MEMBERS: ☐ Katherine Baldwin, ☒ Michael Boles, ☒ Jesse Brayboy, ☐ Vanessa Burden; ☐ Erin Driver, ☒ Sarah Hallock, ☒ Jean Haydon, ☐ Bobbie Jo Hopf, ☒ Stephen King, ☐ Sara Leonard; ☒ Erin Lewis; ☒ Laurie Stickney, ☐ Steve Strickland, ☒ Ali Swiller*, ☒ Betsy Torsel, ☒ Wendy Wenzel

MEMBERS ABSENT: Katherine Baldwin, Vanessa Burden, Erin Driver, Bobbie Jo Hopf, Sara Leonard, Steve Strickland

STAFF ATTENDEES: GUEST(S): Cathy Downs*, Sandra Ellis, Amy Johndro, Carlyle Johnson, Brian Perkins, Cristina Phillips, Rob Robinson, Vince Wagner, Sara Wilson

REMOVED FROM MEMBERSHIP:

LOCATION: Alliance Behavioral Healthcare, Corporate Location, Board Room 208

SCRIBE: Sandra Ellis

REVIEW AND APPROVAL OF MINUTES: Motion to APPROVE March 27, 2018 minutes by Jean Haydon; second by Wendy Wenzel. Motion unanimously carried.

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<th>DISCUSSION:</th>
<th>NEXT STEPS</th>
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<td>Roles and Responsibilities of APAC</td>
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<td>2018 Brain Injury Learning Collaborative</td>
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<td>TBI Waiver Update</td>
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WELCOME and INTRODUCTION: CATHY DOWNS

Welcome expressed to provider members, staff and guest(s).
- Continue posting Roles and Responsibilities of APAC on back of agendas.
- APAC website has been updated with member information, past three committee meeting minutes and local PAC standing meetings.

APAC members notify Cathy if any additional information should be posted to the website.

MCO UPDATE: ROB ROBINSON

- Update on HB403 MEDICAID REFORM PLAN
- After implementation, the current plan will exist for four years on the physical health side.
  - **Standard Plan:**
    - Majority of Medicaid population will be enrolled in this plan for responsibilities in physical health,

Providers forward to Sandra any in-depth experiences and feedback of needs to help negotiate changes during transition.
pharmacy services and services for individuals with mental health issues (mild-moderate).

- Standard Plan RFP award has “go live” date of July 2019.
- If the time frame goes according to plan, Standard Plan RFP award’s will “go live” in the early Spring 2019.
- Two years following, would have “go live” with Tailored Plan.
- Alliance will not administer Standard Plans.
- If Providers wish to serve the mild to moderate population, they will need to contract with a commercial management care company.

**Tailored Plan:**
- Taking greatest needs individuals with mental health, substance abuse and intellectual developmental disabilities needs under a special plan that will be operated by LME/MCOs. Whomever gets these bids would be responsible for behavioral health management and also for physical and pharmacy management services.
- At that time, Alliance would be partnering with a physical health partner.
- Alliance will only administer Tailored Plans.

**Johnston Merger:**
- Press release has gone out announcing Alliance’s merger with Johnston County LME as of July 1, 2018. Since the inception of Alliance, there has been an inter-local agreement with Johnston.
- The largest change is that Johnston County staff will become Alliance staff but will maintain their same office and staff.

- Sara Wilson to forward Standard/Tailored Concept Paper showing outline of services to Providers.
**Single Stream Cuts:**
- Formerly, cuts have been absorbed by using the fund balance.
- Support for Single Stream Funding continues to cause fund balance reductions making it only able to maintain.
- Alliance FY2018-2019 - Recurring cut reduced by $2.9M
- Alliance - FY2018-2019 - Non-recurring cuts increased by $8.4M
- Upon completing a comparison of the cash balance and solvency range of each LME/MCO, on December 1, 2018, DHHS may adjust the specified recurring and non-recurring reductions among the LME/MCOs.
- The cuts impact will prohibit filling in some of the gaps and will be a huge impact (second Adult Crisis Facility) on these individuals when we will not be able to operate managed care.
- The need for taking money out of the fund balance to offset Single Stream lessens opportunities for network development and creation of programs by not being able to reinvest into services.

**Solvency Standards:**
- Cuts were recurring last year.
- Alliance continues advocating in the General Assembly for solvency standards defining the number needed, goals and targets in order to move forward.
- If Alliance exceeds the identified number, this allows for reinvestment. If less than the identified number, must work to ascertain method to obtain that number.
- Solvency Standards will define the number based on industry standards or some other formula.
- Proposal appears to be reasonable.
| HIE:                                                                 | Providers forward HIE needs to Sandra for compilation to Rob.  
|--------------------------------------------------------------------|---------------------------------------------------------------------
| • Providers inquired if Alliance would reach out to HIE requesting discussions between providers and HIE, in a timely fashion, relative to their concerns, expectations, clarification of what is needed, lack of metrics, types of services tracking and HIE training. | • Rob will check with HIE to verify if a Provider training can be held at Alliance. |
| • With HIE, if the company is with a documentation service, providers should reach out to them to be sure they are in compliance with the HIE transition. | |
| • There is a real gap or understanding between General Assembly and the impact on Providers. | |
| • From the agency standpoint, they are not touching other services. Seems behavioral health has been an after-thought without training. | |

**LEGISLATIVE UPDATES:**

<table>
<thead>
<tr>
<th>SARA WILSON/BRIAN PERKINS</th>
<th>Rob Robinson gave update of HB403 MEDICAID REFORM PLAN, where it stands and how Alliance is supporting within the General Assembly.</th>
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<td>Presently the House and Senate seem to be closely aligned on the budget.</td>
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**NEEDS ASSESSMENT:**

<table>
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<th>CARLYLE JOHNSON</th>
<th>Shared a brief update on 2018 Community Needs Assessment as presented to Alliance PAC.</th>
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<td>Because of changes being made this year in the focus of the breadth of the assessment partly delayed submission. A change in that the Alliance report usually due April 1st is not due until September 21, 2018.</td>
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<td>New CMS Rules are beginning to affect things such as needs assessments for MCOs.</td>
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<td>Alliance is also now asked to tell about demographics in Medicaid transformation.</td>
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<td>In addressing the Tailored Plan, Alliance will ensure changing standards are reflected and included in the future.</td>
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<td>We must verify we are truly looking at a deeper dive into what is meant by Network Adequacy.</td>
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| | Feedback about last year’s Needs Assessment is in changes as to what they are looking at. This is different from prior years.  
| | Received feedback for this year about what they want to see but do not see. Historically, Access to Care via Geo-mapping was sufficient.  
| | New approaches and new dimensions have been added. We must now go beyond this to geographical and other areas of access to availability to accept new referrals, geographic accessibility for physical access for handicap accessibility, language/cultural barriers, accommodation by looking at operating hours, appointment hours and policies, culminating with realized access, difference in services offered in one county and not offered in other counties. Be specific if a gap is present for Medicaid and not for the State, help identify where efforts need to be focused.  
| | Are consumers actually getting into care quickly?  
| | The usual annual survey will be sent on June 1, 2018. Carlyle is asking that specific needs and feedback identified by local PACs be collectively sent to him in writing.  
| | An electronic survey will be sent to collaborative focus groups for specific issues identified within individual groups. Provide specific questions and ideas for having consumers completing surveys.  
| | Look at surveys from a consumers/family perspective when identifying gaps from that group.  
| | Suggestions for making surveys readily accessible for consumers are by providing hardcopy versions at provider agencies, provide laptops for responses,  
| | Requesting feedback from this group.  
| | Carlyle will address specific issues with focus groups.  
| | APAC members address with local PACs for additional feedback.  
| | Send an e-mail to Carlyle with any questions and input.  

volunteers within the county offices to assist or identify other gaps from that group’s perspective?
- There will be a short survey for each provider to identify/provide a few questions about access for services per provider, identify services, any other questions noted about areas of strengths and areas for improvement. Also, note which providers are no longer providing services and/or no longer accepting new consumers; identify services not available.

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<th>OPIOID TREATMENT EXPANSION CURES GRANT: CARLYLE JOHNSON</th>
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<tr>
<td>- <strong>Federal 21st Century Cures Act</strong> is now addressed as the State’s Targeted Response to Opioid Crisis.</td>
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<td>- Each state received funding; North Carolina’s portion is $31M for FY18 and FY19; Alliance’s portion was about $1.37M.</td>
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<td>- State mandates these funds go to new services only.</td>
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<td>- There are certain criteria and benchmarks for first year, fiscal year ending April 30, 2018.</td>
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<td>- Goal was to serve new persons 2509; average of 251/month; Goal was exceeded by serving an average of 373 people/month over 10 month period.</td>
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<td>- Total goal to serve with Opioid diagnoses was 6300+; reached and exceeded goal.</td>
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<td>- Confident met benchmarks of new person served per month for the first year as total services expenditures were met and accomplished the State’s expectations.</td>
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<td>- Met total services expenditures.</td>
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<td>- Also received mid-year allocations from the State for peer support within opioid treatment programs.</td>
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<td>- Added state contracts for OTP for five clinics in Cumberland, Johnson, Wake counties.</td>
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<td>- FY18 Cumulative OTP expenditures increased at point 350K/Month and will quickly be up to 400K</td>
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<td>- Holding new referrals until we see where we stand with funding as the number increases each month.</td>
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| CARE MANAGEMENT DIVISION UPDATE: BETH MELCHER | • Not starting this year with caps.  
• FY19 Recommended Budget; going into FY19 $499,869,631 for all counties; largest part is 82% in Medicaid for all counties. Compared to FY18, a decrease of $39M.  
• Medicaid percentage of budget 82%, State is $48M and County $40M combined for all counties.  
• This year’s Retroactive Medicaid is going down. Initially will have less state funding and will be getting another legislative reduction; presently $19M; possibly looking at another $2-3M from Alliance which is almost $40M more than this current year.  
• Over the course of year, this line will change as allocation letters for TCLI or for Cures and others will change. These are usually targeted for specific purposes.  
• There were a lot of cuts last year so Alliance is requesting providers to maintain close review of funds with attention to UCR billing and state single string.  
• Monitoring spending - Alliance is looking at different ways to manage funds in order to maintain services.  
• Reviewed recommendations for the next 3-4 year plan.  
• New Medicaid service definitions will be added.  
• Implementing a new Care Management software package – JIVA. This will be phasing in over the summer and fall and will automate tasks or reminders and will manage workflows. | • Board will finalize Budget review with approval on June 4, 2018  
• Monitoring spending | •  

| TBI WAIVER UPDATE: CRISTINA PHILLIPS | • In 2016, Alliance was selected by the NCDHHS to operate a pilot Waiver for Traumatic Brain Injury (TBI) in its four-county service region and was recently approved by the Centers for Medicare and Medicaid Services to begin in August 2018. This waiver carries minimum eligibility requirements.  
• Rehabilitative waiver. |  

Tuesday, May 22, 2018

Alliance Provider Advisory Council

- Piloting in Alliance's catchment area over a 3-year period begins August 2018
- Contracting with The Brain Association of North Carolina to provide training to providers, internal staff and create nine modules to be rolled out during provider collaboratives.
- Collaborative trainings will occur monthly.
- Have a clear plan for RFPs with first RFP for in-work providers going out May 30th with a quick turn-around for August.
- Have ninety days to implement.
- Two major RFP’s will be released. One for In-Network Providers only (release late May) and one for Out of Network providers (release early June).
- Families can learn more at the TBI Web Page https://www.alliancebhc.org or call (800) 510-9132.
- For agency specific questions, providers may e-mail to TBlinfo@alliancehbc.org
- After RFP release, e-mail AllianceRFP@alliancebhc.org for questions.
- New providers are required to have National Accreditation and have previously worked with LMEs/MCOs.
- Alliance is tasked first year to serve 49 individuals, second year 99, and 107 by the third year pilot.
- The long-term goal is for Alliance to pilot effectively for three years and then replicate statewide.
- Providers confirm your e-mail is correct, as Alliance will be using this method to forward RFP information.
- If provider e-mail’s is on the list for Alliance, you will received first come, first served as an advanced reach out around the end of 2018.
- For additional information call the office or open website TBlinfo@alliancebhc.org
The waiver is designed to support adults with cognitive, behavioral and/or physical support needs. In the first year, up to 49 individuals may be served expanding to 99 in the second year and 107 by the third year of pilot. Alliance is partnering with Allied Health Network. Criteria for potential Allied Health providers has been posted. For questions, contact ProviderNetwork@AllianceBHC.org

QIP UPDATE: TINA HOWARD
- Quality Improvement Projects: Improve Person Centered Plans (closed – achieved benchmark), First Responder, Improve Intensive In Home, Access to Care – Urgent/Routine

ALL PROVIDER MEETING-JUNE 20 AGENDA ITEMS
- All Provider Meeting June 20, 2018.
- Providers forward any topics for this meeting.
- Next APAC meeting is July 24, 2018 and will be person-to-person at Alliance Corporate.
- For future meetings, carve out time to obtain agenda items, requests, thoughts, and recommendations for this meeting.
- Forward Agenda items to Cathy

OTHER-REVIEW OF APAC WEBSITE
- Standard PAC Meetings, APAC Member information

NOTE(S):
- Continue with every other person-to-person

NEXT APAC MEETING: July 24, 2018 Corporate

ADJOURN: 3:10pm

(*Co-Chairs)