

Alliance Provider Advisory Council (“APAC”) Operational Agreement

I. PURPOSE.

The Alliance Provider Advisory Council (“APAC”) is a committee established by Alliance staff in order to serve as a resource to Alliance and is comprised of network providers in good standing. The purpose of this document is to establish the roles and responsibilities of APAC, channels of communication between APAC and Alliance staff, and the mission, goals, and activities of APAC.

II. ROLES AND RESPONSIBILITIES OF APAC.

1. APAC Mission and Goals.

- a. APAC will serve as a fair and impartial representative body for providers that are credentialed, enrolled and contracted with Alliance to deliver mental health, intellectual/developmental disabilities/ substance abuse (“MH/IDD/SA”) services in Cumberland, Durham, Johnston, and Wake counties (hereinafter the “Provider Network”).
- b. APAC will facilitate the open exchange of ideas; share values, goals, and visions; and promote collaboration and mutual accountability between Alliance and the Provider Network.
- c. APAC will promote evidence-based and emerging best practices to empower consumers within our communities to achieve their personal goals.
- d. APAC will review, provide input, and make recommendations to Alliance on its policies, procedures, forms, activities, guidelines, changes in funding, financial issues, and reimbursement.

2. APAC Activities.

Specific, ongoing activities of the APAC will include, but are not limited to, the following:

- a. Review and comment on Alliance specific activities that impact members of the Provider Network.
- b. Review and comment on the Provider Network Plan and Gaps and Needs Assessments.
- c. Provide input to Alliance in its implementation of the Provider Network Plan.
- d. Review and comment to Alliance regarding the Strategic and long-term plans.
- e. Assist Alliance with effective communications across the Provider Network and assist in planning all-provider meetings.
- f. Recommend efficiencies and best practices regarding service availability and service array, consumer choice, and fair competition, including ways to close gaps in the services array, particularly for underserved and non-target populations; provide additional services; and facilitate additional communications among providers.
- g. Assist Alliance in encouraging provider participation in quality improvement activities.

II Structure of APAC

1. Composition

APAC will be comprised of representatives from each of the four Alliance counties (Cumberland, Durham, Johnston, and Wake) and will consist of at least 20 representatives. Representation will be based on the Medicaid-eligible populations within each county. Determination of representation will be evaluated every two years in January and representation adjusted. In addition three at large seats will be identified and filled by Alliance to ensure balanced representation of the entire network.

2. Selection, Terms and Conditions of Membership

APAC members will be appointed by Local PACS, and reviewed and approved as a provider in good standing by Alliance Provider Network staff. Each local PAC should maintain a consistent recommendation process that encourages participation of the complete local provider network. Each PAC is encouraged to seek balanced representation across child and adult services and the three disability areas. Members must be currently affiliated with a provider in good standing within the Alliance Provider Network, as defined below. In the event an APAC member no longer works within the identified county of representation, the local PAC will identify and appoint a new representative.

A Network Provider is in good standing if the provider does not have a currently unresolved POC with Alliance, is not in an appeal or reconsideration process with Alliance and does not have any pending litigation in any State, Federal Court or the Office of Administrative Hearings. Only one half of the available seats shall be elected each year to avoid loss of continuity. APAC will provide annually attendance information and election dates to assist in the process.

An APAC member can withdraw from his/her position at any time. In the event a member withdraws, the local PAC will utilize its appointment process to determine a replacement to complete the remainder of the outgoing member's term.

3. Chairs/APAC Leadership

APAC meetings will be facilitated and led by Co-Chairs. One Co-Chair will be an Alliance staff (Alliance Chair) appointed by Alliance CEO. The other Co-Chair shall be a Provider member (Provider Chair) and will be elected by the APAC membership. The election of the Provider Chair will occur annually, in accordance with the process described in Section 9, below. The Provider Chair may serve multiple one-year appointments. In the event that the Provider Chair resigns his/her appointment, an election will be held within a month to designate an interim Provider Chair to complete the remainder of the term.

4. Meeting Structure/Minutes

APAC will meet monthly unless a majority of members vote to cancel any meeting. Meetings will be held at Alliance corporate offices, unless alternative meeting locations are approved by the APAC membership.

APAC Co-Chairs will set the meeting agenda and facilitate the meeting. Agendas will reflect input from local PAC and Alliance, including informative and solution-focused topics and local PAC updates. Alliance will provide administrative staff to take minutes. Minutes will be approved by the APAC at the next meeting. Approved minutes will be posted to the Alliance website.

APAC meetings will comprise only the Co-Chairs, provider representative members, and Alliance staff and invitees approved by the Co-Chairs.

5. Expectations of Members

Provider representatives have an obligation to attend all scheduled meetings, provide updates about APAC activities, and seek provider feedback when necessary. Provider representatives who miss meetings are expected to read the minutes of the missed meeting and to seek from the Provider Chair any additional information shared at the meeting. Representatives should make every effort to attend in person when possible video conferencing utilizing alliance equipment will be presented as an alternative to attendance in person. The option to join via teleconference will be provided as a last resort and should not be used in place of regular attendance. Representatives who fail to participate in three meetings in a calendar year may be discharged from their appointment. In his/her absence a provider representative may not send a proxy.

6. Interactions with Local PACs

APAC provider representatives will establish a process of reciprocal communication with local PACs. It is the expectation that provider representatives will ensure timely reporting of information shared by local PACs and timely response to local PACs.

7. Subcommittees

Subcommittees may be formed to address specific tasks. Subcommittees must contain at minimum one representative from each of the four counties. Willing provider representatives will be selected by the Co-Chairs to serve on subcommittees.

8. Decision Making/Voting

Votes concerning policy, elections, or amendments to the APAC operational agreement or by-laws require a quorum. A quorum will constitute one Co- Chair and at least half of the voting membership The Alliance Chair, who is a non-voting member of APAC, will facilitate the

voting, which may be either a show of hands or ballot. A simple majority will decide the issue. In case of a tie, the Alliance Chair will cast the deciding vote.

9. Election of Provider Chair

Current APAC members may nominate themselves or fellow members as the Provider Chair. Nominations will be submitted to the Alliance Chair in the meeting prior to the election meeting. Each voting APAC member will vote by ballot or verbally at the discretion of the Alliance Chair. After the Alliance Chair tallies the votes, he/she will announce the new Provider Chair. In the case of a tie, the Alliance Chair will cast the deciding vote.

IV. ROLES AND RESPONSIBILITIES OF ALLIANCE.

1. Alliance will endeavor to provide APAC with draft policies, procedures, manuals, forms, reports or other plans that significantly impact the Provider Network in advance of their effective date(s) in order for APAC to review and provide comment and feedback.
2. Alliance will work with APAC to ensure effective communications across the Provider Network and assist in planning all-provider meetings.
3. Alliance will consider recommendations from the APAC concerning efficiencies and best practices regarding service availability and service array, consumer choice, and fair competition, including ways to close gaps in the services array, particularly for underserved and non-target populations; provide additional services; and facilitate additional communications among providers.
4. Alliance will work with APAC to encourage provider participation in quality improvement activities.
5. Alliance will appoint a staff member to serve as the Co-Chair of the APAC, and will designate staff to participate in APAC meetings as invited by the Co-Chairs or to speak to items on the APAC agenda. Designation and participation of Alliance staff is subject to availability and budget limitations.
6. Alliance will provide timely input on APAC agenda items, including informative and solution-focused topics and local PAC updates.
7. Alliance will facilitate reciprocal communication with local PACs and participation on Alliance committees and subcommittees affecting the Provider Network.

V. JOINT RESPONSIBILITIES OF APAC AND ALLIANCE.

1. Work together to achieve a high quality, evidence-based MH/IDD/SA service system for consumers in the Alliance catchment area that is collaborative, accessible, responsive and efficient.
2. Work jointly to develop action plans regarding any systemic issues or concerns affecting the Provider Network.
3. Work together to ensure that the Alliance APAC remains viable and effective and is representative of all provider disability categories and constituent counties.