**AREA BOARD REGULAR MEETING**

Thursday, September 01, 2022  
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; David Curro, BS; Vicki Evans (via Zoom); Amy Fowler, Orange County Commissioner, MD; 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; and Anthony Trotman, MS (via Zoom)

**APPOINTED MEMBERS ABSENT:** Carol Council, MSPH; Dena Diorio, MPA; Samruddhi Thaker, PhD; (vacancy for Orange County resident); and (vacancy for Wake County resident)

**GUEST(S) PRESENT:** Kent Earnhardt; Denise Foreman, Wake County Manager’s office (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; Joey Dorsett, Senior Vice-President/Chief Information Officer (via Zoom); Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sandhya Gopal, Senior Director of Government Relations (via Zoom); Veronica Ingram, Executive Assistant II; Shawn Mazyck, Senior Vice-President/Provider Network; Jameelah Melton, Deputy CMO/interim CMO; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Senior Director of Government Relations; Kelly Goodfellow, Executive Vice-President/Chief Risk and Compliance Officer; Robert Robinson, CEO; Page Rosemond, Senior Director of Foster Care Support (via Zoom); Sean Schreiber, Executive Vice-President/Chief Operating Officer; Ashley Snyder, Senior Director of Accounting and Finance; 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 4:05 p.m.

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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>2. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>3. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
| 4. Chair’s Report | Chair Nelson reported the following:  
  - This was Lodies Gloston’s last board meeting. She was Alliance’s longest serving board member and chaired multiple committees. Chair Nelson presented Ms. Gloston with a commemorative plaque and thanked her for her service and leadership. Commissioner Glenn Adams expressed gratitude to Ms. Gloston on behalf of the citizens of Cumberland County.  
  - As noted in the by-laws, each year the Board Chair appoints committee chairs and committee membership. Board members received an email last week with the list of FY23 (2022-2023) committees. Chair Nelson shared that additional information will be forthcoming from staff liaisons for each committee. |
| 5. CEO’s Report | Mr. Robinson shared that the 2021 Annual Report was emailed last month; he congratulated communications staff for their efforts in developing this document. |
| 6. Consent Agenda | A. Draft Minutes from June 2, 2022, and August 4, 2022, Board Meetings – page 3  
  B. Audit and Compliance Committee Report – page 10  
  C. Executive Committee Report – page 148  
  D. Finance Committee Report – page 150  
  E. Quality Management Committee Report – page 158 |
## AGENDA ITEMS: DISCUSSION:

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

**BOARD ACTION**
A motion was made by Commissioner Altman to adopt the consent agenda; motion seconded by Mr. Curro. Motion passed unanimously.

### 7. Committee Reports

<table>
<thead>
<tr>
<th>A. Consumer and Family Advisory Committee – page 161</th>
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<tbody>
<tr>
<td>The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in counties within Alliance’s catchment area who receive mental health, intellectual/developmental disabilities, traumatic brain injury and substance use/addiction services. CFAC is a self-governing committee that serves as an advisor to Alliance’s administration and Board of Directors. CFAC meeting schedules are available on Alliance’s <a href="#">website</a>. This report included minutes and documents from all counties with meetings held during June 2022.</td>
</tr>
<tr>
<td>Mr. Curro, CFAC appointee to Alliance’s Board, presented the report. Mr. Curro provided updates from recent meetings, noted some CFAC subcommittees are meeting in-person; the upcoming CFAC retreat is Saturday, September 24 and will include all CFAC subcommittee and steering committee members. Commissioner Cervania requested clarification on CFAC’S initiative to include more Latinx representation; she will consult with Mr. Curro on this initiative. The CFAC report is attached to and made part of these minutes.</td>
</tr>
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**BOARD ACTION**
The Board received the report.

### 8. Closed Session(s)

**BOARD ACTION**
A motion was made by Mr. Curro to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee; motion seconded by Ms. Gloston. Motion passed unanimously.

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

### 10. Special Updates/Presentation(s) – page 245

Sean Schreiber, Executive Vice-President/Chief Operating Officer, presented part two of a presentation highlighting the goals and process for accessing and developing the Alliance provider network. The presentation included a brief history of the evolution of the Alliance network, information on the network adequacy and network development plan, review of data and process used for determining expansion activities, and an overview of recent network expansion and development activities. Mr. Schreiber reviewed recent network development activities. Board members requested clarification regarding metrics used to determine if persons served are healthier after receiving services. The presentation is saved as part of the board’s files.

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

### 11. Adjournment
All business was completed; the meeting adjourned at 6:09 p.m.
ITEM: Draft Minutes from the June 2, 2022, and August 4, 2022, Board Meetings

DATE OF BOARD MEETING: September 1, 2022

BACKGROUND: The Alliance Health (Alliance) Board of Directors (Board) per North Carolina General Statute 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 meetings 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 June 2, 2022, and August 4, 2022, meetings.

CEO RECOMMENDATION: Approve the draft minutes from the June 2, 2022, and August 4, 2022, meetings.

RESOURCE PERSON(S): Lynne Nelson, Board Chair; Robert Robinson, CEO
MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD (via Zoom); Leigh Altman, Mecklenburg County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS (via Zoom); Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH (via Zoom); David Curro, BS (via Zoom); Dena Diorio, MPA; 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; D. Lee Jackson, BA (via Zoom); Lynne Nelson, Chair, BS; Pam Silberman, JD, DrPH (via Zoom); and Anthony Trotman, MS

APPOINTED MEMBERS ABSENT: John Lesica, MD

GUEST(S) PRESENT: April Butcher (via Zoom); Dotty Foley (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); Mary Hutchings, Wake County Finance Department (via Zoom); and P Pande (via Zoom)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Ashley Brady, Public Policy Volunteer (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); Ashley Holmes, Integrated Health Care Consultant II (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer (via Zoom); Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Sandhya Gopal, Senior Director of Government Relations; Veronica Ingram, Executive Assistant II; Joshua Knight, Director of Internal Audit (via Zoom); Mehul Mankad, Chief Medical Officer; Shawn Mazycz, Senior Vice-President/Provider Network (via Zoom); Jennifer Meade, Community Health and System of Care Manager (via Zoom); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Sara Pacholke, Senior Vice-President/Financial Operations; Victoria Palumbo; Financial Analyst (via Zoom); Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; 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; Cara Wilson, Chief of Staff; Carol Wolff, General Counsel; and Ginger Yarbrough, QM Director (acting) (via Zoom)

1. CALL TO ORDER: Board Chair Lynne Nelson called the meeting to order at 4:03 p.m.

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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tr>
<td>2. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<tr>
<td>3. Public Comment</td>
<td>There were no public comments.</td>
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</table>
| 4. Chair’s Report | Chair Nelson reported the following:  
• A second June meeting may be needed; it is tentatively scheduled for June 28 from 8:00-8:30 am. Staff will confirm if the meeting is needed; if it is, it will be held virtually and may require supermajority approval.  
• Several items on today’s agenda require supermajority approval as stated in the by-laws: budget and budget amendment will be covered under item 7B: Finance Committee Report. |
| 5. CEO’s Report | Mr. Robinson reported the following:  
• He introduced new staff: Jameelah Melton, Deputy CMO; Sandhya Gopal, Senior Director of Government Relations; and Ashley Brady, Public Policy Volunteer  
• Next Week’s i2i Conference (Monday and Tuesday in Raleigh): Mr. Robinson reminded board members of the upcoming conference on June 6 and 7, 2022  
• CFSP (Child and Family Specialty Plan) Update: He shared that House Bill 144 was reviewed at today’s Senate Health Committee meeting. The bill included a start date of December 2023 instead of the LME/MCO and county-supported start date of December 2024. |
### AGENDA ITEMS:

#### 6. Consent Agenda

<table>
<thead>
<tr>
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<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>A.</td>
<td>Draft Minutes from May 5, 2022, Board Meeting – page 4</td>
</tr>
<tr>
<td>B.</td>
<td>Executive Committee Report – page 9</td>
</tr>
<tr>
<td>C.</td>
<td>Quality Management Committee Report – page 11</td>
</tr>
<tr>
<td>D.</td>
<td>Draft FY23 Calendar of Board Meetings – page 14</td>
</tr>
<tr>
<td>E.</td>
<td>HR FY23 Classification and Grade Plan – page 16</td>
</tr>
</tbody>
</table>

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

**BOARD ACTION**

A motion was made by Mr. Jackson to adopt the consent agenda; motion seconded by Ms. Diorio. Motion passed unanimously.

#### 7. Committee Reports

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A.</td>
<td>Finance Committee – page 62</td>
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</table>

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This month’s report includes draft minutes from the previous meeting. It also includes a public hearing on the FY23 budget (per NC General Statute 159-12 (b)), a FY22 budget amendment and FY23 budget. Per the by-laws, the budget and budget amendment require supermajority approval.

David Hancock, Committee Chair, presented the report. The Finance Committee report is attached to and made part of these minutes.

**BOARD ACTION**

A motion was made by Mr. Hancock to approve the CEO to enter into a contract with Milliman, Inc. for financial consulting services for an amount not to exceed $1,500,000; motion seconded by Commissioner Cervania. Motion passed unanimously.

Sara Pacholke, Senior Vice-President/Financial Operations, presented an update on the FY22 budget and the FY23 budget. The FY22 budget included funding from county realignments and allocation letters.

**BOARD ACTION**

A motion was made by Mr. Hancock to approve the FY22 Budget Amendment 2 to increase the budget by $148,830,211 bringing the total FY22 Budget to $1,072,279,701; motion seconded by Chair Nelson. Motion passed unanimously.

Ms. Pacholke continued the presentation on the FY23 budget. Chair Nelson opened the public hearing for the FY23 budget.

**BOARD ACTION**

A motion was made by Ms. Diorio to close the public hearing on the FY23 budget; motion seconded by Dr. Silberman. Motion passed unanimously.

A motion was made by Mr. Hancock to approve the FY23 Budget for $1,370,306,955; motion seconded by Vice-Chair Gloston. Motion passed unanimously.
### AGENDA ITEMS:

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<tr>
<td>B. Consumer and Family Advisory Committee – page 27</td>
<td>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 and Mecklenburg counties who receive mental health, intellectual/developmental disabilities and substance use/addiction services. This report includes draft minutes and documents from the steering committee and the county/sub-committee meetings. Dave Curro, CFAC representative to Alliance’s Board, presented the report on behalf of CFAC Chair, Jason Phipps. He mentioned that the steering committee meets monthly, and this month’s meeting occurs after the Alliance Board meeting. He mentioned review of the allocation slots, which was presented by Sara Wilson, Chief of Staff. Robert Robinson, CEO, reviewed Medicaid Direct services and the proposed Children and Family Specialty Plan. Mr. Curro noted that a CFAC retreat is planned for the fall and will include representation from all counties within Alliance’s catchment area. CFAC FY23 Officers will be elected June 6, 2023. The CFAC report is attached to and made part of these minutes.</td>
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<tr>
<td>8. Closed Session(s)</td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;The Board received the report.</td>
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<tr>
<td>9. Reconvene Open Session</td>
<td>The Board returned to open session.</td>
</tr>
<tr>
<td>10. Election of FY23 (Fiscal Year 2022-2023) Board Officers – page 104</td>
<td>As stated in Article II, Section D of the by-laws, at each final regular Board meeting of the fiscal year, the officers of the Board of Directors shall be elected for a one-year term to begin July 1. The officers of the Board of Directors include chairperson and vice-chairperson. Nominations were presented. <strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Ms. Council to elect Lynne Nelson as FY23 Board Chair; motion seconded by Mr. Hancock. Motion passed unanimously. A motion was made by Vice-Chair Gloston to elect David Hancock as FY23 Board Vice-Chair; motion seconded by Ms. Diorio. Motion passed unanimously.</td>
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<td>11. Special Update/Presentation: Service Expansion Update, Part One – page 105</td>
<td>Per Chair Nelson, this topic was postponed.</td>
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<td>12. Adjournment</td>
<td>All business was completed; the meeting adjourned at 6:23 p.m.</td>
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**Next Board Meeting**
**Thursday, August 04, 2022**
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date.]
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); Carol Council, MSPH; David Curro, Vice-Chair, BS (via phone); Dena Diorio, MPA (via Zoom); Vicki Evans (via Zoom); Amy Fowler, Orange County Commissioner, MD (via Zoom); Ted Godwin, Johnston County (via Zoom); David Hancock, MBA, MPAff (Board Vice-Chair); D. Lee Jackson, BA (via Zoom); Lynne Nelson, Chair, BS (Board Chair); Pam Silberman, JD, DrPH; and Anthony Trotman, MS (via Zoom)

APPOINTED MEMBERS ABSENT: Maria Cervania, Wake County Commissioner, MPH; John Lesica, MD; Lodies Gloston, MA; and Samruddhi Thaker, PhD

GUEST(S) PRESENT: Marie Dodson, Alliance CFAC (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 Mary Hutchings, Wake County Finance Department (via Zoom)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sandhya Gopal, Senior Director of Government Relations; Veronica Ingram, Executive Assistant II; Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management (via Zoom); Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Jameelah Melton, MD, Chief Medical Officer (interim); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Aalece Pugh-Lilly, Senior Director Community Health and Well-Being (via Zoom); Robert Robinson, CEO; Matthew Ruppel, Senior Director of Program Innovation (via Zoom); Sean Schreiber, Executive Vice-President/Chief Operating Officer; Lori Skinner-Campbell, Senior Vice-President/Quality Management (via Zoom); Ashley Snyder, Senior Director of Accounting and Finance (via Zoom); Tammy Thomas, Senior Vice-President/Business Evolution (via Zoom); Sara Wilson, Chief of Staff; Carol Wolff, General Counsel; and Ginger Yarbrough, NCQA Accreditation Manager (via Zoom)

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

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<tr>
<td>3. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
| 4. Chair’s Report | Chair Nelson reported the following:  
- This was Pam Silberman’s last board meeting. Chair Nelson presented her with a commemorative plaque on behalf of the board and staff. She thanked Dr. Silberman for her leadership and service on the board.  
- As noted in the by-laws, each year the Board Chair appoints committee chairs and membership. She advised board members to look for an email from Ms. Ingram regarding FY23 (2022-2023) committee appointments.  
- Annually, the Board has chosen to have the executive committee serve as the ad hoc committee to provide preliminary performance review of the CEO and make recommendations to the full board. She asked if the board would like to continue this practice. |

BOARD ACTION  
A motion was made by Dr. Silberman to appoint the Executive Committee as the FY23 ad hoc committee to provide preliminary review of the CEO and make recommendations to the Board; motion seconded by Ms. Council. Motion passed unanimously.
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<tr>
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| **5. CEO’s Report** | Mr. Robinson reported the following:  
• Introduction of New Staff: Mr. Robinson introduced Lori Skinner-Campbell, Senior Vice-President/Quality Management.  
• Recent Tailored Plan Readiness Review: Mr. Robinson reviewed the process to prepare for the December 1, 2022, start date. Most recently the last portion was an onsite review, which occurred on July 25 and 26. Results are anticipated soon. |
| **6. Consent Agenda** | A. [Draft Minutes from June 2, 2022, Board Meeting – page 4](#)  
B. [Audit and Compliance Committee Report – page 9](#)  
C. [Executive Committee Report – page 31](#)  
D. [Quality Management Committee Report – page 33](#)  

The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. Chair Nelson requested to remove the draft June 2, 2022, board minutes from the consent agenda. |
| **7. Committee Reports** | A. [Consumer and Family Advisory Committee – page 36](#)  

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, Mecklenburg, and Orange counties who receive mental health, intellectual/developmental disabilities, traumatic brain injury 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 of each month via Zoom. Sub-committee meetings are held in individual counties; the schedules for those meetings are available on Alliance’s [website](#). This report included minutes and documents from all counties which held CFAC meetings in May 2022.  

Marie Dodson, CFAC Vice-Chair, presented the report. Ms. Dodson shared that Dr. Michael McGuire is the new chairperson and she is serving as the new Vice-Chair. Most county subcommittees did not meet in July except for the Mecklenburg CFAC. She shared that the annual report should be ready by September 1. The CFAC meeting also included providing input on Alliance’s [website](#). The CFAC report is attached to and made part of these minutes. |

**BOARD ACTION**  
A motion was made by Commissioner Altman to approve the minutes with omission of the June 2, 2022, board minutes; motion seconded by Commissioner Fowler. Motion passed unanimously. |
| | B. Finance Committee – page 72  

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.  

David Hancock, Committee Chair, presented the report. He shared preliminary results of FY23 year-end; stated that Sara Pacholke, Senior Vice-President/Financial Operations is retiring; noted receipt of fund balance from Cardinal Innovations, which is related to Mecklenburg and Orange counties’ realignment with Alliance; and reviewed contracts that the committee recommends for board approval. The Finance Committee report is attached to and made part of these minutes. |
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td><strong>DISCUSSION:</strong></td>
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<tr>
<td>A motion was made by Ms. Diorio to appoint Kelly Goodfellow as Finance Officer under G.S. 159-24 effective August 12, 2022, replacing the current Finance Officer, Sara Pacholke; motion seconded by Vice-Chair Hancock. Motion passed unanimously.</td>
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<td>A motion was made by Ms. Council to commit $19,106,124 of the county realignment fund balance transfer to invest in Mecklenburg County and Orange County; motion seconded by Commissioner Altman. Motion passed unanimously.</td>
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<tr>
<td>A motion was made by Dr. Silberman to authorize the CEO to enter into a contract with Blaze Advisors for implementation and management of network projects for an amount not to exceed $1,036,832; motion seconded by Ms. Council. Motion passed unanimously.</td>
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<tr>
<td><strong>8. Closed Session(s)</strong></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td>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 Vice-Chair Hancock. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td><strong>9. Reconvene Open Session</strong></td>
<td>The Board returned to open session.</td>
</tr>
<tr>
<td><strong>10. Special Update(s)/Presentation(s)</strong></td>
<td><strong>A. Service Expansion Update, Part One – page 79</strong></td>
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<tr>
<td>This was part one of a two-part presentation highlighting the goals and process for accessing and developing the Alliance provider network. The presentation included a brief history of the evolution of the Alliance network, information on the network adequacy and network development plan, review of data and process used for determining expansion activities, and an overview of recent network expansion and development activities. Sean Schreiber, Executive Vice-President/Chief Operating Officer, presented the update. The second part of this presentation will be presented at the next board meeting on September 1, 2022. The presentation is saved as part of the board’s files.</td>
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<td><strong>B. Legislative Update</strong></td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, presented the update. He reviewed highlights from the recent NC General Assembly session, which ended in July. He noted an adjustment to the budget that was signed into law (2022 Appropriations Act (HB 103/SL 2022-74)) and reviewed elements of the budget adjustment bill that are applicable to Alliance and the people it serves (e.g., implementation date for Tailored Plans is December 1, 2022; new opioid treatment funding, etc.). The presentation is saved as part of the board’s files.</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board accepted the updates/presentations.</td>
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<tr>
<td><strong>11. Adjournment</strong></td>
<td>All business was completed; the meeting adjourned at 6:15 p.m.</td>
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**Next Board Meeting**
Thursday, September 01, 2022
4:00 – 6:00 pm

Minutes approved by Board on Click or tap to enter a date..
ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: September 1, 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 June meeting and all current and proposed Board policies.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Policies reviewed at the June meeting and ready for Board approval without revisions are: BO-1, BO-9, BO-10, BO-17, BO-19, BO-20, C-5, G-1, G-2, G-3, G-4, G-6, G-7, G-8, G-9, G-10, G-11, G-12, G-13, G-15, GA-2, HR-1, HR-4, HR-5, HR-6, HR-7, HR-9, HR-19, By-Laws.

New proposed policies and policies reviewed at the June meeting with recommended revisions are: Member and Recipient Rights (new), Whistleblower Protections (new), BO-2, C-1, GA-1.

Policies reviewed at the June meeting and recommended to be retired on 9/1/22 are: BO-8, CR-1, CR-2, CR-3, CR-4, CS-1, IT-1, IT-5. Policies reviewed at the June meeting and recommended to be retired on 12/1/22 are: BO-4, BO-5, BO-6, BO-11, BO-12, BO-13, BO-14, BO-15, BO-16, BO-18, C-2, C-3, C-4, C-6, C-7, CC-1, G-14, GA-3, GA-4, GA-5, GA-6, GA-7, GA-8, GA-9, HR-2, HR-8, HR-10, HR-11, HR-12, HR-14, HR-15, HR-16, HR-17, HR-18, IT-4, PN-1, PN-2, PN-3, PN-5, QM-1, QM-2, QM-3, UM-1, UM-2, UM-3, UM-4, UM-5.

REQUEST FOR AREA BOARD ACTION: Accept the report; approve the policies.

CEO RECOMMENDATION: Accept the report; approve the policies.

RESOURCE PERSON(S): David Curro, Committee Chair; Monica Portugal, Chief Risk and Compliance Officer
1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 4:04 p.m.

2. REVIEW OF THE MINUTES – The minutes from the April 20, 2022, meeting were reviewed; a motion was made by Ms. Evans and seconded by Dr. Lesica to approve the minutes. Motion passed unanimously.

### Agenda Items

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<td>3. Independent Audit Plan FY22</td>
<td>Rachel Webster and Liz Ferguson of CliftonLarsonAllen, LLP (CLA) shared the FY23 audit plan, including an introduction of the audit engagement team and timeline, engagement deliverables, governance communication, details of the audit plan in the areas of internal controls, claims and IBNR, revenues, pension plan, and funding - single audit requirements. The team also provided an accounting standards update in the area of leases effective fiscal year ending June 30, 2022. Curro asked questions. Webster provided answers. The Committee was in agreement with the audit plan. Auditors left the meeting.</td>
<td>Results of the audit will be presented by the Auditors at the December meeting.</td>
<td>December 2022</td>
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<tr>
<td>4. Board of Directors Conflict of Interest FY22</td>
<td>Portugal informed the Committee that two Board Members have not yet submitted the conflicts of interest disclosure form for FY22, referencing the Board of Directors Conflict of Interest policy. Based on a prior motion by the Committee to issue a Warning in this situation, Portugal proposed attempting to obtain these forms one last time before suspending membership/stipend, offering options for informal outreach. Curro suggested that Portugal reach out to these two Board Members by August. Committee agreed with this course of action.</td>
<td>Portugal to email two Board Members regarding overdue FY22 Conflict of Interest Disclosure forms with Curro on copy.</td>
<td>August 1, 2022</td>
</tr>
<tr>
<td>5. Annual Review of Compliance Plan</td>
<td>Portugal provided a brief history of the Compliance Plan and explained that it must be approved annually by the Board. For FY23 the Compliance Plan has been rewritten with many revisions to address changes for the Tailored Plan. Per Portugal, the State has not yet provided feedback regarding the FY23 Compliance Plan submitted, but has approved continued use of the FY22 Compliance Plan until the State approves the FY23 Compliance Plan. Evans asked a question. Portugal responded. No further discussion by the Committee.</td>
<td>The FY22 Compliance Plan will be submitted to the Board of Directors for approval for continued use until the FY23 Compliance Plan is approved by the State.</td>
<td>August 2022 (Unless the Compliance Plan for FY23 is received prior.)</td>
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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.
### AGENDA ITEMS:

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<tr>
<td>4.</td>
<td>COMMITTEE ACTION: A motion was made by Ms. Evans to approve the FY22 Compliance Plan for continued use until State approval is received on the FY23 Compliance Plan; motion seconded by Dr. Lesica. Motion passed unanimously.</td>
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<td>5.</td>
<td>Discussion:</td>
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<td>6.</td>
<td>Annual Review of Policies: Portugal summarized to explain why the Committee is looking at all eighty-seven current Board Policies with the recommendation to retain thirty-two of them (three with revisions), and to retire the remaining fifty-five. Portugal also pointed out two proposed new policies, and the recommendation to update categorization. The Committee had received this information for review prior to the meeting. Portugal introduced McKoy. Evans and Curro asked questions. Portugal responded and guided the Committee through the items being considered.</td>
<td>Will be submitted to the Board of Directors.</td>
<td>September 2022</td>
</tr>
<tr>
<td>7.</td>
<td>COMMITTEE ACTION: A motion was made by Ms. Evans to approve the following policies for continued use without revisions; motion seconded by Dr. Thaker. Motion passed unanimously.</td>
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</table>

- BO-1 Compliance with Local Government Budget and Fiscal Control Act
- BO-10 Financial Stability
- BO-17 Investments
- BO-19 Budget Transfers
- BO-20 Eligibility for Services
- BO-9 Fund Balance
- C-5 Employee Code of Ethics and Conduct
- GA-2 Strategic Planning
- BL Board of Directors By-Laws
- G-1 Board of Directors Conflict of Interest
- G-10 Delegation of Authority to the Chief Executive Officer
- G-11 Guidelines for Public Comment at Board of Directors Meetings
- G-12 Area Authority Relations with Catchment Area County Boards of Commissioners
- G-13 Board of Directors Media Policy
- G-15 Emergency Succession for the Chief Executive Officer
- G-2 Board of Directors Meeting Attendance Compensation
- G-3 Board of Directors Processes
- G-4 Development of Policies and Procedures
- G-6 Chief Executive Officer Compensation
- G-7 Evaluation of Chief Executive Officer
- G-8 Board of Directors Code of Ethics
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<td>HR-19</td>
<td>Reduction-in-Force</td>
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<td>HR-4</td>
<td>Conditions of Employment</td>
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<td>HR-5</td>
<td>Classification and Compensation</td>
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<td>Alcohol and Drug Free Workplace</td>
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<td>HR-9</td>
<td>Sexual Harassment</td>
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</tbody>
</table>

**COMMITTEE ACTION:**

A motion was made by Ms. Evans to approve the following policies with revisions; motion seconded by Dr. Thaker. Motion passed unanimously.

- BO-2 Risk Management
- C-1 Corporate Compliance Plan
- GA-1 Management of Service Delivery

**COMMITTEE ACTION:**

A motion was made by Ms. Evans to retire the following Board Policies effective 9/1/2022; motion seconded by Dr. Lesica. Motion passed unanimously.

- BO-8 Management of Financial Risk
- CR-1 Members' Rights to Dignity, Privacy, and Humane Care
- CR-2 Members' Right to Confidentiality
- CR-3 Member Choice
- CR-4 Advanced Directives/Advanced Instructions
- CS-1 Customer Services
- IT-1 General Computer Use
- IT-5 IT System Backup

**COMMITTEE ACTION:**

A motion was made by Ms. Evans to retire the following Board Policies effective 12/1/2022; motion seconded by Dr. Lesica. Motion passed unanimously.

- BO-12 Accounting by Funding Source
- BO-13 Coordination of Benefits

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.]
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
---|---|---|---|
BO-14 | Cyclical Financial Reporting | | |
BO-15 | Claims Adjudication | | |
BO-16 | Purchasing | | |
BO-18 | Service Codes in Alpha | | |
BO-4 | Travel and Employee Expense Reimbursement | | |
BO-5 | Cellular Communication Devices | | |
BO-6 | Paybacks | | |
CC-1 | Coordination of Care by Special Health Care Population | | |
C-2 | Guarding against Fraud and Abuse | | |
C-3 | Financial Incentives | | |
C-4 | Employee Conflict of Interest | | |
C-6 | Records Retention | | |
C-7 | Legal Proceedings Involving Service Records | | |
GA-3 | Reporting of Abuse, Neglect, Dependency and Exploitation | | |
GA-4 | Health and Safety | | |
GA-5 | Emergency Management Plan | | |
GA-6 | Internal Control | | |
GA-7 | Business Continuity Plan | | |
GA-8 | Corporate Communications | | |
GA-9 | Non-Discrimination | | |
G-14 | Dispute Resolution | | |
HR-10 | Leave | | |
HR-11 | Family and Medical Leave Act | | |
HR-12 | Clinical Staff Credentialing | | |
HR-14 | Disciplinary Action | | |
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HR-16 | Separation | | |
HR-17 | Employee Complaint | | |
HR-18 | Employee Grievance | | |
HR-2 | Recruitment and Selection | | |
HR-8 | Time and Attendance | | |
IT-4 | Eligibility Load, Error Handling and Reconciliation | | |
PN-1 | Selection and Retention of Providers | | |
PN-2 | Letters of Support | | |
PN-3 | Provision of Services by Relative/Legal Guardian | | |
PN-5 | Rule Waiver Requests | | |
QM-1 | Member, Provider and Stakeholder Satisfaction | | |
QM-2 | Management and Investigation of Member Grievances | | |

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<td>UM-3</td>
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<td>UM-4</td>
<td>Utilization Review Process</td>
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<tr>
<td>UM-5</td>
<td>Appealing Clinical Utilization Management Decisions</td>
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### COMMITTEE ACTION:

A motion was made by Ms. Evans to approve the following new policies; motion seconded by Dr. Lesica. Motion passed unanimously.

- Whistleblower Protections
- Member and Recipient Rights

### COMMITTEE ACTION:

A motion was made by Dr. Lesica to approve changes in Board Policy numbering to include two categories; motion seconded by Ms. Evans. Motion passed unanimously.

- Governance
- Administrative

7. **ADJOURNMENT:** The meeting adjourned at 5:14 p.m.; the next meeting will be August 17, 2022, from 4:00 p.m. to 5:30 p.m.

*Items shared during meeting are stored with these meeting minutes in the Audit & Compliance Committee folder.*
The Alliance Health Board of Directors, also known as the Board of Directors, by virtue of powers contained in Chapter 122C of the North Carolina General Statutes is responsible for comprehensive planning, budgeting, implementing and monitoring of health services to meet the needs of Medicaid members and eligible non-Medicaid recipients in Alliance’s health plan. Any use of the term Board of Directors or CEO in these bylaws shall be deemed to include the Area Board, Area Authority, LME, Area Director and other such terms used in North Carolina General Statutes.

MISSION STATEMENT

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

VISION STATEMENT

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

VALUES STATEMENT

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

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

Compassion: Our work is driven by dedication to the people we serve and an understanding of the importance of community in each of our lives.
**Dignity and Respect:** We value differences and seek diverse input. We strive to be inclusive and honor the culture and history of our communities and the people we serve.  
**Innovation:** We challenge the way it’s always been done. We learn from experience to shape a better future.

### ARTICLE II  
**STRUCTURE**

**A. AUTHORITY**

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

**B. COMPOSITION**

1. The Board of Directors shall consist of nineteen (19) members.
2. The membership of the Board shall reside within the Alliance catchment area.
3. As of December 2, 2021, Board seats are allocated to the individual catchment area counties as follows and will be filled and vacated through attrition of current Board members:
4. The CFAC seat will be filled by the Alliance CFAC Chairperson or their designee, who shall be sworn in by the Board’s Executive Secretary.

5. Other than CFAC, appointments are made by the County Commissioners within the member’s county of residence based on a recommendation from the Board of Directors.

6. Other than CFAC and County Commissioner appointees, the Board of Directors will advertise, accept applications, interview and recommend appointments to the respective Boards of Commissioners based on the appointee’s county of residence.

7. The Board of Directors shall work in conjunction with the County Commissioners of the counties in the Alliance Catchment Area to ensure that Board members collectively reflect the diversity of the individuals served by Alliance.

8. The Board of Directors membership may consist of the following:
   a. Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance use
   b. CFAC member
   c. An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance use services.
   d. Individual with financial expertise
   e. Individual with provider experience in a managed care environment.

9. The Board of Directors shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance use, on the board.

10. No individual who contracts with the Board of Directors for the delivery of mental health, intellectual/developmental disabilities, or substance use services may serve on the Board of Directors during the period in which the contract for services is in effect.

C. TERMS AND CONDITIONS OF OFFICE

1. Terms of membership shall be for three consecutive years except any member of the Board of Directors who is a county commissioner serves on the Board in an ex officio capacity at the pleasure of the initial appointing authority, for a term not to exceed the earlier of three years or the member's service as a County Commissioner.

2. Members shall not be appointed for more than three consecutive terms.

3. Members may be removed with or without cause by the appointing authority, or upon recommendation to the appointing authority by the Executive Committee.

4. Board members may resign at any time, upon written notification to the Chairperson or the Clerk of the Board of Directors.

5. Vacancies on the Board of Directors shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.
6. Board members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.

7. Neither Board members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.

11. Membership is based on the rules and regulations of the Board of Directors policies and all applicable North Carolina General Statutes.

12. Board members are required to comply with the Alliance Board of Directors Code of Ethics, policies and all applicable North Carolina General Statutes.

13. While Board members may be appointed because they represent a certain community, once on the Board, their responsibility is to all individuals served by Alliance.

D. OFFICERS

1. At each final regular Board meeting of the fiscal year, the Officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include:
   a. Chairperson, and
   b. Vice-Chairperson.

2. No officer shall serve in a particular office for more than two consecutive terms.

3. Each Board member, other than County Commissioners, shall be eligible to serve as an officer.

4. Duties of officers shall be as follows:
   a. Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint all Board of Directors committees.
   b. Vice-Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.

5. Clerk – The CEO (or his/her designee) shall serve as the Clerk. The CEO shall not be an official member of the Board of Directors nor have a vote. As Clerk, the CEO shall:
   i. Send Board of Directors packets of information.
   ii. Maintain a true and accurate account of all proceedings at Board of Directors meetings.
   iii. Maintain custody of Board of Directors minutes and other records.
   iv. Notify the County Commissioners of any vacancies on the Board of Directors or attendance compliance issues.

E. COMMITTEES

1. **STANDING COMMITTEES** - Annually, the Board of Directors Chairperson shall appoint the membership and the Chairperson of each of the Standing committees set forth below. These committees shall have the responsibility of making policy recommendations to the Board of Directors regarding matters within each committee’s designated area of concern. The composition of each committee shall comply with the applicable statute, regulation or contract requirements. The chair of any standing committee must be a member of the Board of Directors. All Standing Committees shall adopt a Charter, which shall be reviewed and revised as needed by the committee at least annually.
If a non-board member having a conflict of interest is appointed to a committee, they shall be a non-voting member of the committee and as such shall not count towards establishing quorum. The Chairperson and Vice-Chairperson may serve as standing alternate voting committee members on any committee those officers do not serve on. Except when so serving, the Chairperson and Vice-Chairperson have no voting rights on a committee to which they are not regularly appointed. The standing committees shall be as follows:

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

b. Client Rights/Human Rights Committee (NCDHHS contract, NCGS 122C-64, and 10A NCAC 27G.0504)
   i. The Client Rights/Human Rights Committee shall consist of at least 5 members, a majority of whom shall be non-Board members. Members should include consumers and family members representing mental health, developmental disabilities and substance use. The membership of the Client Rights/Human Rights Committee shall include a representative from each of the counties in the Catchment Area.
   ii. The CEO will designate a staff liaison to the Committee.
   iii. The Client Rights/Human Rights Committee functions include:
       1) Reviewing and evaluating Alliance’s Client Rights policies at least annually and recommending needed revisions to the Board of Directors.
       2) Overseeing the protection of client rights and identifying and reporting to the Board of Directors issues which negatively impact the rights of persons served.
       3) Reporting to the full Board of Directors at least quarterly.
       4) Submitting an annual report to the Board of Directors which includes, among other things, a review of Alliance’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).
   iv. The Client Rights/Human Rights Committee shall meet at least quarterly.

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

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

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

The Audit and Compliance Committee also develops, reviews, and revises Board of Directors By-Laws and Policies that Govern Alliance by:
1) Recommending new or revised Board Policies to the Board of Directors.
2) Reviewing Board Policies at least annually, within 12 months of policies’ approval to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.

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

2. **AD HOC COMMITTEES**
a. Ad hoc committees may be appointed by the Chair of the Board of Directors with the approval of a majority of the Board members who are present at the meeting during which approval is given.
b. These committees shall carry out their duties as designated by the Board of Directors and shall report their findings to the Board or its committees.

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

4. **COUNTY COMMISSIONER ADVISORY BOARD**
Pursuant to 122C-118.2, there is a County Commissioner Advisory Board. The County Commissioner Advisory Board is not a board or committee appointed by the Board of Directors. The CEO or designee will assist in the facilitation of the County Commissioner Advisory Board meetings.
ARTICLE III
MEETINGS

A. REGULAR MEETINGS

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

B. SPECIAL MEETINGS

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

C. EMERGENCY MEETINGS

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

D. NOTICE OF MEETINGS

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

E. CONDUCT OF MEETINGS

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

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

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

F. QUORUM

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

G. APPROVAL OF CERTAIN ITEMS BY A SUPER MAJORITY

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

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

H. ABSENCES

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

ARTICLE IV
GENERAL PROVISIONS

A. AMENDMENTS

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

B. SUSPENSION OF BY-LAWS

The Board of Directors has the authority to suspend the By-Laws by an affirmative vote of a majority of Board members, with the exception of those items requiring a Super Majority set forth in Article III (G).

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

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

The purpose of this policy is to define a process by which the annual budget shall be prepared in accordance with Article 3 of Subchapter III of Chapter 159 of the General Statutes, the Local Government Budget and Fiscal Control Act.

II. DEFINITIONS

The Local Government Budget and Fiscal Control Act is the legal framework in which all local government agencies must conduct their budgetary process.

III. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to adhere to all applicable provisions in Article 3 of Subchapter III of Chapter 159 of the General Statutes, the Local Government Budget and Fiscal Control Act. The Board shall adopt procedures that ensure the financial stability of the Area Authority.

A. Provisions: Following are some of the relevant provisions in NC G.S. 159:
1. 159-8(b), the budget shall cover a fiscal year beginning July 1 and ending June 30.
2. 159-9, the board shall appoint a Budget Officer.
3. 159-10, all department requests for the following year shall be submitted to the Budget Officer. The Budget Officer shall create a mechanism for Department Head submissions and prepare summarized information for the budget proposal.
4. 159-11(b), the budget and budget message shall be submitted to the governing board not later than June 1. The budget message shall be concise and explain the goals, activities of the budget, changes from the previous year, and any major changes in fiscal policy.
5. 159-12(a), the Budget Officer shall submit a copy of the budget to the office of the clerk of each County of the catchment area. It will remain available until the budget ordinance is adopted. The
budget shall be made available to news media and be available on all websites affiliated with Alliance.

6. 159-12(b), the board shall hold a public hearing to receive input on the budget.

7. 159-13(a), not earlier than ten (10) days after the day the budget is presented to the board and no later than July 1, the board shall adopt a budget ordinance.

8. 159-24, the board shall appoint a Finance Officer.

9. 159-31, the board shall designate its official depository.

B. Budget Retreat

The board shall hold an annual budget retreat in which the date of the public hearing will be established.
I. PURPOSE

The purpose is for Alliance Health (Alliance) to develop and implement a risk management program that will enable the organization to successfully manage risk to the organization and its customers.

II. DEFINITIONS

Risk: The potential of harm to the organization, customers or key stakeholders.

Risk Assessment: An evaluation of the nature and magnitude of risk to the organization. The evaluation is based upon known or potential threats, as well as the likelihood of the threats being realized and the potential impact to the organization and to its customers.

Risk Management: The process of evaluating and responding to risks for the purpose of reducing those risks to acceptable levels. Risk management is inclusive of the risk assessment process, and uses the results of risk assessments to make decisions on the acceptance of risks or on taking action to reduce those risks.

III. POLICY STATEMENT

Alliance shall have a comprehensive risk management program to identify, analyze and manage threats to the organization’s ability to operate, including changes in service or business environment, as well as threats to employees, property, income, and community standing. For each risk identified, Alliance will develop a plan to address the risk and avoid exposure, or to manage and minimize the severity of the loss.

It is also the policy of Alliance to manage financial risk and ensure that service and administrative costs not exceed the level of funding received. Risk indicators shall be monitored. Financial results shall be reviewed monthly for possible savings or losses of revenues versus expenditures. Alliance shall emphasize capturing, analyzing, and reporting accurate data as the foundation of financial risk management.

IV. PROCEDURES
The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide a consistent standard for employee expense reimbursement for authorized travel for the purpose of conducting business or obtaining training. It is the intent of Alliance Health (Alliance) that employees neither gain nor lose personal funds when engaging in Agency authorized travel and/or training. It is also the intent of Alliance that all employee expense reimbursements be approved, necessary and reasonable.

II. POLICY

Alliance is committed to developing an educated and skilled workforce and shall provide funding for employee training and travel whenever possible. Funding for this purpose may be established annually during the annual budget process. Available training funds may be used for training required for obtaining or maintaining professional licensure or to obtain necessary skills required for a position when approved by the Chief Executive Officer. Mileage is reimbursed for travel that is a part of an employee’s job responsibilities or for approved travel for training purposes.

III. ALLOWABLE EXPENSES

Reimbursement for the following travel and training related expenses, both within and outside the catchment area, are allowable under this policy:
A. Mileage in accordance with current IRS regulations.
B. Meals based on the IRS per diem rates.
C. Hotel charges incurred.
D. Airplane or rental car charges
E. Ancillary travel costs, e.g., tips, parking, etc.
F. Professional license reimbursement.
G. Tuition/Registration.

Any exceptions to the established rates shall require the prior approval of the Chief Executive Officer.
IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to authorize the Chief Executive Officer to issue cellular telephone and related devices to Alliance Health (Alliance) employees or to provide reimbursement to employees for the use of such devices.

II. POLICY STATEMENT

It is the policy of Alliance to provide staff with the tools/equipment necessary for the efficient operation of the Area Authority’s affairs. In recognition of the need for timely communication, Alliance may provide reimbursement to authorized employees for the use of personal cell phones for business purposes, including phone calls, emails, personal data assistant, etc. Alliance may also issue agency owned cellular phones to employees.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy. Those procedures shall address at a minimum:
A. Positions that qualify for cellular phone support
B. Reimbursement rates
C. Eligibility criteria to receive reimbursement
D. Criteria for issuance of an agency owned cellular device
I. PURPOSE

The purpose of this policy is to establish guidelines for collection of provider paybacks in accordance with standards set forth in Alliance Health’s (Alliance) agreements with the NC Department of Health and Human Services and as specified in the NC Department of Health and Human Services standardized provider agreements.

II. POLICY STATEMENT

It is the policy of Alliance to ensure that providers repay funds identified as requiring recoupment according to the funding source’s policy (Examples of funding source include: Medicaid, State funds, Federal Block Grants, County funds). Alliance shall comply with all established regulatory and statutory requirements of the funding agencies and shall comply with the provisions of the standardized provider contracts.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) will identify, reduce, and eliminate risk and to safeguard the financial integrity of the organization.

II. POLICY STATEMENT

It is the policy of Alliance to ensure that service and administrative costs not exceed the level of funding received. Risk indicators, which are overall factors of how the organization is operating from a financial perspective, shall be monitored. Financial results shall be reviewed monthly for possible savings or losses of revenues versus expenditures. Alliance shall emphasize capturing, analyzing and reporting accurate data as the foundation of financial risk management.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure Alliance Health (Alliance) has a fund balance that contributes to the Organization’s fiscal health and is adequate to meet Alliance’s operational and service needs.

II. DEFINITIONS

**Fund Balance:** Difference between the assets and liabilities in a governmental fund

**Unassigned Fund Balance:** Amount of fund balance that does not have any specific purpose identified for the use of those net resources

III. POLICY STATEMENT

It is the policy of Alliance to have the Finance Committee of the Board of Directors review the fund balance annually. Fund balance designations shall be appropriated at year end while adhering to G.S. 159-8 (a).

The Local Government Commission (LGC) recommends that the fund balance available (unassigned fund balance) be an amount not less than eight percent (8%) of expenditures as presented in the most recent audited financial statements which should approximate expenditures for one month.

Based on the LGC recommendation and due to Alliance’s specific circumstances the Organization is working towards an unassigned fund balance of 8% of expenditures as presented in the most recent audited financial statements.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure the financial stability of Alliance Health (Alliance).

II. POLICY STATEMENT

It is the policy of Alliance to comply with all state and federal laws regarding the financial management of the organization. The Board of Directors of Alliance shall be responsible for the financial management and accountability for the use of State and local funds and information management for the delivery of publicly funded services. The Board of Directors shall establish a Finance Committee per G.S. 122C-119(d). The Finance Committee responsibilities shall include reviewing financial statements and making recommendations on financial matters to the Board of Directors.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that an up to date financial operations manual is maintained by the Finance Department.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to maintain an up to date financial operations manual that documents finance related processes. The financial operations shall be developed and implemented to ensure that the department has adequate internal controls and procedures consistent with generally accepted accounting principles, in accordance with contractual requirements and to ensure the department is operated efficiently. The financial operations manual shall be reviewed and revised as necessary and at a minimum annually.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I.  PURPOSE

The purpose of this policy is to ensure proper and adequate recording of financial transactions.

II.  POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to record all revenues and service expenses in the general ledger by funding source. Administrative expenses will be allocated based on the assigned cost allocation. This shall be done to ensure accurate accountability to all reporting entities and to ensure sound financial tracking and monitoring in accordance with contractual requirements.

III.  PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish guidelines for coordination of benefits (COB) to ensure that public funds are the payor of last resort.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to establish procedures to ensure that public funds are the payor of last resort. Alliance shall develop procedures to ensure that all third party coverage will be identified and that claims submitted to Alliance will include the net remaining amount to be paid.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) has consistent and accurate cyclical financial reporting.

II. POLICY STATEMENT

It is the policy of Alliance to reconcile and close the financial records on a monthly and annual basis in order to prepare accurate and timely financial statements. Financial statements shall be prepared according to generally accepted accounting principles and in accordance with contractual requirements.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure adherence with claims adjudication contractual requirements.

II. POLICY STATEMENT

Alliance Health (Alliance) shall establish general guidelines for the timely and accurate processing of claims submitted by providers for payment. Procedures shall ensure that Prompt Pay Guidelines will be met and that denied claims information will be returned to the Providers in a timely manner according to Department of Health and Human Services contractual requirements.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish a process for organization purchases.

II. POLICY STATEMENT

It is the policy of Alliance Health to ensure the cost effective, efficient and timely procurement of the necessary goods and services in compliance with applicable State and Federal laws and regulations.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to develop and implement procedures for the legal and proper investment of Alliance Health (Alliance) idle funds.

II. POLICY STATEMENT

It is the policy of Alliance to invest idle public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow requirements of the Organization and conforming to all State statutes governing the investment of idle funds, specifically G.S. 159-30.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) follows established procedures for loading and maintaining service codes in the Alliance Claims System.

II. POLICY STATEMENT

It is the policy of Alliance that all service codes and descriptions are loaded and maintained in the Alliance Claims System by a qualified user. Consistent procedures shall be utilized to ensure that the quality and integrity of data in the system is maintained.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

Alliance Health (Alliance) is a political subdivision of the State of North Carolina that is subject to Article 3 of N.C.G.S. Chapter 159, the Local Government Budget and Fiscal Control Act. N.C.G.S. §159-9 requires the governing board to appoint a budget officer to serve at the will of the governing board. The Alliance Board has appointed the Chief Financial Officer as the Budget Officer. N.C.G.S. §159-15 allows the governing board to authorize the Budget Officer to transfer moneys from one appropriation to another within the same fund subject to such limitations and procedures as it may prescribe. The purpose of this Board Policy is to define the authority level at which the Chief Financial Officer as the board appointed Budget Officer, can transfer moneys within and between appropriations.

II. POLICY STATEMENT

The Annual Operating Budget for Alliance is supported by Federal and State Medicaid Funds, State Funds, Federal and Other Grant Funds and County funds. Throughout the fiscal year it may be necessary from time to time to transfer moneys between and within the funding sources (or “appropriations”) to maximize the most appropriate use of funding for services. It is the policy of Alliance to authorize the Chief Financial Officer, as the board appointed Budget Officer to transfer moneys as outlined below:

- Transfers of $25,000 or less between appropriations may be made by the Budget Officer without prior approval
- 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.

Funds allocated by the State for programs or services in a specific county may not be transferred between counties without the approval of the finance committee and the Board and/or direction from the State.
Notwithstanding the foregoing, the Year-end adjustments made in the year end close process (August of the following fiscal year) may be made and reported to the Finance Committee and the Board at the next meeting after the year-end financial statements have been completed.

The transfer of county appropriations between counties is prohibited.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to acknowledge the enrollment and coverage of Medicaid consumers enrolled in the Prepaid Inpatient Health Plan (PIHP) of Alliance Health (Alliance) as well as to establish eligibility criteria for individuals not eligible for Medicaid coverage.

II. POLICY STATEMENT

It is the policy of Alliance to comply with the DHHS NC Medicaid contract in that all Medicaid categories listed as eligible in the contract are covered by Alliance as part of the 1915 (b)(c) Waiver operations.

Alliance shall establish criteria by which individuals may be eligible for state funds as payment for behavioral health services to a non-Medicaid eligible individual. For an individual to receive state funded services, the following basic criteria must be met:

1. There must be funding available to pay for such treatment;
2. The individual must be a resident of a county in the Alliance catchment area;
3. There must be no other payer to cover the cost of care; and
4. The individual or minor individual’s parent or legal guardian are deemed financially eligible for services, as defined below.

An individual meets financial eligibility if the household income is at or below 300% of the federal poverty level and they have no assets or third party funding or insurance available to pay for services.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is for Alliance Health (Alliance) to develop and implement a compliance plan and program. The program shall be designed to establish an organizational culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state law, and North Carolina Department of Health and Human Services contracts, as well as Alliance’s ethical and operational policies and procedures. The compliance program shall include robust program integrity strategies to prevent and reduce fraud, waste, and abuse.

II. POLICY STATEMENT

Alliance is committed to the development of an organizational culture where services are provided and business is conducted in a legal and ethical manner. Alliance also encourages employee, contractor, and provider participation in achieving a culture of compliance through training, suggestions for improvement, questions, and reporting of violations without fear of retaliation. Each report or question offers an opportunity to contribute positively to the quality of services at Alliance.

Ethical behavior and compliance with all pertinent laws, rules and other regulatory, contractual, or accreditation requirements are the responsibility of all employees, contractors, and providers.

III. PROCEDURES

Annually, the Chief Executive Officer shall present the Compliance Plan to the Board for approval.
I. PURPOSE

The purpose of this policy is to outline the scope, responsibilities, and activities conducted by Alliance Health (Alliance) to prevent, detect, and resolve instances of fraud and abuse.

II. POLICY STATEMENT

It is the policy of Alliance to comply with all local, state, and federal laws governing its operations. Alliance shall promote efforts to guard against fraud and abuse through prevention, detection and enforcement activities.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that any financial incentives provided by Alliance Health (Alliance) promote the provision of quality health care services.

II. DEFINITIONS

**Delegated Entity:** An entity that performs delegated activities on behalf of Alliance

III. POLICY STATEMENT

It is the policy of Alliance to not allow the payment of bonuses or other financial incentives to staff, contractors, consultants, or delegated entity based directly on consumer utilization of health care services.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish guidelines and procedures to prevent conflict of interest on the part of employees of Alliance Health (Alliance). The policy is intended to supplement, but not replace any applicable Federal or state laws governing conflict of interest.

II. POLICY STATEMENT

It is the policy of Alliance that employees shall disclose any actual or potential conflict of interest.

Each employee shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, and Alliance policies regarding avoidance of conflict of interest. This includes the avoidance of the perception of conflict of interest.

North Carolina General Statutes 126-4 prohibits an employee from holding any office or have other employment which may conflict with employment in an agency subject to the State Personnel Act.

Alliance employees shall not derive a direct benefit from a provider or contractor as covered by NC G.S. 14-234.

It is the responsibility of each employee to reveal a conflict or the appearance of a conflict of interest. Not reporting a conflict of interest constitutes unacceptable personal conduct which may result in disciplinary action up to and including dismissal.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

Alliance Health (Alliance) is committed to providing high quality services that comply with the regulations and laws that are applicable to behavioral healthcare and Managed Care Organizations. To support this commitment, Alliance shall develop a Code of Ethics and Conduct to provide guidance for staff on employee and organizational responsibilities. The code is not intended to be an exhaustive list of behavioral expectations. In areas the code does not cover, staff has a duty to determine how they should behave by consulting the regulations, speaking to a supervisor or contacting the Compliance Officer.

II. POLICY STATEMENT

It is the policy of Alliance to develop a Code of Ethics and Conduct to provide staff with guidance on requirements for conduct as established by Alliance and applicable laws and standards. Principles within the Code of Ethics and Conduct shall be grounded in Alliance policy.

All staff shall uphold Alliance’s adopted Code of Ethics and Conduct. Additionally all staff is required to report or seek guidance on any activity they believe is unethical or violates the law or any federal or state healthcare requirement. Individuals do not have to be certain that the violation occurred in order to report it. Staff seeking guidance or reporting violations may do so without fear of retaliation and their confidentiality will be protected to the fullest extent possible.

The Code of Ethics and Conduct shall be reviewed at least annually and the Board of Directors shall approve any modifications to the content of the code.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to assure that any records generated by the Area Authority are maintained as required by State and Federal rules and regulations.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to maintain all program records and service records in accordance with North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services Records Retention and Disposition Schedule for State and Area Facilities, APSM 10-5 to include all subsequent revisions. In the event that the Alliance is notified of any pending legal action or action involving federal or state audit or investigation of the program, the records shall be maintained until the date such matter is resolved and formally concluded in accordance with applicable federal and state laws and regulations.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provision of this policy.
I. PURPOSE

The purpose of this policy is to provide guidelines and requirements for Alliance Health (Alliance) employees regarding legal proceedings involving service records.

II. POLICY STATEMENT

It is the policy of Alliance to comply with any valid requests for service records issued by a court of competent jurisdiction in accordance with state and federal regulations.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) carries out its responsibility for providing care coordination to eligible individuals and families within the Alliance catchment area and to define the process of identifying and referring individuals to Care Coordination.

II. DEFINITIONS

**Care Coordination:** A collaborative process that links individuals and families with special healthcare needs and high risk/high cost individuals to services and resources in an effort to optimize clinical outcomes, decrease unnecessary utilization of services, and ensure delivery of quality care.

**Special Health Care and High Risk Populations:**
- Adult enrollees who are severely and persistently mentally ill and meet Level of Care Utilization System for Psychiatric Services (LOCUS) criteria
- Child enrollees who are severely emotionally disturbed and meet Child and Adolescent Level of Care Utilization System (CALOCUS) criteria
- Children under 21 years of age with a mental health or substance use diagnosis who are currently, or have been within the past thirty (30) days, in a facility (including a Youth Development Center and Youth Detention Center) operated by the Department of Public Safety, or Division of Adult Correction and Juvenile Justice for whom Alliance has received notification of discharge.
- Enrollees with substance use diagnosis and current ASAM PPC Level of III.7 or II.2-D or higher.
- Enrollees with co-occurring diagnoses (SA/MH/I/DD)
- Opioid Dependent: Individuals with an opioid dependence diagnosis and who have reported to have used drugs by injection within the past thirty days
- CCNC/MCO (Community Care of North Carolina/Managed Care Organization)Priority List
- Consumers who meet criteria for the Transitions to Community Living Initiative
- Individuals on the NC Innovations Waiver
• Individuals with an intellectual or developmental disability diagnosis who are currently, or have been within the past thirty (30) days, in a facility operated by the Division of Adult Correction and Juvenile Justice for whom Alliance has received notification of discharge

III. POLICY STATEMENT

It is the policy of Alliance to provide Care Coordination to individuals that meet the Special Health Care and High Risk Populations criteria delineated in part II. Alliance shall develop protocols to identify individuals who are high risk or who have special health care needs and ensure that those individuals identified receive care coordination as appropriate. Alliance shall employ qualified professionals who shall be located in the geographic areas covered by Alliance to provide care coordination.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that members’ rights are respected and protected by all providers in the Alliance Health (Alliance) Provider Network.

II. POLICY STATEMENT

It is the policy of Alliance that every person served has a right to dignity, privacy and humane care that must be respected and protected. Providers in the Alliance Provider Network shall assure basic human rights to each member. All programs operated by providers shall comply with the clients’ rights standards set forth in G.S. 122C, Article 3.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to protect each member’s right to privacy and to safeguard the confidentiality of identifiable health information.

II. POLICY STATEMENT

All members of Alliance Health (Alliance) shall be assured that their right to privacy and the confidentiality of their identifiable health information will be safeguarded. No staff member, volunteer, student or other person associated with Alliance shall use or disclose any information except as provided by these policies and procedures as authorized by the General Statutes of the State of North Carolina 122C Parts 52-56, Client Right to Confidentiality, the Federal Regulations 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Health Insurance Portability and Accountability Act (HIPAA) regulations in 45 CFR. Any violation of this policy shall be grounds for disciplinary action, including termination of employment or termination of other services with Alliance.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to advocate and support an individual’s right to make informed choices about service provision.

II. POLICY STATEMENT

It is the policy of the Area Authority to promote and encourage choice when members seek services from Alliance Health (Alliance). Alliance shall ensure that each member seeking services receives the following:

1. information necessary to make an informed choice about service;
2. information about the range of other services available and;
3. information about their right to receive services in a way that is non-coercive and protects their right to self-determination.

For Medicaid funded services, members shall be provided with a choice of at least two provider agencies from which they may elect to receive services. (May not apply to some highly specialized services)

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) complies with regulatory requirements surrounding Advanced Directives and Advanced Instructions for Mental Health Treatment including Part 2 of Article 3 of Chapter 122C of the North Carolina General Statutes and 42 C.F.R. 438.3(j).

II. POLICY STATEMENT

It is the policy of Alliance to distribute written information regarding Advance Directives and Advanced Instructions for Mental Health Treatment policies to adult Members, including a description of applicable State and Federal laws. Written information regarding Advance Directives and Advanced Instructions shall include the following topics:

1. Member rights under State law;
2. Alliance policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of Advance Directives and Instructions as a matter of conscience;
3. Information on the Advance Directive and Instructions policies of Alliance;
4. The Member's right to file a grievance with the State Certification and Survey Agency or the Division of MH/IDD/SA Services concerning any alleged noncompliance with the Advance Directive or Instructions laws.

In compliance with 42 CFR 438.3(j), the written information provided to Members shall reflect changes in State law related to Advance Directives and Advance Instructions as soon as possible, but no later than 90 days after the effective date of the change.
III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
# BOARD OF DIRECTORS
## POLICIES & PROCEDURES

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Customer Services</th>
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<tbody>
<tr>
<td>BOARD POLICY #:</td>
<td>CS-1</td>
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<tr>
<td>LINES OF BUSINESS:</td>
<td>All lines of business</td>
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<td>RESPONSIBILITY:</td>
<td>Board of Directors, Chief Executive Officer</td>
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<tr>
<td>REFERENCE(S):</td>
<td>G.S. 122C-115.4</td>
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| URAC STANDARDS: | CORE, v. 3.2, Standards 4, 6-9 & 34; HCC, v. 5.1, Standards 9 & 13-15 |
| NCQA STANDARDS: | UM 10                      |
| APPROVAL DATE:  | 08/20/2012                 |
| LATEST REVISION DATE: | 03/03/2016             |
| LATEST REVIEW DATE: | 09/02/2021              |
| NEXT REVIEW DATE: | 09/15/2022               |
| REVIEW CYCLE:   | Annual                     |

## I. PURPOSE

The purpose of this policy is to establish the expectation that Alliance Health (Alliance) shall operate a comprehensive customer services program.

## II. POLICY STATEMENT

It is the policy of Alliance that its Customer Services Program will provide the following:

1. 24/7/365 access to services by providing screening, triage and referral through the Access and Information Line;
2. Crisis services authorization as needed; and
3. Information in response to questions and inquiries expressed through the Access and Information Line.

## III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish standards and guidelines to prevent conflict of interest on the part of members of the Alliance Health (“Alliance”) Board of Directors (hereinafter “Board”). The policy is intended to supplement, but not replace any applicable federal or state laws, rules and regulations governing conflict of interest. This policy is also intended to meet the requirements of the North Carolina Department of Health and Human Services, Division of Health Benefits regarding conflict of interest under the Medicaid 1915 (b)/(c) waiver.

II. POLICY STATEMENT

It is the policy of Alliance to ensure that none of its Board members have conflicts of interest with any of the provider agencies with which Alliance has a contractual or a consumer referral relationship.

Each Board of Directors member shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, Board of Directors and Alliance policies, and Board of Directors By-Laws regarding avoidance of conflict of interest. This includes the avoidance of the perception of conflict of interest which might undermine the efforts of the Board of Directors to maintain public confidence and trust in Alliance.

III. DEFINITIONS

Provider agency: Agency, organization or individual that is contracted with Alliance to deliver publicly-funded mental health, intellectual/developmental disability, substance abuse or other treatment, habilitation, rehabilitation, educational, training and/or recovery related services to consumers.
Publicly-funded: Funded with State, County, Medicaid or Federal Block Grant Funds.
Vendor: Company or other entity that provides goods and services needed to develop, maintain or operate the corporation.
Conflict of Interest: Situations in which financial or personal interests may adversely affect, or have the appearance of adversely affecting, an individual’s professional judgment in performing any activity or duty in connection with his/her role as a Board member.

IV. RESTRICTIONS AND REPORTING

1. Identification

Board of Directors will be educated on conflict of interests. Each Board member is responsible for identifying potential, perceived and prohibited conflict of interests.

2. Prohibited Conflicts

Certain activities are deemed a conflict of interest and are therefore prohibited; specifically Board members are prohibited from the following:

a. Receiving reimbursement as consultant or employee from Alliance or being employed by Alliance during the time they serve as board member.

b. No member of the Board of Directors may be a ‘family member’, as defined in Section IV-3.b. of this policy, of any employee of Alliance.

c. Representing him or herself to be an independent agent of the Board of Directors representing any potential Board of Directors action or position.

d. No person registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the Board of Directors (NCGS 122C -118.1)

e. Having a personal interest, direct or indirect financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any Provider Agencies with which Alliance has a current contractual or referral relationship. Except that, Membership of a Board of County Commissioners who is also a member of the Board of Directors of any nonprofit hospital due to his/her status as a County Commissioner shall not be prohibited from serving on the Board of Directors even if the nonprofit hospital is contracted with Alliance. Any such member must recuse themselves from any Board of Directors votes that may impact the nonprofit hospital, and must likewise recuse themselves from any hospital Board votes that may impact Alliance.

A list of the provider agencies with which Alliance has contractual or referral relationships is available on the Alliance website. A list of vendors shall be provided to Board members upon request.

f. Serving on the Consumer and Family Advisory Committee, unless as the appointed member as reflected in the bylaws.

g. Having any interest in an Alliance vendor as follows:
   i. The Board member is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.
ii. The Board member has a family member who is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.

h. Personally having, or having a family member who has, any interest in any mortgage, deed of trust, note, or other financial interest in a vendor where the value of such interest equals more than 5% of the value of the assets of the vendor.

i. Employment with the State of North Carolina, the Federal government, or the fiscal intermediary in any position that exercises any authority or control over Alliance, its contracts, or its performance.

j. Serving on the Board if:
   i. debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549; or
   ii. being an affiliate, as defined in the Federal Acquisition Regulation, of a person described in i.

k. No Board member may have a relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Error! Hyperlink reference not valid.

l. A person representing or potentially representing a vendor, a Provider, or a funder in an adversarial role to Alliance (e.g. attorney for provider).

3. Potential and Perceived Conflicts

To ensure accurate disclosure and consideration of potential and perceived conflicts of interest, the following relationships must also be reported and may be deemed a conflict of interest:

a. Having a family member who has a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any provider agencies with which Alliance has a contractual or referral relationship.

   For purposes of this policy, “family members” include:
   i. The Board member’s spouse;
   ii. The Board member’s parents, children, and siblings;
   iii. The Board member’s stepparents, stepchildren, stepbrothers, and stepsisters;
   iv. The Board member’s father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law;
   v. The Board member’s grandparents and grandchildren;
   vi. A spouse of any of the Board member’s grandparents or grandchildren.

V. REQUIREMENTS

Certain actions are required on the part of Board members for effective implementation of this policy:
1. Board members must observe the highest moral and ethical standards in any dealings in which they represent the Board of Directors.

2. Board members must disclose on an ongoing basis any conflict or the appearance of a conflict of interest and depending on the circumstances, may be prohibited from serving or restricted in voting based on the disclosure.

3. All Board members are required to update the information on the disclosure form whenever a potential conflict arises.

4. Board members who are aware of any violations by any board members of this policy are required to report them to the Board of Directors Chair. The Board Chair shall notify the Chief Executive Officer of the reported violation.

VII. CONFLICT OF INTEREST DISCLOSURE AND RESOLUTION PROCESS

1. The Conflict of Interest (COI) Disclosure form will be distributed no later than the February Board meeting.

2. Board members are required to submit COI Disclosure forms by March 31 each fiscal year.

3. Board members who do not submit COI Disclosure forms by the due date will have their membership on the Board suspended to include eligibility for stipends and financial reimbursement until such time the form is submitted. Board members who do not fully comply with the provisions in this Policy may be subject to removal from the Board.

4. Compliance Officer and Legal Counsel review forms and make recommendation to the CEO. Recommendations may include prohibition from voting to resignation from the Board.

5. Compliance Officer and Legal Counsel notifies Audit & Compliance Committee (Committee) Chair of the conflict and the recommendation to remove/avoid the conflict prior to Committee meeting.

6. Committee Chair calls Board member with identified conflict to discuss conflict and recommendation prior to the Committee meeting. Board member is offered the opportunity to remove the conflict prior to presenting to the Committee:
   a. If Board member removes the conflict, a new disclosure form is filled out reflecting no conflict
   b. If Board member does not remove conflict, it is presented to the Committee
   c. While conflict of interest issues are being reviewed, the Board member and subject of the potential conflict may be prohibited from serving or restricted from voting.

7. Committee hears the conflict and makes a final recommendation to the Board. The Committee will invite the Board member to be present when the matter is considered by the Committee.

8. Committee submits recommendation to the full Board as consent agenda item using Agenda Action Form (AAF) and a separate document identifying the Board Member, his/her conflict, and proposed solution.
9. The Board of Directors shall make the final decision regarding the disposition of all conflict of interest issues.
I. PURPOSE

To provide formal guidelines for compensation that Board of Directors Members are entitled to receive under G.S. 122C-120.

II. POLICY STATEMENT

All members of the Board of Directors are entitled to receive a payment of $50.00 per meeting for attendance at the following meeting(s):

- Regular Monthly Board of Directors Meetings
- Committee Meetings for appointed Committee members, or Board Members requested to attend, that occur on a day besides a Board of Directors Meeting

Each member has the right to decline this compensation by giving written notice to the Chief Executive Officer.

Members shall be entitled to reimbursement for travel to official meetings and functions of the Board of Directors or Committees in excess of 40 miles round trip, at the rate established by the current IRS regulations.

III. PROCEDURES

Compensation shall be made consistent with the fiscal procedures of the Area Authority.
I. PURPOSE

To identify activities necessary for the orderly planning and implementation of Board of Directors processes.

II. DEFINITIONS

Processes: Activities associated with Board of Directors meetings including agenda planning, developing and distributing meeting materials, overseeing committee work, compiling meeting minutes, etc.

III. POLICY STATEMENT

The Board of Directors shall utilize processes required for effective and efficient meetings, to execute Board business and to carry out Area Authority responsibilities for service delivery and operations.

IV. PROCEDURES

A. Agenda Planning

Each Board of Directors meeting shall utilize an agenda developed by the Board of Directors Executive Committee with assistance from the Chief Executive Officer. Meeting agendas shall conform to the following principles:

1. The agenda shall have continuity from the previous meeting.
2. Agenda items may sometimes include special issues such as election of new members, attention to crisis situations, goal setting, etc.
3. The agenda shall indicate the beginning and ending times for each Board meeting.
4. The agenda shall be sent to Board of Directors members at least four (4) working days prior to each meeting.
B. Developing and Distributing Meeting Materials

The Chief Executive Officer (or designee) is responsible for the following:
1. Sending notices to Board of Directors members regarding meetings
2. Preparing “Board Packets” to be available to Board members four (4) working days prior to each regularly scheduled board meeting. The packets shall include but not be limited to:
   a. The meeting agenda
   b. Agenda Action Form and supporting documentation
   c. Minutes from the previous Board of Directors meeting
   d. Minutes from committee meetings, as applicable
3. Posting agenda on website
I. PURPOSE

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

II. DEFINITIONS

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

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

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

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

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

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

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

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

III. POLICY STATEMENT

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

IV. PROCEDURES

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

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

The Chief Executive Officer (or designee) is responsible for developing a process for revising, approving and monitoring all operational policies and procedures.
I. PURPOSE

The purpose of this policy is to establish a process for determining compensation for the Chief Executive Officer.

II. POLICY STATEMENT

The operational effectiveness of Alliance Health (Alliance) is dependent, in large part, on the leadership of its chief executive. As such, it is incumbent upon the Board of Directors to develop a compensation plan and process that (1) attracts and retains the best executive talent, (2) ensures compensation that is comparable to that of similar organizations and (3) is based on the Chief Executive Officer’s performance. The Board’s compensation plan shall comply with all relevant Federal, State and local requirements, including but not limited to NCGS 122C-121.

III. PROCEDURES

A. Total Compensation Mix

Total executive compensation shall include the following items:

1. Base pay – formal position salary structure plus any restructuring based on position reviews.
2. Benefits plan – health and medical insurance benefits, liability coverage and other benefits as approved by the board.
3. Incentives based on personal and professional performance.

B. Total Compensation References

The Board of Directors shall use comparability data in determining and approving an equitable compensation arrangement including:
1. Market comparator data – a review of compensation paid by other agencies of similar size and services.
2. Functionally comparable positions – a review of compensation paid to other executives of similar functions and responsibilities.
I. PURPOSE

The purpose of this policy is to set forth the requirement that the Board of Directors conduct an annual performance evaluation of the Chief Executive Officer.

II. POLICY STATEMENT

The Board of Directors shall complete a formal review (at least annually or more often if necessary) of the Chief Executive Officer using a method that encompasses areas of operation that are important to the Board of Directors and required by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (State). This method shall be used at the Board’s discretion and shall minimally include: the major categories described in the State rules for evaluating the Chief Executive Officer and additional priorities as mutually agreed to by the Board of Directors and the Chief Executive Officer. Among other things, the Board shall use the performance evaluation to (1) assure that the Chief Executive Officer meets performance expectations as established by the Board and (2) to identify or verify information that may be used to determine or justify a change in the Chief Executive Officer’s compensation package.

III. PROCEDURES

The Board Chair may appoint an ad hoc committee to conduct the annual performance evaluation. The committee shall bring its recommendation to the full board for final action.
I. DEFINITIONS

As used in this article, the following terms shall have the meaning indicated:

**Business Entity:** Any business, proprietorship, firm, partnership, person in representative or fiduciary capacity, association, venture, trust or corporation which is organized for financial gain or profit.

**Area Authority Official:** A member of the Board of Directors.

**Immediate Family:** The Board of Directors member, his/her spouse, and minor children (including stepchildren and foster children).

**Interest:** Direct or indirect pecuniary or material benefit, as a result of an official act, a contract, or transaction with Alliance Health (Alliance), accruing to:

i. A board member;
ii. Any person in his/her Immediate Family;
iii. Any business entity in which the board member, member of his/her immediate family, or is about to be, an officer or director;
iv. Any business entity in which an excess of five (05) percent of the stock, or legal or beneficial ownership of, is controlled or owned directly or indirectly by the board member, or his/her immediate family member.

For the purposes of the above paragraphs, ii, iii, and iv, a board member is presumed to have knowledge of the financial affairs of his/her immediate family members. For the purpose of this policy, the board member only has an Interest in the affairs of other immediate family members if the board member has knowledge of or should have known of the Interest of the family member.

**Official Act or Action:** Any administrative, appointive, or discretionary act of any board member.

**Confidential Information:** Any information or knowledge which has not been made public through a governmental agency or official. Information that has become public knowledge, whether or not through a governmental agency or official, is not considered confidential information.
II. POLICY STATEMENT

The Proper Operation of a public authority requires that board members of the authority and its employees be independent, impartial, and responsible to the people; that decisions and policy be made publicly; that public offices not be used for personal gain; and that the public maintain confidence in the integrity of the authority.

In recognition of these goals, a code of ethics for the Board of Directors of Alliance is hereby adopted. The purpose of this policy statement is to set forth guidelines for ethical standards of conduct for all such officials by setting forth acts or actions that are incompatible with the best interests of the Area Authority.

III. STANDARDS OF CONDUCT

The stability and proper operation of Alliance depends upon the continuing public confidence in the integrity of the Area Authority and upon responsible exercise of the trust conferred by the people. Board decisions and policy must be made and implemented through proper channels and processes of the board’s structure. The purpose of this section is to establish additional guidelines for ethical standards of conduct for board members. It should not be considered a substitute for the law or a board member’s best judgment.

Board of Directors members must be able to act in a manner to maintain their integrity and independence, yet must be responsible to the interests and needs of those individuals served by Alliance. Board members serve in an important advocacy capacity in meeting the needs of the served communities in the Alliance Catchment Area and should recognize the legitimacy of this role as well as the importance of this function to the proper functioning of the Area Authority. At the same time, the Board must, at times, act in an administrative capacity and must, when doing so, act in a fair and impartial manner. Board of Directors members must know how to distinguish these roles and when each role is appropriate, and they must act accordingly. Board members must be aware of their obligation to conform their behavior to standards of ethical conduct that warrant the trust of their constituents.

A. A Board of Directors Member Shall Obey the Law. Board members shall support the Constitution of the United States, the Constitution of North Carolina and the laws enacted by the Congress of the United States and the General Assembly pursuant thereto.

B. A Board of Directors Member Shall Uphold the Integrity of His or Her Office. Board members shall demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all their public activities in order to inspire public confidence and trust in Alliance. Board members shall participate in establishing, maintaining, and enforcing, and shall themselves observe, high standards of conduct so that the integrity of their office may be preserved. The provisions of this Code should be construed and applied to further these objectives.

C. A Board of Directors Member Shall Avoid Impropriety and the Appearance of Impropriety in All of His or Her Activities.

1. It is essential that Alliance attract those citizens best qualified and willing to serve. Board of Directors members have legitimate interests - economic, professional and vocational - of a private nature. Board members shall not be denied, and shall not deny to other members
or citizens, the opportunity to acquire, retain and pursue private interests, economic or otherwise, except when conflicts with their responsibility to the public cannot be avoided. Board of Directors members must exercise their best judgment to determine when this is the case and comply with the Board of Directors Conflict of Interest Policy.

2. Board of Directors members shall not allow family, social, or other relationships to unduly influence their conduct or judgment and shall not lend the prestige of the office to advance the private interests of others; nor shall they convey or permit others to convey the impression that they are in a special position to influence them.

D. A Board of Directors Member Shall Perform the Duties of the Office Diligently. Board members shall perform the duties of the office as prescribed by law. In the performance of these duties, the following standards shall apply:

1. Board members shall respect the legitimacy of the goals and interests of other members and shall respect the rights of others to pursue goals and policies different from their own.

2. Board members shall respect, support and abide by the decisions made by the board even in those instances when the member(s) is not on the prevailing side of an issue.

3. Board members shall demand and contribute to the maintenance of order and decorum in proceedings before the board.

4. Board members shall be honest, patient, dignified and courteous to those with whom they deal in their official capacity, and shall require similar conduct of the Area Authority’s staff.

5. Board members shall accord to every person who is legally interested in a proceeding before the board full right to be heard according to law.

E. A Board Member Shall Conduct the Affairs of the Board in an Open and Public Manner. Board members must be aware of the letter and intent of the State’s Open Meetings Law and conduct the affairs of the board consistent with the letter and spirit of that law and consistent with the need to inspire and maintain public confidence in the integrity and fairness of the Area Authority.

IV. ADDITIONAL STANDARDS OF CONDUCT

Board members shall be subject to and abide by the following standards of conduct.

A. Conflict of Interest. Board members shall comply with all provisions in the board’s policy on Conflict of Interest.

B. Use of official position. No board member shall use his/her official position or the Area Authority’s facilities for his/her private gain, or for the benefit of any individual, which benefit would not be available to any other member of the public in the same or similar circumstance.

C. Disclosure of information. No board member shall use or disclose confidential information gained in the course of or by reason of his/her official position on the board for purposes of advancing:

1. His/her financial or personal interest;
2. The interest of a business entity of which the member, an immediate family member, has an interest;

3. The financial or personal interest of a member of his/her immediate family; or

4. The financial or personal interest of any citizen beyond that which is available to every other citizen.

D. Incompatible service. No board member shall engage in, or accept private employment or render service for private interest, when such employment or service for private interest is incompatible with the proper discharge of his/her official duties with the Area Authority or would tend to impair his/her independent judgment or action in the performance of his/her official duties, unless otherwise permitted by law.

E. Gifts. No board member shall directly or indirectly solicit any gift, or accept or receive any gift, whether in the form of money, services, loan, travel, entertainment, hospitality, thing or promise, or any other form from any Alliance contractor, subcontractor, provider or supplier.

Exempted from the prohibition are reasonable honorariums for participating in meetings, advertising items or souvenirs of nominal value or meals furnished at banquets. Also exempted are customary gifts or favors between board members or officers and their friends or relatives. Board members must report in writing to the Chief Executive Officer all honorariums and gifts and favors from friends and relatives if made by a covered contractor, subcontractor, provider or supplier.

It shall not be a violation of this policy for any board member to solicit donations, contributions or support for any charitable activity which does not result in direct pecuniary benefit to the member, a member of his immediate family, or business entity with which he is associated.

F. Chief Executive Officer to Secure Advice. In any case where the circumstances make it unclear as to whether a thing constitutes a “gift” within the meaning of this provision, any board member shall consult with the Chief Executive Officer who will secure an advisory opinion from General Counsel.

V. VIOLATIONS OF THE CODE OF ETHICS; SCHEDULING OF HEARING BEFORE THE BOARD OF DIRECTORS; RIGHTS OF ACCUSED AT HEARINGS; SANCTIONS

A. The Board of Directors Chairperson, after receiving an allegation of a violation of the Code of Ethics, shall refer the matter to the Chief Executive Officer for further investigation and inform the Board’s Executive Committee of the alleged violation and the findings of the investigation.

B. If the Executive Committee finds sufficient evidence to believe a violation may have occurred, they shall report the matter to the full board which may schedule a hearing on the issue. The board member who is charged with the violation shall have the right to present evidence, including the testimony of witnesses, and to question witnesses, including the complainant or complainants, at the hearing.

C. The hearing shall be conducted by the Board of Directors in open session. Any determination resulting from said hearing shall be made in open session of the Board. The Clerk to the Board shall be authorized to swear witnesses before the presentation of their testimony.
D. If the Board of Directors by majority vote of the remaining members finds that a violation has occurred, they may adopt a resolution of censure which shall be placed as a matter of record in the official minutes of the Board meeting or, if warranted, refer the matter to the appointing authority.

VI. ADVISORY OPINIONS

When any board member has a doubt as to the applicability of any provision of this policy to a particular situation involving that board member or as to the definition of terms used in this policy, he/she may apply to the Chief Executive Officer who shall obtain an advisory opinion from General Counsel. The board member shall have the opportunity to present his/her interpretation of the facts at issue and of the applicability of provisions of this policy before such advisory opinion is made.

CODE OF ETHICS FOR ALLIANCE BOARD OF DIRECTORS

I, a member of the Alliance Board of Directors acknowledge that I have received and reviewed a copy of the Code of Ethics for the Board of Directors.

_________________________  _____________
Signature                      Date

_________________________
Printed Name
I. PURPOSE

The purpose of this policy is to ensure the ongoing and meaningful involvement of consumers and family members, through the Consumer and Family Advisory Committee (CFAC), in the planning, management and oversight of the Area Authority.

II. POLICY

It is the policy of Alliance Health (Alliance) that a Consumer and Family Advisory Committee (CFAC) shall be established and operational. The CFAC shall be a self-governing and self-directed organization that advises the Board of Directors on the planning and management of the local public mental health, intellectual/developmental disabilities and substance abuse system. The CFAC shall be actively involved in all aspects of planning, development, implementation and evaluation of the Area Authority and its providers of services.

III. PROCEDURES

A. Alliance shall provide staff to assist CFAC in implementing its duties under NCGS 122C-170(c).
I. PURPOSE

The purpose of this policy is to define the relationship between the Alliance Health (Alliance) Board of Directors (Board of Directors) and the Chief Executive Officer.

II. DEFINITIONS

Chief Executive Officer: The Chief Executive Officer is the Area Authority’s chief executive officer. The Chief Executive Officer is hired and evaluated by the Board of Directors and is responsible for leading and managing the Area Authority’s business and affairs.

III. POLICY STATEMENT

The Board of Directors shall maintain an ongoing relationship with the Chief Executive Officer that will ensure the effective and efficient operation of the Area Authority’s programs and services.

IV. PROCEDURES

A. Delegation of Authority and Responsibility to the Chief Executive Officer

The Chief Executive Officer shall be employed by the Alliance Board of Directors to administer the affairs of the Area Authority within the policies and procedures adopted by the Board of Directors and applicable Federal, State and local laws and regulations. The duties of the Chief Executive Officer shall include but are not limited to:

1. Hire, suspend and dismiss employees as necessary.
2. Provide the Board of Directors with required reports, data and information regarding programs, services, finances and any other business areas as identified by the Board of Directors.
3. Assume overall responsibility for implementing programs and services, including the execution of Provider contracts pursuant thereto.
4. Develop procedures to implement the policies of the Board of Directors.
5. Administer and monitor the Area Authority budget and recommend changes.
6. Define duties and establish the compensation of the Area Authority employees.
7. Evaluate the Area Authority employees.
8. Serve as the primary liaison between the Board of Directors and the NC Department of Health and Human Services.
9. Assist the Board of Directors in understanding their legal responsibilities in performance of their assigned duties.
10. Meet with the Board of Directors or specific Board of Directors members, during regularly established, or impromptu, meetings as required.
11. Negotiate, approve and execute settlement agreements of provider and consumer appeals deemed necessary and in consultation with General Counsel.
12. Enter into all necessary non-Provider contracts (including but not limited to consultant, service contracts, and purchase of goods) and extensions and amendments thereto costing $500,000 or less cumulatively within one fiscal year, and contracts funded directly by an allocation letter, a grant, or contracts for organization and employee insurance regardless of amount. Requests for all other non-Provider contracts shall be presented to the Board Finance Committee for consideration and authorization for approval by the Board. Nothing herein delegates authority to the CEO for those matters set forth in the Board By-laws requiring approval by a super majority of the Board. The CEO may delegate his authority for non-Provider contracts costing $500,000 or less, as deemed necessary for the efficient operation of the organization.

B. Board of Directors Access to Area Authority Management and Employees

From time to time Board of Directors members may need to interact with staff of the Area Authority in order for the Board to fulfill its mission. The Chief Executive Officer shall develop the framework and procedures to facilitate Board/staff interaction.
I. PURPOSE

The purpose of this policy is to provide a framework to carry out the intent and desire of the Board of Directors to receive public comment at Board meetings.

II. POLICY STATEMENT

The Board of Directors considers public comment, within specific guidelines, an important and integral component of fulfilling its planning and decision-making responsibilities.

III. PROCEDURES

A. Persons must sign up for agenda items and identify any non-agenda items about which they wish to speak as they sign up.

B. Persons may sign up prior to the meeting and during the meeting up to the point that the Board recognizes opportunity for public comment to occur.

C. Guidelines shall be posted outside the Board Room and shall be made available to persons signing up for public comment.

D. The public comment period shall be slotted into the early part of the Board’s agenda.

E. Board of Directors members may ask clarifying questions at any time during the public comment period and staff may be asked by the Board Chair to provide clarification.

F. No individual staff shall be named during public comment.

G. The discussion of all items is to occur only among Board members.
H. If an organization or group wishes to be heard, one person shall serve as their spokesperson.

I. Two (2) minutes per speaker is the established time limit (apart from any comment that is made in response to a Board of Directors member’s request for clarifying information). (Note: Any individuals/groups seeking formal inclusion on a Board of Directors agenda will be considered by the Executive Committee when it sets the agenda at its monthly meeting).

J. Yielding time to others is not permitted.

K. The Chairperson shall have the discretion to conduct the public comment session in a manner that maintains good order and decorum.

L. Board will acknowledge the comment but further discussion will be at the discretion of the Chair.
### Purpose

Alliance Health (Alliance) is a political subdivision of the State of North Carolina and organized under North Carolina General Statute §122C-115, to administer all publicly-funded mental health, intellectual/developmental disability, and substance abuse (MH/I-DD/SA) services for the residents of Durham, Wake, Johnston, and Cumberland Counties. The purpose of this policy and accompanying procedures is to define the relationship between the Area Authority and the participating County Boards of Commissioners.

### Definitions

**Area Authority:** The area mental health, developmental disabilities and substance abuse authority.

**Catchment Area:** The geographic part of the state served by the area authority.

**Boards of County Commissioners:** The participating boards of county commissioners for multicounty area authorities.

### Policy Statement

In accordance with the “Purpose” as outlined above, the Area Authority shall develop and manage local mental health, intellectual/developmental disabilities, and substance abuse services in the multi-county area per contracts with the Department of Health and Human Services (DHHS), Inter-local Agreements and the powers and duties outlined in N.C.G.S. §122C-117. The Area Authority shall collaborate with all relevant local governmental agencies in the catchment area to coordinate and advance the development of mental health, intellectual/developmental disabilities and substance abuse services. The Area Authority shall also operate in accordance with all applicable federal and state laws, rules, regulations, executed contracts, agreements, and resolutions as promulgated by the Alliance Board of Directors.
IV. PROCEDURES

A. Alliance shall create and manage the provision of high quality cost-effective mental health, intellectual/developmental disabilities, and substance abuse services to residents of the catchment area.

B. Alliance shall adhere to the requirements of applicable Federal and State laws, rules and regulations including but not limited to Chapters 108A 108D and 122C of the North Carolina General Statutes, the NC State Plan for Medical Assistance, the 1915 b/c Medicaid Waivers, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services’ (DMH/DD/SAS) State Plan, Clinical Coverage Policies, State Service Definitions, executed contracts with the NC Department of Health and Human Services, agreements with catchment area counties or other funding sources, all as may be amended, updated or supplemented from time to time.

C. Annually, the Chief Executive Officer (CEO) shall negotiate and sign a Funding Agreement with the Board of Commissioners of each county in the catchment area. County funding allocated for local services annually shall be conveyed through this Agreement between the funding County and the Area Authority. The terms of the Agreement shall be mutually developed and in compliance with applicable County, State and Federal requirements.

D. The Chief Executive Officer (CEO) or designee may attend catchment area County Department Head meetings and provide information and reports as specified in the Agreement between the Area Authority and the respective county government.

E. Alliance shall provide a status report on operations and service delivery to the catchment area County Boards of Commissioners at least annually, or more often if specified in the County Agreement or if circumstances dictate. The report shall be presented in a format as agreed upon by each County and the Area Authority and shall include, but not be limited to the following:
   1. Financial report
   2. Risk-management report
   3. Service planning and delivery activities
   4. Quality improvement activities including program audits, surveys, and reports
   5. Provider network management activities
   6. Consumer activities including complaints and grievances
   7. Other reports as identified
I. PURPOSE

The purpose of this policy is to guide board members in their relations with the news media in such a way as to ensure the effective operation of the Alliance Health (Alliance) Board of Directors. This policy does not seek to be comprehensive but sets out to provide guidance on how to handle issues that may arise when dealing with news media organizations.

II. DEFINITION

Media: Generally accepted organizations that publish or broadcast information aimed at informing the public.

III. POLICY STATEMENT

The Board of Directors is accountable to the citizens in the Alliance multi-county area. The board is committed to providing timely and accurate information to the public through all available means, including the news media. Each board member serves as an ambassador for the Area Authority and as such may be called upon by various media outlets to field questions or provide information regarding Alliance. Each board member shall adhere to this policy as he or she interacts with the news media regarding the affairs of the Board of Directors.

IV. PROCEDURES

A. Procedures for Dealing with the Media:

1. Board members should advise the Area Authority’s Corporate Communications Office of any planned or unplanned activities involving the news media.
2. The board shall allow all reasonable access to news media organizations and shall make every effort to respond without delay to requests for information. The board shall attend to media requests promptly and with courtesy, honesty and respect.

3. The Board shall treat all media outlets equally and shall avoid giving one outlet preferential treatment. Media releases shall be distributed to all media outlets at the same time.

4. Board members shall not disclose information that is of a confidential nature. This includes consumer information as well as information that has been discussed as confidential items on the board’s agenda.

5. The Board of Directors Chairperson shall serve as the official spokesperson on all matters related to the Alliance Board of Directors.

6. In their role as appointed representative, each board member is free to talk with the media at any time. Board members may use these opportunities to enhance the community’s understanding of the work of the Area Authority. However, if the board has not taken a position on a particular issue, the board member must make it clear that they are speaking for themselves and not for the board.

7. In responding to media inquiries, board members have an obligation to respect board policy once a decision is made. While it may be legitimate for a board member to make clear that he or she disagreed with a policy and voted against it, if the vote took place in an open session, he or she shall not seek to undermine a board decision through the news media.

8. From time to time board members may be requested to contribute material for newspaper articles or participate in a broadcast interview. The Area Authority’s Corporate Communications Office shall be available, upon request, to provide assistance.

9. From time to time it may be necessary for a Letter to the Editor or other position statement to be written as an official board communication to inform the community about a particular matter. Such letters or statements shall be issued under the signature of the Board Chairperson.
I. PURPOSE

The purpose of this policy is to provide guidance to the Board and consumers, enrollees, providers, vendors, stakeholders, or other persons or entities that have a contractual or business relationship with Alliance Health (Alliance), as to how to resolve disputes concerning Alliance contract actions, service authorization decisions or other matters, including applicable appeal rights.

II. DEFINITIONS

**Consumer:** Means any consumer of mental health, intellectual/developmental disability, and/or substance abuse (MH/I-DD/SA) services who is enrolled with Alliance, regardless of funding source.

**Enrollee:** Means any Medicaid-eligible beneficiary whose Medicaid eligibility is based in any of the counties included within the Alliance catchment area and who is enrolled in the Alliance Medicaid Prepaid Inpatient Health Plan.

**Network Provider:** Means as defined in N.C.G.S. §108D-1(13), i.e. an appropriately credentialed provider of MH/I-DD/SA services that has entered into a contract for participation in the Alliance Closed Network.

**Out of Network Provider:** Means any provider who has entered into an Out of Network Single Case Agreement in order to provide services to an Alliance Enrollee.

**Provider:** Means any provider who has a contract or agreement with Alliance for the delivery or reimbursement of publicly-funded MH/I-DD/SA services, regardless of funding source or type, and includes all Network Providers, Out of Network providers, and providers of emergency services.

**Provider of Emergency Services:** Means as defined in N.C.G.S. §108D-1(18), i.e. A provider that is qualified to furnish emergency services to evaluate or stabilize an enrollee’s emergency medical condition, and has submitted claims to or been reimbursed by Alliance for such services.

**Vendor:** Means any individual or entity contracted with Alliance to furnish goods or services to the organization, but does not include Providers.
III. POLICY STATEMENT

It is the policy of Alliance to resolve disputes that arise over decisions made by the Board of Directors at the lowest level and in accordance with all applicable Federal and State laws, rules and regulations and accreditation requirements, including but not limited to Chapter 108D of the North Carolina General Statutes (for Medicaid enrollee appeals) and 10A NCAC Subchapter 27G (for State-funded service appeals). Alliance will attempt to informally resolve any and all disputes with consumers, enrollees, providers or vendors and will establish dispute resolution procedures. It is the position of Alliance that the NC Office of Administrative Hearings lacks jurisdiction over Alliance (a local unit of government) except for timely petitions contesting service authorization decisions filed by Medicaid enrollees or duly authorized representatives, as set forth in N.C.G.S. §150B-23(a3). Any formal action alleging breach of contract by Alliance should be filed in accordance with the terms and conditions of the provider’s or vendor’s contract and all applicable laws, rules and regulations, including but not limited to N.C.G.S. §1-52.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE
The purpose of this policy is to guide the Board of Directors during the specific circumstance wherein the Chief Executive Officer (CEO) becomes unable to serve in his/her position suddenly and unexpectedly due to an emergency, a controversy, or other unforeseeable situation.

II. POLICY STATEMENT
The Board Chair shall immediately convene an emergency meeting of the Board’s Executive Committee and Alliance Health’s (Alliance) Executive Team to assess the crisis and its implications and to develop plans to mitigate risks to the organization and to effectively communicate to the public and staff. This Policy becomes effective when there is a crisis and will remain applicable until the crisis has been managed. This Policy applies simultaneously with Operational Procedure, #5029, Succession Plan, section 2.c (initiation of the process if the vacancy is in the CEO position), which identifies a temporary Acting Chief Executive Officer.

III. DEFINITIONS
None

IV. PROCEDURES
A. Who is responsible for managing the organization?
Per Operational Procedure, #5029, Succession Plan, the Executive VP/Chief Operating Officer becomes the Acting CEO and is responsible for managing the organization and the crisis itself. In the crisis situation described above, at the Board’s discretion, the Board may convene an emergency meeting to appoint a different member of the Executive Team to serve in the Acting CEO role. The Acting CEO will serve as the single point of contact between the Board and the organization throughout the crisis.

B. Who will speak for the organization to the media?
The Board Chair, Board Vice Chair, Acting CEO and/or the Director of Communications will be the communication conduit for/with the media regarding the crisis, notwithstanding Board Policy, #G-13,
**Media Policy.** The decision about who communicates what information and when will be at the discretion of the Board Chair.

Alliance will have an agreement with a Communications/Public Relations firm who will be available to consult with the Board and/or Acting CEO as needed.

*Available internal resources:* Acting CEO and the Director of Communications

**C. What information is appropriate to give to the public?**

The Board must comply with any and all federal, state and local rules regarding confidentiality and privacy from a legal, compliance and human resources perspective.

*Available resources:* Both the General Counsel and Chief Compliance Officer, or their identified support resources

**D. Who will speak for the organization to external (non-media) stakeholders and internal staff?**

The Acting CEO or designee will be the primary communication conduit with external stakeholders and internal staff.

**E. What immediate actions should the Board and Acting CEO take?**

1. The Acting CEO (whether COO, or alternate appointment via emergency meeting of the Board) assumes the Acting CEO position.

2. The Board Chair convenes an emergency meeting of the Board’s Executive Committee and Alliance’s Executive Team (and any other staff members deemed necessary by the Board Chair) to assess the crisis and its implications, and to take steps to mitigate risks, ensure leadership succession, and to effectively communicate to the public and to staff.
   a. During this emergency meeting, the group will decide on a communications plan that includes at a minimum a unified message, key talking points, next steps, points of contact and contact information for media and other stakeholders.
   b. Other plans—such as risk mitigation plans, or crisis management plans—may be developed as an output from this meeting, as deemed necessary by the Board Chair and Acting CEO.

3. The Board’s Executive Committee and Alliance’s Executive Team (and any other staff members deemed necessary by the Board Chair and Acting CEO) will become an ad hoc crisis management team that will implement decisions and communications plans. The crisis management team might also include a human resources representative, a financial officer, a legal counsel, stakeholders or others, based on the nature of the crisis.

4. Once the immediate communications are complete and the crisis is stabilized, if it is determined that the CEO cannot return to his/her position, the Board Executive Committee follows the Operational Procedure, #5029, *Succession Plan*, Section 3.b., Initiation of Hiring Process for Permanent Unplanned Absence.
Attachment 1.

RESOURCES


Applicable Alliance Policies and Procedures

Policy GA-7 Business Continuity Plan
Policy G-10 Delegation of Authority to the Chief Executive Officer
Policy G-13 Board of Directors Media Policy
Procedure 4508 Business Continuity Plan
Procedure 5029 Succession Plan


### I. PURPOSE

To set forth policy that guides and directs the management and provision of public mental health, intellectual and developmental disabilities and substance abuse services in Alliance Health’s (Alliance) catchment area.

### II. POLICY STATEMENT

Alliance is charged with management and oversight responsibility for the public mental health, intellectual and developmental disabilities and substance abuse service system in a multi-county area. It is the intent of the Board of Alliance that the service delivery system will be managed in a manner that is consistent and accountable to the citizens of the catchment area.

This policy will guide the Board as it carries out its responsibilities outlined in North Carolina General Statutes 122C-115.4 which assigns the following functions to the LME:

1. Access to services and 24/7/365 screening, triage, and referral process and a uniform portal of entry into care;
2. Provider monitoring, technical assistance, capacity development and quality control;
3. Utilization management, utilization review, and determination of the appropriate level and intensity of services;
4. Authorization of the utilization of state psychiatric hospitals and other state facilities;
5. Care coordination and quality management;
6. Community collaboration and consumer affairs;
7. Financial management and accountability;
8. Community crisis services planning; and
9. Management of waiting lists for persons with intellectual or developmental disabilities.

### III. PROCEDURES

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Management of Service Delivery</th>
</tr>
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<tbody>
<tr>
<td>BOARD POLICY #:</td>
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<td>LINES OF BUSINESS:</td>
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<td>REFERENCE(S):</td>
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Annually, the Board will review and approve the plan for managing and delivering services in the catchment area. The plan shall be presented to the Board as part of the budget development process and shall outline the process for assuring a consistent clinical model and best practices across the catchment area.
I. PURPOSE

The purpose of this policy is to enunciate the critical role the strategic planning process plays in guiding the Board of Directors as it carries out its mission of providing mental health, intellectual/developmental disabilities and substance abuse services to the residents in the Alliance multi-county area. Strategic planning is the foundation of organizational achievement and success.

II. POLICY STATEMENT

The Board shall develop a strategic plan to cover a period of no more than five years. The Board shall conduct a comprehensive review of its strategic plan every three years or more often as necessary. Annually, the Board shall review the plan’s goals and objectives to adjust the plan for changes in the operational environment.

Given the importance of the strategic planning process and its outcomes, the area authority shall involve the broader catchment area community in the development of the plan. Participants shall include, but are not limited to: Area Authority staff, Board of Directors members, consumers, community members, advocacy groups, and funding agencies. Special effort shall be made to ensure representation from various age groups, disabilities, and cultural backgrounds representative of the catchment area demographics.

All participants in the strategic planning process shall receive an orientation to strategic planning focused on its significance to Alliance Health’s operations, and training in the specific planning process that will be utilized.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that all instances of alleged or suspected abuse, neglect, dependency, or exploitation of children or disabled adults, which come to the attention of the staff of Alliance Health (Alliance), are reported to the County Department of Social Services in the county where the person is receiving services.

II. POLICY STATEMENT

Every employee shall immediately report to their immediate supervisor, any form of alleged or suspected abuse, neglect, dependency, or exploitation of a child or disabled adult that comes to their attention. In addition to the requirement to report to the immediate supervisor the employee shall make a report to the County Department of Social Services in the county where the child or disabled adult is receiving services.

Any employee who fails to report known or suspected abuse, neglect, dependency, or exploitation as required in this policy shall receive disciplinary action in accordance with Alliance policies for administering disciplinary action.

Pursuant to G.S. 7B-301 and G.S. 108A-102 the definition of duty to report and immunity shall prevail. Aggregate data of abuse, neglect and/or exploitation reports to the Department of Social Services will be presented to the Board of Directors Human Rights Committee on a regular basis.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The Board of Directors strives to provide a healthy and safe environment for consumers, customers, staff personnel and other stakeholders who work in or visit Alliance Health (Alliance) facilities.

II. POLICY STATEMENT

It is the policy of the Board of Directors to provide services and programs in physical environments that are safe and free of health hazards. Alliance will comply with all Federal, state and local environmental/health and safety laws, regulations, and ordinances.
I. PURPOSE

The purpose of this policy is to set forth the requirement for the Area Authority to develop an Emergency Management Plan to be followed in the event of an emergency, including but not limited to fire, medical, natural disaster, violent/threatening person, utility failure or bomb threat.

II. POLICY STATEMENT

It is the policy of the Board of Directors to have an Emergency Management Plan to be followed by staff, consumers and visitors. Alliance Health will take every possible action to comply with all emergency regulations and protect employees, visitors and property in emergency situations.

III. PROCEDURES

The Chief Executive Officer shall develop a comprehensive emergency management plan and shall conduct periodic emergency drills or simulations. The Chief Executive Officer shall report to the Board of Directors on the results of those drills or simulations.
I. PURPOSE

The purpose of this policy is to establish proper internal control procedures.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to establish internal control procedures to provide reasonable assurance regarding the achievement of objectives in the following categories:

1. Effectiveness and efficiency of operations
2. Reliability of financial reporting
3. Compliance with applicable laws and regulations

III. PROCEDURES

The Chief Executive Officer shall be responsible for developing internal control procedures to ensure that internal controls are established, properly documented, maintained and adhered to in each department within Alliance.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) continue to operate during any natural and/or man-made disasters or other disruptions. The plan shall ensure minimal interruption of services to the citizens in the catchment area.

II. POLICY STATEMENT

Alliance shall develop a Business Continuity Plan, which shall include information and procedures for preparedness and response to natural and man-made disasters or disruptions to the daily operations. The plan shall include a Disaster Recovery Plan, to ensure timely and reliable access to critical computer systems, network services and phone system needed to support business operations. The Business Continuity Plan will be reviewed at least annually and updated as needed.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) has a set of procedures in place designed to ensure the prudent, efficient and effective dissemination of organizational information in its multiple forms via multiple platforms, as well as the appropriate utilization of graphic properties such as its corporate logo.

II. POLICY STATEMENT

Alliance shall develop a set of procedures that guide staff as well as select external stakeholders in the dissemination of organizational information and the utilization of the Alliance corporate logo and other graphic properties. These shall include but not be limited to procedures governing staff interaction with the media, staff use of social media, and review of core organizational informational materials.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of people in all aspects of Alliance Health (Alliance) operations without regard to race, color, religion, sex, sexual orientation, national origin, political affiliations, age, or disability and with proper regard for their privacy and constitutional rights as citizens.

II. POLICY STATEMENT

It is the policy of Alliance Health to comply with applicable federal civil rights laws and not to discriminate, deny benefits to, exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Alliance directly or through a contractor or any other entity with which Alliance arranges to carry out its programs and activities. Alliance and its contracted providers also do not discriminate against any person based on ethnicity, religion, creed, gender identity, sexual orientation, marital status, family/parental status, genetic information, income derived from a public assistance program, political beliefs, socioeconomic status, or any other category protected under Federal or North Carolina law.

III. PROCEDURES

The Chief Executive Officer (CEO) shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of applicants and employees in all aspects of personnel administration without regard to race, ethnicity, color, religion, sex, sexual orientation, gender identity or expression, national origin, political affiliations, age, disability, genetic information or veteran status and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the federal employment opportunity and nondiscrimination laws.

II. POLICY STATEMENT

1. Equal Employment Opportunity:

Alliance Health (Alliance) is committed to equal employment opportunity for all who seek employment with the organization as well as those employed by the organization. Discrimination in all forms is prohibited. As a means of carrying out its commitment, the Board of Directors shall enforce the relevant provisions of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 as amended, the Rehabilitation Act of 1973 as amended and all other statutes or regulations governing equal employment opportunity.

In furtherance of this policy, the Board of Directors prohibits retaliatory action of any kind taken by any employee of Alliance against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a complaint charge.

Alliance is committed to ensuring utilization of women, minorities, and the disabled as part of its workforce. The Chief Executive Officer shall assure that all personnel policies and practices facilitate employment opportunities for protected classes including women, minorities and the disabled. Annually, the Chief Executive Officer shall provide an organizational workforce report to include the distribution of employees by age, race, ethnicity and gender to the Board.
III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide a standard for the staff recruitment and selection process.

II. POLICY STATEMENT

Alliance Health (Alliance) is committed to systematic recruitment and selection programs that are designed to identify, attract, and select from the most qualified applicants for employment. The Board strives for diverse representation at all levels of the workforce while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. It is the policy of Alliance to provide equal employment opportunities for employment to all applicants and employees.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to define certain terms and conditions that individuals must meet to be hired by Alliance Health (Alliance). The contents of this policy are not intended to serve as an exhaustive list of requirements or conditions of employment, and some or all of the requirements and conditions described in this policy may not apply to every individual who is hired.

II. PERSONS AFFECTED

This policy primarily impacts newly hired, transferred, or promoted employees in all employee classifications. It also requires all current employees to report felony convictions that occur at any time during their employment.

III. POLICY STATEMENT

It is the policy of Alliance that all employees satisfy job-related eligibility conditions including but not limited to licensure, certification and/or credentialing and satisfactory criminal background checks when necessary and e-verify employment verification. Alliance shall not employ anyone who is excluded from participation in federal healthcare programs or federal procurement activities and has been identified on the list of excluded individuals/entities maintained by the Office of Inspector General of the US Department of Health and Human Services (DHHS) or the Excluded Parties List System maintained by the federal System for Award Management (SAM).

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this Policy.
I. PURPOSE

The purpose of this policy is to establish and maintain a classification and compensation plan in order to attract, motivate, and retain highly qualified employees. The plan shall provide a structure to administer salaries fairly and equitably.

All employees shall be covered under the classification and compensation plan, except for the Chief Executive Officer whose compensation is set by the Board of Directors.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to ensure that its system of compensation is internally equitable, market competitive and administered without regard to age, sex, gender identity or expression, race, ethnicity, color, religion, national origin, physical or mental condition, sexual orientation, non-job related disability, political affiliation, marital status, or other non-merit factors.

A. The Classification and Compensation Plan

The Classification and Compensation Plan shall consist of a system for identifying all types and levels of positions together with standards and procedures for maintaining the plan. Each position in Alliance is grouped with similar positions. This grouping is called a “Classification.” Job classifications shall be established to reflect the type of work performed, level of difficulty, and responsibilities associated with a position. Annually, the Board shall review and approve the Classification and Compensation plan.

The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

B. Minimum Qualification Standards

It shall be the policy of Alliance to establish job related minimum qualification standards wherever practical for each class of work in the classification and compensation plan. The standards shall be
based on the required skills, knowledge, and abilities common to each classification. The qualification standards and job related skills, knowledge and abilities shall serve as guides for the selection and placement of individuals.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth the basis for providing benefits for the employees of Alliance Health (Alliance).

II. POLICY STATEMENT

Alliance shall offer a comprehensive benefits plan for employees and their eligible dependents as outlined below.

A. Eligibility

1. All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible.

2. Employees may also cover a legally recognized spouse and/or children, including legally adopted children, step children, children placed for adoption, children for whom legal guardianship has been awarded to the employee, and children whose coverage is court-ordered.

B. Benefits

The following Employee Benefits Plans shall be offered by Alliance:

1. Health Insurance
2. Dental Insurance
3. Vision Insurance
4. Life Insurance and Accidental Death and Dismemberment
5. Short Term Disability
6. Long Term Disability
7. Voluntary Life Insurance
8. Voluntary Long Term Care
9. Voluntary Hospital Confinement
10. Voluntary Section 125-Flexible Spending Account
11. Voluntary NC 529 College Savings Plan
12. Local Government Employee Retirement System participation
13. NC 401K Plan
14. NC 457 Plan
15. Employee Assistance Program (EAP)

C. Availability of Funding

Benefit offerings are subject to change based on funding availability and Alliance directives. Deletion or addition to the Benefits listed in B above shall be subject to Board approval pursuant to the Alliance by-laws, however changes to employee benefit offerings (i.e. deductibles and co-pays) may be approved by the Chief Executive Officer.

D. COBRA Rights

Employees who separate from Alliance for reasons other than gross misconduct may elect to continue their health, dental and vision benefits under COBRA (Consolidated Omnibus Budget Reconciliation Act).

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to affirm the Board of Directors’ prohibition against the use, distribution, dispensation and possession of controlled substances and the use of alcohol and abuse of prescription drugs by employees and contractors at the workplace. This policy is intended to comply with the requirements of the Drug Free Workplace Act of 1988.

II. POLICY STATEMENT

It shall be the policy of Alliance Health (Alliance) to maintain an alcohol and drug free workplace. The unlawful manufacture, distribution, dispensation, possession or use of nonprescription controlled substance or alcohol in the workplace by Alliance employees or contractors is prohibited. Employees and contractors may not report to work under the influence of a nonprescription controlled substance or alcohol and may not use any such substance during work hours. Also prohibited is the misuse of prescription or nonprescription medication which results in impaired behavior on the job. Violation of this policy shall constitute inappropriate personal conduct which will subject the employee or contractor to disciplinary action up to and including dismissal.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

Alliance Health (Alliance) maintains work hours that ensure optimal productivity and customer service levels and which are compatible with state law, agency functions, and the maintenance of effective work schedules.

II. POLICY STATEMENT

It is the policy of Alliance to comply with the Fair Labor Standards Act. The normal work week for nonexempt full-time employees is 40 hours per week. The normal work schedule for exempt full-time employees may average more than 40 hours per week in order to complete work assignments.

Employment with Alliance is based on the following principles:

1. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.
2. Being absent from or reporting to work after the scheduled beginning time requires the employee to properly notify the supervisor in advance and to adjust their work hours, utilize appropriate leaves or to lose payment for time not worked.
3. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.
4. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The Board of Directors believes that all employees are entitled to work in an environment that is free of sexual harassment. To this end, the Board shall establish a policy to govern the behavior of all its employees, consultants, contractors, vendors, and suppliers regarding the prohibition of sexual harassment.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to provide a work environment that is free of sexual harassment. For purposes of this policy, sexual harassment is defined as deliberate, unsolicited and unwelcomed verbal or physical conduct of a sexual nature or with sexual implications which:

1. has or may have a direct bearing on a selection decision;
2. creates an offensive, intimidating, or hostile work environment;
3. interferes with a person’s job or job seeking performance.

Sexual harassment is herein deemed a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964 and NC G.S. 126-16.

In furtherance of this policy, the Board of Directors prohibits retaliatory action of any kind taken by any employee of Alliance against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a sexual harassment complaint charge.

III. PROCEDURES

All complaints of sexual harassment shall be promptly and thoroughly investigated. The Chief Executive Officer shall develop procedures for handling sexual harassment complaints.
I. PURPOSE

The purpose of this policy is to establish a consistent system of leave for Alliance Health (Alliance) staff.

II. POLICY STATEMENT

Alliance recognizes the importance of balancing work and time away from the workplace and shall provide leave to employees as a privilege when approved by a supervisor according to applicable procedures.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth the conditions and process for implementing the provisions of the Family and Medical Leave Act of 1993, as amended.

II. POLICY STATEMENT

In compliance with the Family and Medical Leave Act (FMLA) of 1993, as amended, Alliance Health (Alliance) shall provide leave to eligible employees who have worked for Alliance for at least 12 months and at least 1,250 hours in the 12 calendar months immediately preceding the request for leave or otherwise deemed eligible under the FMLA Act.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that clinical staff of Alliance Health (Alliance) is appropriately credentialed to perform clinical functions.

II. DEFINITIONS

Credential: Attestation of qualification, competence or authority issued to an individual by an organization or entity of competent jurisdiction
Credentialing: The process of establishing the qualifications of licensed/certified professionals

III. POLICY STATEMENT

It is the policy of Alliance to ensure that only those persons with appropriate training, education, credentials and/or experience perform clinical functions. In order to accomplish this, Alliance shall verify the clinical license and/or certification of applicable personnel at the time of employment or contract and no less than every three years thereafter.

Licensed and or certified employees and consultants shall notify Alliance management in writing of an adverse change in licensure or certification status immediately (within 24 hours) upon learning of the status change. Each employee or consultant shall attest to knowledge of this requirement by signing an attestation at the time of employment or beginning of a contract.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) develops a clear and consistent process for equitable disciplinary actions.

II. POLICY STATEMENT

It is the Policy of Alliance to provide employees and supervisors a clear and consistent process for implementing and evaluating the fair and just delivery of appropriate disciplinary actions, promote efficient and equitable treatment for all employees. Alliance shall ensure that disciplinary actions, including dismissal, are administered in as near a uniform manner as possible, allow for the prompt, orderly and efficient resolution of problems and differences arising between the supervisor and employee, and ensure compliance with applicable federal and state laws, rules and regulations. It is the intent of Alliance to provide any employee, supervisors and management with a fair, clear and useful tool for correcting and improving performance issues, as well as to provide a process to assist management in addressing instances of unacceptable personal conduct.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this Policy.
I. PURPOSE

The purpose of this policy is to establish a formal assessment program in which each staff member’s performance is evaluated on an annual basis.

II. POLICY STATEMENT

Alliance Health (Alliance) believes that employees need and deserve an opportunity to receive feedback from their supervisor relating to performance. In addition, a regular evaluation of employees’ performance supports the concept of ‘employee accountability’.

The performance appraisal:
1. Provides employees direction in their jobs and an opportunity to discuss any job problems and interests with his or her supervisor;
2. Enhances the likelihood of achieving both the organization’s and the department’s objectives by providing periodic feedback and coaching;
3. Provides an objective, consistent, and uniform way to gauge and improve each employee’s on-the-job performance using objective criteria; and,
4. Correlates the job-performance evaluation directly to the recommended merit increases.

A. Requirements

The appraisal policy requires managers and supervisors to develop a work plan with individual performance objectives with employees for the year within 30 days of hire. It also requires managers and supervisors to hold periodic review and coaching sessions with employees prior to completion of the probationary period or annual performance evaluation session.

Performance reviews are prepared annually. Probationary reviews are given to newly hired employees at the completion of the probationary period to determine performance level and determine regular status eligibility.
III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide guidelines for separation of employment with Alliance Health (Alliance).

II. POLICY STATEMENT

Separation from employment may result from either voluntary or involuntary termination. For the purpose of this policy, voluntary termination means separation is initiated by the employee (examples: resignation or retirement). Involuntary termination means separation occurs when the separation is not initiated by the employee (examples: appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave).

An employee is considered to have resigned in “good standing” if he/she provides written notice within at least fourteen calendar days of his/her separation date. Failure to give fourteen calendar days’ written notice may be cause for denial of consideration for reemployment, and the employee may be deemed to have resigned “not in good standing”. Unauthorized absences from work for a period of three or more days may be considered a voluntary resignation. The Chief Executive Officer has the authority to set the time and conditions of employment separation.

Regular employees who separate from Alliance and return within 30 calendar days will be reinstated with no break in service.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide a mechanism for employees to address unfair and/or poor employment practices that are not covered by the grievance policy.

II. DEFINITION

Complaint: Any written employee concern or dissatisfaction for which redress is sought, that is not otherwise covered under the Grievance Policy (see Policy HR-18).
Employee: Any permanent, temporary or contractual employee of Alliance Health (Alliance).

III. POLICY STATEMENT

Alliance is committed to a consistent, equitable, and legally defensible process for the resolution of employee complaints. Employees shall have the right to file a complaint via the employee complaint procedure to address employment conditions other than disciplinary, reduction-in-force, or discriminatory actions.

An employee that files a complaint shall not be subject to retaliation for filing a complaint.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to provide a grievance process for certain employees of Alliance Health (Alliance) contesting a disciplinary action, Reduction in Force, alleged illegal discrimination or harassment based on race, ethnicity, religion, color, national origin, sex (including pregnancy, childbirth, and related medical conditions), gender identity or expression, age, disability (physical or mental including AIDS/HIV status), genetic information (i.e. Sickle cell or hemoglobin C trait), citizenship status, military status or service, or political affiliation, or other issue grievable under state law. This policy applies to Alliance career status and regular employees. Career status employees are eligible for appeal rights through the internal Alliance grievance process and the State Human Resources Commission and Office of Administrative Hearings. Regular employees who have not yet attained career status have appeal rights through the Alliance grievance process, but not outside Alliance unless they allege the employment action is being imposed on the basis of illegal discrimination. This policy does not apply to probationary, intern, temporary or trainee employees, except for grievances on the basis of alleged illegal discrimination or harassment or as otherwise provided under state law. It is the intent of this policy to encourage employees to resolve their grievance at the lowest level possible.

II. DEFINITION

Career status employee – A permanent employee who has been continuously (without break) employed in a position subject to the State Personnel Act for the immediate preceding 12 months.

Permanent employee – An employee who has been appointed to a permanently established position following the satisfactory completion of a probationary period in accordance with 25 NCAC 01I .2002(c).

Probationary employee – An employee serving a probationary appointment of not less than 3 months but not more than 9 months in accordance with 25 NCAC 01I .2002(a).
Reduction in Force (RIF) – Separation of employment with Alliance based on reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

III. POLICY STATEMENT

Alliance is committed to a consistent, equitable, and legally defensible process for the resolution of employee grievances regarding hiring, separation, disciplinary, reduction-in-force, or alleged discriminatory actions that are grievable under state law.

Permanent employees have the right to grieve when they disagree with certain disciplinary actions (suspension, demotion, or dismissal) taken against them. All employees also have the right to grieve if they believe they have been subject to illegal discrimination or harassment. Permanent employees subject to a reduction-in-force may also grieve as permitted under state law. Written warnings, placement on investigatory status with pay, and extensions of disciplinary actions are not grievable and are not appealable to the State Office of Administrative Hearings (OAH). Employees may file a complaint for all employment issues not covered by this policy.

No action involving demotion, suspension, or dismissal is to be taken against an employee for disciplinary reasons until such action has been approved by the CEO/Chief Executive Officer or designee except when, in the judgment of the manager the immediate suspension is necessary to protect the safety of persons or property. In no case, however, shall an employee be dismissed without the written approval of the Chief Executive Officer/CEO or designee.

Employees seeking redress under the grievance policy shall not suffer retaliation for filing a grievance.

IV. PROCEDURES

The Chief Executive Officer/CEO shall develop procedures to implement the provisions of this policy. The procedures shall comply with all relevant Federal, State and local requirements. If any provision of this policy conflicts with duly promulgated Federal or State laws, rules or regulations, the provision of the law, rule or regulation shall govern.
I. PURPOSE

The purpose of this policy is to provide guidance for executing reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

II. POLICY STATEMENT

Understanding the personal impact upon individual employees resulting from a reduction-in-force (RIF), involuntary separations shall be minimized and/or mitigated while still achieving the necessary organizational objectives. Factors that will be considered in determining which employee(s) will be separated include: (1) applicable laws and regulations; (2) impact on overall program objectives; (3) departmental organization structure; (4) funding sources and budgetary guidelines; (5) possible redistribution of staff and other resources; (6) appointment type (regular, provisional, probationary, temporary, emergency, seasonal); (7) seniority; and (8) employee job performance.

The Chief Executive Officer will present the RIF plan to the Board of Directors. This official notification will occur within 30 days of the issued RIF correspondence to the impacted employee(s) or at the next Board meeting if no meeting is held within the 30 day timeframe. The RIF plan will include the reason(s) for the reduction in the workforce; the effective date of the reduction; the proposed course of action and associated factors considered; the specific classifications of positions scheduled for reallocation, reassignment and/or abolishment, along with before and after RIF organization charts.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to outline the acceptable use of computer and information technology resources provided by Alliance Health (Alliance) to employees, Board of Directors members, independent contractors, agents, authorized guests and authorized affiliates (hereinafter “Users”). Inappropriate use exposes Alliance to risks, including breach of personal computer security, exposure of restricted data, compromise of network systems/services, detriments to technology performance, and legal liability. Information Technology Services (hereinafter “IT”) is committed to protecting employees, affiliates, and the Area Authority from illegal or damaging actions by individuals, either knowingly or unknowingly.

This policy applies to all equipment that is owned or leased by Alliance.

II. POLICY STATEMENT

It is the policy of Alliance that all computer resources that are the property of Alliance can be used only for legitimate business purposes. Users are permitted access to the computer resources to assist them in performance of their jobs. Use of the computer system is a privilege that may be revoked at any time. It is every employee’s duty to use the Area Authority’s computer resources responsibly, professionally, ethically, and lawfully. Any abuse of this policy shall be grounds for disciplinary action which may include termination of employment.

All data created or received for work purposes and contained in the Area Authority’s electronic files, servers, or e-mail depositories are public records, unless otherwise deemed confidential or exempt under the public records act or other law or regulation. Public Records are available to the public unless specifically prohibited from general viewing by law. All public records are to be maintained and disposed of according to state approved records retention and disposition schedules.
III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) follows specific procedures related to loading, maintaining, and reconciling eligibility and enrollment data.

II. POLICY STATEMENT

It is the policy of Alliance to use accurate and current data to ensure compliance with federal and state laws and contractual requirements throughout its operations. Alliance shall use the Global Eligibility File (GEF) received daily from Department of Health and Human Services (DHHS) to ensure that recipients’ eligibility and enrollment status is correct. Alliance shall use the GEF, HIPAA 820 and HIPAA 834 transactions for reconciliation monthly.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that routine backup of information system servers occur in order to protect information required to continue business operations.

II. DEFINITIONS

Backup: A term used in the Information Technology environment to describe a process in which information is copied to a separate media. This process is used to ensure availability of information in the event that the original information is lost or compromised.

III. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to subscribe to a Data Backup Plan to ensure availability of information required to continue business operations. The Data Backup Plan shall be in compliance with the North Carolina Department of Health and Human Services (NC DHHS) and the Health Insurance Portability and Accountability Act (HIPAA) security and privacy requirements in order to protect the security of health information and the integrity of Alliance.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that all members and recipients are treated with dignity and respect and to protect members’ and recipients’ rights, and to ensure each member or recipient is not subject to any unlawful discrimination while obtaining or receiving services from Alliance Health (Alliance) or any network provider.

II. DEFINITIONS

**Member:** A Medicaid beneficiary, including an individual enrolled in North Carolina Health Choice, specifically enrolled in and receiving benefits through the North Carolina Medicaid Managed Care program.

**Recipient:** An individual who is actively receiving a State-funded service or State-funded function.

III. POLICY STATEMENT

It is the policy of Alliance to protect the rights of members and recipients and to describe their responsibilities. Members and recipients, at a minimum, have the right to:

- Receive information in a manner and format that may be easily understood and is readily accessible;
- Be treated with respect and with due consideration for their dignity and privacy;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member’s and recipient’s condition and ability to understand;
- Participate in decisions regarding their health care, including the right to refuse treatment and Advance Directives.
• Be free from any form of restraint (e.g., physical or chemical) or seclusion used as a means of coercion, discipline, convenience or retaliation;
• If the privacy rule applies, request and receive a copy of their medical records, and request that they be amended or corrected, as specified in the privacy rule;
• Be furnished with health care services;

Alliance shall not attempt to influence, limit, or otherwise interfere with the member’s or recipient’s decision to exercise their rights as provided in this policy. Alliance shall ensure that members and recipients are free to exercise their rights and that the exercise of those rights does not adversely affect the way Alliance or its network providers treat the member and recipient.

IV. PROCEDURES

The CEO shall develop operational policies or procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) complies with Federal and State laws, rules and regulations, contract requirements and national accreditation standards regarding the selection and retention of providers.

II. POLICY STATEMENT

It is the policy of Alliance to select and retain providers based on quality of care, quality of service, the service needs of the catchment area population and business needs of the organization. The goal of Alliance is to develop and maintain a sufficient network of high quality service providers that meets consumer and community needs within available resources and promotes efficiency and the economic viability of network providers. Selected providers must also meet the credentialing and re-credentialing requirements established by Alliance and the North Carolina Department of Health and Human Services. The North Carolina Medicaid 1915 b/c Waiver permits Alliance to operate a closed network by waiving the provider “freedom of choice” provision in the Social Security Act. The closed network is balanced by Alliance’s responsibility to ensure accessibility of services.

In accordance with 42 CFR 438.214 and the terms and conditions of the Alliance contract with NCDHHS to operate a Prepaid Inpatient Health Plan, Alliance is required to implement provider selection and retention criteria that do not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. Criteria may include provider performance and other factors. Alliance shall not employ or contract with providers who are excluded from participation in Federal healthcare programs under either section 1128 or section 1128A of the Social Security Act or who have been terminated by the NC State Medicaid program for any reason.

Alliance will establish a fair, impartial and consistent process for the enrollment and re-enrollment of mental health, intellectual/ developmental disability and/or substance abuse (MH/I-DD/SA) service providers in the Alliance Closed Network that complies with 42 CFR §438.207 and §438.214.
III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide guidance on the issuance of letters of support/acknowledgment for community based projects for persons with mental illness, intellectual/developmental disabilities, and substance abuse disorders.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to support the development of community based MH/IDD/SA services. Pursuant to the development of these services, the Area Authority may, from time to time, be asked for a letter of support or acknowledgment for a specific project. Some of these requests may be precipitated by law or regulation which requires Area Authority involvement or knowledge of the project. Irrespective of the reason for the request, the decision to submit a letter of support/acknowledgement shall be based on the service needs of the residents of the catchment area as identified in the Area Authority’s comprehensive planning process.

III. PROCEDURES

The Chief Executive Officer shall develop procedures for the issuance of letters of support for the various types of projects that might arise. The guiding principle for these procedures shall be the identification of need as reflected in the Area Authority’s comprehensive plan.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) complies with the provisions of the NC Medicaid 1915(c) Innovations Waiver as Alliance reviews and processes requests to employ relatives as providers.

II. POLICY STATEMENT

It is the policy of Alliance to process requests:

1. From Network Providers to employ relatives/legal guardians (who live in the home of the Innovations Waiver participant) to provide Innovations Waiver services to adult family members; and,
2. From individuals who wish to participate in Individual and Family Directed Supports.

The process for handling such requests shall comply with the policy and regulatory provisions of the Innovations Waiver.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Health (Alliance) processes waiver of licensure rule requests made by contracted licensed facilities in a consistent manner. When recommending approval to waive a rule, Alliance must ensure the existence of safeguards to protect the consumers’ health and safety.

II. POLICY STATEMENT

It is the policy of Alliance to process all rule waiver requests submitted by licensed facilities in the Alliance Provider Network consistently and in compliance with the North Carolina Administrative Code. The Administrative Rule outlines that the decision to grant or deny the waiver request shall be based on the following:

1. The nature and extent of the request;
2. The existence of safeguards to ensure that the health, safety, or welfare of the clients residing in the facility will not be threatened;
3. The determination that the waiver will not affect the health, safety, or welfare of clients residing in the facility;
4. The existence of good cause; and
5. Documentation of LME-MCO governing body approval when requests are from an LME-MCO contract agency.

The Alliance Board of Directors has delegated authority to the Chief Executive Officer to approve and deny requests to waive a rule as authorized by Department of Health of Human Services.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to ensure a consistent approval process of rule waiver requests.
I. PURPOSE

Alliance Health (Alliance) endeavors to provide services to the community that are timely, high quality and effective. Alliance is committed to a process of continuous quality improvement and assessment of its relationships with its community partners.

II. POLICY STATEMENT

Alliance seeks to serve the community in a manner that is efficient, responsive, and effective. It is the policy of the Board to employ appropriate techniques to measure the extent to which the Board is meeting its objectives and the level of satisfaction among the Board’s many constituencies. The results of these measurements are to be used to promote improvement of members’, providers’ and other stakeholders’ satisfaction and to improve the quality of services and treatment outcomes.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this Policy.
I. PURPOSE

The purpose of this policy is to establish a process for receiving, investigating, resolving, and managing member grievances in a consistent manner.

II. DEFINITIONS

Complainant: Member, legally responsible person, or Providers, authorized in writing and acting on behalf of the member filing the grievance. Does not include providers, stakeholders or other individuals not acting on behalf of a member.

Grievance: an expression of dissatisfaction by a member, their legal guardian, or Provider, authorized in writing and acting on behalf of the member about any matter other than decisions regarding requests for Medicaid services.

Provider: an individual, agency or organization that provides mental health, developmental disabilities and/or substance abuse services to members and families.

III. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to respond to grievances received concerning the provision of publicly funded services in the Alliance catchment area. It is also the policy of Alliance to use the information gleaned from grievance proceedings as part of Alliance’s quality improvement process.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy. The procedures shall comply with all relevant state and Federal statutes and requirements of all regulatory, funding or accrediting bodies.
I. PURPOSE

The purpose of this policy is to define and establish a uniform and consistent approach for handling incidents which occur in the operations of a facility or service.

II. DEFINITIONS

Incidents: Events that are inconsistent with the routine operations of a service or care of a member that are likely to lead to adverse effects.

III. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to ensure member safety and quality of care within the Alliance Network. Alliance will require that Network Providers respond to all level I, II and III incidents according to 10A North Carolina Administrative Code 27G .0603-.0605 and that Alliance responds to all level III incidents in accordance with 10A North Carolina Administrative Code 27G .0605.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure timely reviews of oral or written requests for service authorization.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to ensure timely access to care. Utilization management personnel shall be available during regular business hours to process requests and to communicate with providers, consumers and other stakeholders. All communications and interactions with the affected parties shall be cordial and courteous.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth policy regarding the use of licensed and non-licensed staff in the utilization management process.

II. DEFINITIONS

Certification – authorization for an individual to receive services from an Area Authority provider.

III. POLICY STATEMENT

Alliance Health (Alliance) shall employ licensed clinical staff as well as non-clinical, administrative personnel to perform the utilization management functions required to issue certifications. Alliance shall ensure that licensed clinical staff are available to provide oversight and follow-up of clinically related questions during initial screening activities.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth the standards and criteria used by Alliance Health (Alliance) to determine the medical necessity of service requests submitted by network providers.

II. DEFINITIONS

Medical Necessity:
1. The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient’s needs;
2. The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
3. The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.

III. POLICY STATEMENT

It is the policy of Alliance to implement objective clinical review criteria to govern all utilization management decisions regarding service authorization requests. These criteria have been developed by North Carolina Medicaid, and are documented in NC Medicaid Clinical Coverage Policies and the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services and are documented in the MH/DD/SA Services Definition manual. The Alliance Clinical Advisory Council is authorized to approve clinical guidelines that can be used during the utilization review process. All Clinical Coverage Policies, Service Definitions and clinical guidelines that are used in the utilization management process shall be made available to providers and consumers.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to clearly define the standards and procedures for authorizing Medicaid and State funded services.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to make timely and accurate utilization management determinations and notifications regarding requests for certification of treatment. Determinations and notifications shall be made in accordance with the requirements of the North Carolina Division of Mental Health/Intellectual and Developmental Disability/Substance Abuse Services, North Carolina Medicaid and the external accrediting body, URAC.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

To establish a clear process to ensure that consumers’ federal and state due process rights are protected in regards to service reductions, suspensions, termination and denials.

II. POLICY STATEMENT

Alliance Health (Alliance) shall utilize a formal written process with concrete timeframes to govern appeals of denial, suspension, termination or reduction of service based on medical necessity determinations for all services. In accordance with applicable Federal and State laws, rules and regulations, the process shall make a distinction between appeals filed concerning Medicaid, state-funded and locally-funded services, standard appeals, i.e., cases involving non-urgent care, expedited appeals, and cases involving urgent care. The process shall clearly delineate the steps that may be taken by a consumer or the consumer’s legal representative, or a provider or facility rendering service when the appellant asserts their right to appeal, either in verbal or written form. Written directions on how to file an appeal shall be provided with the decision. The directions shall be written in a manner that meets the health, literacy and linguistic needs of the persons affected by the policy.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to require and enable employees to report any action or suspected action taken within Alliance Health (Alliance) that is illegal, fraudulent, or in violation of any Alliance policy or procedure or the Alliance Code of Ethics and Conduct.

II. DEFINITIONS

Employee: Career status, regular full-time, regular part-time, probationary, intern, temporary and trainee employees.

Violation: Fraud, misappropriation of state or Medicaid resources, substantial and specific danger to the public health and safety, gross mismanagement, waste of monies, or abuse of authority, or any violation of state or federal law, rule or regulation or of Alliance policy, procedure or Code of Ethics and Conduct.

Whistleblower: An employee who, in good faith, makes a report protected by state or federal law of a violation to one or more of the parties specified in this policy.

III. POLICY STATEMENT

1. Reporting Responsibilities

It is the policy of Alliance to require its Board of Directors, management, employees, and contractors to observe high standards of business and personal ethics in the conduct of their duties and responsibilities and to take prompt and effective correction actions to violations of which Alliance is made aware.

These standards include the duty of Alliance employees to report to supervisors, department heads, or any appropriate authority, evidence of activity constituting any of the following:

a. A violation of State or federal law, rule or regulation or of Alliance policy, procedure or Code of Ethics and Conduct;

b. Fraud;
c. Misappropriation of State or Medicaid resources;
d. Substantial and specific danger to the public health and safety;
e. Gross mismanagement, waste of monies, or abuse of authority.

It is the policy of Alliance to investigate, promptly and thoroughly, reports of violations, and personnel and contractors must comply with such investigations. Alliance employees and contractors who become aware of or suspect any violation of the Code of Ethics and Conduct, Alliance policies and procedures, or applicable law within Alliance, shall promptly report the violation to their supervisor, management, or Chief Compliance Officer, by calling the anonymous Compliance Line (855-727-6721), or by filing a report through the anonymous Compliance Portal (www.alliancebhc.ethicspoint.com). This internal reporting process allows Alliance to promptly address and correct inappropriate conduct and actions.

2. Whistleblower Protections
Laws such as the North Carolina State Personnel Act and the Federal and North Carolina False Claims Acts (FCA), contain “whistleblower” provisions that safeguard employees engaging in protected behaviors against retaliation by their employer. Alliance affords employees all whistleblower protections required under applicable state and federal law, including the North Carolina State Personnel Act and the state and federal FCAs.

It is the policy of Alliance that Alliance employees be free from unlawful retaliation, intimidation or harassment when reporting about matters of public concern. As such, Alliance shall not subject any Alliance employee to unlawful adverse employment action because the employee reports or is about to report any violation or unlawful activity described in this Policy.

3. No Retaliation
No employee who in good faith reports a violation or cooperates in the investigation of a violation shall suffer harassment, retaliation or adverse employment consequences. Any individual within Alliance who retaliates against another individual who in good faith has reported a violation or has cooperated in the investigation of a violation is subject to discipline, including termination of employment status.

If an individual believes that someone who has made a report of a violation or who has cooperated in the investigation of a violation is suffering from harassment, retaliation or other adverse employment consequences, the individual should contact the Office of Compliance and Risk Management.

Any individual who reasonably believes he or she has been retaliated against in violation of this policy shall follow the same procedures as for filing an Employee Complaint.

4. Confidentiality
Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to comply with all applicable laws, and to cooperate with law enforcement authorities. Any reports of potential bribery or corruption will be considered confidential unless disclosure is required by law.

5. Applicable Fraud Laws and Regulations
The Federal False Claims Act (31 U.S.C. §§ 3729-3733) and the North Carolina False Claims Act (N.C.G.S. Chapter 1 Article 51) impose liability on any person who submits a claim to the government that they know or should know is false. They also impose liability on an individual who may knowingly submit a false record in order to obtain payment from the government and when someone obtains payment
from the government to which they are not entitled, then uses false statements or records to retain the money. Additionally, these laws provide that private parties may bring an action on behalf of the government and may share in a percentage of the proceeds from resulting actions or settlements. They also provide protections and remedies to these private parties should they be discharged, demoted, suspended, harassed or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under these laws.

The North Carolina Medical Assistance Provider False Claims Act (N.C.G.S. § 108A-70.10 – 70.17) prohibits any provider of medical assistance under the Medical Assistance Program from knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval; or, knowingly making, using, or causing to be made or used a false record or statement to get a false or fraudulent claim paid or approved. In the absence of fraud or malice, no person who furnishes information to officials of the state responsible for investigating false claims violations shall be liable for damages in a civil action for any oral or written statement made or any other action that is necessary to supply information required. Any employee of a provider who is discharged, demoted, suspended, threatened, harassed or in any other manner discriminated against in the terms and conditions of employment by their employer because of lawful actions taken by the employee on their own behalf or others in furtherance of an action under this law shall be entitled to all relief necessary to make the employee whole.

The North Carolina Human Resources Act (N.C.G.S. § 126) establishes a system of personnel administration under the Governor, based on accepted principles of personnel administration and applying the best methods as evolved in government and industry. This system of personnel administration shall apply to local employees paid entirely or in part from federal funds, except to the extent that local governing boards are authorized by this Chapter to establish local rules, local pay plans, and local personnel systems. The North Carolina Human Resources Act provides protection and relief for covered employees who file whistleblower grievances as provided for in Chapter 126. Covered employees who prevail in a whistleblower grievance appealed to the North Carolina Office of Administrative Hearings may be awarded attorney’s fees, back pay, reinstatement and other remedies as set forth in N.C.G.S. § 126-87.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 1, 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 fulfills 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
1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:03 p.m.

2. REVIEW OF THE MINUTES – The Committee reviewed minutes from the July 18, 2022, meeting; a motion was made by Vice-Chair Hancock and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

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<tr>
<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
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<tr>
<td>3. Closed Session</td>
<td>COMMITTEE ACTION: Chair Nelson read the motion (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). There were no objections to the motion.</td>
<td>N/A</td>
<td>N/A</td>
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<td>4. Reconvene Open Session</td>
<td>Committee returned to open session.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>5. Agenda for September Board Meeting</td>
<td>Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>8/16/22</td>
</tr>
<tr>
<td>6. Updates</td>
<td>Mr. Robinson reviewed the current board committee chair appointments for FY23 (2022-2023); he noted upcoming vacancies for two committees effective October 1, 2022.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. ADJOURNMENT: the meeting adjourned at 4:56 p.m.; the next meeting will be September 19, 2022, at 4:00 p.m.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: September 1, 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): N/A

REQUEST FOR AREA BOARD ACTION: Approve the report.

CEO RECOMMENDATION: Approve the report.

RESOURCE PERSON(S): David Hancock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
Finance Committee Meeting
Thursday, September 1, 2022
3:00-4:00 pm

AGENDA

1. Review of the Minutes – August 4, 2022

2. Monthly Financial Reports as of July 31, 2022
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DHB Contractual Ratios

3. June 30, 2022, Close Update

4. Contract(s)

5. Adjournment
1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 3:03 PM

2. REVIEW OF THE MINUTES – The minutes from the August 4, 2022, meeting was reviewed; a motion was made by Mr. Hancock and seconded by Ms. Evans to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Finance Officer</td>
<td>A motion was made by Mr. Hancock and seconded by Ms. Council to recommend the Board appoint Kelly Goodfellow the Finance Officer under G.S. 159-24 effective August 12th, 2022 replacing the current Finance Officer, Sara Pacholke. A Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Monthly Financial Report</td>
<td>The preliminary 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 June 30, 2022. Ms. Pacholke discussed the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Through preliminary 6/30/22, we have savings of $125.2M, $85M is related to the Cardinal Fund balance transfer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A fund balance at June preliminary is close to 265.6M of that $151M is Restricted, and Unrestricted is $108M.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• On the reinvestment service side, we are still working on the Child Facility based crisis center in Fuquay and hoping to wrap that up soon.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tailor plan spending for the year is $8M</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The statement of revenue month over month June reports a large loss, we had an increase in expenses with claims and also one-time payments and we booked part of the pay back liability for the risk corridor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• We are meeting all required ratios. Current Ratio 1.95, Percent paid 100%, and MLR preliminary June is 88.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS</td>
<td>DISCUSSION</td>
<td>NEXT STEPS</td>
<td>TIME FRAME</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>------------</td>
</tr>
<tr>
<td>5. Cardinal Fund Balance</td>
<td>Ms. Goodfellow presented the cardinal unrestricted fund balance breakdown. $30.5M for the 1st installment, $7.6M for the 2nd installment, the total amount received was $38.2M. 50% was reserved for Tailored Plan capital reserve requirements leaving a remaining $19.1M to allocate between Mecklenburg and Orange County for use prior to accessing Alliance unrestricted fund balance. Once Cardinal funding is depleted, remaining unrestricted fund balance will be used for all 6 communities. A motion was made by Mr. Hancock and seconded by Ms. Council to recommend the Board commit $19,106,124 of the county realignment unrestricted fund balance transfer to invest in Mecklenburg County and Orange County. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Contract Approval</td>
<td>Contract for Blaze Advisors for FY23, Alliance is combining the ongoing implementation and management of the projects into one consolidated contract. Project 1 was developed to improve timely assessments, oversight and response for youth referred for comprehensive assessment through Mecklenburg juvenile court system. Project 2 was to expand the Cumberland project, referred to as OneCare to Durham and Orange County. A motion to recommend the Board commit $19,106,124 of the county realignment fund balance transfer to invest in Mecklenburg County and Orange County. A motion was made by Mr. Hancock and seconded by Ms. Evans to recommend the board authorize the CEO to enter a contract with Blaze Advisor for implementation of network project for an amount not to exceed 1,036,832M. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Closed Session</td>
<td>A motion was made by Mr. Hancock and seconded by Ms. Council to close the 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. The Committee returned to open session at 3:50 and the meeting was adjourned.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. ADJOURNMENT</td>
<td>the meeting adjourned at 3:50 PM; the next meeting will be September 1, 2022, from 3:00 p.m. to 4:00 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Savings/(Loss) by Funding Source as of July 31, 2022

<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$68,536,676</td>
<td>$56,068,977</td>
<td>$12,467,699</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>1,580,950</td>
<td>-</td>
<td>1,580,950</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>8,751,054</td>
<td>8,770,170</td>
<td>(19,116)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>2,920,025</td>
<td>2,920,024</td>
<td>1</td>
</tr>
<tr>
<td>Administrative</td>
<td>8,919,354</td>
<td>9,291,808</td>
<td>(372,454)</td>
</tr>
<tr>
<td>Non operating</td>
<td>882,901</td>
<td>748,420</td>
<td>134,481</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$91,590,960</td>
<td>$77,799,399</td>
<td>$13,791,561</td>
</tr>
</tbody>
</table>

### Fund Balance

**July 31, 2022**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>6,570,806</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>136,141,853</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>21,514,864</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>108,301,016</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td>$272,528,539</td>
</tr>
</tbody>
</table>

**July 31, 2022 Actual**

![Pie Chart]

- Investment in Fixed Assets: 2%
- Restricted - Risk Reserve: 40%
- Restricted - Other: 8%
- Unrestricted: 50%
## Alliance Health

### Statement of Revenue and Expenses

As of July 31, 2022

<table>
<thead>
<tr>
<th></th>
<th>For the Month of July 31, 2022</th>
<th>Year to Date July 31, 2022</th>
<th>Current Year June 30, 2023</th>
<th>Budget Remaining June 30, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Waiver Service</td>
<td>70,117,625</td>
<td>70,117,625</td>
<td>1,058,233,945</td>
<td>988,116,320</td>
</tr>
<tr>
<td>State and Federal Grants</td>
<td>8,751,054</td>
<td>8,751,054</td>
<td>104,026,236</td>
<td>95,275,182</td>
</tr>
<tr>
<td>Local Grants</td>
<td>2,920,024</td>
<td>2,920,024</td>
<td>45,308,796</td>
<td>42,388,772</td>
</tr>
<tr>
<td>Total Service Revenue</td>
<td>81,788,703</td>
<td>81,788,703</td>
<td>1,207,568,977</td>
<td>1,125,780,274</td>
</tr>
<tr>
<td>Administrative Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>8,208,162</td>
<td>8,208,162</td>
<td>152,266,323</td>
<td>144,058,161</td>
</tr>
<tr>
<td>State and Federal</td>
<td>520,383</td>
<td>520,383</td>
<td>7,474,555</td>
<td>6,954,172</td>
</tr>
<tr>
<td>Local</td>
<td>69,523</td>
<td>69,523</td>
<td>791,668</td>
<td>722,145</td>
</tr>
<tr>
<td>Other Lines of Business</td>
<td>121,286</td>
<td>121,286</td>
<td>1,455,432</td>
<td>1,334,146</td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>8,919,354</td>
<td>8,919,354</td>
<td>161,987,978</td>
<td>153,068,624</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>90,708,057</td>
<td>90,708,057</td>
<td>1,369,556,955</td>
<td>1,278,848,898</td>
</tr>
</tbody>
</table>

| **Expenses**              |                                |                             |                             |                                |
| Service Expense           |                                |                             |                             |                                |
| Medicaid Waiver Service   | 56,068,977                     | 56,068,977                  | 1,058,233,945               | 1,002,164,968                  |
| State and Federal Service | 8,770,170                      | 8,770,170                   | 104,026,236                 | 95,256,066                     |
| Local Service             | 2,920,024                      | 2,920,024                   | 45,308,796                  | 42,388,772                     |
| Total Service Expense     | 67,759,171                     | 67,759,171                  | 1,207,568,977               | 1,139,809,806                  |
| Administrative Expense    |                                |                             |                             |                                |
| Salaries and Benefits     | 7,808,638                      | 7,808,638                   | 126,987,978                 | 119,179,340                    |
| Professional Services     | 610,293                        | 610,293                     | 20,000,000                  | 19,389,707                     |
| Operational Expenses      | 872,877                        | 872,877                     | 15,000,000                  | 14,127,123                     |
| Total Administrative Expense | 9,291,808                     | 9,291,808                   | 161,987,978                 | 152,696,170                    |
| Total Expenses            | 77,050,979                     | 77,050,979                  | 1,369,556,955               | 1,292,505,976                  |

| Non Operating             |                                |                             |                             |                                |
| Non Operating Revenue     | 882,901                        | 882,901                     | 750,000                     | (132,901)                      |
| Non Operating Expense     | 748,420                        | 748,420                     | 750,000                     | 1,580                          |
| Total Non Operating       | 134,481                        | 134,481                     | -                           | (134,481)                      |

| Current Year Change in Net Position | 13,791,559 | 13,791,559 | - | (13,791,559) |

Created on: 08/19/2022
**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 July 31, 2022**

**DEFENSIVE INTERVAL**

- **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**

- **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 (7/1/22-6/30/23).
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: September 1, 2022

BACKGROUND: The Quality Management (QM) Committee serves as the Board’s monitoring and evaluation committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

This report includes draft minutes from the previous meeting.

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

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Lori Skinner-Campbell, Senior Vice-President/Quality Management; Ginger Yarbrough, NCQA Accreditation Manager;
This meeting was held virtually, via Zoom

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

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

BOARD MEMBERS PRESENT:

STAFF PRESENT: Ginger Yarbrough, Acting Director Quality Management and NCQA Accreditation Manager; Diane Fening, Executive Assistant I; Tia Grant, Quality Improvement Manager; Laini Jarrett, Quality Review Coordinator II; Jameelah Melton, Deputy Chief Medical Officer; Lori Skinner-Campbell, SVP of Quality Management

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

2. REVIEW OF THE MINUTES – The minutes from the June 2, 2022 meeting were reviewed. Marie Dodson moved to approve the minutes and Israel Pattison seconded. The motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLD BUSINESS</td>
<td>Performance Dashboard (Schuyler) - this will not be covered this month.</td>
<td>QAPI-quality assurance and performance improvement plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Leadership – Ginger informed the committee of Dr. Mankad’s departure from Alliance and introduced Dr. Jameelah Melton, the Deputy CMO, and Lori Skinner Campbell, who is the new EVP of Quality Management.</td>
<td>PIP-performance improvement plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>QAPI/PIP Update (Ginger) – We still do not have the benchmarking data from the State. We might have to go in a different direction with our QAPI to get it submitted by August 31 which is still our due date. We are talking about different options for completing that quality assessment without the data.</td>
<td>• Ginger will check with our HEDIS vendor to find out if telehealth appointments count as a follow up for 7-day measure</td>
<td>• By the next meeting</td>
</tr>
<tr>
<td></td>
<td>TP Readiness Update (Ginger) – We had our onsite readiness review from the State and should have written feedback tomorrow.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POC Survey Update (Ginger) – we still have not received that data from the State. This survey is done for the parents of children, adults for themselves and is also broken down by disability group.</td>
<td>POC-Perception of care</td>
<td></td>
</tr>
</tbody>
</table>
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
---|---|---|---|
QIP Update (Tia) – Tia reported on the point of care testing initiative (diabetes screenings) with behavioral health providers. Tia said that some providers opted out of the point of care testing, but we still 2 or 3 that participate. It has been a challenge to get more providers to participate. | Tia will add a 14 day and 30-day column to the 7-day DHM-SUD averages chart. | • By the 9/1/22 meeting |

3. NEW BUSINESS
QMIP-Quality Management Improvement Program (Ginger) – Vote is needed in September. There are a couple of changes to the structure of Quality Management, which are subject to change. Reporting structure remains the same. Structure of CQI has not changed since last year. Added two committees over last year. Population health is added to the description of the program. Reporting structure to the State is going to change. | Ginger will be sending out the QMIP to the committee to review before September’s meeting | • Before the 9/1/22 meeting |

5. ADJOURNMENT: the meeting adjourned at 1:50 pm; the next meeting will be September 1, 2022, at 1:00.
ITEM:  Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 1, 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, Mecklenburg, and Orange counties who receive mental health, intellectual/developmental disabilities, traumatic brain injury 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 of each month via Zoom. Sub-committee meetings are held in individual counties; the schedules for those meetings are available on Alliance's website.

This report includes minutes and documents from all counties with meetings held during June 2022.

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): Michael Maguire, CFAC Steering Committee Chair; Ramona Branch, Member Inclusion and Outreach Manager; Lakeisha McCormick, Member Inclusion and Outreach Manager
**CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING**

5200 W. Paramount Parkway, Morrisville, NC 27560

5:30pm – 7:00 p.m.

**APPOINTED MEMBERS PRESENT:** ☐, ☐,

**BOARD MEMBERS PRESENT:** ☐ Pinkey Dunston, ☒ Trula Miles, ☒ Marie Dodson, , ☒ Jerry Dodson, ☐ Jason Phipps, ☒ Brianna Harris, ☒ Sharon Harris, ☒ Shirley Francis, ☐ Brenda Solomon, , ☒ David Curro, , ☒ Annette Smith, , ☒ Charllita Burrus, ☒ Regina Mays, ☒ Felishia McPherson, ☒ Michael Maguire, ☐ Faye Griffin, ☐ Randy Sperling, ☐ Dave Swab, ☒ Steve Furman, ☐ Jean Greer, ☐ Brian Perkins, ☒ Renee Lloyd, ☒ Ruth Reynolds, ☐ Lois Stickell, ☐ Tekkyon Lloyd, ☒ Candace Ally

**GUEST(S):** ☐ Suzanne Thompson, NCDHHS

**STAFF PRESENT:** ☒ Lori Caviness, Community Health and Strategy Manager, ☒ Aalece Pugh-Lilly, Sr. Director Community Health & Well-Being, ☐ Ramona Branch, Member Inclusion and Outreach Manager; ☒ LaKeisha McCormick, Member Inclusion and Outreach Manager; ☒ Erica Asbury, Member Inclusion and Outreach Specialist, ☒ Eileen Bennett, Member Inclusion and Outreach Specialist, ☒ Starlett Davis, Member Inclusion and Outreach Specialist, ☐ Fantasia Jones, Member Inclusion and Outreach Specialist, ☒ Douglas McDowell, Member Inclusion and Outreach Specialist; ☒ India K. Perez, Member Inclusion & Outreach Specialist, ☒ Noah Swabe, Member Inclusion and Outreach Specialist, ☐ Rob Robinson, Chief Executive Director ☐ Sara Wilson, Alliance Health Chief of Staff, ☐ Paige Rosemond, Director of Foster Care Support; ☒ Donna Stevenson, Alliance Health Senior Director of Practice and Payment Transformation

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:30 pm by Michael McGuire

2. **REVIEW OF THE MINUTES** – The minutes from the May 2, 2022 meeting were reviewed; a motion was made by Marie Dodson and seconded by David Curro to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Review of CFAC By-Laws</td>
<td>Aalece Pugh-Lilly, Alliance Health Senior Director of Community Health and Well-Being – Review PPT Overview of CFAC By-Laws</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• By-Laws Overview Objective 1. Ensure all Alliance County CFAC subcommittees are aware of the Bylaws given introduction of new counties. 2. Afford a chance to ask questions or seek clarification regarding roles &amp; responsibilities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose of the CFAC</strong> – advise the LME/MCO/Tailored Plan on the planning and management of the local public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system pursuant to N.C.G.S. §122C-170. CFAC Structure.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Governing Documents**  
1. Bylaws  
2. Relational Agreement  
3. Charter of each Local CFAC  
4. Alliance Policies and Procedures | | |
| **Steering Committee**  
1. The Steering Committee shall be made up of duly elected officers and the chairs of each of the local CFACs.  
2. Local CFACs have the right to send one additional member to the Steering Committee as voting members on a monthly basis; the additional members attending can be determined by the local CFAC.  
3. The Steering Committee will meet monthly using virtual and telephonic means.  
4. A quorum will be considered one more than 50% of the officers and the local CFAC chairs.  
5. The Steering Committee has the authority to take any action necessary and to act as the conduit for information to and from the LME-MCO/Tailored Plan. | | |
| **Local CFACs**  
1. Adopt and publish procedures by which interested, qualified individuals may apply to become a member of the team.  
2. Develop a charter that guides their action and tasks to be completed.  
3. Local CFACs shall consist of no more than 14 official members, doing their utmost to have a fair representation of each disability category. The general public is always welcome and encouraged to participate. | | |
| **Board Seat**  
1. The Alliance Board has agreed to have one seat filled by a CFAC appointee. | | |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The Steering Committee Chair is responsible for putting forth at least two candidates from different counties when the seat is open.</td>
<td>Discussion: Michael McGuire advised he would like to keep Dave Curro in the board seat. Dave advised he has one more year in his current term. Aalece advised, one year from now Committee would need to put forth new names for this board seat.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4. CFAC Chair/Vice Chair Nominations | • Dave Curro Nominated Michael McGuire for Chair – he accepted  
• Motion to nominate, Michael McGuire – all in favor, motion passed at 5:34 pm  
• Dave Curro Nominated Marie Dodson for Vice Chair – she accepted  
• Motion to nominate, Marie Dodson - all in favor, motion passed at 5:35 pm |  |  |
| 5. LME/MCO Updates | Donna Stevenson, *Alliance Health Senior Director of Practice and Payment Transformation* - Alliance Health Provider Network update  
• **Role at Alliance Health** works with preparing Care Management Agencies (CMAs) and Advanced Medical Home+ (AMH+) to prepare for Tailored Plan launch.  
**Provider Led Care Management (CMAs and AMH+)**  
• Shift the way we pay our providers, based on more comprehensive view of member care through health care continuum.  
• Three avenues for Tailored Care Management  
1. Care Management Entities (CMAs)  
2. Advanced Medical Home +  
3. Tailored Plan – All members eligible for Care Management with the exception of those receiving ACTT, ICF, and High-Fidelity Wraparound services because services would be redundant.  
• Provider Led Care Management places the member in the center with right care, right place, right time, within the right settings.  
• Within Alliance Health six county region, 46 agencies will become CMA or AMH+, and awarded funds to support agencies in capacity building. |  |  |
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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>Member choice period opens August 15th – Introduction packets will be sent out</td>
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<tr>
<td>Provider who provides services will be different from provider that provides Care Management.</td>
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**Discussion:** Monitoring of funds that are given to each entity for capacity building – monitored by milestones through Alliance Health and then sent to the state. Funds allotted were based on percent of members served through agency and care management agency pilot. Once state notifies Alliance Health that agency is certified then contract is issued making them aware of certification and then funds granted are discussed. Monitoring team ensures agency is spending money according to receipts that they have submitted.

- Many agencies will utilize our JIVA Application.
- 16 agencies have passed certification and are working on readiness review.
- Member choice period opens August 15th – Introduction packets will be sent out.

Suggestion was made to have conversation with providers about having a discussion with members to ensure they have received letter/packet regarding tailored plan and Medicaid changes.

**Aalece Pugh-Lilly, Alliance Health Senior Director of Community Health and Well-Being** – Alliance Health Tailored Plan Readiness Reviews Update

Tailored Plan Readiness Reviews
- Desktop reviews will be held from 3/29-8/12
- On-site review for Alliance will be held on 7/25-7/26

Tailored Plan Local Community Collaboration and Engagement Strategy
- Submitted revision in May, once approved will share plan at next meeting in August 2022

6. State Updates  
**Suzanne Thompson, NCDHHS – CCE Update June 2022**
**CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING**
5200 W. Paramount Parkway, Morrisville, NC 27560
5:30pm – 7:00 p.m.

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**AGENDA ITEMS:**

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<th>DISCUSSION:</th>
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| • **Vacant position** – Suzanne will be sharing CCE Updates in future Steering Committee meetings until hiring process concludes.  
  o Monthly updates were sent out last week via email  
  o In the near future NCDHHS will switch our list serve process. You may receive an email request to accept a constant contact invitation. This is an internal to external list serve manager.  
  o Questions, comments, concern, be sure to reach out to Suzanne Thompson: suzanne.thompson@dhhs.nc.gov |             |             |
| • **State CFAC Meeting:** Next Meeting, Wednesday, June 8, 2022, at 9:00 am - 3:00 pm, hybrid meeting in-person and virtual option  
  **Provider and Consumer Calls:** Next Meeting, Monday, June 27, 2022, 2:00 pm - 3:00 pm  
  • For the months of July and August, we will be putting a hold on these calls, and they will resume, starting in September. |             |             |

7. **CFAC Retreat**

**Potential Dates for Consideration:**

- September 12-16
- September 19-23
- September 28-30

**Suggestions:**

- Add option for holding retreat on Friday/Saturday, within the date timeframe that was provided above.
- Present potential dates of Retreat at local CFAC, allow them to vote on dates and bring back dates to the Committee ASAP.
- Leadership discuss option for hotel accommodations for those traveling from Mecklenburg and Orange County (What is the budget, will stipends be provided for attendance?)
- Orange County as an option for hosting the CFAC Retreat. Alliance Health Office in Orange County is in Chapel Hill, old Cardinal Innovations Building.

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</table>
| Discussion:  | Stipends for attendance – recommended that if accommodations for hotel are provided, members should not also receive stipend for attendance due to budget cuts. CHWB leadership will discuss budget and potential accommodations and bring information back to committee.  
  Follow-up discussion at Local CFAC Meeting, share information, discuss potential dates. | Motion made by Michael McGuire to share two dates with committee, discuss at upcoming local CFAC and bring back to CHWB leadership immediately after meeting. Motioned seconded by Dave Curro | |
| 8. Subcommittees | Annette Smith (Wake) – No meeting last month, there will be a meeting in June. Trying to reactivate membership with all CFAC members. Added about 4-5 new members recently. Also, want to get members more active and participating in things they are passionate about.  
  Charlitta Burruss (Durham) – Discussed resources for Durham area. Trying to figure out creative ways to share about CFAC and bring in different speakers from different Behavioral Health Discipline to have an open dialogue about plan for the community.  
  Felishia McPherson (Cumberland) – Starlett Davis advised they are looking over local charter, what they can look forward to as far as hybrid meetings, and goals for the future.  
  Marie Dodson (Johnston) – Trying to rebuild membership and get more people to attend/participate. Recently had hybrid meeting, decent participation. Alternatives to guardianship, good information, created document and posted on Alliance Health page – resources are easy to find on website. No meeting in July. Heavy IDD participation in CFAC, discussed inconsistency of IEPs in Johnston County Schools. Contacting Schools to discuss challenges and provide education regarding concerns.  
  Steve Furman (Orange) – N/A  
  Ruth Reynolds (Mecklenburg) – Currently looking for new members and discussing unmet needs in the county. In-person meeting coming soon. | | |

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### AGENDA ITEMS:

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<tbody>
<tr>
<td><strong>Discussion:</strong> Shared about recent event hosted by Alliance Health, Breaking Barriers: Stigma &amp; Disparities in Minority Health at Goodwill Opportunity Campus.</td>
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<tr>
<td>- Dave Curro (Area Board) – Discussed budgets, new fiscal year beginning July 1, 2022. Presentation from finance department regarding budget, seems to be additional dollars from COVID Fund. Discussed statutory requirements regarding budget as a CFAC. Area board will not meet in July. Quality Management Dashboards – working to catch up in bringing Mecklenburg and Orange into data. Will request representative to come out and speak on Quality Management and Performance Dashboard.</td>
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<tr>
<td>- Ramona/Lakeisha (Human Rights) – Last met 4/14/22. Focus was on recruitment, specifically members from Mecklenburg and Orange County. Next Meeting is 7/14/22, meetings are held virtually.</td>
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<tr>
<td>- Israel Pattison/Marie Dodson/Dave Curro – N/A</td>
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### 10. Announcements

**Aalece Pugh-Lilly, Alliance Health Senior Director of Community Health and Well-Being – Update on Director of Community & Member Engagement**

- Doug Wright retired from this role at the end of March.
- In the process of posting position to Alliance Health Website.
- Aalece is the hiring Manager for this role, position should post either today or tomorrow.
- Will provide updates on hiring as interviews occur.

Discussion: Additional education requirements for the role of Director Community and Member Engagement

- Bachelor’s degree in Human Services field, Social Work, or Public Health from an accredited college/university and seven (7) years of progressive experience with behavioral health population, managed care and at least 5 years progressive management experience
- Master’s degree in Human Services field, Social Work, or Public Health from an accredited college/university and five (5) years of progressive experience with behavioral health population, managed care and at least 5 years progressive management experience

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AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
---|---|---|---
  | Marie Dodson – House Bill 149, talk to legislatures about Medicaid Expansion. Need to get legislatures to pass this bill. | | 
  | Michael McGuire – Personal Announcement, May 21, 2022, inducted into Marshall Arts Hall of Fame | | 
  | Annette Smith – Shared about i2i Conference and Whova app | | 

11. ADJOURNMENT: Motion to adjourn meeting was made by Dave Curro and seconded by Annette Smith – unanimous vote to end at 7:05 pm. The Steering Committee will NOT meet in July. The next meeting will be August 1, 2022, at 5:30 p.m.
MEMBERS PRESENT: ☐ 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): ☐ Suzanne Thompson, DHHS, ☒ Herb Trippert, Trosa, ☒ Vandna Munshi, ☒ Victoria Chibuogu Nneji, ☒ Dana Alley
STAFF PRESENT: ☒ Ramona Branch, Member Inclusion & Outreach Manager, ☒ Fantasia Jones, Member Inclusion & Outreach Specialist,
☒ Aalece Pugh-Lily, Senior Director Community Health and Well-Being

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

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the May 9, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by David Curro and seconded by Regina Mays to approve the minutes. Motion Passed.

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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Members discuss the impact COVID-19 has had on them personally.</td>
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<td>4. State Updates</td>
<td>Ramona Branch made the committee aware that ShaVaila Ingram was no longer working with DHHS and a representative from the state would be attending the meetings until a new hire has been made. Ramona Branch went over the June CE&amp;E:</td>
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<td></td>
<td>➢ North Carolina WIC Program: From May 2 through September 30, 2022, the North Carolina WIC Program will issue Farmers’ Market Nutrition Program (FMNP) coupons. You can use the FMNP coupons to buy fruits and vegetables at authorized local farmers’ markets. Ask your WIC office for a list of farmers’ markets where you can use the FMNP coupons.</td>
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<td></td>
<td>➢ Hurricane Season is Here. The first Hurricane for ’22 is coming into Mexico, and it is said to be one of the largest in the East coast area. Please make sure that you and your family have your plans developed and that you are prepared with the supplies (2 weeks Min) that you will need if you must evacuate.</td>
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<td></td>
<td>➢ Triangle Empowerment Center &amp; Straight Talk Support Group Presents “The Pouring”Join us for this amazing night of live music, jazz, &amp; healthy conversation. Date: Saturday, June 4, 2022 Time: June 4, 2022, 6-9 PM</td>
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<td></td>
<td>➢ Monthly Provider &amp; Consumer Calls:</td>
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<td>Joint DMHDDSAS &amp; DHB Update call:</td>
<td>During this call, panelists will present policy updates to Providers</td>
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<tr>
<td>Providers</td>
<td>from DMHDDSAS and DHB representatives followed by an open Q&amp;A session.</td>
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<tr>
<td>Thursday, June 2, 2022, 3:00 p.m.</td>
<td>— 4:00 p.m.</td>
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<tr>
<td>Joint DMHDDSAS &amp; DHB Update call:</td>
<td>Consumers &amp; Family Members. During this call, panelists will present</td>
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<tr>
<td>Consumers &amp; Family Members</td>
<td>policy updates to Consumers &amp; Family Members from DMHDDSAS and DHB</td>
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<td>representatives followed by an</td>
<td>DHB representatives followed by an open Q&amp;A session.</td>
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<tr>
<td>open Q&amp;A session.</td>
<td>Monday, June 27, 2022, 2:00 p.m.–3:00 p.m.</td>
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<tr>
<td>NCCDD’s Self Advocate Discussion</td>
<td>Wednesday, June 1 at 1 o’clock via zoom</td>
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<td>Series:</td>
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<tr>
<td>Benchmarks:</td>
<td>Public/Private Behavioral Health Forum</td>
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<td>June 10, 2022 10:30 a.m. to 2:30</td>
<td></td>
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<td>p.m.</td>
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<td>Engagement and Innovation Strategies for Youth Substance use</td>
<td>Prevention Messaging: Tuesday, June 14 1:30pm -2:30pm</td>
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<td>Prevention Messaging:</td>
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<tr>
<td>June 10, 2022 10:30 a.m. to 2:30</td>
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<td>p.m.</td>
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<td>NC Tides 2023:</td>
<td>Wilmington, NC June 25-28th of 2023</td>
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<td>Wilmington, NC</td>
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<td>June 25-28th of 2023</td>
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<td>39th Annual NADD Virtual Conference:</td>
<td>December 7-9, 2022</td>
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<td>State Consumer and Family Advisory</td>
<td>Wednesday, June 8, 2022 – Hybrid meeting</td>
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<tr>
<td>Committee (SCFAC):</td>
<td>Time: 9:00 a.m.— 3:00 p.m.</td>
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<td>State to Local Collaboration:</td>
<td>June 22, 2022, from 6:00 p.m.— 7:30 p.m.</td>
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<tr>
<td>NC Medicaid Managed Care Hot Topics Webinar Series:</td>
<td>Every 3rd Thursday of the month from 5:30 p.m.-6:30 p.m.</td>
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<tr>
<td>NC Medicaid Managed Care Hot Topics Webinar Series:</td>
<td>Jun 16, 2022, 05:30 PM</td>
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<tr>
<td>Tailored Care Management Updates:</td>
<td>NC Medicaid has published updated guidance on Tailored Care Management,</td>
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<td>Tailored Care Management Updates:</td>
<td>including updates to the Tailored Care Management Provider Manual, the</td>
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<td>Tailored Care Management Updates:</td>
<td>use of Care Manager extenders, Tailored CM 101 Frequently asked Questions,</td>
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<tr>
<td>Tailored Care Management Updates:</td>
<td>and updated guidance on rates. For more information, please see the</td>
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<td>Tailored Care Management Updates:</td>
<td>Medicaid bulletin article Tailored Care Management Update: AMH+/CMA</td>
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<td>Tailored Care Management Updates:</td>
<td>Certification Round Two Desk Reviews Completed. All updates can be found</td>
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<tr>
<td>Tailored Care Management updates:</td>
<td>on the Tailored Care Management webpage at:</td>
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<tr>
<td>Tailored Care Management updates:</td>
<td><a href="https://medicaid.ncdhhs.gov/transformation/tailored-care-">https://medicaid.ncdhhs.gov/transformation/tailored-care-</a></td>
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<tr>
<td>Tailored Care Management updates:</td>
<td>management</td>
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<tr>
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<tbody>
<tr>
<td>➢ Traumatic Brain Injury (TBI) Updates: The next quarterly Brain Injury Advisory Council meeting will be held on June 8th from 9am to 1pm. For more information please contact: <a href="mailto:TBIContact@dhhs.nc.gov">TBIContact@dhhs.nc.gov</a></td>
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<td>➢ Peer Support: 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.</td>
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<tr>
<td>5. Tailored Plan Updates</td>
<td>Aalece Pugh-Lily provided updates:</td>
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<tr>
<td>➢ Tailored Plan</td>
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<tr>
<td>➢ New brochures being provided</td>
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<td>➢ New and current Alliance website will be working simultaneously during transition.</td>
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<td>➢ Submitting documents and waiting for state approval</td>
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<tr>
<td>6. LME/MCO Updates</td>
<td>Ramona Branch provided updates:</td>
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<td>➢ New leadership for the Steering Committee: Chairman Dr. Michael McGuire (Cumberland County)</td>
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<tr>
<td>Co Chairman Marie Dodson (Johnston County)</td>
<td>Care management will shift to more comprehensive services</td>
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<td>7. Steering Committee Updates</td>
<td>Charlitta Burruss provided updates:</td>
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<td>➢ Steering Committee will not be having a meeting in July due to holiday. They will resume in August.</td>
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<td>➢ CFAC retreat: discussed possible stipend for travel cost being provided for the attending members.</td>
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<td>➢ It was voted and properly motioned by Charlitta for 9/24 to be the date of the CFAC retreat. Dave Second.</td>
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<tr>
<td>8. Meeting</td>
<td>Members voted to continue meetings virtually due to the increase of Covid-19 cases. Motioned by Brenda. Dave Second. Motion passed.</td>
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<tr>
<td>9. Announcements</td>
<td>Fantasia agreed to mail the new brochures to members that requested.</td>
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<td>➢ Victoria and Vandna became members of CFAC. Current member voted. Charlitta made the motion. Pinkey Second. Motioned passed.</td>
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<td></td>
<td>➢ Dana Alley introduced herself.</td>
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**ADJOURNMENT: 6: 45pm.** The next meeting will be August 8, 2022, at 5:30 p.m.

Respectfully Submitted by:

[Click here to enter text.]

[Date Approved]
MEMBERS PRESENT: ☒ Annette Smith, ☒ Rasheeda McAllister, ☒ Trula Miles, ☒ Karen McKinnon, ☐ Benjamin Smith, ☒ Alicia Jones, ☒ Faye Griffin, ☒ Anna Cunningham, ☒ Israel Pattison,
BOARD MEMBERS PRESENT: None
GUEST(S): ☒ Tia Scriven; ☒ Nancy Johns, ☒ Mary Angelini
STAFF PRESENT: ☒ Dr. Aalece Pugh-Lilly, Senior Director Community Health & Well Being
☒ Erica Asbury, Member Inclusion and Outreach Specialist; ☒ Ramona Branch, Manager- Member Inclusion and Outreach

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The May 10, 2022 minutes were not voted on due to lack of quorum.

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<tr>
<td>3. Public Announcements</td>
<td>N.Johns shared that NAMI is working on a community inclusion support group and it is in the planning stages but would most likely be virtual.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Tailored Plan Updates</td>
<td>Dr. Aalece Pugh-Lilly, Alliance Health Senior Director of Community Health and Well-Being, provided a brief update about Alliance Health Tailored Plan Readiness Reviews.</td>
<td>Ongoing</td>
<td>N/A</td>
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Tailored Plan website at [www.AllianceTailoredPlan.org](http://www.AllianceTailoredPlan.org). The site contains a variety of information strictly prescribed by DHHS. There are a couple of things to be aware of. Some of the content you’ll see in the navigation is missing because it has not been finalized and approved by DHHS. As content is approved it will be added. Also, our primary website ([www.AllianceHealthPlan.org](http://www.AllianceHealthPlan.org)) is still very much active. On December 1, the two sites will merge into one that retains the URL [www.AllianceHealthPlan.org](http://www.AllianceHealthPlan.org) and contains the TP site information and a lot of the other information on the current site.

Second are some present and future changes to our call center numbers:

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### AGENDA ITEMS:

- As a Tailored Plan, the 800-510-9132 number that we are used to calling the Access and Information Center will change its name to Member and Recipient Services. On November 1 this line will switch to being answered from 7 a.m. to 6 p.m. Monday through Saturday but for now, it is still answered 24/7.
- A new 24/7 Behavioral Health Crisis Line at 877-223-4617 is now active and being answered should anyone use that number now, and on November 1 it will serve as our 24/7 crisis response line.
- A new 24/7 Nurse Line at 855-759-9400 is active but for now, callers will receive a voicemail telling them that the line is not being answered by live representatives. They will be instructed to call the BH Crisis Line or 911 if they are in need of emergent medical care. This line will begin to be answered by live representatives on November 1.
- Finally, our Provider Support Line (formerly Provider Helpdesk) at 919-651-8500 is now being answered by a specialized and enhanced team of representatives 7 a.m. to 6 p.m. Monday through Saturday.

### DISCUSSION:

#### NEXT STEPS:

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<tr>
<td>5. State Updates</td>
<td>In the absence of a state staff member E. Asbury reviewed the CEE Update June 2022</td>
<td>Ongoing</td>
<td>N/A</td>
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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: |
---|---|---|---|
5. Steering Committee/ MCO Update | R. Branch shared the ongoing Steering Committee focuses including the planned board retreat and announced that they are under the new leadership of Dr. Michael McGuire. Marie Dodson is the Co-Chair. Their July meeting is cancelled. Discussion took place concerning Tailored plan community engagement. A. Smith shared that the Steering Committee chair would like our CFAC to vote on and submit the consensus for the Board retreat date. A. Smith shared that the furthest date that was talked about was the weekend of September 30th/October 1st. She further explained that although final details have not been shared, historically, the board met on one day and CFAC another. Although, discussion did take place at the Steering Committee level about the idea of overnight accommodations, a stipend and mileage reimbursement, no decisions have been made or formally by Alliance yet. Dr. A. Pugh-Lilly confirmed that information will go out as soon as things are finalized. A. Smith polled the committee and they are submitting the Sept 30th weekend date to the Steering Committee. | N/A | N/A |
6. Voting on new members/Nominations for Chair/ Co-Chair | A Smith shared that she has served her term as chair and that she would like for other members to consider the chair and co chair positions. E. Asbury shared that A. Jones has come forward with interest in being the next chair person. I Pattison asked that we go over the terms for CFAC and share with him if he has reached his term limit. E. Asbury stated that she will research term limits and let members know their status. |  |  |
7. In Person meeting/ July break | E. Asbury explained the possibility of in person meeting as well as hybrid. The Committee voted to return to in person and to Zoom for members that are not able to attend in person. E. Asbury stated that she will contact the site in which the former meetings were held. E. Asbury also stated that she will look for other central locations. R. Branch stated that the Alliance Corp office is also available for Wake County. |  |  |
8. Training: Filing a grievance; | E. Asbury shared the ways in which members and families may report concerns. Access is able to take a grievance and the person that is reporting may remain anonymous. A. Cunningham suggested that the Wake |  |  |

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<td>Future training topics</td>
<td>Subcommittee have the following training to take place: Supportive Decision Making, and invite Linda Kendall Fields, Financial Support services, Disaster Preparedness, The role of Tailored plan with Primary Care. T. Miles stated that she is aware of several schools that could use help getting mental health supports to both faculty and students.</td>
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**ADJOURNMENT:** F. Griffin motioned to adjourn and A. Cunningham second. A. Smith adjourned the meeting at 7:00pm. The next meeting will be August 9, 2022, at 5:30 p.m.

Respectfully Submitted by:

Erica Asbury, Member Inclusion and Outreach Specialist  
06.15.22

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: Marie Dodson, Leanna George, Jerry Dodson, Jason Phipps, and Cassandra Williams-Herbert
BOARD MEMBERS PRESENT:
GUEST(S:)
STAFF PRESENT: Ramona Branch, Member Inclusion & Outreach Manager, Noah Swabe, Member Inclusion Specialist

Zoom Link: [https://alliancehealthplan.zoom.us/j/97531673591](https://alliancehealthplan.zoom.us/j/97531673591)

1. WELCOME AND INTRODUCTIONS

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

3. Public Comment
   Individual/Family Challenges and Solutions
   Jason voiced continued struggles with Johnston County Public Schools (JCPS). Especially surrounding graduation and the EC students were almost not given diplomas. There has been an ongoing disconnect between JCPS and kids and families involved in the EC program.
   - Discussion: CFAC will continue to monitor the challenges and reach out to JCPS inviting them to CFAC meetings to develop relationships
   - Next Steps: Ongoing

4. Tailored Plan Updates
   Ramona provided the following update:
   Alliance has launched new marketing materials; all updated materials can be found on the tailored plan website. Alliance is in the process of disturbing new brochures; Alliance asks that all old marketing materials be discarded. Romana and her team will be working on disturbing the new marketing material. The Collaboration Strategy has been approved by the state. An overview will be completed and the CFAC will be asked for feedback. We have brand new brochures that are rolling.
   - Discussion: Ramona will continue to keep the CFAC up to date as information becomes available.
   - Next Steps: Ongoing

5. LME/MCO Updates
   Ramona covered the following LME/MCO updates:
   Alliances 1-800-510-9132 access line, will now be the Member and Recipient Services line. On November 1st it will be switched to being answered from 7am to 6pm, Monday through Saturday. The line will remain 24 hours a day at this time. There is a new 7 days a week, 24 hour Behavioral Health Crisis line, the number is 877-223-4617 which is now active and being answered. On Nov. 1st it will serve as our 24/7/ crisis line, there will also be a Nurse Line that is active however not being answered by a live person at this time. Members calling the line now will be directed to voicemail where they will be directed to the behavioral health crisis line.
   - Discussion: Ramona will continue to keep the CFAC up to date as information becomes available.
   - Next Steps: Ongoing

5. State Updates
   Ramona reviewed the CE&E update, June 27th is the consumer call at 2pm. There will be no consumer or providers calls in August due to Tailored Plan
   - Discussion: None
   - Next Steps: None

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<td>6. Elections</td>
<td>Motion was made by Jason and seconded by Leanne, for Marie to remain Chair of the Johnston CFAC, motion passed. Marie will serve another term as Johnston CFAC chair.</td>
<td>None</td>
<td>None</td>
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<td></td>
<td>A motion was made by Jason and seconded by Jerry for Leanna to be nominated as Vice-Chair, motion passed. Leanna is now elected as Vice-Chair. Congratulations to both.</td>
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<td>7. Announcements</td>
<td>There will be no Johnston County general CFAC meeting in the month of July, the next meeting will be held August 16th. Noah has transitioned to a new role within Alliance this will be his last meeting. Ramona has already begun looking for a replacement and will fill in during the interim.</td>
<td>CFAC members were encouraged to reach out to Ramona with any questions or concerns in the interim.</td>
<td>Ongoing</td>
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8. **ADJOURNMENT:** Next Meeting August 16, 2022 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Inclusion Specialist

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: ☒Michael McGuire ☒Ellen Gibson, ☒Dorothy Johnson ☐Carrie Morrisy ☐Jackie Blue ☒Sharon Harris ☒Briana Harris ☒Shirley Francis ☐Tekeyon Lloyd ☐Tracey Glenn- Thomas ☒Renee Lloyd ☒Carson Lloyd Jr. ☒Felishia McPherson ☐Alejandro Vasquez ☐Andrea Clementi

BOARD MEMBERS PRESENT:

GUEST(S): ☒Suzanne Thomas, State Community Engagement and Empowerment Team

STAFF PRESENT: ☒ Ramona Branch, Member Inclusion and Outreach Manager ☒ Starlett Davis, Member Inclusion and Outreach Specialist, ☒Douglas McDowell, Member Inclusion & Outreach Specialist, ☒Aalece Pugh-Lilly, Sr Director Community Health & Well Being

Join Zoom Meeting
https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2
Call in Number: +1 646 558 8656

Meeting ID: 910 6733 3915

1. WELCOME AND INTRODUCTIONS: Renee Lloyd called the meeting order at 5:35pm. Renee welcomed everyone.

2. REVIEW OF THE MINUTES – The minutes from the April 28, 2022, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Renee Lloyd and seconded by Ellen Gibson to approve the minutes. Motion passed unanimously.

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<td>3. Public Comments</td>
<td>Renee Community events and resources. Covid 19 Check ins Michael McGuire was elected Chair of the Steering Committee CFAC. Everyone gave their congrats. Renee shared her recent vacation and great life advice about living for today, enjoying yourself and the importance of self-care.</td>
<td>Please See Ramona and/or Starlett for any questions.</td>
<td>Ongoing</td>
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<td>4. ADA Updates</td>
<td>Shirley Francis- ADA updated meeting information. Last meeting was May 18, 2022. The Autism Resource Specialist gave a great presentation on Autism 101. Next meeting is the 32nd Annual ADA Celebration on August 17, 2022. It is TBD on virtual or in person at Kiwanis. An email will be sent out for feedback on that. The Autism Society of Cumberland will be moving from Partnership for Children. There will also be the October Vera Bradley Bingo. Finding did not allow for summer camp this year. They are hopeful for next year.</td>
<td>Please see Shirley and/or Starlett for any questions and feedback.</td>
<td>August 17, 2022 October 2022</td>
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| 5. State Updates | Suzanne Thompson  
June CE&E Update  
Suzanne will be assisting with the meetings as a more permanent person will be assigned to Cumberland.  
Monday is the monthly consumer call on the 27th at 2pm. No consumer or provider calls in August due to the onsite tailor plan readiness review and staffing. State CFAC is the 2nd Wednesday of the month, July 13th. Any comments and concerns, please reach out to Suzanne via email. Please send any suggestions on trainings as well. | Please see Suzanne, Vera Bradley Bingo is in October | Ongoing |
| 6. Tailored Plan Updates | Dr. Aalece Pugh-Lily discussed the tail plan updates.  
She introduced herself as the Senior Director of Community Health and Well Being. On June 15th, Alliance launched their new marketing efforts. Updates can be found on the Tailored plan website at Alliancehealthplan.org/tp. We have brand new brochures that are rolling. Please discard any older brochures. Ramona and her team will get them to you. Our Collaboration Strategy has been approved by the State. An overview will be done next month surrounding Community Outreach and Member Engagement and will ask for feedback. State Review will be at the end of July. Any questions can be directed to Ramona and Starlett. | Please see Ramona, Starlett, and/or Dr. Pugh-Lily for any questions and feedback. | Ongoing |
| 7. MCO | Ramona Branch  
MCO Updates  
Our Tailored Plan website is up and running. Ramona showed the committee the website. It has options for the Member (has Medical) and Recipients (is state funded). Some of the content on the website is missing. It is waiting on approval from the Department. On December the 1st, the Alliance website and the Tailored plan website will be merged into the Alliance website.  
Our Access and Information number, 18005109132, will now be the Member and Recipient Services line. On November 1st it will be switched to being answered from 7am to 6pm, Monday through Saturday. For now it will still be 24 hours a | Please see Ramona, Starlett, and/or Dr. Pugh-Lily for any questions and feedback. | Ongoing |

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<td>day. There is a new 7 days a week, 24 hour Behavioral Health Crisis line. The number is 8772234617. It is now active and being answered. On Nov. 1st it will serve as our 24/7/ crisis line. We also have a Nurse Line that is active. If you call now, they will be receiving a vmail saying it is not being answered by live reps. They will be directed to call Behavioral Health Crisis Line or 911 in an emergency. Starting on Nov. 1st, the line will be answered by live reps.</td>
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<td>8. Charter Updates</td>
<td>Membership Clause and Discussion- Vote Starlett Discussed having information in the Charter about membership, stipend, choosing CFAC member to participate in the Steering Com. Meeting each month and receive a stipend, clarification on how many members the local committee can have, and what process to go through for members who are no longer present and those that are not present in the future. The committee voted and approved the changes below.</td>
<td>Please see Ramona and/or, Starlett, for any questions and feedback.</td>
<td>August 25, 2022</td>
</tr>
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<td>Will add Membership Portion to Charter Membership: Annually the committee will elect a chair and vice-chair to represent them at the Steering Committee and to help facilitate the meetings. Potential new members are ask to attend two meetings to ensure interest in participating, then on their third meeting they are eligible to be voted in as an official member. In the Meetings section, item 7 Members who exceed more than 3 absences consecutively, this could be cause for dismissal from the Cumberland Subcommittee. This rule can be discussed on a case-by-case circumstance (i.e., illness for family emergency). The number of absences will be changed to 4 consecutive meetings. It will be added that the Chair and/or Co Chair will make attempts to reach out to the member to make contact and see if the member will continue as a member, get clarification on their situation, and the committee will vote on whether the member will continue as a member or will no longer be a member. Will add to the meetings section Only one local member will receive a stipend along with the Chair and Co-Chair for participating in the Steering Committee meeting. Each month, one local CFAC member(different each month) will be chosen during the local meeting before the upcoming Steering Committee meeting to participate along with the Chair and/or Co Chair at the Steering Committee meeting.</td>
<td>Updated Charter will be sent out by the next meeting on August 25, 2022.</td>
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<td>9. Steering Committee Stipend and Attendance</td>
<td>Isn’t a different member available, a member can repeat participation consecutively. This process will be done during the local meeting or via email prior to the Steering Committee meeting. Felishia asked for a motion to be made and a vote to be taken to accept the changes and additions to the Charter. Shirley Frances made the motion. Ellen 2nd it. A vote was made and all voted in favor. Clarity was given to the committee on the membership cap voted on for local committees. There are only 12 seats available for members for each county. Cumberland was at 16 during the vote and decision by the Steering Committee. It was decided that it was ok that Cumberland had 16 members. However, if the members decrease to 12, it was capped there and could not be any higher. This is in the Charter.</td>
<td>Please see Ramona and/or, Starlett, for any questions and feedback.</td>
<td>Ongoing</td>
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<td>10. Elections</td>
<td>Starlett Davis and Ramona Branch Only one local member will receive a stipend along with the Chair and Co-Chair for participating in the Steering Committee meeting. Each month, one local CFAC member (different each month) will be chosen during the local meeting before the upcoming Steering Committee meeting to participate along with the Chair and/or Co-Chair at the Steering Committee meeting. In the event there isn’t a different member available, a member can repeat participation consecutively. This process will be done during the local meeting or via email prior to the Steering Committee meeting. This was voted on and will be added to the charter. There will not be a Steering committee meeting in July. Michael McGuire volunteered Ellen Gibson be the member to participate in August. She will be participating with the Chair and Co-Chair in August.</td>
<td>Please see Ramona and/or, Starlett, for any questions and feedback.</td>
<td>Ongoing</td>
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Chair are Felishia McPherson and Ellen Gibson. We thanked Felishia and Renee for their amazing service and efforts for this fiscal year and congratulated Felishia and Ellen for all to come.

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| 11. CFAC Retreat Dates | Starlett Davis  
Vote on dates. Will send back to Steering committee. Location TBD  
September 16-17th  
September 23-24th  
September 30th-October 1st  
Dr. Aalece Pugh-Lily gave clarity on the dates. The CFAC Retreat will be on a Saturday so the dates being voted on are September 17th, 24th, or October 1st. Felishia called for motion and a vote that September 24th be the day that Cumberland choses for the CFAC retreat. Michael made a motion and Dorothy 2nd it. The committee voted unanimously, and September 24th was accepted. This will be sent to the Steering Committee. | Please see Ramona and/or, Starlett, for any questions and feedback.  
September 24, 2022 is the date Cumberland voted on. It will be sent to the Steering committee. | August 1, 2022 |
| 12. Meetings | Starlett and Ramona  
Decision on in person and hybrid meetings.  
The committee decided to stay virtual for now. Starlett will bring it up for discussion again at the October meeting. | Please see Ramona and/or, Starlett, for any questions and feedback.  
We will stay virtual and revisit the discussion in October 2022. | October 2022 |
| 13. Summer Meetings | Decisions if we will meet in July and August- Vote | Please see Ramona and/or, | August 25, 2022 |

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**AGENDA ITEMS:**

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<td>Felishia called for a motion to be made to cancel the July meeting and continue meeting in August 2022. Shirley made the motion and Ellen 2nd it. The committee voted that the July meeting be cancel.</td>
<td>Starlett, for any questions and feedback. Next meeting is August 25, 2022.</td>
<td>Ongoing</td>
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<td>14. Prep for next meeting</td>
<td>Felishia and Renee- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. No meeting in July. Starlett will be in communication about the next meeting. Ms. Ellen will be in attendance at the Steering Committee meeting along with the Chair and Co-Chair. Starlett will get the updated copy of the charter to the members.</td>
<td>Please see Ramona and/or, Starlett, for any questions and feedback. New Chair and Co-Chair are Felishia and Ellen. Ellen will be going to the next Steering meeting. The Charter will be sent out.</td>
<td>Ongoing</td>
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<td>15. Appreciation</td>
<td>Everyone gave their appreciations and well wishes.</td>
<td>N/A</td>
<td>N/A</td>
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**ADJOURNMENT:** Meeting was adjourned at 6:45pm. The next local meeting is August 25, 2022. The next Steering Committee meeting is August 1, 2022.

Respectfully Submitted by: Starlett Davis, MA Member and Inclusion Outreach Specialist.
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 (in-person), ☒ Linda Campbell (virtual), ☒ Ruth Reynolds (in-person), ☒ Randy Sperling (in-person), ☐ Beverly Corpening, ☒ Shagun Gaur (virtual), ☒ Melida Baldera (virtual), ☐ Michael Flood , ☒ Lois Stickell (in-person), ☒ Shari Phillips-Stratton (virtual), ☒ Jocie Cremisi (virtual), ☒ Jim Sonda (in-person), ☒ John Corrigan (virtual)
BOARD MEMBERS PRESENT: None
GUEST(S): ☒ Suzanne Thompson, NCDHHS (virtual), ☒ Alan McDonald (virtual)
STAFF PRESENT: ☒ Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being (in-person), ☒ Lakeisha McCormick, Manager, Member Inclusion and Outreach (in-person), ☒ Eileen Bennett Member Inclusion Specialist (in-person), Cristina Phillips Provider Network Development Supervisor TBI (virtual), Melissa Hall Provider Network Development Specialist (virtual)

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

Zoom Link:  https://alliancehealthplan.zoom.us/j/96957815983
Meeting ID: 969 5781 5983  Phone Number: +1 646 558 8656 US

1. WELCOME AND INTRODUCTIONS  Ruth Reynolds    the meeting was called to order at 5:03 pm
2. Review of the Minutes-Minutes will be reviewed at the August 22, 2022 meeting.

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<td>3. 5:30-600pm Meck County Updates -Retreat Dates -CFAC Outreach Flyer -Human Rights Committee -Advocacy-Raleigh</td>
<td>Ruth Reynolds and Randy Sperling-Randy began the discussion by explaining to the Members the CFAC Retreat Dates and that the date that would best work for them was the September ---- Dates. They opened it up for discussion. A question was asked about what the retreat was and what the schedule was. Lakeisha McCormick gave a brief description of the retreat. She explained it can be virtual or in person. She also explained there would be a stipend provided to the members but that amount had not been determined yet. Randy Sperling asked a question about the Stipend and if that would cover a hotel and the specifics around the stipend. She noted that distance was far and she felt that a night at a hotel should be</td>
<td>Eileen will follow up on Stipend and Final Date Chosen for Retreat. Eileen will follow up with Lakeisha on Brochure and updates related to that</td>
<td>2 weeks</td>
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| covered. Aalece Pugh Lily explained that yes there will be a stipend, but the amount has not been decided. She also noted that it would be in the form of a lump sum of money that can be utilized however they prefer. Randy asked if there was a possibility of a Room Discount for Hotels. Aalece noted that wasn’t something that had been discussed but she will bring it up in the discussions that she would be having in the next month in regards to the stipend. She indicated that as soon as a decision had been made, that she would let the members know. Ronald Clark asked how they chose the geographic location for the Retreat. Randy also asked if there was a possibility of moving the meetings closer to Mecklenburg County. Aalece noted that the possibility of having it in different locations is something that can be discussed going forward and she would keep us posted on those discussions. Ruth asked how many people had shown up in the past to the Retreat. Lakeisha indicated that to her understanding there was a high percentage of attendance. Next topic that was discussed was a CFAC brochure which was also led by Randy. Randy indicated that there was an interest in having a brochure explaining what CFAC was giving a description of the advocacy and then utilizing those brochures to create some awareness. Lakeisha indicated that there is a CFAC brochure currently, however all marketing materials, now that we are entering the Tailored Plan, must be approved by the state. So, Lakeisha and Aalece had met with the Communications Department, they are looking at the previous CFAC brochure and changing some of the language and utilizing and submitting a modified document to the State. She indicated that there may be a time when we ask for feedback from the state CFAC boards, but that they are not at that juncture yet. She said that she would keep Eileen Bennett informed so she could give the Members updates. Human Rights Committee-Ruth announced that there is a Alliance Human Rights Committee. Lakeisha McCormick gave an overview of what the Human Rights committee does, and the process to apply and who determines eligibility. She also indicated that the group meets quarterly and would be virtual only at this time. She indicated that multiple people from Mecklenburg County can apply if they wish and they can let Eileen Bennett know and she will forward the application to them. Ronald Clark asked a question in regard to provider grievances. | Eileen will follow up with members regarding applications for Human Rights Committee. | }
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<td>Advocacy</td>
<td>Ruth Reynolds gave a brief discussion of her previous advocacy in Raleigh in regards to rights for people living with an intellectual disability. She indicated that she thinks it would be beneficial for the CFAC group to find interested members who would like to go to Raleigh and advocate for some legislation that they feel passionate about. Suzanne Thompson from the DHHS, indicated that currently, legislatures were having their final session and would resume in September but she suggested that any advocacy perhaps should be done in the January 2023 Session as the elections would be over and they have planning time during that session to see/address advocacy groups.</td>
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<td>4. 6:00-6:15pm</td>
<td>Suzanne Thompson gave a brief discussion of the CEE.</td>
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<td>State Updates</td>
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<td>5. 6:16-7:00pm</td>
<td>Melissa Hall &amp; Cristina Phillips - Provided a 30 minute presentation to the CFAC Members with an overview of TBI and the TBI waiver.</td>
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<td>TBI Presentation</td>
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<td>6. Time Permitting</td>
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<td>LME/MCO Updates/Human Rights Committee</td>
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<td>7. Public Comments/Questions</td>
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8. **ADJOURNMENT:** 7:03 pm Ron Clark moved to adjourn and it was seconded by Lois Stickell
9. The next meeting will be July 25, 2022, at 5:30 p.m.

Respectfully Submitted by:

Eileen Bennett, Member Inclusion and Outreach Specialist

Date Approved
CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
5:30-7:00 p.m.

Tuesday, June 28, 2022

Physical Meeting Location Address: 201 Sage Rd Suite #100 Chapel Hill, NC 27514

APPOINTED MEMBERS PRESENT: ☒ Steve Furman- Chair ☒ Paula Harrington ☒ Allen Dittmer ☒ Aiden Malsbary ☒ Candace Alley ☒ Carol Conway

BOARD MEMBERS PRESENT: □ None

GUEST(S): ☒ Stacy Harward -NCDHHS ☒ Gwen Collman ☒ Rachel Galanter-El Futuro Rep

STAFF PRESENT: ☒ Ramona Branch, Member Inclusion & Outreach Manager ☒ Dr. Aalece Pugh-Lilly-Sr Director Community Health & Well Being

☒ Douglas McDowell, Member Inclusion and Outreach Specialist-Orange County

Zoom Link: https://alliancehealthplan.zoom.us/j/97437255029

1. WELCOME AND INTRODUCTIONS – Meeting called to order at 5:34 p.m.

2. REVIEW OF THE MINUTES – The minutes from the May 24, 2022, meeting were reviewed; a motion was made by Steve Furman and seconded by Paula Harrington to approve the minutes. Motion passed unanimously.

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<td>3. Public Announcements</td>
<td>Introduction of presenter- *El Futuro representative PowerPoint Presentation-Rachel Galanter, Answered a couple of questions-Shared contact information-Updates</td>
<td>Collaboration/Connection</td>
<td>Ongoing</td>
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</tbody>
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| 4. State Updates | Stacy Harward NCDHHS gave state updates:  
• Shared updates concerning NC Olmstead https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/ncolmstead  
• May 2 through September 30, 2022, North Carolina WIC Program issuing Farmers’ Market Nutrition Program (FMNP) coupons. FMNP coupons buy fruits and vegetables at authorized local farmers’ markets. WIC office for a list of farmers’ markets- FMNP coupons.  
• Pregnant, breastfeeding/ partially breastfeeding/postpartum women/children ages 2-4 receive coupons. • Eligible will only receive six coupons  
• Emergency Preparedness Month in September Hurricane Preparedness Guide/Disaster Preparedness.  
• Mental Health, Developmental Disabilities, and Substance Use Services Awareness Month-June  
• Joint DMHDDSAS & DHB Update call: Providers call/policy updates to Providers from DMHDDSAS and DHB Q&A session. Calls on hold July and August, resuming in September.  
• State Consumer and Family Advisory Committee (SCFAC) | • Ongoing changes to state updates, with Medicaid transformation  
• NC CARE 360 Updates ongoing. See NCDHHS Website | Ongoing |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
5:30-7:00 p.m.

Tuesday, June 28, 2022

AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
---|---|---|---
* The State Consumer and Family Advisory Committee (SCFAC) meeting -2nd Wednesday of month/open to the public.
* NC Medicaid Managed Care: Beneficiary resources to help answer questions about transition to NC Medicaid Managed Care. Reminders for health plans - Enrollment Broker at 833-870-5500 (TTY: 833-870-5588). Other questions, beneficiaries can call the NC Medicaid Contact Center 888-245-0179 See “Beneficiaries” section of the Medicaid website.
* NC Medicaid Managed Care Hot Topics Webinar Series: Every 3rd Thursday of the month from 5:30 p.m.-6:30 p.m.
* Tailored Care Management Updates: With NC Medicaid’s transformation to managed care, the North Carolina Department of Health and Human Services (NCDHHS) will continue to offer to Medicaid beneficiaries a comprehensive array of behavioral health, intellectual/developmental disability (I/DD) and traumatic brain injury (TBI) services.
* 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
* Medicaid Transformation: https://medicaid.ncdhhs.gov/transformation
  https://medicaid.ncdhhs.gov/transformation/more-information
  NC Medicaid Beneficiary Portal: Medicaid serves low-income parents, children, seniors, and people with disabilities. Beneficiary Portal offers information on applying for Medicaid and more.
* Traumatic Brain Injury (TBI) Updates Quarterly Brain Injury Advisory Council meeting: TBIContact@dhhs.nc.gov - TBI Long Term Residential Rehab will be a new state funded residential service with a projected start date of September 1, 2022.
* Centers for Medicare and Medicaid Services (CMS)-approved the TBI waiver renewal effective April 1, 2022. In the coming months this waiver will expand into Orange and Mecklenburg counties. More information-Traumatic Brain Injury (TBI) - Alliance Health (alliancehealthplan.org)
* TBI State Action Plan currently under review for updates. Anyone interested in participating in these workgroups are encouraged to reach out: TBI program TBIContact@dhhs.nc.gov
* TBI Program is recruiting for membership on TBI Grant Steering Committee. Steering committee plays an important role in oversight of grant activity, monitoring project progress, making recommendations, problem-solving challenges, and other critical functions. Interested individuals should contact Sandy Pendergraft at sandy.pendergraft@bianc.net or Michael Brown at michael.brown@dhhs.nc.gov.
* The Brain Injury Association of NC (BIANC) website offers information, and educational learning tools -www.bianc.net-Library of free online TBI training modules can be found at www.biancteach.net
* Veterans, Service Members & Families Resource Links for Veterans and Military Members https://www.va.gov/VE/pressreleases/2021081801.asp

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CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
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<td>‣ 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. ‣ 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: <a href="https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement">https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement</a> ‣ In Person Training: As we start to Prepare for 2022– Remember to get with your CE&amp;E Team member to set up Trainings for your community events, committees, and CFAC meetings. The CE&amp;E Team has started our Community Training’s in-person! Reach out to your CE&amp;E Team members to set up any of our trainings from our Training &amp; Technical Assistance Program (TTAP) ‣ CPSS updates for renewals 60 days prior to expirations, employment, and training, including pertinent contacts to report any peer support specialist in question. ‣ Division of MH/DD/SAS, Community Engagement and Empowerment team: 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. As we start to Prepare for 2022– Remember to get with your CE&amp;E Team member to set up Trainings for your community events, committees, and CFAC meetings. Reach out to your CE&amp;E Team members to set up any of our trainings from our Training &amp; Technical Assistance Program (TTAP).</td>
<td></td>
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<td>5. LME/MCO Updates</td>
<td>‣ Ramona Branch offered the state updates, focusing on IDD Tailored Plan and the continued efforts to transition from just focusing on behavioral health to integrative healthcare management. Alliance Health celebrates 10 years, more to come. ‣ Calendar updates and events for Alliance Health covered ‣ Alliance Health continues preparing for tailored plan, going live in December 2022</td>
<td>Alliance Health continues to transition to whole health and integrated care.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. Steering Committee Updates</td>
<td>*Upcoming Retreat Discussed Dates offered and voted on with general consensus doe Oct 1st dates available. Paula Harrington motioned for October 1st, motion seconded by Steve Furman</td>
<td>Ongoing Planning-Announced in August Meeting</td>
<td></td>
</tr>
<tr>
<td>7. Meeting Location Guidance/Hybrid Options</td>
<td>‣ Meeting Location will not change, including the hybrid option</td>
<td>No Changes</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Outreach Event Ideas</td>
<td>‣ El Futuro representative Rachel Galanter explained mission statement, services provided, using PowerPoint, and answered questions. ‣ Will continue collaborating</td>
<td>Collaboration continued</td>
<td>Ongoing</td>
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<td>with local stakeholders and providers in the Orange County encatchment area with El Futuro speaking. Educated CFAC about services rendered, affiliated organizations, ways service providers could help Latinx population. Resources Shared.</td>
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### 9. CFAC-Member-Recruitment-Guests Invited

- A motion was made by Steve Furman to approve Carol Conway as a CFAC subcommittee member and seconded by Candace Alley, with all approving. After motion to accept C. Conway as a member, S. Furman made a motion to vote in a Co-Chair with Paula Harrington nominating Allen Dittmer, who respectfully declined. A follow-up nomination made directly afterwards for Carol Conway to become the newly appointed Co-Chair, that was seconded by Steve Furman, with all members unanimously voting yes.

- Carol Conway voted in as official CFAC Member
- As newly appointed Co-Chair, will Co-chair next meeting-August 23rd.
- Continued Recruitment
- TBI Representative Needed

### 10. ADJOURNMENT:

The meeting adjourned at 7:05 p.m.; the next meeting will be August 23, 2022, from 5:30 p.m. to 7:00 p.m.

Respectfully Submitted by:

Douglas McDowell-BA CPSS

Click here to enter text. Date Approved
NCDHHS – DMH/DD/SUS

**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. To do this, we have two portals for incoming questions:

**Email:** BHIDD.helpcenter@dhhs.nc.gov

**Website:** [Mental Health, Developmental Disabilities, and Substance Use Services](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/nc-olmstead)

**NC Olmstead**
Learn more about NC Olmstead
[https://www.ncdhhs.gov/events](https://www.ncdhhs.gov/events)

**Grant Opportunities**
[https://tinyurl.com/DMHDDSAS-Grants](https://tinyurl.com/DMHDDSAS-Grants)

**Press Releases from the State**
To find out the newest information from the State please check our website at:

**North Carolina WIC Program**
From May 2 through September 30, 2022, the North Carolina WIC Program will issue Farmers’ Market Nutrition Program (FMNP) coupons. You can use the FMNP coupons to buy fruits and vegetables at authorized local farmers’ markets. Ask your WIC office for a list of farmers’ markets where you can use the FMNP coupons.

- Pregnant, breastfeeding, partially breastfeeding and postpartum women, and children ages 2 through 4 will receive the coupons.
- Each person eligible will receive six coupons worth $5 each.
- Each person can only receive six coupons per year.
- You will receive all six coupons at one time.
- You may use the coupons at authorized farmers’ markets only, not at grocery stores.
- Farmers who participate will have FMNP posters displayed in their selling areas (not all farmers will have posters.)
- Use the coupons to buy fresh, North Carolina-grown fruits and vegetables only.
- You may not use the FMNP coupons to buy peanuts or other nuts, baked goods,
cooked foods, processed foods, honey, eggs, plants, herbs, crafts, or other non-food items.

Farmer’s Market Coupon Information:
https://www.nutritionnc.com/wic/fmarket.htm

Hurricane Season is Here
The first Hurricane for ‘22 is coming into Mexico, and it is said to be one of the largest in the East coast area. Please make sure that you and your family have your plans developed and that you are prepared with the supplies (2 weeks Min) that you will need if you must evacuate.

Get the Family Hurricane Preparedness Guide
Emergency Preparedness Month is in September but if you have any questions or concerns, please go to our webpage and click on the box for Disaster Preparedness.

Mental Health, Developmental Disabilities, and Substance Use Services

Awareness Month – June

Triangle Empowerment Center & Straight Talk Support Group Presents “The Pouring”
Join us for this amazing night of live music, jazz, & healthy conversation
Date: Saturday, June 4, 2022
Time: June 4, 2022, 6-9 PM
Ticket Link: https://www.eventbrite.com/e/the-pouring-tickets-310098511997

Meetings & Educational Opportunities

Monthly 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, June 2, 2022, 3:00 p.m.— 4:00 p.m.
Register Here

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, June 27, 2022, 2:00p.m.-3:00p.m.
Register Here

For the months of July and August, we will be putting a hold on these calls, and they will resume, starting in September.
NCCDD’s Self Advocate Discussion 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, June 1 - 1 PM**

Parents, do you want to spend quality time with your kids? Or maybe you work with a parent who wants to connect with their children. The Temple University Collaborative on Community Inclusion is excited to announce our Parenting Through Leisure webinar series!

![Image of a mother and child reading a book]

This webinar series features strategies parents who experience mental health issues can use to spend quality time with their children and ways to use family leisure to improve connection and communications.

The third webinar is focused on using leisure to talk about mental illnesses! We will go over the benefits of disclosing mental illnesses to children, as well as strategies to talk about mental illnesses while engaging in fun activities with children.

Participation certificates are available upon request. Webinar hosts include Dr. Gretchen Snethen and Dr. Bryan McCormick

Visit this link for registration: [https://temple.zoom.us/webinar/register/WN_xt7gLgUNRM6YXraHNgUqRA](https://temple.zoom.us/webinar/register/WN_xt7gLgUNRM6YXraHNgUqRA)
If have any questions, please reach out to us at **TUCollab@temple.edu**
Public/Private Behavioral Health Forum  
June 10, 2022  
10:30 a.m. to 2:30 p.m.  
Join us to receive the most recent legislative updates, information from DHHS and more. We hope to see you there!

We are super excited to SEE everyone in PERSON! It has been far too long since we have been together!

Register Here.

Morning Session:  
The meeting will begin with Benchmarks' President and CEO, Karen McLeod, as she hosts the meeting for us and shares her latest insights and experience from the across systems.

Following her opening, we will hear from Dave Richard, Deputy Secretary-NC Medicaid, and Debra C. Farrington, Chief of Staff-NC Medicaid, as they share the latest updates and engage in a Q & A with our audience.

Topics will include (but are not limited to):  
- DHHS Updates for Medicaid Transformation.  
- Standard Plans.  
- Tailored Plans.  
- 1115 Waiver Updates.  
- Healthy Opportunities News and Updates.  
- The Latest from the Legislature.

Afternoon Panel:  
We are so grateful to have Deb Goda, Associate Director-NC Medicaid, Kenneth Bausell, IDD Manager-NC Medicaid, and Loul Alvarez, Associate Director-Health Benefits, join us for our afternoon panel.

Topics will include (but are not limited to):  
- Care Management Agency (CMA) Information and Updates  
- HCBS/Innovation Waiver Updates  
- Workforce, Transitions, & Other Items of Importance  
- One-Time Bonuses & HCBS+ Rate Increases  
- And more!
Engagement and Innovation Strategies for Youth Substance Use Prevention Messaging

At one time or another, most of us have had a conversation with a young person that didn’t quite go as planned. Maybe the topic was uncomfortable. Perhaps the young person didn’t say much, or you weren’t sure how to make your message resonate. Join us Tuesday, June 14, 1:30-2:30 p.m. ET, to hear from a young person and a motivational interviewing trainer sharing substance use prevention communication strategies grounded in engagement and innovation.

They will use resources from the – Getting Candid: Framing the Conversation Around Youth Substance Use Prevention toolkit

Supporting the Workforce that Supports Individuals with IDD

For more information and registration, visit the NADD Website Here
Save the Dates

39th ANNUAL NADD VIRTUAL CONFERENCE
December 7-9, 2022
Building Bridges Among People and Across Systems

NC Tides 2023
Wilmington, NC
June 25-28th of 2023
More information to come!

State Consumer and Family Advisory Committee (SCFAC)

The State Consumer and Family Advisory Committee (SCFAC) meeting is on the 2nd Wednesday of every month and is open to the public. April’s SCFAC meeting will be held as a hybrid meeting – the in-person option at this time is only for committee members. A virtual platform and teleconference options are provided for additional attendees.


Next Meeting: Wednesday, June 8, 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 #: 24255343106
Passcode: N5whNFFJD33

State to Local Collaboration

The State to Local Collaboration Call is scheduled for every 4th Wednesday of the month. The call-in number and conference ID will not change.
Next Call: June 22, 2022, from 6:00 p.m.—7:30 p.m.
To Join click here: https://tinyurl.com/yc5crpv6
Phone in option: 1-415-655-0003 US Toll
Local Consumer and Family Advisory Committee (LCFAC)

Check your local LME/MCOs for meeting dates and times. Some have started to meet in a hybrid manner.

NC Medicaid Managed Care

NC Medicaid Managed Care:
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. To learn more click here.

NC Medicaid Managed Care Hot Topics Webinar Series:
Every 3rd Thursday of the month from 5:30 p.m.-6:30 p.m.
Jun 16, 2022, 05:30 PM
Register for 3rd Thursday webinars

Tailored Care Management Updates:
With NC Medicaid’s transformation to managed care, the North Carolina Department of Health and Human Services (NCDHHS) will continue to offer to Medicaid beneficiaries a comprehensive array of behavioral health, intellectual/developmental disability (I/DD) and traumatic brain injury (TBI) services. In previous guidance, including the Behavioral Health and Intellectual/Development Disability Tailored Plan Final Policy Guidance and Behavioral Health and Intellectual/Development Disability Tailored Plan Request for Applications, NCDHHS released detailed information about the Standard Plan and future Behavioral Health (BH) and I/DD Tailored Plan (Tailored Plan) benefit packages. NCDHHS currently covers a subset of BH services under its 1915(b)(3) waiver, which will sunset upon the Tailored Plan launch in December 2022. NCDHHS is seeking authority to cover most of the current 1915(b)(3) services through the 1915(i) authority (Tailored Plans). Information on the 1915(i) services is available in the NC Medicaid Transition of 1915(b)(3) Benefits to 1915(i) Authority white paper.

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 the 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

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/medi
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. How do I get a ride to my medical appointment? How do I change my health plan (PHP)?

Go to the Beneficiary Portal

Traumatic Brain Injury (TBI) Updates

- The next quarterly Brain Injury Advisory Council meeting will be held on June 8th from 9am to 1pm. For more information please contact: TBIContact@dhhs.nc.gov
- TBI Long Term Residential Rehab will be a new state funded residential service with a projected start date of September 1, 2022.
- Centers for Medicare and Medicaid Services (CMS) has approved the TBI waiver renewal effective April 1, 2022. In the coming months this waiver will expand into Orange and Mecklenburg counties. More information about the TBI Waiver can be found at: Traumatic Brain Injury (TBI) - Alliance Health (alliancehealthplan.org)
- The TBI State Action Plan is currently under review for updates. Anyone interested in participating in these workgroup meetings is encouraged to reach out to the TBI program at 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 or Michael Brown at michael.brown@dhhs.nc.gov. All are welcome and encouraged to join!
- The Brain Injury Association of NC (BIANC) website offers a large variety of information, and educational learning tools and maintains a comprehensive online resource guide. The website can be found at www.bianc.net
- A diverse and growing library of free online TBI training modules can be found at www.biancteach.net

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Veterans, Service Members & Families

Resource Links 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

Peer Supports

Peer Support Certification Renewal Reminders:

Attention Peer Support Specialists!

Peer Support Certification Renewal reminders are sent 60 days before your certification expires. Please visit the Peer Support Program website for details on how to renew your certification.
Peer Support Job Board:
Click here for up-to-date available peer support jobs across the state.

PSS Employment Information:
- 3946 Certified Peer Support Specialists as of May 31, 2022
- 1629 Certified Peers are employed as PSS
- 832 PSS are seeking employment
Full & up-to-date statistics can be found by visiting:
https://pss.unc.edu/data

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.

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:

In Person Training:
As we start to Prepare for 2022—Remember to get with your CE&E Team member to set up Trainings for your community events, committees, 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 Program (TTAP). Our team will continue to follow all guidelines that are suggested by the State, the CDC or your organization/facility. The CE&E Team is here to help. Contact us to begin planning for your next event!

Please reach out to our team at: CEandE.staff@dhhs.nc.gov
Stacey Harward, BSW: Stacey.Harward@dhhs.nc.gov
Wes Rider, BSW: Wes.Rider@dhhs.nc.gov
Badia Henderson: Badia.Henderson@dhhs.nc.gov

Your Feedback is Appreciated
Your feedback on the CE&E Update is much appreciated!
Please feel free to email us at CEandE.Staff@dhhs.nc.gov with any tips.
NC Traumatic Brain Injury Waiver Overview

6.27.2022 Mecklenburg County CFAC
Presenters

Melissa Hall- Alliance Provider Network Development Team

Cristina Phillips- Alliance Provider Network Development and Operations Team Supervisor
LEARNING OBJECTIVES

- Understand what a TBI is
- List at least 2 types of Supports that are Offered on the TBI Waiver
- Understand Basic Waiver Eligibility Criteria
- Be able to list at least 2 other local Brain Injury Support Resources
ALLIANCE HEALTH CURRENT CATCHMENT AREA

WAKE, DURHAM, JOHNSTON, CUMBERLAND, ORANGE AND MECKLENBURG
TBI WAIVER CURRENTLY LAUNCHED IN:
Wake, Durham, Johnston and Cumberland
TBI WAIVER-COMING LATER SUMMER/FALL 2022
ORANGE AND MECKLENBURG COUNTIES
Currently offering a network of providers who offer treatment and support for mental illness, substance use disorders, and intellectual/developmental disabilities and TBI.
Helping individuals who are:

• Uninsured
• Underinsured
• Medicaid Recipients
What Is Your Experience?

POLL QUESTION- Are you familiar with the term Traumatic Brain Injury or TBI? YES or NO
• An alteration in brain functioning caused by external force.

• Traumatic Brain Injury may be caused by direct impact to the head. (Traumatic impact)

• Traumatic Brain Injury may also be caused by inertial forces which effects the brain. Traumatic Inertial force- this includes Shaken Baby syndrome. Even though there isn't any sign of trauma externally, the shaking of a baby as an internal force can cause severe brain damage.
What Causes Brain Injury?

- The top three causes for TBI are falls, car accidents and firearms however sports or head injuries from violent events (i.e. domestic violence or abuse such as shaken baby syndrome) can also be a cause.

- Young adults and the elderly are the age groups at highest risk for TBI.

- Abuse survivors often go undiagnosed and/or may not self-report.
2018 National TBI Statistics

TBI INCIDENTS BY CATEGORY

- Slips and Falls: 40.5
- Unknown/Other: 10.7
- Struck By Against: 14.3
- Motor Vehicle Accident: 15.5
- Assaults/Battery: 19

AllianceHealthPlan.org
NORTH CAROLINA
2014 TBI Incident Numbers

Injury data reports:
- **75,915** people in NC are living with a TBI.
- **1,825** deaths where TBI was the cause of death
- **6,798** were hospitalized with a TBI alone or in combination with other injuries or conditions
- **67,292** were treated and released from emergency departments with a TBI alone
- An unknown number of individuals sustained injuries that were treated in other settings or went untreated.
- **TBI has been referred to as “the silent epidemic”**.
Brain Injury

What you see

What you don’t see

You look fine

Fatigue
Headache
Visual problems
Difficulty processing
Memory problems
Can’t concentrate
Coordination issues
Sleep disturbance
Loss of motor skills
Emotional lability
Personality changes
Sensitivity to noise
Impulsivity
Irritability
Confusion

The brain injury illusion.

#BrainInjury101 www.brainworksrehab.com
Looking Towards the Future:

TBI State Funds and Medicaid Funds are increasing

There is now a statewide emphasis as a unique population separate from IDD population.

TBI Waiver was approved by CMS in May 2018 and was approved for renewal on 4/1/2022.
Over 20 years of Advocacy: BIAC, BIANC and TBI Community Advocates Join Forces to Advocate for NC’s TBI WAIVER

2016 NC GENERAL ASSEMBLY APPROVES FUNDING FOR TBI WAIVER PILOT PROJECT

2016 DHHS Selects Alliance to operate 3 year TBI Waiver Pilot Project in Wake, Cumberland, Durham and Johnston Counties

May 1, 2018 Centers for Medicare and Medicaid Approved NC’s 1st TBI WAIVER

DHB, DHHS, BIANC FORM IMPLEMENTATION PARTNERSHIP September 2018 WAIVER GOES LIVE
OVERALL GOAL OF TBI WAIVER PROGRAM

Allow individuals to live in homes of their choice, have employment or engage in a day of their choice.
WHO IS NC’s TBI WAIVER FOR?

• Currently being offered in Wake, Durham, Johnston and Cumberland Counties
• Set to Expand into Orange and Mecklenburg Counties Summer/Fall 2022
• The TBI Waiver is an ADULT only Waiver
• The TBI waiver was designed for individuals who sustained their injuries at age 22 and Older.
• CMS has approved Age of injury to Change to 18 and older- 4/1/2022.
• If an individual has sustained their injury on their 18th birthday or later, they may apply for TBI Waiver effective 4/1/2022
# Types of Eligibility

<table>
<thead>
<tr>
<th>Type of eligibility</th>
<th>Description</th>
<th>Lessons Learned</th>
</tr>
</thead>
</table>
| **FINANCIAL**       | Must qualify for Medicaid and understand and accept terms of deductible payment  
*financial eligibility has been expanded to 300% with waiver renewal** | 24% of applicants to Alliance pilots who expressed interest, did not qualify for Medicaid due to income level/assets, declined due to Medicaid enrollment requirements, or declined due to deductible being too high |
| **DIAGNOSTIC**      | Must have sustained a traumatic brain injury on or after their 18th birthday  
*age reduced to 18 after onset of waiver renewal 2022** | Documentation only indicates TBI by self report or doesn’t document age of injury for diagnostic eligibility verification.  
Multiple injuries should be reviewed and most current considered for waiver enrollment.  
Members with injuries prior to age 18 with no secondary injury documents, are eligible for Innovations waiver |
| **LEVEL OF CARE**   | Must meet level of care typically seen in Skilled Nursing and/or Acute Rehab settings | Members with older injuries will likely require neuropsychological evaluations to measure current level of care needed. Recommend completing these assessments prior to Medicaid application as this may help with disability determination process |
What is Not Covered?

(Non-Traumatic Brain Injury)

• Often referred to as Acquired Brain Injury (ABI)
• Non-Traumatic Brain Injuries cause damage to the brain by internal factors
• Examples: Lack of Oxygen, Overdose, Stroke, Exposure to Toxins, Pressure from a Brain Tumor
TBI WAIVER SERVICES
A TOOL BOX FOR SUCCESS

NC TBI Waiver
+ Other Services
+ Other Supports
+ Other Resources
=
Let’s Unpack the Service Package
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Skills Training / *In-Home Intensive Supports</td>
<td>Provides rehabilitation and skill building to acquire and maintain skills that support independence. Offers extensive support and supervision.</td>
</tr>
<tr>
<td>*In-Home Intensive Supports is an add-on service to Life Skills Training</td>
<td>Includes support, cueing, supervision and engaging participation with eating, bathing, dressing, personal hygiene, and other activities of daily living.</td>
</tr>
<tr>
<td>Personal Care</td>
<td></td>
</tr>
<tr>
<td>Residential Supports</td>
<td>Individualized services and supports to live successfully in a Group Home, Alternative Family Living setting or in a private home with *Supported Living and be an active participant in the community.</td>
</tr>
<tr>
<td>*Supported Living added to the waiver 4/1/2022 with Waiver Renewal</td>
<td></td>
</tr>
<tr>
<td>Respite Care (in-home or at a facility)</td>
<td>Periodic or scheduled support and relief to the primary caregiver(s) from the responsibility and stress of caring for the individual with a TBI.</td>
</tr>
<tr>
<td>Remote Supports</td>
<td>The purpose of remote supports is to enable beneficiaries to exercise greater independence over their lives and promote community inclusion. All Remote Support systems shall utilize assistive technology that can engage in live two-way communication with or without real-time video observation of the beneficiary.</td>
</tr>
<tr>
<td>*Remote Supports added to the waiver 4/1/2022 with Waiver Renewal</td>
<td></td>
</tr>
</tbody>
</table>
## How You Spend Your Day

<table>
<thead>
<tr>
<th>SERVICE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Supported Employment</td>
<td>Assistance with choosing, acquiring, and maintaining a job when competitive employment has not been achieved or has been interrupted or intermittent. Includes pre job training, coaching, and long term follow along.</td>
</tr>
<tr>
<td>Day Supports</td>
<td>Group service that provides assistance to the individual with rehabilitation, retention, or modification of socialization and daily living skills and is one option for a meaningful day.</td>
</tr>
<tr>
<td>Adult Day Health</td>
<td>For Individuals who need a structured day program of activities and services with nursing supervision.</td>
</tr>
</tbody>
</table>
## HOW YOU ACCESS YOUR COMMUNITY

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Networking</td>
<td>Individualized day activities that support a meaningful day in an integrated community setting with persons who are not disabled.</td>
</tr>
<tr>
<td>Resource Facilitation</td>
<td>Coordination of medical, behavioral, social and unpaid supports to address the beneficiary’s needs. Resource Facilitation also informs the planning process with the team and assists beneficiaries with assuring coordinated supports, including direct services.</td>
</tr>
</tbody>
</table>
Opportunities For Growth

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Supports Education</td>
<td>Training to families and the beneficiary’s natural support network in order to enhance the decision making capacity of the natural support network, provide orientation, education, and strategies.</td>
</tr>
<tr>
<td>Specialized Consultative Services</td>
<td>Provides expertise, training and technical assistance in a specialty area (neuro/psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, etc.</td>
</tr>
</tbody>
</table>
## More Opportunities For Growth

<table>
<thead>
<tr>
<th>Extended Clinical Services</th>
<th>PT, OT, and SLP services, performed at a level higher than or not otherwise covered under the State Plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Rehabilitation (CR)</td>
<td>One-on-one therapy for the development of thinking skills to improve functional abilities. The initial goal of therapy is to improve cognitive functioning to the fullest extent possible. Compensatory strategies will be introduced as progress slows.</td>
</tr>
</tbody>
</table>
Access to your Environment:

<table>
<thead>
<tr>
<th>SERVICE</th>
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</tr>
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<tr>
<td>Assistive Technology Equipment and Supplies</td>
<td>Technology and equipment used to increase, maintain, or improve functional capabilities of beneficiaries.</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>Home Modifications are physical modifications to a private residence that are necessary to ensure the health, welfare, and safety of the beneficiary or to enhance the beneficiary’s level of independence.</td>
</tr>
<tr>
<td>Vehicle Modifications</td>
<td>Alterations to a vehicle include devices, service or controls that enable beneficiaries to increase their independence or physical safety by enabling their safe transport in and around the community.</td>
</tr>
</tbody>
</table>
## TBI WAIVER

### SERVICES IN REVIEW:

<table>
<thead>
<tr>
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<td>Personal Care</td>
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<td>Respite</td>
<td>Cognitive Rehabilitation</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>*Speech/OT/PT (*payor of last resort)</td>
</tr>
<tr>
<td>Resource Facilitation</td>
<td></td>
</tr>
</tbody>
</table>

*Speech/OT/PT (*payor of last resort)
TBI SUPPORTS

Please call Alliance Access Center!
24-Hour Access and Information Line

call (800) 510-9132
CALLING IN

- Access staff initially screens for safety and mental health/substance use needs

- Access staff needs consent to share information with anyone other than legal guardian

- Access staff will ask initial TBI info—age of injury, how occurred, whether resulted in individual being unconscious
ENSURE FAMILIES KNOW THEY WILL RECEIVE A HELPING HAND!

• Members on the TBI Waiver Registry of Interest will receive initial outreach from our Alliance’s TBI WAIVER TEAM

• TBI Waiver Team will assist members through the Screening and Eligibility Process. (Example, document inventory)
Interested in Learning More?
Search TBI on Alliance Health Main web Page or follow this link

ENCOURAGE STAFF AND FAMILIES TO CONNECT WITH:

BIANC.NET
FREE TBI TRAINING

BIANC’s Training Modules:

http://www.bianc.net/help/training

BIANC has updated our current NC modules with partnership from Greensboro Area Health Education Center, Michigan Department of Health and Human Services, and Michigan Public Health Institute (MPHI).

- Cognitive & Behavioral Consequences of TBI In Adults
- Crisis De-Escalation & Management for First Responders (New)
- Pediatric Traumatic Brain Injury
- Primary Care & Traumatic Brain Injury
- Public Service and TBI in NC
- Substance Use & TBI
At Gateway Clubhouse, brain injury survivors are considered members, not clients or patients, who maintain ownership over Clubhouse operations.

Members and Clubhouse staff work side-by-side to manage all operations of the Clubhouse.

Members also engage in a variety of social, recreational, and volunteer programs. At Gateway Clubhouse, members can improve social and vocational skills, quality of life, and overall independence.

http://gatewayclubhouse.org/default.aspx
COMMUNITY PARTNERSHIPS, CASE MANAGEMENT PROGRAM

*In Alliance 6 County Catchment Area

TBI Case Management Services Can Assist With:

- Initial and ongoing assessment of needs (medical, social, financial, educational, etc…)
- Development of an Individualized Care Plan
- Linking and referring to appropriate services and community resources
- Monitoring services received to assess progress and ensure effective implementation of the care plan

https://www.communitypartnerships.org/
UNIQUE STATE WIDE PROGRAMS

ANY AGE- TBI DIAGNOSIS

- **CAP/DA Program- State Wide**
  
  https://medicaid.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-disabled-adults

- **Special Assistance in Home Funding**
  
  https://www.ncdhhs.gov/assistance/adult-services/state-county-special-assistance-in-home

- **Medicaid PCS**
  
  https://medicaid.ncdhhs.gov/providers/programs-services/long-term-care/personal-care-services
OTHER LOCAL RESOURCES

• Community Partnerships Brain Injury Support Program-BISS
  https://www.communitypartnerships.org/our-programs/brain-injury-support-services/

• Triangle Aphasia- low cost
  https://www.aphasiaproject.org/?v=7516fd43adaa

• Wake Med Club Reach
  https://www.wakemed.org/reach-program

• NC Assistive Technology Center
  https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/north-carolina-assistive-technology-program

• Vocational Rehabilitation
  https://www.ncdhhs.gov/divisions/dvrs
THANK YOU FOR YOUR TIME

Q&A
ITEM: Special Presentation/Update: Service Expansion Update, Part Two

DATE OF BOARD MEETING: September 1, 2022

BACKGROUND: This is part two of a presentation highlighting the goals and process for accessing and developing the Alliance provider network. The presentation will include a brief history of the evolution of the Alliance network, information on the network adequacy and network development plan, review of data and process used for determining expansion activities, and an overview of recent network expansion and development activities.

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

REQUEST FOR AREA BOARD ACTION: Receive the presentation.

CEO RECOMMENDATION: Receive the presentation.

RESOURCE PERSON(S): Sean Schreiber, Executive Vice-President/Chief Operating Officer