MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD, (via phone) ☐Cynthia Binanay, Chair, MA, BSN, ☐Christopher Bostock, BSIM, ☐Tony Braswell, Johnston County Commissioner (via phone; exited at 5:25 pm), ☐Heidi Carter, Durham County Commissioner, MPH, MS, ☐George Corvin, Vice-Chair, MD, ☐David Curro, BS, ☐Greg Ford, Wake County Commissioner, MA, ☐Lodies Gloston, MA, ☐David Hancock, MBA, MPAff (entered at 4:14 pm), ☐Duane Holder, MPA (via phone, exited at 5:24 pm), ☐D. Lee Jackson, BA, ☐Donald McDonald, MSW, ☐Lynne Nelson, BS, ☐Gino Pazzaglini, MSW LFACHE, ☐Pam Silberman, JD, DrPH, ☐Lascel Webley, Jr., MBA, MHA, and ☐McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Janet Conner-Knox, A Caring Heart, LLC; Susan Evans, Wake Board of County Commissioners; Denise Foreman, Wake County Manager's Office; and Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disabilities and Substance Abuse Services)

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey, Senior Vice-President/Human Resources; Veronica Ingram, Executive Assistant II; Beth Melcher, Senior Director of Clinical Innovation; Ann Oshel, Senior Vice-President/Community Health and Well-Being; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:01 p.m.

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tr>
<td>2. Announcements</td>
<td>Vice-Chair George Corvin, thanked Chair Binanay for her service as Chair of Alliance’s Board for the past 2 years; he presented her with a commemorative plaque on behalf of the Board and staff.</td>
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<td>Chair Binanay reminded Board members of the upcoming June 27 Board meeting; staff will confirm if the meeting is still needed.</td>
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<td>Orientation for New Board Members: Mr. Robinson reminded Board members that the next session is Tuesday, June 11 from 2:00-4:00 pm and requested that they RSVP with Ms. Ingram.</td>
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<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee (CFAC) - page 5</td>
</tr>
<tr>
<td></td>
<td>The Alliance CFAC is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from recent Cumberland, Durham, Wake, Johnston, and steering committee meetings.</td>
</tr>
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<td></td>
<td>Doug Wright, Director of Community and Member Engagement, presented the CFAC report. Mr. Wright mentioned recent CFAC events and recognized Board members and staff who attended local CFAC meetings; Mr. Wright also reviewed eligibility and enrollment and the pending CFAC report, which is expected in August 2019. He mentioned feedback from CFAC members regarding Alliance’s listening sessions on Care Coordination Teams. The CFAC report is attached to and made part of these minutes.</td>
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### AGENDA ITEMS:

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#### BOARD ACTION

The Board received the report.

B. Finance Committee – page 64

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included the draft minutes from the May 2, 2019, meeting, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending April 30, 2019, and recommendations to the Board to approve all presented contracts over $250,000.

Chris Bostock, Committee Chair, presented the report. Mr. Bostock shared that expenses exceeded revenue due to reduction in State Single Stream funding. He also shared preliminary projections, which Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, reviewed in greater detail. He mentioned that contractual ratios were met; he and provided an overview of two contracts per policy G-10: *Delegation of Authority to the CEO*; the Finance Committee recommended that the Board approve these contracts. He also mentioned a budget amendment, which was vetted by the Finance Committee.

Ms. Goodfellow shared a detailed overview of three-year projections including the preliminary Tailored Plan costs. Mr. Schreiber reported on the Medical Budget and the strategies for more effective and/or intensive utilization management/review of services. The Finance Committee report is attached to and made part of these minutes.

#### BOARD ACTION

A motion was made by Mr. Bostock to approve a sole source exception under NCGS 143-129 (e) (g) and to authorize the CEO to enter into a contract for Alpha systems source code in an amount not to exceed $1,000,000; motion seconded by Vice-Chair Corvin. Motion passed unanimously.

A motion was made by Mr. Bostock to authorize the CEO to amend the new Home Office furniture contract for an additional amount of $90,000, for a total amount not to exceed $840,000; motion seconded by Vice-Chair Corvin. Motion passed unanimously.

A motion was made by Mr. Bostock to amend the FY19 budget amendment by $62,893,697 to increase the budget to $563,222,712; motion seconded by Mr. Wooten. Motion passed unanimously.

#### 6. Consent Agenda

| A. Draft Minutes from May 2, 2019, Board Meeting – page 73 |
| B. HR FY20 Classification and Grade Plan – page 78 |
| C. Audit and Compliance Committee Report – page 89 |
| D. By-Laws/Policy Committee Report – page 108 |
| E. Executive Committee Report – page 134 |
| F. Network Development and Services Committee Report – page 137 |
| G. Quality Management Committee Report – page 140 |
## AGENDA ITEMS: DISCUSSION:

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

### BOARD ACTION
A motion was made by Ms. Gloston to approve the consent agenda; motion seconded by Mr. Bostock. Motion passed unanimously.

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<td>7. FY 2019-2020 Public Hearing and Approved Budget – page 155</td>
<td>Per GS 159-12 (b), a public hearing shall be held to allow any persons who wish to be heard on the budget to appear. Chair Binanay opened the public hearing. There were no speakers. Chair Binanay closed the public hearing. Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, presented the FY 2019-2020 Budget to the Board for approval and adoption per GS 159-13. The presentation included service line, administration and reinvestment plan areas.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>A motion was made by Ms. Gloston to approve the FY 2019-2020 budget; motion seconded by Ms. Nelson. Motion passed unanimously.</td>
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<td>A motion was made by Mr. Bostock to approve the FY 2019-2020 reinvestment plan, which include behavioral health urgent care and child crisis facility, Tailored Plan implementation, etc.; motion seconded by Ms. Nelson. Motion passed unanimously.</td>
</tr>
<tr>
<td>8. Reappointment Recommendation – page 190</td>
<td>In accordance with the By-Laws of the Area Board, the terms of some Board members are staggered. Duane Holder’s term expired May 31, 2019. The Board is requested to consider this member’s reappointment for an additional term and request official reappointment through the respective Board of County Commissioners.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>A motion was made by Ms. Gloston to recommend to the Cumberland Board of County Commissioners the reappointment of Duane Holder to Alliance’s Board; motion seconded by Vice-Chair Corvin. Motion passed unanimously.</td>
</tr>
<tr>
<td>9. Legislative Update</td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Government Relations Director, presented the update. Mr. Perkins reported on the status of North Carolina’s budget, including proposed recurring and non-recurring cuts to Single Stream funding, a proposed increased number of Innovations Waiver slots, etc. Neither the House nor Senate budget included Medicaid expansion. Ms. Wilson shared that House Bill 70 passed; she shared pending deadlines to connect to HIE (health information exchange) and how this may impact the persons Alliance serves. She also shared about the NC DHHS’ recent white paper on Medicaid Transformation, which can be viewed at (<a href="https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf">https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf</a>) and the timeline for Standard Plan and Tailored Plan implementation.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>The Board received the update.</td>
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| 10. Election of FY20 Board Officers – page 191 | As stated in Article II, Section D of the By-Laws, at each final regular Board meeting of the fiscal year, the Officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include: Chairperson and Vice-Chairperson. Nominations were opened for FY20 Board Chair. 

**BOARD ACTION**
A motion was made by Mr. Bostock to nominate George Corvin for FY20 Board Chair; motion seconded by Mr. Wooten. Motion passed unanimously.

There were no additional nominations for FY20 Board Chair. Nominations were closed. By unanimous show of hands and/or verbal consent, the Board elected George Corvin as FY20 Board Chair.

Nominations were opened for FY20 Board Vice-Chair. 

**BOARD ACTION**
A motion was made by Vice-Chair Corvin to nominate Gino Pazzaglini for FY20 Board Vice-Chair; motion seconded by Mr. Bostock. Motion passed unanimously.

There were no additional nominations for FY20 Board Vice-Chair. A motion was made by Ms. Gloston to close nominations for FY20 Board Vice-Chair; motion seconded by Vice-chair Corvin. Motion passed unanimously.

By unanimous show of hands and/or verbal consent, the Board elected Gino Pazzaglini as FY20 Board Vice-Chair.

11. Chair’s Report | Chair Binanay reminded Board members: the next meeting is August 1, 2019, in Cumberland County. Chair-elect, George Corvin, thanked the Board for electing him as FY20 Board Chair; he also requested input from the Board regarding FY20 Board Committees.

12. Closed Session(s) | **BOARD ACTION**
A motion was made by Ms. Gloston to enter closed session pursuant to NC § 143-318.11 (a) (6) to consider the qualifications, competence and performance of an employee; motion seconded by Vice-Chair Corvin. Motion passed unanimously.

The Board returned to open session.

13. Adjournment | All business was completed; the meeting adjourned at 6:33 p.m.

Respectfully Submitted by:

Robert Robinson, Chief Executive Officer

8/1/2019

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

DATE OF BOARD MEETING: June 6, 2019

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

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

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

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

REQUEST FOR BOARD ACTION: Receive draft minutes and supporting documents from the Cumberland April 25th meeting, the Durham May 13th meeting, the Wake May 14th meeting, the Johnston May 21st, and the steering committee minutes from May 6th.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Community and Member Engagement
**AGENDA ITEMS:**

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<td>1.</td>
<td>Welcome/Introductions</td>
<td>Ellen Gibson-Co-Chair called the meeting to order at 5:35pm. We gave introductions.</td>
<td>N/A</td>
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<td>2.</td>
<td>Review of the Minutes</td>
<td>Motion to accept the minutes was made by Ellen Gibson. It was seconded by Dorothy Johnson</td>
<td>N/A</td>
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<td>• Jackie, Shirley &amp; Dorothy attended the Autism Society fundraiser event on April 5, 2019 at the Kiwanis Recreational Center, Ms. Dorothy gave a synopsis of the event: they played a lot of Bingo, it was really nice &amp; informative, anyone over the age 60 can receive services, very nice resource room, another event will be held in October.</td>
<td>See Doug, Terrasine, or Starlett for questions.</td>
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<td>• Valencia, Board Member from Action Pathway, attended last 2 meetings has 2 disabled children/family members, gave a brief description of her involvement in the community &amp; current employment</td>
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<td>• Ms. Ellen discussed a current example for the great need for affordable housing, homeless mother with 4 children; Salvation Army was full, Doug suggested DSS. Ms. Ellen stated this was her last resort, desire to keep her children together, no additional shelters that take women/men &amp; children, Ms. Valencia suggested Waverly/Jubilee House through Family Endeavors, Ms. Valencia will check into</td>
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<td>the qualifications at the Waverly House. Ms. Ellen stated there should be more housing options for families in Cumberland County, her goal is to keep the families out of DSS, Terrasine also gave a resource option to call 211-United Way for assistance/resources, Ms. Dorothy stated we need a healthy community with affordable housing and services along with the need for assistance for young people, Ms. Dorothy stated the need to approach the City Council for funds in establishing affordable housing.</td>
<td>• Terrasine stated Community Development will be hosting a meeting around affordable housing and what kind of needs &amp; gaps can be addressed with the monies received, Jamille gave examples of where you can obtain affordable housing at the courthouse, $5-10,000 houses, research online another option, Valencia stated Action Pathway have a program to assist individuals with Housing, Ms. Johnson suggested using the newspaper to advertise in laymen terms,</td>
<td>• Terrasine will follow up with details in regards to Community Development meeting on affordable housing with the City &amp; County</td>
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<td>• Ms. Ellen talked about the difficulty in obtaining grants, Jamille gave information about students pursing degrees in Substance Use can get their loan written off by working with the population</td>
<td>• Antonio referred Ms. Ellen to the Student Learning Center at FSU &amp; speak with Ms. Lyons on students assisting her with needed research for grant funding for her program, become a part of the Chamber of Commerce, hone in on elderly, children and Veterans, Alliance Resource table for Veterans info, DSS as a resource for data.</td>
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### AGENDA ITEMS:

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| • Valencia encouraged everyone to apply for funding left for the Low-income energy program, at 311 Dick Street - Salvation Army  
• Ms. Ellen reminder-the State CFAC Legislative Advocacy Day May 16, 2019 from 10am-Noon  
• Ms. Johnson reminder-the NAMI walk on May 18th, make a donation and support  
• Ms. Ellen & Doug admonished everyone to fill out the needs/gaps survey either written copy supplied or online, Doug sent the link to everyone | • Return surveys to Star |  |

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| • Doug Wright update - Complete Care: Alliance will transition to Care Teams where the Care Coordinator will be the Care Navigator, additional supports around the CN to help assist the member, Alliance focus is on strengthening & enhancing the way we do business, letters were mailed, depending on need of member, we may have a nurse, behavioral health specialist, community health worker, provider network specialist, takes away the responsibility of the Care Coordinator to know everything about the member in every area, Alliance will be developing tools to inform the public about changes, brochures are available for distribution as well & upcoming community listening sessions at Alliance locations  
• Doug explained the Member Engagement Survey purpose and the need for everyone to complete & submit to Terrasine tonight  
• RI international has been awarded the contract for the Roxie Crisis Center, anticipated date of transition is August 1st. Doug is hoping for limited issues with member transition with Cape Fear & RI. Doug stated Cape Fear is supposed to give Alliance a 60 day notice of closure to combat a rumor of Cape Fear closing on May 1st. Location will still have eight-23 hour beds & 16 | See Doug, Terrasine, or Starlett for questions.  
• Care Teams Model  
  Transition is to begin July 1st for I/DD, MH/SUD to follow  
• Community Listening Session is May 13th @ 6-7:30pm for Cumberland Site in Room 109 | August 1, 2019  
Ongoing |
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| 5. Needs and Gaps Surveys | facility based crisis beds, open 24-7, ability to take involuntary commitments  
• Press Release Peer Voice is a statewide peer run, consumer operated technical assistance program, PRN (Promise Resource Network) out of Charlotte, Doug will try and attend |  |  |
| | • Doug asked everyone to complete the N&G survey online or tonight at the meeting & return to Star.  
• Roundtable discussion needs: Affordable Housing, more shelters for women/men with children primary need, SDOH (food, housing, transportation, missing services) supportive employment (jobs), interpersonal violence, camps for I/DD/physical disabilities that’s affordable, job placements, more head-start slots, school collaboration, drop in center for the I/DD population, more day programs for adults, culturally competence services for Spanish speaking, Spanish classes  
• Doug mentioned the importance to going to state legislative and DSS for some of the needs/gaps, Ms. Dorothy mentioned having the resources in one place, Terrasine stated NC-360 is a work in process which will be online and in the library |  |  |
| 6. State wide CFAC Meeting Updates | None given | See Doug, Terrasine, or Starlett for questions. | On going |
| 7. State CFAC Advocacy Day | C.J. encouraged members in contacting Benita before May 16th and ask to review the items already voted on, he will also see if he can access the talking points before the NCTIDE conference, which he will be speaking at |  | No later than 5/6/19 |

Members & guests to complete surveys online & in person
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<td>8. Upcoming Community Events/Community Outreach Events</td>
<td>• Ms. Lloyd asked about carpooling to the event, Doug suggested emailing Star and try to coordinate one or two cars going together</td>
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<td>• New date TBD for our Anonymous People movie in July or August @ DSS because June 6th is not a good date, May 1st-Wear Red for Teachers, May 31st-NAMI sponsoring Fashion Show held at Smith Recreation Center, free to public</td>
<td>• Decide on new date for movie @ DSS, more advertisement to encourage participation &amp; conduct forum format</td>
<td>TBD</td>
</tr>
<tr>
<td>9. Membership Discussion</td>
<td>• Ms. Ellen stated the qualifications &amp; benefits of becoming a member-attend 3 meetings and become voted in</td>
<td>Bring one person with you to the next meeting.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>10. Prep for next meeting</td>
<td>• Nothing stated</td>
<td>N/a</td>
<td>N/A</td>
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<td>11. Appreciation</td>
<td>• Everyone gave their appreciation &amp; Ms. Ellen thanked everyone for attending &amp; joining on the phone.</td>
<td>N/a</td>
<td>N/A</td>
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**12. ADJOURNMENT**

No motion was made to adjourn the meeting. The meeting ended at 7:30pm.
MEMBERS PRESENT: ☒ Steve Hill, ☒ Tammy Shaw, ☐ Joe Kilsheimer, ☒ James Henry, ☐ Latasha Jordan, ☒ Dave Curro, ☒ Trulia Miles, ☒ Brenda Solomon, ☒ Chris Dale, ☒ Dan Shaw
BOARD MEMBERS PRESENT: None
GUEST(S): ☐ Susan Hertz, ☐ Tina Barnes, ☒ Pinkey Dunston
STAFF PRESENT: ☐ Doug Wright, Director of Community & Member Engagement, ☐ Terrasine Gardner, Member Engagement Manager, ☒ Ramona Branch, Individual & Family Engagement Specialist ☒ Jennifer Meade, Community Engagement Manager

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 8, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Dave Curro and seconded by Chris Dale to approve the minutes. Motion passed.

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<td>3. Public Comments</td>
<td>Dave Curro asked if the Community Forum would be a stipend event. Ramona will ask and advise members.</td>
<td>N/A</td>
<td>N/A</td>
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<td>4. Interest in Membership/Outreach</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>5. LME/MCO Updates</td>
<td>Dave Curro and Trula Miles alternated and read the BH/IDD Tailored Plan and Eligibility handout. Members discussed the information and questions were addressed and answered from Dave, Jennifer and Ramona. The members were also asked to write down any questions that were not addressed to ask in the Community Forum during the Q&amp;A portion of the event. Members were also encouraged to forward any unanswered questions/concerns to Alliance staff for answers and clarification. Dave Curro went over the 2018 Annual Report and the group discussed the main focus points of the booklet that was handed out to each member. Ramona went over a new QIP that Member engagement was participating in. She also went over the NEMT pilot and criteria that Alliance was rolling out and how the role that this plays in the QIP.</td>
<td>Ongoing</td>
<td>N/A</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>6. State CFAC Advocacy Day</td>
<td>Legislative Conversations: Steve Hill went over talking points for members to present on CFAC Advocacy Day which will take place on May 16, 2019 at the General Assembly in Raleigh NC. Main talking points include; Medicaid Transformation, Legislation and Budget. Dave Curro also gave a brief overview on advocacy and how he has prepared a document to hand out. Ramona advised that she and Stacy Guse (Wake) will be in attendance to support members before they head up to their legislative appointments. To make an appointment, you can visit <a href="http://www.ncleg.org">www.ncleg.org</a>.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>7. Steering Committee</td>
<td>Dave Curro asked that the topic of Real ID’s and the effects on our population be discussed and added to the agenda of next month’s Steering Committee meeting.</td>
<td>Please add to agenda for the June Steering Committee Meeting</td>
<td>N/A</td>
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<td>8. Event Planning</td>
<td>Community Forum: Dave Curro went over the individuals and providers that he has had contact with to invite to the Community Forum on Medicaid transformation. All members were encouraged to attend, and bring questions. NAMI Walks CFAC table: Ramona asked the group who would be willing to attend this event that will take place on Saturday May 18, 2019 @ Dorothea Dix Park. Dan And Tammy Shaw have agreed to participate. Ramona will email additional information to all members and they encouraged to attend.</td>
<td>N/A</td>
<td>N/A</td>
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**ADJOURNMENT:** the next meeting will be June 10, 2019, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist

05.14.2019

Click here to enter text. Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: ☒ Carole Johnson, ☒ Megan Mason, ☒ Karen McKinnon, ☒ Connie King-Jerome, ☒ Israel Pattison, ☒ Annette Smith, ☒ Ben Smith, ☒ Wanda (Faye) Griffin, ☒ Gregory Schweitzer, X Vicki Bass, X Anthony Saracena, X Jessica Larrison.

GUEST(S): Rebecca Bailey, Bradley Gavriluk

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

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 9, 2019, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting reviewed; a motion made by Israel Pattison and seconded by Gregory Schweitzer to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>Israel would like for Wake CFAC meetings to be held in Raleigh for convenience. Israel suggested contacting the Center for Active Adults 5 points. Annette wanted to know about the Cardinal saving money and if we should discuss it. Israel discussed about Cardinal spending money on Executives salary.</td>
<td>Carole will call DHHS on Swinburne, at Mini City, and Center for Active Adults. Annette and Ben will have to drop out of CFAC if the drive is too far. Israel will check the libraries.</td>
<td>Next meeting.</td>
</tr>
<tr>
<td>4. LME/MCO Updates 2019</td>
<td>-2018 Annual Report (booklet will be handed out), -Community Engagement &amp; Empowerment Team – Update -Tailored Plan Eligibility and Enrollment</td>
<td>Stacy gave Annual Report handouts and asked to email her or Doug with any comments or questions. Stacy explained the new pilot program Stacy provided the new handouts discussion and schedule for upcoming schedule.</td>
<td></td>
</tr>
<tr>
<td>5. Event Planning</td>
<td>Community Forum, CFAC Table at NAMI, Outreach opportunities</td>
<td>Stacy discussed our outreach opportunities.</td>
<td></td>
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<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<tr>
<td>6. Welcome New Members: Vicky Bass, Jessica Larrison, and Anthony Saracena.</td>
<td>Ice-breaker 2 truths and 1 lie Each member to introduce themselves. Welcome Vicky, Jessica, and Anthony as new CFAC members</td>
<td>Vicky, Jessica, and Anthony were given the welcome packet and papers to fill out. Stacy will meet new members at their location, when ready, to pick up the completed documents.</td>
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<tr>
<td>MHFA Training</td>
<td>Continuing the discussion.</td>
<td></td>
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<tr>
<td>Mental Health Awareness Month training</td>
<td>Stacy discussed Mental Health Awareness month and how we can take simple steps to distress. Each member discussed what helps then distress. Karen would like training on situational crisis/trauma.</td>
<td>Stacy will create a training for next mont.</td>
<td></td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT:** the next meeting will be June 11, 2019, at 5:30 p.m.
Respectfully Submitted by:

Stacy Guse, Individual and Family Engagement Specialist | May 14, 2019
Wake CFAC April 2019

Please list your **best member experience:**

Please list your **worst member experience:**

What does it mean to **participate in your healthcare**?
**Members Present:** Jason Phipps, Cassandra Herbert-Williams, Albert Dixon, Jerry Dodson, Leanna George, Bobby Dixon  
**Board Members Present:** None  
**Guest(s):** None  
**Staff Present:** Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist

### 1. Welcome and Introductions

### 2. Review of the Minutes

The minutes from the April 16, 2019, Consumer and Family Advisory Committee (CFAC) meeting reviewed; a motion made by Albert Dixon and seconded by Bobby Dixon to approve the minutes. Motion passed.

### Agenda Items:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td><strong>3. Public Comment</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>4. LME/MCO Updates</strong></td>
<td>Terrasine reviewed the annual report and discussed key points throughout the report. CFAC members were encouraged to read through the report and send any questions they may have to Noah or Terrasine. Noah discussed the quality improvement project (QIP) that member engagement is working on. Which is focused on assisting members in attending initial appointments and follow-ups. Discussed how the project related to the non-emergency medical transportation (NEMT) pilot and the new expanded criteria of the NEMT. Noah discussed the listening session held at the Smithfield Medical Mall on care teams. CFAC members discussed the session and asked questions about the new model and Medicaid Transformation going forward. Jason asked about a question raised at the session in reference to medical providers and the chances of having to change medical providers. There is fear that since Alliance Health will be responsible for individuals with high needs that some specialty providers may choose not to contract with Alliance Health due to the high needs population. CFAC members want to know if there was anything being done or that could be done in order to stop this from happening.</td>
<td>Continue to update CFAC members on changes throughout Alliance</td>
<td>On Going</td>
</tr>
<tr>
<td><strong>5. State Updates</strong></td>
<td>Discussed the Community Empowerment Team update which discussed upcoming events around the state. Also discussed were the scheduled topics for the SCFAC meetings. Terrasine and Noah reviewed the BH/IDD Tailored Plan and Eligibility handout with CFAC members. CFAC members discussed some of the</td>
<td>Continue to track changes as Medicaid Transformation takes shape and update CFAC members accordingly</td>
<td>On Going</td>
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</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>requirements of enrollment in the tailored plan. As well as addressed questions in reference to I/DD services and the standard plan. CFAC members were encouraged to reach out to Terrasine or Noah with any follow up questions.</td>
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<tr>
<td>6. Events</td>
<td>Noah discussed this past Saturday’s event in partnership SSS High School for SSStrong Day. Members report the event went well and there was a decent turn out. Through community events Johnston County CFAC was able to collect more than double the number of total Needs and Gaps surveys submitted for Johnston County in 2018. Johnston County CFAC wants to begin planning a guardianship event for the fall. CFAC would like to partner with Johnston County schools for the event and possibly hold the event on school grounds in October. Noah discussed the “I’m In” initiative with i2i. Discussed the regional kickoff for the pilot on June 26, 2019 from 9:30am to 11:30am at the Smithfield Medical Mall.</td>
<td>Noah will reach out to Becky Fescina the Community Education Specialist in Johnston County and also Amanda Allen at Johnston County Public Schools to discuss partnering for the guardianship event</td>
<td>On Going</td>
</tr>
<tr>
<td>7. State CFAC Advocacy Day</td>
<td>None at this time</td>
<td>None</td>
<td>None</td>
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<tr>
<td>8. Training</td>
<td>CFAC members reported they would like to continue getting updates on trainings in the community. Also continue to focus trainings around Medicaid transformation as it becomes available.</td>
<td>Continue to keep CFAC members updated on community trainings and Medicaid Transformation</td>
<td>On Going</td>
</tr>
</tbody>
</table>

9. **ADJOURNMENT:** the next meeting will be June 18, 2019, at 5:30 p.m.

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – The minutes from the April 1, 2019, Consumer and Family Advisory Committee (CFAC) meeting reviewed; a motion made by Michael McGuire and seconded by Jason Phipps to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>No Public comments</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Standard Plan Implementation</td>
<td>Letters going out to members – Members reminded that initial letters have gone out to members in Regions 2 and 4. All members are receiving letters even though some will not have to make any decision or change anything. Members that will transitioning to a Standard plan will have actions that would be to their benefit to take starting in June. Please refer members to Alliance staff if they come to you with questions.</td>
<td>Continue to communicate information to members, ask questions when something is confusing or does not make sense. Attend listening sessions and other informational sessions that will be coming up in the future.</td>
<td>On Going</td>
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<td>5. LME/MCO Updates</td>
<td>By the numbers – Doug reviewed the LME/MCO results for the month of February, discussed areas of concern, and attached report.</td>
<td>Review and pose any additional questions.</td>
<td>6-3-19</td>
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<td>AGENDA ITEMS:</td>
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<td>Budget/Needs and Gaps – Members in each county did a roundtable discussion about needs and gaps in their communities. These items compiled and presented to Dr. Carlyle Johnson. The compilation presented back to the CFAC steering committee.</td>
<td>Review; also, if you have not filled out an individual survey you are encouraged to do so.</td>
<td>6-3-19</td>
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<td></td>
<td>Tailored Plan Preparation – Short discussion about the ongoing efforts to plan for the transition to a tailored plan, more information to presented monthly.</td>
<td>Continue to receive information, prepare questions and ask.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. State Updates</td>
<td>State CFAC meeting will be this Wednesday, the state will present on SUD waiver services.</td>
<td>Feedback</td>
<td>Ongoing</td>
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<td>7. Subcommittees</td>
<td>Briefly reviewed minutes and activities for the subcommittees for last month.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>• Wake</td>
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<tr>
<td>• Durham</td>
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<td>• Cumberland</td>
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<td>• Johnston</td>
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<td>• Area Board</td>
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<tr>
<td>• Human Rights</td>
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<tr>
<td>• Quality Management</td>
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<tr>
<td>8. Announcements</td>
<td>May 14th, Community Forum in Durham at Community Family Life &amp; Recreation Center, at Lyon Park, 1309 Halley Street, Durham NC 27707 6:00PM to 8:00PM</td>
<td></td>
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<tr>
<td>9. ADJOURNMENT</td>
<td>the next meeting will be June 3, 2019, at 5:30 p.m.</td>
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</table>

Respectfully Submitted by:

Doug Wright

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

State CFAC Legislative Day

May 16, 2019
10:00am to Noon
Mindful Moments:

1. **Be present. Be mindful.** *Pay more attention to what we’re doing.* It does not take extra time.
   - If we are having lunch with each other, it’s setting aside cell phones.
   - If we are driving, we can be mindful of driving – be safe, no calls or texts.
   - If we are spending time with family of friends, focus, be present with them “in the now.”

2. **Scan your senses.** The next time you feel overwhelmed and worrying about what’s happened or what needs to happen.....
   - Use your senses to pull you back to the present in the “right now” using your senses.
   - What are you hearing, smelling, tasting, feeling, and seeing?

3. **Use a breathing exercise.** Focusing on your breath is one way to center oneself, relax, and get perspective.
   - *Breathe in* to the count of four (1,2,3,4), *Hold your breath* for the count of three (1,2,3), then *Exhale* to the count of seven (1,2,3,4,5,6,7). *Repeat.*

4. **Practice gratitude.** Gratitude is a form of mindfulness; it helps us focus on the present.
   - Take a moment to be thankful for what we already have.

5. **Use an app.** Another simple way to start practicing mindfulness is to download one of the many mindfulness apps available for your smartphone.
   - Most offer daily guided meditations that take just a few minutes.
   - Popular apps include CALM, Insight Timer, Headspace, 7 Cups, Ten Percent, Omvana, and Bhuddify.
Promise Resource Network Awarded SAMHSA Grant to Launch Statewide Peer Run (“Consumer” Operated) Organization and Technical Assistance Center

CHARLOTTE, NC (April 1, 2019)—NC based Promise Resource Network, Inc. (PRN) is honored to be the recipient of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) 3-year grant award to launch Peer V.O.I.C.E. NC. PRN will utilize a grassroots organizing approach to incubate the independent statewide peer (“consumer” operated) organization, as well as a peer and recovery Technical Assistance Center (TAC).

Cherene Allen-Caraco, CEO of PRN, stated “PRN is excited to take the lead on establishing a sustainable statewide peer organization and TAC that will be at the forefront of the peer and recovery movement in North Carolina. Through this grant, SAMHSA is ensuring that people directly impacted by mental health challenges are catalysts for transforming mental health and related systems, policies and practices.” She also added, “This coalition will establish a strong, coordinated presence and influence of people that have overcome significant life experiences, capitalizing on their wisdom, to inform how services and systems can be re-designed to facilitate recovery, resilience and healing rather than perpetuate illness, dependence and marginalization.” The aim of the grant is to (1) build consumer-run organizations across the state, (2) coordinate efforts to enhance qualified and competent peer professionals and providers of peer support services, and (3) advance the awareness and use of mental health recovery-oriented services, resources, and supports.

PRN’s Director of Human Resources, Bunnie Holston added, “In addition to improved networking, career and advocacy opportunities, being a member of a professional organization carries a degree of respectability that helps professionals establish legitimacy and leverage their collective power.”

About Promise Resource Network, Inc. Promise Resource Network (PRN) is a NC peer-operated 501(c) (3), established in 2006 to offer alternative, trauma-informed supports and resources that enhance resilience, recovery and wellness. PRN’s Recovery Hub in Charlotte is free, open to the community and steered by the Eight Dimensions of Wellness. The agency is operated and staffed by people with lived recovery experience and embraces a community collaboration of peer workers, providers, advocates, and funders, working to transform the local behavioral health service delivery system. This recovery-oriented system of care was developed to eliminate the dependency and low expectations that are perpetuated by illness-based mental health and substance use systems, to effectively make recovery a reality. PRN was ranked the 2018 best small non-profit in the country!

For additional information, contact Cherene Allen-Caraco at ccaraco@promiseresourcenetwork.org

To get involved and learn more, visit /Peer VOICE NC/

PRN Vision: “Through the wisdom of the lived recovery experience, PRN ignites social change, inspires hope and serves as a catalyst for personal greatness.”
Sandhills Center
Statewide Consumer & Family Advisory Committee Meeting
April 1, 2019
NC Medicaid Managed Care Update

Dave Richard
Deputy Secretary, NC Medicaid
Vision for NC Medicaid Managed Care

“Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.”
Prepaid Health Plans

Create single point of accountability for care and outcomes for Medicaid beneficiaries through two types of Plans

**Standard Plans**
- Beneficiaries benefit from integrated physical & behavioral health services
- “Primary care” behavioral health spend included in PHP capitation rate
- Phased implementation – Nov. 2019 & Feb. 2020

**Tailored Plans**
- Specialized managed care plans targeted toward populations with significant BH and I/DD needs
- Access to expanded service array
- Behavioral Health Homes
- Projected for July 2021
PHPs for NC Medicaid Managed Care

Statewide contracts

• AmeriHealth Caritas North Carolina, Inc.
• Blue Cross and Blue Shield of North Carolina, Inc.
• UnitedHealthcare of North Carolina, Inc.
• WellCare of North Carolina, Inc.

Regional contract – Regions 3 & 5

• Carolina Complete Health, Inc.
Managed Care Regions and Rollout Dates

Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6
With the transition to managed care, DHHS will ensure

- A person with a scheduled appointment will be seen by their provider.
- A person’s prescription will be filled by the pharmacist.
- Calls made to call centers are answered promptly.
- Individuals know their chosen or assigned PHP.
- Individuals have timely access to information and are directed to the right resource.
- A provider enrolled in Medicaid prior to Nov. 1st will still be enrolled.
- A provider is paid for care delivered to members.
- PHPs have sufficient networks to ensure member choice.
What beneficiaries can expect
Understanding MC Impacts to Beneficiaries

What’s New
1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care
3. An enrollment broker will assist with choice

What’s Staying the Same
1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS
Beneficiary Experience – Auto Assignment

Beneficiaries who don’t choose a health plan will be assigned one automatically, consistent with the following components in this order:

1. Where the beneficiary lives.

2. Whether the beneficiary is a member of a special population (e.g. member of federally recognized tribes or BH I/DD Tailored Plan eligible).

3. If the beneficiary has a historic relationship with a particular PCP/AMH.

4. Plan assignments of other family members.

5. If the beneficiary has a historic relationship with a particular PHP in the previous twelve (12) months (e.g., “churned” off/into Medicaid Managed Care).
## Member Timeline – Phase 1

### 2019

**Feb**
- Initial letter sent to beneficiaries in 2 counties
- Address verification letter sent to remaining counties

**March**
- Flyers posted at DSS
- Address corrections to DSS

**April**
- 2nd letter to members
- Member Outreach activities
- Public Service Announcements
- PHP marketing materials

**May**
- Open Enrollment Begins - July 15th

**June 3rd**
- EB Call Center Open
- Welcome Packets mailed

**July**
- Open Enrollment Ends - Sept 13th
- Members auto assigned to PHPs based on algorithm

**Aug**
- Member ID cards
- Member Handbooks

**Sept**
- Managed Care Launch - Phase 1

**Oct**
- Member feedback
- Evaluation of materials, process

**Nov 1st**
- Managed Care Launch - Phase 1

**Dec**
- ...

---

SOFT LAUNCH

Day 1 - Regions 2 & 4

---
**Member Timeline - Phase 2**

### June 3rd, 2019
- EB Call Center Open
- Outreach Activities

### July
- Flyers posted at DSS
- Address corrections to DSS

### Aug
- Letters to members
- Member Outreach activities

### Sept 2nd, 2019
- Enrollment Welcome Packets

### Oct
- Open Enrollment Begins - Oct 14th

### Nov
- Open Enrollment Ends - Dec 13th

### Dec
- Member feedback
- Evaluation of materials, process

### March, 2020
- Member ID cards
- Member Handbooks

### Feb 1st, 2020
- Managed Care Launch - Phase 2

**SOFT LAUNCH**
- Day 1 - Regions 1, 3, 5 & 6
What counties can expect
Managed Care and DSS Workers

County DSS will CONTINUE:
• Processing Medicaid applications, changes of circumstance, and redeterminations
• NEMT for FFS Beneficiaries
• Updating PCP for FFS Beneficiaries

County DSS will not be responsible for:
• Choice Counseling
• Enrolling Members in Plans
• NEMT for Managed Care Members (unless contracted with PHP)
• Updating PHP/PCP for Managed Care Beneficiaries

County DSS will START:
• Referring beneficiaries to the enrollment broker for PHP counseling & assignments
• Referring beneficiaries to their Plan for PCP selection or changes
## Managed Care Impacts on DSS

<table>
<thead>
<tr>
<th>Staff Time</th>
<th>Operational</th>
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<tbody>
<tr>
<td>• Increased in-person/walk-in contacts</td>
<td>• Non-Emergency Medical Transportation (NEMT) changes</td>
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<tr>
<td>• Increased telephone calls</td>
<td>• Potential changes in agency layout/traffic flow</td>
</tr>
<tr>
<td>• Training time for all staff</td>
<td>• Potential fiscal impacts re: staff, NEMT vehicles, contracts</td>
</tr>
<tr>
<td>• Maintenance of scripts, information, updates</td>
<td>• Potential additional phones/interview areas to connect beneficiaries to the EB</td>
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<tr>
<td>• Participation in outreach events</td>
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County Managers and County Commissioners

**County Leadership:**
- DHHS and Associations are engaged in joint planning
- Joint messaging, ongoing meetings
- Specific Training for Commissioners, Finance Officers, Managers

**DHHS assist with evaluating financial impacts on:**
- NEMT for Managed Care and FFS Members
- County Transportation system impacts
- Staff Time
- Additional Utilization Based Payments

**County Involvement in policy recommendations:**
- Tailored Plans Design (regions, governance)
- DSS Eligibility Processing
- Public Health Case Management programs
What providers can expect
Provider Experience in Managed Care

Addressing Administrative Burden:

• a centralized and streamlined provider enrollment and credentialing process;

• transparent, timely and fair payments for providers;

• a single statewide drug formulary that all PHPs will be required to utilize;

• same services covered in Medicaid managed care and fee-for-service (with exception of services carved out of Medicaid Managed Care)

• Department’s definition of “medical necessity” used by PHPs when making coverage decisions; and

• providers offered some contracting “guardrails,” standard PHP contract language.
### Managed Care Impacts on Providers

<table>
<thead>
<tr>
<th>Contract/Payment</th>
<th>Information/Problem Solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Potential contract with multiple PHPs, CINs</td>
<td>• Build relationships with health plans</td>
</tr>
<tr>
<td>• Opportunity to negotiate rates*</td>
<td>• PHP provider assistance line</td>
</tr>
<tr>
<td>• Understanding contract terms, conditions, payment and reimbursement methodologies</td>
<td>• Provider appeals procedures specified in PHP provider manual</td>
</tr>
<tr>
<td>• Network adequacy and out of networks standards</td>
<td>• DHHS provider ombudsman to assist with problem solving</td>
</tr>
<tr>
<td>• AMH program/tiered payments</td>
<td>• Opportunities to provide feedback i.e. AMH TAG</td>
</tr>
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</table>

*rate floors apply*
Questions

NC MEDICAID TRANSFORMATION WEBSITE
www.ncdhhs.gov/medicaid-transformation
BH/IDD Tailored Plan Eligibility and Enrollment

NC DHHS published a “Final Guidance” paper entitled, “BH/IDD Tailored Plan Eligibility and Enrollment”. Final guidance may reference that NC DHHS will not seek any more feedback on the policy, although it is qualified that NC DHHS has the right to amend the policy in the future. This paper accompanies the November 2017 concept paper, “BH/IDD Tailored Plan” and further specifies eligibility requirements for the BH/IDD Tailored Plan and enrollment in the BH/IDD Tailored Plan.

NC DHHS staff have indicated that they are continuing their review of claims and encounter data for dates of service as of January 1, 2018 or later to identify Medicaid beneficiaries who meet the eligibility requirements for the BH/IDD Tailored Plan. Those individuals will receive a letter, probably in early summer, indicating that there are impending changes to Medicaid, but also indicating that they will also continue receiving services through the LME/MCOs and their physical healthcare services will continue to be fee-for-service until the BH/IDD Tailored Plan goes live in 2021.

At the time of the BH/IDD Tailored Plan launch, Innovations and TBI waiver and Transition to Community Living Initiative Medicaid beneficiaries must enroll in the BH/IDD Tailored Plan to receive services under the waiver. Medicaid beneficiaries who are eligible for the Innovations waiver but are waiting for a slot are able to enroll under the Standard Plan while on the waiting list without losing their place on the list.

Foster children up to age 21 and those who were formerly foster children up to age 26, or receiving Title IV-E Adoption Assistance, may choose between a Specialized Foster Care Plan—if available, the Standard Plan or the BH/IDD Tailored Plan.

Nursing home residents who are eligible for the BH/IDD Tailored Plan when it begins are included. In general, dual eligible (Medicare/Medicaid) individuals will be folded into Medicaid managed care in 2023.

NC DHHS has stated that they do not intend to cap enrollment in the BH/IDD Tailored Plans. Enrollment caps will remain for the Innovations and TBI waivers. Based on a review of past data, the Department estimates that about 25,000-35,000
dual eligible beneficiaries and 80,000-100,000 Medicaid only beneficiaries will meet the eligibility criteria for enrollment in a Behavioral Health I/DD Tailored Plan. Specific diagnoses included in their review are listed in the Appendix B of the document.

The following Medicaid and Health Choice beneficiaries will automatically be included in the BH/IDD Tailored Plan:

• Enrollees in the Innovations waiver and those on the waiting list as well as any beneficiaries with a qualifying I/DD diagnosis code;
• Enrollees in the TBI Waiver and those on the waiting list;

• Transition to Community Living Initiative (TCLI)-qualified beneficiaries;
• any beneficiary who has used a Medicaid service that will only be available through a Behavioral Health I/DD Tailored Plan (See Section VI for additional detail on these services);
• any individuals who has used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds;
• **Children with complex needs**, as that term is defined in the 2016 settlement agreement between the NC DHHS and Disability Rights of North Carolina;
• any beneficiary who has a qualifying SMI or SED diagnosis code or qualifying SUD diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period;
• beneficiaries who have had—
  o two or more psychiatric hospitalizations or readmissions within 18 months
  o two or more visits to the emergency department for a psychiatric problem within 18 months
  o two or more episodes using behavioral health crisis services within 18 months;

• beneficiaries who have had an admission to a State psychiatric hospital or alcohol and drug abuse treatment center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episode in a State-owned facility;

Self-Selection for the BH/IDD Tailored Plan and Transition of Care Requests:
An individual who qualifies for Medicaid who believes they meet the eligibility and wishes to be in the BH/IDD Tailored Plan can make that request with the help of their provider. NC DHHS has termed this, “Raise Your Hand”.
NC DHHS has self-imposed timelines to address transitions of care from the Standard Plan to the BH/IDD Tailored Plan to include:
- Auto enrollments will be processed within 5-7 calendar days;
- Optional BH/IDD Tailored Plan enrollment requests made to the Enrollment Broker will be approved or denied within 5-7 calendar days;
- Expedited transfers for urgent medical needs will be reviewed and approved or denied within 24 to 48 hours from when the beneficiary makes the request to the Enrollment Broker.
Talking Points for Changes in Care Coordination

- Over the next 6-9 months Alliance will be making some changes in how Care Coordination is offered to our members.
- These changes are part of an agency-wide effort to prepare for the transition to a Tailored Plan.
- Care Coordination is moving to a model that offers a multi-disciplinary team to better meet the needs of our members.
- The team will be led by a Care Navigator who will be the point of contact for members and families.
- Based on comprehensive review and assessments, additional expertise may be added to the team.
- Among the additional expertise that may be added are nurses, pharmacist, community health workers, and senior clinicians.
- Offering a team approach to care will better address the often complex needs our members’ experience.
- Changes to Care Coordination will begin with IDD. A series of listening sessions for members and families and families will be held in May
  - Cumberland Office 5/13/19 6pm-7:30pm
  - Morrisville Office 5/14/19 6pm-7:30pm
  - Johnston Office 5/16/19 6pm-7:30pm
- Implementation of the team approach to Care Coordination for IDD will begin July 1, 2019.
- Transition of the team approach for Care Coordination for MH/SUD will occur between July-December 2019. Additional information regarding that transition and listening sessions will be provided at a later date.
NC Department of Health and Human Services

BH I/DD Tailored Plan
Eligibility and Enrollment

Katherine Nichols, LCSW
Assistant Director, DMH/DD/SAS

April 1, 2019
On March 18, North Carolina’s Department of Health and Human Services released the Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plan Eligibility and Enrollment (E&E) Final Policy Guidance.

The paper provides an overview of the BH I/DD Tailored Plan E&E processes developed to date, covering topics including:

- Guiding principles
- Medicaid managed care eligibility
- BH I/DD Tailored Plan eligibility criteria
- Process for enrolling in a BH I/DD Tailored Plan
- Transitions between Standard Plans and BH I/DD Tailored Plans
- Benefits covered in BH I/DD Tailored Plans

Today’s webinar reviews key concepts in the paper. The full paper can be found at: [https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf](https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf)
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Background and Guiding Principles
North Carolina is in the midst of large scale Medicaid transformation efforts, with two types of managed care products—Standard Plans and BH I/DD Tailored Plans—launching in the next two and a half years.

**Timeline for Managed Care Transition**

- **Standard Plan launch** (Nov. 2019 – Feb. 2020*)
- **BH I/DD Tailored Plan launch** (tentatively July 2021)

*Standard Plan launch date will vary by region and will be in either Nov. 2019 or Feb. 2020.
Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide a robust set of physical health, behavioral health, long-term services and supports, and pharmacy benefits.

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

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

**Most Medicaid beneficiaries will enroll in Medicaid managed care—either in a Standard Plan or a BH I/DD Tailored Plan.**

<table>
<thead>
<tr>
<th>Status of Medicaid Managed Care Enrollment, Per Legislation</th>
<th>Populations</th>
</tr>
</thead>
</table>
| **Included**                                             | - Medicaid and NC Health Choice-enrolled children  
- Parents and caretaker adults  
- People with disabilities who are not dually eligible for Medicaid and Medicare |
| **Exempt**                                               | - Members of federally recognized tribes |
| **Excluded**                                             | - Medically needy beneficiaries (have a spend-down or deductible they must meet before benefits begin)*  
- Health Insurance Premium Payment program*  
- CAP/C waiver enrollees  
- CAP/DA waiver enrollees  
- Beneficiaries with limited Medicaid benefits—family planning, partial duals, qualified aliens subject to the five-year bar, undocumented aliens, refugees, and inmates  
- PACE population |
| **Delayed**                                               | **Until July 2021**  
- BH I/DD Tailored Plan-eligible beneficiaries (choice to opt into Standard Plan)  
  *Includes both Medicaid-only beneficiaries and dual eligibles. Dual eligibles will not have the choice to opt into a Standard Plan and will obtain only behavioral health and I/DD services through their BH I/DD Tailored Plan; they will receive all other Medicaid-covered services through Medicaid fee-for-service*  
- Beneficiaries in foster care under age 21, children in adoptive placement, and former foster youth up to age 26 who aged out of care |

**Until 2023**  
- Long-stay nursing home population  
- Dual eligibles who are not BH I/DD Tailored Plan eligible

*Beneficiaries enrolled in the Innovations or TBI waivers are not excluded from Medicaid managed care, and will default into BH I/DD Tailored Plans upon their launch.*

**Managed care enrollment does not impact Medicaid eligibility.**
Guiding Principles for BH I/DD Tailored Plan Eligibility

DHHS used the following guiding principles to develop BH I/DD Tailored Plan eligibility criteria and enrollment processes.

- Enroll beneficiaries in the managed care product that best meets their needs
- Minimize barriers to access
- Comply with legislation
- Be responsible stewards of public funds
Overview of BH I/DD Tailored Plan Eligibility

DHHS will conduct regular reviews of encounter, claims, and other data to identify beneficiaries who are eligible for a BH I/DD Tailored Plan.

**BH I/DD Tailored Plan Eligibility Criteria Identified via Data Reviews**

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists*
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying SMI, SED, or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period
- Have had an admission to a state psychiatric hospital or alcohol and drug abuse treatment center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

*Currently, there is no waiting list for the TBI waiver.

~30,000 dual eligible beneficiaries and ~85,000 Medicaid-only beneficiaries are expected to be eligible for a BH I/DD Tailored Plan.
BH I/DD Tailored Plan Enrollment Processes
Beneficiaries may be identified as eligible for a BH I/DD Tailored Plan prior to or after Standard Plan launch. Beneficiaries identified prior to Standard Plan launch will remain in their current delivery system until BH I/DD Tailored Plan launch.

- **Standard Plan launch** (Nov. 2019 – Feb. 2020*)
- **BH I/DD Tailored Plan launch** (tentatively July 2021)

**2019**
- DHHS conducts data review to identify BH I/DD Tailored Plan eligibility using dates of service of 1/1/2018 or later

**2020**
- BH I/DD Tailored Plan-eligible beneficiaries remain in current delivery system (generally fee-for-service/LME-MCO)**

**2021**
- DHHS reassesses BH I/DD Tailored Plan eligibility using more recent lookback period; those who no longer are eligible for a BH I/DD Tailored Plan will be auto-enrolled in a Standard Plan at the point of BH I/DD Tailored Plan launch

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*Standard Plan launch date will vary by region and will be in either Nov. 2019 or Feb. 2020.

**Beneficiaries may choose to enroll in a Standard Plan. If they are in the Innovations or TBI waiver, they must disenroll from the waiver prior to transitioning.
BH I/DD Tailored Plan Enrollment Process: Eligibility Identified Post-Standard Plan Launch

On an ongoing basis, DHHS will review encounter, claims and other available data to identify Standard Plan beneficiaries who meet BH I/DD Tailored Plan eligibility criteria.

DHHS identifies Standard Plan beneficiary as BH I/DD Tailored Plan eligible

Depending on which eligibility criterion the beneficiary meets, he/she will either be auto-enrolled or have the option of enrolling in a BH I/DD Tailored Plan

Auto-Enrollment into BH I/DD Tailored Plan*

- Enrolled in Innovations or TBI Waiver or joining the waitlist for Innovations or TBI Waiver
- Enrolled in TCLI
- Using a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Using a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Being identified by LME-MCOs as meeting the definition of children with complex needs, as defined in the 2016 settlement agreement

Optional Enrollment into BH I/DD Tailored Plan

- Have a qualifying I/DD diagnosis code
- Have a qualifying SMI, SED, or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period
- Have had an admission to a state psychiatric hospital or alcohol and drug abuse treatment center (ADATC)
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

*Prior to BH I/DD Tailored Plan launch, these beneficiaries will be auto-enrolled in FFS/LME-MCO. They will have the option to move to a Standard Plan.
Beneficiaries will continue to be eligible for a BH I/DD Tailored Plan if they either:

- Have an I/DD diagnosis,
- Have TBI needs, or
- Have used a Medicaid or state-funded behavioral health service other than outpatient therapy and medication management in the past 24 months.

Beneficiaries who do not meet one of the criteria above will be transferred to a Standard Plan at renewal and noticed accordingly.
BH I/DD Tailored Plan Benefits
BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.

<table>
<thead>
<tr>
<th>Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans</th>
<th>Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enhanced behavioral health services are italicized</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **State Plan Behavioral Health and I/DD Services**  
- Inpatient behavioral health services  
- Outpatient behavioral health emergency room services  
- Outpatient behavioral health services provided by direct-enrolled providers  
- Partial hospitalization  
- Mobile crisis management  
- Facility-based crisis services for children and adolescents  
- Professional treatment services in facility-based crisis program  
- Peer supports*  
- Outpatient opioid treatment  
- Ambulatory detoxification  
- Substance abuse comprehensive outpatient treatment program (SACOT)  
- Substance abuse intensive outpatient program (SAIOP)**  
- Clinically managed residential withdrawal (aka social setting detox)*  
- Research-based intensive behavioral health treatment  
- Diagnostic assessment  
- Early and periodic screening, diagnostic and treatment (EPSDT) services  
- Non-hospital medical detoxification  
- Medically supervised or ADATC detoxification crisis stabilization | **State Plan Behavioral Health and I/DD Services**  
- Residential treatment facility services for children and adolescents  
- Child and adolescent day treatment services  
- Intensive in-home services  
- Multi-systemic therapy services  
- Psychiatric residential treatment facilities  
- Assertive community treatment  
- Community support team  
- Psychosocial rehabilitation  
- Substance abuse non-medical community residential treatment  
- Substance abuse medically monitored residential treatment  
- Clinically managed low-intensity residential treatment services*  
- Clinically managed population-specific high-intensity residential programs*  
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)  
- Innovations waiver services  
- TBI waiver services  
- 1915(b)(3) services (excluding peer supports if moved to State Plan)  |
| **Waiver Services**  
- Innovations waiver services  
- TBI waiver services  
- 1915(b)(3) services (excluding peer supports if moved to State Plan)  |
| **State-Funded BH and I/DD Services**  
State-Funded TBI Services |  |
Reminder: Opportunities to Engage

DHHS values input and feedback from stakeholders and will make sure stakeholders have the opportunity to connect through a number of venues and activities.

Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website: https://www.ncdhhs.gov/assistance/medicaid-transformation

Groups DHHS Will Engage

- Consumers, Families, Caregivers, and Consumer Representatives
- Providers
- Health Plans and LME-MCOs
- Counties
- General Public

Comments? Questions? Let’s hear from you!

Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov
ITEM: Finance Committee Report

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m. prior to the regular Board Meeting. This month’s report includes the draft minutes from the May 2, 2019, meeting, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending April 30, 2019 and recommendations to the Board to approve all presented contracts over $250,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

1. Review of the Minutes – May 2, 2019

2. Monthly Financial Reports as of April 30, 2019
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DMA Contractual Ratios

3. Approval of Contract(s)

4. FY19 Amended Budget

5. FY20 Final Budget Recommendation for Approval

6. Adjournment
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 4, 2019, meeting were reviewed; a motion was made by Chair Cynthia Binanay and seconded by Mr. Gino Pazzaglini to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. Monthly Financial Reports | The monthly financial reports were discussed which includes the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of March 31, 2019. Ms. Sara Pacholke discussed the monthly reports.  
  - As of 3/31/19, total assets are $159.5M with $98.6M being current. Total liabilities of $68.1M with $59.5M being current. Net position is $91.4M with $5.2M being unrestricted.  
  - As of 3/31/19, we have a loss of $21.5M and need $17M from fund balance to offset legislative reductions. The loss will continue to grow during FY19 due to legislative cuts.  
  - Projections were added to the Summary of Savings/(Loss) by Funding Source. As of 6/30/19, Alliance is projecting a loss of $35.3M with $32.3 being planned for to cover legislative reductions, the required intergovernmental transfer, and reinvestment into the community.  
    a) We are meeting all SB208 and DMA contract ratios. |  |  |
  - Phase A (Interior Demolition & Asbestos Abatement) has been awarded.  
  - Phase B (Roof Replacement) is currently being negotiated. As a result of the current roofing market and the fact that only general contractors bid on Phase B (increases the project by 25-30%), Phase B came in substantially higher than the Board originally authorized. As a result, a motion was made by Mr. Gino Pazzaglini and approved by Mr. Lascel Webley to authorize the CEO to enter into a contract for roof replacement for the child | Take the motion to the Board for approval. | 5/2/19 Meeting |
Thursday, May 02, 2019

BOARD FINANCE COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
2:30-4:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>facility based crisis building in Fuquay-Varina for an amount not to exceed $499,999. Motion passed unanimously.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phase C (Pavement Repair) has been awarded.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phase D (General Construction) was released and is currently open for bid.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposals are due 6/12/19 at 3:00 pm.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Quarterly Updates</td>
<td>Ms. Kelly Goodfellow gave a quarterly update related to solvency standards. The state released a draft quarter two solvency standard report, which showed Alliance having a significant amount of savings for the year. After discussion, the State agreed to show a 2% profit related to the risk reserve, while not accurate compared to our current financial position it was much better than the originally proposed savings. The report has not yet gone to the general assembly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. FY20 Recommended Budget</td>
<td>Ms. Kelly Goodfellow went over highlights of the FY20 recommended budget presentation that she will give to the full Board.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT**: next meeting will be June 6, 2019, from 2:30 p.m. to 4:00 p.m.

Respectfully Submitted by:

Click here to enter text.                                        Date Approved
### Summary of Savings/(Loss) by Funding Source as of April 30, 2019

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection as of June 30, 2019*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$306,923,424</td>
<td>$316,664,892</td>
<td>$(9,741,468)</td>
<td>$(13,189,762)</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>$7,123,022</td>
<td>$7,123,022</td>
<td>$0</td>
<td>$7,336,162</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>$33,334,337</td>
<td>$52,627,559</td>
<td>$(19,293,222)</td>
<td>$(25,141,196)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>$23,503,732</td>
<td>$23,474,497</td>
<td>$29,236</td>
<td>$29,236</td>
</tr>
<tr>
<td>Administrative</td>
<td>$47,886,312</td>
<td>$49,021,688</td>
<td>$(1,135,376)</td>
<td>$(1,135,376)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$418,770,827</td>
<td>$441,788,636</td>
<td>$(23,017,809)</td>
<td>$(32,406,574)</td>
</tr>
</tbody>
</table>

- Committed
  - Legislative Reductions: $(19,293,222) - $(25,141,196)
  - Intergovernmental Transfers: $(2,506,514) - $(3,007,817)
  - Reinvestments-Service: $(2,107,348) - $(3,035,000)
  - Reinvestments-Administrative: $(342,328) - $(355,787)
- Total Committed: $(24,249,413) - $(31,539,800)

- Unrestricted: $1,231,604 - $(866,774)

**Total Amount to be Appropriated - Fund Balance**: $(23,017,809) - $(32,406,574)

### Fund Balance as of April 30, 2019

<table>
<thead>
<tr>
<th></th>
<th>June 30, 2018</th>
<th>Change</th>
<th>April 30, 2019</th>
<th>Projection as of June 30, 2019*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted - Risk Reserve</td>
<td>43,027,793</td>
<td>7,123,022</td>
<td>50,150,815</td>
<td>50,363,956</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Statutes</td>
<td>5,217,343</td>
<td></td>
<td>5,217,343</td>
<td>5,217,343</td>
</tr>
<tr>
<td>Prepaids</td>
<td>639,095</td>
<td>1,010,076</td>
<td>1,649,170</td>
<td>631,000</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>5,856,438</td>
<td>1,010,076</td>
<td>6,866,513</td>
<td>5,848,343</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>25,141,196</td>
<td>(19,293,222)</td>
<td>5,847,974</td>
<td>-</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(2,506,514)</td>
<td>501,303</td>
<td>-</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>10,355,000</td>
<td>(2,107,348)</td>
<td>8,247,652</td>
<td>7,320,000</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>8,414,500</td>
<td>(342,328)</td>
<td>8,072,172</td>
<td>8,058,713</td>
</tr>
<tr>
<td>Total Committed</td>
<td>46,918,513</td>
<td>(24,249,413)</td>
<td>22,669,100</td>
<td>15,378,713</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>12,723,765</td>
<td>(7,096,651)</td>
<td>5,627,115</td>
<td>4,384,767</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>112,935,938</td>
<td>(23,017,809)</td>
<td>89,918,129</td>
<td>80,529,364</td>
</tr>
</tbody>
</table>

*Projections are based on currently available information and therefore are subject to change.*
A
Projected Administrative Loss as of 6/30/19 $ (1,411,778)
Committed-Intergovernmental Transfers 3,007,817
Committed-Reinvestments-Administrative 355,787
Net Administrative Savings/(Loss) After Committed Funds $ 1,951,826

B
FY19 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th></th>
<th>FY19 Committed Funds</th>
<th>Spent as of April 30, 2019</th>
<th>Projection as of June 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Crisis Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Urgent Care</td>
<td>$ 500,000</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Child Facility Based Crisis</td>
<td>5,800,000</td>
<td>371,993</td>
<td>450,000</td>
</tr>
<tr>
<td>Durham Crisis Facility</td>
<td>1,700,000</td>
<td>913,855</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Crisis Diversion</td>
<td>350,000</td>
<td>-</td>
<td>350,000</td>
</tr>
<tr>
<td>NC START</td>
<td>650,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Paramedicine</td>
<td>250,000</td>
<td>101,501</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$ 9,250,000</td>
<td>$ 1,387,349</td>
<td>$ 2,300,000</td>
</tr>
<tr>
<td><strong>Interventions and Supports</strong></td>
<td>$ 1,387,349</td>
<td>$ 1,387,349</td>
<td>$ 2,300,000</td>
</tr>
<tr>
<td>Integrated Care contracts</td>
<td>$ 500,000</td>
<td>190,236</td>
<td>200,000</td>
</tr>
<tr>
<td>Intensive Wrap Around</td>
<td>20,000</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$ 520,000</td>
<td>$ 200,236</td>
<td>$ 200,000</td>
</tr>
<tr>
<td><strong>Social Determinants of Health</strong></td>
<td>$ 200,236</td>
<td>$ 200,236</td>
<td>$ 200,000</td>
</tr>
<tr>
<td>Transportation</td>
<td>$ 55,000</td>
<td>$ 3,788</td>
<td>10,000</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$ 555,000</td>
<td>$ 503,788</td>
<td>$ 510,000</td>
</tr>
<tr>
<td><strong>Engagement and Self-Management</strong></td>
<td>$ 510,000</td>
<td>$ 510,000</td>
<td>$ 510,000</td>
</tr>
<tr>
<td>Technology Enabled Homes</td>
<td>$ 30,000</td>
<td>15,974</td>
<td>25,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$ 30,000</td>
<td>$ 15,974</td>
<td>$ 25,000</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>$ 25,000</td>
<td>$ 25,000</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>New Claims Processing System</td>
<td>$ 2,000,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Care Coordination tool/JIVA Implementation</td>
<td>2,500,000</td>
<td>147,305</td>
<td>189,392</td>
</tr>
<tr>
<td>Standard Plan Implementation</td>
<td>2,000,000</td>
<td>195,024</td>
<td>355,787</td>
</tr>
<tr>
<td>Technology Improvements</td>
<td>500,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Alternative Payment Models Implementation</td>
<td>1,414,500</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$ 8,414,500</td>
<td>$ 342,328</td>
<td>$ 545,179</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 18,769,500</td>
<td>$ 2,449,676</td>
<td>$ 3,580,179</td>
</tr>
</tbody>
</table>
### Statement of Revenue and Expenses (Budget and Actual) - As of April 30, 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$37,931,390.00</td>
<td>$2,585,764.03</td>
<td>$23,503,732.25</td>
<td>$14,427,657.75</td>
<td>61.96%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>77,881,018.00</td>
<td>3,444,583.19</td>
<td>33,334,336.94</td>
<td>44,546,681.06</td>
<td>42.80%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>379,107,645.00</td>
<td>32,127,972.43</td>
<td>314,046,445.94</td>
<td>65,061,199.06</td>
<td>82.84%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$494,920,053.00</td>
<td>38,158,319.65</td>
<td>370,884,515.13</td>
<td>124,035,537.87</td>
<td>74.94%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>369,054.00</td>
<td>81,513.33</td>
<td>380,976.03</td>
<td>(11,922.03)</td>
<td>103.23%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.00</td>
<td>3,632,830.08</td>
<td>726,554.92</td>
<td>83.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>55,780,727.00</td>
<td>4,380,198.09</td>
<td>42,817,784.35</td>
<td>12,962,942.65</td>
<td>76.76%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>885,000.00</td>
<td>102,865.37</td>
<td>1,054,721.44</td>
<td>(169,721.44)</td>
<td>119.18%</td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>61,394,166.00</td>
<td>4,927,859.79</td>
<td>47,886,311.90</td>
<td>13,507,854.10</td>
<td>78.00%</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>$556,314,219.00</td>
<td>43,086,179.44</td>
<td>418,770,827.03</td>
<td>137,543,391.97</td>
<td>75.28%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>37,931,390.00</td>
<td>2,524,553.82</td>
<td>23,474,496.58</td>
<td>14,456,893.42</td>
<td>61.89%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>77,881,018.00</td>
<td>5,539,477.92</td>
<td>52,627,559.34</td>
<td>25,253,458.66</td>
<td>67.57%</td>
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<tr>
<td>Medicaid Waiver Services</td>
<td>379,107,645.00</td>
<td>31,677,811.73</td>
<td>316,664,892.09</td>
<td>62,442,752.91</td>
<td>83.53%</td>
</tr>
<tr>
<td>Total Service Expenses</td>
<td>494,920,053.00</td>
<td>39,741,843.47</td>
<td>392,766,948.01</td>
<td>102,153,104.99</td>
<td>79.36%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,832,123.51</td>
<td>850,481.99</td>
<td>8,061,171.89</td>
<td>(229,048.38)</td>
<td>102.92%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>44,912,299.33</td>
<td>3,732,143.07</td>
<td>37,284,550.39</td>
<td>7,627,748.94</td>
<td>83.02%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>7,764,743.16</td>
<td>264,297.02</td>
<td>3,675,965.97</td>
<td>4,088,777.19</td>
<td>47.34%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>885,000.00</td>
<td></td>
<td></td>
<td>885,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Administrative Expenses</td>
<td>61,394,166.00</td>
<td>4,846,922.08</td>
<td>49,201,688.25</td>
<td>12,372,477.75</td>
<td>79.85%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$556,314,219.00</td>
<td>44,588,765.55</td>
<td>441,788,636.26</td>
<td>114,525,582.74</td>
<td>79.41%</td>
</tr>
</tbody>
</table>

**CHANGE IN NET POSITION**

($1,502,586.11) ($23,017,809.23)
**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization’s ability to pay short term obligations. The requirement is 1.0 or greater.

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
**Defensive Interval** = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/17-6/30/19).
ITEM: Draft Minutes from the May 2, 2019, Board Meeting

DATE OF BOARD MEETING: June 6, 2019

REQUEST FOR BOARD ACTION: Approve the draft minutes from the May 2, 2019, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; and Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: ☐ Glenn Adams, Cumberland County Commissioner, JD, ☒ Cynthia Binanay, Chair, MA, BSN, ☒ Christopher Bostock, BSIM, ☐ Tony Braswell, Johnston County Commissioner, ☒ Heidi Carter, Durham County Commissioner, MPH, MS (via phone after 6:08 pm, exited at 6:15 pm), ☒ George Corvin, Vice-Chair, MD, ☒ David Curro, BS, ☐ Greg Ford, Wake County Commissioner, MA, ☒ Lodies Gloston, MA, ☒ David Hancock, MBA, MPAff, ☒ Duane Holder, MPA (via phone), ☒ D. Lee Jackson, BA (via phone), ☒ Donald McDonald, MSW, ☒ Lynne Nelson, BS, ☒ Gino Pazzaglini, MSW LFACHE, ☒ Pam Silberman, JD, DrPH, ☒ Lascel Webley, Jr., MBA, MHA (exited at 6:01 pm), and ☒ McKinley Wooten, Jr., JD (exited at 6:26 pm)

GUEST(S) PRESENT: Janet Conner-Knox, A Caring Heart, LLC; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disabilities, and Substance Abuse Services); and Mary Hutchings, Wake County Finance Department

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

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:04 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td></td>
</tr>
<tr>
<td>A. NCACC (NC Association of County Commissioners) Update: Chair Binanay provided an update from a recent meeting that she and Mr. Robinson attended where they provided input on the configuration of the Tailored Plan regions to NCACC; NCACC was tasked by NC DHHS to provide guidance on Tailored Plan regions. Mr. Holder also attended the meeting and mentioned discussion including keeping Cumberland County as part of Alliance’s Tailored Plan region.</td>
<td></td>
</tr>
<tr>
<td>B. Reminder of Additional June Board meeting: Chair Binanay reminded Board members of a potential second meeting in June (on June 27 at 8:00 am). Staff will confirm if the meeting is needed; if it is, Board members may participate by phone for this brief meeting.</td>
<td></td>
</tr>
<tr>
<td>C. Mr. Robinson mentioned that the agency’s 2018 Annual Report was published; a copy was provided for board members. He also mentioned that new name tags were distributed today.</td>
<td></td>
</tr>
<tr>
<td>D. Alliance’s EQR (external quality review) Score: Mr. Robinson mentioned this review is required for any Medicaid operated health plan; Alliance’s score of 98% was the highest score for Alliance and tied with another NC MCO for highest among all NC MCOs.</td>
<td></td>
</tr>
<tr>
<td>E. May is Mental Health Awareness Month: Mr. Robinson mentioned a schedule of events in our communities that was previously emailed to Board members. Board members may contact Ms. Ingram for additional information.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>F. Orientation for New Board Members:</td>
<td>Mr. Robinson mentioned an upcoming orientation session for new board members. The next session is Tuesday, May 14 at 2:00-4:00 pm. Board members may contact Ms. Ingram to RSVP.</td>
</tr>
<tr>
<td>G. Cumberland Crisis Services:</td>
<td>Sean Schreiber provided an update on the transition of crisis services in Cumberland County, including changes by the current provider during the interim. The new provider is also reviewing what additional services they can provide during this transition.</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee – page 3</td>
</tr>
<tr>
<td></td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Cumberland, Durham, Wake and Johnston CFAC meetings, and the CFAC steering meeting.</td>
</tr>
<tr>
<td></td>
<td>Dave Curro, CFAC Chair, presented the report. Mr. Curro mentioned that an upcoming community forum hosted by the Durham CFAC, which Mr. Robinson will speak at on May 14 at 6:00-8:00 pm. He also mentioned CFAC input on Alliance’s needs and gaps analysis, participation in the State CFAC legislative day on May 16, and feedback from CFAC members. He encouraged Board members to attend local CFAC meetings. The CFAC report is attached to and made part of these minutes.</td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>The Board received the report.</td>
</tr>
<tr>
<td>B. Finance Committee – page 47</td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the April 4, 2019, meeting, Statement of Net Position, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending March 31, 2019, and recommendations to the Board to approve all presented contracts over $250,000.</td>
</tr>
<tr>
<td></td>
<td>Chris Bostock, Committee Chair, presented the report. Mr. Bostock mentioned expenses exceeded revenue due to disputes in our PMPM (per member, per month) rate calculations, unresolved Medicaid recoupments, and State Single Stream funding cuts. He also shared that all State and contractual mandated ratios were met. He mentioned that the recommended budget will be presented today for consideration and will be presented at the June Board meeting for approval. He mentioned a potential budget amendment, which will be presented at the June Board meeting. The Finance Committee report is attached to and made part of these minutes.</td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>A motion was made by Mr. Bostock to authorize the CEO to enter into a contract for roofing of the facility in Fuquay-Varina, not to exceed $499,999.00; motion seconded by Vice-Chair Corvin. Motion passed unanimously.</td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:  

### 6. Consent Agenda

- **A. Draft Minutes from April 4, 2019, Board Meeting** – page 56
- **B. Executive Committee Report** – page 61
- **C. Human Rights Committee Report** – page 66
- **D. Network Development and Services Committee Report** – page 112
- **E. Quality Management Committee Report** – page 114

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

### BOARD ACTION

A motion was made by Vice-Chair Corvin to approve the consent agenda; motion seconded by Ms. Nelson. Motion passed unanimously.

### 7. Fiscal Year (FY) 2019-2020 Recommended Budget – page 119

Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, presented the FY2019-2020 recommended budget for consideration. Ms. Goodfellow mentioned detailed aspects of the following during her presentation: total budget, revenue sources (Medicaid, State, and local), comparison to FY2018-2019 budget, and administration portion of the budget. Ms. Goodfellow also shared next steps, which include a public hearing and approval at the June 6, 2019, Board meeting.

Board members discussed reviewing benefits to ensure equity of benefits for all employees, discussed living wage, and the impact of proposed changes. The Board will vote on the FY2019-2020 budget and reinvestment plan at the June 6, 2019, Board meeting. Budgetary documents are attached to and made part of these minutes.

### BOARD ACTION

The Board accepted the presentation.

### 8. Review of FY20 Board Officer Selection Process – page 154

Chair Binanay reviewed the annual process for selecting officers; Board members will vote on FY2019-2020 officers at the June 6, 2019, Board meeting; the FY20 officers’ terms start July 1, 2019. Chair Binanay encouraged members to forward nominations to her. She expressed gratitude for serving as Board Chair for two years.

### BOARD ACTION

The Board accepted the update.

### 9. Legislative Update

Brian Perkins, Senior Vice-President/Government Relations, and Sara Wilson, Government Relations Director, provided an update. They mentioned the NC House proposed budget and compared it to the governor’s budget. Mr. Perkins shared items of the House budget including reallocation of Single Stream recurring cuts, staffing for Group Home services, continuing the Community Paramedicine pilot program, and substance use disorder services. Crossover date is May 7, 2019.

### BOARD ACTION

The Board accepted the update.

### 10. Closed Session(s)

### BOARD ACTION

A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (1), (a) (6), and (a) (3) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consider the qualifications,
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>competence, and performance of an employee, and to consult with General</td>
</tr>
<tr>
<td>Counseling regarding litigation; motion seconded by Ms. Gloston. Motion</td>
</tr>
<tr>
<td>passed unanimously.</td>
</tr>
<tr>
<td>The Board returned to open session.</td>
</tr>
</tbody>
</table>

| 11. Adjournment | All business was completed; the meeting adjourned at 6:45 p.m.          |

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**Next Board Meeting**

**Thursday, June 06, 2019**

4:00 – 6:00 pm

Respectfully Submitted by:

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: HR FY20 Classification and Grade Plan

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: Annually in July, Alliance is required to report its classification and grade plan to the North Carolina Office of State Human Resources (OSHR). This report requires that the Alliance Board review and approve this Annual Plan.

REQUEST FOR AREA BOARD ACTION: Approve the report.

CEO RECOMMENDATION: Approve the report.

RESOURCE PERSON(S): Cheala Garland-Downey, Senior Vice-President/Human Resources
Created and/or modified position classifications:

**Working Title**
- Appeals Coordinator
- Applications Support Spec
- Human Resources Manager
- Diversion Housing Special
- Post Transition Engagement Specialist
- School Based Diversion Coordinator
- Behavioral Health Consultant-LTS
- Care Navigator-LTS
- Community Health Worker-LTS
- Provider Network Consultant-LTS
- School Based IDD Care Coordinator
- Senior Director Care Coordination
- Senior Director Clinical Innovations
- IDD/TBI Senior Clinician
- Community Engagement Manager
- Community Health & Strategy Manager
- Member Engagement Manager
- Special Populations Manager
- Director-Community & Member Engagement
- Registered Nurse
- EVP-Provider Network & Community Health

Eliminated position classifications:

**Working Title**
- Executive Vice President-Care Management
- Director-Human Resources
- I/DD Clinical Director
- Director-Strategic Analytics
- Manager-Enterprise Reporting
- SVP-Clinical Operations
- SVP-Network Dev and Evaluation
- Director-Individual & Family Engagement
- Director-System Engagement
- Research Assistant
Working title changes only:

*Working Title - NOTE: text in parenthesis is removed*

Financial & Purchasing (Manager) Administrator
Director-(I/DD Care Coord.) Long Term Services Care Coord.
Long Term Services (I/DD) Access Coordinator
SVP-Community (Relations) Health & Well-Being
Quality Improvement (Review) Manager
(Data Processor)
(Statistical Research Assistant)
### Total Number - 21

<table>
<thead>
<tr>
<th>Classification</th>
<th>Salary Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Clinical Support Specialist III</td>
<td>29</td>
</tr>
<tr>
<td>Business &amp; Technology Analyst I</td>
<td>37</td>
</tr>
<tr>
<td>HR Manager</td>
<td>38</td>
</tr>
<tr>
<td>Human Services Coordinator II</td>
<td>30</td>
</tr>
<tr>
<td>Human Services Coordinator II</td>
<td>30</td>
</tr>
<tr>
<td>Human Services Counselor I</td>
<td>30</td>
</tr>
<tr>
<td>I/DD Care Coordinator</td>
<td>31</td>
</tr>
<tr>
<td>I/DD Care Coordinator</td>
<td>31</td>
</tr>
<tr>
<td>I/DD Care Coordinator</td>
<td>31</td>
</tr>
<tr>
<td>I/DD Care Coordinator</td>
<td>31</td>
</tr>
<tr>
<td>MH Program Administrator I</td>
<td>43</td>
</tr>
<tr>
<td>MH Program Administrator I</td>
<td>43</td>
</tr>
<tr>
<td>MH/SUD Clinician IV</td>
<td>37</td>
</tr>
<tr>
<td>MH/SUD Unit/Program Director I</td>
<td>38</td>
</tr>
<tr>
<td>MH/SUD Unit/Program Director I</td>
<td>38</td>
</tr>
<tr>
<td>MH/SUD Unit/Program Director I</td>
<td>38</td>
</tr>
<tr>
<td>MH/SUD Unit/Program Director III</td>
<td>42</td>
</tr>
<tr>
<td>Nurse II</td>
<td>34</td>
</tr>
<tr>
<td>Service Delivery Executive</td>
<td>52</td>
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### Total Number - 10

<table>
<thead>
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<th>Salary Grade</th>
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<tbody>
<tr>
<td>Chief Clinical Operations</td>
<td>53</td>
</tr>
<tr>
<td>HR Director</td>
<td>41</td>
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<tr>
<td>I/DD Clinical Director</td>
<td>40</td>
</tr>
<tr>
<td>Information Technology Director</td>
<td>48</td>
</tr>
<tr>
<td>Information Technology Manager</td>
<td>43</td>
</tr>
<tr>
<td>MH Program Administrator II</td>
<td>46</td>
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<tr>
<td>MH Program Administrator II</td>
<td>46</td>
</tr>
<tr>
<td>MH/SUD Unit Supervisor II</td>
<td>37</td>
</tr>
<tr>
<td>MH/SUD Unit/Program Director III</td>
<td>42</td>
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<tr>
<td>Statistical Assistant</td>
<td>25</td>
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</table>
## Classification and Grade Schedule FY20

<table>
<thead>
<tr>
<th>Working Title</th>
<th>Classification</th>
<th>FLSA Status</th>
<th>Salary Grade</th>
<th>Min</th>
<th>Mid</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountant</td>
<td>Accountant I</td>
<td>Exempt</td>
<td>33</td>
<td>$46,115</td>
<td>$62,750</td>
<td>$79,385</td>
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<tr>
<td>Accounting Manager</td>
<td>Accounting Manager</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Accounts Payable Manager</td>
<td>Accounting Manager</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Finance Manager</td>
<td>Accounting Manager</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Accounts Payable Specialist</td>
<td>Accounting Specialist I</td>
<td>Non-Exempt</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Senior Accounts Payable Analyst</td>
<td>Accounting Specialist II</td>
<td>Non-Exempt</td>
<td>33</td>
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<td>Accounting Technician IV</td>
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<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
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<td>Administrative Assistant I</td>
<td>Non-Exempt</td>
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<td>26</td>
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<td>$44,447</td>
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<tr>
<td>Administrative Assistant III</td>
<td>Administrative Assistant III</td>
<td>Non-Exempt</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
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<tr>
<td>Administrative Clinical Support Specialist</td>
<td>Administrative Clinical Support Specialist I</td>
<td>Non-Exempt</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
<td>$56,230</td>
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<tr>
<td>Provider Network Helpdesk Specialist</td>
<td>Administrative Clinical Support Specialist I</td>
<td>Non-Exempt</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
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<tr>
<td>Contract Specialist</td>
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<td>27</td>
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<td>27</td>
<td>$34,313</td>
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<td>Administrative Clinical Support Specialist III</td>
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<td>29</td>
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<td>$51,526</td>
<td>$65,186</td>
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<td>Administrative Clinical Support Specialist III</td>
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<td>29</td>
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<td>$75,569</td>
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<td>Credentialing &amp; Enrollment Manager</td>
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<td>Individual &amp; Family Engagement Specialist</td>
<td>Advocate</td>
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<td>28</td>
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<tr>
<td>Inreach Peer Support Specialist</td>
<td>Advocate</td>
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<td>Applications Support Spec</td>
<td>Business &amp; Technology Analyst I</td>
<td>Exempt</td>
<td>37</td>
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<td>$76,418</td>
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<td>Business &amp; Technology Analyst I</td>
<td>Exempt</td>
<td>37</td>
<td>$56,159</td>
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<td>Power Analyst</td>
<td>Business &amp; Technology Analyst I</td>
<td>Exempt</td>
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<td>39</td>
<td>$61,975</td>
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<td>Exempt</td>
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<td>40</td>
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<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Data Integration(ETL) Developer</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
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</tr>
<tr>
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<td>Business &amp; Technology Application Specialist I</td>
<td>Exempt</td>
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<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
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<td>Business &amp; Technology Application Specialist I</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Database/Sharepoint Developer</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>Exempt</td>
<td>40</td>
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<td>$88,590</td>
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<tr>
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<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
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<tr>
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<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Sharepoint/Web Developer</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>Exempt</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Application/Web Developer</td>
<td>Business &amp; Technology Application Specialist II</td>
<td>Exempt</td>
<td>42</td>
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<td>$97,763</td>
<td>$123,681</td>
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<tr>
<td>Microstrategy Administrator</td>
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<td>$71,846</td>
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<td>$123,681</td>
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<td>Senior Sharepoint Architect</td>
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<tr>
<td>Database Administrator III</td>
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<td>Business &amp; Technology Applications Technician</td>
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<tr>
<td>Financial &amp; Purchasing (Manager) Administrator</td>
<td>Business Officer</td>
<td>Exempt</td>
<td>38</td>
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<td>IT Quality Assurance Specialist</td>
<td>Business Systems Analyst II</td>
<td>Exempt</td>
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<td>Area Director/CEO</td>
<td>CEO</td>
<td>Exempt</td>
<td>43</td>
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<td>Executive Vice President</td>
<td>Chief Clinical Operations</td>
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<td>53</td>
<td>$123,526</td>
<td>$168,087</td>
<td>$212,647</td>
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<tr>
<td>EVP-CFO</td>
<td>Chief Financial Officer</td>
<td>Exempt</td>
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<tr>
<td>EVP-COO</td>
<td>Chief Operations Officer</td>
<td>Exempt</td>
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<td>28</td>
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<td>$62,052</td>
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<tr>
<td>Claims Auditor</td>
<td>Claims Analyst</td>
<td>Non-Exempt</td>
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<tr>
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<td>Non-Exempt</td>
<td>29</td>
<td>$37,866</td>
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<td>$65,186</td>
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<td>Claims Manager</td>
<td>Exempt</td>
<td>35</td>
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<td>$87,605</td>
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<tr>
<td>Claims Specialist</td>
<td>Claims Specialist</td>
<td>Non-Exempt</td>
<td>24</td>
<td>$29,599</td>
<td>$40,276</td>
<td>$50,953</td>
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<tr>
<td>Claims Supervisor</td>
<td>Claims Supervisor</td>
<td>Exempt</td>
<td>33</td>
<td>$46,115</td>
<td>$62,750</td>
<td>$79,385</td>
</tr>
<tr>
<td>Community Education Specialist</td>
<td>Community Relations Specialist</td>
<td>Non-Exempt</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
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<tr>
<td>Community Liaison</td>
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<td>30</td>
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<td>30</td>
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<tr>
<td>Disaster Recovery Coordinator</td>
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<tr>
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<td>Non-Exempt</td>
<td>28</td>
<td>$36,046</td>
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<td>$62,052</td>
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<tr>
<td>Family Navigator</td>
<td>Community Services Consultant</td>
<td>Non-Exempt</td>
<td>28</td>
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<td>Community Services Consultant</td>
<td>Non-Exempt</td>
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<td>$36,046</td>
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<td>Non-Exempt</td>
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<td>Community Services Consultant</td>
<td>Non-Exempt</td>
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<td>Compliance Analyst</td>
<td>Compliance Analyst</td>
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<td>Compliance Program Administrator</td>
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<td>Data Analyst (Non-IT) I</td>
<td>Non-Exempt</td>
<td>33</td>
<td>$46,115</td>
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<td>$79,385</td>
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<td>Executive Assistant I</td>
<td>Non-Exempt</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
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<td>$59,733</td>
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<td>Facilities Director</td>
<td>Exempt</td>
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<td>$71,846</td>
<td>$97,763</td>
<td>$123,681</td>
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<td>Facilities Manager</td>
<td>Facilities Manager</td>
<td>Non-Exempt</td>
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<td>$50,890</td>
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<tr>
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<td>Annual Range ($)</td>
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<tr>
<td>Health Information Data Manager</td>
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<td>32</td>
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<td>HIPAA Privacy and Security Officer</td>
<td>Exempt</td>
<td>37</td>
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<td>Human Resources Business Partner</td>
<td>Exempt</td>
<td>32</td>
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<tr>
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<tr>
<td>HIPAA Privacy and Security Officer</td>
<td>Exempt</td>
<td>37</td>
<td>$56,159 - $76,418</td>
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</tr>
<tr>
<td>Human Resources Business Partner</td>
<td>Exempt</td>
<td>32</td>
<td>$43,898 - $59,733</td>
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<tr>
<td>Human Resources Manager</td>
<td>Exempt</td>
<td>38</td>
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<td>HR Specialist</td>
<td>Non-Exempt</td>
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<td>Diversion Housing Specialist</td>
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<td>Non-Exempt</td>
<td>30</td>
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<tr>
<td>ILI Coordinator</td>
<td>Non-Exempt</td>
<td>30</td>
<td>$39,779 - $54,128</td>
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<tr>
<td>System-Care Coordinator</td>
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ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions and to assist the Board of Directors in fulfilling its oversight responsibilities.

This report includes minutes from May 29, 2019 meeting and proposed revisions to the Corporate Compliance Plan reviewed by the Committee on May 29, 2019.

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; and other elements as required and outlined in Alliance's NC Medicaid contract and the Code of Federal Regulations.

The Alliance Board approved the Corporate Compliance Plan in 2012 and annually thereafter in accordance with the Board Corporate Compliance Plan Policy. The Audit and Compliance Committee reviewed and voted to accept proposed revisions to the Plan and is recommending approval by the Board.

REQUEST FOR AREA BOARD ACTION: Accept the report and approve the Plan.

CEO RECOMMENDATION: Accept the report and approve the Plan.

RESOURCE PERSON(S): Lascel Webley, Committee Chair; Monica Portugal, Chief Compliance Officer
APPOINTED MEMBERS PRESENT: ☒ Chris Bostock, BSIM, (phone) ☒ Duane Holder, MPA, (phone) ☒ Lascel Webley, Jr., MBA, MHA (Committee Chair) ☒ Lee Jackson, BA, (phone)

BOARD MEMBERS PRESENT: Cynthia Binanay (Chair) (phone);

GUEST(S) PRESENT: Eddie Burke, CPA, Partner, Cherry Bekaert, LLP

STAFF PRESENT: Monica Portugal, Chief Compliance Officer; Sara Pacholke, SVP Financial Operations

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 4, 2019, meeting were reviewed; a motion was made by Mr. Chris Bostock and seconded by Mr. Duane Holder to approve the minutes. Motion passed unanimously.

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<td>3. Audit Corrective Action Plan Implementation Update</td>
<td>Ms. Pacholke provided a status update of the Action Plan. She reviewed steps taken to mitigate audit findings including procedure updates, updates to processes, documents and training. Upon question by Committee Chair Webley, Ms. Pacholke reported that the majority of action steps have been completed and provided an estimated time of full implementation completion as July.</td>
<td>N/A</td>
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<td>4. Annual Review of the Corporate Compliance Plan</td>
<td>Committee reviewed the proposed revisions to the Corporate Compliance Plan. Changes included name changes, revisions to training provided to employees, providers and enrollees, and changes to reflect current processes in three areas. A motion was made by Mr. Bostock and seconded by Mr. Holder to approve the Corporate Compliance Plan as presented. Motion passed unanimously.</td>
<td>Plan will be submitted to the Board for approval</td>
<td>6/6/19</td>
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<td>5. Board Member Conflict of Interest Policy</td>
<td>Committee reviewed and discussed Board Member Conflict of Interest Policy to evaluate if and what revisions are necessary in light of recent resolved conflict of interest and to ensure that the Board is able to recruit appropriate candidates to the Board going forward. Portugal suggested revisions to distinguish between prohibited, potential and perceived conflict more clearly. Board Chair Binanay offered suggestions and requested that staff evaluate prohibitions in the areas of CFAC and providers. Based on the conversation, staff will propose revisions to the Policy Committee.</td>
<td>Staff will bring proposed Policy revisions to the Policy Committee for review.</td>
<td>6/19/19</td>
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<td>6. Quarterly Compliance Report</td>
<td>Portugal reviewed the Quarterly Compliance Report for quarters 1-3 of FY19, including Network Compliance, Program Integrity and Corporate Compliance.</td>
<td>N/A</td>
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<tr>
<td>7. Annual Single Audit and Audit of Financial Statements</td>
<td>Eddie Burke of Cherry Bekaert presented the plan for this year’s audit, including an introduction of the audit team and timeline. The presentation included details of the audit scope such as testing of internal controls, significant audit areas to include assets/revenues, liabilities/expenditures, and others, and the single audit plan including audit risks and planned responses. Committee was in agreement with the audit plan. Members asked questions, answered by Mr. Burke.</td>
<td>Committee will receive a report out from the Audit Team before presented to the full Board.</td>
<td>December</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
8. **ADJOURNMENT**: next meeting will be August 28, 2019, from 4:00 p.m. to 6:00 p.m.

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Respectfully Submitted by:

Monica Portugal, Chief Compliance Officer

Date Approved
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CORPORATE COMPLIANCE PLAN

I. Introduction and Statement of Purpose

It is the policy of Alliance Behavioral Healthcare Health (Alliance) to follow ethical standards of business practice established by Alliance’s Area Board of Directors and Management Team, by oversight agencies, and state and federal law. Alliance has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. Alliance Board of Directors, employees, and Provider Network are fully informed of applicable laws and regulations to which Alliance is obligated so that they do not inadvertently engage in conduct that may raise compliance issues. Alliance 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 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 Board of Directors, management, employees and providers:

A. Designation of a Chief Compliance Officer, a Board Audit & Compliance Committee 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 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 Chief Compliance Officer, Board of Directors, management and employees addressing obligations for adherence to applicable compliance requirements;

E. Development and implementation of informational materials and training for employees, subcontractors, 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, subcontractors, 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 to ensure that operational practices reflect current compliance requirements and address strategic goals to improve Alliance operations.

This Compliance Plan is not intended to set forth all of the substantive programs and practices of Alliance that are designed to achieve compliance and integrity. In addition to this Plan, Alliance 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 Responsibility Organizational Chart

A. Chief Compliance Officer (CCO)
The Chief Compliance Officer has been delegated day-to-day operational responsibility for the Alliance compliance program. The CCO will report compliance efforts and identified issues directly to the Chief Executive Officer (CEO) who has overall responsibility to ensure that Alliance has an effective compliance program. The CCO will report directly as necessary and required to the Board of Directors. The Alliance Board of Directors is accountable for governing Alliance as a knowledgeable body regarding the scope and operations of the compliance program, including expectations, practices, identified risk issues and compliance remediation.

The Chief Compliance Officer is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance that involve issues of compliance;

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

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

4. Develop methods to ensure that employees and providers are aware of Alliance’s Code of Ethics and Conduct and understand the importance of compliance;

5. Develop and deliver educational and training programs;
6. Develop and monitor internal systems and controls to carry out Alliance standards, policies and procedures as part of Alliance’s daily operations;

7. 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;

8. Oversee program integrity activities, such as claims audits, data analytics, and special investigations to detect and resolve instances of provider and enrollee fraud and abuse;

9. Refer to Division of Medical Assistance NC Medicaid (DMA) Office of Compliance and Program Integrity Behavioral Health Section suspected cases of fraud for determination of credible allegation;

10. Prepare annual compliance summary for the Board Audit and Compliance Committee to evaluate the effectiveness of compliance efforts, as set forth in this Plan;

11. Conduct an annual risk assessment, as set forth in this Plan, with Alliance leadership and the Board Audit and Compliance Committee;

12. Prepare the annual compliance work plan, as set forth in this Plan, with the Board Audit and Compliance Committee;

13. Prepare revisions to the Compliance Plan together with the Board Audit and Compliance Committee, as set forth in this plan;

14. Report to the Board of Directors and assist them in fulfilling their oversight responsibilities through the Audit and Compliance Committee; and

15. Provide other assistance with compliance initiatives as directed by the CEO and/or Board of Directors.

B. Board Audit and Compliance Committee (ACC)
The purpose of the Audit and Compliance Committee (ACC) is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. To assist the Board of Directors in fulfilling its oversight responsibilities for:

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

2. The system of risk assessment and internal controls by, among other things, approving the annual risk assessment methodology and the annual compliance work plan;
3. The organization’s compliance with legal and regulatory requirements by reviewing results of external and internal audits and monitoring;

4. The independent auditor's qualifications and independence;

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

6. To provide an avenue of communication between management, the independent auditors, and the Board of Directors.

C. Corporate Compliance Committee (CCC)

To assist the Chief Compliance Officer (CCO) with the development and implementation of compliance efforts, a Corporate Compliance Committee has been formed representative of the clinical and administrative services of Alliance. The CCO or the Program Integrity Director will serve as the chair of the Committee and will 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. Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;

4. Assisting, as appropriate, with the development of preventive and remediation plans;

5. Review provider compliance violations and oversee enforcement of disciplinary guidelines, including making determinations regarding the approval of corrective actions and other sanctions as appropriate and per Alliance policies and procedures;

6. Developing a system to solicit, evaluate and respond to compliance issues, grievances, and other problems;
7. 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

8. 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’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’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 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 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 Chief Compliance Officer receives effective training and education on an ongoing basis. The CCO shall seek out opportunities 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 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 each year thereafter, all Alliance employees will participate in compliance training whereby a system is in place to document that such training has occurred. Compliance training may be offered as micro-training or as one comprehensive training and may therefore occur at different times during the fiscal year. Employees will be required to take
a post-test in order to measure the effectiveness of training efforts. Training materials will identify Alliance’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 or risk issue develops, the CCO may recommend that identified persons attend training addressing the risk issue.

The CCO and CCC will develop compliance training opportunities for providers in the Alliance Network. Such training may include for example an overview of Alliance policies and procedures, Provider Network Code of Ethics and Conduct, how to develop and implement an effective Compliance Program requirements, and to prevent and detect healthcare fraud, waste, and abuse.

To ensure promote compliance throughout the Alliance Network, the CCO and CCC will develop and offer training to Enrollees. Such training may include Client Rights and healthcare fraud, waste, and abuse.

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 Chief 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 CEO.

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 compliance software by the CCO, Director of Program Integrity and/or Special Investigations Unit. Compliance concerns related to Alliance employees will be treated as a confidential document whereby access will be limited to the CCO and designated Compliance employee/s as requested by the reporter and as allowed by law. Internal compliance matters will be tracked using a confidential compliance software available to the CCO and designated Compliance employee/s.

**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 CEO and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from Legal Counsel. 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 to the Board of Directors.

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 Director of Program Integrity and Special Investigations Unit. The findings will be reviewed by the CCO to ensure consistency in the investigative process. All investigations will be documented in a confidential compliance software. Suspected cases of provider or enrollee fraud will be referred to DMA-NC Medicaid Office of Compliance and Program Integrity Behavioral Health Section for determination of credible allegation of fraud. Alliance will cooperate with DMA-NC Medicaid and/or the Department of Justice Medicaid Investigations Division 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’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 in collaboration with Human Resources, will develop policies and procedures to guide disciplinary actions. The CCO 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 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 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 Office of Compliance. 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 CEO delegates authority to the CCO to seek consultation with legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for Alliance, the CCO will report the facts to the CEO. In consultation with legal counsel, 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 Provider Network Operations Department will conduct ongoing provider monitoring and billing audits according to Alliance’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 CEO and ACC and summarized for Alliance Behavioral Healthcare Board of Directors, including sufficient information to evaluate the appropriateness of responses to identified violations of Alliance’s policies and Federal or State laws.

VIII. Response and Remediation

When an internal compliance issue has been identified through an audit, or monitoring or investigative activity, the CCO will ensure the issue is reported to the 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. Plans may include:

1. additional or modified training and 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 Office of Compliance monitors settlement of issues reported to outside authorities.

Remediation plans, including any reporting to an external agency, should be attached to the investigative documentation in the confidential compliance software, or to the Compliance Audit/Monitoring Report. 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/or 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’s provider profiling and review processes.

IX. Effectiveness of the Compliance Program

A. Annual Compliance Report
The Chief Compliance Officer (CCO) will ensure a review of Alliance’s status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of Alliance 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 Corporate Compliance Committee (CCC) and Board Audit and Compliance Committee, the Annual Report will be presented to the Alliance Behavioral Healthcare Board of Directors.

B. Annual Risk Assessment and Compliance Work Plan
Annually, the CCO in collaboration with leadership 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 NC Medicaid. The level of risk will be assessed based on legal, reputational and financial risk to
Alliance. Based on the assessment, the ACC-CCO will prioritize the highest scored risk areas and will include at a minimum the top 5 to 10 areas 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-ACC 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 Board of Directors 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


42 CFR § 438.608 Program Integrity Requirements.

ITEM: Policy Committee Report

DATE OF BOARD MEETING: June 6, 2019

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

Policies reviewed at the May 7, 2019 Policy Committee meeting and ready for Board approval without revisions:

HR1: Equal Employment Opportunity/Affirmative Action; HR2: Recruitment and Selection; HR5: Classification and Compensation; HR 10: Leave Policy; HR 11: Family and Medical Leave Act; HR 12: Clinical Staff Credentialing; HR 14: Disciplinary Action; HR 15: Performance Management; HR 16: Separation; HR 17: Employee Complaint; HR 18: Employee Grievance; HR 19: Reduction in Force

Policies reviewed with recommended revisions:

HR4: Conditions of Employment; HR 6: Employee Benefits; HR 7: Alcohol and Drug Free Workplace; HR 8: Time and Attendance; HR 9: Sexual Harassment;

Policies reviewed and recommended to repeal:

None

REQUEST FOR BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the May meeting as submitted. As part of the annual review process approve the above listed policies for continued use. Approve the recommended changes to the above listed policies.

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

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
**APPOINTED MEMBERS PRESENT:** ☒ Dave Curro, BS, ☒ Lodies Gloston, MA (Committee Chair), via teleconference ☒ D. Lee Jackson via teleconference

**BOARD MEMBERS PRESENT:**

**GUESTS PRESENT:**

**STAFF PRESENT:** Carol Wolf, General Counsel, Monica Portugal, Chief Compliance Officer; Kathy Dempsey, Compliance Analyst

### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES: The minutes from the December 13, 2018, meeting were reviewed; a motion was made by Mr. Dave Curro and seconded by Ms. Lodies Gloston to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
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<tbody>
<tr>
<td>1. HR1 - A motion was made by Mr. Dave Curro, and seconded by Mr. Dave Curro, Ms. Lodies Gloston to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR2 - A motion was made by Mr. Dave Curro and seconded by Ms. Lodies Gloston to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR4 - A motion was made by Mr. Dave Curro and seconded by Ms. Lodies Gloston to approve the policy as revised. Motion passed unanimously.</td>
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<td>HR5 - A motion was made by Mr. Dave Curro and seconded by Ms. Lodies Gloston to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR6 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as revised. Motion passed unanimously.</td>
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<td>HR7 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as revised. Motion passed unanimously.</td>
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<td>HR8 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as revised. Motion passed unanimously.</td>
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<td>HR9 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as revised. Motion passed unanimously.</td>
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<td>AGENDA ITEMS:</td>
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<td>HR10 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR11 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR12 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR14 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR15 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR16 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR17 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR18 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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<td>HR19 - A motion was made by Mr. D. Lee Jackson and seconded by Mr. Dave Curro to approve the policy as presented. Motion passed unanimously.</td>
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Other: Due to a schedule conflict, the committee agreed to reschedule the next regular meeting from 6/13/19 to 6/19/19.

The change in the meeting date will be posted on the Alliance website.

3. **ADJOURNMENT:** next meeting will be June 19, 2019, from 4:00 p.m. to 5:30 p.m.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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

It is the policy of Alliance Behavioral Healthcare that all employees satisfy job-related eligibility conditions including but not limited to licensure, certification and/or credentialing and satisfactory criminal background checks when necessary and e-verify employment verification. Alliance shall not employ anyone who is excluded from participation in federal healthcare programs or federal procurement activities and has been identified on the list of excluded individuals/entities maintained by the Office of Inspector General of the US Department of Health and Human Services (DHHS) or the Excluded Parties List System maintained by the federal System for Award Management (SAM).

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement 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 legally recognized 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.

B. Benefits

The following Employee Benefits Plans shall be offered by Alliance:

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
8. Voluntary Long Term Care
9. Voluntary Hospital Confinement
10. Voluntary Section 125-Flexible Spending Account
11. Voluntary NC 529 College Savings Plan
12. Local Government Employee Retirement System participation
13. NC 401K Plan
14. NC 457 Plan
15. Employee Assistance Program (EAP)

C. Availability of Funding

Benefit offerings are subject to change based on funding availability and Alliance Behavioral Healthcare directives. Deletion or addition to the Benefits listed in B above shall be subject to Board approval pursuant to the Alliance by-laws, however changes to employee benefit offerings (i.e. deductibles and co-pays) may be approved by the Chief Executive Officer.

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).

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to affirm the Board of Directors’ 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 intended to comply with the requirements of the Drug Free Workplace Act of 1988.

II. POLICY STATEMENT

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.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
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:

1. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.
2. 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.
3. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.
4. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The Board of Directors believes that all employees are entitled to work in an environment that is free of sexual harassment. To this end, the Board shall establish a 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:

1. has or may have a direct bearing on a selection decision;
2. creates an offensive, intimidating, or hostile work environment;
3. 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 G.S. 126-16.

In furtherance of this policy, the Board of Directors 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 Chief Executive Officer shall develop procedures for handling sexual harassment complaints.
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. As a means of carrying out its commitment, the Board of Directors 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.

In furtherance of this policy, the Board of Directors 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 complaint charge.

2. Affirmative Action:

Alliance Behavioral Healthcare is committed to ensuring utilization of women, minorities, and the disabled as part of its workforce. The Chief Executive Officer 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 Chief Executive Officer shall provide a report on the distribution of the gender, minorities and disabled employees to the Board.
III. PROCEDURES

The Chief Executive Officer will 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.

III. PROCEDURES

The Chief Executive Officer will 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 Chief Executive Officer 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.

A. The Classification and Compensation Plan

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.

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.

B. 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.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I.    PURPOSE

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

II.   POLICY STATEMENT

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

III.  PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
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.

II. POLICY STATEMENT

In compliance with the Family and Medical Leave Act (FMLA) of 1993, as amended, Alliance Behavioral Healthcare shall provide leave to eligible employees who have worked for Alliance for at least 12 months and at least 1,250 hours in the 12 calendar months immediately preceding the request for leave or otherwise deemed eligible under the FMLA Act.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
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 Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare develops a clear and consistent process for equitable disciplinary actions.

II. POLICY STATEMENT

It is the Policy of Alliance to provide employees and supervisors a clear and consistent process for implementing and evaluating the fair and just delivery of appropriate disciplinary actions, promote efficient and equitable treatment for all employees. Alliance shall ensure that disciplinary actions, including dismissal, are administered in as near a uniform manner as possible, allow for the prompt, orderly and efficient resolution of problems and differences arising between the supervisor and employee, and ensure compliance with applicable federal and state laws, rules and regulations. It is the intent of Alliance to provide any employee, supervisors and management with a fair, clear and useful tool for correcting and improving performance issues, as well as to provide a process to assist management in addressing instances of unacceptable personal conduct.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this Policy.
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. Probationary reviews are given to newly hired employees at the completion of the probationary period to determine performance level and determine regular status eligibility.
III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

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

II. POLICY STATEMENT

Separation from employment may result from either voluntary or involuntary termination. For the purpose of this policy, voluntary termination means separation is initiated by the employee (examples: resignation or retirement). Involuntary termination means separation occurs when the separation is not initiated by the employee (examples: appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave).

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 Chief Executive Officer has the authority to set 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.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
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 (see Policy HR-18).

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 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 Chief Executive Officer shall develop procedures to implement the provisions of this policy.
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 Human Resources Commission and 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 12 months.

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.

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/Chief Executive Officer 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 Chief Executive Officer/CEO or designee.

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

IV. PROCEDURES

The Chief Executive Officer/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 guidance 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.

The Chief Executive Officer will present the circumstances of an impending RIF to the Board of Directors 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 abolition, along with before and after RIF organization charts.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Attached are the draft minutes from the May 21, 2019, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; and Robert Robinson, CEO
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 16, 2019, Executive Committee meeting were reviewed; a motion was made by Mr. Christopher Bostock and seconded by Ms. Lodies Gloston to approve the minutes. Motion passed unanimously.

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<td>3. Updates</td>
<td>a) LEGISLATIVE UPDATES: Rob Robinson, CEO, and Brian Perkins, Senior Vice-President/Strategy and Government Relations, provided an update regarding the NC Legislature’s plan for continued reduction of State Single Stream funds. Dave Curro provided an update from the recent CFAC State advocacy day, where he spoke with almost fifteen legislators or legislative aides regarding the impact of single stream cuts, among other things. He primarily focused on legislators that represent Alliance’s catchment area.</td>
<td>a) Mr. Curro will forward documents he shared with legislators.</td>
<td>a) N/A</td>
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<td>b) DURHAM CRISIS CENTER: Ms. Goodfellow provided an update on a recent enforcement of a policy for our Durham Crisis facility to no longer take private insurance in the residential section of the facility in an effort to ensure these services would be available for persons Alliance serves; she also mentioned alternative plans from other, similar facilities in the area, and the positive feedback received from stakeholders about this change.</td>
<td>b) None specified.</td>
<td>b) N/A</td>
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<td>c) CUMBERLAND CRISIS FACILITY: Mr. Schreiber mentioned some plumbing and HVAC concerns with the current building, which could impact the timeline of transitioning to the new service provider. Alliance is working with Cumberland County staff and the new provider, Recovery Innovations, on resolving these issues.</td>
<td>c) None specified.</td>
<td>c) N/A</td>
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<td>4. Reappointment Recommendation</td>
<td>The term for Duane Holder’s seat expires May 31, 2019. Chair Binanay shared that Mr. Holder is willing to serve an additional term.</td>
<td>Ms. Ingram will add this topic to the June Board meeting.</td>
<td>5/21/19</td>
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<td><strong>COMMITTEE ACTION:</strong></td>
<td>A motion was made by Vice-Chair George Corvin to recommend that the Board requests that the Cumberland County Commissioners reappoint Duane Holder to Alliance’s Board. Motion seconded by Ms. Gloston. Motion passed unanimously.</td>
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<td>5. June 6, 2019, Area Board Draft Agenda</td>
<td>The Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>5/21/19</td>
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<td><strong>COMMITTEE ACTION:</strong></td>
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<td>6. Closed Session</td>
<td>A motion was made by Vice-Chair George Corvin and seconded by Mr. Christopher Bostock to enter closed session pursuant to NC § 143-318.11 (a) (1) and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consider the qualifications, competence, and performance of an employee. Motion passed unanimously. The Committee returned to open session.</td>
<td>None specified.</td>
<td>N/A</td>
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7. **ADJOURNMENT:** the next Committee meeting will be June 18, 2019, at 4:00 p.m.

Respectfully Submitted by:

Robert Robinson, CEO
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: The Network Develop and Services Committee met on May 8, 2019. Minutes from the March 13, 2019, meeting were reviewed and approved. Sean Schreiber provided an update on recent news of additional opioid related funding that will come to Alliance from the State. Alliance has earmarked funding to support MAT initiation in EDs with transition support to community providers as well as addressing SDOH for this population. Mr. Schreiber provided an overview of Alliance’s current value-based alternative payment models and plans for continued expansion of value-based payment.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Sean Schreiber, Executive Vice-President/Network and Community Health
### WELCOME AND INTRODUCTIONS

1. **REVIEW OF THE MINUTES** – The minutes from the March 13, 2019, meeting were reviewed; a motion was made by Ms. Avila and seconded by Commissioner Carter to approve the minutes. Motion passed unanimously.

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<td>2. Update on opioid related funding and initiatives</td>
<td>Sean Schreiber provided the Committee an update related to new funding that Alliance will receive to address opioid use disorders. Alliance efforts are focused on partnering with EDs to support MAT initiation and transition to community care providers. Discussed some of the limitations on the use of funds. Commissioner Carter inquired about the use of funds to support greater use of Naloxone within the community and mentioned that currently Durham PD does not carry Naloxone.</td>
<td>The Committee will receive updates as initiative begin. Sean will have Carlyle Johnson follow-up with the State to determine if funding can be used to expand access to Naloxone and will follow-up with Commissioner Carter to get additional information.</td>
<td>By next committee meeting</td>
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<td>3. Innovative Alliance initiatives</td>
<td>Sean provided an overview of value-based payment arrangements that Alliance has entered into with providers. Discussed plans and future approach to use payment to improve outcomes and shape provider performance. Ms. Avila inquired about the use of incentives for members for better engagement with their health and area that Alliance has yet to explore.</td>
<td>Sean will send the committee the Powerpoint from the meeting.</td>
<td>1 Week</td>
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4. **ADJOURNMENT**: next meeting will be July 10, 2019, from 4:00 p.m. to 5:00 p.m.

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

DATE OF BOARD MEETING:  June 6, 2019

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

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

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

The draft minutes and materials from the previous meeting are attached.

REQUEST FOR BOARD ACTION:  Accept the report.

CEO RECOMMENDATION:  Accept the report.

RESOURCE PERSON(S):  Dave Curro, Committee Chair; Wes Knepper, Quality Management Director
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 4, 2019, meeting were reviewed; a motion was made by Pam Silberman and seconded by Dave Curro to approve the minutes. Motion passed. Joe Kilsheimer made a motion to approve the minutes from the March 7, 2019 meeting. Israel Pattison seconded and the motion passed.

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<td>NC Cares 360</td>
<td>NC Cares 360, Lori Caviness</td>
<td>a) On agenda for next month--discussion of new structure of care coordination teams</td>
<td>a) 6/6/19</td>
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<td>NC Cares 360 is the result of a public-private partnership. It is more than a technology tool – it was created with a vision for use in whole-person-centered care. It will be more useful than 211 and broader in its capacity.</td>
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<td>Launched in Wake and Johnston in April. Planning sessions begun in Durham. Sessions to begin in Cumberland County later this fall. This is required for all PHPs to connect members directly to services and to monitor. Providers will have to participate as well.</td>
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<td>Funding for six years and hoping that grants, etc. will take care of it after that.</td>
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AGENDA ITEMS: 

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<td>Will be available everywhere in the state by the end of 2020. A lot of preparation and discussion going on in Alliance now. Providers should go ahead and move forward with registering.</td>
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<td>There was a question about the county databases online and which of these resources will be the most up to date. Lori said that the databases have been uploaded into NC Cares 360.</td>
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<td>It was mentioned that there are only two required fields for a search, the first and last name. The State is still looking at this.</td>
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3. Data Review 

| Performance Dashboard, Wes Knepper | Performance dashboard was reviewed for April, with analysis given for measures and supermeasures not met. There are a variety of efforts underway to bring numbers up. Information is claims-based, with a 6-month delay in data validation from the state. The group reviewed the results and asked for clarification regarding measures not met. | b) On agenda for next month-follow up on not having LME/MCO level data from NCI surveys. | 6/6/19 |

| State Survey Results, Wes Knepper | Four surveys were recently distributed:  
- NCI (National Core Indicators) survey for those on Innovations waiver  
- PoC (Perception of Care) administered by providers  
- Provider Satisfaction survey, externally administered through the State’s CQR vendor  
- ECHO (Experience of Care and Health Outcomes) also administered through the State’s CQR vendor  
These surveys have been pulled together for analysis by the team in order to provide the clearest picture for current status and potential changes going forward. | | |
The results were broken down by demographics and services, highlighting contrasts or similarities to Alliance’s consumer demographics. Alliance’s scores were compared to other LME-MCOs statewide, and to State averages. This data is also being compared to actual performance data.

We do not have enough data to determine all root causes, but are reaching out to staff to address potential concerns and are preparing this information to present at the next All-Provider meeting.

The group provided feedback on ways to utilize this information, or to access more detailed or more helpful information for improving engagement and satisfaction with services. Some of the lower-rated issues may have policy solutions. The moves to Complete Care and to NC 360 may impact future results.

Some main takeaways: Members are participating in their treatment and asking questions about treatments leads to higher provider ratings. website improvement, clarifying complaint procedure, provider choice, housing needs, and emergency planning were among areas of focus that the survey results made clear.

QIP Updates, Tina Howard
- There has been improvement in performance in urgent calls - 16% increase in last 3 quarters. Referring individuals to set appointments in particular has shown success. Still working on other interventions, including transportation with a rideshare company contractor.
- Identified another subpopulation – individuals who get appointments after leaving incarceration. This rate was very low, but there has been an increase in engagement.

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

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<td>• Care coordination – project focused on increasing face-to-face contact and will present that data next month. Post-intervention data is currently being analyzed, presented later.</td>
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<td>• TCLI has seen much improvement. Will formally request to close out QIP next month.</td>
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<td>• Authorization requests for children in Inpatient/ED settings in any population – the goal is to reduce turnaround time on these. Internal trainings and trainings for providers are created.</td>
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<td>• Upgraded provider profiles: the system went live in January; up to 45% of providers have completed. There are reminders for updates every 90 days. Update rates are also being measured.</td>
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<td>• Planning a new Utilization Management QIP per URAC; this will be presented in June for approval.</td>
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**EQR Update, Wes Knepper**
Results are in. Alliance did really well. 98/100 overall. CAPs are being drafted.

4. **ADJOURNMENT:** next meeting will be June 6, 2019 from 2:00 p.m. to 3:30 p.m.

Respectfully Submitted by:

Click here to enter text.  

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
About NCCARE360

• Result of a public-private partnership between NCDHHS and the Foundation for Health Leadership and Innovation

• Implementation partners include United Way of NC, 211, Expound Decision Systems, and Unite Us

• First statewide coordinated care network to electronically connect individuals to community resources

• Ability to track statewide, regional, and community-level data on service delivery and outcomes achieved.
Community partners will have access to:

• A robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.

• A data repository to integrate resource directories across the state to share resource data.
Community partners will have access to:

• A shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information and track outcomes.

• A community engagement team working with community-based organizations, social service agencies, health systems, independent providers and more to create a statewide coordinated care network.
Benefits of NCCARE360

• Ensures accountability around services delivered
• Helps to bridge the gap between health care and social services
• Provides a “no wrong door” approach
• Closes the loop on every referral made
SDOH Screening Questions

- All PHP’s must integrate standardized screening questions into their care management approach to assess unmet social needs, such as unstable housing, insufficient food, lack of transportation and experience with interpersonal violence.
- Screening questions are also a requirement of the Healthy Opportunities Pilots.
- PHP’s will be expected to use NCCARE360 as their platform to connect members directly to needed community resources, and to track and monitor those referrals.
NCCARE360 Implementation Timeline

• Began in NC in January 2019

• Will be available in every county in NC by the end of 2020
Alliance Implementation Timeline

• Launched in Wake and Johnston Counties on 4/25/19

• Planning Sessions have now begun in Durham County

• Sessions to begin in Cumberland County later this fall
Alliance Next Steps

• Complete NCCARE360 registration process
• Create log-ins and set permissions for staff
• Establish work flows related to referrals
• Integrate NCCARE360 into our existing care management platform
• Outreach to behavioral health providers
Additional Resources

- https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/nccare360
- https://foundationhli.org/programs/nccare-360/
- https://www.uniteus.com/
- http://www.unitedwaync.org/
- https://www.nc211.org/
- https://www.expound.ca/
ITEM: FY20 Budget Approval

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: Per GS 159-12 (b), a public hearing shall be held to allow any persons who wish to be heard on the budget to appear. The FY 2019-2020 Budget is also being presented to the Board for approval and adoption per GS 159-13.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Robert Robinson, Chief Executive Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
# Alliance Health

**Annual Budget**  
**FY 2019-2020**

**Board of Directors**

Cynthia Binanay, Chair  
George Corvin, Vice Chair

## Durham County
- Cynthia Binanay  
- Commissioner Heidi Carter  
- David Curro  
- Gino Pazzaglini  
- Pam Silberman  
- Lascel Webley, Jr.

## Wake County
- George Corvin, MD  
- Commissioner Greg Ford  
- David Hancock  
- Donald McDonald  
- Lynne Nelson  
- McKinley Wooten, Jr.

## Cumberland County
- Commissioner Glenn Adams  
- Christopher Bostock  
- Duane Holder  
- Lodies Gloston

## Johnston County
- Commissioner Tony Braswell  
- Lee Jackson

Robert Robinson, CEO

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June 6, 2019

Alliance Board Members,

We are pleased to share with you our FY20 budget for your approval.

The approved budget reflects a few changes from the recommended budget that was presented to you on May 2nd. To summarize, increases were made in the following areas:

- Overall increase in Administration due to adjustments in County funding and increase in the Medicaid PMPM rate offer
- Medicaid by over $1.7M due to the current PMPM rate offer and an adjustment to the TBI budget
- Local funding decrease by $263,000 due to adjustments to the final budgets

As I mentioned in my introduction to the recommended budget document, this budget that we are presenting for your approval reflects our focus for the upcoming year on our preparations to operate as a Tailored Plan as part of our state’s Medicaid transformation. We believe that it will allow Alliance to serve as many people as possible with quality services and a focus on best practice services, to reduce reliance on our fund balance for ongoing commitments to uninsured individuals, and very importantly, to ensure our future sustainability in a changing healthcare landscape.

We thank you for your continued participation and wise counsel during this budget process.

Best Regards,

Rob Robinson
Chief Executive Officer
Reader’s Guide

FY 2019-2020 is the eighth annual budget presented for Alliance Health (Alliance). This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2019-2020 for Alliance’s administrative and service operations covering Cumberland, Durham, Johnston and Wake counties. The budget year begins July 1, 2019 and ends June 30, 2020. The document will show how the funds are allocated and how they will be spent.

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

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

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

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

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

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

Miscellaneous
This category is to account for any funds received during the fiscal year that do not fall into one of the above mentioned categories and are not significant enough to require their own category. The funds roll up into the Administrative budget.
**Medicaid Services**
Alliance Health began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance to provide services to Medicaid enrollees of Cumberland, Durham, Johnston, and Wake counties.

**State Services**
These funds represent state allocated dollars for Cumberland, Durham, Johnston, and Wake communities to provide services for non-Medicaid citizens with mental health, intellectual/developmental disabilities and substance abuse needs. The funds include Federal Block Grant dollars as allocated from the NC DMH.

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

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

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

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

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

#### ALLIANCE REGIONAL POPULATION DATA

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Medicaid Eligible</th>
<th>Medicaid %</th>
<th>Medicaid Served</th>
<th>Non-Medicaid Served</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>332,546</td>
<td>80,728</td>
<td>24.28%</td>
<td>12,763</td>
<td>3,367</td>
<td>16,130</td>
</tr>
<tr>
<td>Durham</td>
<td>311,640</td>
<td>53,115</td>
<td>17.04%</td>
<td>8,146</td>
<td>3,649</td>
<td>11,795</td>
</tr>
<tr>
<td>Johnston</td>
<td>196,708</td>
<td>39,000</td>
<td>19.83%</td>
<td>5,405</td>
<td>1,719</td>
<td>7,124</td>
</tr>
<tr>
<td>Wake</td>
<td>1,072,203</td>
<td>122,154</td>
<td>11.39%</td>
<td>16,503</td>
<td>7,699</td>
<td>24,202</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,913,097</strong></td>
<td><strong>294,997</strong></td>
<td><strong>15.42%</strong></td>
<td><strong>42,817</strong></td>
<td><strong>16,434</strong></td>
<td><strong>59,251</strong></td>
</tr>
</tbody>
</table>

Based on 2017 Statistics, US Census Bureau

#### PERSONS SERVED BY AGE AND DISABILITY

**BASED ON CLAIMS PAID BY MEDICAID AND IPRS**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>County</th>
<th>MH</th>
<th>SA</th>
<th>IDD</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child/Youth</strong></td>
<td><strong>Cumberland</strong></td>
<td>5,488</td>
<td>92</td>
<td>623</td>
<td>6,203</td>
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<tr>
<td></td>
<td><strong>Durham</strong></td>
<td>3,706</td>
<td>75</td>
<td>368</td>
<td>4,149</td>
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<tr>
<td></td>
<td><strong>Johnston</strong></td>
<td>2,331</td>
<td>27</td>
<td>328</td>
<td>2,686</td>
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<tr>
<td></td>
<td><strong>Wake</strong></td>
<td>7,697</td>
<td>127</td>
<td>941</td>
<td>8,756</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,222</strong></td>
<td>321</td>
<td>2,260</td>
<td>21,803</td>
<td></td>
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<tr>
<td><strong>Adult</strong></td>
<td><strong>Cumberland</strong></td>
<td>8,056</td>
<td>2,435</td>
<td>774</td>
<td>11,265</td>
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<tr>
<td></td>
<td><strong>Durham</strong></td>
<td>6,149</td>
<td>2,343</td>
<td>838</td>
<td>9,330</td>
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<tr>
<td></td>
<td><strong>Johnston</strong></td>
<td>3,690</td>
<td>1,055</td>
<td>380</td>
<td>5,125</td>
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<tr>
<td></td>
<td><strong>Wake</strong></td>
<td>12,325</td>
<td>3,362</td>
<td>2,014</td>
<td>17,701</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>30,220</strong></td>
<td>9,195</td>
<td>4,006</td>
<td>43,421</td>
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</tbody>
</table>

#### PROVIDER BREAKDOWN

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Provider Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies</td>
<td>285</td>
</tr>
<tr>
<td>Hospital/Residential Treatment Facilities</td>
<td>36</td>
</tr>
<tr>
<td>Licensed Professionals</td>
<td>1,613</td>
</tr>
<tr>
<td>Outpatient Practices</td>
<td>249</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,183</strong></td>
</tr>
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</table>
Departmental Information

Clinical Operations Division

Clinical Operations at Alliance Health is a data-informed, collaborative effort that identifies and addresses the full range of medical, functional, social, emotional, and environmental needs across all populations in order to improve health outcomes by focusing on prevention, early intervention, and person-directed care. The Clinical Operations Division is responsible for the smooth and efficient operation of Alliance’s clinical and service delivery system. Division goals include maintaining high quality, cost effective and integrated behavioral healthcare.

Care Management/Care Coordination

Brief Description of Department and Units

Clinical Operations is comprised of four units and receives clinical oversight from the Alliance Chief Medical Officer.

- MH/SUD and IDD Utilization Management (UM) are responsible for authorizing services and monitoring and managing individuals during an episode of care. Activities include monitoring utilization of services authorized, reviewing effectiveness of treatment interventions and making recommendations to improve the effectiveness of individual treatment plans.
- MH/SUD Care Coordination is responsible for working with specific high-risk populations identified within the waiver contract and priority populations that have been identified by Alliance, including individuals discharging from inpatient and those identified by advanced data analytics to be at risk for higher levels of services. Care Coordination links individuals with both services and supports and helps eliminate barriers that allow individuals to live as successfully as possible within the community. MH/SUD Care Coordination is extending their ability to better address the needs of individuals with serious and persistent mental illness with co-occurring physical health conditions.
- IDD Care Coordination is responsible for working with individuals on the Innovations waiver, as well as those needing periodic coordination of state-funded IDD supports. IDD care coordination helps individuals identify the services and supports they need to live the lives they want in the community. Additional IDD care coordination staff are focused on addressing the behavioral health needs of these individuals, as well as in helping them to transition out of facilities and into the community.
- The Medical Team is responsible for maintaining the clinical integrity of the program, including concurrent reviews of inpatient and rehabilitation services; provision of oversight to utilization management and quality staff; oversight of the Credentialing Program; providing medical/clinical support for care coordination units and the Access to Care unit; and consultation to providers and other community based clinicians, including general practitioners. The Medical Team conducts medical necessity review and recommendations, service denial reviews, grievance issues, medication reviews, and develops clinical best practices guidelines in collaboration with regional experts. The team is comprised of physicians, senior clinicians, and a pharmacist.

Accomplishments for FY19

- A Care Management Software (Jiva) Platform was implemented for Care Coordination in October 2018. Configuration of the UM module is currently in process. The tool standardizes efforts, promotes increased quality and efficiency, and offers enhanced tracking of cases, activities, and outcomes.
• Implementation of Alliance Complete Care, a transition to a multi-disciplinary team approach to care management building on the success of the Complex Integrated Care Team. IDD Care Coordination will transition to this new model by the end of the fiscal year.
• Implementation of Social Determinants of Health assessment within Jiva to assist in creation of care plans to address those barriers and support collaboration with Community Health and Well-Being department.
• Implementation of an advance analytics model to identify risk factors for members and assist with assignment to care teams to address most effectively address the member’s needs.
• The TCLI team took leadership for developing a statewide in-reach learning collaborative to improve quality of service.
• TCLI is implementing a nationally recognized Community Inclusion initiative with ACTT and TMS providers and utilizing incentive payments to support implementation.
• Developed systems and strategies that address physical health care and promote whole person care by funding two pilot projects. The first uses risk stratification to identify individuals with significant behavioral and physical health needs and works with providers supports providers with useful clinical data and standard clinical interventions. The second pilot works with a primary care practice using an enhanced primary care home model and are working toward development of a value based funding model to support these enhanced services.
• Continued to support staff to complete and pass their national exam for NACCM certification. The certification enhances the quality of IDD care coordination professionals.
• Integrated physical health Registered Nurses (RNs) into several IDD and MHSUD care coordination teams.
• Implemented medication assisted treatment (MAT) in office based setting in Durham and coordinated with pharmacies to support the model.

Summary of Goals and Objectives for FY20
Complete implementation of Jiva care management platform for UM and for a provider portal. Begin implementation of a member portal.

• Full implementation of care teams in for MH/SUD. Complete implementation of Alliance Complete Care across the agency.
• Meet state requirements for individuals discharged from MH/SUD facilities to attend a follow-up appointment within seven days and remain engaged in treatment.
• Decrease services that require prior authorization and manage based on data review, including outcome measures.
• Use predictive analytics across all populations.
• Implement standard assessments and care plans
• Decrease average length of stay (ALOS) for inpatient and Psychiatric Residential Treatment Facilities (PRTF).
• Increase the number of physical health RNs and pharmacy technicians to support transition toward integrated care coordination.
• Expand MAT in office settings across all counties and remove barriers to implementation.

Network and Community Health
The Network and Community Health Division is comprised of the Provider Network and Evaluation Department and the Department of Community Health and Well-Being. The primary purposes of the division is to ensure that there is an high quality, accessible network of community treatment providers that offer culturally and linguistically competent services that are part of an overall system of care.
Additionally, the Division is responsible to provide education to members and stakeholders, develop systems to address health disparities and address social determinants of health. The Division is also responsible to evaluate the effectiveness of clinical services offered through the Alliance provider network as well as community level interventions and supports provided or led by Community Health and Well-Being.

**Provider Network and Evaluation**

**Brief Description of Department and Units**

The Provider Network and Evaluation Department is responsible for the continuous review and evaluation of the provider network for quality of services, adherence to contract requirements, standards of care and performance, while ensuring a full array of providers is available to meet the needs of our service recipients. It also is responsible to ensure the quality of all Alliance services by reviewing program outcomes and evaluating program effectiveness.

The Department is comprised of three sections:

- **Provider Network Operations** has three components:
  - Provider Networks is a liaison to providers including managing the communication and dissemination of information to the community of providers, developing and reviewing provider contract scopes of work, and providing or arranging for technical assistance for currently enrolled providers.
  - Credentialing assures that all providers in the Alliance network meet agency, State, Federal and accreditation requirements and that credentialing information is reviewed and tracked for continuous and timely review.
  - Contracts is responsible for the timely development and distribution of all contracts, amendments, and extensions and ensures coordination of administrative activities including official correspondence with providers, provider education and liaison, and administration of provider contracts.

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

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

**Accomplishments for FY19**

- Expansion of provider collaboratives to provide technical assistance and improve quality
- Implementation of additional value based service contracts in treatment foster care, assertive community treatment and family centered treatment.
- Inclusion of outcome measures in all provider contracts
- Improved process for monitoring provider performance and evaluating provider outcome measures.
• Expansion of Behavioral Health Urgent Care service model to address gaps in the crisis continuum
• Expand capacity of opioid treatment services
• Implemented new Peer Bridging program
• Implemented provider profiling tools
• Streamline process for new service development
• Developed new provider expectations for psychiatric residential treatment facilities

Summary of Goals and Objectives for FY20
• Expand network crisis services capacity
• Implement psychiatric rehabilitation service model within Psychosocial Rehabilitation programs
• Implement provider scorecards
• Establish practice transformation unit within the Strategic Initiatives and Special Projects section of the department
• Develop and pilot behavioral health home model
• Evaluate effectiveness of incentive based contracts
• Pilot a shared risk service contract
• Improve processes for data sharing with providers
• Implementation of HEDIS data analysis at the MCO level and provider level
• Improve relationships with and contract management of hospitals/health systems, including identifying opportunities to improve billing
• Address provider network needs and gaps as specified in network development plan
• Focus provider collaborative efforts on implementation of evidence based practices

Community Health and Well-Being

Brief Description of Department and Units
Community Health and Well-Being is one of the most varied and diverse departments within Alliance. Recognizing that a local and visible presence is essential to building and sustaining partnerships critical to meeting organizational outcomes, the Community Health and Well-Being teams take an innovative approach to improving the systems that support the effectiveness of services.

Teams are continually assessing system and service gaps from multiple vantage points including co-location within other systems, outreach activities to stakeholders and advocates, and hosting community collaborative and workgroups. Utilizing a System of Care (SOC) framework, Community Health and Well-Being focuses on the strengths and vulnerabilities of complex public systems, treatment of the “whole person,” and system transformation to improve policy, shared funding, collaboration and best practices.

Recognizing that social determinants of health (i.e. homelessness, poverty/inequality and lack of education/employment) are key drivers of health care costs, Community Health and Well-Being often plays a tangential role to the MCO functions - improving the environments in which people live increases engagement and retention in services, overall health and wellness, and more meaningful and productive lives that promote recovery.

Accomplishments for FY19
• Realignment of department functions to that included a name change from Community Relations to Community Health and Well-Being
• Implemented short-term rental assistance program (ILI) in each community. Also created a longer term rental assistance program for a higher risk population. On track to expend full allotment of ILI funds
• Implemented a comprehensive landlord recruitment strategy that has almost tripled our housing placements in private units for TCLI participants
• Enterprise Consulting completed an assessment of all affordable housing properties in our counties to increase access to safe and affordable housing
• Implemented a Staying Well initiative with Care Coordination and the Office of Individual and Family Affairs to conduct follow up for persons discharged from Care Coordination
• Successfully implemented a FEMA crisis outreach program in Cumberland County.
• Implemented a standardized SDOH screening tool with Jiva
• Participated on a statewide social determinant advisory group
• Beginning to implement a variety of health literacy strategies
• Implemented a supportive housing pilot with Duke Healthcare
• Implemented the first Bridge Housing Program in Wake County
• In partnership with Durham Housing Authority and the City of Durham secured funding for 2 supportive housing positions and 20 vouchers to implement a Justice Involved Supportive Housing Program
• Partnered with the Durham Housing Authority to apply for HUD Mainstream vouchers specifically designated for permanent housing for persons with disabilities. Received almost 15 vouchers
• Implemented transportation pilot program
• Durham, Johnston and Wake have highly successful Crisis Intervention Training (CIT) training programs with designated CIT Coordinators. The CIT Veterans training started in Wake has now expanded to Johnston Co with plans to expand into Cumberland.
• Expanded Mental Health First Aid (MHFA) trainers and now have a CR staff trained on almost every module. Trained the Raleigh and Durham PD’s on MHFA with over 1000 participants.
• Completed significant enhancements to Wake and Durham Network of Care
• Implemented Care Review in each community and expanded to include a Homeless Care Review Team in each county
• Funding renewed for two HUD-funded supportive housing programs in Durham
• All Community Collaborative completed strategic plans outlining SOC priorities

**Summary of Goals and Objectives for FY20**
• Expand a SOC approach to reflect an integrated model of care that will expand partnerships and improve outcomes
• Research and implement health related social needs models that close the gap between clinical care and community resources
• Promote cross-departmental collaboration to improve person and service outcomes
• Assist in the development of models of care for special and high-risk populations
• Assist in the development of comprehensive community supports to increase community tenure and quality of life for high-risk adolescents and adults
• Identify activities of Community Health and Well-Being (i.e. housing, Care Review) and develop key performance indicators to show the impact and return on investment
• Fully implement a variety of health literacy strategies
• Develop a more comprehensive residential continuum that enhances permanent supportive housing capacity
Business Operations Division

The Business Operations Division is responsible for the oversight and management of Alliance’s financial accountability relating to budgeting, claims, auditing and financial analysis.

Claims Processing

Brief Description of Department and Units

Claims Processing is responsible for the monitoring and review of all claims processing for all funding sources, analysis of paid and denied claims, special ED claim review, etc. The team consists of Specialists, that assist providers daily on basic billing, and Claims Analysts that work on denials and analysis, encounter claim submission, and large projects. In addition, we have an EDI Specialist who specifically is focused on provider EDI files and EDI files that we send to the State.

Accomplishments for FY19

- Alliance claims staff continues to provide weekly claims training for providers to ensure updated knowledge of systems and claim information is shared will all providers.
- Continued to make improvements in the Accounts Receivable (AR) system including regular reporting of outstanding claims and write-offs. This has greatly improved the ability to research and identify claims to rebill and write off.
- Maintained a nearly consistent 100% in encounter claims approved by the State.
- Claims Staff continued to collaborate with IT/Report Development to create reports that provide analysts with paid claims in different categories. This year’s report success included percentage of paid/denied by specific provider and reason codes to better educate why claims deny which has helped in working with the provider.
- Claims continue to receive positive and outstanding remarks in Customer Service.
- The HMS audit for March 2018 through August 2018 resulted in high scores of 98.03% in timeliness of provider payment, 99.91% in claims processing accuracy, and 99.91% in financial accuracy.

Summary of Goals and Objectives for FY20

- Maintain high focus on meeting and exceeding the encounter requirement to have 95% approved claims. Evaluate processes to determine modifications and efficiencies needed for Tailored Plan efforts.
- Focus on claim system development as it relates to physical health claims in preparation for the Tailored Plan.
- Work with IT to continue to make improvements in the AR system so that we can maintain accurate accounting of all outstanding NC TRACKs submitted claims.
- Continue to enhance training and development so that staff are fully trained and have the tools they need to do their job. We will focus on claims processing and management of physical health claims and diversifying staff knowledge and expertise.

Financial Operations

Brief Description of Department and Units

- Accounting - responsible for the agency's financial transactions, financial reporting, adherence to Generally Accepted Accounting Principles (GAAP), ensuring adequate and effective internal controls, etc.
• Budget and Financial Analysis - responsible for the development and monitoring of the Alliance budget and analyzing budget to actual at both the administrative and service level. The staff in this unit are also responsible for the review and analysis of Medicaid dollars to include Per Member Per Month (PMPM) spending by category of service and aid, budget vs. actual, individual provider or service trends, etc. Responsibility also includes rate setting for programs, services, and providers.

• Accounts Payable – responsible for ensuring all providers and vendors are paid accurately and timely.

• Purchasing – responsible for ensuring all administrative purchases are made in accordance with applicable laws and procedures as well as meet the purchasing needs of the Organization

Accomplishments for FY19

• Redesigned the Budget and Finance Committee to incorporate review of our Medicaid Per Member Per Month (PMPM) service expense. This allowed for a more cohesive review of our financial position and allowed for conversation on service initiatives.

• Collaborated with the claims and IT teams to improve reporting to providers to enhance their internal reconciliations related to Alliance payments.

• Continued our focused efforts on monitoring the Medical Loss Ratio (MLR) so that all allowable expenses are included in the calculation. The MLR increased by 5.9 % in FY19.

• Evaluated and implemented a new payroll system which allowed for greater integration with HR and more effective payroll reporting.

• Completed another successful independent financial statement audit and compliance audit receiving no material weaknesses, significant deficiencies and no required adjustments.

• Implemented a chart of accounts conversion to incorporate the Organization’s recent reorganization into our reporting and budgeting.

• Continued the departmental focused administrative budgets, as well as budget to actual reports, to allow for budget ownership and flexibility of spending.

Summary of Goals and Objectives for FY20

• Evaluate internal processes for potential efficiencies in preparation for the Tailored Plan.

• Evaluate our General Ledger system for potential growth and enhancement opportunities. The Tailored Plan financial requirements will be assessed and considered in this evaluation.

• Continue to enhance our reporting and analysis of our services especially in the area of Medicaid drilling down to the population level, Medicaid eligible lives, and category of service.

• Continue engagement with consultants to assist with higher level reporting and forecasting. Specific efforts will be put forward as it relates to our PMPM rate for Standard Plan “Go Live” dates as well as Tailored Plan implementation date.

• Continue to enhance training and development so that staff are fully trained and have the tools they need to do their job. We will focus on claims processing and management of physical health claims and diversifying staff knowledge and expertise.
Organizational Performance Division

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

Organizational Effectiveness Department

Brief Description of Department and Units

The Organizational Effectiveness Department (OED) powers our organizational performance by integrating Alliance’s enterprise level projects, our people, our systems, and our leadership, and aligning all with our organizational mission, vision, and strategy. This dynamic department brings together the Communications unit, Facilities unit, Organizational Project Portfolio Management Office (OPPMO), and the Organizational Development and Learning (ODL) team to 1) facilitate positive change within the organization that is in alignment with our strategic plan; and 2) enhance and support a healthy organizational culture in alignment with our values. There are 16 staff in OED and together they support and drive Alliance’s change, growth and development.

- The Organizational Project Portfolio Management Office (OPPMO) is chartered to manage the Alliance portfolio of Strategic Initiatives. This supports leadership's need to closely manage investment funds, staff resources, and business priorities in an effort to tightly manage projects that affect the strategy, health, and profitability of the company.
- The Alliance Communications Unit has oversight of all internal and external organizational communications to multiple stakeholders within our catchment area. This broad scope of work includes all organizational marketing development and production, organizational branding efforts, content maintenance of a complex website and highly-regarded social media program.
- Organizational Development & Learning (ODL) strives to engage employees, promote learning, transform leaders, enhance culture, build teams and measure effectiveness by providing quality learning interactions, leadership development programs, and building a culture of continuous learning. ODL also supports the Recovery University learning platform for our community, which is a free resource for our members and others in our communities.
- The Facilities team is responsible for the management of multiple construction projects, property management of Alliance’s Crisis Facilities, and day-to-day facility management of Alliance’s four office sites. Health and Safety also falls within this unit, as does the Emergency Action Plan.

Accomplishments for FY19

- Successfully implemented the multi-year Strategic Facilities Plan that consolidated the Durham Office, Home Office and Call Center into one office building.
- Expanded the Facilities team to include a Facilities Director in a cost neutral way, to be accountable for the growing responsibilities created through our expansion.
- Facilitated two-day planning session with the Joint Leadership Team to design a 3-year, multi departmental project plan for transition to Tailored Plan.
- Led the Phase 1 development of the Tailored Plan Project Plan including Complete Care project for integrated care, Jiva, our platform to transform Care model, and a new HR system, UltiPro.
- Launched comprehensive, evidence based Change Management program for all staff, to support the people side of change to a Tailored Plan, certifying two staff in the Prosci Change Management model.
In collaboration with HR, developed and launched Employee Engagement survey to provide insights and direction to assist with company culture and staff retention.

As a result of the Engagement survey, led the Telecommuting Initiative to implement alternative Work Options at Alliance, in an effort to build organizational culture and engagement.

Created and implemented a wide variety of learning opportunities for all staff, to prepare them for the future:

- Technical Skills Academy (TSA) to provide employees with training on Microsoft Office tools such as Word, Excel, PowerPoint, Skype, and others.
- Change Champion program to assist employees in adapting to and navigating organizational changes and imbedding change competencies within the organization.
- Team Building interventions to assist supervisors with improved communication, increased collaboration and building trust among team members.
- Peer Success Coach program to help employees expand and refine their skills through mentoring by other Alliance SMEs.
- Peer Advisory Leader (PAL) mentoring program geared to assist new employees with their transition to the organization.
- Learning Labs consisting of one-hour trainings for employees on topics such as the Medicaid Transformation, Skills for Success, and Whole Person Care to prepare staff for the future.

Launched a new Thought Leadership component of the Alliance website designed to highlight the innovation and forward-thinking of staff across the organization, including Complete Care, housing initiatives, community empowerment, and leadership development.

Partnered with the Government Relations Team and a local pharmaceutical company to coordinate the strategic distribution of over 18,000 pouches used to safely dispose of unused opioids and other prescription drugs as part of our “Alliance for Action on Opioids” campaign.

Created a high-quality organizational interactive newsletter distributed by email to highlight Alliance innovation, community involvement and service, and our efforts to become an employer of choice in our field.

Coordinated a comprehensive organizational rebranding to Alliance Health, consisting of a dynamic new logo and graphic package design, reprinting of all core information materials, rebranding of the Alliance website, migration of the web domain to AllianceHealthPlan.org, creation of new interior and exterior building signage, and revision of a myriad of video and print materials directed to a variety of audiences.

Summary of Goals and Objectives for FY20

- Implement year 3 of Organizational and Development and Learning plan which includes launching an internal Diversity specialist and expanding cultural competence education into year round learning modules and events.
- Collaborate with Alliance leadership to define needs for training related to transition to management of physical health and develop plan to provide needed learning.
- Continue implementation of organization wide Change Management plan for Tailored plan and increase change literacy and competencies across Alliance.
- Create and implement a staff succession planning program that includes career lattices, cross-departmental trainings, job shadows, etc., collaborating with HR.
- Complete the final stage of the Strategic Facilities Plan, which involves moving the Wake office to the new Home office, in July 2019.
- Continue to implement and refine the Thought Leadership Marketing Plan developed in FY19.
- Continue leadership and management of the Tailored Plan Project Plan.
• Train staff and expand utilization of the Project Portfolio Management system to better monitor and manage project level-of-effort estimation and forecasting to prepare for the future.
• Continue efforts to build public engagement with our social media platforms, including Twitter, utilizing more video and original material augmented by an advertising maintenance plan.
• Continue Evolutionary Website Redesign by identifying, analyzing, and fine-tuning a variety of performance and Search Engine Optimization issues.
• Create a dynamic new website component showcasing the diversity of Alliance’s outreach to and influence in our communities, including initiatives promoting quality partnerships and collaborative change, redesign of system of care to improve health outcomes, our work to help people more actively engage in their own healthcare, and efforts to connect people to social and community supports that enhance recovery and well-being.

Access Center

Brief Description of Department and Units
The Access and Information Center (the Alliance 24/7 call center) links consumers to a range of services in the community and ensures that callers in need of crisis services are provided with timely access and follow-up. In addition to screening and referral activities, the call center provides information to general healthcare providers, CCNCs and to crisis providers to help coordinate the care of consumers needing routine services or during an after-hours crisis. It handles general information requests for Alliance as well.

Accomplishments for FY19
• Answered 57,009 calls. 98.1% of these calls were answered within 30 seconds. Average hold time was 1 minutes and 8 seconds.
• Met DHHS contractual requirements for time of answer and abandonment rate. Maintained low speed of answer of 6 seconds and 0.9% abandon rate.
• Call Center turnover rate is < 1%. Two staff returned to the Department.
• Maintained URAC Health Call Center accreditation.
• Redesigned our Clinical Decision Guide with the help of our CMO to better align with Emergency Medicine standards.
• Implemented the TBI waiver. 8 members successfully placed on the TBI waiver this year.
• Successfully closed out our Access to Care - Emergent QIP based on our higher rate of member engagement.
• IDD Access team participated in 10 IDD community events to inform more members and stakeholders about services and resources for people with IDD and TBI.
• New Training modules presented in multiple ways to support learning and increased retention.
• Pending- Positive EQR review that is reflected in Enrollee Services and Delegation Section.
• Collaborated with Primary Care offices to coordinate care for members. Over 500 assessment appointments set for members in 2018.
• Use technology to streamline the Innovations slot allocation process.
• Filled all the IDD Innovations available slots in a timely manner.
• Registry of Unmet Needs. Collaborated with Alliance report writers to address data discrepancies and move further away from the use of spreadsheets for tracking.
• Collaboration with IDD Care Coordination to expand their capacity to serve Alliance members by leveraging the untapped talented workforce in Customer Service.
• 4 trainings hosted at Alliance by IDD Access team on behalf of NC Start.
• Promoted Open Access model of care to decrease the time between appointments.
• Collaborated with Provider Networks and providers to increase choice for members.
• Increased the number of Saturday assessment appointments for all funding and ages.
• Implemented the use of MicroStrategy to create a Provider Capacity Dashboard. Assists staff to locate appointments that most clearly meet the necessary timeframe and location for callers. Collaborated with other departments to gain access. Informs Alliance staff of gaps in the network.
• Attempted to address language barriers for our members within our provider community. Piloting the use of our interpreter vendor for a single enhanced service provider serving a non-English speaking member. Alliance is funding the use of this telephonic interpreting service.
• Successful physical move of department without service disruption.
• Collaborated with other Alliance Departments on “Complete Care” project.
• LogistiCare transportation pilot implementation to remove barriers to care.
• Worked collaboratively with Network development on rolling out new service definitions, and assessing the needs and gaps in our service continuum. Increased the number of ABA providers for our membership.
• Collaborated with Duke and Durham Public Schools to create a Suicide Prevention Training.
• Improved departmental communication and integrated agency-wide communication strategy during inclement weather events to ensure timely access to emergency services.

Summary of Goals and Objectives for FY20

• Successful URAC re-accreditation.
• Successful EQR review.
• Create a new Member Service Department aligned with anticipated requirements of the Tailored Plan RFP.
• Set up and manage one or more Health Plans Behavioral Health Crisis Line delegations.
• Increase our knowledge of Population Health Management and explore ways to serve the “whole person” in all service areas.
• Increase understanding of NCQA and our role in achieving accreditation.
• Improve interflow call performance by moving our interflow vendor delegation contract to another entity.
• Work with provider network to improve access for routine and urgent appointments.
• Reduce call times and reduce customer experience of redundancy by focusing on essential screening information.
• Create phone line (hardware) redundancy for all Call Center services under our new Business Continuity Plan.
• Expand the use of LogistiCare for members needing transportation to providers and pharmacy
• Implement call center performance metrics to match anticipated Tailored Plan requirements.
• Increase the number of calls monitored with innovative technologies to ensure members rights are protected and needs are met
• Challenge the way in which we have approached member care. Use creative ways to increase the number of members seeking services to obtain the services in a timely manner.
• Collaborate with community stakeholders to prepare for possible natural or manmade disasters in order to protect and respond to the needs of our membership.
• Develop brief explanations in simple language around Medicaid Transformation for our members.
• Develop a strong working relationship with the new Ombudsman and Standard Plans to assist callers to exercise their rights and increase their understanding of Medicaid benefits.
Quality Management

Brief Description of Department and Units
Quality Management is responsible for creating a culture of continuous quality improvement across Alliance and assuring quality within the agency. Quality Management has three teams:

- Quality Improvement: oversees our Quality Improvement Projects (QIPs); performs quality reviews to identify opportunities for improvement; and develops quality management standards and training.
- Data and Reporting: assists Alliances departments with developing operational metrics to focus on effective and efficient work; develops and validates reports for Alliance management, committees and the state; facilitate the completion and analysis of network-wide surveys to identify strengths and opportunities.
- Grievances and Incidents: investigates and resolves incidents and complaints; and analyzes data related to individual-level concerns to ensure that Alliance responds effectively to issues and trends.

Accomplishments for FY19

- Improved satisfaction with grievance resolutions resulting in dramatically lower appeal rates
- Streamlined medical team consultation for grievances and incidents resulting in faster feedback to providers and resolution of quality concerns.
- Created a database of DHSR actions that Alliance staff can use to research issues related to licensed facilities.
- Reduced late submission of critical incident reports
- Added provide performance related to critical incident submission to the credentialing process.
- Demonstrated an annual savings of $15,000 with streamlining process for managing provider site moves.
- Created process maps to prepare for implementation of Jiva system for utilization management and appeals and for implementation of TBI services.
- Streamlined Level of Care process resulting in improved communication, automated notifications indicating when steps are completed, more efficient use of Medical team time through technology, and development of automated reporting. ROI is currently being calculated.
- Review of ADHD clinical guidelines indicated ongoing provider adherence to key best practices of filling approved medication prescriptions and participation in psychotherapy.
- Created multiple dashboards to facilitate data sharing and data-informed decision making.
- Developed systematic data validation strategy to ensure that reporting follows required specifications.
- Developed the TBI Waiver Reporting Guide for the State
- Provided significant input to the State during the creation of the Watch Measures / HEDIS measures included in all LME/MCO contracts

Summary of Goals and Objectives for FY20

- Prepare for MBHO accreditation through NCQA
- Align the Quality Management department with Tailored Plan requirements and the quality strategy published by DHHS.
Human Resources

Brief Description of Department and Units
The primary focus of Alliance’s Human Resources Department is its people; recruiting, developing, and retaining a talented diverse workforce. This is accomplished by each Senior Business Partner who serves as subject matter experts within their respective areas under the leadership of the Senior Vice President. The main areas include Benefits Administration, Employee Relations and Policy Administration, Compensation and Classification, and Talent Management. Together, the staff within the HR department address the various needs of both internal and external customers, often serving as an initial face of Alliance. Two key organizational committees, Employee Engagement Committee and Rewards and Recognition Committee, were recently transformed into one committee. This newly formed committee will identify and execute future activities to promote and enhance overall employee engagement. In addition, the Wellness Committee will continue to focus on employee health and wellbeing. These committees work in tandem with the HR department to promote a culture of self-improvement, employee engagement, and staff appreciation, and to move the organization closer to becoming an employer of choice.

Accomplishments for FY19
- Posted 72 vacancies; Hired 70 (24 Internal 35%, 46 external 65%) candidates
- Created 26 new positions
- On boarded 13 Johnston staff after merger
- Selected Ultimate Software (UltiPro) as new Human Capital Management system and began implementation of Payroll and Human Resources modules
- Outsourced candidate background review process to include all current background checks and incorporate verification of work history, education, licensure, driver’s license as well as completion of a national criminal history search and reference checks
- Launched monthly HR News blitz to internal workforce in June 2018
- Revised/created a significant number of HR procedures
- Launched telecommuting throughout organization
- Scheduled launch of 2nd Employee Engagement survey

Summary of Goals and Objectives for FY20
- Research, develop and implement organizational retention plan
- Utilize functionality within Succession Planning module to identify and address skill gaps throughout organization
- Offer benefits premium differential in FY20 Open Enrollment by implementing Health Assessments and other wellness related initiatives
- Complete implementation of Human Resource modules (Benefits, Perception/Reporting); evaluate and modify processes to maximize efficiency and system functionality
- Create and install workforce demographics on manager’s dashboard within UltiPro
Information Technology

Brief Description of Department and Units
The IT department is comprised of five distinct teams:

- Application Development and Quality Engineering - Responsible for all internal application development and support, including SharePoint and the corporate Intranet. Manages all quality assurance and user acceptance testing and documentation to support corporate audits. This Team also provides database administration and security, support for file downloads, IT Project management as well as managing User Acceptance Testing (UAT) for all Alpha releases for the organization.

- Enterprise Analytics – This Team is responsible for the engineering and management of the Alliance Enterprise Data Warehouse and the utilization of the key software platforms of Microsoft SQL Server, Microsoft R and MicroStrategy. They are additionally responsible for developing and deploying data actionable reports, dashboards and other data products to meet the advanced analytics and other informational needs of the organization.

- Data Science - The Data Science team is responsible for mining out pattern, insights, and advanced data elements using an interdisciplinary mix of statistics, machine-learning, and discrete mathematics. The deliverables range from the creation of datasets from which may be consumed in the Enterprise Data Warehouse, to a more narrative output that reviews and summarizes the analytical insights to be explored with the various business units. The Team also engages in independent, exploratory R&D with the goal of anticipating the needs of the business and prototyping proofs-of-concepts to enhance our business initiatives.

- IT Infrastructure and Support - Installs and supports all business data and voice networks within the Alliance sites. They are responsible for maintaining all corporate PC and software resources, network and data security, HIPAA compliancy, email security, network/server administration and performance, and the IT Helpdesk.

- Product Management and Support – This Team provides the main conduit between IT and the various business units to support the WellSky AlphaMCS System and the ZeOmega Jiva system. They provide the configuration, testing and implementation of many facets of these Enterprise software solutions.

Accomplishments for FY19

- Implemented a near-real time replication process of the AlphaMCS production databases to the Alliance SQL database infrastructure providing improved access to data in our Enterprise Data Warehouse and reporting systems.

- Reengineered Alliance Enterprise Data Warehouse to source data from AlphaMCS OLTP, eliminating the need for AlphaMCS DW, while allowing our reports and dashboards to have up-to-date data.

- Continued development of reports, user defined datasets and dashboards for the organization. We currently have more than 150 in MicroStrategy reports, datasets and dashboards resulting on average 2,000 executions per month.

- Added multiple data domains to our Enterprise Data Warehouse and MicroStrategy, e.g. GEF, HEARTS Census and Discharges, EDI 820, 837, 835 and 834 datasets.

- Integration of ZeOmega Jiva episode, assessment and other business data in our Enterprise Data Warehouse and MicroStrategy to support enhanced reporting.

- Provided training for all users at Alliance through monthly Power Users workshops and direct involvement in the TSA (MicroStrategy, Data Analytics, Excel, Access).

- Deployed an Advanced Power Users pilot, which allows Power Users to integrate their own datasets into their MicroStrategy reporting.
• Created the Jiva Application Configuration Team consisting of an Application System Analyst and an Application Configuration Specialist to support the successful implementation of the UM module and the continued evolution of the Care Management module within the Jiva Enterprise application.
• Constructed a Jiva SharePoint site for the reporting and tracking of Jiva issues, new configuration requests, product documentation library, product maintenance calendar, and FAQs.
• Constructed a Product Management TFS site to track all approved configuration requests (requirements, tasks, bugs…).
• Developed a Provider Portal to allow internal Alliance staff and external providers to access the Alliance suite of applications.
  o Developed and added modules for Accreditation and Referrals to the Provider Portal to meet state requirements
  o Created the Clinician Maintenance module that allowed providers to submit clinician changes and specialties to Alliance. Alliance was the only MCO to meet state guidelines on time
  o Modified the Provider Search website to include mobile access as well as languages, clinician search and provider referral status.
• Modified the Claims Department AR application to include business functionality and report enhancements. This application was used to showcase how we are working claims during the EQR review.
• Enhanced the ILI application to allow management of vendors by the Finance team
• Upgraded the SharePoint farm from SharePoint 2013 to SharePoint 2016, providing optimized communication and performance as well as high availability.
• Assisted the Communications Department with the implementation of the New Intranet Branding program by participating in the design discussions, setup, implementation and migration of the content from the old Intranet to the new environment.
• Developed numerous business forms and workflows within SharePoint to support the business initiatives for different departments within Alliance. Examples are the New Service Process Flow, a Performance Tracking tool for MHSUD and IDD departments, tracking and workflows for Care Review, the Innovations Dashboard, and for TCL RSVP Tracking.
• Worked with the business on multiple advanced analytic/data science initiatives including:
  o Support business departments’ alignment with Tailored Plan objectives through data science techniques using GLM (generalized linear model)
• Support Care Coordination Risk Stratification efforts by utilizing data science and statistical techniques. Areas of focus included the following:
  o Probabilistic analysis of future cost
  o Outlier detection based on John Hopkins attributes of active ingredient count, and risk of inpatient admissions
  o Propensity of subsequent Behavioral Health crisis episodes
  o Identification of high-risk diagnostic categories by mining association rules across the diagnostic spectrum
  o Developed a proof of concept using Text Analytics (Natural Language Processing) to predict risks associated with the presence of specific clinical documents
Coordinated the successful relocation of the corporate office, and integrated the Johnston County site including design and implementation of the data and communications network, all required equipment and servers, and setup of user workstations and offices.

The IT Helpdesk this Fiscal Year through February 2019 has received and closed 6,873 tickets, 67% within 8 hours of receipt.

Successfully migrated 53 servers to our new hyper-convergence hardware for improved efficiency extended our data storage and processing capabilities including the migration of all database servers to SQL Server 2017.

Upgraded our disaster recovery capabilities by implementing new replication software between the primary datacenter at Peak10 Morrisville and the secondary data center, located in Greensboro.

Implemented internal network security scans with Nessus software.

Continued to support our internal security controls by conducting monthly phishing campaigns using the Wombat tool. Individuals failing the campaigns receive additional mandatory training using the integrated training modules.

Planned and implemented domain name and email changes to support Alliance Health.

Summary of Goals and Objectives for FY20

- Participate in All Project Plans and Initiatives to Support the Transition to the Tailored Plan Model.
- Perform Claims System Analysis and implementation of a solution to support physical health claims processing.
- Participate in RFP process to select PBM for Tailored Plan Implementation.
- Transition to MicroStrategy 2019, providing enhanced Business Intelligence and Analytics capabilities to all users in the Alliance Data Ecosystem.
- Deprecate SharePoint BI Site, allowing all our reports and dashboards to be part of our MicroStrategy reporting framework.
- Continue providing Data Analytics and MicroStrategy training opportunities for Advanced Data Users in order to promote data use and to engage them with our business initiatives.
- Develop Enhanced Analytics capabilities to support Alliance’s Social Determinants of Health initiatives.
- Augment Power Users capabilities by providing them access to MicroStrategy DataMart.
- Implement and support for MicroStrategy 2019 Notebooks to resolve one-time data requests.
- Support for full implementation of the ZeOmega Jiva modules – UM, Provider Portal, Member Portal and HIE (Health Information Exchange).
- Continue to enhance the look and feel of the Provider Search website to meet all business requirements.
- Develop a Provider Monitoring application to allow this team to automate several tools that are currently manual processes. The first tool to be automated will be the HCBS tool.
- Development and integration of Team Collaboration Sites within our SharePoint and Intranet environment.
  - Continue our advanced analytic/data science initiatives to include:
    - Completion of Care Coordination Risk Stratification
    - Expansion of Event Frequency Modeling (eligibility churn, total days of service received, diagnostic stability, etc.)
    - Identifying “Windows of Opportunity” in which intervention can have optimal effect.
    - Provide information and guidance regarding Johns Hopkins ACG system to assist with understanding and appropriate implementation.
- Provide consultation regarding statistical methods to guide visualization and analysis processes.
- Develop and implement an enhanced Disaster Recovery Plan to improve our recovery capabilities of all critical corporate systems into our Greensboro DR site.
- Implement our Call Center phone system redundancy plan and provide support for Standard Plan Crisis Line.
- Evaluate HiTrust Certification as a potential initiative for Alliance Health.
- Evaluate for implementation Rights Management, Data Loss Prevention (DLP), and Security Information and Event Management (SIEM) systems.
- Review and develop an Alliance Health Corporate Cloud Strategy to consider:
  - Server/critical system relocation to the Cloud (if applicable)
    - Microsoft 365 Implementation
    - Other appropriate Cloud Initiatives
Office of Compliance

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

Accomplishments for FY19
- Opened 84 fraud and abuse investigations in the first 6 months of FY19 (146 total in FY18) and referred 5 full investigations to DMA Program Integrity for determination of credible allegation of fraud (16 total in FY18).
- Conducted internal audits and monitoring activities.
- Monitored all sites for HIPAA Privacy compliance. Contracted with external vendor to conduct the annual Security Risk Assessment.
- Issued and tracked 72 actions and sanctions to providers in response to Network compliance issues in the first 6 months of FY19 (149 total in FY18).
- Issued over $154,000 in overpayments through the Corporate Compliance Committee process in the first 6 months of FY19 ($908,000 total in FY18).
- Managed 10 requests for reconsideration of actions against providers in the first 6 months of FY19 (13 total in FY18).
- Audited 3% of adjudicated claims as well as inpatient and ED claims weekly.
- Conducted internal investigations and developed remediation plans where applicable, monitored remediation plans to ensure successful implementation.
- Conducted new hire orientation, annual compliance and HIPAA training to all employees, compliance training to Board of Directors, and published informational materials related to compliance, fraud and abuse to a variety of stakeholder groups.
- Conducted Compliance and Program Integrity training to Network Providers.
- Coordinated activities to celebrate Corporate Compliance and Ethics Week organization-wide at each site with the purpose to increase compliance awareness.

Summary of Goals and Objectives for FY20
- Our goal is to embed compliance, fraud control, and business ethics into Alliance day-to-day operations through the use of procedures, infrastructures and tools designed to help achieve compliance with federal, state, and local laws and regulations, contracts and accreditation standards. We will achieve these goals through ongoing efforts of:
  - Employee and stakeholder training and information sharing
  - Policy and procedure oversight and management
  - Internal audits and compliance monitoring
  - Privacy and security audits, annual security risk assessment
  - Random and targeted claims audits
  - Fraud and abuse investigations to detect and deter fraud and abuse in the Alliance Network, prioritizing areas of highest risk
  - Investigation and correction of non-compliance
  - Development and implementation of risk mitigation plans
  - Identification and resolution of provider compliance issues
• An annual work plan developed as a result of the annual risk assessment drives major compliance operations. Items selected for the work plan pose risk to Alliance. The updated plan is reflective of the current risk environment in which Alliance operates.
• Provide specialized training to department staff to promote professional development.
## General Fund Revenues

**FY2019-2020 Recommended Budget**

**Total General Fund Revenues: $535,759,800**

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General Fund Revenues
FY2019-2020 Recommended Budget
Total General Fund Revenues: $535,759,800
General Fund Expenditures
FY2019-2020 Recommended Budget
Total General Fund Expenditures: $535,759,800

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# Budget Comparison

## Budgeted Revenue

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Functional Organization Chart

April 2019
WHEREAS, the proposed budget and budget message for FY 2019 - 2020 was submitted to the Alliance Health Area Board on May 2, 2019 by the Budget Officer; was filed with the Executive Secretary to the Board;

WHEREAS, on June 6, 2019, the Alliance Health Area Board held a public hearing pursuant to NC G.S. 159-12 prior to adopting the proposed budget;

BE IT ORDAINED by the Alliance Health Area Board that for the purpose of financing the operations of Alliance Health, for the fiscal year beginning July 1, 2019 and ending June 30, 2020, there is hereby appropriated funds the following by function:

**Section 1: General Fund Appropriations**

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<td>$500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$535,759,800</strong></td>
</tr>
</tbody>
</table>

**Section 2: General Fund Revenue**

<table>
<thead>
<tr>
<th>Function</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$57,348,078</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$385,741,463</td>
</tr>
<tr>
<td>State Services</td>
<td>$53,383,119</td>
</tr>
<tr>
<td>County Services</td>
<td>$38,787,140</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$535,759,800</strong></td>
</tr>
</tbody>
</table>

**Section 3: Authorities**

A. The LME/MCO Board authorizes the Budget Officer to transfer within an appropriation up to $100,000 cumulatively without report to the Board.

B. The LME/MCO Board authorizes the Budget Officer to transfer up to $100,000 between appropriations with a report to the Board at the subsequent meeting.

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

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

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

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

Budget Process
FY 2019-2020 is the eighth recommended budget representing Alliance Health as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY20 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on historical experience and projections into the next fiscal year. Alliance will review the need for a budget amendment in the first quarter of FY20 if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY19 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 an appropriation up to $100,000 cumulatively without reporting to the Board. The Budget Officer is authorized to transfer budget amounts between functions up to $100,000 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.

**Budget Calendar**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Thursday, May 2, 2019</td>
<td>FY 2019-2020 recommended budget presented at LME/MCO Board meeting</td>
</tr>
<tr>
<td>By Friday, May 10, 2019</td>
<td>Notice of June 6, 2019 Public Hearing published</td>
</tr>
<tr>
<td>By Thursday, June 6, 2019</td>
<td>Public Hearing</td>
</tr>
<tr>
<td>By Friday, June 28, 2019</td>
<td>LME/MCO Board adoption of FY 2019-2020 Budget Ordinance</td>
</tr>
<tr>
<td>By Monday, July 1, 2019</td>
<td>Budget is available in the General Ledger system</td>
</tr>
</tbody>
</table>

**Glossary of Terms**

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

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: In accordance with the By-Laws of the Area Board, the terms of some Board members are staggered. Duane Holder’s term expired May 31, 2019. The Board is requested to consider this member’s reappointment for an additional term and request official reappointment through the respective Board of County Commissioners.

REQUEST FOR BOARD ACTION: The Board is requested to recommend to the Cumberland Board of County Commissioners the reappointment of Duane Holder whose term expired May 31, 2019.

CEO RECOMMENDATION: The Board is requested to recommend to the Cumberland Board of County Commissioners the reappointment of Duane Holder whose term expired May 31, 2019.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; and Robert Robinson, CEO
ITEM: Election of FY20 Board Officers: Chairperson and Vice-Chairperson

DATE OF BOARD MEETING: June 6, 2019

BACKGROUND: As stated in Article II, Section D of the by-laws, at each final regular Board meeting of the fiscal year, the Officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include: Chairperson and Vice-Chairperson.

No officer shall serve in a particular office for more than two consecutive terms. Each Board of Directors member, other than County Commissioners, shall be eligible to serve as an officer. 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 all Board of Directors 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.

Nominations will be presented and Board members will elect officers at the June 6, 2019, Board meeting.

REQUEST FOR AREA BOARD ACTION: Elect FY20 Chairperson and Vice-Chairperson.

CEO RECOMMENDATION: Elect FY20 Chairperson and Vice-Chairperson.

RESOURCE PERSON(S): Robert Robinson, Chief Executive Officer