



Thursday, June 01, 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); George Corvin, MD (via Zoom); David Curro, BS; Dena Diorio, MPA (via Zoom); Vicki Evans (via Zoom); Ted Godwin, Johnston County Commissioner (via Zoom); Jean Hamilton, Orange County Commissioner, Ph.D; David Hancock, MBA, MPAff (Board Vice-Chair); Michael Joseph, MD (via Zoom); D. Lee Jackson, BA (via Zoom); Tchernavia Montgomery, MSW (via Zoom); Lynne Nelson, BS (Board Chair); and Cheryl Stallings, Wake County Commissioner, PhD

APPOINTED MEMBERS ABSENT: Anthony Trotman, MS

GUEST(S) PRESENT: 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; and Nancy Johns

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Sandhya Gopal, Senior Director of Government Relations (via Zoom); Veronica Ingram, Clerk to the Board; Joshua Knight, Director of Internal Audit (via Zoom); Mya Lewis, Waiver Contract Manager (via Zoom); Robert MacArthur, Chief Medical Officer (via Zoom); Shawn Mazyck, Senior Vice-President/Provider Network (via Zoom); Robin Pelland, Senior Vice-President/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, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Ashley Snyder, Senior Director of Accounting and Finance (via Zoom); 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

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

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no adjustments.
3. Public Comment	There were no public comments.
4. Chair’s Report	Chair Nelson reported the following: <ul style="list-style-type: none"> As at the previous meeting, the June board meeting is expected to run longer than the standard two hours. There are annual items on the agenda; some items require supermajority approval (e.g., budget approval). Occasionally the board has held a second June meeting if additional action is needed prior to the start of the new fiscal year. She shared that staff would confirm if this meeting was needed; it is currently scheduled for Thursday, June 29 from 8:00-8:30 am.
5. CEO’s Report	Mr. Robinson reported the following: <ul style="list-style-type: none"> Hope Center Opening: Mr. Robinson reminded board members of tomorrow’s grand opening of The Hope Center in Fuquay-Varina (The Hope Center Opens BHUC in Wake County - Alliance Health (alliancehealthplan.org)); the opening will be live streamed on Alliance’s Facebook page (Alliance Health Morrisville NC Facebook). Vice-Chair Hancock presented Chair Nelson with a plaque commemorating her service as board chair; Chair Nelson served as board chair 2021-2022 and 2022-2023.

AGENDA ITEMS:	DISCUSSION:
<p>6. Consent Agenda</p>	<p>A. Draft Minutes from May 4, 2023, Board Meeting – page 5 B. Audit and Compliance Committee Report – page 9 C. Executive Committee Report – page 31 D. Quality Management Committee Report – page 33 E. Draft FY24 Calendar of Board Meetings – page 35 F. Annual HR Classification and Grade Schedule – page 37</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 Mr. Curro to approve the minutes; motion seconded by Commissioner Stallings. Motion passed unanimously.</p>
<p>7. Committee Reports</p>	<p>A. Consumer and Family Advisory Committee – page 56 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 is available on Alliance's website. This report included draft minutes and documents from the April steering and subcommittee/county meetings.</p> <p>Dave Curro presented the report. Mr. Curro shared recent events such as participation in the recovery conference, Alliance Making a Difference Breakfast, volunteering at a Med Assist event, and upcoming events in each county. 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 – page 112 The Finance Committee is responsible for reviewing, providing guidance and making recommendations on financial matters to the Area Board. This month's report included documents and draft minutes from the previous meeting; it also includes a FY23 (2022-2023) budget amendment, FY24 (2023-2024) budget, and per NCGS (NC General Statute) 159-12 (b), a public hearing shall be held to allow any persons who wish to be heard on the FY24 budget to appear. Per the by-laws budget items require supermajority approval.</p> <p>David Hancock, Committee Chair, presented the report. Mr. Hancock review contacts which were reviewed by the committee and recommended for approval by the board. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to authorize the CEO to enter into a contract with Milliman, Inc. for an amount not to exceed \$2,250,0000; motion seconded by Dr. Corvin. Motion passed unanimously.</p>

AGENDA ITEMS:	DISCUSSION:
	<p>A motion was made by Vice-Chair Hancock to amend the motion made at the April board meeting to now read as “to authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case with a 3% escalation in years 2 and 3”; motion seconded by Commissioner Hamilton. Motion passed unanimously.</p> <p>A motion was made by Vice-Chair Hancock to authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$129,393, bringing the total grant agreement to \$694,742; motion seconded by Ms. Council. Motion passed unanimously.</p> <p>A motion was made by Vice-Chair Hancock to approve increased amount for additional Microsoft 365 and Office licenses due to an increase in staff for an amount not to exceed \$538,631.02; motion seconded by Commissioner Stallings. Motion passed unanimously.</p> <p>A motion was made by Vice-Chair Hancock to authorize the CEO to enter into a contract with Emergent Devices for purchase of Narcan for an amount not to exceed \$300,000; motion seconded by Dr. Corvin. Motion passed unanimously.</p> <p>Dianna White, Senior Vice-President/Financial Operations, presented information on the FY23 budget amendment; the presentation is saved as part of the board’s files.</p> <p><u>BOARD ACTION</u> A motion was made by Vice-Chair Hancock to approve the FY23 Budget Amendment 2 to decrease the budget by \$34,381,436 bringing the total FY23 budget to \$1,208,952,743; motion seconded by Dr. Joseph. Motion passed unanimously.</p> <p>Ms. White presented the FY24 budget for approval; she provided an update from the earlier presentation, which occurred at the May 4, 2023, board meeting. The presentation is saved as part of the board’s files.</p> <p>The board held a public hearing for the FY24 budget; there were no speakers/comments for the public hearing.</p> <p><u>BOARD ACTION</u> A motion was made by Mr. Curro to approve the FY23 Budget for \$1,619,683,687; motion seconded by Ms. Diorio. Motion passed unanimously.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Ms. Montgomery 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 seconded by Ms. Council. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. Election of FY24 (Fiscal Year 2023-2024) Board Officers – page 146	<p>As stated in Article II, Section D of the By-Laws, at each final regular meeting of the fiscal year, the officers of the Board of Directors shall be elected for a one-year term to begin July 1. Officers of the Board of Directors include the Chairperson and Vice-Chairperson. No officer shall serve in a particular office for more than two consecutive terms. Each Board member, other than County Commissioners, shall be eligible to serve as an officer.</p>

Thursday, June 01, 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 Mr. Curro to close the nominations and elect David Hancock as FY24 Board Chair; motion seconded by Commissioner Altman. Motion passed unanimously.</p> <p>A motion was made by Commissioner Altman to close the nominations and elect Lynne Nelson as FY24 Board Vice-Chair; motion seconded by Mr. Curro. Motion passed unanimously.</p>
11. Adjournment	All business was completed; the meeting adjourned at 6:40 p.m.

Next Board Meeting
Thursday, August 03, 2023
4:00 – 6:00 pm

Minutes approved by Board on August 3, 2023.



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

ITEM: Draft Minutes from the May 4, 2023, Board Meeting

DATE OF BOARD MEETING: June 1, 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 May 4, 2023, Board meeting.

CEO RECOMMENDATION: Approve the draft minutes from the May 4, 2023, Board meeting.

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

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Thursday, May 04, 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; Dena Diorio, MPA; Vicki Evans (via Zoom); Ted Godwin, Johnston County Commissioner (via Zoom); Jean Hamilton, Orange County Commissioner, PhD (via Zoom); David Hancock, MBA, MPAff (Board Vice-Chair); Michael Joseph, MD (via Zoom); D. Lee Jackson, BA (via Zoom); Tchernavia Montgomery, MSW; Lynne Nelson, BS (Board Chair); Cheryl Stallings, Wake County Commissioner, PhD; and Anthony Trotman, MS

APPOINTED MEMBERS ABSENT: Carol Council, MSPH

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

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II (via Zoom); Joey Dorsett, Senior Vice-President/Chief Information Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Sandhya Gopal, Senior Director of Government Relations (via Zoom); Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Clerk to the Board; Joshua Knight, Director of Internal Audit (via Zoom); Robert MacArthur, Chief Medical Officer (via Zoom); Shawn Mazyck, Senior Vice-President/Provider Network; 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; 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 4:00 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"> Board Committees: she shared that the bulk of the board’s work is conducted within its six committees. She encouraged board members to attend committee meetings to help ensure effective board functioning. Virtual attendance options are available for all board and board committee meetings. Next month’s meeting (June 1, 2023) has three annual agenda items: budget approval, officer election and a closed session topic. Chair Nelson shared that the June meeting may run longer than the standard two hours. She advised board members to plan for a longer meeting.
5. CEO’s Report	Mr. Robinson reported the following: <ul style="list-style-type: none"> May is Mental Health Awareness month: He reminded board members that Ms. Ingram emailed a list of events; he encouraged board members to attend as many events as their schedule allows. I2I JUNE CONFERENCE (June 12-14, 2023): Board members received an email with registration details on April 14. If interested in attending, board members may reserve your hotel (if needed) and forward the registration form to Ms. Ingram before May 22, 2023. Triangle Business Journal: Wake County is second fastest growing county in the country (among counties with over a million residents); Mecklenburg County is the fourth fastest growing county in the same category.

AGENDA ITEMS:	DISCUSSION:
<p>6. Consent Agenda</p>	<p>A. Draft Minutes from April 6, 2023, Board Meeting – page 4 B. Audit and Compliance Committee Report – page 8 C. Client Rights/Human Rights Committee Report – page 12 D. Executive Committee Report – page 16 E. Network Development and Services Committee Report – page 19</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 Mr. Curro to adopt the consent agenda; motion seconded by Dr. Corvin. Motion passed unanimously.</p>
<p>7. Committee Reports</p>	<p>A. Consumer and Family Advisory Committee – page 23 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 March steering and subcommittee meetings.</p> <p><u>BOARD ACTION</u> The Board received the report.</p> <p>B. Finance Committee – page 85 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, providing support to staff, and ensuring internal controls are established. This month’s report included documents and draft minutes from the previous meeting, a contract for review/approval, and the FY24 (fiscal year 2023-2024) recommended budget presentation.</p> <p>David Hancock, Committee Chair, presented the report and committee’s recommendations. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Dr. Corvin to authorize the CEO to extend the contract with Acero Health Technologies for an amount not to exceed \$1,000,000; motion seconded by Commissioner Stallings. Motion passed unanimously.</p> <p>A motion was made by Dr. Corvin to appoint Kelly Goodfellow as Finance Officer under NC General Statute 159, effective May 4, 2023, replacing current finance officer Dianna White and to appoint Dianna White as Deputy Finance Officer effective May 4, 2023; motion seconded by Mr. Curro. Motion passed unanimously.</p> <p>Dianna White, Senior Vice-President/Financial Operations, presented the FY24 (2023-2024) recommended budget. The presentation included current fund balance, Tailored Plan capital reserve requirements, the recommended budget, which may have changes</p>

AREA BOARD REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:
	<p>dependent upon confirmed local funding (once counties approve their FY24 budget), category of service, summary of county services and projected funding, fund balance appropriation, etc. Ms. White reminded board members that the board will approve the budget at the June 1, 2023, board meeting (after holding a public hearing on the budget).</p> <p><u>BOARD ACTION</u> The Board received the presentation.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Commissioner Godwin to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee; motion seconded by Commissioner Stallings. Motion passed unanimously.</p>
9. Reconvene Open Session	<p>The Board returned to open session.</p>
10. Special Update/Presentation – page 96	<p>Shawn Mazyck, Senior Vice-President/Provider Network, presented an overview of Alliance’s provider network service initiatives. The presentation included initiatives for services for adults (e.g., adult behavioral health urgent care and facility based crisis in Mecklenburg, child behavioral health urgent care, community transition recovery program), for children (e.g., child behavioral health urgent care and facility based crisis, mobile outreach response engagement and stabilization or MORES, therapeutic relief, child assertive community treatment); initiatives to serve those with opioid use/addiction; and TCL (transition to community living) TCL incentive plan for specific performance metrics that would benefit members.</p> <p>Mr. Mazyck also reviewed the client are web database expansion, which is a tool to help confirm capacity for short-term and long-term beds for youth. The presentation is saved as part of the board’s files.</p> <p><u>BOARD ACTION</u> The Board received the update/presentation.</p>
11. Adjournment	<p>All business was completed; the meeting adjourned at 5:30 p.m.</p>

Next Board Meeting
Thursday, June 01, 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: Audit and Compliance Committee Report

DATE OF BOARD MEETING: June 1, 2023

BACKGROUND: The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions and to assist the Board in fulfilling its oversight responsibilities.

This Committee report includes minutes from the May meeting and proposed continued use of the Corporate Compliance Plan reviewed by the Committee on May 26, 2021.

The Alliance Board approved the Corporate Compliance Plan in 2012 and annually thereafter in accordance with the Corporate Compliance Plan Policy. The Audit and Compliance Committee voted to accept the Plan for FY22 without revisions and is recommending approval by the Board.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

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Compliance Plan

FY243

Adopted by the Board of Directors: October 4, 2012
Most Recent Approval by the Board of Directors: November 3, 2022
Review Cycle by the Board of Directors: Annual

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Attachment 1. Tailored Plan Contract Risk Level Matrix

Attachment 2. Medicaid Direct Contract Risk Level Matrix

COMPLIANCE PLAN

I. Introduction and Statement of Purpose

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

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

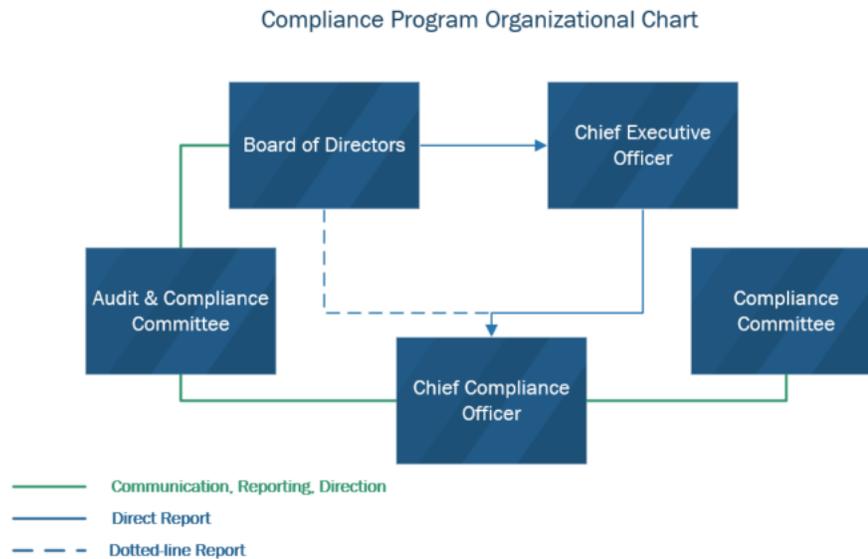
- A. Designation of a Chief Compliance Officer, a Board Audit & Compliance Committee and Compliance Committee at the senior management level charged with ~~directing the effort to enhance compliance and implement the Compliance Plan~~ overseeing the Compliance Program and its compliance with the requirements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

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

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

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

II. Compliance Program Structure



A. Chief Compliance Officer

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

The CRCO is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance that involve issues of compliance;
2. Develop and implement policies, procedures, and practices designed to ensure compliance with the requirements of the NCDHHS Behavioral Health and Intellectual/Developmental Disability Tailored Plan (Tailored Plan) and Medicaid Direct contracts;

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

16. Report regularly to the Board of Directors and assist them in fulfilling their oversight responsibilities through the Audit and Compliance Committee; and
17. Provide other assistance with compliance initiatives as directed by the CEO and/or Board of Directors.

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

B. Audit and Compliance Committee of the Board of Directors

The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions, including overseeing compliance with requirements under the NCDHHS contract. The Audit and Compliance Committee provides direction to the CRCO by reviewing results of the annual risk assessment, approving annual plans, such as the Compliance Work Plan and Audit Plan, and evaluating effectiveness of ongoing compliance, program integrity, and audit efforts. The Committee assists the Board of Directors in fulfilling its oversight responsibilities for:

1. The integrity of the organization's annual financial statements;
2. The system of risk assessment and internal controls by, among other things, approving the annual risk assessment methodology, the annual compliance work plan and audit plan;
3. The organization's compliance with legal and regulatory requirements by reviewing results of external and internal audits and monitoring;
4. The independent auditor's qualifications and independence;
5. The performance of the organization's internal audit function; and
6. To provide an avenue of communication between management, the independent auditors, and the Board of Directors.

C. Compliance Committee

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

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

III. Policy Guidelines and Standards of Conduct

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

1. Implementation and maintenance arrangements or procedures for notification to the NCDHHS when it receives information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the Medicaid Managed Care program or State-funded Services, including termination of the provider agreement with Alliance.
2. Retention policies for the treatment of recoveries of all overpayments from Alliance to a provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste or abuse.
3. Processes, timeframes, and documentation required for payment of recoveries of overpayments to the NCDHHS in situations where Alliance is not permitted to retain some or all recoveries of overpayment.
4. Reporting to the NCDHHS within sixty (60) calendar days when it has identified the capitation payments or other payments in excess of amounts specified in the contract.
5. Arrangements or procedures that include provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by members and the application of such verification processes on a regular basis.
6. Process for providers to report and promptly return overpayments within sixty (60) days of identifying the overpayment.
7. How employees and delegated entities will fully comply with all requirements and restrictions of all state and federal grant programs, and their accompanying State-fund Maintenance of Effort (MOE) requirements in all Alliance expenditures and reimbursements using state and federal funds, and in all contracting with entities that are eligible to receive these funds. Alliance employees and delegated entities are required to fully comply with the monitoring and auditing activities of the NCDHHS as instructed.

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

IV. Effective Education and Training

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

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

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

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

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

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

As part of the Fraud Prevention Plan, the CRCO and Senior Director of Program Integrity will offer compliance training opportunities for network providers. Such training may include, for example,

how to develop and implement an effective compliance program to prevent and detect healthcare fraud, waste, and abuse. Additionally, compliance and program integrity information and educational materials will be made available to members and recipients.

V. Effective Lines of Communication

A. Reporting Compliance Issues

In keeping with Alliance policies, all employees are required to report promptly all known or suspected violations of an applicable law or regulation, the Code of Ethics and Conduct, breach of privacy or security or any Alliance policies and procedures to their supervisor, the CRCO, or the confidential hotline. As a general practice, employees are directed to address questions about operational issues to persons having supervisory responsibility of that function. In turn, supervisors are responsible for ensuring that issues or violations of which they are aware are immediately reported to the CRCO. As another reporting option, training materials will inform employees that they may report directly to the Alliance CRCO in person, via email or phone, or to a 24-hour confidential third-party hotline, Compliance Line. The intent of publicizing various methods of communication is to offer employees convenience and confidentiality and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

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

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

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

B. Investigating Compliance Issues

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

Responsibility for conducting the investigation will be decided on a case-by-case basis by the CRCO. The CRCO will delegate investigations of suspected provider, delegated entity, member or recipient abuse or fraud to the Senior Director of Program Integrity and Special Investigations Unit. The findings will be reviewed by the Senior Director of Program Integrity to ensure consistency in the investigative process and the CRCO will be responsible for making the decision on which fraud cases to refer to the NCDHHS. All investigations will be documented in a confidential compliance software, Compliance 360. Suspected cases of provider, member or recipient fraud will be referred to NCDHHS for determination of credible allegation of fraud. Alliance will cooperate with NCDHHS and/or the Department of Justice Medicaid Investigations Division on all fraud investigations.

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

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

VI. Enforcement of Standards and Disciplinary Guidelines

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

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

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

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

The following guidelines will be used. Discipline must be:

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

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

VII. Internal Auditing and Monitoring

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

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

- Assessing and making appropriate recommendations to improve Alliance's processes.
- Evaluating risk exposures, including those related to fraud, and how risk is managed.

- Aiding Alliance in maintaining effective controls by evaluating their effectiveness and efficiency and by promoting continuous improvement.
- Comprehensive review of Alliance's adherence to regulatory requirements and guidelines.

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

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

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

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

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

Delegation audits and ongoing performance monitoring is reported to the Delegation and Accreditation Oversight Committee. All Audit and monitoring activities are reviewed by the CEO

and Audit and Compliance Committee and summarized for the Board, including sufficient information to evaluate the appropriateness of responses to identified violations of Alliance's policies, procedures and Federal or State laws.

VIII. Response and Remediation

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

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

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

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

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

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

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

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

Agreements or service contracts will be reported to the NCDHHS in accordance with the Tailored Plan and Medicaid Direct contracts.

IX. Program Integrity for Medicaid and State-Funded Services

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

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

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

1. Validation of exclusion list status for Medicaid and State-Funded Services
2. Prohibited relationships for Medicaid and State-funded Services
3. Suspensions and withholds for payments to providers for Program Integrity for Medicaid and State-funded Services
4. Coordination of provider monitoring and auditing for Medicaid and State-Funded Services
5. Reporting in accordance with section 1318(b) of the Public Health Services Act
5. Deficit Reduction Act (DRA) reporting for Medicaid
6. Providers and subcontractors compliance program requirements, fraud, waste, and abuse prevention training, annual certifications, and Medicaid payments.
- ~~7~~ 6. Prohibited payments for Medicaid and State-funded Services
- ~~8~~ 7. Notice of certain reporting and audit requirement for State-funded Services
- ~~9~~ 8. Post-Payment clinical and administrative reviews for State-Funded Services
10. Fraud, waste, and abuse prevention and investigation staffing
11. Investigation coordination
12. Whistleblower protections
13. Third-Party Liability and subrogation
14. Medicaid Service Recipient Explanation of Medical Benefit

X. Effectiveness of the Compliance Program

A. Annual Risk Assessment and Compliance Work Plan

Annually, the CRCO will perform a compliance risk assessment. Risk will be identified through a risk identification survey, interviews with department heads, document reviews with input from management, results from previous audits and investigations, review of results from the ongoing

systematic recording of compliance and operational risk that occurs throughout the year, and review of the annual Office of Inspector General work plan, Fraud Alerts, Special Advisory Bulletins, and advice and guidance by NCDHHS. The level of risk will be assessed and prioritized based on legal, reputational, and financial risk to Alliance and reviewed by the Executive Leadership and Audit and Compliance Committee. The CRCO will propose a Risk Mitigation Plan and Compliance Work Plan that includes an Audit Plan listing proposed regulatory and risk-based audit and monitoring activities for the upcoming year. The Risk Mitigation Plan is approved, owned, and implemented by the Executive Leadership whereas the Compliance Work Plan, once approved by the Audit and Compliance Committee, is implemented by the Office of Compliance and Risk Management.

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

B. Annual Compliance Program Report

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

C. Revisions to the Compliance Plan

This Compliance Plan is intended to allow compliance operations to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The plan will be regularly reviewed by the CRCO and the Audit and Compliance Committee to assess the viability of the Plan and the inclusion of all appropriate Alliance policies and regulatory and contractual requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Board of Directors will review and approve the Compliance Plan annually or more often if revisions are necessary.

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

APPENDIX A

Office of Compliance and Risk Management Functional Structure



Office of Compliance & Risk Management Functional Structure

APPENDIX B

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

Criminal Statutes

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

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

Civil and Administrative Statutes

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

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

REFERENCES

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

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

42 CFR § 438.608 Program Integrity Requirements

42 CFR § 455 Program Integrity Requirements

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

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

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

[North Carolina Department of Health and Human Services Behavioral Health and Intellectual/Developmental Disability Tailored Plan Contract](#)

[North Carolina Department of Health and Human Services Medicaid Direct Contract](#)



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

ITEM: Executive Committee Report

DATE OF BOARD MEETING: June 1, 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, May 15, 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); Dena Diorio, MPA (Network Development and Services Committee Chair); David Hancock, MBA, PFAff (Board Vice-Chair and Finance Committee Chair); and Lynne Nelson, BS (Board Chair)

APPOINTED MEMBERS ABSENT: Carol Council, MSPH (Quality Management Committee Chair)

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Clerk to the Board; 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 4:03 p.m.
- 2. REVIEW OF THE MINUTES** – Committee reviewed minutes from the April 17, 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. Agenda for Upcoming Board Meeting	Committee reviewed the draft agenda and provided input.	Ms. Ingram will forward the agenda to staff.	5/16/23
4. June Committee Meeting	Chair Nelson reminded committee members that next month’s meeting will be on the second Monday of the month instead of the third, as the third Monday of June is an Alliance holiday and Alliance is closed for Juneteenth.	N/A	N/A
5. Closed Session	COMMITTEE ACTION: A motion was made by Ms. Diorio to enter closed session pursuant to North Carolina General Statute (NCGS) 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.	N/A	N/A
6. Reconvene Open Session	Committee returned to open session.	N/A	N/A

- 7. ADJOURNMENT:** the meeting adjourned at 5:40 p.m.; the next meeting will be June 12, 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: June 1, 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, Senior Vice-President/Quality Management

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Thursday, May 04, 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; Israel Pattison;
 George Corvin, MD (Board Member); Michael Joseph, MD (Board Member); Lynne Nelson (Board Chair)

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

BOARD MEMBERS PRESENT: None

GUEST(S) PRESENT: Yvonne French (LME Liaison); Mary Hutchings

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), Laura Bardascino (Quality Improvement Specialist, II), Karen Borusiewicz (Clinical Quality Analyst), Todd Parker (Manager-Incidents-Grievances-Appeals), Schuyler Moreno (Manager-Quality Management Data), Robert MacArthur, MD (Chief Medical Officer), Ramona Branch (Manager-Member Inclusion & Outreach), JoAnna Baker (Quality Review Coordinator II), Robin Pelland (Director Quality Management), and Jennifer Stoltz (Administrative Assistant, III)

- 1. WELCOME AND INTRODUCTIONS** – the meeting was called to order at 1:02 PM
- 2. REVIEW OF THE MINUTES** –The minutes from the March 2, 2023, meeting were reviewed. Michael Joseph moved to approve the minutes; Robin Pelland seconded. The motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Review of Incidents, Grievances & Appeals	Todd Parker, Manager of Incidents, Grievances, and Appeals, presented data on appeal and denial numbers for the first three quarters of FY23. Incident trends for Q2 of FY23 reports 929 reports for 687 members, which represents 1.32% of Alliance membership, Todd also presented details on what defines an incident. Trends in reporting, grievance resolutions, and management techniques for delayed reporting were also a part of Todd’s presentation. The presentation can be located in the committee files.	N/A	
4. Review of Performance Measures	Schuler Moreno, Manager of Quality Management Data presented the performance measure dashboard. The dashboard includes information from April 2023. She shared that the view of the dashboard as well as the reports included will be changing. The April data shows that 10 measures were met, while 3 were not. There were no measures listed as at-risk. All three of the measures that were not met have Performance Improvement Plans, because of the consistency or the measure being unmet. Some of the LME/MCO measure reports will be retired, as the state no longer requires them. The presentation can be located in the committee files.	N/A	

- 5. ADJOURNMENT:** the meeting adjourned 1:51PM; the next meeting will be June 1, 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: Draft FY24 (2023-2024) Calendar of Board Meetings

DATE OF BOARD MEETING: June 1, 2023

BACKGROUND: As stated in the Board By-laws, regular meetings of the Board shall be held at least six times each year at a location and time designated by the Board. All meetings of the Board shall be conducted in accordance with provisions in the NC Open Meetings Law. The Board currently holds its regularly scheduled meetings on the first Thursday of each month except for January and July.

The matter placed before the Board is to confirm the upcoming meeting calendar. This includes the annual budget retreat scheduled for March 18, 2024, and a potential second meeting at the end of the fiscal year: June 27, 2024. Staff will confirm if a second June meeting is needed. As public health guidelines permit and adequate space is available, locations may be updated to include meetings at alternate locations within Alliance's catchment area.

This calendar does not include the meeting schedule for Board Committees; those are approved by the respective committees. The proper notice of all Board and Board Committee meetings will be published according to NC Open Meetings Law.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Review and approve FY24 calendar.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Robert Robinson, CEO

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FY24 (July 1, 2023-June 30, 2024) Calendar of Board Meetings

DATE	TIME	LOCATION
THURSDAY, AUGUST 3, 2023	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, SEPTEMBER 7, 2023	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, OCTOBER 5, 2023	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, NOVEMBER 2, 2023	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, DECEMBER 7, 2023	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, FEBRUARY 1, 2024	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, MARCH 7, 2024	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
MONDAY, MARCH 18, 2024 (ANNUAL BUDGET RETREAT)	1:00-3:30 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, APRIL 4, 2024	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, MAY 2, 2024	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, JUNE 6, 2024	4:00-6:00 p.m.	5200 West Paramount Parkway, Morrisville, NC 27560
THURSDAY, JUNE 27, 2024 (POTENTIAL SECOND JUNE MEETING)	8:00-8:30 am	5200 West Paramount Parkway, Morrisville, NC 27560



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

ITEM: HR Annual Classification and Grade Plan

DATE OF BOARD MEETING: June 1, 2023

BACKGROUND: Annually in July, Alliance is required to report its classification and grade plan to the North Carolina Office of State Human Resources (OSHR). This report requires that the Alliance Board review and approve this Annual Plan.

REQUEST FOR AREA BOARD ACTION: Approve the report.

CEO RECOMMENDATION: Approve the report.

RESOURCE PERSON(S): Cheala Garland-Downey, EVP/Chief HR Officer

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Classification and Grade Schedule FY23

Job Code	JOB TITLE	Class Code	CLASSIFICATION TITLE	Salary Grade	Annual					Hourly				
					Min	25th Percentile	Mid	75th Percentile	Max	Min	25th Percentile	Mid	75th Percentile	Max
FIN00001	Accountant I	C00148	Accountant I	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
FIN00013	Accountant I-Grants	C00148	Accountant I	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
FIN00002	Accountant II	C00151	Accountant II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
FIN00012	Accountant II-Grants	C00151	Accountant II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
FIN00014	Accountant I-Payroll	C00148	Accountant I	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
FIN00026	Accounting Clerk	C00112	Accounting Specialist	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
FIN00004	Accounting Technician	C00050	Accounting Technician	26	34,297	40,483	46,669	52,855	59,041	16.4889	19.4630	22.4370	25.4111	28.3852
FIN00006	Accounts Payable Specialist	C00112	Accounting Specialist	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
QM00018	Accreditation Specialist	C00315	Accreditation Specialist	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
FIN00024	Actuary	C00304	Actuary	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
ADM00002	Admin Assistant I	C00009	Administrative Assistant I	25	32,648	38,537	44,426	50,314	56,203	15.6962	18.5273	21.3584	24.1896	27.0207
CH00001	Admin Assistant I	C00010	Administrative Assistant I	25	32,648	38,537	44,426	50,314	56,203	15.6962	18.5273	21.3584	24.1896	27.0207
CH00002	Admin Assistant II	C00088	Administrative Assistant II	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
CH00003	Admin Assistant II	C00088	Administrative Assistant II	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
UM00001	Admin Assistant II	C00088	Administrative Assistant II	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
ACC00004	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
ADM00013	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CH00004	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CM00002	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CMP00002	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
NET00025	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
OP00009	Admin Assistant III	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
POD00001	Admin Assistant III (POD)	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
QM00012	Admin Assistant III (QM)	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CM00064	Admin Asst III-Care Mgt-M	C00009	Administrative Assistant III	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
UM00002	Administrative Clinical Support Specialist I	C00081	Administrative Clinical Support Specialist I	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
IT00002	Application/Web Developer I	C00155	Application/Web Developer I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00003	Applications Configuration Specialist	C00156	Applications Configuration Specialist	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00004	Applications System Analyst	C00157	Applications System Analyst	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ADM00001	Area Director/Chief Executive Officer	C00001	CEO	CEO	208,400	250,050	291,700	333,400	375,100	100.1923	120.2163	140.2404	160.2885	180.3365

Classification and Grade Schedule FY23

LEG00001	Assistant General Counsel	C00231	Assistant General Counsel	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
MED00001	Associate Medical Director	C00158	Associate Medical Director	59	174,311	205,751	237,191	268,632	300,072	83.8033	98.9188	114.0343	129.1498	144.2653
ACC00001	Behavioral Health Crisis Clinician	C00149	Access Clinician	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
HUM00009	Benefits Specialist	C00249	Human Resources Business Partner	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ACC00007	Bilingual Behavioral Health Crisis Clinician	C00149	Access Clinician	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
BUS00003	Business Analyst	C00124	Business Analyst	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CMP00003	Business Analyst	C00124	Business Analyst	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
NET00002	Business Analyst	C00124	Business Analyst	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
QM00002	Business Analyst	C00124	Business Analyst	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
IT00051	Business Intelligence Analyst	C00160	BI Report Developer	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
IT00005	Business Intelligence Report Developer	C00160	BI Report Developer	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
PPM00003	Business Process Analyst	C00296	Business Process Analyst	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CM00061	Care Management Dept. of Social Services Liaison	C00061	Care Management Community Liaison	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00059	Care Management Learning & Development Specialist II	C00208	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00077	Care Manager I - DSS	C00254	Care Manager I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00076	Care Manager I - Non-Waiver	C00254	Care Manager I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00079	Care Manager I - TCL	C00254	Care Manager I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00078	Care Manager I - Waiver	C00254	Care Manager I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00044	Care Manager II	C00255	Care Manager II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CM00070	Care Manager II-DSS/DJJ	C00255	Care Manager II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CMP00019	Chief Information Security Officer	C00270	Chief Information Security Officer	53	129,703	153,097	176,491	199,885	223,279	62.3570	73.6042	84.8515	96.0987	107.3459
ADM00007	Chief Medical Officer	C00232	Chief Medical Officer	68	271,575	320,558	369,542	418,525	467,509	130.5647	154.1145	177.6643	201.2140	224.7638
ADM00012	Chief of Staff	C00251	Chief of Staff	53	129,703	153,097	176,491	199,885	223,279	62.3570	73.6042	84.8515	96.0987	107.3459
CM00006	Children w/Complex Needs Consultant	C00066	Program/Services Development Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CMP00021	Claims Audit Nurse	C00275	Claims Audit Nurse	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CMP00008	Claims Auditor	C00161	Claims Auditor	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
BUS00023	Claims Lead	C00326	Claims Lead	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
BUS00007	Claims Research Analyst I	C00162	Claims Research Analyst I	28	37,848	44,675	51,502	58,328	65,155	18.1963	21.4784	24.7604	28.0425	31.3245
BUS00008	Claims Research Analyst II	C00163	Claims Research Analyst II	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
BUS00009	Claims Research Analyst III	C00164	Claims Research Analyst III	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
BUS00010	Claims Research Analyst IV	C00165	Claims Research Analyst IV	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
HUM00014	Classification & Compensation Specialist	C00249	Human Resources Business Partner	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032

Classification and Grade Schedule FY23

CLI00008	Clinical Business Systems Analyst	C00147	Clinical Business Systems Analyst	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CM00074	Clinical Consultant Nurse-tCL	C00311	Clinical Consultant Nurse	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CH00041	Clinical Housing Specialist	C00181	Behavioral Health Clinician	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
CMP00024	Clinical Investigator	C00316	Clinical Investigator I	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
QM00013	Clinical Quality Analyst II	C00293	Clinical Quality Analyst II	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
NET00005	Clinical Service Evaluator I	C00070	Social Research Associate I	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
NET00003	Clinical Service Evaluator II	C00073	Social Research Associate II	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
CH00026	Com Inclusion Coordinator	C00248	Community Relations Specialist II	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
CH00007	Community Education & Outreach Specialist	C00041	Community Relations Specialist	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CH00035	Community Engagement Specialist	C00041	Community Relations Specialist	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CM00054	Community Health Worker I - IDD Peer Support	C00266	Community Health Worker I	26	34,297	40,483	46,669	52,855	59,041	16.4889	19.4630	22.4370	25.4111	28.3852
CM00046	Community Health Worker II	C00257	Community Health Worker II	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CM00047	Community Health Worker III	C00258	Community Health Worker III	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CH00009	Community Liaison	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CM00073	Complex Care Consultant (RN/OT)	C00310	Complex Care Consultant	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
CMP00001	Compliance Analyst I (Policy)	C00113	Compliance Analyst I	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
CMP00009	Compliance Analyst II	C00230	Compliance Analyst II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
NET00006	Contract Administrator	C00018	Contract Administrator	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
CH00027	Court & Criminal Justice Special	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CH00032	Court Liaison	C00308	Court/Jail Liaison	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CH00010	Criminal Justice Specialist	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
QM00003	Data Analyst I (Non-IT)	C00116	Data Analyst I (Non-IT)	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
QM00015	Data Analyst II (CM)	C000069	Data Analyst II (Non-IT)	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
QM00003	Data Analyst II (Non-IT)	C00117	Data Analyst II (Non-IT)	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
IT00006	Data Architect I	C00168	Data Architect I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00049	Data Architect II	C00290	Data Architect II	47	96,510	113,917	131,325	148,732	166,139	46.3990	54.7679	63.1369	71.5058	79.8747
IT00032	Data Engineer	C00169	Data Enginner	45	87,454	103,228	119,002	134,776	150,550	42.0452	49.6288	57.2125	64.7961	72.3797
IT00033	Data Operations Engineer	C00325	IT Operations Engineer	45	87,454	103,228	119,002	134,776	150,550	42.0452	49.6288	57.2125	64.7961	72.3797
IT00045	Data Platform Administrator	C00276	Data Platform Administrator	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00007	Data Scientist	C00171	Data Scientist	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00008	Database Administrator	C00172	Database Administrator	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
CM00075	Department of Adult Correction Liaison Transition Coordinator	C00324	CM Transition Coordinator II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571

Classification and Grade Schedule FY23

IT00055	Deputy Chief Information Officer	C00314	Vice President-Information Technology	56	150,361	177,482	204,602	231,723	258,843	72.2892	85.3279	98.3666	111.4052	124.4439
CLI00010	Deputy Chief Medical Officer	C00245	Deputy Chief Medical Officer	64	223,000	263,222	303,444	343,667	383,889	107.2116	126.5492	145.8868	165.2244	184.5619
LEG00002	Deputy General Counsel	C00250	Deputy General Counsel	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
IT00010	Desktop Infrastructure Technician	C00173	Desktop Infrastructure Technician	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
IT00047	Development & Operations Engineer	C00325	IT Operations Engineer	45	87,454	103,228	119,002	134,776	150,550	42.0452	49.6288	57.2125	64.7961	72.3797
CM00010	Director-Care Management Support	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CM00062	Director-Child & Adult Welfare	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
MED00008	Director-Clinical Planning and Policy	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CH00011	Director-Community & Member Engagement	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CM00034	Director-Community Care Management	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CH00012	Director-Community Education & Outreach	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CH00039	Director-Community Health Strategy & Social Impact	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CMP00016	Director-Corporate Compliance	C00280	Corporate Compliance Director	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00012	Director-Data Science and Analytical Research	C00176	Director of Data Science and Analytical Research	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
BUS00005	Director-Facilities	C00119	Facilities Director	46	91,870	108,441	125,012	141,582	158,153	44.1685	52.1351	60.1017	68.0683	76.0349
CMP00004	Director-HIPAA Compliance	C00234	HIPAA Compliance Director	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CH00013	Director-Housing	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
HUM00005	Director-Human Resources	C00107	Human Resources Director	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00014	Director-Infrastructure and Security	C00178	Director of Infrastructure and Security	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
CM00011	Director-Integrated Healthcare Management	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CMP00017	Director-Internal Audit	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
ACC00006	Director-Member & Recipient Services (Call Center)	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
HUM00006	Director-Organizational Development & Learning	C00107	Human Resources Director	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CLI00009	Director-Pharmacy	C00243	Pharmacy Director	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
NET00036	Director-Provider Network Operations	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
NET00038	Director-Provider Network Project Mgmt	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
NET00023	Director-Provider Network Strategy & Initiatives	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
QM00014	Director-Quality Management	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
SBC00002	Director-School Based Behavioral Health	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CH00038	Director-Supportive Housing	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CM00066	Director-Transition to Community Living Program	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
UM00003	Director-Utilization Management	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351

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UM00010	Director-Utilization Management Physical Health	C00040	Program/Unit Director I	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CH00017	Diversion Housing Specialist	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
ODL00001	Diversity, Equity, & Inclusion Manager	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
BUS00013	Electronic Data Interface (EDI) Specialist	C00183	EDI Specialist	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
IT00001	Electronic Data Interface (EDI) Technical Specialist	C00184	Electronic Data Interface (EDI) Technical Specialist	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
BUS00015	Eligibility Specialist	C00080	Eligibility Specialist	25	32,648	38,537	44,426	50,314	56,203	15.6962	18.5273	21.3584	24.1896	27.0207
HUM00018	Employee Relations Coordinator	C00267	Human Resources Technician	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
BUS00022	Encounter Analyst I	C00306	Encounter Analyst I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
BUS00021	Encounter Analyst II	C00301	Encounter Analyst II	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
IT00018	ETL Developer	C00185	ETL Developer	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
ADM00008	EVP-Chief Risk & Compliance Officer	C00043	Chief Compliance & Risk Officer	60	183,114	216,142	249,170	282,198	315,225	88.0354	103.9142	119.7931	135.6719	151.5507
OP00004	Executive Assistant I	C00020	Executive Assistant I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CLI00003	Executive Assistant I (Clinical Ops)	C00020	Executive Assistant I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
LEG00005	Executive Assistant I (Legal)	C00020	Executive Assistant I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
ADM00003	Executive Assistant II	C00014	Executive Assistant II	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
ADM00006	Executive Vice President-CFO	C00004	Chief Financial Officer	63	212,280	250,569	288,857	327,146	365,434	102.0577	120.4657	138.8736	157.2816	175.6896
OP00001	Executive Vice President-CIO	C00084	Information Technology Executive	59	174,311	205,751	237,191	268,632	300,072	83.8033	98.9188	114.0343	129.1498	144.2653
ADM00004	Executive Vice President-COO	C00109	Chief Operations Officer	61	192,361	227,057	261,753	296,448	331,144	92.4812	109.1619	125.8426	142.5233	159.2040
ADM00005	Executive Vice President-HR	C00016	Human Resources Executive	58	165,931	195,860	225,789	255,718	285,647	79.7747	94.1636	108.5524	122.9413	137.3301
NET00050	External Clinical Quality Analyst I	C00313	Clinical Quality Analyst I	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
NET00051	External Clinical Quality Analyst II	C00293	Clinical Quality Analyst II	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
FAC00002	Facilities Coordinator	C00312	Facilities Coordinator	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
FAC00001	Facilities Manager	C00015	Facilities Manager	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
CM00014	Family Navigator	C00187	Advocate II	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CH00014	Family Partner Coordinator	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
FIN00008	Financial Analyst I	C00052	Financial Analyst I	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
FIN00023	Financial Analyst I - Rate Specialist	C00052	Financial Analyst I	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
FIN00009	Financial Analyst II	C00094	Financial Analyst II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
FIN00022	Financial Analyst II-Capitation	C00094	Financial Analyst II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
BUS00004	Financial Executive Assistant	C00186	Financial Executive Assistant	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
ADM00010	General Counsel	C00233	General Counsel	59	174,311	205,751	237,191	268,632	300,072	83.8033	98.9188	114.0343	129.1498	144.2653
QM00004	Grievance-Appeals Analyst	C00070	Social Research Associate I	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138

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CH00037	Health Literacy Project Manager	C00244	Project Manager II	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
NET00033	HN Project Manager	C00091	Project Manager I	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
CH00028	Housing Subsidy Administrator	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
HUM00007	Human Resources Business Partner- Employee Relations	C00249	Human Resources Business Partner	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
MED00006	I/DD-TBI Clinical Director	C00079	I/DD Clinical Director	49	106,504	125,713	144,923	164,133	183,343	51.2036	60.4392	69.6747	78.9102	88.1457
CH00044	In Reach and Engagement Specialist	C00320	In Reach and Engagement Specialist	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
CH00047	In Reach and Engagement Supervisor	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CH00016	Independent Living Initiative Coordinator	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
COM00001	Information & Communications Specialist I	C00228	Communications and Marketing Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
COM00002	Information & Communications Specialist II	C00229	Communications and Marketing Specialist II	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
COM00003	Information & Communications Specialist III	C00318	Communications and Marketing Specialist III	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
CM00051	Integrated Health Consultant I	C00259	Integrated Health Consultant I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00071	Integrated Health Consultant I-DSS/DJJ	C00259	Integrated Health Consultant I	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00052	Integrated Health Consultant II	C00260	Integrated Health Consultant II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CM00072	Integrated Health Consultant II-DSS/DJJ	C00260	Integrated Health Consultant II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CMP00014	Internal Auditor I	C00235	Internal Auditor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CMP00015	Internal Auditor II	C00236	Internal Auditor II	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CMP00012	Investigator II	C00191	Investigator II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
IT00019	IT Business Analyst	C00192	IT Business Analyst	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00046	IT Data Analyst	C00277	IT Data Analyst	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
IT00020	IT Project Manager	C00193	IT Project Manager	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00021	IT Quality Engineer I	C00194	IT Quality Engineer I	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00048	IT Quality Engineer II	C00289	IT Quality Engineer II	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
IT00023	IT Security & Compliance Specialist	C00202	IT Security & Compliance Specialist	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
IT00052	IT Security Specialist I	C00302	IT Security Specialist I	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
ODL00010	Learning Experience Designer	C00208	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
HUM00019	Leave Specialist	C00249	Human Resources Business Partner	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00018	LTS Access Coordinator	C00159	LTSS Care Professional	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
CM00082	Manager of Care Management Support	C00272	Program/Unit Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
FIN00003	Manager-Accounting	C00200	Accounting Manager	45	87,454	103,228	119,002	134,776	150,550	42.0452	49.6288	57.2125	64.7961	72.3797
FIN00005	Manager-Accounts Payable	C00200	Accounts Payable Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
QM00001	Manager-Accreditation	C00071	Quality Management Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766

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CM00030	Manager-Adult Services Programs	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00036	Manager-Application Development	C00240	Application Development Manager	49	106,504	125,713	144,923	164,133	183,343	51.2036	60.4392	69.6747	78.9102	88.1457
BUS00017	Manager-Claims	C00125	Claims Manager	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
HUM00017	Manager-Classification & Compensation	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CH00042	Manager-Clinical and Complex Care (TCL)	C00272	Program/Unit Clinical Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
CM00056	Manager-Community Care Management	C00272	Program/Unit Clinical Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
CH00008	Manager-Community Engagement	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CH00021	Manager-Crisis & justice Supports	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
IT00044	Manager-Data Architecture	C00269	Data Architecture Manager	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
IT00043	Manager-Data Interoperability	C00268	Data Interoperability Manager	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
IT00054	Manager-Data Operations	C00309	Manager-Data Operations	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
IT00037	Manager-Database Administration	C00239	Database Administration Manager	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
IT00027	Manager-Enterprise Reporting	C00217	Enterprise Reporting Manager	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
FIN00007	Manager-Finance	C00200	Finance Manager	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
QM00016	Manager-HEDIS Program	C00143	Business Systems Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
HUM00013	Manager-HR Benefits	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
HUM00011	Manager-HR Employee Relations/P&P	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
HUM00010	Manager-HR Information Systems/Reporting	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
HUM00012	Manager-HR Talent Acquisition	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CM00057	Manager-Integrated Healthcare	C00272	Program/Unit Clinical Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
IT00038	Manager-IT Business Analysts	C00241	IT Business Analysts Manager	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
IT00022	Manager-IT Quality Engineer	C00201	IT Quality Engineer Manager	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
CM00035	Manager-Long Term Services Care Management	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CM00035	Manager-Long Term Services Program	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
ACC00008	Manager-Member & Recipient Services	C00272	Program/Unit Clinical Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337
CH00019	Manager-Member Inclusion & Outreach	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
ODL00009	Manager-Organizational Development & Learning	C00138	Human Resources Manager	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
PPM00004	Manager-Project Portfolio Management	C00305	Manager-Project Management	43	79,248	93,542	107,836	122,129	136,423	38.1000	44.9720	51.8440	58.7161	65.5881
NET00044	Manager-Provider Contracts & Enrollment	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
BUS00019	Manager-Purchasing	C00200	Purchasing Manager	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
QM00008	Manager-Quality Improvement	C00143	Business Systems Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
QM00005	Manager-Quality Management Data	C00071	Quality Management Data Manager	41	71,812	84,764	97,717	110,670	123,622	34.5249	40.7521	46.9793	53.2065	59.4337

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QM00006	Manager-Quality Management Incidents, Grievances, & Appeals	C00071	Quality Management Manager	40	68,360	84,805	93,019	110,722	117,679	32.8652	40.7715	44.7209	53.2318	56.5766
IT00030	Manager-SharePoint Development	C00223	SharePoint Manager	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
CH00040	Manager-Subsidy Administration	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CH00025	Manager-Supportive Housing	C00210	Program/Unit Manager	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
NET00037	Manager-Vendor Relations	C00323	Vendor Relations Manager	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CMP00006	Medical Records Manager	C00144	Medical Records Manager	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
CMP00018	Medical Records Specialist	C00265	Medical Records Specialist	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
ACC00002	Member & Recipient Services Coordinator	C00150	Access Coordinator	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
CH00018	Member Inclusion & Outreach Specialist	C00045	Advocate I	28	37,848	44,675	51,502	58,328	65,155	18.1963	21.4784	24.7604	28.0425	31.3245
IT00024	Microstrategy Administrator	C00205	Microstrategy Administrator	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CM00063	NC InCK- Service Integration Consultant	C00260	Integrated Health Consultant II	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
NET00045	NCTOPPS Assistant	C00081	Administrative Clinical Support Specialist I	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
IT00026	Network Specialist II	C00132	Network Specialist II	43	79,248	93,542	107,836	122,129	136,423	38.1000	44.9720	51.8440	58.7161	65.5881
ODL00008	Organizational Development & Learning Specialist I-Care Management	C00207	Organizational Development & Learning Specialist I	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
ODL00004	Organizational Development & Learning Specialist II-Change Management	C00208	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ODL00011	Organizational Development & Learning Specialist II-Employee Experience	C00209	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ODL00005	Organizational Development & Learning Specialist II-Employee Onboarding	C00208	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ODL00003	Organizational Development & Learning Specialist II-Leadership Development	C00208	Organizational Development & Learning Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
ODL00007	Organizational Development & Learning Specialist I-Provider Education	C00207	Organizational Development & Learning Specialist I	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
LEG00004	Paralegal	C00096	Paralegal	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
MED00003	Pharmacist	C00105	Pharmacist	46	91,870	108,441	125,012	141,582	158,153	44.1685	52.1351	60.1017	68.0683	76.0349
MED00007	Pharmacy Program Assistant	C00298	Pharmacy Technician	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
NET00042	PN Helpdesk EVV Spec	C00081	Administrative Clinical Support Specialist I	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
CH00020	Post Transition Engagement Specialist	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
NET00020	Practice Transformation Specialist	C00066	Program/Services Development Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CMP00020	Privacy Analyst	C00274	Privacy Analyst	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
CMP00010	Program Integrity Analyst	C00113	Compliance Analyst I	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
PPM00001	Project Manager I	C00091	Project Manager I	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
PPM00002	Project Manager II	C00244	Project Manager II	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
NET00021	Provider Enrollment Specialist	C00063	Administrative Clinical Support Specialist II	29	39,760	46,931	54,102	61,274	68,445	19.1152	22.5630	26.0108	29.4586	32.9064
NET00031	Provider Network Evaluator I-HCBS	C00214	Provider Network Evaluator I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
NET00035	Provider Network Evaluator II-Routine Monitoring	C00215	Provider Network Evaluator II	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238

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NET00032	Provider Network Evaluator II-Targeted	C00215	Provider Network Evaluator II	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
NET00034	Provider Network Evaluator I-Routine Monitoring	C00214	Provider Network Evaluator I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
NET00030	Provider Network Evaluator I-Targeted	C00214	Provider Network Evaluator I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
NET00018	Provider Network Helpdesk Specialist	C00081	Administrative Clinical Support Specialist I	27	36,029	42,527	49,026	55,524	62,023	17.3216	20.4459	23.5701	26.6944	29.8187
ACC00005	Provider Network Helpdesk Team Lead	C00078	Processing Unit Supervisor	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
NET00039	Provider Network Operations Specialist	C00065	Program/Services Development Specialist I	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
NET00041	Provider Network Service Development Specialist	C00066	Program/Services Development Specialist II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
NET00040	Provider Relations Specialist	C00065	Program/Services Development Specialist I	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
CH00036	Public Housing Liaison	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
FIN00011	Purchasing Specialist	C00216	Purchasing Specialist	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
QM00007	Quality Assurance Analyst	C00070	Social Research Associate I	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
QM00011	Quality Improvement Specialist II	C00246	Quality Improvement Specialist II	38	61,945	84,806	84,291	110,723	106,637	29.7813	40.7720	40.5246	53.2323	51.2678
QM00010	Quality Review Coordinator I	C00070	Social Research Associate I	31	43,877	51,791	59,705	67,619	75,533	21.0946	24.8994	28.7042	32.5090	36.3138
QM00009	Quality Review Coordinator II	C00073	Social Research Associate II	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
NET00052	Salesforce Administrator	C00322	Salesforce Administrator	33	48,420	57,154	65,887	74,621	83,354	23.2790	27.4778	31.6766	35.8754	40.0742
SBC00007	SB LTSS Care Coordinator	C00159	LTSS Care Professional	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
SBC00005	School Based Care Coordinator	C00181	Behavioral Health Clinician	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
SBC00006	School Based Diversion Coordinator	C00218	SB Diversion Coordinator	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
SBC00009	School Based System of Care Liaison	C00041	Community Relations Specialist I	30	41,768	49,301	56,835	64,368	71,902	20.0806	23.7025	27.3244	30.9463	34.5682
SBC00008	School Based Team Lead	C00291	Behavioral Health Team Lead	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571
CMP00025	Senior Clinical Investigator	C00317	Clinical Investigator II	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
OP00006	Senior Director-Access	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
FIN00020	Senior Director-Accounting & Finance	C00285	Senior Director-Accounting & Finance	51	117,532	138,731	159,930	181,129	202,328	56.5058	66.6977	76.8895	87.0814	97.2732
BUS00006	Senior Director-Claims	C00219	Senior Claims Director	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
OP00003	Senior Director-Communications	C00174	Communications Director	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
CH00034	Senior Director-Community & Member Engagement	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
IT00042	Senior Director-Enterprise Analytics & Data Interoperability	C00264	Information Technology Director II	53	129,703	153,097	176,491	199,885	223,279	62.3570	73.6042	84.8515	96.0987	107.3459
NET00043	Senior Director-Network Evaluation	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
CLI00013	Senior Director-Population Health	C00036	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
NET00028	Senior Director-Practice & Payment Transformation	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
IT00041	Senior Director-Product Management & Support	C00264	Information Technology Director II	53	129,703	153,097	176,491	199,885	223,279	62.3570	73.6042	84.8515	96.0987	107.3459
CMP00005	Senior Director-Program Integrity	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003

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NET00024	Senior Director-Provider Network Operations	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
FIN00021	Senior Director-Purchasing & Accounts Payable	C00286	Senior Director-Purchasing & Accounts Payable	50	111,882	132,062	152,242	172,422	192,602	53.7894	63.4913	73.1933	82.8952	92.5971
CMP00023	Senior Investigator	C00101	Investigator II	35	53,434	63,072	72,710	82,348	91,986	25.6895	30.3231	34.9567	39.5903	44.2238
MED00004	Senior Psychologist	C00082	Senior Psychologist	42	75,438	89,045	102,652	116,258	129,865	36.2684	42.8101	49.3518	55.8934	62.4351
CMP00022	Senior Risk Analyst	C00295	Risk Analyst II	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
BUS00016	Senior Vice President-Business Evolution	C00253	Senior Vice President-Business Evolution	50	111,882	132,062	152,242	172,422	192,602	53.7894	63.4913	73.1933	82.8952	92.5971
NET00001	Senior Vice President-Community Health & Well-Being	C00140	Vice President Community Health	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
BUS00002	Senior Vice President-Financial Ops	C00051	Vice President-Financial Operations	55	143,133	168,950	194,767	220,583	246,400	68.8141	81.2259	93.6378	106.0497	118.4616
CLI00002	Senior Vice President-Population Health and Care Management	C00242	Senior Vice President-Population Health and Care Management	54	136,252	160,828	185,404	209,979	234,555	65.5060	77.3212	89.1364	100.9517	112.7669
NET00029	Senior Vice President-Provider Network	C00263	Senior Vice President-Provider Network	57	157,955	186,445	214,935	243,425	271,915	75.9398	89.6369	103.3341	117.0312	130.7283
CLI00011	Senior Vice President-Quality Management	C00261	Senior Vice President-Quality Management	48	101,384	119,670	137,957	156,243	174,529	48.7422	57.5337	66.3253	75.1168	83.9084
OP00008	Senior Vice President-Strategy & Government Relations	C00142	Vice President Government Relations	58	165,931	195,860	225,789	255,718	285,647	79.7747	94.1636	108.5524	122.9413	137.3301
CLI00014	Senior Vice President-Utilization Management	C00319	Senior Vice President-Utilization Management	51	117,532	138,731	159,930	181,129	202,328	56.5058	66.6977	76.8895	87.0814	97.2732
IT00028	Server Administrator	C00221	Server Administrator	43	79,248	93,542	107,836	122,129	136,423	38.1000	44.9720	51.8440	58.7161	65.5881
IT00039	Server Support Specialist	C00054	Network Specialist I	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
IT00029	SharePoint Developer	C00222	SharePoint Developer	40	68,360	80,690	93,019	105,349	117,679	32.8652	38.7931	44.7209	50.6487	56.5766
CM00027	SIS Evaluator	C00224	SIS Evaluator	32	46,093	54,406	62,720	71,034	79,347	22.1599	26.1569	30.1538	34.1507	38.1477
IT00034	Software Support Analyst	C00060	Business Systems Analyst	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
CMP00011	Special Investigator	C00022	Investigator I	34	50,865	60,040	69,215	78,389	87,564	24.4546	28.8654	33.2762	37.6871	42.0979
IT00035	Sr Dir-Application Dev	C00238	Application Development Director II	53	129,703	153,097	176,491	199,885	223,279	62.3570	73.6042	84.8515	96.0987	107.3459
CM00053	Sr Director-Care Mgmt Ops	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
GOV00001	Sr Dir-Gov't Relations	C00037	Program/Unit Director II	44	83,250	98,266	113,281	128,297	143,313	40.0240	47.2431	54.4621	61.6812	68.9003
ACC00009	Supervisor (Bilingual)-Member & Recipient Services	C00195	Access Supervisor	38	61,945	73,118	84,291	95,464	106,637	29.7813	35.1530	40.5246	45.8962	51.2678
CM00083	Supervisor I - Care Management Support	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00080	Supervisor I-Care Manager Waiver	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00040	Supervisor I-Community Health Workers	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00042	Supervisor II-Care Managers	C00212	Program/Unit Supervisor II	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CM00068	Supervisor II-DSS/DJJ Care Managers	C00212	Program/Unit Supervisor II	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CM00045	Supervisor II-Integrated Health Consultant	C00212	Program Unit Supervisor II	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
CM00060	Supervisor I-Integrated Health Consultant	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
CM00081	Supervisor I-Transition to Community Living (TCL) Care Manager	C00211	Program/Unit Supervisor I	37	58,967	69,603	80,239	90,875	101,511	28.3497	33.4631	38.5765	43.6898	48.8032
FIN00016	Supervisor-Accounting	C00288	Accounting Supervisor	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568

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FIN00017	Supervisor-Accounting (Grants)	C00288	Accounting Supervisor	39	65,073	76,811	88,548	100,285	112,022	31.2853	36.9282	42.5711	48.2139	53.8568
FIN00018	Supervisor-Accounts Payable	C00271	Accounts Payable Supervisor	36	56,133	66,257	76,382	86,506	96,631	26.9868	31.8544	36.7220	41.5896	46.4571

Salary Grade	CLASSIFICATION TITLE	Minimum	Midpoint	Maximum
25	Administrative Assistant I Eligibility Specialist	\$32,648	\$44,426	\$56,203
26	Accounting Technician Community Health Worker I	\$34,297	\$46,669	\$59,041
27	Administrative Assistant II Administrative Clinic Support Specialist I Credentialing Specialist I Medical Records Specialist	\$36,029	\$49,026	\$62,023
28	Advocate I Claims Research Analyst I	\$37,848	\$51,502	\$65,155
29	Administrative Assistant III Administrative Clinical Support Specialist II Advocate II Claims Research Analyst II Community Health Worker II Credentialing Specialist II Human Resources Technician Pharmacy Technician Vendor Relations Specialist	\$39,760	\$54,102	\$68,445
30	Access Coordinator Accounting Specialist Claims Auditor Claims Research Analyst III Communications and Marketing Specialist I Community Relations Specialist Community Relations Specialist I Encounter Analyst I Executive Assistant I Paralegal Provider Network Evaluator I	\$41,768	\$56,835	\$71,902
31	Claims Research Analyst IV Financial Executive Assistant Processing Unit Supervisor Social Research Associate I	\$43,877	\$59,705	\$75,533
32	Care Management Community Liaison Care Manager I Care Worker Communications and Marketing Specialist II Community Health Worker III Court/Jail Liaison Desktop Infrastructure Technician Encounter Analyst II Executive Assistant II Integrated Health Consultant I	\$46,093	\$62,720	\$79,347

	LTSS Care Professional SB Diversion Coordinator SIS Evaluator UM Care Specialist-IDD			
33	Accountant I Claims Team Lead Community Relations Specialist II Data Analyst I (Non-IT) Facilities Coordinator Social Research Associate II	\$48,420	\$65,887	\$83,354
34	Behavioral Health Clinician Compliance Analyst I Credentialing Supervisor Special Investigator Privacy Analyst Program/Services Development Specialist I Purchasing Specialist	\$50,865	\$69,215	\$87,564
35	Accreditation Specialist Claims Supervisor Contract Administrator Data Analyst II (Non-IT) Facilities Manager Financial Analyst I Senior Investigator Medical Records Manager Organizational Development & Learning Specialist I Provider Network Evaluator II	\$53,434	\$72,710	\$91,986
36	Accounts Payable Supervisor Behavioral Health Nurse Behavioral Health Team Lead Care Manager II Claims Audit Nurse Clinical Investigator Clinical Quality Analyst I Compliance Analyst II Healthcare Integration Nurse Integrated Health Consultant II IT Security Specialist I UM Care Manager-MHSUD I	\$56,133	\$76,382	\$96,631
37	Accountant II Applications System Analyst Business Analyst Financial Analyst II Human Resources Business Partner Internal Auditor I LTSS Program Supervisor LTSS UM Supervisor	\$58,967	\$80,239	\$101,511

	Organizational Development & Learning Specialist II Program/Services Development Specialist II Program/Unit Supervisor I Senior Clinical Investigator UM Care Manager-MHSUD II UM Care Specialist-RN			
38	Access Supervisor Actuary Administrative Manager Business Systems Analyst Claims Manager Clinical Investigator II Clinical Quality Analyst II Complex Care Consultant Desktop Infrastructure Supervisor IT Security & Compliance Specialist Network Specialist I Payroll Supervisor Program Integrity Claims Supervisor Program Integrity Unit Supervisor Project Manager I Quality Improvement Specialist II	\$61,945	\$84,291	\$106,637
39	Accounting Supervisor BI Report Developer Clinical Business Systems Analyst EDI Specialist Finance Supervisor Human Resources Manager Program/Unit Supervisor II	\$65,073	\$88,548	\$112,022
40	Accounts Payable Manager Applications Configuration Specialist Business Process Analyst Business Systems Manager Corporate Compliance Director Data Scientist Electronic Data Interface (EDI) Technical Specialist ETL Developer HIPAA Compliance Director Internal Auditor II IT Business Analyst IT Quality Engineer I Program/Unit Manager Program/Unit Supervisor III Project Manager II Quality Management Manager Risk Analyst II SharePoint Developer	\$68,360	\$93,019	\$117,679

41	BI Intelligence Supervisor IT Data Analyst Program/Unit Clinical Manager Quality Management Data Manager	\$71,812	\$97,717	\$123,622
42	Application Database Developer Application/Web Developer I Capitation Manager Data Architect I Data Platform Administrator Human Resources Director IT Project Manager IT Quality Engineer II Microstrategy Administrator Program/Unit Director I Purchasing Director Purchasing Manager Senior Psychologist	\$75,438	\$102,652	\$129,865
43	Development & Operations Engineer Manager-Project Management Network Specialist II Server Administrator	\$79,248	\$107,836	\$136,423
44	Assistant General Counsel Database Administrator Enterprise Reporting Manager Finance Manager Financial Operations Director IT Business Analysts Manager IT Quality Engineer Manager Program/Unit Director II Senior Claims Director SharePoint Manager	\$83,250	\$113,281	\$143,313
45	Accounting Manager Data Enginner Data Operations Engineer	\$87,454	\$119,002	\$150,550
46	Facilities Director Pharmacist	\$91,870	\$125,012	\$158,153
47	Data Architect II Network Security Manager	\$96,510	\$131,325	\$166,139
48	Communications Director Data Architecture Manager Data Interoperability Manager Database Administration Manager Deputy General Counsel Director of Data Science and Analytical Research Director of Enterprise Analytics Director of Infrastructure and Security Director of Product Management Support	\$101,384	\$137,957	\$174,529

	Manager-Data Operations Pharmacy Director Senior Vice President-Quality Management Vice President Community Health			
49	Application Development Manager Director of Core Systems Development I/DD Clinical Director	\$106,504	\$144,923	\$183,343
50	Project Management Program Director Senior Director-Purchasing & Accounts Payable Senior Vice President-Business Evolution	\$111,882	\$152,242	\$192,602
51	Senior Director-Accounting & Finance	\$117,532	\$159,930	\$202,328
52	Senior Director Clinical Innovation	\$123,467	\$168,007	\$212,546
53	Chief Information Security Officer Chief of Staff Information Technology Director II	\$129,703	\$176,491	\$223,279
54	SVP-Population Health and Care Management	\$136,252	\$185,404	\$234,555
55	VP-Financial Operations	\$143,133	\$194,767	\$246,400
56	Vice President-Information Technology	\$150,361	\$204,602	\$258,843
57	Senior Vice President-Provider Network	\$157,955	\$214,935	\$271,915
58	Human Resources Executive Vice President Government Relations	\$165,931	\$225,789	\$285,647
59	Associate Medical Director General Counsel Information Technology Executive	\$174,311	\$237,191	\$300,072
60	Chief Compliance & Risk Officer	\$183,114	\$249,170	\$315,225
61	Chief Operations Officer	\$192,361	\$261,753	\$331,144
63	Chief Financial Officer	\$212,280	\$288,857	\$365,434
64	Deputy Chief Medical Officer	\$223,000	\$303,444	\$383,889
68	Chief Medical Officer	\$271,575	\$369,542	\$467,509
CEO	CEO	\$208,400	\$291,700	\$375,100

Pay Grade	Minimum	Midpoint	Maximum
12	\$17,207	\$23,414	\$29,622
13	\$18,076	\$24,597	\$31,118
14	\$18,989	\$25,839	\$32,689
15	\$19,948	\$27,144	\$34,340
16	\$20,955	\$28,515	\$36,074
17	\$22,014	\$29,955	\$37,896
18	\$23,125	\$31,467	\$39,810
19	\$24,293	\$33,056	\$41,820
20	\$25,520	\$34,726	\$43,932
21	\$26,809	\$36,479	\$46,150
22	\$28,162	\$38,322	\$48,481
23	\$29,585	\$40,257	\$50,929
24	\$31,079	\$42,290	\$53,501
25	\$32,648	\$44,426	\$56,203
26	\$34,297	\$46,669	\$59,041
27	\$36,029	\$49,026	\$62,023
28	\$37,848	\$51,502	\$65,155
29	\$39,760	\$54,102	\$68,445
30	\$41,768	\$56,835	\$71,902
31	\$43,877	\$59,705	\$75,533
32	\$46,093	\$62,720	\$79,347
33	\$48,420	\$65,887	\$83,354
34	\$50,865	\$69,215	\$87,564
35	\$53,434	\$72,710	\$91,986
36	\$56,133	\$76,382	\$96,631
37	\$58,967	\$80,239	\$101,511
38	\$61,945	\$84,291	\$106,637
39	\$65,073	\$88,548	\$112,022
40	\$68,360	\$93,019	\$117,679
41	\$71,812	\$97,717	\$123,622
42	\$75,438	\$102,652	\$129,865
43	\$79,248	\$107,836	\$136,423
44	\$83,250	\$113,281	\$143,313
45	\$87,454	\$119,002	\$150,550
46	\$91,870	\$125,012	\$158,153
47	\$96,510	\$131,325	\$166,139
48	\$101,384	\$137,957	\$174,529
49	\$106,504	\$144,923	\$183,343
50	\$111,882	\$152,242	\$192,602
51	\$117,532	\$159,930	\$202,328
52	\$123,467	\$168,007	\$212,546
53	\$129,703	\$176,491	\$223,279
54	\$136,252	\$185,404	\$234,555
55	\$143,133	\$194,767	\$246,400
56	\$150,361	\$204,602	\$258,843
57	\$157,955	\$214,935	\$271,915

58	\$165,931	\$225,789	\$285,647
59	\$174,311	\$237,191	\$300,072
60	\$183,114	\$249,170	\$315,225
61	\$192,361	\$261,753	\$331,144
62	\$202,075	\$274,971	\$347,867
63	\$212,280	\$288,857	\$365,434
64	\$223,000	\$303,444	\$383,889
65	\$234,262	\$318,768	\$403,275
66	\$246,092	\$334,866	\$423,641
67	\$258,519	\$351,777	\$445,034
68	\$271,575	\$369,542	\$467,509
69	\$285,289	\$388,204	\$491,118
70	\$299,696	\$407,808	\$515,919
CEO	\$208,400	\$291,700	\$375,100



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

ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: June 1, 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 April 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; Aimee Izawa, Community and Member Engagement Director

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

Monday, April 03, 2023

Consumer and Family Advisory Committee- Steering Committee
Held Via Video Conference/In-Person

APPOINTED MEMBERS PRESENT: Michael Flood, Linda Campbell, 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, Shirley Francis, Shagun Guar, Annette Smith, Cindy Lopian,

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, Brian Perkins, SVP Strategy & Government Relations, Sandhya Gopal, Senior Director - Government Relations, Laini Jarrett, Quality Review Coordinator II

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:32 pm
2. **REVIEW OF THE MINUTES** – Minutes from the March 6, 2023 meeting reviewed; a motion was made by N/A and seconded by N/A to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting was called to order by Dr. Michael McGuire at 5:32 pm		
2. Review of the Minutes – 5 min	The minutes from the March 6, 2023 meeting were reviewed; a motion was made by xxxx and seconded by xxxx to approve the minutes		
3. PUBLIC COMMENT- 10 min	Carol Conway: We are planning an IDD Summit in Chapel Hill, at the Freedom House on October 14, 2023. Can send more information later.		

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:
	<p>Dr. Michael McGuire: Governor has signed the extension of Medicaid, 20,000 people can get coverage that did not have it before.</p> <p>Ellen Gibson: Did Alliance Health participated in the homeless stand down at Harley Davidson?</p> <p>Starlett Davis: Participated in past years, unaware of it this year.</p> <p>Aimee Izawa: We can check to see if it was on the calendar, and if we sponsored the event.</p>		
<p>4. State Updates 10 min</p>	<p>Suzanne Thompson</p> <p>State UPDATES:</p> <ul style="list-style-type: none"> • Governor Cooper Signs Medicaid Expansion into Law <ul style="list-style-type: none"> ○ Governor Roy Cooper signed House Bill 76, Access to Healthcare Options, into law. The legislation will expand Medicaid, which is expected to provide health coverage to over 600,000 people across North Carolina and bring billions in federal dollars to the state. North Carolina is the 40th state to expand Medicaid. ○ Contingent upon approved and signed budget, this year State will work to put together a plan on how we will make the public aware and determine who is eligible. • NC Medicaid to Resume Annual Recertification Process (State unwinding of Medicaid Expansion due to COVID-19) <ul style="list-style-type: none"> ○ Since March 2020, states were required under the federal COVID-19 Public Health Emergency to maintain enrollment for nearly all Medicaid beneficiaries and their level of coverage regardless of eligibility status. This helped ensure they continued to receive health care coverage during the pandemic. The federal 2023 Consolidated Appropriations Act set a timeframe to resume Medicaid beneficiary eligibility recertifications. NC Medicaid began this process today. ○ NCDHHS is focused on ensuring people who remain eligible for Medicaid continue to be covered and those who are no longer eligible know their potential options, such as buying 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>coverage, often at a reduced cost, through the federal Healthcare Marketplace.</p> <ul style="list-style-type: none"> ○ Over the past few months, Medicaid has worked closely with local Departments of Social Services and other partners to reach as many beneficiaries as possible to explain what to expect and their potential options to obtain health benefits. ○ Recertifications will take place over the next 12 months and will be conducted based on a beneficiary’s recertification date. Medicaid terminations or reductions could begin as early as July 1, 2023, although some could lose coverage as early as May 1, 2023. <ul style="list-style-type: none"> ● NC Medicaid Managed Care - Meet the Health Plans Virtual Outreach Presentation <ul style="list-style-type: none"> ○ Date/Time: April 6, 2023, 10:00 am -12:00 pm ○ Join Link: Click here to join; Dial-In: 888-475-4499, Meeting ID: 949 2124 8813 ● NCDHHS Mental Health Town Hall <ul style="list-style-type: none"> ○ Date/Time: Monday, April 17, 2023, 10:00 am -12:00 pm ○ Location: 105 S. Lamar Street, Roxboro, NC 27573; Contact: Benita Purcell, 336-583-6828 ● Joint DMH/DD/SUS and DHB Provider Webinar <ul style="list-style-type: none"> ○ Date/Time: Thursday, April 6, 2023, 3:00 pm - 4:00 pm ○ Join Link: Click here to register ● Joint DMHDDSAS and DHB Consumer Webinar <ul style="list-style-type: none"> ○ Date/Time: Monday, April 24, 2023, 2:00 pm - 3:00 pm ○ Join Link: Click here to register ● NC Medicaid Ombudsman Webinar <ul style="list-style-type: none"> ○ Date/Time: Wednesday, April 19, 2023, 2:00 pm ○ Join Link: Click here to register ● Tailored Plan 101: Ready, Set, Launch Series: 		

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Monday, April 03, 2023

Consumer and Family Advisory Committee- Steering Committee
Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> ○ Date/Time: Thursday, May 18, 2023, 5:30 pm - 6:30 pm ○ 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); Next Meeting: April 19, 2023, 5:30 pm ○ Register for 3rd Thursday webinars: Click here to register ● State Consumer and Family Advisory Committee <ul style="list-style-type: none"> ○ Date/Time: Wednesday, April 12, 2023, 9:00-2:45 p.m. ○ Location: 306 N. Wilmington Street, Raleigh NC Bath Building Conf. Room 107 ○ Join Link: Click here to join; Access Code: 2433 556 2669; Password: UjgCMrdM337 ● State-to-Local Collaboration <ul style="list-style-type: none"> ○ Date/Time: Wednesday, April 26, 2023, 6:30 pm -7:30 pm ○ Join Link: Click here to join <p>Questions/Comments/Concerns: N/A</p>		
<p>5. Reports 15 min BOD, Steering Committee, State to Local, State CFAC, Conferences, Trainings, etc.</p>	<p>Board Update- Dr. Michael McGuire & Dave Curro Local CFAC Updates- Chairs/Co-Chairs</p> <p>Board Update - CFAC Presentation – Aimee Izawa</p> <ul style="list-style-type: none"> ● Role of the CFAC <ul style="list-style-type: none"> ○ Review of CFAC Responsibilities ● CFAC Highlights <ul style="list-style-type: none"> ○ CFAC Membership ○ CFAC Retreat ○ CFAC Presence ○ CFAC Upcoming/Current Initiatives 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> • CFAC Priorities <ul style="list-style-type: none"> ○ Housing ○ Training ○ Crisis Services and Supports ○ Transportation ○ Education ○ Youth and Services Supports ○ Communication ○ Provider Network <p>Questions/Comments/Concerns: Aimee Izawa: Regular board meeting is coming up this week. Budget review from the board transpired last month. Just compiled the areas of concern that CFAC has given, the things you are focusing on, recap of events that you have attended. Reviewed CFAC responsibilities. Quick summary to kick off their discussion. It was well received well, no questions. Marie Dodson: State CFAC attendee – top concern was the cost of delaying the roll out of Tailored Plan. Emotional cost to members and their families. Hope the go-live date is written in stone, and it will not be changed again. Dr. Michael McGuire: If someone has Medicaid pending, is a medical facility supposed to turn the person away until they are approved for Medicaid? Aalece Pugh-Lily: Emergency Departments cannot turn away anyone who is in crisis, they are ruled by a law called EMTALA. No one should be turned away from an Emergency Department for an Emergent issue. For physician services and non-emergent issues, depending on provider if they know it is pending, they may bill retroactively. So many factors that play into this and depending on the community there are local free clinics. We would refer them if they did not have insurance in place. Medicaid to be activated in order for a facility to be able to bill Medicaid for the service. Dr. Michael McGuire: Does Cumberland County have an IPRS Facility? Starlett Davis: There is a clinic a Care Clinic in Cumberland, unsure of location. They do assist with certain medical procedures, as well as dental</p>		

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	work. Individuals have to call to schedule appointments, and I believe some of their services are free. I can get more information and send out to Local CFAC.		
6. MCO Updates- 30 min	<p>CFAC Application – Dr. Aalece Pugh Lily, Aimee Izawa Requirements Refresher, April 2023 – CFAC</p> <ul style="list-style-type: none"> • Objectives <ul style="list-style-type: none"> ○ Ensure all Alliance County CFAC Members are aware of membership requirements • Purpose of CFAC <ul style="list-style-type: none"> ○ Advise the LME/MCO/Tailored Plan on the planning and management of the local public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system pursuant to N.C.G.S. §122C-170. CFAC Structure. • CFAC Qualifications <ul style="list-style-type: none"> ○ Pursuant to N.C.G.S. § 122C-170(b): <ol style="list-style-type: none"> 1) Adult individuals are qualified to be advisory members of the committee if they or their family are a consumer of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services. 2) No member may serve more than three consecutive terms – Alliance Helath required to enforce statutes. 3) Employees of the area authority or the LME/MCO/Tailored Plan are not eligible for membership on the committee. • Examples <ul style="list-style-type: none"> ○ A member or recipient (family member of a member or recipient) whose services are currently being managed by Alliance Helath ○ A member who is TP-eligible and who Medicaid originated in Wake, Durham, Orange, Johnston, Mecklenburg, or Cumberland Counties 	<p>Submit revised CFAC application by 9/15/2023</p> <p>Engage in recruitment efforts and maintain a list of prospective CFAC Members</p>	

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> ○ A prospective member (or family member of a prospective member) currently on the innovations or TBI waiver waitlist (including Mecklenburg and Orange) ○ A prospective recipient (i.e., currently undergoing the process to be deemed eligible for state-funded services) ○ A prospective member of recipient of Alliance Helath Tailored Plan, Medicaid Direct, or state-funded plan contracts. <ul style="list-style-type: none"> ● Next Steps <ul style="list-style-type: none"> ○ Please submit a new application attesting that you met the qualifications of as outlined above ○ Please submit applications by September 15, 2023 (affords us chance to review and ensure CFAC seats are filled by or soon after Tailored Plan go-live on October 1, 2023) <p>Upcoming Events – Ramona Branch</p> <ul style="list-style-type: none"> ● NAMI Walks: Saturday, May 20, 2023, 9:00 AM -1:00 PM <ul style="list-style-type: none"> ○ Location: Perimeter Park 3015 Carrington Mill Blvd, Morrisville NC, 27560 ○ To join Alliance Health Team, speak with your MIOS – all are encouraged to attend and walk. ● June i2i Conference <ul style="list-style-type: none"> ○ Date/Time: Monday, June 12, 2023, 2:30 pm Wednesday, June 14, 2023, 3:30 pm ○ Registration: opens on Wednesday, April 5, 2023 ○ One person per county, full sponsorship including hotel accommodations <p>Questions/Comments/Concerns: Marie Dodson: Local CFAC update, made a presentation to the Board of Commissioners. Requested that Alliance Health Johnston County CFAC Proclaimed that May is Mental Health month, and it was approved. Heard from them that there are plans to get a detox center in the county. Just opened</p>		

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Monday, April 03, 2023

Consumer and Family Advisory Committee- Steering Committee
Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>a small 5-bed women’s shelter. Planning a June Health Fair, working on plans for event.</p> <p>Aimee Izawa: Plans for attendance, some had mentioned that registration would transfer form original fall i2i conference. Did not transfer due to refund that was given to Alliance Health. Want to give opportunity for people to attend i2i conference. Probably send one person per county, including hotel accommodations.</p> <p>Vandna Mushi: What is the i2i conference, could you explain a little bit more?</p> <p>Ramona Branch: i2i Conference is hosted 2x per year, one in spring and fall. Link was posted in the chat if you would like to see additional information.</p> <p>Leanna George: Just trying to understand my standing. Family member had Alliance health, moved to another county, and now has Vaya.</p> <p>Aalece Pugh-Lily: If a family member has services managed by another MCO it is most appropriate for the member or the family member of that member to join the CFAC of that particular MCO. Medicaid service origination governs which Tailored Plan will be managing the services for the member. So, if the member has Medicaid and is not in Alliance Catchment area it is most appropriate for that person to join the MCO’s CFAC that manages the services for that member. CFAC job is to advise the TP on their operations, provide us feedback on how we are doing. Can not provide feedback on what we are doing if we are not the TP managing your services.</p> <p>Linda Campbell: If we are advising on the planning and management how do we find out what is planning and management?</p> <p>Aalece Pugh-Lily: We can go into more depth, but this is the reason we bring leadership team and guest speakers to talk with Steering Committee in hopes that this information will be funneled down to local chapters about what we are doing as a TP so that CFAC does have all the information needed in order to advise us appropriately. If there are areas that CFAC Members feel that they need more information about certain topics, I invite you to speak with your MIOS about those areas so that we can bring the subject matter expects to you.</p>		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Marie Dodson: My sister lives with me & has Medicaid so would I be qualified?</p> <p>Aalece Pugh-Lily: Just want to reiterate that it is not just that the person has Medicaid, but that their services are managed by Alliance Health.</p> <p>Lois Stickell: So, members with "lived experience" are people who don't receive services? Will you be giving this presentation/showing these slides at the local meetings?</p> <p>Aalece Pugh-Lily: A person who can relate to the state/condition, self-disclosure of past diagnosis – a person with lived experience but, may not qualify to sit on CFAC due to not having Medicaid or being an Alliance Health Employee.</p> <p>Marie Dodson: You just lost ¾ of the Johnston County CFAC. Working members of Johnston County no longer have a voice. We can join NAMI but, am I going to have to step down from Human Rights Quality Management?</p> <p>Aalece Pugh-Lily: The reasons that we are sharing information today, is to give ample planning time if there is a scenario where someone does not feel they can attest to the qualifications. We are abiding by state statute in ensuring that all CFAC Members are directly ties to Alliance Tailored Plan, we are following the law in doing this.</p> <p>Aimee Izawa: CFAC Meetings are open to the public, regardless of membership status these meetings are open to anyone. We want as many people to come as possible whether a member or not.</p> <p>Linda Campbell: You mentioned membership, well grab families, a lot of kids in school and families would love to get involved.</p> <p>Aalece Pugh-Lily: We are asking everyone to attest to these qualifications, based on the honor system. We will give you the application, when you sign you are attesting that you meet the qualification as dictated by the state requirements, application is just attesting that you meet them.</p> <p>Aimee Izawa: With TP implementation there is a lot of reporting requirements in our contracts to the state, there are new ones around CFAC. Another reason we are working on updating the contract is some additional</p>		

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>demographic information which we were not capturing before. This is a way to capture that information so we can report regularly when we send the membership list that is requested from the state.</p> <p>Alicia Jones: Would we be able to invite Suzanne to our Local CFAC Meetings to share this information?</p> <p>Suzanne Thompson: Cannot promise that I will be at all of Alliance CFAC meetings this month but, will do my best to ensure that someone is at the meetings.</p> <p>Dr. Michael McGuire: Between now and September is a recruiting drive, we have been given the message and have to go by the state statue and recruit.</p> <p>Vandna Mushi: Can the demographic questions be optional?</p> <p>Aimee Izawa: We will definitely add other or choose not to respond as an option for response. The TP contract does not state exactly how the race and ethnicity should be reported, they just advised they we should report o it.</p>		
<p>7. General Discussion</p>	<p>Questions/Comments/Concerns:</p> <p>Linda Campbell: The three years, this starts now? Seems to be a lot of hangovers from Cardinal. Not sure what is happening in other counties. Is this retroactive, starting at TP go-live, now, or what will happen? Is there an organizational chart for Alliance Health, trying to piece together how things work?</p> <p>Aalece Pugh-Lily: Yes, we do have an org chart.</p> <p>Douglas McDowell: There is one on the Alliance Health website.</p> <p>Linda Campbell: Aimee you did a great job at the meeting, sharing all the gaps from the six counties. Would love to get the list to share at the next local CFAC Meeting.</p> <p>Aimee Izawa: I can share the slides, that was a compilation of major concerns brought up by each county throughout the year.</p> <p>Dave Curro: Needs and Gaps, we used to have someone from Alliance give a presentation, annually, and do a survey for Needs and Gaps. Results would be presented from board, and we would get feedback from that survey.</p> <p>Aalece Pugh-Lily: Great suggested we can definitely have Dr. Johnson join us in the future and talk about Needs and Gaps in the near future.</p>	<p>Aimee Izawa will send out organizational chart for Alliance Health Staff and CFAC presentation that was presented to the board.</p>	

Monday, April 03, 2023

Consumer and Family Advisory Committee- Steering Committee
Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
8. Announcements	Questions/Comments/Concerns: Dr. Michael McGuire: Had eye surgery, could not see, can see clearly now. Cataracts were removed and I have a clear lens now. Carol Conway: Appreciate what Alliance is doing in Orange County for the Mental Health in the Hispanic Community.	N/A	N/A
9. Adjournment:	A motion was made by Ellen Gibson to adjourn meeting at 7:00 pm and seconded by seconded by Alicia Jones . Motion passed unanimously. The suggested next meeting will be May 1, 2023, at 5:30 p.m.		

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Consumer and Family Advisory Committee
Requirements Refresher

April 2023

Objective



Ensure all Alliance County CFAC members are aware of membership requirements



Governing Documents

1. Bylaws
2. Relational Agreement
3. Charter of each Local CFAC
4. Alliance Policies and Procedures



Purpose of CFAC

The committee shall advise the LME/MCO/Tailored Plan on the planning and management of the local public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system pursuant to N.C.G.S. §122C-170.



CFAC Qualifications

§ 4-2. Qualifications.

1. Pursuant to N.C.G.S. § 122C-170(b):
 1. Adult individuals are qualified to be advisory members of the committee if they or a member of their family are a *consumer* of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services.
 2. No member may serve more than three consecutive terms.
 3. Employees of the area authority or the LME/MCO/Tailored Plan are not eligible for membership on the committee.
2. Qualified advisor candidates shall demonstrate willingness, ability and intention to comply with the duties, rights and responsibilities of team membership.
3. Advisors shall be appointed without regard to race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Definition

“Consumer” means an individual who is a client or a potential client of public services from a State or area facility.

(N.C.G.S. § 122C-11)

Examples

(not in statute)

1. A member or recipient (or family member of a member or recipient) whose services are currently being managed by Alliance Health.
2. A member who is TP-eligible and whose Medicaid originated in Wake, Durham, Orange, Johnston, Mecklenburg or Cumberland counties.
3. A prospective member (or family member of a prospective member) currently on the Innovations or TBI waiver waitlist (including Mecklenburg or Orange).
4. A prospective recipient (i.e., currently undergoing process to be deemed eligible for state-funded services).
5. A prospective member or recipient of Alliance Health Tailored Plan, Medicaid Direct, or state-funded plan contracts.

Next Steps...

- Please submit a new application attesting that you meet the qualifications as outlined above
- Please submit applications by September 15, 2023 (affords us chance to review and ensure CFAC seats are filled by or soon after Tailored Plan go-live of October 1, 2023)
- We ask all local chapters to engage in robust recruitment efforts and maintain a list of prospective CFAC members

Questions





For more information, please contact:

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Monday, April 10, 2023

Consumer and Family Advisory Committee- Durham
Held Via Video Conference

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:

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

STAFF PRESENT: Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being, Aimee Izawa, Director Community & Member Engagement Ramona Branch, Manager, Member Inclusion & Outreach, Victoria Mosey, Member Inclusion & Outreach Specialist

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Meeting ID: 227 772 040 09

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting was called to order by Charlitta at 05:37 pm		
2. Review of the Minutes – 5 min	The minutes from the March 13, 2023 meeting were reviewed; a motion was made by Dave and seconded by Victoria to approve the minutes		
3. PUBLIC COMMENT- 10 min	Charlitta mentioned that she has had two recent deaths in her life, coming back from DC earlier in the day, having intentions of seeing family/cousin there, but he passed away on this past weekend. She was also close with the individual that passed away via the Dollar Tree shooting. No other comments.		
4. Speaker: 15-30 min	N/A		

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Monday, April 10, 2023

Consumer and Family Advisory Committee- Durham
Held Via Video Conference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
5. State Updates 10 min	Jennifer Meade – No updates from the state beyond what was shared in CE&E.		
6. Reports: - 15 min BOD, Steering Committee, State to Local, State CFAC, Conferences, Trainings, etc.	N/A		
7. MCO Updates- 45 mins-1 hour	<ul style="list-style-type: none"> - CFAC Application- Dr. Aalece Pugh Lily, Aimee Izawa - Aalece communicated with the state to clarify statutory requirements and guidelines for NC CFAC to communicate them to Alliance CFAC. She noted that there is a shift in focus from Alliance regarding CFAC membership, going from the community in need at large to solely individuals or family members of individuals directly receiving services from Alliance in order to provide input on Alliance services. Individuals are encouraged to re-apply for CFAC membership to attest to meeting criteria outlined by the state CFAC statutory requirements, including having personal experience with Alliance Health managing their services or family member services. Individuals will not have their term reset or be denied/there will be no thorough research into an individual meeting criteria, relying on honor system and report from individual to determine whether or not they still meet criteria. Individuals need to submit their application by September 15th, 2023 in time for go live Tailored Plan date on 10/01/2023. Robust recruitment efforts are encouraged to fill any potential open spots, to pull off a saved list of those interested should anything change. - Regina expressed concern about community members/advocates that are highly involved no longer being able to be involved as a member of CFAC. Aalece mentioned that individuals from the community can still attend meetings, but would not be able to be a voting CFAC member. It's noted that there are also many other community organizations that would benefit from having those individuals involved with them. - Charlitta expressed that she feels these CFAC regulations and adjustments should have been brought up earlier, reviewing that she feels Aalece has been thrown under the bus. She expressed that she doesn't know why we haven't reached out to former CFAC members 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>to see why they are no longer involved or seeking to join again. She expressed concern about individuals potentially having barriers around internet access or lack of knowledge in the area to join. She additionally expressed concern about community struggles, including gun violence, fentanyl overdoses, etc. She would ideally like to see CFAC be more proactive or reactive, and is interested in how CFAC could be more appealing and interesting for others to join. She indicated that she wants to get results out of what she says and does rather than just attending meetings. Aalece indicated that she appreciates her role in Alliance and the expectations around it, enjoys it, and indicates that she doesn't feel anyone has been thrown under the bus, but that it's become a necessity to address due to significant changes in Alliance and state structure. Charlitta expressed concern that individuals may not be ready for change. She indicated she would be amenable to some development and supports around readiness for change with CFAC members.</p> <ul style="list-style-type: none"> - Vandna Munshi – She indicated that she feels it makes sense to have CFAC change with the changes to Tailored Plan, and agrees with Charlitta around readiness for change, but acknowledged change is needed. Vandna expressed concern that she is not as knowledgeable as mental health as she is I/DD, seeking clarity from Aalece if she is reviewing the balance of populations represented in CFAC. Aalece reinforced that she feels Alliance is invested in ensuring all four categories (Substance Use Disorder, Mental Health, Traumatic Brain Injury, Intellectual/Development Disability) of member representation present, reviewing that it would also be helpful and important for CFAC to consider recruiting members that meet those different categories to create a balanced perspective. Ramona verified there is currently no TBI representation in the Durham CFAC sub-committee. - Regina expressed concerns about changes to Medicaid in general, noting frustration around her son being diagnosed and categorized in one way as a young adult, and now being reclassified as I/DD and focused on Innovations Waiver. She reports concern about the underserved communities, particularly the Black community, noting that they don't receive the same type of access to services until an issue is identified. She reports concerns regarding shifting conclusions 		

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>of assessments when individuals are involved in the service. She noted that an individual may rapidly qualify or disqualify for CFAC depending on shifts in conclusions from assessment and how Alliance categorizes individuals. She noted that with all these difficulties, among basic safety concerns, CFAC participation may be difficult, and that it's difficult to be involved with CFAC considering all this. Aalece reinforced that CFAC ultimately has determination of who is a CFAC member, and that attestations/applications would be consistent moving forward.</p> <ul style="list-style-type: none"> - Aimee indicated that Standard Plans with Medicaid are also required to have CFACs, and individual could join those CFACs if that is the type of Medicaid they receive. - Survey Monkey- Ramona Branch It was reinforced that survey needs to be completed, and if there are issues, to contact Alliance staff to assist with completion. - - NAMI Walks Saturday, May 20, 2023 9:00 AM-1:00 PM-Perimeter Park 3015 Carrington Mill Blvd Morrisville, NC- Ramona Branch - June i2i Conference- Ramona Branch - If anyone is interested in the i2i conference, they should contact Alliance Health to receive, and complete, the CFAC Request Form. - Aimee sent out CFAC board meeting slides compiled to CFAC Chairs and Co-Chairs to send out to others. This information will be sent out by MIOS Victoria to the CFAC members. <p>Victoria Mosey –</p> <ul style="list-style-type: none"> - PRIORITY: April 28th, Mental Health Kick-off Event – CFAC Co-sponsor? - MIOS Victoria reviewed prior attempts to discuss this event where CFAC is requested to co-host alongside Alliance System of Care. It was noted it was not confirmed that CFAC would cohost, and that this question is being presented now. Aimee reviewed Alliance facilitates 		

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>SOC meetings through Durham Collective, and that they are mandated by the state to have a yearly event.</p> <ul style="list-style-type: none"> - It was reinforced that CFAC is not required to cohost this meeting, and they are allowed to join another organization in cohosting an event or running an event independently in upcoming months. MIOS Victoria is willing to share Durham System of Care Collaborative meeting information on a regular so CFAC members can attend, reinforcing that CFAC presence has been requested and welcomed by SOC. Charlitta expressed concern of needing more regular information from Ashley Bass-Mitchell via email regarding events and meetings, and she hasn't received any information from her. Regina indicated that she was also unaware of the Durham Collaborative having mandatory requirements. - Aimee clarified that CFAC is not required to do the SOC event, as it is solely a SOC event. Ramona indicated that each county CFAC put in their charter that they wanted to host one event a year, and this is being offered as the one event to co-host for the fiscal year. - Regina motioned for CFAC vote to determine if they would co-host the event, and Dave seconded. CFAC members agreed to attend, but noted that some may be limited by transportation, or only able to attend for a short period of time. CFAC ultimately agreed to co-host. It was identified that MIOS Victoria would get more specific action items needed by members for the event in discussion with SOC Coordinator Ashley Bass-Mitchell, and convey these to members via email. - Charlitta requested that Dave review bylaws and charter in June event. Dave agreed to do this, and it will be included on that month's agenda. <p>NOT ADDRESSED (ran out of time):</p> <ul style="list-style-type: none"> - PRIORITY: Review of prospective physical CFAC meeting locations 		

Monday, April 10, 2023

**Consumer and Family Advisory Committee- Durham
Held Via Video Conference**

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> - This will be reviewed during a future meeting. Charlitta expressed concern that CFAC may not be ready to return to in person yet. - Raleigh Oaks Psychiatric Hospital (Garner) facility tour (will email if not discussed) 		
<p>9. Statutory Requirements and Recommendations: 15-30 min</p>	<p>IF TIME ALLOWS: (1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. (2) Identify service gaps and underserved populations. (3) Make recommendations regarding the service array and monitor the development of additional services. (4) Review and comment on the area authority budget. (5) Develop a collaborative and working relationship with the area authority's member advisory committees to obtain input related to service delivery and system change issues. (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.</p>		
<p>11 Announcements</p>		N/A	N/A
<p>12. Adjournment:</p>	<p>Dave moved to adjourn and it was seconded by Tammy. The suggested next meeting will be May 8, 2023, at 5:30 p.m.</p>		

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Tuesday, April 11, 2023

Consumer and Family Advisory Committee- Wake
5200 W. Paramount Parkway, Suite 200
Morrisville, NC 27560
Held Via Video Conference/In-Person

MEMBERS PRESENT: Alicia Jones, Nancy Johns, Anna Cunningham, Trula Miles, Wanda Faye Griffin, Karen McKinnon,
 Rasheeda McCallister Israel Pattison Benjamin Smith

BOARD MEMBERS PRESENT:

GUEST(S): Suzanne Thompson, NCDHHS, Abigail Kaliciki

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

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Tuesday, April 11, 2023

Consumer and Family Advisory Committee- Wake
 5200 W. Paramount Parkway, Suite 200
 Morrisville, NC 27560
 Held Via Video Conference/In-Person

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting called to order by Annette Smith at 5:35 pm.	N/A	N/A
2. Review of the Minutes – 5 min	The minutes from the March 14, 2023 meeting reviewed; a motion was made by Faye Griffin and seconded by Nancy Johns to approve the minutes.	N/A	N/A
3. PUBLIC COMMENT- 10 min	<p>Faye Griffin asked the group a question regarding Medicaid plans, and if someone could have both United Health insurance and Medicaid tailored plan with Alliance. Ramona provided Faye with the numbers to call the enrollment broker and Alliance Health member & recipient services for more accurate information regarding her specific plan.</p> <p>The group discussed the Miracle League and their experiences. The Triangle Miracle League is a fully inclusive program for baseball. Anyone aged 5 and up that has a diagnosed disability, or IEP/504 plan may be eligible to participate.</p>	N/A	N/A
4. Election Co-Chair	Annette Smith nominated Nancy Johns for the vice-chair position of the Wake County CFAC. The group accepted the nomination and motion to approve Nancy Johns, and Anna Cunningham seconded the motion – motion approved by the members.	Nancy Johns will begin her term as vice-chair effective immediately as of 04.11.2023	N/A
5. State Updates 10 min	<p>Suzanne Thompson was in attendance and gave the updates from the State. Suzanne stated no new updates other than those documented in the April CE&E update.</p> <p>Suzanne did mention that Annette Smith has been voted in as a member of the State CFAC and will begin her term on July 1, 2023.</p> <p>Suzanne mentioned State CFAC tomorrow, April 12 from 9am-3pm and encouraged the group to attend if able.</p>	N/A	N/A
6. Membership Criteria Presentation & Q&A	<p>Aalece Pugh-Lily, Alliance Health, Senior Director Community Health & Well Being was in attendance and did a presentation on the CFAC membership criteria and allowed time during and after the presentation for questions.</p> <p>Key Points from the presentation:</p>	Applications will be sent out to all members to complete and attest they meet qualifications.	Application deadline is September 15, 2023.

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>4-2. Qualifications. Pursuant to N.C.G.S. § 122C-170(b):</p> <ol style="list-style-type: none"> 1. Adult individuals are qualified to be advisory members of the committee if they or a member of their family are a consumer of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services. 2. No member may serve more than three consecutive terms. 3. Employees of the area authority or the LME/MCO/Tailored Plan are not eligible for membership on the committee. <p>2. Qualified advisor candidates shall demonstrate willingness, ability and intention to comply with the duties, rights, and responsibilities of team membership.</p> <ol style="list-style-type: none"> 3. Advisors shall be appointed without regard to race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression. <p>“Consumer” means an individual who is a client or a potential client of public services from a State or area facility. (N.C.G.S. § 122C-11)</p> <p>Examples: (Not in Statute)</p> <ol style="list-style-type: none"> 1. A member or recipient (or family member of a member or recipient) whose services are currently being managed by Alliance Health. 2. A member who is TP-eligible and whose Medicaid originated in Wake, Durham, Orange, Johnston, Mecklenburg, or Cumberland counties. 3. A prospective member (or family member of a prospective member) currently on the Innovations or TBI waiver waitlist (including Mecklenburg or Orange). 4. A prospective recipient (i.e., currently undergoing process to be deemed eligible for state-funded services). 5. A prospective member or recipient of Alliance Health Tailored Plan, Medicaid Direct, or state-funded plan contracts. 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Next Steps...</p> <ul style="list-style-type: none"> • Please submit a new application attesting that you meet the qualifications as outlined above • Please submit applications by September 15, 2023 (affords us chance to review and ensure CFAC seats are filled by or soon after Tailored Plan go-live of October 1, 2023) • We ask all local chapters to engage in robust recruitment efforts and maintain a list of prospective CFAC members <p>Members were asked if they had any further questions or concerns to contact Aalece or Ann and both of their contact information was provided.</p> <p>Aalece Pugh-Lilly, PhD Sr. Director, Community Health & Wellbeing (704) 907-5817 apugh-lilly@AllianceHealthPlan.org</p> <p>Ann Oshel, MS Sr. VP, Community Health & Wellbeing (919) 651-8855 aoshel@alliancehealthplan.org</p> <p>The group had several questions regarding the transition.</p> <p>Alicia asked how Alliance can make changes without involving CFAC, and the response was that Alliance is narrowing its scope of practice and the members we serve, and we need to have that same scope with CFAC, and that members on our CFAC are receiving services from our plan. It was specified that all CFAC meetings are open meetings, and all are encouraged to attend, only members could meet the criteria defined by the State.</p> <p>Anna asked about Standard plans and Suzanne shared that while Standard Plans do not have a statutory requirement, they are legally required by contract to have advisory committee of those using their services.... it is being called Member Advisory Committees (MACs)</p>		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Anna and others shared an example where someone could be on a Standard Plan and under the rules presented would still be eligible for Tailored Plan; hence qualify to be on a Tailored Plan CFAC. Discussion ensued- One point was made to have Stakeholders who are part of the Tailored Plan- Follow up on possible scenarios in which this could occur- the members suggested having a presentation and or Q&A with Alliance lawyer & Dr. Aalece Pugh-Lily- Clear understanding on how this process works.</p>		
<p>7. Reports: - 15 min BOD, Steering Committee, State to Local, State CFAC, Conferences, Trainings, etc.</p>	<p>Ramona Branch</p> <ul style="list-style-type: none"> • June i2i Conference- Ramona announced that the registration was open and that we would be able to send at least (1) person per county. Alicia stated that this was already voted on during the Steering Committee meeting. • NAMI Walks- Saturday, May 20th 2023 Perimeter Park 3015 Carrington Mill Blvd Morrisville, NC 27560 • State CFAC- Wednesday April 12 9am- 3pm 	<p>Ramona will review the minutes from the Steering Committee and follow up with Dr. Maguire.</p> <p>Please reach out to Ramona if you would like to attend and walk with Alliance Health or like to walk with your own group.</p>	<p>30 days</p>
<p>8. MCO Updates- 10 min</p>	<p>Aimee Izawa- No new updates currently</p>	<p>N/A</p>	<p>N/A</p>
<p>9. Statutory Requirements and Recommendations: 15-30 min</p>	<p>(1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. (2) Identify service gaps and underserved populations. (3) Make recommendations regarding the service array and monitor the development of additional services. (4) Review and comment on the area authority budget. (5) Develop a collaborative and working relationship with the area authority's member advisory committees to obtain input related to service delivery and system change issues. (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to</p>	<p>N/A</p>	<p>N/A</p>

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Tuesday, April 11, 2023

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 5200 W. Paramount Parkway, Suite 200
 Morrisville, NC 27560
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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.		
10. Announcements	<p>Brooks Church Spring Carnival- (Alliance has given 400 rack cards for inserting into the packets for this event) Contact Anna Cunnigham for more information 700 Brooks Avenue, Raleigh, North Carolina 27607 Saturday April 29, 2023 11am-2pm</p> <p>Best Buddies Friendship Walk (Alliance sponsored event) Saturday, April 22, 2023 Check-in: 9:00 AM Opening Ceremonies & Walk: 10:00 AM Celebrate Until: 12:00 PM Salem Middle School 6150 Old Jenks Rd Apex NC 27523 Soccer Field</p> <p>Wake SOC Event- (Alliance sponsored event-Contact Aimee, or Ramona for more information) May 6th 2023 Dorothea Dix Park Raleigh NC</p>	<p>The group agreed that they would like to support this event. More information when it comes available.</p>	N/A
11. Adjournment:	Annette moved to adjourn, and it was seconded by Rasheeda. The suggested next meeting will be May 9, 2023, at 5:30 p.m.	N/A	N/A

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Tuesday, April 18, 2023

Consumer and Family Advisory Committee- Johnston
521 N Brightleaf Boulevard Smithfield, NC 27577
Held Via Video Conference/In-Person

MEMBERS PRESENT: Marie Dodson, Jerry Dodson, Richard Callahan, Deborah McQueary, Jason Phipps, Albert Dixon, Bobby Dixon, Leanne George

BOARD MEMBERS PRESENT

GUEST(S): Wes Rider, NCDHHS Michelle Chassner, NCDHHS Dana Stanley, NAMI Johnston County

STAFF PRESENT: Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being, Aimee Izawa, Director Community & Member Engagement Lakeisha McCormick, Manager, Member Inclusion & Outreach, Warren Gibbs Member Inclusion & Outreach Specialist

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting was called to order by Marie Dodson at 5:31 pm Dawn Stanley and Michelle Chassner were introduced by Chair then committee members went around the table and introduced themselves		
2. Review of the Minutes – 5 min	The minutes from the March 21, 2023 meeting were reviewed; a motion was made by Jerry Dodson and seconded by Jason Phipps to approve the minutes		
3. Speaker: 15-30 min	<ul style="list-style-type: none"> Michele Chassner from Kids Peace presented to the group The Hope Center for Family and Youth Crisis 	CFAC will work on spreading the information throughout the community regarding	3-6 months

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Tuesday, April 18, 2023

Consumer and Family Advisory Committee- Johnston
 521 N Brightleaf Boulevard Smithfield, NC 27577
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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> • Stated Kids Peace is a nonprofit provider of Mental Health and Behavioral Health Services to Children and Families • Mentioned the organization is partnered with Alliance Health to service catchment areas and consists of three departments MORES (mobile crisis), Behavioral Health Urgent Care (BHUC), and Facility Based Crisis (FBC) • The Hope Center will assist with immediate crisis and can be assessed by contacting Kids Peace 7 days a week from 10 am-10:30 pm • Criteria for admission-Adolescents 3-20 years of age with Alliance Medicaid, Uninsured, and Healthy Blue • Goal of the Hope Center is to reduce the number of hospitalizations, out of home placements, as well as lessen trauma and police involvement • Michelle provided service access number (484-215-6756) • Details for each service were specified: BHUC is opening in Fuquay Varina with an assessment and observation unit for children 4-17 years of age open 24/7/365 days a year • BHUC will be walk in regardless of insurance or ability to pay with clinical services for crisis stabilization with observation available 23.99 hours of the day • FBC is a 16 bed Mental and Behavioral Health Inpatient Crisis Service for children 6-17 years of age accessible 	<p>the crisis services and availability</p>	
<p>4. Tailored Plan Update</p>	<ul style="list-style-type: none"> • Dr. Aalece Pugh-Lily Presented CFAC Requirements Refresher in preparation for Tailored Care Plans going live in October • Shared with NC Medicaid Transformation, Alliance will handle clients with Tailored Plan, Medicaid Direct, and IPRS or state funded services • Discussed CFAC Qualifications such as seat members being an eligible Alliance consumer or family member of a consumer receiving Alliance services 		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> Eligibility examples were provided and current members were reminded who may be ineligible under new plan that they may still attend meetings as general public but they won't have a voting seat on CFAC 		
<p>5. State Updates 10 min</p>	<ul style="list-style-type: none"> Wes Rider presented State Updates discussing Governor Cooper signing Medicaid Expansion Shared that over 600,000 people will now be eligible for Medicaid One billion dollars will be provided for Behavioral Health Services and proposals could be looked up on the State website Provided dates for State Events-Consumer Webinar 4/24 (2pm-3pm), State to Local Call 4/26 (6:30 pm-7:30 pm) 		
<p>6. Reports: - 15 min BOD, Steering Committee, State to Local, State CFAC, Conferences, Trainings, etc.</p>	<p>Chair tabled conversation due to time and leaving notes from steering committee at home</p>		
<p>7. MCO Updates- 10 min</p>	<ul style="list-style-type: none"> Aimee Izawa shared TBI waiver has been expanded to now service members in Mecklenburg and Orange Counties Lakeisha McCormick filling in for Ramona reminded stakeholders on completing survey monkey survey sharing shirt sizes 		
<p>9. Statutory Requirements and Recommendations: 15-30 min</p>	<p>(1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. (2) Identify service gaps and underserved populations. (3) Make recommendations regarding the service array and monitor the development of additional services. (4) Review and comment on the area authority budget. (5) Develop a collaborative and working relationship with the area authority's member advisory committees to obtain input related to service delivery and system change issues. (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.</p>		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
11 Announcements	<ul style="list-style-type: none"> • Chair Marie Dodson shared two events CFAC is assisting with in May and requested participation • May 6th is the Ham and Yam table where a table will be available for stakeholders to recruit for CFAC • CFAC will also be assisting with the SHAC Awards Banquet on May 12th 	<p>N/A</p>	<p>N/A</p>
12. Adjournment:	<p>Jason Phipps moved to adjourn and it was seconded by Bobby Dixon. The suggested next meeting will be May 16, 2023, at 5:30 p.m.</p>		

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Monday, April 24, 2023

Consumer and Family Advisory Committee- Mecklenburg
3205 Freedom Drive, Charlotte, NC 28208
MINUTES

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 Alan McDonald-in person, Michael Flood in-person, Lois Stickell in-person, Shari Phillips-Stratton-virtual, Jim Sonda

BOARD MEMBERS PRESENT:

GUEST(S): Suzanne Thompson, NCDHHS, Judy Clark.

STAFF PRESENT: Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being in-person, Aimee Izawa, Director Community & Member Engagement Lakeisha McCormick, Manager, Member Inclusion in-person, Eileen Bennett Member Inclusion Specialist in-person.

Microsoft Teams meeting

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 5 mins	The meeting was called to order by Linda Campbell at 5:02 pm. Alan asked if we were going to have a follow up on our project for the year. Linda noted we would discuss that tonight. Linda asked for Judy to get the zoom link for the meeting.		
2. Review of the Minutes – 10 mins	The minutes from the March 27, 2023 meeting were reviewed; a motion was made by Randy Sperling and seconded by Ruth to approve the minutes.		
3. MCO Discussion-Change in Board Requirements for CFAC- 15-30 min	Dr. Aalece Pugh-Lilly-she introduced herself as the senior director and she noted that she is giving a presentation about CFAC Board Qualifications. Last year she did a CFAC by-laws overview and she also noted that at the CFAC retreat there was also a presentation. She noted this was a season of change and things needed to change because our scope is changing. She said historically all of the LME/MCO	Eileen will distribute Aalece's Presentation	

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Monday, April 24, 2023

Consumer and Family Advisory Committee- Mecklenburg
 3205 Freedom Drive, Charlotte, NC 28208
MINUTES

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>case a wide net in terms of the people we were serving, having people represent us, but under Medicaid transformation Alliance’s scope will be narrowing. When we go live with the Tailored Plan on October 1 our “net” will be much smaller and the number of people we will be serving will be narrower. When the standard plans went live, the Medicaid members we were on a standard plan started managing their own services with their other plans. And, the Tailored Plan, which we fall under, now we will only be serving those individuals with Severe and Persistent Mental Illness, Substance Abuse Disorder, Traumatic Brain Injury and individuals with Intellectual and Developmental Disabilities. Because of this, we are looking at all of our operations across all of Alliance. Aalece noted that as a reminder our CFAC’s were created and the purpose is to “advise on the tailored plan.” The LME- that is state funded services, MCO-Managed care services-that is Medicaid Direct services-Medicaid Direct is how managed care has been managed. Medicaid direct as it’s defined now, populations that are not going to be in the whole person care health plan: members like: children in crisis, medically needy population and our Tailored Plan population. Linda asked if anyone is going to be left out. Aalece noted that no one would be left out, but she said those individuals who will be eligible for the Tailored Plan are currently receiving Medicaid Direct “like” services but once the Tailored Plan goes live, they will begin receiving Tailored Plan Care on October 1, 2023 which means we will be managing their physical health. There will be some populations that stay the same children in foster care (in custody), those that the state deems medically needy (severe physical health issues). Alan asked what the definition of the medical needy. Aalece said she wasn’t 100% clear, and said Suzanne may know, but her understanding is members with chronic, severe physical health conditions. Linda asked people with mild to moderate behavior issues would be managed under Medicaid direct? Aalece said no it will be under the standard plan and she noted the standard plan Medicaid providers (there are 5) that are big insurance companies that have contracted with the state to provide whole person care. The majority of NC Medicaid recipients will be managed by the Standard Plans. The rest will fall under the Tailored Plan. Lois asked if Alliance will be managing fewer people? And Aalece noted that yes we will be managing much</p>		

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MINUTES**

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>less members but all the people we do manage have a lot of issues to deal with so they require a higher level of care. Aalece said since all this change is happening, that we have been revisiting the purpose of CFAC and the documents of CFAC. Aalece noted that she pulled this information directly from the CFAC by laws. Pursuant to this law, adult individual are qualified to members of CFAC is they or their family member are a consumer of our services. No member may service 3 consecutive terms. Employees of the LME/MCO are not eligible to serve on CFAC. Aalece noted that as defined by the state “an individual who is a client or a potential client of public services.” So, putting those two parts together Alliance interpretation is that in order to be a voting member on the Alliance CFAC, the individual must be a member or they have a family member that is an Alliance member. So, in a nutshell, our CFAC members must be an Alliance member or a family member of CFAC members. Randy asked if they can be past Alliance members. Aalece said she would get back to Randy on that question because she wasn’t sure. Ron asked if Veteran qualifies. Aalece said if they do have Medicaid they will qualify. Ron noted that he doesn’t have Medicaid. Linda noted that the services Andrew receives (her son) what she sees with the substance abuse is receives, but once you are on the” wagon” you really aren’t around long enough and what services do you receive after? So when I think of the Substance Abuse that are on the Board they are there for life experience. Aalece said she would like to emphasize many of the Substance Abuse members use state funded services, and under Medicaid expansion Substance Abuse should received expanded services. Suzanne confirmed that there will be some expansion of the services given to the Substance Abuse population. Aalece noted that if a person has Medicaid in North Carolina, they will be in a standard plan, in Tailored Plan, or Medicaid Direct. Depending on which health plan best fits their needs. So, Aalece gave some examples on her presentation of who would qualify for services. After showing the examples, Aalece noted that the next steps will be that all CFAC members will reapply with a new and revised application that Lakeisha and Ramona have been diligently working on. The application where we will have each CFAC member attest that they meet the qualifications to serve as a Board Member. Randy asked what happens if there is a</p>		

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**Consumer and Family Advisory Committee- Mecklenburg
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MINUTES**

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>member who doesn't qualify based off this new application. Aalece noted that this new application and attestation would be done completely on the "honor system," and that Alliance is not going to be doing detective work into whether that person is in fact being truthful. Aalece noted there are some individuals who do not qualify for Alliance services. For those individuals that cannot attest that they fit those requirements, then they will have until October 1, 2023 to continue serving. Randy noted that in speaking with other county CFAC members that there are a lot of members that are very very unhappy about this decision. She noted that everyone should know that there are people working behind the scenes to see if there is another way to handle this situation. Linda noted that she could see everyone finishing out their terms because new people rotating on and off can be difficult but there is something with having fresh ideas. Randy noted that not all the counties have the same population for them and that this rule may be difficult. Suzanne noted why would people be upset about this decision. Her next question is how it benefits Alliance to have people who Alliance members are not to offer direction for Alliance that this would be difficult. Aalece gave an example: Imagine you are an exclusive K-Mart Shopper, the only place you have ever shopped is K-Mart and then Wal-Mart asked you to be on their Board to help advise them. She noted it would be difficult because the K-Mart Shopper would not know what a Wal-Mart shopping experience is like. Linda said she can understand that point of view and she said families that were with cardinal can offer opinions on the differences. Linda said she was interested to see how this will be resolved. Aalece also noted that Alliance designates money to our CFAC Members, and that money is set aside for their use. If we are using taxpayer dollars to report about our member services, then that can be an issue. Aalece noted where we are right now, is to fill out the new application by September 15, 2023. Ron said this was cut and dry and that he can tell he doesn't qualify. He noted that the feedback he gives are from the people he works with that cannot come to these meetings. He also noted that his services were all done through Veteran Services. Aalece noted that she would love for Ron to come but not as a voting member. Randy noted that she was going to wait until September to see what happens and time. Linda noted that we should be</p>		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>encouraging people who do qualify to come to the CFAC meetings. Ron noted that there are a lot of individuals who don't feel comfortable coming to these meetings. Linda asked if there were rehabilitation services and if we could contact them or Linda could come with Ron to be open to participating. Randy asked if she comes and is not on the board, she would not be able to vote? And, the answer was yes she would not be able to vote. Aalece noted that any questions or concerns they can reach out to her or Anne Oshel. Suzanne noted she was concerned that they feel like their voice isn't being heard, but they can but she also wants to know why you would want to advise on a group of people that aren't receiving services.</p>		
<p>4. State Updates 10 min</p>	<p>Suzanne Thompson noted that there are no real different updates other than the monthly emails they send. State CFAC is Weds the 10th and there are some vacancies on the State level. She noted the State CFAC is different from Alliance that you or your family member has to have Medicaid or receiving state funded services. If you meet those criteria, she encourages someone to apply. Ron asked a question about what a family member means, and Suzanne said there is no clear-cut definition in statute. She noted that for State CFAC they give preference to family members who are actively involved in their plan for services. Alan noted that he thinks folks on the State level CFAC should have a lot of experience in dealing with the Medicaid system. Suzanne agreed but noted that she doesn't have control of who is voted onto the State CFAC. The Secretary of Health of Human Services appoints 9, the President Pro-Tempore of the senate appoints 4, the Speaker of the House appoints four, and the Association of County Commissioners appoint 4. She noted that she works on the eligibility requirements with these groups. but she doesn't make the decision. Randy noted that just because you have a family member doesn't mean your past experiences don't count for anything. Randy noted that the people who would be disqualified offer a lot and have a lot to offer. Linda noted they do but that there are a lot of groups where people will qualify. Ron said he understands and respects this decision.</p>		
<p>5. Reports:- 15-20 min BOD,Steering Committee,</p>	<p>BHSP-Alan sent an update of what was going on and Shagun also gave an explanation of the focus groups. Alan noted the challenge was the last meeting in narrowing down the strategies. So there were some more brainstorming sessions</p>		

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MINUTES

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
<p>State to Local, State CFAC, Conferences, Trainings, etc.</p>	<p>were opened and members participated in. Alan noted that the meetings seem to be coming down to how the system and resources, making this all-inclusive and how they are set up to make this a successful endeavor. He also attended the Huntersville Community meeting, and it was eye opening. It had the same personnel who conducted the Meck County. There were only about ½ dozen individuals but also some providers and the purpose of the meeting was to get feedback, but Alan said there wasn't a broad perspective, but the panel was asked what feelings/emotions were there about accessing mental health care. Alan noted that the comments were basically that the system was broken and that there were many instances of people falling through the cracks with services. Alan noted there were issues for drives with the determinants of health with single parent families and their lack of support and community resources. They did give out a list of resources and Alliance was listed on there. Michael Flood noted that this was really a system wide collaboration (prison, courts, hospitals, sheriffs). The focus is to be a very narrow strategic plan for the county to have the biggest impact in the shortest amount of time. Linda asked is there a way for folks to go to send in public comments but not go to the meeting. Alan noted they have Meck TV that includes mental health, but nothing specific on how to get the info out there and get feedback. Ron said that from this meeting it was determined that the system is broken, and he wanted some examples are because he said that term gets thrown around a lot. Alan said there were no examples, but the comments were focused around access to information and where to get the information at. Michael asked was the comment about the system being broken was from the public. Alan said it was from the public at the Huntersville meeting. Alan noted there was a parent there who was so lost on trying to get services that she was overwhelmed and couldn't do it.</p> <p>Steering Committee-Lois Stickell noted that the i2i conference was discussed and that is occurring June 12-14. Alliance has just received approval to expand the TBI waiver to Mecklenburg and Orange County and that this will roll out in June. Lois is still tracking NC HB 440 which gives money to staff and that it is in appropriations.</p>		

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Human Rights Committee-Randy noted that the Human Rights committee handles complaints that comes into Alliance is researched, evaluated. Anyone that registers the smallest complaint is not just dropped but reviewed. Randy noted some examples of cases they would hear at the Human Rights Committee. Linda asked if this is a state level committee and Lakeisha explained this was a subcommittee formed from the Alliance Board. Randy said that the group focuses on helping members feel comfortable and improving services. She noted that Meck County had a lot of complaints, but the committee noted that the members said that since Meck County is new to Alliance that the complaints will improve. She also noted that the meeting convenes quarterly.</p>		
<p>9. Mecklenburg County Yearly Project/Event Discussion 15-30 min</p>	<p>Lois Stickell noted that her original idea for the Mecklenburg County project was to have a website with all the micro-businesses that our population operates. For instance, Shagun’s son has his own business, Linda’s son has a business. However, Lakeisha noted that we would have to do for all six counties and that seemed like a lot to take on so she noted she has a “Plan B.” Lois noted that she was talking the Meyers Park Special Education Teacher and they would like some information about the B3-iWaiver and the changes and what that means to them. The teacher noted she would set up a zoom and an in-person meeting. Lois noted that if people are interested, she could work with Eileen and Lakeisha to get it set up. Lois said she wasn’t sure who would come and speak. Linda noted getting vocational rehab counselors on the invite list. Lois asked if it is possible? Lakeisha noted that we can go back and see if we have someone available, and Lois asked if we should wait but Linda noted that we need to get parents ready to start to think about it. Linda noted we started talking Tailored Plan and didn’t have the answers. Linda noted that parents and teachers can pay attention to this. Shagun loves the idea and Shagun noted that she would be happy to come and discuss with people about the iwaiver and give some information to them and listen to what is going on. Eileen noted that we could do some research about the iwaiver and Lakeisha noted that CFAC could host, talk, and discuss so Alliance staff would be there not to present but to present. Lois noted parents want answers and we need some info on that. Eileen noted that there was a statewide presentation and a presentation slide deck that was done about the iwaiver and that she would track that down. Linda asked if Shagun can come and discuss the iwaiver? She said she could and that the transition process is very difficult and that we can bring some examples. Lois is going to find some dates that are available and then will check with the</p>	<p>Eileen to get the powerpoint presentation and the name of the contact.</p>	

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AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	teacher. Lakeisha noted that we need a name and perhaps a flyer and that the school can open it up to the public and that we can provide info to our stakeholders to send to let them know.		
11 Announcements/Public Comments	Eileen Bennett noted that Jocie Cremisi has stepped down as a Board Member and we have two open spots that we need to fill. Jocie was filling an Intellectual Disability advocate and John Corrigan was a Mental Health advocate. If we have anyone who would be interested right now please email them our way. Eileen also mentioned the glitter tattoos at the Best Buddy Walk on September 29, 2023 at Symphony Park. Melida asked if she could speak next month to our CFAC. Shagun and Linda and Lois mentioned the eating out for Autism fundraiser. They noted that there is not a lot of restaurant within Mecklenburg County on April 25, 2023. It is the Tenders restaurant in Cornelius, Carrburritos in Davidson.	N/A	N/A
12. Adjournment:	Lois Stickell moved to adjourn and it was seconded by Alan McDonald. The suggested next meeting will be June 25, 2023, at 5:30 p.m.		

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Tuesday, April 25, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

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

**Physical Meeting Location Address: Caramore Community Inc.
550 Smith-Level Rd. Carrboro, N.C. 27510**

APPOINTED MEMBERS PRESENT: X Steve Furman- Chairperson X Paula Harrington Allen Dittmer X Carol Conway- Co-Chair X Candace Alley
X Linda Shipman X Kate Shipman X Krista Caraway X Stanley Cotton-(1st)

BOARD MEMBERS PRESENT:

GUEST(S): X Suzanne Thompson-NCDHHS X Margaret Champion

STAFF PRESENT: X Ramona Branch, Member Inclusion & Outreach Manager X Aimee Izawa- Director Community & Member Engagement
X Dr. Aalece Pugh-Lilly-Sr Director Community Health & Well Being X Laurie Williamson-Systems of Care Coordinator-Orange county
 Douglas McDowell, Member Inclusion and Outreach Specialist-Orange County

Microsoft Teams meeting

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Or call in (audio only)

Click here to join the meeting

Meeting ID: 270 520 951 422

Passcode: UC2XgZ

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. WELCOME AND INTRODUCTIONS -10 Mins	Introductions were made by members, guests, and staff	NA	NA
2. REVIEW OF THE MINUTES – State Updates	A motion for approval of minutes was made by Kent Earnhardt, seconded by Kate Shipman, and unanimously approved by committee. No edits suggested or required	NA	NA
3. Public Comment-10 Min	Kent Earnhardt commented on the lack of funds to attend a disability conference and the delay in a response about request to attend. Ramona Branch offered information about the CFAC budget as it related to a lack of	NA	Ongoing

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Tuesday, April 25, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>funds to attend conferences, further explaining the extenuating circumstances related to the i2i conference, which offset funds for the remainder of the fiscal year. Aimee Izawa spoke about the limitations of members attending conferences, 12 conferences, permitting 2 members to attend per county, per conference, preferably spreading out conferences' opportunities for all members, every member gets a chance to attend at least one conference, if they so choose. Carol Conway inquired about funds request for October event and whether there had been any response on approving B# coffee. Douglas McDowell explained that since the event is going to be held in October of 2023, it wouldn't apply to this fiscal year's budget, therefore a response to the funds request will come after the start of the next fiscal year, July 2023. Douglas McDowell and Laurie Williamson commented on the success of the MedAssist OTC medication giveaway and that it would become an annual event.</p>		
4. Speaker: 15-30 min	<p>Laurie Williamson- Alliance Health Systems of Care Coordinator-Orange County- Presentation-Q&A-PowerPoint presentation given, with questions coming from members. Kent Earnhardt inquired about school-based programs and what they look like, with Krista Caraway commenting about Orange county's need for school-based programs. Kate Shipman commented about special education classes being used for students who can't speak English and the impact it has on children when placed in those classes. Aalece Pugh-Lilly shared about some of the programs being implemented in Wake county by Deborah Leonard and how successful the programs have been thus far. Linda Shipman commented and inquired about SOC's focus, stating the fact of how broad each area of focus was, and which area Alliance is focusing on currently. Laurie Williamson shared the promising statistical information related to school-based programs in Wake, i.e., decreased numbers of school suspensions and improved mental health. Laurie Williamson informed members Douglas would get them her contact information, along with Ann Oshel's contact information should there be any further questions or comments as it relates to SOC and the work being done in that department.</p>	NA	NA
5. State Updates- 10 Mins	<p>Suzanne Thompson discussed the state CFAC meeting which is upcoming on May 10th.</p>	Ongoing	Ongoing
6.. Reports- 15 Min	<p>Conference trainings were discussed in public comments, and no other information was discussed as it relates to conferences, steering committee</p>	Ongoing	Ongoing

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Tuesday, April 25, 2023
ORANGE COUNTY

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
BOD, Steering Committee, State to Local, State CFAC Conferences, Trainings, etc.	meeting, or trainings. The i2i conference will be held in June for those registered the previous conference unless otherwise stated		
7. MCO Updates 10 Min	Ramona Branch shared about Ruth Thompson being the new Family Partner for Orange county and the positive impact that could have with the family success alliance.	Ongoing	Ongoing
8. Statutory Requirements and Recommendations 15-30 Min	Aalece Pugh-Lily will be going over the membership criteria presentation- Aalece Pugh-Lilly went over CFAC applicant requirements, and specifics as it relates to the qualifications to be a member of the CFAC. Aalece utilized a PowerPoint to assist in educating the CFAC on the new criteria Alliance Health has for those applying to be committee members. Aimee Izawa commented on the public nature of the meeting and the fact anyone could attend, and make public comments, just not have the ability to vote.	NA	NA
9. Announcements	The Be Well event, a collaboration of the CFAC, along with the SOC department, will be held May 20 th . Plans are coming along. More info to come.	NA	NA
10. Adjournment	Steve Furman motioned for meeting to be adjourned, Paula Harrington seconded the motion, following unanimous agreement by all members in attendance.	NA	NA

ADJOURNMENT: the meeting adjourned at 7:00 p.m.; the next meeting will be May 23, 2023, from 5:30 p.m. to 7:00 p.m.

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Thursday, April 27, 2023

Consumer and Family Advisory Committee- Cumberland
(Virtual Meeting via Microsoft Teams)
5:30pm- 7:00pm

MEMBERS PRESENT: Michael McGuire Ellen Gibson, Dorothy JohnsonSharon Harris Briana Harris Shirley Francis Tekeyon Lloyd
Renee Lloyd Carson Lloyd Jr. Felishia McPherson

BOARD MEMBERS PRESENT:

GUEST(S): Suzanne Thompson, NCDHHS, Alvin Brown, Guest Speaker, therapeutic Foster Care

STAFF PRESENT: Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being, Aimee Izawa, Director Community & Member Engagement Ramona Branch, Manager, Member Inclusion & Outreach, Starlett Davis, Member Inclusion & Outreach Specialist

Microsoft Teams meeting

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Or call in (audio only)

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Meeting ID: 250 518 783 75

Phone Conference ID: 607 739 735#

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting was called to order by Ellen Gibson at 5:35pm pm	N/A	N/A
2. Review of the Minutes – 5 min	The minutes from the March 23, 2023 meeting were reviewed; a motion was made by Michael McGuire and seconded by Tekeyon Lloyd to approve the minutes	N/A	N/A
3. PUBLIC COMMENT- 10 min	Felishia and Ellen Community events and resources. Covid 19 Check ins	Please see Starlett, Aimee, Ramona	Ongoing

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Thursday, April 27, 2023

Consumer and Family Advisory Committee- Cumberland
 (Virtual Meeting via Microsoft Teams)
 5:30pm- 7:00pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>ADA Updates- Shirley Francis Updates will be provided in separate document attached.</p> <p>Michael- Anyone who had a previous invite to go to the i2i conference can go again. Ramona went over everyone that will be going this go round. Ellen, Felishia and Michael.</p> <p>Ellen- Dogwood Festival is this weekend. Great time to pass out CFAC flyers.</p>		
<p>4. Speaker: 15-30 min</p>	<p>Mr. Alvin Brown- Therapeutic Foster Youth after aging out Pinnacle Services.</p> <p>Mr. Brown is ex-military, Paratrooper, Jump Master, and Logistical Officer. He is from GA. He has worked with kids via the hospital adolescent unit. He has also worked on the adult psychiatric unit. He has worked in intensive in-home services. For 8 years he has been licensing and recruiting foster parents. He was once a foster parent himself. He wanted to speak with the committee regarding foster parents. He gave statistics on the number of youths in foster care versus the number of foster parent homes available. The number of foster homes for the foster kids are going down for many reasons. Foster parenting is not like parenting your biological child. Many kids are aging out at 18. They can stay in until age 21. However, the normal growth of a fully developed brain is 25 years old. There are many foster kids that are not ready for life before that time and are being discharged. Are they prepared for life? Due to covid, for 2 years most of us has been locked down. The Cumberland Co. LINK program is supposed to prepare youth for adult hood. However, they are not available, and many kids are not getting the skills that they need. Many have moderate and severe disabilities and are not operating at an age-appropriate level by discharge. He shared a book for reference called What Happened to You by Oprah Winfrey and Dr. Bruce Perry. He also shared Hurting People Hurt People by Sandra Wilson, PHD.</p> <p>Aamie suggested that in specific challenges, she could have a family partner assist in helping in making sure that the youth has the services needed and advocacy.</p>	<p>Please see Starlett, Aimee, Ramona</p>	<p>Ongoing</p>

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Thursday, April 27, 2023

Consumer and Family Advisory Committee- Cumberland
 (Virtual Meeting via Microsoft Teams)
 5:30pm- 7:00pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
5. State Updates 10 min	Suzanne Thompson Reminder that the committee gets the monthly updates. State CFAC May 10 th from 9am to 3pm There are vacancies for State CFAC as well.	Please see updates via email.	Ongoing
6. Reports: - 15 min BOD, Steering Committee, State to Local, State CFAC, Conferences, Trainings, etc.	Aalece Pugh-Lilly- Senior Director of Community Health and Well Being Updates on CFAC Aalece reminded the committee about previous review of the Bi-laws. She went over to all of the documents internally in Alliance for CFAC, Bi-laws, Charter, Policy and Procedures, and Relational Agreements. The purpose of CFAC is to advise Alliance on needs and gaps in community. The purpose of the presentation to inform the committee about the changes due to the changes via Medicaid Transformation and the Tailored Plan. Alliance will serve the community with moderate and severe mental health and substance use, I/DD, and TBI. Alliance has been taking a second look at the qualification for CFAC as written by the State. This is in the Bi-Laws and Statutes. Adults or families of consumers that have services in MH, SU, I/DD, and TBI. She went over the other qualifications that included members can only serve 3 consecutive terms and cannot be an Alliance employee. The state defines a consumer as a client or potential client of public services from a state or area facility. IN order to be a member of CFAC, should be enrolled in Alliance Health plans. Alliance should be managing and coordinating their services. Alliance is asking that every CFAC member complete an attestation form that states that they meet the criteria to be a CFAC member by September 15 th . This means that anyone Alliance serves. The reason for this is because the scope is changing meaning Alliance is not serving the same Medicaid population as we did before. Aalece went over examples. Some examples of those served by Alliance are State Funded individuals, a prospective member on the TBI and Innovations Waiver, Medicaid Direct, and those in Alliance coverage area that fall in the moderate and server population in Tailored Plan. Aalece answered questions from the committee. There was a question of how do we direct individuals who may not be under Alliance but wants information	Please see Starlett, Aimee, Ramona, and Aalece.	Ongoing

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

Thursday, April 27, 2023

Consumer and Family Advisory Committee- Cumberland
 (Virtual Meeting via Microsoft Teams)
 5:30pm- 7:00pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>about their plan. They can be referred to the NC Medicaid Enrollment Broker at 833-870-5500. Aalece will provide the slide presentation. For any direct questions please contact Aalece Pugh-Lilly or Ann Oshel.</p>		
<p>7. MCO Updates- 10 min</p>	<p>Aimee Izawa The CFAC application is being redone as well to get data from the members that has not been collected before such as gender, ethnicity, and disability. Starlett will be reaching out to the CFAC members who did not send in their shirt size.</p>	<p>Please see Starlett, Aimee, Ramona</p>	<p>May 25, 2023</p>
<p>9. Statutory Requirements and Recommendations: 15-30 min</p>	<p>Please give feedback on (1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. This will be moved to the May meeting due to time running out.</p> <p>(1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. (2) Identify service gaps and underserved populations. (3) Make recommendations regarding the service array and monitor the development of additional services. (4) Review and comment on the area authority budget. (5) Develop a collaborative and working relationship with the area authority's member advisory committees to obtain input related to service delivery and system change issues. (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.</p>	<p>This will be moved to the May meeting due to time running out.</p>	<p>May 25, 2023</p>

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

Thursday, April 27, 2023

Consumer and Family Advisory Committee- Cumberland
(Virtual Meeting via Microsoft Teams)
5:30pm- 7:00pm

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
11 Announcements	Starlett Davis The Cumberland CFAC committee is responsible for setting up a speaker for each meeting. Please contact Starlett Davis to let her know who will be speaking at each meeting. Please refer to February 2023 meeting for further instruction or contact Starlett Davis, MIOS	N/A	N/A
12. Adjournment:	Michael moved to adjourn and it was seconded by Felishia. The suggested next meeting will be May 25, 2023, at 5:30 p.m.	Next meeting May 25,2023	May 25, 2023

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: Finance Committee Report

DATE OF BOARD MEETING: June 1, 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.

Also, as part of this month's report, per NCGS (NC general statute) 159-12 (b), a public hearing shall be held to allow any persons who wish to be heard on the budget to appear. The public hearing is separate from public comments that are part of each regular Board meeting. As Alliance is currently holding all Board meetings virtually; all public hearing participants must participate via electronic means only. Public hearing on the FY24 budget may be submitted with the following guidelines:

- 1) Comment may be submitted during the June 1 meeting. When the board chairperson calls for comments during the public hearing, virtual attendees may unmute and respond.
-Or-
- 2) Comment on the FY24 budget may be submitted by 5:00 pm on May 31, 2023, via email to VIngram@AllianceHealthPlan.org or by voicemail message left at (919) 651-8466. Messages must include that you are commenting on the FY24 budget and must be no more than 350 words.

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

1. A motion to recommend the Board authorize the CEO to enter into a contract with Milliman, Inc. for an amount not to exceed \$2,250,000.
2. A motion to amend the motion approved at the April 6, 2023 Finance Committee meeting for the contract with Consumer Wellness Solutions, Inc by adding specific reference to a 3% escalation in years 2 and 3, so that the motion now reads: A motion to recommend that the Board authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case with a 3% escalation in years 2 and 3.
3. A motion to recommend the Board authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$129,393, bringing the total grant agreement to \$694,742.
4. A motion to recommend the Board approve the FY23 Budget Amendment 2 to decrease the budget by \$34,381,436 bringing the total FY23 Budget to \$1,208,952,743.
5. A motion to recommend the Board approve the FY24 Budget for \$1,619,687,683.

REQUEST FOR AREA BOARD ACTION: Approve the proposals.

CEO RECOMMENDATION: Approve the proposals.

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

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



Contract for Milliman, Inc.

Approval for FY24 contract for Milliman, Inc. In FY20, Milliman was awarded the RFP for actuary services. In early FY21, through an informal bid process, we extended their contract to perform financial consulting services including assessment of our medical cost management program, reporting, and staffing structure. As a result of this work, they will be assisting not only Business Operations but other areas to improve our readiness for Tailored Plan Go Live. In addition, Milliman is assisting Provider Networks to develop Alternative Payment Models. Below includes the list of services provided through this contract:

- a. Monthly Dashboard Development
- b. Prospective capitation rate review and negotiations
- c. Proforma Preparation
- d. IBNR (Incurred But Not Reported) reserving (*liability*)
- e. Managed Care Savings strategy using emerging data
- f. Benefit Plan development support
- g. Performance Management Committee Support
- h. Provider Network Support including Alternative Payment Model Support
- i. Pre and Post Tailored Plan assistance
- j. Ad hoc analysis requests from Alliance

Contract Amount \$2,250,000

A **motion** to recommend the Board authorize the CEO to enter into a contract with Milliman, Inc. for an amount not to exceed \$2,250,000.



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 amend the motion approved at the April 6, 2023 Finance Committee meeting for the contract with Consumer Wellness Solutions, Inc by adding specific reference to a 3% escalation in years 2 and 3, so that the motion now reads: A motion to recommend that the Board authorize the CEO to enter into a contract with Consumer Wellness Solutions, Inc. for program rates not to exceed \$540 per case with a 3% escalation in years 2 and 3.



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. DHSR completed the facility inspection in March 2023 with a verbal report of minimal repairs needed. Reinspection just occurred after DHSR delays in response and was passed on May 12, 2023.

The next phase is program review and subsequent licensing, which will likely not be scheduled for another 8 weeks. DHSR is understaffed, so the timing of the actual date could fluctuate.

A previous amendment was approved by the Board to increase the grant agreement to \$565,349. Due to the delay of getting the reinspection passed and anticipated delay in getting the program licensing scheduled, Savin Grace is requesting an additional increase of \$129,939 to continue to assist with operating expenses (primarily staffing) through August 2023. The increase brings the total grant to \$694,742.

Grant Increase: \$129,393

A **motion** to recommend the Board authorize the CEO to increase the amended grant agreement with Savin Grace, LLC by \$129,393, bringing the total grant agreement to \$694,742.

**FY 2022-2023 BUDGET ORDINANCE
ALLIANCE HEALTH
AMENDMENT NUMBER 2023-02**

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	\$ 144,438,310
Medicaid Services	861,794,904
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>\$ 1,208,952,743</u></u>

Section 2: General Fund Revenue

Administrative	\$ 117,879,458
Medicaid Services	839,059,817
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>\$ 1,208,952,743</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>Amended Budget March 3, 2023</u>		<u>Amended Budget June 1, 2023</u>		<u>Change</u>	<u>Footnote</u>
Section 1: General Fund Appropriations						
Administrative						
Administrative	122,360,690		117,879,458			
Fund Balance Appropriations	<u>26,558,852</u>		<u>26,558,852</u>			
Total Administrative	\$ 148,919,542		\$ 144,438,310		\$ (4,481,232)	A
Medicaid Services						
Medicaid Services	851,042,040		823,228,997			
Capacity Building	17,917,981		15,830,820			
Fund Balance Appropriations	<u>22,735,087</u>		<u>22,735,087</u>			
Total Medicaid Services	891,695,108		861,794,904		(29,900,204)	B
Federal and State Services						
Federal and State Services	142,350,987		142,350,987			
Fund Balance Appropriations	<u>377,037</u>		<u>377,037</u>			
Total Federal and State Services	142,728,024		142,728,024		-	
Local Services						
Local Services	49,310,708		49,310,708			
Fund Balance Appropriations	<u>4,187,058</u>		<u>4,187,058</u>			
Total Local Services	53,497,766		53,497,766		-	
Grant Funded Services	400,000		400,000		-	
Other Business Line	1,455,432		1,455,432		-	
Nonoperating Income	4,638,307		4,638,307		-	
TOTAL	<u>\$ 1,243,334,179</u>		<u>\$ 1,208,952,743</u>		<u>\$ (34,381,436)</u>	
Section 2: General Fund Revenue						
Administrative	\$ 122,360,690		\$ 117,879,458		\$ (4,481,232)	A
Medicaid Services	868,960,021		839,059,817		(29,900,204)	B
Federal and State Services	142,350,987		142,350,987		-	
Local Services	49,310,708		49,310,708		-	
Grant Funded Services	400,000		400,000		-	
Other Business Line	1,455,432		1,455,432		-	
Nonoperating Income	4,638,307		4,638,307		-	
Fund Balance Appropriation	53,858,034		53,858,034		-	
TOTAL	<u>\$ 1,243,334,179</u>		<u>\$ 1,208,952,743</u>		<u>\$ (34,381,436)</u>	

A *Administrative Appropriations & Revenue*

The Medicaid administrative revenue decreased as a result of receiving additional information from the State regarding the impacts of Medicaid Direct. Amendment 1 used estimates for Medicaid Direct based on the Tailored Plan delay. In addition, the FY22 risk corridor liability was trued up to the final submitted calculation, which decreased administrative revenue by \$900,000.

B *Medicaid Services Appropriations & Revenue*

The Medicaid service revenue decreased as a result of receiving additional information from the State regarding the impacts of Medicaid Direct. Amendment 1 used estimates for Medicaid Direct based on the Tailored Plan delay. In addition, the FY22 risk corridor liability was trued up to the final submitted calculation, which decreased service revenue by \$6 million.



Thursday, May 04, 2023

BOARD FINANCE COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 Hybrid Meeting - 2:30-4:00 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: Mary Hutchings, Wake County, Tchenavia Montgomery, Mecklenburg County

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

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 2:37 PM
2. **REVIEW OF THE MINUTES** – The minutes from the April 6, 2023, meeting was reviewed; a motion was made by Ms. Evans and seconded by Mr. Jackson to approve the minutes. Motion passed unanimously.

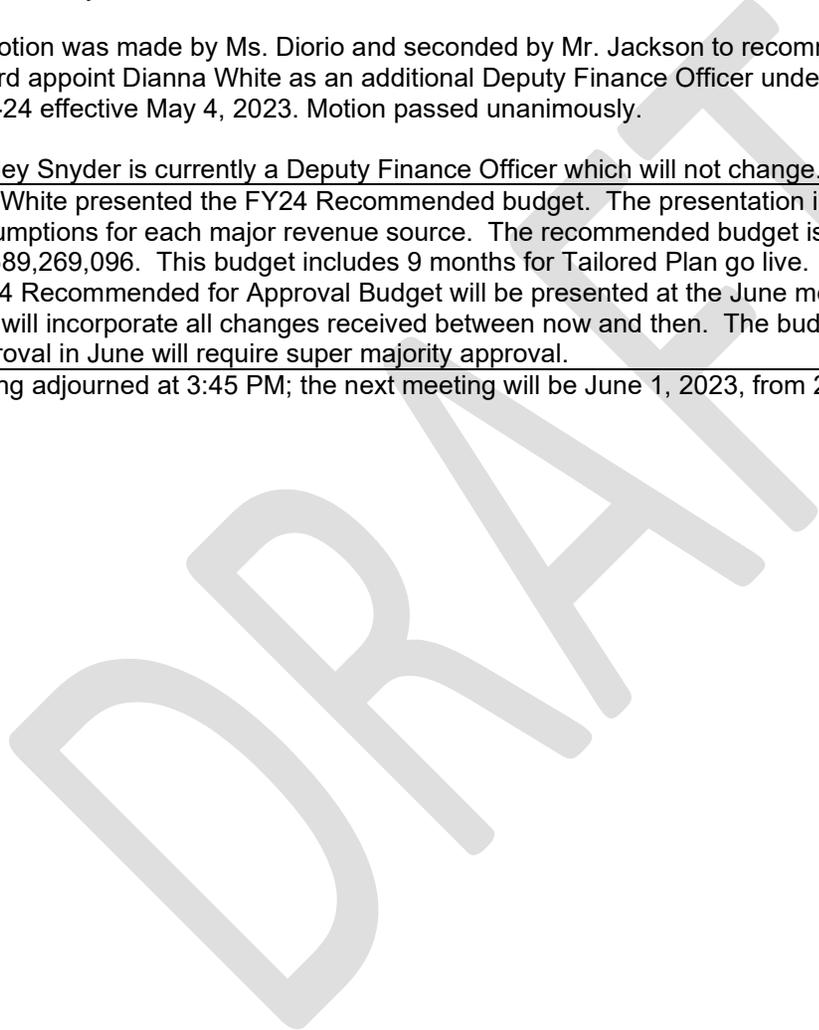
AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Monthly Financial Report	<p>The monthly financial reports were discussed which includes the Statement of Net Position, Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios and the Financial Viability Chart as of March 31, 2023.</p> <p>Ms. White discussed the following:</p> <ul style="list-style-type: none"> • Discussed material balances on the Statement of Net Position and the YTD and QTD changes. • Through 3/31/23, we have savings of \$42M which is a decrease from last month of \$7M, that is primarily due to the \$6.9M Risk corridor true up. • We are meeting all SB208 and DHB contractual ratios. The Medical Loss Ratio (MLR) is over 86%. April 1st is the start of a new contract and MLR will reset. 	No next steps	
4. Contract(s)	<p>A contract extension for Acero Health Technologies of \$1,000,000 with the total contract not to exceed \$3,000,000. The contract extension is a time and materials contract for additional hours not to exceed 10,000 hours. These hours are needed to supplement the work being done by the internal Alliance Development and Data Interoperability Staff to prepare for the Tailored Plan.</p> <p>A motion was made by Ms. Diorio and seconded by Ms. Evans to recommend the Board authorize the CEO to extend the contract with Acero Health Technologies for an amount not to exceed \$1,000,000. Motion passed unanimously.</p>	No next steps	
5. Deputy Finance Officer	<p>Dianna White discussed the request to change the Finance Officer to the CFO to align with other MCO's.</p> <p>A motion was made by Ms. Evans and seconded by Ms. Diorio to recommend the Board appoint Kelly Goodfellow the Finance Officer under G.S. 159-24 effective</p>	No next steps	

Thursday, May 04, 2023

BOARD FINANCE COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 Hybrid Meeting - 2:30-4:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>May 4, 2023, replacing the current Finance Officer, Dianna White. Motion passed unanimously.</p> <p>A motion was made by Ms. Diorio and seconded by Mr. Jackson to recommend the Board appoint Dianna White as an additional Deputy Finance Officer under G.S. 159-24 effective May 4, 2023. Motion passed unanimously.</p> <p>Ashley Snyder is currently a Deputy Finance Officer which will not change.</p>		
<p>6. FY24 Recommended Budget</p>	<p>Ms. White presented the FY24 Recommended budget. The presentation included assumptions for each major revenue source. The recommended budget is \$1,589,269,096. This budget includes 9 months for Tailored Plan go live. The FY24 Recommended for Approval Budget will be presented at the June meeting and will incorporate all changes received between now and then. The budget approval in June will require super majority approval.</p>	<p>An updated Approval Budget will be presented at the June meeting and will incorporate all changes.</p>	

7. **ADJOURNMENT:** the meeting adjourned at 3:45 PM; the next meeting will be June 1, 2023, from 2:30 p.m. to 4:00 p.m.





Finance Committee Meeting

Thursday, May 4, 2023

2:30-4:00 pm

AGENDA

1. **Review of the Minutes – April 6, 2023**
2. **Monthly Financial Reports as of March 31, 2023**
 - a. Summary of Net Position
 - b. Summary of Savings/(Loss) by Funding Source
 - c. Statement of Revenue and Expenses (Budget & Actual)
 - d. Senate Bill 208 Ratios
 - e. DHB Contractual Ratios
 - f. Capital Reserves
3. **Contract(s)**
 - a. A **motion** to recommend the Board authorize the CEO to extend the contract with Acero Health Technologies for an amount not to exceed \$1,000,000.
4. **Deputy Finance Officer**
 - a. A **motion** to recommend the Board appoint Kelly Goodfellow the Finance Officer under G.S. 159-24 effective May 4, 2023, replacing the current Finance Officer, Dianna White.
 - b. A **motion** to recommend the Board appoint Dianna White as an additional Deputy Finance Officer under G.S. 159-24 effective May 4, 2023.
5. **FY24 Recommended Budget**
6. **Adjournment**

Next Meeting: Thursday, June 1, 2023 from 2:30 - 4:00

Alliance Health

Hybrid meeting available in person and via Teams



**Alliance Health
Statement of Net Position
As of March 31, 2023**

	Prior Year 06/30/2023 <small>Actual</small>	Current Year 09/30/2022 <small>Actual</small>	Current Year 12/31/2022 <small>Actual</small>	Current Year 03/31/2023 <small>Actual</small>	YTD Change 03/31/2023 <small>Summary</small>	YTD % Change 03/31/2023 <small>% Change</small>
Assets						
Current Assets						
Cash and cash equivalents	160,816,143	179,663,132	201,135,895	189,832,316	29,016,173	18.0 %
Restricted cash	4,564,093	4,564,094	4,564,094	4,564,094	-	0.0 %
Short term investments	95,482,768	95,970,102	96,809,081	97,867,129	2,384,362	2.5 %
Due from other governments	15,820,148	23,136,602	23,452,335	24,896,660	9,076,512	57.4 %
Accounts receivable, net of allowance	419,367	804,968	1,220,940	1,522,353	1,102,986	263.0 %
Sales tax refund receivable	245,022	377,464	451,722	246,822	1,800	0.7 %
Prepaid expenses	923,904	4,426,551	3,869,351	2,234,465	1,310,561	141.9 %
Total Current Assets	278,271,445	308,942,913	331,503,418	321,163,839	42,892,394	15.4 %
Noncurrent Assets						
Noncurrent Restricted cash	134,560,902	139,465,702	144,521,976	149,742,523	15,181,621	11.3 %
Other Assets	321,461	321,461	321,460	321,460	-	0.0 %
Capital Assets, Net of AD	29,048,761	28,533,139	29,141,103	28,403,765	(644,997)	(2.2) %
Deferred Outflows of Resources	14,965,092	14,965,093	14,965,092	14,965,093	-	0.0 %
Total Noncurrent Assets	178,896,216	183,285,395	188,949,631	193,432,841	14,536,624	8.1 %
Total Assets	457,167,661	492,228,308	520,453,049	514,596,680	57,429,018	12.6 %
Liabilities and Net Position						
Liabilities						
Current Liabilities						
AP and Other Current Liabilities	22,154,978	22,817,214	36,457,174	23,420,973	1,265,995	5.7 %
Claims and Other Service Liabilities	66,081,525	74,516,611	69,067,408	64,659,631	(1,421,893)	(2.2) %
Unearned Revenue	61,397,653	64,950,650	65,785,533	74,827,751	13,430,097	21.9 %
Current Portion of Accrued Vacation	2,712,052	2,712,052	2,712,053	2,712,052	0	0.0 %
Due to Other Entities	2,173,110	1,128,575	2,257,150	3,419,139	1,246,029	57.3 %
Total Current Liabilities	154,519,318	166,125,102	176,279,318	169,039,546	14,520,228	9.4 %
Noncurrent Liabilities						
Net Pension Liability	21,553,241	22,553,241	23,553,241	24,553,241	3,000,000	13.9 %
Accrued Vacation	1,172,605	1,172,605	1,172,604	1,172,605	0	(0.0) %
Other Noncurrent Liabilities	19,540,456	18,869,398	18,177,558	17,463,918	(2,076,538)	(10.6) %
Total Noncurrent Liabilities	42,266,302	42,595,244	42,903,403	43,189,764	923,462	2.2 %
Total Liabilities	196,785,620	208,720,346	219,182,721	212,229,310	15,443,690	7.8 %
Net Position						
Capital Assets at Beginning of Year	6,712,276	6,712,275	6,712,275	6,712,276	-	0.0 %
Restricted	137,985,269	137,985,270	137,985,270	137,985,269	-	0.0 %
Unrestricted	115,684,496	115,684,496	115,684,496	115,684,496	-	0.0 %
Current Year Change in Net Position	-	23,125,922	40,888,288	41,985,329	41,985,329	0.0 %
Total Net Position	260,382,041	283,507,963	301,270,329	302,367,370	41,985,329	16.1 %
Total Liabilities and Net Position	457,167,661	492,228,309	520,453,050	514,596,680	57,429,019	12.6 %



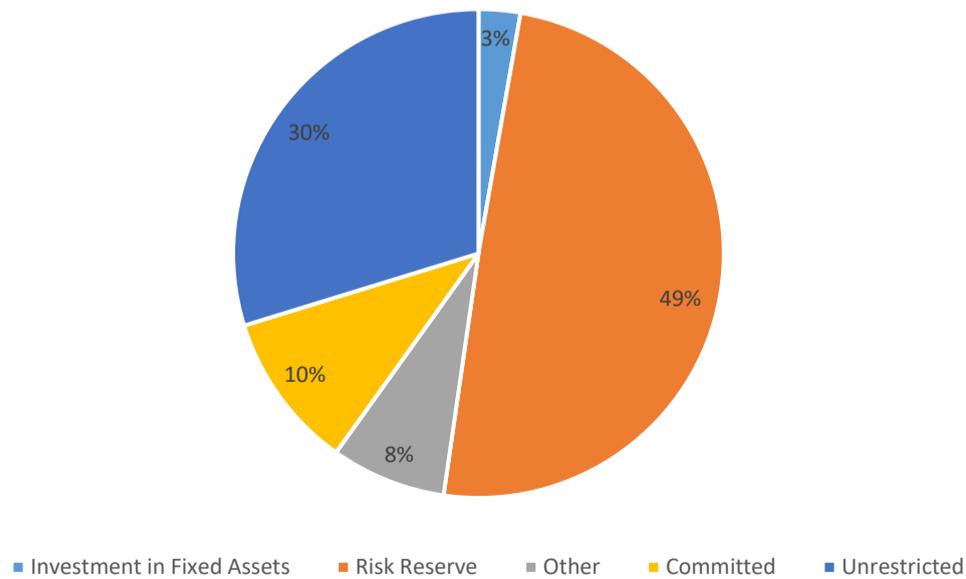
Summary of Savings/(Loss) by Funding Source as of March 31, 2023

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 604,053,769	\$ 566,863,102	\$ 37,190,667
Medicaid Waiver Risk Reserve	15,181,620	-	15,181,620
Federal Grants & State Funds	92,224,448	92,222,350	2,098
Local Funds	24,509,129	24,985,649	(476,520)
Administrative	85,615,265	98,301,455	(12,686,190)
Non operating	2,773,655	-	2,773,655
Total	\$ 824,357,886	\$ 782,372,556	\$ 41,985,330

Fund Balance

	June 30, 2022	Change	March 31, 2023
Investment in Fixed Assets	6,712,275	1,613,366	8,325,641
Risk Reserve	134,560,903	15,181,620	149,742,523
Other	22,112,173	834,042	22,946,215
Total Restricted	156,673,076	16,015,662	172,688,738
Committed	49,293,939	(17,939,387)	31,354,552
Unrestricted	47,702,751	42,295,688	89,998,439
Total Unrestricted	96,996,690	24,356,301	121,352,991
Total Fund Balance	\$ 260,382,041	\$ 41,985,329	\$ 302,367,370

March 31, 2023 Actual



Reinvestment Detail

	Committed Funds		Balance to Spend
	FY22	Spent March 31, 2023	
General Expenses	2,000,000	1,085,000	915,000
Child Facility Based Crisis Center	1,838,000	1,300,158	537,842
Total - Services	3,838,000	2,385,158	1,452,842
Administration			
Tailored Plan planning and implementation	22,000,000	10,483,412	11,516,588
Total - Administrative	22,000,000	10,483,412	11,516,588
Total Service and Administration	\$ 25,838,000	\$ 12,868,571	\$ 12,969,429

Fund Balance Detail

	June 30, 2022	Change	March 31, 2023
Investment in Fixed Assets	6,712,275	1,613,366	8,325,641
Restricted - Risk Reserve	134,560,903	15,181,620	149,742,523
Restricted - Other			
State Statutes	16,805,997	-	16,805,997
Prepays	923,904	1,310,561	2,234,465
State	377,037	-	377,037
Cumberland	3,605,235	(245,269)	3,359,966
Durham	400,000	(231,250)	168,750
Restricted - Other	22,112,173	834,042	22,946,215
Committed -			
Intergovernmental Transfer	4,558,852	(3,385,728)	1,173,124
Reinvestments-Service	3,838,000	(2,385,158)	1,452,842
Reinvestments-Administrative	22,000,000	(10,483,412)	11,516,588
Mecklenburg Realignment Funds	17,073,966	(1,685,088)	15,388,878
Orange Realignment Funds	1,823,121	-	1,823,121
Total Committed	49,293,939	(17,939,387)	31,354,552
Unrestricted	47,702,751	42,295,688	89,998,439
Total Fund Balance	\$ 260,382,041	\$ 41,985,329	\$ 302,367,370
Restricted			17,629,028
Unrestricted			24,356,301
Total Fund Balance Change		\$	41,985,329

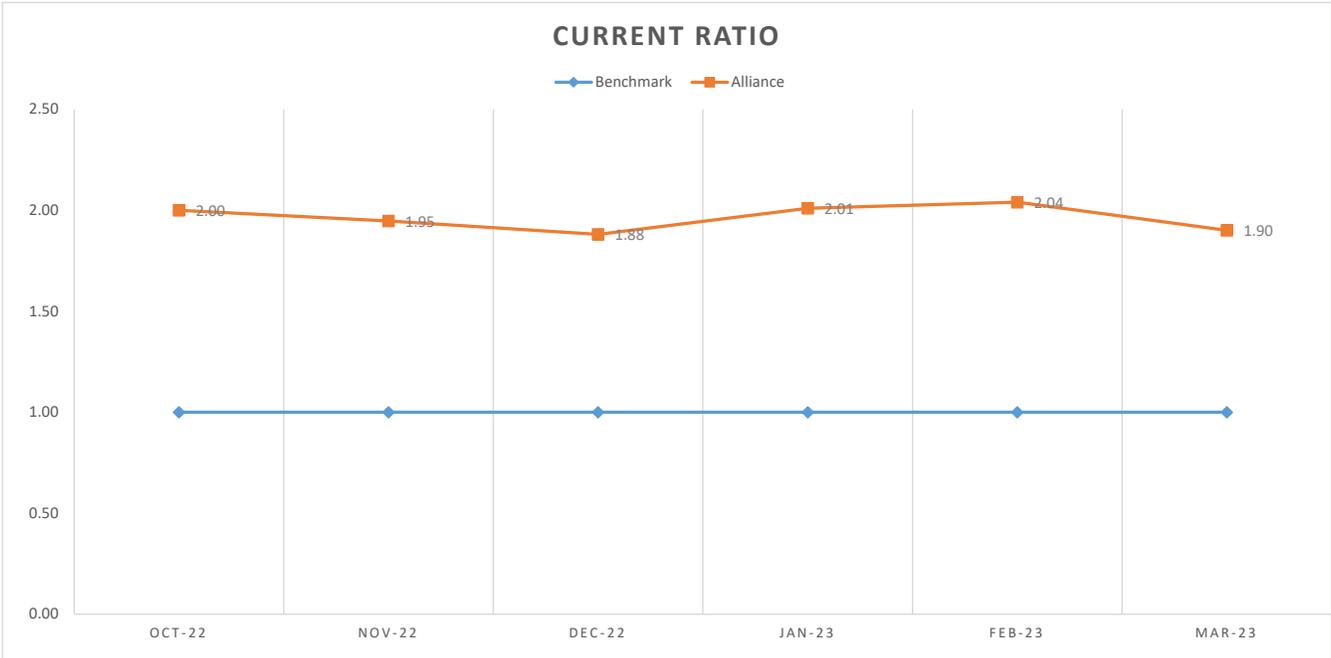


Alliance Health
Statement of Revenue and Expenses
As of March 31, 2023

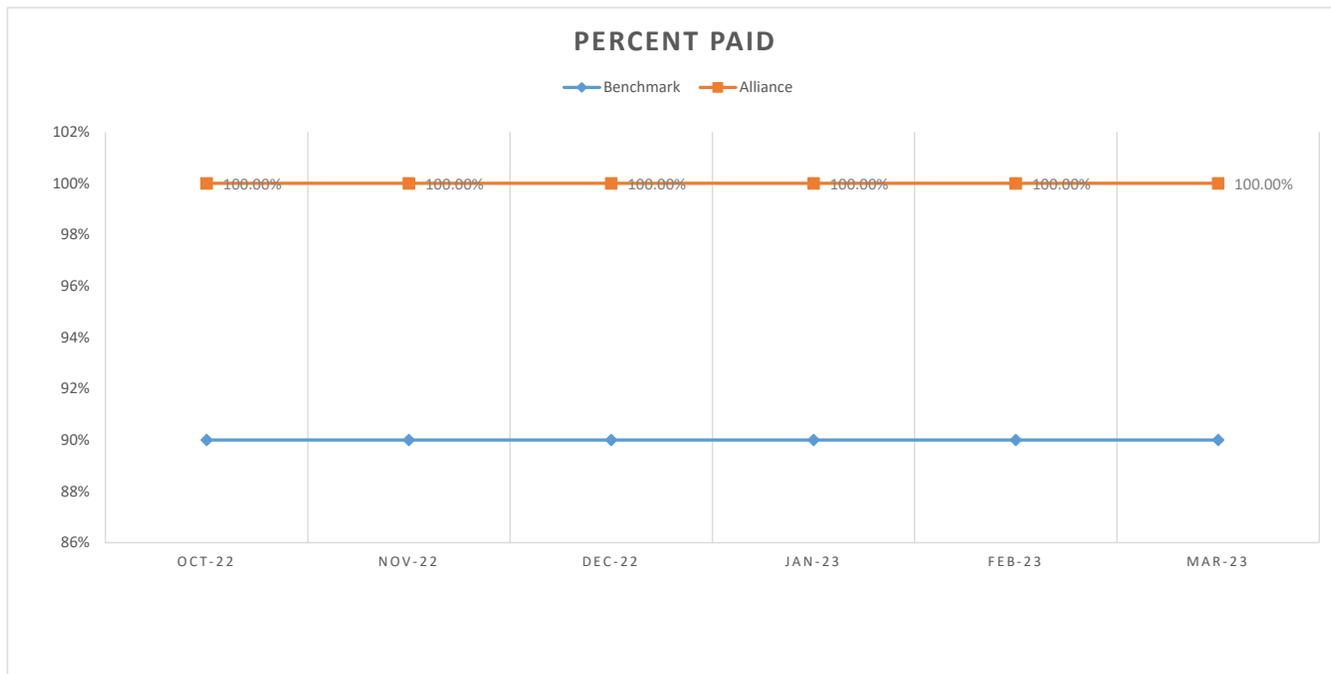
	For the Month of 07/31/2022	For the Month of 08/31/2022	For the Month of 09/30/2022	For the Month of 10/31/2022	For the Month of 11/30/2022	For the Month of 12/31/2022	For the Month of 01/31/2023	For the Month of 02/28/2023	For the Month of 03/31/2023	Year to Date Actual 03/31/2023	Current Year Budget 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	72,717,565	63,929,059	619,235,389	891,695,108	272,459,719
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	10,559,109	12,255,094	92,224,448	143,128,024	50,903,576
Local Grants	2,920,024	1,355,260	2,285,300	1,099,795	4,957,214	2,534,964	3,739,023	2,681,174	2,936,377	24,509,129	53,497,766	28,988,636
Total Service Revenue	82,497,511	83,382,011	84,080,589	84,472,331	75,152,782	82,956,177	78,349,189	85,957,848	79,120,530	735,968,966	1,088,320,898	352,351,931
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	9,594,783	9,703,952	78,699,256	141,153,628	62,454,373
State and Federal	520,383	520,383	520,383	749,397	577,636	577,636	577,636	577,636	577,637	5,198,727	6,931,637	1,732,909
Local	69,523	69,523	69,523	69,523	69,523	69,523	69,523	69,523	69,523	625,708	834,277	208,570
Other Lines of Business	121,286	121,286	121,286	121,286	121,286	121,286	121,286	121,286	121,286	1,091,574	1,455,432	363,858
Total Administrative Revenue	8,958,855	9,452,451	9,338,444	9,217,630	7,718,889	11,121,936	8,971,432	10,363,228	10,472,398	85,615,265	150,374,974	64,759,710
Total Revenue	91,456,366	92,834,462	93,419,033	93,689,961	82,871,671	94,078,113	87,320,621	96,321,076	89,592,928	821,584,231	1,238,695,872	417,111,641
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	66,887,450	70,098,458	566,863,102	891,695,111	324,832,009
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	10,242,481	12,273,978	92,222,350	143,128,019	50,905,669
Local Service	2,920,024	1,584,320	2,233,473	1,099,795	4,996,319	2,630,541	3,835,850	2,691,809	2,993,518	24,985,649	53,497,768	28,512,119
Total Service Expense	77,047,561	74,811,752	73,063,595	73,656,296	74,500,417	69,858,359	75,945,427	79,821,740	85,365,954	684,071,101	1,088,320,898	404,249,797
Administrative Expense												
Salaries and Benefits	7,848,139	8,276,806	7,955,573	8,397,650	8,848,202	11,292,616	7,319,137	8,165,094	8,911,830	77,015,046	125,374,974	48,359,928
Professional Services	618,829	1,002,419	1,594,391	1,734,243	1,087,107	1,038,929	1,638,875	1,379,515	1,708,807	11,803,115	15,000,000	3,196,885
Operational Expenses	872,989	1,053,626	994,560	1,288,022	982,034	1,177,471	1,017,331	1,046,118	1,051,143	9,483,294	10,000,000	516,706
Total Administrative Expense	9,339,957	10,332,851	10,544,524	11,419,915	10,917,343	13,509,016	9,975,343	10,590,727	11,671,780	98,301,455	150,374,974	52,073,519
Total Expenses	86,387,518	85,144,603	83,608,119	85,076,211	85,417,760	83,367,375	85,920,770	90,412,467	97,037,734	782,372,556	1,238,695,872	456,323,316
Non Operating												
Non Operating Revenue	134,592	197,696	224,013	271,222	343,462	369,282	398,040	399,929	435,419	2,773,655	4,638,307	1,864,652
Non Operating Expense	-	-	-	-	-	-	-	-	-	-	4,638,307	4,638,307
Total Non Operating	134,592	197,696	224,013	271,222	343,462	369,282	398,040	399,929	435,419	2,773,655	-	(2,773,655)
Current Year Change in Net Position	5,203,440	7,887,555	10,034,927	8,884,972	(2,202,627)	11,080,020	1,797,891	6,308,538	(7,009,387)	41,985,329	-	(41,985,330)



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



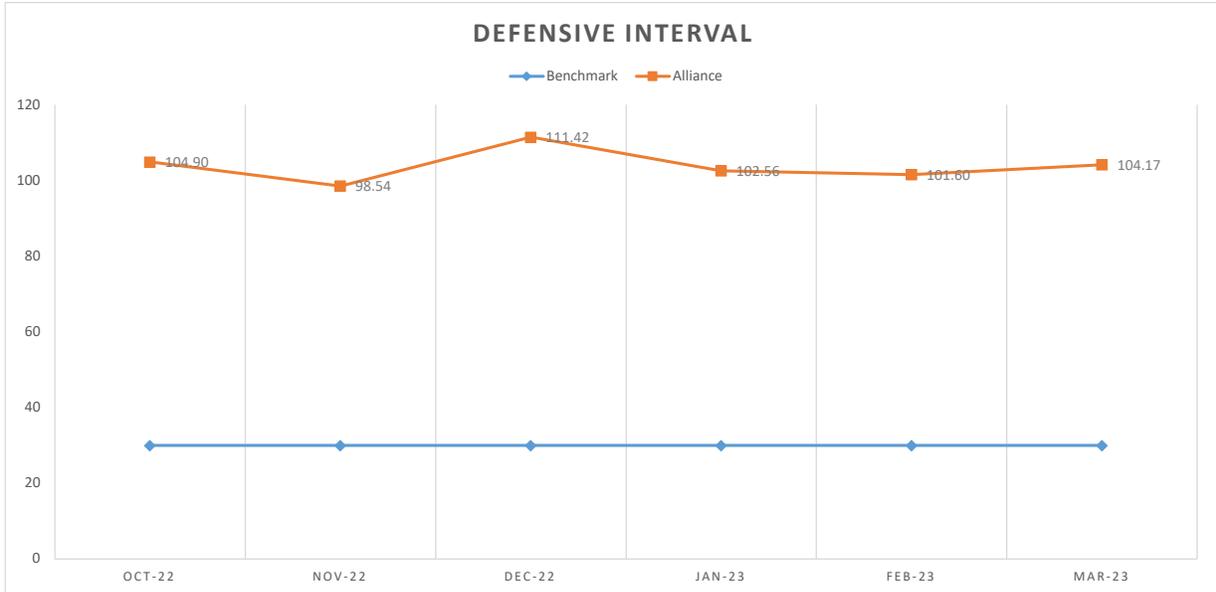
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



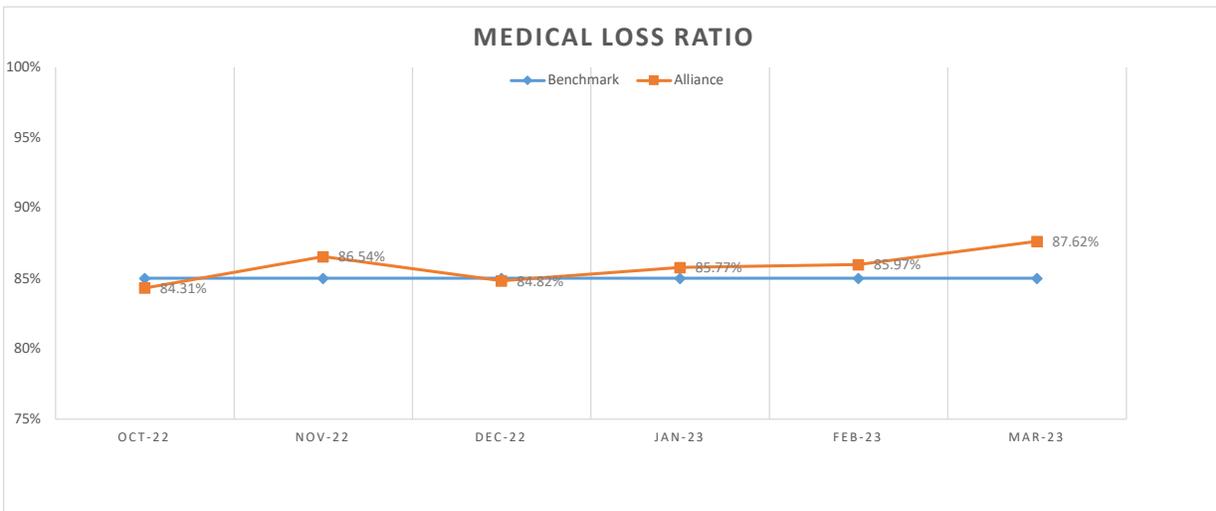
Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



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



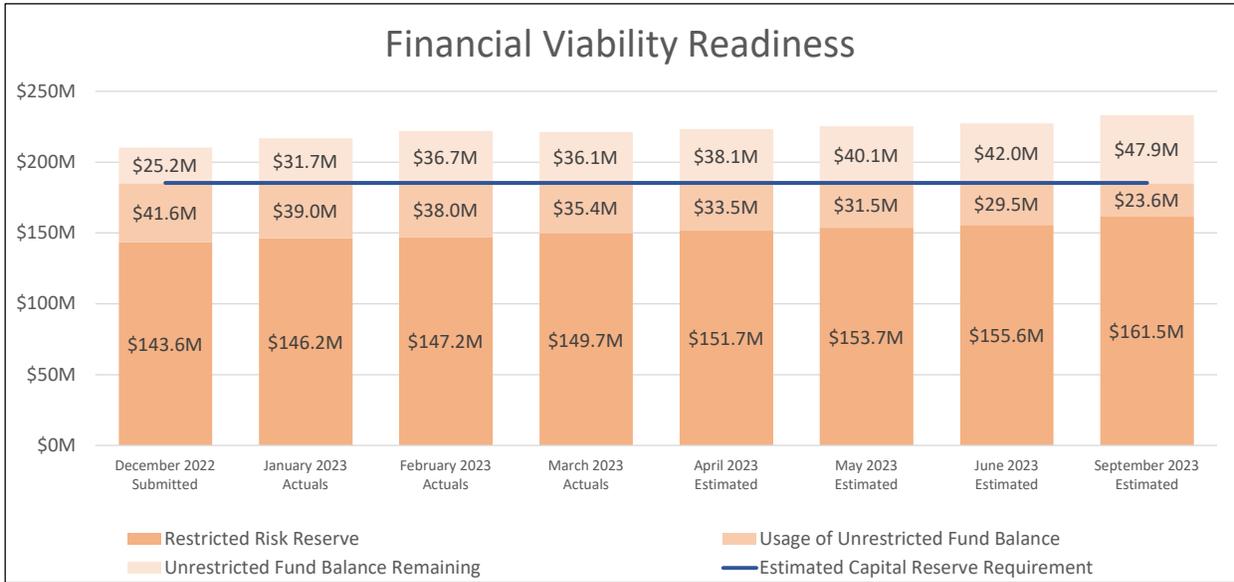
Defensive Interval = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.



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).



Financial Viability Readiness - As of March 31, 2023





**FY24 BUDGET RECOMMENDED
FOR APPROVAL
June 1, 2023**

**Alliance Health
Annual Budget
FY 2023-2024**

Board of Directors

Lynne Nelson, Chair

David Hancock, Vice Chair

Durham County

Commissioner Heidi Carter

Carol Council

Vacancy

Wake County

Commissioner Cheryl Stallings

George Corvin

David Hancock

Lynne Nelson

Cumberland County

Commissioner Glenn Adams

Vicki Evans

Vacancy

Johnston County

Lee Jackson

Commissioner Ted Godwin

Orange County

Michael Joseph

Commissioner Jean Hamilton

CFAC

David Curro

Mecklenburg County

Commissioner Leigh Altman

Dena Diorio

Tchernavia Montgomery

Anthony Trotman

Robert Robinson, CEO

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- Budget Calendar..... 17**
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June 1, 2023

Alliance Board Members,

We are pleased to share with you our FY24 recommended budget for your approval.

FY23 has been a year of tremendous growth in our organizational infrastructure as well as our team of professional staff – now over 1000 strong! This growth has included building a strong presence in Mecklenburg and Orange counties, successfully initiating Tailored Care Management, and launching NC Medicaid Direct.

You'll see that our FY24 budget focuses on our continued preparation to launch and thrive as operators of a Tailored Plan. It also allows us to sustain a proud history of strategic and targeted investment in our member counties, developing innovative and high-quality services for the participants in our health plan. We'll do this while helping to support the operational viability of our expanding provider network and, significantly, ensuring the financial stability of the organization.

Thank you for your participation in this budget process. We are grateful for your wise counsel and your commitment to our members, and we look forward to working closely with you throughout the year to incorporate budgetary changes as we move towards our October 1 Tailored Plan launch.

Best Regards,

A handwritten signature in black ink that reads "Rob Robinson". The signature is fluid and cursive, with a large initial 'R'.

Rob Robinson
Chief Executive Officer

Reader's Guide

FY 2023-2024 is the twelfth annual budget presented for Alliance Health (Alliance). This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2023-2024 for Alliance's administrative and service operations covering Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties. The budget year begins July 1, 2023, and ends June 30, 2024. Alliance began Tailored Care Management operations on December 1, 2022, and Medicaid Direct operations on April 1, 2023. The document will show how the funds are allocated and how they will be spent.

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

Revenues and Expenditures of the General Fund

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

Administrative Funds

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

Alliance began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the administration dollars allocated under a contract with the NC Division of Division of Health Benefits. The funds are allocated based on a per member per month (PMPM) basis. The members per month budgeted are based on historical experience and projections. Alliance will begin Tailored Plan operations October 1, 2023.

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

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

Cumberland, Durham, Mecklenburg, Orange, and Wake counties allocate 1-2% of the county dollars in administrative support for the management of their dollars in serving consumers in their respective county.

Other Business Line

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

Nonoperating Income

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

Medicaid Services

Alliance Health began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Division of Health Benefits, to provide services to Medicaid enrollees of Cumberland, Durham, Johnston, Mecklenburg, Orange, and Wake counties. Alliance began Tailored Care Management operations on December 1, 2022, and Medicaid Direct operations on April 1, 2023. Alliance will begin Tailored Plan operations October 1, 2023.

Federal and State Services

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

- Federal Block Grant Continuation – annual allocation received for Federal Block Grant funds for the year. Funding specifies how it can be spent (i.e., claims or expense based), the population (i.e., adult/child), and the disability category (i.e., Mental Health (MH), Substance Use Disorder (SUD), and Intellectual and Developmental Disabilities (IDD)). Alliance receives this funding on a reimbursement basis.
- Federal Block Grant Allocations – funding received throughout the year for specific purpose (i.e., Mental Health Block Grant to support expansion of high-fidelity wraparound). Alliance receives this funding on a reimbursement basis.
- State Single Stream – annual funding to support Behavioral Health services for uninsured and underinsured individuals. Alliance receives this funding monthly in 1/12th increments.
- State Allocations – funding received throughout the year for specific purpose (i.e., to support traumatic brain injury). Alliance receives this funding on a reimbursement basis.

County Services

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

Grants

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

Additional Information

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

Category of Service Key

Innovations (Medicaid only)

A range of habilitative, community and residential support services that assist individuals with intellectual and developmental disability to live outside of institutional settings. Some of these services are geared at helping individuals gain skills and some are intended to address personal care and safety needs. These services are only available to individuals on the Medicaid C Home and Community Based Supports waiver.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (Medicaid only)

Intermediate Care Facilities are licensed residential facilities that provide an array of treatment, health and support services to individuals with intellectual and developmental disabilities who meet eligibility requirements for institutional level of care.

Outpatient

This category of services includes traditional office-based psychotherapy, family therapy, group therapy and psychiatric assessment and medication management. It also includes intensive levels of community-based substance abuse treatment services and assessment, follow-up and consultative services rendered to individuals when they are in the ED or other hospital settings.

Intensive In-Home Services (IIHS)

Intensive In-Home Services are treatment and support services delivered to children and their families typically within a child's home. This service provides a mix of family and individual therapy, skill building and parent training as well as some case management support.

Inpatient

Intensive stabilization and management services provided within an inpatient, typically locked psychiatric unit or hospital geared to addressing the treatment needs of individuals determined to be at immediate risk to harm themselves or others. The service is typically provided to children and adults who are experiencing a psychiatric crisis and can be provided to individuals whose substance use or detoxification is life threatening.

Behavioral Health Long-Term Residential (BH LT Residential)

Behavioral Health Long-Term Residential Services are residential services provided in licensed group homes or therapeutic foster care homes that are provided to children and adolescents with behavior challenges that require greater level of support and supervision than can be provided in their homes. Services are intended to last for several months. This level of care provides for graduated levels of supervision based on need.

Assertive Community Treatment Team (ACTT)

Assertive Community Treatment Team is a team and community-based service designed to meet the treatment needs of individuals with severe and persistent mental illness and histories of extensive inpatient and crisis service utilization. An ACT Team includes social workers, psychiatrists, nurses, peer support professionals and other professionals as needed and is designed to deliver all services to an individual in their home and in the community.

Psychiatric Residential Treatment Facilities (PRTF)

Psychiatric Residential Treatment Facility services are provided to children who require 24/7 supervision and support as part of their care. These services are usually provided in a locked, licensed residential setting and are responsible for providing a range of daily treatment and educational services. The service is similar to inpatient services for children however the length of stay is several months with less intensive medical involvement.

1915(b)(3) Services

A collection of optional Medicaid services that can be provided to Medicaid-eligible individuals who are not part of the State Medicaid Plan array of services. They include supported employment services, community respite, peer supports and other services that support recovery, independence, connections to the community and skill acquisition.

Psychosocial Rehabilitation (Psych Rehab)

Psychosocial Rehabilitation Services are day services provided to individuals with serious and persistent mental illness. The service includes support, skill building, pre-vocational activities and wellness and recovery-oriented activities for the attendees. This tends to be a longer-term service that individuals can access daily for several hours.

Day Treatment/Partial Hospital

Day Treatment Services is a community-based program for children that is available at least three hours per day and five days a week. These licensed settings provide therapy and skill building activities and for members. Partial Hospitalization provides daily treatment services and can be provided to children or adults. The service provides a more intensive level of therapy and psychiatric care than day treatment or psychosocial rehabilitation.

Crisis Services

This category includes mobile crisis services and facility-based crisis services. Facility Based Crisis Services are provided in licensed residential treatment units that offer 24/7 staff supervision. This level of care is similar to inpatient treatment, although the individuals served do not require the same level of medical and clinical management that is provided in an inpatient psychiatric unit. Mobile Crisis Services provides support to individuals in the community who are experiencing a behavioral health emergency. Clinicians provide assessment and can provide ongoing counseling and support during a crisis episode with the goals of avoiding emergency department and inpatient services usage.

Community Support Team (CST)

Community Support, also referred to as CST, or Community Support Team, is an intensive community-based service delivered to adults with high usage of crisis services and provides both counseling and case management support to ensure individuals receive all necessary supports including housing.

Multisystemic Therapy (MST)

Multisystemic Therapy is an evidenced based, intensive, support, therapy and case management service geared at the needs of children with behavioral challenges that place them at high risk for involvement in the juvenile justice system or those children already in the system. The program seeks to assist parents and caregivers to develop needed support that allow them to address their children's behaviors more effectively.

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

Alliance Demographic Information

ALLIANCE REGIONAL POPULATION DATA						
County	Population	Medicaid Eligible	Medicaid %	Medicaid Served	Non-Medicaid Served	Total
Cumberland	334,728	25,613	7.65%	7,071	2,726	9,646
Durham	324,833	16,694	5.14%	4,761	2,785	7,263
Johnston	215,999	12,773	5.91%	3,073	1,639	4,538
Mecklenburg	1,115,482	45,354	4.07%	9,998	3,785	13,350
Orange	148,696	4,291	2.89%	1,454	522	1,923
Wake	1,129,410	36,629	3.24%	9,494	6,483	15,309
Total	3,269,148	141,354	4.32%	35,851	17,940	52,029

Based on 2021 Statistics, US Census Bureau – July 1, 2020, through June 30, 2021

Based on unduplicated member count

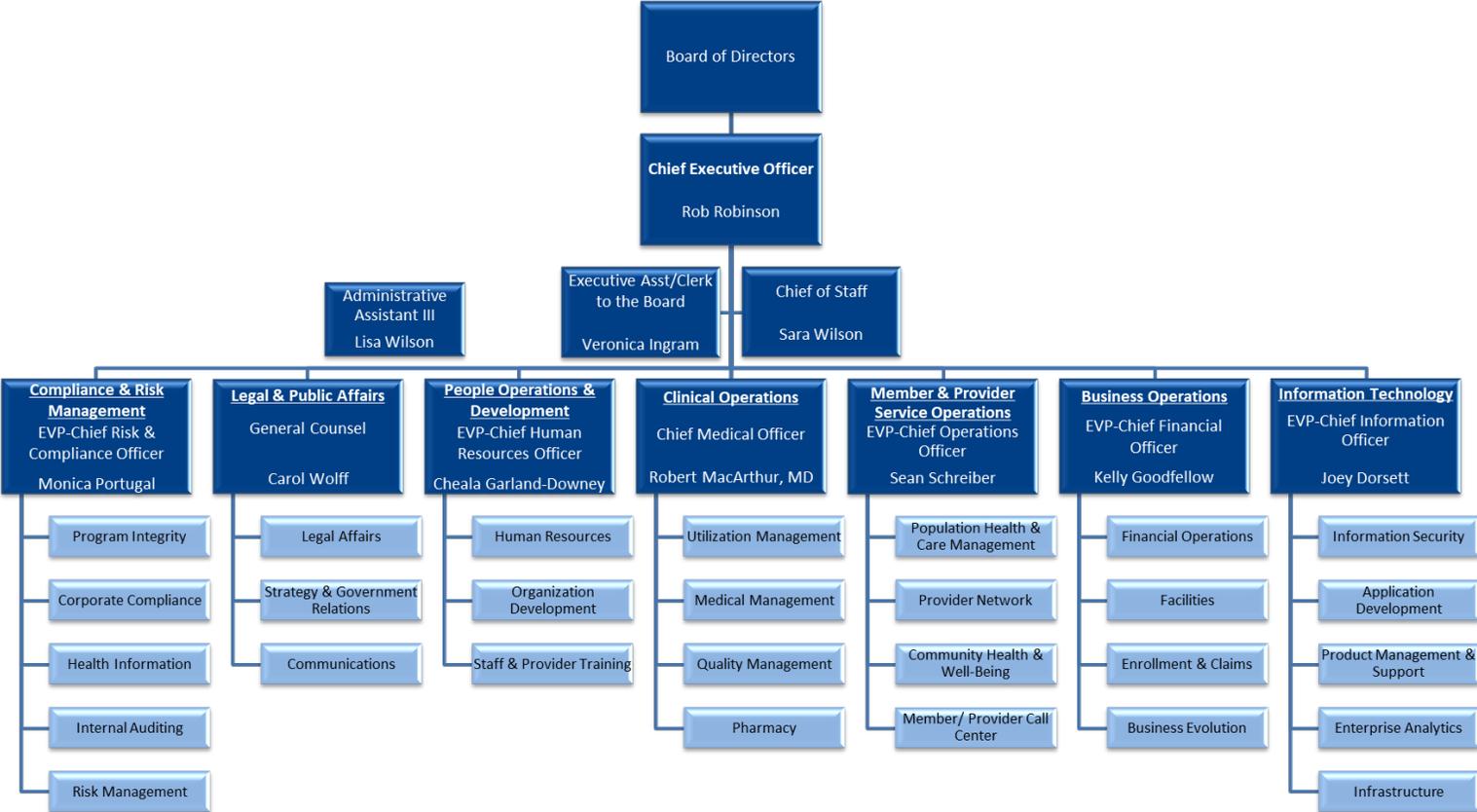
PERSONS SERVED BY AGE AND DISABILITY BASED ON CLAIMS PAID BY MEDICAID AND IPRS					
Age Group	County	MH	SA	IDD	Totals
Child/Youth (ages 3-17)	Cumberland	2,062	78	746	2,330
	Durham	1,320	40	317	1,498
	Johnston	887	23	294	1,009
	Mecklenburg	2,144	121	1,083	2,924
	Orange	292	12	84	325
	Wake	2,563	86	817	3,076
	Total	9,268	360	3,341	11,162
Adult (ages 18+)	Cumberland	5,504	2,383	913	7,316
	Durham	4,115	1,915	792	5,765
	Johnston	2,820	1,110	459	3,529
	Mecklenburg	7,483	2,968	2,101	10,426
	Orange	1,083	486	360	1,598
	Wake	8,802	4,058	2,012	12,233
	Total	29,807	12,920	6,637	40,867

Based on 2021 Statistics, US Census Bureau – July 1, 2020, through June 30, 2021

Based on unduplicated member count

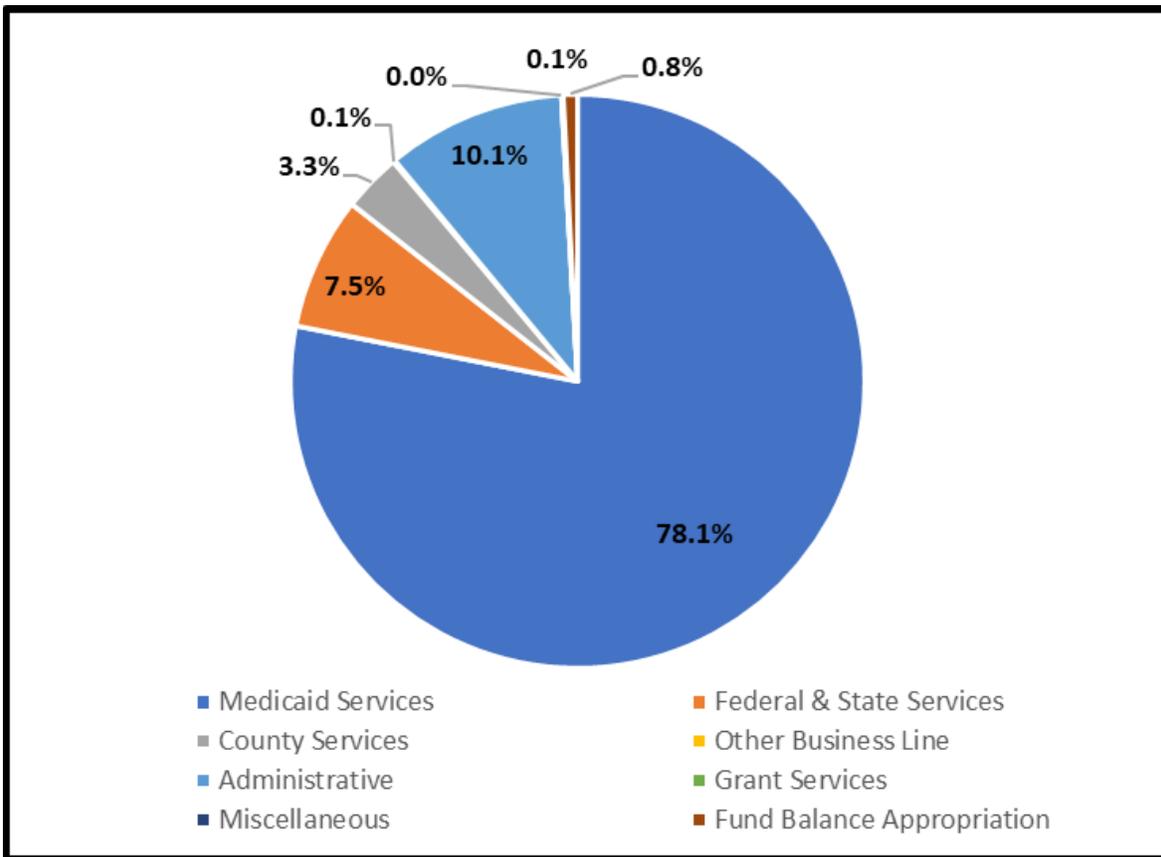
PROVIDER BREAKDOWN as of APRIL 2023	
Organization Type	Provider Count
Agencies	435
Hospital/Residential Treatment Facilities	59
Licensed Professionals	6,120
Outpatient Practices	353
Total	6,967

Functional Organization Chart



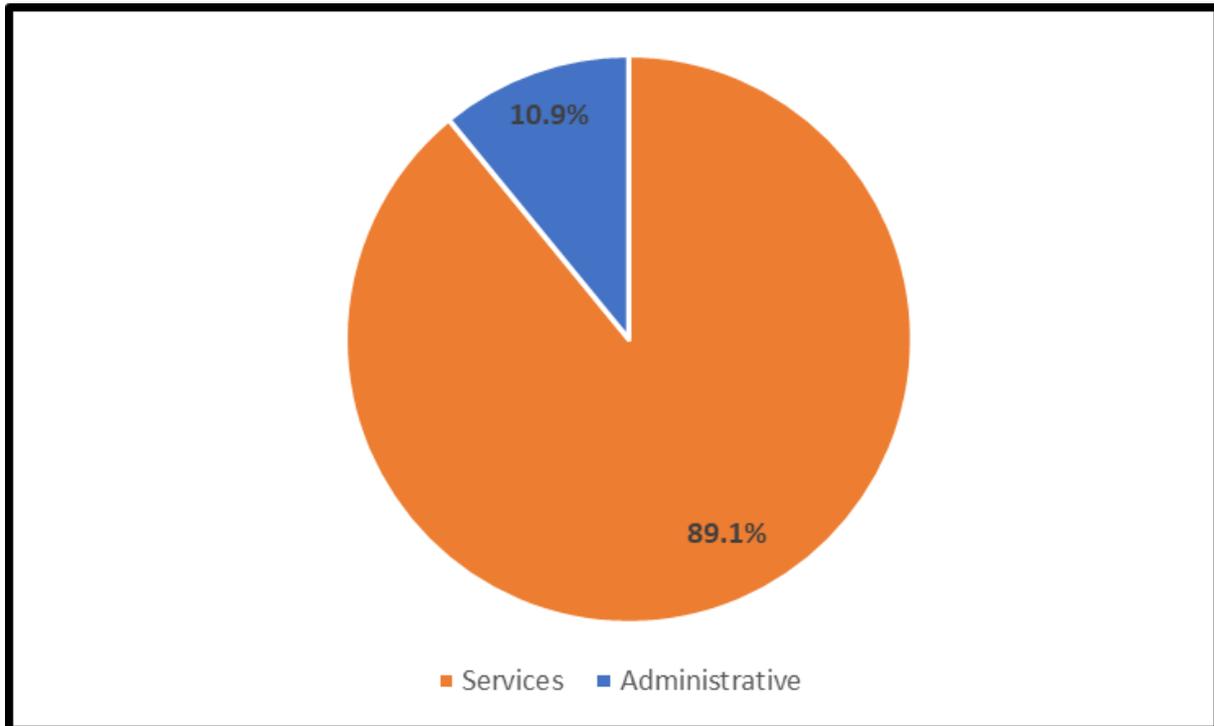
General Fund Revenues
 FY2023-2024 Budget Recommended for Approval
Total General Fund Revenues: \$1,619,687,683

Medicaid Services	\$ 1,264,983,710
Federal & State Services	121,001,073
County Services	53,632,970
Other Business Line	1,455,432
Administrative	164,431,498
Grant Services	375,000
Miscellaneous	1,000,000
Fund Balance Appropriation	12,808,000
	\$ 1,619,687,683



General Fund Expenditures
 FY2023-2024 Budget Recommended for Approval
Total General Fund Expenditures: \$1,619,687,683

Medicaid Services	\$ 1,264,983,710
Federal & State Services	121,001,073
County Services	53,632,970
Other Business Line	1,455,432
Administrative	177,239,498
Grant Services	375,000
Miscellaneous	1,000,000
	\$ 1,619,687,683



Budget Comparison

BUDGETED REVENUE COMPARISON

	<u>FY24 Recommended</u>	<u>FY24 Recommended for Approval</u>
Medicaid Services	\$1,240,795,871	\$1,264,983,710
Federal & State Services		
Federal Block Grant Services	22,063,193	22,063,193
State Services	98,787,200	98,937,880
Total Federal & State Services	120,850,393	121,001,073
County Services		
Cumberland	4,796,000	4,796,000
Durham	6,423,606	6,423,606
Johnston	-	-
Mecklenburg	750,000	5,061,345
Orange	1,142,008	1,142,736
Wake	35,814,602	36,209,283
Total County Services	48,926,216	53,632,970
Other Business Line	1,455,432	1,455,432
Administrative	165,058,184	164,431,498
Grant Services	375,000	375,000
Miscellaneous	1,000,000	1,000,000
Fund Balance Appropriation	10,808,000	12,808,000
Total	<u>\$1,589,269,096</u>	<u>\$1,619,687,683</u>

BUDGETED EXPENDITURES COMPARISON

	<u>FY24 Recommended</u>	<u>FY24 Recommended for Approval</u>
Medicaid Services		
Medicaid Services	\$1,240,795,871	\$1,264,983,710
Fund Balance Appropriation	-	-
Total Medicaid Services	\$1,240,795,871	\$1,264,983,710
Federal & State Services		
Federal & State Services	120,850,393	121,001,073
Fund Balance Appropriation	-	-
Total Federal & State Services	120,850,393	121,001,073
County Services		
County Services	48,926,216	53,632,970
Fund Balance Appropriation	-	-
Total County Services	48,926,216	53,632,970
Other Business Line	1,455,432	1,455,432
Administrative		
Administrative	165,058,184	164,431,498
Fund Balance Appropriation	10,808,000	12,808,000
Total Administrative	175,866,184	177,239,498
Grant Services	375,000	375,000
Miscellaneous	1,000,000	1,000,000
Total	<u>\$1,589,269,096</u>	<u>\$1,619,687,683</u>

**ANNUAL BUDGET ORDINANCE
ALLIANCE HEALTH
FY 2023 – 2024**

WHEREAS, the proposed budget and budget message for FY 2023 - 2024 was submitted to the Alliance Health Area Board on May 4, 2023 by the Budget Officer; was filed with the Executive Secretary to the Board;

WHEREAS, on June 1, 2023, the Alliance Health Area Board held a public hearing pursuant to NC G.S. 159-12 prior to adopting the proposed budget;

BE IT ORDAINED by the Alliance Health Area Board that for the purpose of financing the operations of Alliance Health, for the fiscal year beginning July 1, 2023, and ending June 30, 2024, there is hereby appropriated funds the following by function:

Section 1: General Fund Appropriations

Medicaid Services	\$ 1,264,983,710
Federal & State Services	\$ 121,001,073
County Services	\$ 53,632,970
Other Business Line	\$ 1,455,432
Administrative	\$ 177,239,498
Grant Services	\$ 375,000
Miscellaneous	\$ 1,000,000
TOTAL	\$ 1,619,687,683

Section 2: General Fund Revenue

Medicaid Services	\$ 1,264,983,710
Federal & State Services	\$ 121,001,073
County Services	\$ 53,632,970
Other Business Line	\$ 1,455,432
Administrative	\$ 164,431,498
Grant Services	\$ 375,000
Miscellaneous	\$ 1,000,000
Fund Balance Appropriation	\$ 12,808,000
TOTAL	\$ 1,619,687,683

Section 3: Authorities m

- A. The LME/MCO Board authorizes the Budget Officer to transfer \$25,000 or less between appropriations without prior approval.
- B. Subject to the prior written approval from the Chief Executive Officer, transfers between appropriations of \$25,001 - \$100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The report to the finance committee shall contain the reason and justification for the transfer. Consistent with N.C.G.S. §159-15, the Finance Committee will report these transfers to the Board at its next regular meeting for information and entry into the minutes.
- C. The CEO may enter into the following within budgeted funds:
 - 1. Form and execute grant agreements within budgeted appropriations;
 - 2. Execute leases for normal and routine business;
 - 3. Enter into consultant, professional, maintenance, provider, or other service agreements;
 - 4. Approve renewals for of contracts and leases;
 - 5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
 - 6. Reject any and all bids and re-advertise to receive bids.

Budget and Amendment Process

Overview

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

Governing Statutes

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

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

Budget Process

FY 2023-2024 is the twelfth recommended budget representing Alliance Health as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston, Mecklenburg, Orange, and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY24 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on historical experience and projections into the next fiscal year (assuming Tailored Plan go live date of October 1, 2023). Alliance will review the need for a budget amendment if the projection of lives, rates or other circumstances change.

The State and County services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY24 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

Amendment Process

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

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

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

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

Budget Calendar

By Thursday, May 4, 2023	FY 2023-2024 recommended budget presented at LME/MCO Board meeting
By Friday, May 12, 2023	Notice of June 1, 2023, Public Hearing published
By Thursday, June 1, 2023	Public Hearing
By Friday, June 30, 2023	LME/MCO Board adoption of FY 2023-2024 Budget Ordinance
By Monday, July 3, 2023	Budget is available in the financial system

Glossary of Terms

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



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

ITEM: Election of FY24 (Fiscal Year 2023-2024) Board Officers

DATE OF BOARD MEETING: June 1, 2023

BACKGROUND: As stated in Article II, Section D of the By-Laws, at each final regular Board meeting of the fiscal year, the officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include Chairperson and Vice-Chairperson. No officer shall serve in a particular office for more than two consecutive terms. Each Board member, other than County Commissioners, shall be eligible to serve as an officer. Duties of officers shall be as follows:

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

Nominations will be presented and Board members will elect FY24 officers at the June 1, 2023, meeting.

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

REQUEST FOR AREA BOARD ACTION: Elect FY24 Chairperson and Vice-Chairperson.

CEO RECOMMENDATION: Elect FY24 Chairperson and Vice-Chairperson.

RESOURCE PERSON(S): Robert Robinson, Chief Executive Officer

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