MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd. Room 208, Durham, NC 27703.

MEMBERS PRESENT: Cynthia Binanay, Christopher Bostock, Dr. George Corvin, Kenneth Edge, James Edgerton, Lodies Gloston, Phillip Golden (via phone), Dr. John Griffin, George Quick, Robert Robinson, Vicki Shore, William Stanford, Caroline Sullivan, Scott Taylor, Amelia Thorpe and Lascel Webley, Jr., Chair

MEMBERS ABSENT: Ann Akland, Rev. Michael Page

GUESTS PRESENT: Yvonne French, DMH/DD/SAS, and Denise Foreman, Wake County Manager’s Office

STAFF PRESENT: Hank Debnam, Doug Fuller, Carol Hammett, Veronica Ingram, Carlyle Johnson, Andrea Kinnaugh, Geyer Longenecker, Beth Melcher, Janis Nutt, James Osborn, Ann Oshel, Monica Portugal, Al Ragland, Sean Schreiber, Jennifer Ternay and Doug Wright

1. CALL TO ORDER:
   Chairman Lascel Webley called the meeting to order at 4:04 p.m.

2. ANNOUNCEMENTS
   A. Chairman Webley reminded Board members to complete the survey sent last week and return it to Rob Robinson, CEO.
   B. Chairman Webley reminded Board members of the NC Council Spring Policy Form. Mr. Robinson advised Board members to contact Veronica Ingram for assistance with registering for the forum.

3. AGENDA ADJUSTMENTS
   Chairman Lascel Webley advised the Board of the following announcements:
   Due to rescheduling of their most recent meeting, the Policy Committee has requested to remove their report from this month’s agenda; it will be resubmitted at the next meeting.

   Additionally, Chairman Webley noted that Item 14: Proposal to Cancel the July 3, 2014, Board Meeting and Item 15: Policy/Corporate Compliance Report will be moved to follow item number 7: Consent Agenda.

   There were no other adjustments to the agenda.
4. **PUBLIC COMMENT**

None

5. **FINANCE COMMITTEE REPORT**

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. This month’s report includes the budget to actual report and ratios for the period ending April 30, 2014, and the draft minutes of the May Finance Committee meeting.

Finance Committee Chairman, George Quick, presented the report. Mr. Quick referred to information included in the Board packet including revenues, expenses, and budget to actual report and ratios. Additionally, Mr. Quick mentioned that the Finance Committee recommended approval of the FY15 recommended budget.

**BOARD ACTION**

A Motion was made by Mr. George Quick to approve the FY15 budget; seconded by Dr. George Corvin. Motion passed unanimously.

6. **COMMITTEE REPORTS**

A. Quality Management Report
B. Human Rights Committee Report
C. Consumer and Family Advisory Committee Report
D. Executive Committee Report

Chairman Webley advised the Board that the committee reports were submitted in the Board packet and that the Policy Committee Report was removed. There were no questions or discussion about the committee reports.

**BOARD ACTION**

A Motion was made by Dr. George Corvin to accept the committee reports; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.

7. **CONSENT AGENDA**

A. Draft Board minutes from the May 1, 2014, Board meeting

Chairman Webley advised the Board that the draft minutes from the May meeting were submitted in the Board packet. There were no questions or discussion about the consent agenda.

**BOARD ACTION**

A Motion was made by Mr. George Quick to approve the consent agenda; seconded by Dr. George Corvin. Motion passed unanimously.
8. **Proposal to Cancel the July 3, 2014, Board Meeting**

As stated in the by-laws, regular meetings of the Area Board shall be held at least six times each year at a location and time designated by the Area Board. Additionally, all meetings of the Area Board shall be conducted in accordance with provisions set forth in the Open Meetings Act. The Board currently holds regularly scheduled meetings on the first Thursday of each month. The matter placed before the Board is to vote on whether the Board would like to cancel the July regularly scheduled meeting.

Chairman Webley advised Board members of the proposal to cancel the July Board meeting. There were no questions or discussion about canceling the July meeting.

**BOARD ACTION**

A Motion was made by Dr. John Griffin to cancel the July 3, 2014, meeting; seconded by Mr. George Quick. Motion passed unanimously.

9. **Policy/Corporate Compliance Report**

A. Annual Review of Board Policies: Human Resources

Per Alliance Behavioral Healthcare Area Board Policy the Board reviews all policies annually. The Board Policy Committee reviews a number of policies each quarter in order to meet this requirement. A list of reviewed policies were included in the packet.

Monica Portugal, Corporate Compliance Officer, advised the Board that all policies are reviewed annually and that the Human Resources policies were due for review/revision this quarter. Ms. Portugal included details for two policies that were revised: Leave Policy and Recruitment and Selection Policy.

B. Corporate Compliance Plan

Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The US Sentencing Commission has released additional guidelines. The Compliance Plan was included in the Board packet.

Ms. Portugal mentioned that the Corporate Compliance Plan was approved in July 2012 and is reviewed annually. Ms. Portugal mentioned that the Policy Committee does not recommend additional changes to the Plan.

There were no questions or discussion regarding the Human Resources Policies or Corporate Compliance Plan.

**BOARD ACTION**

A Motion was made by Dr. George Corvin to approve the submitted policies; seconded by Ms. Lodies Gloston. Motion passed unanimously.

A Motion was made by Mr. Scott Taylor to approve the Corporate Compliance Plan; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.
Jennifer Ternay, Interim Chief Finance Officer, presented the recommended budget for fiscal year 2015. According to the Local Government Budget Fiscal Control Act, Chairman Webley opened and closed the public hearing; there were no speakers. Additionally, there were no questions or discussion regarding the recommended budget.

Commissioner Edge mentioned and General Counsel, Carol Hammett, confirmed a point of order clarifying that the budget approval must take place after the open hearing, even if there are no participants for the open hearing.

BOARD ACTION
A Motion was made by Mr. George Quick to approve the FY 2015 recommended budget; seconded by Ms. Lodies Gloston. Motion passed unanimously.

11. Vacant Board Seat – Wake County
The Board’s by-laws and the Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013, gives Alliance the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective boards of county commissioners.

Chairman Webley advised Board members of the receipt of an application for the vacant Wake county seat. Chairman Webley stated that the interview for the Wake applicant will be part of the next Executive Committee meeting which is Tuesday, June 10 at 4:00 p.m.

BOARD ACTION
The Board accepted the information. No further action required.

12. Board Training
A. State Services Available to Consumers on Registry of Unmet Needs
Alliance is charged with administering the Medicaid C (Innovations) waiver along with IPRS/state funded and Medicaid services for the Intellectual/Developmentally Disabled (I/DD) population in our catchment area. There are a limited number of slots that can be allocated under NC Innovations and there are other resources that are available.

Andrea Kinnaugh, I/DD Utilization Management Manager, provided a general overview of these services. Board members discussed the details of the presentation. Ms. Kinnaugh clarified requirements for these services and the current status of the wait list.

B. Military/Veterans Point Of Contact Briefing
The NC General Assembly has enacted legislation to ensure that members of the active and reserve components of the Armed Forces, veterans and their family members have access to state-funded services, through LME/MCOs, when they are not eligible for federally funded mental health or substance abuse services.
Alliance’s Military/Veterans Point of Contact, Hank Debnam, Cumberland Site Director, provided information regarding compliance to this law and an estimated number of veterans in Alliance’s catchment area. Board members discussed the details of the presentation including estimated wait times for services at VA hospitals and integration of the Wounded Warriors Project and Silent Siren Program.

**BOARD ACTION**
The Board accepted the trainings as presented. No further action required.

13. Updates
A. MCO Consolidation/Medicaid Reform and Legislative Update
The Department of Health and Human Services presented their Medicaid reform proposal to the General Assembly. The plan calls for consolidation of current MCOs to four and developing a sustainable integrated physical and behavioral health system.

Robert Robinson, CEO, presented an update of current legislation to the Board. Mr. Robinson mention that he and Alliance’s General Counsel, Carol Hammett, have been active at legislative committee meetings. Ms. Hammett advised Board members of information in their folder and provided an overview of the budget presented by the governor and the Senate. Board members discussed the potential impact of the proposed budget and actions the Board could currently take.

B. Mercer Review
Alliance hosted the Intradepartmental Monitoring Team (IMT) from DMA and DMH and Mercer on Thursday and Friday, May 8 and 9, 2014, for the annual onsite review required by the DMA contract. Amanda Graham, Chief of Staff, provided an overview; Ms. Graham mentioned that the overall results were positive and that the formal report should arrive at DMA soon and will then be forwarded to Alliance. Chairman Webley thanked Ms. Graham and Alliance staff for their preparation for the Mercer visit.

Additionally, Ms. Graham mentioned a strategic planning session with an external consultant is scheduled for July 14 and 15, 2014; Ms. Graham mentioned an invitation will be sent to Board members for the July 14 segment.

C. Litigation
Carol Hammett, General Counsel, updated the Board on the status of current litigation regarding providers who appealed to the Office of Administrative Hearings as a result of not being chosen in the RFP process. One case with an expected final decision will be determined at a later date. Ms. Hammett stated that a Relative as Provider appeal was resolved with a final decision which was favorable to Alliance.

Additionally, Ms. Hammett announced that Erica Bing will join Alliance’s Legal Department; Ms. Bing worked formerly at NC Department of Justice’s Medicaid Investigation Division.

**BOARD ACTION**
The Board accepted the updates as presented. No further action required.
14. CHAIRMAN'S REPORT
Chairman Webley thanked staff and Board members for the opportunity to serve as Chair and mentioned that he looked forward to continuing to serve as a Board member.

Additionally, Chairman Webley noted that the Finance Committee has referred the following topic to the Policy Committee for review: compensation for Board members who attend committee meetings as guests.

15. Vote for Board Officers: Chairperson and Vice-Chairperson
As stated in the by-laws, officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson. A Nominations Committee was formed and recommended William Stanford as Chair and Christopher Bostock as Vice-Chair. If elected their terms would begin July 1, 2014.

BOARD ACTION
A Motion was made by Commissioner Kenneth Edge to elect William Stanford as Chair and Christopher Bostock as Vice-Chair; seconded by Dr. John Corvin. Motion passed unanimously.

Chairman-Elect William Stanford thanked the Board for the appointment and thanked current Chairman Webley for his service and impact on the Board, Alliance and the community.

16. ADJOURNMENT
With all business being completed the meeting adjourned at 5:56 p.m.

Next Board Meeting
Thursday, August 7, 2014
4:00 – 6:00

Respectfully submitted:

[Signature]
Robert Robinson, Chief Executive Officer

8/7/2014
Date Approved
ITEM: Finance Committee Report

DATE OF BOARD MEETING: June 5, 2014

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 budget to actual report and ratios for the period ending April 30, 2014, and the draft minutes of the May 1, 2014, Finance Committee meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report as presented.

CEO RECOMMENDATION:
Accept the report as presented.

RESOURCE PERSON(S):
Rob Robinson, CEO
Jennifer Ternay, Interim CFO
Members Present: Philip Golden, BS, Lascel Webley, Jr., MBA, MHA, George Quick, MBA, Chris Bostock, Jim Edgerton, BS, Vicki Shore, Ann Akland

Members Absent: None

Guest Present: None

Staff Present: Rob Robinson, LCAS, Jennifer Ternay, MBA, CPA, Catherine Eaton, Business Operations-Admin. Asst.

Staff Absent: Sara Pacholke, BS, CPA

Opening: Meeting opened by Mr. George Quick at 3:00PM at Alliance Behavioral Healthcare’s Corporate Office

Approval of Minutes: Mr. George Quick made a motion to approve the Minutes from April 3, 2014 meeting with a second from Mr. Lascel Webley, Jr.

Agenda Items:

Interim Chief Financial Officer

Mr. George Quick recommended that Ms. Jennifer Ternay be named Interim Chief Financial Officer until Alliance fulfills the Chief Financial Officer position. George motioned this recommendation, with a second from Mr. Lascel Webley, Jr.; said recommendation to be approved by the Board.

FY15 Budget Preview

The recommended budget presented to the Finance Committee and the Board assumes 11.5% for administrative revenue in the Medicaid funding. Further review of the FY15 recommended budget will occur at the Board meeting. It was agreed that the Finance Committee would not review the power point presentation at this time since the power point presentation of the proposed budget is on the agenda at the next board meeting, which will follow this meeting at Alliance headquarters. The recommended budget will be presented, recommended, but not voted on at the Board Meeting. Once the budget is approved by the Board, it will then be presented to the counties.
Discussion ensued regarding proposed administrative percentage increase from 9.5% to 11.5% for the fiscal year 2015 budget. This position is supported by a review of industry standard and practice with other MCOs in North Carolina. Increasing the administrative revenue will offer flexibility in continuing to expand Alliance capability and strengthen the organization. The administrative revenue is an allocation designated by Alliance. By contract, Alliance may designate up to 20% of the capitation for administrative funding.

The increase in allocation for administrative revenue will generate around $10 million additional funds. Discussion regarding the use of those funds ensued. Suggestions were to use the additional funds toward repayment of long term debt owed to Durham, Wake and Cumberland Counties. Other uses of the funds were identified to allow for an increase staff (approximately 30 staff), upgrade technology, prepare for the next wave of integration, and meet possible merger costs. Committee supported the budget and the increase in Admin funds from 9.5% to 11.5%.

The loan repayment schedule was also discussed. Mr. Quick requested that the loan repayment schedule be adjusted to reflect that changes due to the payment by Cumberland County. Ms. Ternay is to determine if the revised repayment schedule was included in the Cumberland merger agreement that was approved by Durham County. If the loan repayment schedule is included in the Durham County merger approval, no further action is needed as this schedule was in the Wake County approval of the merger. Otherwise, a loan repayment schedule needs to be prepared.

Regarding the current year’s loan payment, Mr. Quick requested that payment post to this fiscal year which will require payment before June 30th (a transfer from one account to the other). Ms. Ternay will ensure that the loan payments are made early enough in June to allow for the posting of the payment as revenue in FY14 for the County.

No other action items to bring to the board.

Meeting adjourned at 3:50PM
Respectfully submitted,

Catherine M. Eaton
Business Operations-Administrative Assistant
### Alliance Behavioral Healthcare

Statement of Revenue Expenses - Actual Budget

For the Ten Months Ending April 30, 2014

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Q2 Budget</th>
<th>Amendment</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$35,860,112.00</td>
<td>$35,854,086.00</td>
<td>$7,697,563.21</td>
<td>$35,501,890.29</td>
<td>$352,195.71</td>
<td>99.02%</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>37,673,396.00</td>
<td>39,357,964.00</td>
<td>3,779,345.66</td>
<td>32,562,179.78</td>
<td>6,795,784.22</td>
<td>82.73%</td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>7,640,334.00</td>
<td>7,170,988.00</td>
<td>409,372.98</td>
<td>4,790,515.84</td>
<td>2,380,472.16</td>
<td>66.80%</td>
<td></td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>308,126,720.00</td>
<td>312,525,545.00</td>
<td>25,908,958.97</td>
<td>267,404,050.50</td>
<td>45,121,494.50</td>
<td>85.56%</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>89.50</td>
<td>(89.50)</td>
<td></td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Total Service Revenue</td>
<td>389,300,562.00</td>
<td>394,908,583.00</td>
<td>37,795,240.82</td>
<td>340,258,725.91</td>
<td>54,649,857.09</td>
<td>86.16%</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>1,017,828.00</td>
<td>1,815,854.00</td>
<td>268,436.79</td>
<td>1,162,109.71</td>
<td>653,744.29</td>
<td>64.00%</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>4,538,540.00</td>
<td>4,588,482.00</td>
<td>413,151.39</td>
<td>4,211,107.87</td>
<td>377,374.13</td>
<td>91.78%</td>
<td></td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>31,356,480.00</td>
<td>31,747,176.00</td>
<td>2,658,168.00</td>
<td>27,475,877.07</td>
<td>4,271,298.93</td>
<td>86.55%</td>
<td></td>
</tr>
<tr>
<td>In Kind Revenue</td>
<td>1,130,287.00</td>
<td>1,130,287.00</td>
<td>267,251.25</td>
<td>863,035.75</td>
<td>23.64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>25,000.00</td>
<td>98,900.00</td>
<td>988.50</td>
<td>53,717.23</td>
<td>23.64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>38,068,135.00</td>
<td>39,380,699.00</td>
<td>3,340,744.68</td>
<td>33,170,063.13</td>
<td>6,210,635.87</td>
<td>84.23%</td>
<td></td>
</tr>
<tr>
<td>Total Revenues</td>
<td>427,368,697.00</td>
<td>434,289,282.00</td>
<td>41,135,985.50</td>
<td>373,428,789.04</td>
<td>60,860,492.96</td>
<td>85.99%</td>
<td></td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>36,047,755.00</td>
<td>36,047,755.00</td>
<td>1,978,860.46</td>
<td>28,590,243.56</td>
<td>7,457,511.44</td>
<td>79.31%</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>37,673,396.00</td>
<td>39,357,964.00</td>
<td>3,779,345.66</td>
<td>32,562,179.78</td>
<td>6,795,784.22</td>
<td>82.73%</td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>7,640,334.00</td>
<td>7,170,988.00</td>
<td>409,372.98</td>
<td>4,790,515.84</td>
<td>2,380,472.16</td>
<td>66.80%</td>
<td></td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>308,126,720.00</td>
<td>312,525,545.00</td>
<td>25,908,958.97</td>
<td>267,404,050.50</td>
<td>45,121,494.50</td>
<td>85.56%</td>
<td></td>
</tr>
<tr>
<td>Total Service Expenditures</td>
<td>389,488,205.00</td>
<td>395,102,250.00</td>
<td>36,084,904.93</td>
<td>320,940,381.49</td>
<td>74,161,868.51</td>
<td>81.23%</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>5,814,903.05</td>
<td>6,963,066.00</td>
<td>321,904.22</td>
<td>2,719,844.23</td>
<td>4,243,221.77</td>
<td>39.06%</td>
<td></td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>25,945,140.63</td>
<td>26,033,266.00</td>
<td>2,008,875.64</td>
<td>19,519,606.91</td>
<td>6,513,659.09</td>
<td>74.98%</td>
<td></td>
</tr>
<tr>
<td>Professional Services</td>
<td>4,990,161.32</td>
<td>5,060,413.00</td>
<td>331,267.07</td>
<td>2,949,803.17</td>
<td>2,110,609.83</td>
<td>58.29%</td>
<td></td>
</tr>
<tr>
<td>In Kind Expenses</td>
<td>1,130,287.00</td>
<td>1,130,287.00</td>
<td>267,251.25</td>
<td>863,035.75</td>
<td>23.64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Administrative Expenditures</td>
<td>37,880,492.00</td>
<td>39,187,032.00</td>
<td>2,662,046.93</td>
<td>25,456,505.56</td>
<td>13,730,526.44</td>
<td>64.96%</td>
<td></td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>427,368,697.00</td>
<td>434,289,282.00</td>
<td>38,746,951.86</td>
<td>346,396,887.05</td>
<td>87,892,394.95</td>
<td>79.76%</td>
<td></td>
</tr>
</tbody>
</table>

### REVENUES OVER EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th>2,389,033.64</th>
<th>27,031,901.99</th>
<th>(27,031,901.99)</th>
<th>0.00%</th>
</tr>
</thead>
</table>


Alliance Behavioral Healthcare
Benchmark Ratios
As of April 30, 2014
ITEM: Global Quality Management Committee FINAL Report

DATE OF BOARD MEETING: June 5, 2014

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

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

In FY 14 members of the committee were:
George Corvin, MD, Chair (Area Board member)
Lascel Webley, Jr. (Chair, Area Board)
Joe Kilsheimer (CFAC-Durham member)
Vacant (CFAC member)
Bill Stanford, Jr. (Area Board member)
John Griffin (Area Board member)
Amy Neufeld (MH/SA provider representative)
Lakisha Perry-Green (I/DD provider representative)

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 final minutes from the March meeting is attached. The committee did not meet in April 2014. Committee members met Alliance’s new QM Director, Mr. Geyer Longenecker and learned that
all vacancies in the QM Department have been filled. QM continues to prepare for submission of URAC accreditation in Credentialing. The committee received presentations on incidents, grievances, UM authorizations, and an update on the Quality Improvement Projects.

Highlights of key points are as follows:
- There was a 20% decrease in the number of grievances/concerns received.
- The majority of complaints continued to be focused on Quality of Services followed by Access to Services.
- There were 895 incidents (791 incident reports) occurring for 559 consumers.
- In the first six months of FY 14, Alliance processed 9,857 IPRS (non-Medicaid) and 26,082 Medicaid authorizations.
- All Quality Improvement Projects are progressing as expected, except for the Intensive In-Home project that is delayed due to RFPs. A final report of results will be presented to the Quality Management Committee in June, for submission to the state by the end of July.

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

**CEO RECOMMENDATION:**
Accept the report as presented.

**RESOURCE PERSON(S):**
Geyer Longenecker, JD
WELCOME AND INTRODUCTIONS

REVIEW OF THE MINUTES - Dr. Tanas identified one mistake in the December 2013 minutes—he was present at the last meeting. Committee approved the minutes as amended. Bill motioned for the approval and John seconded the motion. Tina will email revised minutes to committee.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of New QM Director</td>
<td>Mr. Geyer Longenecker was introduced as the new QM Director for Alliance. He gave a brief summary of his experience and education in the field.</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Staffing Updates</td>
<td>Geyer announced the filing of Administrative Assistant (Sandra Ellis), Research Assistant (Lucyna Kozek), and Quality Review Coordinator (Wes Knepper). There are no vacancies in the QM unit at this time.</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Mercer Visit</td>
<td>The Mercer review scheduled for February 13 &amp; 14 was canceled at the last minute and rescheduled for May 8 &amp; 9. Alliance is continuing to prepare for the review.</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>URAC-Credentialing accreditation</td>
<td>Alliance is moving forward with seeking accreditation for the Credentialing standards within the Health Network module. Even though we were not required to obtain accreditation for these standards, we decided to seek it because we would need to obtain it later, we are better prepared than we originally thought, and it is more economical.</td>
<td>Report back to committee on findings</td>
<td>June meeting</td>
</tr>
<tr>
<td>Grievances &amp; Incidents (FY 14, Q2)</td>
<td><strong>Grievances</strong> - There was a 20% decrease in the number of grievances/concerns received. This is attributed to the holiday season. Consumer filing has remained about the same as Q1 (43%). MCO staff reporting has increased slightly 4%. Provider reporting is down 3%. The majority of complaints continued to</td>
<td>Review incident trends to determine if referral to Provider Account specialists is needed.</td>
<td>August meeting</td>
</tr>
</tbody>
</table>

GUEST(S) PRESENT: None
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>be focused on Quality of Services followed by Access to Services. Of the 237 issues that were resolved, 220 (92%) were resolved within 21 calendar days (15 working days) of the Grievances. <strong>Incidents</strong> - There were 895 incidents (791 incident reports) occurring for 559 consumers. 531 incident reports involved children, and 260 incident reports involved adults. The highest number of incidents for one consumer was 18 (out of county consumer). Of the consumers with the highest number of incidents (over 5) all 7 are children. Alliance has the highest number of Level 2 incidents in the state due to better education and monitoring of providers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UM Authorizations (FY 14, Q2)</td>
<td>In the first six months of FY 14, Alliance processed 9,857 IPRS (non-Medicaid) and 26,082 Medicaid authorizations. Alliance approves approximately 80-85% of IPRS and 76-81% of Medicaid requests. The time between request and decision is about 4 days, much lower than the state requirement of 14 days.</td>
<td>Continue to track data for red flags.</td>
<td>N/A</td>
</tr>
<tr>
<td>Update on QIPs</td>
<td>Alliance is currently conducting five active and two follow-up (from The Durham Center) Quality Improvement Projects (QIPs). The committee reviewed progress on all QIPs. The data has been collected and is currently being analyzed. QM is anticipating closing the two from the Durham Center by the end of the year. One active QIP (Intensive In-Home) was delayed due to the RFP process. The final analysis will be presented to the committee at their June meeting. Proposals for FY 15 QIPs will be presented and discussed at the next (May) meeting.</td>
<td>Complete analysis of data Write final reports Present findings Present and vote on proposed FY 15 QIPs</td>
<td>May and June meetings</td>
</tr>
<tr>
<td>Next Meeting</td>
<td>There will be no meeting in April due to Spring Break. The next meeting is scheduled for May 1 at 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjournment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 2
Q2 Incident Statistics

- There were 895 incidents (791 incident reports) occurring for 559 consumers. 531 incident reports involved children, and 260 incident reports involved adults.
- The highest number of incidents for one consumer was 18 (out of county consumer).
- Of the consumers with the highest number of incidents (over 5) all 7 are children.
  - The adolescent consumer with the most incidents (18) is an out of county consumer residing at a PRTF. All of the reports have been consumer behaviors – aggressive/destructive or suicide attempts. 77% of the incidents involving the other 6 consumers with 5 or more incidents are restrictive interventions from Day Treatment facilities and 16% are consumer behaviors.
**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** The lower trend line indicates those types of incidents that occurred in more than .2% of that county’s population served. The upper trend line is only for Consumer Behavior incidents. Those typically occur at a higher rate than all others. The percentage used is .4% of that county’s population served. The majority of the Wake County restrictive interventions (72%) are from one day treatment provider. This same provider accounts for 27% of the total consumer behaviors and 22% of “other” incidents in Wake County. 80% of incidents categorized as “Allegations of Abuse” occurring in Johnston County were from one ICF MR/DD provider. There were 8 reports involving 7 consumers. 6 of these incident reports were due to an anonymous call reporting allegations of abuse, therefore a report was done for each consumer in the home – the allegations were unsubstantiated. 26% of incidents categorized as “other” in Durham County were from one substance abuse provider and 19% of incidents categorized as “consumer behavior” were from one agency providing IIH and OPT services.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** Data is presented without outlier information.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
Q2 FY 14 Level 3 Incidents by Population

Background: Level 3 incidents are monitored to ensure consumer and community safety. Information is shared with necessary members of management to ensure a comprehensive clinical and administrative response.

Trend and Analysis: The trend line indicates those types of incidents that occurred in more than .25% of that county’s population served. 44% of the incidents categorized as “Abuse/Neglect/Exploitation” in Wake County were from 1 provider. No trends related to the “consumer behavior” category or “other” category were noted for Wake or Durham counties.

Next Steps: Review incident trends to determine if referral to Provider Account specialists is needed.
Q2 FY14 Incidents by Service Type – MH/SA

Incidents involving MH/SA consumers increased from 556 in the 1st quarter of FY14 to 664 in the 2nd quarter of FY14. IIH services remained the service with the highest percentage of incidents reported with 23% (156 incidents) compared to 20% (140 incidents) last quarter. Child Day Treatment was the next highest with 111 incidents reported (up from 66 incidents last quarter, followed by BH Outpatient with 95 incidents reported in the 2nd quarter.

N = 664
Q2 FY14 Incidents by Service Type – IDD

Incidents involving IDD consumers decreased from 134 to 127 in Q2 FY14. ICF MR/DD’s had the most incidents in the 2nd quarter with 27 incidents reported, the same number as last quarter. In-Home Skill Building was the next highest with 25 incidents reported. There was a large decrease in incidents involving Day Supports services – from 19 incidents in the 1st quarter FY14 to 4 incidents in the 2nd quarter FY14.
LME/MCO Incident Reporting Comparison Dec-13

![Graph showing incident reporting comparison for different entities with Level 2 and Level 3 categories.](image-url)
Level 2 & 3 Incident Definitions

- Level 2 incident categories and behaviors
  - Consumer Death – Terminal Illness or Natural Cause
  - Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
  - Consumer Injuries – Any injury that requires treatment by a licensed health professional
  - Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
  - Medication Errors – Any error that threatens the consumer’s health or safety
  - Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act (involves aggressive, destructive or illegal act that results in a report to law enforcement that is potentially harmful to the consumer or others), consumer absence (greater than 3 hours over what is specified in the consumer’s plan or requires police contact)
  - Other – Suspension, Expulsion and Fire

- Level 3 incident categories and behaviors – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  - Death – Suicide, Accident, Homicide, Unknown
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
Data pulled 2.17.14
There was a 20% decrease in the number of grievances/concerns received. This is attributed to the holiday season.

During data analysis it was discovered that No Provider is a default setting. Q1 data is being re examined to account for this issue.
**Background:**
At the time a grievance is logged, it is placed in the category that best describes the nature of the concern. These categories are: Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment and Other.

**Analysis and Trends:**
Overall volume decreased 20% from Q1. Grievances received was about the same from last quarter (43%) There was a 4% increase of internal concerns logged and a 6% decrease in external concerns. Compliments increased 100% from 1-2%.

**Follow up:**
Continue to provide guidance to Alliance staff about proper categorization and data elements needed for reporting.
**Background:**
Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded, behavioral health services. Grievances/Concerns are logged from consumers, providers, and/or service team members when dissatisfaction with services is reported.

**Analysis and Trends:**
Consumer filing has remained about the same as Q1 (43%). MCO staff reporting has increased slightly 4%. Provider reporting is down 3%.

**Follow up:**
None at this time. Reporting trends will continue to be monitored.
**Background:**
This chart reflects consumer grievances.

**Analysis and Trends:**
The majority of complaints continued to be focused on Quality of Services followed by Access to Services. There was an increase in complaints in the areas of Client’s Rights, Authorization/Payment/Billing.

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.

- Abuse, Neglect, Exploitation
- Administrative Issues
- Basic Needs
- Confidentiality/HIPAA
- Other
- Service Coordination between providers
- Access to Services
- Authorization/Payment/Billing
- Client Rights
- LME/MCO Functions
- Quality of Services
**Background:**
Detail of areas of concern expressed by MCO staff

**Analysis and Trends:**
The largest area of concern was Quality of Services down 10% from Q1, Authorization/Billing/Payment was the next largest area of concern up 5% followed by Access to Service up 9%.

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.

- Abuse, Neglect, Exploitation
- Administrative Issues
- Basic Needs
- Other
- Service Coordination between providers
- Access to Services
- Authorization/Payment/Billing
- Confidentiality/HIPAA
- Quality of Services
**Background:**
Grievances/Concerns presented by service to identify trends

**Analysis and Trends:**
Percentage wise the service breakdown is very similar to Q1. Enhanced Benefit concerns remained the same as last quarter with the highest number of reports related to residential services (33) followed by ACTT (26) and IIH which also increased from last quarter. Basic benefits (outpatient) was the next largest category. Different from previous quarters was the third highest service category which was equal between IDD and Other. Crisis services which had decreased significantly in Q1 have begun to increase again/

**Next Steps:**
Work is continuing to be done on residential type reporting.
**Background:**
Grievances must be resolved within 15 working days (of the date filed), but may be extended if issues require additional attention, or the grievance requires the attention of an external regulatory agency. Frequently, QM staff work to resolve the issue within 5 days. Previously, data had to be presented in increments of 15. Current data is presented in increments of 7 to more accurately represent the resolution time. Alpha data is calculated in calendar days.

**Analysis and Trends:**
Of the 237 issues that were resolved, 220 (92%) were resolved within 21 calendar days (15 working days) of the Grievances. This was a 10% increase from Q1. The number resolved over 30+ days decreased by 7%, Those over 30 days have typically been referred to external agencies.

**Next Steps:**
Monitor trends
**Background:**
QM staff use various methods to resolve issues.

**Analysis and Trends:**
Resolution by providing technical assistance to complainant or working with the provider for a resolution account for 92% of all resolution methods. Four percent of the complaints were referred to investigations.

**Follow-up:**
Based on several provider trends, referrals have been made to Compliance, Network Development Specialists, and Network Development Evaluators.
Background:
Previously, demographic and population data have not been included; it is now being included to identify ongoing areas of training need.

Analysis and Trends:
Of the disability areas identified, Substance Abuse showed an increase over Q1, missing data decreased by 5%. The Grievances/Concerns missing an age category dropped from Q1 by 6%.

Next Steps:
Continue to work with staff who enter Grievances/Concerns to correctly identify both age and disability groups.
Background: In February 2013, Alliance began serving 4 counties.

Analysis and Trends: Rate of reporting has been graphed based on number of consumers served in each county. If all counties were reporting at the same rate, the line would be flat. Q2 shows a higher number of complaints filed in Durham. This graph includes grievances, external stakeholder concerns, compliments and other. (Internal concerns are not included as they skew the numbers.)

Next Steps: Alpha has now made the county field required. Future data presentations will show a more accurate picture of where the volume of complaints and grievances originate.
**Background:**
Quality of Services comprised the majority of Grievances/Concerns.

**Analysis and Trends:**
There was a 17% decrease between Q1 and Q2 in total Grievances/Concerns, likely due to the holiday season. Quality of services continues to be the highest category accounting for 47% of Grievances/Concerns. This is a slight decrease from Q1.

**Next Steps:**
Volume of grievances has reached staffing capacity.
Utilization Data

GLOBAL QMC
MARCH 6TH 2014
**Q1 & Q2 Authorization Data - IPRS**

<table>
<thead>
<tr>
<th>July 2013</th>
<th>August 2013</th>
<th>September 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td>1,721</td>
<td>1,527</td>
<td>1,389</td>
</tr>
<tr>
<td><strong>Avg. Auth. Response</strong></td>
<td>2.13</td>
<td>3.95</td>
<td>3.64</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>23/1.3%</td>
<td>15/1.0%</td>
<td>10/0.7%</td>
</tr>
<tr>
<td><strong>Partially Denied</strong></td>
<td>22/1.3%</td>
<td>17/1.1%</td>
<td>7/0.5%</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>1,458/84.7%</td>
<td>1,270/83.2%</td>
<td>1,016/73.1%</td>
</tr>
<tr>
<td><strong>October 2013</strong></td>
<td><strong>December 2013</strong></td>
<td><strong>December 2013</strong></td>
<td><strong>December 2013</strong></td>
</tr>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td>1,835</td>
<td>1,524</td>
<td>1,861</td>
</tr>
<tr>
<td><strong>Avg. Auth. Response</strong></td>
<td>4.32</td>
<td>4.71</td>
<td>5.43</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>25/1.4%</td>
<td>20/1.3%</td>
<td>22/1.2%</td>
</tr>
<tr>
<td><strong>Partially Denied</strong></td>
<td>28/1.5%</td>
<td>11/0.7%</td>
<td>15/0.8%</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>1,577/85.9%</td>
<td>1,293/84.8%</td>
<td>1,599/85.9%</td>
</tr>
</tbody>
</table>

- **Total Authorizations**
- **Authorization Response Time in Business Days - All Authorizations**
### Total Authorizations

<table>
<thead>
<tr>
<th>Month</th>
<th>July 2013</th>
<th>August 2013</th>
<th>September 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Auth. Completed</td>
<td>4,479</td>
<td>4,469</td>
<td>3,577</td>
<td>12,525</td>
</tr>
<tr>
<td>Avg. Auth. Response</td>
<td>3.84</td>
<td>3.74</td>
<td>3.63</td>
<td>3.74</td>
</tr>
<tr>
<td>Denied</td>
<td>230/5.1%</td>
<td>313/7.0%</td>
<td>159/4.4%</td>
<td>702/5.6%</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>224/5.0%</td>
<td>219/4.9%</td>
<td>119/3.3%</td>
<td>562/4.5%</td>
</tr>
<tr>
<td>Approvals</td>
<td>3,619/80.8%</td>
<td>3,598/80.5%</td>
<td>2,343/65.5%</td>
<td>9,560/76.3%</td>
</tr>
</tbody>
</table>

### Authorization Response Time in Days

<table>
<thead>
<tr>
<th>Month</th>
<th>July 2013</th>
<th>August 2013</th>
<th>September 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Auth. Completed</td>
<td>4,827</td>
<td>4,128</td>
<td>4,602</td>
<td>13,557</td>
</tr>
<tr>
<td>Avg. Auth. Response</td>
<td>4.15</td>
<td>3.55</td>
<td>4.49</td>
<td>4.06</td>
</tr>
<tr>
<td>Denied</td>
<td>305/6.3%</td>
<td>237/5.7%</td>
<td>235/5.1%</td>
<td>777/5.7%</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>245/5.1%</td>
<td>181/4.4%</td>
<td>192/4.2%</td>
<td>618/4.6%</td>
</tr>
<tr>
<td>Approvals</td>
<td>3,872/80.2%</td>
<td>3,340/80.9%</td>
<td>3,890/84.5%</td>
<td>11,102/81.9%</td>
</tr>
</tbody>
</table>
Update on Quality Improvement Projects

March 2014

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

Reduce Visits to Emergency Rooms

- Critical project for Alliance
- Project Team: Clinical Dir., Community Relations, Care Coordination, Asst. MD, IT
- Plan has been created for every county:
  - Durham – Top 25 pilot-Includes intensive care coordination, access to primary care, ED Liaisons, notification to providers, results=80% of consumers in pilot showed reduction in ED visits within 6 months. Other initiatives-review data regularly, expand CIT, expand case conference model, increase Mobile Crisis Team utilization-technical assistance team (Durham & Wake) meeting on regular basis

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

Reduce Visits to Emergency Rooms

- Plan has been created for every county:
  - Cumberland – Created walk-in assessment center (currently operates from 8 AM – 5 PM, will move to 24/7 by end of month), increase CIT training, co-locate Care Coordination in ED, review real-time ED data on daily basis, expand Mobile Crisis Team to county, reduce repeat admissions
  - Johnston – review data daily & on regular basis, co-locate Care Coordinator in ED, monitor engagement, develop medically monitored detox
Quality Improvement Projects

Reduce Visits to Emergency Departments (EDs)

- Plan has been created for every county:
  Wake – collect & review ED admissions daily, expand CIT, transition county services to UNC/private providers, improve consumer engagement in treatment services, increase Mobile Crisis Team utilization-technical assistance team (Durham & Wake) meeting on regular basis

- Status: Collecting data on following measures:
  - Readmissions of consumers receiving Care Coordination
  - CIT - # trained, diversions from ED
  - Utilization or expansion of local crisis facilities
  - NCDETECT data (admits to EDs)
Quality Improvement Projects

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

- Project Team (Call Center, IT, Consumer Affairs)

- **Review of recorded calls to Access & Information (baseline)** – 20 randomly selected calls reviewed:
  - Suggestions: Explain role of Alliance/services earlier in call, decrease/eliminate use of acronyms, elaborate on choices of providers. Action plan created and tracked
  - Status: Following up on action items
Quality Improvement Projects

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

- **Review of recorded calls to Access & Information (follow up)** – 36 randomly selected calls reviewed (20 will be compared to baseline):
  - Suggestions: Call Center staff to continue to ‘bridge’ calls to external professionals (i.e. Member -> Access-> Mobile Crisis); discuss modifications to elements monitored for next fiscal year. Continue with quarterly reviews of minimum of 30 calls to Access.
  - Status: Draft report given to Call Center Director, will be presented to UM Committee
Quality Improvement Projects

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

- Review of Call Center Delegated Contractor – calls notes from 2 dates randomly selected (baseline):
  - Suggestions: Give updated resource information to contractor, increase amount of information in call notes
  - Status: Following up on action items
Quality Improvement Projects

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

- Review of Call Center Delegated Contractor – calls notes from 16 randomly selected calls (follow up):
  - Suggestions: Continue to increase amount of information in call notes, QM will review contractor self-monitoring tool to provide consistent feedback to contractor and Access Center
  - Status: Following up on action items, draft report given to Call Center Director, will present results to UM Committee
# Quality Improvement Projects

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

  
  - Goals - increase in plans meeting quality criteria, reduction in plans forwarded to Senior Management due to health & safety concerns
  
  - Interventions – I/DD: Immediate feedback to Care Coordinators, training, clinical consultations emailed to Supervisors; MH/SA: Clinical consultations emailed to Clinical/UM Directors for review/care management, Feedback letters to providers
Quality Improvement Projects

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

  - Status: Evaluating implementation of recommendations
Quality Improvement Projects

First Responder – test crisis lines of providers

- Project Team assembled (Compliance, UM, Call Ctr)
- Aug 2013 – tested 100% of agencies with first responder responsibilities in all four counties (117 agencies)
- Baseline Results:
  - 92% answered within 6 rings (by person or voicemail)
  - 53% answered by person, 47% by voicemail/answering service
  - 11% answered by someone NOT a QP
  - Of the calls in which voicemail left, 20% of calls returned within 2 hours
  - 95% rated as courteous, 89% rated as helpful

Serving Durham, Wake, Cumberland and Johnston Counties
First Responder – test crisis lines of providers

- Interventions:
  - Agencies that did not respond or those who allowed non-QP to answer call were referred to Corporate Compliance:
  - 6 agencies recommended for POC – 3 contracts terminated as of 12/31/13, 2 providers no longer contracted for MH/SA enhanced services with crisis response requirements, 1 provider receiving POC
  - New After-Hours requirements were placed on website and emailed to providers via Provider Newsletter. Training provided at All-Provider meeting December 18
Quality Improvement Projects

First Responder – test crisis lines of providers

- Follow Up Results:
  - Tested all contracted enhanced and mobile crisis providers in Jan-Feb;
  - Data is being analyzed

- Next Steps:
  - Conduct baseline test of Innovations providers (sample size: 100% of crisis and 10% of other services requiring first responder responsibilities)
  - Take results of MH/SA providers to Corporate Compliance
  - Create “tiered” system of test frequency (providers with good response=called less frequently, not a good response=more frequently)
Quality Improvement Projects

Inter-Rater Reliability – test consistency between UM Care Managers & among Call Center staff

- Project Advisory Team - UM Committee
- Interventions: Training, group & individual supervision; Goal: 85% agreement
- Results:

  **MH/SA UM** – Aug. 2012: 69% (moderate agreement); Spring 2013: 67% (moderate agreement); Aug 2013: 55% (changes: testing vignettes prior to study, administer at staff meeting); Dec 2013: 76% agreement (substantial agreement)
Inter-Rater Reliability – test consistency between UM Care Managers & among Call Center staff

Results:

Call Center – Oct. 2012: 86% (substantial agreement); Spring 2013: 75% (substantial agreement); Aug 2013: 84% (substantial agreement); Jan 2014: 82% (substantial agreement)

I/DD UM – “Mini” study (5 questions), Aug 2013: 58%; Jan. 2014 (Baseline): 81% (substantial agreement)
Quality Improvement Projects

Intensive In-Home – Improve quality of IIH services

- Project Team – Dr. Arrington (Chair), UM, UM Appeals, Provider Networks

- Goals: Increase # of providers offering EBPs, reduce use of crisis services & law enforcement involvement

- Baseline data: 209 youth authorized in Feb/Mar - collecting data on avg. LOS, crisis admits, law enforcement, outcomes

- Use of Evidence-Based Practices – data collected from 46 agencies, 72% use CBT, 35% use MI, 33% use family-systems

- Interventions: RFP for services issued late Sept, proposals being reviewed, Information collected used to inform RFP
Quality Improvement Projects

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

- Re-Evaluation: Pull data for another sample of youth receiving services after new contracts implemented, monitor fidelity of models used by providers

- Project will be delayed, recommend continuation in FY 15
Substance Abuse Engagement – improve consumer engagement in Durham SA services

- Project originally included interventions to increase Care Coordination & improve monitoring of providers

- During 12 month post follow up, engagement of consumers found to have decreased, below baseline, in FY 13

- Next steps: Met with Provider Networks—recommend evaluating impact of RFPs issued for SAIOP, assemble project team to monitor results

- Collecting data on sample of consumers receiving services April – June 2013, compare to sample in 2014
Durham Center QIPs Continued

**DCA Discharge Planning** – improve discharge planning at DCA

- Original intervention included revised discharge plan, Discharge Plan Coordinator added when funding became available

- Follow Up Review (April/May 2013) – indicated new plan not implemented until March 2013 & limited use (30%) of new discharge plan, 85% of adult plans & 72% of youth plans 75% complete, only 2 adults plans 100% complete, 38% seen by provider within 5 days of discharge, turnover of Coordinator position

- Next steps: Training for DCA staff, POC issued, review of charts (March), youth readmissions analyzed
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
The Human Rights Committee shall include consumers and family members representing mental health, developmental disabilities and substance abuse.

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

The Human Rights Committee shall meet at least quarterly.

The Human Rights Committee is required by statute and by your by-laws. The Committee meets at least quarterly and reports to you by presenting the minutes of the meetings as well as through Quality Management Reports reviewing grievances and incidents.

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

REQUEST FOR AREA BOARD ACTION:
Receive the draft minutes for May 19, 2014, meeting.

AREA DIRECTOR RECOMMENDATION:
Receive the draft minutes for May 19, 2014, meeting.

RESOURCE PERSON(S):
Doug Wright, Scott Taylor, May Alexander
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - Minutes from 2/25/14 and 4/01/14 were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance and Incident Reports (3rd Quarter)</td>
<td>May talked about quarterly reports being changed to more of a monthly review. She stated she had gone back and reviewed grievances and incidents for the last 6 months and found no trends to be concerned about. The committee discussed at length two provider agencies that had been cited by DHSR, Department of Health Services and Regulations. The process by which DHSR came to know about concerns, whether it be a routine monitoring or a response to a complaint or concern. We talked about how if DHSR was taking the lead in an investigation then our monitoring team would not go behind them and investigate the same thing. It was noted that the MCO would and did ensure that our consumers were safe, if they had not been then we would have moved them immediately. Plans of Corrections were discussed, when they are issued, how long a provider has to respond, etc. Alison reviewed the DHSR monitoring process, citing their website for a couple of documents which she sent to Doug to forward to members. Overall the committee was pleased to be getting information around violations that could have an impact on human rights. They ask for a follow up on both of these cases at their next meeting.</td>
<td>Doug to forward information from Alison to members. May to report back on the two providers discussed as well as bring additional information related to trends of grievances and incidents when that documentation is available.</td>
<td>May 20, 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>July 22, 2014</td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Monitoring Activities Report</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison reviewed the monitoring tool used by her department when they go out to provider agencies. She went over in detail the areas concerning human rights. She noted that even though an agency may not pass these sections that is not an indication that they are violating anyone’s rights. It is more of an indication that they may not have told or documented that they told someone of their rights. She explained that if an incident had happened at an agency and it had been reported to QM and dealt with, then her team would not go back and do an additional review. If there was an incident that had not been documented properly then they would investigate. She reviewed the percentages of providers who had not passed the initial monitoring of human rights, again noting that this was more about having the documentation in place such as procedures, rights notifications, etc. Overall she did not feel there were any concerns that needed to be brought before the committee.</td>
<td>Work with the committee to see what types of reports they may want to see from our monitoring department.</td>
<td>July 22, 2014</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Membership recommendations</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review applicants, in reviewing the applications it was noticed that one of the applicants was from Hoke County, therefore this person did not meet the qualifications to represent one of our counties. Dr. Teague stated that he knew two people, one from Cumberland and one from Johnston that would be interested in serving. He was ask to get them in touch with Doug so they could fill out an application. Doug was instructed to invite the potential members to the next meeting for interviews by the committee. Doug reminded the committee that their responsibility was to recommend to the Board Chair people for consideration and that the Board Chair was the appointing authority.</td>
<td>Doug to contact applicants and invite them to the next committee meeting. He will notify the one applicant of the residency requirement.</td>
<td>July 22, 2014</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Dispute Resolution</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved, moved by David Smith, seconded by Dr. Michael Teague and approved unanimously.</td>
<td>Forward minutes denoting approval to Compliance department.</td>
<td>July 22, 2014</td>
<td></td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

**DISCUSSION:**

**NEXT STEPS:**

**TIME FRAME:**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Next Steps</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Procedure</td>
<td>Review Changes, decision made to put on hold as the committee explores its charge so any changes could be made at one time.</td>
<td>Schedule for next meeting.</td>
<td>July 22, 2014</td>
</tr>
<tr>
<td>Annual Training – Done monthly (slide 22, starting place)</td>
<td>Not enough time, continue scheduling monthly.</td>
<td>Schedule for next meeting.</td>
<td>July 22, 2014</td>
</tr>
<tr>
<td>Next Meeting</td>
<td>The committee felt it needed to meet every other month for the time being, the next meeting will be scheduled for July 22, 2014.</td>
<td>Doug to notify Carla Alston-Daye so she can change the community calendar on our website to reflect this change.</td>
<td>July 22, 2014</td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT**
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: June 5, 2014

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. Subcommittee 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 Dan Shaw while Maribel Rivera-Elias serves as vice-chair.

REQUEST FOR AREA BOARD ACTION: Receive the Wake Subcommittee draft minutes from May 13, 2014, Durham Subcommittee draft minutes from May 5, 2014, and the Cumberland Subcommittee minutes from March 27, 2014.

AREA DIRECTOR RECOMMENDATION: Receive the subcommittee minutes and draft minutes.

RESOURCE PERSON(S): Doug Wright, Dan Shaw, Maribel Rivera-Elias
MEMBERS PRESENT: Caroline Ambrose, Anna Cunningham, Dave Curro, Faye Griffin, and Denise Wood

STAFF PRESENT: Roanna Newton, Roosevelt Richard, and Doug Wright

GUEST(S) PRESENT: NONE

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – Kurtis Taylor made a motion to approved minutes as read and Denise Wood seconded the motion. The motion carried and was approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment</td>
<td>Case for inclusive – Washington State – has model – Curro NC is 46th out of 50 states that has case for inclusive – Cunningham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Updates</td>
<td>Newton reviewed Consumer Empowerment Team (CET) May 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Forum Ad-Hoc</td>
<td>Had our initial meeting right before this meeting, topic, location, objectives were announced. Wood brought partnering with SODA, Students with Disabilities Association has an education piece</td>
<td>More information to come next meeting</td>
<td></td>
</tr>
<tr>
<td>Committee Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alliance Network Development Plan</td>
<td>Wright reviewed the Alliance Network Development Plan. Question and Answer period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Awareness</td>
<td>Wright reviewed the Mental Health Awareness. May is Mental Health Awareness month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCO Updates</td>
<td>Community Anti-Stigma Campaign surveys were sent out, Election in June, CFAC survey, DataCom newsletter, Annual Report, Merger on hold until legislators vote in short session, board nomination voted in county commissioners,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Announcements</td>
<td>7/1 – School Resource Officer training 7/10- Telecommunicate class 7/17- Jail Diversion (Mental Health court) Taylor invites Alliance BHC CFAC to come see Oxford Houses Suggested subcommittee meet at different provider agencies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. ADJOURNMENT
MEMBERS PRESENT: Dan Shaw, David Smith, Joe Kilsheimer, Colleen Kilsheimer, Jim Henry, Felicia McPherson, Steve Hill, Roanna Newton, Debra Duncan, Doug Wright.
GUEST(S) PRESENT: Kelsey Duncan

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – No Meeting in March

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment</td>
<td>None made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Updates</td>
<td>Roanna Newton distributed copies of the Consumer Empowerment Team Update. State CFAC will meet in Gastonia on May 16, 2014. A new Director for Medicaid has been appointed: Robin Cummings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCO Updates</td>
<td>Meck-link and Cardinal have merged. The other MCO’s are having conversation about merging and how this will impact their communities. At this time Alliance is talking to Sandhills about the merging situation. Sandhills has recently purchased the same IT system as Alliance (alpha). Doug sent out a survey link on community awareness concerning Mental Health. Please complete the survey. Data-Com committee is working to develop a newsletter. Doug will share the folks required for the annual report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alliance Network Development Plan</td>
<td>Doug shared a copy of the Alliance Network plan based on community feedback.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness Awareness</td>
<td>BECOMING and Alliance Behavioral Healthcare are hosting several events during the Month of May- Mental Health Awareness month. CFAC members wanted Alliance to make sure that we get news coverage for the campaign and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>suggested using the sides of buses and access vans as well as mailers in utility bills. Doug provided a training on Mental Illness awareness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Announcements</td>
<td>Exchange of Greater Durham is hosting a fundraiser - dinner and a raffle ($100 each). The Exchange Club also sells beer at the Durham Bulls games on Sunday at the Beer Garden. NAMI-NC - NAMI Durham had successful walk on May 6 and were the top fund raiser with the Durham CIT team coming in third. NAMI Durham meets at DCA on May 6 at 7:00.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. ADJOURNMENT
1. WELCOME AND INTRODUCTIONS: The Cumberland Subcommittee of the Alliance CFAC meeting was called to order at 5:45 p.m. by Lotta Fisher.

2. REVIEW OF THE MINUTES: The minutes from the February 27, 2014 meeting were reviewed and accepted following a motion by Dr. Michael McGuire and a second by Rebecca Page.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Update</td>
<td>Wes reviewed the Consumer Empowerment Team Update for March 2014.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCO Update</td>
<td>Committee members decided to hold a Public Forum to receive input from the community on services and gaps. Doug Wright supplied a PowerPoint training on I/DD services.</td>
<td>Subcommittee members to continue planning for the public forum.</td>
<td>Date to be announced</td>
</tr>
<tr>
<td>Public Outreach – Survey, Community Forums</td>
<td>Wes reminded subcommittee of their role to identify needs and gaps in services. He suggested the subcommittee review the Alliance budget as spent on specific services and how these monies are being used. Subcommittee members wondered how many people are receiving I/DD services currently and how many are on the registry of unmet needs.</td>
<td>Subcommittee members to submit data questions to Dr. Mike Martin to compile And then formally request data from Alliance.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>I/DD Training</td>
<td>Breanna Ozment presented training on Intellectual/Developmental Disabilities and the Services Provided by the Alliance Provider Network. She also discussed the family member as a provider application process. Breanna emphasized that the decision on whether a family member is the best choice to be the consumer’s provider involves much scrutiny. She reminded members to call Alliance or the Medicaid Fraud and Abuse Hotline if they have concerns or evidence of fraud and abuse of services.</td>
<td>Subcommittee members to continue efforts to inform the public about I/DD services and advocate for the needs of consumers and families.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

5. ADJOURNMENT
ITEM: Executive Committee Report

DATE OF BOARD MEETING: June 5, 2014

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. Attached are the draft minutes from the April 8, 2014, meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report as presented.

CEO RECOMMENDATION:
Accept the report as presented.

RESOURCE PERSON(S):
Robert Robinson, CEO
MEMBERS PRESENT: William Stanford, Scott Taylor, Lascel Webley, Jr., Chair, Cynthia Binanay (via phone)  
STAFF PRESENT: Rob Robinson, Veronica Ingram

1. WELCOME AND INTRODUCTIONS – Chairman Webley presided.

2. REVIEW OF THE MINUTES – The minutes from the March 11, 2014, Executive Committee meeting were reviewed; Chairman Webley noted that minutes would not be approved as the committee did not meet quorum.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. Chair and Vice-Chair Nominations | Chairman Webley announced the Nomination Committee’s recommendations: William Stanford for Chair and Christopher Bostock for Vice-Chair. Chairman Webley clarified that each position is a one year term; nominations will be announced at the May 1, 2014, Board meeting. | 1. Chairman Webley will send an email to Board members listing current nominations and requesting additional nominations.  
2. Nominations will be presented at the May 1, 2014, Board meeting.  
3. Mr. Robinson will follow-up with Carol Hammett, General Counsel, to determine if the Board vote needs to be in open session. | 1. 4/9/2014  
2. 5/1/2014  
3. 5/1/2014 |
| 4. May 1, 2014, Board Meeting | Mr. Robinson reviewed the proposed May agenda. Chairman Webley requested adding Board nominations to the May agenda. Mr. Stanford requested a current roster of Board members and their terms for the next Executive Committee meeting. | 1. Ms. Ingram will add Board Nominations to the May agenda.  
2. Ms. Ingram will provide current Board members’ terms for the next Executive Committee meeting. | 1. 5/1/2014  
2. 5/13/2014 |
| 5. Board Applicant Interviews | Executive Committee met and interviewed Board applicants Heather Wilson and Curtis Massey. Committee decided to reschedule Katherine Jones’ interview per her request. | 1. Mr. Robinson will consult with General Counsel and Corporate Compliance Officer regarding policy/procedure for filling vacant seats.  
2. Ms. Ingram will contact Ms. Jones to reschedule her interview for 5/1/2014 at 3:30 p.m. | 1. Not specified  
2. 4/9/2014 |

6. ADJOURNMENT
ITEM: Policy Committee Report

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
The Committee’s functions include:
1. Developing, reviewing and revising Area Board By-Laws and Policies that Govern the LME/MCO.
2. Recommending policies to the full Area Board to include all functions and lines of business of the LME/MCO.
3. Reviewing Area Board Policies at least annually, within 12 months of policies’ approval. The Committee reviews a number of Policies each quarter in order to meet the annual review requirement.
4. Revising Policies to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.
5. Ensure that a master Policy Index is kept current indicating policy names, original approval dates, all revision dates, all review dates, accreditation standards, and references to applicable law, federal and state rules and regulations and state policies.

REQUEST FOR AREA BOARD ACTION:
Review Board Policy Committee minutes: 5/27/2014

AREA DIRECTOR RECOMMENDATION:
Accept report as submitted for review.

RESOURCE PERSON(S):
Jim Edgerton, Policy Committee Chair
Monica Portugal, Corporate Compliance Officer
ITEM: Consent Agenda

DATE OF BOARD MEETING: June 5, 2014

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the May 1, 2014, Board meeting.

CEO RECOMMENDATION:
Approve the minutes as presented.

RESOURCE PERSON(S):
Robert Robinson, CEO
Veronica Ingram, Executive Assistant
DRAFT MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd., Room 208, Durham, NC 27703.

MEMBERS PRESENT: Ann Akland, Cynthia Binanay, Christopher Bostock, Dr. George Corvin, James Edgerton, Lodies Gloston, Phillip Golden, Dr. John Griffin, Rev. Michael Page, George Quick, Robert Robinson, Vicki Shore, Caroline Sullivan, and Lascel Webley, Jr., Chairman.

MEMBERS ABSENT: Kenneth Edge, Scott Taylor, Amelia Thorpe, William Stanford

GUESTS PRESENT: Lanier Cansler from Cansler Collaborative Resources, Inc., Yvonne French from DMH/DD/SAS, Kelly Goodfellow from Duke, Mary Hooper from NC Council of Community Programs, Cathy Petais from B & D

STAFF PRESENT: Hank Debnam, Doug Fuller, Amanda Graham, Carol Hammett, Veronica Ingram, Carlyle Johnson, Geyer Longenecker, Beth Melcher, Janis Nutt, Ann Oshel, Monica Portugal, Al Ragland, Jennifer Ternay, and Doug Wright

1. CALL TO ORDER:
Chairman Lascel Webley, Jr. called the meeting to order at 4:11 p.m.

2. ANNOUNCEMENTS
A. Mercer Review
Chairman Webley mentioned that the Mercer visit is next Thursday and Friday. It was originally scheduled in February but was cancelled due to inclement weather. Chairman Webley thanked staff for their preparation for this visit.

B. Cumberland Community Forum
Chairman Webley reminded Board members of the community forum on May 20, 2014, and invited them to attend.

3. AGENDA ADJUSTMENTS
Chairman Webley advised Board members that item 10: FY 15 Recommended Budget would be presented after the Finance Committee Report and Item 12: State of Affairs in Public Mental Health will be presented after the recommended budget. There were no additional agenda adjustments.
A Motion was made by Mr. Christopher Bostock to approve the amended agenda; seconded by Mr. Phillip Golden. Motion passed.

4. **PUBLIC COMMENT**

None

5. **FINANCE COMMITTEE REPORT**

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 budget to actual report and ratios for the period ending March 31, 2014, and the draft minutes of the April Finance Committee meeting were included in the report.

Finance Committee Chairman, George Quick, presented the report. Mr. Quick referred to information included in the Board packet including revenues and expenses. Mr. Quick advised the Board that consultant, Jennifer Ternay, is working in Alliance’s Finance Department and per the by-laws would need to be appointed by the Board to serve as Alliance’s interim Chief Finance Officer. Robert Robinson, CEO, advised the Board of Ms. Ternay’s background in managed care and finance and her previous experience with Alliance.

**BOARD ACTION**

A Motion was made by Mr. George Quick to appoint Jennifer Ternay as the interim Chief Finance Officer; seconded by Mr. Phillip Golden. Motion passed.

6. **FY 15 RECOMMENDED BUDGET**

Interim Finance Officer, Jennifer Ternay, presented a detailed presentation of the proposed FY 2015 budget; she advised Board members that this information was included in the Board packet. The presentation included a budget summary, budget comparison from FY 2014 and a proposed change in the percentage allocated to administration. Board members discussed the recommended budget.

**BOARD ACTION**

The Board received the presentation and will vote on the budget in June.

7. **STATE OF AFFAIRS IN PUBLIC MENTAL HEALTH**

Lanier Cansler, President of Cansler Collaborative Resources, Inc., and Mary Hooper, Executive Director of NC Council, presented information on public mental health across North Carolina.

Ms. Hooper presented an overview noting the positive impact of LME/MCOs on the cost effectiveness of Medicaid behavioral health. Mr. Cansler discussed activities at the state level including the Department of Health and Human Services (DHHS) and the Legislature’s Medicaid reform plan. Both Ms. Hooper and Mr. Cansler noted that decisions made in the next few months will significantly impact the future of public mental health services in N.C.

Board members discussed the details of the presentation with Mr. Cansler and Ms. Hooper.
**BOARD ACTION**  
The Board accepted the presentation. No further action required.

8. **COMMITTEE REPORTS**  
A. Human Rights Committee Report  
B. Consumer and Family Advisory Committee Report  
C. Executive Committee Report

Chairman Webley mentioned that Board members received committee reports as part of the Board packet. There was no discussion regarding the committee reports.

**BOARD ACTION**  
A Motion was made by Mr. George Quick to accept the committee reports as presented; seconded by Dr. John Griffin. Motion passed.

9. **CONSENT AGENDA**  
A. Draft Board minutes from the April 3, 2014, Board meeting

Chairman Webley stated that Board members received the draft minutes from the April meeting in the Board packet. There was no discussion regarding the consent agenda.

**BOARD ACTION**  
A Motion was made by Dr. George Corvin to approve the consent agenda as presented; seconded by Mr. Christopher Bostock. Motion passed.

10. **BOARD NOMINATIONS FOR CHAIR AND VICE-CHAIR**  
As stated in Alliance’s by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson.

As mentioned at the April Board meeting a Nominations Committee was formed. Dr. George Corvin, Chair of the Nominations Committee, presented recommendations: William Stanford as Chair and Christopher Bostock as Vice-Chair. New officers’ terms start July 1, 2014.

The Board discussed the nominations, current nomination process, and developing a nominations policy.

**BOARD ACTION**  
Chairman Webley requested additional nominations for the Chair and Vice-Chair positions. There being no additional nominations; the nominations were closed. Voting will take place at the June meeting.
11. **VACANT BOARD SEATS – DURHAM AND WAKE COUNTIES**

As noted in the by-laws and Joint Resolution between Cumberland, Durham and Wake counties effective July 8, 2013, the Area Authority is given the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective county boards of commissioners.

Board members discussed the Executive Committee’s recommendation for the Durham county seat and candidates for the Wake county seats.

**BOARD ACTION**

A Motion was made by Mr. George Quick to recommend Curtis Massey to the Durham Board of County Commissioners; seconded by Ms. Cynthia Binanay. Motion passed.

12. **RFP UPDATE**

On September 30, 2013, Alliance released Requests for Proposals (RFPs) for Community Support Team (CST), Intensive In-Home Services (IIH) and Substance Abuse Intensive Outpatient Program (SAIOP). Recommendations for selection of vendors were made at the January 9 and February 6, 2014, Board meetings. Seven providers were approved for six-month Medicaid contracts through June 30, 2014, with further contract extensions being contingent upon successful completion of specific areas identified in the RFP review.

Dr. Carlyle Johnson, Director of Provider Network Development, provided an update on the providers that were selected for six-month contracts and made recommendations for the extension of Medicaid contracts. These recommendations included extending contracts for Intensive In-Home providers: A United Community, B and D Behavioral Health Services, Healing Interventions, Pathways to Life, Quality Care Solutions, Yelverton’s Enrichment Services; Community Support Team providers: A United Community, B and D Behavioral Health Services and Yelverton’s Enrichment Services; and Substance Abuse Intensive Outpatient Program provider: Sigma Health Services.

**BOARD ACTION**

A Motion was made by Mr. George Quick to approve the extension of Medicaid contracts for the seven recommended providers and authorize the CEO to execute the Medicaid contract extensions through December 31, 2014, as presented; seconded by Ms. Cynthia Binanay. Motion passed.

13. **MCO CONSOLIDATION/MEDICAID REFORM UPDATE**

DHHS has presented their Medicaid reform proposal to the General Assembly. The proposal describes their vision to develop a sustainable integrated physical and behavioral health system by adopting Accountable Care Organizations model for physical health and continuing with the MCO model for behavioral health. Another aspect of the plan calls for consolidation of current MCOs to four regional MCOs. This plan is consistent with the work done over the past year between DHHS and MCO Directors through the NC Council.

Robert Robinson, CEO, advised Board members of his recent meetings with Victoria Whitt, CEO, of Sandhills LME/MCO, and the NC Council/MCO Directors’ meeting next Thursday, May 8, 2014.
**BOARD ACTION**
The Board accepted the update; no further action needed.

14. Chairman’s Report
   None

15. Adjournment
   With all business being completed the meeting adjourned at 6:08 p.m.

Next Meeting
Thursday, June 5, 2014
4:00 – 6:00 p.m.

Respectfully submitted:

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: Public Hearing: FY15 Recommended Budget

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
Per General Statute 159-11(b), the fiscal year 2014-2015 recommended budget is submitted for the Board’s approval.

REQUEST FOR AREA BOARD ACTION:
Approve the FY 2014-2015 recommended budget.

CEO RECOMMENDATION:
Approve the FY 2014-2015 recommended budget.

RESOURCE PERSON(S):
Jennifer Ternay, Interim Finance Officer
Robert Robinson, CEO
Alliance Behavioral Healthcare
Annual Budget
FY2014 - 2015

Board of Directors

Lascel Webley, Jr., Chair (Durham)

William Stanford, Vice Chair (Wake)

Durham County             Wake County
Cynthia Binanay             Ann Akland
Phillip Golden             George Corvin, MD
Commissioner Michael Page  Jim Edgerton
George Quick               Commissioner Caroline Sullivan
Amelia Thorpe              Scott Taylor

Cumberland County         Johnston County
James Griffin, Ed.D         Vicki Shore

Chris Bostock
Commissioner Kenneth Edge
Lodies Gloston

Rob Robinson, CEO
<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reader's Guide</td>
<td>1</td>
</tr>
<tr>
<td>Message to Board</td>
<td>3</td>
</tr>
<tr>
<td>Summary of Changes</td>
<td>4</td>
</tr>
<tr>
<td>Agency Demographics</td>
<td>5</td>
</tr>
<tr>
<td>General Fund Revenues</td>
<td>6</td>
</tr>
<tr>
<td>General Fund Expenditures</td>
<td>8</td>
</tr>
<tr>
<td>Budget Comparison</td>
<td>10</td>
</tr>
<tr>
<td>Full-Time Equivalent Listing</td>
<td>11</td>
</tr>
<tr>
<td>Budget Ordinance</td>
<td>20</td>
</tr>
<tr>
<td>Budget and Amendment Process</td>
<td>22</td>
</tr>
<tr>
<td>FY 2014 - 2015 Budget Calendar</td>
<td>23</td>
</tr>
<tr>
<td>Glossary Terms</td>
<td>24</td>
</tr>
</tbody>
</table>
READER'S GUIDE

FY 2014 - 2015 is the third annual budget presented for Alliance Behavioral Healthcare. This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2014 - 2015 for Alliance Behavioral Healthcare (Alliance) administrative and service operations covering Durham, Wake, Cumberland and Johnston counties. The budget year begins July 1, 2014 and ends June 30, 2015. The document will show how the funds are allocated and how they will be spent.

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

Revenues of the General Fund are categorized in the following manner:

LME Allocation
Funds related to the administration of Local Management Entity functions.

Medicaid Administration
Alliance Behavioral Healthcare began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the administration dollars allocated under a contract with the NC Division of Medical Assistance. The funds are allocated based on a per member per month basis. The members per month budgeted is based on history thus far and projections.

Medicaid Services
Alliance Behavioral Healthcare began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance to provide services to Medicaid enrollees of Durham, Wake, Cumberland, and Johnston counties.

Integrated Payment and Reporting System (IPRS)
These funds represent state allocated dollars for Durham, Wake, Cumberland, and Johnston communities to provide services for citizens with mental health, intellectual/developmental disabilities and substance abuse needs.

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

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

Expenditures of the General Fund are categorized in the following manner:

Administration
Personnel expenditures, such as salaries and benefits, and expenditures that relate to the daily operations such as supplies, telephone, travel, etc.
Services
This category refers to the funds allocated for services to Medicaid and non-Medicaid (IPRS/county eligible) citizens with mental health, intellectual/developmental disabilities, and substance abuse needs.

Grant Funded
Grant funds are those that are specified for a particular project or program and in the case of Alliance Behavioral Healthcare, were allocated by the Federal government.

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

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

This document was prepared by Alliance Behavioral Healthcare Business Operations and is available online at www.alliancebhc.org. If further information is needed, please contact Sara Pacholke, Finance Director at 4600 Emperor Blvd, Durham, North Carolina 27703 or by email at spacholke@alliancebhc.org.
June 5, 2014

Alliance Board Members,

On behalf of the entire organization I thank each of you for your expertise, guidance and support during the past eventful year. As we've said so often, we are most fortunate to have such a dedicated and capable group of Board members.

I am pleased to present to you the Fiscal Year 2015 approved budget. As required by the Local Government Budget and Fiscal Control Act G.S. 159-13(a), a budget is to be approved no later than July 1. No changes have been made since the recommended budget was presented to you on May 1, 2014.

Alliance leadership views this budget as a critical and strategic investment in our ongoing effort to build North Carolina’s most fiscally-stable, clinically-sound behavioral health managed care organization. It represents an investment designed to strengthen and enhance the key resources and infrastructures that will place Alliance in the strongest possible position as we enter our state’s environment of MCO consolidation. And most significantly, it is designed to provide the innovative, effective services and supports that help ensure effective pathways to recovery and self-determination for the individuals we serve.

If I may echo the closing statement from last year’s budget proposal, our commitment is to work even harder and smarter, and to always be directed by best interests of the people for whom we are working.

We look forward to working closely with you all during this budget process.

Best Regards,

Rob Robinson
Chief Executive Officer
SUMMARY OF CHANGES

This section is provided to help the reader understand the changes that occurred from the FY15 Recommended Budget presented on May 1, 2014 and the Approved Budget in this document.

No changes have been made.
### Alliance Regional Population Data

<table>
<thead>
<tr>
<th></th>
<th>Population*</th>
<th>Medicaid Eligibles</th>
<th>Medicaid Eligibles % of Population</th>
<th>Medicaid Served**</th>
<th>IPRS Served</th>
<th>Total Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>324,049</td>
<td>57,135</td>
<td>17.6%</td>
<td>9,230</td>
<td>2,927</td>
<td>12,157</td>
</tr>
<tr>
<td>Durham</td>
<td>279,641</td>
<td>41,432</td>
<td>14.8%</td>
<td>8,522</td>
<td>4,501</td>
<td>13,023</td>
</tr>
<tr>
<td>Johnston</td>
<td>174,938</td>
<td>28,069</td>
<td>16.0%</td>
<td>5,078</td>
<td>2,076</td>
<td>7,154</td>
</tr>
<tr>
<td>Wake</td>
<td>952,151</td>
<td>84,286</td>
<td>8.9%</td>
<td>15,926</td>
<td>8,832</td>
<td>24,758</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,730,779</strong></td>
<td><strong>210,922</strong></td>
<td><strong>14.3%</strong></td>
<td><strong>38,756</strong></td>
<td><strong>18,336</strong></td>
<td><strong>57,092</strong></td>
</tr>
</tbody>
</table>

* 2012 Statistics, US Census Bureau  
**Based on claims February through September 2013 (projected for a 12 month period)

### Persons Served by Age and Disability (from State Report Q2FY14) Based on Claims Paid by Medicaid and IPRS

#### Child/Youth

<table>
<thead>
<tr>
<th></th>
<th>Mental Health</th>
<th>SA</th>
<th>I/DD</th>
<th>Total All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>2,545</td>
<td>63</td>
<td>61</td>
<td>2,669</td>
</tr>
<tr>
<td>Durham</td>
<td>1,852</td>
<td>29</td>
<td>51</td>
<td>1,932</td>
</tr>
<tr>
<td>Johnston</td>
<td>1,079</td>
<td>6</td>
<td>32</td>
<td>1,117</td>
</tr>
<tr>
<td>Wake</td>
<td>4,079</td>
<td>54</td>
<td>177</td>
<td>4,310</td>
</tr>
<tr>
<td><strong>Total Child/Youth</strong></td>
<td><strong>9,555</strong></td>
<td><strong>152</strong></td>
<td><strong>321</strong></td>
<td><strong>10,028</strong></td>
</tr>
</tbody>
</table>

#### Adult

<table>
<thead>
<tr>
<th></th>
<th>Mental Health</th>
<th>SA</th>
<th>I/DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>5,336</td>
<td>532</td>
<td>699</td>
</tr>
<tr>
<td>Durham</td>
<td>4,370</td>
<td>822</td>
<td>720</td>
</tr>
<tr>
<td>Johnston</td>
<td>2,550</td>
<td>458</td>
<td>264</td>
</tr>
<tr>
<td>Wake</td>
<td>7,462</td>
<td>496</td>
<td>1484</td>
</tr>
<tr>
<td><strong>Total Adult</strong></td>
<td><strong>19,718</strong></td>
<td><strong>2,308</strong></td>
<td><strong>3,167</strong></td>
</tr>
</tbody>
</table>

*Based on claims February through September 2013 (projected for a 12 month period)

### Alliance Behavioral Healthcare Providers 2013

#### All Credentialed

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies</td>
<td>437</td>
</tr>
<tr>
<td>Hospitals</td>
<td>19</td>
</tr>
<tr>
<td>LIPs</td>
<td>411</td>
</tr>
<tr>
<td>LIP Solo</td>
<td>271</td>
</tr>
<tr>
<td>LP Only</td>
<td>1,294</td>
</tr>
<tr>
<td>PRTF</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2445</strong></td>
</tr>
</tbody>
</table>

* 972 Fully Executed Contracts
General Fund Revenues
FY 2014-2015 Recommended Budget
Total General Fund Revenue: $444,364,566

Medicaid Services 71.23%
County 8.15%
Administration 10.31%
State Services 10.31%
### GENERAL FUND REVENUES
**FY2014-2015 Approved Budget**

**Total General Fund Revenues: $444,364,566**

<table>
<thead>
<tr>
<th>Department</th>
<th>State</th>
<th>Federal</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>LME Allocation</td>
<td>$4,588,482</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Administration</td>
<td>$41,129,741</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$316,520,179</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$11,019,864</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Block Grant</td>
<td>$1,381,554</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$6,661,442</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wake IPRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$16,697,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$3,989,825</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$24,762,558</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumberland IPRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$7,144,582</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$1,106,372</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$4,800,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnston IPRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$4,077,266</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$385,124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$444,364,566</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General Fund Expenditures
FY 2014-2015 Recommended Budget
Total General Fund Expenditures: **$444,364,566**

- Administrative: 10.31%
- Services: 89.69%
GENERAL FUND EXPENDITURES
FY2014-2015 Approved Budget

Total General Fund Expenditures: $444,364,566

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>$45,818,223</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$316,520,179</td>
</tr>
<tr>
<td>State Services</td>
<td>$45,802,164</td>
</tr>
<tr>
<td>Local Services</td>
<td>$36,224,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$444,364,566</strong></td>
</tr>
<tr>
<td></td>
<td>FY14 Original</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>LME Allocation</td>
<td>$4,538,540</td>
</tr>
<tr>
<td>Medicaid Administration</td>
<td>$31,356,480</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$307,626,720</td>
</tr>
<tr>
<td>Medicaid Pass Through</td>
<td>$500,000</td>
</tr>
<tr>
<td>Alliance IPRS</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Durham IPRS</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$11,728,971</td>
</tr>
<tr>
<td>Federal</td>
<td>$1,459,014</td>
</tr>
<tr>
<td>County</td>
<td>$6,875,382</td>
</tr>
<tr>
<td>Wake IPRS</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$16,499,270</td>
</tr>
<tr>
<td>Federal</td>
<td>$3,696,966</td>
</tr>
<tr>
<td>County</td>
<td>$25,202,558</td>
</tr>
<tr>
<td>Cumberland IPRS</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$6,307,639</td>
</tr>
<tr>
<td>Federal</td>
<td>$952,797</td>
</tr>
<tr>
<td>County</td>
<td>$4,800,000</td>
</tr>
<tr>
<td>Johnston IPRS</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$3,285,287</td>
</tr>
<tr>
<td>Federal</td>
<td>$295,017</td>
</tr>
<tr>
<td>Implementation Funds</td>
<td></td>
</tr>
<tr>
<td>HUD Grant</td>
<td>$116,112</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$425,265,753</strong></td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Administration</td>
<td>Durham</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Wake</td>
</tr>
<tr>
<td>Administration</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Administration</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Administration</td>
<td>Durham</td>
</tr>
<tr>
<td>Administration</td>
<td>Wake</td>
</tr>
<tr>
<td>Administration</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
</tr>
<tr>
<td><strong>Administration Total</strong></td>
<td></td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td><strong>Business Operations Total</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Raleigh</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Corporate</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Durham</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Total</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
</tr>
<tr>
<td>Program Dev. &amp; Eval</td>
<td></td>
</tr>
</tbody>
</table>

| SAMHSA              | Durham       | BECOMING Project Coordinator          | 1        |
| SAMHSA              | Durham       | Cultural and Linguistic Competence Coordinator | 1 |
| SAMHSA              | Durham       | Family Partner Coordinator            | 1        |
| SAMHSA              | Durham       | MH/SA Care Coordinator                | 1        |
| SAMHSA              | Durham       | MH/SA Care Coordinator                | 1        |
| SAMHSA              | Durham       | Social Marketing Coordinator          | 1        |
| SAMHSA              | Durham       | Technical Assistance Coordinator      | 1        |
| SAMHSA              | Durham       | Youth Coordinator                     | 1        |
| SAMHSA              | Durham       | Youth Resource Specialist             | 1        |
| SAMHSA              | Durham       | Youth Resource Specialist             | 1        |
| SAMHSA              | Durham       | Youth Resource Specialist             | 1        |
| SAMHSA Total        |              | **Total**                             | **11**   |

| Grand Total         |              | **Total**                             | **361**   |

| By Site             |              |                                      |          |
| Corporate           |              | **Total**                             | **199**   |
| Cumberland          |              | **Total**                             | **42**    |
### Alliance Position Listing

<table>
<thead>
<tr>
<th>Department</th>
<th>Location</th>
<th>Position Title</th>
<th># of FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durham</td>
<td></td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>Wake</td>
<td></td>
<td></td>
<td>74</td>
</tr>
<tr>
<td><strong>Site Total</strong></td>
<td></td>
<td></td>
<td><strong>361</strong></td>
</tr>
</tbody>
</table>

#### Priority Positions for FY15

<table>
<thead>
<tr>
<th>Department</th>
<th>Location</th>
<th>Position Title</th>
<th># of FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Corporate</td>
<td>HR Business Partner</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
<td>Investigator I</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
<td>Investigator I</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>Corporate</td>
<td>Strategic Advisor</td>
<td>1</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
<td>Accounts Payable Clerk</td>
<td>1</td>
</tr>
<tr>
<td>Business Operations</td>
<td>Corporate</td>
<td>Claims Auditor</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
<td>Administrative Assistant</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
<td>Administrative Assistant</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Corporate</td>
<td>I/DD Access Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
<td>MH/SA Care Coordinator</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Wake</td>
<td>I/DD Care Coordinator</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Operations</td>
<td>Durham</td>
<td>I/DD Care Coordinator</td>
<td>2</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Wake</td>
<td>Community Relations Specialist-Court Liaison</td>
<td>1</td>
</tr>
<tr>
<td>IT</td>
<td>Corporate</td>
<td>Helpdesk Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>IT</td>
<td>Corporate</td>
<td>Technology Support Analyst</td>
<td>1</td>
</tr>
<tr>
<td>Network Dev. &amp; Eval</td>
<td>Corporate</td>
<td>Quality Assurance Analyst</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Positions</strong></td>
<td></td>
<td></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>
WHEREAS, the proposed budget for FY 2014 - 2015 was submitted to the Alliance Behavioral Healthcare Area Board on May 1, 2014 by the Budget Officer;

WHEREAS, on June 5, 2014, the Alliance Behavioral Healthcare Area Board held a public hearing pursuant to NC G.S. 159-12;

WHEREAS, on June 5, 2014, the Alliance Behavioral Healthcare Area Board adopted a budget ordinance making appropriations in such sums that the Board considers sufficient and proper in accordance with G.S. 159-13;

BE IT ORDAINED by the Alliance Behavioral Healthcare Area Board that for the purpose of operations for the Cumberland, Durham, Johnston and Wake LME/MCO, for the fiscal year beginning July 1, 2014 and ending June 30, 2015, there are hereby appropriated by the following function:
### Section 1: General Fund Appropriations

<table>
<thead>
<tr>
<th>Services</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>$45,818,223</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$316,520,179</td>
</tr>
<tr>
<td>State Services</td>
<td>$45,802,164</td>
</tr>
<tr>
<td>Local Services</td>
<td>$36,224,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$444,364,566</strong></td>
</tr>
</tbody>
</table>

### Section 2: General Fund Revenue

<table>
<thead>
<tr>
<th>Services</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LME Administration</td>
<td>$45,818,223</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$316,520,179</td>
</tr>
<tr>
<td>State</td>
<td>$45,802,164</td>
</tr>
<tr>
<td>Local</td>
<td>$36,224,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$444,364,566</strong></td>
</tr>
</tbody>
</table>

### Section 3: Authorities

A. The LME/MCO Board authorizes the Budget Officer to transfer within an appropriation up to 15% cumulatively without report to the Board.

B. The LME/MCO Board authorizes the Budget Officer to transfer up to $20,000 between appropriations with a report to the Board at the subsequent meeting.

C. The CEO may:
   1. Form and execute grant agreements within budgeted appropriations.
   2. Execute leases for normal and routine business within budgeted appropriations.
   3. Enter into consultant, professional, maintenance, or other service agreements within budgeted appropriations.
   4. Approve renewals for service and maintenance of contracts and leases.
Budget and Amendment Process

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

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

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

Budget Process
FY 2014-2015 is the third recommended budget representing Alliance Behavioral Healthcare as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY14 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on actual lives thus far and projections into the next fiscal year. Alliance will review the need for a budget amendment in the first quarter of FY15 if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on teh claims trends and information from staff. The FY14 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

Amendment Process
The budget ordinance is approved at a function/appropriation level. The Budget Officer is authorized to transfer budget amounts within a function up to 15% cumulatively without reporting to the Board. The Budget Officer is authorized to transfer budget amounts between functions up to $20,000 with an official report of such transfer being noted at the next regular Board meeting.

Per G.S. 159-15, the governing board may amend the budget ordinance at any time after the ordinance's adoption in any manner, so long as the ordinance, as amended, continues to satisfy the requirements of G.S. 159-8 and 159-13.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, May 1, 2014</td>
<td>FY 2014-2015 recommended budget presented at LME/MCO Board meeting</td>
</tr>
<tr>
<td>Thursday, June 5, 2014</td>
<td>Public Hearing</td>
</tr>
<tr>
<td>By Friday, June 27, 2014</td>
<td>LME/MCO Board adoption of FY 14-15 Budget Ordinance</td>
</tr>
<tr>
<td>Tuesday, July 1, 2014</td>
<td>Budget is available in the General Ledger system</td>
</tr>
</tbody>
</table>

**FY 2014 - 2015 Budget Calendar**
IPRS Integrated Payment and Reporting System, the NC Division of MH/DD/SAS developed system to replace three former systems for claims processing. The IPRS was built on the existing Medicaid management information system (MMIS) which currently processes Medicaid claims. IPRS is often used as a term in describing the indigent funding and/or population.

LME Per G.S. 122C-3(20b), Local Management Entity or LME means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.

MCO Managed Care Organization; LMEs that have adopted the financial risk and service review functions of the 1915(b) and 1915(c) waivers. LME-MCOs carry out the function of an LME and also act as health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of providers, physicians and hospitals.

Medicaid Waiver States can submit applications to the federal Centers for Medicare and Medicaid Services, asking to be exempt from certain requirements. If granted a “1915(b)” waiver, a state can limit the number of providers allowed to serve consumers, easing the state’s administrative burden and saving money. If granted a “1915(c)” waiver, a state can offer more services focused on helping an intellectually or developmentally disabled consumer continue living in his or her home, rather than a group home.
ITEM: Vacant Board Seat – Wake County

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
As noted in the by-laws and Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013, the Area Authority is given the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective boards of county commissioners.

1. Area Board membership may consist of the following:
   a) Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse.
   b) CFAC member
   c) An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.
   d) Individual with financial expertise
   e) Individual with provider experience in a managed care environment.

2. The Area Board shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board.

3. No individual who contracts with the Area Authority for the delivery of mental health, intellectual/developmental disabilities, or substance abuse services may serve on the Area Board during the period in which the contract for services is in effect.

REQUEST FOR AREA BOARD ACTION:
Discuss the vacant Wake county seat.

CEO RECOMMENDATION:
Discuss the vacant Wake county seat.

RESOURCE PERSON(S):
Robert Robinson, CEO
ITEM: State and Medicaid Services Available to Consumers on the Registry of Unmet Needs Training and Overview

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
Alliance is charged with administering the Medicaid C (Innovations) waiver along with IPRS/state funded and Medicaid services for the I/DD population in our catchment area. The number of slots that can be allocated under NC Innovations is limited but there are other resources that are available to these individuals or for those that have an I/DD diagnosis but do not meet ICF Level of Care. The training will provide a general overview of services covered by State funds and Medicaid for the I/DD population.

REQUEST FOR AREA BOARD ACTION:
Accept the training as presented.

CEO RECOMMENDATION:
Accept the training as presented.

RESOURCE PERSON(S):
Andrea Kinnaugh, IDD UM Manager
Services for Individuals with Intellectual and Developmental Disabilities

Access to I/DD Services

A New Multi-County Area Authority Merging The Durham Center and Wake LME
Eligibility for I/DD Services

- Must meet the state definition of a Developmental Disability
  - Lifelong disabling condition
  - Present prior to age 22 (unless a Traumatic Brain Injury)
  - Expected to continue indefinitely
  - Results in substantial functional limitations in at least 3 areas of the person’s life

- Most common are
  - Intellectual Disability (IQ < 70)
  - Autism
  - Cerebral Palsy
  - Traumatic Brain Injury

- For State Funded Services, income must be at or below 300% poverty
Access to Care

- Contact I/DD Access Department
- Eligibility Determination; if potentially eligible

- Registry of Unmet Needs

- ICF Level of Care Determination; if eligible
- Assignment of Innovations Slot
Innovations is 1 of 4 Funding Options

1. State Funding (IPRS)
2. Medicaid (Health Insurance)
3. NC Innovations (formerly CAPIDD)
4. Fee for Service/Private Pay
Non-Waiver I/DD Services

**Medicaid Funded**
- Community Guide
- Personal Care (not managed by MCO)

**State (IPRS) Funded**
- Developmental Therapy (Skill Development)
- Personal Assistance
- Vocational/Day Activity

**Medicaid or State Funded**
- Residential services
- Respite Care
Medicaid Funded

- Medicaid State Plan
  - Behavioral Health Services
  - Durable Medical Equipment (not managed by MCO)

- B3 Services
  - Community Guide
  - Respite
  - Supported Employment/ Long Term Vocational
  - Access to Innovations Services*
    - This is only available to those that have already been determined ICF Level of Care, there is not a MFP or DI slot to offer and the funding is available to meet their needs

- Other Waivers- CAP-C and CAP DA (not managed by MCO)
State Funded/ IPRS

- **Adult Developmental Vocational Program**: The Service provides organized activities to prepare the individual to work and live independently. This service focuses on adult education, prevocational skills, and independent living skills.

- **Day Activity**: A group based service used to support the individual’s independence, promote social skills, physical and emotional wellbeing. In some cases this is used as a before or afterschool activity.

- **Developmental Day**: A service provided in licensed facility for children to promote skill development in areas such as fine and gross motor, communication, and social skills. This service may be utilized during summer or school breaks.
State Funded/ IPRS

- **Community Connection**: An alternative service definition that assists families with education regarding IDD services, behavior supports, and community resources prior to and after IDD eligibility has been determined.

- **Development Therapy - Professional and Paraprofessional**: Individually designed to support the skill acquisition that the individual has not gained through the developmental stages and that will most likely not gain without additional training and supports. The main focus is on ADLs, socialization, and independent living skills.

- **Personal Assistance**: This service provides assistance in skill development, personal and living activities at the recipients home, and out in the community. This service focuses on maintaining the person in the least restrictive environment.

- **Facility Based Crisis Services**: An intense, short term service to be utilized as an alternative to hospitalization.
State Funded/ IPRS

- **Community Respite**: This is a short term, out of home respite service intended to provide temporary relief for caregivers.

- **Hourly Respite**: This service is a non-treatment service intended to provide temporary relief for caregivers.

- **Supported Employment**: This service is to assist an individual in obtaining and maintaining a job in the community.

- **Supported Employment- Long Term Vocational**: The service is intended to be used after completing the Vocational Rehabilitation program to maintain the individual’s current job placement.
Residential Services:

- **Group Living Low**: The service is intended to be provided in a home-like environment for up to 5 individuals with skill training around ADLs and leisure activities.

- **Group Living Moderate**: The service is intended to be provided in a home-like environment for individuals with more intense needs with a focus on skill training around ADLs and leisure activities.

- **Supervised Living 1-6**: The service is a residential service that provides access to 24 hour supervision. There is a focus on the individual establishing meaningful day activities and enhance social roles.

- **Supervised Living-Low**: Primarily provided to those that live in an apartment setting that may include some rental assistance and periodic care to help the individual maintain living in the community.
Questions?

Andrea Kinnaugh
I/DD Utilization Management Manager
919-651-8422
akinnaugh@alliancebhc.org

Thank You!
ITEM: Military/Veterans Point of Contact Briefing

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
The NC General Assembly has enacted legislation to ensure that members of the active and reserve components of the Armed Forces, veterans and their family members have access to state-funded services, through LME/MCOs, when they are not eligible for federal funded mental health or substance abuse services. Our designated Military/Veterans Point of Contact will provide information regarding compliance to the law.

REQUEST FOR AREA BOARD ACTION:
Accept the training as presented.

CEO RECOMMENDATION:
Accept the training as presented.

RESOURCE PERSON(S):
Hank Debnam, MPH, Cumberland Site Director
Military Liaison/
Veterans Point of Contact Briefing

June 5, 2014

Serving Durham, Wake, Cumberland and Johnston Counties
Legislative Mandates

• NC Senate Bill 597: Behavioral Health Services for Military
  o Enacted to ensure the behavioral health needs of members of the military, veterans, and their families are met

• Session Law 2011-185 and Section 6, NCGS 122C-115.4
  o Requires each LME/MCO to have a Veteran Coordinator (Veteran Point of Contact, or VPOC)
Strengths

• Significant local military presence
  o Fort Bragg military installations
  o Reserve Command and local units
  o NC National Guard
  o Two VA Medical Centers

• Estimated 134,412 veterans in Alliance region
  o Wake - 58,503
  o Cumberland - 46,114
  o Durham - 16,011
  o Johnston - 13,784
Strengths

• State stakeholders
  o NC Governor’s Institute
  o NC Focus on Service Members, Veterans and Families
  o NC DHHS and Division of MH/DD/SAS
  o NC Division of Veteran Affairs

• Local stakeholders
  o Veteran Service Officers
  o Veteran (Vet) Center
  o Military installations (Active, Reserve, National Guard)
Monthly Collaboration

• Bragg Region Behavioral Healthcare Collaborative (BRBHC)
  - Multi-county collaborative developed to ensure that service members, veterans, and their families do not fall through the cracks and have access to behavioral healthcare

• Community Blueprint
  - Group of civic minded individuals that support service members, veterans and family members
BRCHC Goals

• Secure MOAs between government, state, community, formal and informal support systems
  o Language consistent with SB 597 and Session Law

• Identify 100% of service members, veterans, and families through initial access to services

• Provide military culture training to secondary and post-secondary school counselors and social workers
FY13 LME Veterans Admissions

<table>
<thead>
<tr>
<th></th>
<th>Alliance</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>148</td>
<td>1588</td>
</tr>
</tbody>
</table>

Serving Durham, Wake, Cumberland and Johnston Counties
Opportunities

• Embrace the BRCHC mission and vision
  o Ensure that service members, veterans and their families have access to a seamless community-based behavioral healthcare system

• Support the goals of BRCHC
  o Train and educate staff and Provider Network on the unique needs of service members, veterans and their families
  o Improve Access and Information Center tracking of contacts with SMVF attempting to access care
Opportunities

• Engage and partner with military treatment facilities and VA care facilities to raise awareness of the needs of SMVF

• Support and implement activities within the Alliance region that promote greater access to care to fill service gaps
ITEM: MCO Consolidation/Medicaid Reform Update

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
The Department of Health and Human Services presented their Medicaid reform proposal to the General Assembly that describes their vision for the future which includes adopting Accountable Care Organizations model on the physical health side and continuing with the MCO model on the behavioral health side. The plan calls for consolidation of current MCOs to four, with Alliance being partnered with Sandhills LME/MCO. An additional focus of the plan is developing a sustainable integrated physical and behavioral health system. This plan is consistent with the work done over the past year between DHHS and MCO Directors through the NC Council. The Medicaid Reform proposal has been submitted by DHHS to the legislators during the short session for their review and approval. Robert Robinson, CEO, will present updates of the plan to the board.

REQUEST FOR BOARD ACTION:
Accept the update as presented.

CEO RECOMMENDATION:
Accept the update as presented.

RESOURCE PERSON(S):
Robert Robinson, CEO
ITEM: Mercer Review Update

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
Alliance hosted the Intradepartmental Monitoring Team (IMT) from DMA and DMH and Mercer on Thursday and Friday, May 8 & 9, 2014, for the annual onsite review required by the DMA contract. This visit was postponed from February due to severe weather. While a written report will be forthcoming, Ms. Graham will provide some overall comments and feedback from the de briefing held with Executive Leadership on May 9th.

REQUEST FOR AREA BOARD ACTION:
Accept the update as presented.

CEO RECOMMENDATION:
Accept the update as presented.

RESOURCE PERSON(S):
Amanda Graham, MS, LPC, Alliance Chief of Staff
ITEM: Litigation Update

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
Alliance continues to be involved in approximately 8 cases in which providers have appealed to the Office of Administrative Hearings as a result of not being chosen in the RFP process. An update will be provided on the status of these hearings.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Carol Hammett, General Counsel
ITEM: Vote for Board Officers: Chairperson and Vice-Chairperson

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson.

- With the exception of the position of Executive Secretary (which shall be filled by the Area Director/CEO), no officer shall serve in a particular office for more than two consecutive terms.
- Duties of officers shall be as follows:
  - Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint and be an ex-officio member of all Area Board committees.
  - Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
  - Executive Secretary – The Area Director/CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director/CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director/CEO shall:
    - Send Area Board packets of information.
    - Maintain a true and accurate account of all proceedings at Area Board meetings.
    - Maintain custody of Area Board minutes and other records.
    - Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.
- The annual meeting for the election of officers shall be the final meeting of each fiscal year.

A Nominations Committee was formed and is recommending Bill Stanford as Chairperson and Christopher Bostock as Vice-Chairperson. If elected terms would begin July 1, 2014.

REQUEST FOR AREA BOARD ACTION:
Vote for Chair and Vice-Chair officers.

CEO RECOMMENDATION:
Vote for Chair and Vice-Chair officers.

RESOURCE PERSON(S):
Robert Robinson, CEO
ITEM: Proposal to Cancel the July 3, 2014, Board Meeting

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
As stated in Article III Sections A and D of the Board by-laws, regular meetings of the Area Board shall be held at least six times each year at a location and time designated by the Area Board. All meetings of the Area Board shall be conducted in accordance with provisions set forth in the Open Meetings Act. The Board currently holds its regularly scheduled meetings on the first Thursday of each month.

The matter is placed before the Board for a vote on whether the Board would like to cancel the July 2014 regularly scheduled meeting. If canceled, the proper notice shall be published by the Executive Secretary of the Board.

REQUEST FOR AREA BOARD ACTION:
Vote to cancel the July 3, 2014, Board meeting.

CEO RECOMMENDATION:
Support the recommendation of the Board Chair for a vote to cancel the July 3, 2014, Board meeting.

RESOURCE PERSON(S):
Robert Robinson, CEO
ITEM: Annual Review of Board Policies: Human Resources

DATE OF BOARD MEETING: June 5, 2014

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. Below is a list of policies reviewed, divided into two categories – policies reviewed which require no revisions and policies reviewed which require minor revisions of the policies.

Policies reviewed and ready for Board approval without revisions:
- Alcohol and Drug Free Workplace
- Classification and Compensation
- Clinical Staff Credentialing
- Conditions of Employment
- Disciplinary Action
- Employee Appointment
- Employee Benefits
- Employee Complaint
- Employee Grievance
- Employee Time and Attendance
- Equal Employment Opportunity Affirmative Action
- Family and Medical Leave Act
- Performance Management
- Reduction in Force
- Separation
- Sexual Harassment

Policies reviewed with revisions:
- Leave
- Recruitment and Selection

REQUEST FOR AREA BOARD ACTION:
As part of the Annual Review process, approve the above policies for continued use.

AREA DIRECTOR RECOMMENDATION:
Approve the reviewed and revised policies for continued use.

RESOURCE PERSON(S):
Jim Edgerton, Chair, Policy Committee
Monica Portugal, Corporate Compliance Officer
AREA BOARD
POLICIES AND PROCEDURES

SUBJECT: Sexual Harassment
LINES OF BUSINESS: Human Resources
RESPONSIBILITY: Area Board
Area Director

NUMBER: HR-9
URAC: CORE, v. 3.0, Standard 4
REFERENCE: Title VII of the Civil Rights Act of 1964 NC G.S. 126-16

APPROVAL DATE: 5/3/2012
LATEST REVISION DATE:
LATEST REVIEW DATE: 5/28/2013
APPROVAL AUTHORITY:
Chairperson, Area Board

I. PURPOSE

The Area Board believes that all employees are entitled to work in an environment that is free of sexual harassment. To this end, the Board shall establish policy to govern the behavior of all its employees, consultants, contractors, vendors, and suppliers regarding the prohibition of sexual harassment.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to provide a work environment that is free of sexual harassment. For purposes of this policy, sexual harassment is defined as deliberate, unsolicited and unwelcomed verbal or physical conduct of a sexual nature or with sexual implications which:

i. Has or may have a direct bearing on a selection decision;
ii. creates an offensive, intimidating, or hostile work environment;
iii. interferes with a person’s job or job seeking performance.

Sexual harassment is herein deemed a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964 and NC GS 126-16.

In furtherance of this policy, the Area Board prohibits retaliatory action of any kind taken by any employee of Alliance Behavioral Healthcare against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a sexual harassment complaint charge.

III. PROCEDURES

All complaints of sexual harassment shall be promptly and thoroughly investigated. The Area Director shall develop procedures for handling sexual harassment complaints.
I. PURPOSE

The purpose of this policy is to provide guidelines for separation of employment with Alliance Behavioral Healthcare.

II. DEFINITIONS

Voluntary Termination: Separation is initiated by the employee. Examples include; resignation, retirement, and voluntary resignation.

Involuntary Termination: Separation occurs when the separation is not initiated by the employee. Examples include; appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave.

III. POLICY STATEMENT

Separation from employment may result from either voluntary or involuntary termination.

An employee is considered to have resigned in "good standing" if he/she provides written notice within at least fourteen calendar days of his/her separation date. Failure to give fourteen calendar days’ written notice may be cause for denial of consideration for reemployment, and the employee may be deemed to have resigned 'not in good standing'. Unauthorized absences from work for a period of three or more days may be considered a voluntary resignation. The Area Director has the prerogative to fix the time and conditions of employment separation.

Regular employees who separate from Alliance and return within 30 calendar days will be reinstated with no break in service.

A. Requirements

The employee must return any Alliance Behavioral Healthcare property to his/her immediate supervisor. The employee’s effective date of separation from employment shall be the last day he/she will be actively at work while in attendance at his/her workstation. This date may not be extended to include accrued leaves. Failure to return Alliance Behavioral Healthcare property and follow separation procedures will result in an employee’s record reflecting that they did not leave in good standing.

Prior to separation from Alliance Behavioral Healthcare, the employee will be requested to complete an exit interview form and exit interview with the Area Director or designee.
B. Separation Pay

1. Final Payment
   Upon separation, employees will receive a final paycheck issued on the regularly scheduled pay day for the pay period when the last work day occurs.
I. PURPOSE

The purpose of this policy is to provide systematic guidelines and procedures for executing reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

II. POLICY STATEMENT

Alliance Behavioral Healthcare will make every effort to consider all feasible alternatives to involuntary separation of employees through reduction-in-force (RIF). Factors that will be considered in determining which employee(s) will be separated include: (1) applicable laws and regulations; (2) impact on overall program objectives; (3) departmental organization structure; (4) funding sources and budgetary guidelines; (5) possible re-distribution of staff and other resources; (6) appointment type (regular, provisional, probationary, temporary, emergency, seasonal); (7) seniority; and (8) employee job performance.

III. PROCEDURES

This policy covers all regular, probationary and provisional employees. Employees occupying grant-funded (provisional) positions may have to follow additional separation procedural requirements or constraints which may not be consistent with this procedure.

A. Notice Requirements

The Area Director will present the circumstances of an impending RIF to the Area Board for approval. This notification should be in the form of a proposed reduction plan, which will document the reason(s) for the reduction in the workforce; the effective date of the reduction; the proposed course of action and associated factors considered; the specific classifications of positions scheduled for reallocation, reassignment and/or abolishment, along with before and after RIF organization charts.

When the reduction plan will result in the probable separation of employees, the layoff unit will be designated on a case-by-case basis. Generally, the layoff unit will be the smallest functional area in the organization possible, as long as the affected position classifications are contained within the designated unit. The Area Director and the Human Resources Director jointly will:

1. Designate the layoff unit and determine the affected employees.

2. Give written notice to all employees within the layoff unit at the earliest opportunity (at least 30 days prior to the effective date of the RIF). The notice will include the reason for the reduction, the projected effective date, and a copy of Alliance’s reduction-in-force administrative procedure. Employees will be required to acknowledge receipt of the notice in writing.

3. Concurrently or subsequently, the appropriate department management, with the Director of Human
Resources, shall meet with the RIF employees to review the reduction plan and to discuss mutual rights and responsibilities under the RIF Administrative Procedure.

B. Reduction/Separation Plan

1. Employees’ appointment types may not be changed (i.e., probationary, provisional, temporary, etc., to regular) after written notification of the reduction-in-force is presented for approval.

2. A regular employee whose position is scheduled for elimination may be placed in an existing vacant position or position held by a non-regular employee within the layoff unit prior to the effective date of the reduction-in-force, provided the employee possesses the necessary qualifications. Emergency, temporary, trainee, work against, and probationary employees, in that order, would be displaced by regular employees in the same classification. After the employee receives formal, written notice of the scheduled separation and has submitted a completed employment application to the Human Resources Department, the employee will receive priority employment consideration.

The placement of regular RIF employees into available positions within the layoff unit is based on a systematic assessment involving:
(a) Length of service,
(b) Length of time in the position,
(c) The employees’ most recent performance appraisal on record, and
(d) Any formal disciplinary actions within the previous twelve months prior to the effective date of the reduction-in-force.

The salary of the employee, who is reassigned to a position as the result of a reduction-in-force, shall be as close as possible to the salary level previously attained by the employee. This will be subject to the availability of funds, but limited to the maximum of the salary range to which the employee is assigned.

3. RIF employees transferring into positions prior to the effective date of the reduction-in-force shall retain their old anniversary dates for purposes of performance evaluations.

4. Upon separation, RIF employees shall be paid for accrued vacation leave up to the maximum hours.

C. Re-employment Rights

Alliance Behavioral Healthcare will refer employment applications for all separated regular RIF employees to hiring supervisors for all job opportunities for which they are qualified. This is contingent upon the Human Resources Director receiving a completed application and notification, in writing, from the RIF employee, that placement assistance is desired.

Employees will be listed in priority order and will remain in priority status for one (1) year after their separation date or until the entire list is exhausted. Priority status shall apply as follows:

1. The department which contains the lay-off unit will give a first consideration to a priority status RIF employee any available position for which the employee qualifies. For those positions with trainee progressions, the employee who qualifies for a trainee appointment may be hired after it has been determined that no other priority status employee fully qualifies for the position. For those positions with a work against progression, the employee who meets the minimum position requirements for the lower level position in the occupational series may be hired after it has been determined that no other priority status employee fully qualifies for the available position.

2. If there is no available position in the department that contains the layoff unit, the employee will be given first consideration for vacancies in other departments. Hiring supervisors must document the disposition of each RIF employee’s employment application received before advertising for the vacancy.
3. All placement offers to RIF employees must be made in writing. The employee must accept or reject the offer, in writing, within three (3) working days.

4. If re-employment occurs within the one-year priority placement period, all accrued sick leave, and vacation accrual rates and longevity rates in effect on the date of separation shall be restored. The employee may be re-employed in a regular appointment status.

5. After the one-year priority placement period expires, RIF employees interested in employment with Alliance Behavioral Healthcare shall apply for consideration through the normal recruitment and selection process. Any RIF employee re-employed by Alliance after the one-year priority placement period is over shall be considered to be a new hire and shall serve a probationary period without reinstatement of previously accrued benefits, except sick leave can be reinstated for up to three years after the date of separation.

6. If at any time during the one-year priority placement period an employee does not want placement assistance, the employee should notify the Human Resources Director, in writing, of that decision.

D. Appeal Rights

RIF employees may appeal their separation in accordance with Alliance’s Grievance Procedure. Such appeals must be filed within fifteen calendar days from the date of the employee’s separation. The issue in such an appeal is limited to the question of whether management applied systematic procedures in determining who would be separated and placed in available positions.
I. PURPOSE

The purpose of this policy is to establish a formal assessment program in which each staff member’s performance is evaluated on an annual basis.

II. POLICY STATEMENT

Alliance Behavioral Healthcare believes that employees need and deserve an opportunity to receive feedback from their supervisor relating to performance. In addition, a regular evaluation of employees’ performance supports the concept of ‘employee accountability’.

The performance appraisal:
   1. Provides employees direction in their jobs and an opportunity to discuss any job problems and interests with his or her supervisor;
   2. Enhances the likelihood of achieving both the organization’s and the department’s objectives by providing periodic feedback and coaching;
   3. Provides an objective, consistent, and uniform way to gauge and improve each employee’s on-the-job performance using objective criteria; and,
   4. Correlates the job-performance evaluation directly to the recommended merit increases.

A. Requirements

The appraisal policy requires managers and supervisors to develop a work plan with individual performance objectives with employees for the year within 30 days of hire. It also requires managers and supervisors to hold periodic review and coaching sessions with employees prior to completion of the probationary period or annual performance evaluation session.

Performance reviews are prepared annually and based on an individual’s established anniversary date. Probationary reviews are given to newly hired employees to determine performance level and grant regular status.
I. PURPOSE

The purpose of this policy is to set forth the conditions and process for implementing the provisions of the Family and Medical Leave Act of 1993, as amended in 2008.

II. POLICY STATEMENT

In compliance with the Family and Medical Leave Act (FMLA) of 1993, as amended in 2008, Alliance Behavioral Healthcare shall provide leave to employees who have worked for the Area Authority for at least 12 months in the last 7 years and at least 1,250 hours in the 12 calendar months immediately preceding the request for leave. Family and Medical Leave may be used for one of the following reasons:

III. PROCEDURES

A. Covered Leave

1. Basic FMLA

Employees may take up to 12 weeks of unpaid leave during any 12-month period:
   a. To care for the employee’s son or daughter during the first 12 months following birth;
   b. To care for a child during the first 12 months following placement with the employee for adoption or foster care;
   c. To care for a spouse, son, daughter, or parent (“covered relation”) with a serious health condition;
   d. For incapacity due to the employee’s pregnancy, prenatal medical or child birth; or
   e. Because of the employee’s own serious health condition that renders the employee unable to perform an essential function of the position.

In cases where both spouses are employed by Alliance Behavioral Healthcare, the two together may take a combined total of 12 weeks’ leave during any 12-month period for circumstances a and b above, or to care for the same individual pursuant to circumstance c above.

2. Military Exigency

Employees are entitled to use up to 12 weeks of their Basic FMLA Leave entitlement to address certain qualifying exigencies. Leave may be used if the employee’s spouse, son, or daughter, or the employee is on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation. Qualifying exigencies may include:
   a. short-notice deployment (up to 7 days of leave);
   b. attending certain military events;
   c. arranging for alternative child care;
3. Military Leave to Care for a Covered Service Member
Employees may take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the armed forces, including a member of the National Guard or Reserves, who:
   a. has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or
   b. is in outpatient status; or
   c. is on the temporary disability retired list.

When both husband and wife work for Alliance Behavioral Healthcare, the aggregate amount of leave that can be taken by the husband and wife to care for a covered service member is 26 weeks in a single 12-month period.

B. Conditions Governing Leave

1. Intermittent and Reduced Schedule Leave
Leave related to the serious health condition of an employee or an employee’s spouse, child or parent or to either type of family military leave may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced-leave schedule (reducing the usual number of hours worked per workweek or workday) if medically necessary.

2. Pay, Benefits, and Protections during FMLA Leave
FMLA leave is unpaid and provides job protection ensuring that the employee will be returned to the same or equivalent position with the same benefits, pay and other terms and conditions of employment.

Alliance Behavioral Healthcare requires the concurrent use of appropriate accrued paid leave while the employee is on FMLA leave. The employee is required to exhaust any appropriate accrued paid leave (such as sick leave, compensatory time, or annual leave) as part or all of the FMLA leave time requested. Alliance Behavioral Healthcare will not provide paid sick leave in any situation in which it would not normally provide any such paid leave.

During approved FMLA leave, Alliance Behavioral Healthcare will continue to provide the employee’s benefits package. Alliance Behavioral Healthcare will deduct the employee’s portion of insurance premiums as a regular payroll deduction. Employees on leave without pay status are responsible for timely payment of their portion of the premiums.

Benefits and seniority will not accrue while an employee is on FMLA leave, except when the employee is in pay status (receiving compensatory time, sick or annual leave pay). The employee will not lose any employment benefit that he or she had accrued prior to going on leave. While on leave without pay, all contributions to the Local Governmental Employees’ Retirement System and Alliance Behavioral Healthcare’s supplemental retirement plan will cease.

3. Performing Work While on FMLA Leave
Employees on FMLA Leave are not to perform any work for Alliance Behavioral Healthcare while on leave, including work that can be performed at home via computer remote access.
4. **Prohibition on Secondary Employment**
Employees on FMLA leave for their own serious medical condition are prohibited from working for other employers during their FMLA leave.

5. **Return from FMLA Leave**
Employees must notify their supervisor 2 business days in advance of their established return to work date. On the date of return from FMLA leave due to their own serious health condition, employees are also required to provide their supervisor with a Fitness for Duty certification from their healthcare provider. An employee who fails to provide a Fitness for Duty certification will be prohibited from returning to work until the certification is provided. Alliance Behavioral Healthcare may, at its expense, require an exam by a second health care provider designated by Alliance Behavioral Healthcare if there is a reasonable question regarding the medical certification provided by the employee.

If an employee fails to return to work on the first day after their FMLA leave expires and requests for additional leave have been denied, termination of employment may occur on the basis of unavailability of leave. If the employee gives unequivocal notice of intent not to return, obligations under the Family and Medical Leave Act cease.

6. **Reapplication for FMLA Leave**
Employees must work for an additional 1,250 hours before they are eligible for Basic FMLA or Military family leaves after exhausting a previous request for FMLA leave.
# AREA BOARD
## POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Equal Employment Opportunity/Affirmative Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINES OF BUSINESS:</td>
<td>Human Resources</td>
</tr>
</tbody>
</table>
| RESPONSIBILITY: | Area Board  
Area Director |

| NUMBER: | HR-1 |
| URAC: | CORE, v. 3.0, Standard 4 |
| REFERENCE: | NC G.S. 126-11 |

| APPROVAL DATE: | 5/3/2012 |
| LATEST REVISION DATE: | |
| LATEST REVIEW DATE: | 5/28/2013 |

<table>
<thead>
<tr>
<th>APPROVAL AUTHORITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson, Area Board</td>
</tr>
</tbody>
</table>

## I. PURPOSE

The purpose of this policy is to ensure the fair treatment of applicants and employees in all aspects of personnel administration without regard to race, color, religion, sex, sexual orientation, national origin, political affiliations, age, or disability and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the federal employment opportunity and nondiscrimination laws.

## II. POLICY STATEMENT

### 1. Equal Employment Opportunity:

Alliance Behavioral Healthcare is committed to equal employment opportunity for all who seek employment with the organization as well as those employed by the organization. Discrimination in all forms is prohibited, including retaliation against those who protest alleged discrimination. As a means of carrying out its commitment, the Area Board shall enforce the relevant provisions of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 as amended, the Rehabilitation Act of 1973 as amended and all other statutes or regulations governing equal employment opportunity.

### 2. Affirmative Action:

Alliance Behavioral Healthcare is committed to ensuring greater utilization of women, minorities, and the disabled as part of its workforce. The Area Director shall develop and implement a program of affirmative action to assure that all personnel policies and practices facilitate employment opportunities for women, minorities and the disabled. Annually, the Area Director shall provide a progress report on the affirmative action program to the Board during the Board’s December meeting.
I. PURPOSE

Alliance Behavioral Healthcare maintains work hours that ensure optimal productivity and customer service levels and which are compatible with state law, agency functions, and the maintenance of effective work schedules.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with the Fair Labor Standards Act. The normal work week for nonexempt full-time employees is 40 hours per week. The normal work schedule for exempt full-time employees may average more than 40 hours per week in order to complete work assignments. Employment with Alliance Behavioral Healthcare is based on the following principles:

i. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.

ii. Being absent from or reporting to work after the scheduled beginning time requires the employee to properly notify the supervisor in advance and to utilize appropriate leaves or to lose payment for time not worked.

iii. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.

iv. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

A. Meal Periods

Alliance Behavioral Healthcare does not provide established break periods. Meal breaks should be scheduled as near to the middle of the shift as possible.

Meal periods must be at least 30 uninterrupted minutes and should not be more than 60 minutes.

The employee must:

i. not be required to perform any duties; or,

ii. not be required to remain at the work station.

B. Travel Time

Ordinary home-to-work travel will not be considered hours worked and employees will not be compensated. Work-related travel that occurs during an employee’s workday is included as hours worked. If an employee has an out-of-town one-day assignment or an out-of-town overnight assignment, all time spent traveling between cities, less time usually spent traveling to and from the work site, is counted as hours worked. Travel time must be included in the calculation of overtime or compensatory time for non-exempt employees.
C. Training, Lecture, and Meeting Time
Required attendance at training programs, lectures, meetings or similar activities is considered hours worked for non-exempt employees.

D. Inclement Weather
If inclement weather conditions prevail, Alliance shall normally be open for business and employees shall report to work if they are able to do so safely. Work hours missed due to inclement weather shall be made up according to the provisions of the Alliance Inclement Weather Procedure. However, should any Alliance administrative office have a delayed opening or be closed by building ownership/management due to inclement weather, employees of that facility shall be permitted to utilize Administrative Leave for hours missed.

E. Time Changes
Twice a year employees working night shifts are affected by a time change. When the time changes from Eastern Standard Time to Daylight Savings Time, non-exempt or special provision employees working during this interval work one less hour than usual and will only be paid for actual hours worked. An employee desiring to be compensated for the one hour lost must charge that hour to compensatory leave or annual leave. When the time changes from Daylight Savings Time to Eastern Standard Time, non-exempt or special provision employees working during this interval work one more hour than usual. Employees must be compensated for this extra hour or given time off.

F. Flex-Time
The Area Board in its continuing effort to increase job satisfaction and morale of employees authorizes the Area Director to develop a flexible work hours system.
I. PURPOSE

The purpose of this policy is to provide a grievance process for certain employees of Alliance Behavioral Healthcare contesting a disciplinary action, Reduction in Force, alleged illegal discrimination or harassment based on race, religion, color, national origin, sex (including pregnancy, childbirth, and related medical conditions), age, disability (physical or mental including AIDS/HIV status), genetic information (i.e. Sickle cell or hemoglobin C trait), citizenship status, military status or service, or political affiliation, or other issue grievable under state law. This policy applies to Alliance career status and permanent employees. Career status employees are eligible for appeal rights through the internal Alliance grievance process and the State Personnel Commission/Office of Administrative Hearings. Permanent employees who have not yet attained career status have appeal rights through the Alliance grievance process, but not outside Alliance unless they allege the employment action is being imposed on the basis of illegal discrimination. This policy does not apply to probationary, intern, temporary or trainee employees, except for grievances on the basis of alleged illegal discrimination or harassment or as otherwise provided under state law. It is the intent of this policy to encourage employees to resolve their grievance at the lowest level possible.

II. DEFINITION

Career status employee – A permanent employee who has been continuously (without break) employed in a position subject to the State Personnel Act for the immediate preceding 24 months. This includes employees who came to Alliance directly from The Durham Center, Wake County Local Management Entity (but not Wake County Human Services), Cumberland Area Authority, or State government.

Permanent employee – An employee who has been appointed to a permanently established position following the satisfactory completion of a probationary period in accordance with 25 NCAC 01I .2002(c).

Probationary employee – An employee serving a probationary appointment of not less than 3 months but not more than 9 months in accordance with 25 NCAC 01I .2002(a).

Reduction in Force (RIF) – Separation of employment with Alliance based on reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee grievances regarding hiring, separation, disciplinary, reduction-in-force, or alleged
discriminatory actions that are grievable under state law. Employees shall follow the grievance process as outlined in this policy and procedures developed by the CEO/Area Director.

Permanent employees have the right to grieve when they disagree with certain disciplinary actions (suspension, demotion, or dismissal) taken against them. All employees also have the right to grieve if they believe they have been subject to illegal discrimination or harassment. Permanent employees subject to a reduction-in-force may also grieve as permitted under state law. Written warnings, placement on investigatory status with pay, and extensions of disciplinary actions are not grievable and are not appealable to the State Office of Administrative Hearings (OAH). Employees may file a complaint for all employment issues not covered by this policy.

No action involving demotion, suspension, or dismissal is to be taken against an employee for disciplinary reasons until such action has been approved by the CEO/Area Director or designee except when, in the judgment of the manager the immediate suspension is necessary to protect the safety of persons or property. In no case, however, shall an employee be dismissed without the written approval of the Area Director/CEO or designee.

Employees seeking redress under the grievance policy shall not suffer retaliation for filing a grievance.

IV. PROCEDURES

The Area Director/CEO shall develop procedures to implement the provisions of this policy. The procedures shall comply with all relevant Federal, State and local requirements. If any provision of this policy conflicts with duly promulgated Federal or State laws, rules or regulations, the provision of the law, rule or regulation shall govern.
I. PURPOSE

The purpose of this policy is to provide a mechanism for employees to address unfair and/or poor employment practices that are not covered by the grievance policy.

II. DEFINITION

Complaint: Any written employee concern or dissatisfaction for which redress is sought, that is not otherwise covered under the Grievance Policy.

Employee: Any permanent, temporary or contractual employee of Alliance Behavioral Healthcare.

III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee complaints. Employees shall follow the complaint process as outlined in this policy. Employees shall have the right to file a complaint via the employee complaint procedure to address employment conditions other than disciplinary, reduction-in-force, or discriminatory actions.

An employee that files a complaint shall not be subject to retaliation for filing a complaint.

IV. 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 basis for providing benefits for the employees of Alliance Behavioral Healthcare.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall offer a comprehensive benefits plan for employees and their eligible dependents as outlined below.

A. Eligibility

1. All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible.

2. Employees may also cover a spouse and/or children, including legally adopted children, step children, children placed for adoption, children for whom legal guardianship has been awarded to the employee, and children whose coverage is court-ordered.

3. Employees may elect coverage of a same sex domestic partner and any eligible dependent children under Alliance Behavioral Healthcare’s insurance plans within the same terms and with the same privileges and restrictions that apply to other eligible dependents for these plans, to the extent that such eligibility is legal and practicable.

An eligible domestic partner is an adult age 18 or older who:

   a. is mentally competent;
   b. shares a common residence with the employee for at least 6 months;
   c. shares joint responsibility with the employee for another’s common welfare and basic needs;
   d. is not married to anyone else; and
   e. is not related to the employee in any way that would preclude marriage for heterosexual couples.

B. Benefits

1. Health Insurance
2. Dental Insurance
3. Vision Insurance
4. Life Insurance and Accidental Death and Dismemberment
5. Short Term Disability
6. Long Term Disability
7. Voluntary Life Insurance
C. Availability of Funding

Benefit offerings are subject to change based on funding availability and Alliance Behavioral Healthcare directives.

D. COBRA Rights

Employees who separate from Alliance Behavioral Healthcare for reasons other than gross misconduct may elect to continue their health, dental and vision benefits under COBRA (Consolidated Omnibus Budget Reconciliation Act). COBRA continuation coverage will not be extended to a domestic partner or their dependents.

III. PROCEDURES

Annually, the Board shall review the employee benefits plan.
I. PURPOSE

The purpose of the Appointment Policy is to ensure that decisions relating to appointment of employees are fair and equitable.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to support integrity and equity when appointing employees, based on the principles of Equal Employment Opportunity and non-discriminatory practices.

Appointments may be made by the Area Director who is the hiring authority, to current vacancies in authorized budgeted positions and may be either part-time or full-time.

III. The following appointment types shall be used.

A. Emergency Appointment

An emergency appointment, not to exceed 60 consecutive work days or 480 non-consecutive hours, may be made to a position for one of the following reasons:

1. where there is a possibility of funding loss if the position is not filled;
2. for the maintenance of client/staff ratios;
3. to prevent the lapse of services; and,
4. other situations which would warrant the short-term services of an employee before a qualified applicant is identified through the regular recruitment and selection process.

Minimum job qualifications can be waived for emergency appointments, except for licensure requirements.

B. Interim Appointment

An interim appointment is one in which an employee has been temporarily delegated the authority to make decisions which significantly impact services, programs, or staff of the organization. The appointing decision may be made by the Area Director, or his/her designee based on the level of the position to which the employee is assigned.

C. Intern Appointment

An intern appointment may be granted to a student currently enrolled in a college or university program who is appointed by Alliance Behavioral Healthcare for the purpose of receiving academic credit or work experience.
D. Probationary Appointment
A probationary appointment of not less than 6 months or more than 9 months is made for all new employees.

Failure to successfully complete the probationary period will result in the employee's separation from employment without appeal rights.

Employees must achieve “career status” before they are eligible for state appeal rights through the Office of Administrative Hearings (OAH). To achieve career status, an employee must have 24 continuous months of service in a position subject to the State Personnel Act.

E. Provisional Appointment
A provisional appointment may be made to a position created for a specified and definite period of time exceeding 12 months. Employees hired in this appointment type must satisfactorily complete a probationary period.

F. Regular Appointment
A regular appointment follows the satisfactory completion of a probationary or trainee appointment.

G. Temporary Appointment
A temporary appointment may be made to an existing position and will not exceed 12 months. Any person in a temporary appointment status must meet the education and experience requirements for the position.

For temporary appointments not exceeding 90 days, recruitment is waived.

Once the 12-month limit has been reached, at least 90 days must elapse before that same individual is eligible for another temporary appointment.

H. Trainee Appointment
A trainee appointment may only be made in the absence of fully qualified applicants. The job specification must include special provision for a trainee progression leading to a regular appointment.

Once the employee has met the education and experience requirements, the employee must be granted a regular or probationary appointment, as appropriate.

I. Work Against Appointment
A work against appointment should only be made when:

1. There is an absence of fully qualified or suitable applicants or where a need exists to make a hiring decision which reflects Alliance Behavioral Healthcare’s commitment to equal opportunity or internal advancement; and,

2. No provisions have been made in the classification specification for a trainee appointment.

3. An employee or applicant must be qualified for the lower level classification of the same occupational series as the recruited position and will remain in the lower classification until he or she has fulfilled the minimum requirements for the higher classification.

4. A work against appointment will not exceed 12 months and at the time the employee meets the education and experience requirements, the employee must be granted a regular or probationary appointment, as appropriate.
I. PURPOSE

The purpose of this policy is to establish a policy and procedures for disciplinary actions.

II. DEFINITIONS

**Disciplinary Action** – A written warning, disciplinary suspension without pay, demotion, or dismissal, per 25 NCAC 01I .2301(a), except that a dismissal which is not imposed for disciplinary reasons (i.e. Reduction in Force, unavailability of employee) shall not be considered a disciplinary action.

**Grossly Inefficient Job Performance** – Failure to satisfactorily perform job requirements as set out in the job description, work plan, or as directed by the supervisor or Alliance management; and the unsatisfactory job performance causes or results in: (a) death or serious injury to an employee(s), or to members of the public, or to a person(s) over whom the employee has responsibility; or (b) the loss or damage to Alliance property, contracts or funds that results in a serious adverse impact on Alliance; or (c) failure to obtain or maintain legally required certification, licensure or other credentials.

**Unacceptable Personal Conduct** – Means as defined in 25 NCAC 01I .2304(b), including (1) conduct for which no reasonable person should expect to receive prior warning; or (2) job related conduct which constitutes violation of state or federal law; or (3) conviction of a felony or an offense involving moral turpitude that is detrimental to Alliance or impacts the employee’s service to Alliance; or (4) the willful violation of known or written work rules, policies or procedures; or (5) conduct unbecoming an employee that is detrimental to Alliance; or (6) the abuse of client(s), patient(s), student(s) or a person(s) or animal over whom the employee has charge or to whom the employee has a responsibility; or (7) falsification of an employment application or other employment documentation; or (8) insubordination which is the willful failure or refusal to carry out a reasonable order from an authorized supervisor; or (9) absence from work after all authorized leave credits and benefits have been exhausted.

**Unsatisfactory Job Performance** – Failure to satisfactorily perform job requirements as set out in the job description, work plan, or as directed by the supervisor or Alliance management.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to provide an opportunity for a permanent employee to correct identified performance problems or unacceptable personal conduct. Approval for all disciplinary actions except a written warning shall be obtained from the Area Director/CEO or designee before action is taken.
There are two grounds for disciplinary action: Unsatisfactory Job Performance, including Grossly Inefficient Job Performance, and Unacceptable Personal Conduct.

If an employee’s behavior creates grounds for disciplinary action then the employee may be warned, demoted, suspended or dismissed by Alliance. The degree and type of disciplinary action taken is based on the judgment of the supervisor in consultation with Human Resources and the Area Director/CEO or designee. Depending on the disciplinary action taken, the employee may have the right to grieve or appeal the action.

At no time shall an employee be demoted, dismissed, or suspended as discipline without the final approval of the Area Director/CEO or designee. As requested by the Area Director/CEO, consultation with the Human Resources Director, and/or Alliance Legal Counsel may occur before a dismissal. An employee shall be provided written documentation and explanation of the disciplinary action taken. A copy of Alliance Behavioral Healthcare’s Grievance policy shall be disseminated to all employees and a Grievance form and instructions will be included for disciplinary action taken against employees with the right to appeal.

The Area Director/CEO shall establish procedures to implement this policy in accordance with guidance issued by the State Personnel Commission and applicable state laws, rules and policies governing area authority personnel actions.

IV. APPEAL RIGHTS

Adverse actions (disciplinary demotions, suspensions, dismissals, reduction in pay, and reduction-in-force) can be appealed by a permanent employee. Non-regular (probationary) employees do not have appeal rights and cannot appeal adverse actions, except on the basis of illegal discrimination.
I. PURPOSE

The purpose of this policy is to define certain terms and conditions that individuals must meet to be hired by Alliance Behavioral Healthcare. The contents of this policy are not intended to serve as an exhaustive list of requirements or conditions of employment, and some or all of the requirements and conditions described in this policy may not apply to every individual who is hired.

II. PERSONS AFFECTED

This policy primarily impacts newly hired, transferred, or promoted employees in all employee classifications. It also requires all current employees to report felony convictions that occur at any time during their employment.

III. POLICY STATEMENT

A. It is the Condition of Employment policy for Alliance Behavioral Healthcare employees to satisfy a range of job-related eligibility conditions including (1) licensure, certification and/or credentialed (2) satisfactory background check and (3) eligibility to participate in procurement activities under the Federal Acquisition Regulation or in non-procurement activities under regulations issued under Executive Order No, 12549.

B. Employment of Relatives

Alliance Behavioral Health shall not employ immediate members of the same family if it results in one member supervising or otherwise occupying a position of influence over another member’s employment, promotion, salary administration or other related management or personnel considerations. This includes employees hired directly through Alliance Behavioral Healthcare or a third party agency. The term immediate family will be understood to refer to (in general):

- Husband
- Wife
- Father
- Mother
- Sister
- Brother
- Son
- Daughter
- Grandfather
- Grandmother
- Grandchild
- Uncle
- Aunt
- Nephew
- Niece
- Father-in-Law
- Mother-in-Law
- Brother-in-Law
- Sister-in-Law
- Son-in-Law
- Daughter-in-Law
Employees must disclose these relationships created by marriage, birth or when an offer, transfer, or promotion will contravene this policy. In the event that such a relationship comes into existence after employment, an attempt will be made to eliminate the conflict of interest by transferring one of the employees to a comparable position. If a transfer is not permissible, the employees will decide which of them will resign. If neither employee chooses to resign, the Area Director shall retain the employee that best serves the interests of Alliance Behavioral Healthcare and separate the other.

C. Background Checks

1. Information provided by final candidates on employment applications or resumes will be verified to ensure the selection of individuals who are qualified to perform the duties of a position.

2. The background check must be completed before the candidate begins employment. Adverse information found on the background check may result in the withdrawal of the job offer.

3. If programmatic needs require that the candidate begin employment prior to the completion of the background check, continued employment is contingent upon successful completion of the background check.

4. Alliance Behavioral Healthcare reserves the right to conduct background checks on internal applicants.

5. Background checks may be conducted by either Alliance Behavioral Healthcare staff or a third-party service provider.

6. The Area Director shall develop procedures for conducting and evaluating the results of background checks. These procedures should address the requirements of all relevant statutory, regulatory or accrediting bodies.

D. Work Status Requirement

Alliance Behavioral Healthcare must verify the work status of all employees using the E-Verify employment verification system. Use of the E-Verify employment verification system is in addition to the requirements currently specified in the Immigration Reform and Control Act of 1986.

E. Employment of Foreign Nationals

Employment of foreign nationals must be in accordance with federal law and the regulations of the U.S. Citizenship and Immigration Services (USCIS).

F. Probationary Period

1. Requirements

With the exceptions noted below, all new employees hired with an initial appointment of a year or more must work a minimum probationary period of six months. During the probationary period, their work performance and general suitability for employment are carefully evaluated.

a. Employees who are rehired following a break in service shall serve a new probationary period whether or not they previously completed a probationary period.

b. Time on cumulative leave of four weeks or longer with or without pay is not qualifying service for completion of the probationary period, and the employee’s probationary period shall automatically be extended by the length of time spent on leave.

2. Extending the Probationary Period
a. A manager or supervisor may request an extension of the probationary period. The Area Director or designee must approve the request.

b. If an employee’s probationary period is being extended because the employee was on cumulative leave of four weeks or longer during the probationary period, the extension is automatic and does not require a request for extension.

3. Completion of Probationary Period

The employee’s probationary period is completed after six months of continuous service. If the employee’s probationary period was extended, then the employee’s probationary period is completed after the extension date.

G. New Employee Trainings

All new employees are required to complete all required training as specified by Alliance Behavioral Healthcare before the end of their probationary period.

H. Criminal Conviction Reporting

Within five calendar days of a felony conviction in any U.S. or foreign court, current employees are required to report that conviction to their supervisor and the Human Resources department. Adverse information found may result in disciplinary action up to and including dismissal.

I. Secondary Employment

An employee may work a second job provided it does not constitute a conflict of interest or interfere with his/her Alliance Behavioral Healthcare job performance. A second job will not be considered an excuse for poor performance, absenteeism, tardiness, leaving early, refusal to travel, or refusal to work overtime or different hours. If outside work activity causes or contributes to job-related problems, it must be discontinued.

An employee who has or accepts a second job must obtain written approval from his or her supervisor. This written approval will be placed in the employee's official personnel file and must be renewed on an annual basis and whenever the employee changes secondary employment.

IV. EXCEPTIONS

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Area Director, who is the hiring authority.
I. PURPOSE

The purpose of this policy is to ensure that clinical staff of Alliance Behavioral Healthcare is appropriately credentialed to perform clinical functions.

II. DEFINITIONS

Credential: Attestation of qualification, competence or authority issued to an individual by an organization or entity of competent jurisdiction
Credentialing: The process of establishing the qualifications of licensed/certified professionals

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that only those persons with appropriate training, education, credentials and/or experience perform clinical functions. In order to accomplish this, Alliance Behavioral Healthcare shall verify the clinical license and/or certification of applicable personnel at the time of employment or contract and no less than every three years thereafter.

Licensed and or certified employees and consultants shall notify Alliance Behavioral Healthcare management in writing of an adverse change in licensure or certification status immediately (within 24 hours) upon learning of the status change. Each employee or consultant shall attest to knowledge of this requirement by signing an attestation at the time of employment or beginning of a contract.

IV. PROCEDURES

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

The purpose of this policy is to establish and maintain a classification and compensation plan in order to attract, motivate, and retain highly qualified employees. The plan shall provide a structure to administer salaries fairly and equitably.

All employees shall be covered under the classification and compensation plan, except for the Area Director whose compensation is set by the Board of Directors.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that its system of compensation is internally equitable, market competitive and administered without regard to age, sex, race, color, creed, religion, national origin, physical or mental condition, sexual orientation, non-job related disability, political affiliation, marital status, or other non-merit factors.

III. PROCEDURES

A. Classification

The Classification and Compensation Plan shall consist of a system for identifying all types and levels of positions together with standards and procedures for maintaining the plan. Each position in Alliance Behavioral Healthcare is grouped with similar positions. This grouping is called a “Classification.” Job classifications shall be established to reflect the type of work performed, level of difficulty, and responsibilities associated with a position. Annually, the Board shall review and approve the Classification and Compensation plan.

1. Minimum Qualification Standards

It shall be the policy of Alliance Behavioral Healthcare to establish job related minimum qualification standards wherever practical for each class of work in the classification and compensation plan. The standards shall be based on the required skills, knowledge, and abilities common to each classification. The qualification standards and job related skills, knowledge and abilities shall serve as guides for the selection and placement of individuals.

The education and experience statements shall serve as indicators of the possession of identified skills, knowledge, and abilities and as guides to primary sources of recruitment; reasonable substitutions of formal education and job related experience, one for the other, may be made. Alliance Behavioral
Healthcare recognizes that a specific quantity of formal education or number of years experience does not always guarantee possession of the identified skills, knowledge, and abilities for every position in a class. Qualifications necessary to perform the job successfully may be attained in a variety of combinations. The Area Director shall develop procedures for implementing the various components of the Classification and Compensation policy.

2. Allocation of Positions to the Classification Plan
Every position shall be allocated to an appropriate class in the Classification and Compensation Plan. The allocation of a position is its assignment to a class containing all positions which are sufficiently similar in duty assignments to justify common treatment in selection, compensation, and other employment processes. A class may consist of a single unique position or of many like positions.

3. Temporary Classifications
The Area Director is authorized to establish temporary classification with tentative pay grades or flat rate salaries when sufficient information is not available to make permanent classification and pay recommendations. When sufficient information is available, the Area Director will make a recommendation to the Area Board, which will incorporate the temporary classification and pay into the established classification and compensation plan.

B. Compensation
The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

1. Adjustments to Pay Plan
Each fiscal year the Area Authority Board may award employee pay increases based on the availability of funds. This increase can take the form of a base pay salary adjustment or a non-salary based payment.

   a. Across the Board Increases
      i. Any across the board increase must be approved by the Area Board and all salaries will be equally increased by the designated percentage on the effective date authorized by the Board.

   b. Market Adjustments
      i. The Area director is authorized to conduct market salary surveys consistent with Federal and State statutes. Surveys of comparable positions in surrounding private and public sector organizations may be conducted annually in order to determine the market job rate. If the salary range falls below the market job rate, a salary range change may occur if grade adjustments do not conflict with internal equity structure.
      ii. Monetary increases may be awarded when an employees salary falls below the new minimum rate for the adjusted range or to maintain internal equity.

2. Pay Rates
   a. Hiring Rates
      Salaries are based on qualifications, internal equity, recruitment difficulties, budget constraints and special skills. The Area Director may authorize a minimum hiring rate-for certain classifications when market or industry standards warrant. No employee will be hired below the minimum salary of the salary grade, except when hired as a trainee, or above the maximum salary for the grade for the classification.
b. Interim Appointment Rates

An interim appointment occurs when an employee temporarily assumes duties and responsibilities of a vacant management or supervisory level position with the expectation that the person will hold the position for at least 60 calendar days. The employee’s salary shall be increased to the minimum salary rate of the new position grade level or 10%, whichever is greater.

Interim appointments must be approved by the Area Director or designee.

At the completion of an interim appointment, the employee will return to his or her previous position at the previous salary level. Any increases or reclassifications to the previous position that occurred while the employee was in the interim appointment will be reflected at the time of reinstatement.

If an employee holding an interim appointment is selected for the position, any salary adjustments will follow the policy guidelines for promotions based on the employee’s position and salary held prior to the interim appointment.

c. Trainee Rates

Employees who are in classifications with established trainee grades must be paid below the minimum salary rate for full class status until fully qualified. When a trainee becomes qualified for full status, his or her salary will increase to at least the minimum level of the respective classification.

d. Work against Rates

Employees who do not meet the minimum requirements for a position but qualify for a lower level classification in a specific occupational series may work against the higher level position until fully qualified. The employee will be paid within the range of the lower level classification, based on individual qualifications, providing this action does not create internal equity issues.

Upon completion of education and experience requirements, employees whose salaries fall below the minimum rate for full class status will receive an increase to at least the minimum level of the respective classification.

3. Pay Changes

a. Demotion

A demotion is a change from one classification to another classification at a lower salary grade, normally with a change in duties and a decrease in the level of responsibilities.

For voluntary demotions at the employee’s request and involuntary demotions due to disciplinary action, the employee will receive a decrease in salary of at least 5% and will at no time be paid more than the maximum of the new salary range.

For involuntary demotions due to reorganization or reclassification, the employee’s salary will not change provided that it does not exceed the maximum salary of the new classification range.

b. Lateral Transfer

Employees transferring laterally will not receive salary increases or reductions.
c. Performance-Based Pay

To be eligible for a performance-based pay increase, an employee must be performing at or above a “Meets Expectations” level and will receive the approved pay increase up to the maximum rate for the classification. In the event of a delay in the completion and submission of a performance appraisal, the recommended increase will be retroactive to the first pay period after the employee’s anniversary date.

i. Employees who are in the disciplinary process at the time of their annual appraisal are not eligible for increases. Employees removed from the disciplinary process within the 12-month evaluation period are eligible to receive an increase effective the pay period following the employee’s removal from the process.

d. Probationary Increases

A new employee may be eligible for an approved pay increase upon successful completion of the probationary period, effective on the established anniversary date.

e. Promotion

When an employee is promoted, the salary shall be increased to no less than the minimum of the higher grade level. Increases of more than 10% above the minimum of the higher grade level must be approved by the Area Director or his/her designee.

f. Reclassification

When a position is reclassified to a classification in:

- a higher grade level than the present grade, the employee’s salary will be increased at least to the minimum of the higher grade level.
- a lower grade level than the present grade, the employee’s salary will remain the same provided the salary falls within the new classification range.
- the same grade, the employee’s salary will remain the same.

Salary increases for reclassifications must be approved by the Area Director.

4. Other Pay

a. Career Enhancement/Development

An employee may be awarded a one-time 2.5% increase for the attainment of a degree, professional certification or other special skill related to the current job duties. This does not apply toward the education, skills or certifications required for the current job duties.
I. PURPOSE

The purpose of this policy is to affirm the Area Board’s prohibition against the use, distribution, dispensation and possession of controlled substances and the use of alcohol and abuse of prescription drugs by employees and contractors at the workplace. This policy is also meant to comply with the requirements of the Drug Free Workplace Act of 1988 and Attachment H of the NC Department of Health and Human Services, Division of Medical Assistance 1915(b)/(c) waiver.

II. POLICY STATEMENT

A. It shall be the policy of Alliance Behavioral Healthcare to maintain an alcohol and drug free workplace. The unlawful manufacture, distribution, dispensation, possession or use of nonprescription controlled substance or alcohol in the workplace by Alliance Behavioral Healthcare employees or contractors is prohibited. Employees and contractors may not report to work under the influence of a nonprescription controlled substance or alcohol and may not use any such substance during work hours. Also prohibited is the misuse of prescription or nonprescription medication which results in impaired behavior on the job. Violation of this policy shall constitute inappropriate personal conduct which will subject the employee or contractor to disciplinary action up to and including dismissal.

B. An employee or contractor shall not report for duty or remain on duty under the influence of alcohol or when his/her breath alcohol concentration reading is .02 or greater. An employee found to be under the influence of alcohol shall be removed from the workplace and shall be subject to disciplinary action up to and including dismissal.

C. An employee or contractor shall not report for duty or remain on duty if under the influence of a nonprescription controlled substance or found to be misusing a prescription medication. An employee or contractor found to be under the influence of a nonprescription controlled substance or misusing prescription medication shall be removed from the workplace and shall be subject to disciplinary action up to and including dismissal. If deemed necessary, a physician’s statement may be required to assure safe use of prescription medication on the job.

D. An employee or contractor who is convicted of any state or federal misdemeanor or felony drug offense involving alcohol or controlled substance must notify the Area Director or designee on the next working day after the conviction. Regulations that require specific employment action or additional notifications as a result of a felony offense shall be followed.
E. Within thirty (30) days of receiving notice under paragraph D, with respect to any employee or contractor who is so convicted, the Area Director may take appropriate personnel action against such an employee, up to and including termination, and/or require such employee to participate satisfactorily in an alcohol or drug abuse assistance or rehabilitation program approved for such purposes.

F. Employees in positions where drug testing is required as a condition of employment to satisfy work requirements shall submit to drug testing. Alliance may also require an employee to submit to drug testing where Alliance has reasonable suspicion that the employee has consumed or is under the influence of illegal drugs or alcohol while at work. If the employee does not satisfactorily complete the testing, the Area Director may take appropriate personnel action against such an employee, up to and including termination, and/or require such employee to participate satisfactorily in an alcohol or substance abuse assistance, treatment or rehabilitation program approved for such purposes. Applicants with a conditional job offer being hired into positions that require drug testing to satisfy work requirements, will be required to submit to drug testing. If the applicant refuses to take the test or does not satisfactorily complete the test, they will be denied employment.

G. The Area Authority shall publish and post conspicuously at each site and other areas in which employees or contractors gather the Authority’s policy on the prohibition of alcohol and drugs as stated in Paragraph A.

H. Each Alliance Behavioral Healthcare employee and contractor shall sign the Alcohol and Drug Free Affirmation Form.

III. PROCEDURES

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

The purpose of this policy is to provide a standard for the staff recruitment and selection process.

II. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to systematic recruitment and selection programs that are designed to identify, attract, and select from the most qualified applicants for employment. The Board strives for diverse representation at all levels of the workforce while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. It is the policy of Alliance Behavioral Healthcare to provide equal employment opportunities for employment to all applicants and employees.

A. Underlying Principles

The policy is based on the following underlying principles:

1. The applicant will be chosen on the basis of suitability with respect to the position.
2. The applicant will be informed of the application procedure and the details of the vacant position.
3. The applicant shall provide only the information that is needed to assess suitability for the position. The information provided by the applicant will be treated confidentially as to respect the applicant’s privacy.
4. Any and all written complaints regarding the recruitment and selection process will be investigated and the results of the investigation will be shared in writing with the complainant.

B. Position Posting

All externally posted positions will be advertised on the Alliance Behavioral Healthcare web page, with other appropriate organizations, or in print media utilized by and accessible to the local community. All employment advertisements will contain assurance of equal employment opportunity and will comply with federal laws, regulations and state statutes. The minimum recruitment period is 10 working days for external recruitment and 5 working days for internal recruitment.

C. Waiver of Recruitment

Situations which may warrant waiving the recruitment process include:

1. a Temporary appointment of less than 90 days;
2. an Emergency appointment of less than 60 days or 480 non-consecutive hours;
3. the resignation of a newly hired employee who has been working less than 90 calendar days;
4. when a candidate who has accepted a position does not report to work;
5. when an identical vacancy occurs within the department within 90 days of position closing date;
6. involuntary transfers; and,
7. involuntary demotions.
D. Re-advertisement of Position
The hiring authority may request re-advertisement of a position if selection cannot be made from the original recruitment pool of referred applications. Justification for the request must be made in writing. All applications referred up to that date must be returned to the Human Resources Department along with all supporting documentation.

E. Application for Employment
All applicants must apply for vacant positions by the closing date using the Alliance Behavioral Healthcare application form. Resumes will not be accepted in lieu of completed applications, but may be included as supplemental information. Applications, resumes, transcripts, letters of reference and other accompanying information will become the property of Alliance Behavioral Healthcare and will not be returned.

All male applicants between the age of 18 and 25 must certify that they have registered with the Selective Service, if applicable. As a condition of employment, male applicants between the ages of 18 and 26 must certify that they have registered for military service.

Only regular employees are eligible for consideration as an internal applicant.
I. PURPOSE

The purpose of this policy is to establish a consistent system of leave for Alliance Behavioral Healthcare staff.

II. DEFINITION

Immediate Family: Husband/wife, children (biological and step), grandchildren, sister/brother (biological, half, step), parents (biological and step), grandparents, parents-in-law, or other individuals designated as in loco-parentis and others living within the same household.

III. POLICY STATEMENT

Alliance Behavioral Healthcare recognizes the importance of balancing work and time away from the workplace and shall provide the following types of leave to employees as a privilege when approved by a supervisor according to applicable procedures.

A. Eligibility

All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible. All part-time employees are eligible on a pro-rated basis. Emergency, temporary employees and interns are not eligible for leave.

B. Types of Leaves

1. Administrative Leave

Alliance Behavioral Healthcare may grant paid administrative leave as a benefit to eligible employees, when the reason for leave does not fit an established paid leave category.

For example, Administrative Leave may be used for:
a. Work hours missed due to the closure or the delayed opening of an Alliance administrative office by the building manager/owner.
b. civil leave when subpoenaed as a witness on behalf of Alliance Behavioral Healthcare or other governmental jurisdiction;
c. jury duty;
d. donation of blood;
e. injury or illness associated with the first 7 days of Worker’s Compensation (per fiscal year);
f. investigatory suspension or Fitness for Duty; and
g. academic involvement at a pre-K to 12 educational institutions for up to 4 hours per month.
2. **Annual Leave**

Alliance Behavioral Healthcare shall provide annual leave based on the following accrual:

<table>
<thead>
<tr>
<th>Years</th>
<th>Hours per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>3.69</td>
</tr>
<tr>
<td>2-5</td>
<td>4.30</td>
</tr>
<tr>
<td>5-10</td>
<td>5.23</td>
</tr>
<tr>
<td>10-15</td>
<td>6.15</td>
</tr>
<tr>
<td>15-20</td>
<td>7.07</td>
</tr>
<tr>
<td>Over 20</td>
<td>8.00</td>
</tr>
</tbody>
</table>

Maximum Carry Over: 240 hours (30 days)

At the end of the first full pay period of each fiscal year, any accrued vacation leave in excess of 30 days will be converted to sick leave.

Annual leave pay outs, up to the maximum of 30 days, are made upon separation from Alliance Behavioral Healthcare.

3. **Funeral Leave**

Alliance Behavioral Healthcare shall grant a benefit of up to 3 days per fiscal year of paid funeral leave to eligible employees to arrange for and attend the funeral of immediate family members.

Funeral leave is not intended to equate with the bereavement period. Funeral Leave may be taken in consecutive or nonconsecutive increments. Employees needing more than three 3 days may take annual leave, sick leave, or leave without pay.

4. **Holiday Leave**

On designated holidays, Alliance Behavioral Healthcare offices will be closed for business. Alliance shall offer (eight) 8 hours of paid time off for these designated holidays. Those functions that operate on a 24/7 basis will maintain a normal work schedule. Employees that are required and preapproved to work on designated holidays may be provided additional holiday compensation for the hours worked. The Area Director, Deputy Director, and Department/Unit Directors are not eligible for additional holiday compensation. The Area Director shall establish procedures to implement holiday compensation.

Designated holidays are:

a. New Years Day
b. Dr. Martin Luther King, Jr.’s Birthday
c. Veterans Day
d. Good Friday
e. Memorial Day
f. Independence Day
g. Labor Day
h. Thanksgiving Day and the day after
i. Christmas and 1-2 additional days. If Christmas falls on:
   i. Monday: Monday and Tuesday off
   ii. Tuesday: Monday, Tuesday, and Wednesday off
   iii. Wednesday: Tuesday, Wednesday, and Thursday off
   iv. Thursday: Wednesday, Thursday, and Friday off
   v. Friday: Thursday and Friday off
   vi. Saturday: Friday and Monday off
   vii. Sunday: Friday and Monday off
5. **Management Leave**

Alliance Behavioral Healthcare may grant Management Leave to those employees who are exempt from the Fair Labor Standards Act. The Area Director shall establish procedures to implement Management leave.

6. **Military Leave**

Alliance Behavioral Healthcare shall grant paid time off for military obligations. Employees who are scheduled for reserve military duty are entitled to 120 hours (prorated for part-time employees) of paid leave per calendar year. Leave Without Pay will be granted for additional time if required for training purposes beyond the allowable 120 hours each year. The employee may elect to use vacation leave, management leave, or leave without pay. Military leave without pay is granted for one enlistment period of active service (not to exceed 4 years) plus the 90 days immediately following the enlistment period.

7. **Sick Leave**

Alliance Behavioral Healthcare shall grant sick leave to employees for, among other things, personal illness and the illness of immediate family members. Doctor and dentist visits, as well as, all doctor-ordered quarantines may be charged to sick leave. When an employee’s sick leave balance has been depleted, the system will automatically default to annual leave or leave without pay.

   a. Sick leave may be accrued indefinitely with no limit on maximum accumulation at the following rate: 3.69 hrs per pay period (12 days per year)
   
   b. Sick leave is not compensable in any final leave payments when an employee separates from service.
   
   c. Employees transferring from other North Carolina state or local governmental entities or who are reinstated within three years of separation from Alliance Behavioral Healthcare may request and shall be credited with previously accrued sick leave. Sick leave transferred to Alliance Behavioral Healthcare in this manner may be used by employees the same as sick leave earned while working for Alliance Behavioral Healthcare.

8. **Voluntary Shared Leave**

There are occurrences brought about by prolonged medical conditions that cause employees to exhaust all available leave and, therefore, be placed on leave without pay. It is recognized that such employees required to go on leave without pay could create a financial challenge/hardship at a most critical point in their work life. Fellow employees may wish to voluntarily donate some of their annual and/or sick leave so as to provide assistance to a fellow employee in need of such support. The agency shall have a procedure that provides an opportunity for employees to assist another affected by a medical condition that requires absence from duty for a prolonged period of time.

   For the purpose of this policy, medical condition means medical condition of an employee or their spouse, parent, children or other dependents (including step and in-law relationships, domestic partnerships) that is likely to require an employee’s absence from duty for a prolonged period of time. For further information refer to the Voluntary Shared Leave Procedure.
ITEM: Annual Approval of Corporate Compliance Plan

DATE OF BOARD MEETING: June 5, 2014

BACKGROUND:
Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The US Sentencing Commission has released guidelines for organizations which state that an organization must have an effective compliance program with reasonable oversight by the governing board; understanding of the scope and operations of the compliance program.

The Alliance Corporate Compliance Plan includes the following elements: 1) the designation of a compliance officer and a compliance committee that are accountable to senior management; 2) written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards; 3) effective training and education for the compliance officer and the organization's employees; 4) effective lines of communication between the compliance officer and the organization's employees; 5) enforcement of standards through well-publicized disciplinary guidelines; 6) provision for internal monitoring and auditing; 7) provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MCO's or PIHP's contract.

The Alliance Behavioral Healthcare Area Board adopted the Corporate Compliance Plan in 2012 and approved it with minor revisions in June 2013 for continued use.

REQUEST FOR AREA BOARD ACTION:
There are no recommended revisions to the Plan. Per the Area Board Corporate Compliance Plan Policy and the Corporate Compliance Plan, the Board shall approve the Plan annually.

AREA DIRECTOR RECOMMENDATION:
Review and approve the plan.

RESOURCE PERSON(S):
Monica Portugal, Corporate Compliance Officer
Corporate Compliance Plan

FY15

Approved by the Area Board: October 4th, 2012
Reviewed and Approved by the Area Board: June 11, 2013
Reviewed and Approved by the Area Board:
# Table of Contents

I. Introduction and Statement of Purpose ................................................................. 3

II. Compliance Infrastructure .................................................................................. 4
   A. Corporate Compliance Officer
   B. Corporate Compliance Committee

III. Policy Guidelines and Standards of Conduct .................................................. 7

IV. Effective Education and Training ................................................................. 8

V. Effective Lines of Communication .................................................................. 9
   A. Reporting Compliance Issues
   B. Investigating Compliance Issues

VI. Enforcement of Standards and Disciplinary Guidelines ............................... 10

VII. Internal Auditing and Monitoring .............................................................. 11

VIII. Response and Remediation ........................................................................ 12

IX. Effectiveness of the Compliance Program ................................................ 13
    A. Annual Compliance Report
    B. Annual Risk Assessment and Compliance Work Plan
    C. Revisions to the Compliance Plan

Appendix A – Federal Criminal and Civil Statutes Related to Fraud and Abuse in the Context of Health care ................................................................. 15
   Criminal Statutes
   Civil and Administrative Statutes

References ............................................................................................................. 15
I. Introduction and Statement of Purpose

It is the policy of Alliance Behavioral Healthcare to follow ethical standards of business practice established by Alliance Behavioral Healthcare’s Area Board and Management Team, by oversight agencies, and state and federal law. Alliance Behavioral Healthcare has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. Alliance Area Board, employees, and provider network are fully informed of applicable laws and regulations to which Alliance Behavioral Healthcare is obligated so that they do not inadvertently engage in conduct that may raise compliance issues. Alliance Behavioral Healthcare recognizes that its business relationships with contracted providers and vendors, Medicaid enrollees, and recipients of behavioral healthcare services are subject to legal requirements and accountability standards.

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

A. Designation of a Corporate Compliance Officer and Corporate Compliance Committee charged with directing the effort to enhance compliance and implement the Compliance Plan;

B. Incorporation of standards, policies, and administrative guidelines directing Alliance Behavioral Healthcare personnel and others involved with operational practices;

C. Prevention and identification of criminal and unethical conduct and legal issues that may apply to business relationships and methods of conducting business;

D. Effective education and training for the Corporate Compliance Officer, Area Board, and employees addressing obligations for adherence to applicable compliance requirements;

E. Development and implementation of informational materials and training for employees, providers, and enrollees addressing obligations for adherence to applicable compliance requirements and information to prevent dishonest behavior which results in fraud, waste of public funding, and program abuse;

F. Implementation of mechanism for employees to raise questions and receive appropriate guidance concerning regulatory and operational compliance issues;
G. Development and implementation of an ongoing monitoring and auditing process identifying potential risk areas and operational issues requiring remediation;

H. Development and implementation of a process for employees, providers and recipients to report possible compliance issues, such as legal and ethical violations, or to report fraud, waste, and abuse, including a process for such reports to be fully and independently reviewed;

I. Enforcement of standards through documented disciplinary guidelines, policies and training addressing expectations and consequences;

J. Formulation of plans for corrective action or remediation plans to address identified areas of noncompliance;

K. Evaluation of the effectiveness of the overall compliance efforts of Alliance Behavioral Healthcare to ensure that operational practices reflect current compliance requirements and address strategic goals to improve Alliance Behavioral Healthcare operations.

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

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

Figure 1: Compliance Administrative Responsibility Organizational Chart

A. Corporate Compliance Officer (CCO)

The Corporate Compliance Officer has been delegated day-to-day operational responsibility for the Alliance Behavioral Healthcare compliance program. The CCO will report compliance efforts and identified issues directly to the Area Director/CEO who has overall responsibility to ensure that Alliance has an effective compliance program. The CCO will report indirectly or directly as necessary and required to the Area Board. The Alliance Area Board is accountable for governing Alliance Behavioral Healthcare as a knowledgeable body regarding the scope and operations of the compliance program, including expectations, practices, identified risk issues and compliance remediation.

The Corporate Compliance Officer is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance Behavioral Healthcare that involve issues of compliance, with assistance from the Compliance Committee;

2. Ensure processes for compliance integrate with and support Alliance Behavioral Healthcare quality management and provider network monitoring processes;

3. Develop, in conjunction with the Compliance Committee and other relevant parties, the Code of Ethics and Conduct for Alliance employees and providers;

4. Develop, in conjunction with the Compliance Committee and other relevant parties, methods to ensure that employees and providers are aware of Alliance Behavioral Healthcare’s Code of Ethics and Conduct and understand the importance of compliance;
5. Develop and deliver, in conjunction with the Compliance Committee educational and training programs;

6. Receive, review, and investigate instances of suspected internal and external compliance issues, communicate findings and develop action plans with the program suspected of noncompliance and as appropriate with the assistance of the Compliance Committee;

7. Supervise a Special Investigations Unit to conduct fraud and abuse detection activities including data mining, pre-investigations, and full investigations to detect and resolve instances of provider and enrollee fraud and abuse;

8. Refer to Division of Medical Assistance (DMA) Program Integrity Behavioral Health Section suspected cases of fraud for determination of credible allegation;

9. Prepare annual compliance summary for evaluation by the Compliance Committee, as set forth in this Plan;

10. Conduct an annual risk assessment, as set forth in this Plan, with the Compliance Committee and other relevant parties;

11. Prepare the annual compliance work plan, as set forth in this Plan, with the Compliance Committee;

12. Prepare revisions to Alliance Behavioral Healthcare Compliance Plan together with the Compliance Committee, as set forth in this plan; and

13. Provide other assistance with initiatives regarding compliance as directed by the Area Director.

B. Corporate Compliance Committee (CCC)
To assist the Corporate Compliance Officer with the development and implementation of compliance efforts, a Corporate Compliance Committee will be formed representative of the clinical and administrative services of Alliance Behavioral Healthcare. The CCO will serve as the chair of the Committee and does not vote on any matters, unless the vote is required to break a tie. Committee members will serve one-year terms with no limitations on the number of terms to serve. The make-up of the committee will be re-evaluated at the end of each fiscal year. For the sake of maintaining the integrity of the Committee no more than 50% of committee members may resign from the Committee in the same year. New members will be nominated by their Department Head and will be selected by majority vote by the current Committee. The CCO must be consulted on the selection of membership.
The role of the CCC is to advise the CCO, to assist in the implementation of the compliance program, and to evaluate the effectiveness of Compliance efforts. The Committee’s responsibilities include:

1. Analyzing the organization’s regulatory obligations;

2. Working with employees and providers to develop standards of conduct and policies and procedures that promote compliance;

3. Developing and monitoring internal systems and controls to carry out Alliance Behavioral Healthcare standards, policies and procedures as part of Alliance Behavioral Healthcare’s daily operations;

4. Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;

5. Determining methodology to conduct the annual risk assessment, overseeing the process and determining the levels of risk as part of formulating the annual Compliance Work Plan;

6. Overseeing the implementation of the annual Compliance Work Plan in order to evaluate the effectiveness of compliance efforts;

7. Assisting with the development of preventive and remediation plans;

8. Review Provider compliance violations and oversee enforcement of disciplinary guidelines, including making determinations regarding the approval of corrective actions and other sanctions or making recommendations of such sanctions to the Area Director/CEO as appropriate and per Alliance policies and procedures;

9. Developing a system to solicit, evaluate and respond to compliance issues, grievances, and other problems;

10. Monitoring findings of internal and external reviews for the purpose of identifying risk areas or deficiencies requiring further monitoring or preventive and corrective action; and

11. Reviewing and analyzing trends such as results from exclusions checks, internal and external monitoring and auditing efforts, fraud, waste and abuse investigations, billing audits, enforcement actions, and final disposition.
III. Policy Guidelines and Standards of Conduct

Alliance Behavioral Healthcare has adopted policies and procedures specific to Alliance Behavioral Healthcare’s operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to Alliance Behavioral Healthcare’s compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

Alliance Behavioral Healthcare has also adopted an Employee Code of Ethics and Conduct to guide all business activity. This code reflects a common sense approach to ensuring legal and ethical behavior. All new employees receive training and provide acknowledgement of receipt of the Alliance Code of Ethics and Conduct. As a condition of employment the Code of Ethics and Conduct is reviewed and acknowledged annually thereafter.

It is the intent of Alliance Behavioral Healthcare to adopt and implement a Code of Ethics specific to the Alliance Provider Network. The Network Provider Code of Ethics will guide business activities of Providers who contract with Alliance.

IV. Effective Education and Training

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

The CCO and CCC are responsible for ensuring Alliance Behavioral Healthcare policies regarding compliance are disseminated and understood by employees. To accomplish this objective, the CCO will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Alliance Behavioral Healthcare policies. Training materials directed to clinical, administrative or other regulatory compliance issues will be submitted to the CCO for review with the CCC.

Upon hire and annually thereafter, all Alliance employees will participate in compliance training whereby a system is in place to document that such training has occurred. Employees will be required to take a post-test in order to measure the effectiveness of training efforts. Training materials will identify Alliance Behavioral Healthcare’s CCO as available to respond to questions specific to compliance training or regulatory issues. Employees are made aware of their compliance obligations as a condition of employment.

Adherence to policies will be addressed within the New Employee Orientation and ongoing training programs, and employee job descriptions. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance
V. Effective Lines of Communication

A. Reporting Compliance Issues
In keeping with Alliance policies, all employees are required to report promptly all known or suspected violations of an applicable law or regulation, the Code of Ethics and Conduct, breach of privacy or security or any Alliance policies to their supervisor, the Corporate Compliance Officer (CCO), or the confidential Compliance Line. As a general practice, employees are directed to address questions about operational issues to persons having supervisory responsibility of that function. Supervisors are responsible for ensuring that issues or violations of which they are aware are immediately reported to the CCO.

As another reporting option, training materials will inform employees that they may report directly to the Alliance CCO or to a confidential third party 24 hour Hotline, Compliance Line. The training materials will provide a contact method(s) to address compliance issues to the CCO and to the Compliance Line. The CCO will use various communication methods, including electronic, web based and telephonic communication methods, to ensure timely communication of the elements of this compliance program. The various communication methods will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure both convenience and confidentiality for employees and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Failing to report violations may result in disciplinary action. Employees reporting in good faith possible compliance issues will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the CCO or the Area Director.

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

Reported compliance concerns related to Providers will be logged in the Alliance Behavioral Healthcare grievance database. Concerns regarding fraud, waste, and abuse will be tracked in a separate database by the CCO and/or designee. Compliance concerns related to Alliance employees will be treated as a confidential document whereby access will be limited to the CCO as requested by the reporter and as allowed by law. Internal compliance matters will be tracked using a confidential tracking mechanism hosted by the third party hotline web based tool available to the CCO.

B. Investigating Compliance Issues
When conduct is reported that is determined to be inconsistent with regulations, rules or laws or Alliance Behavioral Healthcare policy, the CCO will determine the level of potential risk and respond accordingly. If this preliminary review indicates that a problem may exist, the CCO will promptly report the risk issue to the Area Director/CEO and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from the Legal Department. Alliance employees and providers will be expected to cooperate fully with any inquiries undertaken. The CCO shall report any compliance issues that may result in negative publicity and risk to Alliance Behavioral Healthcare to the Area Board.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the CCO. The CCO will delegate investigations of suspected provider or recipient abuse or fraud to the Special Investigations Unit. As appropriate, persons responsible for the investigation will use audit tools approved by the CCC. The findings will be reviewed by the CCO to ensure consistency in the investigative process. The results of the inquiry will be made to the Area Director/CEO and, if appropriate, to the CCC. All investigations will be documented in an Investigative Report, using a template approved by the CCC. Suspected cases of provider or enrollee fraud will be referred to DMA Program Integrity Behavioral Health Section for determination of credible allegation. Alliance will cooperate with DMA and/or the Department of Justice Medicaid Investigations Department on all fraud investigations.

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

Compliance standards will be consistently enforced through appropriate disciplinary actions, up to and including termination of employment. For providers in the Alliance Network compliance with standards will be enforced through sanctions up to and including termination of contract.

The following guidelines will be used. Discipline must be:
1. documented and well-publicized;
2. consistent;
3. dependent on the severity of the violation;
4. enforced for those who commit a violation; and
5. enforced for those who fail to report a known violation

The CCO and CCC, in collaboration with Human Resources, will develop policies and procedures to guide disciplinary actions. CCC will ensure that such policies and procedures are made available to employees and providers through electronic means as well as incorporated into manuals and training materials. Disciplinary procedures will be approved by the Area Director/CEO. The CCO will monitor to ensure consistent implementation of disciplinary guidelines.

VII. Internal Auditing and Monitoring

Audits and monitoring are preventative and detective compliance measures which assist Alliance Behavioral Healthcare in identifying and acting on real or potential issues before they become larger compliance risks. Audits are objective and independent planned activities determined by the annual risk assessment and included in the annual compliance work plan. Monitoring is a subjective, detective control done as a self-review within a Department or by the Compliance Department. Monitoring may be planned and part of the annual compliance work plan or may be conducted as a reaction to concerning trends identified as part of the Continuous Quality Improvement process, or based on concerns from within a Department, etc.

Internal audits and monitoring will be completed using tools as appropriate and will be documented in the Compliance Audit or Monitoring Report. At a minimum, the following components will be included in all audits and monitoring:
1. Sample selection
2. Data review and collection
3. Data analysis; and
4. Reporting

Techniques may vary depending on the nature of the area reviewed and may be a combination of two or more of the following:
1. On-site visits;
2. Unannounced mock audits;
3. Interviews;
4. Questionnaires;
5. Trend analysis;
6. Review and tracking of work flow and processes;
7. Reviews of written materials and documentation prepared by the different departments; and
8. Other

The Area Director/CEO delegates authority to the Corporate Compliance Officer (CCO) to seek consultation with the Legal Department when expert review is necessary to analyze the risk issue. If a review identifies risk issues for Alliance Behavioral Healthcare, the CCO will report the facts to the Area Director. In consultation with the Legal Department, as appropriate, the CCO will review the situation to determine whether there appears to have been activity inconsistent with federal and state rules and regulations, Alliance policies, procedures or the Code of Ethics and Conduct.

In addition to internal audits and monitoring, the Network Operations Department will conduct ongoing provider monitoring and billing audits according to Alliance Behavioral Healthcare’s policies and procedures on provider monitoring. Results of these reviews will be communicated to the CCC by the Provider Network Evaluators and/or Quality Management Department.

All audit and monitoring activities will be reviewed by the Corporate Compliance Committee (CCC) and Area Director/CEO; and summarized for Alliance Behavioral Healthcare Area Board.

**VIII. Response and Remediation**

When a compliance issue has been identified through an audit or monitoring activity, the CCO will ensure the issue is reported to the Area Director/CEO and will facilitate the process to develop corrective action initiatives or to enforce standards through disciplinary actions promptly as required by policies and law.

As appropriate, the CCO will develop a remediation plan in collaboration with the CCC. Plans may include:

1. additional or modified education;
2. corrective action;
3. development of new policies and procedures;
4. revision to existing policies and procedures;
5. revision to the Compliance Plan;
6. additional monitoring and auditing; or
7. reporting to outside agencies

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

1. result from a significant compliance violation;
2. affect multiple departments; or
3. involve revisions or additions to the Compliance Plan or policies and procedures
Reporting a compliance violation to an outside agency must be coordinated through the CCO prior to reporting. The Corporate Compliance Department monitors settlement of issues reported to outside authorities.

Remediation plans, including any reporting to an external agency, should be attached to the Compliance Investigation Report, Compliance Audit Report or Compliance Monitoring Report and logged in the Compliance tracking system. Remediation plans that require further monitoring are considered “open” and are not resolved and closed until the monitoring period is successfully completed.

In accordance with Alliance’s policies and procedures, providers who have engaged in legal or ethical misconduct will be subject to consideration of penalties, sanctions, termination of contract for services and excluded from providing local, state, grant, and/or Medicaid funded services in the Alliance Provider Network, and/or other sanctions and penalties as required by law or state policy.

All providers’ corrective action plans will be maintained electronically and will be used as historical reference tools whereby identified issues may be included in Alliance Behavioral Healthcare’s provider profiling and review processes.

IX. Effectiveness of the Compliance Program

A. Annual Compliance Report
The CCO will ensure a review of Alliance Behavioral Healthcare’s status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of Alliance Behavioral Healthcare are of sufficient scope and within substantial compliance with Alliance’s policy and regulatory requirements. The results of the self-assessment process along with a report of compliance efforts during the preceding year will be prepared by the CCO. With review and comments provided by the CCC, the Annual Report will be submitted and presented to the Alliance Behavioral Healthcare Area Board.

B. Annual Risk Assessment and Compliance Work Plan
Annually, the CCO and CCC will conduct a compliance risk assessment using an approved Risk Assessment tool. Risk will be identified through interviews with department heads, document reviews with input from management, results from previous audits and investigations, and review of the annual Office of Inspector General work plan, Fraud Alerts, Special Advisory Bulletins, and advice and guidance by Division of Medical Assistance. The level of risk will be assessed based on legal and financial risk to Alliance. Based on the assessment, CCC will prioritize the highest scored risk areas and will include the top 5 to 10 areas that relate to Compliance in the annual compliance work plan.
C. Revisions to the Compliance Plan
This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The plan will be regularly reviewed by the CCO and the CCC to assess the viability of the Plan and the inclusion of all appropriate Alliance policies and regulatory requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Area Board will review and approve the Compliance Plan annually.
APENDIX A

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

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

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

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

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

REFERENCES

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


42 CFR § 438.608 Program Integrity Requirements.