Specialist, gsclare@ncsu.edu
- 26. **Strong Able Youth Speaking Out (SaySo)** – Carmelita Coleman, Executive Director, ccoleman@chsnc.org
- 27. **Housing Options for Person with Exceptionalities (HOPE)** – Dotty Foley, Co-Founder, dotty@dottyfoley.com

Professional Organizations, Agencies and Associations

- 28. **NC Housing Finance Agency** – Paul Kimball, Director of Community Living, pekimball@nchfa.com
- 29. **NC Association for Persons in Supported Employment** – Bridget Hassan, Board President, bridget.hassan@eastersealsucp.com
- 30. **NC Providers Council** – Wilson Raynor, Board Member, wraynor@lifeincorporated.com
- 31. **Benchmarks** – Karen McLeod, CEO, kmcleod@benchmarksnc.org
- 32. **LME/MCOs** – Leza Wainwright, CEO, Trillium Health, leza.wainwright@trilliumnc.org
- 33. **LME/MCOs** – Mike Bridges, Director, Transitions to Community Living, Cardinal Innovations Healthcare, mike.bridges@cardinalinnovations.org
- 34. **NC Senior Living Association** – Jeff Horton, Executive Director, jeff@ncseniorliving.org
- 35. **Addiction Professionals of NC** - Sarah Potter, Executive Director, spotter@apnc.org
- 36. **Developmental Disabilities Facilities Association** – Peyton Maynard, CEO, pmaynard@bellsouth.net
- 37. **Association for Home and Hospice Care of North Carolina** – Tim Rogers, CEO, tim@ahhcnc.org
- 38. **NC Health Care Facilities Association** – Adam Sholar, CEO, adams@nchcfa.org
- 39. **Marketing Association of Rehabilitation Centers** – Michael Maybee, President, mmaybee@woiworks.org

North Carolina General Assembly

- 40. Representative Carla Cunningham, Carla.Cunningham@ncleg.net
- 41. Senator Joyce Krawiec, Joyce.Krawiec@ncleg.net

42. Senator Gladys Robinson,
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43. Representative Donna White,
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OPSA Committees

Housing

Chair: Mike Bridges, Mike.Bridges@cardinalinnovations.org

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- Paul Kimball
- Peyton Maynard
- David Forsythe
- Sen. Joyce Krawiec
- Kody Kinsley

Employment

Chair: Bridget Hassan, bridget.hassan@eastersealsucp.org

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- Kathie Trotter/Kenny Gibbs (alt.)
- Matty Lazo-Chadderton
- Bryan Dooley
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- Michael Maybee
- Chris Egan

Community Capacity Building

Chair: Dotty Foley, dotty@dottyfoley.com

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- Deepa Avula/Michelle Laws (alt.)
- Sandy Terrell/Deb Goda (alt.)
- Jeff Smith
- Eva Reynolds

Transition to Community

Chair: Kerri Eaker, kerri.eaker@msj.org;

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- Corye Dunn
- Adam Sholar

- Dep. Sec. Dave Richard
- Karen Burkes/Niki Ashmont and Laura White (alt.)

Children, Youth and Families

Chair: Jenny Hobbs

Staff: Petra Mozzetti, petra.mozzetti@dhhs.nc.gov; Teresa Strom, Teresa.Strom@dhhs.nc.gov; Shauna Shaw, shauna.shaw@dhhs.nc.gov; Rob Morrell, Rob.Morrell@dhhs.nc.gov

- Susan Osborne/Lisa Cauley (alt.)
- Judy Jenkins
- Glenda Clare
- Carmelita Coleman

Workforce Development

Chair: Karen McLeod, kmcleod@benchmarksn.org

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- Jean Andersen
- Cherene Caraco
- Matthew Potter
- Kurtis Taylor
- Sen. Gladys Robinson

Older Adults

Chair: Lanier Cansler, Lcansler@canslermail.com

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- Jeff Horton
- Tim Rogers
- Rep. Donna White

Quality Assurance and Quality of Life

Chair: Leza Wainwright, Leza.Wainwright@trilliumnc.org

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- Rep. Carla Cunningham
- Sam Hedrick
- Lacy Flintall
- Sarah Potter

Olmstead Plan Stakeholder Advisory Staff Work Group

Staff Work Group Co-Conveners: Holly Riddle, Office of the Sr. Advisor on the ADA, Holly.Riddle@dhhs.nc.gov and

Lisa Corbett, General Counsel, NCDHHS, Lisa.Corbett@dhhs.nc.gov;

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Olmstead Program Manager, Office of the Sr. Advisor on the ADA:
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Lead Subject Experts

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8. **NC Medicaid/Money Follows the Person** – Steve Strom, steve.strom@dhhs.nc.gov
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Appendix C: OPSA Housing Workgroup Driver Diagram

To be added.

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Appendix D: Glossary of Terms

(b)(3) Services – Additional supports for people who have Medicaid insurance. They are offered in addition to the services in the North Carolina Medicaid State Plan. These services focus on helping people remain in their homes and communities and avoid higher levels of care, such as hospitals. North Carolina’s Local Management Entities/Managed Care Organizations (LME/MCOs) can offer these additional services as a result of savings from the Medicaid waivers. The term “(b)(3)” refers to the section of the federal Social Security Act that allows states to offer these services under a Medicaid waiver.

811 Mainstream Program – Allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services. The U.S. Department of Housing and Urban Development (HUD) Section 811 program is authorized to operate in two ways: by providing interest-free capital advances and operating subsidies to nonprofit developers of affordable housing for persons with disabilities, and by providing project rental assistance to state housing agencies.

1915(i) State Plan Option – Allows the state to provide Medicaid coverage for certain home and community-based services (HCBS) to people with disabilities who do not meet the criteria for an institutional level of care and who have incomes lower than 150 percent of the federal poverty level.

ABLE ACT and Accounts – The North Carolina State Treasurer’s Office administers the Achieving a Better Life Experience (ABLE) Act, a federal law signed in December of 2014, that allows individuals with disabilities and their families to save for the future and fund essential expenses like medical and dental care, education, community-based supports, employment training, assistive technology, housing, and transportation. ABLE accounts are tax-exempt savings accounts for qualified disability expenses.

Adult Developmental Vocational Program (ADVP) – A day/night service which provides organized developmental activities for individuals with intellectual/developmental disabilities to prepare them to live and work as independently as possible. ADVP services may only be provided in a licensed or Vocational Rehabilitation approved facility.

American Rescue Plan Act – A \$1.9 trillion economic stimulus bill passed signed into law on March 11, 2021, building upon many of the measures in the CARES Act from March 2020.

Assertive Community Treatment

An evidence-based practice that provides *community*-based, multidisciplinary mental health *treatment* for individuals with severe and persistent mental illness.

Assistive Technology – Comprises both devices and services:

- Assistive technology as a device can be any item or piece of equipment that helps a person with a disability to increase, maintain, or improve their ability to function. Assistive technology as a

device can range from low-tech devices, such as a cane or wheelchair, to high-tech devices, such as a software program on a computer, or screen readers. Note: Medical devices that are surgically implanted are not considered assistive technology.

- Assistive technology as a service can involve any combination of the following:
 - Evaluation of an individual's needs
 - Acquisition of assistive technology devices (e.g., purchasing, leasing, or loaner programs).
 - Selection, fitting, or repairing of a device.
 - Training an individual with a disability or their caregiver on how to use assistive technology.

Behavioral Health Disorders – Mental health disorders, substance use disorders, or co-occurring mental health and substance use disorders.

Behavioral Health I/DD Tailored Plans – *To be added*

CAP/C Waiver – A 1915(c) Home and Community Based Services waiver that provides services for medically fragile children under 21 who are at risk of institutional care. By providing in-home nursing care, case management, and other supports, CAP/C can help these children stay at home with their families.

CAP/DA Waiver – This waiver program provides a cost-effective alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization if Home and Community Based services approved in the CAP/DA waiver were not available. These services allow the beneficiary to remain in or return to a home- and community-based setting.

Children's Residential Redesign – Psychiatric residential treatment facility (PRTF) residential redesign efforts are expected to improve treatment and agency outcomes.

The Coalition – [The Coalition](#) is a group of statewide organizations in North Carolina that are committed to assuring the availability of services and supports for individuals who experience addictive diseases, mental illness, and developmental disabilities.

Coalition on Aging – A coalition whose mission is to improve the quality of life for older adults through collective advocacy, education, and public policy work. This group works to develop programs for children with autism, advocate and help families navigate services, and educate state policy makers on the needs of children with autism.

Coronavirus Aid, Relief, and Economic Security (CARES) Act – Signed into law March 27, 2020, provides over \$2 trillion of economic relief to workers, families, small businesses, industry sectors, and other levels of government that have been hit hard by the public health crisis created by COVID-19.

Competitive, Integrated Employment – Defined by the Rehabilitation Act as work that is performed on a full-time or part-time basis for which an individual is: (a) compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience; (b) receiving the same level of benefits provided to other employees without disabilities in similar positions; (c) at a location where the employee interacts with other individuals without disabilities; and (d) presented opportunities for advancement similar to other employees without disabilities in similar positions.

Comprehensive Transition and Postsecondary Program – *To be added*

Coordinated Specialty Care – A team-based collaborative, recovery-oriented treatment team approach involving individuals who are experiencing *first episode psychosis*.

Consumer-Operated Services – Services that are fully independent, separate, and autonomous from other mental health agencies, with the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues. Services are predominantly staffed by individuals with lived experience.

Direct Support Professional – Staff who work one-on-one with individuals with disabilities with the aim of assisting them to become integrated into the community or the least restrictive environment.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Known as Health Check in North Carolina, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

Federal Medical Assistance Percentages – The percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs in the United States.

Healthy Opportunities – Designed to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation, and interpersonal safety to high-needs Medicaid enrollees.

High Fidelity Wraparound – An evidence-informed and standardized supportive care coordination service for youth (3-20 years old) with serious emotional disturbance and youth with serious emotional disturbance plus a co-occurring substance use disorder or intellectual/developmental disability. “In Lieu Of “service definitions have been developed to promote the use of high fidelity wraparound services across the state.

Home and Community Based Services – Health and human services that address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.

Housing Choice Vouchers – These vouchers assist very low-income families to afford decent, safe, and sanitary housing. Housing can include single-family homes, townhouses, and apartments and is not limited to units located in subsidized housing projects. Housing choice vouchers are administered locally by public housing agencies (PHAs). A family that is issued a housing voucher is responsible for finding a suitable housing unit whose owner agrees to rent under the program. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the amount subsidized by the program and the actual rent charged by the landlord.

Housing and Community Based Services (HCBS) Final Rule – The final HCBS regulations set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The regulations enhance the quality of HCBS and provide

additional protections to individuals who receive services under these Medicaid authorities. Learn more at [Home & Community Based Services Final Regulation](#).

Independent Living Rehabilitation Program – The [Independent Living Rehabilitation program](#) provides an alternative to living in a nursing home or other facility for eligible individuals. Services are person-centered and may be provided directly, purchased or coordinated through other community resources.

Individual Placement and Support / Supported Employment (IPS/SE) – An evidence-based practice that assists individuals with severe mental illness and other debilitating disorders to find competitive, community employment and provides ongoing, individualized services with a focus on employment.

“In Lieu Of” Services – Alternative mental health, substance use disorder, or intellectual/developmental disability services that are not included in the state Medicaid plan or managed care contract but that are clinically appropriate, cost-effective alternatives to State Plan services. These services are not required, and are provided at the discretion of Local Management Entities/Managed Care Organizations.

Innovations Waiver – This Medicaid waiver supports children and adults with intellectual/developmental disabilities (I/DD) who meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care criteria, or are a risk of being placed in an ICF/IID, to live in the community.

Key Rental Assistance – This [rental assistance program](#) [PDF] is administered by the North Carolina Housing Finance Agency to make Targeting Program units/housing affordable to very low income households.

Milestone Payments – A method of payment for a service that achieves a defined stage in the client’s progression towards exiting vocational rehabilitation to Competitive Integrated Employment. This payment model is a change from paying for services at an hourly rate regardless of the whether the client progressed towards their vocational goal.

Mobile Response and Stabilization Services – An enhanced mobile intervention targeting families and children ages 3-21 who are experiencing escalating emotional or behavioral symptoms or traumatic circumstances that have compromised the child’s ability to function at their baseline within the family, living situation, school or community environments. This program will support the enhancement of the current mobile crisis response to be more child- and family-focused in meeting behavioral health crisis needs. Startup costs will enhance five existing mobile crisis teams and coverage in ten counties. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services will work with Local Management Entities/Managed Care Organizations (LME/MCOs) to select a mix of rural and urban counties for the pilot project. The enhancements are added to existing mobile crisis teams.

Money Follows the Person (MFP) – The MFP program helps Medicaid-eligible North Carolinians who live in inpatient facilities to move into their own homes and communities with supports. North Carolina was awarded its MFP grant from the Centers for Medicare and Medicaid Services in May 2007 and began supporting individuals to transition in 2009.

North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE) – The NC CORE initiative is an innovative payment structure that addresses the discrepancy between fee-for-service

(FFS) and milestone payments by switching both the state and Medicaid FFS payments to milestones for supported employment services.

North Carolina – Psychiatry Access Line (NC PAL) – [NC-PAL](#) is a free telephone consultation and education program to help health care providers address the behavioral health needs of their patients.

Olmstead v. L.C. – The *Olmstead* decision was the result of a United States Supreme Court case regarding discrimination against people with mental disabilities. The court held that under the [Americans with Disabilities Act](#), individuals with mental disabilities have the right to live in the community rather than in institutions if "the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities."

Oxford House – A housing program designed to support people committed to a sober lifestyle, that does not include paid staff and is self-run by the people who live there.

Penetration Rate – The number of unduplicated eligible individuals and consumers who have received at least one billable service during the fiscal year.

Projects for Assistance in Transition from Homelessness (PATH) – Federal grant program that provides assistance to individuals who are homeless or at risk of homelessness and who have serious mental illness. PATH funds are distributed to states/territories, which contract in turn with local public or nonprofit organizations to fund a variety of services to homeless individuals, including outreach, treatment, case management, and housing supports.

Remote Supports (Remote Technology) – Utilizes two-way communication in real time, through the use of sensors, cameras, or other devices to provide direct care by monitoring support and providing supervision assistance remotely. (In general, remote supports is an emerging service that combines technology and direct care support for people with disabilities including individuals with developmental disabilities via a less invasive virtual means.)

Resource Intensive Comprehensive Case Management Model – *To be added*

Rethinking Guardianship – [Rethinking Guardianship](#) is a collaborative effort of the North Carolina Council on University of North Carolina-Chapel Hill School of Social Work's Jordan Institute for Families that is committed to improving life for people who are experiencing guardianship or who could benefit from less restrictive alternatives to guardianship.

Substance Abuse and Mental Health Services Administration – A branch of the U.S. Department of Health and Human Services charged with improving the quality and availability of treatment and rehabilitative services in order to reduce illness, death, disability, and the cost to society resulting from substance use disorders and mental illnesses.

Senior Community Service Employment Program (SCSEP) – Places individuals 55 and older who are economically disadvantaged into part-time community service assignments while helping them transition into unsubsidized employment. SCSEP empowers low-income older workers to achieve

economic independence while training in community service activities that assist in gaining marketable skills to re-enter the workforce. The Division of Aging and Adult Services and four national contractors administer SCSEP in the state.

Serious Emotional Disorders – Conditions experienced by children, birth to 18 years old, determined by DSM-IV Diagnosis and moderate to severe impairment in functioning. Also referred to as [Serious Emotional Disturbance](#).

Serious and Persistent Mental Illness – A mental illness or disorder (but not a primary diagnosis of Alzheimer’s disease, dementia, or acquired brain injury) experienced by a person who is 18 years of age or older, that is so severe and chronic that it prevents or erodes development of functional capacities in primary aspects of daily life such as personal hygiene and self-care, decision-making, interpersonal relationships, social transactions, learning and recreational activities; or satisfies eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.

Serious Emotional Disturbance – See “Serious Emotional Disorders.”

Sheltered Employment – A wide range of segregated vocational and nonvocational programs for individuals with disabilities, such as sheltered workshops, adult activity centers, work activity centers, and day treatment centers. These programs differ extensively in terms of their mission, services provided, and funding sources.

Single Stream Funding – Flexible funds appropriated by the North Carolina General Assembly to pay for services for individuals who have a diagnosis of mental illness, a developmental disability, or a substance use disorder issue, or a combination of these, but who are not eligible for Medicaid coverage. Services are delivered by providers contracted with Local Management Entities/Managed Care Organizations (LME/MCOs) which are paid via a non-Unit Cost Reimbursement (non-UCR) fee structure, but LME/MCOs are required to submit claims for services rendered and the value of these claims will be considered in settlement of the single stream funding account.

Smart Technology – Refers to the vast array of interconnected devices that are still designed to perform the same normal functions of device usage with a greater degree of autonomy than their non-smart equivalents. (i.e., the smart refrigerator which allows you to interact versus the non-smart refrigerator-both still used for cold food storage). However, smart options devices generally permit decision-making through software, connect via the internet, and tend to have apps for enhanced access or control. Smart technologies are universal devices that tend to make life easier for non-disabled people and allow increase access for disabled individuals. Likewise, smart houses are homes designed with multiple smart technologies built in or added to work in tandem to provide the advantage of convenience and other benefits.

Social Determinants of Health – Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Special Assistance / In Home Program – [The Special Assistance In-Home \(SA/IH\) program](#) provides low-income North Carolina residents who are eligible for Medicaid with a monthly cash benefit to help them remain living in their homes.

State Transition Team – Team consists of members from the Division of Vocational Rehabilitation Services, Department of Public Instruction representatives, college/university representatives, parents, students, and various community and advocacy organizations with a focus on the transition of students with disabilities from school to employment or post-secondary education.

Subminimum Wage – Section 14(c) of the Fair Labor Standards Act authorizes employers, after receiving a certificate from the Wage and Hour Division, to pay special minimum wages — wages lower than the federal minimum wage — to workers who have disabilities for the work being performed.

Supplemental Security Income – A federal income supplement program funded by general tax revenues to help people who are elderly, blind, or have disabilities, and who have little or no income. It provides cash to meet basic needs for food, clothing and shelter.

Supported Decision-Making – *To be added*

Supportive Housing – *To be added*

Supported Living – The North Carolina Innovations waiver includes a [Supported Living service definition](#) that enables people with significant disabilities the opportunity to live in their own homes.

Systems of Care (SOC) – A philosophy supported in North Carolina in which providers work together in coordinated networks of community services and supports that are organized to meet challenges of persons with disabilities.

Targeting Program – A partnership between the North Carolina Housing Finance Agency and the North Carolina Department of Health and Human Services to provide access to affordable housing for low-income people with disabilities and/or those experiencing homelessness.

Transitions to Community Living (TCL) – The State of North Carolina entered into the TCL settlement agreement with the United States Department of Justice in 2012. The purpose of this agreement was to make sure that persons with mental illness can live in their communities in the least restrictive settings of their choice. The DHHS has worked to develop in-reach, transition, and community-based services to support those with serious mental illness in moving from facilities to the community.

Workforce Innovation and Opportunity Act (WIOA) – Signed into law on July 22, 2014, WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Under the Act, each U.S. state and territory submits a Unified or Combined State Plan to the U.S. Department of Labor and Department of Education that outlines its workforce development system's four-year strategy, and updates the plan as required after two years. WIOA empowers North Carolina to train its workforce and guides how the NCWorks initiative connects job seekers to employers.

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Appendix E: Abbreviations Used in this Document

ABA – Applied Behavioral Analysis therapy	FMAP – Federal Medical Assistance Percentage(s)
ACH – Adult care home	HCBS – Home and Community Based Services
ADA – Americans with Disabilities Act	HUD – U.S. Department of Housing and Urban Development
ADATC – Alcohol and Drug Addiction Treatment Center	ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities
ADVP – Adult Developmental Vocation Program	I/DD – Intellectual/Developmental Disabilities
ARPA – American Rescue Plan Act	IDM – Informed Decision Making
CAP/C – Community Alternatives Program for Children	IPS/SE – Individual Placement Support – Supported Employment
CAP/DA – Community Alternatives Program for Disabled Adults	ISHP – Integrated Supportive Housing Program
CARES Act – Coronavirus Aid, Relief and Economic Security Act	LME/MCO – Local Management Entity/Managed Care Organization
CHW – Community Health Worker	MFP – Money Follows the Person
CIE – Competitive Integrated Employment	MORES – Mobile Outreach Response Engagement Stabilization Service
CMS – Centers for Medicare and Medicaid Services	NCCDD – North Carolina Council on Developmental Disabilities
DAAS – Division of Aging and Adult Services	NC CORE – North Carolina Collaborative for Ongoing Recovery through Employment
DHB – Division of Health Benefits	NC FIT – North Carolina Formerly Incarcerated Transitions Program
DHHS – Department of Health and Human Services	NCI – National Core Indicator
DMH/DD/SAS – Division of Mental Health, Developmental Disabilities and Substance Abuse Services	NC PAL – North Carolina Psychiatry Access Line
DPI – Department of Public Instruction	NC START – North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment
DSB – Division of Services for the Blind	OPSA – Olmstead Plan Stakeholder Advisory
DSOHF – Division of State Operated Healthcare Facilities	Pre-ETS – Pre-Employment Transition Services
DSP – Direct Support Professional	PROMS – Patient-Reported Outcomes Measures
DSS – Division of Social Services or local Department of Social Services	PRTF – Psychiatric Residential Treatment Facility
DVRS – Division of Vocational Rehabilitation Services	RSVP – Referral, Screening, & Verification Process
EBCI – Eastern Band of Cherokee Indians	SAMHSA – Substance Abuse and Mental Health Services Administration
EMS – Emergency Medical Services	SDM – Supported Decision-Making
EPSDT – Early and Periodic Screening, Diagnostic and Treatment (Health Check)	SED – Serious Emotional Disturbance
	SMI – Serious Mental Illness

SPMI – Severe and Persistent Mental Illness
SUD – Substance Use Disorder
TBI – Traumatic Brain Injury

TCL – Transitions to Community Living
WIOA – Workforce Investment Opportunity Act

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 Engagement Specialist,
 Laini Jarrett, Quality Review Coordinator, Hope White, Quality Review Coordinator

<https://alliancehealthplan.zoom.us/meeting/register/tJYsfu2pqT4uGNFVqnthPr1QiVWiAekkIsUN>

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the October 11, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; and approved unanimously by Chris Dale and Dave Curro.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments/ Covid -19 Check In	<p>Dave Curro announced that he was starting a new project that involved a tiny home community in Durham for IDD</p> <p>Members continue to share their concerns and challenges with Covid-19 and vaccinations and boosters</p>	N/A	N/A
4. State Updates	<p>ShaVaila Ingram, NCDHHS was in attendance and went over the State updates</p> <p>November CEE:</p> <ul style="list-style-type: none"> ➤ County Realignments <ul style="list-style-type: none"> ○ Orange and Mecklenburg counties' transition date to Alliance Health has changed from Dec. 15, 2021 to Dec. 1, 2021. The change was made after taking into consideration a number of operational factors that make the first day of the month preferable to a mid-month transition ➤ Coping with Holiday Stress- Remember Hope4NC– 1-855-587-3463 24/7 for free and confidential emotional support, counseling referrals community resources ➤ Joint DMHDDSAS & DHB Update call: Providers Thursday, November 4th from 3 pm - 4 pm ➤ Joint DMHDDSAS & DHB Update call: Consumers & Family Members 	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:
	<p>Monday, November 22nd from 2 pm - 3 pm</p> <ul style="list-style-type: none"> ➤ Regional CFAC Meetings: Due to the Holidays we will not hold these calls in November or December, Stay tuned for information for future meetings ➤ State to Local Collaboration Meeting <ul style="list-style-type: none"> ○ Next Call: November 24 2021 from 6:00 – 7:30 pm ➤ NC Medicaid Managed Care Hot Topics Webinar Series <ul style="list-style-type: none"> ○ Every 3rd Thursday of the month from 5-30-6:30 PM ○ Next webinar: November 21, 2021 ➤ Pinehurst Conference will be held both virtual and in person this year from December 8-10 		
<p>5. LME/MCO Updates</p>	<p>Doug was not in attendance tonight and Ramona went over the LME/MCO updates:</p> <ul style="list-style-type: none"> ➤ Alliance is still working hard on the realignment process with Mecklenburg and Orange counties ➤ Alliance is still hiring for those positions ➤ By Laws & Relational Agreement Subcommittee met this month for the first meeting and will continue meeting monthly on a regular basis until project is completed ➤ CFAC members from Orange and Mecklenburg counties are still being contacted and updates will continue <p>Human Rights Training:</p> <ul style="list-style-type: none"> ➤ Ramona went over the HRC human rights training presentation and the group was able to chime in and ask questions and comment during the presentation 	<p>N/A</p>	<p>Ongoing</p>
<p>6. Focus Points</p>	<p>Ramona resent the email out this past month and had (1) response, so the group addressed the focal points again, and the group decided that they would like to collaborate with Durham County SOC Ramona will reach out to SOC Ashley Bass Mitchell and invite her to do a presentation to the group of what they are currently doing in the Durham community</p>	<p>Ongoing</p>	<p>N/A</p>

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



Monday, November 08, 2021

Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Ramona will also reach out to Denene Hinton and ask if she will also join a meeting and give the group an overview of her role within Alliance		
7. Announcements	None	N/A	N/A

ADJOURNMENT: 7:10pm The next meeting will be December 13, 2021, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch , Member Engagement Specialist

11.12.2021

DRAFT

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

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, Carole Johnson, Israel Pattison, Christopher Smith,

BOARD MEMBERS PRESENT: None

GUEST(S): Suzanne Thompson, DHHS ShaValia Ingram

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement,
 Erica Asbury, Member Engagement Specialist, Adam Shields, Member Engagement Manager

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the October 12, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; no motion was made because that meeting was a Community Forum for Medicaid Transformation. I. Pattison motioned to accept the minutes and G. Schweizer second.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. COVID -19 check in /Public Announcements	V. Bass brought to the committee’s attention that CMS is going to follow through with the mandate that all employees be vaccinated against COVID. There will be town hall meetings conducted by the human resources department. V. Bass further explained that everyone should consider how this will affect staffing at agencies.	N/A	N/A
4. State Updates-S. Ingram	ShaValia Ingram, NCDHHS was in attendance and went over the State updates November CEE: <ul style="list-style-type: none"> ➢ County realignments will begin on Dec 1,2021. Alliance is scheduled to transition both Orange and Mecklenburg on that date. Alamance, Caswell, Chatham, Franklin, Granville, Person, Rowan, Stokes and Vance will transit “Coping with Holiday Stress” ➢ Joint DMHDDSAS & DHB Update call: Consumers & Providers Thursday, November 4th from 2 pm - 3 pm ➢ Regional CFAC Meetings: will NOT take place due to the holiday. ➢ State to Local Collaboration Meeting 	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:
	<ul style="list-style-type: none"> ○ Next Call: November 24th, 2021 from 6:00 – 7:30 pm ➤ NC Medicaid Managed Care Hot Topics Webinar Series <ul style="list-style-type: none"> ○ Every 3rd Thursday of the month from 5-30-6:30 PM ○ Next webinar: November 18,2021 ➤ Pinehurst Conference will be held both virtual and in person this year from December 8-10 		
<p>5. Steering Committee Update/ MCO LME update D. Wright</p>	<p>D. Wright discussed the realignment and that date being moved up to 12/1/2021 based on the financial changes taking place in both Orange and Mecklenburg Counties.</p> <ul style="list-style-type: none"> ➤ The Orange and Mecklenburg County meet and greet did take place and there was one member there. That person has shown interest in being involved and has been invited to participate in the by-laws meeting. No other responses to outreach have happened yet. ➤ Staff members in those counties have been hired. Alliance is still seeking to fill several key positions and interviews are continuing to take place. ➤ Members were asked to please read document in its entirety and submit any questions or concerns to D. Wright or their Member Inclusion Specialist for answers or clarification ➤ Tailor Plan implementation update: several documents have been delayed and an extra month has been given to complete them. The Tribal Engagement plan has been turned in. If the state turns it around, Alliance has 14 days in which to respond. ➤ D. Wright shared the slide presentation for the Human Rights Committee training and went over what the expectations are. ➤ The by-laws committee met last week and will continue to meet on a monthly basis. S. Ingram stated that she will be able to get copies of the bylaws from other MCO/LME in response to A. Smith's question. 	<p>Ongoing</p>	<p>N/A</p>

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



Tuesday, November 09, 2021

Wake CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	The committee agreed and requested that S. Ingram gather the by-laws from Partner's and Trillium for review.		
6. Additional Discussion	E. Asbury Reviewed information about assistive technology and share the websites. E. Asbury also emailed out the contact information for obtaining or donation equipment in Wake County	N/A	N/A

ADJOURNMENT: J. Larrison moved to adjourn the meeting and A. Smith second. The next meeting will be December 14, 2021, at 5:30 p.m.

Respectfully Submitted by:

Erica Asbury, Member Engagement Specialist

11.17.2021

DRAFT

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The Self Help Credit Union was a sponsor and offers financial support and banking assistance within several counties in NC www.self-help.org

SimplyHome: Innovative Technology for Independent Living www.simply-home.com . Able to update home with smart system that allows member to have specific items set to timers and reminders such as the stove, locks etc. Insurance may cover some of the items.

Drivers Education and assistive technology to support driving info at www.driversrehab.com 888-888-0039. Information about vans, lifts, driving tests. DMV medical evaluation . Also may reach out to chantel@driver-rehab.com

The LUCI system for modern mobility www.luci.com . Committed to getting it covered by insurance.

MPowerMe: Person Centered Technology for Engagement, Inclusion and Employability <https://mpm.care> . Have several ways to get insurance coverage approval often deemed as a medical necessity. New communication devices are approved every 5 years. NCATP meets every Thursday 11:30-12pm.

NCATP operates a "reuse" program. Basically, this program has two parts. Each office accepts equipment and then makes available to others who may need it. The challenge with this part of the program is the limited storage space in each office. The second part is we keep a list of equipment that people may want to donate/sell. Previously they operated a website for this portion of it but now is simply a list . Frank Harden operates the list. He would also be the contact for the Raleigh office which I think is the closest office to you. His email is Frank.Harden@dhhs.nc.gov. Another option in the Charlotte area is called Assistme. Their website is www.assistmenc.com



Tuesday, November 16, 2021

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

MEMBERS PRESENT: Marie Dodson, Marilyn Lund, Albert Dixon, Jason Phipps, Jerry Dodson, Cindy Lopain

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Ramona Branch, Member Inclusion Specialist, Noah Swabe, Member Inclusion Specialist

<https://alliancehealthplan.zoom.us/j/92670863998>

Meeting ID: 926 7086 3998

Passcode: 012115

1. WELCOME AND INTRODUCTIONS

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	None	None	None
4. Membership	Cindy Lopain has now attended three Johnston CFAC meetings and is eligible to be voted in. Albert made a motion which was seconded by Marilyn, the Johnston CFAC voted Cindy in unanimously. Welcome Cindy!	Noah will touch base with Cindy to review the orientation packet and required documents.	ASAP
5. LME/MCO Updates	Ramona updated the CFAC on the following LME/MCO updates <ul style="list-style-type: none"> Alliance is still working hard on the realignment process with Mecklenburg and Orange counties Alliance is still hiring for those positions By Laws & Relational Agreement Subcommittee met this month for the first meeting and will continue meeting monthly on a regular basis until project is completed CFAC members from Orange and Mecklenburg counties are still being contacted and updates will continue Human Rights Training: <ul style="list-style-type: none"> Ramona went over the HRC human rights training presentation and the group was able to chime in and ask questions and comment during the presentation 	Alliance Health staff will continue to update the CFAC as information becomes available.	Ongoing

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Tuesday, November 16, 2021

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
5. State Updates	Ramona covered the following State Updates <ul style="list-style-type: none"> • Orange and Mecklenburg counties’ transition date to Alliance Health has changed from Dec. 15, 2021 to Dec. 1, 2021. The change was made after taking into consideration a number of operational factors that make the first day of the month preferable to a mid-month transition • Coping with Holiday Stress- Remember Hope4NC– 1-855-587-3463 24/7 for free and confidential emotional support, counseling referrals community resources • Regional CFAC Meetings: Due to the Holidays we will not hold these calls in November or December, Stay tuned for information for future meetings • State to Local Collaboration Meeting Next Call: November 24 2021 from 6:00 – 7:30 pm • NC Medicaid Managed Care Hot Topics Webinar Series Every 3rd Thursday of the month from 5-30-6:30 PM Next webinar: November 21, 2021 • Pinehurst Conference will be held both virtual and in person this year from December 8-10 	None	None
6. Guardianship Video Next Steps	Noah discussed next steps on how to disseminate the Guardianship Video. The CFAC suggested putting together a email with the links to the alternatives to guardianship site and videos, the guardianship video completed by the CFAC, and general resources. Then sending this email out intentionally to our community partners and posting on social media platforms.	Noah will complete a draft email covering the topics discussed and send the draft out to the CFAC for feedback.	ASAP
7. Announcements	Covered in state updates	None	None

8. **ADJOURNMENT:** Next Meeting December 21, 2021 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.



Thursday, October 28, 2021

CFAC MEETING - REGULAR MEETING
(Virtual Meeting via Video Conferencing)
5:30-7:00 p.m.

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

BOARD MEMBERS PRESENT:

GUEST(S): Shavalia Ingram CEEC, Terrasine Gardner

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

Starlett Davis, Member Engagement Specialist, Shataybia Stanley, Community Worker, Laressa Witt, Supportive Housing Manager

Join Zoom Meeting

[https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2](https://alliancehealthplan.zoom.us/join/https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2)

Call in Number: +1 646 558 8656

Meeting ID: 910 6733 3915

1. WELCOME AND INTRODUCTIONS: Felishia McPherson

2. REVIEW OF THE MINUTES – The minutes from the September 23, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Dorothy Johnson to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	<p>Felishia, Renee and Starlett Community events and resources. Covid 19 Check ins</p> <p>Starlett and Laressa spoke about the Homeless and Hunger Stand Down. It is November 19, 2021 at 8:30am (correction 9:00am). Michael inquired about a table. Starlett will get back to the committee. Michael McGuire inquired about anyone getting billed for getting tested for Covid 19. We discussed speaking with insurance provider a call to resolve. Jackie shared that Roberto Wadell will be holding a Domestic Violence training on Friday 10/29/2021. National Core Indicator Project application is available. It is an hour long training. Dorothy shared that the CIT Training will be on the FTCC Spring Lake Campus on Novemebr 15-19th. November 17th will have a panel from 1 to 2pm. Please let her know who would like to join. This</p>	Please see Doug and Starlett for questions.	Ongoing

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



Thursday, October 28, 2021

CFAC MEETING - REGULAR MEETING

(Virtual Meeting via Video Conferencing)

5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	would be for anyone with lived mental, physical, substance use and intellectual and developmental health challenges.		
4. ADA Updates	<p>Shirley Francis- ADA updated meeting information. Next meeting is November 17th at 6pm virtually. She is hoping to have someone from the city to update on the ADA changes and someone on Medicaid Transformation.</p> <p>She shouted out and thanked everyone who participated in the Vera Bradley event. It was a great turn out. The next one will be April 2022 for Autism Awareness Month</p>	Please see Shirley Francis for any questions. Next ADA meeting is November 17, 2021 at 6pm virtually.	November 17, 2021
5. State Updates	<p>Shavalia Ingram October CE&E Update All of the members received an electronic copy. Many of the dates have passed. Shavalia went over the new updated that were not included in the update sent out. Please see handout for information and inquire with Doug or Shavaila for questions,</p>	Please see handout for information and inquire with Doug or Shavalia for questions,	Ongoing
6. Supportive Housing Q&A	<p>Alliance Permanent Supportive Housing Laressa Witt Laressa gave a brief summary of the Supportive House Training. She asked if anyone had any questions. She answer the inquiries as well as gave clarity on the questions from the committee.</p>	Please see Laressa and Starlett for questions.	Ongoing
7. MCO	<p>Doug Wright MCO Updates Doug updated the committee on the county realignment date moving up from Dec. 15th to Dec. 1st. They did a short meet and greet for Orange and Mecklenburg CFAC members. Not many showed up. This was to meet them and get them engaged. A committee will be pulled together and getting members involved. This will take time. Their structure was different and we would need more members. We are working on the Bi Laws and Relational Agreement. An at hawk meeting has been set up for next Wednesday. One person from Mecklenburg will be a part of this. Still looking for someone for Orange county.</p> <p>National IDD Waiver Analysis Poster Chancellor is an organization that works with the state in supporting the IDD, Innovations Waiver, waitlist, etc. They have done a lot of</p>	Please see Doug or Starlett for any questions.	Ongoing

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Thursday, October 28, 2021

CFAC MEETING - REGULAR MEETING
 (Virtual Meeting via Video Conferencing)
 5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>research across the county about this. Doug showed the post card and asked the committee to look at it and let us know if there are any questions. At this point there are 1000 spots in the budget. However, the budget has not been approved at this time. The legislators need to be encouraged to get it approved. Doug went over some policy recommendations. Please see electronic copy for details.</p> <p>Assertive Engagement Doug spoke about LME Alternative Services. The forms will be updated and put on new forms. He started with Assertive Engagement. He explained that if we see something that we can do more effectively in the service definition and spend the same amount of money that the State allows. We can change it and do it more effectively. Assertive Engagement is a way of working with children and/or adults with serious/severe mental illness and/or addictive disorder who do not effectively engage with treatment services. Please see electronic copy for further details.</p> <p>Durham Recovery Support He then went over Recovery Support. This service was intended to support to promote recovery for adults with substance use disorders by informing, arranging, referring and assisting consumers in meeting basic needs across the life domains that have been impacted by substance use disorders. Please see electronic copy for details.</p> <p>Hospital Discharge Transition Service This service included face to face attendance in state and community psychiatric hospitals, facility based crisis centers, and detox centers and other 24 hour facilities with the purpose of discharge planning with assigned and unassigned consumers. Please see electronic copy for details.</p> <p>He also went over Comprehensive Screening for IDD and getting connected and obtaining whatever state funded services that may be available to them.</p> <p>The committee has electronic copies of the information below to look at in their leisure. Please see Doug or Starlett for any questions.</p> <p>NCCDD Report on Registry of Unmet Needs</p>		

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



Thursday, October 28, 2021

CFAC MEETING - REGULAR MEETING
(Virtual Meeting via Video Conferencing)
5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	NCDHHS's Established Vision for Children and Families		
8. Steering Committee Updates	Doug Wright No updates at this time. Next Steering CFAC meeting is December 6, 2021.	Please see Starlett and Doug for any questions.	December 6, 2021
9. Prep for next meeting	Felishia- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. The committee will be having a hybrid meeting on November 18, 2021. The meeting had to be voted on. Feleshia explained the vote and motion was made by Michael to have a hybrid meeting on November 18 th at the office for a potluck. The 2 nd was made and a vote was made. The majority voted yes. There was conversation on the minority vote. Some were not comfortable with meeting in person. Starlett offered to have Zoom up so it could be a hybrid meeting. The committee decided there will be food and fellowship for those in person. Others can eat dinner with us on Zoom. An email will be sent out to see what everyone will be bringing.	Next meeting November 18, 2021. An email will be sent to see what everyone will be bringing.	November, 18, 2021
10. Appreciation	Appreciations and thanks were given.	N/A	
11.			

ADJOURNMENT: Meeting was adjourned at 6:56pm. Feleshia made a motion. Michael seconded it. Next meeting is November 18, 2021. It is a hybrid meeting. It will be in person and on Zoom.

Respectfully Submitted by:

Starlett Davis, MA

[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.



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

ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: December 2, 2021

BACKGROUND: 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 includes revisions to the By-Laws, which were submitted to the Board at 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.

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

REQUEST FOR AREA BOARD ACTION: Approve the By-Laws.

CEO RECOMMENDATION: Approve the By-Laws.

RESOURCE PERSON(S): David Curro, Committee Chair; Monica Portugal, Chief Risk and Compliance Officer; Carol Wolff, General Counsel

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



BOARD OF DIRECTORS
POLICIES & PROCEDURES

TITLE:	By-Laws
BOARD POLICY #:	BL
LINES OF BUSINESS:	All lines of business
RESPONSIBILITY:	Board of Directors
REFERENCE(S):	N.C.G.S. 122C
URAC STANDARDS:	N/A
NCQA STANDARDS:	N/A
APPROVAL DATE:	05/03/2012
LATEST REVISION DATE:	06/03/2021
LATEST REVIEW DATE:	09/02/2021
NEXT REVIEW DATE:	09/15/2022
REVIEW CYCLE:	Annual

BOARD OF DIRECTORS BY-LAWS

**ARTICLE I
PURPOSE**

The Alliance Health Board of Directors, also known as the Board of Directors, by virtue of powers contained in Chapter 122C of the North Carolina General Statutes is responsible for comprehensive planning, budgeting, implementing and monitoring of ~~community-based mental health, developmental disabilities and substance abuse health~~ services to meet the needs of ~~individuals~~ Medicaid members and eligible non-Medicaid recipients in Alliance’s health plan Catchment Area as that term is defined in the contract between NC Department of Health and Human Services (NCDHHS) and Alliance for Medicaid waiver management services. Any use of the term Board of Directors or CEO in these bylaws shall be deemed to include the Area Board, Area Authority, LME, Area Director and other such terms used in North Carolina General Statutes.

MISSION STATEMENT

To improve the health and well-being of the people we serve by ensuring highly effective, community-based support and care.

VISION STATEMENT

To be a leader in transforming the delivery of whole person care in the public sector.

VALUES STATEMENT

Accountability and Integrity: We keep the commitments we make to our stakeholders and to each other. We ensure high-quality services at a sustainable cost.

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Collaboration: We actively seek meaningful and diverse partnerships to improve services and systems for the people we serve. We value communication and cooperation between team members and departments to ensure that people receive needed services and supports.

Compassion: Our work is driven by dedication to the people we serve and an understanding of the importance of community in each of our lives.

Dignity and Respect: We value differences and seek diverse input. We strive to be inclusive and honor the culture and history of our communities and the people we serve.

Innovation: We challenge the way it's always been done. We learn from experience to shape a better future.

ARTICLE II STRUCTURE

A. AUTHORITY

1. The Alliance Board of Directors is accountable to the citizens of the Alliance Catchment Area. The Alliance Catchment Area refers to the geographical area served by Alliance Health under a contract(s) between NC Department of Health and Human Services (NCDHHS) and Alliance.
2. The powers and duties of the Board of Directors derive from General Statutes 122C-115.5 and 122C-117.
3. In addition to exercising those powers, duties, and functions set forth in 122C-115.5 and 122C-117, the Board of Director's primary responsibilities include:
 - a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
 - b. Governing the organization by adopting necessary and proper policies to carry out the obligations under its contracts with NCDHHS as a Pre-paid Inpatient Health Plan (PIHP).
 - c. Evaluating quality and availability of services in meeting the needs of the population.
 - d. Providing Fiscal oversight.
 - e. Performing public relations and community advocacy functions.
 - f. Appointing a CEO in accordance with General Statute 122C-121 (d). The CEO is an employee of the Board of Directors and shall serve at the pleasure of the Board of Directors.
 - g. Evaluating annually the Chief Executive Officer for performance based on criteria established by the Secretary of NCDHHS and the Board of Directors.
 - h. Delegating responsibility to the Chief Executive Officer who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Board of Directors, for compliance with the rules of the North Carolina Division for Mental Health, Developmental Disabilities and Substance Abuse Services, and NCDHHS, supervision of all employees and management of all contract providers.
 - i. Delegating to the Chief Executive Officer authority to execute contracts and agreements, where appropriate.
 - j. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).
 - k. Participate in strategic planning, including consideration of local priorities as determined by the County Commissioner Advisory Board;
 - l. Government affairs and advocacy.

B. COMPOSITION

1. The Board of Directors shall consist of ~~twenty-nineteen (19) (20)~~ members.
2. The membership of the Board shall reside within the Alliance catchment area and be composed in a manner consistent with NCGS §122C-118.1.
- 4.3. As of December 15, 2021, Board seats are allocated to the individual catchment area counties as follows and will be filled and vacated through attrition of current Board members:

<u>CFAC</u>	<u>1</u>
<u>Cumberland County</u>	<u>3</u>
<u>Durham County</u>	<u>3</u>
<u>Johnston County</u>	<u>2</u>
<u>Mecklenburg County</u>	<u>4</u>
<u>Orange County</u>	<u>2</u>
<u>Wake County</u>	<u>4</u>

2. ~~The Board of Directors shall work in conjunction with the Durham, Wake, Johnston and Cumberland County Commissioners.~~
3. ~~The Durham and Wake County Commissioners shall appoint seven (7) members respectively, the Cumberland County Board of Commissioners will appoint four (4) members, and the Johnston County Board of Commissioners will appoint two (2) members.~~
4. The CFAC seat will be filled by the Alliance CFAC Chairperson or their designee, who shall be sworn in by the Board’s Executive Secretary.
5. Other than CFAC, appointments are made by the County Commissioners within the member’s county of residence based on a recommendation from the Board of Directors.
6. Other than CFAC and County Commissioner appointees, ~~the~~ Board of Directors will advertise, accept applications, interview and recommend appointments to the respective Boards of Commissioners based on the appointee’s county of residence.
- 4.7. The Board of Directors shall work in conjunction with the ~~Durham, Wake, Johnston and Cumberland County Commissioners~~ of the counties in the Alliance Catchment Area to ensure that Board members collectively reflect the membership categories set forth in 122C- 118.1 and the diversity of the individuals served by Alliance.
5. ~~Board of Directors membership may consist of the following:~~
 - a. ~~Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse~~
 - b. ~~CFAC member~~
 - c. ~~An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.~~
 - d. ~~Individual with financial expertise~~
 - e. ~~Individual with provider experience in a managed care environment.~~
6. ~~The Board of Directors shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board.~~
- 7.8. No individual who contracts with the Board of Directors for the delivery of mental health, intellectual/developmental disabilities, or substance abuse services may serve on the Board of Directors during the period in which the contract for services is in effect.

C. TERMS AND CONDITIONS OF OFFICE

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1. Terms of membership shall be for three consecutive years except any member of the Board of Directors who is a county commissioner serves on the Board in an ex officio capacity at the pleasure of the initial appointing authority, for a term not to exceed the earlier of three years or the member's service as a County Commissioner.
2. Members shall not be appointed for more than three consecutive terms.
3. Members may be removed with or without cause by the appointing authority, or upon recommendation to the appointing authority by the Executive Committee.
4. Board ~~of Directors~~ members may resign at any time, upon written notification to the Chairperson or the Clerk of the Board of Directors.
5. Vacancies on the Board of Directors shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.
6. Board ~~of Directors~~ members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.
7. Neither Board ~~of Directors~~ members nor members of their families will receive preferential treatment through the Area Authority's services or operations.
- ~~8. Board of Directors members must be current with all property taxes in their respective counties.~~
9. Membership is based on the rules and regulations of the Board of Directors policies and all applicable North Carolina General Statutes.
10. Board ~~of Directors~~ members are required to comply with the Alliance Board of Directors Code of Ethics, policies and all applicable North Carolina General Statutes.
11. While Board members may be appointed because they represent a certain community, once on the Board, their responsibility is to all individuals served by Alliance.

D. OFFICERS

1. At each final regular Board meeting of the fiscal year, the Officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include:
 - a. Chairperson, and
 - b. Vice-Chairperson.
2. No officer shall serve in a particular office for more than two consecutive terms.
3. Each Board ~~of Directors~~ member, other than County Commissioners, shall be eligible to serve as an officer.
4. Duties of officers shall be as follows:
 - a. Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint all Board of Directors committees.
 - b. Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
 - c. Clerk – The CEO (or his/her designee) shall serve as the Clerk. The CEO shall not be an official member of the Board of Directors nor have a vote. As Clerk, the CEO shall:
 - i. Send Board of Directors packets of information.
 - ii. Maintain a true and accurate account of all proceedings at Board of Directors meetings.

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- iii. Maintain custody of Board of Directors minutes and other records.
- iv. Notify the County Commissioners of any vacancies on the Board of Directors or attendance compliance issues.

E. COMMITTEES

1. STANDING COMMITTEES - Annually, the Board of Directors Chairperson shall appoint the membership and the Chairperson of each of the Standing committees set forth below. These committees shall have the responsibility of making policy recommendations to the Board of Directors regarding matters within each committee’s designated area of concern. The composition of each committee shall comply with the applicable statute, regulation or contract requirements. The chair of any standing committee must be a member of the Board of Directors. All Standing Committees shall adopt a Charter, which shall be reviewed and revised as needed by the committee at least annually.

If a non-board member having a conflict of interest is appointed to a committee, they shall be a non-voting member of the committee and as such shall not count towards establishing quorum. The Chairperson and Vice Chairperson may serve as standing alternate voting committee members on any committee those officers do not serve on. Except when so serving, the Chairperson and Vice Chairperson have no voting rights on a committee to which they are not regularly appointed. The standing committees shall be as follows:

a. Finance Committee (NCGS 122C-119 (d))

- i. This committee shall be composed in a manner consistent with NCGS 122C-119, having at least 3 members, two of whom have expertise in budgeting and fiscal control. The Finance Officers of Durham, Cumberland, Johnston and Wake Counties or designee may serve as ex-officio members.
- ii. The Chief Financial Officer or CEO designee will serve as staff liaison to the Committee.
- iii. The Committee’s functions include:
 - 1) Recommending policies/practices on fiscal matters to the full Board of Directors.
 - 2) Reviewing and recommending budgets to the entire Board of Directors.
 - 3) Reviewing and recommending approval of audit reports (following a meeting by a designee of this committee with the auditor and receipt of the management letter) and assure corrective actions are taken as needed.
 - 4) Reviewing and recommending policies and procedures for managing contracts and other purchase of service arrangements.
 - 5) Reviewing financial statements at least quarterly.
 - 6) Reviewing the financial strength of the Area Authority.

b. Client Rights/Human Rights Committee (DMH/DD/SAS contract and NCGS 122C-64, 10A NCAC 27G.0504)

- i. The Client Rights/Human Rights Committee shall consist of at least 5 members, a majority of whom shall be non-Board members. Members should include consumers and family members representing mental health, developmental disabilities and substance abuse. The membership of the Client Rights/Human Rights Committee shall include a representative from each of the counties in the Catchment Area.
- ii. The CEO will designate a staff liaison to the Committee.
- iii. The Client Rights/Human Rights Committee functions include:

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- 1) Reviewing and evaluating Alliance’s Client Rights policies at least annually and recommending needed revisions to the Board of Directors.
 - 2) Overseeing the protection of client rights and identifying and reporting to the Board of Directors issues which negatively impact the rights of persons served.
 - 3) Reporting to the full Board of Directors at least quarterly.
 - 4) Submitting an annual report to the Board of Directors which includes, among other things, a review of Alliance’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).
- iv. The Client Rights/Human Rights Committee shall meet at least quarterly.

c. Quality Management Committee ~~(URAC)~~ (NCQA)

- i. The Quality Management (QM) Committee shall consist of at least 5 members to include consumers or their family members plus at least 2 non-voting provider representatives. The QM Committee will meet at least 6 times a year.
- ii. The QM Director, or CEO designee, will be the staff liaison to the Committee.
- iii. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees.
- iv. The 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 QM Committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve Alliance operations and local service system with input from consumers, providers, family members, and other stakeholders.

d. Executive Committee - The Board of Directors shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Board of Directors at the next scheduled meeting.

- i. The Executive Committee shall be composed of the current Officers of the Board of Directors, Chairpersons of standing committees (who are Board of Directors members), the immediate past Board chairperson or an at-large member in the event the immediate past Board Chairperson is not available.
- ii. The Board of Directors Chairperson shall serve as the Chairperson of the Executive Committee.
- iii. The Chief Executive Officer, or designee will be the staff liaison to the Committee.
- iv. The Chairperson shall call the meetings of the Executive Committee. Any member of the Board of Directors may request that the Chairperson call an Executive Committee meeting.
- v. The Executive Committee shall be responsible for the following:
 - 1) Function as the grievance committee to hear complaints regarding board member conduct and make recommendations to the full Board of Directors.
 - 2) Establish agendas for full Board of Directors meetings.
 - 3) Act on matters that are time-sensitive between regularly scheduled board meetings.
 - 4) Provide feedback to the CEO concerning current issues related to services, providers, staff, etc.
 - 5) Fulfill other duties as set forth in these By-laws or as otherwise directed by the Board of Directors.
 - 6) Notice of the time and place of every Executive Committee meeting shall be given to the members of the Executive Committee in the same manner that notice is given of Board of Directors meetings.

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e. Audit and Compliance Committee

- i. The Audit and Compliance Committee will consist of at least five members of the Board of Directors. At least one member shall have financial expertise. The Chairperson of the Audit and Compliance Committee may not also be the Chairperson of the Finance Committee.
- ii. The Chief Compliance Officer or CEO designee will serve as staff liaison to the Committee.
- iii. The Committee shall meet at least four times a year, with authority to convene additional meetings, to adequately fulfill all the obligations outlined in this charter.
- iv. 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. To assist the Board of Directors in fulfilling its oversight responsibilities for:
 - 1) The integrity of the organization’s annual financial statements;
 - 2) The system of risk assessment and internal controls;
 - 3) The organization’s compliance with legal and regulatory requirements;
 - 4) The independent auditor's qualifications and independence;
 - 5) The performance of the organization’s internal audit function; and
 - 6) Providing an avenue of communication between management, the independent auditors, and the Board of Directors.

The Audit and Compliance Committee also develops, reviews, and revises Board of Directors By-Laws and Policies that Govern Alliance by:

- 1) Recommending new or revised Board Policies to the Board of Directors.
- 2) Reviewing Board Policies at least annually, within 12 months of policies’ approval to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.

f. Network Development & Services Committee

- i. The Network Development and Services Committee shall consist of at least three members, a majority of whom shall be members of the Board of Directors and shall meet at least quarterly.
- ii. The Executive Vice President of Network & Community Health or CEO designee will serve as staff liaison to the Committee.
- iii. The Committee’s functions include:
 - 1) To review service network development activities.
 - 2) Reviews progress on the network development plan and progress on fund balance spending on service development.
 - 3) Provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements.
 - 4) Areas of focus may include:
 - Emerging needs and Challenges
 - Data related to the Needs and Gaps Analysis
 - Network Development Plan and Status
 - State and Federal Initiatives

2. AD HOC COMMITTEES

- a. Ad hoc committees may be appointed by the Chair of the Board of Directors with the approval of a majority of the Board members who are present at the meeting during which approval is given.

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b. These committees shall carry out their duties as designated by the Board of Directors and shall report their findings to the Board or its committees.

3. CONSUMER AND FAMILY ADVISORY COMMITTEE – Consistent with NCGS 122C-170, Alliance shall have a committee made up of consumers and family members to be known as the Consumer and Family Advisory Committee (CFAC). The Consumer and Family Advisory Committee shall be self-governing and self-directed. The CFAC shall advise the Board of Directors on the planning and management of the local ~~mental health, intellectual/developmental disabilities and substance abuse~~ services system.

4. COUNTY COMMISSIONER ADVISORY BOARD

Per 122C-118.2, there is a County Commissioner Advisory Board. The County Commissioner Advisory Board is not a board or committee appointed by the Board of Directors. The CEO or designee will assist in facilitation of the County Commissioner Advisory Board meetings.

**ARTICLE III
MEETINGS**

A. REGULAR MEETINGS

Regular meetings shall be held at least six times each year at a location and time designated by the Board of Directors. The annual meeting for the election of Officers shall be the final meeting of each fiscal year. All meetings of the Board of Directors shall be conducted in accordance with provisions set forth in N.C.G.S. 143, Article 33C (the Open Meetings Statute).

B. SPECIAL MEETINGS

Special meetings may be called by the Board Chair or by three or more members of the Board of Directors after notifying the Board Chair in writing. Notice of special meetings shall be provided in a manner consistent with those utilized to notify Board ~~of Directors~~ members (and others) of regularly scheduled meetings.

C. EMERGENCY MEETINGS

Emergency meetings may be called for unexpected circumstances that require immediate consideration by the Board of Directors. Due to the urgent need to assemble a meeting as soon as possible, any requirements regarding advanced notice for regularly scheduled meetings may be waived and emergency meetings shall be held as soon as a quorum of the Board of Directors can be convened.

D. NOTICE OF MEETINGS

Notification of Board of Directors meetings shall be sent out no later than 48 hours before the regular meeting and in accordance with requirements set forth in the Open Meetings Statute, Chapter 143 Article 33C. The Board of Directors is scheduled to meet on the first Thursday of each month at the designated Alliance site. Notice of the date, time and place shall be sent to each board member in the form of a Board of Directors agenda. Information concerning Board meetings shall also be made

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available to the local news media in accordance with Chapter 143 Article 33C. Notice for all Board meetings including the Board packet will be posted on the Alliance website.

E. CONDUCT OF MEETINGS

Board of Directors meetings shall be conducted under parliamentary procedures. It is the policy of this Board that all deliberations and actions be conducted fairly, openly, and consistent with the applicable Statutes of North Carolina. Participation in Board of Directors meetings via electronic means, e.g. telephone, video conferencing, is permissible to the extent allowed by law. Such participation includes the right to vote on issues that arise during the course of the meeting.

The following guidelines should be followed at all Board and committee meetings:

1. The Board/Committee must act as a body in the best interests of the consumers in the Alliance catchment area.
2. The Board/Committee should proceed in the most efficient manner possible.
3. The Board/Committee must act by at least a majority vote.
4. Every member must have an equal opportunity to participate in decision-making on the respective Board or committee they are participating on.
5. The Board/Committee must apply the rules of procedure consistently.

F. QUORUM

A majority of the actual membership of the Board or Committee, excluding vacant seats, shall constitute a quorum and shall be required for the transaction of business at all regular, special and emergency meetings. A majority is more than half.

G. APPROVAL OF CERTAIN ITEMS BY A SUPER MAJORITY

Significant actions by the Board of Directors require affirmative votes, from-two-thirds of the actual membership of the Board, excluding vacant seats (referred to as a Super Majority). Significant actions shall include:

- (1) any action or decisions concerning the annual budget and amendments according to the Local Government Budget and Fiscal Control Act (NCGS 159),
- (2) the selection and dismissal of the Chief Executive Officer,
- (3) changes to the Board of Directors structure,
- (4) execution of contracts for sale, purchase or leases of real property,
- (5) approval or amendment of the Board of Director's by-laws, and,
- (6) any other matter so designated by the Board of Directors.

H. ABSENCES

1. Absence from three (3) consecutive regularly scheduled Board meetings without notification to the Clerk shall constitute resignation from the Board.
2. Absence from four (4) or more ~~of the~~ regularly scheduled Board meetings during a 12 month period may also constitute resignation from the Board within the discretion of the Executive Committee.
3. In computing absences, absence from two standing Board Committee meetings may constitute one absence from a regularly scheduled Board meeting.

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ARTICLE IV GENERAL PROVISIONS

A. AMENDMENTS

1. These By-Laws may be amended or repealed as necessary by a Super Majority.
2. Notice of proposed changes must be given to the Board ~~of Directors~~ members at least thirty (30) days prior to the change.

B. SUSPENSION OF BY-LAWS

The Board of Directors has the authority to suspend the By-Laws by an affirmative vote of a majority of Board members, ~~or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board,~~ **with the exception of those items requiring a Super Majority set forth in Article III (G).**

C. REVIEW OF BY-LAWS AND BOARD OF DIRECTORS GOVERNANCE POLICIES

These By-Laws and all Board of Directors governance policies shall be reviewed at least annually.



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

ITEM: Finance Committee Report

DATE OF BOARD MEETING: December 2, 2021

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.

An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. An annual audit is also a requirement of the DHHS-DHB contract with Alliance for the Medicaid Waiver. The auditors will present the results of the June 30, 2021 audited statements and allow time for questions.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Request Board motion to approve a sole source exception under NC G.S.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.

REQUEST FOR AREA BOARD ACTION: Approve the contract proposal. Receive the audit presentation.

CEO RECOMMENDATION: Approve the contract proposal. Receive the audit presentation.

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

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



Finance Committee Meeting

Thursday, December 2, 2021

2:30-4:00 pm

AGENDA

- 1. Review of the Minutes – November 4, 2021**
- 2. Monthly Financial Reports as of October 31, 2021**
 - a. Summary of Savings/(Loss) by Funding Source
 - b. Statement of Revenue and Expenses (Budget & Actual)
 - c. Senate Bill 208 Ratios
 - d. DHB Contractual Ratios
- 3. Contract(s)**
 - a. A motion to recommend to the Board approval of a sole source exception under NC G.S. 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.
- 4. Audit Presentation by CliftonLarsonAllen LLP (CLA)**
- 5. Adjournment**

Next Meeting: Thursday, February 3, 2022 from 3:00-4:00

Alliance Health

Held virtually via Zoom



Thursday, November 04, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
 Virtual Meeting via videoconference - 3:00-4:00 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: n/a

GUEST(S) PRESENT: Pamela Wade, Wake County;

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

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 3:01 PM
2. **REVIEW OF THE MINUTES** – The minutes from the October 7, 2021, meeting were reviewed; a motion was made by Mr. Pazzaglini and seconded by Mr. Hancock 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 Statement of Net Position, 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 September 30, 2021.</p> <p>Ms. Pacholke discussed the following:</p> <ul style="list-style-type: none"> • As of 9/30/21, we have total assets of \$239.9M with current assets making up \$149.6M and total liabilities of \$92.6M with current liabilities making up \$71.3M • Through 9/30/21, we have savings of \$6.8M. • We are meeting all SB208 ratios • We are meeting all DHB contractual ratios • A budget amendment will be brought in February or March to incorporate additional funds related to Mecklenburg and Orange realignment <p>A question was asked regarding any potential fund balance transferring from Cardinal related to Mecklenburg and Orange County realignment. Ms. Goodfellow shared we will be getting a portion of fund balance from Cardinal, but we do not know the amount yet. The state is required to come up with a formula for transferring fund balance related to county realignment across the state. Before any transfer can happen, Cardinals existing liabilities have to be paid. We anticipate receiving funds sometime in the Spring of 2022.</p>		
4. 6/30/2021 Update and Approval of Committed Funds and Reinvestment Plan	<p>Ms. Snyder gave an update on the 6/30/2021 close and audit:</p> <ul style="list-style-type: none"> • Audited statements will be issued in the next couple of weeks. We have a grace period to issue statements by 11/30 		

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, November 04, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 Virtual Meeting via videoconference - 3:00-4:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> • The auditors will present at the December Finance Committee and Board Meeting. There will be an opportunity in the Finance Committee meeting for the Committee to speak with the auditors without staff present. • Alliance had an exit interview with the auditors this week. • No material weaknesses or significant deficiencies related to internal controls. • Two findings related to our single audit – 1) Three individuals tested had access to sections in NC Tracks when they shouldn't have. Alliance's team is currently working on a formal procedure for granting and requesting NC Tracks access. 2) A required State report wasn't submitted timely. A provider is responsible for submitting this report. Alliance is working on a process to ensure the report is submitted timely. • One passed audit entry for a \$500,000 expense in FY20 that should have been capitalized. This will be included in the letter to the Board that the auditors provide • Two verbal recommendations – 1) Alliance should look into using a fixed asset software. Currently we use excel to track fixed assets. This was part of the plan after implementing new financial software in July. 2) The individual responsible for completing bank reconciliations should not obtain the bank download. Alliance has implemented this change. 		

5. **ADJOURNMENT:** the meeting adjourned at 3:29 PM; the next meeting will be December 2, 2021, from 2:30 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..](#)



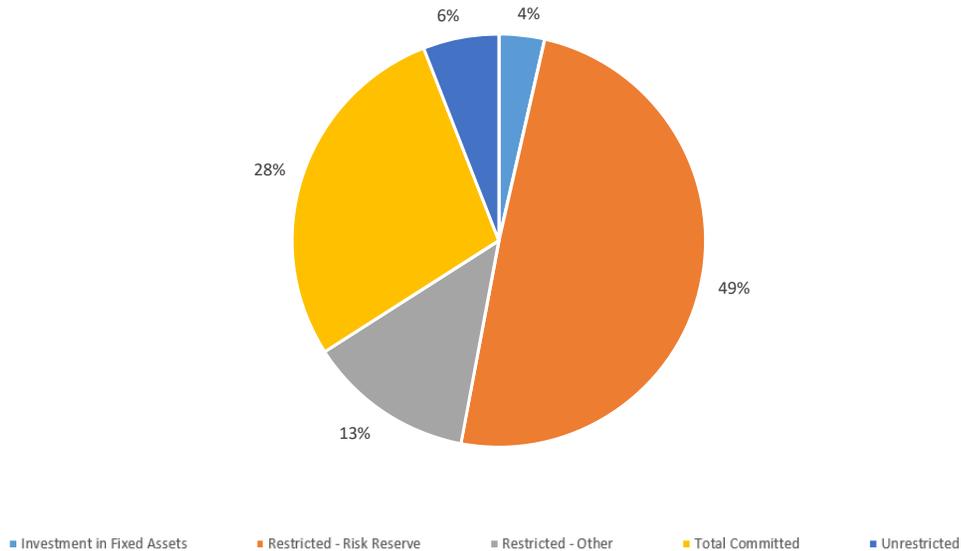
Summary of Savings/(Loss) by Funding Source as of October 31, 2021

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 155,566,194	\$ 143,370,942	\$ 12,195,252
Medicaid Waiver Risk Reserve	3,611,882	-	3,611,882
Federal Grants & State Funds	25,861,777	26,627,974	(766,197)
Local Funds	9,655,736	9,655,736	-
Administrative	23,261,009	26,547,214	(3,286,205)
Total	\$ 217,956,598	\$ 206,201,866	\$ 11,754,732

Fund Balance

	June 30, 2021	Change	October 31, 2021
Investment in Fixed Assets	5,031,938	404,307	5,436,245
Risk Reserve	71,494,795	3,611,882	75,106,677
Other	17,654,564	2,156,658	19,811,222
Total Restricted	89,149,359	5,768,540	94,917,899
Committed	47,630,674	(4,842,156)	42,788,518
Unrestricted	(1,416,496)	10,424,042	9,007,547
Total Unrestricted	46,214,178	5,581,886	51,796,065
Total Fund Balance	\$ 140,395,475	\$ 11,754,733	\$ 152,150,209

October 31, 2021 Actual





Fund Balance

	June 30, 2021	Change	October 31, 2021
Investment in Fixed Assets	5,031,938	404,307	5,436,245
Restricted - Risk Reserve	71,494,795	3,611,882	75,106,677
Restricted - Other			
State Statutes	12,686,096	-	12,686,096
Prepays	842,976	2,156,658	2,999,634
State	351,452	-	351,452
Cumberland	3,002,823	-	3,002,823
Durham	771,217	-	771,217
Restricted - Other	17,654,564	2,156,658	19,811,222
Committed			
Intergovernmental Transfer	2,994,453	(998,151)	1,996,302
Reinvestments-Service	9,000,000	(731,953)	8,268,047
Reinvestments-Administrative	35,636,221	(3,112,052)	32,524,169
Total Committed	47,630,674	(4,842,156)	42,788,518
Unrestricted	(1,416,496)	10,424,042	9,007,547
Total Fund Balance	<u>\$ 140,395,475</u>	<u>\$ 11,754,733</u>	<u>\$ 152,150,209</u>

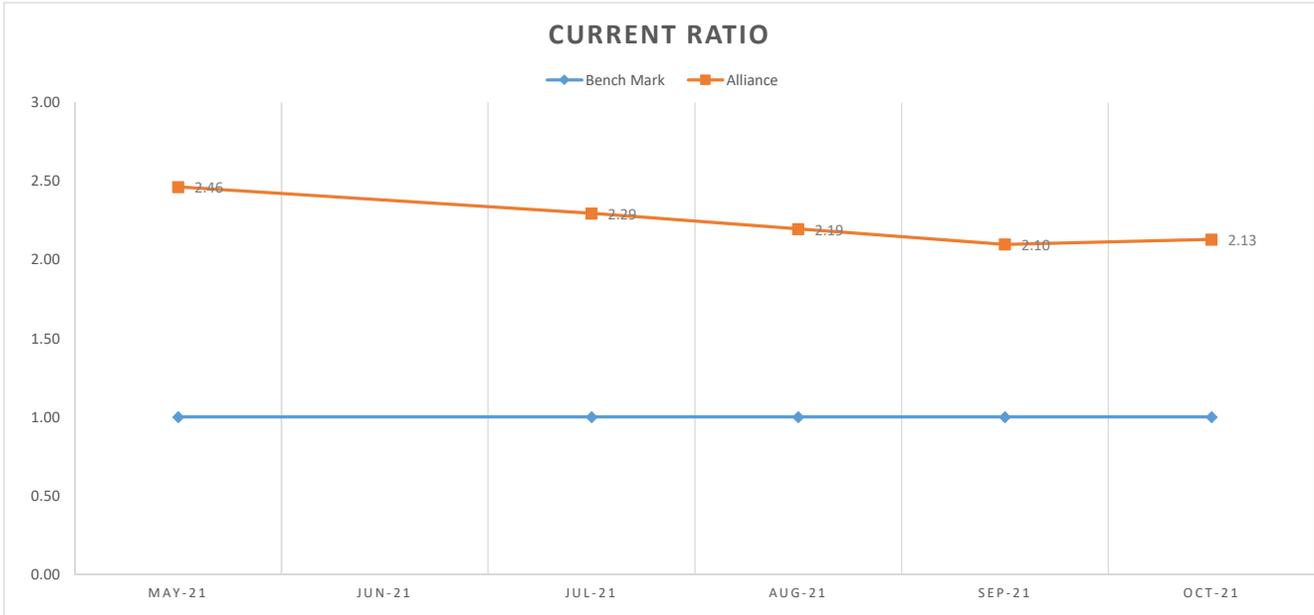


Alliance Health
Statement of Revenue and Expenses
As of October 31, 2021

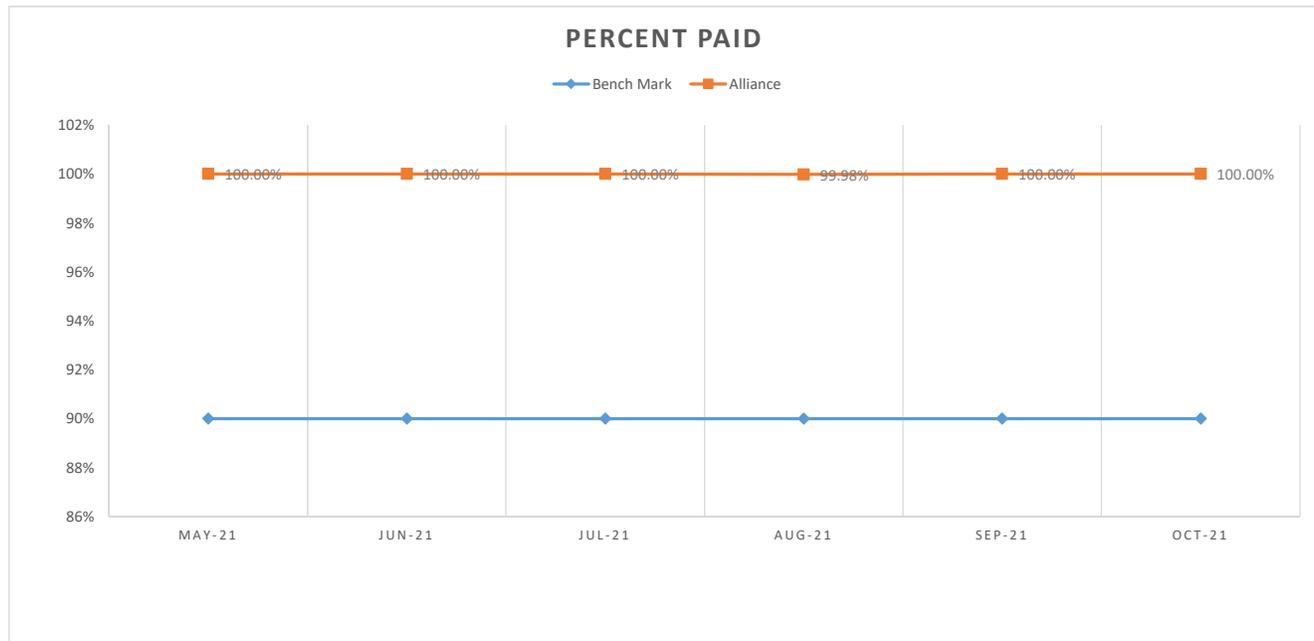
	For the Month of July 31, 2021	For the Month of August 31, 2021	For the Month of September 30, 2021	For the Month of October 31, 2021	Year to Date Actual October 31, 2021	Current Year Budget June 30, 2022	Budget Remaining June 30, 2022
Revenue							
Service Revenue							
Medicaid Waiver Service	39,557,391	39,745,949	40,871,739	39,002,996	159,178,076	419,996,322	260,818,246
State and Federal Grants	5,488,603	5,649,902	8,189,174	6,534,098	25,861,777	52,437,919	23,674,399
Local Grants	1,622,939	3,161,254	1,459,907	3,411,637	9,655,736	39,083,864	29,428,128
Total Service Revenue	46,668,933	48,557,105	50,520,820	48,948,731	194,695,589	511,518,105	313,920,773
Administrative Revenue							
Medicaid Waiver	5,431,782	5,352,163	5,558,069	4,713,528	21,055,543	57,688,571	36,633,028
State and Federal	395,692	395,692	395,693	395,693	1,582,769	3,851,407	1,872,946
Local	32,545	32,545	32,545	32,545	130,180	390,540	227,815
Miscellaneous	123,179	123,217	123,143	122,978	492,517	500,000	(113,804)
Total Administrative Revenue	5,983,198	5,903,617	6,109,450	5,264,744	23,261,009	62,430,518	38,619,985
Total Revenue	52,652,131	54,460,722	56,630,270	54,213,475	217,956,598	573,948,623	352,540,758
Expenses							
Service Expense							
Medicaid Waiver Service	40,281,037	34,775,309	36,330,734	31,983,862	143,370,942	419,996,322	252,465,696
State and Federal Service	5,488,707	5,679,369	8,388,288	7,071,611	26,627,974	52,437,919	23,708,399
Local Service	1,622,939	3,161,253	1,459,907	3,411,636	9,655,736	39,083,864	31,145,128
Total Service Expense	47,392,683	43,615,931	46,178,929	42,467,109	179,654,652	511,518,105	307,319,223
Administrative Expense							
Salaries and Benefits	5,189,467	4,881,026	5,298,774	5,152,425	20,521,691	46,893,788	28,745,560
Professional Services	370,303	732,071	877,426	912,691	2,892,493	7,400,697	3,920,879
Operational Expenses	680,911	774,999	896,301	784,108	3,136,317	7,636,033	3,642,958
Miscellaneous Expense	(3,301)	14	514	(515)	(3,287)	500,000	503,288
Total Administrative Expense	6,237,380	6,388,110	7,073,015	6,848,709	26,547,214	62,430,518	36,812,685
Total Expenses	53,630,063	50,004,041	53,251,944	49,315,818	206,201,866	573,948,623	344,131,908
Current Year Change in Net Position	(977,931)	4,456,681	3,378,325	4,897,657	11,754,733	-	8,408,850



Senate Bill 208 Ratios - As of October 31, 2021



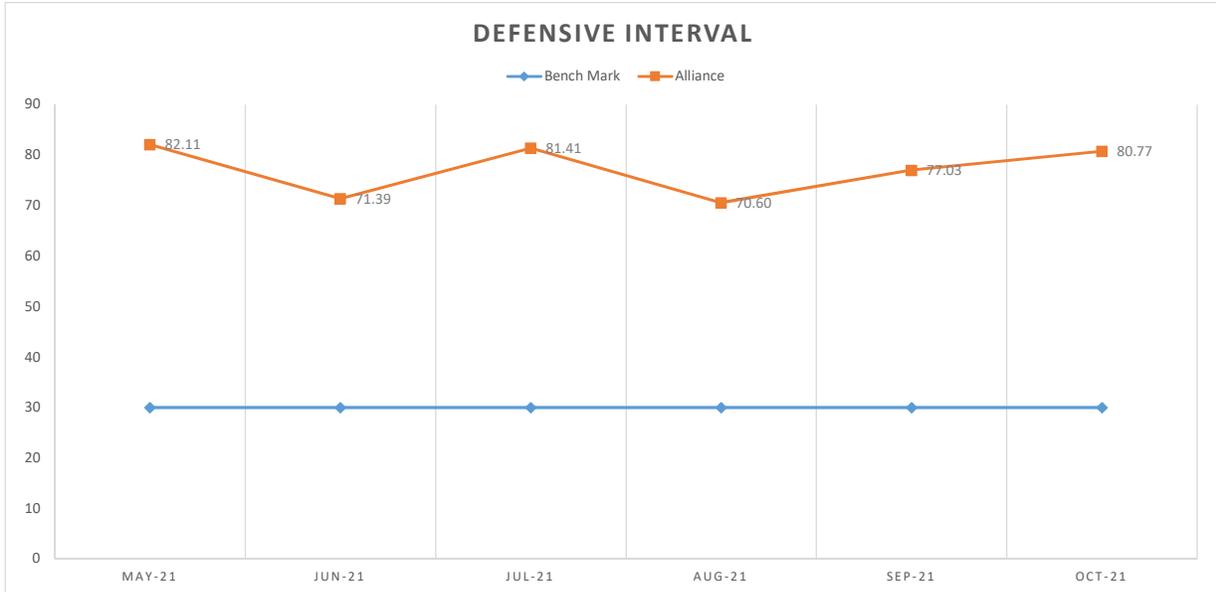
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



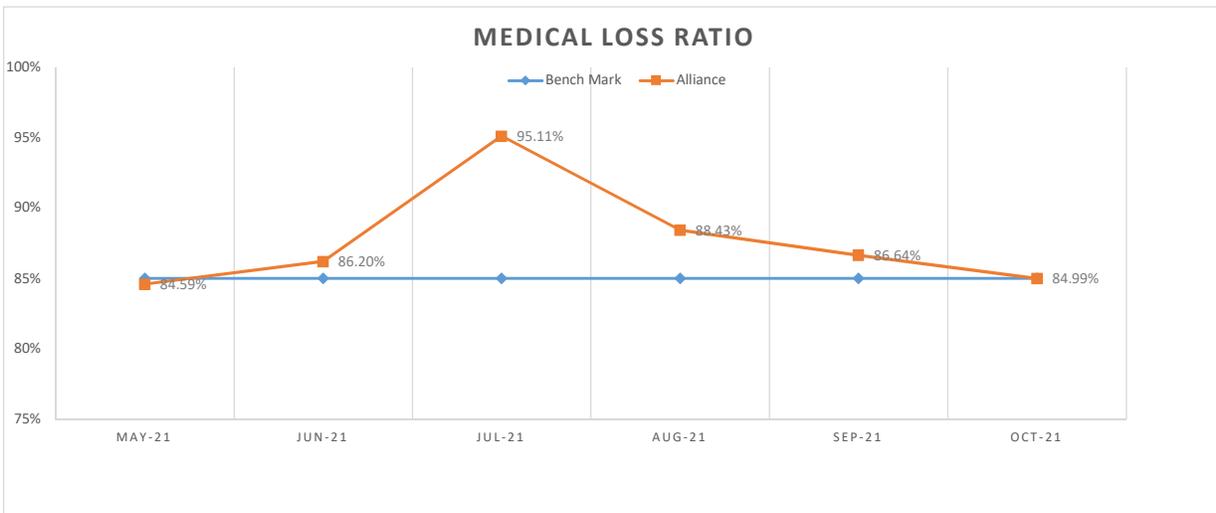
Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



Division of Health Benefits Ratios - As of October 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).



Contract for Speech Recognition and Surveys for the Phone Service

Speech recognition capability is a tailored plan contract requirement for member services. The contract will include:

- Design and implementation of interactive voice response (IVR) of 1 business line and 2 survey questions
- The IVR will recognize speech for up to 10 simultaneous callers
- Callers can choose to 'opt-in' to survey
- Reporting provided through SQL Reporting Services
- Full database access provided to customer for further reporting when required

A sole source exception is requested because compatibility with our existing systems is the overriding consideration. It will also allow for less expensive integration of the new functions.

Total cost for software and implementation is \$48,300



County Realignment Update

Presentation to the Alliance Board of Directors
December 2, 2021

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

Hello Mecklenburg!

All of us at Alliance Health are proud to be part of your community.

Listening. Learning.

We're working to understand the unique needs of folks here and learn the best ways to manage quality care for people with mental illness, substance use disorders, or intellectual/developmental disabilities.

**Empowering Mecklenburg communities.
Partnering for healthier lives.**



**AllianceHealthPlan.org
(800) 510-9132**

**Provider Helpdesk:
(919) 651-8500**



Scan Me