MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD (via phone; exited at 5:21 pm), ☒Cynthia Binanay, Chair, MA, BSN, ☒Tony Braswell, Johnston County Commissioner (via phone), ☒Christopher Bostock, BSIM, ☒Heidi Carter, Durham County Commissioner, MPH, MS (via phone; entered at 4:57 pm), ☒George Corvin, Vice-Chair, MD (via phone), ☒David Curro, BS, ☒Greg Ford, Wake County Commissioner, MA, ☒Lodies Gloston, MA, ☒David Hancock, MBA, Puff, ☒Duane Holder, MPA, ☒D. Lee Jackson, BA, ☒Donald McDonald, MSW (entered at 4:06 pm), ☒Lynne Nelson, BS, ☒Gino Pazzaglini, MSW LFACHE, ☒Pam Silberman, JD, D.Ph., ☒Lascel Webley, Jr., MBA, MHA, and ☒McKinley Wooten, Jr., JD (via phone)

GUEST(S) PRESENT: Janet Conner-Knox, A Caring Heart; Denise Foreman, Wake County Manager's office; Yvonne French, NC DHHS/DMH/IDD/SAS (Department of Health and Human Services/Division of Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services); Mary Hutchings, Wake County Finance office; and Curtis Massey

ALLIANCE STAFF PRESENT: Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Don Fowls, Chief Medical Officer (interim); Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Ken Marsh, Medicaid Program Manager; Beth Melcher, Senior Director/Clinical Innovations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Tammy Thomas, Director of Project Management Portfolio; Sara Wilson, Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:02 p.m.

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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tr>
<td>2. Announcements</td>
<td>A. Chair Binanay shared that Curtis Massey's term ended March 31; he is not pursuing an additional term. She presented a commemorative plaque to Mr. Massey and thanked him for his service on the Board.</td>
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<td>C. Mr. Robinson introduced staff who transitioned to new positions: Beth Melcher, Senior Director/Clinical Innovations, and Sean Schreiber, Executive Vice-President/Network and Community Health.</td>
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<td></td>
<td>D. Crisis Services Update: Mr. Schreiber provided an update and timeline on the transition of crisis services in Cumberland County, which is anticipated to be operational in August 2019; he also shared about the history and progress on the child crisis facility in Wake County, which is expected to open in March 2020.</td>
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<td>E. Chair Binanay reminded board members to submit their biographies for the agency's website.</td>
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</tbody>
</table>
AGENDA ITEMS:

DISCUSSION:

F. Mr. Robinson reminded board members of an upcoming orientation for new board members on Wednesday, April 17 from 2:00-4:00 pm.

G. Chair Binanay shared that she and CEO, Rob Robinson, will participate in a meeting with a workgroup of the NCACC (NC Association of County Commissioners) on April 24 to provide feedback to the workgroup about the design of Tailored Plan regions. NC DHHS has asked NCACC to provide input in the development of regions for the Tailored Plan. Chair Binanay encouraged Board members to share input with her, Mr. Robinson, or Commissioner Glenn Adams, who represents Alliance on this NCACC committee.

3. Agenda Adjustments
There were no adjustments to the agenda.

4. Public Comment
There were no public comments.

5. Committee Reports

A. Consumer and Family Advisory Committee – page 5

The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from the Cumberland, Durham, Johnston, and Wake subcommittee meetings.

Dave Curro, CFAC Chair, presented the report. Mr. Curro mentioned recent events in the CFAC subcommittee meetings, including a presentation on the transportation pilot and the development of a calendar to include upcoming CFAC events, forms and presentations by Alliance in the catchment area. Mr. Curro encouraged Board members to attend local CFAC meetings. The CFAC report is attached to and made part of these minutes.

BOARD ACTION
The Board received the report.

B. Finance Committee – page 45

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the March meeting, the Summary of Savings/ (Loss) by Funding Source, and the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending February 28, 2019.

Chris Bostock, Committee Chair, presented the report. Mr. Bostock mentioned that expenses exceeded revenues; this is due to the reduction in State Single Stream funding, the current PMPM (per member, per month) rate and large unresolved Medicaid recruitments, all of which impact the agency’s financial position. Mr. Bostock also shared that all contract and State mandated ratios were met. He mentioned that a recommended budget for the next fiscal year will be presented at the next board meeting. The Finance Committee report is attached to and made part of these minutes.

BOARD ACTION
The Board accepted the report.
**AGENDA ITEMS:**

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<tr>
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</table>
| 6. Consent Agenda         | A. Draft Minutes from March 7, 2019, Board Meeting – page 53  
B. Audit and Compliance Committee Report – page 57  
C. Executive Committee Report – page 60  
D. Quality Management Committee Report – page 63  
E. Records Retention Schedule – page 131  
F. Draft Minutes from March 19, 2019, Board Budget Retreat – page 133  

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

**BOARD ACTION**

A motion was made by Mr. Pazzaglini to adopt the consent agenda (approve the board minutes and adopt the records retention schedule); motion seconded by Mr. Bostock. Motion passed unanimously.

| 7. Presentation: Change Management – page 136 | Change Management is defined as “the process, tools, and techniques to manage the people side of change to achieve the required business results”. Alliance began developing its Change Management plan for Alliance’s transition to a Tailored Plan in October 2018.  
Amanda Graham, Senior Vice-President/Operational Effectiveness, provided an overview of the Prosci model of Change Management, which included three phases: preparing for change, managing change, and reinforcing change. Ms. Graham shared specifics and effectiveness of Alliance’s implementation for effective organizational and individual change.  

**BOARD ACTION**

The Board accepted the presentation.

| 8. Legislative Update | Brian Perkins, Senior Vice-President/Strategy and Government Relations, provided the legislative update, which included an overview of the NC General Assembly’s budget proposals, and bills that could affect NC MCOs and the people Alliance serves. Board members discussed the potential impact on the people Alliance serves.  

**BOARD ACTION**

The Board accepted the update.

| 9. Closed Session(s) | **BOARD ACTION**
A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (1) and (a) (3) to prevent the disclosure of information that is confidential and not a public record under NC § 122C-126.1 and to consult with General Counsel regarding current litigation; motion seconded by Commissioner Carter. Motion passed unanimously.  

The Board returned to open session.

| 10. Adjournment | All business was completed; the meeting adjourned at 6:14 p.m.  

**Next Board Meeting**

**Thursday, May 02, 2019**

**4:00 – 6:00 pm**
Respectfully Submitted by:

Robert Robinson, Chief Executive Officer

5/2/19

Date Approved
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Durham, Wake, or Cumberland Counties who receive mental health, intellectual/developmental disabilities and substance use/addiction services. CFAC is a self-governing committee that serves as an advisor to Alliance administration and Board of Directors.

State statutes charge CFAC with the following responsibilities:
- Review, comment on and monitor the implementation of the local business plan
- Identify service gaps and underserved populations
- Make recommendations regarding the service array and monitor the development of additional services
- Review and comment on the Alliance budget
- Participate in all quality improvement measures and performance indicators
- Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve the delivery of mental health, intellectual/other developmental disabilities and substance use/addiction services.

The Alliance CFAC meets at 5:30pm on the first Monday in the months of February, April, June, August, October and December at the Alliance Corporate Office, 5200 West Paramount Parkway, in Morrisville. Sub-committee meetings are held in individual counties; the schedules for those meetings are available on our website.

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments.

REQUEST FOR BOARD ACTION: Receive draft minutes and supporting documents from the Cumberland February 28 meeting, the Durham March 11 meeting, the Wake March 12 meeting, the Johnston March 19, the steering committee did not meet due to the annual CFAC Retreat which consisted of a Medicaid informational opportunity, a CFAC refresher and some annual goal setting for the local CFACs.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Community and Member Engagement
**MEMBERS PRESENT:**  ☐ Michael McGuire  ☒ Ellen Gibson,  ☒ Dorothy Johnson  ☒ Carrie Morrisy  ☒ Jackie Blue  ☒ Jamille Blue  ☒ Sharon Harris  ☒ Briana Harris  ☒ Shirley Francis  ☒ Tekeyon Lloyd  ☒ Tracey Glenn-Thomas  ☒ Renee Lloyd  ☒ Carson Lloyd Jr.

**BOARD MEMBERS PRESENT:**

**STAFF PRESENT:**  ☐ Doug Wright, Director of Community and Member Engagement,  ☒ Starlett Davis, Individual and Family Affairs Specialist,  ☒ Terrasine Gardner, Member Engagement Manager

**GUEST(S):** Valencia Handy, Stephania Nicholson, CJ Lewis, Preston Harris, Jeanette Prifoy

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<tbody>
<tr>
<td>1. Welcome/Introductions</td>
<td>Michael McGuire welcomed the committee members and the guest.</td>
<td>N/A</td>
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<td>2. Review of the Minutes</td>
<td>The minutes were reviewed and approved.</td>
<td>N/A</td>
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<tr>
<td>3. Public Comments</td>
<td>Starlett Davis has provided community events and resources. The committee showed interest in the friendship house when the topic was brought up. Terri and Star will get additional information on this.</td>
<td>See Doug, Terrasine, or Starlett for questions.</td>
<td>Ongoing</td>
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<tr>
<td>4. MCO/ State Updates</td>
<td>Terrasine Gardner and Starlett Davis went over the Upcoming Needs and gaps assessment. Carlyle will be giving out the needs and gaps assessment. We discussed what to expect and the importance of the assessment. We also addressed questions/comments on PHP Contracts. Everyone was given a copy of the release about the PHP contracts. We went over the different regions and the providers/entities that will be working with the regions for the standard plans. We also discussed the start dates and what to possibly expect.</td>
<td>See Doug, Terrasine, or Starlett for questions.</td>
<td>Ongoing</td>
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<td>5. Upcoming CFAC Retreat</td>
<td>Starlett Davis- Agenda., logistics, and car pool. The committee went over logistics and who would be riding with who. We also discussed the agenda and what to expect. Starlett went over the goals that were set at the last CFAC Retreat and asked the committee to think about the goals that they would like to set at</td>
<td>CFAC member will be able to give feedback to State at the meeting. New goals will be set.</td>
<td>March 2, 2019</td>
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<td>6. Membership Discussion</td>
<td>this retreat and how they feel about the progress of the previous goals set. We also talked about having an opportunity to give feedback to the state.</td>
<td>Members will let Starlett and Terrasine know if resources are needed or representation at different events.</td>
<td>Ongoing</td>
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<td>Michael McGuire- Benefits of CFAC and becoming a member. Starlett Davis discussed the importance of bringing a person to the meetings. We also discussed the importance to having more individuals from the substance use community. We also continued to discuss the importance of supported our members in other organizations they are a part of and also participating and speaking at other organizational meetings.</td>
<td>Committee members will bring back what film and date they want to show the film.</td>
<td>March 28, 2019</td>
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<td>Terrasine and Starlett explained the importance of the committee getting their community outreach activity scheduled. We discussed the possibility of doing a viewing and a forum of one of our films we have on hand. The committee said that they wanted to do that. They are to decide what screening and what time of the year they want to schedule it and discuss it at the next meeting.</td>
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<td>7. Prep for next meeting</td>
<td>We discussed the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. The committee is to prepare for the Retreat for the following Saturday. Each member is also to bring an individual with them to the meeting on 3/28/19. The members also need to have ideas of what film they want to show as well as when.</td>
<td>Member will bring one person with them to the meeting to build up membership and be impactful in the community</td>
<td>March 28, 2019</td>
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<td>8. Appreciation</td>
<td>Everyone expressed what they were thankful for.</td>
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10. ADJOURNMENT
The meeting was adjourned at 7:10pm. The next subcommittee meeting is 3/28/19 at 5:30pm.
MEMBERS PRESENT: ☒ Steve Hill, ☐ Tammy Shaw, ☐ Joe Kilsheimer, ☐ James Henry, ☐ Latasha Jordan  
☒ Dave Curro, ☒ Trulia Miles, ☒ Brenda Solomon, ☒ Chris Dale, ☒ Dan Shaw

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Susan Hertz, ☐ Tina Barnes, ☒ Velma Gayle

STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement, ☐ Terrasine Gardner, Member Engagement Manager,  
☒ Ramona Branch, Individual & Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 11, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Dave Curro and seconded by Steve Hill to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>Everyone is welcome! Members mentioned how they enjoyed the CFAC Retreat, and how they were pleased with how the day flowed.</td>
<td>N/A</td>
<td>N/A</td>
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<td>4. Interest in Membership/Outreach</td>
<td>N/A</td>
<td>Ongoing</td>
<td>N/A</td>
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| 5. LME/MCO Updates | Doug went over the Adjustments to Alliance Benefit Plan. The following provides an overview of changes that Alliance will be making to our Medicaid Benefit Plan and certain Medicaid Service Rates:  
- Intensive Alternative Family Treatment (IAFT) is an intensive model of therapeutic foster care that is currently funded at a rate 2.4 times higher than regular therapeutic foster care. This service will receive a 15% downward adjustment which will still provide a rate that is double our typical therapeutic foster care rate. The rate change will go into effect on April 15, 2019.  
- Enhanced Therapeutic Foster Care, a model of therapeutic foster care that provides a greater level of behavioral support to youth and the treatment foster parents, will also receive a 15% downward rate adjustment. This rate is still 1.75% higher than the standard therapeutic foster care rate. | Ongoing | N/A |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>which will still enable agencies to provide additional supports to children in this level of care. The rate change will go into effect on April 15, 2019.</td>
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<td>• Outpatient (OPT) Plus, is a bundled service that allows providers to provide a combination of outpatient therapy and care coordination functions. We will be phasing out OPT Plus over a two-year period. Effective May 1, 2019 this service will no longer be available to adults and the reimbursement rate for child OPT Plus will be adjusted downward by 10% and removed from the child service array in 2020.</td>
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<td>• Community Support Team (CST) Plus is an enhancement to the standard State CST service definition that allows providers greater flexibility in how services are delivered and allows for a greater number of units than CST. The state is significantly updating the current standard CST definition to address the limitations of the service. Alliance is removing CST Plus from the benefit plan effective May 1, 2019.</td>
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<td>If you have any Medicaid Specific question please contact DSS.</td>
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<td>Doug went over the Transportation Pilot which started back in November 2018.</td>
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<td>Alliance contracted with LogistiCare, the nation’s largest manager of non-emergency medical transportation for the pilot</td>
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<td>Target populations: Individuals requesting services through Alliance Call Center (initially: only Urgent callers, expanded to include Routine) and discharging from inpatient or crisis services (“After-care”)</td>
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<td>Individuals receive a ride to/from initial appointment</td>
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<td>Only Alliance staff can make referrals, for pilot.</td>
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<tr>
<td>6. Steering Committee Updates</td>
<td>Needs &amp; Gaps: Members were reminded of the April 30, 2019 deadline for list of needs &amp; gaps. There will be more discussion at the next CFAC meeting in April.</td>
<td>Continue to document and reach out to community members for needs &amp; gaps.</td>
<td>April 8, 2019</td>
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**AGENDA ITEMS:**

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| Steering Committee:  
Dave Curro challenged members to come up with questions and comments about CFAC to present to the Steering Committee.  
CFAC Log/Spreadsheet:  
Members requested to view the whole year in advance so that members can plan to attend at least (1) event per year. | | |
| 7. Event Planning  
CFAC members discussed event planning over the next several months. The group unanimously voted in the planning of Community Forums that will provide the community with a guest speaker and Q&A on the specifics of Medicaid transformation. The group decided they would aim for these forums to take place often over the next several months.  
The first Community Forum will take place on May 14, 2019 at the Lyon Park Recreational Facility in Durham. More details to come!  
Steve Hill also mentioned offsite meetings, and hosting another Recovery Night out. These topics will be discussed in detail during another monthly meeting. | Ramona will prepare flier and start circulating it within the community. | 2 weeks |

**ADJOURNMENT:** the next meeting will be April 8, 2019, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist

03.12.2019

Click here to enter text.
Tuesday, March 12, 2019
5000 Falls of Neuse Road Suite #310, Raleigh NC 27614
5:30 – 7:00 pm.

MEMBERS PRESENT: ☒ Carole Johnson, ☐ Megan Mason, ☒ Karen McKinnon, ☒ Connie King-Jerome, ☒ Israel Pattison, ☒ Annette Smith, ☒ Ben Smith, ☒ Wanda (Faye) Griffin, ☒ Gregory Schweitzer.

GUEST(S): *******

STAFF PRESENT: ☒ Doug Wright, Director of Individual and Family Affairs, ☐ Terrasine Garner, Community Member and Engagement Manager, ☒ Stacy Guse, Individual and Family Affairs Specialist.

Call your Dial-In Number: (605) 472-5464
Enter your Access Code: 289674

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 12, 2019, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting reviewed; a motion made by Israel Pattison and seconded by Gregory Schweitzer to approve the minutes. Motion passed unanimously at 5:39 p.m.

<table>
<thead>
<tr>
<th>Agenda Items</th>
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<tr>
<td>Public Comments</td>
<td>Annette and Ben saw the Resilience Movie at Resilience Ministries and thought the movie was compelling. Faye asked about letters she received. Israel states Gregory has been trying to get the CAP-DA waiver and the process is confusing yet shorter than the Waiver. Israel also explained the Innovations Waiver process.</td>
</tr>
<tr>
<td>Annual Event Planning</td>
<td>Continued discussion. Date and location confirmed - April 6, 2019 11:00 am at RCNC 5245 Capital Blvd Stacy has confirmed location, time, and seating. Eventbrite link and will go live in March: <a href="https://resilience-wake.eventbrite.com">https://resilience-wake.eventbrite.com</a></td>
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<tr>
<td>AGENDA ITEMS:</td>
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<tr>
<td>The link is live and ready for distribution. Press-kit online Food list will be presented March 12, 2019</td>
<td>Stacy to contact Noah to get the movie. Stacy will get the press kit, make flyers, and distribute the information to the Wake CFAC. Stacy to contact WRAL out-and-about community events.</td>
</tr>
<tr>
<td>Announcements-Opportunities</td>
<td>CFAC Spreadsheet:</td>
</tr>
<tr>
<td>Event Planning</td>
<td>Discuss Planning for the upcoming year. Brainstorm: visits with legislators, engage local policy, and collaborate with NAMI. Annette agreed to talk with County Commissioner Carole agreed would contact Wake Human Services.</td>
</tr>
<tr>
<td>Training and handouts: Adverse Childhood Trauma</td>
<td>Stacy will present.</td>
</tr>
</tbody>
</table>
Wake CFAC Subcommittee meeting.
5000 Falls of Neuse Road Suite #310, Raleigh NC 27614
5:30 – 7:00 pm.

3. **ADJOURNMENT**: the next meeting will be April 9, 2019, at 5:30 p.m.
Respectfully Submitted by:

Stacy Guse

Date Approved
MEMBERS PRESENT: Jason Phipps, Cassandra Williams-Herbert, Jerry Dodson, Albert Dixon, Bobby Dixon
BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist, Manuel Hyman, ILI Coordinator Johnston County

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 19, 2019, Consumer and Family Advisory Committee (CFAC) meeting reviewed; a motion made by Jerry Dodson and seconded by Albert Dixon to approve the minutes. Motion passed.

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<tbody>
<tr>
<td>3. Public Comment</td>
<td>ILI Housing Coordinator Manuel Hyman introduced himself and explained his role with Alliance Health and in Johnston County.</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
| 4. LME/MCO Updates | Noah went over the Adjustments to Alliance Benefit Plan. The following provides an overview of changes that Alliance will be making to our Medicaid Benefit Plan and certain Medicaid Service Rates:  
  • Intensive Alternative Family Treatment (IAFT) is an intensive model of therapeutic foster care that is currently funded at a rate 2.4 times higher than regular therapeutic foster care. This service will receive a 15% downward adjustment which will still provide a rate that is double our typical therapeutic foster care rate. The rate change will go into effect on April 15, 2019.
  • Enhanced Therapeutic Foster Care, a model of therapeutic foster care that provides a greater level of behavioral support to youth and the treatment foster parents, will also receive a 15% downward rate adjustment. This rate is still 1.75% higher than the standard therapeutic foster care rate which will still enable agencies to provide additional supports to children in this level of care. The rate change will go into effect on April 15, 2019.
  • Outpatient (OPT) Plus, is a bundled service that allows providers to provide a combination of outpatient therapy and care coordination functions. We will be phasing out OPT Plus over a two-year period. Effective May 1, 2019 this service will no longer be available to adults and the reimbursement rate for child OPT Plus will be adjusted downward by 10% and removed from the child service array in 2020. | Alliance Health will continue to update and seek feedback from the CFAC on changes as they develop. | Ongoing |

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

- **DISCUSSION:**

  Community Support Team (CST) Plus is an enhancement to the standard State CST service definition that allows providers greater flexibility in how services are delivered and allows for a greater number of units than CST. The state is significantly updating the current standard CST definition to address the limitations of the service. Alliance is removing CST Plus from the benefit plan effective May 1, 2019.

  If you have any Medicaid Specific question please contact DSS.

  Noah went over the Transportation Pilot which started back in November 2018. Alliance contracted with LogistiCare, the nation’s largest manager of non-emergency medical transportation for the pilot.

  Target populations: Individuals requesting services through Alliance Call Center (initially: only Urgent callers, expanded to include Routine) and discharging from inpatient or crisis services (“After-care”)

  Individuals receive a ride to/from initial appointment

  Only Alliance staff can make referrals, for pilot.

- **NEXT STEPS:**

- **TIME FRAME:**

  Noah discusses needs and gap surveys for Johnston County. Jason Phipps encouraged CFAC members to encourage the community to complete surveys to identify needs and gaps within Johnston County.

  Members were reminded of the Statewide CFAC meeting on April 1, 2019 in Greensboro. Members are working together to carpool to attend the meeting.

  SSS Strong Day is April 13, 2019 from 1-3p and is being hosted by Johnston County Public Schools and Johnston County Child Collaborative. Johnston County CFAC will have a table at SSS Strong Day. It was decided having needs and gap surveys would be a focus and encouraging community members to complete surveys.

  Supplies needed for the event surveys, table, candy, coloring sheets, cups, literature, and crayons. The guardianship event does not have a date yet. Jason is waiting on a response to see of the venue is available either June 8th or 15th before setting a date.

  Noah will gather necessary supplies and meet CFAC members at SSS Day to set up, Jason, Cassandra, and Jerry will be able to attend. Jason will let Noah know about the venue for the guardianship event as soon as possible. If the

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Stipend Update</td>
<td>Terrasine updated the CFAC on the stipend process and how to read stipend check stubs.</td>
<td>Noah will contact Johnston Medical Mall.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

9. **ADJOURNMENT:** the next meeting will be April 16, 2019, at 5:30 p.m.

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

• The committee shall advise the LME/MCO on the planning and management of the local public mental health, developmental disabilities, and substance abuse services system pursuant to N.C.G.S. § 122C-170.
MISSION

• Be an active and constructive partner and participant in state and local mental health system development;
• Represent the interests of consumers and families in our geographic area and state systems of care;
• Participate in the creation and maintenance of local systems in our communities that are responsive to the needs of consumers and families;
• Participate in the creation and maintenance of local systems in our communities in which consumers and families are an integral part of planning, management and evaluation activities;
• Provide appropriate feedback to consumers, families, the area authority, the LME/MCO, its providers and the State regarding the system;
• Seek to dispel myths, misinformation, and stigma regarding disabilities.
VISION

• Promote a community-based support system that seeks to have each person reach his or her full potential.
• Give voice to the interests and opinions of persons with needs related to mental health challenges, intellectual and developmental disabilities and substance use disorders.
• Embrace the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community.
• Promote the empowerment of consumers and the active involvement of family members
STATUTORY RESPONSIBILITIES

• Adopt bylaws to govern the selection and appointment of its members, their terms of service, the number of members, and other procedural matters;
• Review, comment on, and monitor the implementation of the local business plan;
• Identify service gaps and underserved populations;
• Make recommendations regarding the service array and monitor the development of additional services;
• Review and comment on the area authority or county program budget;
• Participate in all quality improvement measures and performance indicators; and
• Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.
ADDITIONAL RESPONSIBILITIES

• Meet regularly for the purpose of fulfilling its statutory responsibilities and to conduct business;
• Adopt and publish policies and procedures regarding members’:
  • Qualifications
  • Leaves of absence
  • Resignation
  • Termination
  • Disclosure of potential conflicts of interest
• Maintain the composition and membership of the committee including the recruiting and appointment of new members.
LME/MCO RESPONSIBILITIES

• Establish a committee made up of consumers and family members to a Local Consumer and Family Advisory Committee (CFAC).

• Provide sufficient staff to assist the CFAC in implementing its duties pursuant to N.C.G.S. § 122C-170(c), including:
  • Data for the identification of service gaps and underserved populations;
  • Training to review and comment on business plans and budgets;
  • Procedures to allow participation in quality monitoring; and
  • Technical advice on rules of procedure and applicable laws

❖ At the request of either the CFAC or the area board, the CFAC and the area board shall execute an agreement that:
  • Identifies the roles and responsibilities of each party
  • Identifies channels of communication between the parties, and
  • Provides a process for resolving disputes between the parties
PREVIOUS GOALS

• MEMBERSHIP
• PERSONAL COMMITMENT
• COMMUNITY COLLABORATION AND OUTREACH
• MENTAL HEALTH FIRST AID
SETTING GOALS

How to write SMART Goals

**S**
Specific
Provide a clear description of what needs to be achieved.

**M**
Measurable
Include a metric with a target that indicates success.

**A**
Achievable
Set a challenging target, but keep it realistic.

**R**
Relevant
Keep your goal consistent with higher-level goals.

**T**
Time-bound
Set a date for when your goal needs to be achieved.
LOCAL BREAKOUTS

• Review previous goals set/achieved
• Brainstorm new goals
• Set smart goals for next year
• Report out to the group
EFFECTIVE COMMUNICATION

• Flow Chart
• Monthly Question/Statement to the board
• Letters
• State CFAC – annual report, letters, state to local monthly call
• Alliance Management – Doug, Rob, others (how to)
PLANNING THE YEAR

• Calendar/list on the website – review

• Events – Pinehurst, Recovery Conference, NAMI, Autism Society (who goes, how is it decided, plan ahead)

• Budget Retreat

• Statewide CFAC Meeting

• SCFAC Advocacy day

• Monthly Events/focus
Transportation Pilot:
Analysis of Utilization, Riders and Impact
Call Center Referrals
Overview

- Alliance contracted with LogistiCare, the nation’s largest manager of non-emergency medical transportation for the pilot

- Target populations: Individuals requesting services through Alliance Call Center (initially: only Urgent callers, expanded to include Routine) and discharging from inpatient or crisis services (“After-care”)

- Individuals receive a ride to/from initial appointment

- Only Alliance staff can make referrals, for pilot

- Rides started: November 1, 2018
Utilization

There were a total of 67 unduplicated riders from November to February. 66% of referrals (44) come from Call Center. Project Team created and implemented strategies to increase utilization (700% from start - February).

*Data indicates unduplicated riders by month, riders may be duplicated across months

There were a total of 67 unduplicated riders from November to February. 66% of referrals (44) come from Call Center. Project Team created and implemented strategies to increase utilization (700% from start - February).
Strategies to Increase Utilization

• Expand target population from Urgent callers to also include Routine callers

• Offer service to members releasing from prison

• Implement assertive marketing strategies

• One-page overview created and sent to hospital staff and placed on Alliance intranet

• Additional Alliance staff given access to system to make referrals

• Training and more training for Alliance staff
Trips are successful when rider is transported to or from booked location. 34 of the 67 riders (51%) with rides booked from November - February were successfully transported to and/or from treatment. Call Center referrals had a higher percent (61%) who were successfully transported than after care referrals.
Of the 24 riders referred by the Call Center, 12 (50%) showed for their appointment on time. 1 additional member showed on time, even though individual canceled the ride (did pilot influence their decision to show?). Broken down by Urgency Level: 67% of members coded as Routine and 43% of members coded as Urgent showed on time. Both figures are above the average show rate for all callers referred to care by the Call Center.

*Only one rider was coded as non-threshold (ride was canceled)*
Next Steps

• Continue to increase utilization of pilot
• Continue to address no shows
• Refer to providers with appointments available within timeframe (unless member prefers certain provider)
• Expanded appointments on weekends and evenings in Wake County
• Consider additional expansion of populations or trips
March 2019
CE&E update

1. Long Session has started: Some legislative committee meetings are on the calendar. To keep track of the scheduled meetings, go to https://www.ncleg.gov/LegislativeCalendar.

2. Secretary Mandy Cohen named one of the 2019’s top woman leaders.

3. DHHS announces Prepaid Health Plan contracts for Medicaid Managed Care- Statewide PHP contracts were awarded to AmeriHealth Caritas North Carolina, Inc.; Blue Cross and Blue Shield of North Carolina; UnitedHealthcare of North Carolina, Inc.; and WellCare of North Carolina, Inc. A regional contract for Regions 3 and 5 was awarded to Carolina Complete Health, Inc. A map of PHP regions can be found at https://files.nc.gov/ncdhhs/medicaid/Managed-Care-Regions-and-Rollout.pdf

4. DHHS receives $10 Million grant to Promote Integration of Primary and Behavioral Health Care: The grant, from the Substance Abuse and Mental Health Services Administration (SAMHSA), will fund an integrated approach to primary and behavioral health care to improve the overall wellness and physical and behavioral health of:
   - Adults with serious mental illness (SMI)
   - Children with serious emotional disturbance (SED)
   - Adults and children with substance use disorders (SUD) and/or co-occurring disorders (COD).

   The grant will be administered by DHHS and will serve an estimated 2,150 individuals, with an initial focus on families and individuals in two sites in the southeast coastal and western regions. Plans call for future expansion to communities in the state’s Piedmont and Sandhills areas. Goals include:
   - Support prevention and wellness activities.
   - Provide integrated and behavioral healthcare and retain participants in treatment.
   - Provide recovery and support services to every participant.
   - Establish a continuous quality improvement system that will assess project performance.

   The project objectives align with DHHS’ planned implementation of behavioral health homes and enables DHHS to implement components of the specialized behavioral health home model prior to launch of Tailored Plans

5. NCDHHS Newsletter – please sign up so that you will receive the most recent news and information from the Department: https://www.ncdhhs.gov

Upcoming Events

- **Wednesday, March 13, 2019**  SCFAC  9:00 a.m. to 3:00 p.m. Where: 1987 Umstead Drive, Ashby Bldg. Raleigh, NC 27603  Call in Number: 1-888-273-3658  Access code: 2490768#

- **Wednesday, March 20, 2019 State to Local Conference** call 7:00 P.M to 8:30 P.M.  1-888-273-3658 Access code:490768#

- **I’m In Community Inclusion - Eastern Community Inclusion Training** – to learn how to implement the community inclusion of adults with serious mental illness through education, interaction, practical guidelines and collaboration as a team member from your community. No charge for attendees – lunch is provided. 3/12/19 9AM--4:00pm Greenville NC --- 3/14/19 9-4PM Morganton NC

- **March 13-15 - NC One in Recovery Conference**: Registration is now open! The NC ‘One Community in Recovery’ Conference is an inspiring and informative event, designed to foster the continuing growth of the North Carolina Recovery Movement, to teach participants how to get recovery programming up and running in their own communities, to showcase some of the most progressive recovery practices and to bring the community of providers and individuals in recovery together as students and partners. This conference is also designed to educate and motivate participants to apply principles of recovery in their personal and professional lives. https://northwestahec.wfubmc.edu/courses-and-events/55357/10th-annual-nc-one-community-in-recovery-conference-connecting-people-raising-voices (brochure attached)


- **Saturday March 30, 2019** noon to 4pm, BB&T Ball park /951 Ball park Way Winston-Salem – for info visit www.enrichmentarc.org

- **Monday, April 1,2019 9AM-3PM** – Statewide Consumer & Family Advisory Committee Meeting Location: The Lusk Center 2501 Summit Ave Greensboro – Registration is required no later than March 25th. https://statewidefacmeeting.eventbrite.com. For more information contact Sandra Dunlap – SandraD@SandhillsCenter.org or call 336-389-6219.


Please check these web sites for the newest updates and information:

- DHHS Joint Communication Bulletins: https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins
- Medicaid Transformation: https://www.ncdhhs.gov/assistance/medicaid-transformation --- More information NC Medicaid Managed Care Public notices, press releases, session laws and submit a comment feedback is welcome and encouraged.
Eastern Community Inclusion Training:  
March 12, 2019  
9:00am - 4:00pm  
Greenville, NC

Western Community Inclusion Training:  
March 14, 2019  
9:00am - 4:00pm  
Morganton, NC

Register Here  
Register Here

Purpose: To learn how to implement the community inclusion of adults with serious mental illness through education, interaction, practical guidelines and collaboration as a team member from your community.

Attendees: Participants can attend alone or we are asking registrants to assemble a team of 3-5 community members to attend so that when you return to your home community, you will not only have momentum from participating in the conference, you will also have your team to move your work forward.

Cost: No charge for attendees - lunch is provided

Presenter: Mark Salzer, Ph.D.  
Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities

Governor's Institute  
NC Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Field of Dreams Fest
A day of inclusion to celebrate
COMMUNITY ~ DIVERSITY ~ EQUITY

Presented by: The Enrichment Center  The Arc
Hosted by:

Saturday, March 30, 2019 | Noon-4pm
BB&T Ballpark | 951 Ballpark Way | Winston-Salem
For info visit www.enrichmentarc.org

Premier Sponsor:

Field of Dreams Fest – Saturday, March 30, 2019
Summary and Sponsorship Opportunities

The Enrichment Center and The Arc of NC will present an I/DD-focused, community-wide event at BB&T Ballpark in Winston-Salem – home of the Winston-Salem Dash baseball team – on March 30, 2019. This event is designed to have three major components as described below:

1. The Arc of NC Board Meeting – The Arc of NC will conduct their board meeting at BB&T Ballpark on the heels of their annual conference in Winston-Salem. This meeting will include breakfast. Estimated time is 8am to noon, with 25-30 people participating. This board meeting is open to The Arc of NC, their board members and their guests.

2. Legislative Luncheon – This luncheon will take place in the Womble Carlyle Club atop BB&T Ballpark. This will be an invitation-only luncheon with a group of industry dignitaries and legislators for discussion and dialogue. The program for this luncheon will be developed and presented by the event’s presenting sponsors, to include The Arc of NC’s 2019 legislative agenda, impacts of services (personal and economic), and impact of employment. Invitations to participate in this “VIP” component will be provided to event sponsors as a benefit. Estimated time is noon to 2:00pm, overlapping and with a clear view of the Community Day taking place throughout BB&T Ballpark. We estimate 125-150 people participating in this luncheon.

   Dignitaries and legislators we will recruit for this luncheon include:
   - Executives/board members of MCOs
   - NC DHHS Leadership – Secretary Cohen, Dave Richard, etc.
   - Elected officials – Senators Burr and Tillis, Representative Foxx and other congressional reps
   - NC State legislators
   - Forsyth County – County Commissioners, DSS Director, Health Director and other agency representatives
   - City of Winston-Salem – City Council members, Mayor Allenissic, etc.
   - Winston-Salem Alliance – economic leaders from business community
   - Piedmont Triad Regional Council – voluntary association of local governments
   - Winston-Salem Dash – President C.J. Johnson and other senior executives

3. Community Day – This will be a festival environment with picnic-style lunch, snacks, fun and games, music and dancing, exhibitors and topical educational sessions (i.e. Medicaid Transformation, Innovations Waiver, ABLE Act, Wait List Eligibility, Guardianship, Financial Stability, Special Needs Planning).

   This component of the event is modeled after WSTA’s annual Accessible Festival, and Cardinal’s Together, We Have No Limits social for special adults held last March at The Enrichment Center. Our target audience is anyone touched by an individual with I/DD, including the individuals, their families, friends and caregivers, and interested community members. We will support efforts to invite all those currently on the Innovations Service wait list and those who may be eligible to sign up for the wait list. All Arc of NC conference attendees will be encouraged to attend. Estimated time is noon to 4pm.
REGISTRATION IS NOW OPEN!!

The NC TIDE Committee is very excited to invite you to the #NCTIDE19 Conference! The Conference will be held in beautiful downtown Wilmington, NC at the Hotel Ballast beginning on April 29 and ending on May 1, 2019.

This year’s conference promises to deliver the greatest bang for your buck! We have Celebrities, National Presenters, State Presenters, and Local presenters who are all prepared to speak with you about national models, best practices, state transformation, integrated care, the 1115 Waiver and personal/professional experiences. Click here for Printable Session Quick Reference Guide

Click Here to Begin Registration Register soon to take advantage of our early bird special which ends 4/14/19. Groups remember to take advantage of our buy 4 full conference registrations, get your 5th registration free.

NC TIDE has also arranged a special rate with the hotel- this rate ends 3/27/19. Follow this link to book your hotel room at the Hotel Ballast (formerly Hilton Riverside): Hotel Ballast Reservations

We look forward to seeing you at the conference!

Sincerely,

Anna North
NC TIDE President
10th Annual North Carolina One Community in Recovery Conference

March 13-15, 2019

Wyndham Garden Greensboro
415 South Swing Road
Greensboro, NC 27407

Sponsored by:

Register Today! www.nwahec.org/55357
ADMISSION SALE! (LIMITED TIME ONLY)

COMMUNITY INCLUSION FACILITATOR TRAINING
A New Workshop is coming MARCH 2019

The Copeland Center For Wellness & Recovery and Judd Consulting & Associates along with a collaboration of community partners will be presenting a Community Inclusion Facilitator Training.

Training provided by Matthew Federici
Executive Director of The Copeland Center

The training will include the following:
- An informational session on March 25 from 12-4 PM.
- Peer Support training on March 26-28th from 9-5 PM.
- A lunch and light snacks will be provided each day.

The training cost is $100. Seating is limited.

Join Us March 25th - 28th
@ The Milestone Conference Center
4855 Milestone Avenue Kannapolis, NC 28081

Submit application to cheryljuddwrapfacilitatornc@gmail.com

Download the training application by visiting www.Juddconsultingandassociates.weebly.com
Date: March 4, 2019  
Re: Adjustments to Alliance Medicaid Benefit Plan

Through ongoing review and analysis of our services and medical budget we have identified services that are not producing the expected impact. Several of the new services that we have implemented over the past few years have not produced desired outcomes and have driven up costs. This review, combined with the impact of ongoing cuts to funding, variability in our Medicaid covered lives and the expectation to maintain budget neutrality when implementing new services are requiring us to make targeted rate changes and changes to our Medicaid benefit plan.

The following provides an overview of changes that Alliance will be making to our Medicaid benefit plan and certain Medicaid service rates.

- **Intensive Alternative Family Treatment (IAFT)** is an intensive model of therapeutic foster care that is currently funded at a rate 2.4 times higher than regular therapeutic foster care. This service will receive a 15% downward adjustment which will still provide a rate that is double our typical therapeutic foster care rate. The rate change will go into effect on April 15, 2019.

- **Enhanced Therapeutic Foster Care**, a model of therapeutic foster care that provides a greater level of behavioral support to youth and the treatment foster parents, will also receive a 15% downward rate adjustment. This rate is still 1.75% higher than the standard therapeutic foster care rate which will still enable agencies to provide additional supports to children in this level of care. The rate change will go into effect on April 15, 2019.

- **Outpatient (OPT) Plus**, is a bundled service that allows providers to provide a combination of outpatient therapy and care coordination functions. We will be phasing out OPT Plus over a two-year period. Effective May 1, 2019 this service will no longer be available to adults and the reimbursement rate for child OPT Plus will be adjusted downward by 10% and removed from the child service array in 2020.

- **Community Support Team (CST) Plus** is an enhancement to the standard State CST service definition that allows providers greater flexibility in how services are delivered and allows for a greater number of units than CST. The state is significantly updating the current standard CST definition to address the limitations of the service. Alliance is removing CST Plus from the benefit plan effective May 1, 2019.
All Alliance departments will be closely monitoring the impact of these changes and ensuring that members receive needed services. If you have any questions please email providernetwork@alliancehealthplan.org
ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m., prior to the regular Board Meeting. This month’s report includes the draft minutes from the March 7, 2019, meeting, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending February 28, 2019 and recommendations to the Board to approve all presented contracts over $250,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

1. Review of the Minutes – March 7, 2019

2. Monthly Financial Reports as of February 28, 2019
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DMA Contractual Ratios

3. Approval of Contract(s) – n/a

4. Adjournment
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 7, 2019, meeting were reviewed; a motion was made by Mr. Gino Pazzaglini and seconded by Vice-Chair George Corvin to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Monthly Financial Reports</td>
<td>The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of January 31, 2019. Ms. Kelly Goodfellow discussed the monthly reports.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• As of 1/31/19, we have a loss of $14.8M and need $13.3M from fund balance to offset legislative reductions. The loss will continue to grow during FY19 due to legislative cuts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) We are meeting all SB208 and DMA contract ratios</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. ADJOURNMENT: next meeting will be April 4, 2019, from 3:00 p.m. to 4:00 p.m.

Respectfully Submitted by:
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Summary of Savings/(Loss) by Funding Source as of February 28, 2019

<table>
<thead>
<tr>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$248,567,888</td>
<td>$254,753,190</td>
<td>$(6,185,302)</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>$15,066,022</td>
<td>$40,679,161</td>
<td>0</td>
</tr>
<tr>
<td>Local Grants</td>
<td>$20,652,117</td>
<td>$20,652,117</td>
<td>0</td>
</tr>
<tr>
<td>Administrative</td>
<td>$37,916,744</td>
<td>$39,063,738</td>
<td>$(1,146,994)</td>
</tr>
<tr>
<td>Total</td>
<td>$15,066,022</td>
<td>$355,148,206</td>
<td>$(7,332,295)</td>
</tr>
</tbody>
</table>

Less Amount from Fund Balance $ (15,066,022)

Net Savings/(Loss) $ (22,398,317)

Fund Balance as of February 28, 2019

<table>
<thead>
<tr>
<th></th>
<th>June 30, 2018</th>
<th>Change</th>
<th>February 28, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,409,429</td>
<td>192,680</td>
<td>4,602,109</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>43,027,793</td>
<td>5,576,468</td>
<td>48,604,261</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>5,856,438</td>
<td>887,608</td>
<td>6,744,046</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>25,141,196</td>
<td>(15,066,022)</td>
<td>10,075,174</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(2,005,211)</td>
<td>1,002,606</td>
</tr>
<tr>
<td>Reinvestment</td>
<td>18,769,500</td>
<td>(1,333,221)</td>
<td>17,436,279</td>
</tr>
<tr>
<td>Total Committed</td>
<td>46,918,513</td>
<td>(18,404,454)</td>
<td>28,514,059</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>12,723,765</td>
<td>(10,650,619)</td>
<td>2,073,146</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>112,935,938</td>
<td>(22,398,317)</td>
<td>90,537,621</td>
</tr>
</tbody>
</table>
# Statement of Revenue and Expenses (Budget and Actual) - As of February 28, 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$37,931,390.00</td>
<td>$2,537,882.15</td>
<td>$20,652,117.44</td>
<td>$17,279,272.56</td>
<td>54.45%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>77,881,018.00</td>
<td>3,874,719.34</td>
<td>25,613,138.92</td>
<td>52,267,879.08</td>
<td>32.89%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>379,107,645.00</td>
<td>26,063,556.52</td>
<td>248,567,888.33</td>
<td>130,539,756.67</td>
<td>65.57%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$494,920,053.00</td>
<td>32,476,158.01</td>
<td>294,833,144.69</td>
<td>200,086,908.31</td>
<td>59.57%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>369,054.00</td>
<td>33,273.33</td>
<td>266,189.37</td>
<td>102,864.63</td>
<td>72.13%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.00</td>
<td>2,906,264.08</td>
<td>1,453,120.92</td>
<td>66.67%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>55,780,727.00</td>
<td>3,549,652.14</td>
<td>33,898,423.73</td>
<td>21,882,303.27</td>
<td>60.77%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>885,000.00</td>
<td>97,111.87</td>
<td>845,867.07</td>
<td>39,132.93</td>
<td>95.58%</td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>61,394,166.00</td>
<td>4,043,320.34</td>
<td>37,916,744.25</td>
<td>23,477,421.75</td>
<td>61.76%</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>$556,314,219.00</td>
<td>36,519,478.35</td>
<td>332,749,888.94</td>
<td>223,564,330.06</td>
<td>59.81%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>37,931,390.00</td>
<td>2,534,865.17</td>
<td>20,652,117.44</td>
<td>17,279,272.56</td>
<td>54.45%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>77,881,018.00</td>
<td>5,585,710.87</td>
<td>40,679,160.64</td>
<td>37,201,857.36</td>
<td>52.23%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>379,107,645.00</td>
<td>31,093,702.55</td>
<td>254,753,190.34</td>
<td>124,354,454.66</td>
<td>67.20%</td>
</tr>
<tr>
<td>Total Service Expenses</td>
<td>494,920,053.00</td>
<td>39,214,278.59</td>
<td>316,084,468.42</td>
<td>178,835,584.58</td>
<td>63.87%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,832,123.51</td>
<td>996,631.57</td>
<td>6,452,009.81</td>
<td>1,380,113.70</td>
<td>82.38%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>44,912,299.33</td>
<td>3,664,724.37</td>
<td>29,829,577.44</td>
<td>15,082,721.89</td>
<td>66.42%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>7,764,743.16</td>
<td>232,500.32</td>
<td>2,782,150.70</td>
<td>4,982,592.46</td>
<td>35.83%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>885,000.00</td>
<td>-</td>
<td>-</td>
<td>885,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Administrative Expenses</td>
<td>61,394,166.00</td>
<td>4,893,856.26</td>
<td>39,063,737.95</td>
<td>22,330,428.05</td>
<td>63.63%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$556,314,219.00</td>
<td>44,108,134.85</td>
<td>355,148,206.37</td>
<td>201,166,012.63</td>
<td>63.84%</td>
</tr>
</tbody>
</table>

**CHANGE IN NET POSITION**

|                | ($7,588,656.50) | ($22,398,317.43) |
Senate Bill 208 Ratios - As of February 28, 2019

**CURRENT RATIO**

- **Benchmark**
- **Alliance**

<table>
<thead>
<tr>
<th>Month</th>
<th>Benchmark</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-18</td>
<td>2.14</td>
<td>2.14</td>
</tr>
<tr>
<td>Oct-18</td>
<td>2.14</td>
<td>2.15</td>
</tr>
<tr>
<td>Nov-18</td>
<td>1.97</td>
<td>1.97</td>
</tr>
<tr>
<td>Dec-18</td>
<td>1.97</td>
<td>1.96</td>
</tr>
<tr>
<td>Jan-19</td>
<td>1.96</td>
<td>1.90</td>
</tr>
<tr>
<td>Feb-19</td>
<td>1.90</td>
<td>1.70</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Month</th>
<th>Benchmark</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-18</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>100.00%</td>
<td>99.99%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>100.00%</td>
<td>99.99%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Feb-19</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
**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 (7/1/17-6/30/18).
ITEM: Draft Minutes from the March 7, 2019, Board Meeting

DATE OF BOARD MEETING: April 4, 2019

REQUEST FOR BOARD ACTION: Approve the draft minutes from the March 7, 2019, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: □ Glenn Adams, Cumberland County Commissioner, JD, ☑ Cynthia Binanay, Chair, MA, BSN, ☑ Christopher Bostock, BSIM, ☑ Heidi Carter, Durham County Commissioner, MPH, MS, ☑ George Corvin, Vice-Chair, MD, ☑ David Curro, BS, ☑ Greg Ford, Wake County Commissioner, MA, ☑ Lodies Gloston, MA, □ David Hancock, MBA, MPAff, □ Duane Holder, MPA, ☑ D. Lee Jackson, BA, ☑ Curtis Massey, JD, ☑ Donald McDonald, MSW, ☑ Lynne Nelson, BS, ☑ Gino Pazzaglini, MSW LFACHE, □ Pam Silberman, JD, DrPH, ☑ Lascel Webley, Jr., MBA, MHA, and □ McKinley Wooten, Jr., JD (via phone)

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS DMH/DD/SAS (Department of Health and Human Services, Division of Mental Health, Developmental Disability and Substance Abuse Services)

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Denise Dirks, Administrative Assistant II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Don Fowls, MD, Chief Medical Officer (interim); Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Beth Melcher, Executive Vice-President/Care Management; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategic and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Senior Vice-President/Provider Network and Evaluation; Sara Wilson, Director of Government Relations; Carol Wolff, General Counsel, and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:05 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>A. Mr. Robinson shared about the EQR (external quality review) visit that concluded today; this review is required by Federal and State governments for all NC MCOs (managed care organizations) who have a contract to access Medicaid funding.</td>
</tr>
<tr>
<td></td>
<td>B. Mr. Robinson mentioned that the new NC OSA (Office of the State Auditor) report is public. Additional details may be found at <a href="http://www.ncauditor.net/EpsWeb/Reports/Performance/PER-2018-4445.pdf">http://www.ncauditor.net/EpsWeb/Reports/Performance/PER-2018-4445.pdf</a></td>
</tr>
<tr>
<td></td>
<td>C. Mr. Robinson reminded Board members that the annual Budget Retreat is Tuesday, March 19, 2019, at this location. He encouraged Board members to participate and to RSVP.</td>
</tr>
<tr>
<td></td>
<td>D. Mr. Robinson shared that NC DHHS asked NCACC (NC Association of County Commissioners) to develop recommendations for the establishment of Tailored Plan regions. NCACC is convening a committee to provide input, which includes representation from NC MCOs. Glenn Adams will represent Alliance on this Committee.</td>
</tr>
<tr>
<td></td>
<td>E. Mr. Robinson shared that a meeting to discuss transition of the crisis facility in Fayetteville between the current provider and Alliance staff will occur March 11, 2019.</td>
</tr>
<tr>
<td></td>
<td>F. Doug Fuller, Director of Communications, shared details of the agency’s new logo, email and website domains (Alliance Health/AllianceHealthPlan.org) as a result of the State’s Tailored Plan for NC MCOs.</td>
</tr>
</tbody>
</table>

3. Agenda Adjustments There were no adjustments to the agenda.
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>4. Public Comment</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Committee Reports</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Consumer and Family Advisory Committee – page 2</td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from the Cumberland, Durham, Wake, and Johnston subcommittee meetings, and the steering committee meeting.</td>
</tr>
<tr>
<td></td>
<td>The committee reports were sent as part of the Board packet; Dave Curro, CFAC Chair, presented the report. He mentioned the recent CFAC retreat, where Dave Richard, Deputy Secretary for NC Medicaid at NC DHHS was a key presenter. Mr. Curro also mentioned additional Alliance staff who attended meetings and discussed additional involvement and outreach opportunities; he mentioned the April 1, 2019, statewide CFAC meeting and upcoming CFAC meetings. The CFAC report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the report.

<table>
<thead>
<tr>
<th>B. Finance Committee – page 26</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included the draft minutes from the February meeting, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending January 31, 2019.</td>
</tr>
<tr>
<td></td>
<td>Christopher Bostock, Committee Chair, presented the report. He mentioned that expenses exceeded revenues, due to reductions in State Single Stream funding. He also mentioned that all State mandated ratios were met. The Finance Committee is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the report.

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Draft Minutes from February 7, 2019, Board Meeting – page 46</td>
<td>The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.</td>
</tr>
<tr>
<td>B. Audit and Compliance Committee Report – page 52</td>
<td></td>
</tr>
<tr>
<td>C. By-Laws/Policy Committee Report – page 54</td>
<td></td>
</tr>
<tr>
<td>D. Executive Committee Report – page 80</td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**

A motion was made by Mr. Webley to approve the consent agenda; motion seconded by Ms. Gloston. Motion passed unanimously.

<table>
<thead>
<tr>
<th>7. Reappointment Recommendations – page 83</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In accordance with the By-Laws of the Area Board, the terms of some Board members expire on March 31, 2019. The Board is requested to consider these members’ reappointment for an additional term and request official reappointment through the respective Boards of County Commissioners.</td>
<td></td>
</tr>
</tbody>
</table>
Chair Binanay shared that four members’ terms expire March 31, 2019: Curtis Massey, Donald McDonald, McKinley Wooten and herself. She stated that all members are willing to serve an additional term. She also shared that Mr. Massey’s current employment is being reviewed for potential or perceived conflict of interest; an update about Mr. Massey’s term will be shared at a future board meeting.

**BOARD ACTION**
A motion was made by Mr. Pazzaglini to request that the Wake Board of County Commissioners reappoints Donald McDonald to Alliance’s Board; motion seconded by Mr. Webley. Motion passed unanimously.

A motion was made by Mr. Pazzaglini to request that the Wake Board of County Commissioners reappoints McKinley Wooten to Alliance’s Board; motion seconded by Mr. McDonald. Motion passed unanimously.

A motion was made by Vice-Chair Corvin to request that the Durham Board of County Commissioners reappoints Cynthia Binanay to Alliance’s Board; motion seconded by Ms. Gloston. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Closed Session(s)</td>
<td>BOARD ACTION</td>
</tr>
<tr>
<td>9. Adjournment</td>
<td>A motion was made by Vice-Chair Corvin to enter closed session pursuant to NC § 143-318.11 (a) (3) and (a) (1) to consult with General Counsel regarding current litigation and to prevent the disclosure of information that is confidential and not a public record under NC § 122C-126.1; motion seconded by Ms. Gloston. Motion passed unanimously. The Board returned to open session.</td>
</tr>
</tbody>
</table>

All business was completed; the meeting adjourned at 5:18 p.m.

**Next Board Meeting**
**Thursday, April 04, 2019**
**4:00 – 6:00 pm**
ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: April 4, 2019

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 its March meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lascel Webley, Committee Chair; Monica Portugal, Chief Compliance Officer
Monday, March 04, 2019

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

APPOINTED MEMBERS PRESENT: ☒Chris Bostock, BSIM, (phone) ☒Duane Holder, MPA, (phone) ☒Lascel Webley, Jr., MBA, MHA (Committee Chair) ☒Lee Jackson, BA, (phone)

BOARD AUDIT AND COMPLIANCE COMMITTEE - REGULAR MEETING

OFFICE OF COMPLIANCE

AGENDA ITEMS:

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 11, 2019 Special meeting and November 28, 2018, meeting were reviewed; a motion was made by Mr. Chris Bostock and seconded by Mr. Duane Holder to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Board Member Conflict of Interest</td>
<td>Per the Board Policy, Curtis Massey presented a newly disclosed conflict of interest to the Committee. A discussion took place related to potential and perceived conflict and possible solutions. Committee decided to allow additional research into the matter and referred the matter to the next Executive Committee for review and determination.</td>
<td>Executive Committee will hear the matter, after additional research has been conducted, at its March meeting.</td>
<td>3/19/19</td>
</tr>
<tr>
<td>4. Annual Risk Assessment</td>
<td>An overview of the 2019 annual risk assessment scope, methodology and results were reviewed. Committee discussed the ranked risk, vulnerabilities and internal controls currently in place to mitigate the risk. Committee Chair Webley suggested changes to improve how risk items are captured. Staff answered questions related to the risk process and results.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5. a. Annual Work Plan</td>
<td>a. An overview of the annual work plan process was provided and Committee reviewed the proposed 2019 compliance work plan. Committee asked questions and discussed a few of the items. A recommendation was made by staff to approve 9 out of the 12 proposed work plan items and thus focus risk mitigation efforts where they are most likely to have an impact as well as leave room for other significant compliance operations occurring in 2019. Chair Binanay supported the recommendation. A motion was made by Mr. Jackson and seconded by Mr. Bostock to approve the 2019 Compliance Work Plan as recommended by staff. Motion passed unanimously.</td>
<td>Office of Compliance will implement the plans and will report results to the Committee on a regular basis.</td>
<td>2019</td>
</tr>
<tr>
<td>b. Annual Audit Plan</td>
<td>b. A proposed audit plan for 2019 was introduced to the Committee, including a list of recurring and non-recurring audits of varying operational functions as well as several privacy audits. There was a discussion around one proposed recurring audit, which is written into operational procedures. A motion was made by Mr. Bostock and seconded by Mr. Holder to approve the audit plan as presented. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Annual OCR Report</td>
<td>Committee reviewed HIPAA breaches for calendar year 2018 and the annual report to the Office of Civil Rights (OCR), submitted in February. Number of breaches went down from previous year.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT**: next meeting will be May 22, 2019, from 4:00 p.m. to 6:00 p.m.

Respectfully Submitted by:

Monica Portugal, Chief Compliance Officer

Date Approved
ITEM: Executive Committee Report

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Attached are the draft minutes from the March 19, 2019, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
**APPOINTED MEMBERS PRESENT:** ☒ Cynthia Binanay, MA (Board Chair); ☒ Christopher Bostock, BSIM (Previous Board Chair, Finance Committee Chair); ☒ George Corvin, MD (Board Vice-Chair); ☒ Dave Curro, BS (Quality Management Committee Chair); ☒ Lodies Gloston, MA (Policy Committee Chair); ☒ Donald McDonald, MSW (Network Development and Services Committee Chair); ☒ Lascel Webley, Jr., MBA, MHA (Audit and Compliance Committee Chair); and ☒ Lynne Nelson, BS (Human Rights Committee Chair)

**APPOINTED, NON-VOTING BOARD MEMBERS PRESENT:** None

**BOARD MEMBERS PRESENT:** Curtis Massey, JD

**GUEST(S):** None

**STAFF PRESENT:** Denise Dirks, Administrative Assistant; Monica Portugal, Chief Compliance Officer (by phone); Robert Robinson, CEO; Carol Wolff, General Counsel

1. **WELCOME AND INTRODUCTIONS** – Chair Binanay welcomed Lynne Nelson to the Committee. McKinley Wooten has stepped down as Chair of the Human Rights Committee, and Ms. Nelson has been appointed in his place.

2. **REVIEW OF THE MINUTES** – The minutes from the February 19, 2019, Executive Committee meeting were reviewed; a motion was made by Mr. Christopher Bostock and seconded by Ms. Lodies Gloston to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion</th>
<th>Next Steps</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates</td>
<td>a) LEGISLATIVE UPDATE: The General Assembly is currently in session. A full update will be presented at the next Board meeting.</td>
<td>a) Topic will be covered at the April 4 Board meeting.</td>
<td>a) 4/4/19</td>
</tr>
<tr>
<td></td>
<td>b) BOARD BUDGET RETREAT: Chair Binanay thanked Mr. Robinson for the staff presentations. Any questions or further items about the information presented can be directed to Mr. Robinson.</td>
<td>b) None specified.</td>
<td>b) N/A</td>
</tr>
<tr>
<td></td>
<td>c) NCACC MEETINGS: Members of the North Carolina Association of County Commissioners will meet to make recommendations regarding Tailored Plan regions configurations, with final recommendations to the State in June. Cumberland County Commissioner and Alliance Board member Glenn Adams has been appointed by Alliance to attend. Durham County Commissioner Ellen Reckhow will also be attending; Mr. Robinson will contact Commissioner Reckhow. The next meeting between the NCACC appointees and the State is April 4, 2019.</td>
<td>c) None specified.</td>
<td>c) N/A</td>
</tr>
<tr>
<td></td>
<td>d) BOARD MEMBER BIOS: Chair Binanay would like brief biographical information on each Alliance Board member added to the Alliance site. An email to all Board members will be sent shortly.</td>
<td>d) None specified.</td>
<td>d) N/A</td>
</tr>
<tr>
<td>4. Board Member Conflict of Interest</td>
<td>Curtis Massey’s current Board member term ends on March 31, 2019. Mr. Massey now serves as an Assistant Durham County Attorney. The Committee determined that due to a potential perceived conflict of interest, Mr. Massey’s service on the Board should conclude with the end of his current term, though he could potentially serve in the future on a committee that does not enter closed session.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Chair Binanay thanked Mr. Massey for his many years of service to the Board. Mr. Massey thanked the Committee and agreed to uphold the Committee’s decision.

Mr. Robinson gave an update on the RFP process and timeline for the Cape Fear crisis facility. None specified. N/A

Ms. Portugal presented an overview of Alliance’s current Records Retention schedule. Alliance had previously adopted the statutes and schedule for record retention requirements for LMEs; a new schedule has been released as of March 1. Alliance will need to adopt the new schedule, and Ms. Portugal recommended that the Executive Committee move to add this item to the Consent Agenda for the April Board meeting.

Ms. Dirks will add this topic to the agenda for the April Board meeting. 3/21/19

The Committee reviewed the draft agenda and provided input.

Ms. Dirks will forward the revised agenda to staff. 3/21/19

8. **ADJOURNMENT**: the next Committee meeting will be April 16, 2019, at 4:00 p.m.

Respectfully Submitted by:

Robert Robinson, CEO

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

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management 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.

The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members whereof three are Board members and two are members of the Consumer and Family Advisory Committee (CFAC). Other non-voting members include at least one MCO employee and one provider representative. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Medical Director, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; the Quality Management Data Manager; and other staff as designated.

The Global QMC meets at least quarterly each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually.

The draft minutes and materials from the previous two meetings are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, Committee Chair; Wes Knepper, Quality Management Director
### VOTING MEMBERS PRESENT:
- David Curro, Committee Chair (Area Board)
- Cynthia Binanay (Area Board Chair)
- Duane Holder (Area Board)
- Pam Silberman (Area Board)
- Joe Kilsheimer, MBA (CFAC)
- Israel Pattison (CFAC)
- Lynne Nelson (Area Board)

### NON-VOTING MEMBERS PRESENT:
- Diane Murphy (Provider Representative, I/DD)
- Dava Muserallo (Provider Representative, MH/SUD)-via Phone
- Yvonne French (LME Liaison)
- Mary Hutchings (Wake County)

### STAFF PRESENT:
- Wes Knepper, LPC (Quality Management Director)
- Damali Alston (Director of Network Evaluation)
- Vacant (Chief Medical Officer)
- Doug Wright (Director Individual & Family Affairs)
- Tina Howard, MA (Quality Review Manager)
- Diane Fening, (Executive Assistant)
- Tracy-Stone-Dino, (Director of Housing)
- Schuyler Moreno, (QM Data Manager)

### GUEST(S) PRESENT:

### REVIEW OF THE MINUTES:
Pam Silberman made a motion to approve the December meeting minutes; Lynn seconded it. The minutes were approved.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome &amp; Introductions</td>
<td>Welcome: David Curro opened the meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Old Business</td>
<td>The State picked all five of the quality outcome measures that we proposed. The first two are HEDIS measures. One concerning those who have been prescribed an antipsychotic medication and whether they are filling it and the other is for people who have been filling prescriptions for antipsychotic medications and whether they have been screened for diabetes. Another measure selected is one for people coming out of crisis or inpatient units to be seen by an outpatient provider within 30 days. This measure adds on to the 7-day measure. This is actually two measures, one for substance use and the other for mental health. The last is a follow up after engaging with mobile crisis service. We want to see a follow up outpatient visit within 3 days of that. All of these are based on paid claims.</td>
<td>• The measures will start being measured by the state in March</td>
<td>• March 2019</td>
</tr>
<tr>
<td>3. New Business</td>
<td>Performance Dashboard (Wes) Wes shared the performance dashboard (continuous quality improvement committee performance dashboards) and showed the committee how to navigate the document and access all of the information.</td>
<td>• Wes will be sending out the dashboard monthly to the committee</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Guideline Reviews (Tina)
This is a required yearly review of two clinical practice guidelines. Looking at two different measurements within each of those practice guidelines. This year we continued with ADHD and schizophrenia.
Pam brought up a concern about inappropriate use of antipsychotic medications in kids and asked what we are doing to delve down into ADHD antipsychotic use. Tina said we are digging deeper into that data. We will come up with recommendations.
Tina said that our recommendation is that we share this information with providers, with ACTT providers. Shared decision-making tools should be out by end of March. Will provide these to providers who will share with clients. We will bring one into the meeting when they are ready. It is a tool for prescribers that will use them with their members. It will help them understand the benefits of the medications and the side effects and enable them together to come to a decision about what is best for them.
There were questions about the clinical guidelines and how do we know how we are doing, and what we are aiming for. The members of the provider quality committee will review the results of the study and make that determination.

QIP Closure Requests (Tina)
We have made progress on two and are requesting to close. First is the utilization management project to reduce turnaround time for innovations request. We think this process has met its goal and asking to close. Pam moved to approve, Lynn seconded. The motion was approved.
The second request for closure is the improving engagement with callers who are emergent. First and second quarter are well above goal. Pam moved to approve, Joe seconded, the motion was approved.
Access to care urgent- we’ve seen 15% improvement.
Care coordination MH/SUD-clinical contacts we’ve been working with care coordination team, getting baseline data, looking at face to face contact with members prior to discharge. 10% improvement.

Protocol Delegation Review (Tina)
Our call center handles vast majority of calls; rollover calls handled by contractor. We sampled calls that are handled by our URAQ accredited contractor in November. 22 calls

| • We will bring in share decision making tools to the meeting when they are ready. |
| • After the provider quality committee has reviewed the clinical guidelines we will bring back their interpretation to this committee. |
reviewed in November. No quality concerns with these calls. Think we should randomly select calls on semiannual basis for review. Recommendation to continue.

**EQR Update (Wes)**
Our yearly EQR is coming up early next month, on 6th and 7th. They do very extensive checks. As we were preparing for that, Wes came up with CQI committee structure for the past year. It was distributed.

David sent Veronica the United Cerebral Palsy Report on Inclusion and has asked Wes to take a look on it and see if we measure same things they measure and how we compare to that. UCP has North Carolina ranked forty first out of 51. Doug suggested Wes talk to Larry Swabe about inclusion.

Dave motioned to adjourn, Lynn seconded. The meeting was adjourned.

**Upcoming Meeting:**
Next meeting is scheduled for March 7, 2019 (Time: 2:00 – 3:30 pm).

**Location:** New Home Office in Morrisville (we assume). If this changes, Wes will notify committee.

E-mail any comments, questions and new suggestions to Wes at:
wknepper@alliancebhc.org

**Adjournment:**
Meeting adjourned at 3:23 p.m.

- Wes will complete a new committee structure document after EQR
Purpose

• To monitor for adherence to URAC standards, along with ensuring the high quality of customer service expected by Alliance employees.

• This activity is completed on a semi-annual basis
Methodology

• QM reviewed notes from delegated contractor for Call Center for inbound calls requesting services, downloaded from their database

• QM used standard review tool that included:
  • Date of Call
  • Purpose of call
  • Assessment done (HI/SI, IDD, SA use, DV)
  • Who is caller demographics (self-referral, professional, family/friends, etc.)
  • Transferred or requested call back by Alliance clinician
Methodology

• 22 Call notes were reviewed for the month of November 2018

• The sample size is required to be at least 30 calls or 100%, therefore a 100% review was completed.

• Total requests for services: 8 calls
Results

8 of the 22 calls reviewed were requesting services

- 63% of the callers were requesting services for themselves
- 13% requesting services for another adult and another 24% requesting services for minor child

- 63% of callers requested call back from Alliance clinicians
  - Whether or not it is requested, all callers receive a call back
- In 100% of calls, delegated contractor’s staff asked all safety assessment questions
Results

- There were no quality concerns noted in the reviews of November 2018 call notes.

- There continues to be adherence to URAC standards and decrease in volume of calls going to delegate.

- Recommendation to continue with semi-annual review.
BACKGROUND

According to the Institute of Medicine, “clinical practice guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances (p.1)\(^1\)” Below are several purposes of Clinical Practice Guidelines:

1. To describe appropriate care based on the best available scientific evidence and broad consensus;
2. To reduce inappropriate variation in practice;
3. To provide a more rational basis for referral;
4. To promote efficient use of resources;
5. To act as focus for quality control, including audit;
6. To highlight shortcomings of existing literature and suggest appropriate future research.

Alliance Behavioral Healthcare (Alliance) has adopted, and placed on the Alliance webpage, several Clinical Practice Guidelines (CPG) to assist network providers in clinical decision making. Alliance’s Quality Management (QM) Department received approval from the Medical Management Team to conduct quality reviews of providers’ adherence to the clinical guidelines for treatment of consumers with Attention Deficit/Hyperactivity Disorder (ADHD) and Schizophrenia. Alliance has adopted the Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD from the Journal of American Academy of Child and Adolescent Psychiatry\(^2\) as a model to review whether provider treatment conformed to ADHD treatment guidelines. Additionally, Alliance has adopted the American Psychiatric Association (APA) clinical guidelines for treatment of adult patients diagnosed with Schizophrenia\(^3\). Pharmaceutical data elements were identified as top priority to conduct quality reviews around medication utilization with a focus on those consumers who received behavioral health services from an Alliance network provider as our primary target group for interventions.

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PROJECT BASIS

In adherence with Alliance Operational Procedures⁴, on an annual basis Alliance will measure provider adherence on at least two (2) guidelines by measuring two (2) important points of care within each of the two chosen guidelines. The purpose of the project is to determine if highly recommended treatment options are being followed. Data will be obtained and compiled from the annual measurement of adherence with the aim of looking for opportunities of improvement in care (if appropriate). Results of the annual measurement will be shared with providers by communiqué. Clinical guidelines apply to recommendations that are based on strong empirical evidence (e.g. nonrandomized, controlled trials) and/or strong clinical consensus and would apply approximately 75% of the time (i.e. in most cases). The following practice areas for each diagnosis group were reviewed to assess adherence to evidence based clinical practice standards.

**ADHD** –

1. Prevalence of treatment with an FDA-approved medication for individuals with primary diagnosis of ADHD.
2. Prevalence of antipsychotic medications being prescribed as the primary pharmacological treatment for ADHD or in conjunction with FDA approved ADHD medications.

Recommendations in the practice parameter suggest that treatment should be a trial with an agent approved by the Food and Drug Administration. The vast majority of patients with ADHD who do not have significant comorbidity respond satisfactorily to approved medications (stimulants or non-stimulants). There is also strong evidence that patients with ADHD and comorbid conditions and/or psychosocial stressors benefit from an adjunctive psychosocial intervention such as behavioral therapy. While behavior therapy alone can be pursued for the treatment of ADHD in certain clinical situations, studies have established that combining behavioral treatment with medication use is more effective than a behavioral treatment alone. The practice parameter does not endorse the use of antipsychotic medications for treatment of ADHD unless a comorbid psychiatric condition warranting use of antipsychotics is indicated.

**Schizophrenia**–

1. Prevalence of treatment with approved medications in conjunction with Assertive Community Treatment Team (ACTT) services.
2. Identify potential candidates for long-acting injectable antipsychotic medications.

Goals of treatment for Schizophrenia are to:

- prevent harm, control disturbed behaviors,
- reduce the severity of psychosis and associated symptoms (e.g. agitation, aggression, negative symptoms, affective symptoms),
- determine and address contributing factors,
- effect a rapid return to the best level of functioning,
- develop an alliance with the patient and family,
- formulate short and long term treatment plans, and
- connect the patient with appropriate aftercare in the community.

⁴ Alliance Operational Procedure # 7506. Clinical Guidelines
An ACT team consists of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness. The team assists the individual in advancing towards personal goals with a focus on enhancing community integration. The team directly provides a full range of biopsychosocial and rehabilitation services which include medication support to identify the individual’s medication needs, administration, monitoring and education around adherence.

**METHODOLOGY**

Quality Review Coordinator (QRC) collaborated with Alliance’s Associate Medical Director and Clinical Pharmacist to identify relevant Clinical Practice Guidelines to review, elements to be measured and design of the study. Upon identifying guidelines, the QRC identified potential data sources and assessed the availability of data and presented these to the Associate Medical Director for final approval to move forward with the review process. Data were extracted from MicroStrategy, an enterprise business intelligence platform which provided encounter data through AlphaMCS and the State’s Medicaid Management Information System (NCTracks). MicroStrategy provided separate data grids for encounter data, pharmacy claims, diagnoses, and coordination of benefits (COB) files. Data variables for each review identified include the following:

<table>
<thead>
<tr>
<th></th>
<th>ADHD</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td>Children &amp; Adolescents (ages 3-17)</td>
<td>Adults (ages 18+)</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>ICD Codes for ADHD</td>
<td>ICD Codes for Schizophrenia</td>
</tr>
<tr>
<td><strong>Reporting Period</strong></td>
<td>FY18, Q3 (Jan-March 2018)</td>
<td>May 2018</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Medicaid only</td>
<td>Medicaid only</td>
</tr>
<tr>
<td><strong>BH Claims</strong></td>
<td>BH and BH Medication Management</td>
<td>ACTT (H0040)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACTT Encounter (H0040 22)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACTT Step Down (H0040 TS)</td>
</tr>
<tr>
<td><strong>Pharmacy Claims</strong></td>
<td>Fills from Jan-March 2018 for ADHD approved meds (preferred and non-preferred on State PDLs)</td>
<td>Fills from Jan-June 2018 for Atypical and Typical Antipsychotics (pharmacy drug class)</td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>MicroStrategy Rpt 1542, MicroStrategy Rpt 1162 (Claims &amp; Dx), MicroStrategy Rpt 1242 (COB Details), MicroStrategy Rpt 1243 (Pharmacy Claims), AlphaMCS Patient Records</td>
<td>MicroStrategy Rpt 1162 (Claims &amp; Dx), MicroStrategy Rpt 1242 (COB Details), MicroStrategy Rpt 1243 (Pharmacy Claims), AlphaMCS Patient Records</td>
</tr>
</tbody>
</table>

Data were analyzed using MicroStrategy reports, data grids, and dashboards in addition to Excel pivot tables in order to conduct an exploratory analysis of both groups using both discrete numerical and regular categorical data such as:

1. The number of consumers within each diagnosis group who received behavioral health services from an Alliance network provider during the reporting period.
2. Consumer’s funding source to exclude those who were dually covered under Medicaid and other insurance types (this is to account for lack of access to pharmacy or encounter claims that may have been reimbursed by payers other than Medicaid).
3. The number of consumers who had a prescription filled within the reporting period.
4. Proportion of consumers who were receiving treatment conformant to the identified clinical practice guideline(s).

RESULTS

**ADHD**

There were a total of 4,179 individuals with a primary diagnosis of ADHD who had received behavioral health services from an Alliance network provider during FY19, Q3 (January-March 2018). After excluding those who had dual insurance coverage, due to Alliance’s inability to access pharmacy claims data for those on Medicare, private, or State funding sources, the reporting cohort for this ADHD guideline review is 3,086 Medicaid-enrolled individuals.

Pharmacy data were integrated with behavioral health encounter claims for these 3,086 individuals to determine appropriate pharmacological treatment and treatment adherence to ADHD clinical guidelines. The basis for this guideline review was to assess for prevalence of treatment with an FDA approved medication if the individual was receiving pharmacological interventions in addition to behavioral therapy interventions. Additionally, data were analyzed for any patterns or trends indicating use of antipsychotic medications for treatment of primary ADHD symptoms as this is not endorsed in the practice parameter. Appropriate medication use was classified based on the presence of one or more prescription drug claims during the reporting period.

- 73.5% (2267 out of 3086) of the ADHD cohort was receiving a combination of behavioral treatment with medication use, which has been endorsed by the AACAP as more effective than a behavioral treatment alone in most clinical situations.
• A closer look at the medication types of 2267 individuals receiving pharmacological treatment revealed the following:
  o 76.9% (1743 out of 2267) were being treated only with an ADHD approved medication.
  o 20.2% (457 out of 2267) were being treated with an ADHD approved medication in conjunction with an antipsychotic medication.
  o 3.0% (67 out of 2267) were being treated with only an antipsychotic medication.

Summary of results from the ADHD guideline review were provided to the Clinical team on 1/11/19. See recommendations listed in the conclusion section below.

**SCHIZOPHRENIA**
There were 461 individuals with a Schizophrenia diagnosis who had received Assertive Community Treatment Team (ACTT) services during the month of May 2018. After verification of insurance coverage data, it was noted that 240 of these individuals were dually insured with an additional 40 who did not have continuous Medicaid only coverage for the active service authorization period. These 280 individuals were excluded from our reporting as Alliance does not have access to pharmacy claims data for those on Medicare, private, or State funding. Therefore our reporting cohort was 181 individuals receiving ACTT services.

Pharmacy data were integrated with behavioral health encounter claims for these 181 to determine appropriate pharmacological treatment with antipsychotic medications. Appropriate medication use was classified based on the presence of one or more prescription drug claims during a six month period around which the individual was receiving active ACTT services.

- 94.5% (171 out of 181) of the Schizophrenia cohort had an antipsychotic medication dispensed between January 1, 2018 and June 30, 2018 indicating a high prevalence of treatment with approved medications in conjunction with ACTT services.
- 5.5% (n=10) of the report sample did not have medications dispensed between January 1, 2018 and June 30, 2018.
Medication adherence is a significant predictor of relapse and non-adherence is a common problem in this population. In a 2018 study of North Carolina Medicaid beneficiaries diagnosed with Schizophrenia (Hardy et al., 2018) it was noted that those who failed to take antipsychotic medications as directed had 60% more emergency department visits compared to those who took antipsychotics as directed. Non adherence to medications for those in treatment for Schizophrenia is linked with hospitalization/early readmission, derailment of recovery, and increased cost of treating schizophrenia. Of the 171 individuals who were receiving treatment with an antipsychotic medication, 28.7% (49) were receiving 2 or more antipsychotic medications. Non-adherence can be attributed to difficulty staying on a daily schedule or individuals not taking their medication after symptoms subside or if they are feeling better. Long acting medications can solve the problem of having to take the medication daily. They are shown to improve symptoms the same way that oral medications can but are administered by a doctor or nurse on a pre-determined schedule. Administration by a medical professional also allows for more accurate adherence tracking. Of the 171 individuals who were receiving pharmacological treatment with an antipsychotic medication, 46.8% (80) were on a long-acting injectable.

Summary of results from the Schizophrenia guideline review were provided to the Clinical team on 11/20/18. See recommendations listed in the conclusion section below.

CONCERNS/LIMITATIONS

Further work is necessary to understand adherence in more depth so that standard measures such as HEDIS\(^6\) quality measures can be applied to determine gaps in care. While this analysis provides a way to determine if consumers are being dispensed approved medications, there are still limitations in being able to determine whether consumers are taking their medications as prescribed or remaining on medications for an extended period of time during treatment. In addition to further effort needed in understanding reasons or motivations for an individual’s medication-taking behaviors, we also need to strengthen our understanding of the Period of Days Covered calculations used in the HEDIS measures so that we can standardize how we measure medication adherence.

As previously mentioned, access to Medicare, other private insurance, or IPRS pharmaceutical claims data is a limitation for Alliance and as a result, approximately 60% of the report population was excluded from this analysis.

CONCLUSIONS/RECOMMENDATIONS

Quality reviews indicate that established clinical practice guidelines for consumers in treatment for ADHD and Schizophrenia are being applied at the recommended rate relevant to receiving appropriate pharmacological treatment for their condition. There are opportunities for further data analysis to understand the use of antipsychotic medications for individuals in treatment for primary ADHD.

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\(^6\) Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important dimensions of care and service.
Alliance Clinical Practice Guidelines  
FY19-20 QM Adherence Reviews – ADHD (Adolescents) & Schizophrenia (Adults)

Symptoms and also to promote an increase in the use of Clozapine and long acting injectables to foster better adherence and symptom reduction for individuals in treatment for Schizophrenia.

Recommendations made by the Clinical team included:

**ADHD:**
- Share project findings with providers.
- Development and distribution of a Shared Decision Making Tool, which is a patient engagement strategy where individuals and their providers can exchange information, weigh treatment options, and make a decision that is aligned with the individual’s preferences, values, and needs.
- Further data analysis for the individuals receiving antipsychotic medications to determine if comorbid conditions are warranting the use of antipsychotics.
- Targeted outreach to providers working with individuals who are receiving antipsychotics to treat primary ADHD symptoms to promote use of Shared Decision Making tools.

**Schizophrenia:**
- Share project findings with ACTT providers.
- Development and distribution of a Clozapine Toolkit to provide education and resources to advocate for the use of Clozapine which has demonstrated its superiority in reducing psychotic symptoms and is the only medication approved for treatment-resistant schizophrenia.
- Measure adherence (based on HEDIS calculation specifications for Medication Possession Ratio, MPR) for individuals receiving 2 or more antipsychotics and advocate for use of long acting injectables for those who are not meeting standard adherence rates.
- Targeted outreach to non-adherent consumers to advocate for use of long-acting injectables.

**IMPLEMENTATION**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Schedule</th>
<th>Feedback Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide written summary of data results to CPG Team (electronically).</td>
<td>Shruti Mehta, QM, CPG Team</td>
<td>11/30/18, Schizophrenia 11/20/18 ADHD 1/11/19</td>
<td>Microsoft Word summary submitted to CPG Project Team</td>
</tr>
<tr>
<td>Share project findings with Alliance providers of ACTT services.</td>
<td>Project Team</td>
<td>12/30/18, March 2019</td>
<td>ACTT Collaborative; March 2019</td>
</tr>
<tr>
<td>Distribution of the Clozapine Toolkit to ACTT providers.</td>
<td>Dr. Vera Reinstein, Medical mgmt. team</td>
<td>1/30/19</td>
<td>ACTT Collaborative in March 2019;</td>
</tr>
</tbody>
</table>

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## Alliance Clinical Practice Guidelines
### FY19-20 QM Adherence Reviews – ADHD (Adolescents) & Schizophrenia (Adults)

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Schedule</th>
<th>Feedback Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>F/up on existing IT Report Request for HEDIS Measure SAA – Schizophrenia</td>
<td>Shruti Mehta, QM</td>
<td>12/30/18</td>
<td></td>
</tr>
<tr>
<td>Adherence to Antipsychotic Medication.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD: Data analysis to determine comorbidity for individuals receiving</td>
<td>Shruti Mehta</td>
<td>1/30/19</td>
<td>Present findings to clinical team.</td>
</tr>
<tr>
<td>antipsychotic medications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of Shared Decision Making toolkit for ADHD</td>
<td>Victoria Boviall</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical mgmt. team</td>
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</table>

**Note:** The data and feedback mechanisms are subject to change and should be reviewed for the most current updates.
Requesting Closure (2)

1. **Utilization Management-Improve Turn-Around Time QIP** – Reduce the average turn-around time for Innovations requests.

### Innovations - Average SAR TAT

<table>
<thead>
<tr>
<th>Month</th>
<th>Average TAT (Days)</th>
<th>Total # SARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-17</td>
<td>8.25</td>
<td></td>
</tr>
<tr>
<td>May-18</td>
<td>6.97</td>
<td></td>
</tr>
<tr>
<td>Jun-18</td>
<td>5.34</td>
<td></td>
</tr>
<tr>
<td>Jul-18</td>
<td>6.97</td>
<td></td>
</tr>
<tr>
<td>Aug-18</td>
<td>4.71</td>
<td></td>
</tr>
<tr>
<td>Sep-18</td>
<td>4.97</td>
<td></td>
</tr>
<tr>
<td>Oct-18</td>
<td>5.74</td>
<td></td>
</tr>
<tr>
<td>Nov-18</td>
<td>5.79</td>
<td></td>
</tr>
<tr>
<td>Dec-18</td>
<td>5.04</td>
<td></td>
</tr>
</tbody>
</table>

**Interventions:**
- Implement checklist for Care Coordinators to ensure all needed paperwork is included with request.
- Real-time feedback (by UM Administrative Staff) to Care Coordinators & their Supervisors regarding presence and timeliness of checklist submission.
- Use TAT data in supervisions
- No increase in TAT after roll out of new ISP and Alliance internal restructuring

**Next Steps:** Close project. Benchmark has been met for 8 measurement periods.
2. **Access to Care (Emergent)** – improve by 10% (to 77%) the callers who show for care within timeframe (2 hours for Medicaid, 2:15 for non-Medicaid).

*The timeframe for receiving timely care was changed from 2:15 hours from start of call to 2 hours from start of call for all individuals who have Medicaid starting in this quarter (Quarter 3 of FY 18). This was changed based on feedback from Alliance leadership.*

**Measure #1: Percent of Emergent callers who show for care within 2 hours**

- **Goal:** 77%
- **Barriers:**
  - Callers originally coded as Emergent declined services
  - Callers did not show for care or did so after the 2-2:15 hour timeframe
  - Clinical Decision Support tool (CDST) did not reflect best practices

**Next Steps:** Close project. Benchmark has been met for two measurement periods.
On-Going Projects: 4

1. **Access to Care (Routine/Urgent)** – Improve the percent of consumers who show for first appointment based on need (Urgent or Routine).

   **Measure #1: Percent of Urgent callers who show for care within 2 days**

   - **Goal: 62%**
   - **Mobile Crisis for callers needing care in 8 hours**
   - **Q3-Q1: Improvement of 15%**
   - **Training on adding appointments, feedback letters**
   - **Meetings with providers**
   - **Feedback letters to providers, reminder letters to inmates**
   - **Refer to set appointments**

   *Due to claims lag, not all claims for services rendered have been submitted. Performance typically increases when claims are re-run 2 months after last call.*

   **Measure #2: Percent of Routine callers who show for care within 14 days**

   - **Goal: 63%**
   - **Meetings with providers**
   - **Feedback letters to providers**
   - **CDST change, in-home assessments**
   - **Refer to set appointment**

   *Due to claims lag, not all claims for services rendered have been submitted. Performance typically increases when claims are re-run 2 months after last call.*

   **Barriers (Urgent):**
   - Callers choosing not to show for care or show for care outside of the 2 days
   - Substantial difference in show rate depending on provider
   - Not enough appointments on Fridays and Saturdays
   - Not enough appointments for individuals without Medicaid, particularly in Wake and Johnston Counties
   - Transportation

   **Barriers (Routine):**
   - Substantial difference in show rate depending on provider
   - Callers choosing not to show for care or show outside of 14 days
   - Transportation

   **Next Steps:** Continue to refer callers to set appointments instead of walk-in care, increase utilization of rideshare requests in transportation pilot
2. **Care Coordination (MH/SUD)-Clinical Contacts** – Increase face to face contact with consumers prior to discharge, allowing clinicians to strengthen consumer engagement as well as identify and address unmet needs and working to increase the consumer’s likelihood of attending follow-up care after discharge.

**Measure:** Percentage of consumers receiving face to face clinical support from a care coordination hospital liaison to review and address clinical needs (prior to discharge).

**Goal:** Increase percentage of admissions receiving face to face clinical support from a care coordination hospital liaison to review and address clinical needs (prior to discharge) from 66% to 72%.

**Intervention:** Use of administrative support allow for an increase in consumers receiving clinical support prior to hospital discharge through face to face inpatient assessments.
3. **Transition to Community Living Initiative (TCLI)-Housing Timeliness QIP** – Increase the percentage of individuals who transition into housing in a timely manner to 60% by the end of FY19

**Data:**

<table>
<thead>
<tr>
<th>% of Individuals Transitioned within Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> 60% or more</td>
</tr>
</tbody>
</table>

*Baseline was changed after receiving additional guidance from the state in August 2018. Data prior to August cannot be equally compared with data after that date due to changes in process and calculation. Data is also being analyzed on a bi-monthly basis instead of quarterly to more quickly determine impact of interventions.*

**Interventions:**

- Create and implement internal data tracking and alert system to remind staff and supervisors to days left to meet housing benchmark.
- Create and implement checklist for Transition Coordinators to standardize and expedite tasks related to housing individuals.
4. **Utilization Management-Expedite Care QIP** – Reduce the amount of time between discharge from acute and start of ongoing care for pilot population.

**Interventions:**

- Allow providers to request expedited review for services following post-acute stabilization for children
- Provide training to internal staff (hospital liaisons, other care coordination) in October/November and providers on expedited review requests (decision made within 3 days) – starting December 2018
- Provide feedback to providers on time from discharge to care, authorization requests that could have qualified for an Expedited review (in process)
New Project: 1

1. **Upgrade Provider Profiles QIP** – Increase percent of contacted provider agencies who have a current profile in Alliance’s Provider Maintenance Application. Approved by GQMC: November 2018.

**Goal:** 75% of contracted provider agencies will have a current profile in Alliance’s Provider Maintenance Application.

**Measures:** Percent of contracted providers with current profiles in Alliance’s Provider Maintenance application.

- **Numerator:** Fully contracted provider agencies with a current profile
- **Denominator:** All fully contracted provider agencies

**Update on interventions:**

- Web-based tool has been developed for maintenance of provider profiles, it is now live for providers to enter information.
- User Guides for providers on use of the new system, and provider profile maintenance expectations-emailed to providers in mid January. Individual Technical Assistance being provided on an as needed basis.
- Webinar and live trainings in development, roll-out expected within approximately 2 weeks.
- Development and implementation of system to identify outdated provider profiles and, provide automated notification to providers (in development).
- Creation of external-facing feature for public to search for accurate information on providers and their availability (not started yet).
Closed Project (one year post closure analysis completed): 1

1. **IDD Service Initiation** – Improve the percent of individuals new to Innovations who receive care within 45 days of ISP approval.

   ![I/DD Services Received in 45 days](chart)

   **Post Closure Analysis Results:** From a total of 18 new Innovations beneficiaries, 16 had received services within 45 days of their ISP approval. Improvement was sustained 12 months after closure. FY18, Q4 post closure findings were presented to the project advisory team on November 9, 2018 for review and team agreed to the following recommendations: Full closure of this project due to sustained improvements seen within 12 months of the last analysis period.

   **Request for GQMC:** There is no need to re-open project since improvement has been sustained.
Key

Intervention Color Coding:

Interventions colored in light yellow: One-time initiatives

Interventions colored in light green: Ongoing efforts

Interventions colored in light yellow with black and green font colors: Tasks with black font are one-time efforts, green font are ongoing

Interventions colored in light yellow with black and red font colors: Tasks with black font are one-time efforts, red font have ended due to lack of improvement
About Alliance

• 777 Reports were entered in to NC-IRIS for 463 members
• 539 reports involved children, 238 involved adults

LEVELS

• 697 Level 2 reports
• 80 Level 3
Wake County submitted the largest number of Level 2 (437) and Level 3 (46) reports in the 2\textsuperscript{nd} quarter of FY19
Adults vs. Children (By Level)

- A total of 539 Incidents were reported for children: (510 L2 and 29 L3)
- A total of 238 Incidents were reported for Adults: (187 L2 and 51 L3)
This chart represents services reporting more than 10 incidents during Q2.
The large number of L2 reports in the PRTF service category was due to a provider submitting a large number of late reports from several months past.
REPORTS BY INCIDENT CATEGORY
The large number of Physical Restraints is due to late incidents reported by a PRTF provider.
• All Member Injury reports were Level II Incidents
A total of 78 incidents were reported in this category
One (1) of the Exploitation incidents also involved Staff Abuse which rendered it a Level III report
All Level III reports are reviewed by the Clinical Quality Review Committee
• Member Deaths due to Terminal Illness are generally considered Level II Incidents
• Terminal Illness reports for members receiving OMT (Opioid Maintenance Therapy) are considered Level III incidents
Incident Report Compliance
New Incident Report Compliance Process
(Implemented during the 2nd Quarter FY2019)

• The Incident and Grievance Manager issues an email notification to any provider submitting a late incident report during the quarter

• If a 2nd late incident report is submitted during the current quarter, a Plan of Correction (POC) is issued to the provider

• If a provider receives an email notification for 2 consecutive quarters, a Plan of Correction (POC) is issued to the provider
  • An approved POC must identify the root cause of the late submissions and include a documented plan to prevent future late reports
RESULTS

• Prior to the initiation of the new process, 30% of reports submitted into NC-IRIS were submitted late (more than 72 hours after provider was aware of the incident)

• For the 2^{nd} Quarter, an average of 16% of reports entered into NC IRIS were entered late

• The PRTF provider entering a larger number of reports late during Q2 was not re-credentialed as an Alliance network provider
Late Incident Submissions

- Oct-18: 30%
- Nov-18: 9%
- Dec-18: 9%
- AVERAGE: 16%
Overview

• 2Q FY19 yielded 174 entries
• 13 were regarding ABH

• Topics discussed in this report:
  • Nature of Issue
  • Source
  • Alliance Concerns
  • Service Breakdown
  • Human Rights Concerns
  • Resolution Status
## Nature of Issue Definitions

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

(Top 3)

Quality of Services: 43
Access to Services: 41
Administrative Issues: 25
Source: Who submitted concerns?
## Complaints Against Alliance

<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10</strong> LME/MCO Functions</td>
<td>Complaints related to Care Coordination, housing, gaps in services, contracts</td>
</tr>
<tr>
<td><strong>3</strong> Authorization/Payment/Billing</td>
<td>Provider complaints related to denials for services, guardian’s concerns for budget letter reductions</td>
</tr>
</tbody>
</table>
Service Breakdown

• 16% from Outpatient Services
• 10% from Innovations Services (Non-Residential)
• 6% from Psychiatric Services
  • All others represented 5% or less or were non-service related or
Service Breakdown

- 10% from NC Innovations Waiver Services
- 2% IDD Care Coordination
- 1% from ICF
Service Breakdown

- 45% from Enhanced Services
- 30% from Basic Services
- 6% from Substance Use Service
- 5% from Crisis Services
- 1% from MH/SA Care Coordination
HR Grievances - Service Breakdown

Abuse/Neglect/Exploitation

- Adult Day Vocational Program: 1
- Psychosocial Rehabilitation (PSR): 1
- Multi-Systemic Therapy (MST): 1
- Intermediate Care Facility (ICF): 2
- Innovations Services (Non Residential): 4
- Residential Services (Including Innovations): 10
## HR Grievances - Service Breakdown

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Confidentiality/HIPAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services (Including Innovations)</td>
<td>1</td>
</tr>
<tr>
<td>Innovations Services (Non Residential)</td>
<td>1</td>
</tr>
<tr>
<td>Community Support Team (CST)</td>
<td>1</td>
</tr>
</tbody>
</table>
## HR Grievances - Service Breakdown

<table>
<thead>
<tr>
<th></th>
<th>Basic Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nature of Issue</td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
</tr>
<tr>
<td>19</td>
<td>Abuse/Neglect/Exploitation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Confidentiality/HIPAA</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Basic Needs</td>
</tr>
</tbody>
</table>
1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – The minutes from the February 7, 2019, meeting were reviewed; a motion was made by Cynthia and seconded by Duane to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Old Business: (Wes)</td>
<td><strong>Case for Inclusion Paper</strong>: Wes went over ranking report of community inclusion state by state. Most of this is claims based or data we send to state. Almost all of this data we are already tracking. Wes thinks this is representative of the state. 80% of scores that go into this we have or generate. We get the National Core Indicator report for us and how large our waitlist is, etc. They are weighting living independently more. As a state we are ranked 41 out of 50. Biggest piece is trying to move people out of bigger, state facilities and into smaller settings.</td>
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<tr>
<td>4. New Business: (Wes)</td>
<td><strong>Membership Changes</strong>: Lynn is no longer a member of this committee, but will chair the Human Rights committee. <strong>Crisis Service Overview (Damali)</strong> Went over a three year trending review. Cumberland County operated by Cape Fear- we are trending around the same for admissions with the average length of stay higher for a few months. Their numbers should change when we get Cape Fear crisis center up and running the way we want. Wes will let Diane Murphy know about our involvement in NC CARES 360</td>
<td></td>
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</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Cape Fear’s primarily use is as a detox facility. 75% admissions are detox, not mental health based. Durham County Recovery Innovations --65-70% admissions are for detox and 30% of individuals are discharged with primary opioid diagnosis. Johnston County Public Health –UNC Johnston Health operates 7 crisis stabilization beds in the ED as of January. Damali is working with them on getting utilization data. Wakebrook-changed to a different data management system—we didn’t get the first quarter data.

**Grievances and Appeals Update (Todd):** 777 reports were entered into NC-IRIS for 463 members. 539 reports involved children; 238 involved adults. 697 level 2 reports (primarily accidents, injuries), 80 level 3 reports (deaths, allegations of assaults, abuse). Wake County submitted largest number of level 2 and level 3 reports in the second quarter of FY19. Todd says that we don’t contract with a lot of the opioid maintenance treatment facilities and so we can’t get the data. They have implemented a new process by which the first late incident report in a quarter the provider gets an email from Todd warning that another late incident report submitted in the quarter will warrant a Plan of Correction that will come from the Office of Compliance. The tops three categories for complaints were: Quality of services, access to service and administrative issues.

**EQR Update (Wes)** seemed to go really well. We see trends sometime before providers do and they would like to know that.

**State Survey Results (Wes):** Will cover this at next meeting (May) will need more time to put everything together. We might need to have a brief meeting in April to approve a couple of QIPs before the April board meeting.

**Performance Dashboard:** Wes went over the dashboard. We are looking at 37 measures for March. 15 super

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</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>measures were good, 3 were out of compliance. In general, performance is looking pretty good. He will send out the slides to the committee. We will talk about transportation issues at the next meeting. If there are other things people want to hear about, let Wes know.</th>
</tr>
</thead>
</table>

5. **Data Review: (QM Team)**

6. **Upcoming Meetings:**
   The next meeting is scheduled for May 3, 2019 (Time: 2:00-3:30 pm)
   Location: New Home office in Morrisville
   E-mail any comments, questions and new suggestions to Wes at: wknepper@alliancebhc.org

7. **ADJOURNMENT:** the next meeting will be May 3, 2019 from 2:00 p.m. to 3:30 p.m.

Respectfully Submitted by:

Diane Fening, Executive Assistant I

Date Approved
Crisis Data:
FY 2019, Quarter 2 – Three Year Trending Review
An average of 4 individuals are diverted from the ED per month (brought by CIT and law enforcement).

Does not accept IVC, closes to Walk-ins at 10:00pm, open to law enforcement (non-IVC) 24/7.
Cumberland County: Cape Fear Valley

- 75 – 80% of admissions are for detox
- 35% of individuals are discharged with a primary opioid diagnosis

*Contracted 16 Facility Based Crisis/Detox Beds

Provider Self-reported data
**Durham County: Recovery Innovations**

- Each month an average of 16 individuals are IVC upon arrival.
- Law Enforcement and EMS routinely divert an average of 60 individual’s each month from the ED.
Durham County: Recovery Innovations

- 65 - 70% of admissions are for detox
- 30% of individuals are discharged with a primary opioid diagnosis

*Contracted for 16 Facility Based Crisis/Detox Beds; due to construction only 8 beds have been operational since October 2018.

Provider Self-Reported data
• Only a few individuals (1-3 per month) are brought in by CIT, law enforcement or EMS as a diversion to the ED
• During FY18 an average of 10 individuals were admitted to the Crisis Stabilization Beds from the Walk-in Clinic each month; thus far in FY19 this number has reduced to an average of 4 individuals per month
• *UNC Johnston Health operates 7 Crisis Stabilization Beds in the ED; utilization data is not currently available*
Wake County: UNC Wakebrook

Crisis Evaluation Observation Services

<table>
<thead>
<tr>
<th>LOS</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2017</td>
<td>20:01</td>
<td>15:52</td>
<td>15:51</td>
<td>18:35</td>
</tr>
<tr>
<td>FY2018</td>
<td>15:57</td>
<td>14:24</td>
<td>15:13</td>
<td>unk</td>
</tr>
<tr>
<td>FY2019</td>
<td>unk</td>
<td>15:45</td>
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</tbody>
</table>

- Youth account for an average of 21% of admissions.
- The average length of stay for youth (19:42 hours) is 5 hours longer than adults (14:39 hours).

*ED Diversion and IVC data is no longer provided due to changes in reporting system.
*CAS Closure Data has not been received for FY2019 quarter 2.
Wake County: UNC Wakebrook

**Facility Based Crisis Discharges per Month**

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>46</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>August</td>
<td>45</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>September</td>
<td>55</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
<td>59</td>
</tr>
</tbody>
</table>

**Facility Based Crisis Average Length of Stay (days)**

<table>
<thead>
<tr>
<th>Month</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>11</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>August</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>10</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>October</td>
<td>7</td>
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</tr>
<tr>
<td>November</td>
<td>10</td>
<td></td>
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<tr>
<td>December</td>
<td>8</td>
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</tr>
</tbody>
</table>

*Contracted for 16 Facility Based Crisis Beds
Provider Self-Reported data*
Wake County: UNC Wakebrook

Detox Discharges per Month

- July: 86
- August: 79
- September: 87
- October: 64
- November: 73
- December: 72

Detox Average Length of Stay

- July: 6
- August: 6
- September: 6
- October: 6
- November: 6
- December: 6

*Contracted for 16 Detox Beds
Provider Self-Reported data
ITEM: Records Retention and Destruction

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: According to G.S. §121-5 and G.S. §132-8, state and local governmental entities may only destroy public records with the consent of the Department of Natural and Cultural Resources (DNCR), the Division of Archives and Records. Retention schedules are the primary way that the Division of Archives and Records gives its consent to state and local governments to destroy their records.

The General Records Schedule for Local Government Agencies issued on March 1, 2019 now covers all records created and maintained by Alliance except for the programmatic records. This schedule covers the following types of records:

- Administration and Management Records
- Budget, Fiscal, and Payroll Records
- Geographic Information System (GIS) Records
- Information Technology Records
- Legal Records
- Personnel Records
- Public Relations Records
- Risk Management Records
- Workforce Development Records

The programmatic records still fall under the DMH/DD/SAS Local Management Entity Schedule (APSM 10-6), which Alliance will continue to follow.

The Executive Committee of the Board heard this matter on March 19, 2019, and is recommending adoption of the new General Records Schedule for Local Government Agencies.

REQUEST FOR AREA BOARD ACTION: Adopt the schedule.

CEO RECOMMENDATION: Adopt the schedule.

RESOURCE PERSON(S): Monica Portugal, Chief Compliance Officer
2019 Local Government Agencies
General Records Retention and Disposition Schedule

The records retention and disposition schedule and retention periods governing the records series listed herein are hereby approved. In accordance with the provisions of Chapters 121 and 132 of the General Statutes of North Carolina, it is agreed that the records do not and will not have further use or value for official business, research, or reference purposes after the respective retention periods specified herein and are authorized to be destroyed or otherwise disposed of by the agency or official having custody of them without further reference to or approval of either party to this agreement. The local government agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed. However, records subject to audit or those legally required for ongoing official proceedings must be retained until released from such audits or official proceedings, notwithstanding the instructions of this schedule. Public records, including electronic records, not listed in this schedule are not authorized to be destroyed.

All local government agencies and the Department of Natural and Cultural Resources agree that certain records series possess only brief administrative, fiscal, legal, research, and reference value. These records series have been designated by retention periods that allow these records to be destroyed when "reference value ends." All local government agencies hereby agree that they will establish and enforce internal policies setting minimum retention periods for the records that Natural and Cultural Resources has scheduled with the disposition instruction "destroy when reference value ends." If a local government agency does not establish internal policies and retention periods, the local government agency is not complying with the provisions of this retention schedule and is not authorized by the Department of Natural and Cultural Resources to destroy the records with the disposition instruction "destroy when reference value ends."

All local government agencies and the Department of Natural and Cultural Resources concur that the long-term and/or permanent preservation of electronic records requires additional commitment and active management by the agency. Agencies agree to comply with all policies, standards, and best practices published by the Department of Natural and Cultural Resources regarding the creation and management of electronic records.

It is further agreed that these records may not be destroyed prior to the time periods stated; however, for sufficient reason they may be retained for longer periods. This schedule supersedes the general standards in all previous local government retention and disposition schedules and is to remain in effect from the date of approval until it is reviewed and updated.

APPROVAL RECOMMENDED

Sarah E. Koonts, Director
Division of Archives and Records

Susi H. Hamilton, Secretary
Department of Natural and Cultural Resources

Municipality/County: __________________________
ITEM: Draft Minutes from March 19, 2019, Board Budget Retreat

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: An annual budget retreat is held to provide information to the Board regarding the upcoming fiscal year budget. The draft minutes are attached.

REQUEST FOR BOARD ACTION: Approve the minutes.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
MEMBERS PRESENT: ☐ Glenn Adams, Cumberland County Commissioner, JD, ☐ Cynthia Binanay, Chair, MA, BSN, ☐ Christopher Bostock, BSIM, ☐ Heidi Carter, Durham County Commissioner, MPH, MS, ☐ George Corvin, Vice-Chair, MD, ☐ David Curro, BS, ☐ Greg Ford, Wake County Commissioner, MA, ☐ Lodies Gloston, MA, ☐ David Hancock, MBA, MPAff, ☐ Duane Holder, MPA, ☐ D. Lee Jackson, BA, ☐ Curtis Massey, JD, ☐ Donald McDonald, MSW, ☐ Lynne Nelson, BS, ☐ Gino Pazzaglini, MSW LFACHE, ☐ Pam Silberman, JD, DrPH, ☐ Lascel Webley, Jr., MBA, MHA, and ☐ McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Vicky Evans, Cumberland County; Denise Foreman, Wake County Manager’s Office; Gayle Harris, Durham County Manager’s Office

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Heather Copley, Data Scientist; Denise Dirks, Administrative Assistant II; Cathy Eaton, Executive Assistant I; Ashley Everette, Budget Analyst; Kelly Goodfellow, Executive Vice-President/CFO; Amanda Graham, Senior Vice-President/Organizational Effectiveness; Beth Melcher, Executive Vice-President/Care Management; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy & Government Relations; Robert Robinson, CEO; Sean Schreiber, Senior Vice-President/Provider Network and Evaluation; Ashley Snyder, Accounting Manager; Sara Wilson, Director of Government Relations; Carol Wolff, General Counsel; Doug Wright, Director of Individual and Family Concerns, and Jeff Wright, Finance Manager

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 1:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>Mr. Robinson welcomed Board members, Alliance staff, and guests. Attendees introduced themselves. Alliance recently completed its annual External Quality Review, the results of which should be received within several weeks.</td>
</tr>
<tr>
<td>3. Opening</td>
<td>Ms. Goodfellow presented an overview of budgetary impacts for FY20 that will be covered in detail. The purpose of the Retreat is not to review or approve budget numbers, but to review information that will be of use when approving the FY20 budget. This will be Alliance’s 8th fiscal year for which to budget. Major developments to consider in the next budget include the implementation of the Complete Care Model and the pending transition in the state to Medicaid-funded Standard Plans and Tailored Plans. Cuts to single-stream funding have a potential impact upon budgetary decisions.</td>
</tr>
<tr>
<td>4. CFAC Presentation</td>
<td>Dave Curro, CFAC Chair, presented an overview of the CFAC and its objectives and activities. The Alliance CFAC (Consumer and Family Advisory Committee) is a self-governing committee that advises the Alliance Board, advocates for consumers, and maintains a presence at community and mental health professional events. CFAC’s main points of concern for Alliance’s FY20 budget are State funding cuts, Medicaid transformation, and how transitioning and then funding consumers through the Standard and Tailored Plans will work in the new system. Mr. Curro outlined opportunities that CFAC has determined are the best opportunities for developing new and innovative services to cover more consumers.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
</tr>
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</tr>
<tr>
<td>5. Medicaid Services and Spending</td>
<td>Mr. Schreiber provided an overview of Alliance’s Medicaid service spending and revenue and highlighted some areas of service that have significant potential budgetary impact. In four services, ICF/MR, Innovations, Outpatient, and PRTF, Alliance has had to overspend its budget. Mr. Schreiber presented a summary of management responses to these expenses.</td>
</tr>
<tr>
<td>6. Non-Medicaid Update</td>
<td>Ms. Goodfellow gave an overview of funding from non-Medicaid sources as well as potential and ongoing savings initiatives.</td>
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<td></td>
<td>There has been an increase of population in Alliance’s catchment area, but a decrease in funding. In addition, the counties in Alliance’s catchment area have different funding structures.</td>
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<td>Alliance surveyed stakeholders to determine their recommendations for focus; Ms. Goodfellow covered those items that stakeholders have identified as priorities.</td>
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<td>7. Tailored Plan Budget Implications</td>
<td>Mr. Bollini presented the current estimations, per Alliance data, for the scope of the Tailored Plan population, and a breakdown of additional populations that may impact that estimate. Also covered were key Tailored Plan initiatives across Alliance that will have implications for the FY20 budget.</td>
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<td>8. Complete Care</td>
<td>Ms. Melcher covered the timeline for the transition to the Alliance Complete Care model and milestones for the program – most of these will be complete by September 2019. Care Coordination has already begun its transition into the Care Team Model as a part of this change, and Community Relations has begun its transformation into Community Health and Well-Being. These and other transitions have had and will have a cross-agency impact.</td>
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<td>9. Supplemental information</td>
<td>Ms. Goodfellow shared information around Alliance’s Reinvestment Plan and its Recommended Reinvestment Plan and invited questions from the Board. Alliance staff members answered questions and provided clarification on aspects of reinvestment, administrative costs for the agency, and costs associated with initiatives related to the Tailored Plan transition.</td>
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<tr>
<td>10. Adjournment</td>
<td>With all business completed, the meeting adjourned at 3:45 p.m.</td>
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</tbody>
</table>

Respectfully Submitted by:

Kelly Goodfellow, Chief Financial Officer
ITEM: Change Management

DATE OF BOARD MEETING: April 4, 2019

BACKGROUND: Change Management is defined as “the process, tools, and techniques to manage the people side of change to achieve the required business results”. Alliance began developing its Change Management plan for Alliance’s transition to a Tailored Plan in October 2018 when two senior staff were sent to an intensive certification process by Prosci, an international leader in research based change management. This presentation will provide an overview of the Prosci model of Change Management and the progress of our phase 1 implementation.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Amanda Graham, Senior Vice-President/Organizational Effectiveness