



Thursday, April 06, 2023

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); George Corvin, MD; David Curro, BS (via Zoom); Dena Diorio, MPA(via Zoom); Vicki Evans (via Zoom); Ted Godwin, Johnston County Commissioner (via Zoom); Jean Hamilton, Orange County Commissioner, Ph.D (via Zoom); David Hancock, MBA, MPAff (Board Vice-Chair); Michael Joseph, MD; Lynne Nelson, BS (Board Chair) (via Zoom); Cheryl Stallings, Wake County Commissioner, PhD; and Anthony Trotman, MS (via Zoom)

APPOINTED MEMBERS ABSENT: Carol Council, MSPH; D. Lee Jackson, BA

GUEST(S) PRESENT: Linda Campbell (via Zoom); Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services) (via Zoom); Mary Hutchings, Wake County Finance Department (via Zoom); Thomas Klatt, Wake Med (via Zoom); and Michael Maguire, Alliance CFAC (via Zoom)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer; Cheala Garland-Downey, Executive Vice-President/Human Resources; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Clerk to the Board; Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Robert MacArthur, Chief Medical Officer (via Zoom); Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Robin Pelland, interim QM Director (via Zoom); Brian Perkins, Senior Vice-President/Strategy and Government Relations; 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; Dianna White, Senior Vice-President/Financial Operations; Lisa Wilson, Administrative Assistant III; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

1. CALL TO ORDER: Board Vice-Chair, David Hancock, announced that he was chairing the meeting in Board Chair, Lynne Nelson's absence (as she attended virtually while travelling); he called the meeting to order at 4:00 p.m. Vice-Chair Hancock introduced new board member, Michael Joseph.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	Vice-Chair Hancock announced one adjustment to the agenda: the planned special presentation will be postponed in lieu of potentially longer closed session. There were no other adjustments to the agenda.
3. Public Comment	There were no public comments.
4. Chair's Report	Vice-Chair Hancock reported that with recent appointments, the board is almost full. He shared that two vacant seats remain: one for a Cumberland County resident and one for a Durham County resident. He encouraged board members to share the vacancies with their networks as posted on Alliance's website: https://www.alliancehealthplan.org/about/governance/board-of-directors/ .
5. CEO's Report	Mr. Robinson reported the following: <ul style="list-style-type: none">• Introduction of New Staff: he introduced Chief Medical Officer, Rob MacArthur. Dr. MacArthur shared an overview of his background.• May is Mental Health Awareness Month: Alliance will share upcoming events with board members, who are invited to attend as their schedule permits.• I2i June Conference: board members may contact Veronica Ingram, Board Clerk for assistance; Ms. Ingram will forward additional information about the conference next week.• EQR (External Quality Review) results: Alliance received a 99% score; he congratulated staff on their work to receive this score and shared that the EQR is for any health plan serving Medicaid members across the country.

Thursday, April 06, 2023

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<ul style="list-style-type: none">Legislative Update: Brian Perkin, Senior Vice-President/Strategy and Government Relations, provided the update; the presentation is saved as part of the board's files.
6. Consent Agenda	<p>A. Draft Minutes from March 2, 2023, Board Meeting and March 20, 2023, Budget Retreat – page 4</p> <p>B. Executive Committee Report – page 10</p> <p>C. Quality Management Committee Report – page 12</p> <p>The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.</p> <p><u>BOARD ACTION</u> A motion was made by Ms. Evans to approve the minutes; motion seconded by Ms. Diorio. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee – page 15</p> <p>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 February meetings.</p> <p>Michael Maguire, CFAC Steering Committee Chair, presented the report. Dr. Maguire shared highlights from previous meetings and planned events for May: Mental Health Awareness month; he also shared about CFAC representation on additional committees and workgroups within each county in Alliance's catchment area. 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. Finance Committee Report – page 100</p> <p>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. This month's report included documents and draft minutes from the previous meeting and contracts recommended for approval.</p> <p>David Hancock, Committee Chair, presented the report. Mr. Hancock shared that the agency's recent revenue exceeded expenditures; he also reviewed contracts, which the finance committee reviewed and recommends that the board approve. 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 authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$65,510, bringing the total grant agreement to \$565,349. Motion passed unanimously.</p>

Thursday, April 06, 2023

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	A motion was made by Dr. Corvin to authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case; motion seconded by Ms. Diorio. Motion passed unanimously.
8. Closed Session(s)	<u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to enter closed session per 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 passed unanimously.
9. Reconvene Open Session	The board returned to open session.
10. Adjournment	All business was completed; the meeting adjourned at 5:41 p.m.

Next Board Meeting
Thursday, May 04, 2023
4:00 – 6:00 pm

Minutes approved by Board on May 4, 2023.



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

ITEM: Draft Minutes from the March 3, 2023, Board Meeting and March 20, 2023, Budget Retreat

DATE OF BOARD MEETING: April 6, 2023

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 March 3, 2023, Board meeting and March 20, 2023, budget retreat.

CEO RECOMMENDATION: Approve the draft minutes from the March 3, 2023, Board meeting and March 20, 2023, budget retreat.

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

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Thursday, March 02, 2023

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); Carol Council, MSPH (via Zoom); David Curro, BS; Dena Diorio, MPA; Ted Godwin, Johnston County Commissioner (via Zoom); Jean Hamilton, Orange County Commissioner, Ph.D; David Hancock, MBA, MPAff (Board Vice-Chair); Lynne Nelson, BS (Board Chair); Cheryl Stallings, Wake County Commissioner, PhD; and Anthony Trotman, MS

APPOINTED MEMBERS ABSENT: George Corvin, MD; Vicki Evans; D. Lee Jackson, BA; Samruddhi Thaker, PhD

GUEST(S) PRESENT: Thomas Klatt, Executive Director of Wake Med Behavioral Health (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); Michael Maguire, MD, Alliance CFAC Chair (via Zoom)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer; 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; Ashley Holmes, Integrated Healthcare Consultant II (via Zoom); Veronica Ingram, Clerk to the Board; Joshua Knight, Director of Internal Audit (via Zoom); Shawn Mazyck, Senior Director of Provider Network (via Zoom); Ann Oshel, Senior Vice-President/Community Health and Well-Being (via Zoom); Robin Pelland, Director of Quality Management (via Zoom); Brian Perkins, Senior Vice-President/Strategy and Government Relations; 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 Operations; Dianna White, Senior Vice-President/Financial Operations; Lisa Wilson, Administrative Assistant III; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel (via Zoom)

1. CALL TO ORDER: Board Chair Lynne Nelson called the meeting to order at 4:02 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 reported the following: <ul style="list-style-type: none">According to board policy, annual disclosures are needed for all Board members. They are due by March 31, 2023. She thanked the 87% of Board members, who completed this item and advised board members to contact Monica Portugal, Chief Risk and Compliance Officer, with any questions.She reminded board members of the annual budget retreat, which is part of the board's budget development/approval process. The budget retreat will be March 20, 2023. Vice-Chair Hancock who is also the board finance committee chair, asked board members to clarify if they are attending in-person or virtually. Due to the number of board members attending virtually, he stated that the retreat will be held virtually only.
5. CEO's Report	Mr. Robinson reported the following: <ul style="list-style-type: none">He introduced new staff, Lisa Wilson, Administrative Assistant III. Ms. Wilson will be present at upcoming board meetings and in coordination with Ms. Ingram will provide supplemental support for the board.The Charlotte behavioral health urgent care has a ribbon cutting ceremony on March 3, 2023.He reminded the board of the delayed implementation date for NC DHHS Tailored Plan, which will be October 1, 2023 instead of April 1, 2023.

Thursday, March 02, 2023

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<ul style="list-style-type: none">• Brian Perkins, Senior Vice-President/Strategy and Government Relations, provided a legislative update from recent meetings at the NC General Assembly including progress with Medicaid Expansion• Monica Portugal, Chief Risk and Compliance Officer, reminded board members of the agency's policy regarding use of Alliance emails for board matters; Ms. Portugal shared that is policy is in place for record retention, public records, compliance with HIPAA guidelines, litigation discovery, etc.).
6. Consent Agenda	<p>A. Draft Minutes from February 2, 2023, Board Meeting – page</p> <p>B. Audit and Compliance Committee Report – page 8</p> <p>The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Mr. Curro to adopt the consent agenda; motion seconded by Ms. Diorio. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee – page 10</p> <p>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 the January meetings.</p> <p>Michael Maguire, CFAC Chair, presented the report. Dr. Maguire noted collaboration of Alliance staff at community events, the legislative breakfast, and the recovery conference in Greensboro; he shared plans to collaborate with Alliance staff for Mental Health Awareness events in May and that CFAC will contribute a presentation for the March budget retreat. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u></p> <p>The Board received the report.</p> <p>B. Executive Committee – page 53</p> <p>The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. 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 a recommendation from the executive committee. The report is attached to and made part of these minutes.</p> <p>Chair Nelson reviewed the executive committee's recommendations for vacancies on Alliance's board.</p> <p><u>BOARD ACTION</u></p> <p>A motion was made by Vice-Chair Hancock to forward Dr. Michael Joseph's application to the Orange County Commissioners and to recommend his appointment to Alliance's board; motion seconded by Mr. Curro. Motion passed unanimously.</p>

Thursday, March 02, 2023

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p><u>BOARD ACTION</u> A motion was made by Ms. Diorio to forward Tchernavia Montgomery's application to the Mecklenburg County Commissioner and to recommend her appointment to Alliance's board; motion seconded by Commissioner Stallings. Motion passed unanimously.</p> <p>C. Finance Committee – page 56 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. This month's report included draft minutes from the previous meeting and recommendations for a budget amendment and reinvestment plan for the Tailored Plan commitments. Per the by-laws, supermajority approval is needed for these items.</p> <p>David Hancock, Committee Chair, reviewed recommendations from the finance committee. Sean Schreiber, Executive Vice-President/Chief Operating Officer, provided background on the committee's recommendation to approve a contract. Dianna White, Senior Vice-President/Financial Operations, provided background on the recommendation to commit funds and amend the budget. The committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Ms. Diorio to authorize the CEO to enter into a contract with Element by Arkhe Consortium Health, LLC for an amount not to exceed \$1,257,000; motion seconded by Commissioner Altman. Motion passed unanimously.</p> <p>A motion was made by Ms. Diorio to approve an increase of \$12,000,000 in the one-year reinvestment plan for the Tailored Plan commitments; motion seconded by Commissioner Altman. Motion passed unanimously.</p> <p>A motion was made by Mr. Curro to approve the FY23 Amendment 1 to decrease the budget by \$126,972,776 bringing the total FY23 budget to \$1,243,334,179; motion seconded by Commissioner Stallings. Motion passed unanimously.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Ms. Council to enter closed session per NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Vice-Chair Hancock. Motion passed unanimously.</p>
9. Reconvene Open Session	The Board returned to open session.
10. Adjournment	All business was completed; the meeting adjourned at 5:17 p.m.

Next Board Meeting
Thursday, April 06, 2023
4:00 – 6:00 pm

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



Monday, March 20, 2023

AREA BOARD FY23-24 BUDGET RETREAT

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

MEMBERS PRESENT: Leigh Altman, Mecklenburg County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS; Carol Council, MSPH; George Corvin, MD; David Curro, BS; Dena Diorio, MPA; Ted Godwin, Johnston County Commissioner; Jean Hamilton, Orange County Commissioner, Ph.D.; Lynne Nelson, BS (Board Chair); and Anthony Trotman, MS

APPOINTED MEMBERS ABSENT: Glenn Adams, Cumberland County Commissioner, JD; Vicki Evans; David Hancock, MBA, MPAff (Board Vice-Chair); D. Lee Jackson, BA; Cheryl Stallings, Wake County Commissioner, PhD; and Samruddhi Thaker, PhD

GUEST(S) PRESENT: Linda Campbell; Brian Haney; Michael McGuire, Alliance CFAC Chair; and Mary Hutchings, Wake County finance department

ALLIANCE STAFF PRESENT: Joey Dorsett, Senior Vice-President/Chief Information Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sandhya Gopal, Senior Director of Government Relations; Veronica Ingram, Clerk to the Board; Aimee Izawa, Director of Community and Member Engagement; Robert MacArthur, Chief Medical Officer; Shawn Mazyck, Senior Vice-President/Provider Network; Amy Perry, Senior Director of Population Health; Monica Portugal, Executive Vice-President/Chief Risk and Compliance Officer; Robert Robinson, CEO; Tammy Thomas, Senior Vice-President/Business Evolution; Lisa Wilson, Administrative Assistant III; Dianna White, Senior Vice-President/Financial Operations; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

1. CALL TO ORDER: The meeting began at 1:01 p.m. As directed by Robert Robinson, CEO, Veronica Ingram, Board Clerk, performed roll call and confirmed a quorum of board members.

AGENDA ITEMS:	DISCUSSION:
2. CFAC Presentation	Aimee Izawa, Director of Community and Member Engagement, presented the CFAC topic on behalf of CFAC Chair, Dr. Michael Maguire. Ms. Izawa reviewed CFAC's purpose, highlights from this year's CFAC meetings, including co-hosting Alliance town halls, attending the legislative breakfast, advising staff, supporting the development of a Youth Advisory Committee, etc. She also shared CFAC's priorities: housing, crisis services/supports, transportation, enhancing the provider network (connection/access to services, increasing wages to adequately staff services, etc.), and review of communication drafts for Alliance brochures.
3. Mission and Vision	Sara Wilson, Chief of Staff, reviewed the agency's plan for a FY2024-2026 (fiscal year 2023-2024, 2024-2025, 2025-2026) strategic plan. She provided an update on the "next gen" strategy timeline. She presented the draft mission statement and vision statement. She also shared next steps for developing the strategic plan. Board members recommended adding "family" to the draft vision statement, which would be "serve people and families." Ms. Wilson will send the draft mission and vision statements to board members for additional review/recommended edits.
4. Budget Education	Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, reviewed elements of NCGS (North Carolina General Statute) 159 that are applicable to Alliance. She noted that Alliance operates on a balanced budget and used highlights of the FY23 budget as an example. Ms. Goodfellow reviewed how the budget is formed.
5. Financial Update	Dianna White, Senior Vice-President/Financial Operations, provided a financial update and detailed financial summary as of February 28, 2023. She noted financial requirements for tailored plans, which will impact the agency October 1, 2023. She reviewed the agency's fund balance and financial viability, noting tailored plan capital requirements, restricted funds, funds committed by the board, FY22 risk corridor liability, and fixed assets.
6. Pro Forma Model	Ms. Goodfellow reviewed the purpose and strategic intent; she noted that the detailed plan originally included data for tailored plan go-live date of April 1, 2023; since that date has changed and the tailored plan go-live date is now October 1, 2023, she reviewed the model.

Monday, March 20, 2023

AREA BOARD FY23-24 BUDGET RETREAT

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

AGENDA ITEMS:	DISCUSSION:
7. Population Snapshot	<p>Amy Perry, Senior Director of Population Health, reviewed how data can be leveraged to improve outcomes for persons served. She shared examples, not exact data for Alliance members. She reviewed sample dashboards:</p> <ul style="list-style-type: none">• Provider efficiency dashboards that include comparative, risk adjusted view of provider performance against cost, quality and utilization methods for comparable providers. Provider Network staff may use this information for targeted interventions such as high readmission rates related to specific practices, extended lengths of stay for common inpatient conditions, or poor-quality metrics leading to unstable chronic conditions.• Total cost of care snapshot, which will include physical health, behavioral health, and pharmacy costs, John Hopkins Adjusted Clinical Groups, etc. This data can be used in case management risk stratification, acuity tiering, and staffing strategies to interact with members with increased efforts/contacts for higher risk. <p>Ms. Perry reviewed an example and how Alliance may use this data to help a member improve their health (e.g., helping member understand care plans, be medication adherent, get transportation to appointments, etc.). Ms. Goodfellow shared that this level of care can be provided with a more sophisticated data and planning. Board members asked for an estimated timeline to determine if the interventions were effective. Ms. Perry estimated eighteen to twenty-four months after tailored plan go-live.</p>
8. Adjournment	<p>Ms. Goodfellow reviewed key take aways from today's presentation, noting the new draft mission and vision statements, pro forma model to drive financial targets, FY24 budget focused on new direction with fully integrated health care. The recommended budget will be presented at the May board meeting and approved at the June board meeting.</p> <p>The presentation is saved as part of the board's files; the meeting adjourned at 2:45 p.m.</p>

Next Board Meeting
Thursday, April 06, 2023
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: Executive Committee Report

DATE OF BOARD MEETING: April 6, 2023

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.

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

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

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

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Monday, March 27, 2023

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)

4:00-6:00 p.m.

APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair, Client Rights/Human Rights Committee Chair); David Hancock, MBA, PFAff (Board Vice-Chair and Finance Committee Chair); and Lynne Nelson, BS (Board Chair)

APPOINTED MEMBERS ABSENT: Carol Council, MSPH (Quality Management Committee Chair); Dena Diorio, MPA (Network Development and Services Committee Chair)

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Clerk to the Board; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Lisa Wilson, Administrative Assistant III; Sara Wilson, Chief of Staff; and Carol Wolff, General Counsel

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

2. **REVIEW OF THE MINUTES** – The Committee reviewed minutes from the February 20, 2023, meeting; a motion was made by Mr. Curro and seconded by Vice-Chair Hancock to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Closed Session	COMMITTEE ACTION: A motion was made by Mr. Curro to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (6) to consider the qualifications, competence, and performance of an employee. Motion seconded by Vice-Chair Hancock. Motion passed unanimously.	N/A	N/A
4. Reconvene Open Session	Committee returned to open session.	N/A	N/A
5. Agenda for April Board Meeting	Committee reviewed the draft agenda and provided input.	Ms. Ingram will forward the agenda to staff.	3/27/23

6. **ADJOURNMENT:** the meeting adjourned at 4:27 p.m.; the next meeting will be April 17, 2023, at 4:00 p.m.

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



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

ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: April 6, 2023

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

This report includes draft minutes from the previous meeting.

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

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Carol Council, Committee Chair; Robin Pelland, (interim) Senior Vice-President/Quality Management

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Thursday, March 02, 2023

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)
2:00-3:30pm

APPOINTED MEMBERS PRESENT: ☒ Carol Council, MSPH (Board member/Committee Chair); ☒ Marie Dodson (left meeting at 2:45pm); ☒ Israel Pattison (left meeting at 3:00pm); ☐ Samruddhi Thaker, PhD (Board Member); ☐ George Corvin, MD (Board Member)

APPOINTED, NON-VOTING MEMBERS PRESENT: ☒ Diane Murphy, ☒ Dava Muserallo

BOARD MEMBERS PRESENT: None

GUEST(S) PRESENT: Yvonne French (LME Liaison)

STAFF PRESENT: Tia Grant (Manager-Quality Improvement), LaTasha Williams (Clinical Quality Analyst), Laini Jarrett (Quality Improvement Specialist II), Sabrina Borriello-Jones (Clinical Quality Analyst), Suzanne Davis-Marens (Senior Director-Access), Kate Peterson (Director-Provider Network Project Management), Carlyle Johnson (Director-Network Strategic Initiatives), Laura Bardascino (Quality Improvement Specialist, II), Karen Borusiewicz (Clinical Quality Analyst), Robin Pelland (Director Quality Management), and Jennifer Stoltz (Administrative Assistant, III)

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 2:00 PM

2. **REVIEW OF THE MINUTES** –The minutes from the December 1, 2022, meeting were reviewed. Marie Dodson moved to approve the minutes; Israel Pattison seconded. The motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Meeting Time Survey	Robin Pelland discussed the results of the Meeting Time Survey which would mean moving the meeting from the regular time, 1:00-2:30pm to 2:00-3:30pm. Israel Pattison shared that this would affect his availability to attend the meeting. The meeting will remain at the regular time. Discussion regarding the time change was tabled until the next meeting.	Add to the agenda for the May 2023 meeting.	
4. Alliance Health Call Center	Suzanne Davis-Marens, Senior Director of Access presented updates on the Alliance Call Center. She shared information on the abandonment rate, average speed of answer and wait time for calls coming into the Call Center for the Behavioral Health Crisis Line, as well as the Member and Provider lines. The Target Abandon Rate for the Behavioral Health Crisis Line at Alliance is 2%. It is at 5% for the Member and Provider Lines. The presentation can be located in the committee files.	N/A	
5. Provider Network Projects Initiatives	Kate Peterson, Director of Provider Network/Project Management presented information on planned expansion to the provider network. She shared information on specific facilities that have either opened recently or are opening in the future. She also reviewed goals for child placements. There are several initiatives in place to increase the number of crisis and transitional beds for those in need. The presentation can be located in the committee files.	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..](#)

Thursday, March 02, 2023

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
(virtual meeting via videoconference)
2:00-3:30pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
6. Community-Based Capacity Restoration Pilots	Carlyle Johnson, Director of Network Strategic Initiatives presented on NC Statutes on court proceedings on when defendants are mentally incapacitated. There is an assessment available to determine a defendant's capacity to proceed with legal proceedings if a question of competence is raised. If they are determined to have a mental illness or defect, there is a determination of Incapable to Proceed (ITP). There are options for capacity restoration available. If the defendant is restored to competence, the criminal process can resume. The presentation can be located in the committee files.	N/A	

7. **ADJOURNMENT:** the meeting adjourned 3:30 PM; the next meeting will be May 4, 2023, from 1:00 p.m. to 2:30 p.m.

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



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

ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 6, 2023

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 Steering Committee meets at 5:30pm on the first Monday of each month, via Teams. 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 counties held during February CFAC meetings.

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

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Michael Maguire, CFAC Steering Committee Chair; Ramona Branch, Member Inclusion and Outreach Manager; Lakeisha McCormick, Member Inclusion and Outreach Manager

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

Monday, February 06, 2023



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

APPOINTED MEMBERS PRESENT: ☒ Michael Flood, ☒ Linda Shipman, ☒ Felishia McPherson, ☐ Renee Lloyd, ☒ Steve Furman, ☒ Carol Conway, ☒ Alicia Jones, ☒ Anna Cunningham, ☒ E Marie Dodson, ☒ Leanna George, ☒ Charlitta Burruss, ☐ Regina Mays, ☒ Dr. Michael McGuire

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thomas NCDHHS; ☐ Stacy Harward, NCDHHS

☒ Ellen Gibson, ☒ Brianna Harris, ☒ Sharon Harris, ☒ Vandna Mushi, ☒ Dave Curro, ☒ Victoria Nneji, ☒ Lois Stickell

STAFF PRESENT: ☒ Aalece Pugh-Lilly, Sr. Director Community Health & Well-Being, ☒ Amiee Izawa, Director of Community Health and Wellbeing, ☒ Ramona Branch, Member Inclusion and Outreach Manager; ☒ LaKeisha McCormick, Member Inclusion and Outreach Manager; ☒ Erica Asbury, Member Inclusion and Outreach Specialist, ☒ Eileen Bennett, Member Inclusion and Outreach Specialist, ☒ Gladys Blakeman, Member Inclusion and Outreach Specialist, ☐ Starlett Davis, Member Inclusion and Outreach Specialist, ☒ Warren Gibbs, Member Inclusion and Outreach Specialist, ☒ Fantasia Jones, Member Inclusion and Outreach Specialist, ☒ Douglas McDowell, Member Inclusion and Outreach Specialist, ☒ Victoria Mosey, Member Inclusion and Outreach Specialist, ☒ India Kay Perez, Member Inclusion and Outreach Specialist, ☐ Rob Robinson, Chief Executive Officer ☒ Sara Wilson, Chief of Staff, ☒ Robby Flynn, Healthcare Network Project Manager Network Development & Evaluation, ☒ JoAnna Baker, Quality Review Coordinator II, ☒ Tia Grant, Quality Improvement Manager

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:30 pm
2. **REVIEW OF THE MINUTES** – Minutes from the January 3, 2023 meeting reviewed; a motion was made by Marie Dodson and seconded by Michael Dodson to approve the minutes. Motion passed unanimously at 5:37 pm.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. 1915(i) Waiver Overview	<p>Sara Wilson, Alliance Health</p> <p>1915(i) Waiver Services Transition Overview</p> <ul style="list-style-type: none">• 1915(b)(3) benefits are a set of critical Home and Community-based Services (HCBS)<ul style="list-style-type: none">○ LME/MCOs currently provide 1915(b)(3) services to Medicaid beneficiaries with significant behavioral health needs, I/DD, and TBI○ On April 1, 2023, most individuals using 1915(b)(3) services will enroll in Tailored Plans; because of federal requirements, Tailored Plans cannot offer 1915(b)(3) services in their current form		

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	<div><ul style="list-style-type: none"><div>To ensure that individuals maintain access to these critical services, North Carolina is transitioning 1915(b)(3) benefits to 1915(i) authority by April 1, 2023. The 1915(i) services will be available through:<ul style="list-style-type: none">✓ Tailored Plans✓ NC Medicaid Direct, including individuals enrolled in the Tribal Option, and Children & Families Specialty Plan (CFSP) (upon launch).</div><div>UPDATES: NCDHHS has submitted a request to CMS (Centers for Medicaid and Medicare) a State Plan Amendment<ul style="list-style-type: none">Request: Permission from CMS to change current Medicaid State Plan to include the services under the 1915(i) Waiver and add them to the base Medicaid State Benefit PlanReason for Request: Under 1115 Waiver you cannot have 1915(b)(3) services, the state has requested to move services under the 1915(i) Waiver to ensure individuals are able to maintain access to critical services, NC intends to transition all (b)(3) benefits under the (i) AuthorityGoal: April 1, 2023, effective date to align with Tailored Plan Go-LiveOutcome: More individuals will be eligible to receive services under the 1915 (i) Waiver than what is currently allowed under 1915 (b)(3) Waiver. Additional services available and expanded eligibility</div></div> <div><table><tr><th>Current 1915(b)(3) Service</th><th></th><th>Future 1915(i) Services</th></tr><tr><td>In-Home Skill Building</td><td>➤</td><td>Community Living and Support</td></tr><tr><td>One-time Transitional Costs</td><td>➤</td><td>Community Transition</td></tr><tr><td>Individual Support</td><td>➤</td><td>Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i></td></tr><tr><td>Transitional Living Skills</td><td></td><td></td></tr><tr><td>Intensive Recovery Supports*</td><td></td><td></td></tr><tr><td>Respite</td><td>➤</td><td>Respite</td></tr><tr><td>Supported Employment</td><td>➤</td><td>Supported Employment</td></tr></table><div>(See PPT for more information on these services)</div></div>	Current 1915(b)(3) Service		Future 1915(i) Services	In-Home Skill Building	➤	Community Living and Support	One-time Transitional Costs	➤	Community Transition	Individual Support	➤	Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i>	Transitional Living Skills			Intensive Recovery Supports*			Respite	➤	Respite	Supported Employment	➤	Supported Employment		
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	<ul style="list-style-type: none"> • Community Guide and Community Navigator Services + Deinstitutionalized (DI) Services <ul style="list-style-type: none"> ○ Services under Innovations and 1915 (b)(3) services ○ The functions that Community Navigator or Community Guide are the same as Tailored Care Management or Duplicative of Tailored Care Management. ○ Community Navigator or Community Guide Services will fade out completely fully when TP launches, during transition period individuals will continue to receive these services until they are fully engaged with TP Care Management. ○ Deinstitutionalized (DI) Services (Innovations waiver look-alike Services): Individuals enrolled in these services will be rolling over to 1915© Innovations Waiver after TP launch. Rather than be on a look alike Waiver they will transition to full Innovations Waiver Slot when TP launch. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p style="background-color: #4f81bd; color: white; text-align: center; padding: 2px;">Current 1915(b)(3) Service</p> <div style="border: 1px solid black; height: 100px; margin: 5px; text-align: center; align-items: center; justify-content: center;"> <p>Community Navigator/ Community Guide</p> </div> <div style="border: 1px solid black; height: 50px; margin: 5px; text-align: center; align-items: center; justify-content: center;"> <p>Deinstitutionalization (DI) Services*</p> </div> </div> <div style="font-size: 2em; color: #4f81bd; margin: 0 10px;">➤</div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p style="background-color: #4f81bd; color: white; text-align: center; padding: 2px;">Future Coverage</p> <ul style="list-style-type: none"> • Tailored Care Management, the primary care management program for beneficiaries in Tailored Plans, will encompass the community navigator/community guide benefit covered by 1915(b)(3). • Beneficiaries enrolled in Tailored Care Management will have access to the range of supports offered today by community navigators.** • Current 1915(b)(3) DI services will only be available through the 1915(c) Innovations waiver as of Tailored Plan launch. </div> </div> <p style="text-align: center; margin-top: 10px;">(See PPT for more information on these services)</p> <ul style="list-style-type: none"> • Beneficiary Eligibility for 1915(i) Services <ul style="list-style-type: none"> ○ Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an I/DD, TBI, serious mental illness 		

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	<p>(SMI), serious emotional disturbance (SED), or severe substance use disorder (SUD) who meet need-based criteria set by the Department.</p> <ul style="list-style-type: none">○ Steps to Access Services:<ul style="list-style-type: none">✓ Evaluation/Assessment or Care Determination✓ Care Plan and Care Team Meeting✓ Service Authorization																																												
	<table><tr><th></th><th>I/DD</th><th>SED</th><th>SMI</th><th>SUD</th><th>TBI</th></tr><tr><td>Community Living and Support</td><td>✓</td><td></td><td></td><td></td><td>✓</td></tr><tr><td>Community Transition</td><td>✓</td><td></td><td>✓</td><td>✓</td><td>✓</td></tr><tr><td>Individual and Transitional Support</td><td></td><td>✓ ages 16-21</td><td>✓ ages 18+</td><td>✓</td><td></td></tr><tr><td>Respite</td><td>✓</td><td>✓ ages 3-20</td><td></td><td>✓ ages 3-20</td><td>✓</td></tr><tr><td>Supported Employment</td><td>✓ ages 16+</td><td>✓ ages 16+</td><td>✓ ages 16+</td><td>✓ ages 16+</td><td>✓ ages 16+</td></tr></table> <div><div>+</div><table><tr><th>Needs-Based Criteria</th></tr><tr><td><ul style="list-style-type: none">• Have a functional deficit• Can benefit from skill acquisition (e.g., self-determination, independent living) <i>or</i>• Can benefit from assistance in monitoring a health condition/living skills</td></tr><tr><td><ul style="list-style-type: none">• Moving to own community living arrangement and need initial set-up expenses/items</td></tr><tr><td><ul style="list-style-type: none">• At least one deficit in an instrumental activity of daily living (e.g., meal preparation)</td></tr><tr><td><ul style="list-style-type: none">• Unable to care for themselves in the absence of their primary caregiver</td></tr><tr><td><ul style="list-style-type: none">• Express the desire to work• Has a pattern of under/unemployment <i>or</i>• Have educational goals that relate to employment goals</td></tr></table></div>		I/DD	SED	SMI	SUD	TBI	Community Living and Support	✓				✓	Community Transition	✓		✓	✓	✓	Individual and Transitional Support		✓ ages 16-21	✓ ages 18+	✓		Respite	✓	✓ ages 3-20		✓ ages 3-20	✓	Supported Employment	✓ ages 16+	✓ ages 16+	✓ ages 16+	✓ ages 16+	✓ ages 16+	Needs-Based Criteria	<ul style="list-style-type: none">• Have a functional deficit• Can benefit from skill acquisition (e.g., self-determination, independent living) <i>or</i>• Can benefit from assistance in monitoring a health condition/living skills	<ul style="list-style-type: none">• Moving to own community living arrangement and need initial set-up expenses/items	<ul style="list-style-type: none">• At least one deficit in an instrumental activity of daily living (e.g., meal preparation)	<ul style="list-style-type: none">• Unable to care for themselves in the absence of their primary caregiver	<ul style="list-style-type: none">• Express the desire to work• Has a pattern of under/unemployment <i>or</i>• Have educational goals that relate to employment goals		
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	<p>(See PPT for more information on these services)</p> <p>Alliance Health Plan Strategic Planning</p> <ul style="list-style-type: none">● Next Generation or Next Gen<ul style="list-style-type: none">○ 3-year plan; Starting Fiscal year 2024-2026○ Currently in 12-month process of the Next Gen Strategic Plan<ul style="list-style-type: none">✓ Deep-dive look at Mission, Vision, and Values – determine if they still represent Alliance Health, is this still where we are and what we want to present as our priorities✓ Mission, Vision, and Values will set goals for the strategic plan, with objectives and initiatives✓ 5 Phases of Strategic Plan; Currently in Phase 2: Information gathering, looking at current landscape and determining/identifying opportunities for the future																																												

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	<p>Question/Comments/Concerns</p> <p>Vanda Mushi: How do the eligible individuals get the Respite and Community living and support services? What is the role of the Direct support personnel?</p> <p>Sara Wilson: To determine if someone is eligible there would be an initial independent assessment, based on assessment, if individual meets requirement for requested services they would be written into the Treatment Plan or Care Plan. Which would go to Utilization Management Department for review, to ensure Medical Necessity is met for the services. If Medical Necessity is met, then the services would be offered/initiated. Services would be provided by Direct Support Professional (DSP).</p> <p>Carol Conway: What about the people transitioning from (b)(3) to 1915(i), needing to be re-assessed. Will they experience are a service gap while waiting for re-assessment and evaluation?</p> <p>Sara Wilson: For people currently receiving (b)(3) waiver services there will not be a gap in services. Still working through details of contract details with the department but, people would be assessed and evaluated as plans are due would be assessed and evaluated. The goal is to make sure no one experiences lapse in their service during this transition.</p> <p>Dr. Michael McGuire – Thank you for presentation, very informative, clear, and easy to understand.</p>		
4. Service Updates	<p>Robbie Flynn, Alliance Health</p> <p>Adult Behavioral Health Urgent Care and Facility Based Crisis – Mecklenburg County</p> <ul style="list-style-type: none"> • Estimated Opening – Fall 2025 • 24/7 walk in Behavioral Health Urgent Care • 16 bed facility-based crisis; non-hospital medical detox • New Build – large project, the county is leasing a building and coordinating the construction (currently in the design phase for the building) • RI International selected as provider <p>Child and Adult Behavioral Health Urgent Care Mecklenburg</p> <ul style="list-style-type: none"> • 24/7 Walk in Behavioral Health Urgent Care • Partnership with Steve Smith Family Foundation, Mecklenburg County, Alliance and Daymark (Provider) • March 6, 2023 – Opening for first day of services (Site is near Bojangles Coliseum) <p>Community Transition Recovery Program (CTRP) – Mecklenburg County</p>		

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	<p>Program Description</p> <ul style="list-style-type: none">• Short-term, intensive supportive housing program for adult individuals with high and complex needs• Provider – Carolina Outreach, master leases a minimum of eight, two-bedroom apartments serving sixteen individuals experiencing:• Sheltering in places not meant for habitation (car, street, etc.)• Living in a shelter for individuals experiencing homelessness or lacks resources and/or supports needed to obtain permanent housing• Provider will lease a one-bedroom apartment as office location• Impact: 36 members served annually once all member apartments are under the master lease with capacity of 16. An additional 12 will be served that are under TCL Program. <p>UPDATES:</p> <ul style="list-style-type: none">• Carolina Outreach expected to sign lease Monday, February 6, 2023, for nine apartments at one location, on one floor. Originally, it was expected that apartments would be placed online incrementally as they came available.• Original plan: master leases a minimum of six, two-bedroom apartments serving twelve individuals – now master leases a minimum of eight, two-bedroom apartments serving sixteen individuals. One additional apartment to host on-staff.• Two apartments will be for TCL Members, six for CTRP, and one for onsite staff.• County/Alliance subrecipient funding agreement has been executed – Startup/Operation Budget has been finalized• Carolina Outreach has hired their Program Manager and interviewing additional staff - looking start moving members in March 2023 <p>Alliance Child Initiatives:</p> <p>Child Behavioral Health Urgent Care and Facility Based Crisis</p> <ul style="list-style-type: none">• The Hope Center for Child and Family Crisis- Fuquay, NC• 16 Beds – 10 Adolescents (Ages 13-17), 6 Child (Ages 6-12)• Beds will be available for use by Alliance Health Plan Members• Behavioral Health Urgent Care (BHUC) and Facility Based Crisis (24/7 walk in assessment and 16 beds)• Available regionally• Anticipate opening late March, and licensed beds to follow		

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	<p>Short-term Transitional Group Home/Crisis Beds for Catchment Area Use & Short-term Transitional Group Home/Crisis Beds Under Development – County Specific Use</p> <ul style="list-style-type: none">• Working to development short-term safe crisis spaces for kids, several in process and several already up and running.• Specifically for kids who are in DSS Custody and in need of quick placement. Help keep our members from living in DSS Offices and Hospitals.• 45-60 days placement, with hope to finding permanent and/or longer-term care. Can go beyond this timeframe while trying to find placement.• IDD Member length of stay might be between 90-120 days, can go beyond timeframe while trying to find placement.• See Provider Network Development Update PPT (Slides 9-10) – 02/06/2023, for additional details <p>MORES: Mobile Outreach Response Engagement and Stabilization</p> <ul style="list-style-type: none">• Team Response to Family Crisis - De-escalation, Assessment, Planning---crisis is whatever the caregiver defines as crisis• Team make-up is a clinician, QP, and a family partner• Single point of access, verbal consent, warm line with local mobile response team, 24/7, up to 8-week stabilization period• Fewer children in institutional care (e.g. ED, out-of-home placement)• Lower Cost of Care for Youth <p>Location Status</p> <ul style="list-style-type: none">• Cumberland – Communicare; Accepting Referrals (910)-222-6079• Durham/Orange – KidsPeace; Anticipate accepting referral in March (Contact TBD)• Johnston – KidsPeace; Accepting referral (484)-215-6756• Wake – KidsPeace; Accepting referral (484)-215-6756• Mecklenburg –Carolina Outreach and SPARC; Anticipate accepting referrals in March (Contact TBD – exploring single point of contact for both providers, anticipate having one phone number for both providers) <p>Therapeutic Relief</p> <ul style="list-style-type: none">• Service to support children in DSS custody in non-therapeutic settings such as the office.		

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	<ul style="list-style-type: none"> Provider Staff provide support to DSS staff and can take youth one on one out into the community or other locations to remove them from the non-therapeutic setting and give them respite from the situation. <p style="text-align: center;">Location Status</p> <ul style="list-style-type: none"> Cumberland – Hired staff, preparing to implement Durham – County wants to implement service; in planning now Johnston – Alliance will assess need in the county Orange – County wants to implement service; in planning now Mecklenburg – Live and serving members; Provider is Pinnacle Family Services Wake – Not available in this county <p>(Provider is Pinnacle Family Services, will be providing services in all catchment areas)</p> <p>Child Assertive Community Treatment Program (Child ACT)</p> <p>How does it work?</p> <ul style="list-style-type: none"> An intense service designed to maintain home stability when a youth is at risk of residential placement or hospitalization Consist of a clinical team (psychiatric nurse practitioner, registered nurse, licensed therapist, behavior specialist, respite provider, and other qualified professionals) Visits are made to the family's home or community setting several times each week. Visits varies based on family needs. 24/7 Crisis Response & Management Length of treatment is 6 months on average <p>What does the team provide?</p> <ul style="list-style-type: none"> Addressing Social Determinant of Health Needs (connections to needed community resources for food, utilities, housing, clothing, and other basic needs that impact family stability) Evidenced Based Therapy & Treatment Data-driven treatment planning and assessment through partnership with Outcome Referrals and TOP Assessment tool Planned In-home and in-community respite Psychiatry & Medication Management Health & Wellness Coaching Individual & Family Therapy Enhanced Safety Planning 		

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	<p>Anticipated Timeline:</p> <ul style="list-style-type: none">• In the planning stages now to expand the providers to Orange and Durham Counties. Expect to be operational no later than JUNE 2023• In planning stages now to startup teams in Mecklenburg and Wake Counties. Startup to be announced. <p>Client Care Web (CCW) Database Expansion TFC/IAFT Providers</p> <ul style="list-style-type: none">• Bed board tracking of members in residential treatment– provides user ability to update bed capacity when filled by Alliance members or youth from another MCO• All TFC/IAFT providers were invited to trainings in October • Bed board will be available for use by TFC/IAFT providers beginning November• Referral/intake page expanded to include mandatory fields, strength-based information, and DSS language Level II group, III, and short-term Transitional Group Homes/Crisis beds rollouts will be announced <p>Timeline</p> <ul style="list-style-type: none">• November 2022 – TFC/IAFT began using• March 15, 2023 – Level II group, III, and IV will begin using• Crisis Stabilization and Transitional Programs start using the application when a new home open <p>Advantages</p> <ul style="list-style-type: none">• Provides real-time information about capacity• Informs MCO of capacity across all catchments• Reporting <p>Question/Comments/Concerns Dr. Michael McGuire: How many people will be eligible to stay in one apartment? Robbie Flynn: Two people. To expand on that a little bit, we anticipate being able to serve 36 members in a year's time. Wrapped in two apartments for TCL Members. Expect to serve an additional 12 adults, with TCL Members. If you look at it, we are turning over the apartments about 3 times per year. Dr. Michael McGuire: Will there be opportunity for those to open in each county, considering we have a population that is growing and will outgrow that center if every county is going to that center?</p>		

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	<p>Robbie Flynn: Yes, I know that this one is in Fuquay area, not sure what the center in Wake County serves. We will keep it on our radar but, nothing planning at this time. Very expensive to own and operate, will monitor need as we go along.</p> <p>Dr. Michael McGuire: If a family has to take their child to the Hope Center, will Alliance assist with transportation? Most families do not have resources to get to other parts of the state.</p> <p>Robbie Flynn: There are some new things be shared with transportation, as we enter Tailored Plan. Not fully aware of what assistance is available but, I will find out and share the answer with this group. Currently, not there is has not been assistance provided, from Alliance Health, for this type of transportation. Of course, if law enforcement is involved, they will take the member.</p> <p>Dr. Michael McGuire: Suggesting that if Alliance is able to approve a company or service to provide ambulance services, non-medical required services to transport, that would be a whole lot cheaper than an ambulance. To transport and take them back to their destination, ambulance rates are going up.</p> <p>Charlitta Burruss: How will you assess roommates for the apartments, everyone is not a good fit when it comes to living together? What will the assessment look like for this process.</p> <p>Aimee Izawa: We actually have a CTRP in Durham County, with another agency. There is an application process that the provider will be using, in the case Caroline Outreach, there is an application process. What they do, the residents' bedrooms have locks, but they share the common area. They are looking at things like interests, health care needs, restrictions/preferences. It is temporary housing, so we are looking at 90-120 days, really transitional in nature. Goal is not to be there long-term but, to have onsite staff their to provide more intense support, but less restrictive than group home or other congregate setting, to allow people to acclimate back into the community. So that they can hopefully move to supportive permanent housing, so they do take those things into account within the application process.</p> <p>Charlitta Burruss: Even if it short-term there should be some way that the assessment should follow them when they get to permanent housing status. To check on people and not just put them out there. Should be constant heck-ins.</p> <p>Aimee Izawa: Agreed, what is really nice about CTRP – not only are they onsite staffed and peer support available, but there is also programming worked into the process. Group, sessions with clinicians, nurses, providing additional support and independence. Nice support used a lot with those transitioning from state psychiatric facilities in Durham.</p> <p>Carol Conway: What are the Spanish language capabilities of this program?</p> <p>Marie Dodson: Any thoughts for expansion into Johnston County?</p>		

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Monday, February 06, 2023

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>Robbie Flynn: No thoughts yet, but all counties will be on the radar for this program. Once they are in Durham and wake County and built out, they may be able to expand to the other counties.</p> <p>Aimee Izawa: Suggestion to have Robbie Flynn come back to Local CFAC Meets to expound upon all the initiatives shared.</p>		
5. State Updates	<p>Suzanne Thompson, NCDHHS</p> <p>New Staff Updates:</p> <ul style="list-style-type: none"> • Dave Richard, Deputy Secretary for Medicaid, is retiring on February 28, 2023 • Jay Ludlam, will become Deputy Secretary for Medicaid on March 1, 2023 <p>UPDATES:</p> <ul style="list-style-type: none"> • State CFAC Meeting <ul style="list-style-type: none"> ○ Date/Time: Wednesday, Feb. 8, 2023, 9:00 am -2:45 pm ○ Location:306 N. Wilmington Street, Raleigh NC (Bath Building Conference Room 107). ○ Join Link: Click here to join • Mental Health Town Hall: A Community Discussion on Improving Behavioral Health & Resilience Across North Carolina <ul style="list-style-type: none"> ○ Date/Time: Thursday, Feb. 9, 2023, 6:00-7:30 p.m. ○ Location: East Carolina Heart Institute Auditorium, Health Sciences Campus, 115 Heart Drive, Greenville, NC 27834 ○ Join Link: Click here to RSVP • NC Medicaid Ombudsman Webinar <ul style="list-style-type: none"> ○ Date/Time: Wednesday, Feb. 15, 2023, 2:00 pm ○ Join Link: Click here to register • Tailored Plan 101: Ready, Set, Launch Series: <ul style="list-style-type: none"> ○ Date/Time: Thursday, Feb. 16, 2023, 5:30 pm - 6:30 pm ○ Join Link: Click here to register • Joint DMHDDSAS and DHB Consumer Webinar <ul style="list-style-type: none"> ○ Date/Time: Monday, Feb. 27, 2023, 2:00 pm - 3:00 pm ○ Join Link: Click here to register 		

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Monday, February 06, 2023

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:
	<ul style="list-style-type: none"> • Money Follows the Person: Lunch and Learn <ul style="list-style-type: none"> ○ Date/Time: Monday, Feb. 13, 2023, 12:00-1:00 p.m. ○ Join Link: (Registration Required): Click here to register • Money Follows the Person: Roundtable <ul style="list-style-type: none"> ○ Date/Time: Friday, Feb. 17, 2023, 12:00-2:00 p.m. ○ Join Link: Click here to register • Competitive Integrated Employment Lunch and Learn Series <ul style="list-style-type: none"> ○ Date/Time: Wednesday, Feb. 15, 2023, 12:00-1:00 p.m. ○ Join Link: Click here to register • NC Medicaid Managed Care Hot Topics Webinar Series <ul style="list-style-type: none"> ○ Date/Time: (Every 3rd Thursday of the month) <p>Questions/Comments/Concerns: Susanne Thompson: Registration is open for NC Tides, see CE&E update for more details. Work with your staff at Alliance Health to see if you have people that can or want to participate.</p>		
6. One Recovery Conference	<p>Ramona Branch, Alliance Health</p> <ul style="list-style-type: none"> • NC "One Community in Recovery" Conference: 14th Annual NC "One Community in Recovery" Conference Wellness and Empowerment <ul style="list-style-type: none"> ○ Date/Time: March 1-3, 2023, Embassy Suites, Greensboro, NC ○ The Annual NC "One Community in Recovery" Conference is a yearly conference planned by a statewide committee of behavioral health providers and advocates, many of whom have lived experience with recovery from mental health and/or substance use. • Names to be approved for Attendance <ul style="list-style-type: none"> ○ Cumberland – Ellen Gibson, Felishia McPherson, Renee Lloyd ○ Durham – Tammy Shaw ○ Johnston – Bobby Dickson, Jerry Dodson (Registration Only) ○ Mecklenburg – Shagun Guar, Ron Clark and Michael Flood ○ Orange – Candace Alley, Krista Carraway (Pending Member to be voted in) ○ Wake – Nancy Johns 		

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Monday, February 06, 2023

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:
	<ul style="list-style-type: none"> Steering Committee – Dr. Michael McGuire <p>Question/Comments/Concerns Comment: Motion Made by Carol Conway at 6:46 pm, to approve conference attendees, seconded by Felishia McPherson – unanimous Marie Dodson: Jerry won a scholarship for recovery conference only, not hotel. Ramona Branch: Jerry won for conference only, not hotel. Does he need anything? Marie Dodson: Hotel was taken care of, so he is good. Michael McGuire: Another slot is open for a member from Johnston County to attend if anyone is interested. Get with Ramona if you want to attend.</p>		
7. Review Stipends	<p>Aimee Izawa, Alliance Health</p> <ul style="list-style-type: none"> N/A – Will be reviewed at the March Meeting <p>Question/Comments/Concerns Aimee Izawa: Pause in the interest of time, share updates at the next meeting.</p>		
8. Quarterly combined CFAC meeting	<p>Aimee Izawa, Alliance Health</p> <ul style="list-style-type: none"> Quarterly combined CFAC meeting <ul style="list-style-type: none"> Proposal: Quarterly Combined Meeting with all County CFAC Members, opportunity to have presentation from speakers, share resources, and plan for events, etc. Recurrence: 1x Time per quarter; 4x per fiscal year Take the place of the Local Meetings for 1-month, Steering Committee would still be held. <p>Question/Comments/Concerns Dr. Michael McGuire: It would just as nice to do this if it were like the retreat, have everyone come to Alliance Headquarters. See each other live, hybrid option. Better to see one another live, hard to meet others on the phone. Aimee Izawa: Do you want an option for in-person for the quarterly meeting? Dr. Michael McGuire: Hybrid option would be great, give opportunity for people to meet face to face. Aimee Izawa: We could still offer the Local CFAC Meeting area for those who would like to meet in person, so people could come together and still offer virtual option. Hubs for in person gathering in each county and then virtual option.</p>	<p>Discuss dates/times that would work best for the group.</p> <p>Aimee Izawa follow-up with survey for members.</p>	

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Monday, February 06, 2023

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>Carol Conway: Thinking more like the retreat where we have the CFACs mostly in-person with people also coming in virtually rather than combining a CFAC Local Monthly meeting with a Quarterly Meeting being Virtual.</p> <p>Aimee Izawa: More like a half-day meeting on a Saturday?</p> <p>Carol Conway: Yes</p> <p>Aimee Izawa: That's a different take on it. Maybe, what we can do is take some specific ideas, jot them down, and then follow-up and determine what all is interested in.</p> <p>Dr. Michael McGuire: Put out a survey</p> <p>Michael Flood: I like the idea of the Local CFAC being able to decide if they want to give up their Local CFAC Meeting on a quarterly basis.</p> <p>Dr. Michael McGuire: We are not giving up our Local Meeting, that is against the State Rules. The Quarterly Meeting is all of us across counties meeting to share information. More like the retreat.</p> <p>Michael Flood: It would be like four additional meetings for the year?</p> <p>Dr. Michael McGuire: Yes</p> <p>Aimee Izawa: Yes, so that is something we would need to put on the survey, would it be four additional meetings or more of an all-county meeting to disseminate information. Great options, we can send out a survey and determine what works best for members.</p>		
9. Revisit Term Limits	<p>Aimee Izawa, Alliance Health</p> <ul style="list-style-type: none"> • N/A – Will be reviewed at the March Meeting <p>Question/Comments/Concerns</p> <p>Aimee Izawa: Pause in the interest of time, share updates at the next meeting.</p>		
10. Review Request Form	<p>LaKeisha McCormick, Alliance Health</p> <ul style="list-style-type: none"> • N/A – Will be reviewed at each Local CFAC Meeting this month <p>Question/Comments/Concerns</p> <p>Aimee Izawa: I think you may have to present those at the Local Meetings, it is a new form.</p> <p>LaKeisha McCormick: Created CFAC Funds Request form, in the event that any Local CFAC need to request money for conference, training, rental space, community event etc. form created to streamline requests and create realistic time forms to ensure things are paid for and submitted in a timely manner. Will be presented at each of the Local CFAC Meetings.</p> <p>Carol Conway: We have a meeting that we plan to have April 1st. So, we need to fill out this form before our next Local CFAC Meeting.</p> <p>Douglas McDowell: We will get together with Lakeisha to discuss the form.</p>		

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Monday, February 06, 2023

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:
11. Announcements	<p>All</p> <p>Question/Comments/Concerns</p> <p>Dave Curro: The budget retreat is in March, every year we create a presentation.</p> <p>Aimee Izawa: We forgot to add this to the agenda. The Board of Directors retreat is March 20th. CFAC usually does a small presentation at the beginning of the day Historically that presentation typically does a quick overview of CFAC, what you do, the purpose, priorities, and what CFAC is focusing on – concerns driving the group. We will work to gather that information at the Local CFAC Meetings. We should have all that information compiled this month so that we are ready for the March meeting. More to come, will be reaching out to Dave Curro, Dr. Michael McGuire, and possibly Marie Dodson for presentation development and share what we come up with. Usually just entails a few slides.</p> <p>Carol Conway: Kelly Crosbie, Director of MH/DD/SUS at DHHS is interested in adding more to the State to Local CFAC dynamic. Information to think about.</p>		

11. ADJOURNMENT: The next meeting will be **Monday, March 6, 2023**



Alliance Behavioral Health Adult Initiatives

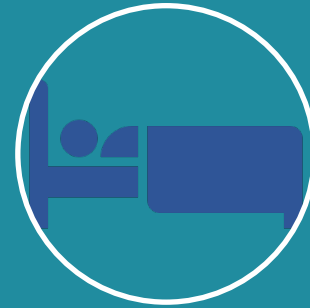
Adult Behavioral Health Urgent Care and Facility Based Crisis - Mecklenburg



**24/7 walk in
Behavioral
Urgent Care**



**RI International
selected as
provider**



**16 bed facility
based crisis
non-hospital
medical detox**



**New
Build**

Estimated Opening: Fall 2025

Child and Adult Behavioral Health Urgent Care Mecklenburg

- March 6th - Opening for first day of services
- 24/7 Walk In Behavioral Health Urgent Care
- Partnership with Steve Smith Family Foundation, Mecklenburg County, Alliance and Daymark



Community Transition Recovery Program (CTRP) - Mecklenburg

Program Description

- **Short-term, intensive supportive housing** program for **adult individuals with high and complex needs**
- **Provider, Carolina Outreach**, master leases a minimum of six, two-bedroom apartments serving twelve individuals experiencing:
 - **Sheltering in places not meant for habitation** (car, street, etc.)
 - **Living in a shelter for individuals experiencing homelessness or lacks resources** and/or supports needed **to obtain permanent housing**
- Provider will lease a one-bedroom apartment as office location
- Impact: **36 members served annually** once all member apartments are under the master lease. An **additional 12 will be served that are under the TCL program**

Update

- **Carolina Outreach expected to sign lease on 2/6/2023** for 9 apartments at one location, on one floor which is beyond expectations. Originally, it was expected that apartments would be placed online incrementally as they came available.
- **2 apartments will be for TCL members, 6 for CTRP and 1 for onsite staff**
- Startup/Operation budget has been finalized
- Carolina Outreach currently has hired their Program Manager and interviewing for additional staff

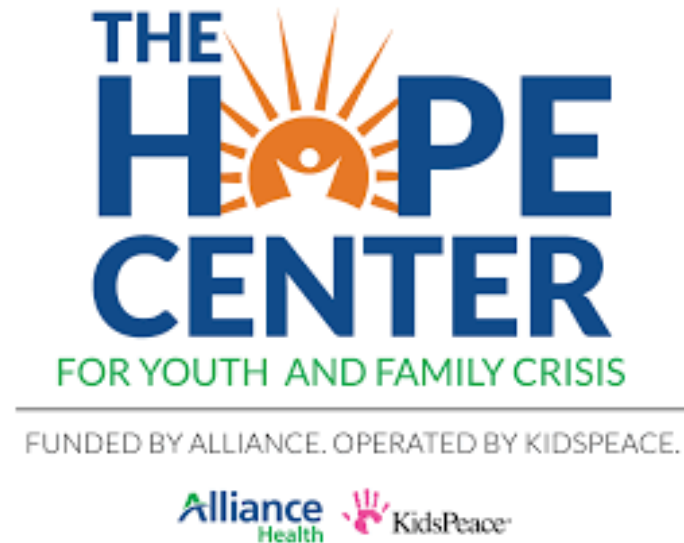


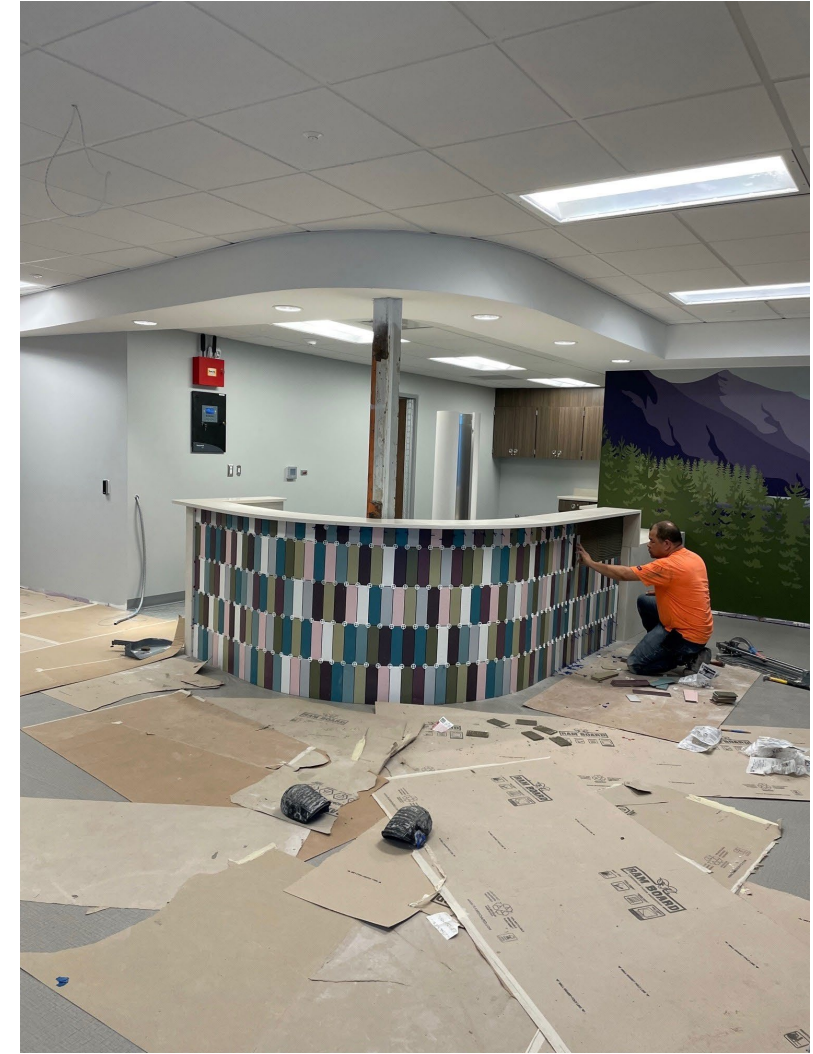
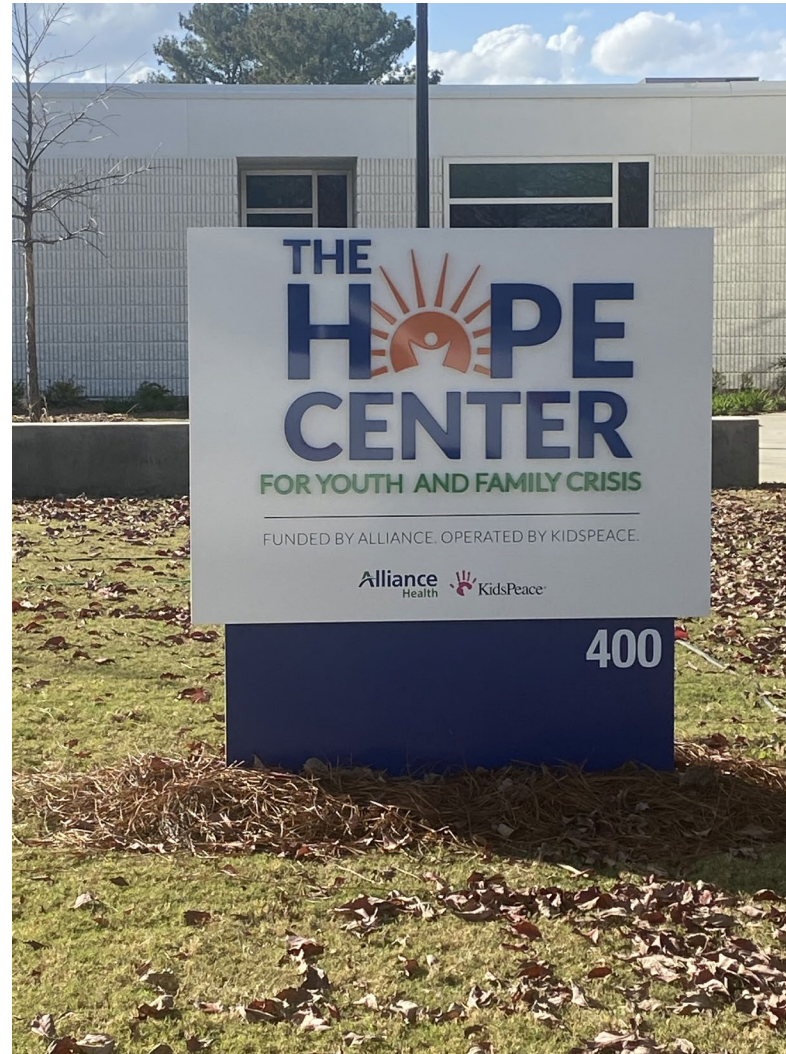


Alliance Child Initiatives

Child Behavioral Health Urgent Care and Facility Based Crisis

- The Hope Center for Child and Family Crisis- Fuquay NC
- Behavioral Health Urgent Care (BHUC) and Facility Based Crisis (24/7 walk in assessment and 16 beds)
- Available regionally
- Anticipate opening March, licensed beds to follow





Crisis Stabilization and Transition Program (CSTP)

Beds Under Development/Opened for Regional Use

Provider	Anticipated Opening	Members Served	County Location	Diagnosis	Female Beds	Male Beds	Total Beds
Savin Grace*	2/2023*	Regional	Johnston	MH/SUD	3	3	6
New Hope Treatment – SC	Operational since 10/10/2022	Regional	S. Carolina	MH/SUD	3	3	6
Thompson Child and Family Focus (level IV) – Williamson	Operational since 7/2021	Regional	Mecklenburg	MH/SUD	4	0	4
Thompson Child and Family Focus (level IV) – Christ Church	Operational since 7/2021	Regional	Mecklenburg	MH/SUD	0	4	4
Thompson Child and Family Focus (PRTF + FCT) – Alphin	Operational since 12/2022	Regional	Mecklenburg	MH/SUD	0	3	3
Thompson Child and Family Focus (PRTF + HFW) – Merancas	Operational since 12/2022	Regional	Mecklenburg	MH/SUD	0	3	3
Total					10	16	26

*currently waiting construction inspection. After construction inspection, there will be a program inspection prior to becoming licensed.

Crisis Stabilization and Transitional Program (CSTP)

Beds Under Development/Opened – County Specific Only

Provider	Anticipated Opening	Members Served	County Location	Diagnosis	Female Beds	Male Beds	Total Beds
Breakout	May/June 2023	Durham	Durham	MH/SUD	4	0	4
Thompson Child and Family Focus – Sally Hill	March 2023	Cumberland	Cumberland	MH/SUD	3	3	6
A Caring Home (level III)	February 2023	Mecklenburg	Mecklenburg	MH/SUD	3 initially, ↑ to 5	0	5
New Hope NC I, Inc* (level III) - Gastonia	Summer 2023	Mecklenburg	Gaston	I/DD/MH	6	0	6*
Thompson Child and Family Focus (PRTF + FCT) – Alphin Cottage	Operational since 11/2022	Mecklenburg	Mecklenburg	MH/SUD	0	3	3
Thompson Child and Family Focus (PRTF + HFW) – Merancas	Operational since 11/2022	Mecklenburg	Mecklenburg	MH/SUD	0	3	3
Total					18	9	27

- In discussion with providers to open a target of 18 beds in Wake County.
- In discussion with a North Carolina provider who is very interested in opening a facility in Mecklenburg. The primary focus of their facility will be MH and will serve girls. This provider will round out the additional beds we need for the target of 21-24 beds in Meck.

MORES

Mobile Outreach Response Engagement and Stabilization

- **Team Response to Family Crisis - De-escalation, Assessment, Planning**---crisis is whatever the caregiver defines as crisis
- Team make-up is a **clinician, QP, and a family partner**
- **Single point of access**, verbal consent, warm line with local mobile response team, 24/7, **up to 8-week stabilization period**
- **Fewer children in institutional care** (e.g., ED, out-of-home placement)
- **Lower Cost of Care** for Youth

County	Provider	Status	Contact
Cumberland	Communicare	Accepting Referrals	910-222-6079
Durham/Orange	KidsPeace	Anticipate accepting referrals in March	TBD
Johnston	KidsPeace	Accepting Referrals	484-215-6756
Wake County	KidsPeace	Accepting Referrals	484-215-6756
Mecklenburg	SPARC	Accepting Referrals	704-614-8807*
Mecklenburg	Carolina Outreach	Anticipate accepting referrals in March	TBD

*Alliance is exploring a single point of contact for dispatching MORES referrals once Carolina Outreach begins accepting referrals.



Therapeutic Relief

- Supports **children in DSS custody in non-therapeutic settings** such as the office.
- **Provider Staff** provide support to DSS staff and can **take youth one on one out into the community** or other locations to remove them from the non-therapeutic setting and give them **respite from the situation**.



County	Status
Cumberland	Hired staff, preparing to implement
Durham	County wants to implement service; in planning now
Johnston	Alliance will assess need in the county
Orange	County wants to implement service; in planning now
Mecklenburg	Live and serving members
Wake	Not available in this county

Child Assertive Community Treatment Program

How does it work?

- An intense service designed to maintain home stability when a **youth is at risk of residential placement or hospitalization**
- Consist of a clinical team (**psychiatric nurse practitioner, registered nurse, licensed therapist, behavior specialist, respite provider, and other qualified professionals**)
- **Visits are** made to the family's home or community setting **several times each week**. Visits varies based on family needs.
- **24/7 Crisis Response & Management**
- Length of **treatment is 6 months** on average

What does the team provide?

- **Addressing Social Determinant of Health Needs** (connections to needed community resources for food, utilities, housing, clothing, and other basic needs that impact family stability)
- **Evidenced Based Therapy & Treatment**
- **Data-driven treatment** planning and assessment through partnership with Outcome Referrals and TOP Assessment tool
- **Planned In-home and in-community respite**
- **Psychiatry & Medication Management**
- **Health & Wellness Coaching**
- **Individual & Family Therapy**
- **Enhanced Safety Planning**



Anticipated Timeline

- In the planning stages now to expand the providers Alamance team into **Orange and Durham Counties**. Expect to be operational no later than **June 2023**
- In **planning stages** now to startup teams in **Mecklenburg and Wake Counties**. Startup to be announced.

Client Care Web (CCW) Database Expansion

What is it

- **Bed board tracking of members in residential treatment** – provides user ability to update bed capacity when filled by Alliance members or youth from another MCO
- **Referral/intake page expanded** to include mandatory fields, strength-based information, and DSS language

Timeline

- November 2022 – TFC/IAFT began using
- March 15, 2023 - Level II group, III, and IV will begin using
- Crisis Stabilization and Transitional Programs start using the application when a new home opens

Advantages

- Provides **real-time information** about capacity
- Informs MCO of **capacity across all catchments**
- **Reporting**



The screenshot displays a web application interface for the Client Care Web (CCW) database. At the top, there is a search bar and several navigation icons. The main area is a grid of catchment areas, each represented by a small box containing a catchment ID (e.g., G104, A101, C101), a status (e.g., OPEN, Short wing), and a set of colored dots (red, yellow, green) indicating different levels of capacity or status. The grid is organized into columns and rows, with some catchments having additional details or sub-statuses.

NCATP Administrative Offices
2801 Mail Service Center
Raleigh, NC 27699-2801
Phone: 919-855-3500
Confidential Fax: 919-715-1776

<https://www.ncdhhs.gov/divisions/vocational-rehabilitation-service>

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

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

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

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

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

The Adaptive Recreation and Gaming Resource Fairs are 3 separate events planned across the state.

Register and learn about local resources, get hands-on experience with accessible gaming and recreation equipment, try out accessible recreational equipment and adaptive gaming, learn about resources to participate in local sports programs and meet new people with similar interests.

Each event is free and open to the public. To attend, click on the registration link for the event closest to you.

ASL and Spanish interpreters are available. Please request accommodation 14 days prior to the event date.

Call the center closest to you for more information.
All events will be held from 10 am - 2 pm.

March 25

Winston-Salem
JDL Fast Track, 2505 Empire Drive
Contact Person: Paul Eklund 336-716-8030
Co-hosted by Solutions for Independence
[Click here to register for this event.](#)

April 21

Wilmington
3340 Jaeckle Drive
Contact Person: Ja Medlicott 910-746-6843
[Click here to register for this event.](#)

May 19

Sanford
112 Dennis Drive
Contact Person: Julie Dutchess 919-579-5109
[Click here to register for this event.](#)

Side Nav

-
- **North Carolina Assistive Technology Program**

-
- [Accessibility for All](#)
 - [Assistive Technology Exhibition 2022](#)
 - [Assistive Technology Funding Resources](#)
 - [Make a Referral to NCATP](#)
 - [NC RAMMP: Ramp Access Makes Mobile People](#)
 - [NCATP Beam Center Tours](#)
 - [NCATP Centers](#)
 - [NCATP Grant Advisory Council](#)
 - [NCATP Staff](#)
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 - [Sharing News in AT](#)
 - [What is Assistive Technology?](#)



Transitioning 1915(b)(3) Services to 1915(i) Authority: *Tailored Plans*

December 7, 2022

Agenda

- **Transition of 1915(b)(3) Benefits to 1915(i) Services**
- **Services Transitioning to 1915(i) Authority**
- **Deep Dive: 1915(i) Requirements**
 - **Eligibility**
 - **Care Management/Care Coordination**
 - **Due Process/Grievances**
 - **Tailored Care Management Providers**
 - **1915(i) Service Providers**
 - **Network Adequacy**
 - **Reporting/Quality**
- **Q&A**

Transition of 1915(b)(3) Benefits to 1915(i) Services

- 1915(b)(3) benefits are a set of critical Home and Community-based Services (HCBS).
- LME/MCOs currently provide 1915(b)(3) services to Medicaid beneficiaries with significant behavioral health needs, I/DD, and TBI.
- On April 1, 2023, most individuals using 1915(b)(3) services will enroll in Tailored Plans; because of federal requirements, Tailored Plans cannot offer 1915(b)(3) services in their current form.
- **To ensure that individuals maintain access to these critical services, North Carolina is transitioning 1915(b)(3) benefits to 1915(i) authority by April 1, 2023.**
- The 1915(i) services will be available through:
 - ✓ **Tailored Plans**
 - ✓ **NC Medicaid Direct**, including individuals enrolled in the Tribal Option, and
 - ✓ **Children & Families Specialty Plan (CFSP)** (upon launch).

Note: While requirements in this presentation are framed in terms of Tailored Plans, they also apply to NC Medicaid Direct and the CFSP.

Tailored Plan Role in 1915(b)(3) to 1915(i) Transition

- Tailored Plans are critical in supporting members in the transition from 1915(b)(3) benefits to 1915(i) services.
- Tailored Plans must ensure the federally required independent assessment, independent evaluation, and Care Plan/ISP for 1915(i) services are conducted prior to April 1, 2023 to ensure members currently obtaining 1915(b)(3) benefits retain access to services (*see slide 12*).
- To streamline processes for providers and beneficiaries, 1915(i) care management/care coordination requirements are embedded into the Tailored Care Management model to the maximum extent possible (*see slide 14*).

Review of Key Dates

- **Dec. 1, 2022:** Tailored Care Management begins
- **Early 2023:** Tailored Plans must begin conducting independent evaluations and independent assessments for members currently receiving 1915(b)(3) services
- **April 1, 2023:** Tailored Plan launch
- **April 1, 2023:** Service delivery begins under 1915(i) federal authority

Services Transitioning to 1915(i)

As part of the transition to 1915(i), the Department is either retaining benefits in their current form or expanding the scope of existing benefits, such as making some benefits available to additional populations.

Current 1915(b)(3) Service		Future 1915(i) Services
In-Home Skill Building	➤	Community Living and Support
One-time Transitional Costs	➤	Community Transition
Individual Support	➤	Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i>
Transitional Living Skills		
Intensive Recovery Supports*		
Respite	➤	Respite
Supported Employment	➤	Supported Employment

The Department will release clinical coverage policies for the new 1915(i) services.

1915(b)(3) Services Transitioning to Other Medicaid Programs

The community navigator/community guide and deinstitutionalization 1915(b)(3) benefits will be offered under different Medicaid programs instead of under 1915(i) authority.

Current 1915(b)(3) Service		Future Coverage
Community Navigator/ Community Guide	➤	<ul style="list-style-type: none">• Tailored Care Management, the primary care management program for beneficiaries in Tailored Plans, will encompass the community navigator/community guide benefit covered by 1915(b)(3).• Beneficiaries enrolled in Tailored Care Management will have access to the range of supports offered today by community navigators.**
Deinstitutionalization (DI) Services*	➤	<ul style="list-style-type: none">• Current 1915(b)(3) DI services will only be available through the 1915(c) Innovations waiver as of Tailored Plan launch.

*The Department will be transitioning individuals currently receiving (b)(3)DI services to the Innovations waiver effective 4/1/2023.
**Community Navigator will continue to be offered as a standalone benefit for individuals enrolled in the Innovations waiver who are self-directing their services; however, its scope will change to only focus on self-direction functions.

Context: 1915(i) Service Requirements

Tailored Plan contracts and Tailored Care Management standard terms and conditions are being amended to include contractual requirements related to the delivery of 1915(i) services. Contractual requirements have been developed to comply with relevant federal requirements.

Key Requirements

This presentation will provide an overview of requirements in the following key areas:

- Eligibility
- Care Management
- Tailored Care Management Providers
- 1915(i) Service Providers
- Network Adequacy
- Quality

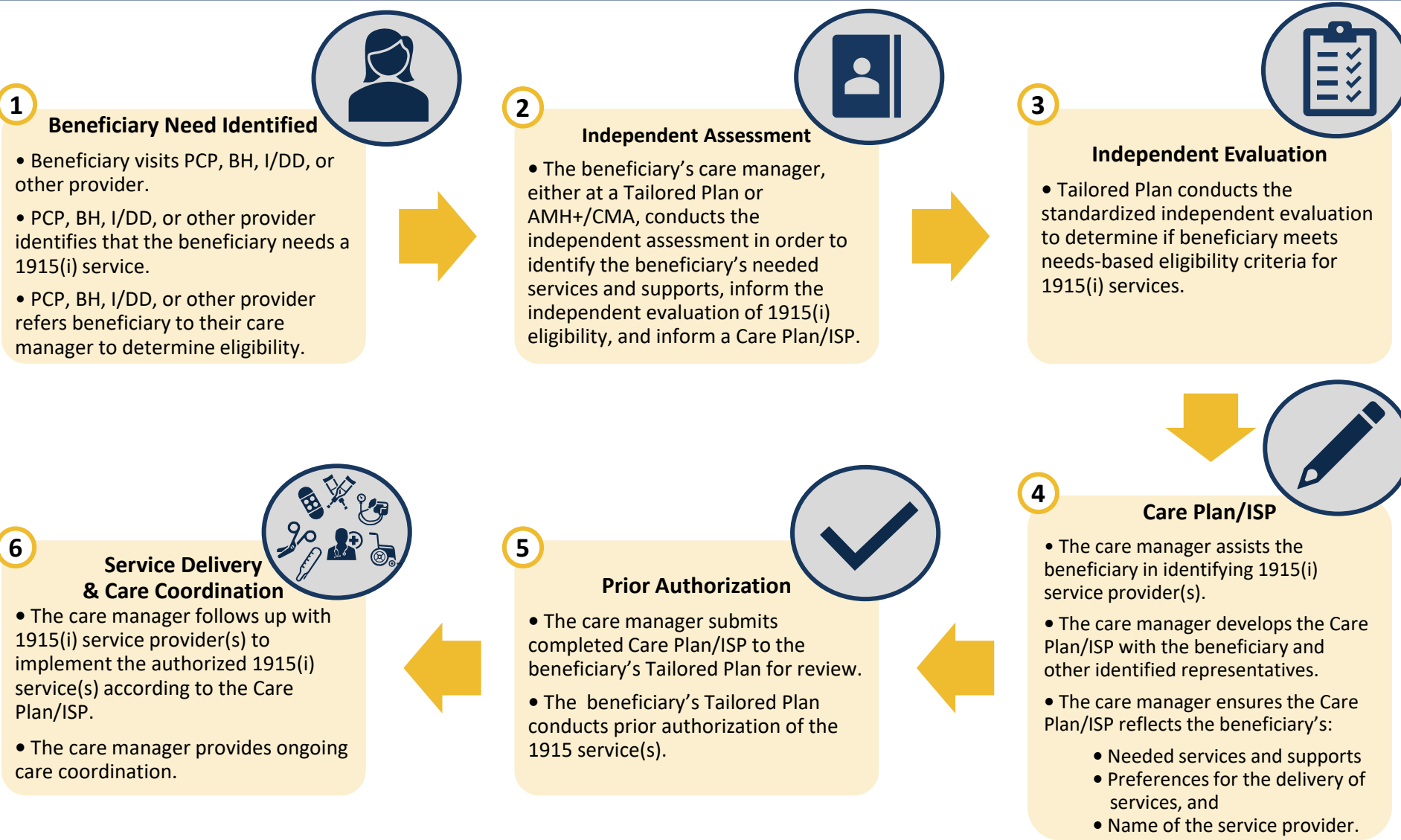
The Department has made efforts to align 1915(i) requirements with the following existing requirements, where applicable:

- **1915(c) Innovations and TBI waiver requirements**, in order to simplify processes for service providers
- **Tailored Care Management requirements**, given that all beneficiaries eligible for 1915(i) services are also eligible for Tailored Care Management



Deep Dive: 1915(i) Requirements

Process Flow: Accessing 1915(i) Services in Tailored Plans



Eligibility

Beneficiary Eligibility for 1915(i) Services

Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an I/DD, TBI, serious mental illness (SMI), serious emotional disturbance (SED), or severe substance use disorder (SUD) who meet need-based criteria set by the Department.*

	I/DD	SED	SMI	SUD	TBI		Needs-Based Criteria
Community Living and Support	✓				✓	+	<ul style="list-style-type: none"> Have a functional deficit Can benefit from skill acquisition (e.g., self-determination, independent living) or Can benefit from assistance in monitoring a health condition/living skills
Community Transition	✓		✓	✓	✓		<ul style="list-style-type: none"> Moving to own community living arrangement and need initial set-up expenses/items
Individual and Transitional Support		✓ <i>ages 16-21</i>	✓ <i>ages 18+</i>	✓			<ul style="list-style-type: none"> At least one deficit in an instrumental activity of daily living (e.g., meal preparation)
Respite	✓	✓ <i>ages 3-20</i>		✓ <i>ages 3-20</i>	✓		<ul style="list-style-type: none"> Unable to care for themselves in the absence of their primary caregiver
Supported Employment	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>	✓ <i>ages 16+</i>		<ul style="list-style-type: none"> Express the desire to work Has a pattern of under/unemployment or Have educational goals that relate to employment goals

Determining Eligibility for 1915(i) Services

A beneficiary's Tailored Plan and care manager have responsibility to determine eligibility for 1915(i) services by administering both an independent assessment and an independent evaluation, in line with federal requirements.



Independent Assessment

- **Responsible Entity:** Care managers, whether they are based at an AMH+/CMA or Tailored Plan, must conduct the independent assessment.
- **Purpose:** Determine eligibility for 1915(i) services following referral from a beneficiary's PCP, BH, or I/DD provider; Inform a service plan for 1915(i) services that will be incorporated into the beneficiary's Care Plan/ISP.



Independent Evaluation

- **Responsible Entity:** Tailored Plans must conduct the independent evaluation.
- **Purpose:** Determine the beneficiary meets the needs-based eligibility criteria for 1915(i) service(s).

The Department will require that Tailored Plans and care managers use standardized tools to conduct the independent evaluation and independent assessment.

Care Management/Care Coordination

Overview: 1915(i) Requirements are Embedded into Tailored Care Management

1915(i) care management/care coordination requirements are embedded into the Tailored Care Management model to the maximum extent possible and are designed to be incorporated into Tailored Care Management workflows.

1915(i) & Tailored Care Management

- **AMH+/CMA Certification.** All AMH+/CMAs must have the capability to perform Tailored Care Management for members obtaining 1915(i) benefits.
- **Care Manager Qualifications.** Qualifications for care managers serving members obtaining 1915(i) services are the same as qualifications to provide Tailored Care Management.
- **Care Manager Assignment.** The beneficiary's assigned care manager, whether at a Tailored Plan or AMH+/CMA, will provide care coordination for 1915(i) services. Members will be able to retain their care manager if they become eligible for a 1915(i) services.
- **Care Manager Training.** All care managers providing Tailored Care Management must be trained on the eligibility, assessment, and coordination of 1915(i) services.
- **Care Plan/ISP.** Care managers will incorporate incorporates the results of the 1915(i) independent assessment into the beneficiary's existing Care Plan/ISP. The beneficiary's Care Plan/ISP will be submitted to Tailored Plans for 1915(i) service authorization.
- **Care Management Comprehensive Assessment.** The beneficiary's annual care management comprehensive re-assessment will include the 1915(i) independent re-assessment.
- **Ongoing Care Management.** Care managers will monitor service delivery and support coordination of 1915(i) services for beneficiaries as part of ongoing Tailored Care Management.

Care Management: Person-Centered Planning & Care Plan/ISP

Beneficiaries obtaining 1915(i) services must have a Care Plan/ISP that identifies needed 1915(i) services, informed by the independent assessment. The Care Plan/ISP must also reflect the goals and preferences of the beneficiary.

Person-Centered Planning & Care Plan/ISP Requirements



Care managers must complete the following requirements to determine the 1915(i) services needed by a beneficiary:

- **Independent Assessment:** Conduct the independent assessment for beneficiaries and incorporate results into the beneficiary's Care Plan/ISP.
- **Care Team Meeting:** Explain options regarding the 1915(i) services available to the beneficiary (e.g., service duration) and convene a person-centered planning meeting to complete the Care Plan/ISP.
- **Service Authorization:** Submit the Care Plan/ISP to the Tailored Plan for service authorization.

Care Management: Prior Authorization

Care managers will submit the beneficiary's Care Plan/ISP to the Tailored Plan for service authorization. Tailored Plans will review and approve/deny the Care Plan/ISP.

Prior Authorization

- **Service Authorization***. Tailored Plans must review and approve/deny a beneficiary's initial Care Plan/ISP within 60 Days of 1915(i) eligibility determination.
- **Service Initiation**. Tailored Plans must ensure 1915(i) services begin within 45 days of Care Plan/ISP approval.
- **Immediately Needed Services**. In the event a 1915(i) service is "immediately needed", care managers may complete and submit an interim plan of care to the Tailored Plan so that services may be approved.
 - Care managers must subsequently complete the full Care Plan/ISP within 60 days of eligibility determination for 1915(i) services.

"Immediately needed" 1915(i) services are defined as services that a beneficiary needs in order to:

- Facilitate discharge from an inpatient setting
- Prevent inappropriate placement in an inpatient setting
- Prevent placement outside the person's current living arrangement
- Address behavioral health/psychiatric conditions that place the person or others at risk of harm
- Prevent imminent loss of competitive integrated employment or offer of such employment

* Standard Service Authorization turnaround times apply for the 1915(i) services.

Care Management: Intersection of 1915(i) Care Coordination & Tailored Care Management

All beneficiaries eligible for 1915(i) services are eligible for Tailored Care Management. Accordingly, Tailored Care Management will incorporate all required 1915(i) care coordination activities so that a person can obtain 1915(i) care coordination through their assigned care manager.



Beneficiaries Engaged in Tailored Care Management

- **Responsible Entity:** The beneficiary's assigned care manager, whether at a Tailored Plan or AMH+/CMA, will provide care coordination for 1915(i) services.



Beneficiaries who have Opted Out of Tailored Care Management

- **Responsible Entity:** The beneficiary's Tailored Plan will provide care coordination for 1915(i) services (e.g., conducting independent assessment, completing Care Plan/ISP).

For beneficiaries engaged in Tailored Care Management, The Tailored Plan must:

- **Notify** the beneficiary's organization providing Tailored Care Management the beneficiary has been determined eligible for 1915(i) services,
- **Share** the results of the independent evaluation for 1915(i) services with the beneficiary's organization providing Tailored Care Management

Care Management: Additional Care Coordination Requirements

1915(i) care coordination is required regardless of whether a beneficiary engages in Tailored Care Management. The beneficiary's assigned care manager, whether at a Tailored Plan or AMH+/CMA, will provide care coordination for 1915(i) services.

1915(i) Care Coordination Requirements

- Explaining the service authorization process
- Assisting in choosing a qualified provider to implement 1915(i) service(s) (e.g., providing a list of available providers and arranging provider interviews)
- Monitoring Care Plan/ISP goals
- Maintaining close contact with the beneficiary, providers and other members of the care team
- Promoting the delivery of services and supports in the most integrated setting that is clinically appropriate for the beneficiary
- Updating the independent assessment at least annually or as significant changes occur*
- Notifying the appropriate Tailored Plan of updates to 1915(i) service eligibility
- Monitoring of service delivery



*For beneficiaries in Tailored Care Management and obtaining 1915(i) services, the care manager must complete the independent assessment as part of the annual care management comprehensive reassessment

Care Management: Qualifications & Training

All AMH+/CMAs must have the capability to perform Tailored Care Management for individuals obtaining 1915(i) benefits. Accordingly, beneficiaries will be able to retain their care manager if they become eligible for a 1915(i) services.



Care Manager Qualifications

Qualifications for care managers serving beneficiaries obtaining 1915(i) services are the same as qualifications to provide Tailored Care Management:

- Meet North Carolina’s definition of a Qualified Professional per 10A-NCAC 27G.0104



Care Manager Training

All care managers providing Tailored Care Management must be trained on the eligibility, assessment, and coordination of 1915(i) services including:

- Process for conducting the independent assessment,
- Knowledge of available resources, service options, providers,
- Requirements for ongoing coordination and monitoring of 1915(i) services, and
- Best practices to improve health and quality of life outcomes

Due Process/Grievances

Due Process/Grievances

Tailored Plans must comply with the due process requirements for beneficiaries who are obtaining or seeking to obtain 1915(i) services.

Due Process/Grievances Requirements

Tailored Plans must provide beneficiaries with written notice of:

- Result of a beneficiary's independent evaluation for 1915(i) services
- Result of a beneficiary's independent assessment for 1915(i) services
- Information on how to file a grievance regarding adverse determination of eligibility for 1915(i) services



As applicable, Tailored Plans must provide beneficiaries with written notice of:

- Denial of a request for 1915(i) service authorization, including if a service is authorized in a limited manner (e.g., authorized service duration is less than amount requested)

Tailored Care Management Providers

Requirements for Tailored Care Management Providers

Care coordination for 1915(i) services must comply with federal conflict of interest requirements, including conflict-free care management, in order to promote consumer choice and limit bias by a care manager when identifying HCBS needs and developing plans to access services.

Tailored Care Management Providers

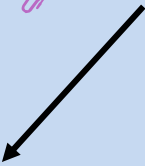
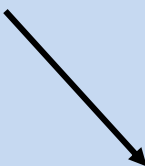
Providers must abide with federal conflict-free care management requirements.

A behavioral health or I/DD provider acting as a CMA **cannot deliver both Tailored Care Management and HCBS**, including 1915(i) services, to the same beneficiary.

Care Manager



CMA/HCBS Provider



Requirements for 1915(i) Service Providers

1915(i) service providers must meet provider qualifications required by the Department, as outlined in the 1915(i) SPA.

1915(i) Service Providers

All providers delivering 1915(i) services, with the exception of those delivering Community Transitions, must:

- Be enrolled in NC Medicaid;
- Meet provider qualification policies, procedures, and standards established by the Department;
- Fulfill the requirements of 10A-NCAC 27G;
- Comply with all applicable federal and state requirements (e.g., statutes, rules, policies, communication bulletins and other published instructions released by the Department); and
- Meet national accreditation within one year of enrollment.*

Providers delivering the Community Transitions 1915(i) services must:

- Meets applicable state and local regulations for type of service that the provider/supplier is providing as approved by the Tailored Plan.



Provider requirements for the following 1915(i) services will mirror 1915(c) Innovations requirements:

- Community Living and Support
- Supported Employment for IDD
- Respite

Network Adequacy

Network Adequacy

Tailored Plans have responsibility for ensuring there are sufficient 1915(i) service providers to meet the following network adequacy requirements:

	≥ 2 service providers within each Tailored Plan Region	≥ 2 service providers within 45 minutes of the beneficiary’s residence	Not subject to standard
Community Living and Support	✓		
Individual and Transitional Support	✓		
Supported Employment	✓		
Respite	<div>✓</div> <div>Out-of-home respite</div>	<div>✓</div> <div>In-home respite</div>	
Community Transition			✓

Quality/Reporting

Reporting/Quality

Tailored Plans must report on both 1915(i) service delivery and 1915(i) quality measures. Tailored Plans will generally be able to complete the required reporting without additional required inputs from providers.

Reporting Requirements

1915(i) Service Delivery. Tailored Plans must complete a quarterly “**1915(i) Service Tailored Care Management Report**” that provides the following information:

- The number of beneficiaries obtaining 1915(i) services actively engaged in Tailored Care Management, and
- The number of beneficiaries obtaining 1915(i) services at each CMA that is also a 1915(i) service provider.

1915(i) Quality Measures. Tailored Plans must report **quality measures** in the following **seven domains**, in line with federal requirements. 1915(i) quality measures closely align with 1915(c) Innovations and TBI waiver quality measures.

- Eligibility Requirements
- Abuse, Neglect, Exploitation
- Service Plans
- Oversight
- Providers
- Financial Accountability
- HCB Settings



Q&A

Appendix: 1915(i) Service Codes/Modifiers

1915(i) service codes and modifiers are listed below for reference.

Code	Modifier(s)	1915(i) Service
H0043	U4	Community Transition
H0045	U4	Respite
H2023	U4	Supported Employment Initial
H2026	U4	SE Maintenance
T1019	U4	Individual and Transitional Support
T2012	U4	Community Living and Supports (only in the community – non-EVV)
T2013	HQ U4	Community Living and Supports Group
T2012	GC U4	Community Living and Supports relative as provider lives in home (non-EVV)



Monday, February 13, 2023

Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

MEMBERS PRESENT: ☐ Vandna Munshi, ☒ Victoria Chibuogu Nneji, ☒ Tammy Shaw, ☐ Latasha Jordan, ☒ Dave Curro, ☒ Brenda Solomon, ☐ Chris Dale, ☐ Pinkey Dunston, ☒ Regina Mays, ☒ Charlitta Burruss

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thompson, DHHS, : ☒ Herb Trippert, Trosa,

STAFF PRESENT: ☒ Ramona Branch, Member Inclusion & Outreach Manager; ☒ Fantasia Jones, Member Inclusion & Outreach Specialist; ☒ Aimee Izawa, Director Community and Member Engagement; ☒ Victoria Mosey, Member Inclusion & Outreach Specialist

Microsoft Teams meeting

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Phone Conference ID: 343 043 434#

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1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 9, 2023, Consumer and Family Advisory Committee (CFAC) were reviewed, A motion was made by Regina and seconded by Dave to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	<ul style="list-style-type: none">- Introduction to Victoria Mosey, new MIOS for Durham and review of current CFAC members.- Regina expressed concern regarding MS Teams and usability during meetings, particularly during the recent Steering Committee meeting, reviewing that she was muted several times, and having access issues. Charlitta agreed with this. Both parties expressed needing to switch between phone and computer. Ramona identified that she would bring this concern to leadership. Aimee identified that leadership took various factors into consideration,	<p>Ramona and Aimee will speak with leadership regarding accessibility concerns with MS Teams to see if alternate platform can be used.</p> <p>Ramona and Aimee will follow-up with the individual identified by</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>including security/privacy concerns, what other agencies use, etc. Aimee will review with leadership to determine how to proceed.</p> <ul style="list-style-type: none"> - Charlitta expressed concern about a woman in Durham, experiencing DV, suicidality, needing MH supports, and issues with housing, receiving insufficient information from Alliance. She reported a need for more rapid supports than 24-48 hours, noting the significance of DV concerns. Concern re: ex-parte order and 50B. She reports speaking with clergy, community members, stakeholders. People are frequently referred to Access, but not receiving the support they need, "getting the run around." She is continuing to attempt to provide advocacy for the individual despite these barriers. She referred to a recent news story of a 14 year old girl who was suicidal and attempted/completed suicide, noting that she needed rapid supports, similar to this population. Feels the need to push to the federal/state level, and that things are "stopping at the table," in times where there is "serious, serious danger." She identified that past methods are ineffective, and there is a need to determine creative steps to move forward and get more action in the community. It was acknowledged between Ramona, Dave, and Charlitta that DV isn't necessarily covered by Alliance, but that Alliance is responsible for supporting MH concerns. Ramona identified that she would be happy to pursue supporting this individual outside the meeting further, working to determine how Alliance can support the individual, and/or if external referral to Enrollment Broker or other community resource is warranted. Aimee indicated that it might be worthwhile to review if Alliance can partner with community-based organizations around DV. Charlitta would like more collaboration among agencies. Charlitta will speak with this individual tonight and refer her to Ramona and Aimee for follow-up. - Regina identified a similar scenario where she was speaking with a woman hiding in the closet, and she attempted to refer her to the HART team to assist the woman, but an armed officer came out instead. She assisted the individual with making a call to Alliance, and it didn't go well. The whole household has a history of mental illness. Dealing with navigating the system as a peer can be difficult, and there is difficulty with follow-through and accountability. She expressed concern about things like Domestic 	<p>Charlitta to determine how Alliance can be of assistance.</p>	

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Violence and crime being related to mental health and substance use, and that these community supports should be further bolstered as a result. She identified no response has been made to the students at Hillside. The lack of follow-through has made Regina feel like she's not an effective CFAC member. Charlitta expressed this topic is an urgency, and that certain areas of Durham are more dangerous than others, and may be impacted by some issues more than others.</p> <p>COVID-19- Check In: No updates.</p>		
4. State Updates	<p>Suzanne Thompson: February CE&E.</p> <ul style="list-style-type: none"> - NC Medicaid Deputy Secretary Dave Richardson will be retiring at the end of February 2023. The current deputy under David will be Secretary starting March 1st. - Community Engagement: Triangle Empowerment Center National Black HIV/AIDS Awareness Day: Date/Time: Tuesday, Feb. 7, 2023, 6:00 p.m. Location: Durham Senior Center for Life 406 Rigsbee Avenue, Durham, NC 27701 - State Consumer and Family Advisory Committee (SCFAC) Meeting: Date/Time: Wednesday, Feb. 8, 2023, 9:00-2:45 p.m. Location: 306 N. Wilmington Street, Raleigh NC Bath Building Conf. Room 107 - There has been a Samantha R. ruling, and the state is appealing it. A judge issued a stay in the order today, and as appeal moves forward, they will not implement parts of the order. The state doesn't disagree in premise with the ruling of Samantha R, but there are lots of things that need to happen in order to implement that ruling and do it correctly. There has to be an appropriate level of community services, and it could cause disruption in living situations if not done in a proper order. There are more supports needed around transitioning from ICF-MR or ACH, and concerns these facilities may close as a result of not receiving sufficient referrals. The state will be meeting with the General Assembly to address this. The press release is pending. - Monthly update and list of events are provided via the list-serv, Aimee, Ramona, or various Alliance staff. 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> - If an individual needs their primary care physician updated on the Medicaid card, the individual should contact the Medicaid direct provider or the Enrollment broker. - DSS Medicaid Worker does eligibility, assists in determining eligibility for Medicaid, SNAP, etc. If it relates to primary care physician and benefits under Medicaid, those questions go to the Enrollment Broker. If there is a concern regarding inappropriate answer from provider or EB, call the NC Medicaid Ombudsman. 		
5. Tailored Plan Updates	<p>Aimee Izawa</p> <ul style="list-style-type: none"> - Got the CFAC brochure sent to the state for approval, gone back and forth with Communications department, who formatted it for the cards. It was approved for the state, submitted, and pending response from the state. It will be both in English and Spanish on one side, including a more diverse picture. Suzanne is secondary reviewer for approval, indicating that she would follow-up with the primary reviewer to provide any feedback for Comms team. - Next Friday is the free med give away in Durham from 9am-2pm, people can sign up for free medication, doesn't have to be an Alliance member, doesn't have to show ID, etc. Have both adult and children medication, or a family pack, or do a little bit of both. Volunteers are needed on Thursday before for packaging and Friday on site for passing out medications, assisting individuals arrive, and work with vendors pending. Wanting to provide medications to the Durham community at large. Individuals can reach out to Aimee, Ramona, MIOS Victoria, or Ashley. 	<p>Suzanne will follow-up with review of Alliance CFAC rack cards.</p> <p>Aimee, Ramona, MIOS Victoria, SOC Ashley, and other Alliance staff will attend Durham OTC event. CFAC encouraged to attend.</p>	
6. LME/MCO Updates	<p>Ramona Branch</p> <ul style="list-style-type: none"> - CFAC Legislative day, sent out flyer to everyone. She encourages people to check their email for the information. It's on March 7th, want all the local CFAC members, and the Chairs. Gather any talking points or questions to bring to state point of contact. A time where individuals can speak to legislators about advocacy work. - Alliance Budget Retreat to take place in March. Alliance is requesting CFAC come up with major concerns to add and discuss during the agenda of that meeting. - CFAC Request Form – announcement was made at the Steering Committee, and it is available for people to use. It is to be used for any cost-based request. It is requested to be completed ASAP, at minimum four weeks before payment need rendered. MIOS can 	<p>Ramona requested CFAC review legislative day email sent out, requested CFAC attendance at this meeting, and CFAC email with concerns they want addressed.</p> <p>Aimee/Ramona requesting CFAC identify major concerns to discuss during the Alliance Budget retreat.</p>	

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>assist with this and will communicate with CFAC member regarding next steps. Ramona reinforced Alliance would try to like to keep costs lower and coordinate with existing partners.</p> <ul style="list-style-type: none"> - Tammy Shaw indicated that her CPSS certification lapsed and she will need to complete the 40 hour training again to recertify and become current. She's unclear if CFAC can assist. Suzanne reviewed that VR can assist with the cost of the training, and Suzanne mentioned that the CE&E newsletter typically includes a page about Peer Support concerns, but there are no other resources regarding this she can think of. Aimee and MIOS agreed. She was encouraged to speak with an employer about the cost of this if employed as a CPSS. Ramona additionally encouraged speaking with Recovery Innovations point of contact, Kim Chansen, since they have many CE's for CPSS. 		
7. Steering Committee Updates	<p>Charlitta Burruss</p> <ul style="list-style-type: none"> - There was a review of different upcoming residential facilities and crisis facilities with extended future timelines and unclear admitting criteria and concern about roommates. She noted that there is concern about what these children with needs will do in the interim to be promptly serviced while GHs, apartments, and buildings are built for these supportive purposes. She reinforced the need to be proactive and provide real time supports. Aimee reports that she has requested Robbie and Kate provide regular updates about new services coming to Alliance and allow for feedback. She noted that UNC indicated recently they would be opening a new children's residential facility in Chapel Hill. Charlitta expressed desire to tour the facilities to see the progress. - Charlitta sought clarification if meetings would resume in person next month. Fantasia reports that TROSA is still available per report of Herb. Charlitta identified that it would be nice to resume at least partial in person and do hybrid meeting if needed. Regina identified that past voting was mixed between in person and hybrid. - It was noted that this wasn't necessarily a covid concern, but around transportation concerns and traveling in the night time with safety. Some busses don't go the same route any more due to lack of drivers. 	<p>Aimee will follow-up with Provider Networks to see if they are able to provide more regular updates to CFAC.</p> <p>Aimee and MIOS Victoria will follow-up to look into using the main Durham library as a meeting space for future CFAC meetings.</p>	

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> - Tammy indicated that she could provide a ride for someone if transportation is needed. Charlitta acknowledged she could also do this, but expressed concern regarding the cost of gas. - Regina indicated it might be more helpful to move to a more accessible location, but money was expressed as a concern for other locations. It was noted libraries were discussed, and it's unclear why that wouldn't work. Charlitta mentioned it might have been an issue with allowing food and beverage. Regina identified that library indicated that they can reserve the meeting ahead of time online for free, but would need to pay a small cleaning fee if bringing food and beverage. It's \$25-40 depending on the room size and tech meeting needs. Aimee and MIOS Victoria will touch base on how to proceed and review restrictions. The main library on Roxboro was discussed as the desired meeting location. - Charlitta reports that it would be nice to meet on local CFAC members birthday, reviewing that she's aware there likely couldn't be a gift given, but it would be a nice sentimental touch. 		
<p>8. Discussion: Request Form/ Budget Retreat</p>	<ul style="list-style-type: none"> - See above. Aimee reviewed Board of Directors having an annual budget meeting, called a Budget Retreat, where it provides CFAC an opportunity to address major concerns and successes. Aimee identified that she is gathering this info from all local CFACs, particularly around service gaps and needs. Aimee identified that, for example, per recent state calls, it was reported that individuals served were identifying a lot of confusion and concern about tailored plan implementation. - Charlitta reports that she'd like better connection with agencies and rapid response, quicker than 24-48 hours. Brenda reports that individuals are indicating need for transportation at night, particularly to the hospital, but not wanting to use the ambulance since police would arrive. Charlitta noted appropriate training for responding EMS, police, and related professionals – discrepancy between training they supposedly received and how they act in the community. Charlitta identified that it would be helpful to get more clear definitions around CFAC responsibilities and CFAC representation in the community. Dave agreed, indicating that it would be helpful to review state guidelines at the beginning of the meeting, goals they're supposed to be meeting, and the Alliance mission. Charlitta would like more feedback on meetings attended 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>by MIOS, Ramona, and Aimee. Aimee reports that she would be working on this type of review with Lakecia on the regular to submit to the CFAC for review.</p> <ul style="list-style-type: none"> - Aimee was happy to see CFAC members attended local town halls, and involvement with community events. - Doing well: Charlitta reports the Town Hall meeting went well, and should ideally be offered on a regular basis in order to be receptive to input regarding Tailored Plan implementation. Brenda reports some Alliance staff, such as Ms. Hinton, have been attending local PAC meetings, and she has received positive reports from community members regarding that. Brenda reports hearing positive reports around OTC event. There is request for wanting to do this in various parts of Durham. Regina mentioned she'd like to see more CFAC member involvement at these events and more Alliance-CFAC collaboration overall. Aimee and Ramona reinforced this would be desired. 		
9. Announcements	<ul style="list-style-type: none"> - I2i conference rescheduled to June with extra speakers, noting cancelled conference in December. 		

ADJOURNMENT: Dave motioned to adjourn the meeting and Regina seconded. The next meeting will be March 13, 2023, at 5:30 p.m.

Respectfully Submitted by:

Victoria Mosey, MA, QP, CPSS.

Date Approved



Tuesday, February 14, 2023

Wake County CFAC Subcommittee - REGULAR MEETING
Virtual Via Teams
5:30 – 7:00 p.m.

MEMBERS PRESENT: Trula Miles, Nancy Johns, Faye Griffin, Karen McKinnon, Alicia Jones (Chair), Anna Cunningham (Vice Chair), Annette Smith, Benjamin Smith
BOARD MEMBERS PRESENT:
GUESTS: Pablo Puente (Service Source), Suzanne Thompson (State), Jennifer Meade (State)
STAFF PRESENT: Ramona Branch, Aimee Izawa, Warren Gibbs, Victoria Mosey

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1. **WELCOME AND INTRODUCTIONS-** Welcome and Introduction was done by Ramona Branch
2. **REVIEW OF THE MINUTES –** Minutes reviewed and voted on

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. State Updates	<ul style="list-style-type: none">• Suzanne started meeting due to having to leave for another engagement• Shared Deputy Secretary David Richard is retiring and introduced Jay Ludlam as his replacement• Gave link to press release on Samantha R appeal, no parts can be implemented during appeal https://www.ncdhhs.gov/news/press-releases/2023/02/10/ncdhhs-releases-statement-stay-order-regarding-samantha-r-et-al-vs-ncdhhs-and-state-north-carolina• Notices have started going out about TCM enrollment, end of choice period is 2/27, 2/28 tailored plan will begin auto enrolling clients to primary care physicians	CFAC and MIOS will work together on getting information to Alliance consumers in Wake County requesting enrollment assistance	1-2 months with TCM rollout occurring April 1 st .

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



Tuesday, February 14, 2023

Wake County CFAC Subcommittee - REGULAR MEETING
Virtual Via Teams
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">• New Cards will be issued end of march eff date April with Alliance listed as insurance provider• Advised members if system is not showing Alliance on website when they log into account, contact Enrollment Broker		
2. Public Comment Individual/Family Challenges and Solutions	<ul style="list-style-type: none">• Alicia asked public comment during CFAC meetings going forward be limited to two minutes and for members to stay on and discuss the opening of position that would need to quorum and voted in (Vice Chair)• Anna Cunningham provided feedback on the Legislative Breakfast discussing state reps pushing for Medicaid Expansion and support for SMI and IDD populations• Faye asked for a better way to access information due to being visibly impaired and was notified we'll send her text notifications going forward	Faye requested Text Notifications going forward and Ramona will work with MIOS on ensuring she receives requested information	By next CFAC meeting
3. Training	<ul style="list-style-type: none">• Pablo Puente from Service Source did a presentation on the Benefits of Counseling Programs• Explained Service Source as a national non-profit in 13 states including NC that serve people with disabilities (IDD and SMI)• NC HQ in Fayetteville, they promote financial independence, job placement and evaluation, community inclusion day program, and housing services to name a few• Targets clients returning to work who are receiving benefits for verification and counseling services• Offers training and seminars, referrals, even follow up services meeting with both clients and stakeholders• Benefits for clients-Better understanding, reduces uncertainty, lowers clients' anxiety about changes in benefits, avoids misinformation, and assistance with resolving benefits issues• Can be accessed through WIPA, IPS, VR, and other agencies	MIOS and CFAC will partner with Service Source on getting information to local agencies such as Employment Support and Vocational Rehabilitation	3-6 months

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



Tuesday, February 14, 2023

Wake County CFAC Subcommittee - REGULAR MEETING
Virtual Via Teams
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">Left number 919-785-6331 to reach him directly for services		
4. Plan Updates	<ul style="list-style-type: none">Aimee shared Plan Updates discussing medication giveaways...next in Durham Lyon Park Community Center 2/24-8:30a-2p, Wake County in June-both need volunteers	CFAC will convene and discuss potential volunteers for upcoming events	Durham-by next week Wake-by June
5. MCO Updates	<ul style="list-style-type: none">Ramona shared MCO Updates discussing CFAC Funds Request Form...showing the outline and how to fill out...asks requests be sent out at least 4 weeks in advance and get with MIOS if you need assistance with filling out formRamona also discussed Legislative Day on 3/7/2023 and asked for CFAC chairs to put together questions that may like to share or advocate for and share with legislators on this dayRequesting major needs, concerns, or gaps to share during Legislative Day Event such as transportation	CFAC came up with concerns to address at Legislative Day and will relay any others to MIOS before date of event	Additional questions will be submitted to MIOS and Ramona by 3/7/2023
6. Announcements	<ul style="list-style-type: none">Anna also discussed her stepping down as Vice Chair but will remain a CFAC member on the committeeSpring Planning and March training were not discussed and will be organized offline with MIOS before March CFAC meeting due to running out of time	Quorum will be held amongst committee members to select and vote in new Vice Chair Spring Planning and March Training to be discussed before meeting in March	Before CFAC meeting on 3/14

7. **ADJOURNMENT:** Next Meeting March 14, at 5:30pm,

Respectfully Submitted by:

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



Tuesday, February 14, 2023

Wake County CFAC Subcommittee - REGULAR MEETING
Virtual Via Teams
5:30 – 7:00 p.m.

[Click here to enter text.](#)

Date Approved

DRAFT

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



Tuesday, February 21, 2023

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

MEMBERS PRESENT: Marie Dodson, Jerry Dodson, Jason Phipps, Debra McQueary, Marilyn Lundin, Richard Callahan, Leanne George, Albert Dixon
BOARD MEMBERS PRESENT:
GUESTS: Wes Rider (State CFAC), Pablo Puente (Service Source)
STAFF PRESENT: Aimee Izawa, Ramona Branch, Victoria Mosey, Warren Gibbs

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- 1. WELCOME AND INTRODUCTIONS**-Marie introduced Guest Speaker Pablo Puente and Welcomed Victoria Mosely from Durham CFAC subcommittee
- 2. REVIEW OF THE MINUTES** –Minutes were approved and seconded by committee and Chair as well as Vice Chair

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Public Comment Individual/Family	<ul style="list-style-type: none">Pablo Puente from Service Source did a presentation on the Benefits of Counseling Programs	MIOS and CFAC will partner with Service Source on getting information to local agencies such	3-6 Months

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
Challenges and Solutions	<ul style="list-style-type: none"> Explained Service Source as a national non-profit in 13 states including NC that serve people with disabilities (IDD and SMI) NC HQ in Fayetteville, they promote financial independence, job placement and evaluation, community inclusion day program, and housing services to name a few Targets clients returning to work who are receiving benefits for verification and counseling services Offers training and seminars, referrals, even follow up services meeting with both clients and stakeholders Benefits for clients-better understanding, reduces uncertainty, lowers clients' anxiety about changes in benefits, avoids misinformation, and assistance with resolving benefits issues Can be accessed through WIPA, IPS, VR, and other agencies 	as Employment Support and Vocational Rehabilitation	
2. State Updates	<ul style="list-style-type: none"> Wes Rider shared Leadership Updates such as Kelly Crosbie being the New Director of NC Division of Mental Health and Renee Rader Assistant Director Also commented IDD Team Lead and Chief will have new hires with names available soon Reminded members of the email listserv which arrives beginning of every month and weekly hot topics Shared Tailored Plan Auto Enrollment will remain as it has for beneficiaries with Behavioral Health, IDD, and TBI signing up as they do now; will change once Tailored Plan goes live Shared DHHS released statement on Samantha R Ruling Commented Monthly State Call will be 2/27 from 2pm-3pm presenting an opportunity for individuals to meet with subject matter experts, ask questions and make comments Also reminded committee any previous webinars or trainings can be found on the Community Engagement and Training website 	CFAC will continue to attend trainings and webinars as well as collaborate with State CFAC on community events	6-12 months
3. Tailored Plan Updates	<ul style="list-style-type: none"> Aimee shared updates on Member Choice Period with Non-Emergency Medical Transportation to go live on 2/22 	CFAC will elect members to assist with Med Assist as volunteers	3-4 months

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



Tuesday, February 21, 2023

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none">Shared the Med Assist Date for Johnston County will be 6/23 and individuals do not have to be Alliance members to receive OTC medications		
5. LME/MCO Updates	<ul style="list-style-type: none">Ramona shared MCO Updates discussing CFAC Funds Request Form...showing the outline and how to fill out...asks requests be sent out at least 4 weeks in advance and get with MIOS if you need assistance with filling out formRamona also discussed Legislative Day on 3/7/2023 and asked for CFAC chairs to put together questions that may like to share or advocate for and share with legislators on this dayRequesting major needs, concerns, or gaps to share during Legislative Day Event such as transportation which can be sent to State CFAC Chair April DeSelms by email	CFAC will communicate with one another and discuss concerns to address for Legislative Day	2 weeks
6. Announcements	<ul style="list-style-type: none">Chair Marie Dodson shared feedback from Legislative BreakfastAlbert Dixon shared what he learned while in attendance such as the State efforts in improving Peer Support ServicesDeborah McQueary was welcomed on as new member of committeeSenator Richard Goodwin dropped by to say hello to return and sit in a future meeting listening to members' concerns in relation to Medicaid Expansion		

7. **ADJOURNMENT:** Next Meeting March 21st, 2023, at 5:30pm hybrid.

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 later.



Thursday, February 23, 2023

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

MEMBERS PRESENT: ☑Michael McGuire ☑Ellen Gibson, ☑Dorothy Johnson ☑Sharon Harris ☑Briana Harris ☑Shirley Francis ☑Tekeyon Lloyd ☑Tracey Glenn- Thomas ☑Renee Lloyd ☑Carson Lloyd Jr. ☑ Felishia McPherson

BOARD MEMBERS PRESENT:
GUEST(S):

STAFF PRESENT: ☑ Ramona Branch, Member Inclusion and Outreach Manager ☑ Starlett Davis, Member Inclusion and Outreach Specialist, ☑ Aimee Izawa, Director of Community & Member Engagement

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1. WELCOME AND INTRODUCTIONS: Ellen Gibson

2. REVIEW OF THE MINUTES – The minutes from the January 26, 2023. Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Ellen Gibson and seconded by Shirley Francis to approve the minutes. Motion passed unanimously.

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:
3. Public Comments	Felishia and Ellen Community events and resources. Covid 19 Check ins No Public comments at that time	Please see Feleshia, Ellen, Star and/or Ramona for any questions.	Ongoing
4. ADA Updates	Shirley Francis- ADA updated meeting information. Last meeting was on Feb. 19, 2023. The speaker was Ms. Szimkowiak. She will be opening a new day program that will focus on employment, Innovations Waiver, and TBI for adults. Please see attached documents for all updates.	Please see Shirley Francis and Starlett Davis for any questions.	March 2023
5. Presentation	Assistive Technologies Erica Ashbury Erica spoke about her personal experiences with her young adult in regard to assistive technology they received and what is available. She provided resources lists and contact information for those interested. Please see attached documents for more information.	Please see Starlett Davis for any questions	Ongoing
6. State Updates	State Representative February CE&E Update No State Rep present tonight. Please refer to the CEE updates sent out previously.	See Suzanne, Starlett, Ramona, and/or Aimee for questions and comments.	Ongoing
7. Tailored Plan Updates	Aimee Izawa Everything is still on schedule for the Tailored Plan. The date is still April 1, 2023. The member ID cards, and Welcome packets are going out on March 10 th to 18 th .	See Starlett, Ramona, and/or Aimee for questions and comments.	Ongoing
8. MCO	Ramona Branch and Starlett Davis MCO Updates Ramona went over the Funds Request form. She went through each step to request funds for the needs of the committee. Please refer to form attached. The committee is interested in Mental Health First Aid Training. Aimee and Starlett will look into the training and get the information out to the committee. The CFAC brochure is completed, approved by the State and ordered. Aimee shared them with the committee, and they were very pleased.	See Starlett, Ramona, and/or Aimee for questions and comments.	Ongoing
9. Upcoming CFAC Trainings	Reminder: CFAC members should be reaching out to the community to set up presentations/short trainings on goals and	Please see Starlett for any questions	March 23, 2023

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:
	information that can assist with the community we serve. Please contact Starlett Davis with possible trainer/presenter, set it up and notify Starlett after confirming so she can add it to the agenda. This should be done at least a week before the meeting.		
10. Discussion	<p>Request Forms and Budget Retreat- Ramona went over the Funds Request form. She went through each step to request funds for the needs of the committee. Please refer to form attached. The committee is interested in Mental Health First Aid Training. Aimee and Starlett will look into the training and get the information out to the committee.</p> <p>Aimee asked the committee what they wanted to send to the board in regard to needs and gaps in the community. She gave information on what the other area CFAC's had interest in and Cumberland's were in alignment with theirs. Any additional information can be sent to Starlett, Ramona, and/or Aimee at any time.</p>	See Starlett, Ramona, and/or Aimee for questions and comments.	Ongoing
11. 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>The next meeting is March 23rd. It will be virtual. The CFAC members should have sent the information for presenter/trainer 1 to 2 weeks prior to next meeting and set it up.</p>	Please see Feleshia, Ellen, Star and/or Ramona for any questions.	March 23, 2023
12. Appreciation	Everyone gave their appreciation	N/A	N/A

ADJOURNMENT: Meeting was adjourned at 6:46 pm. Motion was made by Felishia and seconded by Tracy.

Respectfully Submitted by:
Starlett Davis, MA MIOS

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Date Approved _____

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



February 27, 2023 Minutes

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 (in-person), ☒ 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 (in-person), ☒ Shari Phillips-Stratton (virtual), ☐ Jocie Cremisi, ☒ Jim Sonda (virtual)

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thompson, NCDHHS (virtual), ☒ Larinda Battle, Parent/Member (in-person) ☒ Judy Clark (virtual)

STAFF PRESENT: ☒ Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being (in-person), ☒ Lakeisha McCormick, Manager, Member Inclusion (in-person), ☒ Eileen Bennett Member Inclusion Specialist (in-person), ☒ Fantasia Jones, Member Inclusion Specialist (in-person)

WELCOME AND INTRODUCTIONS – the meeting was called to order at 5:01 pm

REVIEW OF THE MINUTES – The minutes from the January 23, 2023 meeting were reviewed; a motion was made by Lois Stickell and seconded by Ruth Reynolds to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. State Updates 5:40-5:50	Suzanne noted that there will be a delay in the Tailored Plan. It is now set to begin on October 1, 2023. She noted new letters will be sent out shortly to all members and that the state is working right now to make the letter user friendly and easy to understand. They are working with the State CFAC to create a user friendly guide to help interpret the letter. She noted the biggest thing that the letter will convey is the Delay in the TP. She said this is a positive thing because the MCO's will have more time to get more providers. Linda noted the last letter was not clear and it was difficult to understand. Suzanne also noted that Dave Richards last day would be Tuesday and she wanted everyone to be aware of it.	Ongoing	N/A
4. CFAC Budget/Budget Retreat 5:50-6:10	Lakeisha noted that every year the Alliance Board has a Budget Retreat. They take recommendations to the Board about the Budget and anything the CFAC's feel are areas that need to be addressed. Some of the areas the other Alliance CFACS have shared are Access to IDD services, increased CIT training, education on the registry of unmet needs, extended emergency room stays, transportation in rural communities. Lakeisha asked what the Mecklenburg CFAC would like to suggest to the Board. Lois noted that she would like to see more funds to parents that are supporters. Linda noted she would like more training and support of folks with mental health as well training of agencies and direct support workers. Alan noted that the social media, most importantly websites need to be updated more and more easily accessible. Lakeisha noted to Alan that a big part of the social media/website issues is the requirement by the state that everything be approved through them. Shagun noted that she would like to see more easily accessible lists of providers and providers that help with specific diagnosis. Lakeisha noted there are many providers that can offer diagnoses and evaluations, but the problem is do they accept Medicaid? That limits the pool of available diagnosticians. Lakeisha asked if there were any positive things that CFAC would like to share with the	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..](#)

February 27, 2023 Minutes

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:
	Board. Michael noted that the Crisis Urgent Care is a great step in the right direction. Jim noted that Alliance has shown he and his daughter so much compassion and attention to his issues. Michael noted that he feels that the Community Engagement department has been really working hard to make Alliance awareness. Ron noted that overall his impressions from the community is that Alliance is doing good work. He noted that Lakeisha and Eileen have been offering help to members that he has noted and had reports that were positive back.		
5. Legislative Breakfast Recap 6:10-6:20	Ron and Linda noted that the theme for the Legislative Breakfast seemed to be the needs of the rural communities and lack of service providers. Ron noted that Mecklenburg County has so many choices and resources that it is hard to see that the rural communities have such limited resources and providers. Linda agreed with Ron and noted that Eileen will need to send out Linda's bullet points. She said it was just jaw dropping how little resources the rural areas had. She also noted there was a big push for Medicaid Expansion in general. The Legislators at the breakfast noted that there would be many more services coming in relation to mental health services. Ron noted that transportation in rural areas is a huge issue and needs to be addressed. There are very limited choices. Alan asked if they had solutions or ideas about funding in the future? Both Linda and Ron said not really but Linda noted that COVID also made NC aware of the gap in internet in the rural areas as well. Alan noted that he was pretty sure there was a bill in front of the Legislature in regard to internet expansion and asked about the bill for Medicaid Expansion.	Eileen to provide Linda's notes from Legislative Breakfast	N/A
6. BHSP Affinity Group 6:20-6:30	Michael noted that the Behavior Health Strategic Plan is a committee that will meet monthly. It's lead by Robert Nesbitt and that the committee picked 5 areas that they wanted to concentrate on. He provided a spreadsheet with the five questions. These questions will be asked to community wide partners/stakeholders/members to identify gaps/problems. They will then use that data to come up with an action plan on how to address the issues. Ron noted that he was one of the stakeholders that was contacted with the questions and that the interviewer was very thorough and informative. Linda noted that she felt like there were a lot of barriers that needed to be overcome for the group to be successful. Shagun asked if the group was open to the public. Michael noted that the group will continue to meet but that it is a closed group. Aalece suggested that Michael and Linda recommend Shagun as a stakeholder to be interviewed.	N/A	N/A
7. Steering Committee Update 6:30-6:40	Lois provided an overview of the steering committee with a PowerPoint she submitted to the committee. Ron and Jim asked some follow up questions in reference to the housing crisis. Noted that Meck County is making some progress	Eileen Follow up on crisis collaborative.	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..](#)

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	in this area. We had a brief discussion about the Crisis Collaborative and Eileen noted that she will follow up with Jim in regard to attending the monthly meeting.		
8. -Down Syndrome Association 5k Walk -Legislative Day 6:40-6:50	Eileen gave a brief description of the 5k walk and other community engagements. She noted that the CFAC can participate in any of the events and can register as volunteers. Lakeisha noted that they can also join Alliance Health staff at vendor table events representing CFAC.		
Announcements	<p>Judy Clark thanked the group for allowing her to be here and that she is a volunteer but also a part time employee for the Metrolina Provider Network and gave a brief description. She said she had some concerns regarding the information that is being given to the Legislature and the specific needs of our communities. She also noted another area of concern are individuals with Autism who are also dually diagnosed with Alzheimer's. That it is an emerging group that needs to be addressed. She also requested the email of Linda.</p> <p>Larinda Battle introduced herself and said she is a parent of a member with IDD and MH challenges. She is a frequent flyer of services and has a wide range of knowledge in that area. She also is also on the NC parent advisory council as well.</p> <p>Randy noted that she had a motion on the table to have a part in each meeting where we discuss gaps. She noted that she wanted the discussion to be 15 minutes. There was some discussion surrounding how much time should be given to the gap discussion. Michael noted that he thought that the agenda was going to be redone by Alliance so that the CFAC's can be more organized with the information they are discussing. Lakeisha noted that it is important for the CFAC's to discuss the gaps as that is part of their by-laws, but that we are in fact re-vamping the agenda to make sure that each CFAC is meeting the state requirements for each CFAC. Linda asked that we table the motion, and it was agreed to table the motion.</p>	Eileen provide email to Judy Clark.	N/A

ADJOURNMENT: 7:03 pm Alan McDonald moved to adjourn and it was seconded by Ruth Reynolds. The motion carried.
The next meeting will be March 27, 2023, at 5:30 p.m.



Tuesday, February 28, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
201 Sage Rd Suite #100 Chapel Hill, NC 27514
5:30-7pm

MEMBERS PRESENT: X Steve Furman- Chairperson X Paula Harrington X Allen Dittmer X Carol Conway- Co-Chair X Candace Alley X Linda Shipman X Kate Shipman x Kent Earnhardt ☐ Dr. McGuire-CFAC Steering Committee Chair

BOARD MEMBERS PRESENT: ☐

GUEST(S): ☐ Suzanne Thompson-NCDHHS

STAFF PRESENT: X Ramona Branch, Member Inclusion & Outreach Manager X Aimee Izawa-Director Community & Member Engagement X Douglas McDowell-Member Inclusion and Outreach Specialist-Orange County X Victoria Mosey X Dr. Aalece Lilly-Pugh-

WELCOME AND INTRODUCTIONS – the meeting was called to order at 5:30 p.m.

1. **REVIEW OF THE MINUTES** – The minutes from the January 23, 2023, meeting were reviewed; a motion was made by Steve Furman and seconded by Carol Conway to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Public Comments	Steve Furman discussed the various housing options available at Club Nova. Greetings and introductions for the guests present, Stanley Cotton. Stanley Cotton is a member with lived experience in mental health, deciding to join the CFAC committee. *Aimee shared Plan Updates discussing medication giveaways...next in Orange county Passmore Center 03/17 -8:30a-2p, and Wake County in June-both need volunteers		
2. State Updates	Shared Deputy Secretary David Richard is retiring and introduced Jay Ludlam as his replacement Gave link to press release on Samantha R appeal, no parts can be implemented during appeal https://www.ncdhhs.gov/news/press-releases/2023/02/10/ncdhhs-releases-statement-		

Draft minutes may be submitted with the monthly Board packet.

Tuesday, February 28, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
201 Sage Rd Suite #100 Chapel Hill, NC 27514
5:30-7pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	stay-order-regarding-samantha-r-et-al-vs-ncdhhs-and-state-north-carolina Notices have started going out about TCM enrollment, end of choice period is 2/27, 2/28 tailored plan will begin auto enrolling clients to primary care physicians New Cards will be issued end of march eff date April with Alliance listed as insurance provider-Advised members if system is not showing Alliance on website when they log into account, contact Enrollment Broker		
3. Spring Event Update	Carol Conway discussed event issues with budgeting and the disappointment she has about the lengthy process for which CFAC's have to get approval for funding request. Paula Harrington shared about various attributes as it relates to Freedom House, a free option for event locations whenever the CFAC has a need. Carol Conway says parking may be an issue at Freedom House and would like to take a tour of the facilities to get a better idea of what the location has. Candace Alley said that SU/MH also need to be included somehow, for a future event and that no one should be left out of the focus in event planning. It was agreed by all that it would be easier to join with Systems of Care and support their event for this fiscal year and start working on an event for October of this year for the next fiscal year.		
4. LME/MCO Updates	Ramona shared MCO Updates discussing CFAC Funds Request Form...showing the outline and		

Draft minutes may be submitted with the monthly Board packet.

Tuesday, February 28, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
201 Sage Rd Suite #100 Chapel Hill, NC 27514
5:30-7pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	how to fill out...asks requests be sent out at least 4 weeks in advance and get with MIOS if you need assistance with filling out form Ramona also discussed Legislative Day on 3/7/2023 and asked for CFAC chairs to put together questions that may like to share or advocate for and share with legislators on this day Requesting major needs, concerns, or gaps to share during Legislative Day Event such as transportation		
5. Steering Committee Updates			
6. State to Local CFAC	Douglas McDowell-No time as some of the topics were discussed at various times during meeting.		
7. Announcements	No New announcements- Krista Zelt-Caraway became a new member by election and unanimous vote after third consecutive meeting, as per committee rule. Further discussions about event will continue and more info will be shared at a later date.		

9. ADJOURNMENT: the meeting adjourned at 7:00 p.m.; the next meeting will be March 28, 2023, from 5:30 p.m. to 7:00 p.m.



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

ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 6, 2023

BACKGROUND: 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.

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

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Contracts recommended for approval:

- A motion to recommend the Board authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$65,510, bringing the total grant agreement to \$565,349
- A motion to recommend the Board authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case

REQUEST FOR AREA BOARD ACTION: Accept the proposal.

CEO RECOMMENDATION: Accept the proposal.

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

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



Grant Contract Increase for Savin Grace, LLC

In July 2022, Savin Grace, LLC received a grant from Alliance Health of \$435,839 to assist with renovation and program start-up costs for a 6-bed licensed Child Crisis Stabilization Group Home program in Johnston County. The grant was to provide funds for the renovation, uplift, and startup of the property including a capital investment in the home (down payment), renovation and repairs, furniture, fixtures, and supplies, and two months of start-up staffing.

Per the grant agreement, the Group Home was required to be completed and licensed by November 30, 2022. Renovations were completed in October 2022, and Savin Grace anticipated opening in December 2022. However, there have been significant delays in licensure which has been at no fault of Alliance or Savin Grace. DHHS completed the inspection in March 2023 with a verbal report of minimal repairs needed. It is now expected that the Group Home will likely open in late May 2023.

The original grant funds were exhausted and as a result of continued licensure delays, the original grant agreement was amended by \$64,000 to assist Savin Grace with covering staffing expenses.

The licensure delays have continued and as a result of the estimated opening date now being late May 2023, Savin Grace is requesting an additional increase of \$65,510 to continue to assist with operating expenses (primarily staffing), as well as to reimburse them for the overage of the capital investment that was not initially budgeted for in the grant agreement of \$24,867. The increase, in combination with the amendment, brings the total grant to \$565,349.

Grant Increase: \$65,510

A **motion** to recommend the Board authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$65,510, bringing the total grant agreement to \$565,349.



Contract Approval for Consumer Wellness Solutions, Inc. (Optum)

The Tailored Plan contract requires the LME/MCO to contract with DHHS' Quitline vendor at a minimum benefit level that promotes evidence-based standard of care for tobacco cessation.

Quit For Life employs an evidence-based combination of physical, psychological and behavioral strategies to enable Participants to take responsibility for and overcome their addiction. Delivered through a blend of human engagement and digital technology, Quit For Life provides an integrated mix of communication channels to deliver behavior change, decision support on use of nicotine replacement therapy (NRT), and access to digital tools to provide a clear path to quitting and remaining nicotine free. Members can have access to coaching sessions that can occur via text, chat, telephonic or group video and up to eight weeks of patch or gum.

Contract Amount:

Three Programs:

- Quit For Life - \$455 per case
- Behavioral Health Quit For Life - \$540 per case
- Pregnancy Quit For Life - \$400 per case

Start-up in year 1 only - \$2,500

3% increase in program fees per year

Estimated annual cost with Year 1 rates

Sample Program Enrollment	Sample Cost with start-up fee
100	\$142,000
300	\$421,000
415	\$581,425

A **motion** to recommend the Board authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case.



Thursday, March 02, 2023

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, ☒ Dena Diorio, and
☐ Vicki Evans

BOARD MEMBERS PRESENT: n/a

GUEST(S) PRESENT: n/a

STAFF PRESENT: Rob Robinson, CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Ashley Snyder, Sr. Director of Accounting and Finance, Dianna White, SVP of Financial Operations, Arianna Perry, Senior Accountant

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 3:00 PM

2. REVIEW OF THE MINUTES – The minutes from the February 2, 2023, meeting was reviewed; a motion was made by Ms. Diorio and seconded by Mr. Jackson to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Monthly Financial Report	<p>The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios as of January 31, 2023.</p> <p>Ms. White discussed the following:</p> <ul style="list-style-type: none">Through 1/31/23, we have savings of \$42.6M mainly from Medicaid Services, Risk Reserve and Non-Operating Revenue.We are meeting all SB208 and DHB contractual ratios. <p>Mr. Robison requested to have a capital reserves analysis presented to the Finance Committee in the April 6th meeting.</p>		
4. Contract(s)	<p>Mrs. Goodfellow discussed a contract for Element by Arkhe Consortium Health, LLC. Element that will initially have 24 member HUPs providing Tailored Care Management and other behavioral health services to Alliance members. This funding request is to allocate an additional \$1,257,000 for the implementation and licensing fees associated with the deployment of a uniform electronic medical record across the Element member providers and a year of start-up and operational funding.</p> <p>Ms. Diorio request the list of HUPs.</p> <p>A motion was made by Ms. Diorio and seconded by Mr. Hancock to recommend the Board authorize the CEO to enter into a contract with Element By Arkhe Consortium Health, LLC for an amount not to exceed \$1,257,000. Motion passed unanimously.</p>	Ms. Goodfellow will provide the list of HUPs to Ms. Diorio.	
5. Committed Funds	Ms. White presented a motion to recommend the Board approve an increase of \$12,000,000 in the one-year reinvestment plan for the Tailored plan Implementation		

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, March 02, 2023

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>commitments. The presentation went over the changes in administrative revenue, salaries and benefits and other administrative costs.</p> <p>A motion was made by Ms. Diorio and seconded by Mr. Hancock to recommend the Board approve an increase of \$12,000,000 in the one-year reinvestment plan for the Tailored Plan commitments. Motion passed unanimously.</p>		
6. FY23 Budget Amendment	<p>Ms. White presented Budget Amendment 1 and discussed that the original budget was amended to include the impacts of the 10/01 Tailored Plan delay. As we stand right now, the biggest decrease is our Medicaid services, the original budget had a 12/1 go live, now it's postponed to 10/1. The overall budget decrease is 126,972,776.</p> <p>A motion was made by Ms. Diorio and seconded by Mr. Hancock to recommend the Board approve the FY23 Budget Amendment 1 to decrease the budget by \$126,972,776 bringing the total FY23 budget to \$1,243,334,179. Motion passed unanimously.</p>		
7. FY23 Budget Retreat	<p>Ms. Goodfellow reminded the committee of the upcoming budget retreat on March 20th. The agenda currently includes talking about priorities, an update on where we are financially year-to-date, the Tailored Plan rate book which will cover the changes and what is in our rate.</p>		

5. **ADJOURNMENT:** the meeting adjourned at 3:43 PM; the next meeting will be April 6, 2023, from 3:00 p.m. to 4:00 p.m.



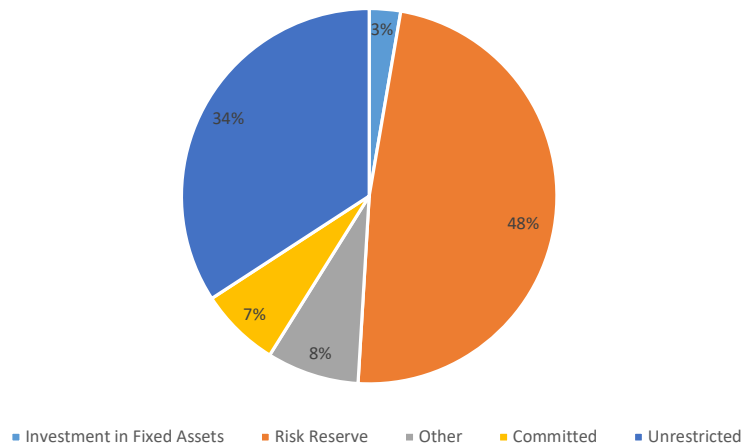
Summary of Savings/(Loss) by Funding Source as of January 31, 2023

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 470,954,902	\$ 429,877,194	\$ 41,077,708
Medicaid Waiver Risk Reserve	11,633,863	-	11,633,863
Federal Grants & State Funds	69,410,245	69,705,891	(295,646)
Local Funds	18,891,579	19,300,322	(408,743)
Administrative	64,779,638	76,037,366	(11,257,728)
Non operating	1,938,307	-	1,938,307
Total	\$ 637,608,534	\$ 594,920,773	\$ 42,687,761

Fund Balance

	June 30, 2022	Change	January 31, 2023
Investment in Fixed Assets	6,712,275	1,522,113	8,234,388
Risk Reserve	134,560,903	11,633,863	146,194,766
Other	22,112,173	1,968,263	24,080,436
Total Restricted	156,673,076	13,602,126	170,275,202
Committed	37,293,939	(16,347,847)	20,946,092
Unrestricted	59,702,751	43,911,369	103,614,120
Total Unrestricted	96,996,690	27,563,522	124,560,212
Total Fund Balance	\$ 260,382,041	\$ 42,687,761	\$ 303,069,802

January 31, 2023 Actual



Reinvestment Detail

	Committed Funds FY22	Spent January 31, 2023	Balance to Spend
General Expenses	2,000,000	1,085,000	915,000
Child Facility Based Crisis Center	1,838,000	1,276,262	561,738
Total - Services	3,838,000	2,361,262	1,476,738
Administration			
Tailored Plan planning and implementation	10,000,000	9,706,215	293,785
Total - Administrative	10,000,000	9,706,215	293,785
Total Service and Administration	\$ 13,838,000	\$ 12,067,476	\$ 1,770,524

Fund Balance Detail

	June 30, 2022	Change	January 31, 2023
Investment in Fixed Assets	6,712,275	1,522,113	8,234,388
Restricted - Risk Reserve	134,560,903	11,633,863	146,194,766
Restricted - Other			
State Statutes	16,805,997	-	16,805,997
Prepays	923,904	2,377,006	3,300,910
State	377,037	-	377,037
Cumberland	3,605,235	(177,493)	3,427,742
Durham	400,000	(231,250)	168,750
Restricted - Other	22,112,173	1,968,263	24,080,436
Committed -			
Intergovernmental Transfer	4,558,852	(2,633,344)	1,925,508
Reinvestments-Service	3,838,000	(2,361,262)	1,476,738
Reinvestments-Administrative	10,000,000	(9,706,215)	293,785
Mecklenburg Realignment Funds	17,073,966	(1,647,026)	15,426,940
Orange Realignment Funds	1,823,121	-	1,823,121
Total Committed	37,293,939	(16,347,847)	20,946,092
Unrestricted	59,702,751	43,911,369	103,614,120
Total Fund Balance	\$ 260,382,041	\$ 42,687,761	\$ 303,069,802

Restricted	15,124,239
Unrestricted	27,563,522
Total Fund Balance Change	\$ 42,687,761

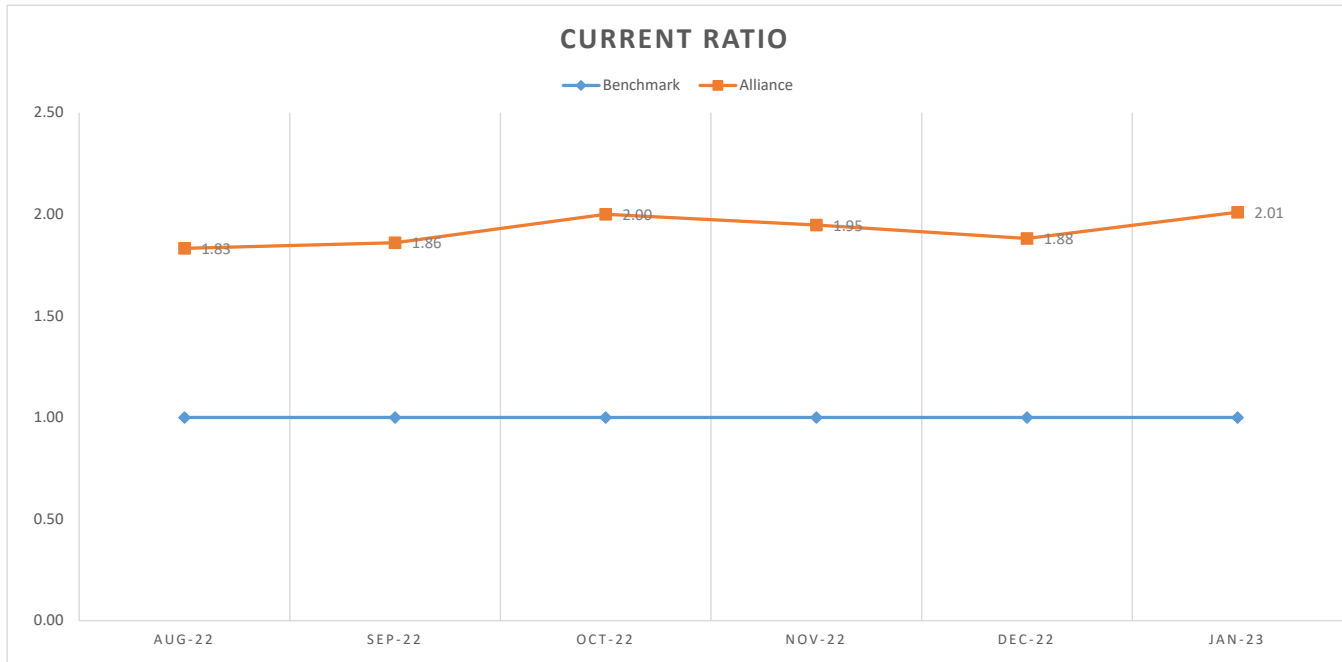


Alliance Health
Statement of Revenue and Expenses
As of January 31, 2023

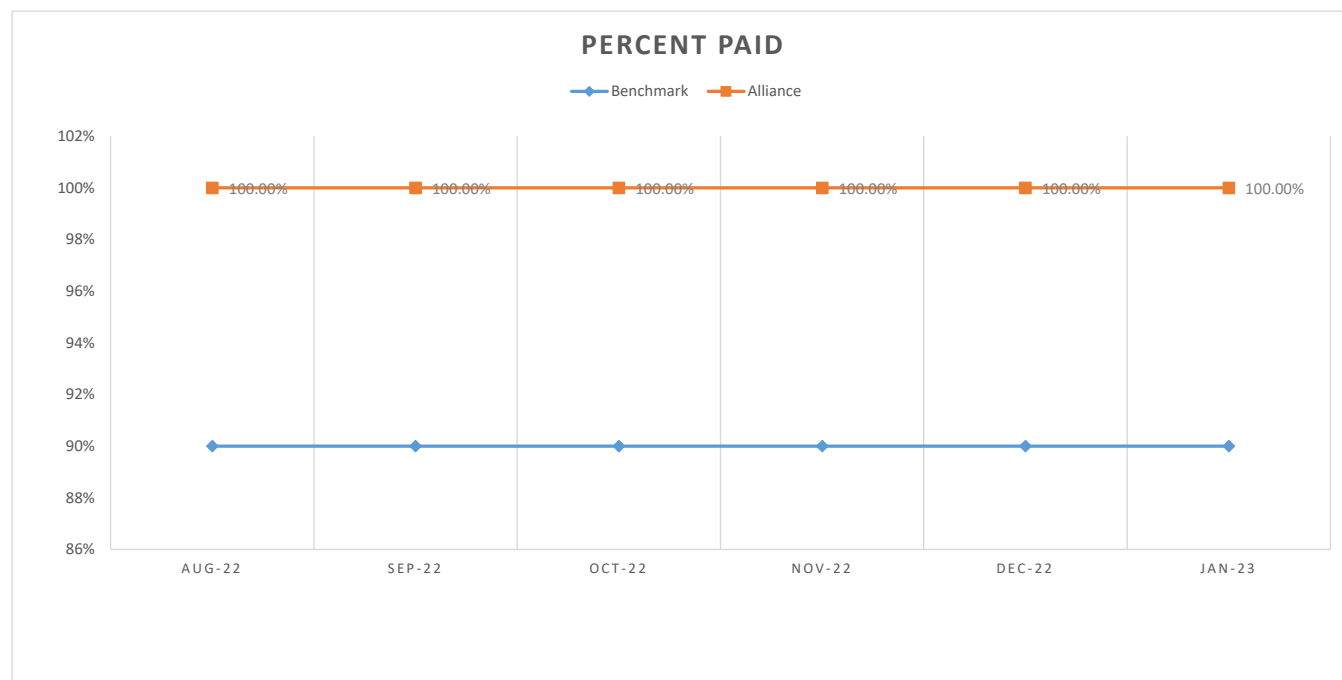
	For the Month of 07/31/2022	For the Month of 08/31/2022	For the Month of 09/30/2022	For the Month of 10/31/2022	For the Month of 11/30/2022	For the Month of 12/31/2022	For the Month of 01/31/2023	Year to Date Actual 01/31/2023	Current Year Budget 06/30/2023	Budget Remaining 06/30/2023 Remaining Budget
Revenue										
Service Revenue										
Medicaid Waiver Service	70,826,433	72,712,082	73,287,401	70,285,145	59,790,805	70,889,134	64,797,764	482,588,765	1,058,233,945	575,645,180
State and Federal Grants	8,751,054	9,314,669	8,507,888	13,087,391	10,404,763	9,532,079	9,812,402	69,410,245	104,026,236	34,615,991
Local Grants	2,920,024	1,355,260	2,285,300	1,099,795	4,957,214	2,534,964	3,739,023	18,891,579	45,308,796	26,417,217
Total Service Revenue	82,497,511	83,382,011	84,080,589	84,472,331	75,152,782	82,956,177	78,349,189	570,890,589	1,207,568,977	636,678,388
Administrative Revenue										
Medicaid Waiver	8,247,663	8,741,259	8,627,252	8,277,424	6,950,444	10,353,490	8,202,987	59,400,520	152,266,323	92,865,803
State and Federal	520,383	520,383	520,383	749,397	577,636	577,636	577,636	4,043,455	7,474,555	3,431,101
Local	69,523	69,523	69,523	69,523	69,523	69,524	69,523	486,661	791,668	305,006
Other Lines of Business	121,286	121,286	121,286	121,286	121,286	121,286	121,286	849,002	1,455,432	606,430
Total Administrative Revenue	8,958,855	9,452,451	9,338,444	9,217,630	7,718,889	11,121,936	8,971,432	64,779,638	161,987,978	97,208,340
Total Revenue	91,456,366	92,834,462	93,419,033	93,689,961	82,871,671	94,078,113	87,320,621	635,670,227	1,369,556,955	733,886,728
Expenses										
Service Expense										
Medicaid Waiver Service	65,357,367	64,103,599	62,144,019	59,456,236	59,033,823	57,615,378	62,166,772	429,877,194	1,058,233,945	628,356,751
State and Federal Service	8,770,170	9,123,833	8,686,103	13,100,265	10,470,275	9,612,440	9,942,805	69,705,891	104,026,236	34,320,345
Local Service	2,920,024	1,584,320	2,233,473	1,099,795	4,996,319	2,630,541	3,835,850	19,300,322	45,308,796	26,008,474
Total Service Expense	77,047,561	74,811,752	73,063,595	73,656,296	74,500,417	69,858,359	75,945,427	518,883,407	1,207,568,977	688,685,570
Administrative Expense										
Salaries and Benefits	7,848,139	8,276,806	7,955,573	8,397,650	8,848,202	11,292,616	7,317,555	59,936,540	126,987,978	67,051,438
Professional Services	618,829	1,002,419	1,594,391	1,734,243	1,087,107	1,038,929	1,638,874	8,714,792	20,000,000	11,285,208
Operational Expenses	872,989	1,053,626	994,560	1,288,022	982,034	1,177,471	1,017,332	7,386,034	15,000,000	7,613,966
Total Administrative Expense	9,339,957	10,332,851	10,544,524	11,419,915	10,917,343	13,509,016	9,973,761	76,037,366	161,987,978	85,950,612
Total Expenses	86,387,518	85,144,603	83,608,119	85,076,211	85,417,760	83,367,375	85,919,188	594,920,773	1,369,556,955	774,636,182
Non Operating										
Non Operating Revenue	134,592	197,696	224,013	271,222	343,462	369,282	398,040	1,938,307	750,000	(1,188,307)
Non Operating Expense	-	-	-	-	-	-	-	-	750,000	750,000
Total Non Operating	134,592	197,696	224,013	271,222	343,462	369,282	398,040	1,938,307	-	(1,938,307)
Current Year Change in Net Position	5,203,440	7,887,555	10,034,927	8,884,972	(2,202,627)	11,080,020	1,799,473	42,687,761	-	(42,687,761)



Division of Health Benefits Ratios - As of January 31, 2023



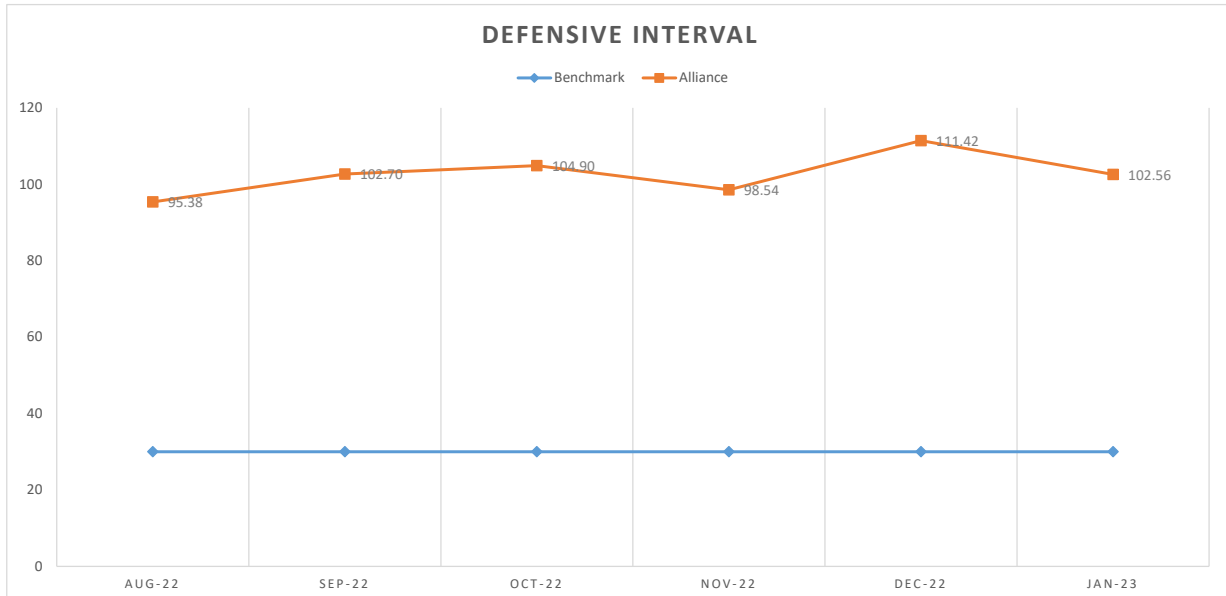
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



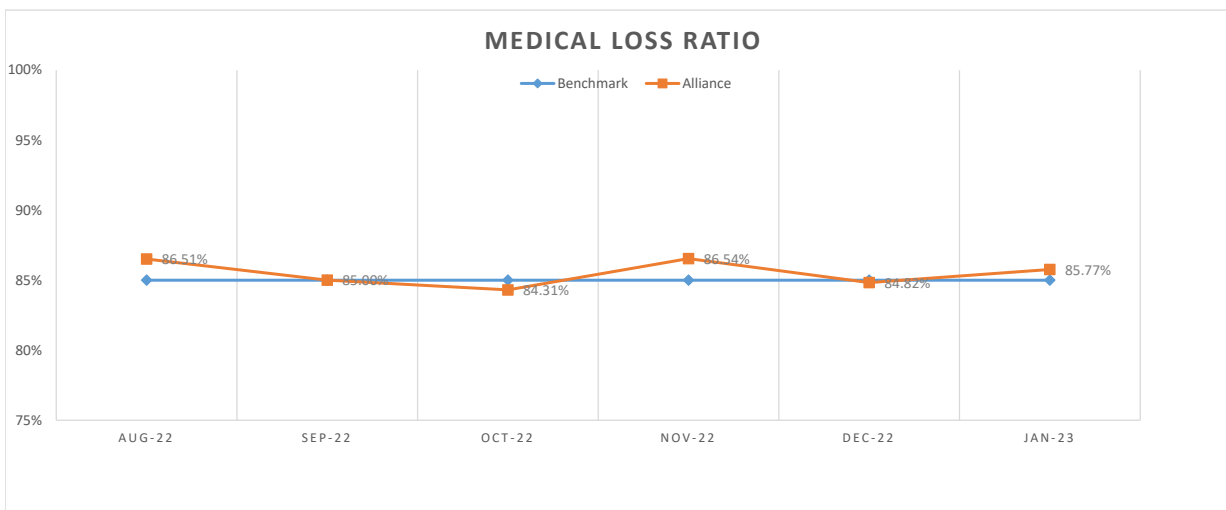
Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



Division of Health Benefits Ratios - As of January 31, 2023



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).

**FY 2022-2023 BUDGET ORDINANCE
ALLIANCE HEALTH
AMENDMENT NUMBER 2023-01**

WHEREAS, the annual budget ordinance for FY 2022 - 2023 was approved by the Alliance Health Board on June 2, 2022;

WHEREAS, on June 2, 2022, the Alliance Health Board adopted a budget ordinance making appropriations in such sums that the Board considers sufficient and proper in accordance with G.S. 159-13;

BE IT ORDAINED by the Alliance Health Board that for the purpose of operations for the LME/MCO, that the 2022-2023 budget ordinance is hereby amended to reflect the following budget adjustments.

Section 1: General Fund Appropriations

Administrative	\$ 148,919,542
Medicaid Services	891,695,108
Federal and State Services	142,728,024
Local Services	53,497,766
Grant Funded Services	400,000
Other Business Line	1,455,432
Nonoperating Income	4,638,307
TOTAL	<u><u>\$ 1,243,334,179</u></u>

Section 2: General Fund Revenue

Administrative	\$ 122,360,690
Medicaid Services	868,960,021
Federal and State Services	142,350,987
Local Services	49,310,708
Grant Funded Services	400,000
Other Business Line	1,455,432
Nonoperating Income	4,638,307
Fund Balance Appropriation	53,858,034
TOTAL	<u><u>\$ 1,243,334,179</u></u>

The Budget as amended continues to satisfy the requirements of G.S. 159-8 and 159-13. All ordinance and portions of ordinance in conflict herewith are hereby repealed.

Budget Amendment Details

	<u>Approved Budget June 2, 2022</u>	<u>Amended Budget March 3, 2023</u>	<u>Change</u>	<u>Footnote</u>
Section 1: General Fund Appropriations				
Administrative				
Administrative	146,017,546	122,360,690		
Fund Balance Appropriations	<u>14,515,000</u>	<u>26,558,852</u>		
Total Administrative	\$ 160,532,546	\$ 148,919,542	\$ (11,613,004)	A
Medicaid Services				
Medicaid Services	1,046,859,925	851,042,040		
Capacity Building	11,374,020	17,917,981		
Fund Balance Appropriations	<u>-</u>	<u>22,735,087</u>		
Total Medicaid Services	1,058,233,945	891,695,108	(166,538,837)	B
Federal and State Services				
Federal and State Services	103,836,236	142,350,987		
Fund Balance Appropriations	<u>-</u>	<u>377,037</u>		
Total Federal and State Services	103,836,236	142,728,024	38,891,788	C
Local Services				
Local Services	45,308,796	49,310,708		
Fund Balance Appropriations	<u>-</u>	<u>4,187,058</u>		
Total Local Services	45,308,796	53,497,766	8,188,970	D
Grant Funded Services	190,000	400,000	210,000	E
Other Business Line	1,455,432	1,455,432	-	
Nonoperating Income	750,000	4,638,307	3,888,307	F
TOTAL	<u><u>\$ 1,370,306,955</u></u>	<u><u>\$ 1,243,334,179</u></u>	<u><u>\$ (126,972,776)</u></u>	
 Section 2: General Fund Revenue				
Administrative	\$ 146,017,546	\$ 122,360,690	\$ (23,656,856)	A
Medicaid Services	1,058,233,945	868,960,021	(189,273,924)	B
Federal and State Services	103,836,236	142,350,987	38,514,751	C
Local Services	45,308,796	49,310,708	4,001,912	D
Grant Funded Services	190,000	400,000	210,000	E
Other Business Line	1,455,432	1,455,432	-	
Nonoperating Income	750,000	4,638,307	3,888,307	F
Fund Balance Appropriation	14,515,000	53,858,034	39,343,034	G
TOTAL	<u><u>\$ 1,370,306,955</u></u>	<u><u>\$ 1,243,334,179</u></u>	<u><u>\$ (126,972,776)</u></u>	

A *Administrative Appropriations & Revenue*

The Administrative appropriations and revenue decreased overall. The administrative revenue decreased while the fund balance appropriations increased, resulting in a net decrease. The decrease in administrative revenue is due to the impacts of the Tailored Plan go live delay, rate changes, and variability in membership levels. The Administrative appropriations increased as a result of appropriations to cover administrative losses due to the reduction of administrative revenue and increase in administrative expenses.

B *Medicaid Services Appropriations & Revenue*

The Medicaid Services appropriations and revenue decreased overall. The decrease is due to the impacts of the Tailored Plan go live delay, rate changes, and variability in membership levels. Offsetting the decrease is an increase in Care Management capacity building and fund balance appropriations. The Medicaid Services appropriations increased as a result of appropriations related to the Mecklenburg and Orange counties realignment.

C *Federal and State Services Appropriations & Revenue*

The Federal and State Services appropriations and revenue increased overall. The increase is due to an increase in single stream as well as receipt of additional Federal and State allocation letters. Examples of some of the allocation letters include Mental Health Block (MHB) Grants, CARES, State Opioid Response, Opioid Abatement, Emergency COVID-19, ICF-IID, and TCL Incentive Plans. In addition, the Federal and State Services appropriation increased as a result of appropriations related to NC Start and TASC.

D *Local Services Appropriations & Revenue*

The Local Services appropriations and revenue increased overall. The increase is primarily due to expected Wake County funding for Transitional Group Homes and an increase in Mecklenburg funding for CTRP. In addition, the Local Services appropriation increased as a result of appropriations related to Durham and Cumberland counties.

E *Grant Funded Services Appropriations & Revenue*

The Grant Funded appropriations and revenue increased due to the addition of a second HUD grant.

F *Nonoperating Income Appropriations & Revenue*

The Nonoperating Income appropriations and revenue increased due to interest earned on investments.

G *Fund Balance Appropriations*

Fund Balance Appropriations	Approved Budget	Amendment 1	Change
Tailored Plan planning and implementation	\$10,000,000	\$22,000,000	\$12,000,000
Intergovernmental Transfer	4,515,000	4,558,852	43,852
Mecklenburg realignment funds	-	17,073,966	17,073,966
Orange realignment funds	-	1,823,121	1,823,121
Cumberland fund balance	-	3,787,058	3,787,058
Durham fund balance	-	400,000	400,000
Child Facility Based Crisis Center	-	1,838,000	1,838,000
NC Start and TASC	-	377,037	377,037
General expenses	-	2,000,000	2,000,000
TOTAL BUDGET	\$14,515,000	\$53,858,034	\$39,343,034