



Thursday, May 05, 2022

## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

**MEMBERS PRESENT:** Glenn Adams, Cumberland County Commissioner, JD; Leigh Altman, Mecklenburg County Commissioner, JD (via Zoom); Heidi Carter, Durham County Commissioner, MPH, MS (via Zoom); Maria Cervania, Wake County Commissioner, MPH (via Zoom); Carol Council, MSPH; David Curro, BS; Vicki Evans (via Zoom)-entered at 5:13 p.m.; Amy Fowler, Orange County Commissioner, MD (via Zoom); Lodies Gloston, Vice-Chair, MA; Ted Godwin, Johnston County Commissioner (via Zoom); David Hancock, MBA, MPAff; D. Lee Jackson, BA (via Zoom); John Lesica, MD (via Zoom); Lynne Nelson, Chair, BS; Pam Silberman, JD, DrPH (via Zoom); Samruddhi Thaker, PhD (via Zoom); and Anthony Trotman, MS (via Zoom)

**APPOINTED MEMBERS ABSENT:** Dena Diorio, MPA

**GUEST(S) PRESENT:** Mary Hutchings, Wake County Finance Department (via Zoom); Denise Foreman, Wake County Manager's Office (via Zoom); Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services) (via Zoom); and Alex Vanderford (via Zoom)

**ALLIANCE STAFF PRESENT:** Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Scott Bailey, Integrated Health Consultant Supervisor (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer (via Zoom); Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management (via Zoom); Doug Fuller, Senior Director of Communications (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, CEO; Paige Rosemond, Director of Foster Care Support (via Zoom); Essence Scott, Community Health Worker (via Zoom); Sean Schreiber, Executive Vice-President/Chief Operating Officer; Ashley Snyder, Senior Director of Accounting and Finance (via Zoom); Tammy Thomas, Senior Vice-President/Business Evolution; Sara Wilson, Chief of Staff; Carol Wolff, General Counsel (via Zoom); Ginger Yarbrough, interim Quality Management Director (via Zoom)

**1. CALL TO ORDER:** Board Chair, Lynne Nelson called the meeting to order at 4:04 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	Chair Nelson shared one adjustment: an update on the IDD Peer Support Pilot; the update will be presented after closed session. There were no other adjustments to the agenda.  <b><u>BOARD ACTION</u></b> A motion was made by Vice-Chair Gloston to approve the agenda adjustment; motion seconded by Commissioner Adams. Motion passed unanimously.
3. Public Comment	There were no public comments.
4. Chair's Report	Chair Nelson shared that the June meeting has three annual agenda items; traditionally this meeting has run longer than the standard two hours. She encouraged members to plan for a longer meeting and shared an overview of the process to approve the next fiscal year's budget and elect board officers.
5. CEO's Report	Mr. Robinson shared the following: <ul style="list-style-type: none"><li>May is mental health awareness month.</li></ul>

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## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<ul style="list-style-type: none"><li>Starting May 10 Alliance will launch the <i>Re-Think and Re-Tool Healthcare in the New Era</i> podcast. The podcast is available via Apple Podcasts, Google Podcasts, and the Stitcher app; it can also be viewed at <a href="https://AllianceHealthPlan.org/podcast">AllianceHealthPlan.org/podcast</a> or <a href="#">Alliance Health - YouTube</a>.</li><li>I2I CONFERENCE: If board members are interested in attending this conference, they may contact Ms. Ingram for more information and to register.</li><li>EQR (external quality review) SCORE: the agency's EQR score is 100%; he congratulated staff for their efforts to achieve this score.</li></ul>
6. Consent Agenda	<p>A. <a href="#">Draft Minutes from April 7, 2022, Board Meeting – page 5</a> B. <a href="#">Client Rights/Human Rights Committee Report – page 9</a> C. <a href="#">Executive Committee Report – page 45</a> D. <a href="#">Network Development and Services Committee Report – page 47</a></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><b><u>BOARD ACTION</u></b> A motion was made by Commissioner Altman to approve the minutes; motion seconded by Dr. Lesica. Motion passed unanimously.</p>
7. Committee Reports	<p>A. <a href="#">Consumer and Family Advisory Committee – page 50</a> The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Alliance's catchment area who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month's report included draft minutes from the steering and county CFAC meetings.</p> <p>Dave Curro presented the report on behalf of Jason Phipps, CFAC Chair. Mr. Curro reviewed recent meetings including an update on the foster care program, Medicaid Transformation, and a recent community recovery event. The CFAC report is attached to and made part of these minutes.</p> <p><b><u>BOARD ACTION</u></b> The Board received the report.</p> <p>B. <a href="#">Finance Committee – page 79</a> 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 included documents and draft minutes from the previous meeting.</p> <p>David Hancock, Committee Chair, presented the report. Mr. Hancock reviewed highlights from the recent financial statement; he also reviewed a contract reviewed by the committee and recommended to the Board for approval. The Finance Committee report is attached to and made part of these minutes.</p>

Thursday, May 05, 2022

## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<p><b><u>BOARD ACTION</u></b> A motion was made by Mr. Hancock to approve the increased amount of SQL and Windows server licenses related to increased (number of) staff for an amount not to exceed \$676,000; seconded by Commissioner Adams. Motion passed unanimously.</p> <p>Sara Pacholke, Senior Vice-President/Financial Operations, provided an update on the FY22 (2021-2022) budget and a detailed overview of the recommended FY23 (2022-2023) budget. The FY22 budget update included the financial summary and fund balance as of March 31, 2022. The FY23 recommended budget presentation included a reminder of the budget timeline, the budget process by funding source, FY23 total recommended budget, Medicaid, state, and local services summaries, and next steps. This information was presented to the Finance Committee before it was presented to the Board. The presentation is saved as part of the board's files.</p> <p><b><u>BOARD ACTION</u></b> The Board received the report.</p> <p>C. <a href="#">Audit and Compliance Committee – page 114</a> 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 draft minutes from the previous meeting.</p> <p>Dave Curro, Committee Chair, presented the report. Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer, reviewed the Committee's recommendation: that the Board approves the updated Records Retention and Destruction Schedule. Per State policy, the Board of Directors must adopt the schedule before action can be taken by the organization. The report is attached to and made part of these minutes.</p> <p><b><u>BOARD ACTION</u></b> A motion was made by Vice-Chair Gloston to adopt the updated Records Retention and Destruction schedule; motion seconded by Mr. Hancock. Motion passed unanimously.</p>
8. Closed Session(s)	<p><b><u>BOARD ACTION</u></b> A motion was made by Commissioner Fowler 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 Commissioner Adams. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. <a href="#">Special Update/ Presentation: IDD Peer Support Pilot – page 117</a>	<p>Alliance Health partnered with Optum, National Association Council on Developmental Disabilities (NACDD), and North Carolina Council on Developmental Disabilities (NCCDD) to develop and pilot a peer supports training program for individuals who live independently with the use of Home and Community-Based Services (HCBS).</p> <p>Sara Wilson, Chief of Staff, presented the update. She noted progress on the pilot program and peer support specialist curriculum. This pilot was to develop a new training curriculum for IDD (intellectual/developmental disabilities), which is based on a similar training for</p>

Thursday, May 05, 2022

**AREA BOARD REGULAR MEETING**

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<p>MH/SUD (mental health/substance use disorder) peer supports. Ms. Wilson noted the original modality for this training was changed from a classroom setting to a virtual one.</p> <p>Ms. Wilson introduced Scott Bailey and Essence Scott. Mr. Bailey reviewed Essence Scott's position and orientation to Alliance. Ms. Scott expressed gratitude for the opportunity, shared lessons learned from the training, and that she is looking forward to building her caseload.</p> <p><b><u>BOARD ACTION</u></b> The Board accepted the update.</p>
11. Adjournment	All business was completed; the meeting adjourned at 5:41 p.m.

**Next Board Meeting**  
**Thursday, June 02, 2022**  
**4:00 – 6:00 pm**

Minutes approved by Board on June 2, 2022.



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

**ITEM:** Draft Minutes from the April 7, 2022, Board Meeting

**DATE OF BOARD MEETING:** May 5, 2022

**BACKGROUND:** The Alliance Health (Alliance) Board of Directors (Board) per North Carolina General Statutes 122C is responsible for comprehensive planning, budgeting, implementing, and monitoring of community based mental health, developmental disabilities and substance use/addiction services to meet the needs of individuals in Alliance's catchment area. The minutes from the previous meeting are 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 April 7, 2022, meeting.

**CEO RECOMMENDATION:** Approve the draft minutes from the April 7, 2022, meeting.

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

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Thursday, April 07, 2022

## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

**MEMBERS PRESENT:** Glenn Adams, Cumberland County Commissioner, JD (via Zoom); Leigh Altman, Mecklenburg County Commissioner, JD (via Zoom); Heidi Carter, Durham County Commissioner, MPH, MS (via Zoom); Maria Cervania, Wake County Commissioner, MPH (via Zoom); Carol Council, MSPH (via Zoom); David Curro, BS (via Zoom); Dena Diorio, MPA (via Zoom); Vicki Evans (via Zoom); Amy Fowler, Orange County Commissioner, MD (via Zoom); Lodies Gloston, Vice-Chair, MA; Ted Godwin, Johnston County Commissioner (via Zoom); David Hancock, MBA, MPAff; Lynne Nelson, Chair, BS; Gino Pazzaglini, MSW LFACHE; Pam Silberman, JD, DrPH (via Zoom); and Samruddhi Thaker, PhD (via Zoom)

**APPOINTED MEMBERS ABSENT:** D. Lee Jackson, BA; John Lesica, MD; and Anthony Trotman, MS

**GUEST(S) PRESENT:** Mary Hutchings, Wake County Finance Department (via Zoom); and Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services) (via Zoom)

**ALLIANCE STAFF PRESENT:** Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Veronica Ingram, Executive Assistant II; Joshua Knight, Director of Internal Audit (via Zoom); Mehul Mankad, Chief Medical Officer; Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Sara Pacholke, Senior Vice-President/Financial Operations (via Zoom); Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer (via Zoom); Robert Robinson, CEO; Paige Rosemond, Director of Foster Care Support (via Zoom); Sean Schreiber, Executive Vice-President/Chief Operating Officer; Tammy Thomas, Senior Vice-President/Business Evolution; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

**1. CALL TO ORDER:** Board Chair Lynne Nelson called the meeting to order at 4:04 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	Chair Nelson reviewed the process for attendees to make public comments. There were no public comments.
4. Chair's Report	Chair Nelson announced the resignation of board member, Gino Pazzaglini. She expressed gratitude to Mr. Pazzaglini for his leadership and service including serving as a past board chair. Mr. Pazzaglini's term ends April 30, 2022.
5. CEO's Report	<p>Mr. Robinson presented the following:</p> <ul style="list-style-type: none"><li>• EQR (external quality review) Results: he shared Alliance's score was 98%. He congratulated staff for the exemplary score, especially Tammy Thomas, SVP/Business Evolution; and Joann Goodoff, Project Manager, for leading the agency's efforts for this review.</li><li>• Board Committees Overview: Mr. Robinson reviewed the board's six committees; he noted that the bulk of the board's work is conducted within these committees and shared the staff liaison, meeting frequency, and high-level overview of the committees' purpose. The presentation is saved as part of the board's files.</li><li>• Innovations Waiver Slots Allocation: Sara Wilson, Chief of Staff, reviewed the recent allocation of additional slots for this waiver, which was determined by the NC General Assembly. She reviewed the number of slots available statewide and specifically for people Alliance serves. Ms. Wilson reviewed data sources utilized by the state and Alliance; she also shared that Alliance's allocation per county is based on the state's allocation. The presentation is saved as part of the board's files.</li></ul>

Thursday, April 07, 2022

## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
6. Consent Agenda	<p>A. <a href="#">Draft Minutes from March Board Meeting and Budget Retreat – page 4</a></p> <p>B. <a href="#">Finance Committee Report – page 11</a></p> <p>C. <a href="#">Quality Management Committee Report – page 20</a></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><b><u>BOARD ACTION</u></b> A motion was made by Mr. Hancock to approve the minutes; motion seconded by Vice-Chair Gloston. Motion passed unanimously.</p>
7. Committee Reports	<p>A. <a href="#">Consumer and Family Advisory Committee – page 24</a></p> <p>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members in Alliance's catchment area who receive mental health, intellectual/developmental disabilities, or substance use/addiction services. This report includes draft minutes and documents from recent Steering Committee and local CFAC (e.g., Durham, Wake, Johnston, Cumberland, Orange, and Mecklenburg) meetings.</p> <p>Dave Curro presented the report on behalf of Jason Phipps, CFAC Chair. Mr. Curro provided an update from the recent steering committee, noting staff's presentation of waiver allocation slots and CFAC's input, updates on Medicaid Direct, notice of an upcoming statewide CFAC conference, and follow-up to Alliance's budget retreat. The CFAC report is attached to and made part of these minutes.</p> <p><b><u>BOARD ACTION</u></b> The Board received the report.</p> <p>B. <a href="#">Executive Committee Report – page 64</a></p> <p>The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee's actions are reported to the Board at the next scheduled meeting. This report includes draft minutes from the previous meeting and a reappointment recommendation.</p> <p>Lynne Nelson, Board Chair and Executive Committee Chair, presented the report, which included a reappointment recommendation. The committee report is attached to and made part of these minutes.</p> <p><b><u>BOARD ACTION</u></b> A motion was made by Vice-Chair Gloston to recommend to the Cumberland Board of County Commissioners the reappointment of Vicki Evans to Alliance's Board; motion seconded by Mr. Pazzaglini. Motion passed unanimously.</p>
8. Closed Session(s)	<p><b><u>BOARD ACTION</u></b> A motion was made by Commissioner Fowler to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Dr. Silberman. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>

Thursday, April 07, 2022

## AREA BOARD REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
10. <a href="#">Special Update/ Presentation: How Members Access Services – page 66</a>	Alliance has an interest in promoting a positive consumer experience for those members interested in access to behavioral healthcare. Dr. Mehul Mankad, Chief Medical Officer, reviewed the current approaches to behavioral healthcare access. Dr. Mankad provided examples of the “no wrong door” approach used by Alliance in terms of member inclusion and engagement in care. The presentation is saved as part of the board’s files.  <b><u>BOARD ACTION</u></b> The Board accepted the training/presentation.
11. Adjournment	All business was completed; the meeting adjourned at 5:34 p.m.

**Next Board Meeting**  
**Thursday, May 05, 2022**  
**4:00 – 6:00 pm**

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





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

**ITEM:** Client Rights/Human Rights Committee Report

**DATE OF BOARD MEETING:** May 5, 2022

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

This report includes draft minutes from the previous meeting.

**SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available):** Minutes and supporting documents from the April 14, 2022, meeting.

**REQUEST FOR AREA BOARD ACTION:** Receive the report.

**CEO RECOMMENDATION:** Receive the report.

**RESOURCE PERSON(S):** Lodies Gloston, Committee Chair; Ramona Branch, Member Inclusion and Outreach Manager

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Thursday, April 14, 2022

## BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

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

**APPOINTED MEMBERS PRESENT:** ☒ Marie Dodson (Board Member); ☒ Lodies Gloston (Board Member)

**APPOINTED, NON-VOTING MEMBERS PRESENT:** None

**BOARD MEMBERS PRESENT:** ☒ Patricia Wells

**GUEST(S) PRESENT:** None

**STAFF PRESENT:** Ramona Branch, Member Inclusion and Outreach Manager; LaKeisha McCormick, Member Inclusion and Outreach Manager; Derris L. Lewis, Member Inclusion Specialist; Todd Parker, QM, Incident & Grievance Manager

**1. WELCOME AND INTRODUCTIONS-** Each appointed Board Member, Board Member, and Alliance staff provide their name, role, and responsibility.

**1. REVIEW OF THE MINUTES –** The minutes from the January 13, 2022, meeting were reviewed; a motion was made by Ms. Dodson and seconded by Ms. Wells to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
2. Compliant Analysis: Grievance & Compliant Report Review	<p>Todd Parker, QM, Incident &amp; Grievance Manager presented on the Q2 for Fiscal Year (FY) 2022 statistics for Grievances and Complaints Overview:</p> <p><b><u>Q2 FY22 yielded 176 entries</u></b></p> <ul style="list-style-type: none"><li>• 103 (59%) Grievances – Members/legal guardians</li><li>• 52 (29%) Internal Employee Concerns – Alliance staff</li><li>• 20 (11%) External Stakeholder Concerns – Outside entities</li><li>• 1 (1%) Compliments</li></ul> <p><i>* September, October, November 2021; adding Mecklenburg contributed to the increase of reporting; 46% Grievances by Guardians</i></p> <p><i>*More complaints in residential based-services, where members spend most of their time; IDD complaints remain the same as before (recent); Issues of Registry of Unmet Needs-remains the same</i></p> <p>Nature of Issues/Types: Access to Services and Quality of Services</p> <ul style="list-style-type: none"><li>• 16 % of all Grievances</li><li>• Both NCQA Categories-represent 32% of all Complaints and Grievances</li></ul> <p><b><u>Who Submitted Concerns:</u></b></p>	Ongoing	

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



Thursday, April 14, 2022

## BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>53 (30%) Submitted by MCO staff 50 (28%) Submitted by Members or Legal Guardian (Grievances)</p> <p><b>Top 5 Services Overall</b> -21% Residential Services -14% ACTT -7% Crisis - Inpatient Services -7% Innovations Services -7% Outpatient Services</p> <p><b>I/DD Services:</b></p> <ul style="list-style-type: none"><li>• 35% of all complaints and grievances were from IDD services</li><li>• 61% of IDD services were Non-Residential Innovations Services</li></ul> <p><b>Top 5 Mental Health (MH)/Substance Abuse Disorder (SUD)</b></p> <ul style="list-style-type: none"><li>• Complaints/Grievances related to these services represent 55% of all Complaints and Grievances</li></ul>		
3. Incident Trends Report Review	<p>Todd Parker, QM, Incident &amp; Grievance Manager presented on the Q2 for Fiscal Year (FY) 2022 statistics for Incident Trend Report:</p> <p><u>Incident Report Breakdown:</u></p> <ul style="list-style-type: none"><li>• 784 Reports were entered into NC-IRIS for 575 members</li><li>• 495 children</li><li>• 289 adults</li></ul> <p><b>LEVELS</b></p> <ul style="list-style-type: none"><li>• 667 Level II (L2)</li><li>• 117 Level III (L3)</li><li>• </li></ul> <p>Wake County submitted the largest number of Level 2 and Level 3, Cumberland County submitted the 2<sup>nd</sup> largest LI, Durham County submitted the 2<sup>nd</sup> highest L3. <b>Mecklenburg County will be submitted for Q3 at the next meeting.</b></p> <ul style="list-style-type: none"><li>• A total of 117 Incidents were reported for children</li><li>• A total of 667 Incidents were reported for adults</li></ul>	Ongoing	

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Psychiatric Residential Treatment Facilities (PRTF) continued to report the most Incidents</p> <p><u>Restrictive Interventions:</u></p> <ul style="list-style-type: none"> <li>• 185 Restrictive Interventions reported (24% of all Incident Reports)</li> <li>• 99% of Restrictive Interventions were Physical Restraints</li> </ul> <p><u>Physical Restraint:</u></p> <ul style="list-style-type: none"> <li>• 66% of Restrictive Interventions were from PRTF Programs</li> </ul> <p>Injury Categories: (e.g.,) “Other” Categories-Self-Mutilation, Aggressive Behavior, Unknown and Auto Accidents</p> <ul style="list-style-type: none"> <li>• 42% - “Other” Category</li> <li>• 33% Trip or Fall Category</li> </ul> <p><u>Abuse/Neglect/Exploitation:</u> 127 reported this category (16% of all incidents)</p> <p><b>8 Substantiated</b> 5-Staff Abuse 3-Staff Neglect</p> <p><u>Member Deaths:</u></p> <ul style="list-style-type: none"> <li>• A total of 41 deaths were reported during the 2<sup>nd</sup> quarter</li> <li>• 18 L3 Deaths – Unknown Cause</li> </ul> <p>Reviewed by the Medication Team: 1 confirmed L3-Suicide 1 confirmed L2-Accidents</p> <p>Incident Report Compliance for (Q4 FY2021): Late Incident Report Submission</p> <ul style="list-style-type: none"> <li>• Six (6) Plans of Correction issued during 2<sup>nd</sup> Quarter</li> <li>• 43 Late Incident emails sent for 1 late report submitted</li> </ul> <p><i>This is 3 points higher than Q1</i></p> <p>Note: Injury-most reported after the injury (reported by staff) especially if member is non-verbal</p> <p>Terminal Illness/Death most related to Level II (L2) once reviewed; If Level III (L3) can be downgraded to level II (L2);</p>		

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Thursday, April 14, 2022

## BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>reviewed by Office of the Chief Medical Examiner (OCME)- Medical Team</p> <p>If the provider has not provided the incident within 72 hours, a, Plan of Correction is implemented if late (1) late report</p> <p><i>* TIME: 4:40pm Todd Parker, QM, Incident &amp; Grievance Manager concluded power point presentation*</i></p>		
4. Announcements/Other	<p>Lodies Gloston will be leaving the Human rights Committee September 2022</p> <p>Doug Wright has since retired March 31, 2022</p> <p>Rights and Responsibilities Training: Last Reviewed October 2021 (completed for this FY); FY 23 July 2022 (training); ALL Members are required to complete this training</p> <p>Committee to schedule guest speaker to talk about Rights and Responsibilities upon next Human Rights Committee meeting</p>		

5. **ADJOURNMENT: 5:03pm:** The next meeting will be July 14, 2022 from 4:00 p.m. to 5:30 p.m.

Respectfully Submitted by:

**Derris L. Lewis, Member Inclusion and Outreach 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.



# Q2 FY22 Complaint Analysis

# CATEGORIES

## **Complaint:** *(Internal and External Stakeholders)*

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

## **Grievance:**

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

## **Internal Stakeholder Concern:**

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

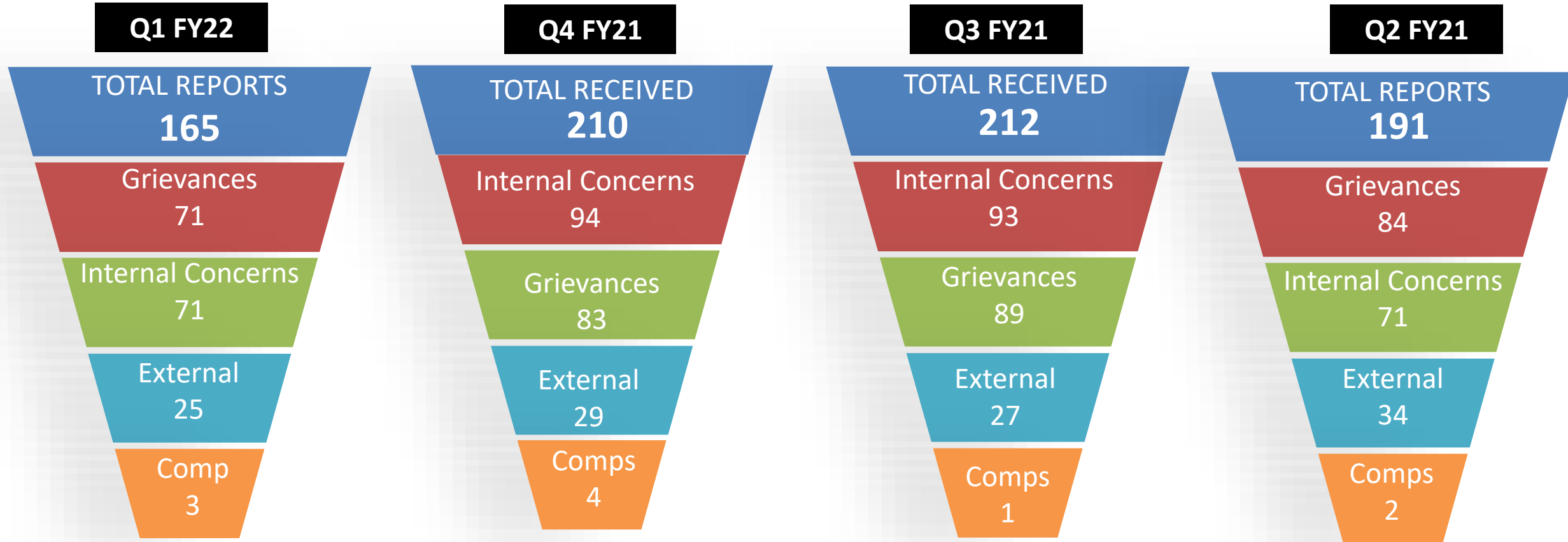
# Complaints and Grievances Overview

## Q2 FY22 yielded 176 entries

- 103 (59%) Grievances – Members/legal guardians
- 52 (29%) Internal Employee Concerns – Alliance staff
- 20 (11%) External Stakeholder Concerns – Outside entities
- 1 (1%) Compliments



# 1 Year History



# Nature of Issue Definitions

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

# Nature of Issue Definitions

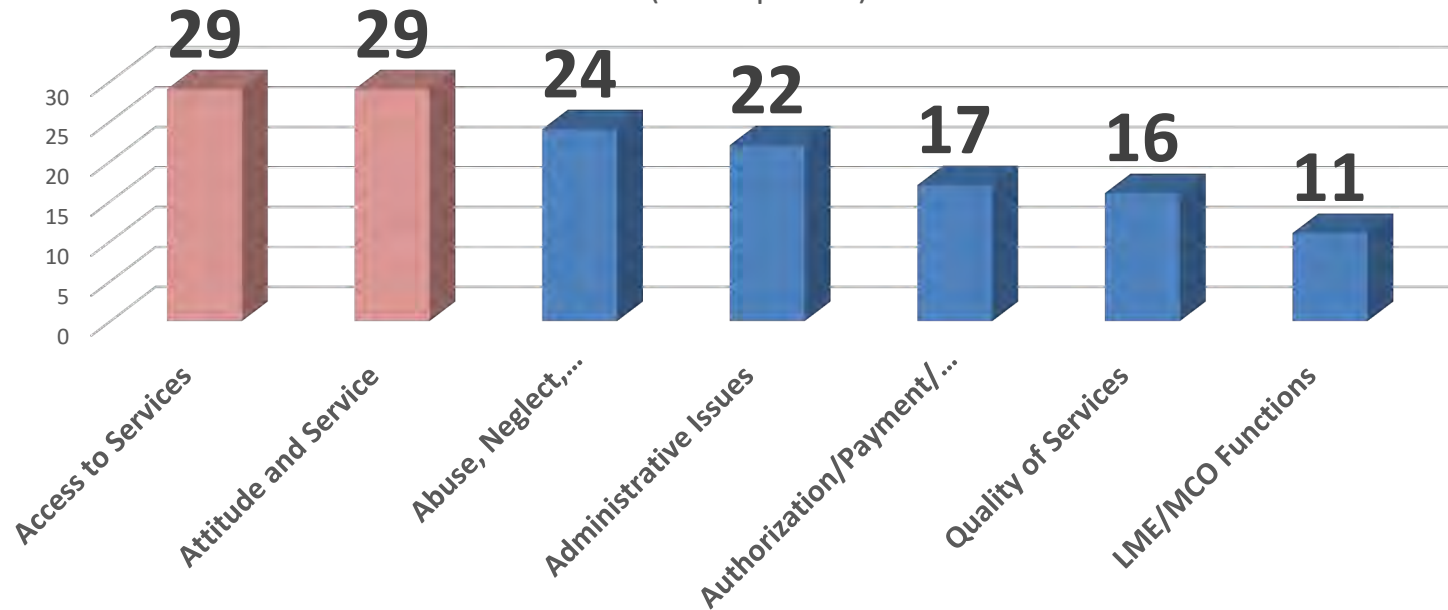
## NCQA Categories

Quality of Care	<ul style="list-style-type: none"><li>• Member's condition was misdiagnosed</li></ul>
Access	<ul style="list-style-type: none"><li>• In-network practitioner did not have the expertise to deal with an issue</li><li>• Shortage of Spanish-speaking practitioners</li><li>• Participating practitioners lacked available appointments</li></ul>
Attitude and Service	<ul style="list-style-type: none"><li>• Practitioner was rude and used abusive language</li><li>• Wait time of 30 minutes</li><li>• Tone and attitude of customer service representatives</li><li>• Inaccurate information provided</li></ul>
Billing/Financial	<ul style="list-style-type: none"><li>• Out-of-network services where members are balanced billed</li><li>• Disputes of deductibles and copayments</li></ul>
Quality of Practitioner Office Site	<ul style="list-style-type: none"><li>• Member sought out –of-network care because the participating practitioner's office lacked wheelchair accessibility</li></ul>

# Nature of Issue/Type

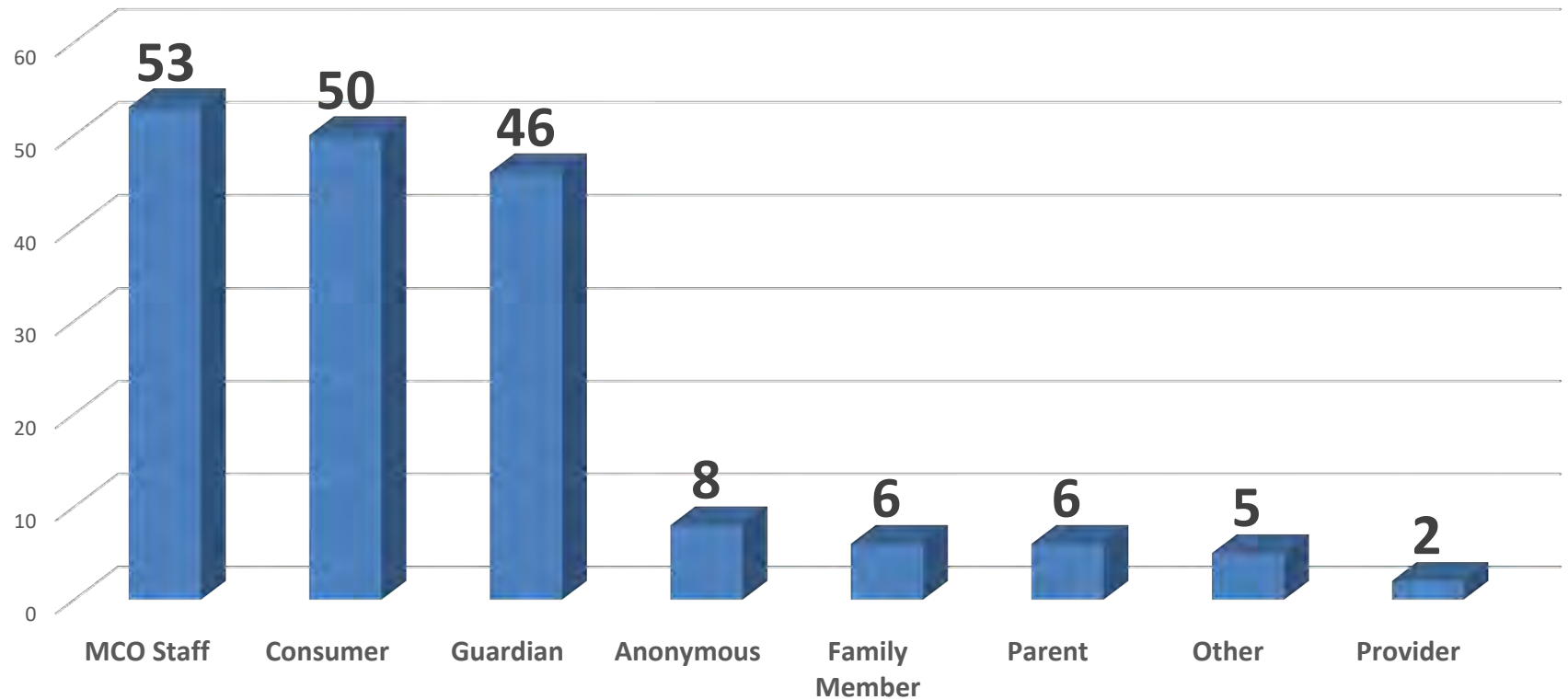
(Top 6)

(10+ reported)



- **Access to Services and Quality of Services**
  - 16 % of all Grievances
  - Both NCQA Categories – represent 32% of all Complaints and Grievances

# Source: *Who submitted concerns?*



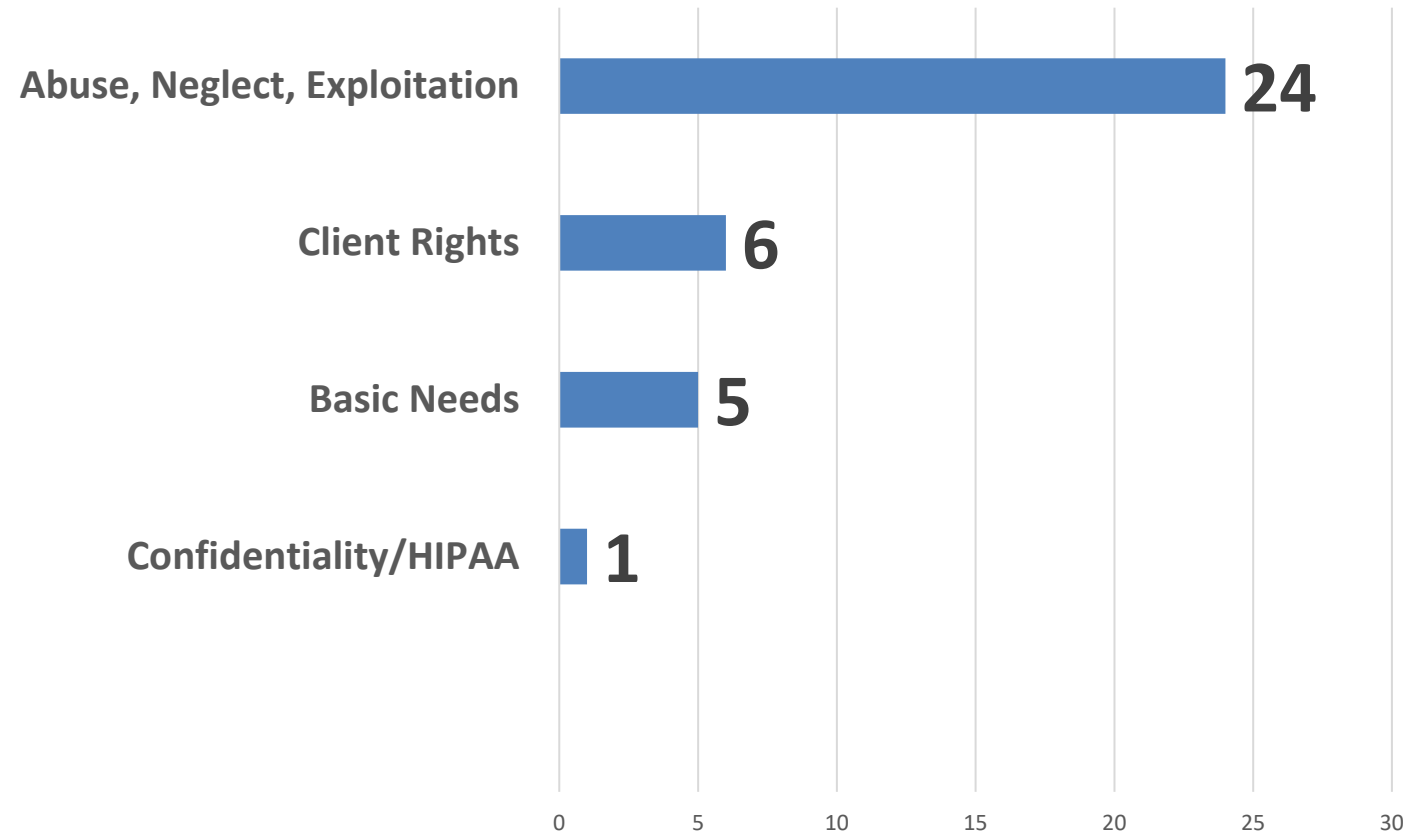
- **53 (30%) Submitted by MCO staff**
- **50 (28%) Submitted by Members or Legal Guardian (Grievances)**

# Complaints Against Alliance

## 18 Complaints Against Alliance

	Nature of Issue	Description
11	LME/MCO Functions	<ul style="list-style-type: none"><li>Primarily complaints against Alliance staff</li></ul>
7	Authorization/Payment/Billing – LME/MCO Only	<ul style="list-style-type: none"><li>Issues related to authorization requests</li></ul>

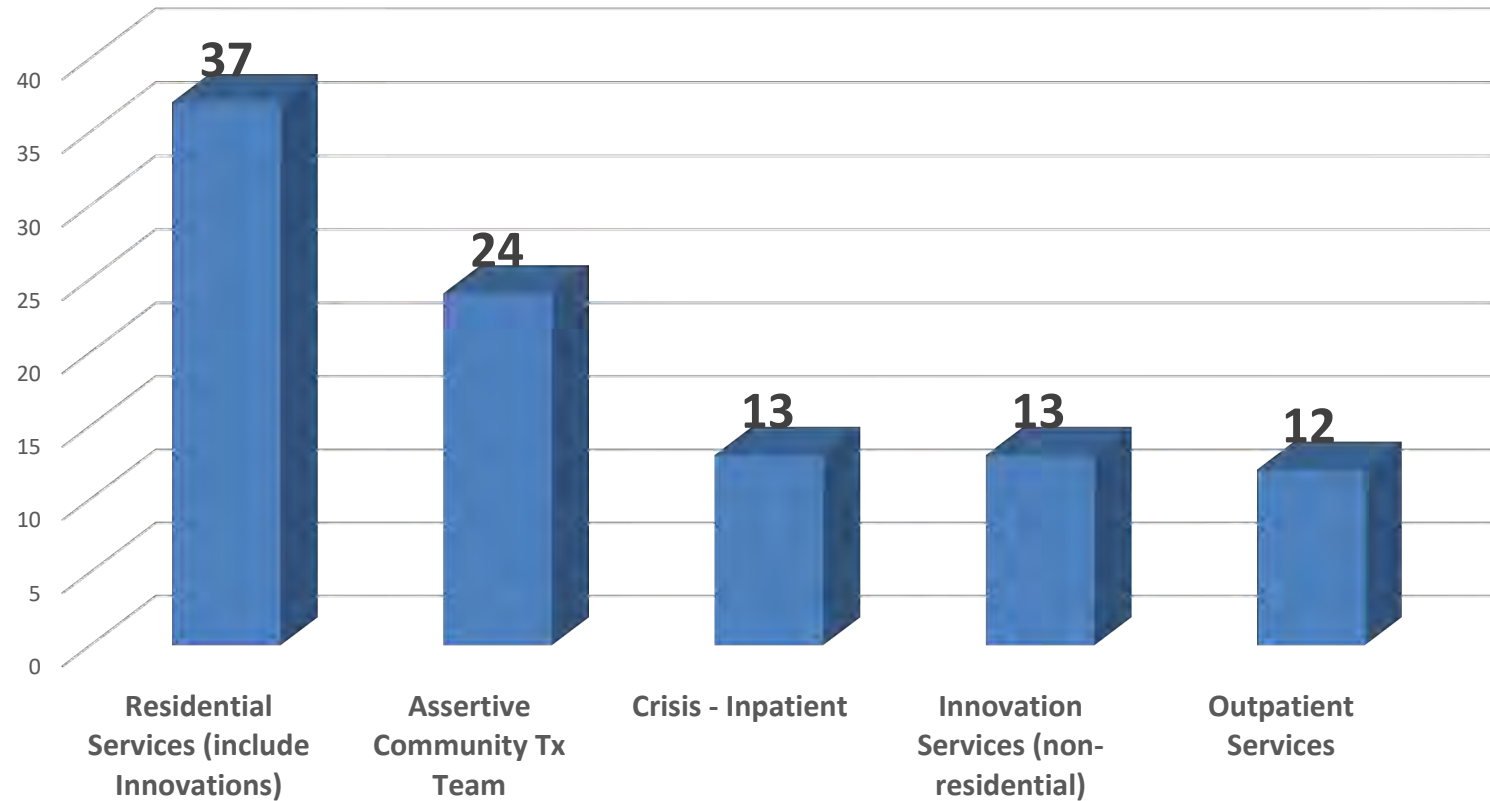
# Human Rights Issue



# SERVICE BREAKDOWN



# Top 5 Services Overall



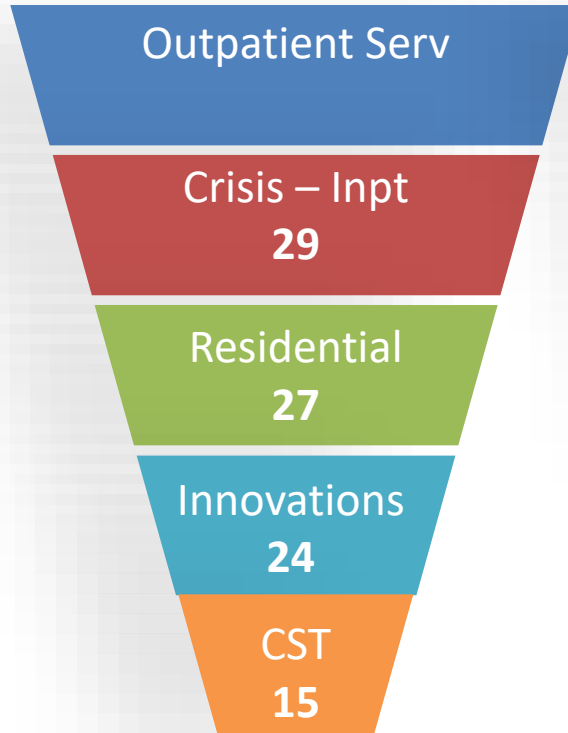
- 21% Residential Services
- 7% Crisis - Inpatient Services
- 7% Outpatient Services
- 14% ACTT
- 7% Innovations Services

# 1 Year History

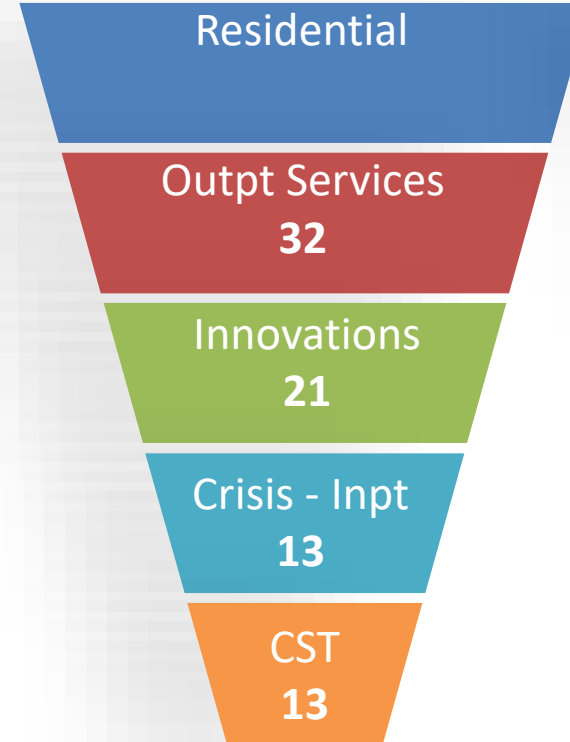
**Q1 FY22**



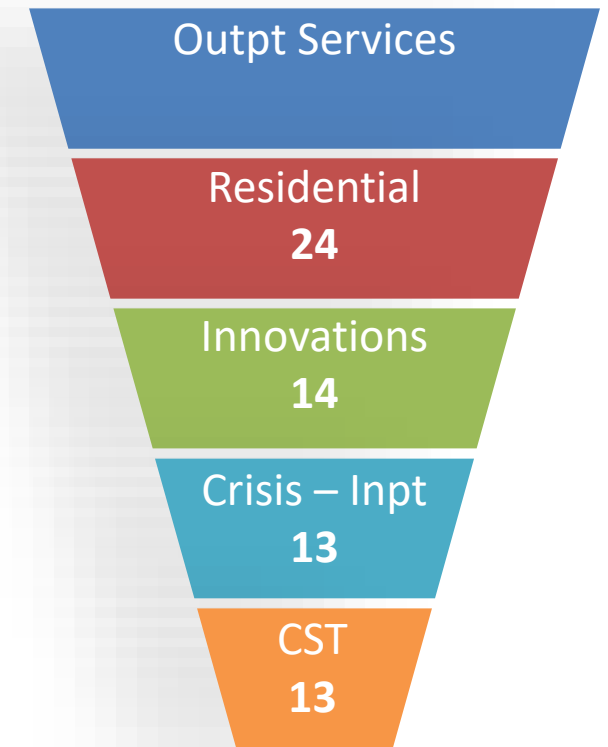
**Q4 FY21**



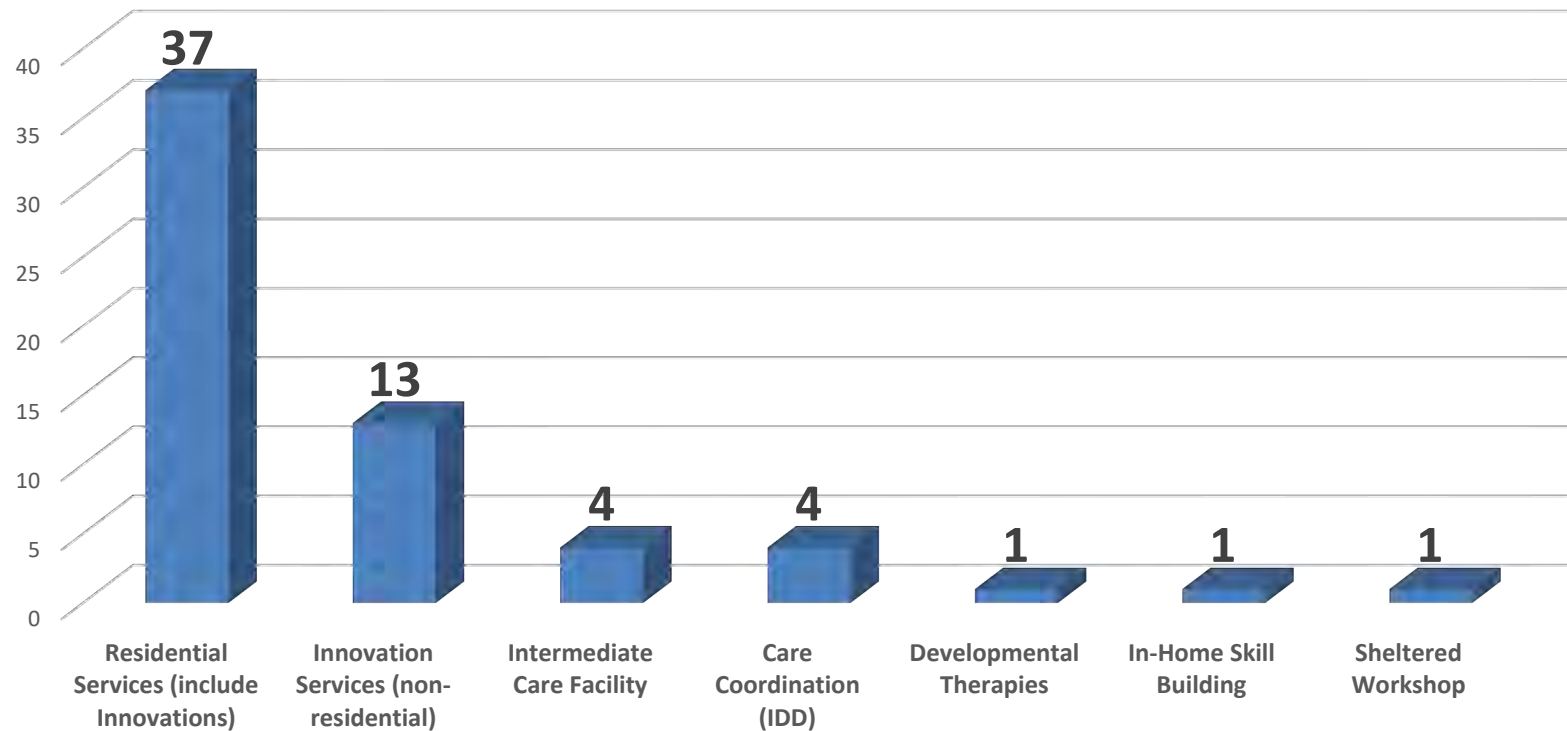
**Q3 FY21**



**Q2 FY21**

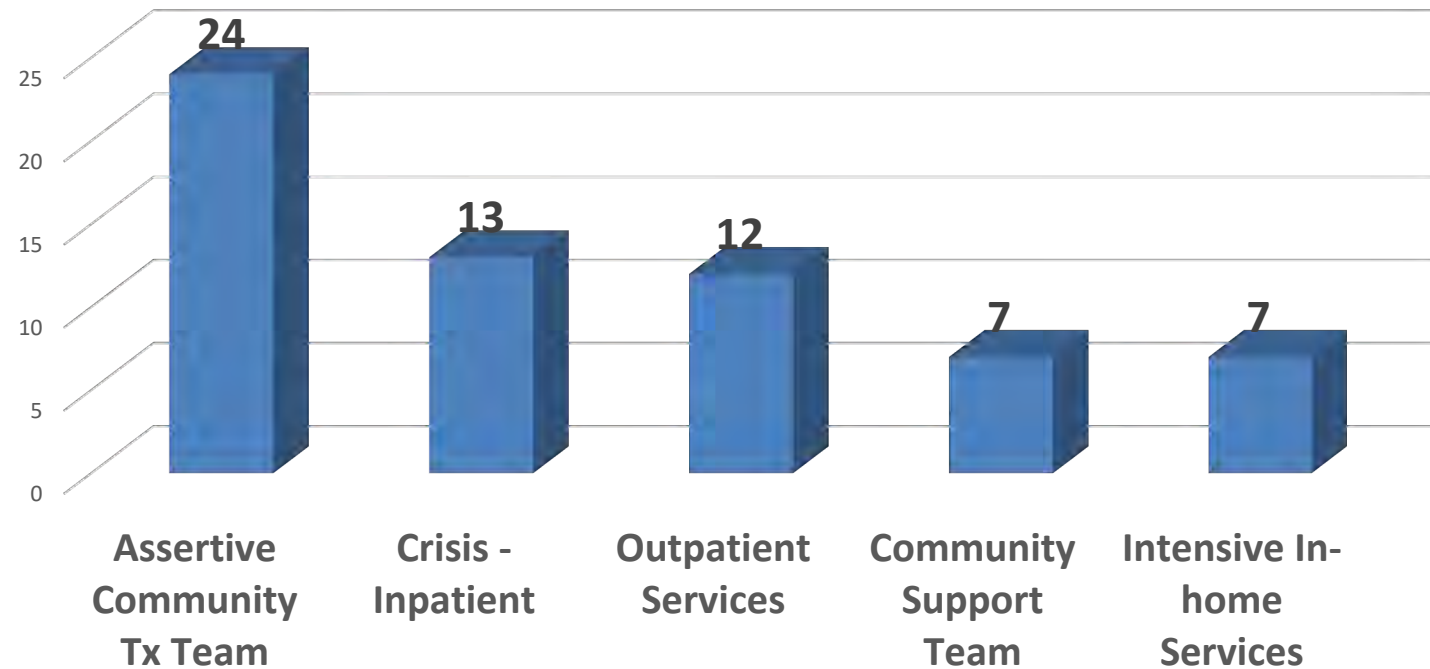


# IDD Services (61)



- **35% of all complaints and grievances were from IDD services**
- **61% of IDD services were Non-Residential Innovations Services**

# Top 5 MH/SUD Services (96 Total)



- **Complaints/Grievances related to these services represent 55% of all Complaints and Grievances**



## Incident Trends Report Q2 FY22

# Incident Report Breakdown

- 784 Reports were entered into NC-IRIS for 575 members
- 495 children
- 289 adults

## LEVELS

- 667 Level II reports
- 117 Level III

**Q2 FY22**

TOTAL REPORTS

**784**

495  
Children

289  
Adults

667  
L2

117  
L3

**Q1 FY22**

TOTAL REPORTS

**640**

441  
Children

199 Adults

566  
L2

74  
L3

**Q4 FY21**

TOTAL REPORTS

**724**

492  
Children

232  
Adults

635  
L2

89  
L3

**Q3 FY22**

TOTAL REPORTS

**598**

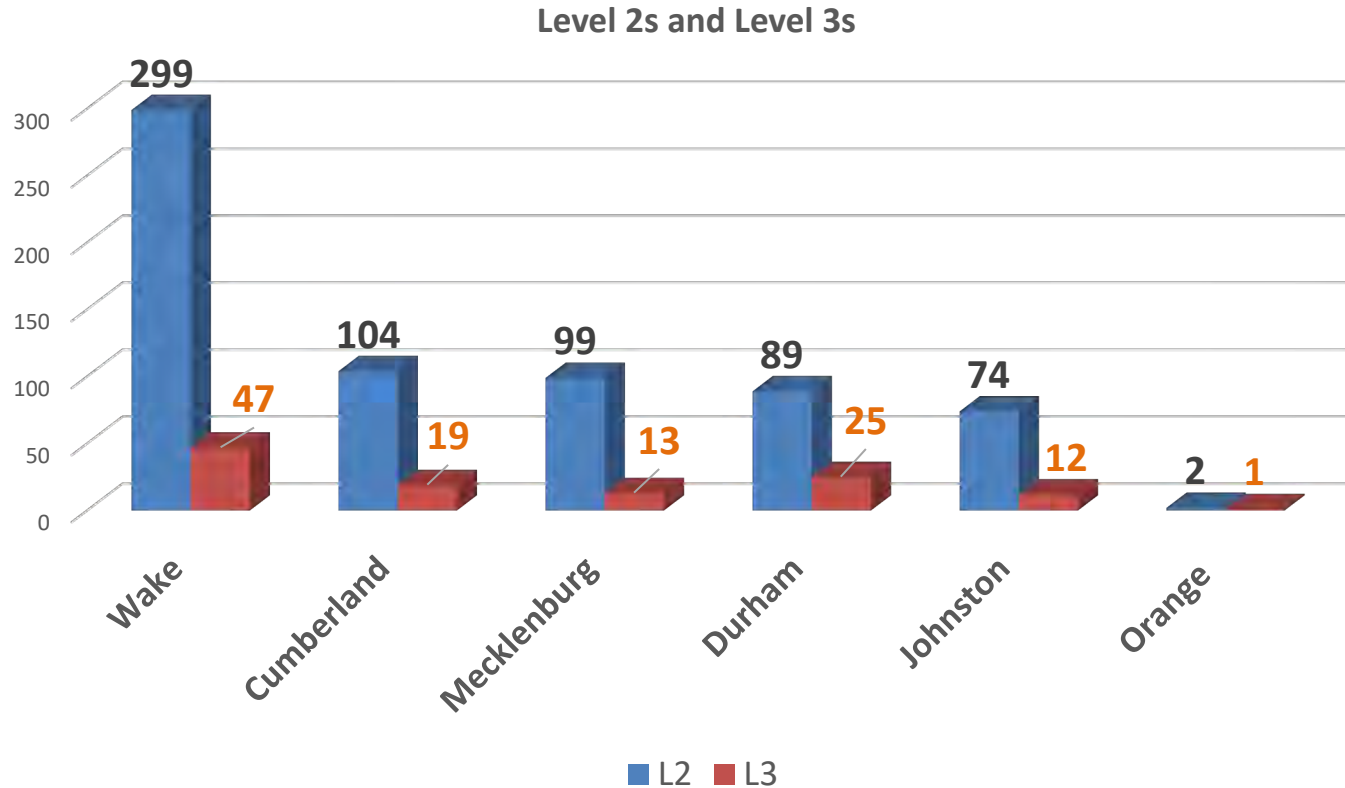
392  
Children

206  
Adults

522  
L2

76  
L3

# Incident Levels by County

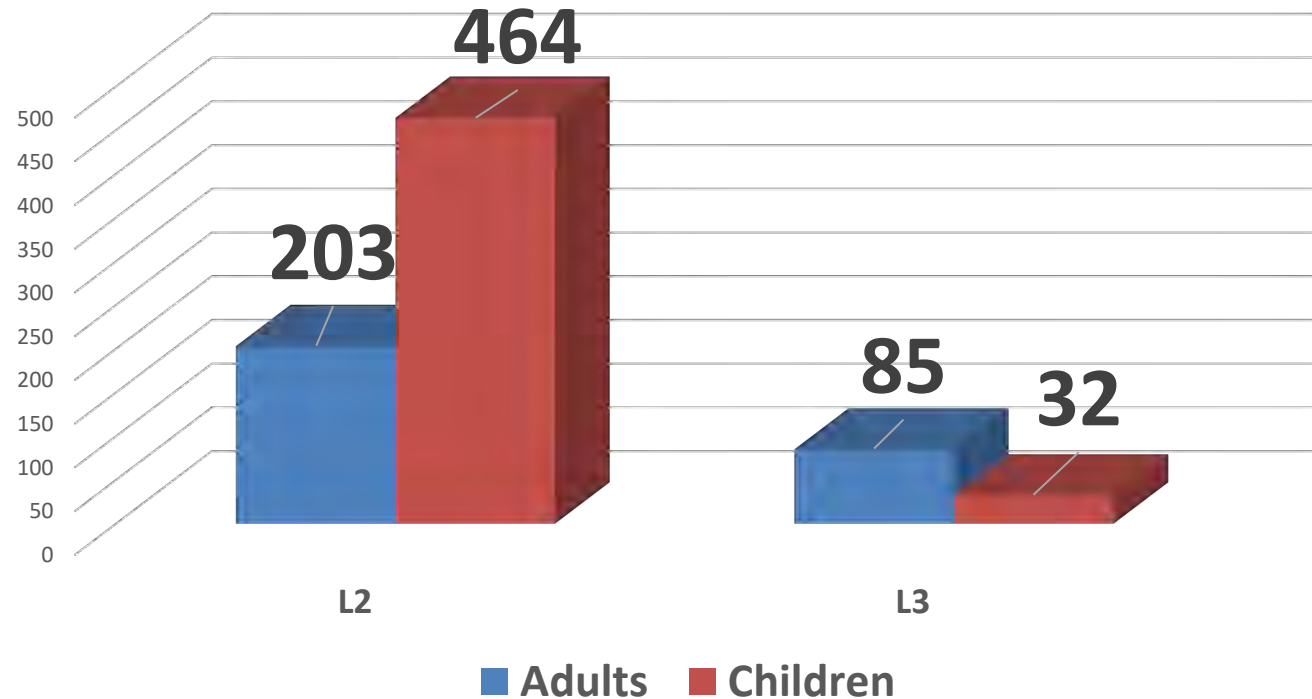


- Wake County submitted the largest number of Level 2 and Level 3
- Cumberland County submitted the 2<sup>nd</sup> largest L2
- Durham County submitted the 2<sup>nd</sup> highest L3



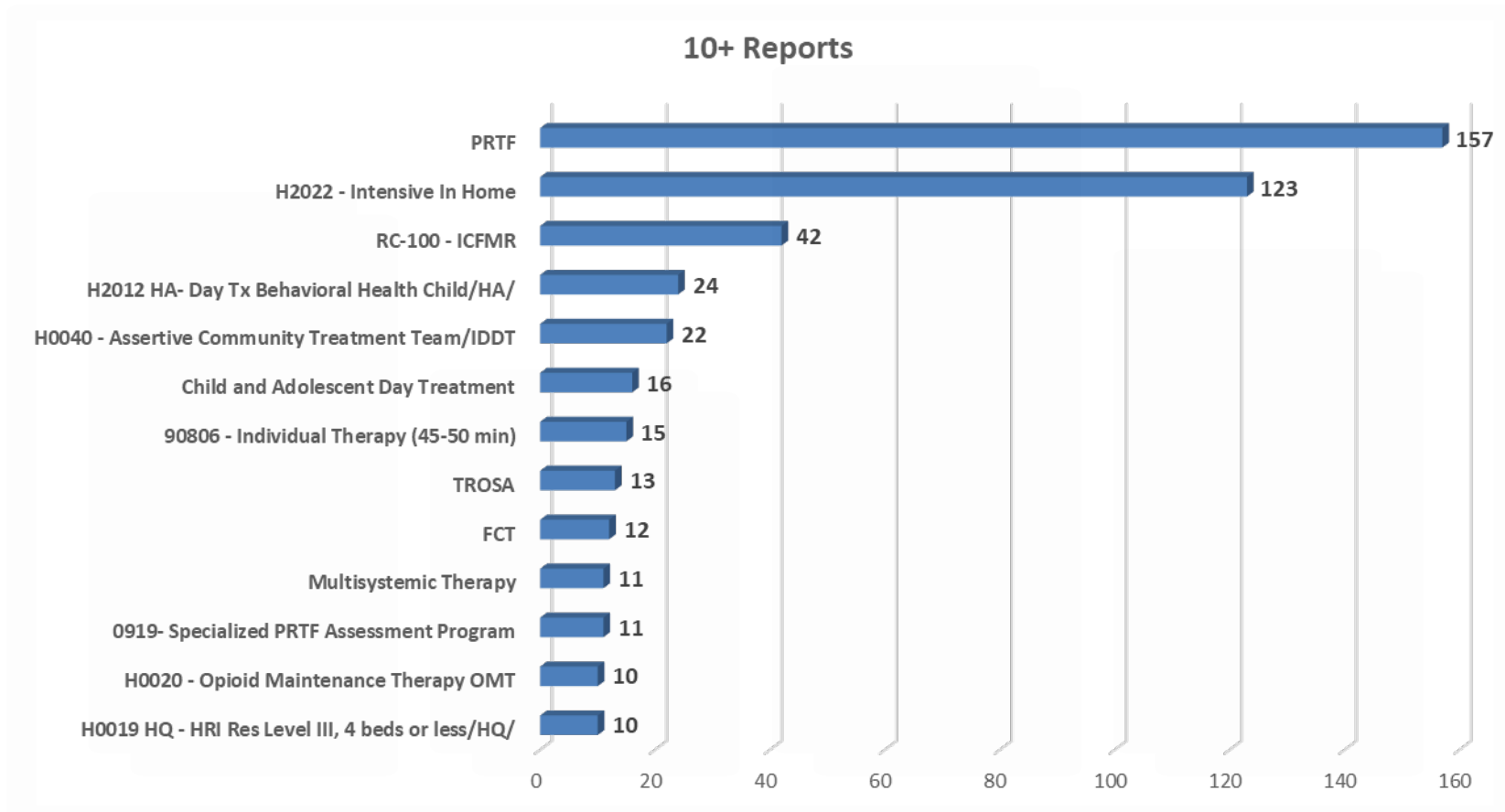
# Adults vs. Children

*(By Level)*



- A total of 117 Incidents were reported for children
- A total of 667 Incidents were reported for Adults

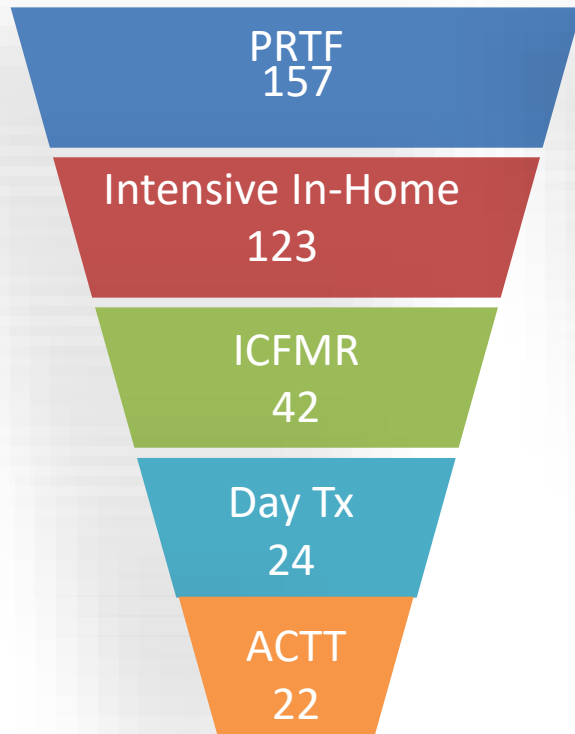
# Service Breakdown



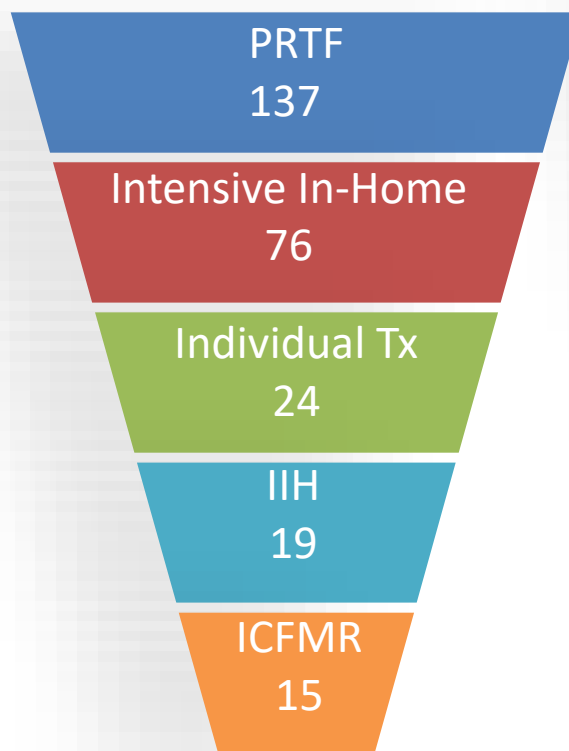
- PRTF – Service reporting the most Incidents

# Top 5 Services (1 year History)

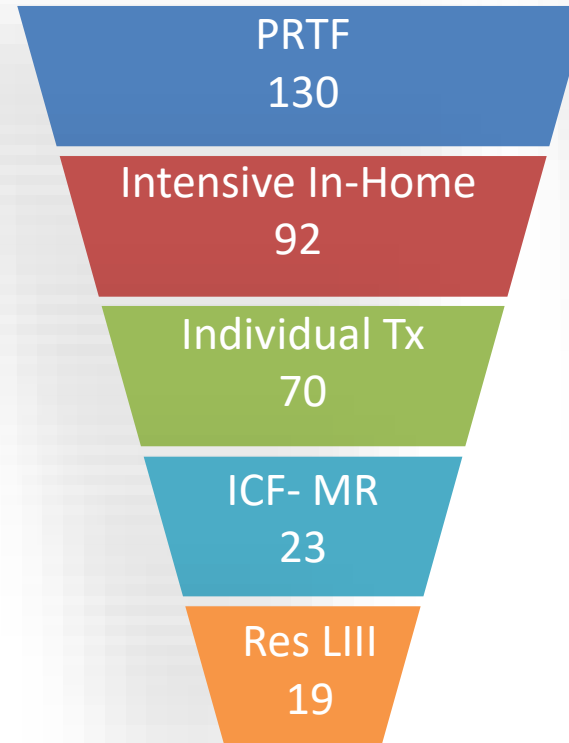
Q2 FY22



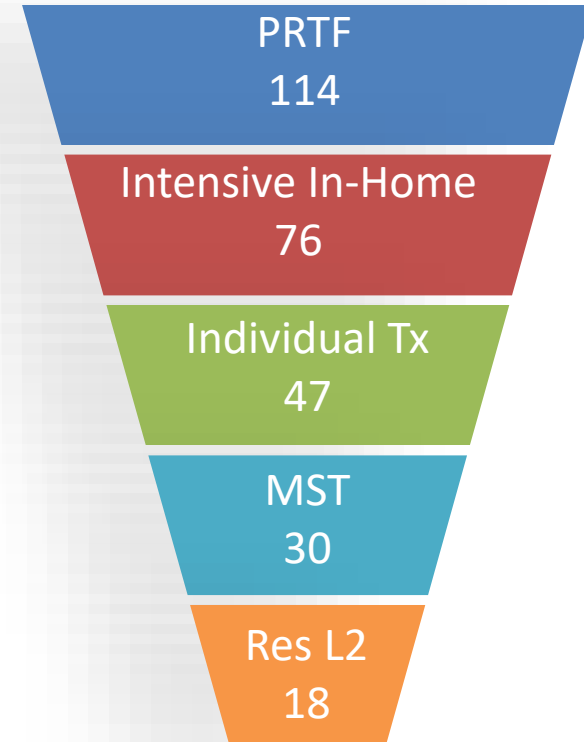
Q1 FY22



Q4 FY21

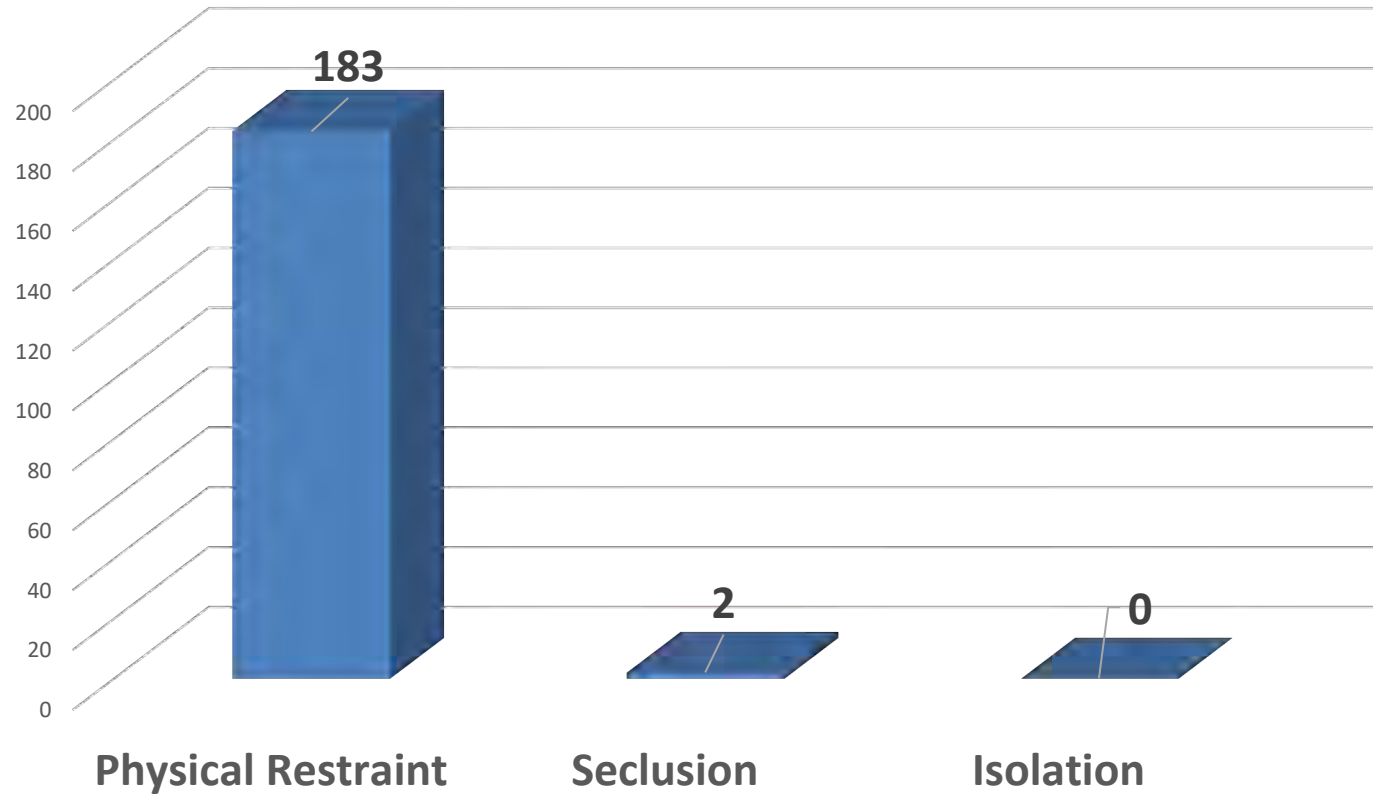


Q3 FY21



# **REPORTS BY INCIDENT CATEGORY (Primarily Human Rights Related)**

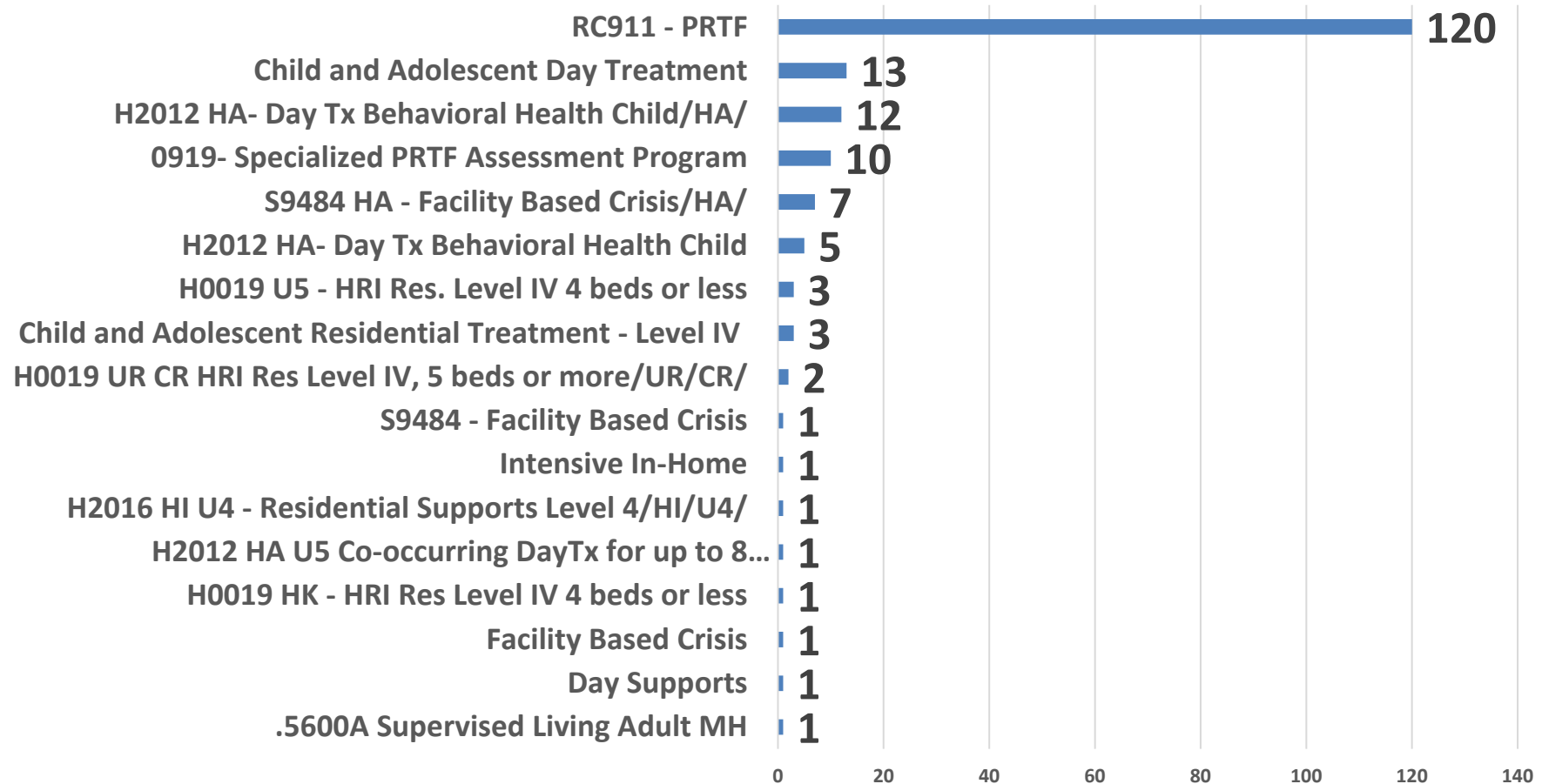
# Restrictive Interventions



- **185 Restrictive Interventions reported (*24% of all Incident Reports*)**
- **99% of Restrictive Interventions were Physical Restraints**

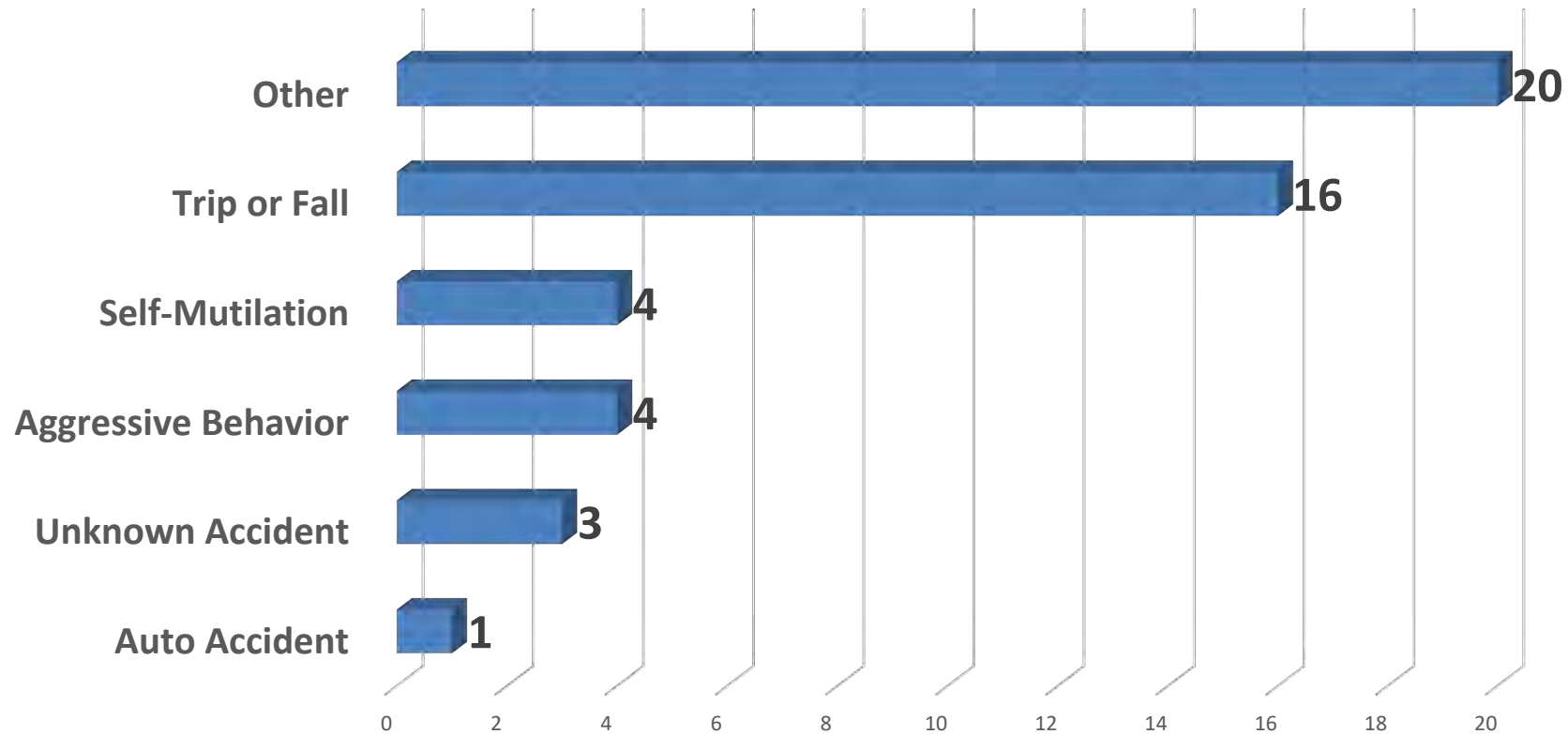
# Physical Restraint

## (Service Breakdown)



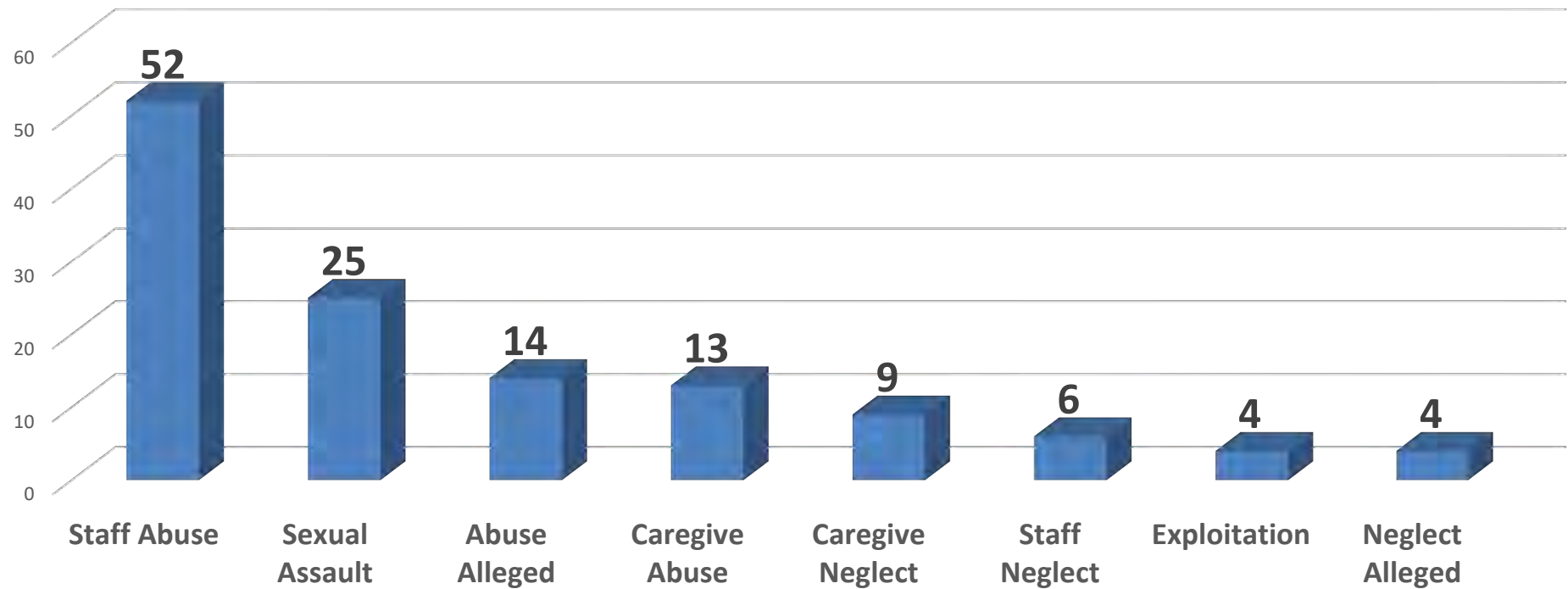
- 66% of Restrictive Interventions were from PRTF Programs

# Injury Categories



- **48 Total**
- **42% - “Other” Category**
- **33% - Trip or Fall Category**

# Abuse/Neglect/Exploitation

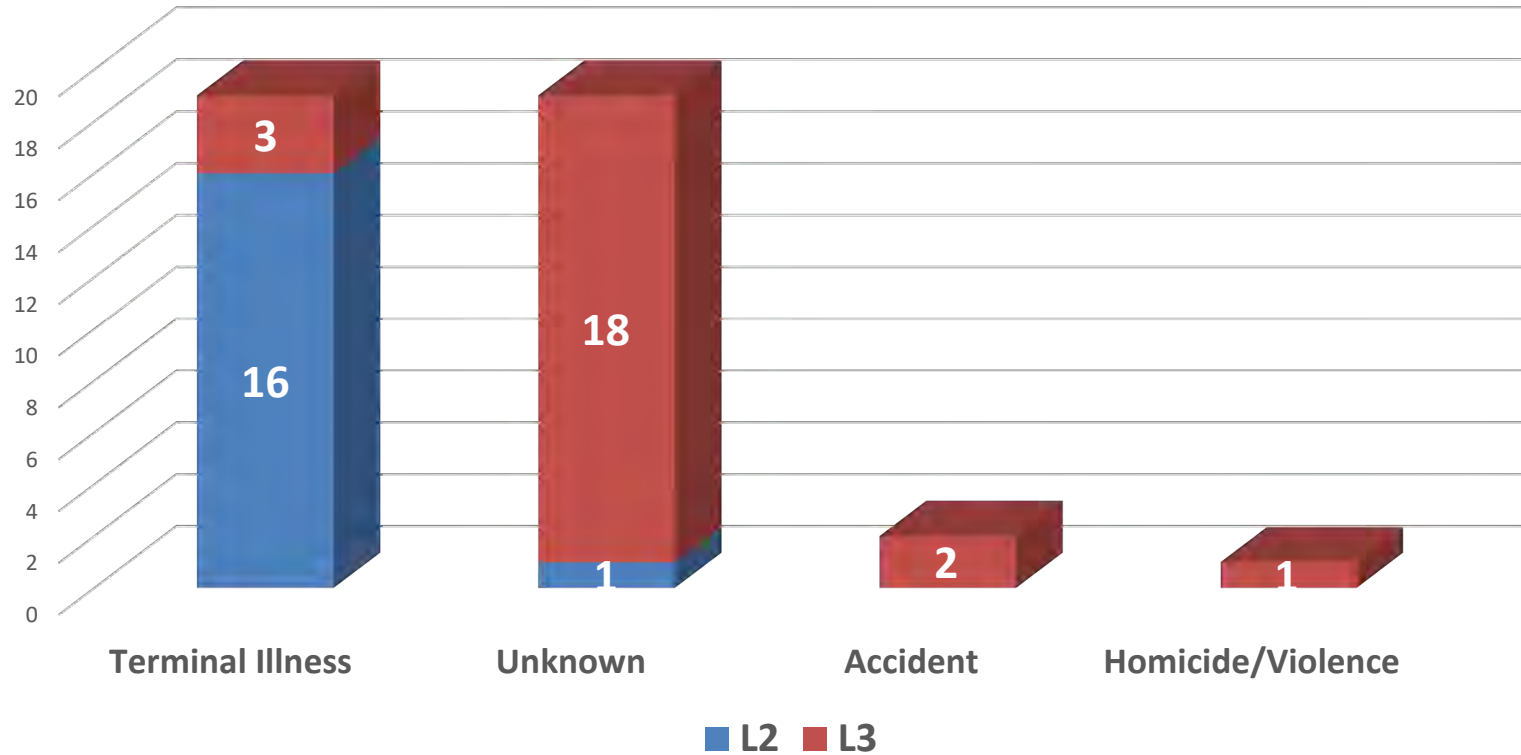


- **127 reported in this category (16% of all Incidents)**
- **8 Substantiated**
  - 5 – Staff Abuse**
  - 3 - Staff Neglect**



## Member Deaths

Level and Category



- A total of 41 deaths were reported during the 2<sup>nd</sup> quarter
- 18 L3 Deaths – Unknown Cause

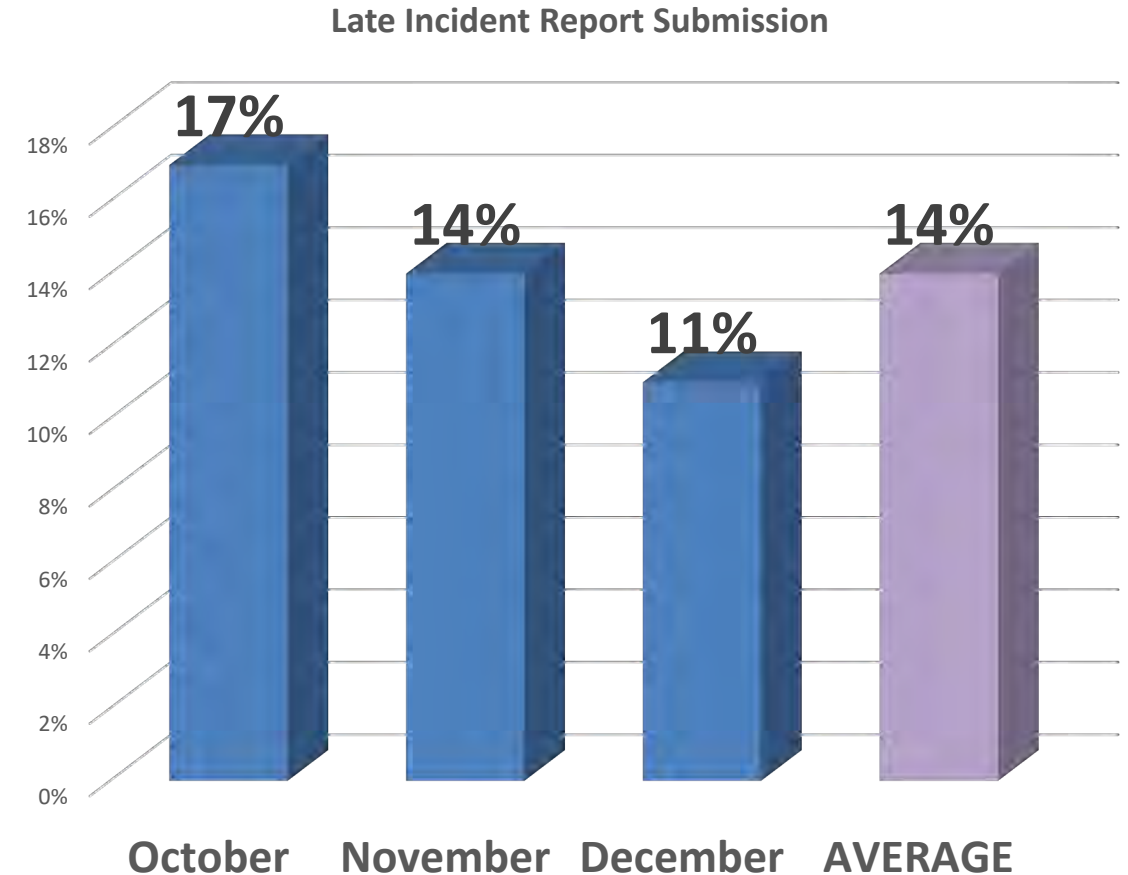
## 2 OCME Reports Reviewed by Med Team

**1 confirmed L3 - Suicide**  
**1 confirmed L2 - Accidents**

# **Incident Report Compliance**

## Incident Report Compliance (Q4 FY2021)

- Six (6) Plans of Correction issued during 2<sup>nd</sup> Quarter
- 43 Late Incident emails sent for 1 late report submitted



- 3 points higher than Q1



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

**ITEM:** Executive Committee Report

**DATE OF BOARD MEETING:** May 5, 2022

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

This report includes draft minutes from the previous meeting.

**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

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



Monday, April 18, 2022

## BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560

4:00-6:00 p.m.

**APPOINTED MEMBERS PRESENT:** David Curro, BS (Audit and Compliance Committee Chair)-via Zoom; Lodies Gloston, MA (Board Vice-Chair, Network Development and Services Committee Chair, Client Rights/Human Rights Committee Chair)-via Zoom; David Hancock, MBA, PFAff (Finance Committee Chair)-via Zoom; Lynne Nelson, BS (Board Chair); Gino Pazzaglini, MSW LFACHE (previous Board Chair); and Pam Silberman, JD, DrPH (Quality Management Committee Chair)-via Zoom; exited at 4:21 p.m.

**APPOINTED MEMBERS ABSENT:** None

**BOARD MEMBERS PRESENT:** None

**GUEST(S) via Zoom:** Tamara Dempsey-Tanner; MaryLou Gelblum; **and** Alex Yarijanian

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

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 4:05 p.m.
2. **REVIEW OF THE MINUTES** – The Committee reviewed minutes from the March 21, 2022, meeting; a motion was made by Vice-Chair Gloston and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Closed Session	<b>COMMITTEE ACTION:</b> A motion was by Dr. Silberman to enter closed session pursuant to NC General Statute 143-318.11 (a) (6) to consider the qualifications, competence, and performance of an employee. Motion seconded by Mr. Curro. Motion passed unanimously.	N/A	N/A
4. Reconvene Open Session	Committee returned to open session.	N/A	N/A
5. Draft Agenda for May Board Meeting	Committee reviewed the draft agenda and provided input.	Ms. Ingram will forward the agenda to staff.	4/19/22
6. Applicant Interviews	Committee interviewed two applicants for the vacant board seat for an Orange County resident.  <b>COMMITTEE ACTION:</b> A motion was by Mr. Pazzaglini to recommend that the Board continues searching (for applicants to fill) this vacant seat. Motion seconded by Vice-Chair Gloston. Motion passed unanimously.	N/A	N/A

7. **ADJOURNMENT:** the meeting adjourned at 5:27 p.m.; the next meeting will be May 16, 2022, at 4:00 p.m.

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



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

**ITEM:** Network Development and Services Committee Report

**DATE OF BOARD MEETING:** May 5, 2022

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

This report includes draft minutes from the March 9, 2022, meeting.

**REQUEST FOR AREA BOARD ACTION:** Receive the report.

**CEO RECOMMENDATION:** Receive the report.

**RESOURCE PERSON(S):** Lodies Gloston, Committee Chair; Sean Schreiber, Executive Vice-President/Chief Operating Officer

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Wednesday, March 09, 2022

**BOARD NETWORK DEVELOPMENT & SERVICES COMMITTEE - AGENDA**  
5200 W. Paramount Parkway, Morrisville, NC 27560  
4:00-5:00 p.m.

*Meeting was held virtually, via Zoom*

**APPOINTED MEMBERS PRESENT:** ☒ Lodies J. Gloston, MA (Committee Chair) Board member, ☐ John Lesica, MD, Board member, ☒ Dena Diorio, Board member

**BOARD MEMBERS PRESENT:**

**GUEST(S) PRESENT:** ☒ Yvonne French (DMH Liaison); ☒ Sally Hunter

**STAFF PRESENT:** ☒ Sean Schreiber, Chief Operating Officer, Member, Provide and Infrastructure Solutions Division, ☒ Shawn Mazyck, Senior Vice President Provider Networks; ☒ Carlyle Johnson, Director of Provider Network Strategy and Initiatives, ☒ Cathy Estes Downs, Senior Director of Provider Network Operations ☒ Diane Fening, Executive Assistant MPIS Division

1. **WELCOME AND INTRODUCTIONS** – Sean welcomed the group and introductions were made.

2. **REVIEW OF THE MINUTES** – the minutes from the last meeting were not approved because there was not a quorum at that meeting.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. NEW BUSINESS	<p><b>a. Network Overview – Sean, Shawn, Carlyle, and Cathy</b></p> <ul style="list-style-type: none"><li>Reviewed purpose and roles of this committee.</li><li>Provide an overview of Alliance Network Operations.</li><li>Reviewed changes in network composition and size since the expansion of Alliance to Mecklenburg and Orange. Alliance has executed 309 contracts in total related to Cardinal realignment. Active contracts are now 759 as compared to pre-realignment 547. The licensed professionals that work for agencies in our network have more than doubled since September 2021.</li><li>Reviewed recruiting plan to build physical health network required under the Tailored Plan.</li><li>Summarized current network development efforts around diversity, equity, and inclusion.</li></ul>	<ul style="list-style-type: none"><li>Provide additional detail on expanded residential network</li><li>Provide updates at future meetings</li></ul>	<ul style="list-style-type: none"><li>June 8, 2022</li></ul>



Wednesday, March 09, 2022

**BOARD NETWORK DEVELOPMENT & SERVICES COMMITTEE -  
AGENDA**

5200 W. Paramount Parkway, Morrisville, NC 27560

4:00-5:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"><li>• Dr. Carlyle Johnson, Director of Provider Network Strategy and Initiatives reviewed network adequacy requirements and Tailored Plan network adequacy requirements.</li><li>• Provided brief summary of Tailored Care Management and Alliance activities, led by the Practice Transformation Team, to build capacity and provider competencies.</li><li>• The next meeting will be June 8.</li></ul>	.	<ul style="list-style-type: none"><li>• June 8. 2022</li></ul>
4. <b>ADJOURNMENT:</b> The meeting adjourned at 5:06 p.m.			



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

**ITEM:** Consumer and Family Advisory Committee (CFAC) Report

**DATE OF BOARD MEETING:** May 5, 2022

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

This report includes draft minutes and documents from the following meetings: Durham, Cumberland, Johnston, Wake, Orange, and Mecklenburg.

**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; Ramona Branch, Member Inclusion and Outreach Manager; Lakeisha McCormick, Member Inclusion and Outreach Manager

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Monday, March 07, 2022

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

**MEMBERS PRESENT:** ☒ Pinkey Dunston, ☒ Trula Miles, ☒ Marie Dodson, ☒ Jerry Dodson, ☒ Jason Phipps, ☒ Brianna Harris, ☒ Sharon Harris, ☒ Shirley Francis, ☒ Brenda Solomon, ☒ Dave Curro, ☒ Annette Smith, ☒ Charlitta Burrus, ☐ Regina Mays, ☒ Felishia McPherson, ☒ Michael Maguire, ☒ Faye Griffin, ☒ Randy Sperling, ☒ Dave Swab, ☒ Steve Forman

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** ShaValia Ingram, NCDHHS;

**STAFF PRESENT:** ☒ Doug Wright, Director of Community and Member Engagement; ☒ Ramona Branch, Member Inclusion and Outreach Manager; ☒ Noah Swabe, Member Inclusion and Outreach Specialist; ☒ Erica Asbury, Member Inclusion and Outreach Specialist; ☒ LaKeisha McCormick, Member Inclusion and Outreach Manager; ☒ Douglass McDonnell, Member Inclusion and Outreach Specialist; ☒ Eileen Bennett, Member Inclusion and Outreach Specialist; ☒ Starlett Davis, Member Inclusion and Outreach Specialist; ☒ Beth Callahan, TBI Coordinator, ☒ Lori Caviness Community Health and Strategy Manager

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:34 pm
2. **REVIEW OF THE MINUTES** – The minutes from the February 8, 2022 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	M. Maguire shared that Jackie Blue is in a long-term care facility and that he has been reaching out to her. He would like the committee to think of her and to keep her in their prayers.	Ongoing	N/A
4. Traumatic Brain Injury information sharing	B. Callahan began by stating that the TBI program at Alliance is a three-year pilot program and it is currently underutilized. Alliance has 100 slots and as of December 21 roughly 49 had been used. Similar to the services that are related to Innovation's waver, people within the TBI program can expect to get cognitive rehabilitation services and life skills training. D. Curro asked if any partnering had been done with the military? B. Callahan stated that yes Alliance has tried to connect but disability benefits through the VA made them medically ineligible. W.F. Griffin asked what was cerebral palsy and was it connected? B. Callahan stated that diagnosis was related to birth and was not covered through the TBI waiver. B. Callahan explained that the criterion for the waiver is based on when the injury took place and it had to have happened when the member is the age of 22 or older. B. Callahan stated that there is excellent information is available and they could get further details by reaching out to her.	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, March 07, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
5. State Update	<p>ShaValia Ingram, NCDHHS was in attendance and went over the State updates March CEE:</p> <ul style="list-style-type: none"><li>➤ Social Work Month, National Disabilities Awareness Month, Brain Injury Awareness Month</li><li>➤ Joint DMHDDSAS &amp; DHB Update call for Providers did take place on 3/3/22 from 3 pm - 4 pm</li><li>➤ Joint DMHDDSAS &amp; DHB Update call: Consumers &amp; Family Members will be on Monday, 3/28/2022 from 2 pm - 3 pm</li><li>➤ Regional CFAC Meetings have NOT been scheduled at this time information will be shared as soon as it is made available</li><li>➤ State Consumer and Family Advisory meeting is 3/9/2022 9-3 pm and will be a hybrid presentation.</li><li>➤ State to Local Collaboration Meeting<ul style="list-style-type: none"><li>○ Next Call: 3/23/22 6-7:30pm</li></ul></li><li>➤ In person training CE&amp; E are available to set up training in person</li><li>➤ The pilot TBI program is being developed as part of the TBI grant collaboration with the Brain Injury Association of NC and Family Services of Davidson County to screen individuals for TBI. There will also be similar pilot program in collaboration with the Justice Innovations Section that will screen individuals for TBI and mental health at a probation site. 3/9/2022 will be the next TBI advisory council meeting 9 am-1pm.</li><li>➤ The NC Medicaid Hot Topic Series is every 3<sup>rd</sup> Thursday and the next one will be on 3/17/2022 at 5:30 pm.</li><li>➤ The Resource Guide for Veterans may be viewed electronically but hard copies may be requested through CEE team</li><li>➤ NATCON22 will take place April 11-12, 2022 in Washington DC</li><li>➤ One Community in Recovery will be April 27<sup>th</sup>-29<sup>th</sup> at the GTCC Colfax, NC it will be offered both in person and virtual</li><li>➤ The Women's Recovery Conference will be 5/4-5/6/2022</li></ul> <p>CBITF Virtual Briefing with Rep Bill Pascrell and Don Bacon will be 3/16 2:30-4:30 pm.</p>		

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

Monday, March 07, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"><li>➤ TBI Stakeholder Day is 3/8/2022 12-4:30pm.</li><li>➤ The State of the Child Conference is May 11,2022</li><li>➤ The peer support job board is available.</li></ul>		
6. LME-MCO Updates	<p>J. Phipps welcomed Mecklenburg and Orange County CFAC members. D. Wright stated that the charters have been established. J. Phipps asked if stipends were mentioned to the new members. D. Wright replied that that information will be shared formerly with each member.</p> <p>D. Wright reported on the following: CFAC Board Budget Retreat</p> <ul style="list-style-type: none"><li>➤ The Major CFAC Concerns/Solutions: Housing, Smart Homes, Peer Support services, Partnerships with school, Out of home services, Communications.</li><li>➤ Major CFAC Concerns: IDD waitlist-Registry of Unmet Needs: too many people are on the wait list, benefits are minimal, direct support worker shortage has not subsided, and needing community solutions.</li><li>➤ The presentation will be on March 21<sup>st</sup> and Jason will be present.</li></ul> <p>LME-MCO Monthly Monitoring Report</p> <ul style="list-style-type: none"><li>➤ As expected, the call center numbers jumped in correlation with the taking on of the new counties. Going from 4,256 in Nov of 2021 to 5,873 in December of 2021. The IDD waitlist also saw an increase from 4,462 to 5,842. The percentage of persons who are on the registry of unmet needs not receiving any funded services is 76%. The number of incidents in level 2 went from 183 in Nov 2021 to 299 in Dec. The number of incidents that were reported at level 3 went from 31 in Nov to 50 in Dec of 2021.</li><li>➤ Unduplicated count of medicaid members climbed from 76,603 in Nov 2021 to 119,225 in December 2021. D. Wright reports that there will be a closer review of trends.</li></ul> <p>There is an expectation that the data will continue to be cleaned up specifically in the numbers that were reported concerning hospitals. D. Wright reports that he will ask Quality Management to send specific information. He did also mention that the</p>	Ongoing	N/A

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

Monday, March 07, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	number of authorizations that have been processed is being turned around in less than 14 days. Expedited requests are processed in 3 days. Denials did also increase.		
7. Tip of the Hat	Doug Wright gave kudos and farewell to the committee as this is his last Steering Committee meeting before his retirement.	March 31 <sup>st</sup> retirement	
8. Subcommittees <ul style="list-style-type: none"><li>Wake</li><li>Durham</li><li>Cumberland</li><li>Johnston</li><li>Area Board</li><li>Human Rights</li><li>Quality Management</li></ul>	J. Phipps stated that the minutes from the subcommittees could be accepted as consent agenda. D. Curro motioned that the minutes be accepted as submitted F. Griffin second.	Ongoing	N/A
10. Announcements	There were no additional announcements	N/A	N/A

11. ADJOURNMENT: **Motion was made by D.Curro and second by C. Burrus at 7:00pm** The next meeting will be March 12, 2022, at 5:30 p.m.





# COMMUNITY ENGAGEMENT & EMPOWERMENT TEAM

Community Updates | March, 2022

## NCDHHS- DMH/DD/SUS

### Social Work Month

We would like to take a moment to send out a great big **Thank You** to all the Social Workers out there that work with our families, our consumers and the public as a whole. Celebrate your years of service and dedication to the people that you serve.

### National Disabilities Month

This March will be the 28th year that the United States has recognized and celebrated National Disability Awareness Month.

Ronald Reagan officially declared on February 26, 1987—Proclamation 5613 which made March National Disabilities Awareness Month. This Proclamation called for people to provide understanding, encouragement and opportunities to help persons with disabilities to lead productive and fulfilling lives. We have come a long way in our country but we have a lot more work to do.

#### Register for NCCDD's self Advocate Dissuasion Series

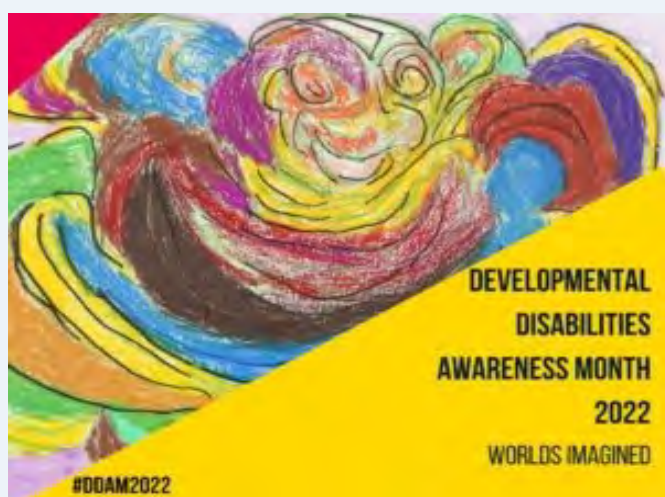
The NC Council on Developmental Disabilities (NCCDD) will again sponsor a virtual monthly self-advocate discussion series. Discussions aim to emphasize the value of people with disabilities to build and maintain relationships with NC legislators and decision-makers while bridging relationships and a network among NC self-advocates. The dates and times are as follows.: Webinars will be held monthly from 1-2 PM via Zoom

[Wednesday, March 2 - 1 PM](#)

[Wednesday, April 6 - 1 PM](#)

[Wednesday, May 4 - 1 PM](#)

[Wednesday, June 1 - 1 PM](#)



### Brain Injury Awareness Month

Brain Injury Awareness Month seeks to shed light on various aspects of brain injury that BIAA tackles as its mission. Established in 1980 as the National Head Injury Foundation (NHIF), it changed its name to BIAA in 1995. March is used as a time to raise awareness about these broader, structural aspects that we may not think about when we think of brain injury.

A traumatic brain injury (TBI) is an injury to the brain that is caused by an external physical force such as hitting your head or other types of blunt force trauma. The most common causes of TBI include slips and falls, motor vehicle accidents and struck by or against events. The injury can cause physical and mental challenges. Every injury to the brain has different effects or consequences.

#### How to Observe Brain Injury Awareness Month

1. Read about the topic
2. Find a local chapter
3. Learn Policy Priorities

#### Facts that will astonishes you about the brain

1. President George W. Bush dedicated the 1990's to the decade of the brain
2. Almost half of brain injuries are from falls ( 48%)
3. A study showed that fall-related deaths have increased in older people from 2007-2016 and another studies shows an increase in 2020
4. In the same study, it was seen that 73 out of 100,000 men have had fall – related deaths as opposed to 54 for women, perhaps owing to differing occupational or domestic chores.

Resources :

[Brain Injury Awareness Month](#)

[Warrior Care](#)

[Calendar of Events](#)



## Monthly Meetings

### PROVIDER & CONSUMER CALLS

**Joint DMHDDSAS & DHB Update call: Providers**

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

**Thursday, March 3, 2022 3:00 p.m.— 4:00 p.m.**

[Register Here](#)      [Closed Captioning](#)

**Joint DMHDDSAS & DHB Update call: Consumers & Family Members**

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

**Monday, March 28, 2022 2:00 p.m.— 3:00 p.m.**

[Register Here](#)      [Closed Captioning](#)

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

### Regional CFAC Meetings

**Meetings have not been scheduled at this time, Stay tuned for dates and times!!**

## In Person Training—CE&E Team

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

The CE&E Team has started our Community Training’s in-person! Reach out to your CE&E Team members to set up any of our trainings from our Training & Technical Assistance Center (TTAC). 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](mailto:CEandE.staff@dhhs.nc.gov)

Stacey Harward, BSW: [Stacey.Harward@dhhs.nc.gov](mailto:Stacey.Harward@dhhs.nc.gov)

ShaValia Ingram MS, MSW, LCSWA:  
[Shavalia.Ingram@dhhs.nc.gov](mailto:Shavalia.Ingram@dhhs.nc.gov)

Wes Rider, BSW: [Wes.Rider@dhhs.nc.gov](mailto:Wes.Rider@dhhs.nc.gov)

Badia Henderson: [Badia.Henderson@dhhs.nc.gov](mailto:Badia.Henderson@dhhs.nc.gov)

## 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>



## State CFAC

**The State Consumer and Family Advisory Committee (SCFAC)**

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

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

Visit the State CFAC page for more information

[www.ncdhhs.gov/divisions/mhddsas/councils-commissions/state-consumer-and-family-advisory-committee](http://www.ncdhhs.gov/divisions/mhddsas/councils-commissions/state-consumer-and-family-advisory-committee).

Next Meeting: **Wednesday, March 9, 2022 –Hybrid meeting**

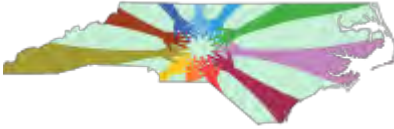
Time: **9:00 a.m.— 3:00 p.m.**

Join by web browser: <https://tinyurl.com/htra3ane>

Phone in option: 1-415-655-0003

Meeting Number: 24255343106

*Nothing About Us, Without Us.*



## State to Local Collaboration Meeting

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

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

**Next Call: March 23, 2022 from 6:00 p.m.– 7:30 p.m.**

**To Join click here -**<https://tinyurl.com/yc5crpv6>  
1-415-655-0003 US Toll

## NC Medicaid Managed Care Information

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>

## Tailored Care Management Updates

As part of the transition to NC Medicaid Managed Care, NC Medicaid has worked with stakeholders to design the Tailored Care Management model for the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan population. Tailored Care Management will launch in December of this year with the implementation of Behavioral Health I/DD Tailored Plans. NC Medicaid has the following updates related to Tailored Care Management.

**AMH+/CMA Certification Round Two Desk Reviews Completed**

The Department has completed desk reviews of the Round Two Advanced Medical Home Plus (AMH+) practices/Care Management Agencies (CMAs) provider certification applications and has advanced 32 providers to the site review stage of the certification process. For more information, please see Medicaid bulletin article [Tailored Care Management Updates – Jan. 28, 2022](#).



Tailored Care Management Updates—continued

Updated Guidance

NC Medicaid has published updated guidance on Tailored Care Management, including updates to the [Tailored Care Management Provider Manual](#), the [use of Care Manager extenders](#), [Tailored CM 101 Frequently asked Questions](#) and [updated guidance on rates](#).

For more information, please see Medicaid bulletin article [Tailored Care Management Update: AMH+/CMA Certification Round Two Desk Reviews Completed](#).

All updates can be found on the Tailored Care Management webpage at: <https://medicaid.ncdhhs.gov/transformation/tailored-care-management>

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 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](mailto:BHIDD.helpcenter@dhhs.nc.gov) or web portal <https://tinyurl.com/386hpk6h>

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

Where you can find more information

Medicaid Transformation

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

NC Olmstead

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

Grant Opportunities

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

NC Medicaid Managed Care Hot Topics Webinar Series

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

Mar 17, 2022 05:30 PM  
Apr 21, 2022 05:30 PM  
May 19, 2022 05:30 PM  
Jun 16, 2022 05:30 PM

[Register for 3rd Thursday webinars](#)

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](#)

Traumatic Brain Injury

- A new pilot program is being developed as part of the TBI grant in collaboration with the Brain Injury Association of NC (BIANC) and Family Services of Davidson County to screen individuals for TBI.
- A new pilot program is being developed in collaboration with the Justice Innovations Section and the Brain Injury Association of NC (BIANC) to screen individuals for TBI and Mental Health at a Probation pilot site.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has posted for 45 day public comment at <https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/service-definitions/proposed-state-funded-service-definition-policies> State-Funded service definition for TBI Long Term Residential Rehabilitation for your feedback. The public comment review period is from February 8, 2022 – March 24, 2022

- The IDD/TBI Section has developed rules for a new state funded residential rehab service for individuals with TBI.
- The next Brain Injury Advisory Council (BIAC) meeting will be held on **Wednesday, March 9th from 9am to 1pm**. For meeting access information please send an email request with subject of “BIAC Meeting” to [TBIContact@dhhs.nc.gov](mailto:TBIContact@dhhs.nc.gov)

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

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

A diverse and growing library of free online TBI training modules can be found at [www.biancteach.net](http://www.biancteach.net)

[Toolkit: Traumatic Brain Injury and Substance Use Disorders: Making the Connections.](#)

Veterans, Service Members & Families

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](#)  
[Understanding Refugee Trauma: For School Personnel](#)  
[After a Crisis: Helping Young Children Heal](#)

[NCGWG Meetings](#)

[Resource Guide for Veterans](#)



## Educational Opportunities

### 20th Annual State of the Child Conference

March 11, 2022 8:50-12:50



[WebEx Events \(classic\)](#)

Welcome to the 20th Annual State of the Child Conference!

We are thankful to be able to offer this event virtually to continue working to better serve families and children. We are grateful you have chosen to join us for the 20th anniversary celebration!

**REDEFINED** **NATCON22**  
APRIL 11-13, 2022  
NATIONAL HARBOR, WASHINGTON, DC METRO AREA

The National Council For Mental Wellbeing invites you to Join thousands of professionals representing the very best of our field as they convene at NatCon22, the largest conference in mental health and substance use treatment, from April 11-13, 2022, to be held at the Gaylord National Resort & Convention Center in the Washington, D.C., metropolitan area .

**Register Now**

### NC TIDE 2022

#### Behavioral Health Conference

Monday, April 25, 2022-

Wednesday April 27, 2022

Wilmington, NC

[Registration link](#) [Session Information](#)

[Sponsorship Opportunities](#)

[Hotel Reservation](#)

Registration is Open click on above links. Register by 4/1/22 to take advantage of the early bird savings!!

**Buy 4 and get the 5th one for free.**



### Spring 2022 13th Annual NC

#### “One Community in Recovery” Conference:

Healing Together After Being Apart  
April 27-29, 2022

The Conference Center at GTCC, Colfax, NC Attend in person or via live webinar! To find out more

about this conference and register click

on the following link:

<https://tinyurl.com/y63cmane>



**[Register Here](#)**

**Healing Clients, Families, and  
Ourselves**  
May 4-6, 2022

### Facebook Live Q&A on Mental Health and Older Adults Tuesday, March 1, 2022, 2:30 PM ET

The [National Institute of Mental Health](#) (NIMH), [National Institute on Aging](#) (NIA), and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) are collaborating to discuss mental health and older adults. Together, they are hosting a Facebook Live Q&A to raise awareness, share resources for older adults who may be struggling with their mental health, and highlight research in this area. Visit the [Facebook event page](#) for more information and to RSVP.

### CBITF Virtual Briefing—March 16, 2022 2:30-4:30 p.m.



Congressional Brain Injury Task: Co-chairs Reps Bill Pascrell, Jr ( D-NJ) and Don Bacon( R-NE) invite you to a virtual Brain Injury Awareness Day Briefing on the importance and value of advocacy on the afternoon of March 16. Attendance is free, but [registration is required](#).

### CDC Webinar: TBI-Related Deaths and Geographic Disparities

March 7, 2022: 2:00pm (ET)

The Center of Disease Control and Prevention’s Injury Center (CDC) is holding a webinar, “Where Americans Live Impacts Their Chances of a TI– related Death,” March 7, 2022. While TBIs can happen anywhere, some groups are at increased risk. CDC’s Dr. Jill Daugherty will share findings from recent CDC reports about how where Americans live impacts their chance of a TBI-related death. [Register Here](#)

### ACL TBI Stakeholder Day—March 8, 2022 12:00– 4:30pm (ET)

The U.S Administration for Community Living (ACL) has scheduled a virtual TBI Stakeholder Day for Tuesday –3/8/22 from 12-4:30 p.m. TBI Stakeholder Day brings stakeholders together to discuss important issues around services and supports, and systems and to learn from other stakeholders, brain Injury survivors, family members, support networks, and State and federal representatives. There is no cost to attend. The webinar will be live—captioned and ASL-interpreted. If you require additional accommodations to participate or if you have any questions about the sessions please contact [tbitarc@hsri.org](mailto:tbitarc@hsri.org)

[Register Here](#)

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

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

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

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

The Next Place :

Hope for the Everyday Heart

Warren Hanson is an artist, writer, and photographer, speaker and musician

THE NEXT PLACE: Hope for the Everyday Heart with Warren Hanson 6:30 p.m. on Monday, March 7, 2022

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZYldemsrjwjHt0qjXYB-3DVC59TQo1IGR5c>

Second in the series: From loss, grief, and loneliness to adaptation and resilience through poetry and prose.

Supporting community inclusion

Sponsored by NC DHHS & SAMHSA

Press Releases from the State

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

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

Peer Support Job Board

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

PEER SUPPORT CERTIFICATION RENEWAL REMINDERS

Attention Peer Support Specialists!

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

Upcoming PSS Trainings

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

Reporting Complaints or Ethical Violations

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

PSS Employment Information

- 3897 Certified Peer Support Specialists as of January 21, 2021
- 1618 Certified Peers are employed as PSS
- 802 PSS are seeking employment

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

Your feedback is appreciated

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

Community Engagement & Empowerment Team

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



Tuesday, February 08, 2022

## Wake CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

**MEMBERS PRESENT:** ☒ Annette Smith, ☐ Rebekah Bailey, ☒ Trula Miles, ☐ Karen McKinnon, ☒ Benjamin Smith,  
☐ Vicky Bass, ☒ Jessica Larrison, ☐ Bradley Gavriluk, ☒ Faye Griffin, ☒ Israel Pattison, Rasheeda McAllister, ☒ Keisha Gordon, ☒ Alicia Jones, ☒ LaNarda Williams, ☒ Brian Williams

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** ☒ ShaValia Ingram DHHS

**STAFF PRESENT:** ☒ Doug Wright, Director of Community & Member Inclusion; ☒ Ramona Branch Inclusion and Outreach Manager;

☒ Erica Asbury, Member Inclusion and Outreach Specialist

### 1. WELCOME AND INTRODUCTIONS

**2. REVIEW OF THE MINUTES –** The minutes from the February 8, 2022, Consumer and Family Advisory Committee (CFAC) meeting were motioned by J. Larrison and second by A.Jones.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Announcements	<p>A.Jones wanted to discuss coverage of in home intensive treatment and to share her concerns about not getting clarity from staff that is working with her family. Discussion took place about the tailored plan services versus the standard plan and how families could get direct answers to their questions.</p> <p>A.Smith inquired as to when it would be appropriate to have a member transferred back to the tailored plan and if it happens automatically?</p> <p>D. Wright did a comparison between the standard and tailored plan and stated that members could request to be transferred back to the tailored plan if they require an enhanced service. He further explained that people with questions can continue to reach out to the enrollment broker and should get an answer within 24 hours. The state has 14 days to decide.</p> <p>A. Smith shared information about the Legislative Breakfast that took place and stated that she will share information about ways to contact and connect with legislators. A. Smith gave a reminder about the DSP pay rate increases and a bonus that is \$1,964.00 after taxes. The bonus should be out to non-contract DSP. The wage increase is \$2.14 per hour which is closer to the original goal but there is still room for improvement. Self-directed care is also</p>	Ongoing	N/A

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



AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	eligible for the pay increase unfortunately some of them are listed as contractors and will not get it.		
4. State Updates-S. Ingram	<p>ShaValia Ingram, NCDHHS was in attendance and went over the State updates</p> <p>March CEE</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Work Month, National Disabilities Awareness Month, Brain Injury Awareness Month</li> <li><input type="checkbox"/> Joint DMHDDSAS &amp; DHB Update call for Providers did take place on 3/3/22 from 3 pm - 4 pm</li> <li><input type="checkbox"/> Joint DMHDDSAS &amp; DHB Update call: Consumers &amp; Family Members will be on Monday, 3/28/2022 from 2 pm - 3 pm</li> <li><input type="checkbox"/> Regional CFAC Meetings have NOT been scheduled at this time information will be shared as soon as it is made available</li> <li><input type="checkbox"/> State Consumer and Family Advisory meeting is 3/9/2022 9-3 pm and will be a hybrid presentation.</li> <li><input type="checkbox"/> State to Local Collaboration Meeting <ul style="list-style-type: none"> <li>o Next Call: 3/23/22 6-7:30pm</li> </ul> </li> <li><input type="checkbox"/> In person training CE&amp; E are available to set up training in person</li> <li><input type="checkbox"/> The pilot TBI program is being developed as part of the TBI grant collaboration with the Brain Injury Association of NC and Family Services of Davidson County to screen individuals for TBI. There will also be similar pilot program in collaboration with the Justice Innovations Section that will screen individuals for TBI and mental health at a probation site. 3/9/2022 will be the next TBI advisory council meeting 9 am-1pm.</li> <li><input type="checkbox"/> The NC Medicaid Hot Topic Series is every 3rd Thursday and the next one will be on 3/17/2022 at 5:30 pm.</li> <li><input type="checkbox"/> The Resource Guide for Veterans may be viewed electronically but hard copies may be requested through CEE team</li> <li><input type="checkbox"/> NATCON22 will take place April 11-12, 2022 in Washington DC</li> <li><input type="checkbox"/> One Community in Recovery will be April 27th-29th at the GTCC Colfax, NC it will be offered both in person and virtual</li> <li><input type="checkbox"/> The Women's Recovery Conference will be 5/4-5/6/2022</li> </ul> <p>CBITF Virtual Briefing with Rep Bill Pascrell and Don Bacon will be 3/16 2:30-4:30 pm.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The State of the Child Conference is May 11, 2022</li> </ul>	Ongoing	N/A

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>There will be a Serving Refugee and Immigrant Survivors in Behavioral Health seminar on 3/16/2022 12-2pm.</p> <p><input type="checkbox"/> TBI Stakeholder Day is 3/8/3022 12-4:30pm</p>		
5. MCO/LME update	<p>D. Wright reported on the following: CFAC Board Budget Retreat</p> <ul style="list-style-type: none"> <li>➤ The Major CFAC Concerns/Solutions: Housing, Smart Homes, Peer Support services, Partnerships with school, Out of home services, Communications.</li> <li>➤ Major CFAC Concerns: IDD waitlist-Registry of Unmet Needs: too many people are on the wait list, benefits are minimal, direct support worker shortage has not subsided, and needing community solutions. 76% are not receiving any services or the benefit is so minimal that it is not possible to staff. DSP concerns have not subsided. L. Williams that there may be a possibility of additional grant money to pay Peer Support workers through NC Works Career Center. A. Smith asked why transportation was not listed as concern? D. Wright responded that transportation support was a pilot program and will eventually be offered statewide. R. McAllister shared her family's story of the number of years on the waitlist and the number of years just sitting and waiting for the service to be available and how frustrating it has been. There was additional discussion about the number of family members that are paid to provide the services. A. Smith stated that 37% of the filled slots were by relatives. A. Jones stated that there really needs to be a way to gather information on the number of families that are actually doing the work. A. Smith stated that there should be a way to survey families. D. Wright informed the group that the state does survey members on an annual basis. A. Smith suggested that CFAC be give the opportunity to provide the questions to the state for the surveys. A. Jones included that it needs to simple to fill out and family friendly. D. Wright explained that CFAC could do a survey among themselves to start and then submit the findings to the state. K. Gordon shared that she imagines going to meet with a</li> </ul>	Ongoing	N/A

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>ays would they be legislator and asking them what day would they be able to offer in home support to her son. Discussion related to people not relating to the entire demands that are put on the family to provide all of the services and the support. D. Wright shared that legislation day would be the perfect opportunity to plan that type of interaction.</p> <ul style="list-style-type: none"> <li>➤ D. Wright concluded that the presentation will be on March 21<sup>st</sup> and Jason will be present.</li> </ul> <p>LME-MCO Monthly Monitoring Report</p> <ul style="list-style-type: none"> <li>➤ As expected, the call center numbers jumped in correlation with the taking on of the new counties. Going from 4,256 in Nov of 2021 to 5,873 in December of 2021. The IDD waitlist also saw an increase from 4,462 to 5,842. The percentage of persons who are on the registry of unmet needs not receiving any funded services is 76%. The number of incidents in level 2 went from 183 in Nov 2021 to 299 in Dec. The number of incidents that were reported at level 3 went from 31 in Nov to 50 in Dec of 2021.</li> <li>➤ Unduplicated count of medicaid members climbed from 76,603 in Nov 2021 to 119,225 in December 2021. D. Wright reports that there will be a closer review of trends.</li> </ul> <p>There is an expectation that the data will continue to be cleaned up specifically in the numbers that were reported concerning hospitals. D. Wright reports that he will ask Quality Management to send specific information. He did also mention that the number of authorizations that have been processed is being turned around in less than 14 days. Expedited requests are processed in 3 days. Denials did also increase.</p>		
6. Steering Committee	<p>D. Wright shared that Mecklenburg and Orange County CFAC are up and going. They both held their first meetings in February. They have their charter and have elected officers.</p> <p>D. Wright took time to mention that this will be his last CFAC meeting prior to retirement and that he would like to thank all of the members for their hard work and commitment. He also mentioned that Lori Cavanass will be the</p>	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.



Tuesday, February 08, 2022

**Wake CFAC MEETING - REGULAR MEETING**

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	interim Director after he leaves on March 31 <sup>st</sup> and Ramona and Erica will still be available.		
7. Announcements	E. Asbury review flyers and training announcements. A. Jones explained that the training is an opportunity for parents to have direct contact with individuals to support them learning more about how to interact with law enforcement. Information was given about the Best Buddies Walk that will take place on April 23 <sup>rd</sup> . A. Smith spoke about the I2I presentation and that it is great information. Several members suggested that there is an interest in getting more information about access to medic alert bracelets. A. Jones also mentioned that there should be clearer ways for individuals to gain access to technology so that basic barriers are eliminated.		

**ADJOURNMENT:** I. Pattison motioned to adjourn and A. Jones second. A. Smith adjourned the meeting at 7:00pm. The next meeting will be April 12, 2022, at 5:30 p.m.

Respectfully Submitted by:

Erica Asbury, Member Inclusion Specialist

03.17.22

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





Monday, March 14, 2022

## Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

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

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** ☐ ShaVaila Ingram DHHS

**STAFF PRESENT:** ☒ Doug Wright, Director of Community & Member Engagement, ☒ Ramona Branch, Member Inclusion & Outreach Manager

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

### 1. WELCOME AND INTRODUCTIONS

**2. REVIEW OF THE MINUTES –** The minutes from the February 14, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Dave Curro and seconded by Chris Dale to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	No public comments	N/A	N/A
4. State Updates	<p>ShaVaila Ingram, DHHS was in attendance and went over the March CE&amp;E:</p> <ul style="list-style-type: none"><li>➤ March is Social Work month, National Disabilities month, and Brain Injury Awareness month</li><li>➤ Joint DMHDDSAS &amp; DHB Update call: Consumers &amp; Family Members- March 28, 2022 2pm-3pm</li><li>➤ The State Consumer and Family Advisory Committee (SCFAC) – Every 2<sup>nd</sup> Wednesday of the month- next meeting: April 13, 2022 9am-3pm</li><li>➤ State to Local Collaboration Meeting- March 23, 2022 6pm-730pm</li><li>➤ A new pilot program is being developed as part of the TBI grant in collaboration with the Brain Injury Association of NC (BIANC) and Family Services of Davidson County to screen individuals for TBI- A new pilot program is being developed in collaboration with the Justice Innovations Section and the Brain Injury Association of NC (BIANC) to screen individuals for TBI and Mental Health at a Probation pilot site</li><li>➤ NATCON- April 11- 13 2022- Gaylord National Resort &amp; Convention Center Washington DC</li><li>➤ NC TIDE 2022 Behavioral Health Conference, Monday, April 25 2022- Wednesday April 27, 2022 Wilmington, NC</li></ul>		

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>➤ Spring 2022 13th Annual NC “One Community in Recovery” Conference: Healing Together After Being Apart April 27-29, 2022</p>		
5. LME/MCO Updates	<p>Doug went over the LME/MCO updates:</p> <ul style="list-style-type: none"> <li>• This is Doug’s last meeting before his retirement begins April 1</li> <li>• Lori Caviness will be the interim Director and she will be supporting the Steering Committee</li> <li>• Ramona will be hiring someone for the Durham position of Member Inclusion &amp; Outreach Specialist- She along with that person will support the Durham CFAC- she will be giving the LME/MCO updates</li> </ul> <p>Orange &amp; Meck updates:</p> <ul style="list-style-type: none"> <li>• Both counties had their 1<sup>st</sup> CFAC meeting in February- They were able to develop their Charter and vote in a Chair for Orange, and a Chair and Co-Chair for Meck</li> <li>• Meck will have their meeting on the 4<sup>th</sup> Monday of the month</li> <li>• Orange will have their meeting on the 4<sup>th</sup> Tuesday of the month</li> </ul> <p>Board Budget Retreat 2022: Doug went over the presentation for the Board Budget retreat 2022- Jason Phipps will not be in attendance, but Dave Curro will present the Board and Doug will be there to support him</p> <p>Major CFAC Concerns:</p> <ul style="list-style-type: none"> <li>• Housing, housing transitions, and housing rights</li> <li>• Smart homes (technology) could help availability and staffing</li> <li>• Trauma informed training for providers and families</li> <li>• Peer Support services - fair pay, career path, upstream</li> <li>• Partnerships with schools – major disconnect in most communities (early intervention works)</li> <li>• Out of home services (children) – quality and value</li> <li>• Communication – the great divide is still present, limited access to internet and technology to access it</li> <li>• IDD Waitlist – Registry of Unmet Needs</li> </ul>	N/A	N/A

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> <li>• More people waiting than on the waiver</li> <li>• Of those waiting, 76% are not receiving any services from Alliance</li> <li>• Of those receiving services, the benefit is so minimal it is next to impossible to staff</li> <li>• Direct Support Worker crisis has not subsided, and the current legislative actions are a step forward, yet fall way short of solving the challenge.</li> </ul>		
6. Steering Committee Updates	None		
7. Announcements	None		

**ADJOURNMENT:** the next meeting will be April 11, 2022, at 5:30 p.m.

Respectfully Submitted by:

[Click here to enter text.](#)

Date Approved



Tuesday, March 15, 2022

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

**MEMBERS PRESENT:** Jason Phipps, Marie Dodson, Jerry Dodson, Leanna George, Marilyn Lund, and Albert Dixon

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** Suzanne Thompson DHHS

**STAFF PRESENT:** Doug Wright, Director of Community & Member Engagement, Ramona Branch, Member Inclusion & Outreach Manager, Noah Swabe, Member Inclusion Specialist

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

**1. WELCOME AND INTRODUCTIONS**

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	Jason shared some personal challenges he has faced with the connection between the public school system and behavioral health. Jason noted there seems to be a disconnect between the two systems and highlighted some of his observations and experiences with his son.	Noted in the budget retreat document the disconnection is one of CFAC's top priorities and will be shared with the board.	None
4. LME/MCO Updates	<p>Doug went over the LME/MCO updates:</p> <ul style="list-style-type: none"><li>• This is Doug's last meeting before his retirement begins April 1</li><li>• Lori Caviness will be the interim Director and she will be supporting the Steering Committee</li></ul> <p>Orange &amp; Meck updates:</p> <ul style="list-style-type: none"><li>• Both counties had their 1st CFAC meeting in February- They were able to develop their Charter and vote in a Chair for Orange, and a Chair and Co-Chair for Meck</li><li>• Meck will have their meeting on the 4th Monday of the month</li><li>• Orange will have their meeting on the 4th Tuesday of the month</li></ul> <p>Board Budget Retreat 2022: Doug went over the presentation for the Board Budget retreat 2022- Jason Phipps will not be in attendance, but Dave Curro will present the Board and Doug will be there to support him</p> <p>Major CFAC Concerns:</p> <ul style="list-style-type: none"><li>• Housing, housing transitions, and housing rights</li><li>• Smart homes (technology) could help availability and staffing</li><li>• Trauma informed training for providers and families</li></ul>	None	None

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"> <li>• Peer Support services - fair pay, career path, upstream</li> <li>• Partnerships with schools – major disconnect in most communities (early intervention works)</li> <li>• Out of home services (children) – quality and value</li> <li>• Communication – the great divide is still present, limited access to internet and technology to access it</li> <li>• IDD Waitlist – Registry of Unmet Needs</li> <li>• More people waiting than on the waiver</li> <li>• Of those waiting, 76% are not receiving any services from Alliance</li> <li>• Of those receiving services, the benefit is so minimal it is next to impossible to staff</li> <li>• Direct Support Worker crisis has not subsided, and the current legislative actions are a step forward, yet fall way short of solving the challenge</li> </ul>		
5. State Updates	<ul style="list-style-type: none"> <li>• March is Social Work month, National Disabilities month, and Brain Injury Awareness month</li> <li>• Joint DMHDDSAS &amp; DHB Update call: Consumers &amp; Family Members- March 28, 2022 2pm-3pm</li> <li>• The State Consumer and Family Advisory Committee (SCFAC) – Every 2nd Wednesday of the month- next meeting: April 13, 2022 9am-3pm</li> <li>• State to Local Collaboration Meeting- March 23, 2022 6pm-730pm</li> <li>• A new pilot program is being developed as part of the TBI grant in collaboration with the Brain Injury Association of NC (BIANC) and Family Services of Davidson County to screen individuals for TBI- A new pilot program is being developed in collaboration with the Justice Innovations Section and the Brain Injury Association of NC (BIANC) to screen individuals for TBI and Mental Health at a Probation pilot site</li> <li>• NATCON- April 11- 13 2022- Gaylord National Resort &amp; Convention Center Washington DC</li> <li>• NC TIDE 2022 Behavioral Health Conference, Monday, April 25 2022- Wednesday April 27, 2022 Wilmington, NC</li> <li>• Spring 2022 13th Annual NC “One Community in Recovery” Conference: Healing Together After Being Apart April 27-29, 2022</li> </ul>	None	None
6. Guardianship Video	Noah shared some of the key points taken from both the alternatives to guardianship seminar and guardianship information video created with	Noah will make the changes and coordinate with the Alliance	April 19, 2022

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



Tuesday, March 15, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Johnston Clerk of Court. CFAC members shared key points and resources which they would like to be shared on the “one pager”. Noah also shared possible lay outs and formats for the one pager. CFAC members gave input on the layout and wording of the document.	communications department to put together a final draft.	
7. Meeting Location	The CFAC discussed the comfort level of everyone having the April meeting in person with a virtual option available. A motion was made to have a hybrid option available for the April meeting, motion passed.	Noah will make arrangements for the meeting to be held in person in Smithfield with a virtual option. CFAC members were asked to RSVP for the meeting to accurately prepare.	April 19, 2022
8. Announcements	NAMI Walk May 21 <sup>st</sup> at Dorothea Dix Park	None	None

9. **ADJOURNMENT:** Next Meeting April 19, 2022 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Inclusion Specialist

[Click here to enter text.](#)

Date Approved

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



Thursday, March 17, 2022

**CFAC MEETING - REGULAR MEETING**  
(Virtual Meeting via Video Conferencing and In Person)

**MEMBERS PRESENT:** ☐ Michael McGuire ☒ Ellen Gibson, ☒ Dorothy Johnson ☐ Carrie Morris ☐ 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, April Francis, Jason Francis, Michael Ross

**STAFF PRESENT:** ☒ Doug Wright, Director of Community & Member Engagement, ☒ Starlett Davis, Member Engagement Specialist, ☒ Ramona Branch  
Membership Outreach and Inclusion Management

Join Zoom Meeting

<https://alliancehealthplan.zoom.us/join/tJ0scOyrpjwrE9x3eLYcqpXB0H5r6YLuY0K2>

Call in Number: +1 646 558 8656

Meeting ID: 910 6733 3915

**1. WELCOME AND INTRODUCTIONS:** Renee Lloyd, Co Chair

**2. REVIEW OF THE MINUTES –** The minutes from the February 24, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Tekeyon Lloyd and seconded by Tracey Glenn- Thomas to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	Renee and Starlett Community events and resources. Covid 19 Check ins Starlett Davis informed the committee about Sparky's Birthday Celebrations on March 19, 2022. It was a resource fair being held at Seabrook Park on Langdon Street from 11am to 4pm. She encouraged the committee to spread the word and come out to get information from community organizations including the Fayetteville PD and Fire Dept, Sheriff's office, Health Department and many more.	Please see Ramona, or Starlett for any questions.	Ongoing
4. ADA Updates	Shirley Francis- ADA updated meeting information. Next meeting will be May 18 ,2022 at Kiwanis. The City will have a meeting on the 24 <sup>th</sup> and they have asked the ADA and any other committees the ADA members are on to get stories from members with loved ones with disabilities on challenges they have had with	Please see Shirley, Starlett or Ramona for any questions.	Ongoing

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	the city. The meeting is at 5:30pm at Kiwanis Rec Center. The city is trying to compile stories to make a video to present to the city.		
5. State Updates	<p>Shavalia Ingram March CE&amp;E Update ShaValia went over the March updates. She informed the committee that March is National Disabilities Month and Brain Injury Awareness Month. She highlighted some meetings that were still to come in the month of March such as the Joint DMHDDSAS &amp; DHB Update call: Consumers &amp; Family Members on Monday, March 28<sup>th</sup> from 2pm to 3pm and the State to Local Collaboration Call on March 23<sup>rd</sup> from 6pm to 7pm. Please refer to the March CE&amp;E attachment provided for the remainder of the updates.</p>	Please see Ramona, or Starlett for any questions.	Ongoing
6. MCO	<p>Doug Wright MCO Updates Board Budget Retreat 2022 Doug announced that Ramona Branch, the Member Inclusion and Outreach Manager will be supporting the committee as well as Starlett, Member Inclusion and Outreach Specialist, moving forward. Lori Caveness will be the interim director that will be taking Doug's seat for a short while. Meck and Orange CFACs have had their initial meetings. Orange is about to have their 2<sup>nd</sup> meeting. Orange started out with 5 members and Meck has 9. They were able to start their charters as well as elect officers. Doug went over the Board Retreat presentation and what information will be presented to the board and went through each section.</p> <ul style="list-style-type: none"> <li>• He explained to the board the purpose and responsibilities of CFAC</li> <li>• CFAC Priorities</li> <li>• CFAC Focus</li> </ul> <p>He answered questions from committee members.</p>		
7. Prep for next meeting	<p>Renee- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. Next meeting is April 28, 2022. The committee wanted to continue virtual.</p>	<p>Next meeting is April 28, 2022 at 5:30pm. The meeting will be virtual. Please see Ramona and</p>	<p>April 28, 2022</p>

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





Thursday, March 17, 2022

**CFAC MEETING - REGULAR MEETING**  
(Virtual Meeting via Video Conferencing and In Person)

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
		Starlett with any questions.	
8. Doug's Retirement Appreciation	Well Wishes and Appreciations for Doug in his retirement Everyone gave their well wishes, fond memories, and blessings to Doug on his retirement and journeys to come.	N/A	N/A
9. Appreciation	N/a	N/A	N/A

**ADJOURNMENT:** Meeting was adjourned at 6:16pm. The next meeting is April 28, 2022 at 5:30pm virtual 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.



Tuesday, March 22, 2022

## CFAC MEETING - REGULAR MEETING

Choose an item.

5:30-7:00 p.m.

**LOCATION:** 201 Sage Rd Suite 100A Chapel Hill, NC 27514

**ZOOM LINK:**

**MEMBERS PRESENT:** ☒ Steve Furman-Chair Person ☒ Allen Dittmer ☒ Paula Harrington ☒ Aiden Malsbary

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** Candace Alley

**STAFF PRESENT:** ☒ Doug Wright, Director of Individual and Family Affairs ☒ Ramona Branch- Member Inclusion & Outreach Manager

☒ Douglas McDowell, Member Inclusion and Outreach Specialist

### 1. WELCOME AND INTRODUCTIONS

2. **REVIEW OF THE MINUTES** – The minutes from the February 22, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Furman and seconded by Paula Harrington to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Announcements	Welcome given by Doug Wright- Budget discussions to hire more direct care workers to address shortages Alliance's service providers are facing. Doug Wright: Lori Caviness will be assuming Doug's responsibilities as it relates to the Orange County CFAC. Allen Dittmer spoke up about how supportive Orange County was with the marginalized population and their efforts to assist with housing issues within the various communities. Ramona Branch and Douglas McDowell will facilitate meetings and ensure all members receive updates as needed.	Ongoing updates will continue via Deborah Duncan.	
4.State Updates	No state representative present. Doug Wright discussed an update from NCDHHS concerning fact Sheets Available for Children and Youth Transitioning to Foster Care, as it relates to NC Medicaid Managed Care (Standard Plans). high number of children displaced, needing support and services.	Ongoing	
5. LME/MCO Updates	Doug Wright: Discussions surrounding budget retreat, Housing issues one of the main focuses as it relates to finances. Allen Dittmer and Steve Furman spoke about the state of homelessness within the county, agreeing that housing is a critical need, moving forward.		

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

**Tuesday, March 22, 2022**

## CFAC MEETING - REGULAR MEETING

Choose an item.

5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Doug spoke on the potential use of smart homes in conjunction with ILI.		
6. Steering Committee Updates	Doug Wright shared multiple updates concerning Alliance Health's role in supporting CFAC members, via trainings, conferences, and other educational opportunities. Members are encouraged to seek assistance through the Ombudsman's office as it relates to transitional changes with Medicaid transformation. Doug further explained the importance of each member having opportunity to attend the various conferences, moving forward. Paula Harrington inquired about specific crisis situations where guardianship is in question. Doug Wright response: More trained professionals being courted to mobile crisis with financial incentives. Paula Harrington shared about Cardinal's way of handling county budgetary information when they were in control. There will be no more regional CFAC committees, with a narrowed focus on specific needs in each individual county. Candace Alley shared information about the Trauma Resource Network, (Hillsborough) and goals for collaborating with service providers in Orange County, addressed the need for a trauma-informed community. Doug Wright shared about the option to use Alliance's ACESS line for guidance and answers. Paula Harrington discussed the need to do something about medications for the uninsured.	Douglas McDowell will ensure training links are posted and emailed to all CFAC member.	
7. Meeting Location/Guidance/Hybrid Option	201 Sage Rd. Suite 100A is the location for in-person CFAC meetings. There will be continued Zoom availability for those wanting to remain virtual participants.	Settled	
8. Outreach Events	Doug shared about upcoming NAMI events and the need to plan an outreach event, moving forward. Steve F and Allen D. shared about possible locations for future outreach events but nothing specific.	Ongoing	
9. CFAC Recruitment	Doug Wright reiterated the need for a diverse CFAC, and equal representation on the committee. Candace Alley is interested in becoming a CFAC member. Doug Wright reminded members about previous vote requiring attendance of 3 meetings before being voted in.	Ongoing	

**ADJOURNMENT:** the next meeting will be April 26, 2022, at 5:00 p.m. at current location.

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

**Tuesday, March 22, 2022**

**CFAC MEETING - REGULAR MEETING**

Choose an item.

**5:30-7:00 p.m.**

Respectfully Submitted by:

[Click here to enter text.](#)

Date Approved

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

**MEMBERS PRESENT:** ☑ Ron Clark ☑ Linda Campbell ☑ John Corrigan ☑ Randy Sperling ☑ Ruth Reynolds  
☑ Jim Sonda ☑ Shagun Gaur ☑ Melida Baldera

**BOARD MEMBERS PRESENT:**

**GUEST(S):** ☐ ShaValia Ingram, DHHS, Beverly Corpening, Jocie Cremisi, Michael Flood, Alan McDonald, Julie McLellan-Mariano, Suzanne Thompson

**STAFF PRESENT:** ☑ Doug Wright, Director of Community and Member Inclusion, ☑ Eileen Bennett Member Inclusion and Outreach Specialist, ☑ Lakeisha McCormick, Manager Member Inclusion and Outreach, ☑ Aalece Pugh-Lilly, Sr Director Community Health & Well Being

**Please sign-up for each meeting via: Please Right Click on the below link and press “OPEN HYPERLINK” to register**

1. **WELCOME AND INTRODUCTIONS** Ruth Reynolds. Roll Call. Guests, Alan McDonald, Michael Flood, Lois Stickell, Shari Philips-Stratton, Jocie Cremisi, Beverly Corperling, and Julie McClellon-Mariano also gave brief introductions of themselves and described what brought them to be interested in CFAC.
2. **Review of the Minutes**-The minutes from the February 14, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Randy Sperling to postpone the minutes pending revisions and seconded by Linda Campbell. Ron Clark Minutes will be revised and submitted at the April 25, 2022 meeting.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments			
4. State Updates	ShaValia Ingram-Provided monthly State updates. The Following events were mentioned: Brain Injury Month, Self-Advocacy Series beginning April 1 at 6pm. NC Managed Care Hot Topics are April 21 <sup>st</sup> at 6pm. National council on Well Being-April 11-13 at the Gaylord Convention Center in Washington DC. NC Tide 2022 will be April 25-27 <sup>th</sup> in Wilimington. Ron Clark posed a question to Shavalia and Suzanne in regard to Peer Support Hours. Suzanne mentioned that hours will increase to 50 but currently are still at 40.		
5. CFAC Training Topic Discussion	Ruth Reynolds introduced the topic of trainings for the members. She gave a list of possible trainings and opened the floor up for Discussion. Randy Sperling posed a question in regard to how/when these trainings would be utilized. Eileen Bennett provided some clarification on how/when the trainings would be used. Eileen Bennett explained that at each meeting there could be a training that the members found interesting to come and speak to the group to further educate them. Shagun Gaur suggested a topic on how to keep going when we are saturated. Beverly Corpening suggested we have one of our first trainings be on CFAC orientation. Shari Phillips asked when we could have the CFAC orientation training. Doug mentioned that the orientation packet/training could offer the members a lot		

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

Monday, March 28, 2022

**Mecklenburg CFAC Subcommittee Meeting  
Via Video Conference**

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	of information. Several topics were discussed and the following were chosen as our first topics: CFAC orientation, Stress, Anxiety, Innovations Waiver, Access to Care, Suicide prevention.		
6. LME/MCO Updates/Budget Updates	Doug Wright-discussed the budget retreat with the Board of Directors. Some of the priorities he mentioned for this year were as follows: Housing/Housing Transitions, Smart Homes, Trauma Informed Training, Peer Support Services, Partnerships with Schools, Out of Home Services, and Communication. Innovations Waiver-1,000 new slots have been added. When and how the slots will be allocated is still TBD. Doug mentioned that they felt that there were still some big gaps in the waiting list vs the slots available and felt that advocating for more slots was something Alliance is interested in. Doug mentioned the TBI waiver and that there will be spots available but those slots are still TBD. Questions for Doug-Alan McDonald asked if one of the Gaps that needs to be addressed is care coordination/care management and understanding if we can have more inclusive plans. Doug noted that after Tailored Plan, care coordination will be ramped up and that will happen in Dec 2022. But before that date, yes there are some gaps that need to be filled. Linda Campbell asked Doug who would fill his shoes after he retires. Doug mentioned that Lori Caviness would be taking over.		
7. Steering Committee Updates	Ruth Reynolds-gave a brief update on the steering committee minutes. Asked if there were any questions. There were no questions. Ruth asked for a motion to Adjourn. A motion was made and seconded.		
8. Questions			

- 9. ADJOURNMENT:** the next meeting will be April 25, 2022, at 5:30 p.m.  
Respectfully Submitted by:

Eileen Bennett, Member Inclusion and Outreach Specialist

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:** Finance Committee Report

**DATE OF BOARD MEETING:** May 5, 2022

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

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

**SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available):** Review the presented FY23 recommended budget.

**REQUEST FOR AREA BOARD ACTION:** Accept the report.

**CEO RECOMMENDATION:** Accept the report.

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

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



## **Finance Committee Meeting**

Thursday, May 5, 2022

2:30-4:00 pm

### **AGENDA**

- 1. Review of the Minutes – April 7, 2022**
- 2. Monthly Financial Reports as of March 31, 2022**
  - a. Summary of Net Position
  - b. Summary of Savings/(Loss) by Funding Source
  - c. Statement of Revenue and Expenses (Budget & Actual)
  - d. Senate Bill 208 Ratios
  - e. DHB Contractual Ratios
- 3. Contract(s)**
- 4. FY23 Recommended Budget**
- 5. Reminder(s)**
  - a. FY23 Recommended Budget for Approval – June 2, 2022 at 2:30
- 6. Adjournment**

*Next Meeting: Thursday, June 2, 2022 from 2:30-4:00*

*Alliance Health*

*Hybrid meeting available in person and via Zoom*





Thursday, April 07, 2022

## 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 (Committee Chair-designee), and ☒ Vicki Evans

**BOARD MEMBERS PRESENT:** n/a

**GUEST(S) PRESENT:** Mary Hutchings, Wake County;

**STAFF PRESENT:** Rob Robinson, CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Ashley Snyder, Senior Director of Accounting

- 1. WELCOME AND INTRODUCTIONS** – the meeting was called to order at 3:06 PM
- 2. REVIEW OF THE MINUTES** – The minutes from the March 3, 2022, meeting were reviewed; a motion was made by Mr. Pazzaglini and seconded by Mr. David 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 Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios as of February 28, 2022. Ms. Snyder discussed the following:</p> <ul style="list-style-type: none"><li>Through 2/28/22, we have savings of \$84.7M with \$47.4M being a transfer received from Cardinal for our share of Mecklenburg and Orange risk reserve (restricted fund balance). Administrative savings from an operational perspective and excluding TP reinvestment expenses have savings of \$3.4M (reported information includes TP reinvestment expenses).</li><li>We are meeting all SB208 and DHB contractual ratios. The Medical Loss Ratio (MLR) is over 86% however we continue to monitor this closely throughout the year.</li></ul>		
4. Contract Approvals	There were no contract approvals this month.		
5. Funding Communication	Ms. Goodfellow reported on the unrestricted funds received from Cardinal for Mecklenburg and Orange Counties. The methodology used to allocate those funds was reviewed which was based on membership. A portion of the funds will be used to satisfy Tailored Plan capital requirements. Alliance will look to as the Board to commit remaining funds at a later date for the purposes of investment into Mecklenburg and Orange Counties.		
6. Reminders	Ms. Goodfellow reminded the board of the upcoming budget review on May 5 <sup>th</sup> . Both the May and June Finance Committees will start at 2:30 to allow ample time to review the budget.		

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, April 07, 2022

**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:
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7. **ADJOURNMENT:** the meeting adjourned at 4:00 PM; the next meeting will be May 5, 2022, from 2:30 p.m. to 4:00 p.m.

DRAFT

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



**Alliance Health**  
**Statement of Net Position**  
**As of March 31, 2022**

	Prior Year June 30, 2021 Actual	Current Year September 30, 2021 Actual	Current Year December 31, 2021 Actual	Current Year March 31, 2022 Actual	YTD Change March 31, 2022 Summary	YTD % Change March 31, 2022 % Change
<b>Assets</b>						
Current Assets						
Cash and cash equivalents	9,182,030	31,478,868	101,439,970	141,573,273	132,391,243.00	1,441.9 %
Restricted cash	4,125,492	4,125,492	4,125,492	4,125,492	-	0.0 %
Short term investments	105,329,570	95,332,159	95,334,563	95,342,334	(9,987,236.00)	(9.5) %
Due from other governments	11,995,440	15,186,894	26,299,335	40,591,735	28,596,296.00	238.4 %
Accounts receivable, net of allowance	260,552	478,564	440,189	500,873	240,319.00	92.2 %
Sales tax refund receivable	108,644	173,739	256,982	185,072	76,429.00	70.3 %
Prepaid expenses	842,976	2,847,238	3,061,577	2,960,324	2,117,348.00	251.2 %
Total Current Assets	131,844,704	149,622,954	230,958,108	285,279,103	153,434,399.00	116.4 %
Noncurrent Assets						
Noncurrent Restricted cash	71,808,392	74,489,898	77,783,585	129,779,852	57,971,460.00	80.7 %
Other Assets	321,461	321,460	321,461	321,461	-	0.0 %
Capital Assets, Net of AD	5,031,937	4,897,795	5,359,152	5,225,010	193,072.00	3.8 %
Deferred Outflows of Resources	10,588,273	10,588,273	10,588,273	10,588,272	-	0.0 %
Total Noncurrent Assets	87,750,063	90,297,426	94,052,471	145,914,595	58,164,532.00	66.3 %
Total Assets	219,594,767	239,920,380	325,010,579	431,193,698	211,598,931.00	96.4 %
<b>Liabilities and Net Position</b>						
Liabilities						
Current Liabilities						
AP and Other Current Liabilities	6,255,972	14,041,570	7,307,769	20,978,818	14,722,846.00	235.3 %
Claims and Other Service Liabilities	33,056,185	36,624,276	60,663,113	92,448,538	59,392,354.00	179.7 %
Unearned Revenue	17,309,099	17,675,334	17,321,147	34,291,419	16,982,319.00	98.1 %
Current Portion of Accrued Vacation	2,240,684	2,240,684	2,240,683	2,240,684	0.00	(0.0) %
Due to Other Entities	-	748,613	1,497,227	-	-	0.0 %
Total Current Liabilities	58,861,940	71,330,477	89,029,939	149,959,459	91,097,519.00	154.8 %
Noncurrent Liabilities						
Net Pension Liability	19,448,550	20,448,550	21,448,550	22,448,550	3,000,000.00	15.4 %
Accrued Vacation	888,801	888,802	888,802	888,801	0.00	0.0 %
Total Noncurrent Liabilities	20,337,351	21,337,352	22,337,352	23,337,351	3,000,000.00	14.8 %
Total Liabilities	79,199,291	92,667,829	111,367,291	173,296,810	94,097,519.00	118.8 %
Net Position						
Capital Assets at Beginning of Year	5,031,938	5,031,937	5,031,938	5,031,938	-	0.0 %
Restricted	75,620,287	75,620,287	75,620,287	75,620,287	-	0.0 %
Unrestricted	59,743,251	59,743,251	59,743,251	59,743,251	-	0.0 %
Current Year Change in Net Position	-	6,857,076	73,247,812	117,501,412	117,501,412.00	0.0 %
Total Net Position	140,395,476	147,252,551	213,643,288	257,896,888	117,501,412.00	83.7 %
Total Liabilities and Net Position	219,594,767	239,920,380	325,010,579	431,193,698	211,598,931.00	96.4 %



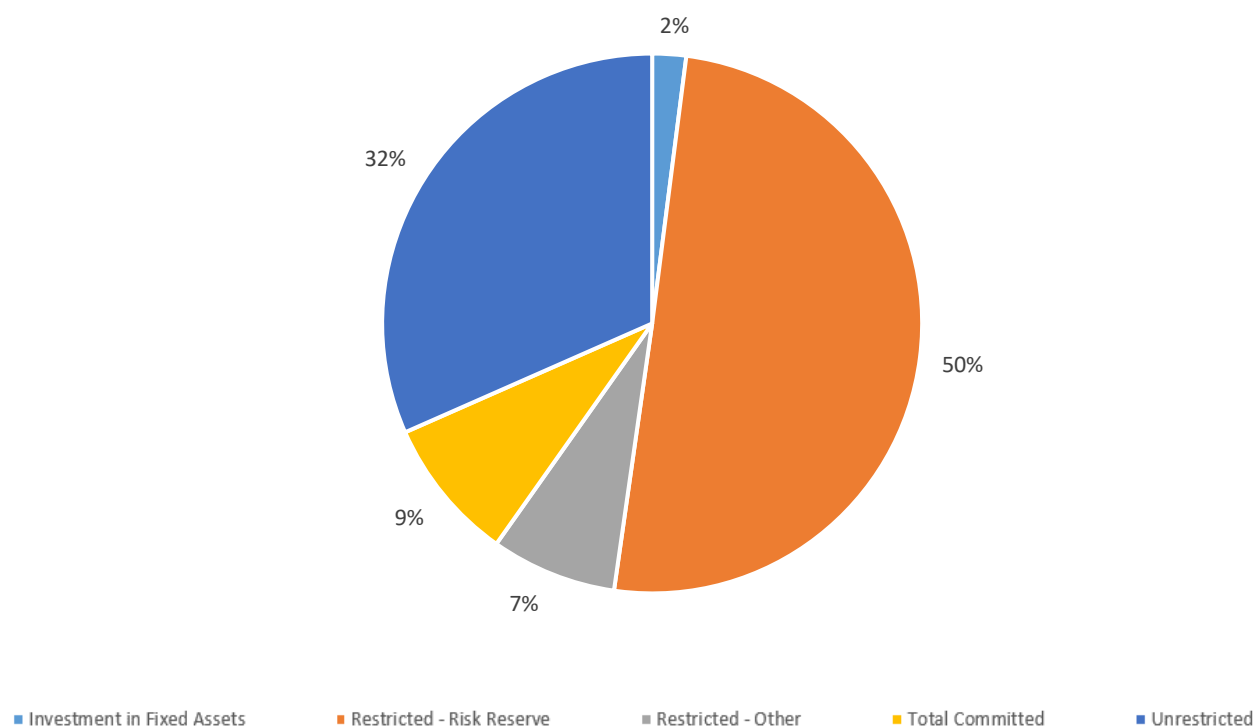
### Summary of Savings/(Loss) by Funding Source as of March 31, 2022

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 461,123,828	\$ 437,090,790	\$ 24,033,038
Medicaid Waiver Risk Reserve	58,060,571	-	58,060,571
Federal Grants & State Funds	71,541,691	71,353,164	188,527
Local Funds	19,695,854	19,695,854	-
Administrative	70,858,020	73,850,992	(2,992,972)
Non Operating	38,212,248	-	38,212,248
Total	\$ 719,492,212	\$ 601,990,800	\$ 117,501,412

### Fund Balance

	June 30, 2021	Change	March 31, 2022
Investment in Fixed Assets	5,031,938	193,072	5,225,010
Risk Reserve	71,494,795	58,060,571	129,555,366
Other	17,654,564	1,765,896	19,420,460
Total Restricted	89,149,359	59,826,467	148,975,826
Committed	33,939,808	(11,750,810)	22,188,997
Unrestricted	12,274,370	69,232,685	81,507,055
Total Unrestricted	46,214,178	57,481,875	103,696,052
Total Fund Balance	\$ 140,395,474	\$ 117,501,414	\$ 257,896,888

March 31, 2022 Actual



### Reinvestment Detail

	Committed Funds		Balance to Spend
	FY22	Spent March 31, 2022	
General Expenses	\$ 2,000,000	-	\$ 2,000,000
Child Facility Based Crisis Center	4,000,000	1,769,522	2,230,478
Total - Services	6,000,000	1,769,522	4,230,478
Administration			
Tailored Plan planning and implementation	24,945,355	6,595,565	18,349,790
Total - Administrative	24,945,355	6,595,565	18,349,790
Total Service and Administration	\$ 30,945,355	\$ 8,365,087	\$ 22,580,268

### Fund Balance Detail

	June 30, 2021	Change	March 31, 2022
Investment in Fixed Assets	5,031,938	193,072	5,225,010
Restricted - Risk Reserve	71,494,795	58,060,571	129,555,366
Restricted - Other			
State Statutes	12,686,096	-	12,686,096
Prepays	842,976	2,117,348	2,960,324
State	351,452	(351,452)	-
Cumberland	3,002,823	-	3,002,823
Durham	771,217	-	771,217
Restricted - Other	17,654,564	1,765,896	19,420,460
Committed			
Intergovernmental Transfer	2,994,453	(3,385,724)	(391,271)
Reinvestments-Service	6,000,000	(1,769,522)	4,230,478
Reinvestments-Administrative	24,945,355	(6,595,565)	18,349,790
Total Committed	33,939,808	(11,750,810)	22,188,997
Unrestricted	12,274,370	69,232,685	81,507,055
Total Fund Balance	\$ 140,395,475	\$ 117,501,414	\$ 257,896,888
Restricted			60,019,539
Unrestricted			57,481,875
Total Fund Balance Change			\$ 117,501,414

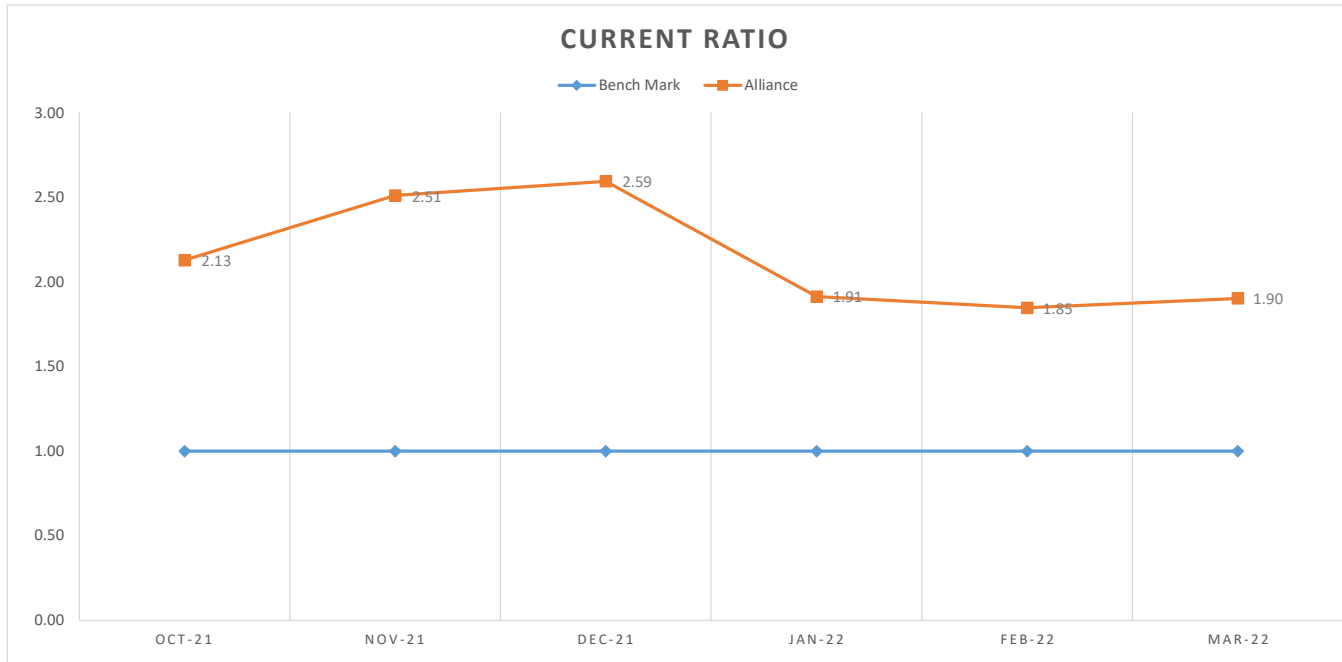


Alliance Health  
Statement of Revenue and Expenses  
As of March 31, 2022

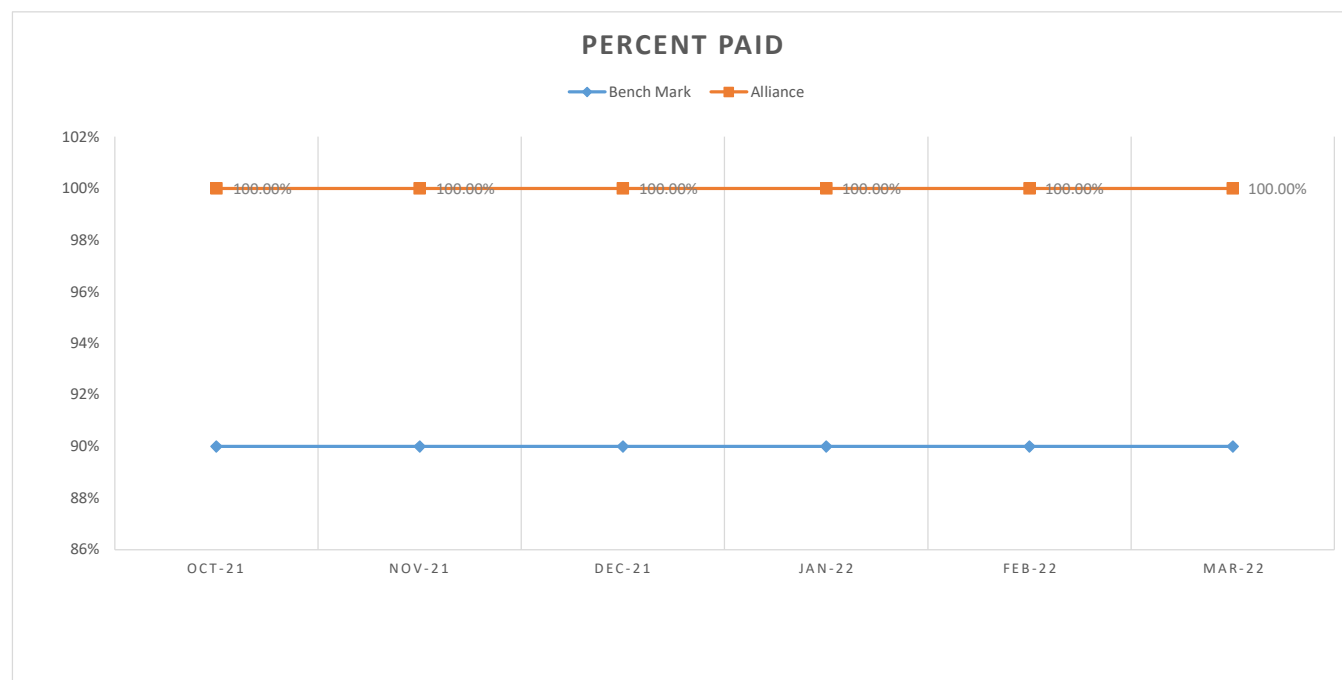
	For the Month of	For the Month of	For the Month of	For the Month of	For the Month of	For the Month of	For the Month of	For the Month of	For the Month of	Year to Date	Current Year	Budget
	July 31, 2021	August 31, 2021	September 30, 2021	October 31, 2021	November 30, 2021	December 31, 2021	January 31, 2022	February 28, 2022	March 31, 2022	March 31, 2022	June 30, 2022	Remaining
												June 30, 2022 Remaining Budget
Revenue												
Service Revenue												
Medicaid Waiver Service	39,557,391	39,745,949	40,871,739	39,002,996	40,172,618	116,271,670	64,805,092	68,212,304	70,544,639	519,184,399	670,548,729	151,364,330
State and Federal Grants	5,488,603	5,649,902	8,189,174	6,534,098	5,781,516	8,067,474	8,567,095	12,120,410	11,143,418	71,541,691	92,471,700	20,930,009
Local Grants	1,622,939	3,161,254	1,459,907	3,411,637	1,944,963	2,560,903	2,203,765	1,166,270	2,164,219	19,695,854	45,612,184	25,916,330
Total Service Revenue	46,668,933	48,557,105	50,520,820	48,948,731	47,899,097	126,900,047	75,575,952	81,498,984	83,852,276	610,421,944	808,632,613	198,210,669
Administrative Revenue												
Medicaid Waiver	5,431,782	5,352,163	5,558,069	4,713,528	6,097,050	9,393,278	8,840,462	9,292,625	9,635,266	64,314,225	106,009,045	41,694,820
State and Federal	395,692	395,692	395,693	395,693	395,692	663,343	663,343	1,028,783	785,156	5,119,086	6,321,860	1,202,774
Local	32,545	32,545	32,545	32,545	32,545	32,545	32,545	32,545	32,545	292,905	390,540	97,635
Other Lines of Business	121,286	121,286	121,286	121,286	121,286	121,286	121,286	121,286	121,286	1,091,574	1,595,432	503,858
Miscellaneous	1,893	1,931	1,857	1,692	14,035	1,983	2,609	4,657	9,572	40,230	500,000	459,769
Total Administrative Revenue	5,983,198	5,903,617	6,109,450	5,264,744	6,660,608	10,212,435	9,660,245	10,479,896	10,583,825	70,858,020	114,816,877	43,958,856
Total Revenue	52,652,131	54,460,722	56,630,270	54,213,475	54,559,705	137,112,482	85,236,197	91,978,880	94,436,101	681,279,964	923,449,490	242,169,525
Expenses												
Service Expense												
Medicaid Waiver Service	40,281,037	34,775,309	36,330,734	31,983,862	30,909,801	64,148,709	59,613,843	64,037,815	75,009,680	437,090,790	670,548,729	233,457,939
State and Federal Service	5,488,707	5,679,369	8,388,288	7,071,611	5,644,604	7,758,192	8,567,095	10,914,970	11,840,328	71,353,164	92,471,700	21,118,536
Local Service	1,622,939	3,161,253	1,459,907	3,411,636	1,944,964	2,560,902	2,203,764	1,166,270	2,164,219	19,695,854	45,612,183	25,916,329
Total Service Expense	47,392,683	43,615,931	46,178,929	42,467,109	38,499,369	74,467,803	70,384,702	76,119,055	89,014,227	528,139,808	808,632,612	280,492,804
Administrative Expense												
Salaries and Benefits	5,189,467	4,881,026	5,298,774	5,152,425	5,793,815	7,283,006	7,112,293	7,026,811	7,773,042	55,510,658	86,560,740	31,050,082
Professional Services	370,303	732,071	877,426	912,691	856,144	997,357	805,825	998,523	1,189,134	7,739,474	13,660,867	5,921,393
Operational Expenses	680,911	774,999	896,301	784,108	1,422,620	858,388	2,404,749	879,601	1,901,567	10,603,243	14,095,271	3,492,028
Miscellaneous Expense	(3,301)	14	514	(515)	159	447	(203)	144	356	(2,383)	500,000	502,383
Total Administrative Expense	6,237,380	6,388,110	7,073,015	6,848,709	8,072,738	9,139,198	10,322,664	8,905,079	10,864,099	73,850,992	114,816,878	40,965,886
Total Expenses	53,630,063	50,004,041	53,251,944	49,315,818	46,572,107	83,607,001	80,707,366	85,024,134	99,878,326	601,990,800	923,449,490	321,458,690
Non Operating												
Other Income (Loss)	-	-	-	-	-	-	-	-	38,212,248	38,212,248	-	(38,212,248)
Non Operating Income (Expense)	-	-	-	-	-	-	-	-	38,212,248	38,212,248	-	(38,212,248)
Current Year Change in Net Position	(977,931)	4,456,681	3,378,325	4,897,657	7,987,599	53,505,481	4,528,831	6,954,746	32,770,023	117,501,412	-	(117,501,413)



### Senate Bill 208 Ratios - As of March 31, 2022



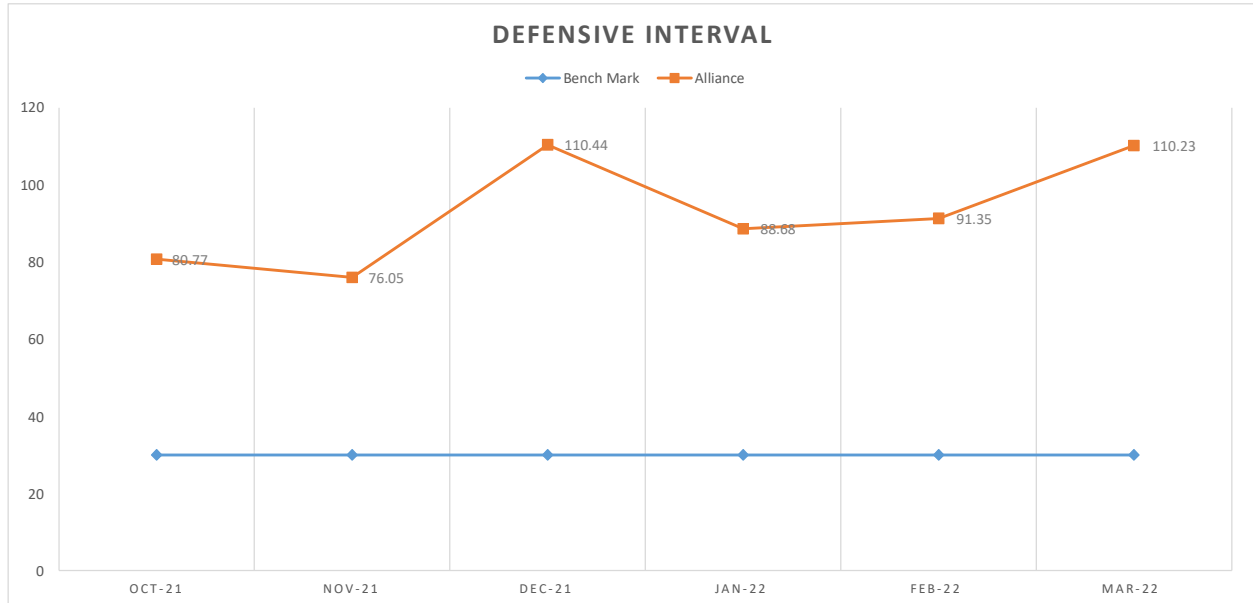
**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



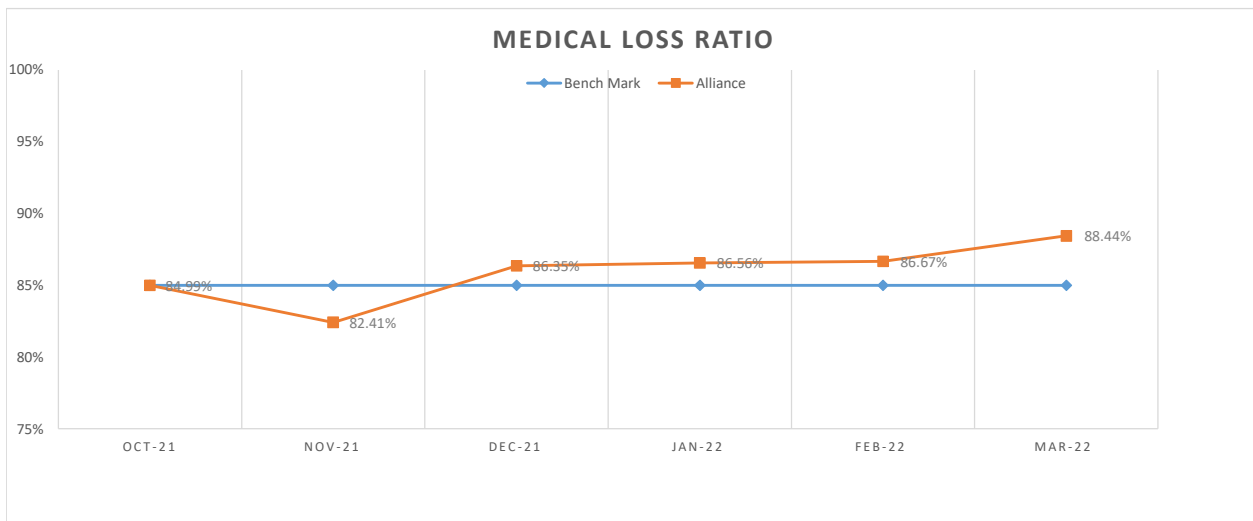
**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



Division of Health Benefits Ratios - As of March 31, 2022



**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 (7/1/21-6/30/22).





# **FY23 RECOMMENDED BUDGET**

## **May 5, 2022**

**Alliance Health  
Annual Budget  
FY 2022-2023**

**Board of Directors**

Lynne Nelson, Chair

Lodies Gloston, Vice Chair

***Durham County***

Commissioner Heidi Carter

Carol Council

Samruddhi Thaker

Pam Silberman

***Wake County***

Commissioner Maria Cervania

David Hancock

Lynne Nelson

*Vacancy*

***Cumberland County***

Commissioner Glenn Adams

Lodies Gloston

John Lesica

Vicki Evans

***Johnston County***

Lee Jackson

Commissioner Ted G. Godwin

***Orange County***

Commissioner Amy Fowler

*Vacancy*

***CFAC***

David Curro

***Mecklenburg County***

Commissioner Leigh Altman

Dena Diorio

Anthony Trotman

*Vacancy (effective 10/1/22)*

**Robert Robinson, CEO**

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May 5, 2022

Alliance Board Members,

On behalf of the entire organization, I thank each of you for your expertise and guidance through a period of unprecedented organizational growth during another year of the challenging public health landscape we have all grown too accustomed to.

FY22 started literally days after Alliance was awarded a Tailored Plan contract, the culmination of an all-hands-on-deck effort that required the expertise and support of every member of our staff to ensure a successful RFA response. Even before contract award, leadership was looking ahead to the monumental task of Tailored Plan implementation, allowing us to hit the ground running. Scant months later, Alliance was also charged by DHHS with taking on responsibility for the citizens of Mecklenburg and Orange counties along a very rapid timeline.

Please join me in acknowledging the tremendous performance of our team over the past year. Included are highlights of the outstanding work and achievement that resulted in the past year from the efforts of a diverse, talented and committed group of professionals across the organization. Their flexibility, creativity, hard work, and commitment to our mission have allowed us to excel in the parallel endeavors of preparing to begin Tailored Plan operations in December, and significantly increasing our geographic footprint. Consider this growth:

- 61% increase in our health plan membership
- Total staff size of 854, a 56% increase during FY22
- Initial budget increase of \$349,500,000 or 60%
- Three critical new Senior Vice President positions filled
- 304 new members of the Alliance provider network

As we continue to progress forward, we are pleased to share with you our FY23 budget proposal.

We look forward to working closely with you all during this budget process to take this important step towards making Alliance an even stronger, more viable organization better able to meet the needs of the people we serve.

Best Regards,

A handwritten signature in black ink, appearing to read "Rob Robinson", with a stylized, cursive script.

Rob Robinson  
Chief Executive Officer

## Reader's Guide

FY 2022 - 2023 is the eleventh annual budget presented for Alliance Health (Alliance). This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2022-2023 for Alliance's administrative and service operations covering Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties. The budget year begins July 1, 2022 and ends June 30, 2023. The document will show how the funds are allocated and how they will be spent.

Alliance Health LME/MCO will have one fund called the General Fund. The General Fund will account for all administrative and service operations and will be divided into functional areas for Administration, Medicaid Services, State Services, Local Services, and Grant Funds, when applicable.

### **Revenues and Expenditures of the General Fund**

The categories of the revenue and expenditures are the same. They include the following:

#### ***Administrative Funds***

Alliance Health is administratively funded through a combination of the Medicaid waiver, state LME allocation, and county administrative contribution.

Alliance began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the administration dollars allocated under a contract with the NC Division of Medical Assistance, now referred to the Division of Health Benefits. The funds are allocated based on a per member per month (PMPM) basis. The members per month budgeted are based on historical experience and projections. Alliance will began Tailored Plan operations December 1, 2022

The NC Division of Mental Health, Developmental disabilities, and Substance Abuse services (NC DMH) continue to allocate funds to administer state and federal block grant dollars for the purposes of serving the non-Medicaid population.

Alliance receives administrative funding for management of the Care Management Capacity Building funding included in Medicaid Services. This funding is for startup and implementation of Care Management systems at the provider level.

Cumberland, Durham, and Wake counties allocate 2% of the county dollars in administrative support for the management of their dollars in serving consumers in their respective county.

#### ***Other Business Line***

Alliance provides 24-hour behavioral health crisis line and after hour/weekend/holiday services for Standard Plans.

#### ***Miscellaneous***

This category is to account for any funds received during the fiscal year that do not fall into one of the above mentioned categories and are not significant enough to require their own category.

### ***Medicaid Services***

Alliance Health began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance, now referred to the Division of Health Benefits, to provide services to Medicaid enrollees of Cumberland, Durham, Johnston, Mecklenburg, Orange, and Wake counties. Alliance will began Tailored Plan operations December 1, 2022.

Included in Medicaid Services funding is funding for the Care Management Capacity Building. This funding is for startup and implementation of Care Management systems at the provider level.

### ***Federal & State Services***

These funds represent state allocated dollars for Cumberland, Durham, Johnston, Mecklenburg, Orange, and Wake communities to provide services for non-Medicaid citizens with mental health, intellectual/developmental disabilities and substance use disorder needs. The funds include Federal Block Grant dollars as allocated from the NC DMH.

### ***Local Services***

These funds represent the Cumberland, Durham and Wake county allocations to Alliance to provide services for citizens with mental health, intellectual/developmental disabilities, and substance use disorder needs in their respective counties.

### ***Grants***

When applicable, grant funds are those that are specified for a particular project or program.

### **Draft Budget Ordinance**

A draft budget ordinance is being included for informational purposes.

### **Additional Information**

The basis of accounting and budgeting for Alliance Health is modified accrual per G.S. 159-26. This means that revenues are recorded in the time period in which they are measurable and available. Revenues are recognized when they are received in cash. Expenditures are recognized in the period when the services are received or liabilities are incurred.

This document was prepared by Alliance Health Business Operations and is available online at [www.alliancehealthplan.org](http://www.alliancehealthplan.org). If further information is needed, please contact Kelly Goodfellow, Executive Vice President/CFO, at 5200 W. Paramount Parkway, Suite 200 Morrisville, NC 27560 or by email at [kgoodfellow@alliancehealthplan.org](mailto:kgoodfellow@alliancehealthplan.org).

## Alliance Demographic Information as of June 30, 2021

ALLIANCE REGIONAL POPULATION DATA						
County	Population	Medicaid Eligible	Medicaid %	Medicaid Served	Non-Medicaid Served	Total
<b>Cumberland</b>	334,728	85,521	25.55%	13,204	2,953	16,157
<b>Durham</b>	324,833	52,109	16.04%	7,407	2,927	10,334
<b>Johnston</b>	215,999	38,338	17.75%	5,107	1,625	6,732
<b>Mecklenburg</b>	1,115,482	0	0.00%	0	0	0
<b>Orange</b>	148,696	0	0.00%	0	0	0
<b>Wake</b>	1,129,410	122,938	10.89%	15,747	6,657	22,404
<b>Total</b>	<b>3,269,148</b>	<b>298,906</b>	<b>9.14%</b>	<b>41,465</b>	<b>14,202</b>	<b>55,667</b>

Based on 2021 Statistics, US Census Bureau – July 1 2020 through June 30, 2021 (pre county realignment)

PERSONS SERVED BY AGE AND DISABILITY BASED ON CLAIMS PAID BY MEDICAID AND IPRS					
Age Group	County	MH	SA	IDD	Totals
<b>Child/Youth (ages 3-17)</b>	<b>Cumberland</b>	5,171	46	559	5,776
	<b>Durham</b>	2,901	46	337	3,284
	<b>Johnston</b>	2,063	17	200	2,280
	<b>Mecklenburg</b>	0	0	0	0
	<b>Orange</b>	0	0	0	0
	<b>Wake</b>	6,294	69	785	7,148
	<b>Total</b>	<b>16,429</b>	<b>178</b>	<b>1,881</b>	<b>18,488</b>
<b>Adult (ages 18+)</b>	<b>Cumberland</b>	8,134	2,393	717	11,244
	<b>Durham</b>	5,065	2,054	781	7,900
	<b>Johnston</b>	3,627	809	387	4,823
	<b>Mecklenburg</b>	0	0	0	0
	<b>Orange</b>	0	0	0	0
	<b>Wake</b>	11,389	3,333	1,869	16,591
	<b>Total</b>	<b>28,240</b>	<b>8,606</b>	<b>3,754</b>	<b>40,600</b>

Based on 2021 Statistics, US Census Bureau – July 1 2020 through June 30, 2021 (pre county realignment)

PROVIDER BREAKDOWN as of March 2022	
Organization Type	Provider Count
Agencies	387
Hospital/Residential Treatment Facilities	75
Licensed Professionals	5,999
Outpatient Practices	297
<b>Total</b>	<b>6,758</b>

## Division Information

### Clinical Operations Division

Clinical Operations at Alliance Health is a data-informed, collaborative effort that identifies and addresses the full range of medical, functional, social, emotional, and environmental needs across all populations in order to improve health outcomes by focusing on prevention and person-directed care. The Clinical Operations Division is comprised of four departments and is led by the Chief Medical Officer.

#### Brief Description of Department and Units

- Utilization Management (UM) is responsible for authorizing behavioral health, Intellectual and Developmental Disability and Traumatic Brain Injury (BH, IDD and TBI) services and monitoring individuals during an episode of care. Activities include monitoring utilization of services authorized, reviewing effectiveness of treatment interventions and making recommendations to improve the effectiveness of individual treatment plans.
- Care Management (CM) is responsible for working with specific high-risk populations identified within the waiver contract and priority populations that have been identified by Alliance, including individuals discharging from inpatient and those identified by advanced data analytics to be at risk for higher levels of services. Care Management assesses individual service and social determinants of health support needs, links individuals to both services and supports and helps eliminate barriers that allow individuals to live as successfully as possible within the community.
  - MH/SUD Care Management is focused on supporting the needs of individuals with serious and persistent mental illness. Their scope is expanding to include members with co-occurring physical health conditions that may complicate their recovery journey. Part of the MH/SUD Care Management program is the Transition to Community Living Settlement (TCLI) agreement. In reach support specialists, Diversion specialists, and Transition Coordinators all assist members with moving from institutional care settings including state psychiatric hospitals and community-based adult care homes into supportive housing with individualized services to support their recovery while living in the communities of their choice.
  - IDD Care Management is responsible for working with individuals on the Innovations waiver, as well as those needing short-term coordination of state-funded IDD supports. IDD Care Management educate members about the Innovations waiver, their options of providers, and facilitate the individual plan of care for the Innovations waiver services. Liaisons assist with transition support when individuals are wanting to move to the community from long term care facilities like community and state operated ICF-IID facilities. IDD Care Management helps individuals identify the services and supports they need to live the lives they want in the community. TBI Care Management is responsible for working with individuals who are identified as eligible for the TBI Medicaid Waivers. Similar to the IDD Care Management scope of work, TBI Care Management assess member needs, provide education about waiver services and network provider options, and facilitate development of plans of care. In addition, TBI Care Management provide additional face-to-face support to the population through the waiver enrollment process when the need for this support is identified. These waivers are a pilot unique to Alliance and so additional recommendations regarding workflow development and policy require input from the Care Management teams working directly with members.



- The Medical Management team provides guidance and oversight of clinical services including authorization of services, clinical operations and overall clinical direction. The team is responsible for maintaining the clinical integrity of the program, including concurrent reviews of inpatient and rehabilitation services; provision of oversight to utilization management and quality staff; oversight of the Credentialing Program; providing medical/clinical support for care coordination units and the Access to Care unit; and consultation to providers and other community based clinicians, including general practitioners. The Medical Team conducts medical necessity review and recommendations, service denial reviews, grievance issues, medication reviews, and develops clinical best practices guidelines in collaboration with regional experts. The Medical Team is comprised of the Chief Medical Officer, three Associate Medical Directors, the IDD/TBI Clinical Director, two Pharmacists, and a Psychologist.
- Quality Management is responsible for the continual self-assessment of services, operations, and implementation of quality improvement plans. The reach of the Quality Management department extends to internal Alliance operations as well as activities completed by providers in service to Alliance members. Quality Management activities are overseen by the Continuous Quality Improvement (CQI) committee and its subcommittees. CQI reports directly to the Board Global Quality Management Committee (Global QMC). Quality Management also serves the function of timely identification, response, reporting, and follow-up to member incidents and complaints regarding healthcare services. Some priority goals for the Quality Management team have included follow-up after mental health discharge, follow-up after substance use discharge, diabetes screening for people using antipsychotic medication, and primary care visits for people enrolled in the Transitions to Community Living (TCL) program.

### **Significant Accomplishments for FY22**

- Alignment of Medicaid and Single Stream benefit plans between existing Alliance plan and new counties received from Cardinal Innovations LME/MCO. New services were added to the Alliance benefit plan and existing authorizations were continued to honor continuity of care for members.
- A new web-based Benefit Plan Services Tool was launched on March 1, 2022. One provider commented, “This is awesome. I wish all MCOs would design services this way.”
- 126 new staff were hired for the Care Management Department within a span of three months to support the expansion of Alliance Health into two new county regions.
- The Care Management Department completed the transfer of Mecklenburg and Orange county members from care management performed by Cardinal Innovations staff to Alliance Health staff. Every effort was made to maintain members with care management staff who themselves changed employment from Cardinal to Alliance.
- A new Care Management Director position dedicated to oversight of children in foster care and adults with guardians was created.
- A new doctorate-level Clinical Director for IDD/TBI was added to the Medical Management department with plans to impact services and policies in Care Management and Utilization Management.
- In preparation for Tailored Plan, Pharmacy Benefit Management implementation was launched under the supervision of the new Pharmacy Director.
- A HEDIS vendor was identified, contracted, and implemented during this fiscal year.
- The QM department was expanded by increasing the number of staff in the Appeals and Grievances section as well as movement of Data Science team from IT to QM.

## Summary of Goals and Objectives for FY23

- In preparation for physical health (PH) utilization management, the Alliance UM department will implement the MCG level of care decision tool. The care decision tool is a tool which helps ensure the right levels of treatment, the right length of hospital stay, and helps prevent unnecessary hospital readmissions.
- The UM department will continue to develop staff, policies, and procedures for physical health UM. The goal is for PH UM to be tested and operational prior to the launch of the Tailored Plan on 12/1/2022.
- All staff in Care Management (370+ individuals) will receive training in integrated healthcare and the Tailored Care Management contract.
- Alliance Health will go live for Tailored Care Management serving all Medicaid members who choose to engage with this high intensity support designed to improve overall health outcomes and return value for total healthcare spending.
- The first Deputy Chief Medical Officer at Alliance with subject matter expertise in primary care will work jointly with the Chief Medical Officer to further develop integrated health in the domains of population health programs, pharmacy benefit management, physical health utilization management, complex care management, and physical health quality indicators.
- The Medical Management department will incorporate data-driven approaches to Care Management Continuum Rounds to identify and consult upon members with rising risk rather than primarily focusing on members who are already experiencing high risk circumstances.
- The Data Science team will further refine their predictive model for at-risk youth.
- The QM department will use the newly available HEDIS data from the software that was implemented in FY22 to develop targeted QI projects aligned with Tailored Plan.

## Member, Provider and Infrastructure Solutions Division

The Member, Provider and Infrastructure Solutions Divisions focuses on both internal and external operations that support our members, providers, and Alliance staff. The goal of this division is to ensure that our members, communities, providers, and staff have access to the tools, systems and supports that help support and deliver better health. The division is comprised of the following departments: Member and Recipient Services, inclusive of the Provider Helpdesk, Community Health and Wellbeing, Provider Network Operations, Development and Evaluation, Practice Transformation, Information Technology and Analytics, and Vendor Management

### Brief Description of Department and Units

- The Provider Network Department is responsible for developing and maintaining a network of high-quality behavioral health, Intellectual and Developmental Disability and Traumatic Brain Injury service and support providers. The Department continuously reviews and evaluates the provider network for accessibility, quality of services, adherence to contract requirements, standards of care and performance, while ensuring a full array of providers is available to meet the needs of our service recipients. It also is responsible to ensure the quality of all Alliance services by reviewing program outcomes and evaluating program effectiveness. The Department provides an array of supports to providers to promote optimal treatment outcomes for our members. The Department actively promotes, develops and implements alternative payment models/value-based contracting models to improve member outcomes, increase provider efficiency and incentivize overall quality. The Department is comprised of four sections:

- Provider Network Operations has five components:
  - *Provider Relations* recruits and maintains a network that complies with adequacy and accessibility standards. The section serves as liaisons to providers including managing the communication and dissemination of information to the community of providers, developing and reviewing provider contract scopes of work, and providing or arranging for technical assistance for currently enrolled providers.
  - *Credentialing* assures that all providers in the Alliance network meet agency, State, Federal and accreditation requirements and that credentialing information is reviewed and tracked for continuous and timely review. This function will end under the Tailored Plan and possibly by the beginning of FY2023 and will transition to a small enrollment team that ensures all documents and files are in order before moving providers into a contract status.
  - *Contracts* is responsible for the timely development and distribution of all contracts, amendments, and extensions and ensures coordination of administrative activities including official correspondence with providers, provider education and liaison, and administration of provider contracts.
- Provider Evaluation
  - Monitoring of providers
  - Collect and analyze provider outcome data
  - Evaluate service and program effectiveness
  - Produce reports and analysis to better manage the provider network and provide information to providers to support quality improvement
  - Support value-based contracting efforts and evaluate models
- Strategic Initiatives and Special Projects manages the following functions and initiatives:
  - Community Needs Assessment and Network Development Plan
  - New Service Definitions
  - Special Provider Initiatives
  - Provider Collaboratives
  - Requests for Proposals
  - Hospital Relations
  - Value-Based Contracting
- Practice Transformation
  - Primary responsibility for building provider-led care management capacity
  - Assisting care management entities to pass desk and site reviews
  - Assesses provider capacity to provide integrated care and participate in alternative payment arrangements
  - Shares and reviews clinical and administrative data with providers to inform provider quality management processes
  - Works with providers to achieve desired member outcomes and help providers reach quality measure targets
  - Share gaps in care and practice information with providers, including scorecards on priority Alliance measures
  - Develops practice support tools

- Provider Network Project Management and Development
    - Partners with Alliance Clinical Team and Community providers to bring new practices and services to the community
    - Manages start-up and implementation of new services and new facility-based treatment programs in the region
- Community Health and Well-Being (CHWB) is one of the most varied and diverse departments within Alliance. Recognizing that a local and visible presence is essential to building and sustaining partnerships critical to meeting organizational outcomes, the CHWB teams take an innovative approach to improving the systems that support the effectiveness of services. Teams are continually assessing system and service gaps from multiple vantage points including co-location within other systems, outreach activities to member, stakeholders and advocates, and hosting community collaborative and workgroups. Utilizing a System of Care (SOC) framework, CHWB focuses on the strengths and vulnerabilities of complex public systems, treatment of the “whole person,” and system transformation to improve policy, shared funding, collaboration and best practices. Recognizing that social determinants of health (i.e., homelessness, poverty/inequality, health literacy and lack of education/employment) are key drivers of health care costs, CHWB often plays a tangential role to the MCO functions - improving the environments in which people live increases engagement and retention in services, overall health and wellness, and more meaningful and productive lives that promote recovery.
- The Access and Information Center has transitioned to become the Alliance Member and Recipient Services Department. The department is responsible for three service lines:
  - Member and Recipient Services: Provides information on all available services and benefits available through Alliance Health. Performs a range of customer service functions and links members to needed services and supports.
  - Behavioral Health Crisis Line: Alliance maintains a 24/7 behavioral health crisis line that provides screening, triage and referral of individuals calling that are experience high levels of distress or a behavioral health emergency. The line is staffed by licensed clinicians and provides follow-up to ensure that individuals successfully link with crisis services.
  - Behavioral Health Crisis Line for Standard Plans: Alliance maintains a 24/7 behavioral health crisis line for three of the Standard Plans in North Carolina
- The Information Technology (IT) Department is comprised of five distinct teams:
  - *Application Development and Quality Engineering* is responsible for internal application development and support, including SharePoint and the corporate Intranet. Manages all quality assurance and user acceptance testing and documentation, including the Alliance Claims System (ACS). Manages database security, file downloads, and IT Project Management.
  - *Core Systems Development* is responsible for software development and support of ACS, including the transition of the software to allow processing of Physical Health claims for the Tailored Plan implementation.
  - *Product Management and Support* provides support for ACS and management of Alliance configuration services for the JIVA – Population Health/Care Management platform.
  - *Data Analytics/Business Intelligence* is comprised of the business intelligence and data science teams, this group is responsible for the engineering and management of the Alliance Enterprise Data Warehouse and the utilization of the key software platforms of Microsoft SQL Server, and MicroStrategy. They are additionally responsible for developing and deploying data actionable reports, dashboards and other data products to meet the advanced analytics and other informational needs of the organization.

- The Vendor Management is currently being formed. This role will be responsible for maintaining relationships, providing oversight, and serving as the single point of contact for troubleshooting with vendors that are performing delegated functions on behalf of Alliance. Vendor Management will be responsible for vendor contracts related to value-added services that will be available to tailored plan members and will be responsible for item fulfillment.

### Significant Accomplishments for FY22

- Executed first value-based contract with a local inpatient hospital to improve 7-day follow-up. During the performance period, the provider exceeded the quality targets for SUD and MH timely follow-up. **50% of members discharged with a SUD were seen within 7 days, 68% of members with MH were seen within 7 days.**
- The Practice Transformation Team's outreach, engagement and support efforts lead to **47 providers** in the Alliance region submitting applications to become certified care management entities, including **17 historically underutilized providers**. To date, **46 have passed the desk review.**
- Provider Network Development team partnered with two local Department of Social Services and two providers to launch two 45-day crisis group home programs.
- Alliance Behavioral Health responded to **6384 calls** under our contract to provide the Behavioral Health Crisis Line for the Standard Plans and have **exceeded all performance targets.**
- Transitioned Individual Placement and Supports/ Supported Employment from fee for service to a pay for performance model where providers are only paid if members reach pre-defined employment milestone. Since launch, **29 Alliance members have become employed** for over four months, with **39% of all Alliance members receiving IPS being employed.** Another **47 are in the active job search** component of the model and an additional 87 are in the early engagement phase.
- Opened third Bridge Housing program in the region. In FY22 Programs assisted **67 TCLI** members and previously homeless individuals to move towards permanent supportive housing.
- Created and filled a critical new Director of Foster Care Support position.

### Summary of Goals and Objectives for FY23

- Continue to support provider-led care management to ensure that at least 50% of care management can be provided by CMAs and AMH+ providers by Tailored Plan Go Live.
- Meet Tailored Plan Network Adequacy Standards prior to Tailored Plan go-live.
- Expand crisis service options for youth with complex needs in DSS custody.
- Complete Social Determinants of Health Comprehensive Strategy which includes an evaluation and return on investment review of new housing programs.
- Fully implement Jiva provider and member portals.
- Finish development of the Alliance Claim System (ACS) in time for Tailored Plan system testing.
- Ensure vendors are under contract by tailored plan go-live to provide items available to members under the value-added services program.

## Business Operations Division

The Business Operations Division is responsible for the oversight and management of Alliance's financial accountability relating to budgeting, claims, auditing and financial analysis. In addition, the Division serves to oversee the functionality, comfort, safety, and efficiency of our built and leased buildings.

### Brief Description of Department and Units

- The Claims Department is responsible for the monitoring and review of all claims processing for all funding sources, analysis of paid and denied claims, special Emergency Department claim review, etc. The team consists of Claim Research Analysts that assist providers daily on basic billing, work on denials and claims analysis, encounter claim submission, and large projects.
- The Financial Operations Department is responsible for planning, organizing, auditing, accounting for and controlling the Organization's finances. The Department is comprised of four units:
  - *Accounting* is responsible for the Organization's financial transactions, financial reporting, adherence to Generally Accepted Accounting Principles (GAAP), ensuring adequate and effective internal controls, cash receipts, and processing payroll.
  - *Budget and Financial Analysis* is responsible for the development and monitoring of the Alliance budget and analyzing budget to actual at both the administrative and service level. The team in this unit are also responsible for the review and analysis of Medicaid dollars to include Per Member Per Month (PMPM) spending by category of service and aid, budget vs. actual, individual provider or service trends, etc. Responsibility also includes rate setting for programs, services, and providers.
  - *Accounts Payable* is responsible for ensuring all providers and vendors are paid accurately and timely.
  - *Purchasing* is responsible for ensuring all administrative purchases are made in accordance with applicable laws and procedures as well as meet the purchasing needs
  - *Facilities* is responsible for maintaining property, buildings, equipment, and other environments that house personnel, inventory, and other elements of operations including Crisis Centers.
- The Business Evolution Department's primary focus is to lead in the evolution of the Alliance Health business by oversight, management and implementation of large-scale cross-functional business changes and strategic priorities. This supports leadership's need to closely manage investment funds, staff resources, and business priorities in an effort to tightly manage projects that affect the strategy, health, and profitability of the organization.

### Significant Accomplishments for FY22

- Expanded Claims Department to include an Encounter Team to support Tailored Plan requirements and upcoming vendor relationship.
- Began with the IT Department to improve the Alliance Claims System (ACS) for physical Health claims processing.
- Collaborated with all departments to successfully onboard Mecklenburg and Orange County providers to ensure prompt payment and minimal processing errors.
- Improved financial reporting and processing through automation of the financial system.
- Collaborated with Alliance leadership to develop the strategic direction for Tailored Plan implementation. This included identifying major implementation milestones, tracking all Tailored Plan initiatives, and successfully submission of 230 deliverables to DHHS.

- The legislatively required semi-annual audits for September 2020 through February 2021 and March 2021 through August 2021 had average high scores higher than 99% in timeliness of provider payment, claims processing accuracy, and financial accuracy.
- Expanded the use of the Planview Pro Project Portfolio Management (PPM) system by managing resource availability for the 12 Tailored Plan Workstreams.

### Summary of Goals and Objectives for FY23

- Improve provider training and technical assistance related to claim submission in advance of Tailored Plan go live.
- Collaborate with the IT team to improve claims Accounts Receivable system to manage additional encounter volume and results from new State Encounter Processing System (EPS).
- Continued implementation of financial recommendations and requirements to improve operations and ensure readiness for the Tailored Plan.
- Complete construction of our Child Facility Based Crisis building in Fuquay Varina and begin operations.
- Collaborate with leadership to develop the strategic direction and lead implementation efforts to successfully complete the DHHS readiness review process and go live in support of the Tailored Plan and Medicaid Direct contracts.

## Office of Compliance & Risk Management Division

### Brief Description of Department and Units

The purpose of the Office of Compliance and Risk Management is to encourage ethical and proper ways to do business, enforce the agency's commitment to compliance, encourage problems to be reported, and provide continuous monitoring and support processes which prevent, detect and deter non-compliant behavior. The Office of Compliance and Risk Management identifies, assesses and works to mitigate risks and potential threats that may interfere with the organization's operations and strategic objectives on an ongoing basis and as part of the annual organization-wide risk management cycle. It evaluates and investigates concerns regarding non-compliance, HIPAA and security incidents, fraud and abuse in the provider network, conducts delegation and internal audits, develops remediation plans, and tracks and reports outcomes. The Office of Compliance and Risk Management includes the following departments: Corporate Compliance, Health Information, Internal Audit, and Program Integrity.

### Significant Accomplishments for FY22

- Supported the organization in the development of approximately 280 Tailored Plan policies and procedures by providing guidance, coordination, compliance review, and editing.
- Developed and implemented a Delegation Oversight program for monitoring performance and compliance of contractors who will perform Tailored Plan contract functions on Alliance's behalf.
- Q1-Q2: Processed and investigated 25 new referrals to Special Investigations, referred 11 suspected fraud cases to NC Medicaid Office of Compliance and Program Integrity.
- Q1-Q2: Audited over 45,000 claim lines of random adjudicated claims in addition to weekly inpatient, ED and ad hoc audits.
- Q1-Q3: Processed close to 9,000 records requests whereof 500 required a release or other response.



## Summary of Goals and Objectives for FY23

- Educate employees on the organization's new Tailored Plan policies and procedures before implementation and go-live in December 2022.
- Develop vendor and function specific tools for ongoing monitoring of performance and compliance, system for tracking, and dashboards for reporting. Coordinate delegation oversight and ensure the program is effective with early detection of potential compliance issues, underperformance, and risk to the organization.
- Enhance the current organization-wide risk management program by selecting and implementing a Risk Management software for a comprehensive approach to managing ongoing and rapidly changing risk.
- Implement the new Fraud Prevention Plan to promote program integrity through training, internal controls, policies, and procedures that are designed to prevent, detect and report known, potential or suspected fraud and abuse activities. This includes expanded audit processes and data analytics designed for physical health fraud detection.

## People Operations Development (POD) Division

### Brief Description of Department and Units

The primary focus of Alliance's People Operations and Development (POD) Division is its people; recruiting, developing, training and retaining a talented diverse workforce. Our organization is **powered by people** which makes the POD's work an essential component to our sustaining a thriving and evolving workforce. The main areas include Benefits Administration, Employee Relations and Policy Administration, Compensation and Classification, Talent Management, and Organizational Development and Learning (ODL). Together, the POD division staff work collaboratively to address both internal and external customers' needs, often serving as an initial face of Alliance. Organization committees powered by Alliance staff work in tandem with the HR and ODL teams to promote a culture of inclusion, total health and wellness, employee engagement, and staff appreciation, and to move the organization closer to becoming an employer of choice.

### Significant Accomplishments for FY22

- Recruited and filled 348 new positions expanding our total workforce to 854 active employees. Strengthened POD staffing by 12 new positions which better equips our division to partner successfully as the organization attained the county expansion and moves into full Tailored Plan operations.
- Developed and implemented 'iALIGN' a more comprehensive New Employee Orientation to introduce new hires to the Alliance culture and establish 'connection' from first day of employment. The 2-day NEO sessions were offered at the Home Office and Mecklenburg Office based on the number of onboarding staff. Recognizing that effective onboarding extends beyond new employee orientation, the 'A Team' was developed and launched to offer additional support and resources for new hires within their respective departments and business units. A total of 65 staff were trained and dispatched as 'A Team' members across the organization.
- Based on employee feedback, an additional medical plan (high deductible plan with employer-paid health savings account) was added to our benefits package providing more options for employees enrolling in benefits. This new medical plan will be effective July 1, 2022.
- All staff can participate in our employee resource groups referred to as Affinity Groups. Approximately 150 staff are actively engaged in one of our 10 affinity groups. This year, staff were introduced to 'Bridges' sessions (Building Relationships across Inclusive Diverse Groups for



Everyone's Success). These bi-monthly facilitator-led sessions have been well attended and create a safe space for meaningful conversations around specific topics.

- A learning management system was selected and content is currently being developed for future use by our provider network. Also, a Provider Cultural Competency toolkit containing educational and evidence-based resources/guidelines was created and published to assist our provider network.
- Based on employee feedback, a Tailored Plan Summit was held in September allowing leaders to respond to staff's questions about our organizational transformation and the future impact to their position/department.
- To support staff with the significant amount of change and growth, our approach to change management was revisited/introduced with the launch of two ADKAR Change Management training sessions; 'Lite' as a refresher for prior participants and 'Foundations' as an introduction for our new staff.

### Summary of Goals and Objectives for FY23

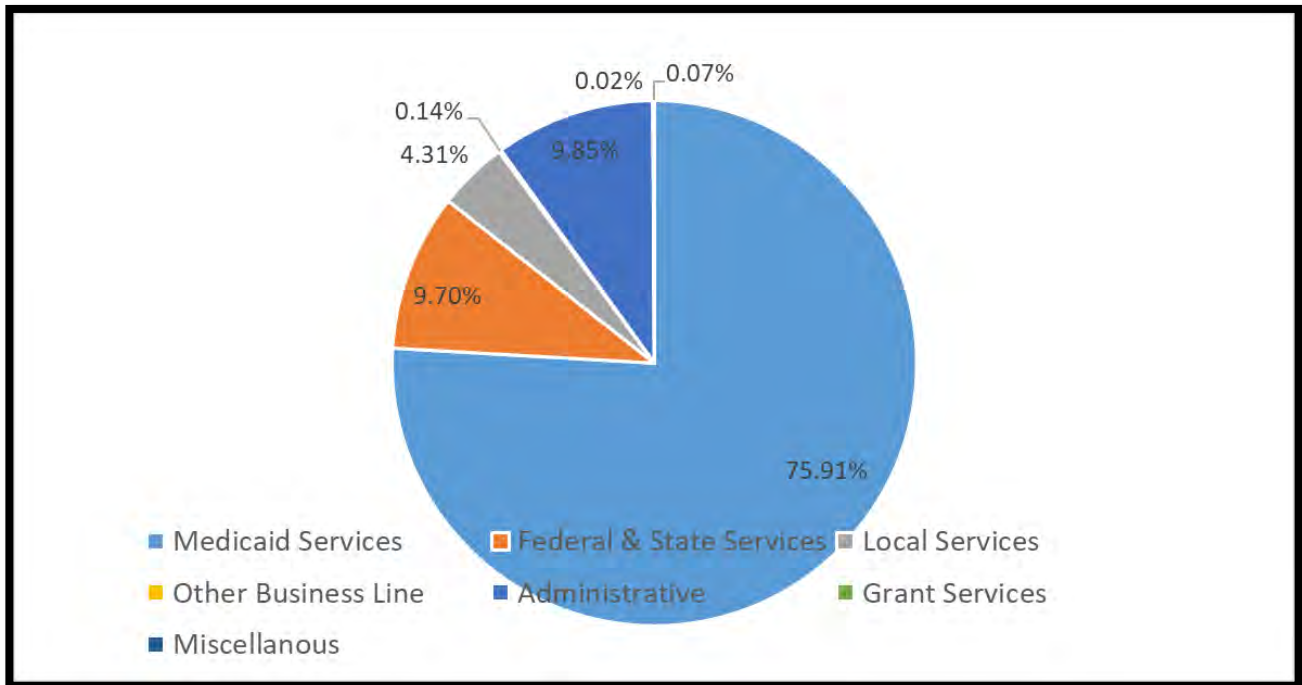
- Launch 'KnowledgePoint' our Provider Learning Management System.
- Collaborate with Quality Management and Provider Network staff to establish health equity goals and measures for our members and recipients.
- Launch Alliance University, offering continuous learning programs designed to enhance business practices and improve performance.
- Develop and offer HR training for employees and leaders to assist with better understanding procedures and processes including Family Medical Leave (FML), employee relations, recruiting, etc.
- Expand and engage recruitment sources to ensure diversity within candidate pools and overall workforce.
- Develop framework for position competencies to be used in recruitment, performance management, succession planning, and career development processes. Launch supporting competency learning labs for employees and leaders.
- Engage external consultant to conduct comprehensive market study for organization.
- Determine and implement approaches to maximize efficiencies in HR processes by enhancing technology, streamlining workflows, and reducing turnaround timeframes/cost.

# General Fund Revenues

FY2022-2023 Recommended Budget

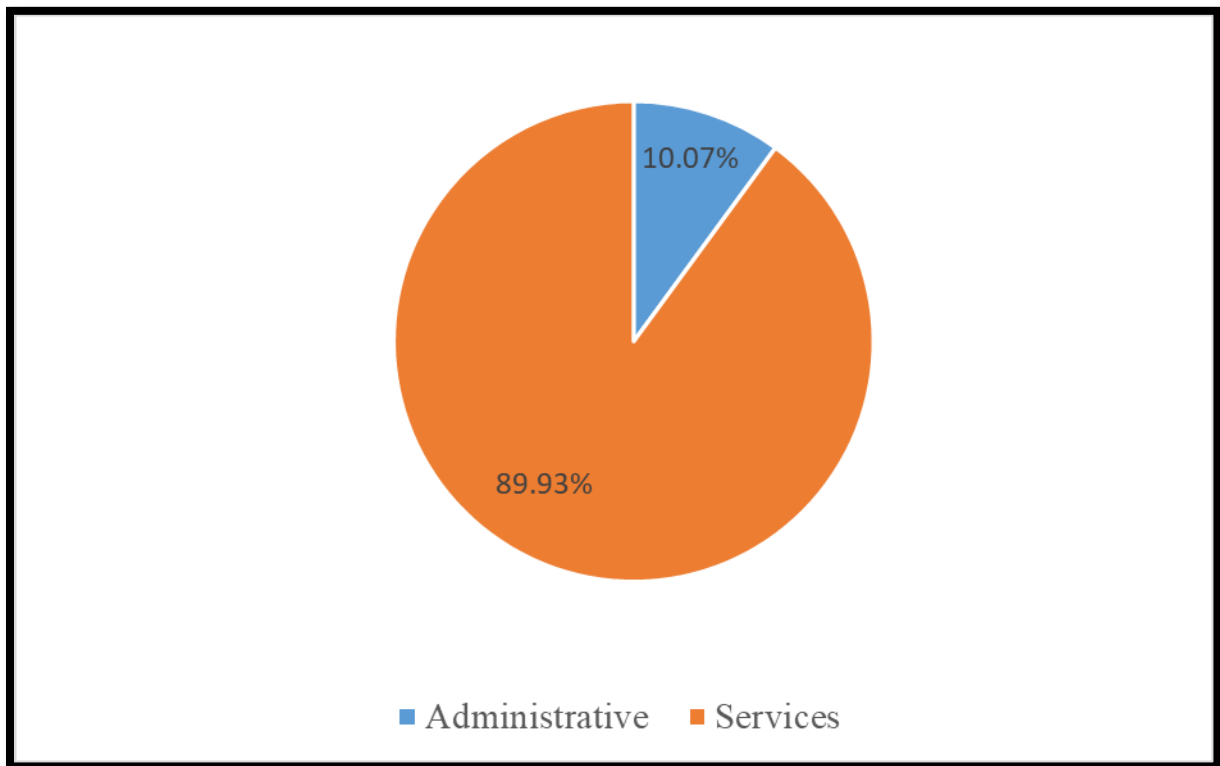
**Total General Fund Revenues: \$1,010,355,380**

Medicaid Services	\$ 766,950,590
Federal & State Services	97,963,342
Local Services	43,498,924
Other Business Line	1,455,432
Administrative	99,547,092
Grant Services	190,000
Miscellaneous	750,000
	<u>\$ 1,010,355,380</u>



**General Fund Expenditures**  
FY2022-2023 Recommended Budget  
**Total General Fund Expenditures: \$1,010,355,380**

Medicaid Services	\$ 766,950,590
Federal & State Services	97,963,342
Local Services	43,498,924
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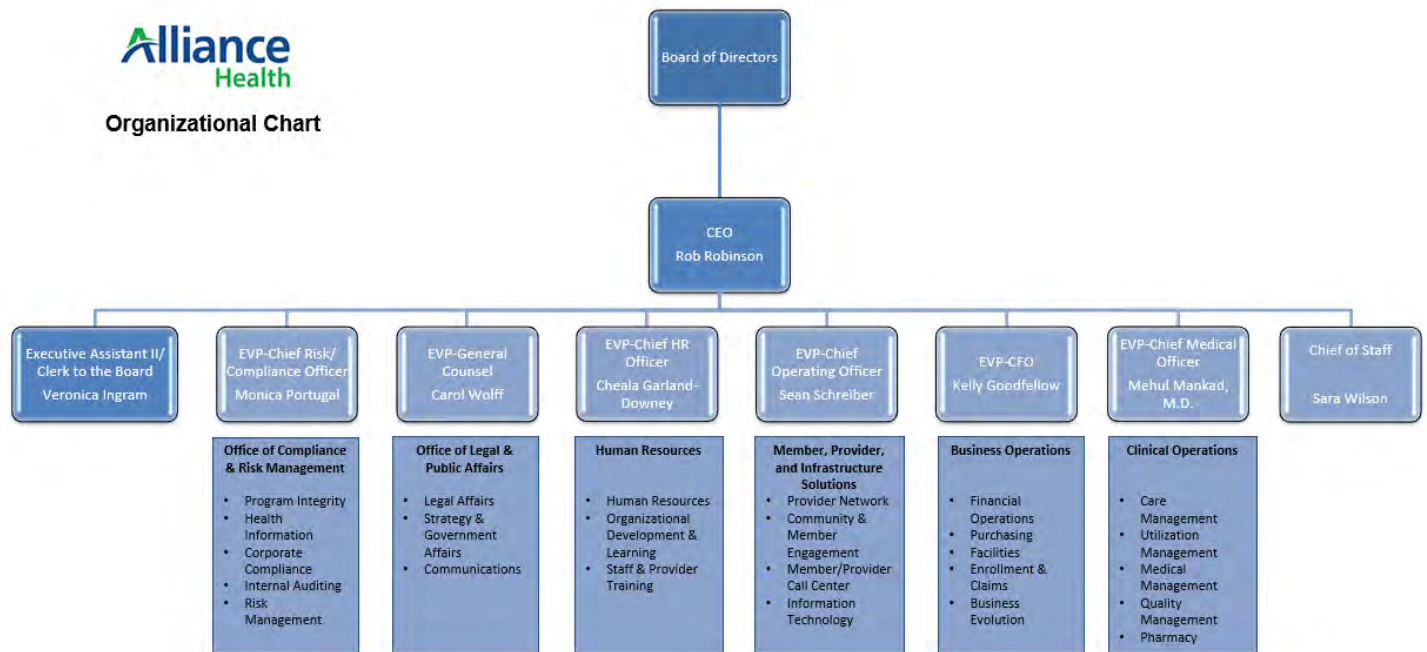
### Budgeted Revenue Comparison

	<u>FY22 Amendment 1</u>	<u>FY23 Recommended</u>
Medicaid Services	\$ 664,548,729	\$ 766,950,590
Federal & State Services		
Federal Block Grant Services	26,550,810	17,105,206
State Services	<u>65,379,438</u>	<u>80,858,136</u>
Total Federal & State Services	91,930,248	97,963,342
Local Services		
Cumberland	4,795,000	4,796,000
Durham	6,325,907	6,350,763
Mecklenburg	200,000	-
Wake	<u>30,517,237</u>	<u>32,352,161</u>
Total Local Services	41,838,144	43,498,924
Other Business Line	-	1,455,432
Administrative	84,877,069	99,547,092
Grant Services	190,000	190,000
Miscellaneous	500,000	750,000
Fund Balance	39,565,300	-
<b>Total</b>	<u>\$ 923,449,490</u>	<u>\$ 1,010,355,380</u>

### Budgeted Expenditures Comparison

	<u>FY22 Amendment 1</u>	<u>FY23 Recommended</u>
Medicaid Services	\$ 670,548,729	\$ 766,950,590
Federal & State Services	92,281,700	97,963,342
Local Services	45,612,184	43,498,924
Other Business Line	-	1,455,432
Administrative	114,316,877	99,547,092
Grant Services	190,000	190,000
Miscellaneous	<u>500,000</u>	<u>750,000</u>
<b>Total</b>	<u>\$ 923,449,490</u>	<u>\$ 1,010,355,380</u>

# Functional Organization Chart



## Draft Budget Ordinance

### ANNUAL BUDGET ORDINANCE ALLIANCE HEALTH FY 2022 - 2023

WHEREAS, the proposed budget and budget message for FY 2022 - 2023 was submitted to the Alliance Health Area Board on May 5, 2022 by the Budget Officer; was filed with the Executive Secretary to the Board;

WHEREAS, on June 2, 2022, the Alliance Health Area Board held a public hearing pursuant to NC G.S. 159-12 prior to adopting the proposed budget;

BE IT ORDAINED by the Alliance Health Area Board that for the purpose of financing the operations of Alliance Health, for the fiscal year beginning July 1, 2022 and ending June 30, 2023, there is hereby appropriated funds the following by function:

#### DRAFT

#### Section 1: General Fund Appropriations

Medicaid Services	\$ 766,950,590
Federal & State Services	\$ 97,963,342
Local Services	\$ 43,498,924
Other Business Line	\$ 1,455,432
Administrative	\$ 99,547,092
Grant Services	\$ 190,000
Miscellaneous	\$ 750,000
<b>TOTAL</b>	<b>\$ 1,010,355,380</b>

#### Section 2: General Fund Revenue

Medicaid Services	\$ 766,950,590
Federal & State Services	\$ 97,963,342
Local Services	\$ 43,498,924
Other Business Line	\$ 1,455,432
Administrative	\$ 99,547,092
Grant Services	\$ 190,000
Miscellaneous	\$ 750,000
<b>TOTAL</b>	<b>\$ 1,010,355,380</b>

#### Section 3: Authorities

A. The LME/MCO Board authorizes the Budget Officer to transfer \$25,000 or less between appropriations without prior approval.

B. Subject to the prior written approval from the Chief Executive Officer, transfers between appropriations of \$25,001 - \$100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The report to the finance committee shall contain the reason and justification for the transfer. Consistent with N.C.G.S. §159-15, the Finance Committee will report these transfers to the Board at its next regular meeting for information and entry into the minutes.

C. The CEO may enter into the following within budgeted funds:

1. Form and execute grant agreements within budgeted appropriations;
2. Execute leases for normal and routine business;

3. Enter into consultant, professional, maintenance, provider, or other service agreements;
4. Approve renewals for of contracts and leases;
5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
6. Reject any and all bids and re-advertise to receive bids.

## Budget and Amendment Process

### Overview

The purpose of the budget and amendment process is to ensure that public dollars are spent in the manner as intended and in an effort to meet the needs of the citizens in relation to mental health, intellectual/developmental disabilities, and substance use disorder needs. Through the budget, Alliance Health aims to fulfill its mission as granted by NC G.S. 122-C.

### Governing Statutes

Alliance Health abides by the North Carolina Local Government Budget and Fiscal Control Act. It is the legal framework in which all government agencies must conduct their budgetary processes. NC G.S. 159 provides the legislation which includes several key dates such as:

- 159-10 - By April 30, Departments must submit requests to the Budget Officer
- 159-11(b) - By June 1, the Recommended Budget must be submitted the Board
- 159-12(b) - A public hearing must be held
- 159-13(a) - From 10 days after submitting to the Board, but by July 1, a balanced budget must be adopted

### Budget Process

FY 2022-2023 is the eleventh recommended budget representing Alliance Health as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY23 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on historical experience and projections into the next fiscal year. Alliance will review the need for a budget amendment if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY23 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

### Amendment Process

The budget ordinance is approved at a function/appropriation level. The Budget Officer is authorized to transfer budget amounts \$25,000 or less between appropriations without prior approval. Subject to the prior written approval from the Chief Executive Officer (CEO), transfers between appropriations of \$25,001 - \$100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The CEO may enter into the following within budgeted funds:

1. Form and execute grant agreements within budgeted appropriations;
2. Execute leases for normal and routine business;
3. Enter into consultant, professional, maintenance, provider, or other service agreements;



4. Approve renewals for contracts and leases;
5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
6. Reject any and all bids and re-advertise to receive bids.

Per G.S. 159-15, the governing board may amend the budget ordinance at any time after the ordinance's adoption in any manner, so long as the ordinance, as amended, continues to satisfy the requirements of G.S. 159-8 and 159-13.

### Budget Calendar

By Thursday, May 5, 2022	FY 2022-2023 recommended budget presented at LME/MCO Board meeting
By Friday, May 13, 2022	Notice of June 2, 2022 Public Hearing published
By Thursday, June 2, 2022	Public Hearing
By Thursday, June 30, 2022	LME/MCO Board adoption of FY 2022-2023 Budget Ordinance
By Friday, July 1, 2022	Budget is available in the financial system

### Glossary of Terms

LME	Per G.S. 122C-3(20b), Local Management Entity or LME means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.
MCO	Managed Care Organization; LMEs that have adopted the financial risk and service review functions of the 1915(b) and 1915(c) waivers. LME-MCOs carry out the function of an LME and also act as health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of providers, physicians and hospitals.
Medicaid Waiver	States can submit applications to the federal Centers for Medicare and Medicaid Services, asking to be exempt from certain requirements. If granted a “1915(b)” waiver, a state can limit the number of providers allowed to serve consumers, easing the state’s administrative burden and saving money. If granted a “1915(c)” waiver, a state can offer more services focused on helping an intellectually or developmentally disabled consumer continue living in his or her home, rather than a group home.



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

**ITEM:** Audit and Compliance Committee Report

**DATE OF BOARD MEETING:** May 5, 2022

**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 draft minutes from the previous meeting.

**SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available):** The Committee has recommended that the Board approves the updated Records Retention and Destruction Schedule. Per State policy, the Board of Directors must adopt the schedule before action can be taken by the organization. If approved by the Board, the updated Schedule will be routed to the Board Chair for signature.

**REQUEST FOR AREA BOARD ACTION:** Approve the report. Approve the Records Retention and Destruction Schedule.

**CEO RECOMMENDATION:** Approve the report. Approve the Records Retention and Destruction Schedule.

**RESOURCE PERSON(S):** David Curro, Committee Chair; Monica Portugal, Chief Compliance Officer

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Wednesday, April 20, 2022

**BOARD AUDIT AND COMPLIANCE COMMITTEE - REGULAR MEETING**  
(virtual meeting via videoconference)  
4:00-5:00 p.m.

**APPOINTED MEMBERS PRESENT:** ☒ David Curro, BS (Committee Chair); ☒ Vicki Evans (Board Member); ☐ D. Lee Jackson, BA; ☒ John Lesica, MD; ☐ Samruddhi Thaker, PhD

**BOARD MEMBERS PRESENT:** None

**GUEST(S) PRESENT:** None

**STAFF PRESENT:** Monica Portugal, EVP, Chief Risk & Compliance Officer; Sherry Perkins, Director-HIPAA Privacy & Security; George Begg, Sr. Director of IT Infrastructure & Security; Jamie Preslar, Administrative Assistant III

- 1. WELCOME AND INTRODUCTIONS** – The meeting was called to order at 4:01 pm by David Curro.
- 2. REVIEW OF THE MINUTES** – The minutes from the August 25, 2021, meeting, the minutes from the October 20, 2021, meeting, and the notes from the February 16, 2022, meeting were reviewed; a motion was made by Ms. Evans and seconded by Dr. Lesica to approve the two sets of minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Records Retention and Destruction Schedule	<p>Perkins shared that the Records Retention and Disposition Schedule for Local Government Agencies as issued by the North Carolina Department of Natural and Cultural Resources received some updates in October of 2021. Perkins summarized the types of records covered by this schedule and stated that this schedule is one of three that Alliance must follow under the law. Perkins further explained that this schedule must be adopted by the Board before action can be taken. Portugal pulled up the schedule and advised the Committee that it is also posted on the State website. Curro and Lesica asked questions. Perkins and Portugal responded.</p> <p><b>COMMITTEE ACTION:</b> A motion was made by Dr. Lesica to recommend the Records Retention and Destruction Schedule for Board approval; motion seconded by Ms. Evans. Motion passed unanimously.</p>	The Records Retention and Destruction Schedule will be submitted for Board approval.	May 5, 2022
4. OCR Report 2021	Perkins reviewed HIPAA incidents and breaches for calendar year 2021 and the annual report to the Office of Civil Rights (OCR) submitted in February 2022. No issues following member notifications. Curro asked questions. Perkins responded.	N/A	N/A
5. Annual HIPAA-HITECH Security Risk Analysis	Begg detailed the annual risk assessment of IT systems that affect Alliance security. Conducted by a third party in December 2021. Begg reviewed how security was tested, how findings are rated (met, partially met, not met), the HIPAA risks by regulation category/risk level, and recommendations to Alliance. Begg reported being pleased overall with the outcomes and performing better this year than prior. Curro and Evans asked questions. Begg provided answers.	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; minutes approved on [Click or tap to enter a date..](#)

Wednesday, April 20, 2022

**BOARD AUDIT AND COMPLIANCE COMMITTEE - REGULAR MEETING**  
(virtual meeting via videoconference)  
4:00-5:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
6. Audit Firm 2022 Contract	<p>Portugal relayed that the audit contract did not change from last year, which was the first year for this audit with this audit firm. Portugal explained that the Audit &amp; Compliance Committee reviews the contract and will monitor the firm's performance. Portugal elaborated on how the Committee will be involved once the contract is approved, and reviewed audit and minor non-audit functions performed by firm. Evans and Curro asked questions. Portugal responded.</p> <p><b><u>COMMITTEE ACTION:</u></b> A motion was made by Ms. Evans to approve the audit contract and authorize the Chair of the Audit &amp; Compliance Committee to sign the contract; motion seconded by Dr. Lesica. Motion passed unanimously.</p>	Chair of the Audit & Compliance Committee (Curro) to sign the audit engagement letter.	None specified.
7. Audits: A. Pre-delegation Audits B. Internal Audits C. Privacy Audits D. Compliance Audits	Portugal presented for Josh Knight on purpose, scope, findings and outcome of pre-delegation audit for one vendor to perform certain Tailored Plan functions on behalf of Alliance, as well as one internal audit testing internal controls and process compliance for an administrative function. Portugal also shared the results and outcomes of three privacy audits and two compliance audits.	N/A	N/A
8. Dashboards/Reports (10 minutes) A. Work Plan/Audit Plan Dashboard B. Compliance Dashboard C. Quarterly Reports	Portugal reviewed the work plan, audit plan, and compliance dashboards results and follow-up for the FY22 third quarter. No questions were asked. The Committee did not have time to review the quarterly reports, which will be reviewed at the next regular meeting instead.	N/A	N/A

9. **ADJOURNMENT:** The meeting adjourned at 5:03 pm; the next meeting will be June 15, 2022, from 4:00 p.m. to 5:00 p.m.

\*Items shared during meeting are stored with these meeting minutes in the Audit & Compliance Committee folder.

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:** IDD Peer Support Pilot Update

**DATE OF BOARD MEETING:** May 5, 2022

**BACKGROUND:** Alliance Health partnered with Optum, National Association Council on Developmental Disabilities (NACDD), North Carolina Council on Developmental Disabilities (NCCDD) to develop and pilot a peer supports training program for individuals who live independently with the use of Home and Community-Based Services (HCBS).

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

**REQUEST FOR AREA BOARD ACTION:** Accept the report.

**CEO RECOMMENDATION:** Accept the report.

**RESOURCE PERSON(S):** Sara Wilson, Chief of Staff

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