

# Realignment Public Comments

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## 1. Sunday 6/13/2021

Good Afternoon to All,

I am writing to inform that I have an adult child with mental health challenges which include:

Bipolar Disorder, ADHD, Seizures, anxiety, and a Developmental Delay.

The above challenges have caused countless placements which have all failed him. When the placement(s) staff were well informed of the many difficulties, they would always assure that his needs would be met with all of the training and dedication management and staff had. Each time they failed my child causing immediate displacement, when they faced those challenges; hence, left at a behavior health facility until other placement could be identified. If no signs of behavior were exhibited, the hospital had to work on a discharge plan, which could lead to potential homelessness.

Cardinal was well aware of the placement challenges and were asked countless times for assistance with proper placement, but willfully failed to adhere to their required commitment. Cardinal has done many face-to-face, in-home assessments to determine other services my child needed, but failed by sending denial letters. One Cardinal care coordinator had a five minute private conversation with my child and made his personal decision to find a boarding home placement which he clearly knew, based on the diagnosis noted above, was not in my adult child's best interest. He was notably unprofessional.

As a parent fighting for the rights of my adult child, I was left with no adequate services to fit his extensive needs. I was exhausted and hopeless.

The exhaustion left me no other choice but to give up guardianship to the state in hopes their expertise and weight would quickly find proper care.

That decision, too, has failed me and especially my adult child.

My child has been on the Unmet Needs Registry since 2013 to present. Since there were no placement options in Mecklenburg County nor surrounding counties Cardinal covered, Cardinal removes my child's name off of the Registry for the mental health peace because placement could ONLY be found outside of Cardinal regions, but kept the developmentally delayed piece. Cardinal's decision has now left no funding options for my child. In the interim, there are still no adequate placement to fit the challenging needs. The empty promises continue to fail him. The system has simply eroded. Why has there been no proper oversight? Why has there been no immediate consequences for Cardinal? Where are the funds that were mismanaged and misused by Cardinal's lavish spending? Why are there continued challenges to find proper placement, even, while writing a new plan with the new provider? Where is the sense of urgency? Why a waiting period of potentially nine months while my adult child and others continue to suffer? Why allow abuse and neglect to go punished and/or unpunished with just a slap on the wrist when those abuses could potentially have long-term effects? Why the lack of oversight across the board? Why allow vilification, retaliation, and discrimination against a consumer, parent and others who report abuses and neglect to the state? What about the rights, dignity and respect my child and others deserve? That mission has failed them all.

There are countless negatives reviews against too many placements, current and prior employees' moral, lack of pay, staffing and disfunction. These reviews are true signs of failure

on all or many levels of the mental health spectrum. Why is this? Where do you go from here? How does this dysfunction benefit anyone? What is the goal and firm, strategic plan going forward? When will this roller coach end? Imagine your child and family having to face these challenges. For once, put yourself in the shoes of the child and their families. It takes more than just writing a plan. You have to be willing to roll up your sleeves and truly get involved and connected.

It is my hope that the BOCC and the state move expediently to adhere to their commitment they put forth for my child and others experiencing mental health challenges.

I am cautiously hopeful that there will be a proactive, rigorous, and effective planning that is truly suitable and beneficial for my child and others' unique needs.

Thank you, in advance, for your careful consideration to meet the needs of my child and others.

## 2. Monday June 14, 2021

My son receives services through Cardinal Innovations. I would like more information about the disengagement with Cardinal, including a time line.

We love our care coordinator and she truly cares for my son. How will clients be notified of these changes?

Thank you!

## 3. Sunday June 27, 2021

Good afternoon,

We are reaching out to inquire if there is an official date set for the Alliance engagement? Thank you!

Thanks,

## 4. Tuesday June 29, 2021

Let me start by saying I am glad that Mecklenburg county has finally cut ties with Cardinal Innovations. My son has Autism, ADHD, and a Mild form of Mental Retardation he also, began having seizures a few years ago, He needs a lot of one on one help he is unable to tie his shoes or zip his pants or button his shirts because his hands shake so, badly and when he was in school the trauma that occurred by being handcuffed and restrained was too much. But, for the past year, Cardinal has been trying to cut his hours. When the pandemic hit and we were on lockdown it was really hard on my son he became more aggressive and his seizures became more frequent because he was unable to go out in the community but, all Cardinal wanted to do was cut his hours.

I am a single parent and have dealt with people who have caused my son harm and it is hard to deal with because he can't express what has happened to him. I have been fired from jobs because I was constantly being called from the High Schools he attended (Myers Park, Ardrey Kell, and Rocky River) to come and pick him up because they could not do their jobs. All I want is the hours and services he needs so, that I can take care of him properly.

Thank you

## 5. Wednesday June 20, 2021

About ten years ago I sat behind Dina and the other board members when they decided to close the county directed "Mecklink" MCO, and opted to go with Cardinal. Dina stated it would "save money", even though many warned then, that the county would lose much in the transfer. A few years later Cardinal was led by a demagogue CEO who spent more taxpayers' money on liquor purchases for his private Xmas party, then most front line employees received in bonuses. He also abused more resources (travel etc.) as indicated by Beth Woods state audit, he was fired by the secretary, and nobody has seen an update in years on the legal case filed against him. The board was also fired, but somehow George Dunlap was again seated on the board (all political) even though he supported paying the deposed CEO a ridiculous inflated salary. By the way, is the current Cardinal board being held accountable in any way for the perceived shortcomings of Cardinal? The history of Medicaid and mental health administration in NC is a history of economic and political failure at the expense of our most vulnerable citizens. However, the frontline mental health workers and clinicians have always been the strength of service efforts, and the administration and management bourgeois have been its impediment. In the early 2000's the state adopted a failed Michigan model introduced by Dr. Richard Visingardi, who was hired by the then DHHS secretary to dismantle the bricks and mortar of mental health, all in the name of "managed care". This secretary, also ended up on the Cardinal board, and when she reigned in the state, awarded another private company, Value Options a major Medicaid contract, ON THE EVE OF HER LAST DAY IN OFFICE. The resulting "community support" Medicaid debacle was estimated to have cost the state taxpayers approximately 400 million and more in fraudulent providers. Later, VO "executives" ended up at Cardinal in highly paid administrative positions, and were provided golden parachutes when Secretary Cohen cleaned house several years ago. You see where this goes? And now Centene is probably licking its chops for billions in Medicaid money, and has their own ex employees now working for Cardinal. While all these organizational speculators are swarming for money and personal financial perks, the real work is lost. Mecklenburg and the state have long made their bed and will have to sleep in it. Should the addicted, troubled, and disenfranchised also suffer?

A Concerned Citizen

## 6. Friday, July 2, 2021

Good morning,

I believe Cardinal Innovation Healthcare Solutions should be shutdown. They have members waiting for years just to access the Waiver. They have members waiting for foster care, service delivery is poor, and their Senior Mgmt staff are getting excessive bonuses and pay. Staff are

getting promoted their off the buddy system with limited skills. Mecklenburg going with Alliance Health is a great start. Cardinal Innovation Healthcare Solutions has been given several changes and enough time to change things around. Family members & members are tired of excuses.

## 7. Friday July 2, 2021

To Whom It May Concern,

Thank you for setting up this email account to allow providers to post questions as it relates to the transition from Cardinal Innovations to Alliance Health.

Our first question regarding this change relates to the process by which providers will be able to engage in contracts with Alliance Health for coverage over members currently being seen.

Can we expect to receive information on who to engage with at Alliance to start the process of applying for a contract to ensure our clients continue to services with the new LME/MCO. We currently do not have a contract with Alliance, but would certainly entertain the prospect of doing so to ensure our clients continue to services with our staff.

Thank you in advance,

## 8. Sunday July 4, 2021

I am a long time professional and advocate in Mecklenburg County in Developmental Disabilities

I watched the County Commission meeting when the County Commissioners voted to disengage from Cardinal and join Alliance. I am confused as to why you are now asking for comments. Does this mean that Alliance does not want to include Mecklenburg? Isn't that something that would have been determined before the vote? Did Partners not wish to include Mecklenburg? At one point, Mecklenburg County announced that they would be asking the state for permission to stand alone. Did the state say no to that request?

Also, Carmen Hooker-Odom was recently voted in as Chair for the Cardinal Board of Directors. She is on the Cardinal Board supposedly representing Mecklenburg County. Doesn't that seem odd if Mecklenburg is going to disengage?

## 9. Tuesday July 6, 2021

Mecklenburg County needs a provider that is knowledgeable and able to manage the large tasks that comes with accepting responsibility for overseeing the care of the residents of the largest county in NC. Provisions need to be made to expand the IPRS (county funding dollars) allocated to cover care for those Meck. Co. residents who are uninsured or underinsured. Services need to be provided to align with the Mecklenburg County Sheriff

Department and Correctional Institutions to provide funding for licensed clinicians to come to the institutions to conduct assessments and make referrals so that people can continue the treatment and care that has been started while in custody so that it will continue upon their release into the community. Vice versa when someone is established with a treatment provider communication needs to be maintained with the institution to allow for continuity of care and treatment. Social Worker and similar discharge positions exists within the Public Defender Office and Criminal Justice System to assist with the connection and development of these processes.

## 10. Tuesday July 6, 2021

Hello. As a family member with an adult disabled daughter, I could not agree with this resolution. It will affect not only my daughter but many as well who have services pending for a long time already and it will just cause even more delays. It takes quite a while to get to know case managers in for case managers to know their clients and these changes just make that worse. These changes need to stop happening.

## 11. Thursday July 8, 2021

I believe the alignment should be with a MCO more familiar with the needs of the providers/members of the area.

It would make more sense to utilize Partners MCO as other surrounding counties are moving to them.

It was my understanding that MCO areas were required to be contiguous.

This creates an administrative burden for provider agencies who are currently servicing customers in these counties across touching geographic borders.

This will impact the quality provided as agencies realign internal resources to keep up with differing MCO IT systems, network updates, and relations.

## 12. Monday July 19, 2021

Hi ,

My name is \_\_\_\_\_ and I am the founder of Freedom Fighting Missionaries Inc. a non profit that assist the formerly incarcerated and those who have a background coupled with a disability. A lot of the clients we assist have undiagnosed mental health issues. Our organization recently partnered with Cardinal Innovations and was awarded a community reinvestment grant which has already had a positive impact in our community.

We are hopeful that Alliance will continue to support grassroots organizations like ours. Please request the data that we have captured since partnering with Cardinal. We were also able to join forces to vaccinate low income areas and we were successful at vaccinating 379 people.

Please provide us with how the realignment will affect us.

### 13. Thursday July 22, 2021

Good afternoon. I am the court appointed guardian for my 32-year-old son with CP. He lives in a 2-man group home with 24/7 staffing through Easter Seals UCP. I am concerned whether the providers he currently has will be in the "catchment" area of Alliance. I've researched Alliance and so far see only providers in the other counties. Will there be a release of this information soon? Are Mecklenburg County staffers in place and, if so, how do we access that information? I certainly can't make any comments about this realignment until I have all the facts, which are not provided anywhere that I can see.

### 14. Friday July 30, 2021

The purpose of this correspondence is to respond to Mecklenburg County's request for public comment on its Disengagement/Realignment Plan. As a licensed psychologist, my current role focuses on providing assessments for youth involved with the Department of Social Services due to allegations of abuse and neglect. Through my work, I have repeatedly observed the need for youth and families to receive services from a system of care approach. Families often express frustration over not knowing how to access behavioral health services for their children and feeling as though their voices are not heard in securing those services that are most appropriate to address their children's needs. Such feelings of frustration often create barriers to families' engagement in services which can contribute to their involvement with multiple providers, with little to no continuity of care, and limited treatment progress. Unwarranted involvement with multiple providers also can lead to unnecessary re-assessment of children, including those who have experienced trauma, which increases their risk of retraumatization by being asked repeatedly to retell their stories. These challenges reflect the need for a strong care coordination system to ensure that families are supported in getting connected to and maintaining the care and services, including prevention and early intervention services, they need.

Given the nature of my team's work, many of the children we see have experienced complex trauma across years of their young lives and require evidence-based treatments that were developed specifically to address the adverse impact these experiences can have on their development and physical and emotional well-being. It is difficult to ensure that such services are available within a limited provider network. To complicate matters more, a limited provider network also leads to significant difficulties with finding clinically appropriate, therapeutic placements for children (e.g., therapeutic foster care homes), especially for older adolescents and those dually involved with the juvenile justice system. Such difficulties further contribute to preventable placement disruptions, instability, multiple hospital visits and lengthier stays in hospitals and emergency placements.

As a behavioral health services provider and resident of this community, I appreciate that Mecklenburg County has considered these needs and challenges, among others, within their Disengagement/Realignment Plan. As we continue to grow as a community and with the impact that circumstances surrounding COVID-19 will continue to have on increased demands for behavioral health services, it is critical for us to establish a robust, comprehensive, trauma-informed behavioral health system that addresses the unique needs of Mecklenburg County's residents.

## 15. Friday August 6, 2021

Please see the attachment for comments from the Charlotte Center for Legal Advocacy and Council for Children's Rights. Thank you for the opportunity to comment and for your consideration of our input.

## 16. Friday August 6, 2021

Disability Rights NC (DRNC) is our state's nonprofit Protection and Advocacy agency, providing legal services and advocacy to people with disabilities throughout the lifespan and across the state. DRNC has closely followed developments as counties, including Mecklenburg, have sought to disengage from Cardinal Innovations (Cardinal) and realign with other LME-MCOs in response to inadequate access to services and in anticipation of the move to Tailored Plans. When the State fails to ensure LME-MCOs live up to their obligations, people with disabilities suffer. They are less able to live into their potential for a full, meaningful life; they are vulnerable to institutionalization and its related risks; and they experience negative health consequences. Cardinal Innovations' failures and the State's refusal to remedy them has hurt thousands of people with disabilities. In the hope of using this moment of change as an opportunity to improve the lives of North Carolinians with disabilities DRNC encourages NC DHHS, Mecklenburg County, and Alliance Health to consider the following in their approach to Mecklenburg County's Disengagement and Realignment.

### **Transition Oversight**

Any realignment oversight entity must have involvement from enrollees and their advocates. Listening sessions will not be sufficient to ensure the necessary level of engagement. Both Charlotte Center for Legal Advocacy and Council for Children's Rights, experts in serving LME-MCO enrollees, are necessary to any transition planning and oversight, in addition to enrollees. Transition planning and oversight should prioritize continuity of care for enrollees and should incorporate intensive care coordination and targeted, independent case management to ensure the most vulnerable enrollees get the same or better services during and after the transition.

To the extent the transition to Alliance is not fully completed before the prospective implementation date of Tailored Plans, Tailored Plan implementation should be delayed to minimize disruption in the lives of enrollees. No matter the timing, these two events will each be enormous in its own right. Care should be taken throughout both to ensure extensive communication with enrollees and providers about timing and procedures, and flexibility should be used to address incidents where enrollees misunderstand timelines and requirements as they navigate a new LME-MCO and eventually an entirely new model of managed care.



### **Course Correcting for Cardinal's Past Failures**

As the County has chosen to disengage from Cardinal in light of inadequate services, networks, and quality assurance, it is essential that the State, through Alliance or otherwise, review recent service denials, reductions, and terminations to course correct and that the County, NC DHHS, and Alliance watch for the lingering effects of these decisions.

### **Communication**

The State, County, and LME-MCOs must all err on the side of over-communicating with enrollees throughout this transition. All should use as many forms of communication: electronic, telephonic, US Mail, and publication as possible. It will be especially important, since Alliance is relatively unknown in Mecklenburg County, to share information through trusted networks including schools, neighborhoods, faith communities, and community service providers.

### **Children in Foster Care**

While plans are pending for a managed care plan specific to children in DSS custody or eligible by virtue of previous DSS involvement, many of those children will continue to be enrolled in LME-MCOs for the time being. These children's trauma histories create needs for significant behavioral health supports. Our system's overreliance on inpatient settings, including hospitals and PRTFs violate the rights of these children to live in the most integrated setting appropriate to their needs and often condemns them to further institutionalization as adults.

As always, DRNC is committed to advancing and defending the rights of people with disabilities in our state. We are happy to discuss any of our questions, comments, and suggestions further by phone or email. Please feel free to contact Corye Dunn, Director of Public Policy, at 919-856-2195 or [corye.dunn@disabilityrightsn.org](mailto:corye.dunn@disabilityrightsn.org) . Thank you for your attention to these concerns.

## **17. Sunday August 8, 2021**

Hello

I am reaching out regarding Meck city officials decision to realign with Alliance. Has there been any discussion regarding adults with SPMI and severe aggressive/maladaptive behaviors? Group living mild, moderate and high is the only effective residential treatment provider for these folks and many are currently receiving group living funding and services that Alliance does not offer. What will happen to these members? How will their level of care treatment be addressed when Alliance doesn't offer this state funded service? Meck county is a huge county with so many members that fit into this category and without this level of care this will be devastating to these members and county funding as a whole as I foresee significant increase in Ed visits, inpatient hospitalizations with no safe and appropriate residential tx discharge.