
GUEST(S) PRESENT: Carol Beaumont, Johnston Mental Health Board Chairperson; Eleanor Creech, Johnston Mental Health Board; Dennis Farley, DMH LME Liaison; Ted G. Godwin, Johnston County Commissioner; Charles Hester, Johnston Mental Health Board; Rick Hester, Johnston County Manager; Jerry Jailall, Johnston Mental Health Board; Terry Keene, Johnston Mental Health Board; William W. Massengill, Jr., Johnston Mental Health Board; Janis Nutt, Johnston County Site Director; Marilyn Pearson, Johnston County Health Department Director; Jason Phipps, Johnston Mental Health Board and Chair of Johnston CFAC; and Steve Strickland, Johnston County Health Department

ALLIANCE STAFF PRESENT: Michael Bollini, MH/SA Care Coordination Director; Hank Debnam, Cumberland Site Director; Kelly Goodfellow, Chief Finance Officer; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Beth Melcher, Chief of Network Development and Evaluation; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; and Sean Schreiber, Chief Clinical Officer.

1. CALL TO ORDER: Chairman William Stanford called the meeting to order at 4:04 p.m. and asked Board members and attendees to introduce themselves.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>2. Announcements</td>
<td>Mr. Robinson thanked those who participated in the Board budget retreat on March 31, 2015; he provided a brief overview of the event that included information for Board members as they prepare to review the recommended budget for fiscal year 2016. The recommended budget will be presented at the May Board meeting. Chairman Stanford commended Mr. Robinson and Alliance staff for the information presented at the retreat.</td>
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<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>A motion was made by Mr. James Edgerton to approve the agenda; seconded by Mr. McKinley Wooten. Motion passed unanimously.</td>
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<td>4. Public Comment</td>
<td>There were no public comments.</td>
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### AGENDA ITEMS:

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<td>5. Committee Reports</td>
<td>DISCUSSION:</td>
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|   | A. Consumer and Family Advisory Committee – page 6  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Durham and Wake CFAC subcommittees. At the request of CFAC, no verbal report was given. Chairman Stanford noted that CFAC will present a verbal report at the next Board meeting. He also stated that this month’s report was part of the packet sent to Board members and posted on Alliance’s website. There were no comments or discussion about the CFAC report. |
|   | B. Finance Committee – page 12  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the March meeting, the budget to actual report, and ratios for the period ending February 28, 2015. Finance Committee Chair, James Edgerton, presented the Finance Committee report noting revenues exceeded expenditures by 22.7 million dollars; he noted that Alliance is operating above State mandated ratios. Additionally, he explained the amount of Alliance’s current fund balance which is 1.8% of total expenditures. He noted that other MCOs have fund balances of 30-60%; Alliance’s current fund balance percentage is due to Alliance being a new organization and also formerly single county entities who were not allowed to have fund balances. There were no additional comments or discussion about the Finance Committee report. |
|   | C. Policy Committee Report – page 16  
Per Alliance Area Board policy the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter to meet this requirement. This month’s report included minutes from the March meeting and reviewed and/or revised policies submitted for approval as part of the Board packet. Policy Committee Chairwoman, Cynthia Binanay, presented the report. The policies were submitted as part of the Board packet. Ms. Binanay noted that many policies were submitted for approval without revision, a few were reviewed with minor revisions to have consistent language among the policies, and some were submitted with substantial recommended changes. Ms. Binanay noted the latter of these policies, specifically, the following: Coordination of Care for Special Health Care Population, Selection and Retention of Providers and Rule Waiver Requests. There were no additional questions or discussion about the Policy Committee report. |

### BOARD ACTION

A Motion was made by Dr. George Corvin to approve the reviewed and revised policies; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.
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<td>6. Appointment of Budget Officer – page 40</td>
<td>In accordance with the Local Government Budget and Fiscal Control Act, Article 3 Section 159.9, each local government and public authority shall appoint a budget officer to serve at the will of the governing board. Chairman Stanford noted that Robert Robinson, CEO, has been acting in this capacity since May 2014 in the absence of a full-time CFO and that returning CFO, Kelly Goodfellow, would need to be appointed by the Board. There were no questions or discussion about the appointment.</td>
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<td>7. Consent Agenda</td>
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A. Draft Minutes from the March 5, 2015, Board Meeting – page 41  
B. County Commissioner Advisory Committee Report – page 45  
C. Executive Committee Report – page 48  
D. Quality Management Committee Report – page 51  
  Chairman Stanford noted that the consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda. |
| 8. Board Training | A. Organizational Overview at the Two-Year Mark – page 82  
Robert Robinson, CEO, provided an overview of the activities and achievements of Alliance Behavioral Healthcare over its first two years as a managed care organization. Highlights included: an increase in numbers served since Alliance began operating as a MCO and a decrease in cost (with a 2% service denial rate). Mr. Robinson noted organizational reorganization, staffing changes, significant refinement of provider credentialing/enrollment process, presence in Alliance communities and specific program highlights (BECOMING, CIT). He concluded noting current progress with Alliance’s strategic plan and anti-stigma media campaign. There were no additional comments or discussion about the organizational overview. A PowerPoint document detailing the organizational overview presentation is attached and made part of these minutes. |
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<th>AGENDA ITEMS:</th>
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<td>B. Services Provided for Johnston County Citizens – page 97</td>
<td>Beth Melcher, Chief of Network Development and Evaluation, provided information noting an array of services currently offered to citizens of Johnston County. She included historical information since Johnston County divested of services in 2013, the current number of providers in Alliance’s network with sites in Johnston County, previous and current numbers served, state and Medicaid funding, types of services, and identified gaps and needs (as required annually by the State). Dr. Melcher noted future plans to include continuing evaluation of the network, developing plans to address any gaps, and providing additional education regarding the variety of services available. Board members and attendees discussed the topic noting the following: definition of Dialectical Behavioral Therapy (DBT) and how to identify and monitor providers, the process for accessing services available in specific counties, Alliance’s upcoming branding campaign, care coordination, and the impact of local (county) funds on services. A PowerPoint document detailing services provided to citizens of Johnston County is attached and made part of these minutes.</td>
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<td>C. Integrated Care – page 119</td>
<td>Sean Schreiber, Chief Clinical Officer, and Michael Bollini, MH/SA Care Coordination Director, presented an update on activities to improve the overall health and wellness of Alliance consumers, specifically, an outline of Alliance’s plan to provide integrated care. Mr. Schreiber provided background information noting long standing efforts to help ensure consumers receive care that addresses both behavioral and physical health issues. He mentioned several Alliance activities to assist high utilizers of crisis services or hospital emergency care. He and Dr. Bollini reported a positive working relationship with Community Care of North Carolina (CCNC) and discussed highlights of future plans: developing a relationship with corporate CCNC via a memorandum of agreement/understanding, implementing uniform health screenings for behavioral or physical health providers, and reducing duplication of efforts by leveraging expertise within CCNC and Alliance. Dr. Bollini shared additional information on the prospective plan to develop an integrated care model with CCNC. Additionally, Mr. Robinson provided background information noting the rationale behind developing a model for integrated care. Board members discussed the topic to include asking about the State’s direction, if other NC LME/MCOs are pursuing integrated care, and what is the current funding and potential future funding for this service. Mr. Robinson reported that DHHS as well as legislators are very interested in integrated care and that more information is to come. A PowerPoint document detailing integrated care is attached and made part of these minutes.</td>
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**BOARD ACTION**
The Board received the trainings; no further action required.
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<th>AGENDA ITEMS:</th>
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<td>9. Updates</td>
<td>Carol Hammett, General Counsel, noted the current number of bills submitted to NC Legislature per bill filing deadlines. She stated that ninety-four bills were filed on April 1, 2015; ten of these were on Medicaid reform. Ms. Hammett will provide future legislative updates to the Board.</td>
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<td><strong>BOARD ACTION</strong></td>
<td>The Board received the update; no further action required.</td>
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<td>10. Chairman’s Report</td>
<td>Chairman Stanford stated that Alliance Board meetings have been held at Cumberland, Wake and Johnston sites. He expressed gratitude to Cumberland Site Director, Janis Nutt, for hosting the meeting and to representatives of the Johnston community for attending. Mr. Robinson expressed gratitude to staff for planning and preparation for the Board reception and meeting.</td>
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<td>11. Adjournment</td>
<td><strong>BOARD ACTION</strong> A Motion was made by Commissioner Kenneth Edge to adjourn; seconded by Commissioner Caroline Sullivan. Motion passed unanimously. With all business being completed the meeting adjourned at 5:52 p.m.</td>
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**Next Board Meeting**  
Thursday, May 07, 2015  
4:00 – 6:00 pm
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 2, 2015

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, 4600 Emperor Boulevard, Durham. Sub-committee meetings are held in individual counties, the schedules for those meetings are available on our website.

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

The Alliance CFAC is currently chaired by Marc Jacques while Dr. Mike Martin serves as vice-chair.

REQUEST FOR AREA BOARD ACTION:
Receive draft minutes from the March 2, 2015, Durham, and March 10, 2015, Wake CFAC subcommittees. The Cumberland February 26th meeting was canceled due to weather.

CEO RECOMMENDATION:
Receive the draft minutes.

RESOURCE PERSON(S):
Marc Jacques, CFAC Chair; Doug Wright, Director of Consumer Affairs
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: January minutes were approved as submitted.

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<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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<tr>
<td>Public Comment</td>
<td>None made</td>
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<td>Consumer/Family challenges and solutions</td>
<td>Joe Kilsheimer commented that with the budget cuts at the state universities several of the part time employees' hours were cut. This impacted his son who is employed 20 hours a week with UNC food services. This budget cut forced full time employees to take on the uncompleted tasks. This created a great hardship on the full time staff. UNC decided to reinstate part time employee hours back to the original numbers allotted. Mr. Kilsheimer felt this was an interesting turn of events.</td>
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<td>State Update</td>
<td>Roanna Newton reported that the new format for the state update has not been finalized. The Public Affairs Office is working to finalize this in the near future. The template will include space for local CFAC news. What would our CFAC like this to be called? Who would like to work on the Alliance submissions? The State CFAC meeting will be held on March 11, 2015 (9:00-3:00) at the Raleigh Holiday Inn. The State CFAC call will be hosted on March 18, 2015 (7:00-8:30pm). Everyone is welcome to call in and listen to the discussion. The State is working on the data analysis involving Determining Responsibility of Incidents. The CFAC members</td>
<td>Please let Doug and Roanna know if you are interested.</td>
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<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<td>I/DD Services - training</td>
<td>were invited to make any recommendations on how this data is to be managed. The Durham Subcommittee members provided no feedback.</td>
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<td></td>
<td>March is I-DD Awareness month. Doug Wright provided a power point on I-DD services. Johnetta Alston mentioned CDSA as a provider for services for her granddaughter. Several asked what the CDSA is. <strong>CDSA stands for Children’s Developmental Service Agencies. The North Carolina Early Intervention Branch (NCEI) is a part of the N.C. Division of Public Health. It is the lead agency for the N.C. Infant-Toddler Program (ITP). The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs. Sixteen Children’s Developmental Services Agencies (CDSAs) across North Carolina work with local service providers to help families help their children succeed.</strong></td>
<td>Doug and/or Debra will find out what The CDSA is.</td>
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<td>MCO Updates</td>
<td>Doug attended the Statewide CFAC meeting in Wilson County. He indicated that there were several interesting ideas shared and a recap will be given at the April 6th large CFAC meeting. Dave Richards attended the February Alliance Board meeting. The question of future mergers was discussed. It was indicated that at this time SandHills is not ready to merge. Marc Jacques provided the CFAC report at the board meeting. The CFAC executive committee is working on the presentation for the Alliance board’s budget retreat. Teri Kacher is the new Community Affairs Specialist in Wake County. She will be assisting with the CFAC Facebook page as well as Meetup.com. Teri will attend the Wake County CFAC subcommittee meetings.</td>
<td>Mr. Richards will be meeting with SandHills to have further discussion concerning mergers.</td>
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<td>Community Forum – Anonymous People</td>
<td>The film <em>The Anonymous People</em> will be shown on March 26 at the DPS Staff Development Center located at 2107 Hillandale Road at 11:00am and on April 3 at Wellness City located at 401 E. Lakewood Ave at 12:00 noon.</td>
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<td>Membership/other Concerns/Snapshot Survey</td>
<td>Durham has two (2) open seats for membership. Please Doug for more information.</td>
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<td>Announcements/ Appreciation</td>
<td>Colleen Kilsheimer will come home on Thursday, March 5, 2015. A CNA will provide support twelve (12) hours a day. Colleen is coming home in a wheelchair. She will continue to receive Physical Therapy to rehab her leg.</td>
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<td></td>
<td>Thank you all for attending! Thank you Johnetta for inviting guests.</td>
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5. ADJOURNMENT
MEMBERS PRESENT: Dave Curro, Carrie Ambrose, Marc Jacques, Faye Griffin, Eric Hall, Cynthia Hall
GUEST(S) PRESENT: Doug Wright, Teri Kachur, Roanna Newton, Wendy Gantt, Carla Huff, Stephanie Pollard

1. WELCOME AND INTRODUCTIONS – Introduction of Teri Kachur, Consumer Affairs Specialist

2. REVIEW OF THE MINUTES – Minutes from January were approved.

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<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>Public Comment</td>
<td>No Public Comment.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Consumer/Family challenges and solutions</td>
<td>Finding Direct Care Professionals continues to be a challenge for provider agencies and families.</td>
<td>Consider working with providers to host an employment fair.</td>
<td>May 16, 2015</td>
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<tr>
<td>State Update</td>
<td>Roanna gave updates from around the state. The Consumer Empowerment Team hopes to have a revised template for their news and information soon.</td>
<td>Monthly Report</td>
<td>May, 2015</td>
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<tr>
<td>Training – It’s Time to Re-Think” Campaign – Wendy Gantt</td>
<td>Wendy Gantt presented the “It’s Time to Re-Think” campaign to members of the CFAC. Lots of interest was shown in the campaign and members ask to be sent a copy of the presentation and how to get copies of some of the information for their websites.</td>
<td>Doug will send copies of the presentation to members and follow up with Marc around some of the graphics.</td>
<td>March 17, 2015</td>
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<td>CFAC Orientation Package – review in preparation for community events.</td>
<td>Doug presented members with CFAC Orientation packages, He will email members on the phone the information. Members were ask to review the information and come prepared to give an elevator speech about what CFAC is.</td>
<td>Doug will email members on the phone their packages, members will review information and be ready to give an elevator speech at the next meeting.</td>
<td>May 12, 2015</td>
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<tr>
<td>MCO Updates</td>
<td>Doug reviewed latest updates; the statewide CFAC meeting, the completion of the EQRO process, etc.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Community Forum – Anonymous People, Resource Fair in May Updates</td>
<td>Dave and Teri gave an update about where we are in relation to the Resource Fair scheduled for May 16th at the Center for Active Adults from 10:00am until 2:00PM. We have 16 vendors committed so far with room for 60. The subcommittee visited the space and have a good sense of how things will be laid out on that day. There will be a</td>
<td>Continue recruitment of providers; disseminate information to consumers and families about the event; make final preparations for the event; members get prepared to be able to talk about what CFAC does</td>
<td>May 16, 2015</td>
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<td>AGENDA ITEMS:</td>
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<td>listening session and the movie, “The Anonymous People” will be shown twice. Dave ask members to reach out to providers they know as well as spread the information to interested consumers and families.</td>
<td>and how it could have an impact on the system.</td>
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<tr>
<td>Membership/other Concerns/Snapshot Survey</td>
<td>Not Discussed</td>
<td>Next Meeting.</td>
<td>May 12, 2015</td>
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<td>Appreciation</td>
<td>A 5 minute roundtable around appreciation of each other.</td>
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5. ADJOURNMENT
ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board Meeting. The draft minutes of the March Finance Committee meeting is attached. This month’s report includes the budget to actual report and ratios for the period ending February 28, 2015.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
James Edgerton, Committee Chair; Robert Robinson, CEO; Kelly Goodfellow, CFO
APPOINTED MEMBERS PRESENT: ☒ James Edgerton, Chair; ☒ George Quick, MBA, ☐ John Griffin; ☐ Vicki Shore ☐ Bill Stanford

BOARD MEMBERS PRESENT: N/A

GUEST(S) PRESENT: N/A

STAFF PRESENT: Kelly Goodfellow, CFO, Jennifer Ternay, MBA, CPA, Interim CFO; Sara Pacholke, BS, CPA, Controller

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – A quorum was not present so the minutes from the 2/5/2015 meeting were not reviewed. They will be reviewed and approved at the April meeting.

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| 3. Monthly Financial Reports | The monthly financial reports were discussed which includes the Statement of Revenue Expenses – Actual to Budget and Benchmark Ratios  
a) Statement of Revenue Expenses – Actual to Budget for the Seven Months Ending January 31, 2015.  
b) Alliance is currently meeting and exceeding all required Senate Bill 208 ratios. | | |
| 4. | Sara Pacholke discussed the fund balance as of 1/31/15 and what makes it up. Currently our fund balance is made up of $14,192,894 set aside for the Medicaid Risk Reserve as required by our DMA contract, $14,742,981 set aside for future Medicaid service expenditures, and $11,934,490 unrestricted. | Continue discussing fund balance and anticipated uses at future Finance Committee meetings. | |

4. ADJOURNMENT

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

## Statement of Revenue and Expenses - Budget and Actual

**2/28/2015**

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<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
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<td><strong>REVENUES</strong></td>
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<td><strong>Service</strong></td>
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<td>County</td>
<td>$36,224,000.00</td>
<td>$2,575,393.18</td>
<td>$21,585,502.18</td>
<td>$14,638,497.82</td>
<td>59.59%</td>
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<tr>
<td>State</td>
<td>38,939,289.00</td>
<td>2,598,896.23</td>
<td>26,002,345.34</td>
<td>12,936,943.66</td>
<td>66.78%</td>
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<tr>
<td>Federal</td>
<td>7,715,997.00</td>
<td>506,582.41</td>
<td>5,155,793.67</td>
<td>2,560,203.33</td>
<td>66.82%</td>
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<tr>
<td>Medicaid Waiver</td>
<td>316,520,179.20</td>
<td>28,850,289.63</td>
<td>227,004,609.57</td>
<td>89,515,569.63</td>
<td>71.72%</td>
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<tr>
<td>In Kind Revenue</td>
<td>85,269.40</td>
<td>(85,269.40)</td>
<td>0.00%</td>
<td>0.00%</td>
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<tr>
<td>Miscellaneous Revenue</td>
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<td>Total Service Revenue</td>
<td>399,399,465.20</td>
<td>35,231,161.45</td>
<td>279,833,520.16</td>
<td>119,565,945.04</td>
<td>70.06%</td>
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<td><strong>Administrative</strong></td>
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<td>State</td>
<td>4,588,482.00</td>
<td>363,282.00</td>
<td>2,925,466.00</td>
<td>1,663,016.00</td>
<td>63.76%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>41,129,740.80</td>
<td>4,717,392.43</td>
<td>29,052,623.11</td>
<td>12,077,117.69</td>
<td>70.64%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>100,000.00</td>
<td>7,923.29</td>
<td>81,357.57</td>
<td>18,642.43</td>
<td>81.36%</td>
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<tr>
<td>Total Administrative Revenue</td>
<td>45,818,222.80</td>
<td>5,088,597.72</td>
<td>32,059,446.68</td>
<td>13,758,776.12</td>
<td>69.97%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>445,217,688.00</td>
<td>40,319,759.17</td>
<td>311,892,966.84</td>
<td>133,324,721.16</td>
<td>70.05%</td>
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<td><strong>EXPENDITURES</strong></td>
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<td><strong>Service</strong></td>
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</tr>
<tr>
<td>County</td>
<td>36,224,000.00</td>
<td>2,564,755.05</td>
<td>21,585,502.17</td>
<td>14,638,497.83</td>
<td>59.59%</td>
</tr>
<tr>
<td>State</td>
<td>38,939,289.00</td>
<td>3,298,896.23</td>
<td>26,002,345.34</td>
<td>12,936,943.66</td>
<td>66.78%</td>
</tr>
<tr>
<td>Federal</td>
<td>7,715,997.00</td>
<td>506,582.41</td>
<td>5,155,793.67</td>
<td>2,560,203.33</td>
<td>66.82%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>316,520,179.20</td>
<td>28,850,289.63</td>
<td>227,004,609.57</td>
<td>89,515,569.63</td>
<td>71.72%</td>
</tr>
<tr>
<td>In Kind Expenses</td>
<td>85,269.40</td>
<td>(85,269.40)</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Total Service Expenditures</td>
<td>399,399,465.20</td>
<td>34,497,312.11</td>
<td>265,862,083.46</td>
<td>133,537,381.74</td>
<td>66.57%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>5,455,825.32</td>
<td>327,508.07</td>
<td>3,011,635.93</td>
<td>2,444,189.39</td>
<td>55.20%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>34,274,488.50</td>
<td>2,097,761.57</td>
<td>17,314,307.08</td>
<td>16,960,181.42</td>
<td>50.52%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,087,908.98</td>
<td>502,194.08</td>
<td>2,973,450.47</td>
<td>3,114,458.51</td>
<td>48.84%</td>
</tr>
<tr>
<td>Total Administrative Expenditures</td>
<td>45,818,222.80</td>
<td>2,927,463.72</td>
<td>23,299,393.48</td>
<td>22,518,829.32</td>
<td>50.85%</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>445,217,688.00</td>
<td>40,319,759.17</td>
<td>311,892,966.84</td>
<td>156,056,211.06</td>
<td>64.95%</td>
</tr>
<tr>
<td><strong>REVENUES OVER EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,894,983.34</td>
<td>22,731,489.90</td>
</tr>
</tbody>
</table>
**Current Ratio**
- Compares current assets to current liabilities.
- Liquidity ratio that measures an organization's ability to pay short term obligations. The benchmark is 1.0.

**Defensive Interval**
- Current assets 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 benchmark is 30 days.

**Percent Paid**
- Percent of clean claims paid within 30 days of receiving. The benchmark is 90%.

**Medical Loss**
- Medicaid claims expense divided by the total capitation payment. The ratio shows the percentage the organization spends on Medicaid service costs. The benchmark is 80%.
ITEM: March Policy Committee Meeting Minutes and Annual Review of Board Policies

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board is to review all policies annually. The Board Policy Committee reviews a number of Policies each quarter in order to meet this requirement.

Policies reviewed at the Policy Committee meeting and ready for Board approval without revisions:
- Utilization Management
- Accessibility of Utilization Review/Utilization Management Process
- Utilization Review Criteria
- Utilization Review Process
- Financial Eligibility
- Provider Network
- Letters of Support
- Clients’ Rights
- Consumer Choice

Policies reviewed with revisions:
- Care Coordination
- Coordination of Care for Special Health Care Population
- Utilization Management
- Pre-Review Screening for Certification
- Appealing Utilization Management Decisions
- Provider Network
- Rule Waiver Requests
- Selection and Retention of Providers
- Provision of Services by Relatives/Legal Guardian
- Quality Management
- Management and Investigation of Grievances
- Management of Incidents
- Consumer, Provider and Stakeholder Satisfaction

Clients’ Rights
- Clients’ Rights to Confidentiality
- Clients’ Rights to Dignity, Privacy and Humane Care
- Advanced Directives/Advanced Instruction

REQUEST FOR BOARD ACTION:
Accept Board Policy Committee minutes from the March meeting as submitted. As part of the Annual Review process, approve the above listed policies for continued use. Approve the recommended changes to the above listed policies.

CEO RECOMMENDATION:
Approve the reviewed policies for continued use and approve the proposed revised policies.

RESOURCE PERSON(S):
Cynthia Binanay, Policy Committee Chair; Monica Portugal, Chief Compliance Officer
Thursday, March 19, 2015  BOARD POLICY COMMITTEE

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay (Committee Chair, Area Board Member), ☒ Lodies Gloston (Area Board Member), ☒ Curtis Massey (Area Board Member) via telephone
BOARD MEMBERS PRESENT:
STAFF PRESENT: Carol Hammett (General Counsel), Monica Portugal (Chief Compliance Officer), Sandy Valdes (Administrative Assistant to Compliance)

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: Motion was made by Curtis Massey and seconded by Cynthia Binanay to approve the minutes of the 1/7/2015 meeting. Motion carried.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements:</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Documents Provided:</td>
<td>Minutes: 1/7/2015, Policies</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Policies reviewed with suggested revisions:</td>
<td>Coordination of Care for Special Health Care Populations: Staff suggested changing the definition of Special Health Care Population to be consistent with operational procedures. Committee suggested several acronyms be defined in policy.</td>
<td>Policies and Agenda Action Form will be submitted to Board Clerk for inclusion in the April 2, 2015 Board Packet.</td>
<td>March 23, 2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Review Screening for Certification: correction in staff availability to provide oversight and follow-up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appealing Utilization Management Decisions: Committee suggested removing the word “CEO” from Procedures section to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client’s Rights to Dignity, Privacy and Humane Care: changes in procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client’s Right to Confidentiality: added language around terminating services with Alliance for non-employees violating the policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Directives/Advanced Instructions: correction to the spelling of a word.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection and Retention of Providers: removed language from policy statement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of Services by Relatives/Legal Guardians: Committee suggested changing NC 1915c to Medicaid 1915(c).</td>
<td></td>
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</tr>
<tr>
<td>Rule Waiver Requests: Committee requested adding language to reflect delegation approval by DHHS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer, Provider and Stakeholder Satisfaction: changes in procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and Investigation of Grievances: Committee suggested changing definition of Complainant and Grievance to be consistent with operational procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Incidents: Language around oversight of incidents in accordance with administrative rules added to policy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Policies for Review and Revision:

| Committee reviewed proposed revisions to the Area Board By-Laws including attendance policy, term limits, adding the newly adopted Mission, Vision and Values statements, along with other proposed changes. The By-Laws will be reviewed in detail at a future meeting. | Revised proposed draft will be presented at the next meeting. | May 5, 2015 |
| Committee discussed combining Emergency Management Plan and Business Continuity Plan Policies as a future meeting. | | |

### Other:

| Ms. Binanay discussed timeline for reviewing revisions and meeting minutes. | Ms. Hammett will present at next meeting. | May 5, 2015 |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ms. Hammett will present joint resolution in regards to term limits at the next meeting.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT:** Next meeting will be May 5, 2015 from 4:00 p.m. to 6:00 p.m. in room 237.

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

The purpose of this policy is to ensure timely reviews of oral or written requests for service authorization.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure timely access to care. Utilization management personnel shall be available during regular business hours to process requests and to communicate with providers, consumers and other stakeholders. All communications and interactions with the affected parties shall be cordial and courteous.

III. PROCEDURES

The Area director shall develop procedures to implement this policy.


<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Utilization Review Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINES OF BUSINESS:</td>
<td>Service Management</td>
</tr>
<tr>
<td>RESPONSIBILITY:</td>
<td>Area Board</td>
</tr>
<tr>
<td></td>
<td>Area Director</td>
</tr>
<tr>
<td>NUMBER:</td>
<td>UM-4</td>
</tr>
<tr>
<td>URAC:</td>
<td>HUM, v. 7.0, Standards 10-12, 17-21, and 25-29.</td>
</tr>
<tr>
<td>REFERENCE:</td>
<td>G.S. 122C-115.4</td>
</tr>
<tr>
<td>APPROVAL DATE:</td>
<td>6/26/2012</td>
</tr>
<tr>
<td>LATEST REVISION DATE:</td>
<td></td>
</tr>
<tr>
<td>LATEST REVIEW DATE:</td>
<td>3/6/2014</td>
</tr>
<tr>
<td>APPROVAL AUTHORITY:</td>
<td>Chairperson, Area Board</td>
</tr>
</tbody>
</table>

I. PURPOSE

The purpose of this policy is to clearly define the standards and procedures for authorizing Medicaid and State funded services.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to make timely and accurate utilization management determinations and notifications regarding requests for certification of treatment. Determinations and notifications shall be made in accordance with the requirements of the North Carolina Division of Mental Health/Developmental Disability/Substance Abuse Services (DMH/DD/SAS), the North Carolina Division of Medical Assistance (DMA) and the external accrediting body, URAC.

III. PROCEDURES

The Area Director shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to set forth the standards and criteria used by Alliance Behavioral Healthcare to determine the medical necessity of service requests submitted by network providers.

II. DEFINITIONS

Medical Necessity:
1. The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient’s needs;
2. The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
3. The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to implement objective clinical review criteria to govern all utilization management decisions regarding service authorization requests. These criteria have been developed by the North Carolina Division of Medical Assistance, and are documented in NC DMA Clinical Coverage Policies and the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services and are documented in the MH/DD/SA Services Definition manual. The Alliance Clinical Advisory Council is authorized to approve clinical guidelines that can be used during the utilization review process. All Clinical Coverage Policies, Service Definitions and clinical guidelines that are used in the utilization management process shall be made available to providers and consumers.

IV. PROCEDURES

The Area Director shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to establish financial eligibility criteria for individuals not eligible for Medicaid and who are seeking treatment in the Alliance Provider Network. Eligibility for non-Medicaid funded services is not an entitlement and is contingent upon availability of funding.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to establish financial eligibility criteria for the use of state funds as payment for behavioral health services to a non-Medicaid eligible individual in the Alliance area. For an individual to receive state funded treatment services, the following basic criteria must be met:

1. there must be funding available to pay for such treatment;
2. the individual must be a resident of a county in the Alliance area;
3. there must be no other payer to cover the cost of care; and
4. the individual or minor individual’s parent or legal guardian are deemed financially eligible for services.

An individual meets financial eligibility if the household income is at or below 300% of the federal poverty level and they have no assets or third party funding or insurance available to pay for services.

Residents of the Alliance counties are eligible for crisis assessment and crisis services through the Alliance Provider Network when no other payer source is available. Under this policy, acute inpatient psychiatric services that require prior authorization are not considered crisis services.

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish the expectation that Alliance Behavioral Healthcare shall operate a comprehensive customer services program.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that its Customer Services Program will provide the following:
1. 24/7/365 access to services by providing screening, triage and referral;
2. Crisis services authorization as needed; and
3. Information in response to questions and inquiries expressed through the Access and Information Line.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide guidance on the issuance of letters of support/acknowledgment for community based projects for persons with mental illness, intellectual/developmental disabilities and substance abuse disorders.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to support the development of community based MH/IDD/SA services. Pursuant to the development of these services, the Area Authority may, from time to time, be asked for a letter of support or acknowledgment for a specific project. Some of these requests may be precipitated by law or regulation which requires Area Authority involvement or knowledge of the project. Irrespective of the reason for the request, the decision to submit a letter of support/acknowledgement shall be based on the service needs of the residents of the catchment area as identified in the Area Authority’s comprehensive planning process.

III. PROCEDURES

The Area Director shall develop procedures for the issuance of letters of support for the various types of projects that might arise. The guiding principle for these procedures shall be the identification of need as reflected in the Area Authority’s comprehensive plan.
I. PURPOSE

The purpose of this policy is to advocate and support an individual’s right to make informed choices about service provision.

II. POLICY STATEMENT

It is the policy of the Area Authority to promote and encourage choice when consumers seek services from Alliance Behavioral Healthcare. Alliance Behavioral Healthcare shall ensure that each consumer seeking services receives the following:

i. information necessary to make an informed choice about service;
ii. information about the range of other services available;
iii. information about their right to receive services in a way that is non-coercive and protects their right to self-determination and;
iv. for Medicaid funded services, consumers shall be provided with a choice of at least two provider agencies from which they may elect to receive services. (May not apply to some highly specialized services)

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare carries out its responsibility for providing care coordination to eligible individuals and families within the Alliance catchment area and to define the process of identifying and referring individuals to Care Coordination.

II. DEFINITIONS

Care Coordination: A collaborative process that links individuals and families with special healthcare needs and high risk/high cost individuals to services and resources in an effort to optimize clinical outcomes, decrease unnecessary utilization of services and ensure delivery of quality care.

Special Health Care and High Risk Populations:

- Adult enrollees who are severely and persistently mentally ill and meet Level of Care Utilization System for Psychiatric Services (LOCUS) criteria
- Child enrollees who are severely emotionally disturbed and meet Child and Adolescent Level of Care Utilization System (CALOCUS) criteria
- Children under 21 years of age with an MH mental health or SA substance use diagnosis who are currently, or have been within the past thirty (30) days, in a facility (including a Youth Development Center and Youth Detention Center) operated by the Department of Public Safety, Division of Juvenile Justice or Department of Corrections or Division of Adult Correction and Juvenile Justice for whom Alliance has received notification of discharge.
- Enrollees with SA substance use diagnosis AND Current ASAM PPC Level of III.7 or II.2-D or higher.
- Enrollees with co-occurring diagnoses (SA/MH/I/DD)
- Opioid Dependent: Individuals with an opioid dependence diagnosis AND who have reported to have used drugs by injection within the past thirty days
- CCNC/MCO (Community Care of North Carolina/Managed Care Organization) Priority List
- Consumers who meet criteria for the Transitions to Community Living Initiative
- Individuals on the NC Innovations Waiver
- Individuals with an intellectual or developmental disability diagnosis who are currently, or have been within the past thirty (30) days, in a facility operated by the Division of Adult Correction (DOC) or the Department of and Juvenile Justice and Delinquency Prevention (DJJDP) for whom Alliance has received notification of discharge
- Adult enrollees who are severely and persistently mentally ill and meet LOCUS criteria
- Child enrollees who are severely emotionally disturbed and meet CALOCUS criteria
- Enrollees with intellectual or developmental disabilities (IDD) who are functionally eligible for ICF-MR
IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare processes waiver of licensure rule requests made by contracted licensed facilities in a consistent manner. When recommending approval to waive a rule, Alliance must ensure the existence of safeguards to protect the consumers’ health and safety.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to process all rule waiver requests submitted by licensed facilities in the Alliance Provider Network consistently and in compliance with the North Carolina Administrative Code. The Administrative Rule outlines that the decision to grant or deny the waiver request shall be based on the following:

a. The nature and extent of the request;

b. The existence of safeguards to ensure that the health, safety, or welfare of the clients residing in the facility will not be threatened;

c. The determination that the waiver will not affect the health, safety, or welfare of clients residing in the facility;

d. The existence of good cause; and

e. Documentation of LME-MCO governing body approval when requests are from an LME-MCO contract agency.

The Alliance Area Board has delegated authority to the Area Director to approve and deny requests to waive a rule as authorized by Department of Health of Human Services.

III. PROCEDURES

The Area Director shall develop procedures to ensure a consistent approval process of rule waiver requests.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare (“Alliance”) complies with Federal and State laws, rules and regulations, contract requirements and national accreditation standards regarding the selection and retention of providers.

II. POLICY STATEMENT

It is the policy of Alliance to select and retain providers based on quality of care, quality of service, the service needs of the catchment area population and business needs of the organization. The goal of Alliance is to develop and maintain a sufficient network of high quality service providers that meets consumer and community needs within available resources and promotes efficiency and the economic viability of network providers. Selected providers must also meet the credentialing and re-credentialing requirements established by Alliance and the North Carolina Department of Health and Human Services.

The North Carolina Medicaid 1915 b/c Waiver permits Alliance to operate a closed network by waiving the provider “freedom of choice” provision in the Social Security Act. The closed network is balanced by Alliance’s responsibility to ensure accessibility of services.

In accordance with 42 CFR 438.214 and the terms and conditions of the Alliance contract with NCDHHS to operate a Prepaid Inpatient Health Plan, Alliance is required to implement provider selection and retention criteria that do not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. Criteria may include provider performance and other factors. Alliance shall not employ or contract with providers who are excluded from participation in Federal healthcare programs under either section 1128 or section 1128A of the Social Security Act or who have been terminated by the NC State Medicaid program for any reason.

Alliance will establish a fair, impartial and consistent process for the enrollment and re-enrollment of mental health, intellectual/developmental disability and/or substance abuse (“MH/I-DD/SA”) service providers in the Alliance Closed Network that complies with 42 CFR §438.207 and §438.214.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare complies with the provisions of the NC Medicaid 1915(c) Innovations Waiver as Alliance reviews and processes requests to employ relatives as providers.

II. DEFINITIONS

Employer of Record: The individual recorded by and registered with federal and state government agencies as the Employer for legal purposes in the Employer of Record Model of Individual and Family Directed Supports.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to process requests from Network Providers and Employers of Record to employ relatives/legal guardians (who live in the home of the Innovations Waiver participant) to provide Innovations Waiver services to their family member. The process for handling such requests shall comply with the policy and regulatory provisions of the Innovations Waiver.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to protect each client’s right to privacy and to safeguard the confidentiality of identifiable health information.

II. POLICY STATEMENT

All clients of Alliance Behavioral Healthcare shall be assured that their right to privacy and the confidentiality of their identifiable health information will be safeguarded. No staff member, volunteer, student or other person associated with Alliance Behavioral Healthcare shall use or disclose any information except as provided by these policies and procedures as authorized by the General Statutes of the State of North Carolina 122C Parts 52-56, Client Right to Confidentiality, the Federal Regulations 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Health Insurance Portability and Accountability Act (HIPAA) regulations in 45 CFR. Any violation of this policy shall be grounds for disciplinary action, including termination of employment or termination of other services with Alliance.

III. PROCEDURES

The Area Director shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that clients’ rights are respected and protected by all providers in the Alliance Behavioral Healthcare Provider Network.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that every person served has a right to dignity, privacy and humane care that must be respected and protected. Providers in the Alliance Behavioral Healthcare Provider Network shall assure basic human rights to each client. All programs operated by providers shall comply with the clients’ rights standards set forth in G.S. 122C, Article 3.

III. PROCEDURES

The Area Director shall work with the Board’s Human Rights Committee to develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare complies with regulatory requirements surrounding Advanced Directives and Advanced Instructions for Mental Health Treatment.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to distribute written information regarding Advance Directives and Advanced Instructions for Mental Health Treatment policies to adult Enrollees, including a description of applicable State and Federal laws. Written information regarding Advance Directives and Advanced Instructions shall cover the following topics:

1. Enrollee rights under State law;
2. Alliance policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of Advance Directives and Instructions as a matter of conscience;
3. Information on the Advance Directive and Instructions policies of Alliance; and
4. The Enrollee's right to file a grievance with the State Certification and Survey Agency or the Division of MH/DD/SAS concerning any alleged noncompliance with the Advance Directive or Instructions laws.

In compliance with 42 CFR 438.6(i) and N C GS 122C Part 2, the written information provided to Enrollees shall reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth policy regarding the use of licensed and non-licensed staff in the utilization management process.

II. DEFINITIONS

Certification – authorization for an individual to receive services from an Area Authority provider.

III. POLICY STATEMENT

Alliance Behavioral Healthcare shall employ licensed clinical staff as well as non-clinical, administrative personnel to perform the utilization management functions required to issue certifications. Alliance shall ensure that licensed clinical staff as well as non-clinical staff is available to provide oversight and follow-up of clinically related questions during initial screening activities.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

To establish a clear process to ensure that consumers’ federal and state due process rights are protected in regards to service reductions, suspensions, termination and denials.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall utilize a formal written process with concrete timeframes to govern appeals of denial, suspension, termination or reduction of service based on medical necessity determinations for all services. In accordance with applicable Federal and State laws, rules and regulations, the process shall make a distinction between appeals filed concerning Medicaid, state-funded and locally-funded services, standard appeals, i.e., cases involving non-urgent care and expedited appeals, i.e. cases involving urgent care. The process shall clearly delineate the steps that may be taken by a consumer or the consumer’s legal representative, or a provider or facility rendering service when the appellant asserts their right to appeal, either in verbal or written form. Written directions on how to file an appeal shall be provided with the decision. The directions shall be written in a manner that meets the health, literacy and linguistic needs of the persons affected by the policy.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish a process for receiving, investigating, resolving and managing grievances in a consistent manner.

II. DEFINITIONS

Complainant: Enrollee/consumer, legally responsible person, or Providers, authorized in writing and acting on behalf of the enrollee/consumer filing the grievance. Does not include providers, stakeholders or other individuals not acting on behalf of a consumerperson filing a grievance.

Grievance: an expression of dissatisfaction by an enrollee, their legal guardian, or Provider, authorized in writing and acting on behalf of the enrollee/consumer about any matter other than decisions regarding requests for Medicaid services.

Provider: an individual, agency or organization that provides mental health, developmental disabilities and/or substance abuse services to consumers and families.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to respond to grievances received concerning the provision of publicly funded services in the Alliance Behavioral Healthcare catchment area. It is also the policy of Alliance Behavioral Healthcare to use the information gleaned from grievance proceedings as part of Alliance’s quality improvement process.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy. The procedures shall comply with all relevant state and Federal statutes and requirements of all regulatory, funding or accrediting bodies.
I. PURPOSE

The purpose of this policy is to define and establish a uniform and consistent approach for handling incidents which occur in the operations of a facility or service.

II. DEFINITIONS

**Incidents:** Events that are inconsistent with the routine operations of a service or care of a consumer that are likely to lead to adverse effects.

**Level I Incident:** Event that is inconsistent with the routine operation of a service or care of a consumer that is likely to lead to adverse effects but does not meet the definition of a Level II or III incident.

**Level II Incident:** As described in Level I Incident above but results in a threat to a consumer’s health and safety or presents a threat to the health and safety of others due to the consumer’s behavior. This includes a client death due to natural causes or terminal illness.

**Level III Incident:** Event that is inconsistent with the routine operation of a service or care of a consumer that is likely to lead to adverse effects and result in:

1. a death or permanent physical or psychological impairment to a consumer;
2. a death or permanent physical or psychological impairment caused by a consumer;
3. a threat to public safety caused by a consumer;
4. an amber or silver alert, or news media involvement
5. any allegation of rape or sexual assault of a consumer or by a consumer.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure consumer safety and quality of care within the Alliance Behavioral Healthcare Qualified Provider Community Network. Alliance Behavioral Healthcare will require Network Providers to respond to all level I, II, and III incidents according to 10A North Carolina Administrative Code 27G .0603 and .0604 and that Alliance Behavioral Healthcare responds to all Level III incidents in accordance with 10A North Carolina Administrative Code 27G .0605.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

Alliance Behavioral Healthcare endeavors to provide services to the community that are timely, high quality and effective. Alliance Behavioral Healthcare is committed to a process of continuous quality improvement and assessment of its relationships with its community partners.

II. POLICY STATEMENT

Alliance Behavioral Healthcare seeks to serve the community in a manner that is efficient, responsive, and effective. It is the policy of the Board to employ appropriate techniques to measure the extent to which the Board is meeting its objectives and the level of satisfaction among the Board’s many constituencies. The results of these measurements are to be used to promote improvement of consumers’, providers’ and other stakeholders’ satisfaction and to improve the quality of services and treatment outcomes.

III. PROCEDURES

The Area Director shall work with the Board’s Quality Management Committee to develop a process to assess the level of satisfaction among the various constituencies served by Alliance Behavioral Healthcare procedures to implement this Policy.
ITEM: Appointment of Budget Officer

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
In accordance with the Local Government Budget and Fiscal Control Act, Article 3 Section 159.9, each local government and public authority shall appoint a budget officer to serve at the will of the governing board. Robert Robinson has been acting in this capacity since May 2014. This action item is to approve the appointment of Kelly Goodfellow, Chief Financial Officer, as Budget Officer for Alliance.

REQUEST FOR AREA BOARD ACTION:
Accept the proposal.

CEO RECOMMENDATION:
Accept the proposal.

RESOURCE PERSON(S):
Robert Robinson, CEO; Kelly Goodfellow, CFO
ITEM: Draft Minutes from the March 5, 2015, Board Meeting

DATE OF BOARD MEETING: April 2, 2015

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the March 5, 2015, Board meeting.

CEO RECOMMENDATION:
Approve the minutes.

RESOURCE PERSON(S):
Robert Robinson, CEO; Veronica Ingram, Executive Assistant
### ALLIANCE BEHAVIORAL HEALTHCARE BOARD MEETING

**Thursday, March 05, 2015**


**GUEST(S) PRESENT:** Stacia Aylward, Zelos, LLC; Jeff Barnhardt, McGuire Woods Consulting; Terri Glass, Zelos, LLC; and Jennifer Ternay, JLS Advisory Group, LLC

**ALLIANCE STAFF PRESENT:** Michael Bollini, MH/SA Care Coordination Director; Hank Debnam, Cumberland Site Director; Doug Fuller, Director of Communications; Kelly Goodfellow, Chief Financial Officer; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Carlyle Johnson, Director of Provider Network Strategic Initiatives; Wes Knepper, Business Process Project Manager; Geyer Longenecker, Director of Quality Management; Ken Marsh, Medicaid Program Director; Beth Melcher, Chief of Program Development and Evaluation; Janis Nutt, Johnston Site Director; Ann Oshel, Chief Community Relations Officer; Sara Pacholke, Controller; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; Sean Schreiber, Chief Clinical Officer; Tammy Thomas, Business Process Manager; and Doug Wright, Director of Consumer Affairs

### AGENDA ITEMS:

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| 2. Announcements      | A. Board Budget Retreat  
Chairman Stanford reminded Board members that the retreat will be in the first floor training rooms on Tuesday, March 31, 2015, from 1:00-4:00 p.m. Lunch will be available at 12:30 p.m. |
|                       | B. New Staff Introductions  
Mr. Robinson introduced returning CFO, Kelly Goodfellow. Ms. Graham introduced Tammy Thomas and Wes Knepper as new Business Process Project Managers. Additionally, Mr. Robinson introduced Zelos staff, Stacia Aylward and Terri Glass, who are working with Alliance on the strategic planning process. |
|                       | C. NC Council Newsletter  
Mr. Robinson noted that Alliance is mentioned in several places in the newsletter; Board members received a copy.                                                                                     |
| 3. Agenda Adjustments | There were no adjustments to the agenda. A motion was made by Mr. James Edgerton and seconded by Commissioner Caroline Sullivan to adopt the agenda. Motion passed unanimously.                                           |
| 4. Public Comment     | Ms. Amelia Thorpe mentioned an article in the Independent Weekly from 2004 and the article’s perspective on behavioral health. Board members discussed the topic noting the progress made in the last ten years and the importance of communicating this progress. |
### Agenda Items:

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| 5. Committee Reports | A. Consumer and Family Advisory Committee – page 4  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members that live in Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. CFAC is a self-governing committee that serves as an advisor to Alliance administration and Board. This month’s report includes minutes from the February CFAC meeting. Doug Wright, Director of Consumer Affairs, presented the CFAC report which was submitted in the Board packet. Additionally, he mentioned concerns regarding transitional beds in Wake County and future substance use disorder treatment options. He also mentioned upcoming showings of the documentary movie *The Anonymous People* in Alliance communities and the positive impact of new Community Affairs Specialist, Teri Kachur. There were no additional comments or discussion about the CFAC report.  

B. Finance Committee – page 10  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board meeting. This month’s report includes draft minutes of the February Finance Committee meeting and the budget to actual report and ratios for the period ending January 31, 2015. Finance Committee Chair, Jim Edgerton, presented the Finance Committee report. He noted that revenues exceeded expenditures. Also, he noted that one ratio showed below state standards due to recent payment adjustment received in January 2015. Mr. Edgerton requested an opportunity for Board members to discuss with staff the importance of the fund balance and to do so during the Budget Retreat. There were no additional comments or discussion about the Finance Committee report. |
B. Human Rights Committee Report – page 21  
C. Quality Management Committee Report – page 25  
Chairman Stanford reminded Board members that the consent agenda was sent as part of the Board packet. There were no questions or comments about the consent agenda. |
| 7. Board Training | A. System of Care – page 106  
Ms. Ann Oshel, Chief Community Relations Officer, provided an overview of the system of care model used by Alliance as well as community activities that promote system improvements and transformation. Ms. Oshel mentioned upcoming Child Mental Health Month which Alliance will celebrate in May. She noted that she will send a calendar detailing all events occurring in Alliance’s catchment area. Board members discussed the training noting the following: clarifying care review/coordination currently utilized and... |
**AGENDA ITEMS:**

**DISCUSSION:**

the target population for cross agency orientation which is open to any who request it. The System of Care PowerPoint presentation is attached to and made part of these minutes as shown in addendum 7A.

**B. Clinical Update – page 119**

Sean Schreiber, Chief Clinical Officer, presented an update on clinical initiatives and goals that were established in the previous year and presented to the Board in 2014. The presentation included an update on new clinical initiatives, trends, and patterns of service access and utilization across the Alliance catchment area. There were no additional comments or discussion regarding the training. The Clinical Update PowerPoint presentation is attached to and made part of these minutes as shown in addendum 7B.

**C. Introduction of Lobbyist**

Mr. Robinson introduced Jeff Barnhardt, McGuire Woods Consulting. Mr. Barnhardt provided background information noting his work as a County Commissioner and State Representative; he also provided an update on Medicaid reform at the North Carolina Legislature. He stated no decisions or bills have been introduced but mentioned that debate over privatization versus provider led (ACO) model is still being debated. Board members discussed current progress of Medicaid reform and requested future updates.

**BOARD ACTION**

The Board received the trainings; no additional action required.

8. Update

Mr. Robinson reminded the Board that the State is still interested in consolidating to four LME/MCOs. He noted that no movement has been made to force mergers.

**BOARD ACTION**

The Board received the update; no additional action required.

9. Chairman’s Report

Chairman Stanford reminded Board members that next month’s Board meeting will be in Johnston County and will include a reception preceding the meeting.

10. Closed Session:

Evaluation of a Public Official

**BOARD ACTION**

A motion was made by Mr. Lascel Webley, Jr. to enter closed session in accordance with NC General Statue 143-318.11(a) (6) to discuss and evaluate the performance of a public official; seconded by Mr. James Edgerton. Motion passed unanimously.

**Next Board Meeting**

**Thursday, April 02, 2015**

**4:00 – 6:00**
ITEM: County Commissioners Advisory Committee Report

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
As stated in Alliance’s by-laws and NCGS 122c-118.2 the County Commissioner Advisory Committee serves as the chief advisory board to the area authority and area director/CEO on matters pertaining to the delivery of services for individuals with mental illness, intellectual or other developmental disabilities and substance abuse disorders in the catchment area. Approved minutes from the November 6, 2014, meeting and draft minutes from the March 5, 2015, are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: ☒Kenneth Edge, Cumberland BOCC Vice-Chair; ☒Michael Page, Durham BOCC Chair; ☒Caroline Sullivan, Wake BOCC

BOARD MEMBER(S) PRESENT: Bill Stanford, Chairman

GUEST(S) PRESENT: None

STAFF PRESENT: Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Rob Robinson, CEO

1. WELCOME AND INTRODUCTIONS

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<td>2. Upcoming Legislative Session</td>
<td>Committee discussed upcoming legislative session noting the focus on Medicaid reform. The two major issues of debate include what to do with the management of Medicaid and how best to meet the identified goals.</td>
<td>None specified.</td>
<td>N/A</td>
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| 3. Legislative Goals from Each BOCC | Committee discussed topic noting the following:  
  - Encouraging County Commissioners to support MCO model at the local level as well as statewide.  
  - Seeking full support of the LME/MCO model from NC Association of County Commissioners President  
  - Continue education, communication between MCOs and County Commissioners and County agencies  
  Ms. Hammett will discuss with NC Association of County Commissioners General Counsel to clarify purpose, significant and impact of MCO model. | None specified.                                                            | N/A         |
| 4. DHHS/DMA Organizational Chart  | Committee discussed DHHS/DMA reorganization and reviewed the organizational chart.                                                                                                                                                                                                                                                     | None specified.                                                            | N/A         |

5. ADJOURNMENT
APPOINTED MEMBERS PRESENT: ☐Kenneth Edge, Cumberland BOCC Chair; ☒Michael Page, Durham BOCC Chair; ☒Caroline Sullivan, Wake BOCC Vice-Chair

BOARD MEMBERS PRESENT: William Stanford, Area Board Chairman

GUEST(S) PRESENT: N/A

STAFF PRESENT: Rob Robinson, CEO; and Shelly Harris, Administrative Assistant

1. WELCOME AND INTRODUCTIONS – Rob Robinson, CEO, welcomed committee and stated Commissioner Edge is unable to attend the meeting. Mr. Robinson welcomed Shelly Harris who provided administrative support.

2. REVIEW OF THE MINUTES – The minutes from the August 5, 2014, and November 6, 2014, County Commissioner Advisory Committee meetings were reviewed; a motion was made by Commissioner Michael Page and seconded by Commissioner Caroline Sullivan to approve the minutes. Motion passed.

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<td>3. Merger Discussion</td>
<td>Committee members discussed merger opportunities based on presentation from Dave Richards, Deputy Secretary of DHHS at the February Board meeting. Mr. Robinson and the NC Council are meeting/addressing the future of mergers. It was recommended that no action be taken at this time until more information/direction is given by DHHS.</td>
<td>Mr. Robinson has a meeting scheduled with Dave Richard.</td>
<td>None specified.</td>
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<td>4. 2015 Committee Meetings</td>
<td>A. Committee did not set dates for the remainder of 2015. Mr. Robinson stated schedules will be sent to Committee members and will include directions for specified meeting locations. B. Committee discussed adding additional members. <strong>COMMITTEE ACTION</strong> A motion was made by Commissioner Page to not add additional members to this committee at this time; seconded by Commissioner Sullivan. Motion passed.</td>
<td>Mr. Robinson will send schedule for remaining 2015 meetings to Committee.</td>
<td>None specified.</td>
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5. ADJOURNMENT
ITEM: Executive Committee Report

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board at the next scheduled meeting. The draft minutes from the March 17, 2015, meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
William Stanford, Area Board Chairman; Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay, ☒ Christopher Bostock, ☒ George Corvin, MD ☒ James Edgerton, ☒ William Stanford, Chair ☐ Scott Taylor, and ☒ Lascel Webley, Jr. (via phone)

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Amanda Graham, Chief of Staff; Rob Robinson, CEO; Veronica Ingram, Executive Assistant; Carol Hammett, General Counsel; Al Ragland, Chief HR Officer

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 2, 2015, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Mr. Edgerton to approve the minutes. Motion passed unanimously.

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<td>3. Updates</td>
<td>a) March 31, 2015, Budget Retreat: Mr. Robinson reminded the Committee that the retreat is from 1:00-4:00 p.m.; lunch is available at 12:30 p.m. Committee discussed topic and requested including the following topics: reserve balances, loan repayments, gaps analysis. b) Integrated Care: Mr. Robinson mentioned recent meetings with CCNC corporate to develop a memorandum of agreement (MOA) to expand integrated care services at the local level. Additionally, he provided an update that he and a few staff were contacted and educated about the Smoky Mountain LME/MCO and Mission Hospital integrated care model. Despite uncertainty with Legislatures about the direction of the system, Mr. Robinson recommended Alliance continue to seek opportunities to improve care and to include integrating care when available. c) Mergers: Mr. Robinson provided an update from a recent meeting with State officials regarding mergers. It was reported by the State that they intend to have four NC MCOs and are not currently taking action to enforce this issue.</td>
<td>a) Mr. Robinson will send a reminder to Board members and request an RSVP for lunch. Mr. Robinson will forward the request for additional topics to staff. b) Mr. Robinson will provide an update during the April 2, 2015, Area Board meeting. c) None specified.</td>
<td>a) 3/18/2015 b) 4/2/2015 c) N/A</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### 4. Board Member Emails
Ms. Binanay requested clarification on emails sent to Board member email groups and if these emails were received. Committee discussed topic.  
Mr. Robinson will invite IT staff to attend the Budget Retreat to address IT related issues.  
N/A

### 5. Board Trainings/Webinars
Mr. Ragland presented information regarding proposals for future trainings during Board meetings; the purpose would be to optimize information presented and provide time for discussion. Committee discussed topic including an option to have online information/quiz for annual requirements (i.e. Compliance Annual Report, Open Meetings Law/Public Records, HIPAA, etc.). Committee recommended having one training per Board meeting.  
Ms. Hammett will forward information regarding Open Meetings Law requirements.  
Mr. Robinson will provide recommendations for monthly Board trainings.  
N/A

### 6. April 2, 2015, Board Meeting Draft Agenda
Committee reviewed the draft agenda for the April Board meeting which will be at Alliance’s Johnston site and will include a reception before the meeting. Committee discussed agenda and requested to add integrated care.  
Ms. Ingram will forward the draft agenda to staff.  
3/17/2015

### 7. CEO Evaluation/Ad Hoc Committee
Chairman Stanford stated that he and Vice-Chair Bostock reviewed the evaluation with CEO, Rob Robinson. He noted that the April Executive Committee meeting and May Area Board meeting will include goals for Alliance’s next fiscal year.  
Mr. Robinson will present organizational goals at the April Executive Committee meeting and the May Board meeting.  
4/21/2015 and 5/7/2015

### 8. Potential Board Member Conflict of Interest Forms
Ms. Hammett mentioned a potential conflict of interest requiring the Board’s decision. Committee discussed having potential conflicts come to the Executive Committee initially and then be addressed at the next Area Board meeting, specifically, Board member James Edgerton’s potential/perceived conflict of interest which will be addressed at the Area Board May agenda.  
Monica Portugal, Chief Compliance Officer, will send the Conflict of Interest Policy and forms to Board members.  
None specified.

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

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
The Global QMC, the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

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

In FY 15, members of the committee are: George Corvin, MD, Committee Chair (Area Board Member); Lascel Webley, Jr. (Area Board Member); Joe Kilsheimer (CFAC-Durham member), Sharon O’Brian (CFAC member); Phil Golden (Area Board Member); and Ann Akland (Area Board Member). The positions of provider representatives (2) are filled by Tim Ferriera (representing I/DD services) and Nicole Novello Olsen (representing MH/SA services).

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

The draft minutes for the February meeting were sent to the Board last month. The final minutes are not attached because the committee did not vote on finalizing them, due to lack of a quorum. The draft minutes for the March meeting are attached. The committee received an update on the progress of the Quality Improvement Projects. Baseline has been collected for all projects and
interventions have either been started or completed. Post-intervention analysis will begin shortly. The committee also received a presentation on operational data, including calls made to Call Center, turn-around time for authorization requests, claims and complaints processed/resolved within 30 days, performance on access to care standards, and performance on submitting required reports. Action plans have been created and are being implemented for those standards that are not met.

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

**CEO RECOMMENDATION:**
Accept the report.

**RESOURCE PERSON(S):**
Dr. George Corvin, Committee Chair; Geyer Longenecker, Director of Analytics and Quality Management
VOTING MEMBERS PRESENT: ☑ Ann Akland, BS (Area Board); ☐ George Corvin, MD, Chair (Area Board); ☑ Phillip Golden, BA (Area Board); ☐ Joe Kilsheimer, MBA (CFAC); ☑ Sharon O’Brien (CFAC); ☐ Lascel Webley, Jr., MBA, MHA (Area Board)

NON-VOTING MEMBERS PRESENT: ☑ Tim Ferreira, BA (Provider Representative, I/DD); ☑ Nicole Novello Olsen, MSM (Provider Representative, MH/SA)

STAFF PRESENT: ☑ May Alexander, MS, LMFT, Quality Management Data Manager; ☑ Tina Howard, MA, Quality Review Manager; ☑ Geyer Longenecker, JD, Quality Management Director; ☐ Alison Rieber, LCSW, Network Evaluator Supervisor; ☑ Khalil Tanas, MD, Medical Director; ☐ Doug Wright, Director of Consumer Affairs; ☑ Sandra Ellis, Administrative Assistant/Scribe

GUEST(S) PRESENT: ☐ Bill Stanford, BA, JD (Area Board Chair)

WELCOME AND INTRODUCTIONS: Ann Akland served as Chair.

REVIEW OF THE MINUTES: Since there was not a quorum present, February 5, 2015 minutes nor any other documentation were submitted for a vote.

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<td>OLD BUSINESS:</td>
<td>• An inquiry was made as to whether the QM Newsletter was completed and distributed.</td>
<td>• The QM Newsletter continues to be fine-tuned and formatted.</td>
<td>• Within the next several weeks.</td>
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NEW BUSINESS: **Update on QM Program Goals (Geyer)**

• Reviewed FY 2015 QM Work Plan goals.
• There are a number of revisions to Alliance’s performance measure report proposed by the state and which Alliance will adopt. The new plan will be updated with these changes and these reports will be used to re-establish benchmarks. The benchmarks denoted with an asterisk (*) are not technically being met. Received comparability reports indicating where Alliance stands vs other MCOs. Data is not yet being released until further validation takes place.
• In January, the State began issuing new performance measures, a number of which Alliance did not meet but continues to watch.

• Share dashboards with QMC Committee (send to members-drop in QM folder on Board Drive)
• May 7, 2015 GQMC
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<td>• CQI is making progress on getting their dashboard up and running in order to improve internal reporting. Sub-committees are being prompted to provide reports on a monthly basis.</td>
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<td>• QM Activity Tracking form was created to document requests of the QM Team. Identify reports needed on an ongoing basis.</td>
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<td>• Finally, evaluate establishment of provider outcomes; learned the state has two or more work groups and are drafting contracts now. Alliance will identify outcome measures and learn how to work with providers on performance measures. Goals will be reviewed and new goals will be identified for 2016.</td>
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<td><strong>DATA REVIEW:</strong></td>
<td><strong>Update on FY15 QIPs (Tina)</strong></td>
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<td>• Tina presented the quarterly update on Quality Improvement Projects; six are active and several are closing down. At this point, there may be a few that can close this year.</td>
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<td>• ED Reduction: No update.</td>
<td>Provide Mystery Shopper Program, update at next meeting.</td>
<td>May 7, 2015</td>
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<td>• Mystery Shopper Program: UM Call Monitoring revealed low% of staff following protocol. Training and coaching has taken place, another review will be conducted in April and update will be presented at the May meeting. PCP reviews-performance decreased, added more training.</td>
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<td>• First Responder: Providers are assigned to “Tiers” based on last FY’s performance (some are called more frequently; others less). Those called more frequently do not perform as well as those called less frequently. Agencies continuing poor performance have been referred to Compliance.</td>
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<td>• Inter-Rater Reliability: goal is to test consistency between UM Care Managers (continuation from FY13-14 QIP). This is an on-line tool and one more test will be completed to be certain it is above 85% (goal presently shows 80%). Initial</td>
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<td>results indicated 89% (IDD) and 89% &amp; 87% (MH/SA) agreement. QM will conducting at least one more test of MH/SA Care Managers and two for I/DD.</td>
<td>Tina and Nicole Olsen (provider representative on Global QMC Committee) will meet following this meeting to discuss provider challenges with meeting access to care benchmarks. Committee will be updated as we move forward.</td>
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<td>• Intensive In Home: data on Intensive in-home still being analyzed.</td>
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<td>• Care Coordination: MH/SA goal-contact within 2 business days. Baseline-only 56% contact in 2 days. Interventions starting now. I/DD – reduce authorization requests denied/reduced due to lack of justification in ISP &amp; reduce clinical consultations due to lack of information in ISP. Baseline: 78% of authorizations that were denied/reduced due to lack of justification.</td>
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<td>• Access to Care: Goal-increase consumer initiation in services based on need. Performance improved over time, but has not met goal of 10% increase. State is changing how data is collected and analyzed, thus, changing baseline.</td>
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<td><strong>Operational Dashboard (Geyer)</strong></td>
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<td>• The Committee requested this data. Dashboard includes data presently collected and sent to the state. Alliance did not meet monthly financial reports; working better coordinating information. The State is working with Alliance to resolve issues with required CDW (Client Data Warehouse) data.</td>
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<td>• Alliance is in compliance with NC-TOPPS. NC-SNAP is out of compliance as providers are still required to submit NC-SNAPP assessment. There is a process in place to help with NC-SNAPP and are beginning to see better, more accurate data. The State is clarifying data as we continue to make our data more complete.</td>
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<td>UPCOMING MEETINGS:</td>
<td>• April 2015 – Cancel (Spring recess)</td>
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<td>• May 7 2015 FY16 QIP Proposals (2:00p, Corporate CR 252)</td>
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<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>- June 4 2015 Quality Management Plan, Evaluation of Quality Management Department, final reports of FY15 QIPs (Corporate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*April 2015 meeting canceled due to Spring recess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADJOURNMENT</td>
<td>3:35p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FY 15
Quality Improvement Projects

Presentation to the Global Quality Management Committee

March 2015
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs) in Wake and Cumberland Counties*

Goals:

- Reduce rate of behavioral health admissions to EDs by 5%
- Significantly reduce percentage of time that WakeBrook CAS in Wake County is on diversion (doors closed)

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Interventions

Cumberland:
  - Expand hours of crisis facility to 24/7
  - Add Transitional Living beds as step down to crisis

Wake:
  - Add Alcohol, Detox unit at WakeBrook to reduce # staying longer at CAS
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Status:

- Transitional Living beds in Cumberland operating
- Project Advisory Team decided to remove interventions of Transitional Living & Rapid Response in Wake County due to delay in finalizing contracts
- Roxie, Cumberland Co, expanding to 24/7 for CIT drop off on 12/1/14
- WakeBrook opened ADU unit 9/4/14
CAS Closures

CAS Closures (Hours) and Patients >24Hrs

ADU opens

Total Hours, Back Door, Front Door, Total %>24
FY 15 Quality Improvement Projects

**Mystery Shopper*** – Mystery review of internal and external processes, ensure consumer health/safety

*Continuation from FY 13-14 QIP

**Review of recorded calls to Access & Information**

**Goals:**

- 90% of staff let caller know that call may be monitored for QA (baseline=93%, increased from 88% last FY)
- 85% of staff fully assess callers seeking services (baseline=27%)
FY 15 Quality Improvement Projects

Mystery Shopper – Mystery review of internal and external processes, ensure consumer health/safety

Review of recorded calls to Access & Information

Interventions:

- Immediate follow up with Director of Call Center, recommendations made
- Staff training and coaching
- Action plan created and tracked

Status:

- Post-intervention calls will be reviewed in January
Mystery Shopper – Review of UM (I/DD & MH/SA) calls

Goals:

- 85% of calls follow greeting protocol
- 85% of staff are polite & helpful

Interventions:

- Staff training and coaching (including re-training on URAC)
- Action plan created and tracked
FY 15 Quality Improvement Projects

Mystery Shopper – Review of UM (I/DD & MH/SA) calls

Status

- Baseline data collected
- Results:
  - Vast majority of calls – UM staff person rated as polite/helpful (96%)
  - 6% - 13% following greeting protocol based on URAC standards
- Interventions to begin in late January/early February

Serving Durham, Wake, Cumberland and Johnston Counties
FY 15 Quality Improvement Projects

Mystery Shopper* – *Individual Plan Review (MH/SA plans)

Goals:
- 75% of quality elements are met or partially met
- at least 55% of health and safety quality elements are met or partially met

Interventions:
- Feedback letters sent to providers
- Training on person-centered elements of planning and crisis plan

Post-Intervention Results:
- 84% of quality elements met/partially met, 43% of health/safety elements met/partially met

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

First Responder* – test crisis lines of providers

Goals: 100% of calls answered within 30 seconds, 95% of providers return calls in 1 (follow up) hour, 100% of staff answering calls are QPs or who have access to QP

Interventions:

- Providers assigned to “Tiers” based on last FY’s performance (some called more frequently, others less)
- Written feedback to providers after calls
- Refer to Compliance for providers who continue to score “unsatisfactory”

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

First Responder

Results (Quarterly & Bi-Annual Tiers):

<table>
<thead>
<tr>
<th>Year 2 Goals</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Benchmark</th>
<th>Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls answered within 30 seconds</td>
<td>Met Goal</td>
<td>% of Total</td>
<td>Met Goal</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>37 (of 40)</td>
<td>93%</td>
<td>31 (of 35)</td>
<td>89%</td>
</tr>
<tr>
<td>Respond to voicemail within 1 hour</td>
<td>4 (of 16)*</td>
<td>25%</td>
<td>7 (of 14)</td>
<td>50%</td>
</tr>
<tr>
<td>Staff identify as QPs or have access to QPs (Live answers)</td>
<td>19 (of 19)*</td>
<td>100%</td>
<td>17 (of 17)</td>
<td>100%</td>
</tr>
</tbody>
</table>

*24 of 40 calls answered live, answered by answering service, or caller was unable to leave a voicemail; 19 answered live
Inter-Rater Reliability – test consistency between UM Care Managers*

Goal: 80% agreement

Interventions: Training on procedures, group & individual supervision, beta-testing an online tool, changing how test is administered.

Results:

- **MH/SA UM** – July 2014: 89% agreement (substantial agreement), 87% (substantial agreement)
- **I/DD UM** – September 2014 – 89% agreement (almost perfect agreement), next study: January

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

**Intensive In-Home** – Improve quality of IIH services

*Goals:* Increase # of providers offering EBPs, reduce use of crisis services & law enforcement involvement, reduce suspensions/expulsions and mental health symptoms.

*Interventions:*

- Provider meeting to gather feedback on barriers to offering EBPs
- RFP for high quality services

*Continuation from FY 13-14 QIP*
FY 15 Quality Improvement Projects

Intensive In-Home

Results

- (Baseline) Provider Surveys (N=53): 85% reported using EBP, primarily CBT (72%)
- (Baseline) Sample of consumers (N=209)*: Avg age=12
  - 4% inpatient admits before, during, and after services
  - Suspensions: 24% before, 20% after
  - Juvenile Justice involvement: 9% (10) before, 8% (9) after including 4 consumers with new petition during services
  - MH symptoms: 44% report no change after receiving services

*NC TOPPs initial & comparable episode completion data submitted for only 55% (107) of consumers receiving services.
FY 15 Quality Improvement Projects

Intensive In-Home

- Project delayed due to RFP, continuing project in FY 15
- Re-Evaluation: Pull the same data for another sample of youth receiving services after new contracts implemented (End of 2014), monitor fidelity of models used by providers
FY 15 Quality Improvement Projects

**Care Coordination** – *Improve Care Coordination Services*

**Goals:**

- MH/SA: Increase adherence to procedures (CC contact within 2 business days)
- I/DD: Significantly reduce # of authorization requests denied/reduced, reduce # of clinical consultations*

*Continuation from FY 13-14 QIP*
FY 15 Quality Improvement Projects

Care Coordination

Interventions:

- MH/SA: Training (in Feb) on Care Coordination expectations
- I/DD: Training/coaching of Care Coordination staff, UM training IDD Supervisors on Service Definitions, workgroup to improve ISPs

Status:

- MH/SA Care Coordination – Baseline analysis of individuals on Mid-Level Intensity: 56% of cases had contact in 2 business days, 5.32 days – avg # of days from inpatient discharge/case assignment to first CC contact.

Serving Durham, Wake, Cumberland and Johnston Counties
FY 15 Quality Improvement Projects

Care Coordination

Status:

- I/DD Care Coordination – Baseline data:
  - Primary reasons for denials/reductions – 78%-Lack of justification (amount of service or types of services not justified)
  - Interventions implemented through January/Early Feb
  - % of new participants receiving services within 45 days: Increased to 85% without interventions, Project Advisory Team agreed to remove goal
Access to Care – *Improve initiation in services*

**Goals:**
- Increase consumer initiation in services based on need:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Baseline</th>
<th>1st Measure</th>
<th>2nd Measure</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent (within 2.25 hours)</td>
<td>63%</td>
<td>91%</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>Urgent (within 48 hours)</td>
<td>56%</td>
<td>58%</td>
<td>61%</td>
<td>82%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>51%</td>
<td>51%</td>
<td>58%</td>
<td>75%</td>
</tr>
</tbody>
</table>
FY 15 Quality Improvement Projects

Access to Care

Interventions:

- Addressed technical issues of aggregating accurate data
- Identified more accurate methods of collecting valid data sources for Emergent & Urgent appointments
- Training of Call Center staff to address inconsistencies in data entry
- State changed parameters of data and reporting in January, re-baseline data, then analyze
- After new analysis completed, identify and create action plan to address gaps in services
Projects Closing Out

**Inter-Rater Reliability**– *Test consistency of Call Center staff*

**Status**: Administer test in January 2015, goal is to maintain agreement (about 85%)

**Discharge Planning at Durham Center Access** – *Improve discharge planning*

**Status**: Documentation met goal, goals of attending follow up appointment & reduction in youth admits not met.

**Substance Abuse Engagement (Durham)** – *Improve engagement in SA services in Durham*

**Status**: Pulling another random sample after implementation of new SAIOP services, analyzing results
### Monthly LME-MCO Report

<table>
<thead>
<tr>
<th>Standard</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/State - % Calls Abandoned</td>
<td>&lt; 5%</td>
<td>2.0%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Medicaid/State - % Calls Answered Within 30 Seconds</td>
<td>95%</td>
<td>98.0%</td>
<td>98.8%</td>
<td>98.8%</td>
<td>98.8%</td>
<td>98.9%</td>
<td>99.0%</td>
</tr>
<tr>
<td>Medicaid - % Readmits Assigned to Care Coordination</td>
<td>85%</td>
<td>94.1%</td>
<td>95.0%</td>
<td>95.2%</td>
<td>92.3%</td>
<td>88.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Medicaid - % Standard Auths Processed in 14 Days</td>
<td>95%</td>
<td>99.2%</td>
<td>99.4%</td>
<td>99.6%</td>
<td>99.6%</td>
<td>99.4%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Medicaid - % Expedited Auths Processed in 3 Days</td>
<td>95%</td>
<td>99.0%</td>
<td>100.0%</td>
<td>99.8%</td>
<td>99.8%</td>
<td>100.0%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Medicaid - Total % Processed in Required Timeframes</td>
<td>95%</td>
<td>99.2%</td>
<td>99.5%</td>
<td>99.7%</td>
<td>99.6%</td>
<td>99.2%</td>
<td>98.8%</td>
</tr>
<tr>
<td>Medicaid - % Claims Processed within 30 Days</td>
<td>90%</td>
<td>98.9%</td>
<td>99.1%</td>
<td>99.4%</td>
<td>99.3%</td>
<td>98.7%</td>
<td>98.1%</td>
</tr>
<tr>
<td>Medicaid - % Complaints Resolved in 30 days</td>
<td>90%</td>
<td>98.6%</td>
<td>99.0%</td>
<td>99.7%</td>
<td>99.5%</td>
<td>99.7%</td>
<td>99.5%</td>
</tr>
<tr>
<td>State - % Standard Auths Processed in 14 Days</td>
<td>95%</td>
<td>99.9%</td>
<td>100%</td>
<td>100%</td>
<td>99.7%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>State - % Expedited Auths Processed in 3 Days</td>
<td>95%</td>
<td>99.8%</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>State - Total % Processed in Required Timeframes</td>
<td>95%</td>
<td>99.9%</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>State - % Claims Processed within 30 Days</td>
<td>90%</td>
<td>98.6%</td>
<td>100%</td>
<td>99.0%</td>
<td>99.7%</td>
<td>99.5%</td>
<td>99.7%</td>
</tr>
<tr>
<td>State - % Complaints Resolved in 30 days</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>90.1%</td>
<td>94.1%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### DMH Data Submissions Reports

<table>
<thead>
<tr>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Financial Reports</td>
<td>Timely/Complete</td>
<td>Not Met</td>
</tr>
<tr>
<td>Substance Abuse/Juvenile Justice Initiative Quarterly Report</td>
<td>Timely/Complete</td>
<td>Met</td>
</tr>
<tr>
<td>Work First Initiative Quarterly Reports</td>
<td>Timely/Complete</td>
<td>Not Met</td>
</tr>
<tr>
<td>Traumatic Brain Injury (TBI) Services Quarterly Report</td>
<td>Timely/Complete</td>
<td>Not Met</td>
</tr>
<tr>
<td>Quarterly Complaints Report</td>
<td>Timely/Complete</td>
<td>N/A</td>
</tr>
<tr>
<td>System of Care Report</td>
<td>Timely/Complete</td>
<td>N/A</td>
</tr>
<tr>
<td>SAPTBG Compliance Report</td>
<td>Timely/Complete</td>
<td>N/A</td>
</tr>
<tr>
<td>National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys</td>
<td>Timely/Complete</td>
<td>N/A</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Screening Record</td>
<td>Timely/Complete</td>
<td>N/A</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - ICD-9 Diagnosis</td>
<td>Timely/Complete</td>
<td>Not Met</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Unknown Data (Admissions)</td>
<td>Timely/Complete</td>
<td>Met</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Unknown Data (Discharges)</td>
<td>Timely/Complete</td>
<td>Met</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Identifying and Demographic Records</td>
<td>Timely/Complete</td>
<td>Met</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Drug of Choice</td>
<td>Timely/Complete</td>
<td>Met</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)</td>
<td>Timely/Complete</td>
<td>Not Met</td>
</tr>
<tr>
<td>NC Treatment Outcomes and Program Performance System (NC-TOPPS)</td>
<td>90% submitted</td>
<td>Met</td>
</tr>
<tr>
<td>NC Support Needs Assessment Profile (NC-SNAP)</td>
<td>90% updated</td>
<td>Not Met</td>
</tr>
</tbody>
</table>

### Quarterly Access to Care Report

<table>
<thead>
<tr>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent - Medicaid (2 hours)</td>
<td>97%</td>
<td>77%</td>
</tr>
<tr>
<td>Emergent - Non-Medicaid</td>
<td>97%</td>
<td>77%</td>
</tr>
<tr>
<td>Emergent - Combined</td>
<td>97%</td>
<td>77%</td>
</tr>
<tr>
<td>Urgent - Medicaid (48 hours)</td>
<td>82%</td>
<td>68%</td>
</tr>
<tr>
<td>Urgent - Non-Medicaid</td>
<td>82%</td>
<td>63%</td>
</tr>
<tr>
<td>Urgent - Combined (48 hours)</td>
<td>82%</td>
<td>64%</td>
</tr>
<tr>
<td>Routine - Medicaid (14 days)</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td>Routine - Non-Medicaid</td>
<td>75%</td>
<td>62%</td>
</tr>
<tr>
<td>Routine - Combined (14 days)</td>
<td>75%</td>
<td>69%</td>
</tr>
</tbody>
</table>

### Quarterly Innovations Report

<table>
<thead>
<tr>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td># of new Innovations participants who receive services within 45 days of approval of ISP</td>
<td>85%</td>
<td>83.3%</td>
</tr>
<tr>
<td># of actions taken (when an incident is reported) to protect consumer from additional harm</td>
<td>85%</td>
<td>96.5%</td>
</tr>
</tbody>
</table>
### Meet 100% of performance measures.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Status</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>The QM Department is committed to ensuring that Alliance meets all performance measures established in Alliance’s contracts with the DMA and DMH. These measures cover the range of Alliance’s activities, including performance by Alliance’s Clinical, Utilization Management, Call Center and QM Departments.</td>
<td>Ongoing</td>
<td>Goal reviewed by CQI Committee, Global QMC.</td>
<td>100% of performance measures met on July LME-MCO Report submitted 6/20/2012.</td>
<td>100% of performance measures met on August LME-MCO Report submitted 8/20/2012.</td>
<td>100% of performance measures met on September LME-MCO Report submitted 9/20/2014.</td>
<td>100% of performance measures met on October LME-MCO Report submitted 11/20/2014; 2 of 2 measures (100%) met on quarterly Innovations report submitted 11/15/2014; 9 of 9 measures (100%) met on FY 2015 Q1 Access to Care Report submitted 11/31/2014.</td>
<td>100% of performance measures met on November LME-MCO Report submitted 12/20/2014.</td>
<td>100% of performance measures met on December LME-MCO Report submitted 1/20/2015; 8 of 14 elements (57%) met on quarterly Innovations report submitted 2/15/2015.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Establish QM reporting in 100% of Alliance committees.

| Goal | Alliance is committed to a QM program that is data-driven. The QM Department will review the activities and data requirements of the Global QM Committee, CQI Committee, and various Alliance subcommittees. The QM Department will facilitate the development of relevant reporting, including the creation of “dashboards” to assess fundamental performance, and the development of reports required by contract or accreditation. | Ongoing | Goal reviewed by CQI Committee, Global QMC; dashboard launched in UM Committee; dashboard launched in Provider Networks Management Committee. | Dashboard launched by Community Relations Committee. | Dashboard launched by Global QMC Committee; Key Cost Indicators program developed for Budget and Finance Committee. |

### Review 100% of Alliance committee reports to identify new QM risk factors.

| Goal | The QM Department will review all reports created by the various Alliance committees, identify areas of risk or non-performance, and facilitate the mitigation of these issues. | Ongoing | Goal reviewed by CQI Committee, Global QMC; dashboard launched in UM Committee; dashboard launched in Provider Networks Management Committee. | CQI Committee includes reports from Alliance committees as part of its standing agenda. |

### Create a rapid QM response program and train 100% of department heads on its use.

| Goal | The QM Department has identified the need for a quick and user-friendly way for Alliance departments to request QM assistance. QM staff will develop an online request form for QM assistance and associated training materials. QM staff will train 100% of department heads on how to access the system and submit a request for QM review. | Ongoing | Goal reviewed by CQI Committee, Global QMC; Quality Activity Tracking Form created and reviewed by CQI Committee. | QM outreach plan drafted. New requests received for psychiatric access evaluation, MH/SA residential study. | New requests received for access to care, grievance errors evaluations, technology assessment. | New request received for HR analysis. | New request received for COW data submissions, TBI reports, SNAPs assessments. | New request received for Inpatient Lengths of Stay. |

### Review HEDIS standards and implement relevant performance measures.

<p>| Goal | Developed by the NCQA, the HEDIS program is a set of performance measures that allow MCOs to better evaluate their performance against national standards. The QM Department will review the HEDIS measures, identify the measures that are relevant to Alliance’s behavioral health activities, and facilitate the creation of reports on those HEDIS measures. | Ongoing | Goal reviewed by CQI Committee, Global QMC; QM Department obtained HEDIS standards. | QM Department completed review of HEDIS standards. | QM Department initiates a review state performance measures citing HEDIS standards and determines actual adherence to HEDIS criteria. |</p>
<table>
<thead>
<tr>
<th>Develop provider QM education and inform 100% of providers.</th>
<th>Continuous quality improvement is the responsibility of all stakeholders in Alliance, including providers. The QM Department will create guidelines, templates and training materials to help providers create effective QM programs. The QM Department will inform 100% of providers about the availability of these materials.</th>
<th>Ongoing</th>
<th>Goal reviewed by CQI Committee, Global QMC.</th>
<th>Alliance evaluates the results of the 2014 Provider Survey indicating that 43% of participants want additional training and information on Quality Management</th>
<th>QM Department initiates survey of providers to determine needs for QM training.</th>
<th>QM Department completes survey of providers to determine needs for QM training.</th>
<th>QM Department creates work group to develop provider training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the establishment of provider outcomes.</td>
<td>The establishment of providers outcomes is the next great step in improving the effectiveness and efficiency of patient care. The QM Department will evaluate current methods for establishing outcomes; and assess the relevancy of these methods to Alliance.</td>
<td>Ongoing</td>
<td>Goal reviewed by CQI Committee, Global QMC.</td>
<td>Cathy Estes will participate on NC Council’s new Provider Outcomes Committee.</td>
<td>EQRO recommends Alliance better communicate to providers their adherence to clinical guidelines adopted by Alliance; recommendation will be addressed as part of Best Practices work plan for adoption by next EQRO visit.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ITEM: Organizational Overview at the Two-Year Mark

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
Robert Robinson, CEO, will lead the Board in an overview of the activities and achievement of Alliance Behavioral Healthcare over its first two years as a managed care organization. The overview will focus on the path that has led Alliance to its current position as a strong, financially-responsible company with exceptional professional staff and a viable, diverse provider network, one that has built on a history of strong community partnerships and is strategically poised for the future.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Robert Robinson, CEO
The State of the Organization at the Two-Year Mark

Presentation to the Board of Directors
April 2, 2015
Major Areas of Accomplishment

- Managing care the right way
- Strong, financially-responsible company
- Exceptional professional staff
- Viable, diverse provider network
- Growth upon a history of strong community partnerships
- Strategically poised for the future
Managing Care

• Serving more individuals with Medicaid
  ○ 8% increase from CY13 to CY14

• Saving Medicaid dollars
  ○ $10 million in CY13-14

• Maintaining a low 2% denial rate
How We Have Done This

• Ensuring the we provide the right service, in the right amount, at the right, time

• Developing effective, innovative services
The Fiscal Picture

- Consistently meet all State mandates (SB208)
  - Assets to liabilities ratio of 1.47
- Multiple audits with no issues
- Building the fund balance ($40+ million)
- Paying claims – 99% paid timely
Meeting the Test

• Passed Mercer Annual Review in May 2014

• Positive results from first External Quality Review in November 2014

• High level of compliance found in HIPPA Risk Assessment
Our Most Important Resource

• Talented, committed professional staff
  o Dedicated to attracting and retaining staff

• Organizational reorganization
  o Created crucial capacity and filled key positions
  o Enhanced cross-collaboration across administrative, business and clinical operations with a focus on improving business processes
Refining the Service Array

• Focus on evidence-based practices
  o Support and technical assistance to providers in implementing EBPs
  o Partnered with AHEC on Learning Collaboratives
  o Increased numbers served in MST, ACTT, etc.
  o Recognized with Advancing Evidence-Based Practices Award
  o Recognized with NC Council Excellence in Best Practices Services award for Open Access
The Provider Network

• Significant refinement of the credentialing/enrollment process

• Building relationships and support
  o #1 in overall provider satisfaction in DHHS survey
  o Engaged, supportive Provider Advisory Council
Our Partnerships

• Building on a history of community relationships to offer comprehensive care

• Expanded System of Care activities
  o 365 Care Reviews in CY14
  o Independent Living Initiative programs in all four counties
  o Over 2000 trained in CIT; Durham has only CIT program in NC offering second-level response
  o Two national awards for BECOMING for excellence in communication and outreach
Our Partnerships

• Strong relationships with county governments
  o Supported MCO model in legislative agenda
  o County funding crucial to filling gaps

• Valuable relationships with Alliance CFAC, local CFACs, Innovations Stakeholder group

• Enhanced hospital relationships

• Collaborated to implement Veterans Treatment Court in Cumberland
Integrating Care

• Integrated Health Care Teams operating in all four counties in partnership with CCNC

• Primary care services offered at Crisis and Assessment Centers

• Engaged with partners to expand and ensure whole-person care
Strategic Planning

• Deliberative process with broad input
• Resulted in new mission, vision and values
• Five goal areas with associated objectives and initiatives
• Wide organizational participation in meeting goals
Expanding Awareness

• “It’s Time to Re-Think” campaign
  o Focusing on recovery, self-determination, reduction of stigma
  o Community presentations
  o Media component utilizing television, videos embedded in popular websites, pre-show messages in theaters, web linking strategy
ITEM: Services Provided for Johnston County Citizens

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND: Alliance offers an array of services for the citizens of Johnston County. This training will provide an overview of network development efforts, services currently being offered, and areas for future development.

REQUEST FOR AREA BOARD ACTION: Accept the training.

CEO RECOMMENDATION: Accept the training.

RESOURCE PERSON(S): Beth Melcher, Ph.D., Chief of Network Development and Evaluation
Johnston County Update
4-2-15
County Populations

- Cumberland: 325,871
- Durham: 288,133
- Johnston: 177,967
- Wake: 974,289
Responsibility for Provider Network

• Contract requirements
  o Access 30 miles/30 minutes
  o Choice of Provider

• Continuum of services to meet the needs of the populations served

• Promote evidence-based practices

• Contract with quality providers who meet service standards and regulations
Responsibility for Provider Network

• Ensure provider sustainability
  o Right-size the network
  o Rates
Johnston Providers

- 49 providers based in Johnston County
- 73 service sites
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Spending</th>
<th>Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 1, 2013 through Jan 31, 2014</td>
<td>$24,156,631</td>
<td>5546</td>
</tr>
<tr>
<td>Feb 1, 2014 through Jan 31, 2015</td>
<td>$25,468,480</td>
<td>5663</td>
</tr>
</tbody>
</table>
Johnston Medicaid Spending

Millions

1915 (b)(3) Services  ACT  LT Residential  Community Support  Crisis Services  Day Treatment  ICF/MR  IIHS  Innovations  Inpatient  MST  Outpatient  PRTF  Psych Rehab  Psychiatry

Medicaid Persons Served

- 1915 (b)(3) Services
- ACTT
- BH LT Residential
- Community Support
- Crisis Services
- Day Treatment
- ICF/MR
- IIHS
- Innovations
- Inpatient
- MST
- Outpatient
- PRTF
- Psych Rehab
- Psychiatry

# State Funding

<table>
<thead>
<tr>
<th>SFY</th>
<th>Services Billed</th>
<th>Persons Served</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>$3,208,728</td>
<td>2422</td>
</tr>
<tr>
<td>2012</td>
<td>$3,120,276</td>
<td>2372</td>
</tr>
<tr>
<td>2014</td>
<td>$2,093,176</td>
<td>2340</td>
</tr>
<tr>
<td>2015 (6 months)</td>
<td>$1,313,284</td>
<td>2262</td>
</tr>
</tbody>
</table>
Identifying Needs

• Needs and Gaps Analysis
• Local provider network staff
• Johnston Provider Advisory Council
• Johnston County CFAC
• Johnston provider on APAC
Identifying Needs

- Participation by Johnston LME director and/or staff on Network Development Committee, Budget Finance Committee, and Rate setting sub-committee
Alliance Response to Needs

- Two providers recruited to offer comprehensive psychiatric, outpatient and enhanced benefit services from Johnston main site

- Johnston providers participate in provider collaboratives for CST, SAIOP, IIH, MH/SA Supported Employment and Day Treatment
Alliance Response to Needs

• Support for a Dialectical Behavior Therapy Intensive Training for 48 clinicians from six agencies, including one from Johnston
  o Enhanced rate for teams that complete this training
  o Training includes two weeks of intensive training and six months of supervision/consultation

• Added an ACTT provider to increase capacity and ensure choice of at least two providers
## Evidence-Based Models

<table>
<thead>
<tr>
<th>Service</th>
<th>Providers</th>
<th>Evidence-Based Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive In-Home Services (IIH)</td>
<td>9</td>
<td>- Brief Strategic Family Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Family Centered Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Seeking Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Seven Challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Strengthening Families</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Trauma-Focused Cognitive Behavioral Therapy</td>
</tr>
</tbody>
</table>
# Evidence-Based Models

<table>
<thead>
<tr>
<th>Service</th>
<th>Providers</th>
<th>Evidence-Based Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Support Team (CST)</td>
<td>2</td>
<td>- Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Cognitive Processing Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Dialectical Behavioral Therapy</td>
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<tr>
<td></td>
<td></td>
<td>- Motivational Interviewing</td>
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<tr>
<td></td>
<td></td>
<td>- Seeking Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Illness Management and Recovery</td>
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</tbody>
</table>
## Evidence-Based Models

<table>
<thead>
<tr>
<th>Service</th>
<th>Providers</th>
<th>Evidence-Based Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Intensive Outpatient (SAIOP)</td>
<td>3</td>
<td>- Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Matrix Model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Seeking Safety</td>
</tr>
</tbody>
</table>

- Cognitive Behavioral Therapy
- Matrix Model
- Motivational Interviewing
- Seeking Safety
Future Service Development

• Expand services to meet geographic access and choice standards
  o Expand Medicaid-funded Opioid Treatment (C)
  o Expand Medicaid (b)(3) Individual Support (C, J)
  o Add State-funded services for Opioid Treatment (C, J, W, D)

• Develop a more uniform State benefit package across the four-county Alliance area
Future Service Development

• Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities
  o Develop capacity for IDD Crisis Respite for non-Innovations consumers
  o Expand rapid response crisis diversion services for children and adolescents
  o Assure availability of high-quality, accessible, effective Mobile Crisis services in all counties
Future Service Development

• Increase breadth, access and quality of residential options
  - Expand transitional living capacity for mental illness (complete residential continuum study)

• Increase capacity to serve dually-diagnosed (IDD/MI) consumers

• Develop plan to address service gaps between enhanced benefit and outpatient services and the need for case management
Future Service Development

• Increase availability, tracking and oversight of specialty services and evidence-based practices
  o Specialized Consultative Services
  o Sex offender treatment
  o Trauma-focused CBT, DBT for adolescents
  o Identify training, training resources, provider collaboratives

• Improve access to services for non English-speaking consumers
Future Service Development

- Increased capacity to serve TBI population
- Expand integrated behavioral health/medical care
- Increase availability of resources for transportation
- Increase availability of resources for employment
ITEM: Integrated Health Care Plan

DATE OF BOARD MEETING: April 2, 2015

BACKGROUND:
The presentation will provide an update on the activities that Alliance is engaged in to improve the overall health and wellness of our beneficiaries. The focus will be on our work with CCNC and an outline of our plan to provided integrated care.

REQUEST FOR AREA BOARD ACTION:
Accept the training.

CEO RECOMMENDATION:
Accept the training.

RESOURCE PERSON(S):
Sean Schreiber, Chief Clinical Officer; Michael Bollini, Ph.D, MH/SA Care Coordination Director
Background

- Contractual obligation
- Population is at greater risk for early, preventable death
- Individuals with chronic co-occurring conditions are high utilizers of emergency room and inpatient care
- Despite very costly care, outcomes are poor
Background

- Alliance has strong local partnerships with CCNC
- Team from Alliance and CCNC have engaged in a process to improve coordination/integration of care
Current Status

• Established Integrated Healthcare Teams with CCNC networks (Northern Piedmont, CCJWC, 4C)

• Care Management activities include both CCNC Transitional Care Model and Alliance Care Coordination elements

• Patients are identified by high utilization of crisis services, high medical/behavioral health needs
Current Status

• Shared documentation system (CMIS and ALPHA)

• Team consists of Team Lead, RN, Care Coordinator, Care Manager Pharmacist, Psychiatrist
Lessons Learned

- Integrated care can take many forms and requires active participation from multiple stakeholders.

- Integration of medical and behavioral health care management and care coordination is as complex as the systems they serve.
Lessons Learned

• When people are connected to multiple providers without coordinated care they are at increased risk of unintentional adverse outcomes such as contradictory treatment recommendations and potentially serious medication interactions.

• Access to timely, consumer-level healthcare information is essential to managing the care of individuals with complex needs.
Lessons Learned

• There needs to be greater screening and early identification of both behavioral health issues and physical health issues across the entire system
Alliance-CCNC MOU

- Develop provider partnerships and consult partnerships
- Reduce duplication of efforts by leveraging expertise within CCNC and Alliance
- Develop referral protocols between behavioral health and physical health systems
- Expand co-location and reverse co-location opportunities
Alliance-CCNC MOU

• Improve earlier identification of behavioral health and physical health issues between respective providers

• Improve quality and use of data for population health management
Patient-Centered Health Homes

- Identify one Patient-Centered Health Home and Patient-Centered Behavioral Health Home in one or all of the networks for the initial project
  - Preventative and maintenance healthcare, screening, education and brief intervention
  - Develop a joint care management/care coordination model and documentation standards based on population served
Patient-Centered Health Homes

- Jointly develop expectations and outcome measures with identified Health Home

- Jointly develop a quality management oversight function to ensure that current protocols are being followed consistently to maximize outcome measurement results