NOTICE REGARDING ALLIANCE BOARD MEETINGS AND BOARD COMMITTEE MEETINGS

Taking into consideration the CDC, NC Department of Health and Human Services, and our local government’s recommendations on social distancing and measures taken across our catchment area to include travel bans, school closures, quarantines, and event cancellations, Alliance is taking the following measures until further notice.

In line with the locally declared State of Emergency here in Wake County, there will be no public attendance at Alliance public meetings.

- Public comment will be taken digitally on all items, with the following guidelines:
  - (1) any public comment must be sent in by 5 p.m. the day before the meeting to
    address VIngram@AllianceHealthPlan.org or by calling (919) 651-8466 and leaving a
    voicemail
  - (2) must state which agenda item you are commenting on, or if it is for informal discussion; and
  - (3) must be no more than 350 words.

- All Alliance Board members will participate in this meeting by phone, including any votes.

These mitigation efforts are in line with Durham and Wake County’s amended State of Emergency orders on and about March 25, 2020, and the nation’s effort to slow the spread of the virus and allow us to better address COVID-19’s impact on this state.

This is a temporary measure for the health and safety of everyone, as we collectively work through social distancing techniques and stay-at-home orders to prevent the spread of COVID-19.

Beginning on April 2, 2020, all Alliance Board meetings as well as Board Committee meetings will be held electronically only. Board members, participants and members of the public will be able to participate via electronic means only.

Please be aware that this guidance could change, as this is a rapidly evolving national and local health emergency.

Here is information to participate in the Alliance Board meeting on Thursday, May 6, 2021 at 4:00 pm:

- To participate via smart phone, computer or tablet, please register for this meeting at
  https://alliancehealthplan.zoom.us/meeting/register/tJcqfuisrjljHTMWDwBNNzTOAM5-6xeKC0Q.
  After registering, you will receive a confirmation email containing information about joining the
  meeting.

- To improve audio quality for all participants, please mute your device when you are not speaking
AGENDA

1. Call to Order/Roll Call
2. Agenda Adjustments
3. Public Comments (5 minutes)
4. Chair's Report (10 minutes)
5. CEO Report (10 minutes)
6. Consent Agenda (5 minutes)
   A. Draft Minutes from April 1, 2021, Board Meeting – page 4
   B. Audit and Compliance Committee Report – page 9
   C. Client Rights/Human Rights Committee Report – page 11
   D. Executive Committee Report – page 57

CEO Recommendation
Adopt the consent agenda (approve the April 1, 2021, Board minutes, receive the reports, and review/approve committee recommendation(s)).

7. Committee Reports
   A. Consumer and Family Advisory Committee (5 minutes) – page 62
   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 includes draft minutes from the April 5, 2021, steering committee meeting; the April 20, 2021, Johnston subcommittee meeting; and multiple community forum presentations in April.

   B. Finance Committee Report and Fiscal Year 2021-2022 Recommended Budget (30 minutes) – page 101
   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 2:30 p.m. prior to the regular Board Meeting. This month’s report includes draft minutes from the April 1, 2021, meeting, the Statement of Net Position, Summary of Savings/(Loss) by Funding Source, ratios for the period ending March 31, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics. This report also includes the Fiscal Year 2021-2022 Recommended Budget, which is being presented to the Board for consideration.

   C. Items Pulled from Consent Agenda (10 minutes)

CEO Recommendation
Receive the reports; consider/approve the recommendations.
8. **Closed Session (40 minutes)**
   The Board will hold a closed session pursuant to NC General Statue 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee.

9. **Reconvene Open Session**

10. **Special Update/Presentation: Staff Return to Office (10 minutes) – page 140**
   Dr. Mehul Mankad, Chief Medical Officer, will provide an update of our phased return to onsite/field work in July/August and the expectation to begin our ‘new normal’ in September – post Labor Day.

   **CEO Recommendation**
   Receive the update/presentation.

10. **Adjournment**

    Next Meeting: Thursday, June 3, 2021
    (virtual meeting via videoconference)
ITEM: Draft Minutes from the April 1, 2021, Board Meeting

DATE OF BOARD MEETING: May 6, 2021

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes.

CEO RECOMMENDATION: Approve the draft minutes.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; and Robert Robinson, CEO
MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Lodies Gloston, MA; David Hancock, MBA, MAff; Duane Holder, MPA; D. Lee Jackson, BA; Lynne Nelson, Vice-Chair, BS; Gino Pazzaglini, Board Chair, MSW LFACHE; Pam Silberman, JD, DrPH; and McKinley Wooten, Jr., JD

APPOINTED MEMBERS ABSENT: Angela Diaz, MBA; Donald McDonald, MSW; vacancy representing Cumberland County; two vacancies representing Durham County; vacancy representing Johnston County; and vacancy representing Wake County

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

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Michael Bollini, Executive Vice-President/Chief Operating Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Wes Knepper, Senior Director of Quality Management; Joshua Knight, Director of Internal Audit; Ann Oshel, Senior Vice-President/Community Health and Well-Being; 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; Jennifer Stoltz, Administrative Assistant II; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Board Chair Gino Pazzaglini called the meeting to order at 4:04 p.m.; he noted that quorum was not initially present. Ms. Ingram confirmed when quorum was present.

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<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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<tr>
<td>2. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<td>3. Public Comment</td>
<td>There were no public comments.</td>
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<td>4. Chair’s Report</td>
<td>Chair Pazzaglini requested initial feedback on combining the By-Laws/Policy Committee and the Audit and Compliance Committee. The topic will also be reviewed at the April 19, 2021, Board Executive Committee meeting.</td>
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<td>5. CEO’s Report</td>
<td>Mr. Robinson asked Monica Portugal, Chief Compliance Officer, to share an update and reminder of the agency’s policy to communicate with Board members via an agency issued email. Ms. Portugal reviewed the history and purpose behind this process.</td>
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B. Network Development and Services Committee Report – page 11  
C. Quality Management Committee Report – page 15 |

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 Vice-Chair Nelson to adopt the consent agenda; motion seconded by Mr. Curro. Motion passed unanimously.
### AGENDA ITEMS: 7. Committee Reports

#### DISCUSSION:

A. Consumer and Family Advisory Committee
   - 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 from the recent Steering, Durham, Wake, Johnston and Cumberland meetings.

   Doug Wright, Director of Community and Member Engagement, presented the report. Mr. Wright acknowledged the passing of CFAC member and former CFAC Chair, Dan Shaw. He shared about recent CFAC meetings including a COVID-19 update from Alliance Chief Medical Officer, Mehul Mankad; an update from NC DHHS; recommended changes to statute regarding CFAC and State CFAC member advisory committees for the NC DHHS standard plan and tailored plans; and the NCQA accreditation process. The CFAC report is attached to and made part of these minutes.

#### BOARD ACTION

The Board received the report.

B. Executive Committee Report – page 79
   - The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This report included draft minutes from the March 15, 2021, meeting and potential next steps from the recent survey of Board members.

   Chair Pazzaglini provided a brief overview of the Board survey, noting the timeline for reviewing survey results. Wes Knepper, Senior Director of Quality Management, presented the proposed next steps. The Executive Committee report is attached to and made part of these minutes.

#### BOARD ACTION

A motion was made by Dr. Silberman to approve the next steps from the 2020 Board survey; motion seconded by Mr. Holder. Motion passed unanimously.

C. Finance Committee Report – page 82
   - 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 included draft minutes from the March 4, 2021, meeting, the Summary of Savings/(Loss) by Funding Source, ratios for the period ending February 28, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics.

   David Hancock, Committee Chair, presented the report. He and Sara Pacholke, Senior Vice-President/Financial Operations, reviewed the report and items submitted for Board approval. The Finance Committee report is attached to and made part of these minutes.
**AGENDA ITEMS:**

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<td><strong>A.</strong> Motion was made by Mr. Hancock to approve the FY21 Amendment 1 to increase the budget by $140,956,213 bringing the total FY21 budget to $692,798,739 and to approve the FY21 revised reinvestment plan for $19,894,135; motion seconded by Ms. Council. Motion passed unanimously.</td>
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| **A.** Motion was made by Mr. Hancock to adopt the resolution related to electronic payments; motion seconded by Ms. Gloston. Motion passed unanimously. |

| **D.** By-Laws/Policy Committee Report – page 96 |
| Per Alliance Health Board Policy “Development of Policies and Procedures,” the Board is to review all policies annually. The Board Policy Committee also reviews Policies throughout the year on an ad hoc basis. This month’s report included minutes from the previous meeting and a policy with recommended revisions. |

| Lodies Gloston, Committee Chair, reviewed the report and shared that the recommendation was also reviewed by the Board Executive Committee prior to today’s presentation to the full Board. Monica Portugal, Chief Compliance Officer, reviewed the policy submitted in the report noting recommended changes, benefits of the proposed revision, and potential next steps. The By-Laws/Policy Committee report is attached to and made part of these minutes. |

| **BOARD ACTION** |
| A motion was made by Mr. Wooten to approve the submitted policy, G4: Development of Policies and Procedures, with recommended revisions; motion seconded by Mr. Curro. Motion passed unanimously. |

| **8.** Leases |
| **A.** Lease Agreement for 162 Sally Hill Circle, Fayetteville – page 101 |
| Alliance, in collaboration with Cumberland County, has committed to create a higher-level, crisis bed, response capacity in a Level 3 group home setting for youth involved with Cumberland DSS. The County has agreed to lease property to Alliance to use for the group home, and Alliance has agreed to select an enhanced service provider having an expertise in assessment and treatment planning to assist with transition back into a community family setting to operate the residential setting. Carol Wolff, General Counsel, provided an overview of the lease summary, which was included in the packet. |

| **BOARD ACTION** |
| A motion was made by Ms. Gloston to approve the proposed lease agreement from Cumberland County for 162 Sally Hill Circle, Fayetteville, to authorize the CEO to execute it, and to authorize the CEO to sublease the property to the selected service provider; motion seconded by Mr. Holder. Motion passed unanimously. |

| **B.** Lease Agreement for 400 W. Ransom Street, Fuquay-Varina – page 104 |
| With the intent of building a child crisis facility, Alliance purchased the property located at 400 W. Ransom Street, Fuquay-Varina, in April 2018. This facility increases Alliance’s local crisis continuum, which includes mobile crisis, rapid response, evidence, based and best practices, and several proven intensive home based treatment models to work with the youth and their family in their own community. Ms. Wolff provided an overview of the lease summary, which was included in the packet. |
**AGENDA ITEMS:**

**DISCUSSION:**

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<td>A motion was made by Mr. Jackson to approve the lease of 400 W. Ransom Street in Fuquay-Varina to KidsPeace National Centers of North America Inc. as proposed, and to authorize the CEO to execute the lease agreement; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
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9. Closed Session(s)  
**BOARD ACTION**  
A motion was made by Mr. Wooten to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Dr. Silberman. Motion passed unanimously.

10. Reconvene Open Session  
The Board returned to open session.

11. Special Update/ Presentation: Supportive Housing Investments  
Alliance continues to make capital investments with select affordable housing developers to establish exclusive set aside units for our members. Ann Oshel, Senior Vice-President/Community Health and Well-Being, provided an update on past capital investments and planned investments as Alliance moves towards Tailored Plan implementation.

Ms. Oshel reviewed the importance of landlord and developer relationships, partnerships with local municipalities, and the importance of capital investments as a health plan; she also reviewed the beneficial impact for the people Alliance serves. Lastly, Ms. Oshel provided an overview of recent efforts to create inventory for this social determinant of health. The presentation is saved as part of the Board’s files.

**BOARD ACTION**  
The Board accepted the training/presentation.

12. Adjournment  
All business was completed; the meeting adjourned at 6:08 p.m.

**Next Board Meeting**  
**Thursday, May 06, 2021**  
**4:00 – 6:00 pm**

Minutes approved by Board on [Click or tap to enter a date..]
**ITEM:** Audit and Compliance Committee Report

**DATE OF BOARD MEETING:** May 6, 2021

**BACKGROUND:** The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions and to assist the Board in fulfilling its oversight responsibilities. This Committee report includes minutes from the April Special Meeting.

**REQUEST FOR AREA BOARD ACTION:** Accept the report.

**CEO RECOMMENDATION:** Accept the report.

**RESOURCE PERSON(S):** David Curro, Committee Chair; Monica Portugal, Chief Compliance Officer
APPOINTED MEMBERS PRESENT: ☒David Curro, BS, (Committee Chair), ☒Duane Holder, MPA, ☐D. Lee Jackson, BA
BOARD MEMBERS PRESENT: None
GUEST(S) PRESENT: None
STAFF PRESENT: Monica Portugal, Chief Compliance Officer; Josh Knight, Director of Internal Audit; Jamie Preslar, Administrative Assistant

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 3:30 pm

2. REVIEW OF THE MINUTES – The minutes from the November 25, 2020, meeting were reviewed; a motion was made by Mr. Holder and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

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<td>3. Independent Auditor Selection and Contract</td>
<td>Knight presented the selection process, including evaluation of proposals submitted. Three audit firms with local government and public sector experience submitted proposals. Committee received a summary of each, average score per audit firm and recommendation from the review panel, which was made up by staff from Finance and Compliance. Committee asked if staff had received reference checks from the LME/MCOs who have worked with the audit firm. Knight stated they had not. A motion was made by Holder and seconded by Curro to accept the recommendation from the panel to select CLA for the audit contract and to authorize the Committee Chair to sign the Audit contract, pending positive references from the LME/MCOs. Motion passed unanimously.</td>
<td>Staff will reach out to the three LME/MCOs who have worked with CLA for references and will report results to the Committee.</td>
<td>Prior to contract execution</td>
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4. ADJOURNMENT: the meeting adjourned at 3:52 pm; the next meeting will be May 26, 2021, from 4:00 p.m. to 5:30 p.m.
ITEM: Client Rights/Human Rights Committee Report

DATE OF BOARD MEETING: May 6, 2021

BACKGROUND: The Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors.

The Human Rights Committee functions include:
1) Reviewing and evaluating the Area Authority’s Client Rights policies at least annually and recommending needed revisions to the Area Board.
2) Overseeing the protection of client rights and identifying and reporting to the Area Board issues which negatively impact the rights of persons serviced.
3) Reporting to the full Area Board at least quarterly.

This report includes draft minutes from the April 8, 2021, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Angela Diaz, Committee Chair; and Doug Wright, Director of Community and Member Engagement
APPOINTED MEMBERS PRESENT: ☒ Angela Diaz, MBA, Board member (Committee Chair), ☒ Marie Dodson, ☐ Sally Hunter, ☐ Donald McDonald, MSW, Board member, ☒ Lynne Nelson, BS, Board member, ☒ Dr. Michael Teague, ☐ Patricia Wells, ☐ Ira Wolfe, ☒ McKinley Wooten, Jr. JD, Board member

APPOINTED, NON-VOTING MEMBERS PRESENT:

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: ☐ Todd Parker, QM, Incident & Grievance Manager, ☒ Nancy Cody, Resident Advocate New Hope Treatment Centers

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Starlett Davis, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist, Terrasine Gardner, Member Engagement Manager, Erica Ashbury, Member Engagement Specialist,

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:05pm

2. REVIEW OF THE MINUTES – The minutes from the January 14, 2021, meeting were reviewed; a motion was made by Marie Dodson and seconded by Dr. Teague to approve the minutes. Motion passed unanimously.

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| 3. PRTF Day to Day Operations | Nancy Cody, Resident Advocate New Hope Treatment Centers Nancy Cody presented on New Hope Treatment Center and their program delivery and advocating for the members being treated.  
- She presentation started with giving background on her experience and role at the center.  
- New Hope’s accreditation, objectives and goals  
- Highlights  
- Accomplishments  
- Residents Rights  
- Investigations  
- Youth Advisory Board  
- YAB Topics and Projects  
- Nancy Cody also spoke about how grievances were submitted to Alliance via the Iris Program. |
| 4. Grievance Review | Todd Parker, QM, Incident & Grievance Manager Presented the Grievance Review for Q2 FY 2021 Complaint Analysis  
- Categories- Complaints, Grievances, Internal Stakeholders Concern  
- Complaints and Grievances Overview- Q2 FY21 yielded 191 entries |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
AGENDA ITEMS:  | DISCUSSION:  | NEXT STEPS:  | TIME FRAME:  
---|---|---|---
• Nature of Issues Definitions.  
• Nature of Issue/ Types- Quality of Services account for 25% of all Complaints/Grievances. Access to services continues to be the 2nd highest category  
• Who submitted the concerns- 84 (43%) were Grievances; by Member or Legal Guardian. 71 (37%) were submitted by MCO staff  
• Complaints against Alliance  
• Human Rights Issues  
• Service Breakdowns with the top 3 overall- 21% Outpatient Services, 13% Residential Services, 7% Non-Residential Innovations Services  
• Services with I/DD- 10% of all complaints and grievances were from IDD services/ 70% of IDD services were Innovations Services  
• MHSUD- 58% of all complaints and grievances were from MH/SUD services/ 27% of all complaints and grievances were from Enhanced Services  

5. Incidents Review  
Todd Parker, QM, Incident & Grievance Manager Presented the Incidents Trends Report for Q2 FY 2021  
• Incident Report Breakdown- 608 Reports were entered in to NC-IRIS for 483 members, 397 children, 211 adults  
• LEVELS- 541 Level 2 reports /67 Level 3  
• Incident Levels by County- Wake County submitted the largest number of Level 2 and Level 3 reports in the 2nd quarter of FY2021  
• Adults Vs Children- A total of 396 Incidents were reported for children. A total of 212 Incidents were reported for Adults  
• Service Breakdown- PRTF service category remains the highest reporting service; 18% of all reports  
• Reports by Incident category  
• Restrictive Interventions- 117 Restrictive Interventions reported 99% of Restrictive Interventions were Physical Restraints  
• Physical Restraint- 87% from PRTF Programs  
• Injury Categories- 51 Total
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<td>• Abuse/Neglect/Exploitation- 84 reported in this category (14% of all Incidents) <strong>Substantiated, 1 Exploitation, 1 Staff Abuse, 1 Staff Neglect</strong>&lt;br&gt;• Member Deaths- A total of 39 deaths were reported during the 2nd quarter&lt;br&gt;• 18 (L2); 21 (L3)&lt;br&gt;• 56% of reports due to Terminal Illnesses&lt;br&gt;• 4 OCME Reports Reviewed- 3 (75%) Deaths determined to be due to Natural Causes, 1 (25%) Suicides – Remained L3, 2 from Q3 2020, 1 from Q4 2020, 1 from Q1 2021&lt;br&gt;• Incident Report Compliance, Process, and Late Incident Report Submission- Late submissions in the 2nd quarter increased by 2 points</td>
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<td>6. Announcements/other</td>
<td>N/A</td>
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7. **ADJOURNMENT:** the meeting adjourned at 5:16pm; the next meeting will be July 8, 2021, from 4:00 p.m. to 5:30p.m.
New Hope Carolinas

New Hope Carolinas, Inc. has been accredited by The Joint Commission since opening in 1998. As a requirement for accreditation, we have invested in continuous performance improvement activities, including the reduction of the use of restraint and seclusion, consistent with the Six Core Strategies (6CS), for over 18 years. New Hope formally endorsed the Building Bridges Initiative (BBI) in August of 2012. The following slide presentation outlines:

1. Our achievements related to the infusion of the 6CS and BBI principles as of August 2018
2. Our objectives/plans to continue to improve processes related to these two very important initiatives
3. Specifics related to resident rights, grievances, and investigations.
Highlights

• New Hope eliminated the use of prone restraint and mechanical restraint over a decade ago without prompting or state driven directives.

• Established a yearly consultative agreement with internationally renowned author, lecturer, and trainer Joann Schladale to further enhance the quality of care provided.
New Hope Accomplishments

• BBI consultants completed and on-site assessment at New Hope Carolinas in 2016 to assess New Hope’s transitional efforts.

• 2016 New Hope eliminated the use of all point/level systems. This change was mitigated through enhanced staff training on Motivational Interviewing and training/consultation by Joann Schladale on enhancing core competencies.
New Hope Accomplishments

• 2016 New Hope formally adopted a High Reliability mindset with regard to performance goals.
• Leaders infused language in key policies and the Plan for Services document to report the utilization of R/S by program during monthly Senior Leadership meetings to not only increase awareness but to generate healthy competition among programs.
• 2004 pioneered the incorporation of the use of pulse oximetry to monitor residents during any hold as an additional safety feature.
New Hope Accomplishments

• Seclusion and Restraint Reduction Tools: Expand/enhance sensory rooms/portable backpacks, use of Yoga and animal assisted therapies, Bio-feedback, and explore other non-traditional therapy/intervention models in an effort to reduce the use of R/S. Continue to incorporate CIR findings in operations, continue process of reviewing every youths safety plan after any R/S episode, Continue process of fully reviewing safety planning strategies to include getting feedback from youth.
Resident Rights

- New Hope Carolinas is one of the few PRTFs that employs a dedicated, full time Lead Resident Advocate.
- All residents and guardians receive a copy of the Resident and Guardian Handbook before and at admission. The Lead Resident Advocate (LRA) meets with each new resident to review their rights and grievance process.
- All new staff receive training on Resident Rights, Grievances, and Cultural Awareness during orientation week. This training is done by the LRA.
- The New Hope Statement of Resident Rights and Responsibilities is posted on each unit and in other conspicuous places in the building.
- The LRA sends out a weekly “Rights Reminder” email to all New Hope staff. Each week a specific topic about resident rights is highlighted.
Resident Rights

- Rights Education groups are done on each unit monthly by the Clinical Counselors and the LRA also does informal groups on the units, as needed, to discuss rights and grievances.
- Staff review rights issues as needed in supervision meetings monthly.
- The LRA welcomes and encourages staff to stop by the office and ask questions or provide clarification on anything rights related or to report anything they feel might be a rights violation if they are not comfortable reporting up the chain of command.
- Quarterly All Staff Meetings are done with awards given to Employee of the Quarter, Role Model of the quarter, Safety Award, Teacher of the Quarter, and Customer Service Shining Star award.
- The LRA participates in weekly Leadership and a monthly Senior Leadership to report on grievances and investigations.
- The LRA is required to review and sign off on any Modified Behavior Plans for residents.
- The LRA chairs the Human Rights Committee which meets quarterly. This committee provides oversight by outside entities: Local Law Enforcement, Catawba Community Mental Health, NAMI, Pastoral Council, Winthrop University, and parents of former residents.
Investigations

Grievances:
Naturally, residents have the right to file a grievance. Grievance forms and locked grievance boxes are at the control station on each unit. If a resident asks for a grievance staff are mandated to give them one. Staff are instructed to not assist with the grievance unless the resident asks for assistance. The resident places their grievance in the locked grievance box. The LRA collects grievances and processes them – determines if a grievance requires more than an investigation by the Team Supervisor or other appropriate department head. Some grievances remain with the LRA for investigation. All grievances are taken seriously including grievances written about staff. Residents write grievances about anything and everything. Some seem insignificant but it means that the resident has something to say and that should never be ignored. Others may be very serious and contain serious allegations which will follow the path of an investigation.

Internal:
Internal investigations are those in which situations that are reported by staff or residents are looked into but do not meet the criteria to be reported to OHAN (abuse and neglect). These investigations usually require more than a typical grievance investigation.

OHAN:
OHAN is the part of SCDSS that investigates reports of abuse and neglect outside of the home (PRTF, group homes, foster care, day care). If abuse or neglect is suspected, New Hope self reports to OHAN. Sometimes an outside source reports to OHAN such as a social worker, parent or legal guardian, hospital or doctor’s office. Once OHAN get and accepts a referral for investigation they initiate a 45 day investigation. At the end of the 45 days they either indicate the report for abuse or neglect or not. If a report is indicated the staff is placed on the central registry in SC and they are unable to work with children. The staff does have appeal rights when a case is indicated.
Youth Advisory Board

The Lead Resident Advocate coordinates the Youth Advisory Board (YAB) which is comprised of resident representatives from each unit. The purpose of the YAB is to provide a committee of current resident representatives to provide feedback about the resident’s New Hope experience and voice general concerns for the milieus they each represent and make recommendations for milieu enhancements to Senior Leadership. The YAB also engages in specific projects as requested or may serve as a focus group to assist New Hope Leaders regarding a specific topic. As part of the Building Bridges Initiative, the YAB serves as an effort to provide “youth guided care.” The YAB works in conjunction with New Hope Human Rights Committee to ensure resident rights are respected and protected.

The YAB also meets with the Senior Leadership team in order to provide direct access to facility leadership in order to convey any global concerns, or make suggestions for improvement to programming.
YAB Topics

Here are some of the topics YAB has covered. This information is used in staff trainings and presentations:

• What kids want staff to know about them.
• What it’s like living at New Hope.
• How can New Hope do better?
• What kids want staff to know about restraints.
• Here’s what residents like/don’t like about the food and new menu suggestions.
• What kids want staff to know about their rights.
YAB Projects

New WELCOME sign for the front of the building.
YAB Projects

Do One Thing

Cultural Diversity Project
YAB Projects

• Talk To Us – feedback form
• “Dear New Staff” letter
• To You, From Us – Welcome Booklet for new residents
• My CFT Meeting – residents run their own CFT meetings.
• Resident Discharge Survey
• *Upcoming projects*... the YAB Newsletter, Youth and Family Mentors
CATEGORIES

**Complaint:** *(Internal and External Stakeholders)*
An expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services

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

**Internal Stakeholder Concern:**
An Alliance staff member’s expression of dissatisfaction about any matter related to service provision or Alliance functions.
Complaints and Grievances Overview

Q2 FY21 yielded 191 entries

• 84 (44%) Grievances – Members/legal guardians
• 71 (36%) Internal Employee Concerns – Alliance staff
• 34 (18%) External Stakeholder Concerns – Outside entities
• 2 (2%) Compliments
## 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>
• Quality of Services account for 25% of all Complaints/Grievances
• Access to services continues to be the 2nd highest category
Source: *Who submitted concerns?*

- 84 (43%) were Grievances; by Member or Legal Guardian
- 71 (37%) were submitted by MCO staff
# Complaints Against Alliance

## 23 Complaints Against Alliance

<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20</strong> LME/MCO Functions</td>
<td>• Primarily complaints against Alliance staff</td>
</tr>
</tbody>
</table>
| **3** Authorization/Payment/Billing – LME/MCO Only | • Reimbursement issues  
• Billing/Payment flexibilities during COVID |
Human Rights Issue

- Abuse/Neglect/Exploitation: 16
- Client Rights: 8
- Confidentiality/HIPAA: 4
- Basic Needs: 1

AllianceHealthPlan.org
SERVICE BREAKDOWN
Top 3 Services Overall

- 21% Outpatient Services
- 13% Residential Services
- 7% Non-Residential Innovations Services
• 10% of all complaints and grievances were from IDD services
• 70% of IDD services were Innovations Services
58% of all complaints and grievances were from MH/SUD services
27% of all complaints and grievances were from Enhanced Services
Incident Report Breakdown

- 608 Reports were entered into NC-IRIS for 483 members
- 397 children
- 211 adults

**LEVELS**
- 541 Level 2 reports
- 67 Level 3
Wake County submitted the largest number of Level 2 and Level 3 reports in the 2nd quarter of FY2021.
• A total of 396 Incidents were reported for children
• A total of 212 Incidents were reported for Adults
Service Breakdown

(10+ Reports)

- RC911 - PRTF: 108 reports
- H2022 - Intensive In Home: 82 reports
- 90806 - Individual Therapy (45-50 min): 27 reports
- RC-100 - ICFMR: 26 reports
- Individual Therapy: 24 reports
- .4300 TROSA: 21 reports
- H2033 - Multi Systemic Therapy: 18 reports
- H0019 HQ - HRI Res Level III, 4 beds or less/HQ/: 18 reports
- H0040 - Assertive Community Treatment Team/IDDT: 17 reports
- Intensive In-Home: 15 reports
- H2015 HT - Community Support Team: 11 reports
- H2012 HA - Day Tx Behavioral Health Child/HA/: 11 reports
- SS145 - Residential Level II (family type): 10 reports
- .5600A Supervised Living Adult MH: 10 reports

- PRTF service category remains the highest reporting service; 18% of all reports
REPORTS BY INCIDENT CATEGORY
(Primarily Human Rights Related)
• 117 Restrictive Interventions reported
• 99% of Restrictive Interventions were Physical Restraints
Physical Restraint

(Service Breakdown)

- Psychiatric Residential Tx (PRTF): 101
- HRI Res Level III: 10
- H2012 HA- Day Tx Behavioral Health Child/HA/: 3
- HRI Res Level IV: 2

- 87% from PRTF Programs
Injury Categories

- Other: 19
- Trip or Fall: 14
- Aggressive Behavior: 10
- Auto Accident: 3
- Unknown Accident: 3
- Self-Mutilation: 2

• 51 Total
- 84 reported in this category (14% of all Incidents)
- **Substantiated**
  - 1 Exploitation
  - 1 Staff Abuse
  - 1 Staff Neglect
A total of 39 deaths were reported during the 2nd quarter:
- 18 (L2); 21 (L3)
- 56% of reports due to Terminal Illnesses
4 OCME Reports Reviewed

- 3 (75%) Deaths determined to be due to Natural Causes
- 1 (25%) Suicides – Remained L3

- 2 from Q3 2020
- 1 from Q4 2020
- 1 from Q1 2021
Incident Report Compliance
Incident Report Compliance Process
(Q2 FY2021)

• No Plans of Corrections (POC) issued during Q2 due to Pandemic
  • 23 Late Incident emails sent for 1 late report submitted
    • 1 for 2nd late (Would have resulted in POC)
Late submission in the 2nd quarter increased by 2 points.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: May 6, 2021

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. This report includes draft minutes from the April 19, 2021, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; and Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair); Angela Diaz, MBA (Client Rights/Human Rights Committee Chair); Lodies Gloston, MA (Policy Committee Chair); David Hancock, MBA, PFAff (Finance Committee Chair); Donald McDonald, MSW (Network Development and Services Committee Chair); Lynne Nelson, BS (Board Vice-Chair); Gino Pazzaglini, MSW LFACHE (Board Chair), and Pam Silberman, JD, DrPH (Quality Management Committee Chair) – exited at 4:33 pm

APPOINTED MEMBERS ABSENT: None
BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Monica Portugal, Chief Compliance Officer; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Jennifer Stoltz, Administrative Assistant II; Sara Wilson, Senior Director of Government Relations; and Carol Wolff, General Counsel

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

2. REVIEW OF THE MINUTES – The Committee reviewed minutes from the March 15, 2021, meeting; a motion was made by Vice-Chair Nelson and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

3. Closed Session

   COMMITTEE ACTION: A motion was made by Dr. Silberman to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee. Motion seconded by Mr. Curro. Motion passed unanimously.

   NEXT STEPS: N/A
   TIME FRAME: N/A

4. Reconvene Open Session

   Committee returned to open session.

   NEXT STEPS: N/A
   TIME FRAME: N/A

5. Updates

   A. BOARD COMMITTEES: POLICY AND AUDIT/COMPLIANCE: Monica Portugal, Chief Compliance Officer, reviewed potential revisions and recommended next steps to merge these committees.

   B. STAFF RETURN TO OFFICE/VIRTUAL BOARD MEETINGS: Chair Pazzaglini shared that, subject to any changes to public health guidelines, the Board would resume in-person meetings starting in September 2021. Mr. Robinson shared that staff will increase meetings in offices and the community, with safety precautions, starting in July 2021.

   C. BOARD SURVEY FREQUENCY: Chair Pazzaglini reminded Board members of the recently completed board member survey, which was previously an annual requirement; he shared his recommendation to adjust this internal procedure to a biennial occurrence. Committee members agreed with the recommendation.

   NEXT STEPS: A. Board Policy Committee will hold a special meeting in late April.
         B. None specified.
         C. Mr. Robinson will direct staff to update this procedure.
         D. Mr. Robinson will clarify details of this request.
         E. None specified.
   TIME FRAME: A. April 2021
               B. N/A
               C. N/A
               D. N/A
               E. N/A

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

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>D. COUNTY COMMISSIONER APPOINTMENT:</strong> Chair Pazzaglini shared a request that was made to adjust executive committee membership to include a county commissioner. Additional information is needed to clarify this request, noting any changes to membership on this Committee would necessitate a by-laws revision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E. EMAILS SENT TO BOARD MEMBERS:</strong> Mr. Robinson cautioned Board members to be alert to any potential phishing, etc. in unsolicited emails. He recommended that Board members forward these emails to him or Ms. Ingram for processing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMMITTEE ACTION:

- The Committee received the updates.
- Committee reviewed the draft agenda and provided input.
- Ms. Ingram will forward the agenda to staff.

6. **Draft Agenda for May Board Meeting**

- Committee reviewed the draft agenda and provided input.
- Ms. Ingram will forward the agenda to staff.

7. **ADJOURNMENT:** the meeting adjourned at 4:57 p.m.; the next meeting will be May 17, 2021, at 4:00 p.m.
Combined Policy and Audit/Compliance Committees

Process:
- Notice of proposed By-Laws changes must be given to Board members at least thirty (30) days prior to the change
- Requires Supermajority approval

Timeline:
- **Late April**: Special Policy Committee meeting to review and finalize recommended revisions
- **by May 3**: Email notice of recommended revisions to all Board members
- **June 3**: Revisions presented at Board meeting for review/approval
- **July 1**: FY22 Board Chair appoints all Committee membership and Committee Chairs
Proposal:

1) # of Members *(Recommendation: at least five members)*

**Member specific/limitations:** At least one member shall have financial expertise. The Chairperson of the Audit and Compliance Committee may not also be the Chairperson of the Finance Committee.

**Staff:** The Chief Compliance Officer or CEO designee will serve as staff liaison to the Committee.

2) Meeting Frequency: *(Recommendation: at least four times a year)*

3) Purpose/Functions:

<table>
<thead>
<tr>
<th>Policy/By-Law Committee (By-Laws Excerpts)</th>
<th>Audit and Compliance Committee (By-Laws Excerpts)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Recommendation: possibly condense)</em></td>
<td><em>(Recommendation: keep in entirety)</em></td>
</tr>
</tbody>
</table>

i. The Policy/By-law Committee shall consist of at least 3 Board members and shall meet at least 1 time a year.

ii. The Chief Compliance Officer or CEO designee will be the staff liaison to the Committee.

iii. The Policy/By-law Committee’s functions include:

1) Developing, reviewing and revising Board of Directors By-Laws and Policies that Govern Alliance.

2) Recommending policies to the full Board of Directors to include all functions and lines of business of Alliance.

3) Reviewing Board Policies at least annually, within 12 months of policies’ approval. The Policy/By-law Committee reviews a number of Policies each quarter in order to meet the annual review requirement.

4) Revising Policies to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.

5) Ensure that a master Policy Index is kept current indicating Policy names, original approval dates, all revision dates, all review dates, accreditation standards, and references to applicable law, federal and state rules and regulations and state policies.

i. The Audit and Compliance Committee will consist of at least three members of the Board of Directors. At least one member shall have financial expertise. The Chairperson of the Audit and Compliance Committee may not also be the Chairperson of the Finance Committee.

ii. The Chief Compliance Officer or CEO designee will serve as staff liaison to the Committee.

iii. The Committee shall meet at least three times a year, with authority to convene additional meetings, to adequately fulfill all the obligations outlined in this charter.

iv. 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. To assist the Board of Directors in fulfilling its oversight responsibilities for:

1) The integrity of the organization’s annual financial statements;

2) The system of risk assessment and internal controls;

3) The organization’s compliance with legal and regulatory requirements;

4) The independent auditor’s qualifications and independence;

5) The performance of the organization’s internal audit function; and

6) To provide an avenue of communication between management, the independent auditors, and the Board of Directors.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: May 6, 2021

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 minutes to its 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.

This report includes documents from the following meetings: Draft minutes and supporting documents from the April 5, 2021, steering committee meeting; the April 20, 2021, Johnston subcommittee meeting; and multiple community forum presentations in April.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Jason Phipps, CFAC Chair; Doug Wright, Director of Community and Member Engagement
4. State Updates | Doug shared the CEE Update for April 2021.  
This is Child prevention Month.  
The counties Medicaid Transformation events were included in the update. The state also has some upcoming trainings and information sessions on Medicaid Transformation.  
Peer Mentor Training for I/DD was discussed. This has been sent out by Doug before. It is an exciting opportunity. They would need 15 people train to support individuals with I/DD.  
Empowerment Support groups with the Mental Health Associations for Central NC.  
Looked at the Regional CFAC meetings. New time for State to Local Call from 6:00pm to 7:30pm.  
Additional resources for Medicaid Transformation and Ombudsman assistance.  
It is also Month of the Military Child. | Ongoing | N/A

5. LME-MCO Updates | Alliance CFAC Advocacy and Information

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:
3. Public Comment | COVID-19/Vaccines Updates – questions, concerns, support needed, etc. Committee members shared how they were doing. Some shared about them getting there Covid Vaccines and that they were doing well. The committee asked about Dan’s wife and how she was doing with his passing. Doug and some of the CFAC member shared memories of him and shares well wishes. | N/A | N/A

4. State Updates | Doug shared the CEE Update for April 2021.
This is Child prevention Month.
The counties Medicaid Transformation events were included in the update. The state also has some upcoming trainings and information sessions on Medicaid Transformation.
Peer Mentor Training for I/DD was discussed. This has been sent out by Doug before. It is an exciting opportunity. They would need 15 people train to support individuals with I/DD.
Empowerment Support groups with the Mental Health Associations for Central NC.
Looked at the Regional CFAC meetings. New time for State to Local Call from 6:00pm to 7:30pm.
Additional resources for Medicaid Transformation and Ombudsman assistance.
It is also Month of the Military Child. | Ongoing | N/A

5. LME-MCO Updates | Alliance CFAC Advocacy and Information

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

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Doug presented this package to be put in the orientation packet. It is used to help understand the opportunities in advocacy and advising. Doug went through the packet.</td>
</tr>
<tr>
<td>• It went over the different types of advocacies. Responsibilities of advocating.</td>
</tr>
<tr>
<td>• Systems Advocacy Planning</td>
</tr>
<tr>
<td>• NC Department of Health and Human Services information</td>
</tr>
<tr>
<td>• NAMI information</td>
</tr>
<tr>
<td>• Navigating the NC LEG Website</td>
</tr>
<tr>
<td>Community Forums</td>
</tr>
<tr>
<td>Doug went over the dates for the forum. Starlett will send out a reminder email on Wednesday, 4/7/2021. Please share and invite to the forum.</td>
</tr>
<tr>
<td>Orange County Updates</td>
</tr>
<tr>
<td>Still in comment period. Working out in the community, building relationships and getting reacquainted. Once approved by the secretary, we will start working on the committee and steering committee. They are a part of the Regional CFAC. A member expressed that someone in the community was not speaking in a positive manner about Orange County coming to Alliance. Rob, CEO of Alliance, will address anyone’s concerns and fears on a virtual platform. Doug will be a part of this meeting as well.</td>
</tr>
<tr>
<td>Tailored Plan Preparation</td>
</tr>
<tr>
<td>We are continuing to prepare with a gap analysis. It is to see what we would need to do once awarded the Tailored plan. There are many things that are due and would happen. The different things that need to be done would be assigned to individuals. We are getting ready for the process. Jason asked what date the state would announce who will be awarded the plan. Doug said early June.</td>
</tr>
<tr>
<td>Return to in person work plan – Alliance</td>
</tr>
<tr>
<td>Things are progressing and getting vaccinated. Things are going down. We will continue as is until June 30. Between July and September, we will work virtual, some in person in the office and the field. This is to try to get the flow back in. On September 7th, we are hoping to announce what our future work state will be. We don’t know exactly what that looks like. We have learned that there are many things we can do well virtually but there are</td>
</tr>
</tbody>
</table>

| NEXT STEPS: |

| TIME FRAME: |

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<table>
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<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Subcommittees</td>
<td>also some things that need to be face to face. This is all contingent on virus going down and health issues being taken care of. We want to make sure people are happy and healthy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wake</td>
<td>Annette Smith</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>- Durham</td>
<td>Steve Hill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cumberland</td>
<td>Felisha McPherson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Johnston</td>
<td>Marie Dodson</td>
<td></td>
<td></td>
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<tr>
<td>- Area Board</td>
<td>Dave Curro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Human Rights</td>
<td>Doug Wright – no meeting/next meeting April 8th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Quality Management</td>
<td>Israel Pattison</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Each county gave their update. The board meetings were updated as well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Announcements</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

8. ADJOURNMENT: The next meeting will be May 3, 2021, at 5:30 p.m.
The last year of coping with the COVID-19 pandemic, highlighted disparities in accessing health for different racial and ethnic minority groups, including American Indian and Alaska Native communities and underscoring the need for these vulnerable communities to get vaccinated as more vaccines become available. #VaccineReady

To learn more about National Minority Health Month and to receive updates on news and activities, sign up for OMH email updates and follow us on Twitter, Facebook, and Instagram.

Visit the National Minority Health Month webpage to download and share this year’s logo.

Upcoming Training Events

April 13, 2021 11AM-12 PM

No Small Matter Virtual Viewing and Discussion Panel

No Small Matter is the first feature documentary to explore the most overlooked, underestimated, and powerful force for change in America today: early childhood education. Through poignant stories and surprising humor, the film lays out the overwhelming evidence for the importance of the first five years and reveals how our failure to act on that evidence has resulted in an everyday crisis for American families, and a slow-motion catastrophe for the country.

If you have any questions or need additional information, please contact training@eastpointe.net

Click here to register

MEDICAID TRANSFORMATION FORUM

April 12, 5:30pm: https://tinyurl.com/3tzawdue

April 13, 5:30pm: https://tinyurl.com/tnb6bt34

April 23, 10:00am: link to follow

April 27, 9:00am: https://tinyurl.com/8cs34rxt

Sara Wilson, Alliance Senior Director of Government Relations, will present information to gain knowledge on Medicaid Transformation and Alliance’s transition to becoming a Tailored Plan. Q&A will follow presentation. Click on the date you plan to attend to register for the event.

Training & Technical Assistance Survey

The CE&E Team needs your input! Follow the link to give us feedback on what trainings and events you’d like to learn more about: https://tinyurl.com/6xff3zd4. The survey is open from April 1st to April 30th.

Permanent Supported Housing Training

Permanent Supported Housing (CST and ACT tenancy support) Training

April 26-28, 2021, 9 a.m. – 4 p.m.

In partnership with Peer Voice NC, the UNC Institute for Best Practices is offering a three-day training on Permanent Supportive Housing (PSH) for Community Support Teams (CST) teams. Learn more and register online.
Brain Injury Advisory Council (BIAC) Annual Report for 2020 will be posted at: https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury, scroll down to the section for Brain Injury Advisory Council.

Recordings of the two part webinar series focusing on TBI & Behavioral Health presented in March can be accessed for free at: https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury, scroll down to Training and Education to find the webinar links. One (1) CEU is available for free for each of the following disciplines; Social Work (NASW), Rehabilitation Counselor (CRCC) and Psychologists (APA) for the Part One webinar, “What if There is a TBI?”. An evaluation must be completed to receive each CEU. General Attendance certificates are available for anyone that attends each webinar also.

Virtual brain injury support groups are available through the Brain Injury Association of America (BIANC). For more information please visit www.bianc.net and click on the resources button.

Supporting Aging Populations

The 33rd Annual Aging Symposium:
Elder Abuse and Mistreatment
Location: Live Webinar
Dates and Times: May 6, 2021, 9:00 am - 12:30 pm
Registration begins at 8:30 am
Elder abuse and mistreatment is a complicated situation worsened by isolation and the impacts of aging and diseases on individuals, families, systems, and the limitations of resources. This interactive, case-based session will offer the opportunity to explore approaches and strategies for reducing risks for elder abuse and mistreatment, and for identifying and intervening when abuse or mistreatment is suspected.
For more information & to register click here

New Resource for Family Caregivers of Older Adults

The Caregiver Navigator, a service of Project CARE (Caregiver Alternatives to Running on Empty), is a first port of call for caregivers with unmet needs. Caregivers, professionals and the general public can call the Caregiver Navigator toll-free at 844-728-0191 from anywhere in the state to get answers to questions like:

- “I’ve been caring for my husband who has dementia for six years and don’t know how much longer I can continue given my own personal health issues. What are our options?”
- “I need a break, but I can’t afford a private nurse for mom. Are there alternatives?”
- “What’s the difference between Alzheimer’s disease and dementia, and where can I find out more?”

For details, call 704.365.3484 ext. 219
If you are interested in becoming a Peer Support Specialist, online training options are available! To find an online course, please visit [https://pss.unc.edu/training](https://pss.unc.edu/training).
## VSC Veterans Stand Down Schedule 2021

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Coordinator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 9th</td>
<td>HVRP—Piedmont—NCWORKS Career Center 2701 University Pkwy Winston-Salem, NC 27105— Archie Barrow—Piedmont Regional Coordinator <a href="mailto:Archie.barrow@abccm.org">Archie.barrow@abccm.org</a></td>
<td>(Archie Barrow)</td>
</tr>
<tr>
<td>April 14th</td>
<td>HVRP-East— Cape Fear Community College 411. Front st/ Wilmington, NC 28401— Tim Driscoll—Network Relations coordinator— <a href="mailto:Tim.driscoll@abccm.org">Tim.driscoll@abccm.org</a></td>
<td>(Archie Barrow)</td>
</tr>
<tr>
<td>April 16th</td>
<td>HVRP— East— Catawba Valley Community College Tarlton Complex 2550 US HWY 70 SE, Hickory, NC 28602 — John Helton Case Manager <a href="mailto:John.helton@abccm.org">John.helton@abccm.org</a></td>
<td>(John Helton)</td>
</tr>
<tr>
<td>April 23rd</td>
<td>HVRP— Piedmont— TBD Charlotte, CN— Maurice Collins Foothills Regional Coordinator <a href="mailto:Marice.collins@abccm.org">Marice.collins@abccm.org</a></td>
<td>(Maurice Collins)</td>
</tr>
<tr>
<td>April 29th</td>
<td>HVRP— West — Robert C. Carpenter Building 1288 Georgia Rd. Franklin, NC 28734 — Tera Jabs— Western Regional Coordinator— <a href="mailto:Tera.jabs@abccm.org">Tera.jabs@abccm.org</a></td>
<td>(Tera Jabs)</td>
</tr>
</tbody>
</table>

On September 22, 2020 NC DHHS launched the “SlowCOVIDNC” App to help North Carolinians to slow the spread of the virus by alerting them when they may have been exposed to someone who has tested positive. Read the full press release and get the link to download the app by clicking here: [https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-slowcovidnc-exposure-notification-app-available-download-today](https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-slowcovidnc-exposure-notification-app-available-download-today)

Watch a video about the app here: [https://youtu.be/Yny36M_aqfw](https://youtu.be/Yny36M_aqfw)

To download now, click on the icon that best represents your device. Click “Install” or “Get” and follow the directions to get started.

---

### Veterans, Servicemembers & Families

Want to learn more about services for Veterans in North Carolina? Go to [NC Governor’s Working Group](https://nc.gov/) and explore the site— you’ll find out more about the Interactive Retreat Center near Fort Bragg, the monthly NCGWG meetings (including how to view them on Facebook), workshops, economic, health and COVID-19 related issues pertaining to related to Veterans and their families.

For more information, contact Jeff Smith, Military and Veterans Program Liaison, by email at Jeff.Smith@dhhs.nc.gov.

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### NC One Community In Recovery

Nominations are now being accepted for NC Recovery Champion and Youth/Young Adult Voice Awards! Award recipients will be recognized at this year’s NC’ One Community in Recovery Virtual conference, taking place June 9-11, 2021.

Please consider nominating someone in the community who demonstrates exceptional work promoting mental health and / or substance use recovery and please share this information with anyone who may also be interested. Visit our [webpage](https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement) and submit a nomination by March 26th, 2021. Any question can be directed to Nicole Ness.

---

### Community Engagement & Empowerment Team

The Division of MH/DD/SAS, Community Engagement and Empowerment team provides education, training, and technical assistance to internal and external organizations and groups to facilitate community inclusion and meaningful engagement of persons with lived MH/DD/SUD experience across HHS policy making, program development, and service delivery systems. Learn more at: [https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement](https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement)
The final tab on the navigation bar is the About tab. It gives an overview of other pertinent information relative to the public in the NC General Assembly.

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The bottom of the page gives you a way to quickly link to the top tabs as well as a help resource and careers.
Consumer and Family Advisory Committee

CFAC
Advocacy & Information
Advocacy
[ˈadvəkəsē] NOUN: public support for or recommendation of a particular cause or policy. (Oxford Dictionary 2021.)

- Self-advocacy is a skill that allows people to identify their strengths and areas they may need additional support with, know what they need to succeed and communicate that to other people. An individual is entitled to be in control of their own resources and how they are directed.
- Individual advocacy focuses on changing the situation of one person to protect his or her rights or to improve individual services. Individual advocacy involves supporting people to exercise their rights by providing assistance to: voice concerns, access information, resolve issues/concerns.
- Systems advocacy is an effort to change policies, rules or laws which determine how services are provided. Because systems advocacy works to cause change in organizations, service systems or laws, it requires a long-term, sustained effort by a number of people. It is harder to change how an organization or system treats a whole group of persons than it is to change a decision made by one person about the situation of another.
- Systems advocacy can benefit many people and strives to prevent problems.
- There are many different types of advocacy, including: self-advocacy, group advocacy, peer advocacy, citizen advocacy, professional advocacy, and non-instructed advocacy.
- Many of the components of each type of advocacy are interchangeable; Below is information about individual and systems advocacy.

Individual Advocacy

Five components of self-Advocacy:
- Personal responsibility.
- Knowledge of the law and other rules.
- Fact finding and documentation.
- Negotiating.
- Believing in oneself.

Tips for the self-advocate:
- Realize you have rights and are entitled to equality under the law.
- Keep informed and ask questions.
- Take advantage of resources.
  - Examples include peer-run, family, and community support programs; referral/crisis hotlines; advocacy groups; informative classes; and assertiveness training groups.
- When contacting a resource insist that explanations are clear and understandable.
Responsibilities of the self-advocate:

- Be clear about what you need and want.
- Always go to meetings.
- Ask who is at your meetings and why.
- Keep all your papers.
- Never sign blank copies of forms.
- Document what happens; take notes or have someone else do it.
- Take someone along if you need help.
- Know the laws that regulate your services.

Figure out if it’s working

- Ask questions about when, where, and how often the service is going to happen.
- Keep a log; write down when services happen.
- If services don’t happen, know whom to call.
- Evaluate happiness with services provided.
- Always ask for any decision or change to be put in writing and wait for it.
- Use communication skills.
- Use the telephone to gather information, to keep track of progress and to let people know what you want.

Expressing dissatisfaction

- Before expressing dissatisfaction, write down the essential points.
- Stay calm.
- Make the conversation brief and clear.
- Be willing to listen.
- Ask for the name and position of the person one is talking with.
- Ask when to expect action.
- If this person can’t help, ask who can.
- If necessary ask to speak to a supervisor.
- Thank the person for being helpful.
- Keep a record of the call and follow-up.

Tips for negotiating

- Pay attention, do not frown.
- Use good listening skills.
- Ask for what you want and say why.
- If the other person agrees, thank them; if not, suggest a compromise.
- If they agree with the compromise, thank them.
- Believe in yourself and do not give up.
Systems Advocacy Planning

1. **Identify the problem.**
   - What is missing from your community?
   - What areas does your community need to improve in?

2. **Support your idea.**
   - Get the facts and data to back up the problem you have identified.
   - This information can be numbers or stories.

3. **Make a plan.**
   - SMART (specific, measurable, achievable, relevant, time-bound).
   - Revise when needed.

4. **Gather support.**
   - Who in the community feels the way you do?
   - Are there community members who haven’t been included in past who might be interested?

5. **Adopt a positive attitude.**
   - Be firm, persistent, and consistent.
   - Maintain your credibility.
North Carolina Department of Health and Human Services

www.ncdhhs.gov

The Department of Health and Human Services (DHHS) manages the delivery of health- and human-related services for all North Carolinians. The department works closely with healthcare professionals, community leaders and advocacy groups; local, state and federal entities; and many other stakeholders. The department is divided into 30 divisions and offices that fall under four broad service areas: health, human services, administrative, and support functions.

NC Department of Health and Human Services

Secretary Mandy Cohen, MD, MPH
2001 Mail Service Center
Raleigh, NC 27699-2000
Customer Service Center: 1-800-662-7030
Administrative office: 919-855-4800

Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

Deputy Secretary Kody H. Kinsley
Administrative office: 919-733-7011
Customer Service & Community Rights Team: 1-855-262-1946; drnh.advocacy@dhhs.nc.gov

Division of Health Benefits (Medicaid and Health Choice)

Deputy Secretary Dave Richard
Administrative office: 919-855-4100
Medicaid Transformation: https://www.ncdhhs.gov/assistancejmedicaid-transformation

State Consumer and Family Advisory Committee

The State Consumer and Family Advisory Committee (SCFAC) advises the NCDHHS and the General Assembly on the planning and management of the DMH/DD/SAS.

State CFAC meetings are held the second Wednesday of every month from 9:00 am to 11:00 am. (Currently being held virtually).

Prior to each meeting, the agenda is posted on the DHHS DMH/DD/SAS website under councils and Committees, State Consumer and Family Advisory Committee.

State to Local CFAC conference calls are held the third Wednesday of every month from 7:00-8:30 p.m.

Let Kate Barrow or Stacey Harward know ahead of time if you plan to call.

CALL-IN tt: 1-888-273-3658; ACCESS CODE: 2490768#; MUTE: *6
Regional National Alliance on Mental Illness (NAMI) Affiliates

NAMI North Carolina
(919) 788-0801
mail@naminc.org
http://www.naminc.org

NAMI Cumberland, Lee, and Harnett County
President: Hannah Carroll
hanncarro@aol.com
(910) 476-7164
NAMI Family Support Groups meet the 3rd Tuesday of each month at 6pm meetings are held at 109 Bradford Ave., Fayetteville, NC 28301. (Recommended to call ahead.)

NAMI Durham
President: Janelle V. Hampden
http://namidurhamnc.org
(919) 231-5016
Call (919) 231-5016 to find a support group to best fit your needs and location within the county or for the most up-to-date information.

NAMI Johnston
President: Richard Callahan
(919) 464-3572
namijcnc@gmail.com
http://www.namijcnc.net
Family Support Groups (Recommended to call ahead to confirm): Thursdays at 6:30 pm at The Study Center at Hocutt Baptist Church. 353 West Second Ave., Clayton, NC 27520 and Saturdays at 2 pm at Pathways to Life, 1420-A South Pollock St., Selma, NC 27576.

NAMI Wake
President: Andrea Chase
andrea@nami-wake.org
(919) 848-4490
admin@nami-wake.org
http://www.nami-wake.org
Family to Family support groups are virtual for the time being, Tuesdays from 7-8:30 pm. Register via the website.

**All dates, times, and locations subject to change due to COVID-19**
NCLEG Navigation

The North Carolina General Assembly website is full of information on the happenings in the house, senate and general assembly news. This site gives you information on the current bills in action, session audio, calendars, redistricting information and committees. Below is information on how to navigate this site to find all you need about the general assembly.

The image below is what you will see when you go to https://www.ncleg.gov.

There are several tabs at the top to navigate to various items of information on the site.

Each tab has information relative to it. For example, the House tab has information on the number of representatives, the speaker of the house, and its purpose. There are also member information, calendars, chamber information and more. The Senate tab is similar.
The Audio tab houses audio from the different sessions held. Once the tab is clicked on, you are able to select which you would like to listen to.

The Calendar tab lists the house, senate, and legislative calendars and you can go to the each page. There is also calendar events listed on the home page.
The Committees, Bills & Laws, and Divisions tabs give information on all that relates to each listing.

The Redistricting tab holds the legislative and congressional redistricting information for the state house, senate, and congressional redistricting as well as ideal district populations and resources.

IDEAL DISTRICT POPULATIONS

STATE HOUSE DISTRICT PLANS

STATE SENATE DISTRICT PLANS

CONGRESSIONAL DISTRICT PLANS

ADDITIONAL RESOURCES
The final tab on the navigation bar is the About tab. It gives an overview of other pertinent information relative to the public in the NC General Assembly.

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Community Forum on NC Medicaid Transformation
To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care which addresses both medical and non-medical drivers of health.
Types of NC Managed Care Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

**Standard Plans**
- Will serve the majority of the non-dual eligible Medicaid population

**BH I/DD Tailored Plans**
- Targeted toward populations with:
  - significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and substance use disorders
  - intellectual and developmental disabilities (I/DD), and
  - traumatic brain injury (TBI)
- Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services
Standard Plan Contracts

• Statewide Standard Plan contracts awarded to:
  o AmeriHealth Caritas North Carolina, Inc.
  o Blue Cross and Blue Shield of North Carolina
  o UnitedHealthcare of North Carolina, Inc.
  o WellCare of North Carolina, Inc.

• Regional Standard Plan contract awarded to Carolina Complete Health to operate in part of the state (Regions 3, 4 and 5)
What is a BH/IDD Tailored Plan (TP)?

Key Features of BH/IDD Tailored Plans:

- TPs are designed for those with significant behavioral health (BH) needs and/or intellectual/developmental disabilities (I/DDs)
- TPs will also serve other special populations, including Innovations and Traumatic Brain Injury (TBI) waiver enrollees and waitlist members
- TPs will manage State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured
- Care Management will be robust and available to everyone in the TP
- Qualified LME-MCOs are the only entities that may hold a TP contract during the first four years
- LME-MCOs operating TPs must partner with a Standard Plan
Overview of BH I/DD Tailored Plan Eligibility

BH I/DD TP Eligibility Criteria Identified via Data Reviews

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code (this list was expanded in Feb, 2021)
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service. The use of service does not apply to certain schizophrenia, schizoaffective disorder, bipolar and major depressive disorder diagnoses.
- Have had an admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months
### Behavioral Health, IDD and TBI Benefit Comparison

<table>
<thead>
<tr>
<th>Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans</th>
<th>Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)</th>
</tr>
</thead>
</table>
| **State Plan Behavioral Health and I/DD Services**  
- Inpatient behavioral health services  
- Outpatient behavioral health emergency room services  
- Outpatient behavioral health services provided by direct-enrolled providers  
  - Partial hospitalization  
  - Mobile crisis management  
  - Facility-based crisis services for children and adolescents  
  - Professional treatment services in facility-based crisis program  
- Outpatient opioid treatment  
- Ambulatory detoxification  
- Research-based intensive behavioral health treatment  
- Diagnostic assessment  
- Early and periodic screening, diagnostic and treatment (EPSDT) services  
- Non-hospital medical detoxification  
- Medically supervised or ADATC detoxification crisis stabilization | **State Plan Behavioral Health and I/DD Services**  
- Residential treatment facility services for children and adolescents  
- Child and adolescent day treatment services  
- Intensive in-home services  
- Multi-systemic therapy services  
- Psychiatric residential treatment facilities  
- Assertive community treatment  
- Community support team  
- Psychosocial rehabilitation  
- Substance abuse non-medical community residential treatment  
- Substance abuse medically monitored residential treatment  
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)  

**Waiver Services**  
- Innovations waiver services  
- TBI waiver services  
- 1915(b)(3) services  

**State-Funded Behavioral Health and I/DD Services**  
**State-Funded TBI Services** |
Beneficiary Notification

Mandatory Notice – individual must choose a health plan

Exempt Notice - Individual has the option to choose a health plan
What can I do if I feel I should be in the BH I/DD Tailored Plan?

New Medicaid applicants and beneficiaries not identified as BH I/DD Tailored Plan-eligible by DHHS data reviews can request to “stay in NC Medicaid Direct/LME-MCO” or enroll in a BH I/DD Tailored Plan after launch.

The beneficiary (or legally responsible) person can submit the form themselves or work with their provider to complete the form indicating the reason why they are eligible and indicate that they understand if the request is approved, the beneficiary will be moved automatically.

**Beneficiary Form**

**Provider Form**
What happens if I need a TP service, but I am in the SP?

SP beneficiaries with an urgent need for a service available only in BH I/DD TPs (or LME/MCOs prior to TP launch) will have an expedited path to enrolling in the TP (or back to the LME/MCO).

Service Associated Transfer Request

- Provider submits request for beneficiary to move to the TP with a service authorization request for the needed service on behalf of the SP beneficiary.
  - The beneficiary must sign the request
- The request will be reviewed and the beneficiary will be enrolled in the TP
Tune into an upcoming Webinar hosted by DHHS

Please join us for a webinar to hear the latest updates in the state’s transition to Medicaid Managed Care including an overview of auto-enrollment and how it works. There will also be an opportunity for questions and answers.

To register for the webinar simply click on the link below. Feel free to share the webinar invitation and registration link with other community partners you feel would be interested in attending.

Community Partners Webinar: Next steps in NC Medicaid’s Transition to Managed Care
April 21, 2021 2-3pm

Register for Community Partners Webinar

For more information or questions contact us at Medicaid.NCEngagement@dhhs.nc.gov
Utilize helpful tools from DHHS

The “Choose Your Path to Better Health” campaign includes a variety of television and radio spots that are airing in English and Spanish as well as internet and social media messages to encourage Medicaid beneficiaries to enroll in NC Medicaid Managed Care.
Utilize helpful tools from DHHS

Materials to help share the word about NC Medicaid Managed Care and the open enrollment period toolkit includes also includes digital images and flyers that can be printed and posted.

The toolkit is available on the NC Medicaid website at https://medicaid.ncdhhs.gov/transformation/managed-care-toolkit
Medicaid Managed Care Ombudsman

- Legal Aid of North Carolina, in partnership with the Charlotte Center for Legal Advocacy and Pisgah Legal Services will educate and inform beneficiaries about the state’s move to Medicaid Managed Care through outreach events, a public website and a toll-free phone number.

- The Ombudsman will also help beneficiaries resolve issues within the Medicaid Managed Care delivery system.

- The Ombudsman services will begin in spring 2021.
Questions?
MEMBERS PRESENT: Marie Dodson, Cassandra Herbert-Williams, Leanna George, Marilyn Lund, Albert Dixon, Jerry Dodson, and Jerry Dodson
BOARD MEMBERS PRESENT: None
GUEST(S): Suzanne Thompson and ShaValia Ingram
STAFF PRESENT: Doug Wright, Director of Community & Member Engagement, Noah Swabe, Member Engagement Specialist
https://alliancehealthplan.zoom.us/meeting/register/tJctfumrqTgtHN2V20r5dCxyEuQWi8qOi-h-q

Meeting ID: 926 7086 3998
Passcode: 012115

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from March were reviewed, a motion was made by Jerry, seconded by Jason, Motion Passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Several CFAC members commented that they have been able to receive their covid-19 vaccine. CFAC members noted that access has been growing in the area and the vaccine has become easily accessible.</td>
<td>None</td>
<td>None</td>
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<tr>
<td>4. LME/MCO Updates</td>
<td>Doug provided the following updates</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Orange County Update- The comment period has ended and will be reviewed and taken into consideration. Alliance has been reaching out to community partners to begin establishing and strengthening relationships if the merger is finalized. Alliance will be attending a “Pass It” meeting in Orange County to answer questions about a possible merger and how it could affect families. An Orange County CFAC would be assembled and operated just as the current four Alliance counties.</td>
<td></td>
<td>Ongoing</td>
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<td></td>
<td>• Tailored Plan Preparations- Alliance continues to prepare for Tailored Plan implementation. Work streams and committees have been formed to begin preparing for readiness review should Alliance be awarded a Tailored Plan contract.</td>
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<td></td>
<td>• Return to Work Plan- Alliance staff will continue to work as they are remotely until June 30th. From July 1st to September 7th staff will largely work as they are but return to some in office meetings during this time. Beginning September 7th Alliance will begin what is described as our future work state going forward.</td>
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</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
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<tr>
<td>5. State Updates</td>
<td>Suzanne Thompson discussed the CFAC Collaborative and solicited feedback from CFAC members. Updates regarding the Bi-Weekly DHHS Covid-19 update calls. These calls will continue but the name and the focus of the calls will shift from covid-19 to Medicaid Transformation and the implementation of Standard and Tailored Plans. Suzanne also reviewed the CEE update and upcoming events and opportunities.</td>
<td>CFAC members were encouraged to send any feedback or questions for upcoming meetings and collaborative meetings to Suzanne.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. Guardianship Event</td>
<td>Noah provided an update on planning for the Alternatives to Guardianship Event and the resource video for guardianship in Johnston County.</td>
<td>Noah will continue to coordinate with Clerk Ball on dates that will work to record the interview. The CFAC has decided to hold the Q and A panel discussion on Tuesday May 26th at 6:00pm via zoom for the Alternatives to Guardianship portion. Noah will confirm the date and time with Mrs. Fields and begin putting together marketing material for the event.</td>
<td>ASAP</td>
</tr>
<tr>
<td>7. Medicaid Transformation Community Forums</td>
<td>Johnston and Durham CFAC hosted a Medicaid Transformation Community Forum on April 12th the event appeared to be well received and attended by community members. Two more community forums remain via zoom one on April 23, 2021 from 10am to 11am and the last on April 27, 2021 from 9am to 10am.</td>
<td>None</td>
<td>None</td>
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<tr>
<td>8. Announcements</td>
<td>None</td>
<td>None</td>
<td>None</td>
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</tbody>
</table>

9. **ADJOURNMENT:** Next Meeting May 18, 2021 at 5:30pm via Zoom

Respectfully Submitted by:

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
ITEM: Finance Committee Report and Fiscal Year 2021-2022 Recommended Budget

DATE OF BOARD MEETING: May 6, 2021

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 2:30 p.m. prior to the regular Board Meeting.

This month’s report includes draft minutes from the April 1, 2021, meeting, the Statement of Net Position, Summary of Savings/(Loss) by Funding Source, ratios for the period ending March 31, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics. This report also includes the Fiscal Year 2021-2022 Recommended Budget, which is being presented to the Board for consideration.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

1. Review of the Minutes – April 1, 2021

2. Monthly Financial Reports as of March 31, 2021
   a. Statement of Net Position
   b. Summary of Savings/(Loss) by Funding Source
   c. Statement of Revenue and Expenses (Budget & Actual)
   d. Senate Bill 208 Ratios
   e. DHB Contractual Ratios

3. FY22 Recommended Budget

4. Adjournment
**APPOINTED MEMBERS PRESENT:** ☒David Hancock, MBA, MPA (Committee Chair), and ☒D. Lee Jackson

**BOARD MEMBERS PRESENT:** n/a

**GUEST(S) PRESENT:** Mary Hutchings, Wake County

**STAFF PRESENT:** Rob Robinson, CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Sara Pacholke, Senior Vice-President/Financial Operations, Carol Wolff, General Counsel

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**1. WELCOME AND INTRODUCTIONS** – the meeting was called to order at 3:03 PM

**2. REVIEW OF THE MINUTES** – The minutes from the March 4, 2021, meeting were reviewed; a motion was made by Mr. Jackson and seconded by Mr. Hancock to approve the minutes. Motion passed unanimously.

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<tbody>
<tr>
<td>3. Monthly Financial Report</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 DHB Contract Ratios as of February 28, 2021. Ms. Pacholke discussed the following reports.</td>
<td></td>
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<tr>
<td></td>
<td>• Through 2/28/21, we have savings of $28.3M with projections through June 30, 2021 around $42.6M. This assumes that the service rate increases continue through 6/30, but the COVID revenue add-on ends 3/31/21. There has been no formal information regarding when the COVID revenue add-on will end. Alliance is continuing work on the spending plan as well as increase marketing to ensure individuals know how to access services.</td>
<td></td>
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<td></td>
<td>• We are meeting all SB208 ratios</td>
<td></td>
<td></td>
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<td></td>
<td>• We are meeting the defensive interval required in the DHB contract, however the MLR is currently below the 85% threshold (83.88%). Alliance is monitoring this ratio and continuing to work on the spending plan to increase spending, especially related to COVID revenue. Alliance needs an additional $4M in expenses through February to meet 85%.</td>
<td></td>
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</tr>
<tr>
<td>4. FY21 Budget Amendment 1 and Reinvestment Plan</td>
<td>Ms. Pacholke went over the FY21 Amendment 1 and revised reinvestment plan documents which were included in the packet. A motion was made by Mr. Jackson and seconded by Mr. Hancock to recommend the Board approve the FY21 Amendment 1 to increase the budget by $140,956,213 bringing the total FY21 budget to $692,798,739 and approve the FY21 revised reinvestment plan for $19,894,135. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electronic Payment Resolution</td>
<td>Ms. Pacholke went over the electronic payment resolution included in the packet, noting that the procedure has been reviewed and it contains all Local Government Commission required requirements. A motion was made by Mr. Jackson and seconded by Mr. Hancock to recommend the Board adopt the resolution related to electronic payments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>6. Closed Session</td>
<td>A motion was made by Mr. Jackson and seconded by Mr. Hancock to enter closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>disclosure of information that is privileged or confidential pursuant to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>law of this State or of the United States, or not considered a public record</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>within the meaning of Chapter 132 of General Statutes. The motion passed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>unanimously. The Committee returned to open session at 3:50 and the meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>was adjourned.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT**: the meeting adjourned at 3:50 PM; the next meeting will be May 6, 2021, from 2:30 p.m. to 4:00 p.m.
## Statement of Net Position - As of March 31, 2021

### ASSETS

#### Current Assets
- Cash and cash equivalents: $13,415,882
- Restricted cash: $2,966,038
- Short term investments: $105,326,944
- Due from other governments: $11,056,267
- Accounts receivable, net of allowance for uncollectible accounts: $72,549
- Sales tax refund receivable: $70,432
- Prepaid expenses: $2,834,746
- **Total Current Assets**: $135,742,859

#### Noncurrent Assets
- Restricted Cash: $69,019,669
- Other assets: $321,460
- Capital assets, net of accumulated depreciation: $2,541,725
- Deferred Outflows of Resources: $8,990,392
- **Total Other Assets**: $80,873,247

- **Total Assets**: $216,616,105

### LIABILITIES

#### Current Liabilities
- Accounts Payable and Other Current Liabilities: $5,305,937
- Claims and other service liabilities: $37,264,953
- Unearned Revenue: $7,462,348
- Current portion of accrued vacation: $1,497,168
- Other Current Liabilities: $0
- **Total Current Liabilities**: $51,530,406

#### Noncurrent Liabilities
- Net Pension Liability: $18,276,231
- Accrued Vacation: $1,161,094
- Deferred Inflows of Resources: $0
- **Total Long-Term Liabilities**: $19,437,325

- **Total Liabilities**: $70,967,732

### NET POSITION

- Capital Assets at Beginning of Year: $4,846,758
- Restricted: $63,889,910
- Unrestricted: $42,612,255

**Net Revenue over Expenses:**
- **Current Year Change in Net Position**: $34,299,450

- **Total Net Position**: $145,648,374
- **Total Liabilities and Net Position**: $216,616,105
### Summary of Savings/(Loss) by Funding Source as of March 31, 2021

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>8,095,797</td>
<td>-</td>
<td>8,095,797</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>57,994,927</td>
<td>58,210,628</td>
<td>(215,701)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>17,376,859</td>
<td>17,376,859</td>
<td>-</td>
</tr>
<tr>
<td>Administrative</td>
<td>52,226,990</td>
<td>53,961,406</td>
<td>(1,734,416)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$483,843,365</strong></td>
<td><strong>$449,543,915</strong></td>
<td><strong>$34,299,450</strong></td>
</tr>
</tbody>
</table>

**Committed**
- Intergovernmental Transfers: (2,245,839) - (3,007,817)
- Reinvestments-Service: (960,498) - (7,202,135)
- Reinvestments-Administrative: (4,933,648) - (7,925,122)
- **Total Committed**: (8,139,985) - (18,135,074)

**Restricted**
- 7,752,103 - 9,466,269

**Unrestricted**
- 34,687,333 - 47,345,713

**Total Fund Balance Change**
- $34,299,451 - $38,676,908

### Fund Balance

<table>
<thead>
<tr>
<th>June 30, 2020</th>
<th>Change</th>
<th>March 31, 2021</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,846,758</td>
<td>(2,305,034)</td>
<td>2,541,725</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>60,923,872</td>
<td>8,095,797</td>
<td>69,019,669</td>
</tr>
<tr>
<td>Restricted - Other State Statutes</td>
<td>4,017,894</td>
<td>-</td>
<td>4,017,894</td>
</tr>
<tr>
<td>Prepaids</td>
<td>873,407</td>
<td>1,961,340</td>
<td>2,834,746</td>
</tr>
<tr>
<td>Cumberland</td>
<td>2,966,038</td>
<td>-</td>
<td>2,966,038</td>
</tr>
<tr>
<td>Durham</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>7,857,339</td>
<td>1,961,340</td>
<td>9,818,678</td>
</tr>
<tr>
<td>Committed Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(2,245,839)</td>
<td>761,978</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>7,702,135</td>
<td>(960,498)</td>
<td>6,741,637</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>12,192,000</td>
<td>(4,933,648)</td>
<td>7,258,352</td>
</tr>
<tr>
<td>Total Committed</td>
<td>22,901,952</td>
<td>(6,139,985)</td>
<td>14,761,967</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>14,819,001</td>
<td>34,687,333</td>
<td>49,506,335</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>$111,348,923</strong></td>
<td><strong>$34,299,451</strong></td>
<td><strong>$145,648,374</strong></td>
</tr>
</tbody>
</table>

### March 2021 Actual and June 2021 Projection

- **March 31, 2021 Actual**
  - 2% Investment in Fixed Assets
  - 47% Restricted - Risk Reserve
  - 34% Restricted - Other
  - 7% Total Committed
  - 10% Unrestricted

- **June 30, 2021 Projection**
  - 2% Investment in Fixed Assets
  - 41% Restricted - Risk Reserve
  - 48% Restricted - Other
  - 3% Total Committed
  - 6% Unrestricted
A  
FY21 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th></th>
<th>Committed Funds FY21</th>
<th>Spent March 31, 2021</th>
<th>Projection June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Expenses</td>
<td>$500,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Child Facility Based Crisis Center</td>
<td>$7,202,135</td>
<td>$960,498</td>
<td>$7,202,135</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$7,702,135</td>
<td>$960,498</td>
<td>$7,202,135</td>
</tr>
<tr>
<td><strong>Total - Services</strong></td>
<td>$7,702,135</td>
<td>$960,498</td>
<td>$7,202,135</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailored Plan planning and implementation</td>
<td>$12,192,000</td>
<td>$4,933,648</td>
<td>$7,925,122</td>
</tr>
<tr>
<td><strong>Total - Administrative</strong></td>
<td>$12,192,000</td>
<td>$4,933,648</td>
<td>$7,925,122</td>
</tr>
<tr>
<td><strong>Total Service and Administration</strong></td>
<td>$19,894,135</td>
<td>$5,894,146</td>
<td>$15,127,257</td>
</tr>
</tbody>
</table>

B  
Key Assumptions
1) Restricted - Other State Statutes - is the amount as of June 30, 2020. This will change once fiscal year 21 is closed.
2) The savings related to Medicaid Waiver Services is based on the average of year to date revenues vs. expenses, however we reduced it to factor in continued rate increases and the COVID add on ending May 31, 2021.
3) Tailor plan spending projections are based on current spend and discussions with Department Heads
4) Projections are based on currently available information and therefore are subject to change.
### Statement of Revenue and Expenses (Budget and Actual) - As of March 31, 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,237,642</td>
<td>$5,604,606</td>
<td>$4,865,934</td>
<td>$4,625,696</td>
<td>$7,885,228</td>
<td>$17,376,859</td>
<td>$20,860,783</td>
<td>45.44%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$78,949,005</td>
<td>$6,222,592</td>
<td>$18,126,347</td>
<td>$20,559,059</td>
<td>$19,309,521</td>
<td>$57,994,927</td>
<td>$20,954,078</td>
<td>73.46%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$505,008,766</td>
<td>$40,861,665</td>
<td>$118,745,960</td>
<td>$118,342,350</td>
<td>$119,156,326</td>
<td>$356,244,591</td>
<td>$148,764,176</td>
<td>79.54%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$622,195,413</td>
<td>$52,688,864</td>
<td>$141,738,240</td>
<td>$143,527,060</td>
<td>$146,351,075</td>
<td>$431,616,376</td>
<td>$190,579,037</td>
<td>69.37%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$382,104</td>
<td>$31,843</td>
<td>$96,900</td>
<td>$96,900</td>
<td>$92,784</td>
<td>$286,584</td>
<td>$95,520</td>
<td>75.00%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,282</td>
<td>$1,089,847</td>
<td>$1,089,847</td>
<td>$1,089,846</td>
<td>$3,269,541</td>
<td>$1,089,844</td>
<td>75.00%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$65,725,471</td>
<td>$5,580,038</td>
<td>$16,196,033</td>
<td>$16,141,663</td>
<td>$16,255,808</td>
<td>$48,593,504</td>
<td>$17,131,967</td>
<td>73.93%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$70,966,960</td>
<td>$5,977,022</td>
<td>$17,396,948</td>
<td>$17,350,695</td>
<td>$17,479,347</td>
<td>$52,226,990</td>
<td>$18,739,971</td>
<td>73.59%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$693,162,373</td>
<td>$58,665,886</td>
<td>$159,135,188</td>
<td>$160,877,755</td>
<td>$163,830,422</td>
<td>$483,843,365</td>
<td>$209,319,008</td>
<td>69.80%</td>
</tr>
</tbody>
</table>

| **EXPENSES**         |         |                |         |         |         |              |         |                     |
| Local Services       | $38,237,642 | $2,898,370     | $5,316,234 | $4,773,730 | $7,286,895 | $17,376,859 | $20,860,783 | 45.44%               |
| State & Federal Services | $78,949,005 | $6,296,440     | $18,546,961 | $20,394,322 | $19,269,344 | $58,210,628 | $20,738,377 | 73.73%               |
| Medicaid Waiver Services | $489,181,387 | $37,093,156   | $103,530,581 | $103,281,382 | $113,183,060 | $319,995,023 | $169,186,365 | 65.41%               |
| **Total Service Expenses** | $606,368,034 | $46,287,966 | $127,393,776 | $128,449,634 | $139,739,299 | $395,582,510 | $210,785,524 | 65.24%               |
| **Administrative**   |         |                |         |         |         |              |         |                     |
| Operational          | $10,639,083 | $844,054       | $1,989,221 | $2,408,039 | $2,305,332 | $6,702,592   | $3,936,491 | 63.00%               |
| Salaries, Benefits, and Fringe | $64,844,190 | $4,881,156     | $13,064,459 | $14,173,966 | $13,613,230 | $40,851,655 | $23,992,536 | 63.00%               |
| Professional Services | $10,170,140 | $729,067       | $1,465,968 | $1,882,818 | $3,058,373 | $6,407,159   | $3,762,981 | 63.00%               |
| **Total Administrative Expenses** | $86,153,413 | $6,454,277 | $16,519,646 | $16,484,824 | $16,976,336 | $53,961,406 | $32,192,007 | 62.63%               |
| **Total Expenses**   | $692,521,447 | $52,742,243   | $143,913,423 | $146,914,258 | $158,716,235 | $449,543,915 | $242,977,532 | 64.91%               |

| **CHANGE IN NET POSITION** | $5,923,643 | $15,221,766 | $13,963,497 | $5,114,187 | $34,299,450 |
Senate Bill 208 Ratios - As of March 31, 2021

**CURRENT RATIO**

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

**PERCENT PAID**

Percent 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 (7/1/20-6/30/21).
FY22 RECOMMENDED BUDGET
May 6, 2021
Alliance Health
Annual Budget
FY 2021-2022

Board of Directors
Gino Pazzaglini, Chair
Lynne Nelson, Vice Chair

Durham County
Commissioner Heidi Carter
Carol Council
David Curro
Gino Pazzaglini
Pam Silberman
Vacancy
Vacancy

Wake County
Commissioner Maria Cervania
Angela Diaz
David Hancock
Donald McDonald
Lynne Nelson
McKinley Wooten, Jr.
Vacancy

Cumberland County
Commissioner Glenn Adams
Ladies Gloston
Duane Holder
Vacancy

Johnston County
Lee Jackson
Vacancy

Robert Robinson, CEO
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May 6, 2021

Alliance Board Members,

On behalf of the entire organization, I thank each of you for your expertise and guidance during the past year of continued organizational growth, and in particular for your support during perhaps the most unusual and challenging times any of us have ever faced. I trust also that you will join me in recognizing the tremendous performance of our professional staff over the past year. Their flexibility, creativity, hard work, and commitment to our mission have allowed us to support our provider network and to serve our members and our communities in an exemplary manner. We have worked to stabilize providers and support members by investing $20,000,000 in financial stability payments, increased rates since April 2020, increased access to telehealth, and expanded inpatient and residential treatment capacity.

As we continue to push forward, we are pleased to share with you our FY22 budget proposal.

It reflects our focus for the upcoming year on several themes we discussed together at our Board budget retreat:

- The continued impact of COVID on members, providers, and on Alliance as a fiscally-sound organization
- Spending plan initiatives
- Tailored Plan preparation
- The rate setting process for the FY22 PMPM

The recommended budget encompasses quality services, financial sustainability, and a strong provider network in a constant changing healthcare landscape. It also includes an administrative budget plan that allows Alliance to continue remarkable operations while the system proceeds through another change on July 1, 2021 with the transition of nearly 80% of our membership to the Standard Plans.

This year, we asked the Team to focus on the top highlights of the outstanding work specifically those that related to Tailored Plan preparation. The Board will see a number of activities that occurred in this past fiscal year that puts us in a better position to move us along the Tailored Plan project plan. In addition, we focused on operational strengths that demonstrate the efforts of a diverse, talented and committed group of professionals across the organization.
We look forward to working closely with you all during this budget process to take this important step towards making Alliance an even stronger, more viable organization better able to meet the needs of the people we serve.

Best Regards,

Rob Robinson
Chief Executive Officer
Reader’s Guide

FY 2021 - 2022 is the tenth annual budget presented for Alliance Health (Alliance). This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2021-2022 for Alliance’s administrative and service operations covering Cumberland, Durham, Johnston and Wake counties. The budget year begins July 1, 2021 and ends June 30, 2022. The document will show how the funds are allocated and how they will be spent.

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

Revenues and Expenditures of the General Fund
The categories of the revenue and expenditures are the same. They include the following:

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

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

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

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

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

Medicaid Services
Alliance Health began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance, now referred to the Division of Health Benefits, to provide services to Medicaid enrollees of Cumberland, Durham, Johnston, and Wake counties.
**State Services**
These funds represent state allocated dollars for Cumberland, Durham, Johnston, and Wake communities to provide services for non-Medicaid citizens with mental health, intellectual/developmental disabilities and substance abuse needs. The funds include Federal Block Grant dollars as allocated from the NC DMH.

**Local Services**
These funds represent the Cumberland, Durham, and Wake county allocations to Alliance to provide services for citizens with mental health, intellectual/developmental disabilities, and substance abuse needs in their respective counties.

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

**Draft Budget Ordinance**
A draft budget ordinance is being included for informational purposes.

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

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

### Alliance Regional Population Data

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Medicaid Eligible</th>
<th>Medicaid %</th>
<th>Medicaid Served</th>
<th>Non-Medicaid Served</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>335,509</td>
<td>81,877</td>
<td>24.40%</td>
<td>13,239</td>
<td>2,888</td>
<td>16,127</td>
</tr>
<tr>
<td>Durham</td>
<td>321,488</td>
<td>51,175</td>
<td>15.92%</td>
<td>7,921</td>
<td>3,372</td>
<td>11,293</td>
</tr>
<tr>
<td>Johnston</td>
<td>209,339</td>
<td>36,965</td>
<td>17.66%</td>
<td>5,091</td>
<td>1,748</td>
<td>6,839</td>
</tr>
<tr>
<td>Wake</td>
<td>1,111,761</td>
<td>117,161</td>
<td>10.54%</td>
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*Based on 2019 Statistics, US Census Bureau*

### Persons Served by Age and Disability

#### Based on Claims Paid by Medicaid and IPRS

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### Provider Breakdown

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<td>Outpatient Practices</td>
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Division Information

Clinical Operations Division
Clinical Operations at Alliance Health is a data-informed, collaborative effort that identifies and addresses the full range of medical, functional, social, emotional, and environmental needs across all populations in order to improve health outcomes by focusing on prevention and person-directed care. The Clinical Operations Division is comprised of three teams and receives clinical oversight from the Chief Medical Officer.

Brief Description of Department and Units

- Utilization Management (UM) is responsible for authorizing behavioral health, Intellectual and Developmental Disability and Traumatic Brain Injury (BH, IDD and TBI) services and monitoring individuals during an episode of care. Activities include monitoring utilization of services authorized, reviewing effectiveness of treatment interventions and making recommendations to improve the effectiveness of individual treatment plans.

- Care Management (CM) is responsible for working with specific high-risk populations identified within the waiver contract and priority populations that have been identified by Alliance, including individuals discharging from inpatient and those identified by advanced data analytics to be at risk for higher levels of services. Care Management assesses individual service and social determinants of health support needs, links individuals to both services and supports and helps eliminate barriers that allow individuals to live as successfully as possible within the community.
  - MH/SUD Care Management is focused on supporting the needs of individuals with serious and persistent mental illness. Their scope is expanding to include members with co-occurring physical health conditions that may complicate their recovery journey. Part of the MH/SUD Care Management program is the Transition to Community Living Settlement (TCLI) agreement. In reach support specialists, Diversion specialists, and Transition Coordinators all assist members with moving from institutional care settings including state psychiatric hospitals and community-based adult care homes into supportive housing with individualized services to support their recovery while living in the communities of their choice.
  - IDD Care Management is responsible for working with individuals on the Innovations waiver, as well as those needing short-term coordination of state-funded IDD supports. IDD Care Management educate members about the Innovations waiver, their options of providers, and facilitate the individual plan of care for the Innovations waiver services Liaisons assist with transition support when individuals are wanting to move to the community from long term care facilities like community and state operated ICF-IID facilities. IDD Care Management helps individuals identify the services and supports they need to live the lives they want in the community. TBI Care Management is responsible for working with individuals who are identified as eligible for the TBI Medicaid Waivers. Similar to the IDD Care Management scope of work, TBI Care Management assess member needs, provide education about waiver services and network provider options, and facilitate development of plans of care. In
addition, TBI Care Management provide additional face-to-face support to the population through the waiver enrollment process when the need for this support is identified. These waivers are a pilot unique to Alliance and so additional recommendations regarding workflow development and policy require input from the Care Management teams working directly with members.

- The Medical Team provides guidance and oversight of clinical services including authorization of services, clinical operations and overall clinical direction. The team is responsible for maintaining the clinical integrity of the program, including concurrent reviews of inpatient and rehabilitation services; provision of oversight to utilization management and quality staff; oversight of the Credentialing Program; providing medical/clinical support for care management units and the Access to Care unit; and consultation to providers and other community-based clinicians, including general practitioners. The Medical Team conducts medical necessity review and recommendations, service denial reviews, grievance issues, medication reviews, and develops clinical best practices guidelines in collaboration with regional experts. The Medical Team is comprised of the Chief Medical Officer, two Associate Medical Directors, a Pharmacist, a Senior Psychologist, the Senior Director of Integrated Care, and one Registered Nurse.

Accomplishments for FY21

- Pharmacy Benefit Manager (PBM) selection. With the aid of Pharmaceutical Strategies Consulting group, Alliance offered a national Request for Proposals to select a PBM prior to submission of the Tailored Plan RFA. With approximately one year of review and deliberation, Alliance selected a PBM partner for Tailored Plan.
- Refinement of the Alliance Complete Care model to prepare the Care Management department for added complexity of Tailored Care Management. By engaging with national consultants, Alliance embarked on a detailed review of existing implementation of team-based care management within the IDD pilot, survey of staff satisfaction with Complete Care, and benchmark against national models. The Alliance Complete Care model was refined and simplified based on this review with plans for implementation in FY22.
- Physical Health Utilization Management roadmap. Alliance developed a strategy for development of a physical health UM process. After review of best practices and an internal strengths assessment, Alliance was able to create a UM plan that would build specific UM services within Alliance while outsourcing some UM services to our physical health partner.
- Improvement in TCLI housing statistics. After being unable to meet benchmarks for housing and continuing to experience a steady stream of separations in FY20, Alliance was able to consistently meet and exceed housing benchmarks in the TCLI program in FY21. New staff in TCLI and temporary reassignment of leadership were positive factors in this outcome.
- Tailored Plan RFA submission. Approximately 25% of the Tailored Plan RFA responses were primarily written by members of the Medical, Care Management, and Utilization Management teams. Greater than 50% of RFA response teams included members of Clinical Operations. Clinical Operations Members were represented at all levels of key decision-making for RFA response strategy.
Summary of Goals and Objectives for FY22

- Tailored Plan implementation. The Clinical Operations Division, with collaboration from departments across the organization, will implement key Tailored Plan elements in FY22 in preparation for July 1, 2022 Go Live. These elements include, but are not limited to, PBM, Clinical Decision Support Tool for physical health UM, delegation agreements with our physical health partner for CM and UM, and a Value-Added Benefit program. Conversion of Alliance Care Management (MHSUD and IDD) into team-based care using the refined Alliance Complete Care model.

- Hiring key personnel for Tailored Plan RFA including: Deputy Chief Medical Officer (a primary care-trained clinician), Senior Vice President of Care Management and Population Health, Pharmacy Director, Senior Clinician for IDD/TBI, and physical health UM employees.

Further deployment of the child crisis continuum. In conjunction with Provider Networks, Alliance Care Management will support the utilization of a facility-based crisis center for youth, implementation of additional Level III group homes for children in crisis, and application of a mobile crisis team for children.

Network and Community Health Division

The role of the Network and Community Health Division is to develop an integrated system of services and community supports to address the unique needs of Alliance members. The Division establishes strategic partnerships with an array of health care providers, social support agencies and community partners to create an accessible system of care. The Division consists of two departments, Community Health and Well-being and Provider Networks.

Brief Description of Department and Units

- The Provider Network Department is responsible for developing and maintaining a network of high-quality behavioral health, Intellectual and Developmental Disability and Traumatic Brain Injury service and support providers. The Department continuously reviews and evaluates the provider network for accessibility, quality of services, adherence to contract requirements, standards of care and performance, while ensuring a full array of providers is available to meet the needs of our service recipients. It also is responsible to ensure the quality of all Alliance services by reviewing program outcomes and evaluating program effectiveness. Through an array of supports to providers, Provider Networks can promote optimal treatment outcomes for our members. The Department actively promotes, develops and implements alternative payment models/value-based contracting models to improve member outcomes, increase provider efficiency and incentivize overall quality. The Department is comprised of four sections:
  - Provider Network Operations has three components:
    - Provider Network Development recruits and maintains a network that complies with adequacy and accessibility standards. The section serves as liaisons to providers including managing the communication and dissemination of information to the community of providers, developing and reviewing provider contract scopes of work, and providing or arranging for technical assistance for currently enrolled providers.
    - Credentialing assures that all providers in the Alliance network meet agency, State, Federal and accreditation requirements and that
credentialing information is reviewed and tracked for continuous and timely review.

- **Contracts** is responsible for the timely development and distribution of all contracts, amendments, and extensions and ensures coordination of administrative activities including official correspondence with providers, provider education and liaison, and administration of provider contracts.

  - **Provider Evaluation**
    - Monitoring of providers
    - Collect and analyze provider outcome data
    - Evaluate service and program effectiveness
    - Produce reports and analysis to better manage the provider network and provide information to providers to support quality improvement
    - Support value-based contracting efforts and evaluate models

  - **Strategic Initiatives and Special Projects** manages the following functions and initiatives:
    - Community Needs Assessment and Network Development Plan
    - New Service Definitions
    - Special Provider Initiatives
    - Provider Collaboratives
    - Requests for Proposals
    - Hospital Relations
    - Value-Based Contracting

  - **Practice Transformation**
    - Assesses provider capacity to provide integrated care and participate in alternative payment arrangements
    - Shares and reviews clinical and administrative data with providers to inform provider quality management processes
    - Works with providers to achieve desired member outcomes and help providers reach quality measure targets
    - Share gaps in care and practice information with providers, including scorecards, on priority Alliance measures

- **Community Health and Well-Being (CHWB)** is one of the most varied and diverse departments within Alliance. Recognizing that a local and visible presence is essential to building and sustaining partnerships critical to meeting organizational outcomes, the CHWB teams take an innovative approach to improving the systems that support the effectiveness of services. Teams are continually assessing system and service gaps from multiple vantage points including co-location within other systems, outreach activities to member, stakeholders and advocates, and hosting community collaborative and workgroups. Utilizing a System of Care (SOC) framework, CHWB focuses on the strengths and vulnerabilities of complex public systems, treatment of the “whole person,” and system transformation to improve policy, shared funding, collaboration and best practices. Recognizing that social determinants of health (i.e. homelessness, poverty/inequality, health literacy and lack of education/employment) are key drivers of health care costs, CHWB often plays a tangential role to the MCO functions - improving the environments in which people live increases
engagement and retention in services, overall health and wellness, and more meaningful and productive lives that promote recovery.

**Accomplishments for FY21**

- Implemented successful shared-savings payment model
- Developed and launched Practice Transformation program
- Expanded use of Peer Supports to engage members in care and support members in COVID and quarantine shelters
- Initiated physical health care recruiting plan and have secured Letters of Intent from two health systems, several independent practices and Carolina Community Physicians Network which covers the care of over 5000 of our future tailored plan members
- Developed a provider model for Provider-Led Care Management and launched a Care Management Learning Collaborative for providers interested in providing tailored plan care management
- Implemented Provider-Led Care Management Pilot
- Implemented second Bridge Housing Program
- Developed and implemented COVID Shelter for High Risk Homeless Alliance Members
- Launched Transitional Recovery Program as part of the Adult Mental Health Residential Redesign
- Implemented a provider training and support program aimed at improving provider ability to support individuals in permanent supportive housing
- Implemented Adult Community Inclusion Teams
- Launched HealthCrowd, a member health engagement program, reaching 6,940 of our Tailored Plan eligible members who have opted in to receive targeted educational text messages related to their health and wellness.

**Summary of Goals and Objectives for FY22**

- Contract with sufficient number of primary care and specialty care providers to meet future network adequacy standards
- Continue to support provider-led care management to ensure that at least 50% of care management can be provided by Care Management Agencies (CMAs) and Advanced Medical Home Plus (MH+) providers by Tailored Plan Go Live
- Buildout Practice Transformation Team
- Enter into performance-based contracts with inpatient providers
- Launch Residential Episode of Care alternative payment model
- Expand service options for youth with complex needs in Department of Social Services (DSS) custody
- Expand Community Inclusion Teams and planning process to Care Teams and Supportive Housing programs
- Complete Social Determinants of Health Comprehensive Strategy
- Continued expansion of Recovery Oriented System of Care and Community Living re-design
- Conduct return on investment review of new housing programs
Business Operations Division

The Business Operations Division is responsible for the oversight and management of Alliance’s financial accountability relating to budgeting, claims, auditing and financial analysis. In addition, the Division serves to oversee the functionality, comfort, safety, and efficiency of our built and leased buildings.

Brief Description of Department and Units

- The Claims Department is responsible for the monitoring and review of all claims processing for all funding sources, analysis of paid and denied claims, special Emergency Department claim review, etc. The team consists of Claim Research Analysts that assist providers daily on basic billing, work on denials and claims analysis, encounter claim submission, and large projects.
- The Financial Operations Department is responsible for planning, organizing, auditing, accounting for and controlling the Organization’s finances. The Department is comprised of four units:
  - **Accounting** is responsible for the Organization’s financial transactions, financial reporting, adherence to Generally Accepted Accounting Principles (GAAP), ensuring adequate and effective internal controls, cash receipts, and processing payroll.
  - **Budget and Financial Analysis** is responsible for the development and monitoring of the Alliance budget and analyzing budget to actual at both the administrative and service level. The team in this unit are also responsible for the review and analysis of Medicaid dollars to include Per Member Per Month (PMPM) spending by category of service and aid, budget vs. actual, individual provider or service trends, etc. Responsibility also includes rate setting for programs, services, and providers.
  - **Accounts Payable** is responsible for ensuring all providers and vendors are paid accurately and timely.
  - **Purchasing** is responsible for ensuring all administrative purchases are made in accordance with applicable laws and procedures as well as meet the purchasing needs of the Organization.
- The Facilities Department is responsible for maintaining property, buildings, equipment, and other environments that house personnel, inventory, and other elements of operations including Crisis Centers.

Accomplishments for FY21

- Engaged Financial consultant to assess gaps and needs in Medical Cost Management, reporting and staff in preparation for the Tailored Plan
- Increased Obtained new auditors through a competitive bid process to ensure regular rotation of auditors
- Prepared to implement new financial software to improve financial reporting, department automation and efficiency
- The legislatively required semi-annual audits for September 2019 through February 2020 and March 2020 through August 2020 had average high scores higher than 99% in timeliness of provider payment, claims processing accuracy, and financial accuracy.
Through a cross departmental collaborative approach, reviewed over 125 physical health Medicaid Clinical Coverage Policies in an effort to increase education, improve claims processing in the Alliance Claims System, and identify gaps all in preparation for the Tailored Plan

Completed a multiple phase renovation at the Cumberland Recovery Response Center

Summary of Goals and Objectives for FY22

- Implementation of recommendations from Financial Consultant to improve operations and ensure readiness for the Tailored Plan
- Continue focus on implementation of the new financial software to ensure we are using the system to its full potential
- Using the results of the Clinical Coverage Policy review, evaluate processes to determine modifications and efficiencies needed in the Alliance Claim System for Tailored Plan efforts.
- Focus on education and cross training for staff related specifically to physical health claims and new vendor relationships
- Facilities Department will assist in coordinating efforts to return staff back to the office in accordance with health and safety guidelines

Organizational Performance Division

The Organizational Performance division’s primary focus is on driving and supporting the infrastructure requirements of the other divisions within the organization. The goal is to maximize the organization’s performance and achieve operational excellence. This is accomplished through the alignment of divisional departments including Communications, Project Portfolio Management, Government Relations, Access Center, Quality Management, Information Technology and Analytics.

Brief Description of Department and Units

- The Project Portfolio Management Office (PPMO) is chartered to manage the Alliance portfolio of Strategic Initiatives. This supports leadership's need to closely manage investment funds, staff resources, and business priorities in an effort to tightly manage projects that affect the strategy, health, and profitability of the company.
- The Alliance Communications Unit has oversight of all internal and external organizational communications to multiple stakeholders within our catchment area. This broad scope of work includes all organizational marketing development and production, organizational branding efforts, content maintenance of a complex website and highly regarded social media program.
- The Access and Information Center (the Alliance 24/7 call center) links consumers to a range of services in the community and ensures that callers in need of crisis services are provided with timely access and follow-up. In addition to screening and referral activities, the call center provides information to general healthcare providers, Community Care of NC plans and to crisis providers to help coordinate the care of consumers needing routine services or during an after-hours crisis. It handles general information requests for Alliance as well.
• Quality Management (QM) is responsible for creating a culture of continuous quality improvement across Alliance and assuring quality within the agency. Quality Management has four teams:
  o *Quality Improvement* oversees our Quality Improvement Projects (QIPs); performs quality reviews to identify opportunities for improvement; and develops quality management standards and training.
  o *Data and Reporting* assists Alliances departments with developing operational metrics to focus on effective and efficient work; develops and validates reports for Alliance management, committees and the state; facilitate the completion and analysis of network-wide surveys to identify strengths and opportunities.
  o *Grievances, Appeals and Incidents* investigates and resolves incidents and complaints; ensure members appeals are appropriately handled, and analyzes data related to individual-level concerns to ensure that Alliance responds effectively to issues and trends.
  o *Accreditation* ensures that Alliance meets National Committee for Quality Assurance (NCQA) accreditation requirements by conducting gap analyses and serving as an internal consultant to assist business owners in closing any identified gaps.

• The Information Technology (IT) Department is comprised of five distinct teams:
  o *Application Development and Quality Engineering* is responsible for internal application development and support, including SharePoint and the corporate Intranet. Manages all quality assurance and user acceptance testing and documentation, including the AlphaMCS system. Manages database security, file downloads, and IT Project Management.
  o *Core Systems Development* is responsible for software development and support of the Alliance Claims System, including the transition of the software to allow processing of Physical Health claims for the Tailored Plan implementation.
  o *Product Management and Support* provides support for the AlphaMCS system hosted by WellSky and management of Alliance configuration services for the JIVA – Population Health/Care Management platform.
  o *Data Analytics/Business Intelligence* is comprised of the business intelligence and data science teams, this group is responsible for the engineering and management of the Alliance Enterprise Data Warehouse and the utilization of the key software platforms of Microsoft SQL Server, and MicroStrategy. They are additionally responsible for developing and deploying data actionable reports, dashboards and other data products to meet the advanced analytics and other informational needs of the organization.

• Government Relations objectives are to interpret and influence this shifting policy landscape and support Alliance’s organizational strategic planning through deliberate legislative policy planning, purposeful outreach to key stakeholders, and focused monitoring and analysis of policies affecting the organization. Alliance is operating in a changing and often uncertain healthcare landscape in North Carolina. This uncertainty demands that we plan for and develop the ability to adapt to various potential policy scenarios that will dictate our existence into the future.
Accomplishments for FY21

- IT leadership and development to successfully transition from AlphaMCS to the Alliance Claims System (ACS)
- QM leadership and oversight to successfully submit application for NCQA Managed Behavioral Health Organization (MBHO) accreditation
- Project management leadership and support to plan, prepare and submit RFA application for tailored plan
- Access Department took multiple steps to improve member’s experience including: post-call surveys, increased cross departmental training, developed virtual staff training, changed performance expectations around call duration and implemented a new policy that commits staff to manage our members’ calls without being transferred or waiting for a return call.
- Government Relations successfully advocates for the State’s continuing support of the Medicaid Transformation pathway to fully integrate healthcare for people with IDD and those experiencing serious mental illnesses and Substance Use Disorders through Behavioral Health and IDD Tailored Plans established by LME/MCOs.

Summary of Goals and Objectives for FY22

- ACS will be upgraded to successfully process physical health claims
- Standard Plan behavioral health crisis lines will be successfully implemented Q1 FY 22
- Organizational Performance tailored plan contract readiness deliverables will be met
- Communications department will collaborate across the organization to plan and execute a major website overhaul to include meeting accessibility standards
- QM department to automate the delivery of provider Healthcare Effectiveness Data and Information Set (HEDIS) measure scorecards through the use of a HEDIS vendor by Q2 FY 22.

Office of Compliance Division

Brief Description of Department and Units

The Alliance Office of Compliance focuses on the prevention, detection and correction of identified violations of federal and state laws and regulations, and fraud control and unethical conduct, and encourages an environment where employees can report compliance concerns without fear of retaliation. It includes sixteen employees in the Special Investigations Unit and Claims Audit Unit, which together make up the Program Integrity Department, and the Corporate Compliance Unit, which also includes Health Information.

Accomplishments for FY21

- Q1-Q3: Initiated 45 new fraud and abuse investigations, referred 13 suspected fraud cases to NC Medicaid Office of Compliance and Program Integrity (OCPI), and identified $920,000 in overpayments. 100% of investigations were started and referred to OCPI timely.
- Q1-Q3: Audited 70,000 claim lines of random adjudicated claims in addition to weekly inpatient, ED and ad hoc audits.
- Conducted internal investigations and developed remediation plans where applicable, monitored remediation plans to ensure successful implementation. Completed 100% of investigations in 30 days.
• Conducted internal audits, monitoring activities and quarterly telecommuting monitoring. Responded to delegation audits and provided support to external audits. Developed and implemented an External Audit Response Playbook. Put in place a dedicated Internal Audit Department to build out capacity for increased audit demands.
• Q1-Q3: Processed over 10,000 records requests whereof 1,600 required a release or other response. Destroyed certain records that met retention and engaged vendor to scan administrative and abandoned provider records.

Summary of Goals and Objectives for FY22
• Assist the organization in developing operational policies to replace certain Board approved policies and developing operational policies and procedures to meet requirements of the BH I/DD Tailored Plan contract prior to readiness reviews. Utilize existing system with newly enhanced functions to announce and track the organization’s compliance with new and revised policies and procedures.
• Develop and execute pre-delegation audits that meet NCQA, Utilization Review Accreditation Commission (URAC) and State requirements of at least five delegated subcontractors before Tailored Plan go live.
• Develop a BH IDD Tailored Plan Fraud Prevention Program to promote program integrity through internal controls, policies, and procedures that are designed to prevent, detect and report known, potential or suspected fraud and abuse activities.
• Redesign the compliance-training program by enhancing the training library with short, engaging and entertaining compliance content designed to drive change.
• Develop, implement, and monitor interoperability policies and processes to meet legal obligations and needs of members, providers and other stakeholders. Update the Notice of Privacy Practices, privacy, security, and data protection policies and procedures and develop a Security Compliance Plan to comply with regulatory changes and BH IDD Tailored Plan requirements.

Human Resources Division

Brief Description of Department and Units
The primary focus of Alliance’s Human Resources Department is its people; recruiting, developing, training and retaining a talented diverse workforce. The main areas include Benefits Administration, Employee Relations and Policy Administration, Compensation and Classification, Talent Management, and Organizational Development and Learning (ODL). Together, the staff within the HR department address the various needs of both internal and external customers, often serving as an initial face of Alliance. Organization committees developed by Alliance staff work in tandem with the HR and ODL teams to promote a culture of self-improvement, employee engagement, and staff appreciation, and to move the organization closer to becoming an employer of choice.

Accomplishments for FY21
• Implemented Employee Referral Program for staff to refer applicants for open positions
• Revised Alliance Internship process to be a more formal and structured process
• Evaluated and selected a new benefits broker who will provide more in-depth support, guidance, and information regarding Alliance benefits
• Completed a full compensation survey for the organization which included updated classification descriptions, changes in classifications, and position titles for select positions and salary adjustments for a majority of Alliance staff
• Relaunched the Affinity Resource Groups (ARG) and created five new groups to foster inclusive work environment
• Launched Crucial Conversations eLearning and the Civil Treatment for Employees at eLearning
• All staff virtually attended the Racial Equity Institute’s Groundwater Approach training
• Partnered with a consultant and completed an extensive Diversity Equity and Inclusion project to enhance internal and external cultural competency

Summary of Goals and Objectives for FY22
• Implement workflows in UKG (payroll software) to allow supervisors to initiate certain employee changes (i.e. supervisor change, compensation change, etc.
• Revise and distribute updated Employee Handbook
• Recruit and hire additional staff required for Tailored Plan operations
• Create additional leadership trainings for HR topics including employee relations (disciplinary actions, leave conversations, etc.) and recruiting
• Develop and implement the training curriculum for internal staff and providers as required for Tailored Plan operations
• Develop and launch Tailored Plan Summit and Tailored Plan Academy
### General Fund Revenues
FY2021-2022 Recommended Budget
**Total General Fund Revenues: $573,109,510**

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General Fund Revenues
FY2021-2022 Recommended Budget
Total General Fund Revenues: $573,109,510

- Administration: $418,451,966 (73%)
- Medicaid: $500,000 (0%)
- State: $52,262,919 (9%)
- Local: $175,000 (0%)
- Grant Services: $38,253,060 (7%)
- Miscellaneous: $63,466,565 (11%)

Total General Fund Revenues: $573,109,510
General Fund Expenditures
FY2021-2022 Recommended Budget
Total General Fund Expenditures: $573,109,510

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>$63,466,565</td>
</tr>
<tr>
<td>Medicaid</td>
<td>418,451,966</td>
</tr>
<tr>
<td>State</td>
<td>52,262,919</td>
</tr>
<tr>
<td>Local</td>
<td>38,253,060</td>
</tr>
<tr>
<td>Grant Services</td>
<td>175,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$573,109,510</strong></td>
</tr>
</tbody>
</table>
General Fund Expenditures
FY2021-2022 Recommended Budget
Total General Fund Expenditures: $573,109,510

- Administrative: $63,966,565 (11%)
- Services: $509,142,946 (89%)
## Budget Comparison

<table>
<thead>
<tr>
<th></th>
<th>FY21 Amended</th>
<th>FY22</th>
<th>FY21 Amended</th>
<th>FY22</th>
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<td></td>
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<td></td>
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<td>33,808,881</td>
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<td>Cumberland</td>
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<tr>
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<td>Durham</td>
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<td>State</td>
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<td>Federal</td>
<td>680,041</td>
<td>515,239</td>
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<td>Johnston</td>
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</tr>
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<td>State</td>
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<tr>
<td>Federal</td>
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<td>Wake</td>
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<td>State</td>
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<td>Local</td>
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<tr>
<td>Grants</td>
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<td>175,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>500,000</td>
<td>500,000</td>
<td></td>
<td></td>
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<tr>
<td>Fund Balance</td>
<td>22,888,588</td>
<td>-</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>$692,798,739</td>
<td>$573,109,510</td>
<td>$692,798,739</td>
<td>$573,109,510</td>
</tr>
</tbody>
</table>
Functional Organization Chart
WHEREAS, the proposed budget and budget message for FY 2021-2022 was submitted to the Alliance Health Area Board on May 6, 2021 by the Budget Officer; was filed with the Executive Secretary to the Board;

WHEREAS, on June 3, 2021, the Alliance Health Area Board held a public hearing pursuant to NC G.S. 159-12 prior to adopting the proposed budget;

BE IT ORDAINED by the Alliance Health Area Board that for the purpose of financing the operations of Alliance Health, for the fiscal year beginning July 1, 2021 and ending June 30, 2022, there is hereby appropriated funds the following by function:

**DRAFT**

**Section 1: General Fund Appropriations**

<table>
<thead>
<tr>
<th>Function</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$63,466,565</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$418,451,966</td>
</tr>
<tr>
<td>State Services</td>
<td>$52,262,919</td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,253,060</td>
</tr>
<tr>
<td>Grant Services</td>
<td>$175,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$573,109,510</strong></td>
</tr>
</tbody>
</table>

**Section 2: General Fund Revenue**

<table>
<thead>
<tr>
<th>Function</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$63,466,565</td>
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<tr>
<td>Medicaid Services</td>
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<tr>
<td>Local Services</td>
<td>$38,253,060</td>
</tr>
<tr>
<td>Grant Services</td>
<td>$175,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$573,109,510</strong></td>
</tr>
</tbody>
</table>

**Section 3: Authorities**

A. The LME/MCO Board authorizes the Budget Officer to transfer $25,000 or less between appropriations without prior approval.

B. Subject to the prior written approval from the Chief Executive Officer, transfers between appropriations of $25,001 - $100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The report to the finance committee shall contain the reason and justification for the transfer. Consistent with N.C.G.S. §159-15, the Finance Committee will report these transfers to the Board at its next regular meeting for information and entry into the minutes.

C. The CEO may enter into the following within budgeted funds:
   1. Form and execute grant agreements within budgeted appropriations;
   2. Execute leases for normal and routine business;
   3. Enter into consultant, professional, maintenance, provider, or other service agreements;
4. Approve renewals for contracts and leases;
5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
6. Reject any and all bids and re-advertise to receive bids.
Budget and Amendment Process

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

Governing Statutes
Alliance Health abides by the North Carolina Local Government Budget and Fiscal Control Act. It is the legal framework in which all government agencies must conduct their budgetary processes. NC G.S. 159 provides the legislation which includes several key dates such as:
- 159-10 - By April 30, Departments must submit requests to the Budget Officer
- 159-11(b) - By June 1, the Recommended Budget must be submitted to the Board
- 159-12(b) - A public hearing must be held
- 159-13(a) - From 10 days after submitting to the Board, but by July 1, a balanced budget must be adopted

Budget Process
FY 2021-2022 is the tenth recommended budget representing Alliance Health as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY22 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on historical experience and projections into the next fiscal year. Alliance will review the need for a budget amendment if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY22 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

Amendment Process
The budget ordinance is approved at a function/appropriation level. The Budget Officer is authorized to transfer budget amounts $25,000 or less between appropriations without prior approval. Subject to the prior written approval form the Chief Executive Officer (CEO), transfers between appropriations of $25,001 - $100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The CEO may enter into the following within budgeted funds:
1. Form and execute grant agreements within budgeted appropriations;
2. Execute leases for normal and routine business;
3. Enter into consultant, professional, maintenance, provider, or other service agreements;
4. Approve renewals for contracts and leases;
5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
6. Reject any and all bids and re-advertise to receive bids.

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

**Budget Calendar**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Thursday, May 6, 2021</td>
<td>FY 2021-2022 recommended budget presented at LME/MCO Board meeting</td>
</tr>
<tr>
<td>By Friday, May 14, 2021</td>
<td>Notice of June 3, 2021 Public Hearing published</td>
</tr>
<tr>
<td>By Thursday, June 3, 2021</td>
<td>Public Hearing</td>
</tr>
<tr>
<td>By Wednesday, June 30, 2021</td>
<td>LME/MCO Board adoption of FY 2021-2022 Budget Ordinance</td>
</tr>
<tr>
<td>By Thursday, July 1, 2021</td>
<td>Budget is available in the General Ledger system</td>
</tr>
</tbody>
</table>

**Glossary of Terms**

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

DATE OF BOARD MEETING: May 6, 2021

BACKGROUND: To provide an update of our phased return to onsite/field work in July/August and the expectation to begin our 'new normal' in September – post Labor Day.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dr. Mehul Mankad, Chief Medical Officer