



Thursday, November 03, 2022

AREA BOARD REGULAR MEETING

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

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD (via Zoom); Leigh Altman, Mecklenburg County Commissioner, JD (via Zoom); Heidi Carter, Durham County Commissioner, MPH, MS (via Zoom); Maria Cervania, Wake County Commissioner, MPH; David Curro, BS (via Zoom); Dena Diorio, MPA; Vicki Evans (via Zoom); Vickie Evans (via Zoom); Amy Fowler, Orange County Commissioner, MD (via Zoom); Ted Godwin, Johnston County Commissioner (via Zoom); David Hancock, MBA, MPAff (Board Vice-Chair) (via Zoom); John Lesica, MD (via Zoom); and Lynne Nelson, BS (Board Chair)

APPOINTED MEMBERS ABSENT: Carol Council, MSPH; D. Lee Jackson, BA; Samruddhi Thaker, PhD; and Anthony Trotman, MS

GUEST(S) PRESENT: Marie Dodson, Alliance CFAC Vice-Chair (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); Denise Foreman, Wake County Manager's office (via Zoom); and Mary Hutchings, Wake County Finance Office (via Zoom); and Julia Sendor

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer (via Zoom); Cheala Garland-Downey, Executive Vice-President/Chief Human Rights Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sandhya Gopal, Senior Director of Government Relations (via Zoom); Kira Hall, Administrative Assistant III; Veronica Ingram, Executive Assistant II; Shawn Mazyck, Senior Vice-President/Provider Network; Jameelah Melton, Deputy Chief Medical Officer (via Zoom); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Jacqueline Perez, Assistant General Counsel (via Zoom); Brian Perkins, Senior Vice-President/Government Relations; Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Robert Robinson, CEO; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Tammy Thomas, Senior Vice-President/Business Evolution; Stephanie Vomvouras, Chief Medical Officer; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

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

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	There were no public comments.
4. Chair's Report	Chair Nelson shared that today is Dr. Lesica's last board meeting. On behalf of the board and staff, she thanked him for his leadership and service. Commissioner Adams thanked Dr. Lesica for representing Cumberland County residents. Chair Nelson reminded board members of her previous email regarding committee attendance and asked them to update staff if they are unable to attend a committee meeting, especially as the bulk of the board's work is done within its committees.
5. CEO's Report	Mr. Robinson introduced new staff: Dr. Stephanie Vomvouras, Chief Medical Officer, and Kira Hall, Administrative Assistant III. Mr. Robinson announced upcoming Tailored Plan town hall meetings , which will be held within each county of Alliance's catchment area in partnership with CFAC (Consumer and Family Advisory Committee).
6. Consent Agenda	A. Draft Minutes from October 6, 2022, Board Meeting – page 4 B. Audit and Compliance Committee Report – page 9 C. Client Rights/Human Rights Committee Report – page 43 D. Quality Management Committee Report – page 74

Thursday, November 03, 2022

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.</p> <p><u>BOARD ACTION</u> A motion was made by Commissioner Adams to adopt the consent agenda; motion seconded by Dr. Lesica. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee – page 77 The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland, Johnston, Orange, or Mecklenburg counties who receive mental health, intellectual/developmental disabilities, or substance use/addiction services. A schedule of the CFAC committee meetings are available on Alliance’s website. This report included draft minutes and documents from all CFAC meetings held in the previous month.</p> <p>Marie Dodson, CFAC Vice-Chair, presented the report. She shared the following: list of upcoming events; need for additional services for those with autism diagnoses; request for more information on services available in Mecklenburg County; state registry of unmet needs; community-based supports; local access to needed services with staffing shortages; need for meeting space for Wake CFAC meetings need to be on a bus line and in safe environment; health equity council updates, etc. Mr. Curro shared an update on a recent state case with an order to end the registry of unmet needs within ten years. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> The Board received the report.</p> <p>B. Executive Committee Report – page 96 The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee may act on matters that are time-sensitive between regularly scheduled Board meetings and fulfill other duties as set forth in the by-laws or as otherwise directed by the Board of Directors. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This report included draft minutes from the previous meeting and a reappointment recommendation. Chair Nelson provided the report, which is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to recommend to the Johnston Board of County Commissioners the reappointment of Lee Jackson to Alliance’s Board; motion seconded by Commissioner Fowler. Motion passed unanimously.</p> <p>C. Finance Committee Report – page 99 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 and a recommendation to appoint Dianna White as finance officer under NC G.S. 159-24.</p>

Thursday, November 03, 2022

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>David Hancock, Committee Chair, presented the report. Mr. Hancock noted the revenue exceeded expenditures; he reviewed a recommendation from the committee for the board to approve. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to appoint Dianna White as Finance Officer under NC G.S. 159-24, effective November 3, 2022, replacing the current Finance Officer, Kelly Goodfellow; motion seconded by Ms. Diorio. Motion passed unanimously.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Commissioner Cervania to enter closed session pursuant to NC General Statute 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; to consult with or give instructions to an attorney in order to preserve the attorney-client privilege; and to consider the qualifications, competence, and performance of an employee; motion seconded by Ms. Diorio. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. Special Updates/ Presentation(s) – page 111	<p>Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Office, and Shawn Mazyck, Senior Vice-President/Provider Network, provided an update on the following: workforce trends of growth, biological sex, race/ethnicity, and age; applicant and new hire data; current/future staff development programs; plan of support to address network equity issues; and provider make-up for Intensive In-Home services and HUBs (Historically Underutilized Business) used to support child initiatives.</p> <p>Ms. Garland-Downey reviewed growth trends and noted steps currently taken to support Alliance’s internal “Powered by People” missive. Board members requested clarification on staff diversity and noted similarities between community and staff demographics. The presentation is saved as part of the board’s files.</p> <p>Mr. Mazyck reviewed DEI efforts/training within Alliance’s provider network, cultural competency training/resources, partnership with Resource Connections Provider Association, Inc. to engage historically underutilized businesses, and additional initiatives. The presentation is saved as part of the board’s files.</p> <p><u>BOARD ACTION</u> The Board received the training/presentation.</p>
11. Adjournment	<p>All business was completed; the meeting adjourned at 6:00 p.m.</p>

Next Board Meeting
Thursday, December 01, 2022
4:00 – 6:00 pm

Minutes approved by Board on December 1, 2022.



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

ITEM: Draft Minutes from the October 6, 2022, Board Meeting

DATE OF BOARD MEETING: November 3, 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 meeting are attached and submitted for review and approval by the Board.

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

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes from the October 6, 2022, meeting.

CEO RECOMMENDATION: Approve the draft minutes from the October 6, 2022 meetings.

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

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Thursday, October 06, 2022

AREA BOARD REGULAR MEETING

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

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS (via Zoom); Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Dena Diorio, MPA (via Zoom); Vicki Evans (via Zoom); Amy Fowler, Orange County Commissioner, MD (via Zoom); Ted Godwin, Johnston County Commissioner (via Zoom); David Hancock, MBA, MPAff (Board Vice-Chair); D. Lee Jackson, BA (via Zoom); John Lesica, MD (via Zoom); Lynne Nelson, BS (Board Chair); and Anthony Trotman, MS (via Zoom)

APPOINTED MEMBERS ABSENT: Leigh Altman, Mecklenburg County Commissioner, JD; Samruddhi Thaker, PhD; (vacancy-Mecklenburg County); (vacancy-Orange County); and (vacancy-Wake County)

GUEST(S) PRESENT: George Corvin; Marie Dodson, Alliance CFAC Vice-Chair (via Zoom); Denise Foreman, Wake County Manager's office (via Zoom); Pamela Wade (via Zoom); and Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services) (via Zoom)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer (via Zoom); 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; Kira Hall, Administrative Assistant III; Veronica Ingram, Executive Assistant II; Carlyle Johnson, Director of Provider Network Strategy and Innovation; Joshua Knight, Director of Internal Audit (via Zoom); Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Jameelah Melton, Deputy Chief Medical Officer (via Zoom); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Robert Robinson, CEO; 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; Dianna White, Senior Vice-President/Financial Operations; 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 4:05 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments to the agenda.
3. Public Comment	There were no public comments.
4. Chair's Report	Chair Nelson reminded board members that one item on today's agenda requires supermajority approval; it is part of agenda item 7C: Finance Committee Report.
5. CEO's Report	Mr. Robinson shared that Alliance's virtual meeting platform will be Microsoft Teams effective November 1, 2022. He also reminded board members of the December i2i conference; board members may contact Ms. Ingram for more information or to register. Mr. Robinson reminded board members of the revised launch date for the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan (Tailored Plan), which will launch April 1, 2022. He shared that Alliance will host Tailored Plan town hall meetings in collaboration with CFAC; these meetings will be held in each county within Alliance's catchment area.
6. Consent Agenda	A. Draft Minutes from September 1, 2022, Board Meeting – page 4 B. Audit and Compliance Committee Report – page 7 C. Network Development and Services Committee Report – page 14 D. Quality Management Committee Report – page 17

Thursday, October 06, 2022

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.</p> <p><u>BOARD ACTION</u> A motion was made by Commissioner Adams to adopt the consent agenda; motion seconded by Dr. Lesica. Motion passed unanimously.</p>
7. Committee Reports	<p><u>A. Consumer and Family Advisory Committee – page 19</u> 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. CFAC's meeting schedule is listed on Alliance's website. This month's report included minutes and documents from recent CFAC meetings.</p> <p>Marie Dodson, CFAC Vice-Chair, presented the report. Ms. Dodson provided an update from the recent CFAC retreat; she shared key initiatives from each CFAC subcommittee; the subcommittees are located in each county within Alliance's catchment area. Most initiatives included additional information and communication about the services Alliance provides and county-specific resources (and other community stakeholders, partners, etc.) and connecting with more marginalized populations. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> The Board received the report.</p> <p><u>B. Executive Committee Report – page 62</u> The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee may act on matters that are time-sensitive between regularly scheduled Board meetings and fulfill other duties as listed in the by-laws or as otherwise directed by the Board of Directors. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month's report included draft minutes from the previous meeting and an appointment recommendation. Chair Nelson introduced the applicant, George Corvin. Dr. Corvin shared background and his interest in rejoining Alliance's board. The committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to recommend to the Wake Board of County Commissioners the appointment of George Corvin to Alliance's Board; motion seconded by Mr. Curro. Motion passed unanimously.</p> <p><u>C. Finance Committee – page 67</u> 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 and contracts for review/approval.</p>

Thursday, October 06, 2022

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>David Hancock, Committee Chair, presented the report. Mr. Hancock shared that revenue exceeded expenditures and introduced new Alliance staff, Dianna White, Senior Vice-President/Financial Operations. Kelly Goodfellow, Executive Vice-President/Chief Financial Operations, reviewed the request to commit funds. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to approve the FY23 one-year reinvestment plan of \$13,039,125 and committed funds of \$23,455,939 as of June 30, 2022; motion seconded by Ms. Diorio. Motion passed unanimously.</p> <p>Mr. Hancock and Ms. Goodfellow reviewed the contract recommendations; they were reviewed by the Finance Committee and submitted to the board for review and approval.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to authorize the CEO to enter into a contract with Smith Family BHC, LLC for the construction of a Behavioral Health Urgent Care Facility in Charlotte for an amount not to exceed \$1,000,000; motion seconded by Commissioner Adams. Motion passed unanimously.</p> <p>A motion was made by Vice-Chair Hancock to authorize the CEO to enter into a contract with CASA for capital investment in a permanent supportive housing property in Wake County for an amount not to exceed \$1,085,000; motion seconded by Commissioner Cervania. Motion passed unanimously.</p> <p>A motion was made by Vice-Chair Hancock to authorize the CEO to enter into a contract with Acero Health Technologies for additional hours to support new requirements related to the BH/IDD Tailored Plan contract for an amount not to exceed \$1,000,000; motion seconded by Ms. Council. Motion passed unanimously.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Commissioner Fowler to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee; motion seconded by Commissioner Adams. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. Special Updates/ Presentation(s)	<p>This is the final segment of a three-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.</p> <p>Carlyle Johnson, Director of Provider Network Strategy and Innovation, presented the update. He noted recent background and trends specifically with opioid overdoses. He reviewed current funding to address services for opioid treatment, requirements and duration for the funding streams, etc. Dr. Johnson reviewed the NC opioid and substance use action plan. He also reviewed current projects the agency is coordinating to provide opioid treatment services. Board members discussed the additional services available to family members (of persons seeking substance use services). The presentation is saved as part of the board's files.</p>

Thursday, October 06, 2022

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<u>BOARD ACTION</u> The Board accepted the update/presentation.
11. Adjournment	All business was completed; the meeting adjourned at 6:00 p.m.

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

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



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

ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: November 3, 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 October meeting and proposed revisions to one Board policy and the Compliance Plan.

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 Curro, Committee Chair; Monica Portugal, Chief Risk & Compliance Officer

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Wednesday, October 19, 2022

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

APPOINTED MEMBERS PRESENT: ☑David Curro, BS (Committee Chair); ☑Vicki Evans; ☐D. Lee Jackson, BA; ☐Samruddhi Thaker, PhD

BOARD MEMBERS PRESENT: David Hancock, Vice Chair (Wake County)

GUEST(S) PRESENT: Sherry Perkins, Director-HIPAA Privacy & Security

STAFF PRESENT: Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Jamie Preslar, Administrative Assistant III; Joshua Knight, Director of Internal Audit

1. **WELCOME AND INTRODUCTIONS** – The meeting was called to order at 4:10 p.m.
2. **REVIEW OF THE MINUTES** – The minutes from the September 1, 2022, meeting were reviewed; a motion was made by Ms. Evans and seconded by Mr. Hancock to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Review Committee Charter	Portugal offered the opportunity for the Committee to review the Committee Charter, to be aware of what responsibilities the Committee is charged with. Curro asked if there are any changes to the Committee Charter. Portugal stated none proposed, reminding the Committee that the Charter was updated in August of 2021, when the Policy Committee merged with the Audit and Compliance Committee. Curro asked if any changes are expected with the Tailored Plan. Portugal stated no and summarized the Committee's responsibilities, noting that different external audits may come to the Committee with the Tailored Plan. No questions from Committee.	N/A	N/A
4. FY23 Compliance Plan	<p>Portugal shared that the FY22 Compliance Plan had carried over into this year for continued use until the FY23 Compliance Plan could be approved by the State. Curro requested that Portugal touch on the major changes in the FY23 Compliance Plan. Portugal noted that aside from incorporating some required language from the Tailored Plan contract that the FY23 Compliance Plan has incorporated the oversight of vendors and additional details related to program integrity. Evans asked for an example of a delegated function and Portugal explained. Hancock, Portugal, and Curro discussed possible items to list specifically in the Plan next year when revising, agreeing to not make changes to the current Plan.</p> <p>COMMITTEE ACTION: A motion was made by Ms. Evans to approve the FY23 Compliance Plan as-is and send to the Board for approval; motion seconded by Mr. Hancock. Motion passed unanimously.</p>	The FY23 Compliance Plan will be submitted to the Board of Directors for approval.	November 3, 2022
5. Policy Revision: G-10	Portugal explained to the Committee that many years ago, authority to approve provider requests for licensing rule waivers was delegated to the CEO through policy PN-5. Portugal reminded the Committee that a few months ago it was decided that some policies,	Policy Revision (G-10) will be submitted to the	November 3, 2022

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

Wednesday, October 19, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>including PN-5, would be retired on 12/1/2022. A revision to policy G-10 (Delegation of Authority to the Chief Executive Officer) which incorporates the licensing rule waiver authority was proposed and Portugal further explained that DHSR makes the final decision. The proposed revision will allow the existing operational process to stay in place. Curro asked about the timeframe and Portugal explained that approval today would prevent a gap in delegation. No other questions.</p> <p>COMMITTEE ACTION: A motion was made by Ms. Evans to accept the policy revision and allow the CEO continued authority to approve licensing rule waivers; motion seconded by Mr. Hancock. Motion passed unanimously.</p> <p>Hancock left the Committee meeting following this third motion.</p>	Board of Directors for approval.	
<p>6. Audits</p> <p>a. Pre-Delegation Audits</p> <p>b. Internal Audits</p> <p>c. Privacy Audits</p> <p>d. Compliance Audits</p>	<p>Knight shared Pre-delegation Audits presentation to screen. For each vendor, Knight shared an overview of what Internal Audit reviewed, findings/considerations, and a conclusion. Portugal helped to explain the role of each vendor. Four vendors were reviewed whereof one successfully closed their plan of correction and three satisfied requirements for delegated entities. One of the three had a few concerns that were shared with the vendor in writing and verbally during a meeting. All four have been approved for full delegation by the Delegation & Accreditation Oversight Committee.</p> <p>Evans asked how these vendors are affected by date changes for Tailored Plan. Portugal and Knight responded.</p> <p>Not reviewed at this meeting. Not reviewed at this meeting. Not reviewed at this meeting.</p>	N/A	N/A
<p>7. Dashboards/Reports</p> <p>a. Work Plan/Audit Plan Dashboard</p> <p>b. Compliance Dashboard</p>	<p>Per Portugal, the Compliance Work Plan has been initiated – all items due to begin are in progress. Noted changes in completion due dates with Tailored Plan delay. Portugal also summarized the progress on the FY23 Audit Plan. Decided to update the onsite Privacy audit tool, make more robust, incorporating additional physical safeguards. Plan to implement in second quarter.</p> <p>Portugal pointed out new year, report for first quarter. Noted many new hires and required trainings. Evans asked about safety trainings received by emails. Portugal explained the safety drill process.</p>	N/A	N/A

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

Wednesday, October 19, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
c. Quarterly Reports	Portugal pointed out significant increase in SIU referrals, noting corresponding increase in size of Alliance Health provider network. Evans asked a question. Portugal responded.		

8. **ADJOURNMENT:** the meeting adjourned at 5:10 p.m.; the next meeting will be December 21, 2022, from 4:00 p.m. to 5:00 p.m.

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

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



BOARD OF DIRECTORS POLICIES & PROCEDURES

TITLE:	Delegation of Authority to the Chief Executive Officer
BOARD POLICY #:	G-10
LINES OF BUSINESS:	All lines of business
RESPONSIBILITY:	Board of Directors, Chief Executive Officer
REFERENCE(S):	N.C.G.S. 122C-117
NCQA STANDARDS:	N/A
APPROVAL DATE:	06/07/2012
LATEST REVISION DATE:	03/05/2020
LATEST REVIEW DATE:	09/01/2022
NEXT REVIEW DATE:	09/30/2023
REVIEW CYCLE:	Annual

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.

TITLE: Delegation of Authority to the Chief Executive Officer	LATEST REVISION DATE: 3/5/2020	PAGE: 2 of 2
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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.
- ~~12.~~13. Approve and deny requests to waive a rule in accordance with 10A NCAC 27G .0813, when requests are from an Alliance contracted licensed facility and as authorized by the North Carolina Department of Health and Human Services.

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.



Compliance Plan

FY23

Adopted by the Board of Directors: October 4, 2012
Reviewed and Approved by the Board of Directors: June 11, 2013
Reviewed and Approved by the Board of Directors: June 5, 2014
Reviewed and Approved by the Board of Directors: June 4, 2015
Reviewed and Approved by the Board of Directors: June 2, 2016
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COMPLIANCE PLAN

I. Introduction and Statement of Purpose

It is the policy of Alliance Health (Alliance) to follow ethical standards of business practice established by Alliance's Board of Directors and Leadership Team. Alliance has an ongoing commitment to ensure that its affairs are conducted in accordance with contractual obligations, applicable law, and sound ethical business practice. Alliance Board of Directors, employees, vendors and providers are fully informed of applicable laws and regulations to which Alliance is obligated so that they do not inadvertently engage in conduct that may raise compliance issues. Alliance recognizes that its business relationships with contracted providers, vendors, members and recipients are subject to legal requirements and accountability standards. In addition, Alliance is responsible for the oversight and monitoring of the compliance of delegated entities and business associates.

To further its commitment to compliance and to protect its employees, vendors and contracted providers, Alliance places emphasis on its Compliance Plan to address regulatory issues likely to be of most consequences to Alliance operations. The Compliance Plan establishes the following framework for corporate compliance by Alliance Board of Directors, management, employees, and vendors:

- A. Designation of a Chief Compliance Officer, a Board Audit & Compliance Committee and Compliance Committee at the senior management level charged with directing the effort to enhance compliance and implement the Compliance Plan;
- B. Written policies, procedures, and standards of conduct that articulate Alliance's commitment to comply with all applicable requirements and standards under the North Carolina Department of Health and Human Services (NCDHHS) contract/s, and all applicable federal and state requirements, including robust Program Integrity strategies and best practices to prevent and reduce fraud, waste and abuse, and a fully integrated third-party liability approach;
- C. Incorporation of standards, policies, and administrative guidelines directing Alliance personnel, vendors and others involved with operational practices;
- D. Prevention and identification of criminal and unethical conduct and legal issues that may apply to business relationships and methods of conducting business;
- E. Effective education and training for the Chief Compliance Officer, Board of Directors, management and employees addressing obligations for adherence to applicable compliance requirements;

- F. Development and implementation of informational materials and training for employees, vendors, providers, members and recipients addressing obligations for adherence to applicable compliance requirements and information to prevent dishonest behavior which results in fraud, waste of public funding, and program abuse;
- G. Implementation of mechanism for employees to raise questions and receive appropriate guidance concerning regulatory and operational compliance issues;
- H. Development and implementation of an ongoing monitoring and auditing process identifying potential risk areas and operational issues requiring remediation;
- I. Development and implementation of a process for employees, vendors, providers, members and recipients to report possible compliance issues, such as legal and ethical violations, or to report fraud, waste, and abuse, including a process for such reports to be fully and independently investigated;
- J. Enforcement of standards through documented and well-publicized disciplinary guidelines, policies and training addressing expectations and consequences;
- K. Formulation of plans for corrective action or remediation plans to address identified areas of noncompliance;
- L. Evaluation of the effectiveness of the overall compliance efforts of Alliance to ensure that operational practices reflect current compliance requirements and address strategic goals to improve Alliance operations.

This Compliance Plan is not intended to set forth all of the substantive programs and practices of Alliance that are designed to achieve compliance and integrity. In addition to this Plan, Alliance has developed and implemented a Fraud Prevention Plan, Compliance Work Plan, Audit Plan and a variety of monitoring processes for providers, business associates and delegated entities. The compliance practices included in those efforts will be coordinated with this Plan to direct Alliance's overall compliance efforts.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of Alliance.

II. Compliance Program Structure



A. Chief Compliance Officer

The Chief Compliance Officer position is held by the Chief Risk & Compliance Officer (CRCO) who has been delegated day-to-day operational responsibility for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the NCDHHS contract for Medicaid and State-funded Services. The CRCO reports directly to the Chief Executive Officer (CEO) and the Board of Directors (Board). The CRCO communicates compliance efforts and identified issues to the CEO and the Board through the Audit & Compliance Committee on a regular basis, or immediately upon significant findings or allegations. The Alliance Board is accountable for governing Alliance as a knowledgeable body regarding the scope and operations of the Compliance Program, including expectations, practices, identified risk issues and compliance remediation.

The CRCO is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance that involve issues of compliance;
2. Develop and implement policies, procedures, and practices designed to ensure compliance with the requirements of the Behavioral Health and Intellectual/Developmental Disability Tailored Plan (Tailored Plan) contract with NCDHHS;
3. Ensure delegated entities develop and implement compliance programs, policies and procedures that meet all requirements per the NCDHHS Tailored Plan contract;

4. Ensure processes for compliance integrate with and support Alliance quality management, delegated entities and provider network monitoring processes;
5. Develop, in conjunction with the Audit & Compliance Committee and other relevant parties, the Code of Ethics and Conduct;
6. Develop methods to ensure that employees, delegated entities and providers are aware of Alliance's Code of Ethics and Conduct and understand the importance of compliance and ethics;
7. Develop and deliver educational and training programs;
8. Monitor and audit internal and delegated functions to ensure compliance with contractual and regulatory requirements, respond promptly to identified issues and develop remediation plans to avoid recurrence;
9. Receive, review, and investigate instances of suspected internal and external compliance issues, communicate findings and develop action plans with the program suspected of noncompliance and as appropriate with the assistance of the Compliance Committee;
10. Oversee program integrity activities, such as claims audits, data analytics, and special investigations to detect and resolve instances of provider, member and recipient fraud and abuse;
11. Refer to NCDHHS suspected cases of fraud for determination of credible allegations;
12. Conduct an annual risk assessment, as set forth in this Plan, with Alliance leadership and the Audit and Compliance Committee;
13. Prepare the annual compliance work plan, as set forth in this Plan, with the Audit and Compliance Committee;
14. Prepare revisions to the Compliance Plan together with the Audit and Compliance Committee, as set forth in this plan;
15. Prepare annual compliance summary for the Audit and Compliance Committee to evaluate the effectiveness of compliance efforts, as set forth in this Plan, and subsequently submit a Compliance Program report to NCDHHS;
16. Report regularly to the Board of Directors and assist them in fulfilling their oversight responsibilities through the Audit and Compliance Committee; and
17. Provide other assistance with compliance initiatives as directed by the CEO and/or Board of Directors.

In 2021, risk was incorporate into the Chief Compliance Officer's title to reflect the ongoing efforts of the position and departments under its supervision to identify, evaluate, and manage risk on an ongoing basis. As an organization in the public sector managing services paid solely by public funding, regulatory compliance, program integrity, and privacy and security is of greatest risk that require ongoing assessment and dedicated resources for prevention, detection, and resolution. The CRCO works with Executive Leadership to address organizational and business risk through risk mitigation planning, implementation, and re-evaluation. Executive Leadership is informed of ongoing compliance activities, including compliance risk and mitigation strategies as appropriate.

B. Audit and Compliance Committee of the Board of Directors

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, including overseeing compliance with requirements under the NCDHHS contract. The Audit and Compliance Committee provides direction to the CRCO by reviewing results of the annual risk assessment, approving annual plans, such as the Compliance Work Plan and Audit Plan, and evaluating effectiveness of ongoing compliance, program integrity, and audit efforts. The Committee assists 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 by, among other things, approving the annual risk assessment methodology, the annual compliance work plan and audit plan;
3. The organization's compliance with legal and regulatory requirements by reviewing results of external and internal audits and monitoring;
4. The independent auditor's qualifications and independence;
5. The performance of the organization's internal audit function; and
6. To provide an avenue of communication between management, the independent auditors, and the Board of Directors.

C. Compliance Committee

To assist the CRCO with the development and oversight of compliance efforts, a Compliance Committee at the senior management level has been formed representative of the clinical and administrative services of Alliance. The CRCO and the Senior Program Integrity Director will serve as co-chairs of the Committee and will not vote on any matters unless the vote is required to break a tie. The role of the Compliance Committee is to advise the CRCO, to assist in the implementation of the compliance program, and to evaluate the effectiveness of Compliance efforts. The Committee's responsibilities include:

1. Analyzing the organization's regulatory obligations, including overseeing Alliance's compliance with the requirements under the Tailored Plan Contract with the NCDHHS;
2. Determining the appropriate strategy and approach to promoting compliance and detection of potential risk areas through various reporting mechanisms;
3. Assisting, as appropriate, with the development of preventive and remediation plans;
4. Reviewing provider compliance violations and overseeing enforcement of disciplinary guidelines, including making determinations regarding the approval of corrective actions and other sanctions as appropriate and per Alliance policies and procedures;
5. Developing a system to solicit, evaluate and respond to compliance issues, grievances, and other problems;
6. Monitoring findings of internal and external reviews for the purpose of identifying risk areas or deficiencies requiring further monitoring or preventive and corrective action; and
7. Reviewing and analyzing trends such as results from exclusions checks, internal and external monitoring and auditing efforts, fraud, waste and abuse investigations, billing audits, enforcement actions, and final disposition.

III. Policy Guidelines and Standards of Conduct

Alliance has adopted policies and procedures specific to Alliance's operational practices. These policies and procedures include relevant information regarding compliance with the federal and state standards and requirements under Alliance's Tailored Plan contract and are reviewed at least annually and revisions made when necessary. The policies and procedures specific to Alliance's compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures. In accordance with the NCDHHS contract, policies and procedures also include:

1. Implementation and maintenance arrangements or procedures for notification to the NCDHHS when it receives information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the Medicaid Managed Care program or State-funded Services, including termination of the provider agreement with Alliance.
2. Retention policies for the treatment of recoveries of all overpayments from Alliance to a provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste or abuse.

3. Processes, timeframes, and documentation required for payment of recoveries of overpayments to the NCDHHS in situations where Alliance is not permitted to retain some or all recoveries of overpayment.
4. Reporting to the NCDHHS within sixty (60) calendar days when it has identified the capitation payments or other payments in excess of amounts specified in the contract.
5. Arrangements or procedures that include provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by members and the application of such verification processes on a regular basis.
6. Process for providers to report and promptly return overpayments within sixty (60) days of identifying the overpayment.
7. How employees and delegated entities will fully comply with all requirements and restrictions of all state and federal grant programs, and their accompanying State-fund Maintenance of Effort (MOE) requirements in all Alliance expenditures and reimbursements using state and federal funds, and in all contracting with entities that are eligible to receive these funds. Alliance employees and delegated entities are required to fully comply with the monitoring and auditing activities of the NCDHHS as instructed.

Alliance has also adopted an Employee Code of Ethics and Conduct to guide all business activity. This code reflects a common sense approach to ensuring legal and ethical behavior. All new employees receive training and provide acknowledgement of receipt of the Alliance Code of Ethics and Conduct. As a condition of employment the Code of Ethics and Conduct is reviewed and acknowledged by each employee every year. Delegated entities are required to have a Code of Ethics and Conduct and training to ensure its employees who carry out Alliance functions are fully informed of its standards.

IV. Effective Education and Training

It is essential to the Alliance Compliance Program to ensure that the CRCO receives effective training and education on an ongoing basis. The CRCO shall seek out opportunities to receive Continuous Education Credits in order to maintain Compliance Certification and to enhance job related skills.

The CRCO is responsible for ensuring Alliance policies regarding compliance are disseminated and understood by employees. To accomplish this objective, the CRCO will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Alliance policies. Specific compliance training will be offered at least once per year, or more often as necessary, to management and the Alliance Board of Directors.

In addition, with regard to requirements and restrictions of all state and federal grant programs and their accompanying State-fund Maintenance of Effort requirements, Alliance specifically notifies employees and applicable contracted entities in writing after being apprised by NCDHHS in writing, of the requirements and restrictions of these funding sources and monitors compliance with these requirements and restrictions.

Upon hire and each year thereafter, all Alliance employees will participate in compliance training whereby a system is in place to document that such training has occurred. Compliance training may be offered as micro-learning or as one comprehensive training and may therefore occur at different times during the fiscal year. Minimally, such training will include Compliance Program, conflict of interest, Code of Ethics and Conduct, fraud, waste and abuse, and HIPAA compliance. Employees will be required to take a post-test in order to measure the effectiveness of training efforts. Training materials will identify Alliance's CRCO as available to respond to questions specific to compliance training or regulatory issues. Employees are made aware of their compliance obligations as a condition of employment. The Director of Corporate Compliance, who reports directly to the CRCO, develops and implements employee training under the leadership of the CRCO and is also available to all levels of employees.

Adherence to policies will be addressed within the New Employee Orientation, ongoing training programs, and employee job descriptions. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance or risk issue develops, the CRCO may recommend that identified persons attend training addressing the risk issue.

The Office of Compliance and Risk Management will audit delegated entities' compliance with training requirements annually.

As part of the Fraud Prevention Plan, the CRCO and Senior Director of Program Integrity will offer compliance training opportunities for network providers. Such training may include, for example, how to develop and implement an effective compliance program to prevent and detect healthcare fraud, waste, and abuse. Additionally, compliance and program integrity information and educational materials will be made available to members and recipients.

V. Effective Lines of Communication

A. Reporting Compliance Issues

In keeping with Alliance policies, all employees are required to report promptly all known or suspected violations of an applicable law or regulation, the Code of Ethics and Conduct, breach of privacy or security or any Alliance policies and procedures to their supervisor, the CRCO, or the confidential hotline. As a general practice, employees are directed to address questions about operational issues to persons having supervisory responsibility of that function. In turn, supervisors are responsible for ensuring that issues or violations of which they are aware are immediately reported to the CRCO. As another reporting option, training materials will inform employees that they may report directly to the Alliance CRCO in person, via email or phone, or

to a 24-hour confidential third party hotline, Compliance Line. The intent of publicizing various methods of communication is to offer employees convenience and confidentiality and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Failing to report violations may result in disciplinary action. Employees reporting possible compliance issues in good faith will not be subjected to retaliation or harassment because of the report. In fact, Alliance has adopted non-retaliation and whistleblower protection policies, prohibiting retaliation of any kind and protecting reporters. Concerns about possible retaliation or harassment should be reported to the CRCO or Human Resources.

The Compliance Program will also include a 24-hour confidential third party Fraud and Abuse Line, as a means to offer providers, members and recipients, or other persons in the community an opportunity to report suspected fraud, waste of funding, or abuse of services anonymously. The Fraud and Abuse Line will be advertised on the Alliance website, in member and recipient handbooks, Provider Manual, and other informational and training materials. The Alliance Access and Information line is another option for placing reports of this nature.

Reported compliance concerns related to providers will be logged in the Alliance grievance database. The Senior Director of Program Integrity and/or Special Investigations Supervisor will track concerns regarding fraud, waste, and abuse in a separate compliance software, Compliance 360. Compliance concerns related to Alliance employees will be treated as a confidential document whereby access will be limited to the CRCO and designated Compliance employee/s as requested by the reporter and as allowed by law. Internal compliance matters will be tracked using a confidential compliance software, Compliance 360, available to the CRCO and designated Compliance employee/s.

B. Investigating Compliance Issues

When conduct is reported that is determined to be inconsistent with the NCDHHS contract, applicable laws or Alliance policies and procedures, the CRCO will determine the level of potential risk and respond accordingly. If this preliminary review indicates that a problem may exist, inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from Legal Counsel. If potential significant risk exists, the CRCO will promptly report it to the CEO. Alliance employees, delegated entities and providers will be expected to cooperate fully with any inquiries undertaken. The CRCO shall report any compliance issues that may result in negative publicity and significant risk to Alliance to the Board of Directors, including potential issues concerning the CEO.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the CRCO. The CRCO will delegate investigations of suspected provider, delegated entity, member or recipient abuse or fraud to the Senior Director of Program Integrity and Special Investigations Unit. The findings will be reviewed by the Senior Director of Program Integrity to ensure consistency in the investigative process and the CRCO will be responsible for making the decision on which fraud cases to refer to the NCDHHS. All investigations will be documented in a

confidential compliance software, Compliance 360. Suspected cases of provider, member or recipient fraud will be referred to NCDHHS for determination of credible allegation of fraud. Alliance will cooperate with NCDHHS and/or the Department of Justice Medicaid Investigations Division on all fraud investigations.

When the compliance issue concerns an Alliance employee, the investigative process will adhere to Alliance policies and procedures regarding internal investigations and applicable Human Resources policies. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with Alliance's policies and procedures will be addressed according to the provisions identified in the applicable policies.

In addition to complying with Alliance's internal investigations, Alliance employees and delegated entities are required to fully comply with the monitoring and auditing activities of the NCDHHS as instructed.

VI. Enforcement of Standards and Disciplinary Guidelines

Disciplinary guidelines are documented and published to the appropriate stakeholders. Employee Disciplinary Action policies and procedures are available in the Compliance 360 catalog and search tool via the intranet and employees are informed of the location upon hire. Provider actions are documented in the Provider Manual and service contracts, and delegated entities disciplinary guidelines are documented in the Delegation Agreement.

Compliance standards will be consistently enforced through appropriate disciplinary actions, up to and including termination of employment. The CRCO meets regularly with the Chief Human Resources Officer to review employee-related issues of concern, results of identified compliance violations, and remediation and enforcement efforts. The CRCO may provide guidance to ensure proper enforcement of compliance standards.

The Delegation and Accreditation Oversight Committee reviews identified compliance concerns or underperformance that result in compliance risks to Alliance and may issue Plans of Corrections, increased monitoring, or other actions including termination of the Delegation Agreement. The CRCO serves as the Committee Chair.

For providers in the Alliance network compliance with standards will be enforced by the Compliance Committee through actions up to and including termination of contract.

The following guidelines will be used. Discipline must be:

1. documented and well-publicized;
2. consistent;
3. dependent on the severity of the violation;
4. enforced for those who commit a violation; and
5. enforced for those who fail to report a known violation

The CRCO will monitor to ensure consistent implementation of disciplinary guidelines. Enforcement data is reviewed by the Compliance Committee and Audit and Compliance Committee on a regular basis.

VII. Internal Auditing and Monitoring

Audits and monitoring are preventative and detective compliance measures, which assist Alliance in identifying and acting on real or potential issues before they become larger compliance risks.

Audit activities are performed to ensure operational, reporting, and compliance objectives are met, and that effective and sufficient internal controls are in place. The purpose of Alliance's internal audit activity is to provide independent, objective assurance and consulting services designed to add value and improve Alliance's operations. The internal audit activity helps Alliance accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes. The Office of Compliance and Risk Management conducts internal audits on an ad hoc and scheduled basis, in accordance with the annual Audit Plan approved by the Audit and Compliance Committee. Audit activities may include:

- Assessing and making appropriate recommendations to improve Alliance's processes.
- Evaluating risk exposures, including those related to fraud, and how risk is managed.
- Aiding Alliance in maintaining effective controls by evaluating their effectiveness and efficiency and by promoting continuous improvement.
- Comprehensive review of Alliance's adherence to regulatory requirements and guidelines.

Audits are objective and independent planned activities determined by the annual risk assessment and included in the annual Compliance Work Plan, which includes the annual Audit Plan. Monitoring is a detective control sometimes completed as a self-audit within a department or by the Office of Compliance and Risk Management, for example as follow up to compliance remediation plans. Monitoring may be planned and part of the annual Compliance Work Plan or may be conducted as a reaction to concerning trends identified as part of the Continuous Quality Improvement process, or based on concerns from within a department, etc.

Pre- and annual delegation audits are conducted by the Internal Audit department prior to executing a Delegation Agreement with a vendor and annually thereafter. Pre-delegation audits are conducted to verify the vendor's ability to comply with NCDHHS requirements relevant to the functions that would be delegated and applicable NCQA standards, adequacy of resources necessary to implement the functions, and willingness and ability to comply with Alliance's delegation oversight activities. Annual audits are conducted to verify compliance with the Delegation Agreement and results of ongoing performance monitoring, which occurs regularly throughout the year by department heads supervising functions delegated.

Internal audits and monitoring, which is conducted by every department of the Office of Compliance and Risk Management, will be completed using appropriate tools and documented in written reports.

The CEO has delegated authority to the CRCO to seek consultation with legal counsel when expert review is necessary to analyze identified risk issues. In those cases, the CRCO will report the facts to the CEO and/or the Audit and Compliance Committee. In consultation with legal counsel, as appropriate, the CRCO will review the situation to determine whether there appears to have been activity inconsistent with federal and state rules and regulations, Alliance policies, procedures or the Code of Ethics and Conduct.

In addition to internal audits and monitoring, the Provider Network Operations department will conduct ongoing provider monitoring and billing audits according to Alliance's policies and procedures and the Program Integrity department will conduct claims audits and post-payment reviews as part of regular and ongoing operations. Results of these reviews will be communicated to the Compliance Committee, unless suspected fraud is identified and reported to the NCDHHS in accordance with contract requirements.

Delegation audits and ongoing performance monitoring will be reported to the Delegation and Accreditation Oversight Committee. All Audit and monitoring activities will be reviewed by the CEO and Audit and Compliance Committee and summarized for the Board, including sufficient information to evaluate the appropriateness of responses to identified violations of Alliance's policies, procedures and Federal or State laws.

VIII. Response and Remediation

When internal compliance issues have been identified through reporting, audit, monitoring or investigative activity, the CRCO will respond promptly by ensure the issue is reported to the CEO and/or Audit and Compliance Committee and will facilitate the process to develop corrective action initiatives or to enforce standards through disciplinary actions promptly as required by policies, contract, and law.

To reduce the potential for recurrence and to ensure ongoing compliance, as appropriate, the CRCO will develop or facilitate development of remediation plans. Plans may include:

1. additional or modified training and education;
2. corrective action;
3. development of new policies and procedures;
4. revision to existing policies and procedures;
5. revision to the Compliance Plan, Audit Plan, Fraud Prevention Plan, or Delegation Program Description;
6. additional monitoring and auditing; or
7. reporting to outside agencies, such as NCDHHS, or law enforcement

The CRCO must be involved in the development of all remediation plans that:

1. result from a significant compliance violation;
2. affect multiple departments; or
3. involve revisions or additions to the Compliance Plan or policies and procedures.

Reporting a compliance violation to an outside agency must be timely and coordinated through the CRCO prior to reporting. The Office of Compliance and Risk Management monitors settlement of issues reported to outside authorities.

Remediation plans, including any reporting to an external agency, should be attached to the investigative documentation in the confidential compliance software, or to the compliance audit/monitoring report. Remediation plans that require further monitoring are considered “open” and are not resolved and closed until the monitoring period is successfully completed.

In accordance with Alliance’s policies and procedures, delegated entities or providers that have engaged in legal or ethical misconduct will be subject to actions including termination of the Delegation Agreement or contract for services. Providers may be excluded from providing Medicaid or State-funded Services in the Alliance provider network. Termination of Delegation Agreements or service contracts will be reported to the NCDHHS in accordance with the Tailored Plan contract.

IX. Program Integrity for Medicaid and State-Funded Services

To ensure the effective use and management of public resources in the delivery of services to Medicaid Managed Care members and State-funded Services recipients, Alliance increases awareness within its organization and across its provider network of methods to prevent, detect and report potential fraud, waste and abuse. In support of such efforts, Alliance complies with all applicable federal and state laws and regulations.

To supplement this Plan, Alliance has developed a Fraud Prevention Plan that documents policies, procedures and activities to support prevention, detection, reporting and resolution of instances of fraud, waste and abuse within or externally from Alliance. The Plan is updated and submitted to NCDHHS annually.

Additionally, Alliance adheres to the following contractual Program Integrity requirements:

1. Validation of Exclusion List Status for Medicaid and State-Funded Services
2. Prohibited Relationships for Medicaid and State-funded
3. Suspensions and Withholds for Payments to Providers for Program Integrity for Medicaid and State-funded Services
4. Coordination of Provider Monitoring and Auditing for Medicaid and State-Funded Services
5. Reporting in accordance with section 1318(b) of the Public Health Services Act
5. Deficit Reduction Act (DRA) Reporting for Medicaid
6. Prohibited payments for Medicaid and State-funded Services
7. Notice of certain reporting and audit requirement for State-funded Services

8. Post-Payment Clinical and Administrative Reviews for State-Funded Services

X. Effectiveness of the Compliance Program

A. Annual Risk Assessment and Compliance Work Plan

Annually, the CRCO will perform a compliance risk assessment. Risk will be identified through a risk identification survey, interviews with department heads, document reviews with input from management, results from previous audits and investigations, review of results from the ongoing systematic recording of compliance and operational risk that occurs throughout the year, and review of the annual Office of Inspector General work plan, Fraud Alerts, Special Advisory Bulletins, and advice and guidance by NCDHHS. The level of risk will be assessed and prioritized based on legal, reputational and financial risk to Alliance and reviewed by the Executive Leadership and Audit and Compliance Committee. The CRCO will propose a Risk Mitigation Plan and Compliance Work Plan that includes an Audit Plan listing proposed regulatory and risk-based audit and monitoring activities for the upcoming year. The Risk Mitigation Plan is approved, owned, and implemented by the Executive Leadership whereas the Compliance Work Plan, once approved by the Audit and Compliance Committee, is implemented by the Office of Compliance and Risk Management.

The Compliance Work Plan is included in the annual Compliance Report submitted to the NCDHHS. Progress with the Compliance Work Plan is tracked and reported on a dashboard to the Audit and Compliance Committee on a regular basis through the year.

B. Annual Compliance Program Report

The CRCO will ensure a review of Alliance's status with current compliance and regulatory operations to ascertain whether the compliance operations of Alliance are of sufficient scope and within substantial compliance with Alliance's policy and regulatory requirements. The results of the self-assessment process will be presented to the CEO and Audit and Compliance Committee for review and feedback. The review will be used to inform potential adjustments of the Compliance Program and/or the annual Compliance Work Plan. The status and effectiveness of the previous year's Work Plan and Audit Plan including whether all planned activities were completed, if identified risks were mitigated, and any other significant outcomes will be included in a written Compliance Program report by the CRCO. The report will be submitted to the NCDHHS along with the proposed Compliance Work Plan for the upcoming year after approval by the Audit and Compliance Committee. A presentation of the report will be provided to the Board annually.

C. Revisions to the Compliance Plan

This Compliance Plan is intended to allow compliance operations to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The plan will be regularly reviewed by the CRCO and the Audit and Compliance Committee to assess the viability of the Plan and the inclusion of all appropriate Alliance policies and regulatory and contractual requirements. The Plan will be revised as experience demonstrates that a certain

approach is not effective or suggests a better alternative. The Board of Directors will review and approve the Compliance Plan annually or more often if revisions are necessary.

In addition, the Compliance Plan will be submitted to the NCDHHS annually, and upon request, within five (5) calendar days, by NCDHHS along with any requested document, policy or procedures governing Alliance's compliance activities for Medicaid and State-funded Services. The Plan will be revised as requested by the NCDHHS.

APPENDIX A

Office of Compliance and Risk Management Functional Structure



Office of Compliance & Risk Management Functional Structure

APPENDIX B

Federal Criminal and Civil Statutes Related to Fraud and Abuse in the Context of Health care

Criminal Statutes

This section contains references to criminal statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- *Health Care Fraud (18 U.S.C. 1347)*
- *Theft of Embezzlement in Connection with Health Care (18 U.S.C. 669)*
- *False Statements Relating to Health Care Matters (18 U.S.C. 1035)*
- *Obstruction of Criminal Investigations of Health Care Offenses (18 U.S.C. 1518)*
- *Mail and Wire Fraud (18 U.S.C. 1341 and 1343)*
- *Anti-Kickback law/Criminal Penalties for Acts Involving Federal Health Care Programs (Section 1128B of the Social Security Act/42 U.S.C. 1320a 7b)*
- *Eliminating Kickbacks in Recovery Act of 2018 (18 U.S.C. 220)*
- *Fraud Enforcement and Recovery Act of 2009 (18 USC 27)*

Civil and Administrative Statutes

This section contains a description of civil and administrative statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- *The False Claims Act (31 U.S.C. 3829-3733)*
- *Civil Monetary Penalties Law (Section 1128A of the Social Security Act/42 U.S.C. 1320a-7aa)*
- *Stark/Self-Referral Law/Limitations on Certain Physician Referrals (Section 1877 of the Social Security Act/42 U.S.C. 1395nn)*
- *Exclusion From Federal Health Care Programs (Section 1128(a), (b) and (c) of the Social Security Act/42 U.S.C. 1320a-7a)*

APPENDIX C**NCDHHS Risk Level Matrix for Medicaid and State-funded Services**

This Risk Level Matrix is intended to be an illustrative, non-exhaustive list of the types of acts, failures to act, behaviors, and/or practices that may be assigned to a specific level by the North Carolina Department of Health and Human Services (Department) upon consideration of some or all of the factors described in the Tailored Plan Contract.

Further, the content included in the examples of noncompliant behavior and/or practices in the Risk Level Matrix are not the full scope of violations subject to a Risk Level assignment by the Department and if a specific example of noncompliant behavior or practice identified in the Matrix occurs, the Department is not obligated to assign the noncompliant behavior or practice in accordance with the level provided in the Matrix.

Table 1: Risk Level Matrix for Medicaid	
LEVEL	Examples of Noncompliant Behavior and/or Practices
LEVEL 1 Action(s) or inaction(s) that seriously jeopardize the health, safety, and welfare of member(s); reduces members' access to care; and/or the integrity of Medicaid Managed Care	Failure to substantially provide medically necessary covered services Imposing arbitrary utilization guidelines, quantitative coverage limits, or prior authorization requirements prohibited under the Contract Imposing on members premiums or cost sharing that are in excess of that permitted by the Department Failure to substantially meet minimum care management and care coordination requirements Failure to substantially meet minimum Transition of Care Policy requirements Failure to substantially meet or failure to require network providers to meet the network adequacy standards established by the Department (without an approved exception) Denying coverage for out-of-network care when no reasonable access to an in-network provider is available Continuing failure to resolve member and provider appeals and grievances within specified timeframes

	<p>Failure to maintain Tailored Plan license in good standing with DOI</p> <p>Failure to timely submit accurate and/or complete encounter data in the required file format</p> <p>Misrepresenting or falsifying information that it furnishes to CMS or to the Department</p> <p>Engaging in unlawful discriminatory practices as prohibited under the Contract or under state or federal law or regulation</p> <p>Failure to substantially comply with the claims processing requirements and standards</p> <p>Failure to comply in any way with financial reporting requirements (including timeliness, accuracy, and completeness)</p> <p>Failure to substantially comply with the Preferred Drug List requirements</p> <p>Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 2 violation</p> <p>One or more Level 2 violations within a contract year</p>
<p>LEVEL 2 Action(s) or inaction(s) that jeopardize the integrity of the managed care program, but does not necessarily jeopardize member(s) health, safety, and welfare or access to care</p>	<p>Failure to maintain a compliance system to identify and investigate allegations of fraud, waste, or abuse as required under the Contract</p> <p>Failure to comply with established rate floors and fee schedules as required under the Contract</p> <p>Failure to make additional directed payments to certain providers as required under the Contract</p> <p>Failure to make quality determinations for provider contracting within required timeframes</p> <p>EQRO or other program audit reports with substantial findings</p>

	<p>Failure to comply with recipient services requirements (including hours of operation, call center, and online portal)</p> <p>Failure to maintain the privacy and/or security of data containing protected health information (PHI) which results in a breach of the security of such information and/or failure to timely report violations in the access, use, and disclosure of PHI</p> <p>Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 3 violation</p> <p>Two or more Level 3 violations within a contract year</p>
<p>LEVEL 3 Action(s) or inaction(s) that diminish the effective oversight and administration of the managed care program</p>	<p>Failure to submit to the Department within the specified timeframes any documentation, policies, notices, materials, handbooks, provider directories, provider agreements, etc. requiring Departmental review and/or approval</p> <p>Failure to comply with provider relations requirements (including hours of operation, call center, and online portal)</p> <p>Failure to notify the Department and members of terminated network providers within required timeframes</p> <p>Failure to respond to or complete a request made by the Department (or other agencies with oversight responsibilities) within the specified timeframe and in the manner and format requested</p> <p>Failure to implement and maintain required policies, plans, and programs (e.g. drug utilization review program, fraud prevention plan, clinical practice guidelines)</p> <p>Using unapproved member notices, educational materials, and handbooks and marketing materials</p> <p>Engaging in prohibited marketing activities and practices</p>

	Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 4 violation
	Three or more Level 4 violations within a contract year
LEVEL 4 Action(s) or inaction(s) that inhibit the efficient operation of the managed care program	<p>Submission of a late, incorrect, or incomplete report or deliverable (excludes encounter data and other financial reports)</p> <p>Failure to establish, maintain, and/or participate on required advisory committees as required by the Department or by state or federal law or regulation</p> <p>Failure to comply with time frames for distributing (or providing access to) Member Handbooks, identification cards, provider directories, and educational materials to members (or potential members)</p> <p>Failure to meet minimum requirements requiring coordination and cooperation with external entities</p> <p>EQRO or other program audit reports with non-substantial findings</p> <p>Failure to meet staffing requirements (including experience and training, staffing levels, notice of personnel changes, and location requirements)</p> <p>Failure to timely furnish a policy, handbook, directory, or manual upon request by a member or potential member as required under the Contract</p>

Table 2: Risk Level Matrix for State-funded Services

LEVEL	Examples of Noncompliant Behavior and/or Practices
LEVEL 1 Action(s) or inaction(s) that seriously jeopardize the health, safety, and welfare of recipient(s); reduces recipients' access to care; and/or the integrity of State-funded Services	<p>Failure to substantially provide medically necessary covered services</p> <p>Imposing arbitrary utilization guidelines, quantitative coverage limits, or prior authorization requirements prohibited under the Contract</p>

	<p>Failure to substantially meet minimum case management and care coordination requirements</p> <p>Failure to substantially meet or failure to require network providers to meet the network adequacy standards established by the Department (without an approved exception)</p> <p>Continuing failure to resolve recipient complaints and appeals and provider appeals and grievances within specified timeframes</p> <p>Failure to maintain Tailored Plan license in good standing with DOI</p> <p>Failure to timely submit accurate and/or complete encounter data in the required file format</p> <p>Misrepresenting or falsifying information that it furnishes to the Department</p> <p>Engaging in unlawful discriminatory practices as prohibited under the Contract or under state or federal law or regulation</p> <p>Failure to substantially comply with the claims processing requirements and standards</p> <p>Failure to comply in any way with financial reporting requirements (including timeliness, accuracy, and completeness)</p> <p>Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 2 violation</p> <p>One or more Level 2 violations within a contract year</p>
<p>LEVEL 2</p> <p>Action(s) or inaction(s) that jeopardize the integrity of State-funded Services, but does not necessarily jeopardize recipient(s) health, safety, and welfare or access to care</p>	<p>Failure to maintain a compliance system to identify and investigate allegations of fraud, waste, or abuse as required under the Contract</p> <p>Failure to make quality determinations for provider contracting within required timeframes</p>

	<p>EQRO or other program audit reports with substantial findings</p> <p>Failure to comply with recipient services requirements (including hours of operation, call center, and online portal)</p> <p>Failure to maintain the privacy and/or security of data containing protected health information (PHI) which results in a breach of the security of such information and/or failure to timely report violations in the access, use, and disclosure of PHI</p> <p>Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 3 violation</p> <p>Two or more Level 3 violations within a contract year</p>
<p>LEVEL 3 Action(s) or inaction(s) that diminish the effective oversight and administration of State-funded Services</p>	<p>Failure to submit to the Department within the specified timeframes any documentation, policies, notices, materials, handbooks, provider directories, provider agreements, etc. requiring Departmental review and/or approval</p> <p>Failure to comply with provider relations requirements (including hours of operation, call center, and online portal)</p> <p>Failure to notify the Department and recipients of terminated network providers within required timeframes</p> <p>Failure to respond to or complete a request made by the Department (or other agencies with oversight responsibilities) within the specified timeframe and in the manner and format requested</p> <p>Failure to implement and maintain required policies, plans, and programs (e.g. drug utilization review program, fraud prevention plan, clinical practice guidelines)</p> <p>Using unapproved recipient notices, educational materials, and handbooks and marketing materials</p>

	<p>Engaging in prohibited marketing activities and practices</p> <p>Continuing substantially similar noncompliance and failure to comply with previously imposed action(s) resulting from a Level 4 violation</p> <p>Three or more Level 4 violations within a contract year</p>
<p>LEVEL 4</p> <p>Action(s) or inaction(s) that inhibit the efficient operation State-funded Services</p>	<p>Submission of a late, incorrect, or incomplete report or deliverable (excludes encounter data and other financial reports)</p> <p>Failure to establish, maintain, and/or participate on required advisory committees as required by the Department or by state or federal law or regulation</p> <p>Failure to comply with time frames for distributing (or providing access to) Recipient Handbooks, provider directories, and educational materials to recipients (or potential recipients)</p> <p>Failure to meet minimum requirements requiring coordination and cooperation with external entities</p> <p>EQRO or other program audit reports with non-substantial findings</p> <p>Failure to meet staffing requirements (including experience and training, staffing levels, notice of personnel changes, and location requirements)</p> <p>Failure to timely furnish a policy, handbook, directory, or manual upon request by a recipient or potential recipient as required under the Contract</p>

REFERENCES

Bellucci, Margaret, Thornton, Mary, *Corporate Compliance Manual for Behavioral Healthcare Providers*, National Council for Community Behavioral Healthcare

Troklus, Debbie, Warner, Greg, *Compliance 101 Third Edition*, Health Care Compliance Association

42 CFR § 438.608 Program Integrity Requirements.

42 CFR § 455 Program Integrity Requirements.

Article 51 of Chapter 1 of the General Statutes False Claims Act.

Section 1903(m)(4)(A) of the Social Security Act.

2013 Federal Sentencing Guidelines Manual Chapter 8, Part B –Effective Compliance and Ethics Program



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

ITEM: Client Rights/Human Rights Committee Report

DATE OF BOARD MEETING: November 3, 2022

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

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): Dave Curro, Chair; Aimee Izawa, Director Community and Member Engagement

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Thursday, October 13, 2022

BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

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

APPOINTED MEMBERS PRESENT: ☒ Marie Dodson, Johnston; ☐ Samruddhi Thaker, Durham (Board Member), PhD; ☐ Anthony Trotman, Mecklenburg (Board Member) ☒ Dave Curro, Durham (Board Member) ☐ Ira Wolfe, Cumberland

GUEST(S) PRESENT: Kent Earnhardt, Orange County CFAC member

STAFF PRESENT: Aimee Izawa, Director of Community & Member Engagement, LaKeisha McCormick, Member Inclusion and Outreach Manager, Ramona Branch, Member Inclusion and Outreach Managers, Todd Parker, QM Incident & Grievance Manager

- 1. WELCOME AND INTRODUCTIONS** – the meeting was called to order at 4:05pm
- 2. REVIEW OF THE MINUTES** – The minutes from the April 14, 2022, meeting were reviewed; a motion was made by Ms. Dodson and seconded by Mr. Wolfe to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Membership	Welcome & Introductions: <i>Dave reviewed the membership list and committee charter to determine quorum guidelines. Dave requested for Ramona to reach out to Kent to assist him with completing and submitting a Human Rights Committee application. Recommendation made that someone contact Mr. Trotman to see if he wants to continue involvement on committee.</i>		
4. Incidents Review	Todd Parker, QM Incident & Grievance Manager: <i>Todd asked for feedback on what the committee wants to see regarding incidents reports. He reviewed latest incidents reports.</i> <i>Incident Trends Report Highlights Q4 FY 22</i> <i>Incident Report Breakdown</i> <ul style="list-style-type: none">• 1182 Reports were entered into NC-IRIS for 437 members• 845 children• 337 adults <i>Levels</i> <ul style="list-style-type: none">• 1033 Level II reports• 149 Level III <ul style="list-style-type: none">• Mecklenburg County submitted the largest number of Level 2 and Level 3• Wake County submitted the 2nd largest Level 1 and Level 2		

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

Thursday, October 13, 2022

BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)

4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> • <i>PRTF – Service reporting the most Incidents</i> • <i>A total of 65 deaths were reported during the 4th quarter</i> • <i>46 Level 3 Deaths – Unknown Cause</i> • <i>19 Level 2 Deaths – Terminal Illness</i> • <i>289 (+50) Restrictive Interventions reported (24% of all Incident Reports)</i> • <i>99% of Restrictive Interventions were Physical Restraints</i> • <i>60% of Restrictive Interventions were from PRTF Programs</i> • <i>76 Total Injuries report/ 39% - Trip or Fall Category</i> <p><i>Aimee asked where suicide falls in the data. Todd shared that suicides fall under “death by suicide,” which Alliance Health didn’t have for the quarter. Dave suggested a column is added to the charts saying “death by suicide” with a zero.</i></p>		
5. Grievance Review	<p>Todd Parker, QM Incident & Grievance Manager:</p> <p>Q4 Grievance Report Highlights:</p> <ul style="list-style-type: none"> • <i>130 (54%) Grievances – Members/legal guardians</i> • <i>80 (34%) Internal Employee Concerns – Alliance staff</i> • <i>27 (11%) External Stakeholder Concerns – Outside entities</i> • <i>3 (1%) Compliments</i> • <i>Quality of Services account for 27% of all Complaints/Grievances</i> • <i>81 (34%) were Internal Concerns</i> • <i>126 (52%) were Grievances, by Member or Legal Guardian</i> • <i>26% from Residential Services</i> • <i>83% Outpatient Services</i> • <i>8% ACTT</i> • <i>37% of IDD services - NC Innovations Waiver Services</i> <p><i>Dave recommends that the Human Rights Committee waits to see what changes look like under Tailored Plan before determining what the committee wants Todd/ QM to share. Todd mentioned that after Tailored Plan launch, there will need to be a distinction in reporting between physical and behavioral health. Aimee asked Todd if his team size will increase. Todd shared that he doesn’t anticipate more</i></p>		

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

Thursday, October 13, 2022

BOARD HUMAN RIGHTS COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<i>grievances but has hired more incident staff. Marie asked how Alliance Health falls in percentages compared to other MCOs? Todd responded that "we fall in line with all other MCOs." Currently for grievances members can appeal decisions directly with Alliance Health. With Tailored Plan, members won't have the option to appeal to Alliance Health, but rather to the State.</i>		
6. Meeting Topics	<i>Ideas and thoughts about future meetings:</i> <i>Ira recommended committee receives its annual member rights training. Dave would like to put training on the agenda for the next meeting. Ramona shared that Alliance Health is waiting on the State to approve training. Marie states that committee on getting new members while Alliance is waiting for training approval. Ira recommends annual training is delayed until April 2023 with anticipation of increased membership.</i> <i>Dave requested to hear more from Quality Management department. Aimee recommends inviting new Director of QM to January 2023 meeting. Marie expressed concerns around the number of restraints incidents and questioned the reason for restraints usage.</i>		
7. Transition to Teams	<i>Alliance transitions to Teams effective Nov 1</i> <i>Ramona notified committee that virtual platform will transition to Microsoft Teams. A Teams hand out will be shared to assist with Teams navigation.</i>		
8. Announcements			

9. **ADJOURNMENT:** the meeting adjourned at 5:22pm; the next meeting will be January 12, 2023, from 4:00 p.m. to 6:00 p.m.

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



Incident Trends Report Q4 FY22

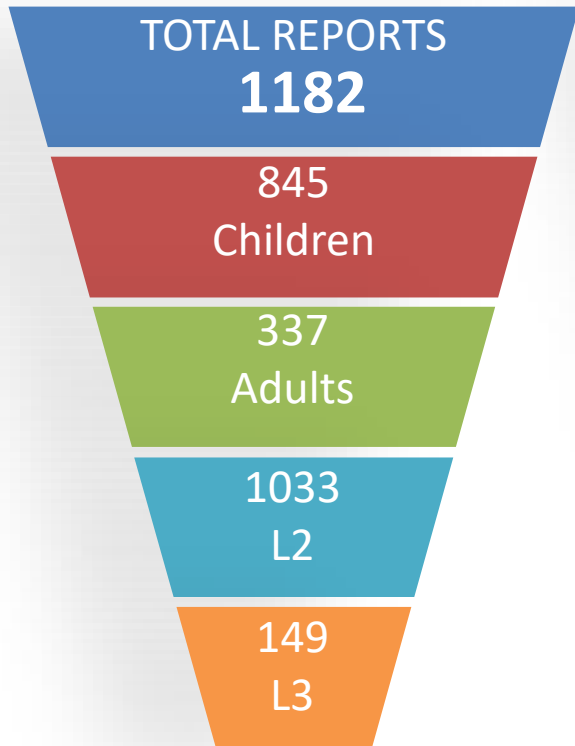
Incident Report Breakdown

- 1182 Reports were entered into NC-IRIS for 437 members
- 845 children
- 337 adults

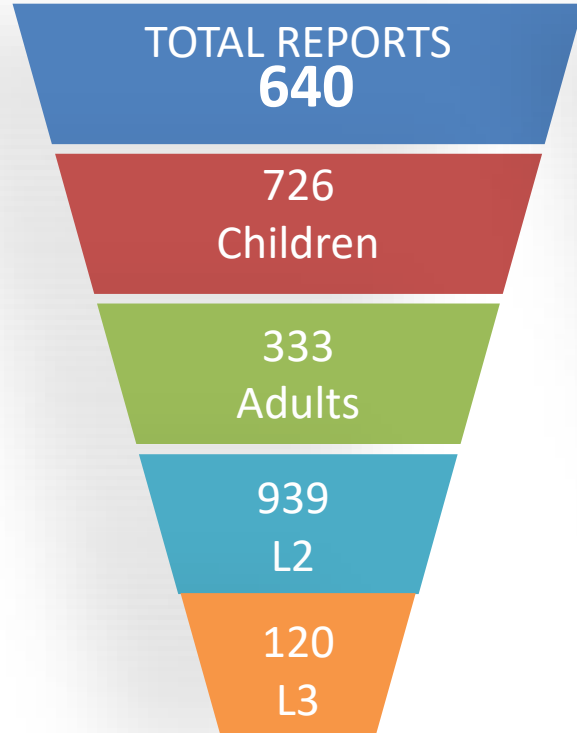
LEVELS

- 1033 Level II reports
- 149 Level III

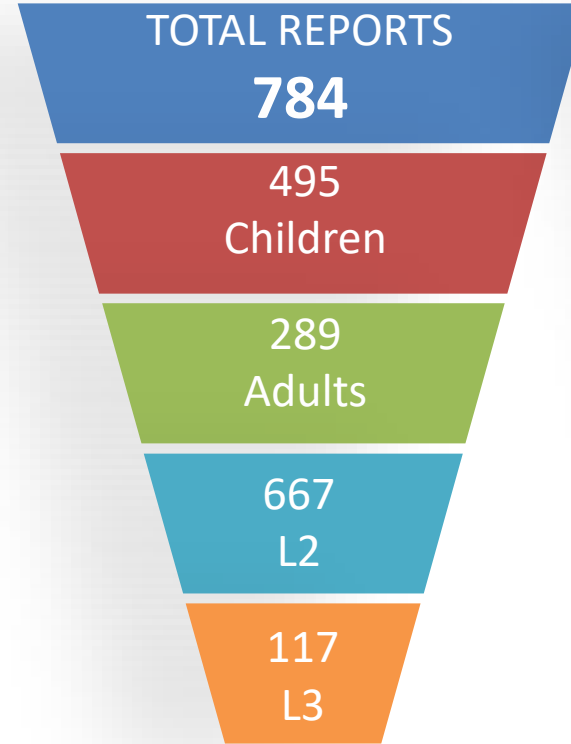
Q4 FY22



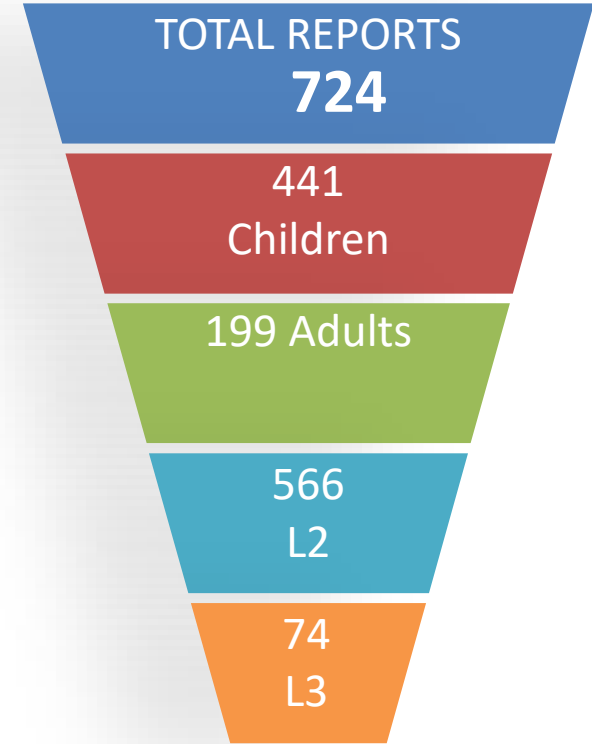
Q3 FY22



Q2 FY22

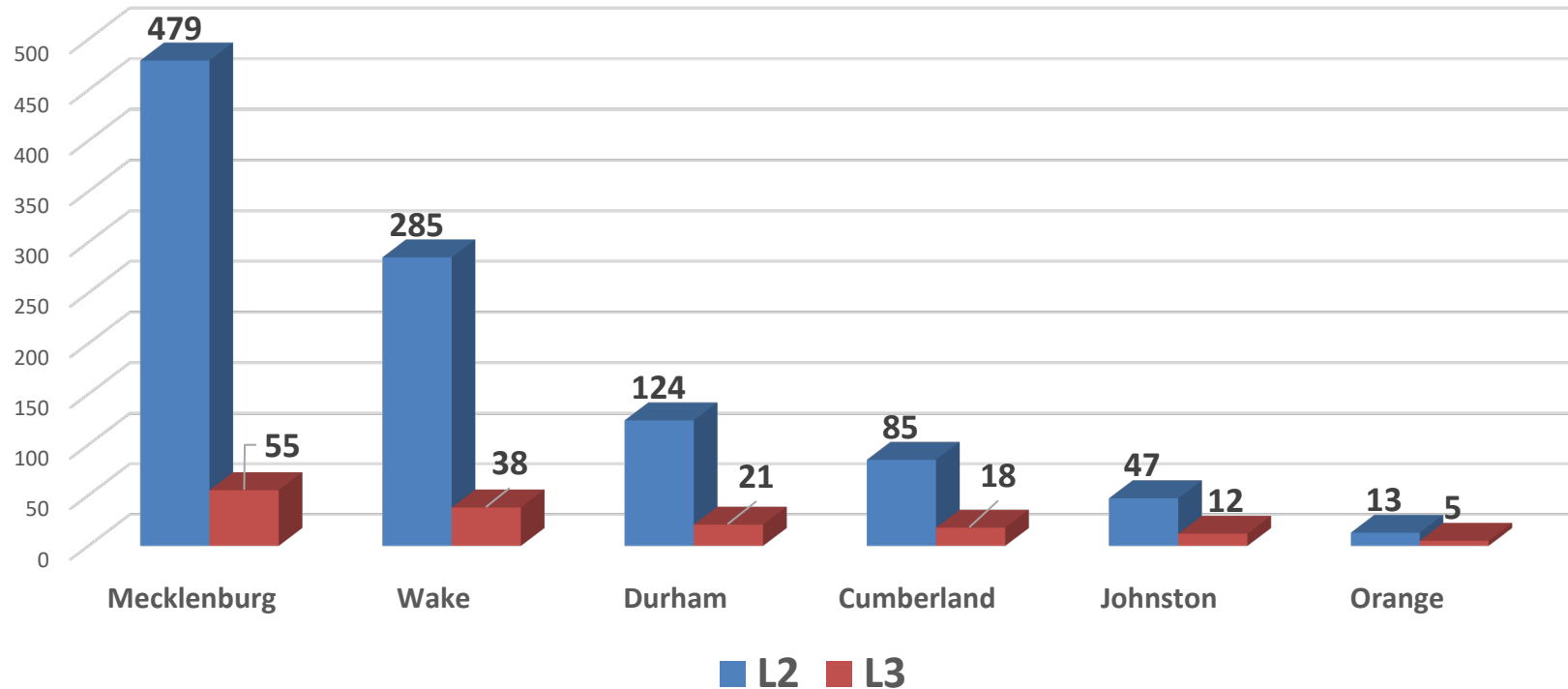


Q1 FY22



Incident Levels by County

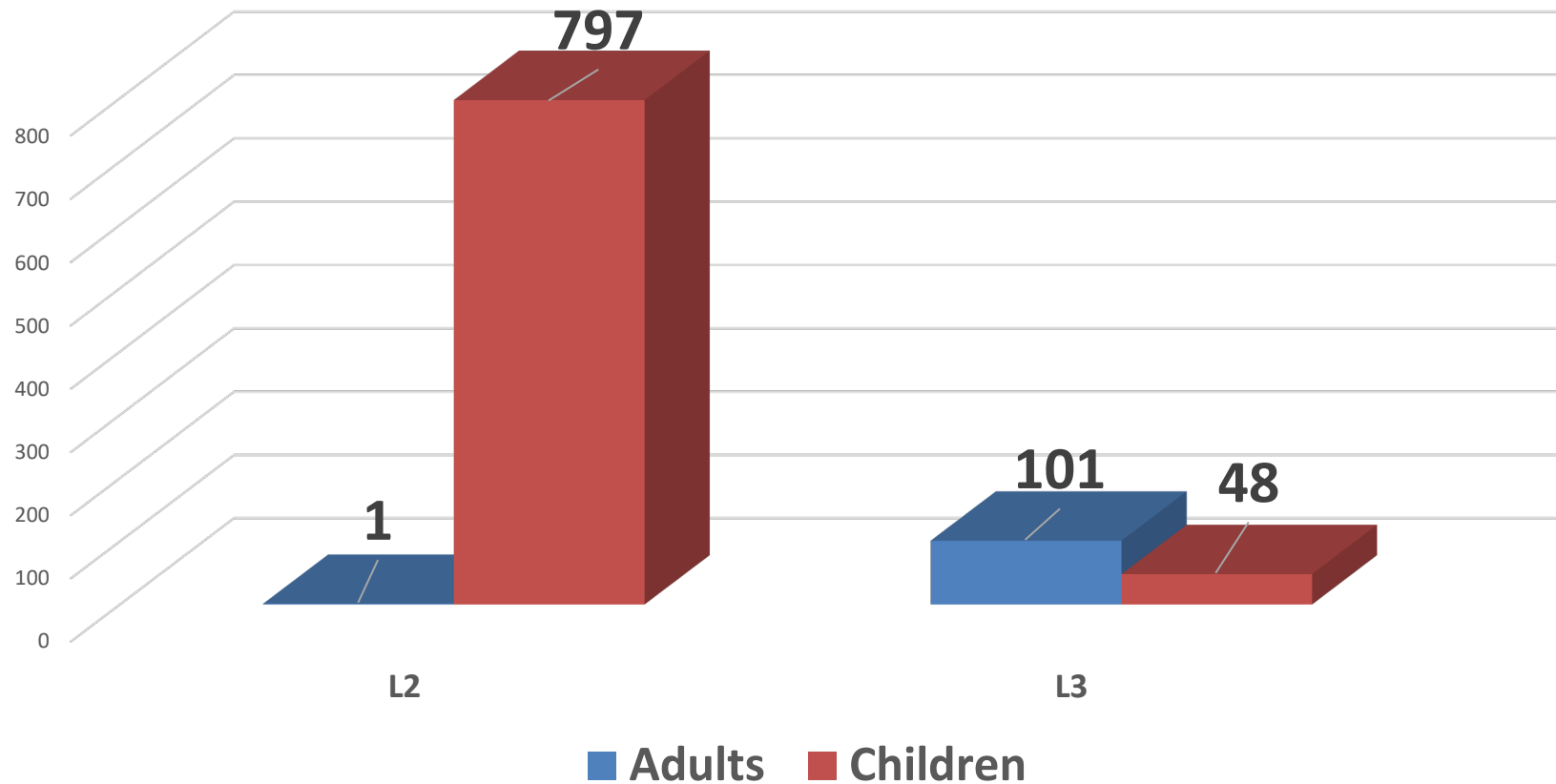
Level 2s and Level 3s



- Mecklenburg County submitted the largest number of Level 2 and Level 3
- Wake County submitted the 2nd largest LI and L2

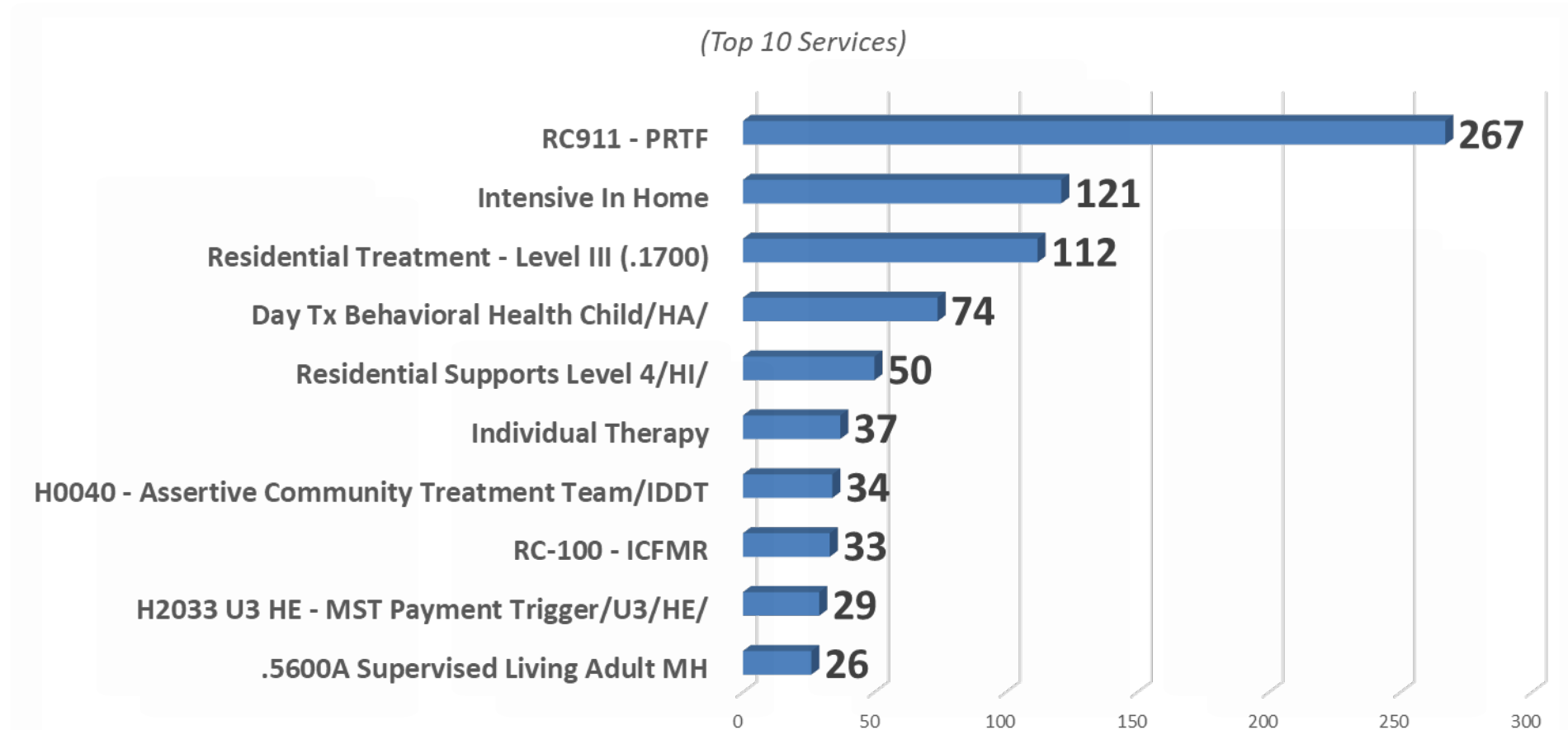
Adults vs. Children

(By Level)



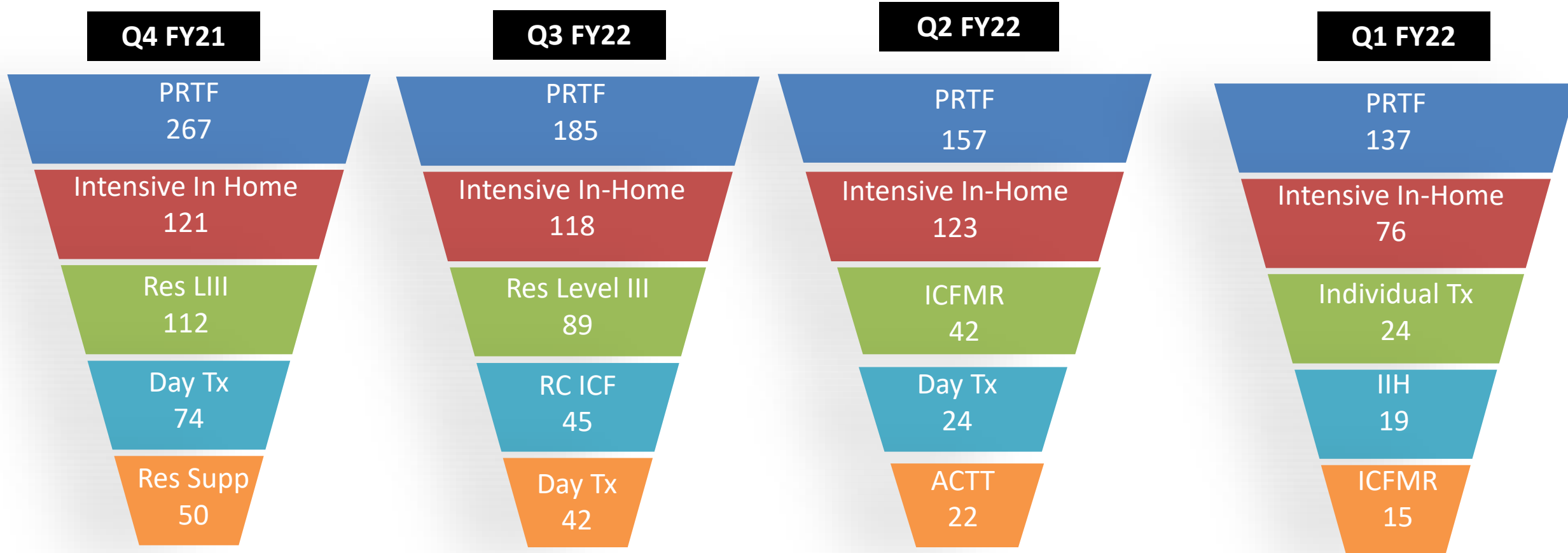
- A total of Incidents reported for children increased by 119 reports (**Q3 -726; Q4 - 845**)
- A total of Incidents reported for Adults showed a smaller increase of only 4 reports (**Q3 – 333; Q4 – 337**)

Service Breakdown



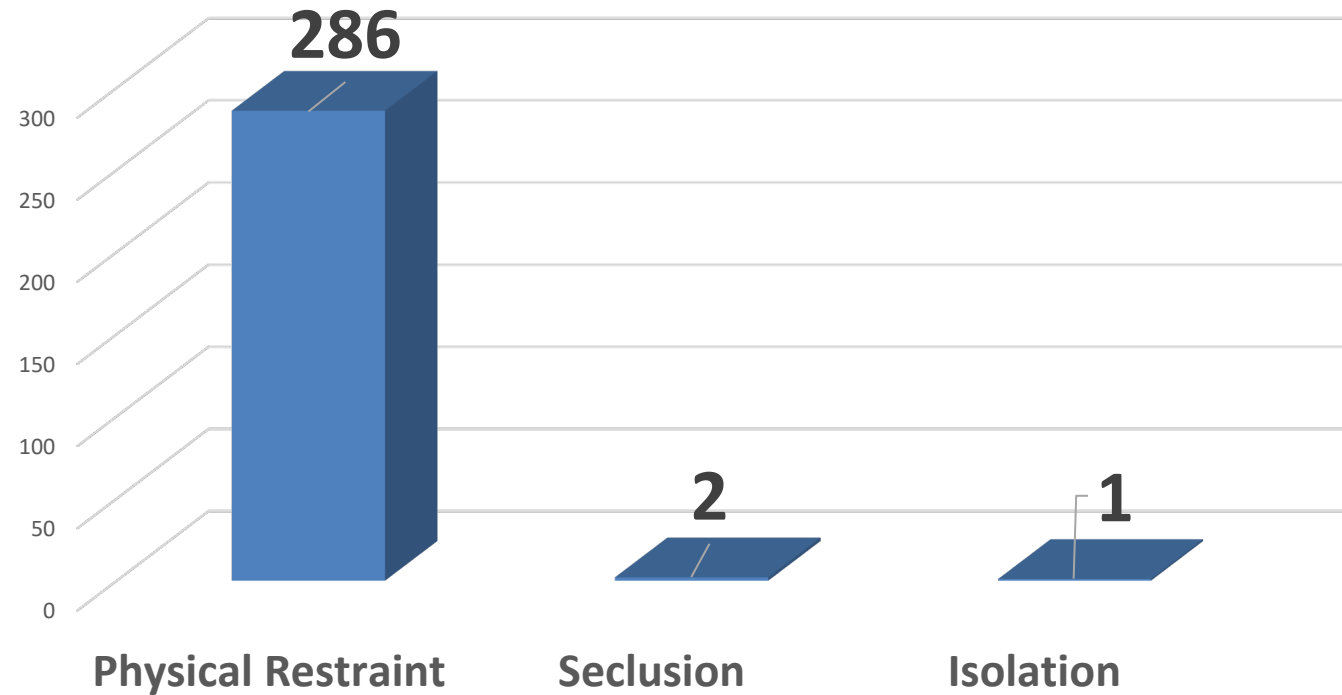
- PRTF – Service reporting the most Incidents

Top 5 Services (1 year History)



REPORTS BY INCIDENT CATEGORY (Primarily Human Rights Related)

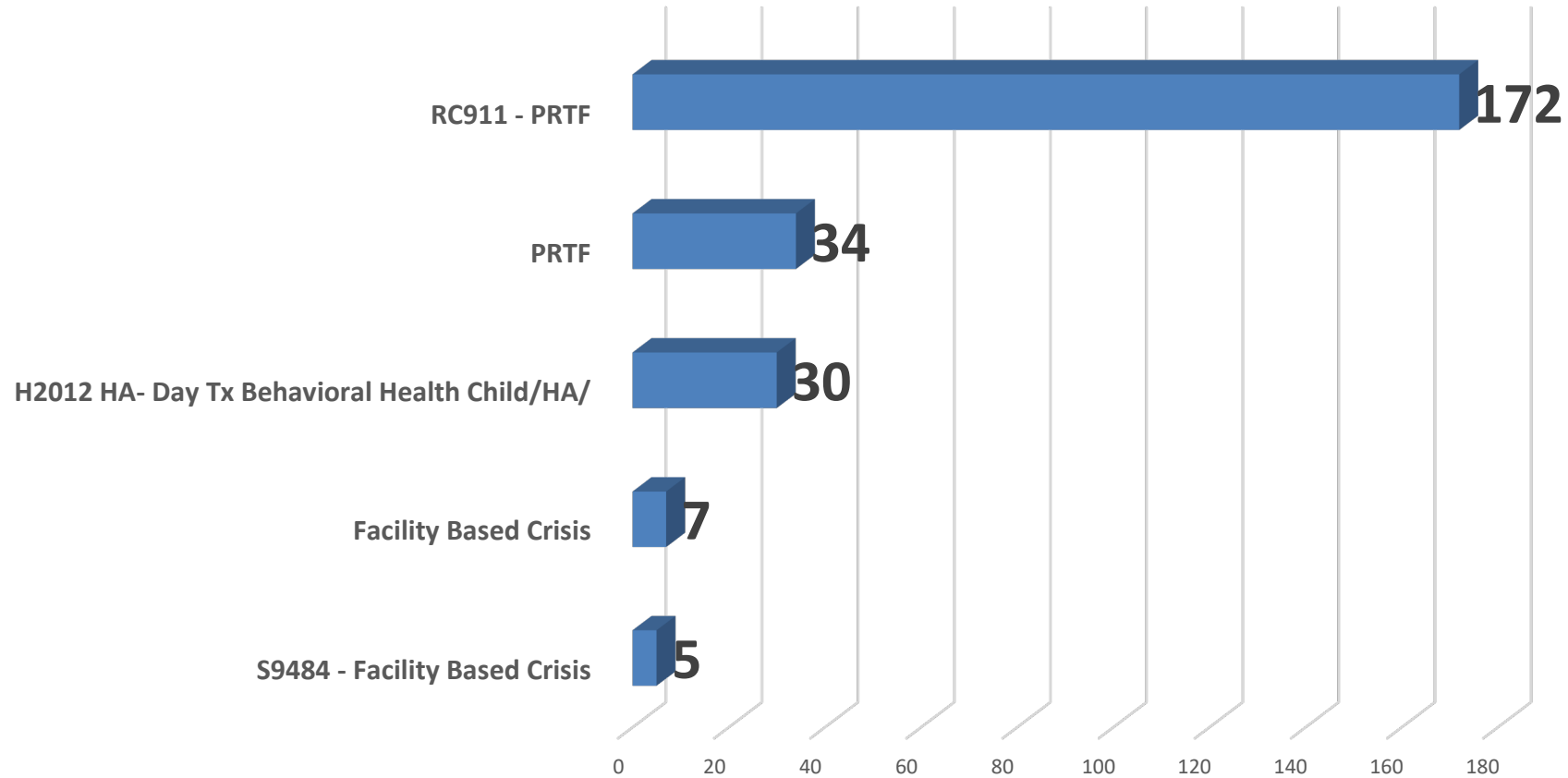
Restrictive Interventions



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

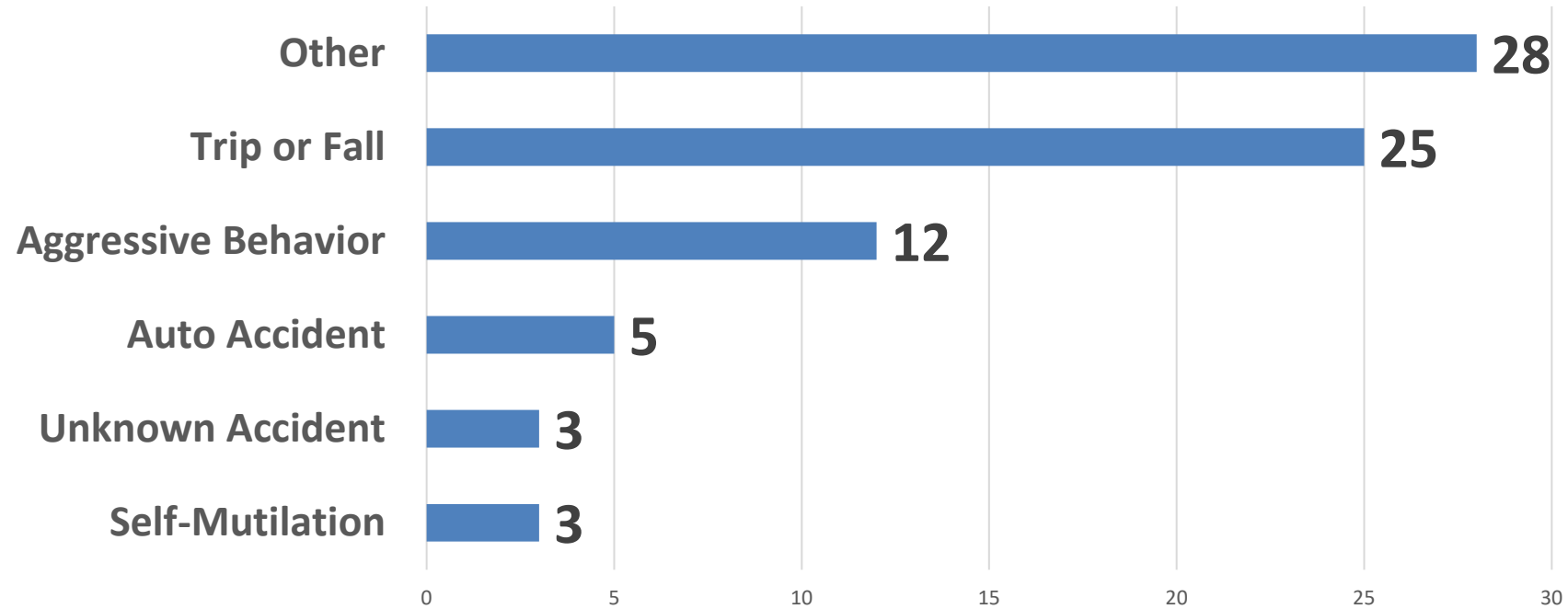
Physical Restraint

(Top 5 Services)



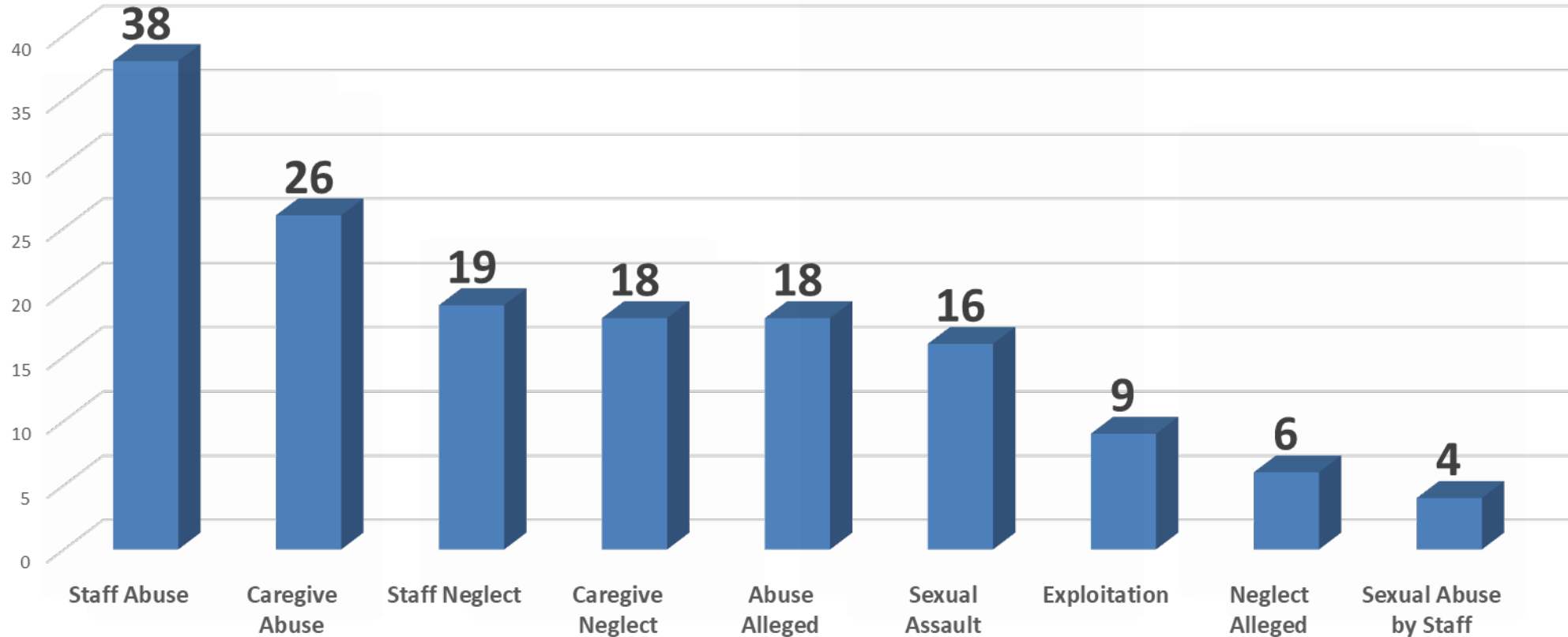
- 60% of Restrictive Interventions were from PRTF Programs

Injury Categories



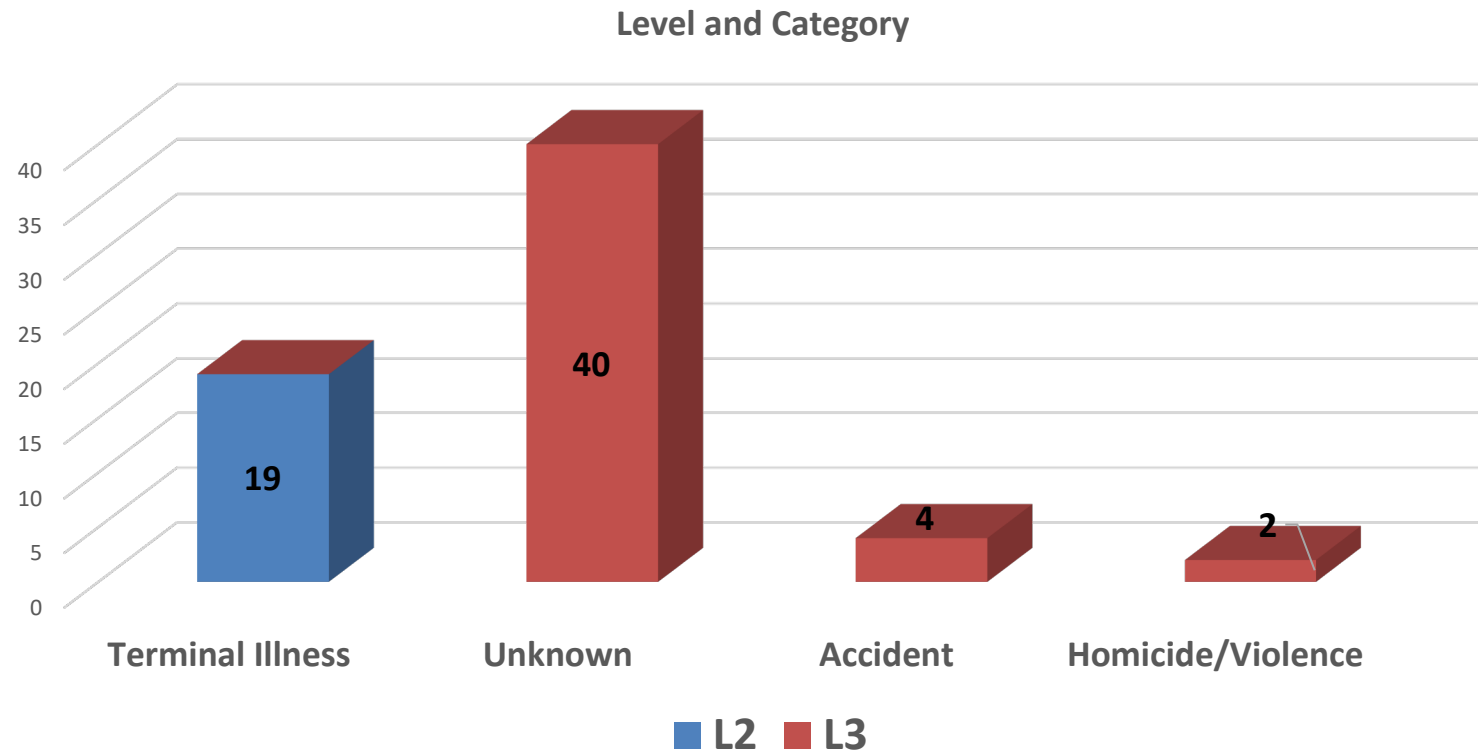
- **76 Total**
- **39% - Trip or Fall Category**

Abuse/Neglect/Exploitation



- **154 reported in this category (13% of all Incidents)**
- *Staff Abuse – 25% of Abuse/Neglect/Exploitation Allegations*

Member Deaths

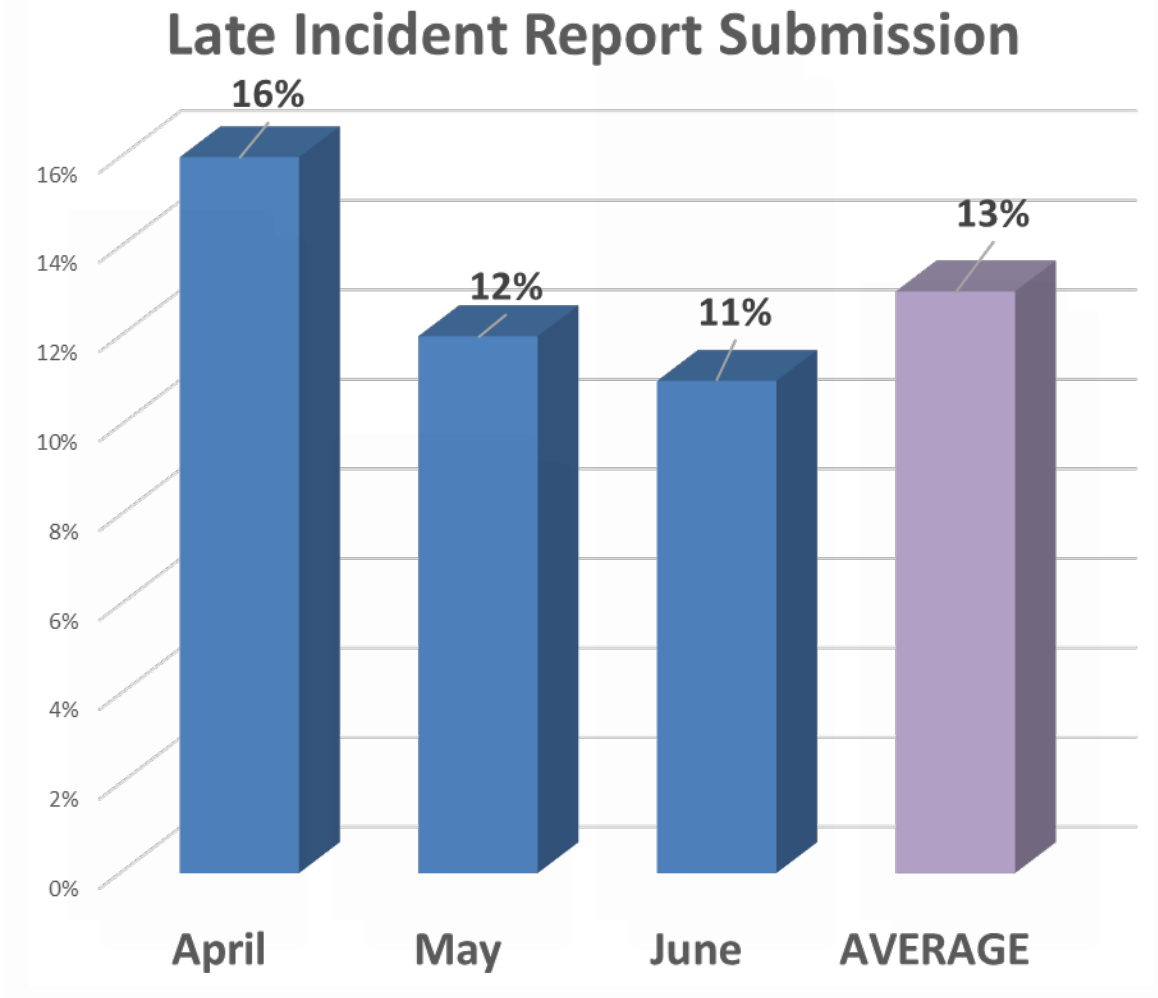


- A total of 65 deaths were reported during the 4th quarter
- 46 L3 Deaths – Unknown Cause
- 19 L2 Deaths – Terminal Illness

Incident Report Compliance

Incident Report Compliance (Q4 FY2022)

- No Plans of Correction issued during 4th Quarter
- 59 Late Incident emails sent for 1 late report submitted



- 4 points higher than Q3



Q4 Complaint Analysis

QM Quality Assurance

CATEGORIES

Complaint: *(Internal and External Stakeholders)*

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

Grievance:

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

Internal Stakeholder Concern:

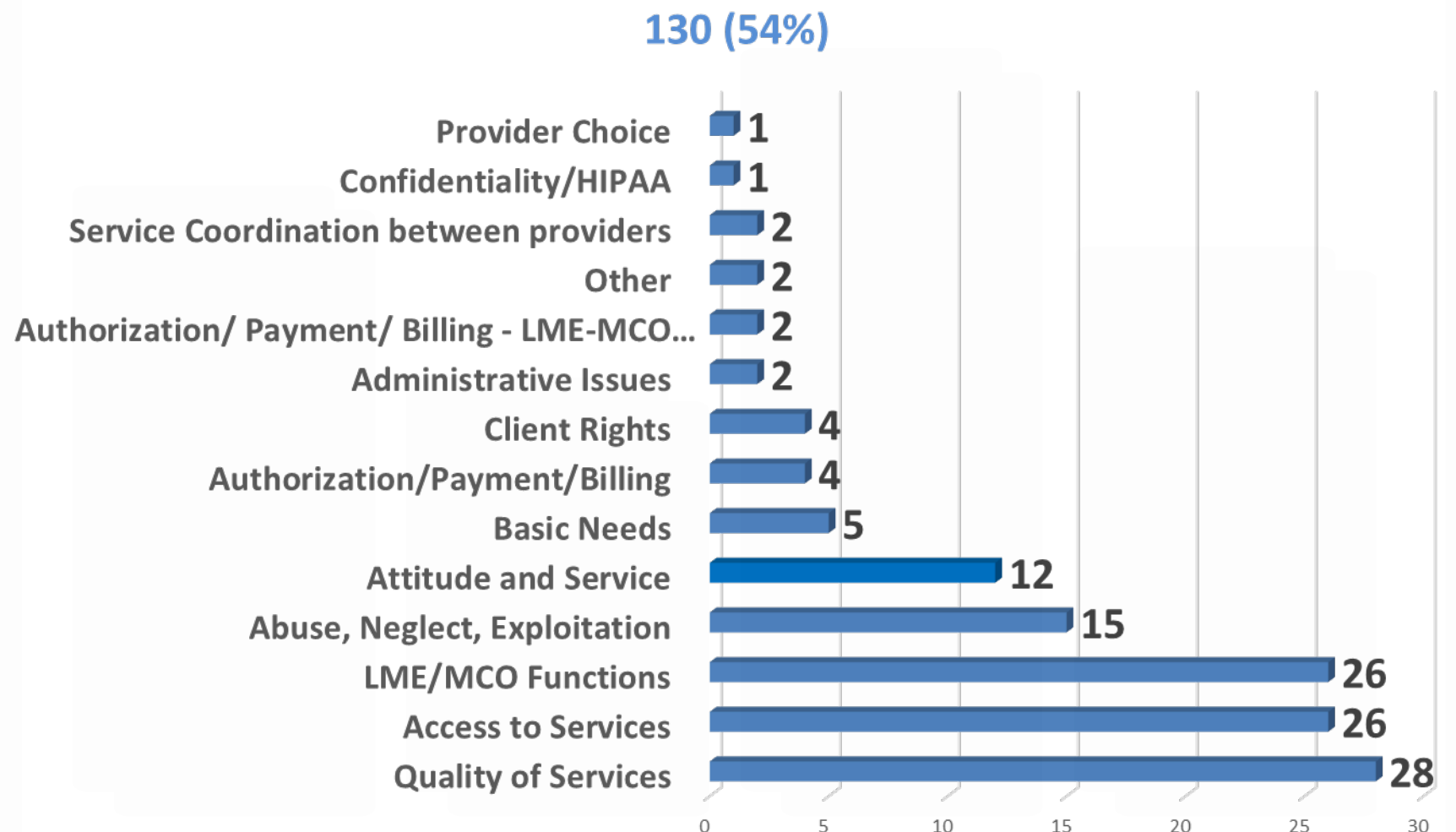
An Alliance staff member's expression of dissatisfaction about any matter related to service provision or Alliance functions.

Complaints and Grievances Overview

Q4FY20 yielded 240 entries

- 130 (54%) Grievances – Members/legal guardians
- 80 (34%) Internal Employee Concerns – Alliance staff
- 27 (11%) External Stakeholder Concerns – Outside entities
- 3 (1%) Compliments

Complaints/Grievances Related to Members

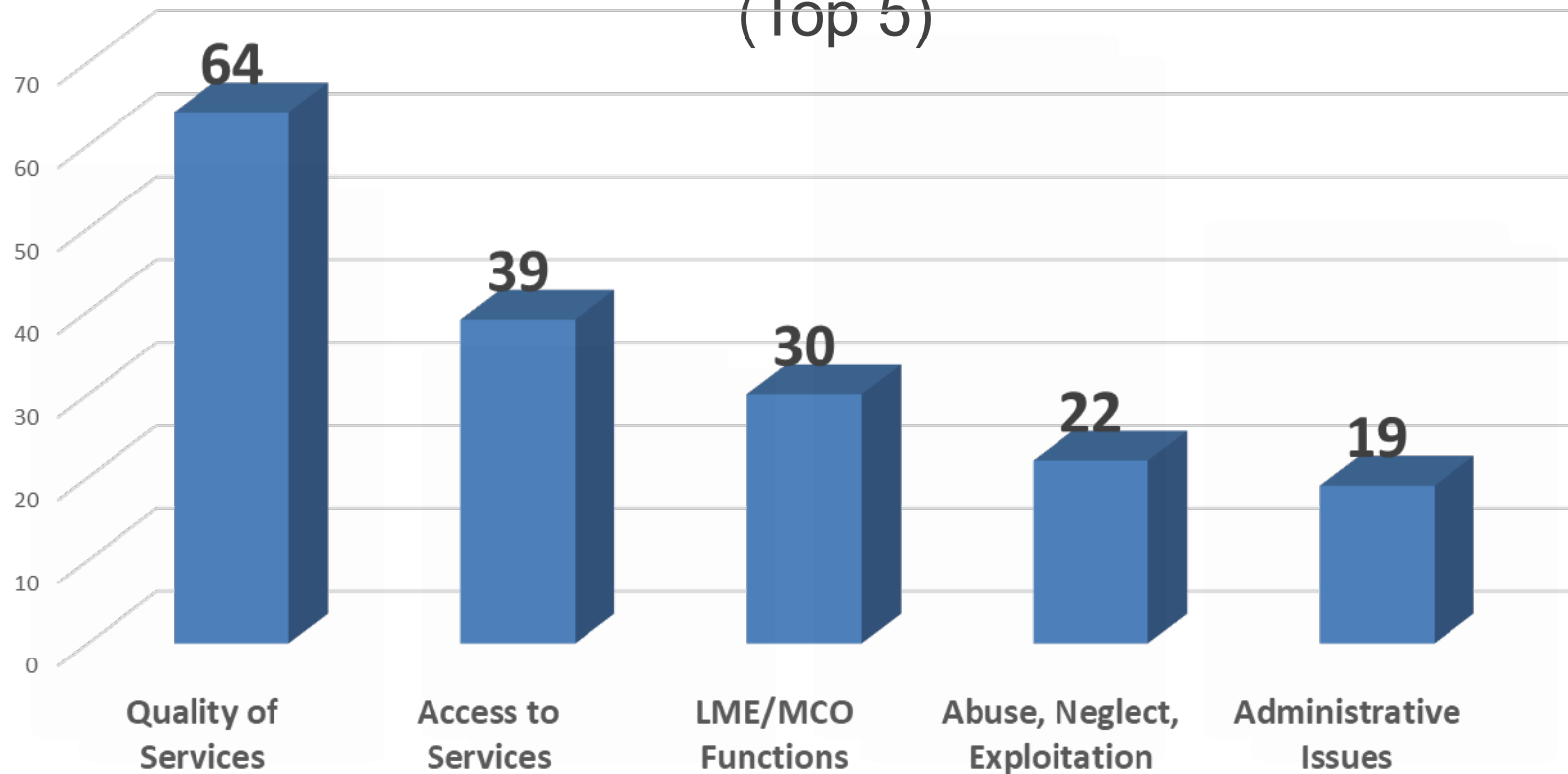


Nature of Issue Definitions

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

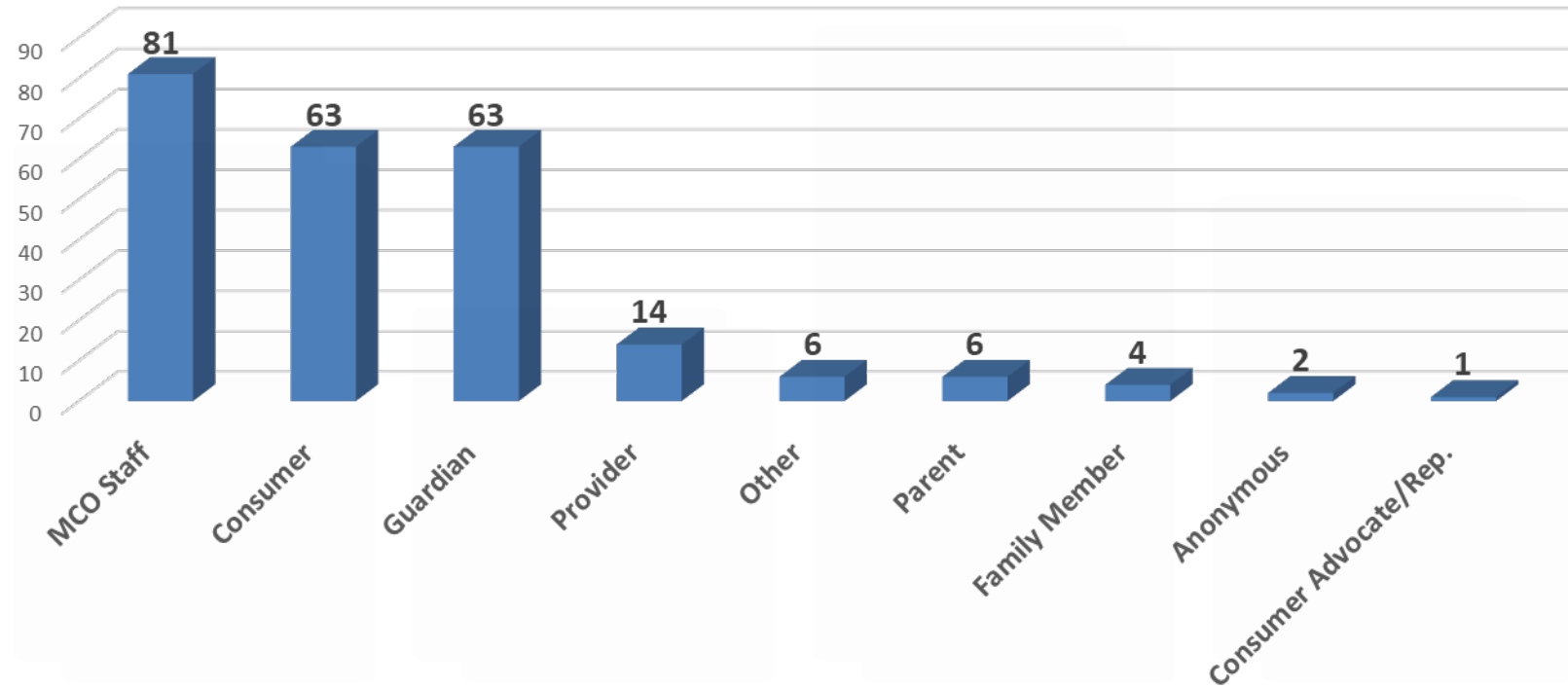
Nature of Issue/Type

(Top 5)



- **Quality of Services** account for 27% of all Complaints/Grievances
- **Large # of LME/MCO Functions – Complaints against Alliance staff**

Source: Who submitted concerns?



- **81 (34%)** were Internal Concerns
- **126 (52%)** were Grievances; by Member or Legal Guardian

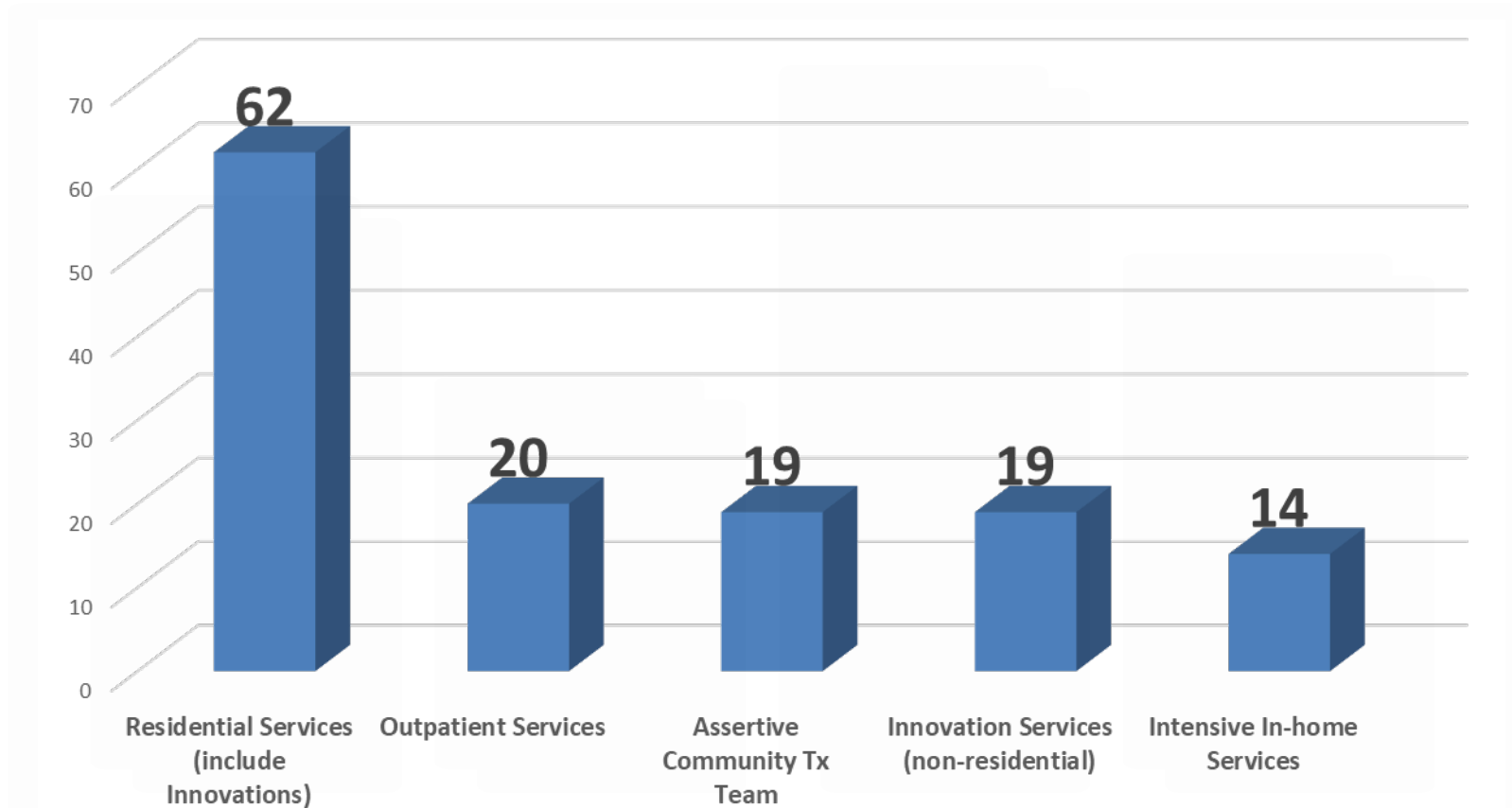
Complaints Against Alliance

31 Complaints Against Alliance

	Nature of Issue	Description
29	LME/MCO Functions	Complaints related to Care Coordination (staff), housing, changes in care management, and Innovations wait list
2	Authorization/Payment/Billing	Complaints related to denials for services, improper billing of members, guardian's concerns for budget letter reductions

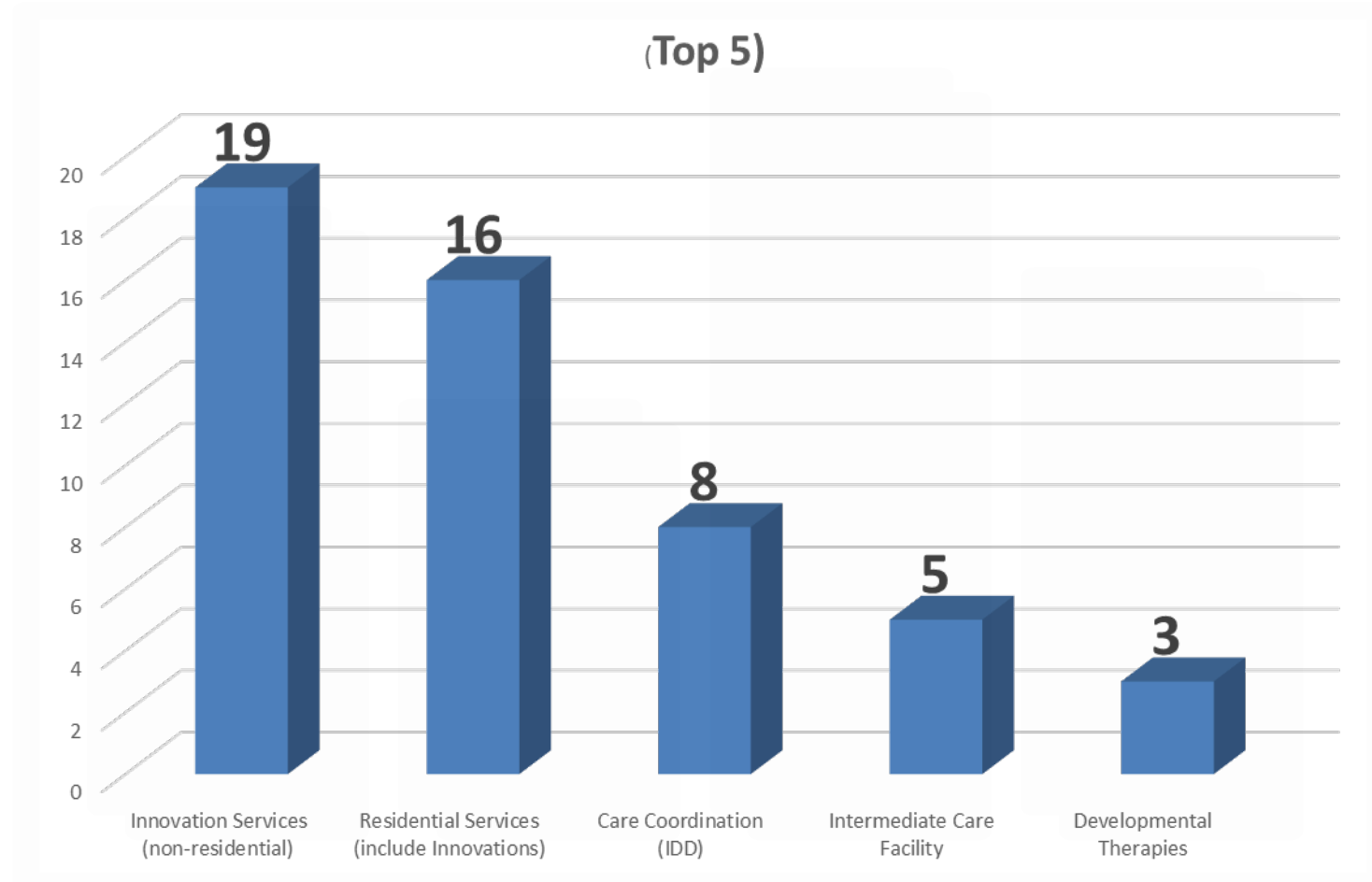
SERVICE BREAKDOWN

Top 5 Services



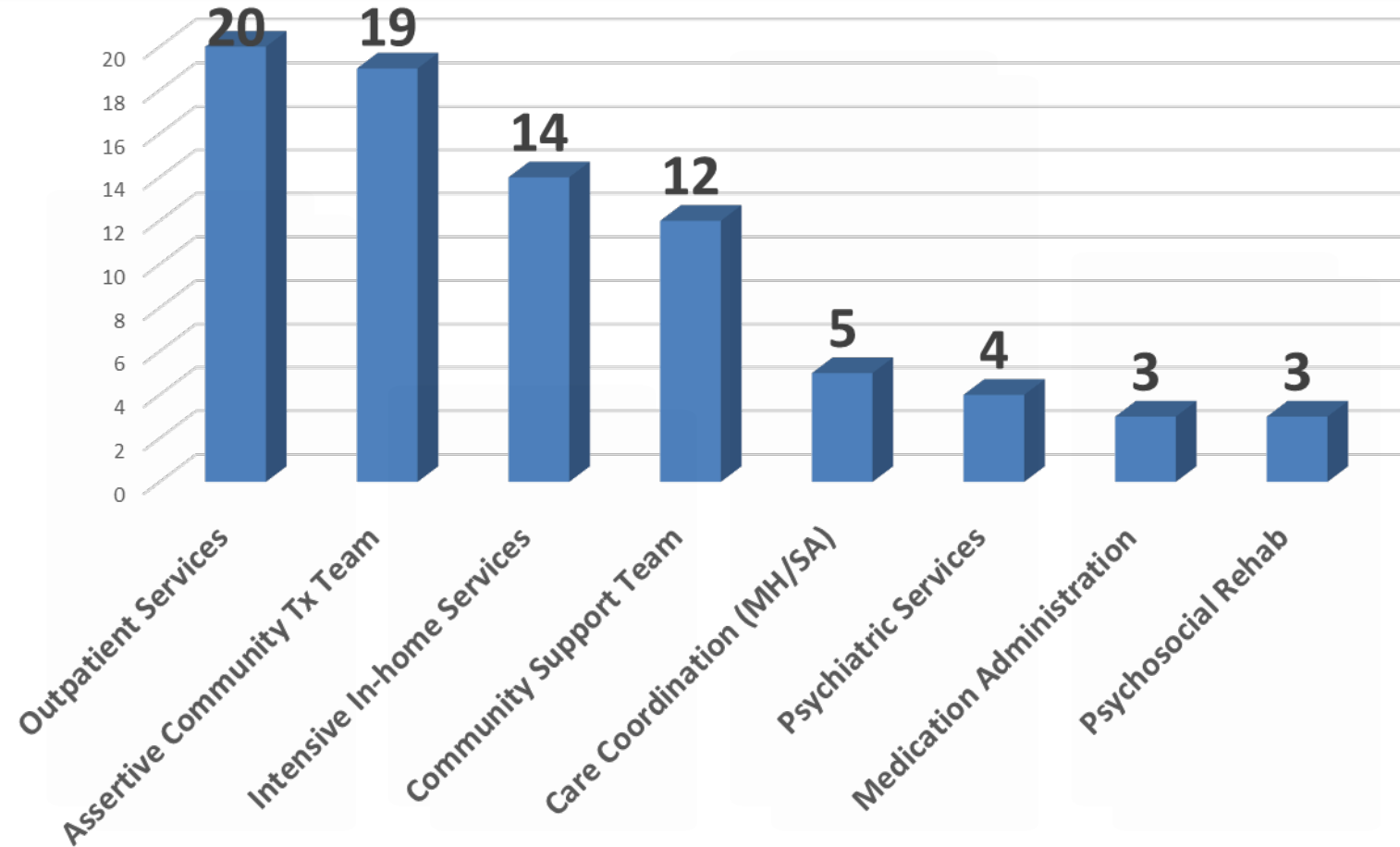
- **26% from Residential Services**
- **83% Outpatient Services**
- **8% ACTT**

IDD Services



- **37% of IDD services - NC Innovations Waiver Services**
- **31% - Residential Services**

MH/SUD



- Outpatient Services and ACTT combined = %12 of all entries



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

ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: November 3, 2022

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

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): Carol Council, Committee Chair; Lori Skinner-Campbell, Senior Vice-President/Quality Management

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Thursday, August 04, 2022

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING

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

This meeting was held virtually, via Zoom

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

GUEST(S) PRESENT: ☐ Mary Hutchings; ☒ Yvonne French (LME Liaison); ☒ Pamela Wade; ☒ Denise Foreman, Asst County Manager, Wake County

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.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
OLD BUSINESS	<p>Performance Dashboard (Schuyler) - this will not be covered this month.</p> <p>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 SVP of Quality Management.</p> <p>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.</p> <p>TP Readiness Update (Ginger) – We had our onsite readiness review from the State and should have written feedback tomorrow.</p> <p>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.</p>	<p><i>QAPI-quality assurance and performance improvement plan</i></p> <p><i>PIP-performance improvement plan</i></p> <ul style="list-style-type: none">Ginger will check with our HEDIS vendor to find out if telehealth appointments count as a follow up for 7-day measure <p><i>POC-Perception of care</i></p>	<ul style="list-style-type: none">By the next meeting

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

Thursday, August 04, 2022

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	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.	<ul style="list-style-type: none">Tia will add a 14 day and 30-day column to the 7-day DHM-SUD averages chart.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Ginger will be sending out the QMIP to the committee to review before September's meeting	<ul style="list-style-type: none">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.



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

ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: November 3, 2022

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Cumberland, Durham, Johnston, 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 our website. This report includes minutes and documents from all county subcommittee meetings held during September.

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; Aimee Izawa, Director of Community and Member Engagement

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

Tuesday, September 06, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560

5:30pm – 7:00 p.m.



APPOINTED MEMBERS PRESENT: ☒ E Marie Dodson, ☒ Jason Phipps, ☒ Brianna Harris, ☒ Sharon Harris, ☒ Shirley Francis, ☒ Annette Smith, ☒ Charlitta Burrus, ☒ Regina Mays, ☒ Felishia McPherson, ☒ Michael Maguire, ☒ Steve Furman, ☒ Ruth Reynolds, ☒ Lois Stickell, ☒ Leanna George, ☒ Carol Conway, ☒ Regina Mays, ☒ Felishia McPherson

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Suzanne Thompson, NCDHHS; ☒ Ron Clark, ☒ Stacy Harward, NCDHHS ☒ Vandna Mushi, ☒ Victoria Chibouogu Nneji; ☒ Christopher Smith, ☒ Alan McDonald, ☒ Alicia Jones, ☒ Anna Cunningham, ☒ Annette Smith, ☒ Candace Alley, ☒ Ellen Gibson, ☒ James Sonda, ☒ Melida Baldera, ☒ Rasheeda McCormick, ☒ Shagun Gaur, ☒ Shari Phillips; ☒ Linda Campbell; ☒ Shirley Francis; ☒ Lois Strickell

STAFF PRESENT: ☒ 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, ☒ Starlett Davis, Member Inclusion and Outreach Specialist, ☒ Fantasia Jones, Member Inclusion and Outreach Specialist, ☒ Douglas McDowell, Member Inclusion and Outreach Specialist, ☒ Derris L. Lewis, Member Inclusion and Outreach Specialist, ☒ Hope White, Quality Review Coordinator II, ☒ Laini Jarrett, Quality Review Coordinator II, ☒ Tiffany Brown, Community Inclusion Planning Coordinator, ☒ Amiee Izawa, Director of Community Health and Wellbeing, ☒ Cathy Estes Downs, Senior Director of Provider Network Operations, ☒ Shawn Mazyck, Sr. VP of Provider Network

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at Carol Conway, seconded Alicia Jones
2. **REVIEW OF THE MINUTES** – Minutes from the August 1, 2022 meeting reviewed; a motion was made by Ramona Branch and seconded by Carol Conway to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Alliance's Physical Health Network	Shawn Mazyck & Cathy Estes Down	Ongoing	
4. MCO & Retreat Updates	LaKeisha McCormick & Ramona Branch: Updates: Committee members to sign up for retreat	September 24, 2022	
5. NAMI Conference	Ramona Branch		

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on 10/3/2022.

Tuesday, September 06, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
5:30pm – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
6. Public Comment Individual/Family Challenges and Solutions	<p>Public Comments: Questions regarding choosing Tailored Plan (TP):</p> <ul style="list-style-type: none"> Individual eligible for TP services, there is no choice, based on Co. of record. Although SP there is Choice, if a person is eligible then you can choose the TP, not an option. Individual/members on the Innovations waiting list-there will be a consumer call on Sept 26 from 2-3 link is in the CEE update - if you have questions for the Division this will be your time to ask directly to the ELT staff CFAC, different location any relocation of payment- Anna Cunningham, placed a location search to bus line or centrally located to make meetings, Wake Co. Annette Healing Place on Lake Road, fighting location from prior meeting location. Per Aalece Pugh-Lilly, cause for concern when steps were taken using Alliance Health's name, if a local CFAC meeting, that is up to the local CFAC members and Alliance Health name cannot be associated w/o such documentation for legal purposes. (chooses to search outside of AH facility and establish consideration; that CFAC meeting does not occur at a private residence, safe environment, MISO to be a local CFAC meetings as well. Per Erica Asbury, all local potential meeting sites are charging monies since the COVID-pandemic "new phases of life." <p>Per Jason Phillips- Thank you Aalece, that is good to know because that has been a topic in the past for Johnston CFAC, to have meeting location rotate around the county to encourage participation from the county. But at this time we still planning on meeting at the Alliance Offices in Smithfield.</p>	Ongoing	
7. Local CFAC Meeting Spaces & Return to In- Person Meetings	<p>Dr. Aalece Pugh-Lilly: Dr. Aalece Pugh-Lilly introduction of Director Community Health and Welcome, Amiee Izawa</p> <p>Local CFAC Meeting: Cumberland Co.-Cumberland remain virtually; Oct/December regarding 1st of the NY Durham Co.-Same sentiment, until next meeting Johnston Co. In-person/hybrid; meeting at Johnston CO. Health Dept. Meck Co.- Hybrid- in-person/virtual, Alliance Offices Orange Co.-Hybrid (in-person/virtual), Alliance Office Wake Co.- Virtual, forward to hybrid soon *Leanna George-stated that being virtual is best regarding her location,</p>	Ongoing w/ Local CFAC	

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on 10/3/2022.

Tuesday, September 06, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
5:30pm – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>*Alicia Jones- inclusivity, especially for those who have vision issues, seniors/elders, where do you live? Your zip code?</p> <p>*Jason Phillips- "Due to logistics of Mecklenburg and others to travel too far. I believe we made that decision to be inclusive of all of our counties."</p> <p><i>Charlitte Burruss-"this has been all over the place." Cutting people off, what are we about? No solutions?</i></p> <p><i>E Marie- "We don't communicate with the deaf community for one...This might be good to discuss during retreat"</i></p>		
8. State Updates	<p>Suzanne Thompson:</p> <p>Community Engagement and Empowerment NCDHHS</p> <p>State Update: Stacy Harward presented-Stacey.harward@dhhs.nc.gov Opt in/opted out, flexibility, questions for the State, email DH BHIDD.helpcenter@dhhs.nc.gov TP Update Consumer call will begin Sept. 26, 2022 (link is in CME update/flyer will be sent closer to the date) Suicide Prevention Month-Health mind of older adults, free material and phone Upcoming trainings, Stakeholder for BH Clinical update Sept. 7 11-12 8th 1-2pm. Please see CME calendar National Recovery Month-Tag line, "every person, every family, every community" Webinar Wake Co. CFAC meeting-Questions Enrollment Broker State/local call (WebEx or by phone) Sept. 28 6-7:30p</p>	Ongoing	N/A
9. Announcements	<p>*Two Alliance Health members on the call to represent the member voice*</p> <p><u>Hope White (Quality Review Coordinator II):</u> MIE surveys and interviews, representation on the committee its self (subcommittee) for members to share experience from providers in the network. Personal experiences w/I the community 2nd Thursday every month noon-1p.</p> <p><u>Laini Jarrett (Quality Review Coordinator II)-</u> Health Equity Council Chair The Council is seeking to have member representation from MH, SUD and IDD on our council that meets one time a month as a full committee for one hour during the</p>		

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on 10/3/2022.

Tuesday, September 06, 2022

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	day on the 3rd Monday of the month. It also may require additional time commitments to complete document reviews and offer feedback or participation in other small subgroup activities. We have space for 2-3 individuals and would love to have people who have an interest in supporting policy and intervention development and data reviews. Please contact Laini Jarrett by email if you have questions or are interested in this work. ljarrett@alliancehealthplan.org		

11. ADJOURNMENT: The next meeting will be Monday, October 3, 2022 @ 5:30pm

V. ROLES AND RESPONSIBILITIES OF THE CFAC.

1. The CFAC shall review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services.
2. The CFAC shall identify service gaps and underserved populations and make recommendations on areas of service eligibility and service array to Alliance and the Board.
3. The CFAC shall make recommendations regarding the service array and monitor the development of additional services.
4. The CFAC shall review and comment on the area authority budget.
5. The CFAC shall develop a collaborative and working relationship with the area authorities member advisory committees to obtain input related to service delivery and system change issues.
6. The CFAC shall submit findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.
7. The CFAC shall conduct regularly scheduled meetings that are open to any interested individual.
8. The CFAC shall develop by-laws for self-governance. These by-laws are not binding upon Alliance or the Board.
9. The CFAC shall identify CFAC members' training needs and participate in suggested training activities.
10. The CFAC shall work to recruit, appoint, retain, support and orient its membership.
11. The CFAC shall submit recommendations on CFAC appointments to the Board Chair and Alliance CEO/ Area Director for representation on the Board's Human Rights and Global Quality Management Committee and other Board and Alliance committees as requested by the Board and CEO/ Area Director.
12. The CFAC shall participate in Alliance committees as appropriate and as approved by the CEO/Area Director and the Board.
13. CFAC representatives appointed to such committees shall routinely share information regarding the committees' activities with the CFAC members.
14. The CFAC Steering Committee Chair or Vice-Chair or designee, with input from CFAC members, will present concerns and activities to the Board at its monthly meeting.

15. The Steering Committee of the CFAC will schedule at a minimum annual meetings with the CEO/ Area Director.
16. The CFAC agrees to submit an annual written report to the Board regarding its core functions, including a report of issues/concerns in fulfilling these core functions. This report will be submitted to the Board by the end of the first quarter of each fiscal year. The Steering Committee of the CFAC may also communicate as needed regarding the LME/MCO/Tailored Plan's policies, activities, and budget.
17. The CFAC Steering Committee, on behalf of the CFAC, will reply, in writing, to written recommendations and/or inquiries from Alliance or the Board within two (2) weeks of receipt.
18. At least once a year, the CFAC will conduct an open town hall or forum meeting to encourage and help facilitate education as well as input and dialogue from the broadest range of consumer and family members in the Alliance catchment area.
19. The CFAC will work closely with the Member Inclusion and Outreach Team to ensure the voices of consumers and family members are integrated in all departments of Alliance.
20. No later than the last working day of February each year, the CFAC will submit its requested annual budget and justification to the Alliance Chief Financial Officer for inclusion into the overall LME/MCO budget.
21. The Alliance Board has agreed to have one seat filled by a CFAC appointee. The Steering Committee Chair is responsible for putting forth at least two candidates from different counties when the seat is open. The board executive committee will interview the candidates and make a recommendation to the full board. Once the seat is filled, the member will continue to serve as the CFAC representative until their term or terms on the Alliance Board have expired or they are no longer eligible to serve. They are accountable to the Alliance Board by-laws.

MEMBERS PRESENT: ☑ Karen McKinnon ☑ Trula Miles ☑ Annette Smith ☑, Benjamin Turner Smith, Alicia Jones, CFAC Chair; ☑ Angeline C Rainear
☑ Wanda (Faye) Griffin, ☑ Israel Pattison ☑Rasheeda McAllister-McCormick, ☑ Alicia Jones, ☑ Nancy Johns , ☑ Anna Cunningham CFAC Vice Chair

BOARD MEMBERS PRESENT:

GUEST(S): ☐ Suzanne Thompson, DHHS, Angeline Rainear

STAFF PRESENT: ☑ Ramona Branch, Manager Inclusion and Outreach Manager; ☑ Erica Asbury, Member Inclusion and Outreach Specialist ; ☑ Aimee Izawa,
Dir. of Community & Member Engagement

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

<https://alliancehealthplan.zoom.us/j/96839505189>

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES:

- The minutes from the Wake County Sub-Committee meeting on August 9, 2022, was reviewed; a motion was fashioned by Annette Smith and seconded by Committee/ Board members at 6:05pm. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Welcome/ Public Comments	<p>A. Jones , Open Public Comments at 5:34pm:</p> <p>General Public Comments: N. Johns shared info about NAMI support group. The Support group 2nd Tuesday at 7-8:30p-NAMI NC; contact nancyjohns4146@gmail.com for more information.</p>		Ongoing
4. LME/MCO Update	<p>R. Branch , Member Inclusion and Outreach Specialist Manager: stated that there was no new information to share and that A. Izawa would be joining the meeting as well going forward. A. Izawa introduced herself as the new Director.</p>		Ongoing
5. State update	<p>R. Branch announced that S. Thompson from DHHS contacted her and will not be presenting on tonight's call.</p>		Ongoing

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

Tuesday, September 13, 2022

**Wake CFAC Subcommittee Meeting
Via Video Conference**

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
6. Training:Wake County Opioid Settlement	Denise Foreman, Assistant County Manager Wake County Government		Ongoing
7. In Person meeting/meeting space update	A.Jones announced that the conversation will be tabled until the CFAC retreat on Sept 24 th . The hope is that all of the people that are able to finalize the discussion both staff and CFAC will be present.	SAVE the DATE: September 24,2022, Retreat Date	9/24/2022
8. Training requests	E. Asbury reviewed the status of previously requested training topics. The Guardianship training was mentioned and it was stated that there has not been a return call or email after several contacts have been made to several employees on multiple occasions. E Asbury asked if anyone on the CFAC had an additional contact or suggestion. A. Rainer shared that housing and guardianship are both topics that she would be interested in learning more about. She would be willing to discuss non traditional guardianship and has the expertise in which to be a presenter. Both she and E. Asbury agreed to speak with one another to move that forward. The Women's Center in Wake County has also failed to reply. K. Mckinnon shared the name of Evelyn at the Women's Center and her number 919-215-6948 and suggested to contact her for support.	Upon next CFAC meeting	Ongoing
9. Announcements	A. Cunningham asked member to be aware of the state mailing about the Tailored plan. She encouraged everyone to reach out to get their specifics questions answered and to do research about providers as soon as possible.	State CFAC meeting will be on 9/14/22 9 am -2pm information was in original meeting announcement email	On going

ADJOURNMENT: the next meeting will be October 11, 2022 at 5:30 p.m.
Respectfully Submitted by:

Derris L. Lewis, Member Inclusion and Outreach Specialist

Date Approved

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



Monday, September 19, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

3205 Freedom Drive, Charlotte, NC 28208

Held Via Video Conference/In-Person

MEMBERS PRESENT: ☒ Ron Clark (in-person) , ☒ Linda Campbell (virtual), ☒ Ruth Reynolds (in-person), ☒ Randy Sperling (in-person), ☒ Beverly Corpening (virtual), ☒ Shagun Gaur (virtual), ☒ Melida Baldera (virtual)

☒ Alan McDonald (in-person), ☒ Michael Flood (in-person), ☒ Lois Stickell (virtual), ☒ Shari Phillips-Stratton (virtual), ☒ Jocie Cremisi (virtual), ☒ Jim Sonda (virtual) , ☒ John Corrigan (in-person)

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thompson, NCDHHS (virtual) ☒ Judy Lewis, (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 and Outreach Specialist (in-person).

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:30 pm
2. **REVIEW OF THE MINUTES** – The minutes from the August 22, 2022 meeting were reviewed; a motion was made by Randy Sperling and seconded by Michael Flood to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome -Disability Rights Conference Recap	Ruth attended a Disability Rights Conference in Boone, NC. Ruth noted that the conference was very informational and she had the opportunity to meet a lot of key people in the IDD world. She noted that a big theme of the conference was the idea that we all need to “tell our own story” and that is tell your lived experience so that your story can shape the policy. She handed out some resources that she gathered at the event and there was some discussion around the participants. Randy Sperling asked if perhaps someone from the conference could come speak at CFAC and Ruth noted that she would look into that. Ruth noted that she was very impressed by the Chris Hendrix Story. Linda Campbell asked if we can see other legislatures at their local offices rather than in Raleigh. Ruth noted that she would welcome Linda’s help with any information gathering/lobbying. Linda noted that the Autism society has a breakfast with families where they discuss legislation/information gathering and wondered if we could do something like this. Linda noted that she would speak to Ruth about hosting a breakfast. Alan noted that reaching out to legislatures is tough because 85% of the time they are not in their office and it’s an aid you would be speaking to. Ruth reiterated the idea that we all need to focus in on the idea of “sharing our story.” She noted that a lot of the activities that her daughter was doing pre-pandemic are still not in place and that we need to spend some time looking at that.	Ongoing	N/A
3. -CFAC Retreat Details/Discussion -Service Gap Discussion -In-person Meetings 2.	Randy started by discussing the CFAC retreat. She noted that she had requested that Mecklenburg County lanyards be made so that we can have those for the Retreat. She also noted that she was looking forward to the retreat and seeing more people in person. Eileen noted that they would be sending out some more information regarding the retreat later in the week so everyone can plan their	Ongoing	N/A

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

Monday, September 19, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
3205 Freedom Drive, Charlotte, NC 28208
Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>weekend trip appropriately. Randy noted that she would like to see if more people can come to the CFAC meetings in person. She felt that seeing everyone face to face is important. Linda noted that sometimes its very difficult for people/schedules to make it in to an in-person meeting and that a virtual option is helpful. Shagun also noted that she has a son who has no caretaker in the evenings and getting to a meeting in person would be very difficult. Lois Stickell noted that the meetings are better in person but having a virtual option is helpful for everyone. Randy noted that she understood that everyone has busy schedules and that it seemed that everyone was trying their best. Randy then changed subjects and requested that CFAC briefly discuss gaps within the system and wanted to have a bigger conversation regarding the gaps with everyone. Jim Sonda noted that having more care managers understand ALL of the services within Mecklenburg County would be so helpful. He noted that the care managers are very nice but he felt that sometimes they were not as knowledgeable on Mecklenburg County's service array. Randy noted that she spoke to two providers within the Mecklenburg County area and they had all had very positive experiences with Alliance. Lois noted that she had come in contact with a parent who was very confused about the Registry of Unmet needs. She noted that information regarding where they are at on the Registry is not very forthcoming and the parents were concerned. Alan McDonald noted that he had the same struggle and was very frustrated with the information gap. Alan and Ruth both noted that their children had been on the Registry for some time with no contact whatsoever with where they are. Several people expressed frustration with that system. Judy Lewis introduced herself and provided some information on some resources for the Registry. Lakeisha McCormick noted that the State determines how may slots each county receives. She noted that there are going to be more slots coming in the future. Shagun noted that she always sends her parents to Alliance to determine if they are on the waitlist. Linda asked when they speak about Medicaid expansion does that include money that will be used for more slots? Lakeisha noted that slot amount was based off of the county's population. 1,000 more slots were allocated but how many each county will receive is still unknown. Michael noted that there is an information gap if the wait is 10-12 years and no information is being given. Alan noted that it is frustrating because people drop off the list and there is no clear information on where you are.</p>		

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Monday, September 19, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

3205 Freedom Drive, Charlotte, NC 28208

Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. State Updates	Suzanne Thompson noted that the Registry of Unmet Needs is a statewide list. She noted that concerns about the slot numbers should be directed to the General Assembly. She noted the main objective of course is to reduce the waitlist. She noted that if you need specific information you are welcome to reach out to her. She noted that the department does not send notices in regard to the Registry of Unmet Needs. She noted that right now the State is focusing on making sure the Tailored Plan information is there and that providers are being signed up as providers for Alliance. She noted that LME/MCO's are contracting with providers. She noted that members should check with their provider to make sure they are on Alliance's list. Linda noted the letter they received was not helpful and that it was confusing. Judy Lewis noted that there is some user friendly information on the ARC's website in regards to the Tailored Plan. Alan asked if the provider is denied is there an appeal process?	Ongoing	N/A
4. Tailored Plan Update/Aimee Izawa Introductions	Aalece noted that Aimee Izawa, new Director of Community and Member Engagement, was not able to make the meeting as she had another engagement. Aimee will be based out of Morrisville. Aalece noted that the energy right now within Tailored Plan Readiness is to keep adding providers to our Physical Health list. Lois Stickell asked if they will be able to pick their care managers. Aalece noted there will be two ways in which you can choose your care management...through the LME/MCO or you can chose your provider to offer you care management.	Ongoing	N/A
5. LME/MCO Updates	Lakeisha noted that herself and Eileen Bennett are part of a larger team. And that within our group there are court liasons, community engagement specialists, system of care coordinators and family partners. She noted that we also host meetings called Community Inclusion and Planning Meetings which help members to get the community-based supports that they need. She noted on November 5 th we will be hosting an event and that the CFAC team can come to the event. Shagun asked Lakeisha a question in regard to the DSS liaison position. Judy Lewis noted that Jon Elder seems to work a lot with DSS. Lakeisha noted that having the CFAC team work on the idea of "gaps" before the retreat would be great so that when they come to the retreat there can be some meaningful discussions.	N/A	N/A
6. Housekeeping/Admin Items -email announcements 7. -community events	Eileen noted that emails that say "please read" must be read. And that replying in a timely manner is helpful for the organization and flow of our team.	Eileen to provide Retreat info/Reminders to team	2-3 days
10. Announcements	None.	N/A	N/A

ADJOURNMENT: 7:03 pm Michael Flood moved to adjourn and it was second by Randy Sperling.

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

Monday, September 19, 2022

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

3205 Freedom Drive, Charlotte, NC 28208

Held Via Video Conference/In-Person

The next meeting will be October 24, 2022, at 5:30 p.m.

DRAFT

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



Tuesday, September 20, 2022

Johnston CFAC MINUTES- REGULAR MEETING
Hybrid/Virtual Via Zoom
5:30 – 7:00 p.m.

MEMBERS PRESENT: ☑ Marie Dodson, ☑ Leanna George, ☑ Jerry Dodson, ☑ Jason Phipps, and ☑ Cassandra Williams-Herbert ☑ Albert Dixon

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Suzanne Thompson, NCDHHS, ☑ Marilyn Lunden, Johnston County, ☑ Isaac

STAFF PRESENT: ☐ Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being, ☑ Aimee Izawa, Director, Community Health & Well Being
☑ Ramona Branch, Manager, Member Inclusion and Outreach, ☑ Eileen Bennett Member Inclusion and Outreach Specialist, ☑ Warren Gibbs, Member Inclusion and Outreach Specialist.

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

1. **WELCOME AND INTRODUCTIONS** Meeting was called to order at 5:35pm by Marie Dodson.
2. **REVIEW OF THE MINUTES** – The minutes from August were reviewed. Jason Phipps noted that we should change VoTech to Vocational Rehab. A motion was made by Jason Phipps to approve the minutes as amended , seconded by Albert Dixon, motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	Warren Gibbs, the new MIOS introduced himself. Ramona explained to everyone that he would be the new MIOS for the Johnston County CFAC. Warren noted that he was excited to begin working and that he was here to answer questions. He noted that he is very connected to the Johnston County area and feels he can help with a lot of resources for the group. Everyone welcomed him and were glad he was there. Marie asked if anyone had any challenges they would like to discuss? She noted that she is hearing some folks are struggling with the PCP/Tailored Plan and where to find providers for the Johnston County areas. Jason noted that he had gone onto the website and that it was not easy to find a provider. And, that perhaps a step by step guide for members would be helpful so that they can determine who the providers were. He noted that the State should have made this information readily available to the members. Jason also noted that his son's medical provider is listed on his Medicaid card and that PCP info could have been shared and that it is very frustrating. Marie noted that she was having a very hard time finding a therapist in the area that was in Alliance's network. Ramona noted that there will be some town halls held and that there will be lots of times for members to ask questions within that space. Aimee noted that it is a very good idea to remind members they can call into member and	Ramona will follow up in regards to Project Search	

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



Tuesday, September 20, 2022

Johnston CFAC MINUTES- REGULAR MEETING
Hybrid/Virtual Via Zoom
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>recipient numbers so you can determine what PCP has been added. Aimee also noted that the 1915 Waiver has been put up for comment and the services are ending on November 15th but that those services will be available on the I-waiver. Switching gears, Marie noted that the Steering Committee meeting was very unusual. Marie noted that she met with a member who was in the steering committee. And Marie wanted to follow up with Ramona and Aimee. Aimee noted that due to privacy issues they were not allowed to discuss but that any issues that were brought up at the meeting would be addressed immediately by the Alliance staff. Marie asked the group if they could identify a CFAC project for Johnston County. Leanne asked if there were any support groups for Autism within the area. She noted that there was Ignite in Durham but that it seemed there were not a lot of day/residential programs for the kids. She noted there is also a branch of the Autism Society in Raleigh. Jason noted that he had a meeting coming up to discuss a broader picture of the programs for young adults in their areas and he would keep everyone posted. He has had ongoing issues with VR which is very frustrating. Ramona noted that there is something called Project Search (Erica and Fantasia are involved). Project Search helps members get interns after high school at the hospitals and then there are job opportunities after internship. She noted that she would get some more information and supply the team with the info. Aimee noted that we do have providers in every county to provide job coaching. TCI is a big provider within Alliance catchment areas. Aimee noted that she is on the Board for employment VR and is a huge supporter of employment first. Aimee noted that she could look into Jason's issues with VR and see if there was a disconnect on information sharing. Marie also noted that within Johnston county there is also a transportation issue since the county is so big. Marie suggested that the team perhaps do a Town Hall meeting to get different stakeholders/information out to the members. She suggested talking about teen depression/suicide. She noted she could reach out to Dr. Pearson and NAMI and see what they could offer as far as coming to a town hall/resources.</p>		
4. Tailored Plan Updates	<p>Aimee Izawa introduced herself and noted that she was very excited to be at the Johnston County CFAC. Ramona noted to Aimee that Aalece typically does the Tailored Plan updates. Aimee noted that the letters to all members from the state have gone out. She noted that Alliance has been receiving a lot of questions in regards to the letter, its contents and what this means for providers. She noted that trying to understand how the physical providers can fit in can be difficult and that Alliance was working to help members better</p>		

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



Tuesday, September 20, 2022

Johnston CFAC MINUTES- REGULAR MEETING
Hybrid/Virtual Via Zoom
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	understand this piece. She noted that if there are any questions with anyone in Johnston County they can call the 1-800 number and the Access team has been well trained on how to help. She noted that if members are using providers that are not in our network, then they must contact that provider and Alliance to ensure that they can be a part of our network. She noted that with all the confusion she wanted to make it clear that Alliance will ensure providers are paid for their services to our members. She noted the upcoming training i2i will help the Johnston County team understand more clearly about Tailored Plan. Marie noted that she checked at the conference and she didn't see a lot of hotel rooms available. Marie noted that she was concerned about last minute availability for rooms.		
5. LME/MCO Updates	Ramona briefly discussed the Retreat Logistics with the team to ensure everyone was coming/had a ride/or were attending virtually.		
5. State Updates	Not Present		
6. Announcements	There was a brief discussion on who would attend the i2i conference. Marie confirmed she would be going. Jason made a motion to nominate Leanne to go. Jerry seconded the motion. The motion carried.		

7. **ADJOURNMENT:** Next Meeting October 18, 2022 at 5:30pm via Zoom. Jason Phipps made motion to adjourn with Leanne George second. The motion carried.

Respectfully Submitted by:

[Click here to enter text.](#)

Date Approved

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



Thursday, September 22, 2022

CFAC MEETING - REGULAR MEETING (Virtual Meeting via Video Conferencing)

MEMBERS PRESENT: ☒ Michael McGuire ☒ Ellen Gibson, ☐ Dorothy Johnson ☐ Carrie Morrissey ☐ 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):

STAFF PRESENT: ☒ Ramona Branch, Member Inclusion and Outreach Manager ☒ Starlett Davis, Member Inclusion and Outreach Specialist

Join Zoom Meeting

<https://alliancehealthplan.zoom.us/join/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2>

Call in Number: +1 646 558 8656

Meeting ID: 910 6733 3915

1. WELCOME AND INTRODUCTIONS: Felishia McPherson

2. REVIEW OF THE MINUTES – The minutes from the June 23, 2022 and August 25, 2022. Consumer and Family Advisory Committee (CFAC) meeting were not reviewed due to not having a quorum. The minutes from 6/23/22, 8/25/22 and 9/22/22 will be reviewed at the October meeting. Choose an item.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	<p>Felishia and Ellen Community events and resources. Covid 19 Check ins Appreciations</p> <p>Felishia announced that NAMI will have a Mental Health Awareness Week Kick Off Picnic on October 1, 2022 at Mazerick Park from 12pm to 2pm. Please RSVP at 910-223-5244. Michael will be having a Domestic Violence seminar on the 3rd week of September. It is free. He will get the flyer to Starlett to send out to everyone.</p> <p>Sharon inquired on challenges she was having with the letter that was sent out by the State on the tailored plan. Starlett and Ramona provided her with contact information for the NC Medicaid Enrollment Broker for Medicaid specific and plan questions and the Alliance Member and Recipient Services Line for provider related questions. The numbers are below.</p>	<p>Please see Felishia, Michael, and Starlett for any questions on these events.</p> <p>Please see Starlett, Ramona, or Dr. Pugh-Lily for any tailored plan related questions.</p>	<p>October 1, 2022</p> <p>Ongoing</p>

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>800-510-9132 Member & Recipient Services Line- Provider Related Questions</p> <p>833-870-5500 NC Medicaid Enrollment Broker</p>		
4. ADA Updates	Shirley Francis- ADA updated meeting information. No ADA Updates. Ms. Shirley wasn't present.	No updates at this time	Ongoing
5. State Updates	<p>Suzanne Thompson</p> <p>September CE&E Update</p> <p>Starlett went over the updates in Suzanne's absence. Starlett sent out a communication from CE&E included in the zoom invite. Please refer to it for all of the updates, resources, and trainings.</p>	<p>Please see Starlett, Ramona, or the State CE&E rep for any questions.</p> <p>Please refer to the information provided for updates, resources, and trainings.</p>	Ongoing
6. Tailored Plan Updates	<p>Dr. Aalece Pugh-Lily</p> <p>No Tailored Plan updates currently. Dr. Pugh- Lily was not present.</p>	Please see Starlett, Ramona, or Dr. Pugh-Lily for any questions.	Ongoing
7. MCO	<p>Ramona Branch</p> <p>MCO Updates</p> <p>CFAC Retreat September 24, 2022- Q&A and guidelines for the day. Ramona reminded the committee about the retreat on Saturday. The Chair and Co-Chairs are to be there by 10 to start their meeting at 10:30. All other members will be there by 11am to start by 11:30am. Starlett got a count of those that would be in person and virtual. Those that are virtual filled out the zoom registration.</p> <p>i2i conference participants. Vote on 2 members to attend. Will be voted on by Steering Committee.</p> <p>Felishia and Ellen volunteered to go to the i2i conference to represent Cumberland County CFAC. Felishia called for a vote. Michael made a motion and Ellen second it. The vote was unanimous.</p>	<p>CFAC Retreat is September 24, 2022. Chairs and Co- Chairs are to be there by 10 am. All other members should be there by 11am for a start time of 11:30am.</p> <p>i2i conference will have two representatives from Cumberland CFAC. They have been voted on by the local committee and will be voted on at the Steering Committee</p>	<p>September 24, 2022</p> <p>October 3, 2022</p>

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:
		meeting on October 3, 2022	
8. Prep for next meeting	<p>Felishia and Ellen- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting.</p> <p>Starlett explained to the group that with the Tailored Plan getting closer, CFAC would have even more input in the process. She explained the importance of CFAC relying on their statutory responsibilities and charter. These documents will be included in each months meeting invite/communication moving forward so that they can be referred to if needed. Starlett discussed the importance of CFAC playing an active role in planning for themselves and being more involved in the direction they are to go in the fiscal year. The Chair and Co-Chair will be making and approving the agenda moving forward.</p> <p>Starlett also informed the committee that the new stipend procedure was sent out and all the members needed to read it and let her know if they had any questions or concerns.</p> <p>The committee members will also be emailing Starlett a list of trainings they want to do and individuals who can deliver the training. These trainings will be relative to the severe and profound individuals with mental health, substance use, intellectual and developmental disabilities, and traumatic brain injuries. Starlett will continue to support and assist CFAC as they continue to be the eyes and ears of the community and assist Alliance in being impactful in filling in the needs and gaps of the population we serve.</p>	<p>All CFAC members will send Starlett trainings and trainers they want to have before the October meeting.</p> <p>The Chair and Co-Chair will make and approve the agenda before the local monthly meetings.</p> <p>Members are to look over the new stipend procedure and let Starlett know if they have any questions and concerns.</p>	<p>October 27, 2022</p> <p>Ongoing</p> <p>October 27, 2022.</p>
9. Appreciation	Everyone that chose to participate gave their appreciation at the beginning of the meeting.	N/A	N/A

ADJOURNMENT: Felishia opened the floor for a motion to adjourn the meeting. Michael made the motion. Ellen seconded it. The meeting adjourned at 6:13pm.

Respectfully Submitted by: Starlett Davis, MA

[Click here to enter text.](#)

Date Approved

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



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

ITEM: Executive Committee Report

DATE OF BOARD MEETING: November 3, 2022

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

This report includes draft minutes from the previous meeting and two reappointment recommendations.

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

REQUEST FOR AREA BOARD ACTION: Receive the report; recommend to the Cumberland commissioners the reappointment of John Lesica; recommend to the Johnston commissioners the reappointment of Lee Jackson.

CEO RECOMMENDATION: Receive the report; consider the reappointment recommendations.

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

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Monday, October 17, 2022

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

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

APPOINTED MEMBERS PRESENT: Carol Council, MSPH (Quality Management Committee Chair); David Curro, BS (Audit and Compliance Committee Chair, Client Rights/Human Rights Committee Chair); Dena Diorio, MPA (Network Development and Services Committee Chair); David Hancock, MBA, PFAff (Board Vice-Chair and Finance Committee Chair); and Lynne Nelson, BS (Board Chair)

APPOINTED MEMBERS ABSENT: None

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Kira Hall, Administrative Assistant III; Veronica Ingram, Executive Assistant II; Tara Petty Jones, Administrative Assistant III; Lori Skinner Campbell, Senior Vice-President/Quality Management; Robert Robinson, CEO; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

- 1. WELCOME AND INTRODUCTIONS** – The meeting was called to order at 4:03 p.m.
- 2. REVIEW OF THE MINUTES** – The Committee reviewed minutes from the September 19, 2022, meeting; a motion was made by Mr. Curro and seconded by Ms. Council to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Closed Session	<u>COMMITTEE ACTION:</u> A motion was made by Ms. Council to enter closed session per NC General Statute 143-318.11 (a) (3) to consult with or give instructions to an attorney to preserve the attorney-client privilege. Motion seconded by Mr. Curro. Motion passed unanimously.	N/A	N/A
4. Reconvene Open Session	Committee returned to open session.	N/A	N/A
5. Review Reappointment Requests	The Committee reviewed reappointment requests for two Alliance Health board members. <u>COMMITTEE ACTION:</u> A motion was made by Ms. Diorio to recommend to the Board, that the Board forwards John Lesica's reappointment request to the Cumberland commissioners. Motion seconded by Mr. Curro. Motion passed unanimously. A motion was made by Vice-Chair Hancock to recommend to the Board, that the Board forwards Lee Jackson's reappointment request to the Johnston commissioners. Motion seconded by Ms. Council. Motion passed unanimously.	Topic will be added to the November board agenda.	11/3/22

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

Monday, October 17, 2022

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
6. Updates	A. Board Committee Attendance/Quorum: Committee discussed lack of quorum for some recent committee meetings. B. Committee Chair Quick Reference Guide: As a follow-up to last month's trainings, staff presented a quick reference guide to the committee. The guide included notes for parliamentary procedures and NC Open Meetings law; the committee requested adding Discussion/Questions to the debate part of the steps of motions.	A. Ms. Ingram will draft communication to board members on behalf of Chair Nelson regarding committee attendance. Chair Nelson will discuss quorum for committee meetings at the November board meeting. B. Ms. Ingram will update the guide per the committee's input.	A. TBD and 11/3/22 B. TBD
7. Agenda for November Board Meeting	Committee reviewed the draft agenda and provided input.	Ms. Ingram will send the agenda to staff.	10/18/22

8. **ADJOURNMENT:** the meeting adjourned at 4:35 p.m.; the next meeting will be November 21, 2022, at 4:00 p.m.



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

ITEM: Finance Committee Report

DATE OF BOARD MEETING: November 3, 2022

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

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

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): A motion to recommend the Board appoint Dianna White as Finance Officer under NC G.S. 159-24 effective November 3, 2022, replacing the current Finance Officer, Kelly Goodfellow.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Approve the proposal.

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

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Finance Committee Meeting

Thursday, November 3, 2022

3:00-4:00 pm

AGENDA

- 1. Review of the Minutes – October 6, 2022**
- 2. Monthly Financial Reports as of September 30, 2022**
 - a. Summary of Net Position
 - b. Summary of Savings/(Loss) by Funding Source
 - c. Statement of Revenue and Expenses (Budget & Actual)
 - d. Senate Bill 208 Ratios
 - e. DHB Contractual Ratios
- 3. Financer Officer**
 - a. A **motion** to recommend the Board appoint Dianna White the Finance Officer under G.S. 159-24 effective November 3, 2022, replacing the current Finance Officer, Kelly Goodfellow.
- 4. Review Charter**
- 5. Top Ten Vendors**
- 6. Year End Summary**
 - a. Financial Statement Issuance
 - b. Auditor Presentation Reminder
- 7. Contract(s)**
- 8. Adjournment**

Next Meeting: Thursday, December 1, 2022 from 2:30 - 4:00

Alliance Health

Hybrid meeting available in person and via Teams



Thursday, October 06, 2022

BOARD FINANCE COMMITTEE - REGULAR MEETING

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

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

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: Joey Dorsett

STAFF PRESENT: CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Ashley Snyder, Interim SVP of Financial Operations, Dianna White, SVP of Financial Operations, Arieanna Perry, Senior Accountant

1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 3:01 PM

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Monthly Financial Report	<p>The monthly financial reports were discussed which includes Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses Senate Bill 208 Required Ratios, and DHB Contract Ratios as of August 31, 2022.</p> <p>Ms. Snyder discussed the following reports.</p> <ul style="list-style-type: none">• Through 8/31/22, we have savings of \$13M.• 50% of our fund balance is made up from our Risk Reserve• We have spent \$18K YTD for the Child Facility Based Crisis Center and \$692K YTD on the Tailored Plan planning and implementation.• We are meeting all SB208 and DHB ratios sd required by the contract		
4. Committed Funds & Reinvestment Plan	<p>Ms. Snyder gave an update on the Net Position Summary, as of 6/30/22 we are showing an unaudited net position of \$260M which is an increase of almost \$120M from last year.</p> <ul style="list-style-type: none">• Implemented GASB 87 has increased Fixed Assets by \$24M• Restricted funds increased \$62M, Risk reserve increased \$47M was from Cardinal transfer from last year.• Unrestricted increased \$33M from last year. <p>A motion to recommend the board approve the one-year reinvestment plan of \$13,039,125 and commit \$23,455,939 as of 6/30/22 was made by Ms. Evans and seconded by Ms. Diorio. Motion passed unanimously.</p>		
5. Contract Approvals	<p>Ms. Goodfellow reviewed the Smith Family BHC, LLC contract, Alliance agreed to cover remaining construction costs up to \$1M. A motion to recommend the Board authorize the CEO to enter into a contract with Smith Family BHC, LLC. for the construction of a Behavioral Health</p>		

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

Thursday, October 06, 2022

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560

Virtual Meeting via videoconference - 3:00-4:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Urgent Care Facility in Charlotte for an amount not to exceed \$1,000,000 was made by Ms. Diorio and seconded by Ms. Evans. Motion passed unanimously.</p> <p>Ms. Goodfellow reviewed the contract with CASA for capital investment in a permanent supportive housing property in Wake County for an amount not to exceed \$1,085,000. A motion to recommend the Board authorize the CEO to enter into a contract with CASA for capital investment in a permanent supportive housing property in Wake County for an amount not to exceed \$1,085,000 was made by Ms. Diorio and seconded by Ms. Evans. Motion passed unanimously.</p> <p>Ms. Goodfellow reviewed the contract with Acero Health Technologies for additional hours to support new requirements related to the BH/IDD Tailored Plan contract for an amount not to exceed \$1,000,000. A motion to recommend the Board approve a contract amendment with Acero Health Technologies for additional hours to support new requirements related to the BH/IDD Tailored Plan contract for an amount not to exceed \$1,000,000 was made by Ms. Evans and seconded by Ms. Diorio. Motion passed unanimously.</p>		
6. Open Discussion	<p>Mr. Hancock requested a report that lists the top 10 service vendors paid as a percentage of the total paid. Mr. Hancock also requested a list comparing the top vendors pre-realignment to post realignment.</p>	<p>Ms. Snyder will prepare an analysis to be presented in the next committee meeting</p>	<p>November 3, 2022</p>

7. **ADJOURNMENT:** the meeting adjourned at 3:45 PM; the next meeting will be November 3, 2022, from 3:00 p.m. to 4:00 p.m.

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

Alliance Health
Statement of Net Position
As of September 30, 2022

	Prior Year 06/30/2022	Current Year September 30, 2022	YTD Change September 30, 2022	YTD % Change September 30, 2022
	Actual	Actual	Summary	% Change
Assets				
Current Assets				
Cash and cash equivalents	160,816,143	179,663,132	18,846,989	11.7 %
Restricted cash	4,564,093	4,564,094	0	0.0 %
Short term investments	95,482,768	95,970,102	487,335	0.5 %
Due from other governments	15,820,148	23,136,602	7,316,455	46.2 %
Accounts receivable, net of allowance	419,367	804,968	385,601	91.9 %
Sales tax refund receivable	245,022	377,464	132,441	54.1 %
Prepaid expenses	923,904	4,426,551	3,502,647	379.1 %
Total Current Assets	278,271,445	308,942,913	30,671,468	11.0 %
Noncurrent Assets				
Noncurrent Restricted cash	134,560,902	139,465,702	4,904,800	3.6 %
Other Assets	321,461	321,461	0	0.0 %
Capital Assets, Net of AD	29,048,761	28,533,139	(515,621)	(1.8) %
Deferred Outflows of Resources	14,965,092	14,965,093	0	0.0 %
Total Noncurrent Assets	178,896,216	183,285,395	4,389,179	2.5 %
Total Assets	457,167,661	492,228,308	35,060,647	7.7 %
Liabilities and Net Position				
Liabilities				
Current Liabilities				
AP and Other Current Liabilities	22,154,978	22,817,214	662,237	3.0 %
Claims and Other Service Liabilities	66,081,525	74,516,611	8,435,085	12.8 %
Unearned Revenue	61,397,653	64,950,650	3,552,997	5.8 %
Current Portion of Accrued Vacation	2,712,052	2,712,052	0	0.0 %
Due to Other Entities	2,173,110	1,128,575	(1,044,535)	(48.1) %
Total Current Liabilities	154,519,318	166,125,102	11,605,784	7.5 %
Noncurrent Liabilities				
Net Pension Liability	21,553,241	22,553,241	1,000,000	4.6 %
Accrued Vacation	1,172,605	1,172,605	0	0.0 %
Other Noncurrent Liabilities	19,540,456	18,869,398	(671,058)	(3.4) %
Total Noncurrent Liabilities	42,266,302	42,595,244	328,942	0.8 %
Total Liabilities	196,785,620	208,720,346	11,934,726	6.1 %
Net Position				
Capital Assets at Beginning of Year	29,048,761	29,048,760	0	0.0 %
Restricted	138,167,093	138,167,094	0	0.0 %
Unrestricted	93,166,187	93,166,187	0	0.0 %
Current Year Change in Net Position	0	23,125,922	23,125,992	0.0 %
Total Net Position	260,382,041	283,507,963	23,125,922	(8.8) %
Total Liabilities and Net Position	457,167,661	492,228,309	35,060,647	(7.6) %



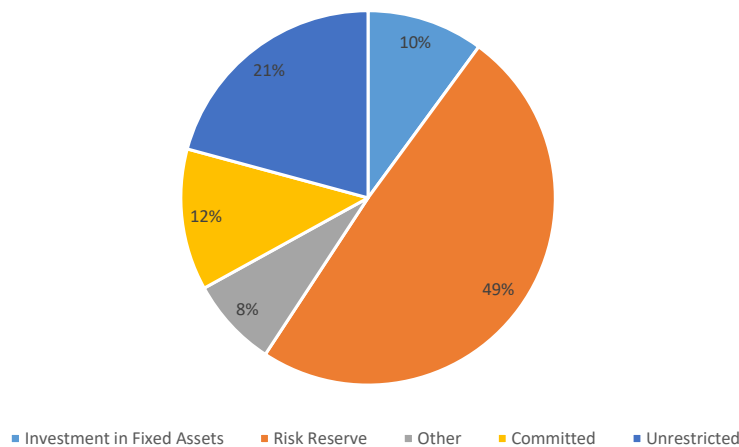
Summary of Savings/(Loss) by Funding Source as of September 30, 2022

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 211,921,116	\$ 191,604,985	\$ 20,316,131
Medicaid Waiver Risk Reserve	4,904,800	-	4,904,800
Federal Grants & State Funds	26,573,611	26,580,106	(6,495)
Local Funds	6,560,584	6,737,817	(177,233)
Administrative	27,749,750	30,215,168	(2,465,418)
Non operating	556,301	2,164	554,137
Total	\$ 278,266,162	\$ 255,140,240	\$ 23,125,922

Fund Balance

	June 30, 2022	Change	September 30, 2022
Investment in Fixed Assets	29,048,761	(515,622)	28,533,139
Risk Reserve	134,560,902	4,904,800	139,465,702
Other	18,174,095	3,731,708	21,905,803
Total Restricted	152,734,997	8,636,508	161,371,505
Committed	36,495,064	(1,839,129)	34,655,935
Unrestricted	42,103,219	16,844,165	58,947,384
Total Unrestricted	78,598,283	15,005,036	93,603,319
Total Fund Balance	\$ 260,382,041	\$ 23,125,922	\$ 283,507,963

September 30, 2022 Actual



Reinvestment Detail

	Committed Funds FY22	Spent September 30, 2022	Balance to Spend
General Expenses	2,000,000	-	2,000,000
Child Facility Based Crisis Center	1,039,125	18,087	1,021,038
Total - Services	3,039,125	18,087	3,021,038
Administration			
Tailored Plan planning and implementation	10,000,000	692,466	9,307,534
Total - Administrative	10,000,000	692,466	9,307,534
Total Service and Administration	\$ 13,039,125	\$ 710,553	\$ 12,328,572

Fund Balance Detail

	June 30, 2022	Change	September 30, 2022
Investment in Fixed Assets	29,048,761	(515,622)	28,533,139
Restricted - Risk Reserve	134,560,902	4,904,800	139,465,702
Restricted - Other			
State Statutes	12,686,096	-	12,686,096
Prepays	923,904	3,502,647	4,426,551
State	377,037	-	377,037
Cumberland	3,787,058	41,561	3,828,619
Durham	400,000	187,500	587,500
Restricted - Other	18,174,095	3,731,708	21,905,803
Committed -			
Intergovernmental Transfer	4,558,852	(1,128,576)	3,430,276
Reinvestments-Service	3,039,125	(18,087)	3,021,038
Reinvestments-Administrative	10,000,000	(692,466)	9,307,534
Mecklenburg Realignment Funds	17,073,966	-	17,073,966
Orange Realignment Funds	1,823,121	-	1,823,121
Total Committed	36,495,064	(1,839,129)	34,655,935
Unrestricted	42,103,219	16,844,165	58,947,384
Total Fund Balance	\$ 260,382,041	\$ 23,125,922	\$ 283,507,963

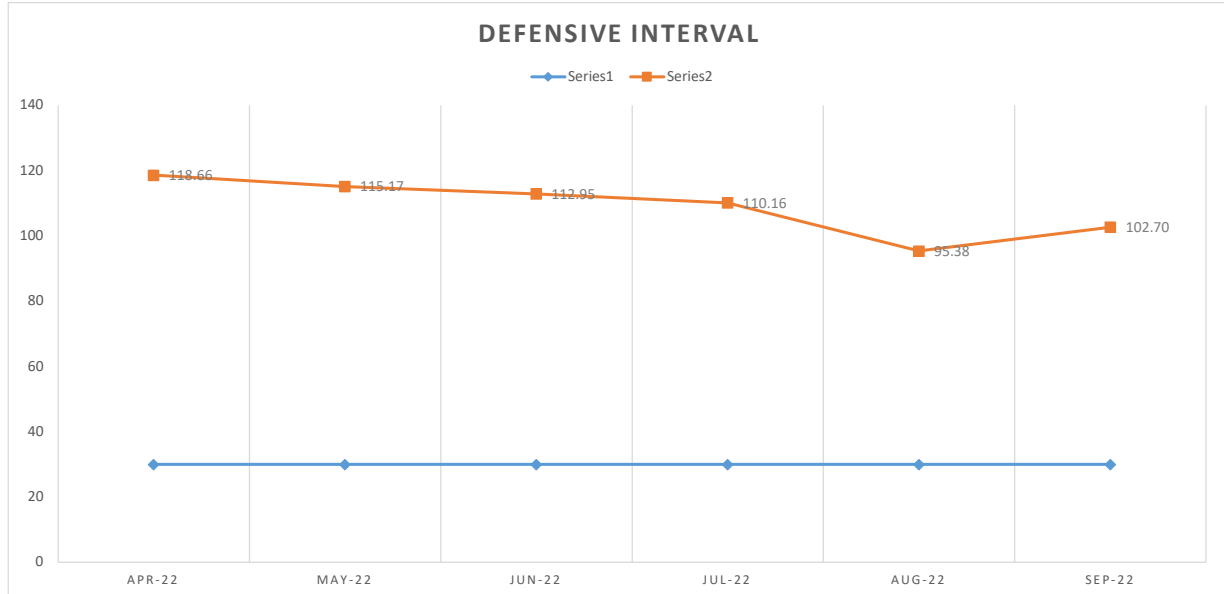
Restricted	8,120,886
Unrestricted	15,005,036
Total Fund Balance Change	\$ 23,125,922

Alliance Health
Statement of Revenue and Expenses
As of September 30, 2022

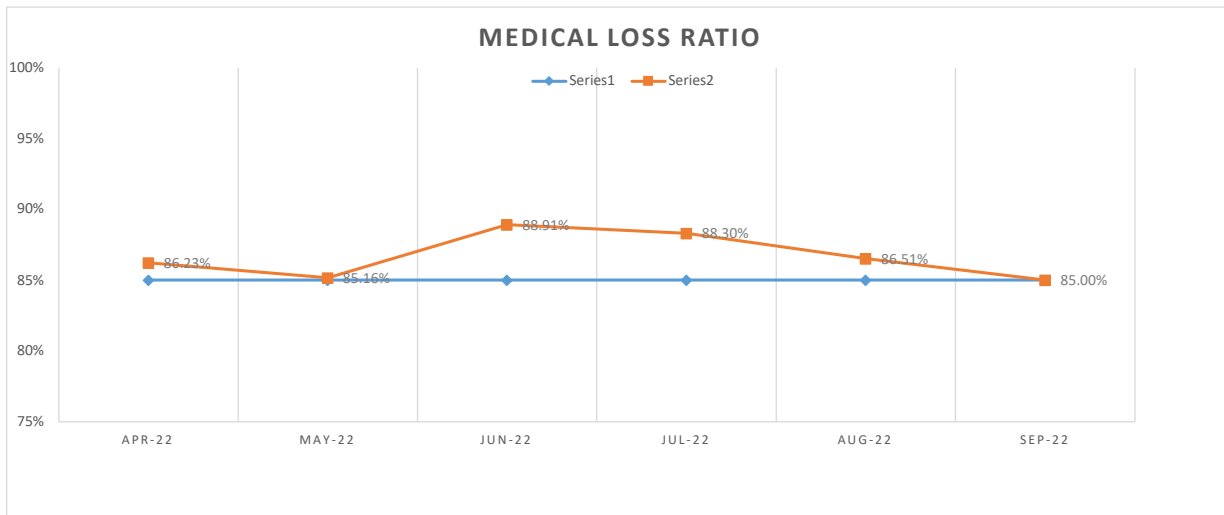
	For the Month of July 31, 2022	For the Month of August 31, 2022	For the Month of September 30, 2022	Year to Date Actual September 30, 2022	Current Year Budget June 30, 2023	Budget Remaining June 30, 2023 Remaining Budget
Revenue						
Service Revenue						
Medicaid Waiver Service	70,826,433	72,712,082	73,287,401	216,825,916	1,058,233,945	841,408,029
State and Federal Grants	8,751,054	9,314,669	8,507,888	26,573,611	104,026,236	77,452,625
Local Grants	2,920,024	1,355,260	2,285,300	6,560,584	45,308,796	38,748,213
Total Service Revenue	82,497,511	83,382,011	84,080,589	249,960,111	1,207,568,977	957,608,867
Administrative Revenue						
Medicaid Waiver	8,247,663	8,741,259	8,627,252	25,616,174	152,266,323	126,650,148
State and Federal	520,383	520,383	520,383	1,561,149	7,474,555	5,913,406
Local	69,523	69,523	69,523	208,569	791,668	583,099
Other Lines of Business	121,286	121,286	121,286	363,858	1,455,432	1,091,574
Total Administrative Revenue	8,958,855	9,452,451	9,338,444	27,749,750	161,987,978	134,238,227
Total Revenue	91,456,366	92,834,462	93,419,033	277,709,861	1,369,556,955	1,091,847,094
Expenses						
Service Expense						
Medicaid Waiver Service	65,357,367	64,103,599	62,144,019	191,604,985	1,058,233,945	866,628,960
State and Federal Service	8,770,170	9,123,833	8,686,103	26,580,106	104,026,236	77,446,130
Local Service	2,920,024	1,584,320	2,233,473	6,737,817	45,308,796	38,570,979
Total Service Expense	77,047,561	74,811,752	73,063,595	224,922,908	1,207,568,977	982,646,069
Administrative Expense						
Salaries and Benefits	7,848,139	8,276,806	7,955,573	24,080,518	126,987,978	102,907,460
Professional Services	618,829	1,002,419	1,594,391	3,215,639	20,000,000	16,784,361
Operational Expenses	872,878	1,050,288	995,845	2,919,011	15,000,000	12,080,989
Total Administrative Expense	9,339,846	10,329,513	10,545,809	30,215,168	161,987,978	131,772,810
Total Expenses	86,387,407	85,141,265	83,609,404	255,138,076	1,369,556,955	1,114,418,879
Non Operating						
Non Operating Revenue	134,592	197,696	224,013	556,301	750,000	193,699
Non Operating Expense	111	3,338	(1,285)	2,164	750,000	747,836
Total Non Operating	134,481	194,358	222,728	554,137	0	(554,137)
Current Year Change in Net Position	5,203,440	7,887,555	10,034,927	23,125,922	0	(23,125,922)



Division of Health Benefits Ratios - As of September 30, 2022



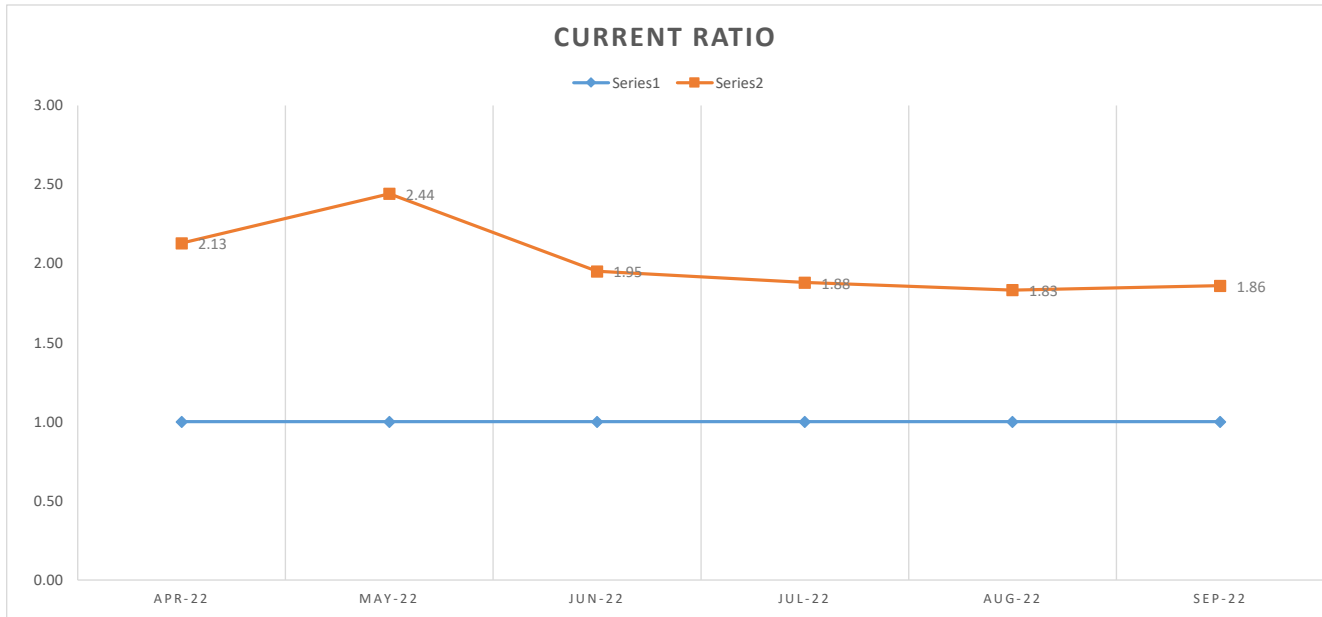
Defensive Interval = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.



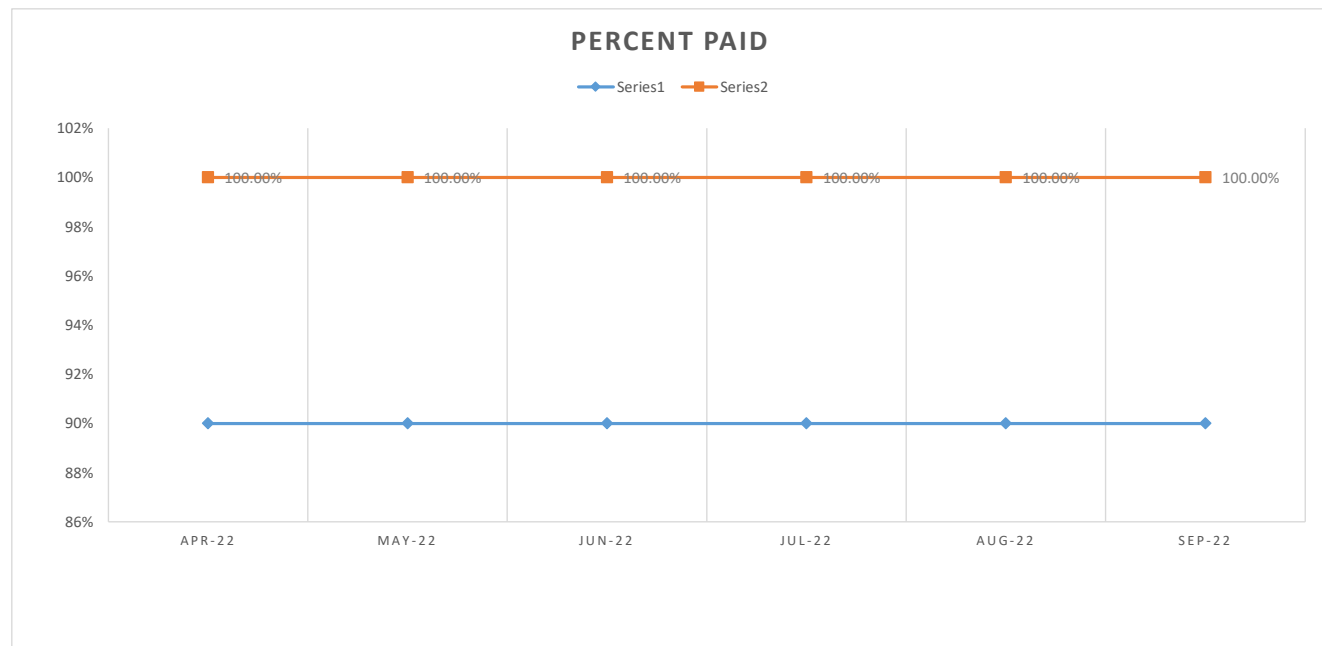
Medical Loss Ratio (MLR) = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/22-6/30/23).



Division of Health Benefits Ratios - As of September 30, 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.



Finance Committee Charter

September 1, 2022

Purpose:

The Finance Committee of the Area Board is required under 122C-119(d). The Finance Committee is responsible for reviewing, providing guidance and making recommendations on financial matters to the Area Board. This responsibility includes reviewing financial statements and reports, provide support to staff, and ensuring internal controls are established.

Responsibilities:

This committee shall be composed of the Finance member designees of the Area Board plus three other Area Board members. (The Finance Officers of Cumberland, Durham, Mecklenburg, Orange and Wake Counties may serve as ex-officio members)

I. The Committee's functions include:

- 1) Recommending policies/practices on fiscal matters to the full Area Board.
- 2) Reviewing and recommending budgets to the entire Area Board.
- 3) Reviewing and recommending approval of audit reports and assure corrective actions are taken as needed.
- 4) Reviewing and recommending approval of policies and procedures for managing contracts and other purchase of service arrangements.
- 5) Reviewing and recommending approval of administrative contracts.
- 6) Reviewing financial statements at least quarterly.
- 7) Reviewing the financial strength of the Alliance Health Plan

Relationships:

The Finance Committee has a reporting relationship to the Area Board.

Membership:

Members of the committee are appointed by the Board Chair. The committee is staffed by the EVP/Chief Financial Officer and the SVP of Financial Operations.

Top Ten Providers Pre & Post Realignment

Top Ten Pre Realignment	Sept - Nov '21	% of Total
Murdoch Developmental Center	5,315,383	4.18%
RHA Health Services NC, LLC	4,740,800	3.72%
Carolina Outreach, LLC	4,498,462	3.53%
Tammy Lynn Center for Developmental Disabilities	4,373,760	3.44%
UNC Healthcare System (UNC Hospital)	3,268,935	2.57%
Abound Health LLC	3,231,162	2.54%
Holly Hill Hospital, LLC	3,133,138	2.46%
Caswell Developmental Center	2,787,819	2.19%
Easter Seals UCP North Carolina & Virginia, Inc.	2,735,954	2.15%
Recovery Innovations of NC INC	2,537,380	1.99%
	\$ 36,622,793	28.78%

Top Ten Post Realignment	Mar - May'22	% of Total
Abound Health LLC	11,890,719	5.39%
RHA Health Services NC, LLC	9,678,321	4.39%
Murdoch Developmental Center	7,422,341	3.36%
Carolina Outreach, LLC	6,496,341	2.94%
UNC Healthcare System (UNC Hospital)	5,172,537	2.34%
ABS Utah, P.C.	5,094,822	2.31%
VOCA Corporation of North Carolina	4,227,103	1.92%
MONARCH	4,157,384	1.88%
Easter Seals UCP North Carolina & Virginia, Inc.	3,723,455	1.69%
Holly Hill Hospital, LLC	3,498,220	1.59%
	\$ 61,361,243	27.81%

*Includes all funding sources for all service providers



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

ITEM: Alliance's Diversity, Equity and Inclusion (DEI) Efforts – Internal and External

DATE OF BOARD MEETING: November 3, 2022

BACKGROUND: Staff will provide an update on the following: workforce trends of growth, biological sex, race/ethnicity, and age; applicant and new hire data; current/future development programs; plan of support to address network equity issues; provider make-up for Intensive In-Home services and HUBs (Historically Underutilized Business) used to support child initiatives.

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

REQUEST FOR AREA BOARD ACTION: Accept the update.

CEO RECOMMENDATION: Accept the update.

RESOURCE PERSON(S): Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Shawn Mazyck, Senior Vice-President/Provider Network

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