AGENDA

GRANVILLE COUNTY BOARD OF COMMISSIONERS

Monday, May 16, 2022

Call to order @ 7:00 p.m. ..... **Chairman Tony W. Cozart**
Invocation and Pledge of Allegiance ..... **Commissioner Russ May**

Consent Agenda

1. Contingency Summary (p. 3)

2. Record Retention & Disposition Schedule (p. 5)

Introductions, Recognitions and Presentations

3. Recognition of 275th Anniversary Planning Committee (p. 6)

4. Vaya Health Presentation (p. 9)

Public Hearings

5. Public Hearing for Economic Development - Project Diamond (p. 51)

Public Comments

6. Public Comments (p. 55)

Budget Matters

7. Fiscal Year 2022-2023 Budget Presentation (p 56)

Proclamations, Resolutions and Legislative Matters for Consideration

8. Proclamations, Resolutions and Legislative Matters (p. 57)

Appointments

9. Granville County Citizens Advisory Committee for Environmental Affairs (p. 58)

County Manager's Report

10. Board of Elections Request (p. 59)

11. Suspend Fees for Animal Rescue Organizations (p. 60)

12. School Category 1 Capital Outlay Funding (p. 61)

13. Pay Request for Exempt Positions (p. 62)

County Attorney's Report

14. County Attorney's Report (p. 64)

Presentations by County Board Members

15. Presentations by County Board Members (p. 65)

Any Other Matters

16. Any Other Matters (p. 66)

Closed Session

17. Closed Session as Allowed by G.S. 143-318.11(a)(3) - Attorney-Client Matter (p. 67)

Granville County
Finance

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To:	Board of Commissioners
From:	Steve McNally
Department:	Finance
Date:	May 11, 2022
Title:	**Contingency Summary**

RECOMMENDATION:
Finance Director recommends approval of Contingency Summary.

ATTACHMENTS:
Contingency Summary

ACTION TAKEN:

Summary of Contingency and Use of Fund Balance

Contingency Summary
For FY 2021-2022 Budget
May 16, 2022

Use of Contingency Summary - General Fund

General Contingency (10-9910-991):

Date	Description/Action	Adjustment Amount	Balance
7/1/2021	Budget Ordinance		$ 180,000
9/7/2021	Fund balance of GVHD renovation project	$ 51,000	$ 129,000
9/7/2021	COTT Register of Deeds automation project	$ 17,550	$ 111,450
10/18/2021	Fire, Ambulance and Rescue consulting services	$ 60,000	$ 51,450
1/4/2022	Supplies and credit card processing fees for Parks and Grounds department	$ 29,000	$ 22,450
1/4/2022	Adjustment to Workers Comp premium due to audit adjustment	$ 8,450	$ 14,000

Environmental Disaster Contingency (10-9910-993):

Date	Description/Action	Adjustment Amount	Balance
7/1/2021	Budget Ordinance		$ 10,000

School Bond D/S Contingency (10-9910-994):

Date	Description/Action	Adjustment Amount	Balance
7/1/2021	Budget Ordinance		$ 100,000
9/7/2021	Fund replacing fire alarm system an Butner/Stem Elementary, BoCC approved 7/6/21	$ 100,000	$ -

Use of Fund Balance Summary - General Fund

Date	Description/Action	Adjustment Amount	Balance
7/1/2021	Budget Ordinance		$ 5,645,236
9/7/2021	Roll over unexpended FY 21 Reach grant funds	$ 15,000	$ 5,660,236
9/7/2021	Adjust 4H Best funding per initial funding agreement	$ (58,237)	$ 5,601,999
9/7/2021	Adjust funding for FY 22 JCPC programs per PDS funding plan	$ (20,876)	$ 5,581,122
9/7/2021	Carry forward unexpended funds from FY 21 GVHD project	$ 379,000	$ 5,960,122
9/7/2021	Carry forward from FY 21 Engineering services for Triangle North	$ 40,000	$ 6,000,122
9/7/2021	Debtbooks lease accounting software for Finance	$ 9,750	$ 6,009,872
9/7/2021	Carry forward from FY 21 funding for County 275 Anniversary book	$ 6,000	$ 6,015,872
9/7/2021	Additional fee to cover total FY 22 W/C fee from NCACC	$ 44,000	$ 6,059,872
9/7/2021	Carry forward from FY 21 Engineering services for Triangle North	$ 10,496	$ 6,070,368
9/7/2021	Replace vehicle for Emergency Management. Should have been in Ordinance	$ 30,000	$ 6,100,368
9/7/2021	Fire Department stipend.	$ 39,720	$ 6,140,088
10/18/2021	Purchase replacement radios	$ 575,000	$ 6,715,088
10/18/2021	Parks and Grounds administrative position - 9 months	$ 43,350	$ 6,758,438
10/18/2021	Stovall property for future Senio Services North building	$ 92,570	$ 6,851,008
10/18/2021	Fund $200,000 match for the $400,000 One NC Fund Grant for Carolina Coops	$ 200,000	$ 7,051,008
12/6/2021	Animal Control Officer starting 1/16/2022	$ 47,638	$ 7,098,646
12/6/2021	Two Telecommunications Officers starting 1/16/2022	$ 50,143	$ 7,148,789
12/6/2021	carry over FY 21 Supplimental Grant Expense balance and 2020 EMPG grant	$ 73,182	$ 7,221,971
1/4/2022	Adjust annual inmate housing revenue	$ (597,560)	$ 6,624,411
1/4/2022	Additional construction adm/project expenditures for balance of FY 22	$ 70,000	$ 6,694,411
1/4/2022	Fund O/T and additional expenditures for Sheriff's dept	$ 41,000	$ 6,735,411
1/4/2022	Fund O/T and additional expenditures for Detention Center	$ 23,000	$ 6,758,411
1/4/2022	Stovall Senior Center land purchase	$ 81,071	$ 6,839,482
1/4/2022	Transfer funds from LEC construction Fund (Fund 48)	$ (2,318,548)	$ 4,520,934
2/7/2022	Fund repairs to Law Enforcement Center	$ 5,000	$ 4,525,934
2/7/2022	Correct journal entry BE 9913 - rev. duplicate amendment for Stovall land purchase	$ (92,570)	$ 4,433,364
2/7/2022	Salary adjustment and annual leave payout	$ 52,419	$ 4,485,783
	TOTAL	$ (1,159,451)	

Granville County Administration

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 11, 2022
Title: **Record Retention & Disposition Schedule**

PURPOSE:
To approve retention and disposition schedules.

BACKGROUND:
The North Carolina Department of Natural and Cultural Resources Division of Archives and Records has recently adopted new Records Retention and Disposition Schedules, for both General Records and Program Records. The last approved schedule for Granville County was in 2013 and the most recent schedules were released at the end of 2021. Copies of the updated schedules are at the Clerk's office and links to the 2021 Local Government Agencies General Records Retention and Disposition Schedule and 2021 Local Government Programs Retention and Disposition Schedule are:

2021 General Records Schedule: Local Government Agencies Change Log

2021 Program Records Schedule: Local Government Agencies Change Log.

If a period of retention or disposition does not appear on the schedule, it will default to one (1) year.

RECOMMENDATION:
Approval

ACTION TAKEN:

Granville County Administration

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To:	Board of Commissioners
From:	Debra Weary
Department:	Administration
Date:	May 12, 2022
Title:	**Recognition of 275th Anniversary Planning Committee**

PURPOSE:

To recognize members of the 275th Anniversary Planning Committee.

BACKGROUND:

Granville County celebrated its 275th Anniversary on Saturday, July 24, 2021, at the Granville Athletic Park located at 4615 Belltown Road, Oxford. Planning for the celebration began in 2019 and committee members were chosen from each municipality as well as staff and community partners. Due to Covid, the committee had to change its initial plans for community picnics and revise the celebration activities. Committee members attended numerous committee meetings and worked hard to pull off the all-day event. The Board wishes to recognize and publicly thank the committee members for their hard work by presenting a Resolution of Appreciation and a certificate for each committee member.

Members of the 275th Anniversary Planning Committee:

- Chair: Commissioner Sue Hinman
- Vice-Chair: Commissioner David Smith
- Emily Champion (Town of Butner)
- Toni-Anne Wheeler (City of Creedmoor)
- Helen Amis (City of Oxford)
- Dave Pavlus (Town of Stem)
- Janet Parrot (Town of Stovall)
- Zelodis Jay, Granville County Commissioners
- Mark Pace (North Carolina Room, Richard H. Thornton Library)
- Angela Allen (Granville County Tourism Development Authority)
- Stephanie May (Granville County Historical Society Museum)
- Patrice Wilkerson (Granville County)
- Lynn Allred (Granville County)
- Korena Weichel (Assistant County Manager - Granville County)

ATTACHMENTS:
Resolution of Appreciation for 275th Anniversary Planning Committee

ACTION TAKEN:

RESOLUTION OF APPRECIATION

WHEREAS, *the County of Granville is based on a rich heritage which reached a landmark of 275 years of organization on June 28, 2021; and*

WHEREAS, *a Committee of County Leaders and Citizens was formed to organize a celebration for the County-wide participation and recognition; and*

WHEREAS, *Committee Chair Sue Hinman; Committee Vice-Chair David T. Smith; and the other Members of the Committee planned, organized, and implemented a festive celebration that took place on July 24, 2021 at the Granville Athletic Park.*

NOW, THEREFORE, BE IT RESOLVED, *that the Granville County Board of Commissioners publicly recognizes the many hours of work and preparation performed by the 275th Anniversary Planning Committee in organizing a successful event that so proudly displayed the past and present of Granville County, North Carolina.*

BE IT FURTHER RESOLVED *that this Resolution become a part of the permanent records of the Granville County Board of Commissioners.*

ADOPTED, *this the 16th day of May 2022.*

Granville County Board of Commissioners

_____	_____
Zelodis Jay, Commissioner	***David T. Smith, Commissioner***
_____	_____
Sue Hinman, Commissioner	***Timothy Karan, Commissioner***
_____	_____
Jimmy Gooch, Commissioner	***Russ May, Vice Chairman***

_____

Tony W. Cozart, Chairman

Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 11, 2022
Title: **Vaya Health Presentation**

PURPOSE:
To hear a presentation from Vaya Health.

BACKGROUND:
Elliot Clark, Regional Director of Community Relations for Vaya Health, will present materials to the Board including a Vaya Overview, County Specific Data, and Information about the Children and Families Specialty Plan.

ATTACHMENTS:
PowerPoint Presentation
Vaya Health Granville County Data
Talking Points
NC DHHS CFSP Waiver
CFSP Joint Feedback
Promises Kept - Granville

ACTION TAKEN:

VAYA HEALTH

Granville County Board of Commissioners

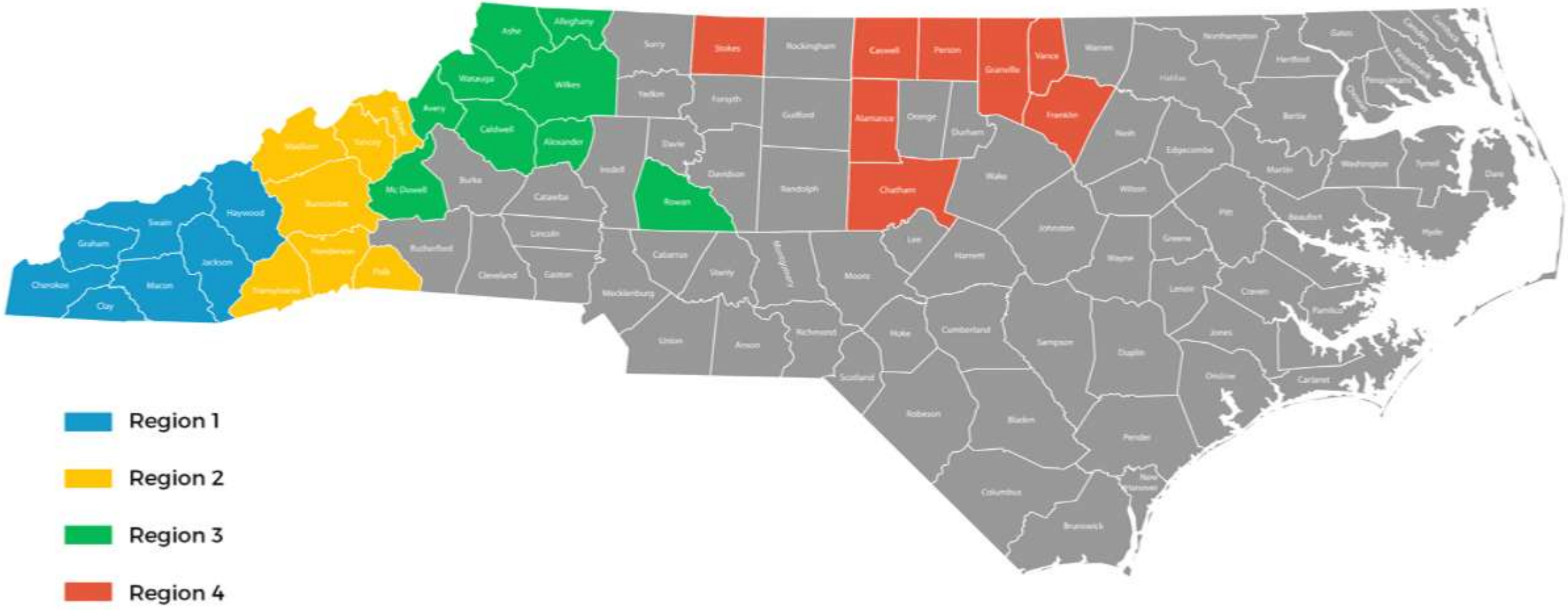
May 16, 2022

Elliot Clark, Regional Community Relations Director

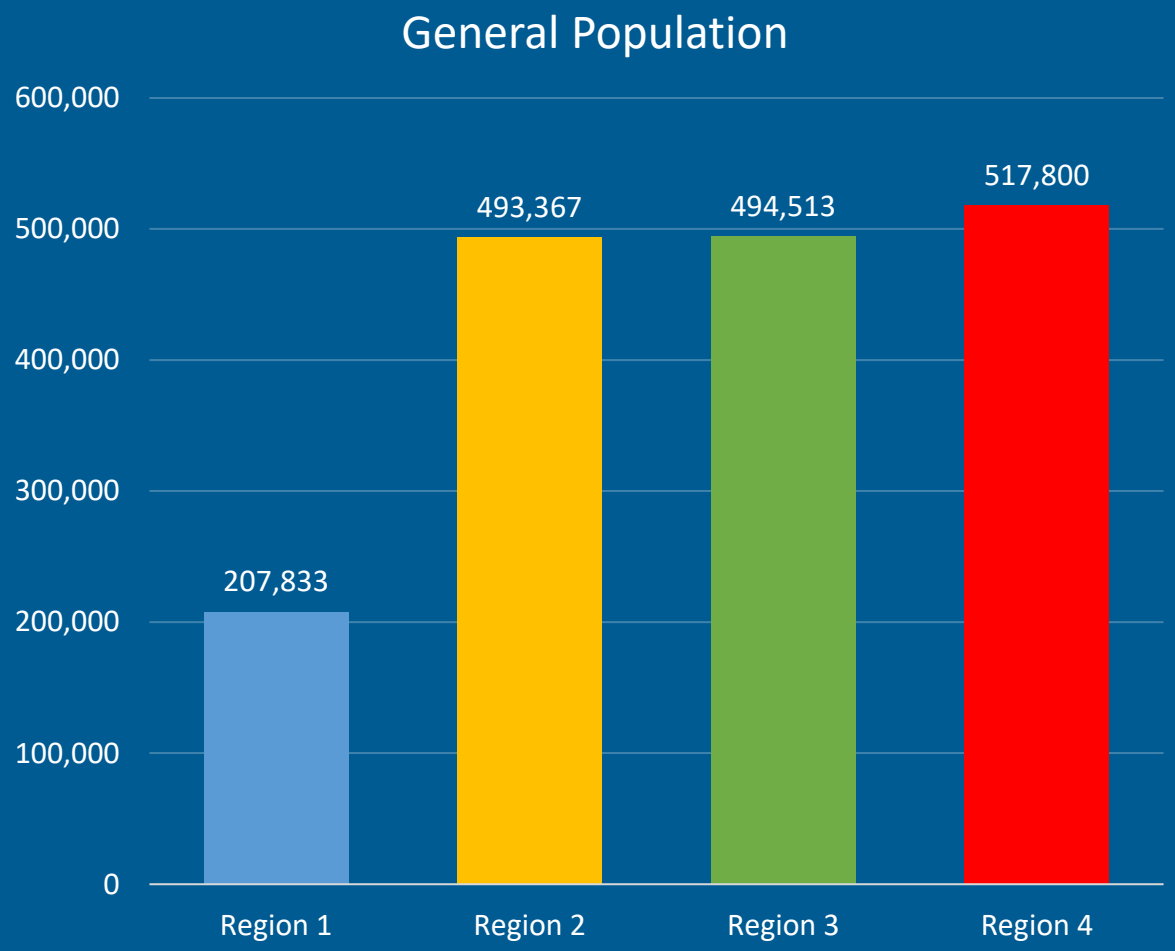
elliot.clark@vayahealth.com

919-608-7894

Vaya's Regional Assignments



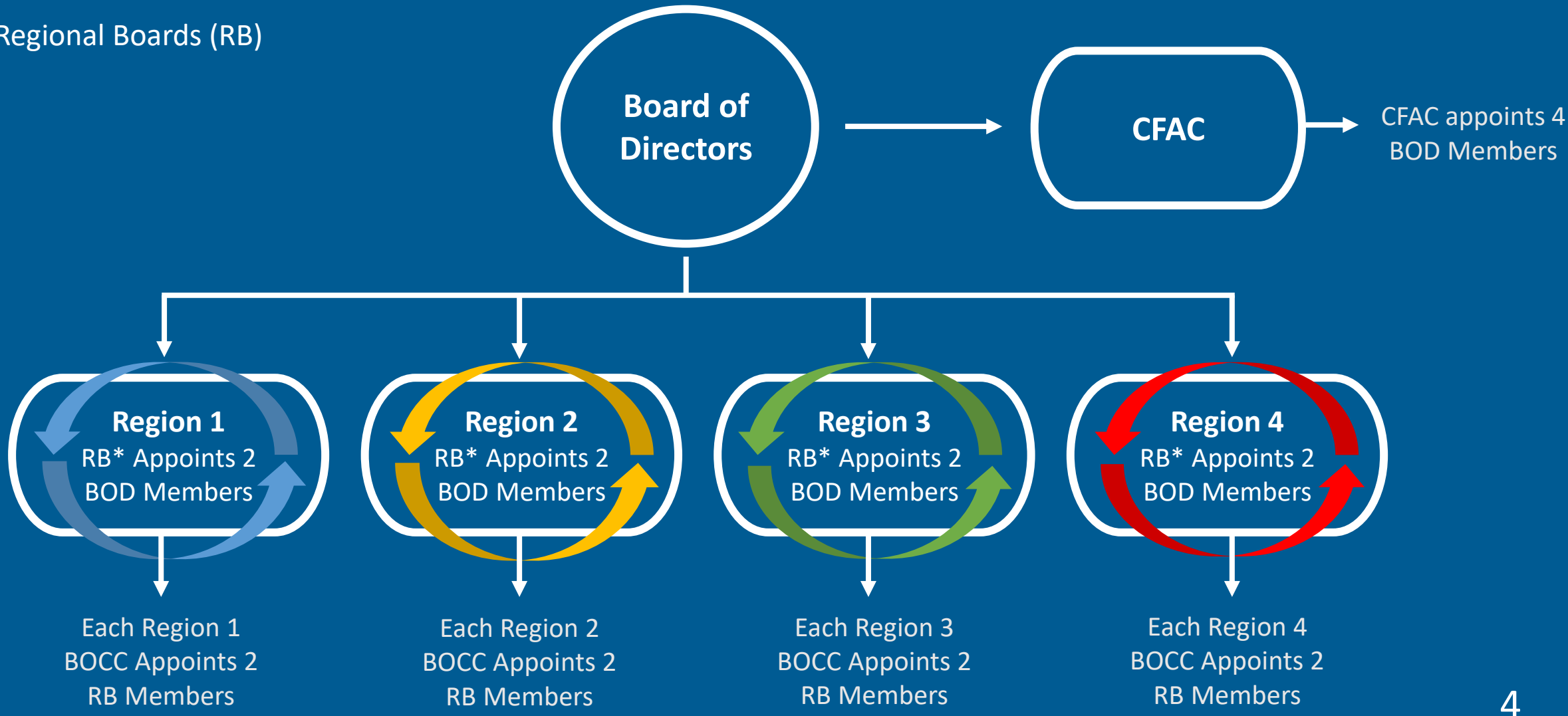
Regional Boards



Region 1	Region 2
1. Cherokee 2. Clay 3. Graham 4. Haywood 5. Jackson 6. Macon 7. Swain	1. Buncombe 2. Henderson 3. Madison 4. Mitchell 5. Polk 6. Transylvania 7. Yancey
Region 3	**Region 4**
1. Alexander 2. Alleghany 3. Ashe 4. Avery 5. Caldwell 6. McDowell 7. Watauga 8. Wilkes 9. Rowan	1. Stokes 2. Alamance 3. Caswell 4. Chatham 5. Person 6. Franklin 7. Granville 8. Vance

Alternative Board Structure

*Regional Boards (RB)



Composition for Consolidated Board of Directors

- 2 representatives appointed by each Regional Board
- 4 representatives appointed by Consumer & Family Advisory Committee- One per region
- 1 representative appointed by the DHHS Secretary
- Up to 8 At-Large members appointed by current Vaya Board in consultation with Cardinal Board, CCABs, counties
- The Provider Advisory Council President serves as non-voting member
- Up to 3 non-voting advisory members

Regional Board: Region 4 Membership

	County	Position	Name
1	Alamance	Commissioner	John Paisley
2	Alamance	Commissioner	Pamela Thompson
3	Caswell	Family Services Director	Aisha Gwynn
4	Caswell	Commissioner	Jeremiah Jefferies
5	Chatham	Commissioner	Karen Howard
6	Chatham	DSS Director	Jennie Kristiansen
7	Franklin	County Manager	Kim Denton
8	Franklin	Commissioner	Cedric Jones, Vice Chair
9	Granville	PH Director	Lisa Harrison
10	Granville	Commissioner	Russ May
11	Person	HD Director	Janet Clayton
12	Person	Commissioner	Gordon Powell
13	Stokes	Commissioner	Sonya Cox
14	Stokes	DSS Director	Stacey Elmes
15	Vance	Commissioner	Dan Brummitt, Chair
16	Vance	DSS Director	Denita Devega

Vaya Board of Directors Membership

	Seat	Region	County	Position	Name
1	RB1 – Chair	1	Macon	Commissioner	Ronnie Beale
2	RB1 – Vice Chair	1	Haywood	HHSA Director	Ira Dove
3	RB2 – Chair	2	Henderson	Commissioner	Bill Lapsley
4	RB2 – Vice Chair	2	Mitchell	Commissioner	Brandon Pittman
5	RB3 – Chair	3	Watauga	Commissioner	Billy Kennedy
6	RB3 – Vice Chair	3	Rowan	Commissioner	Judy Klusman
7	RB4 – Chair	4	Vance	Commissioner	Dan Brummitt
8	RB4 – Vice Chair	4	Franklin	Commissioner	Cedric Jones
9	CFAC Region 1	1	N/A	N/A	Mary Ann Widenhouse
10	CFAC Region 2	2	N/A	N/A	Nancy Baker
11	CFAC Region 3	3	N/A	N/A	Pat McGinnis
12	CFAC Region 4	4	N/A	N/A	Benita Purcell
13	At-Large 1	3	Alexander	County Manager	Rick French
14	At-Large 2		N/A	Insurance Expertise	Mike Norris
15	At-Large 3		N/A	Health Care Expertise	Tim Fitzsimons
16	At-Large 4	4	Alamance	Commissioner	John Paisley
17	At-Large 5	2	Buncombe	Assistant County Manager	Dakisha “DK” Wesley
18	At-Large 6	3	McDowell	County Manager	Ashley Wooten
19	PAC President		N/A	PAC President	Carson Ojamaa
20	DHHS Secretary Appointment	2	Transylvania	N/A	Page Lemel ***DHHS Approval Pending***
21	Specialized Expertise		N/A	DSS Director	Patrick Betancourt

Vaya Health in Granville County

- Care Management Data and Overview
  - Vaya Health Granville County Data

- Promises Made, Promises kept update
  - Commitments to Person County and current progress.
  - PMPK Document Reference

Child & Family Specialty Plan

NCDHHS Plan to Create Specialty Medicaid Waiver for Children in Foster Care and Children & Youth involved with DSS

- The CFSP will be a **single, statewide plan** available to children, youth and families served by the child welfare system regardless of their location in the state.
- This design creates a **central accountable entity** for providing integrated physical and behavioral health services, I/DD services and resources to address unmet health-related needs under a System of Care framework **in close coordination with County DSS and EBCI Family Safety Program.**
- Only a **Standard Plan or a Tailored Plan may bid** to operate the CFSP.
- Recent stakeholder engagement **informed needed changes to initial CFSP Plan design** and a **shift in the Plan launch timeline.**

**In 2022, DHHS intends to identify a new name for the CFSP to better represent the objective of the managed care plan and its target populations.*

CFSP-Eligible Populations

Initial CFSP Design Eligible Populations

- **Children and youth in foster care**
- **Children receiving adoption assistance**
- **Former foster youth (FFY) under age 26**
- **Minor children of individuals eligible for CFSP enrollment****

With the exception of Tribal members and other limited groups, these eligibility groups will be <u>auto-enrolled</u> at CFSP launch.*

Additional CFSP Eligible Populations^

Medicaid- and NC Health Choice-enrolled:

- **Parents, guardians, and custodians of children/youth in foster care**
- **Siblings of children/youth in foster care**
- **Family members receiving CPS In-Home Services:**
  - All adults included as caregivers in the CPS In-Home Services Agreement
  - All children included in the CPS In-Home Services Agreement

These eligibility groups <u>may opt in</u> to the CFSP.

**Unless they are in a group that is otherwise exempt or excluded from mandatory managed care enrollment. These eligibility groups will be automatically enrolled into the CFSP, with the following exceptions: Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), and those eligible for the Transitions to Community Living (TCL).*

***Limited to minor children of children and youth in foster care, children receiving adoption assistance, and FFY.*

^Pending legislative approval and needed information technology IT system changes. Individuals must be NC Health Choice and Medicaid-enrolled to be eligible for the CFSP. Eligible populations include parents who will retain Medicaid eligibility when a child is being served temporarily by the foster care system and the parent is making reasonable efforts to comply with a court-ordered plan of reunification, in accordance with Session Law 2021-180.

Benefits

The CFSP will provide comprehensive benefits to meet the needs of children, youth and families involved in the child welfare system.

CFSP Benefits/Services:

- **The CFSP will include nearly all the Medicaid State Plan benefits covered by Standard Plans and Tailored Plans including:**
  - Physical health
  - Behavioral health
  - Long-term services and supports
  - Pharmacy benefits
- **Examples of Medicaid State Plan benefits covered in the CFSP include *(see Appendix for full list):***
  - Inpatient/outpatient behavioral health services
  - Residential treatment services
  - Mobile crisis management
  - Early and periodic screening, diagnostic and treatment (EPSDT) services

Including Tribal Integrated Classroom, Family Safety, Tribal Therapeutic Foster Care, and Tribal Peer Support services

Services Provided only by Tailored Plans*

- **A small subset of behavioral health services will only be available through Tailored Plans:**
  - Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
  - Innovations and TBI Waiver Services
  - State-funded Services
  - Respite services through TRACK at Murdoch
  - Transitions to Community Living

**Tribal members will not need to enroll in a Tailored Plan to receive Tailored Plan-only services.*

State-Wide LME/MCO Concerns with CFSP

- Formerly called the Foster Care Waiver
- Policy Paper released February 18, 2022
- Proposed to be a single statewide plan, not regional plans
- Would potentially expand the proposed population served by this plan to include both kids in DSS custody, as well as those in pre-custody, and their families
- Vaya collaborated with other five LME/MCOs to submit two responses to the Policy Paper. General concerns include:
  - Plan is being rushed out without sufficient analysis of impact on system as a whole, including impact on provider network stability
  - Based on premise that a statewide plan is the only way to create a statewide network and standardization
  - Could potentially undo the work that Vaya and other LME/MCOs have done to create innovative, local solutions to meet DSS needs and divert youth away from institutionalization
  - Rural and smaller counties won't receive the same level of support in a statewide plan

What can we do to make progress?

- Much improvement is needed to our system of care for children and families experiencing disruptions in the home.
- We need:
  - Close collaboration and commitment to DSS for process improvement and enhancements to service delivery.
  - Voice concerns over the current plan and timeframe to DHHS and Legislative Delegation.
    - Public Comment through May 23 2022. Comments may be emailed to Medicaid.NCEngagement@dhhs.nc.gov. Please indicate “NC Section 1115 Waiver” in the subject line of the email message.
    - Letters of Support
  - Regular reporting of quality metrics that indicate outcomes for the youth and families that we collectively serve.

Hello.

Get to know Vaya Health, an organization helping people in GranvilleCounty connect to services and supports on the journey toward health and wellness.

Vaya by the Numbers in Your County

Vaya's community-based complex care management model provides a team-based approach to integrated healthcare. Data below is county specific.

0
Adults (18+) served in network
(based on claims data)

71
Adults receiving complex care management

180
Complex care management contacts (adults)

0
Children (3-17) served in network
(based on claims data)

10
Children receiving complex care management

85
Complex care management contacts (children)

Supporting Families and Strengthening Communities

At Vaya Health, our strength lies in our history of leveraging community partners' on-the-ground experience with our expertise to find local solutions to systemic challenges.

Collaborating with local Departments of Social Services (DSSs) is key in our efforts to strengthen behavioral health services for children and adolescents. Vaya care managers are currently embedded or in the process of becoming embedded in DSS offices in 26 of the 31 counties we serve.

We also work closely with DSS offices and behavioral health providers in our network to proactively establish shared case staffings. These partnerships help communities stay ahead of emergency placement scenarios and reduce institutional care for children and youth.

Our engagement model includes an array of initiatives aimed at rapid response to child and youth behavioral health crises, single point assesments that connect children to services faster, and innovative services and supports that are transforming child residential services.

VAYAHEALTH

1-800-849-6127

HAVE QUESTIONS? HELP IS AVAILABLE 24/7

vayahealth.com

Child Welfare Project Update

Vaya is partnering with Benchmarks NC on a project aimed at improving the child welfare system.

In December, Benchmarks hosted multiple focus groups of child welfare system leaders, behavioral health providers, foster and residential providers and Vaya staff to hear from experts in the field for a deeper understanding of the issues impacting the system.

That feedback, along with quantifiable data from DSS and Vaya, informed a comprehensive assessment of needs. The findings will help streamline and increase access to exisiting services and help identify opportunities for adding new procedures to further ensure children's needs are met.

Medicaid Transformation: Children and Families Specialty Plan

NCDHHS recently released the Children and Families Specialty Plan (CFSP) Policy Paper, which outlined their vision for a separate Medicaid Managed Care health plan for children, youth, and families served by the child welfare system. The state's six LME/MCOs (including Vaya) shared joint recommendations with NCDDHS for a path forward that would aim to address stakeholder needs, preserve families, and support reunification and permanency.

CHILDREN AND FAMILIES SPECIALTY PLAN TALKING POINTS

Rev. 03.2.22

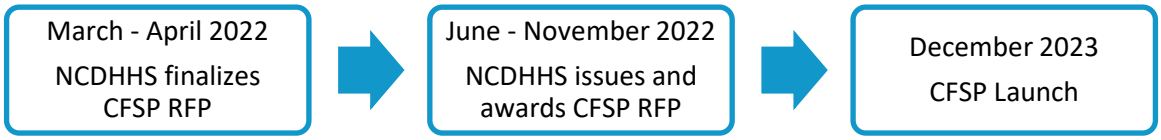
Using Talking Points:

This document is intended for use by internal staff and for distribution with external stakeholders (e.g., members, providers, community partners) to provide context for the LME/MCO position regarding the Children and Families Specialty Plan (CFSP) proposed by the NC Department of Health and Human Services (NCDHHS).

Background:

On Feb. 18, NCDHHS released the CFSP Policy Paper, which outlined the Department's vision for a Medicaid Managed Care health plan for children, youth, and families served by the child welfare system. The CFSP would be a single, statewide plan managed by one entity. Only commercial health plans operating Standard Plans in NC Medicaid Managed Care or LME/MCOs awarded Behavioral Health and I/DD Tailored Plan contracts may bid to operate the CFSP.

Proposed Timeline:



Talking Points:

- The CFSP proposal does not leverage the existing strengths of the LME/MCO system, the resources already invested by the State of North Carolina into the Behavioral Health I/DD Tailored Plan model, or the solution the LME/MCOs offered the Department to guarantee seamless statewide access to care within a regionalized model.
- LME/MCOs have been managing care in North Carolina since 2011 and understand that savings and quality care are driven by effective care management at the local level. If the CFSP moves forward as proposed, the management of services for children and youth in DSS custody/pre-custody and their families will be the sole responsibility of the contracted plan (for example, BCBSNC or another LME/MCO). **What does this mean?**
    - ⊗ Vaya would no longer provide care management to CFSP members.
    - ⊗ Vaya would no longer coordinate placement for children and youth in DSS custody.
    - ⊗ Vaya would no longer serve as a liaison with hospitals when a child in DSS custody is taken to the ED.
- Establishing an additional, separate statewide plan for a population currently receiving many of the same services through existing NC Medicaid plans creates an increased risk for service, system fragmentation, and staffing shortages—especially in the rural areas that make up most of the counties Vaya serves.
- The plan will negatively impact existing LME/MCO collaborations with counties. Vaya has decades of successful experience working with stakeholders to create and implement clinically driven solutions in the communities we serve. A single statewide CFSP would derail this progress and would negate the targeted infrastructure we continue to build in preparation for Tailored Plan launch. If Vaya is no longer responsible for the service continuum for children and youth served by the child welfare system, the innovative solutions we developed and launched across our region would be jeopardized.
- There is no standard, "one-size-fits-all" approach to care for children, youth, and families served by the child welfare system. Well-being depends on stable, personalized, community-based care, with dedicated local providers who are deeply rooted in the communities they serve. This is exactly the kind of care Vaya has managed for years, and the kind of care that will continue through regional BH I/DD Tailored Plans.
- The proposed CFSP timeline occurs at the same time as Tailored Plan launch (thus giving an advantage to commercial bidders) and while DSS agencies are focusing efforts to establish regional supervision of child welfare services per the 2017 Rylan's Law. The potential disruption resulting from massive initiatives occurring in parallel within an already strained system poses a significant risk to the children and families served by DSS.

NC Medicaid Managed Care
Policy Paper

Update on North Carolina's Children and Families Specialty Plan

North Carolina Department of
Health and Human Services

February 18, 2022

Contents

I. Background

As part of its Medicaid managed care transformation efforts, the North Carolina Department of Health and Human Services (NCDHHS) intends to launch the Children and Families Specialty Plan (CFSP)[1] (formerly referred to as the "Specialized Foster Care Plan" or "FC Plan")—a single, statewide NC Medicaid Managed Care plan—that will support Medicaid and North Carolina Health Choice (NC Health Choice)-enrolled children, youth, and families served by the child welfare system in receiving seamless, integrated and coordinated health. As a statewide entity, the CFSP—regardless of a member's geographic location—will provide members with access to a broad range of physical health, behavioral health, pharmacy, long-term services and supports (LTSS), Intellectual/Developmental Disability (I/DD) services, and resources to address unmet health-related needs; the statewide design will also enable the CFSP to maintain members' treatment plans. The CFSP will offer robust care management to every member, working in close coordination with the state Division of Social Services (DSS), County Department of Social Services (County DSS) offices and Eastern Band of Cherokee Indian (EBCI) Family Safety Program.

Supporting children, youth and families served by the child welfare system requires a high level of multisector coordination aimed at preserving families and supporting reunification and permanency. These children and families generally experience greater unmet health needs than those not served by the child welfare system. For example, nationally, children and youth in foster care use both inpatient and outpatient mental health services at a rate 15 to 20 times greater than that of the general pediatric population, and approximately 60% have a chronic medical condition.[2] Without adequate supports, these conditions can persist and impact short- and long-term health outcomes into adulthood.

Former foster youth experience high rates of mental health challenges, including post-traumatic stress disorder, and chronic physical health conditions, such as asthma. They are also likely to experience barriers to maintaining access to healthcare coverage, further exacerbating their physical and behavioral health needs.[3] Children and adolescents at risk of removal from their homes may also have significant chronic health conditions and other developmental, cognitive, emotional/behavioral and substance use disorder (SUD) treatment needs.[4] Parents of these children similarly are at increased risk for significant physical and behavioral health needs, such as major depression.[5] Family preservation requires access to supports that promote positive outcomes and family well-being, including behavioral health services, SUD treatment, parent skill-building programs and connections to health-related resources such as food and housing.[6]

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[1] The Children and Families Specialty Plan (CFSP) is a placeholder name. In 2022, NCDHHS intends to identify a new name for the CFSP to better represent the objective of the managed care plan and its target populations.

[2] Allen, K, Pires, S, Mahadevan, R. "Improving Outcomes for Children in Child Welfare: A Medicaid Managed Care Toolkit," Center for Health Care Strategies, 2012; DosReis S., JM Zito, DJ Safer, and KL Soeken. "Mental Health Services for Youths in Foster Care and Disabled Youths," American Journal of Public Health 91(7):1094-1099, 2001; Szilagyi M, "The Pediatrician and the Child in Foster Care," Pediatric Review 19:39-50, 1998; Halfon N, A Mendonca, and G Berkowitz, "Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child," Archives of Pediatrics & Adolescent Medicine 149:386-392, 2005.

[3] Ahrens, K, Garrison, M, Courtney, M. "Health Outcomes in Young Adults From Foster Care and Economically Diverse Backgrounds," Pediatrics 134(6): 1067-1074, 2014, available here; National Foster Youth Institute, available here; Halberg, S. "Foster care youth need critical health care after they age out," The Nation's Health, 2017; available here.

[4] Congressional Research Service. "Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues." November 19, 2014. Available here.

[5] Id.

[6] Child Welfare Information Gateway. "In-Home Services to Strengthen Children and Families" April 2021. Available here.

Improving access to health care services for children and families served by the child welfare system is also critical to advancing health equity. Representation of children and families served by the child welfare system is disproportionately high for people of color.[7] For example, in State Fiscal Year 2021, approximately 25% of North Carolina's child population was Black but accounted for 29% of children in foster care, whereas White children made up 64% of North Carolina's child population but accounted for 57% of children in foster care.[8] Beyond the disproportionate representation, children of color are more likely to experience negative outcomes in the child welfare system.[9]

This policy paper, an update to the CFSP policy paper released in February 2021, summarizes the current CFSP design, with a focus on key changes made as a result of stakeholder feedback related to eligibility and enrollment, care management, provider network and quality. It also provides information on the anticipated CFSP procurement timeline based on the design changes. NCDHHS recognizes the complexity of implementing the CFSP and will continue to provide updates on the CFSP's design and implementation timelines as operational planning continues.

Notably, the CFSP is just one of a number of reform initiatives NCDHHS and its partners are advancing to meet the needs of families served by the State's child welfare system. A multi-sector workgroup is working to unify these efforts across the State's child- and family-serving systems to achieve positive outcomes for children and families. The workgroup expects to release a policy brief that identifies how the State intends to begin addressing current system challenges for children and youth with high acuity behavioral health needs in February 2022.

II. Stakeholder Engagement

In February 2021, NCDHHS outlined the State's initial vision and design for a specialty NC Medicaid Managed Care plan for children and youth currently and formerly served by the child welfare system. NCDHHS received extensive stakeholder feedback on the policy paper and in response, decided to delay the launch of the Plan to allow for additional time to engage with stakeholders and refine the Plan design based on their input.

Beginning in April 2021, NCDHHS convened a CFSP Workgroup, a diverse set of stakeholders including families and youth with lived experience, providers, representatives from advocacy organizations, Standard Plans, LME/MCOs, the Eastern Band of Cherokee Indians (EBCI), state and County DSS offices, the NC Association of County Directors of Social Services (NCACDSS), state agencies and community-based organizations to establish a forum for bi-directional feedback on Plan design. In a series of working sessions between April 2021 and January 2022, Workgroup members provided feedback to NCDHHS on key aspects of the CFSP to ensure that it meets the unique needs of children, youth and families served by the child welfare system. Beyond the Workgroup, NCDHHS also held listening sessions and discussions with stakeholders that support this population, including additional state and County DSS representatives, EBCI Public Health and Human Services (PHHS) Department and the Cherokee Indian Hospital Authority (CIHA) representatives, families and youth with lived experience, family-led organizations, consumer and family advocates, members of the Guardian ad Litem program and the Division of Juvenile Justice.

[7] Disproportionality and Race Equity in Child Welfare. National Conference of State Legislatures, 2021. Available here.
[8] Data provided by the North Carolina Division of Social Services via email on January 27, 2022.
[9] Annie E. Casey Foundation Kids County Data Center. "Child population by race in the United States." Available here; U.S. Department of Health and Human Services, Administration for Children and Families Children's Bureau. "The AFCARS Report: Preliminary FY 2020 Estimates as of October 4, 2021 - No. 28." Available here.

Leveraging the recommendations received throughout this stakeholder engagement process, NCDHHS refined the CFSP design to better serve the children, youth and families who will be served by the Plan. NCDHHS anticipates engaging in continued stakeholder activities, including but not limited to continuing to work with DSS, the County DSS offices, and the EBCI PHHS/CIHA/EBCI Tribal Option.

III. Children and Families Specialty Plan Objectives

NCDHHS is developing the CFSP to improve the health and well-being of children, youth and families served by the child welfare system. The CFSP design, outlined in greater detail in this paper, emphasizes a family-focus and seeks to:

- Improve members' near- and long-term physical and behavioral health outcomes;
- Increase access to physical health, behavioral health, pharmacy, LTSS and I/DD services, as well as unmet health-related resource needs;
- Strengthen and stabilize families, prevent entry into foster care and support reunification and other permanency goals;
- Coordinate care and facilitate seamless transitions for members who experience changes in treatment settings, child welfare placements and/or loss of Medicaid eligibility upon turning 26;
- Improve coordination and collaboration with County DSS offices, EBCI Family Safety Program, and more broadly, with the System of Care—a comprehensive network of community-based services and supports—to meet the needs of families who are involved with multiple child service agencies; and
- Advance health equity to address racial and ethnic disparities experienced by children, youth and families served by the child welfare system.

IV. Statewide Design

One of the most significant challenges to service delivery for children, youth and families served by the child welfare system is disruption in provider relationships and care due to changes in placement. To address this challenge, the CFSP will be a single plan that operates statewide to enable children, youth and families to access a continuous, broad range of physical and behavioral health services regardless of their location in the state. Stakeholders largely agreed that the statewide design of the CFSP is optimal to allow members to maintain their provider and care manager relationships and their treatment plans when they experience a change in placement or care transition, facilitating seamless continuity of care.

To successfully meet the needs of members across the state, the CFSP will be required to be knowledgeable about local resources and to develop and submit for Department approval a Local Community Collaboration and Engagement Strategy that supports partnerships with local entities, including System of Care collaboratives and community-based organizations.

V. Eligibility and Enrollment

NCDHHS received extensive stakeholder feedback about the populations eligible for the Children and Families Specialty Plan (CFSP). In the initial Department design proposal, the CFSP design focused on enrolling children and youth who are currently or were formerly in foster care as well as children receiving adoption assistance. Based on stakeholder feedback and in concert with North Carolina's

broader child welfare transformation work, NCDHHS proposes a pioneering approach, significantly expanding the populations eligible for the CFSP to include Medicaid and NC Health Choice-enrolled families of children and youth in foster care, as well as Medicaid and NC Health Choice-enrolled children and families receiving Child Protective Services (CPS) In-Home Services or EBCI Family Safety Program-equivalent. Stakeholders highlighted important benefits, such as coordination of health and health-related services for a family unit by a single plan and access to staff and providers who are trained and best equipped to support families served by the child welfare system, as reasons for proposing to expand the CFSP eligibility beyond children and youth in foster care. This updated proposed design centers on family-focused, prevention-oriented care.

This proposed plan, once receiving legislative authority, could require significant reconfiguration of existing information technology systems to facilitate serving and providing care to family units.

Eligibility

Pending legislative approval, the following Medicaid and NC Health Choice-enrolled populations who are not otherwise exempt or excluded from NC Medicaid Managed Care[10], or meet another exception[11], will be eligible for the CFSP:

- Children and youth in foster care
- Children receiving adoption assistance
- Former foster care youth under age 26[12]
- Minor children of individuals eligible for CFSP enrollment[13]
- Parents, guardians, custodians and minor siblings of children/youth in foster care[14]
- Families receiving CPS In-Home Services, specifically:
    - Adults included in the NC In-Home Family Services Agreement as caregivers
    - Minor children included on the NC In-Home Family Services Agreement

Notably, in 2021, North Carolina passed legislation that will allow Medicaid-enrolled parents of children entering the foster care system to temporarily keep their Medicaid coverage after their children leave

[10] The following populations are excluded from NC Medicaid Managed Care: beneficiaries who are enrolled in both Medicare and Medicaid for whom Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing; qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611; undocumented aliens who qualify for emergency services under 8 U.S.C. § 1611; medically needy Medicaid beneficiaries except for beneficiaries enrolled in the Innovations or TBI waivers; presumptively eligible beneficiaries, during the period of presumptive eligibility; beneficiaries who participate in the North Carolina Health Insurance Premium Payment (NC HIPP) program except for beneficiaries enrolled in the Innovations or TBI waivers; beneficiaries who are inmates of prisons or jails; beneficiaries being served through CAP/C; beneficiaries being served through CAP/DA (includes beneficiaries receiving services under CAP/Choice); beneficiaries with services provided through the Program of All Inclusive Care for the Elderly (PACE); and certain uninsured individuals receiving COVID-19 testing during the public health emergency.

[11] Individuals otherwise eligible for the CFSP who are Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or eligible for the Transition to Community Living (TCL) must enroll in a BH I/DD Tailored Plan to access those services; they may opt-in to the CFSP when they no longer require those services. Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, may opt-in.

[12] Former foster youth who aged out of the child welfare system outside of North Carolina remain eligible for Medicaid coverage until they reach the age of 21; former foster youth under age 26 who aged out of the child welfare system in North Carolina until they reach the age of 26.

[13] Limited to minor children of CFSP-eligible children in foster care, former foster care youth or children receiving adoption assistance.

[14] The CFSP will recognize the Tribal definition of "parents, guardians, and custodians" in determining Tribal member eligibility for the Plan.

the home.[15] This will enable parents who would otherwise have lost their Medicaid coverage at the time when a child was removed to continue accessing physical and behavioral health services, which are often critical to support family reunification. Medicaid-enrolled parents, guardians, custodians and minor siblings of children/youth in foster care will remain eligible for CFSP enrollment so long as they are working toward reunification.

In addition, this Plan will be available to members of a federally recognized tribe or those eligible for Indian Health Services (IHS) who also meet eligibility for the CFSP; NCDHHS will work with the EBCI Family Safety Program to operationalize around eligibility and enrollment for these individuals.

Enrollment
NCDHHS, with limited exceptions, plans to automatically enroll the following populations into the CFSP:[16]

- Children and youth in foster care
- Children receiving adoption assistance
- Former foster care youth under age 26
- Minor children of children and youth in foster care, children receiving adoption assistance, and former foster youth who are eligible for CFSP enrollment

These individuals will have the option to opt out of the CFSP and transfer to a Standard Plan, Tailored Plan, EBCI Tribal Option or NC Medicaid Direct, if eligible, at any point during the coverage year. For those children and youth in DSS custody, the County DSS Director or Director's designee will be authorized to determine which managed care plan the individual should be enrolled in consultation with the child's care team.[17]

All other CFSP-eligible populations will have the option to enroll in the CFSP as follows:

- Parents, guardians, custodians and minor siblings of children/youth in foster care
- Families receiving CPS In-Home Services, specifically:
    - Adults included in the NC In-Home Family Services Agreement as caregivers
    - Minor children included on the NC In-Home Family Services Agreement

If these individuals do not opt-in to the CFSP, they will remain in a Standard Plan, Tailored Plan, or EBCI Tribal Option, as eligible. All individuals eligible to participate in both the CFSP and the EBCI Tribal Option will be enrolled in the EBCI Tribal Option but will be given the choice to opt into the CFSP. The Enrollment Broker will be available to educate and help individuals navigate this decision.

Given the system reconfigurations needed to operationalize the CFSP, NCDHHS anticipates it may be necessary to phase-in enrollment for CFSP-eligible populations. NCDHHS anticipates launching the CFSP with individuals who will be auto-enrolled, followed by individuals eligible to opt-in. NCDHHS will issue

[15] Section 9D.14 of S.L. 2021-1802021 Appropriations Act. Available here.
[16] Beneficiaries who are members of a federally recognized tribe or eligible for Indian Health Services who are eligible for the CFSP have been enrolled into the EBCI Tribal Option or remain in NC Medicaid Direct depending on their region and will have the option to enroll in the CFSP at launch; individuals eligible for Medicare or are in other managed care excluded groups are not eligible to enroll in the CFSP as outlined in footnote 10.
[17] For children and youth in the EBCI Family Safety Program, the Director of the EBCI Human Services Division, in collaboration with legally responsible persons shall make the decision in consultation with the child's care team.

further guidance following additional operational planning but prior to release of the CFSP Request for Proposals (RFP).

Continuation of Coverage
Children and youth who leave foster care and maintain Medicaid eligibility will have the option to remain in the CFSP for at least 12 months following the transition from foster care. Likewise, Medicaid-enrolled parents, guardians, and custodians, as well as minor siblings, of these children and youth will remain eligible for CFSP enrollment provided their child/sibling remains eligible for the CFSP. The purpose of continuing eligibility for a year beyond the child/youth's transition is to promote continuity of care, support reunification and other permanency planning efforts, and help address additional challenges that children and youth may experience after leaving foster care.[18]

VI. Benefits

The CFSP will cover a comprehensive array of Medicaid- and NC Health Choice-covered physical and behavioral health benefits, including all services that will be covered by Standard Plans[19] in addition to the majority of Tailored Plan services.[20] Covered benefits include early and periodic screening, diagnostic and treatment (EPSDT) services —including honoring EBCI Tribal EPSDT definitions, 1915(i) Home and Community Based Services, and a broad range of behavioral health services, including outpatient, inpatient, crisis, therapeutic residential options for children (including therapeutic foster care and Psychiatric Residential Treatment Facility (PRTF)), and SUD treatment services.[21]

Individuals otherwise eligible for the CFSP who are on the Innovations or Traumatic Brain Injury (TBI) waiver,[22] served by intermediate care facilities for individuals with intellectual disabilities (ICF-IID) or TRACK at Murdoch Center, eligible for North Carolina Transitions to Community Living (TCL), or need State-funded (behavioral health, I/DD or TBI) services will not be able to access those services through the CFSP and, instead, will be required to enroll in a Tailored Plan to access those and all other Medicaid- and NC Health Choice-covered services, as appropriate.[23] In addition to the current benefits package, the CFSP, with Department approval, may also offer in lieu of services[24] and value-added services[25] to address the needs of the CFSP's members.

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[18] Children in the former foster care eligibility group up to age 26 will be able to stay in the CFSP for as long as they remain enrolled under that Medicaid Eligibility Group.

[19] Details on the Standard Plan medical and behavioral health benefits package can be found in NCDHHS' RFP for Medicaid Managed Care Prepaid Health Plans, Section V.C. Benefits and Care Management.

[20] See Appendix for more details on services covered by Standard Plans, Tailored Plans, and the CFSP.

[21] Per G.S. 108A-70.21, NC Health Choice-enrolled children receive benefits that are equivalent to those provided for dependents under North Carolina's Medicaid program except for long-term care services, non-emergency medical transportation, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.

[22] Individuals eligible for the CFSP who are also on the TBI or I/DD waiver waitlist may be served by the CFSP until the time when a waiver slot becomes available.

[23] As of January 2021, approximately 7,000 individuals—23% of children in foster care or receiving adoption assistance—met Tailored Plan eligibility criteria; as of SFY 2018, 105 children in foster care were on the Innovations waiver. Tailored Plans will be required to ensure they can meet the needs of children in foster care who utilize those waiver services. IHS-eligible/tribal members will not be required to enroll in Tailored Plans to access such services.

[24] In lieu of services are services or settings that are not covered under the North Carolina Medicaid State Plan but are a medically appropriate, cost-effective alternative services.

[25] Value-added services are services, delivered at the CFSP's discretion, outside of the Medicaid managed care benefit plan that are designed to improve quality and health outcomes, and/or reduce costs by reducing the need for more expensive care.

VII. CFSP Care Management

Seamless and coordinated care management is one of NCDHHS' highest priorities for members of the CFSP. Care management that places individuals and families with complex needs at the center of a multidisciplinary care team, facilitated by a dedicated care manager, has been shown to improve individuals' health by enhancing coordination of care and helping beneficiaries and caregivers more effectively manage health conditions.[26,27,28] Stakeholders were generally supportive of the originally proposed care management design and provided input to further refine and improve the already robust care management approach. As described in further detail below, the CFSP will provide care management to all members enrolled in the Plan.[29] NCDHHS will refine the CFSP's care management model to ensure it meets the needs of parents and siblings of children/youth in foster care and families receiving CPS In-Home services and communicate updates in a future policy paper.

Care Management Approach

All CFSP members will have access to robust care management directed by the CFSP. Under the CFSP care management model, the CFSP will serve as the central point of accountability for managing the health of members and ensuring access to needed physical and behavioral health services, as well as health-related services, regardless of geographic location or type of transition the member is experiencing. The CFSP will assign each member to a care manager who will be required to coordinate closely with each member's primary care provider (PCP), and, as appropriate, assigned County Child Welfare worker, EBCI Family Safety Program staff, CIHA Care Team, family members, and guardians to manage the member's health care needs throughout their time enrolled in the CFSP.

NCDHHS expects that successful care management will necessitate close coordination with each member's providers and believes that a plan-based care management model with statewide reach will best facilitate continuity of care during changes in placements. Several stakeholders advocated for a larger role for provider-based care managers in the CFSP care management model. Many noted that some community-based providers have considerable expertise working with children and families served by the child welfare system; others highlighted the value of community-based care management in connecting members with needed services and with local agencies that align with cultural humility and sensitivity. While NCDHHS believes that a plan-directed care management model will allow for more effective management of a highly mobile population and streamline coordination with County DSS offices and EBCI Family Safety Program, which are core components of the CFSP care management model, it also recognizes the considerable value of community-based care management. Accordingly, with NCDHHS' approval, the CFSP may, at its discretion, delegate care management functions to community-based entities, provided that those entities are meaningfully and increasingly integrated into the CFSP's statewide model while maintaining a seamless member experience. NCDHHS is committed to working with the EBCI PHHS leadership to ensure CFSP members who are served by the EBCI Family Safety Program are meaningfully served by the CFSP care management model.

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[26] Goodell, S., Berry-Millett, R., and T. S. Bodenheimer. 2009. Care Management of Patients with Complex Health Care Needs. Synth. Proj. Res. Synth. Rep. (19).

[27] Long P. V., Abrams M., Milstein A., et al. Effective Care for High-Need Patients, Opportunities for Improving Outcomes, Value, and Health. National Academy of Medicine; 2018.

[28] Hasselman, D. Super-Utilizer Summit: Common Themes from Innovative Complex Care Management Programs. October 2013.

[29] All CFSP members are eligible for CFSP care management, except for members participating in services that are duplicative of CFSP care management, including members obtaining Assertive Community Treatment (ACT) and members participating in the High-Fidelity Wraparound program.

Delivery of Whole-Person, Integrated Care

The CFSP will be responsible for the comprehensive management of each member's physical health, behavioral health, pharmacy, LTSS, I/DD, and unmet health-related needs across health care settings and placements, including through transitions such as permanency planning, reunification and transitioning out of DSS custody. The CFSP will be required to develop a methodology for stratifying its members to align the intensity of care management with each member's level of need. Based on stakeholder feedback, NCDHHS will establish care manager caseload requirements to ensure sufficient staffing levels. NCDHHS agrees with stakeholders that establishing reasonable caseload ratios is likely to promote a more robust care management staffing model and intends to establish minimum ratios necessary for the CFSP to fully deliver on all elements of this care management model.

As part of the core care management functions, care managers will conduct a comprehensive assessment for each member and use the results to develop a care plan (for members without I/DD and TBI needs) or an Individual Support Plan (ISP) (for members with I/DD and TBI needs). The care plan/ISP will provide a blueprint for ongoing care management and include the member's health, social, emotional, educational and other service needs and relevant permanency planning information from the member's assigned County Child Welfare worker or EBCI Family Safety Program staff as applicable, among other elements. NCDHHS will set standards outlining the timelines that the CFSP must meet for administering comprehensive care management assessments and developing each member's care plan/ISP; the required timelines will differ for members identified as high-risk compared to members not identified as high-risk. Delivery of the comprehensive assessment and development of the care plan/ISP must be accelerated, as needed, to manage members' urgent needs/crises.

Many stakeholders emphasized the importance of ensuring that care managers take all needed steps to promptly connect members, when needed, to comprehensive clinical assessments and all recommended services and supports, including residential treatment programs, therapeutic foster care settings, and behavioral health crisis services. The CFSP will be expected to develop mature network capacity to ensure timely access across all required services; Department service level expectations will require the CFSP to closely monitor and escalate existing or developing gaps in service coverage. The CFSP will also be required to provide 24/7 support during emergencies or behavioral health crises, including working with County Child Welfare workers (or EBCI Family Support Services representatives) to secure immediate treatment services, as needed.

The care manager will also be responsible for establishing a multidisciplinary care team for each member. For children, this multidisciplinary care team might include but is not limited to the member, the member's assigned care manager, parent(s), guardian(s), or custodian(s) (as appropriate), the County Child Welfare worker and the member's PCP.[30] For adults, the multidisciplinary team might include but is not limited to the member's assigned care manager, the County Child Welfare worker, and the member's PCP.[31] The care manager will be responsible for convening the care team on a regular basis (no less than twice per year, and more often, as appropriate) and will share the care plan/ISP with the member's care team and other representatives, as appropriate, to support delivery of the member's needed health and health-related services.

[30] Care managers are encouraged to invite the member's other providers, including behavioral health providers, to participate in care team meetings, as appropriate. This would include the CIHA Primary Care Teams for members served by those care teams.
[31] Certain requirements, such as coordination with DSS and guardians, are not applicable to former foster youth.

The CFSP will also be required to align its care management approach with the North Carolina System of Care framework that promotes family-driven, youth-guided services that support and build on individual strengths and needs while working to achieve desired outcomes.[32]

Coordination and Co-Location with County DSS

Coordination

NCDHHS believes the delivery of plan-directed care management in close coordination with County DSS offices is essential to mitigating disruptions in care and facilitating the goal of achieving the right care at the right time for all CFSP members, despite changes in foster care placements or health care settings. As such, CFSP care managers will be required to coordinate closely with each member's assigned County Child Welfare worker. For CFSP members who are served by the EBCI Family Safety Program instead of DSS/County DSS offices, the CFSP will be required to coordinate with EBCI Family Safety Program staff in place of County Child Welfare workers.

As part of the collaborative care management process, CFSP care managers will regularly meet and coordinate with County Child Welfare workers to:

- Share relevant health and health-related information, as permitted, and coordinate strategies to address members' health and social needs to support and promote family preservation, permanency planning and reunification, as applicable;
- Assist with scheduling DSS-required health assessments, gathering medical records, and developing a crisis plan;
- Identify health and health-related services that are necessary to support family preservation for families receiving CPS In-Home Services and reunification or other permanency planning efforts for children in foster care and their families; and
- Obtain consent for treatment of certain health care conditions from a member's parent(s), guardian(s), or custodian(s), unless there are restrictions regarding such communication (e.g., termination of parental rights or court order restricting communication) in accordance with applicable North Carolina state law.[33,34]

Co-location

To support coordination between CFSP care managers and County Child Welfare workers, NCDHHS intends to require the CFSP to physically co-locate a portion of care managers across North Carolina's network of County DSS offices, taking into account the State's mix of urban and rural geography and

[32] The core System of Care's elements are: (1) family-driven, youth-guided services; (2) interagency collaboration; (3) service coordination through a single facilitator; (4) individualized, strength- based, trauma-informed/resilience development approach; (5) culturally and linguistically competent care; (6) evidence-based or informed services provided in a home or community setting; and (7) family and youth involvement in regional and state policy development, implementation, and evaluation. More information on the System of Care approach is available here.

[33] North Carolina General Statute § 7B-505.1, 7B-600(a), 7B-903(e), and 7B-903.1(a).

[34] The CFSP will abide by the applicable EBCI Tribal Codes; NCDHHS will continue to consult with the EBCI regarding specific details for these collaborative efforts and the identification of tribal codes.

availability of physical office space.[35] This requirement aligns with feedback that NCDHHS received from a survey it undertook in collaboration with the North Carolina Association of County Directors of Social Services (NCACDSS) Executive Team in August 2021 which found more than half of County DSS offices interested in the co-location model. In addition, NCDHHS will require the CFSP to have dedicated DSS Liaisons who are responsible for understanding the scope of services/programs coordination through County DSS offices, addressing issues where County Child Welfare workers are seeking to coordinate with care managers, and serving as a primary contact to triage and escalate member-specific issues or other questions. NCDHHS acknowledges that there is considerable work to be done to effectively operationalize this model. Prior to the CFSP's launch, NCDHHS plans to facilitate a collaborative operational planning process between state DSS leadership, County DSS staff, NCACDSS, NC Medicaid and other stakeholders (as appropriate). NCDHHS plans to release additional operational guidance based on these discussions.

In addition, stakeholders encouraged NCDHHS to establish a centralized platform for secure, bi-directional sharing of key member data between the CFSP and County DSS offices. NCDHHS recognizes the importance of streamlined data sharing and plans to engage with the CFSP and state and County DSS on developing processes that work for care managers as well as County Child Welfare workers.

Continuity of Care and Coordination During Transitions

Transitions between managed care plans and clinical settings (e.g., following a discharge from a hospital, crisis, residential or institutional setting) are often a challenging time for individuals and can disrupt necessary care. Stability and continuity of care are especially critical during these transitions for children and families served by the child welfare system. Therefore, in addition to conducting ongoing care management to address the member's needs as outlined in the care plan/ISP, care managers will provide transitional care management during care transitions (including assisting individuals with transitioning from congregate or other intensive treatment settings to a foster care home or other community placement).

Stakeholders were supportive of requiring the CFSP to ensure the continuity of care for all members in an active course of treatment for a chronic or acute physical or behavioral health condition as members transition from NC Medicaid Direct to the CFSP or from one health plan to another health plan. As proposed in the original design, the care manager will notify the County Child Welfare worker or EBCI Family Support Safety Program staff, as appropriate, and parents(s), guardians(s) and custodian(s), as appropriate, of a change in health plan and assist in selecting a new PCP, if necessary. To support members transitioning from treatment settings, CFSP care managers will be required to connect with the member before and after discharge, conduct discharge planning, facilitate clinical handoffs and arrange for medication management following discharge from a hospital or institutional setting or following an Emergency Department visit.

Consistent with the initial design, the CFSP will be required to provide in-reach, transition, and diversion

[35] CFSP care managers will not be required to co-locate with EBCI Family Support Service offices; however, co-location may be permissible at the discretion of the EBCI Tribe,

services to certain members.[36,37] The goal of in-reach and transition services is to identify and engage members who may be able to have their needs met in the community and ensure the availability of appropriate services and supports for such members following discharge to the community. As part of the diversion activities, the CFSP will assess members at risk of admission to an institutional setting for eligibility for community-based services and supports including supportive housing, if needed; provide member education on the choice to remain in the community; and facilitate linkages to community-based and other support services for which the member is eligible.

Support for Members Transitioning Out of the Child Welfare System or Out of the CFSP

Maintaining continuity of care when transitioning out of the child welfare system can be challenging to navigate for many individuals, including children/youth who are reunified or achieve an alternate permanency plan, youth who reach the age of emancipation, and former foster youth who may lose Medicaid eligibility upon turning 26.[38] However, these transitions may be especially difficult for the young adult population who are more likely to lack the social and emotional supports needed to facilitate a successful transition to self-sufficiency and navigate their own health care needs. The CFSP's care management model builds in support to address these high-risk transition periods. Stakeholders were very supportive of providing targeted supports to members transitioning to adulthood. Care managers will facilitate robust transition planning both for members aging out of the child welfare system and those at risk of losing Medicaid eligibility. The care managers supporting these members will be required to have expertise in the systems and tools that are fundamental to the transition to adulthood, including independent living skills (e.g., accessing food and transportation), post-high school education, housing and employment options, self-advocacy, health insurance coverage options after Medicaid eligibility ends and building natural supports.

For CFSP members leaving the child welfare system, care managers will collaborate with County Child Welfare workers as needed in the development of the DSS-required transitional living plan and 90-day transition plan. Care managers will identify key health-related resources and supports necessary to achieving the member's health care goals. The CFSP will also be responsible for developing a Health Passport for each member as a supplement to the 90-day transition plan. The Health Passport is a document, available electronically and in paper formats, that will contain critical health care-related information, such as upcoming scheduled visits, prescribed medications and the member's medical records.

[36] The following CFSP members will be eligible for CFSP-based in-reach and transition services: 1) Members residing in a state psychiatric hospital who are not determined eligible for the North Carolina Transitions to Community Living (TCL); 2) All members in a PRTF; and 3) All members in Residential Levels II/Program Type III, and IV as defined in NCDHHS' Clinical Coverage Policy 8-D-2. Members determined eligible for TCL and those with an SMI residing in an ACH who are also eligible for the Tailored Plan will be enrolled in and receive in-reach and transition services from a Tailored Plan.

[37] Members eligible for diversion activities include those meeting the following criteria: 1) Have transitioned from an institutional or correctional setting, or an Adult Care Home for adult members, within the previous six months; 2) Are seeking entry into an institutional setting; or Adult Care Home; PRTF; or Residential Treatment Levels II/Program Type, III, and IV; 3) Meet one of the following additional criteria for members with I/DD and TBI: a) Member has an aging caregiver who may be unable to provide the member their required interventions; b) Member's caregiver is in fragile health, which may include but is not limited to member caregivers who have been hospitalized in the previous 12 to 18 months, diagnosed with a terminal illness, or have an ongoing health issue that is not managed well (e.g., diabetes, heart condition, etc.); c) Member with two parents or guardians if one of those parents/guardians dies; d) Any other indications that a member's caregiver may be unable to provide the member their required interventions; or e) member is a child or youth with complex behavioral health needs.

[38] Former foster youth under age 26 who aged out of the child welfare system outside of North Carolina remain eligible for Medicaid coverage until they reach the age of 21; former foster youth under age 26 who aged out of the child welfare system in North Carolina until they reach the age of 26.

For former foster youth aging out of the former foster youth categorical Medicaid eligibility group, care managers also must educate members about alternative insurance options available to them (e.g., Marketplace/Qualified Health Plan (QHP) coverage, applicable EBCI tribal programs/funding options, etc.) and assist them in signing up if desired. The CFSP care managers also must make plans for transitioning all ongoing health care services and medications. The Health Passport for these members must also include a list of health care resources available to members regardless of insurance status.

Comprehensive Medication Management Services

Children and youth currently and formerly served by the child welfare system often face disruptions to their medication regimens due to frequent changes in placements and care. As such, the CFSP will be responsible for ensuring all members receive robust medication management. This will include, at minimum, leveraging CFSP care managers and members' physicians to ensure members have access to needed medications on an ongoing basis and during transitions (including placement changes), closely monitoring potentially dangerous aspects of each member's regimen, and ensuring close coordination with the County Child Welfare worker. The CFSP will be required to ensure medication management is delivered in accordance with recognized professional guidelines, such as "Best Practices for Medication Management for Children & Adolescents in Foster Care" from the North Carolina Pediatric Society/Fostering Health NC.[39]

In addition, the CFSP will be required to closely monitor members prescribed psychotropic medications. Children and youth in foster care are prescribed psychotropic drugs at disproportionately higher rates than the general population, putting them at greater risk of potential overuse.[40] For members prescribed psychotropic medications, care managers will be required to work closely with CFSP psychiatrists and pharmacists to ensure the delivery of clinically appropriate metabolic monitoring (in addition to ensuring access and monitoring potential interactions, as described above).

Primary Care Providers and CFSP Care Management

NCDHHS recognizes Primary Care Providers (PCPs) are an essential part of the care team and is committed to engaging them in the delivery of integrated, whole-person care for all members. To achieve this goal, the CFSP will make additional payments to Advanced Medical Home (AMH) practices that provide primary care services to CFSP members.[41] The initial design of the CFSP outlined that, in order to receive these additional payments, AMHs will be required to meet an enhanced set of medical home requirements (beyond the base Carolina ACCESS requirements for PCPs) for children and youth in foster care, children receiving adoption assistance and former foster youth under age 26, including:

- Coordinating with the member's assigned CFSP care manager and/or County Child Welfare worker, as appropriate;
- Scheduling and conducting follow-up well visits in accordance with the American Academy of Pediatrics Health Care Standards for children in foster care;

[39] Id.

[40] "Best Practices for Medication Management for Children & Adolescents in Foster Care" from the North Carolina Pediatric Society/Fostering Health NC are available here.

[41] Advanced Medical Homes (AMHs) are state-designated primary care practices that have attested to meeting standards necessary to provide local care management services. More information about AMHs is available here.

- Conducting the recommended developmental, behavioral, psychosocial and other screenings as appropriate based on age and the member's clinical condition;
- Completing DSS-required health assessment forms.

NCDHHS will conduct additional design work to determine what, if any, additional requirements AMH practices that provide primary care services to CFSP-enrolled family members of children in foster care and families receiving CPS In-Home Services must meet to receive an additional payment. NCDHHS will release additional guidance on this.

To ensure coordination across the health continuum, Medicaid-enrolled providers involved in the member's care, including PCPs, behavioral health, TBI and I/DD providers, will be eligible to receive reimbursement from the CFSP for participating in care team meetings with the CFSP care managers.

Healthy Opportunities: An Initiative to Address Unmet Health-Related Needs

North Carolina has made a key priority of optimizing health and well-being by bridging the health care system and local community resources to address all factors that impact health. In collaboration with NCDHHS' Healthy Opportunities initiative, the CFSP will be responsible for addressing four priority domains: 1) housing, 2) food, 3) transportation, and 4) interpersonal violence/toxic stress. The CFSP will also be responsible for implementing the Healthy Opportunities Pilot program for its Pilot-eligible members, in accordance with Department requirements.[42] Integrating with the Healthy Opportunities initiative will be especially critical to former foster youth under age 26 navigating the challenges of young adulthood; parents, guardians and custodians whose children are in the custody of DSS or EBCI Family Safety Program, and families who are receiving CPS In-Home services.

VIII. Provider Network & Payment

Provider Network

The CFSP will be required to develop and maintain a robust network of physical health, behavioral health, I/DD and LTSS providers across the State to meet the needs of all members statewide. To that end, the CFSP must meet network adequacy standards. These standards generally align with the Standard Plan and Tailored Plan time and distance requirements, amended in certain instances to meet minimum statewide contracting standards in place of regional standards set forth in the Standard Plan and Tailored Plan contracts for certain provider types.[43]

Based on stakeholder feedback, NCDHHS will update the CFSP's provider contracting design. The CFSP will have an "any willing provider"[44] network for all services *except* intensive in-home services, multisystemic therapy, residential treatment services and PRTFs.[45] NCDHHS believes this revised approach balances shared goals of providing members with provider choice while ensuring the delivery of high-quality services.

[42] More information about the Healthy Opportunities Pilots is available here.
[43] This also includes following the Tribal Managed Care Addendum, the Tribal Payment Policy and adherence to tribal exceptions for licensure and other provider requirements.
[44] "Any willing provider" means that the CFSP must accept into its network any provider that is Medicaid or NC Health Choice-enrolled, meets certain quality standards, and agrees to the CFSP's network rates.
[45] Subject to legislative authority.

In addition, stakeholders sought to ensure that the CFSP maximizes timely access to critical behavioral health services to help avoid long waits for services and placements in inappropriate settings while awaiting treatment. To ensure sufficient availability of in-network providers for key behavioral health services, the CFSP may be required to contract with a minimum percentage of certain providers statewide, such as a minimum percentage of residential treatment service providers, PRTFs, and crisis service facilities.[46] The CFSP contract will also include a detailed table outlining the wait time standards for behavioral health services.

To ensure continuity of care, NCDHHS will require the CFSP to make a good-faith effort to contract with an out-of-network provider who is treating a member with an ongoing special condition or an ongoing course of treatment and transitioning to the CFSP from another plan or NC Medicaid Direct. During this transitional period, the CSFP will work to either onboard the provider into its network or safely transition the member to an existing in-network provider.

As had been proposed initially, the CFSP will implement a strong monitoring program to ensure providers are meeting member needs and program requirements. Consistent with Standard Plan and Tailored Plan requirements, the CFSP will employ a Tribal Provider Contracting Specialist who will be accountable for developing tribal provider networks. In addition, the CFSP will be responsible for developing a network that includes providers representative of historically marginalized populations and ensuring network providers receive training on trauma-informed care and adverse childhood events (ACEs) to understand the needs of the population served by the Plan.

Provider Payment

As originally designed, the CFSP will be subject to requirements for provider payments consistent with Standard Plans and Tailored Plans, including rate floor requirements for in-network physicians, physician extenders, pharmacies (dispensing fees), essential providers,[47] hospitals[48] and nursing facilities and additional utilization-based payments for certain in-network providers (e.g., local health departments, public ambulance providers). With the exception of out-of-network emergency services, post-stabilization services and services during transitions of care, the CFSP will be prohibited from reimbursing an out-of-network provider more than 90% of the NC Medicaid Direct rate if the CFSP has made a good faith effort to contract with a provider but the provider has refused that contract. Out-of-network providers for emergency services, post-stabilization services and services during transitions of care will be reimbursed at 100% of the NC Medicaid Direct rate.

IX. Accountability for Quality

NCDHHS will establish a common set of quality measures to ensure the CFSP's accountability to NCDHHS. All quality measures for the CFSP will align with and build on NCDHHS' Quality Strategy, which will be updated to include the CFSP, and which primarily emphasizes outcomes for beneficiaries over process measures. The proposed quality measures prioritize medical needs and experiences that are significant in the CFSP population.

[46] NCDHHS is working to determine the operational feasibility of this potential contract requirement.

[47] Essential Providers include federally qualified health centers, rural health centers, free clinics, local health departments, and any other providers as designated by NCDHHS. Section 5.(13) of Session Law 2015-245.

[48] Hospital rate floors are time-limited.

Stakeholders highlighted several important considerations, including the desire to measure how the CFSP serves families as a unit and the need to monitor the extent to which providers are accepting new referrals for children and youth served by the CFSP. In response to stakeholder feedback, NCDHHS is adding two quality measures to assess the proportion of providers accepting new referrals for children and youth enrolled in the CFSP. Stakeholders also recommended capturing metrics that seek to measure the risk of trafficking, placement stability and participation of parents, guardians, or custodians in care planning while in DSS/EBCI Family Safety Program custody. Given the nature and limitations of quality measures, NCDHHS will explore the entity or agency that is best positioned to capture additional measures related to these and other family-based outcomes.

Like with Standard Plans, Tailored Plans and EBCI Tribal Option, the CFSP will be required to report measures against a set of stratification criteria that will include race and ethnicity, geography, age and gender, where appropriate and feasible for many of the quality measures. Through the quality improvement process, NCDHHS will review the CFSP's stratified performance on measures and require the CFSP to identify and implement interventions to reduce any health and quality outcome disparities observed.

As part of the CFSP's overarching quality strategy, the CFSP will be required to complete at least three performance improvement projects (PIPs) each coverage year, with a minimum of one under each of the following three categories: 1) non-clinical, 2) clinical, and 3) transitions and continuity of care for children and youth served by the child welfare system. For its clinical PIP(s), the CFSP must consider how innovative use of care management can contribute to clinical performance improvement. NCDHHS will conduct oversight and monitoring of the CFSP and will convene monthly meetings with the Plan quality director to discuss opportunities for performance improvement.

In light of the CFSP eligibility expansion to families of children/youth in foster care and families receiving CPS In-Home Services, NCDHHS will revisit the CFSP's overall quality design to determine whether new requirements are needed to assess the quality of service delivery to these additional populations.

X. Timing & Next Steps

NCDHHS welcomes feedback from stakeholders as it continues to refine the CFSP design. Given the expansion of the CFSP eligibility and related needed systems changes, the procurement and implementation preparation timeline for the CFSP has been revised to the following:

- **Release CFSP Request for Proposals (RFP)**[49]**:** Summer 2022
- **Award CFSP Contract:** Fall 2022
- **Implementation Planning for CFSP Launch:** Fall 2022 – Winter 2023
- **Launch CFSP:** By December 2023

Stakeholders are welcome to submit feedback and recommendations to NCDHHS at Medicaid.NCEngagement@dhhs.nc.gov. Input received by March 4, 2022, will inform the CFSP design prior to finalizing the RFP. NCDHHS intends to issue another paper to outline additional CFSP design decisions made prior to the RFP's release.

[49] NCDHHS will procure a single statewide CFSP that operates and delivers services statewide. Only Standard Plans and Tailored Plans will be eligible to bid on the CFSP.

Appendix: Benefits Covered by Standard Plans, Tailored Plans, and the CFSP[50]

In addition to the behavioral health services identified below, the CFSP also will cover all Medicaid and NC Health Choice State Plan physical health, pharmacy, and LTSS services.

BH, I/DD, and TBI Services Covered by Standard Plans, Tailored Plans, and the CFSP	BH, I/DD and TBI Services Covered by Tailored Plans and the CFSP	BH, I/DD and TBI Services Covered Exclusively by Tailored Plans (or LME/MCOs Prior To Launch)
Enhanced BH services are *italicized*		
State Plan BH and I/DD Services • Inpatient BH services • Outpatient BH emergency room services • Outpatient BH services provided by direct-enrolled providers • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • *Outpatient opioid treatment*[51] • *Ambulatory detoxification* • Research-based BH treatment for Autism Spectrum Disorder (ASD) • *Diagnostic assessment* • *Non-hospital medical detoxification* • *Medically supervised or alcohol and drug abuse treatment center*	**State Plan BH and I/DD Services** • *Residential treatment services* • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities (PRTFs)* • *Assertive community treatment (ACT)* • *Community support team (CST)*[52] • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • *Substance abuse intensive outpatient program (SAIOP)*	**State Plan BH and I/DD Services** • Intermediate care facilities for individuals with intellectual disabilities (ICF-IID) **Waiver Services** • Innovations waiver services • TBI waiver services **State-funded Services**[53] **Respite services through TRACK at Murdoch**

[50] Standard Plans, Tailored Plans, and the CFSP will cover all services in the NC Medicaid and NC Health Choice State Plans with the exception of services carved out of Medicaid Managed Care under Section 4.(4) of Session Law 2015-245, as amended; as specified in 42 C.F.R. § 438.210. Per G.S. 108A-70.21, NC Health Choice-enrolled children receive benefits that are equivalent to those provided for dependents under North Carolina's Medicaid program except for long-term care services, non-emergency medical transportation, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.

[51] CFSP will also be required to cover Office-Based Opioid Treatment (OBOT) services.

[52] CST includes tenancy supports.

[53] Members requiring State-funded services will need to transfer to a Tailored Plan to access those services.

BH, I/DD, and TBI Services Covered by Standard Plans, Tailored Plans, and the CFSP	BH, I/DD and TBI Services Covered by Tailored Plans and the CFSP	BH, I/DD and TBI Services Covered Exclusively by Tailored Plans (or LME/MCOs Prior To Launch)
Enhanced BH services are *italicized*		
(ADATC) detoxification crisis stabilization • Early and periodic screening, diagnostic and treatment (EPSDT) services	• *Substance abuse comprehensive outpatient treatment program (SACOT)*	

March 4, 2022

VIA ELECTRONIC MAIL ONLY (dave.richard@dhhs.nc.gov)
Dave Richard, Deputy Secretary
NC Medicaid, Division of Health Benefits
NC Department of Health and Human Services
1985 Umstead Drive, Kirby Building
2501 Mail Service Center
Raleigh, NC 27699-2501

RE: Child and Families Specialty Plan Policy Paper

Dear Mr. Richard:

On behalf of the six North Carolina LME/MCOs (Alliance Health, Eastpointe, Partners Health Management, Sandhills Center, Trillium Health Resources, and Vaya Health), please accept this preliminary feedback on the February 18, 2022 Policy Paper for the proposed Child and Families Specialty Plan (CFSP) issued by the NC Department of Health and Human Services. The changing parameters of the CFSP population, combined with the statewide (rather than regional) approach, have raised serious concerns for the sustainability of Behavioral Health and I/DD Tailored Plans, the timing of the proposed RFP, disruption of efforts currently underway by LME/MCOs to improve the system for this population, and the effectiveness of a statewide plan. The concerns are significant enough that we believe a joint response is necessary and are therefore requesting additional time to fully evaluate the ramifications of the latest proposal and provide a more thoughtful, detailed response to the Department. While the concepts of the CFSP plan have been discussed in various forums, we have received questions and concerns from our local counties and DSS partners and would like the opportunity to ensure that our Boards of Directors, County Commissioner Advisory Boards, Consumer and Family Advisory Committees, and boards of county commissioners for our constituent counties fully understand the long-term impact on their communities and can provide additional feedback directly to the Department.

Our initial concerns are as follows:

1) LME/MCOs are engaged in a variety of ongoing, resource-intensive network development efforts to continually improve the service system and be responsive to concerns from our partnering local departments of social services. Moving this expanded population outside the scope of our responsibility raises the immediate question as to whether we should continue to engage in these efforts or direct our limited resources toward the populations that will remain within our scope through the Tailored Plans.
2) There is no one-size-fits-all statewide approach that will solve the differing needs of our communities. A regional approach that aligns with the existing LME/MCO catchment areas would respect county choice and support the herculean efforts that have been made over the last six months to stabilize county alignment. We believe that the services and experience that are critical to this population are at the core of the Tailored Plans and minimally the membership should reside with the Tailored Plans during the initial CFSP contract term.
3) Based on the current description of the proposed population and recent expansion of eligibility, our initial estimates indicate this could have a significant and substantial impact on the overall Tailored Plan membership. We would need more detail from the Department to better understand the potential impact and evaluate

whether Tailored Plans can remain actuarially sound and financially viable if our membership decreases at these rates.

4) Adding a new statewide plan will create administrative burden for providers and extra overhead costs for the State of North Carolina. The LME/MCOs are fully committed to reducing provider burden by ensuring standardization and consistency across all three health plan products (Tailored Plan, Medicaid Direct, and CFSP). In fact, we are already engaged in this standardization effort today as we begin to lift Medicaid Direct in response to the Department's latest expectation. We are also committed to ensuring that each regional CFSP would have a statewide network. Standard Plan benefit packages do not currently include all the services covered by the CFSP and they would be required to build this network in a relatively short time. In contrast, providers are already contracted with us for the array of services to be covered under the CFSP and we can leverage these existing relationships to meet requirements with minimal burden to providers. Most of the LME/MCOs already have a robust statewide network for child and adolescent services because we have foster care members residing in all 100 North Carolina counties. We are also in the final stages of recruiting and contracting statewide provider networks to meet the needs of the Tailored Plan population. Finally, we can continue to develop and build on the existing efforts underway to expand access to care and improve the child and youth treatment continuum in our newly realigned regions (as referenced in paragraph #1) in partnership with our county stakeholders
5) The current pathway and timeframes for the proposed RFP process are unrealistic and create an unlevel playing field as contemplated. The LME/MCOs will be in the most important stages of readiness for both the Tailored Plans and Medicaid Direct during the summer and fall of 2022. Should the Department continue as planned with Standard Plans eligible to apply, the process becomes biased against the LME/MCOs in being able to devote the requisite time and resources to a competitive response. Such a procurement process would greatly favor the commercial plans. Leveraging existing administrative infrastructure and care management staffing through a regional approach will be more efficient and cost-effective. The timeline for implementation also jeopardizes successful implementation of the CFSP, and risks destabilizing the transitioning Tailored Plans before they even get off the ground. More importantly, it could negatively impact access to and continuity of care for a highly complex population, one which deserves a well thought out, comprehensive, and stable approach that takes into account the differing needs of our local communities.

Again, this is only intended to be an initial response, which will be supported by a more in-depth analysis that we will provide to the Department. We appreciate all the work and effort that has gone into developing a specialized health plan to meet the needs of children and families involved with DSS and agree with the overall goals of the plan. Please know that we are all committed to meeting the needs of this population individually and in collaboration with county Departments of Social Services and other important stakeholders. Thank you in advance for your anticipated flexibility related to our request.

Sincerely,

DocuSigned by:
Rob Robinson
75BEC192365E4D7...
Rob Robinson, CEO, Alliance Health

DocuSigned by:
Sarah Stroud
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Sarah Stroud, CEO, Eastpointe

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Rhett Melton, CEO, Partners Behavioral Health Management

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Brian Ingraham, CEO, Vaya Health

CC: Medicaid.NCEngagement@dhhs.nc.gov

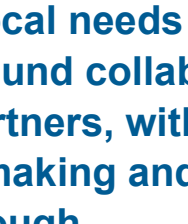
VAYAHEALTH

Granville County

PROMISES MADE
PROMISES KEPT

At Vaya Health, we are committed to meeting local needs through regular, on-the-ground collaboration with county partners, with real-time decision-making and consistent follow-through.

Since our January 1, 2022 merger, we have focused our efforts on local county commitments and next steps, summarized in this publication. If you have questions or need further information, please contact your Community Relations representative or the Vice President of Community Relations.



Community Relations Regional Director:
Elliot Clark
Elliot.clark@vayahealth.com
919-608-7894

Vice President of Community Relations:
Brian Shuping
brian.shuping@vayahealth.com
828-443-0797

PROMISES MADE
PROMISES KEPT

May 2022

Assign a regional director (member of Vaya leadership) to county	Elliot Clark will serve as Granville County's dedicated Vaya Health leader.	✔
Establish a comprehensive care (walk-in) center in county	Provider identified; team currently focused on site identification and budget closure.	
Embed care manager at Granville County DSS	Position filled; start date April 25th.	✔
Single Point Assessment kick-off & embedded assessor	Single Point Assessment complete and operational.	✔
Establish full continuum of services for youth involved with DSS	Full continuum of services established and available.	✔
Begin Vaya's engagement with local community collaboratives	Community collaboratives have been inventoried, Vaya regional leaders have been assigned, and introductions have been made.	✔
Improve access to Mobile Crisis Management	Working with current provider to improve service delivery.	
Provide monthly/quarterly county-specific data	Quarterly dashboards designed; production begins July 2022.	
Participate in quarterly DSS meetings	Quarterly DSS meetings have been launched; first regional meeting was held in February 2022.	✔
Present quarterly updates to Board of Commissioners	Elliot Clark will lead quarterly updates at County Board of Commissioner meetings beginning in Spring 2022.	

Last updated: May1, 2022

Granville County
Economic Development

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To:	Board of Commissioners
From:	Lynn Cooper
Department:	Economic Development
Date:	May 11, 2022
Title:	**Public Hearing for Economic Development - Project Diamond**

PURPOSE:

The purpose of this public hearing is to receive the views of the public on aiding and encouraging the location or expansion of industrial facilities in Granville County.

BACKGROUND:

Granville County served notice that a hearing would be held to obtain the views of the public on the expansion of the CertainTeed facility in Granville County named Project Diamond. The company will invest approximately $118.8 million and employ potentially 37 new employees.

The maximum cost of the County-funded improvements will be up to $250,000 in accordance with the County funding policy. The $250,000 incentive package includes a %50 match of $62,500 towards the $125,000 One NC Grant, a 5% match of a potential Building Reuse Grant of $250,000 provided by the North Carolina Department of Commerce for a total of $12,500 and a cash incentive totaling $175,000.

FUNDING:

The project will be funded with general County operating funds. The costs to the County of the County-funded capital improvements will be offset by new tax revenues generated by the company's capital investment in the project over a period not to exceed five years.

RECOMMENDATION:

Following the Public hearing, the Economic Development Director requests approval of the total $250,000 incentive package which includes a 50% match towards the $125,000 One NC Grant, a 5% match of the local incentive package of the potential Building Reuse Grant of $250,000 and a cash incentive of $175,000.

ATTACHMENTS:

Resolution - Project Diamond
Public Hearing Notice - Project Diamond

ACTION TAKEN:

AUTHORIZING RESOLUTION BY GOVERNING BODY OF THE APPLICANT

North Carolina Department of Commerce Building Reuse Program

WHEREAS, in June 2004, the North Carolina General Assembly passed House Bill 1352, authorizing funds to stimulate economic development and job creation in distressed areas through constructing critical water and wastewater facilities, addressing technology needs, renovation of vacant buildings, and implementation of research and demonstration projects; and,

WHEREAS, in July 2007, the General Assembly passed House Bill 1473 to expand the Economic Infrastructure Fund and to provide funding to facilitate economic transitions in rural communities; and,

WHEREAS, The North Carolina Department of Commerce' s Rural Economic Development Division' s Building Reuse Program was created to spur economic activity and job creation by assisting in the productive use of buildings in rural areas; and,

WHEREAS, the County of Granville is engaged in activities to assist in the productive use of buildings, specifically the renovation and an existing building and the construction of a new building for CertainTeed Corporation located at 200 CertainTeed Drive, Oxford, NC that will increase the number of jobs in the area; and,

WHEREAS, the County of Granville requested grant assistance from the North Carolina Department of Commerce's Rural Economic Development Division's Building Reuse Program;

NOW, THEREFORE, BE IT RESOLVED, BY THE COUNTY COMMISSIONERS OF THE COUNTY OF GRANVILLE:

That the County of Granville will provide a total Incentive of 250,000.

That the County of Granville will provide 50% match of the $125,000 One NC grant award for the project,

That the County of Granville will provide a 5% match of the 250,000 Building Reuse Grant,

That the County of Granville will provide for efficient administration, implementation, and operation/maintenance of the grant.

That the County Manager is hereby authorized and directed to furnish such information as the North Carolina Department of Commerce may request in connection with the grant application and project; to make assurances as contained above; and to execute such other documents as may be required in connection with the application and grant.

That the County of Granville has substantially complied or will substantially comply with all Federal, State, and local laws, rules, regulations, and ordinances applicable to the project and to the grants pertaining thereto.

Adopted this the 16th of May, 2022.

_____

_____

Tony W. Cozart, Chair

ATTEST:

_____

Debra A. Weary, CMC
County Clerk

Notice of Public Hearing

All interested persons please take notice that a public hearing will be held by the Granville County Board of Commissioners pursuant to N.C.G.S. 158-7.1 on May 16, 2022, at 7:00 p.m. or shortly thereafter. The meeting will be held at the Granville County Expo Convention Center, 4185 Highway 15, Oxford, NC 27565.

The purpose of the public hearing is to hear the views of the public on aiding and encouraging the expansion of industrial facilities in Granville County, specifically as follows: the expansion of CertainTeed a manufacturing company in Granville County to expand its existing facility and build a new facility building. The company will invest approximately $118.8 million and employ potentially 37 new employees. The maximum cost of the County-funded improvements will be up to $250,000 in accordance with the County funding policy to include a 50% match of $62,500 towards the $125,000 One NC Grant and a 5% match of a potential Building Reuse Grant provided by The North Carolina Department of Commerce.

This project will be funded with general County operating funds. The cost to the County of the County-funded capital improvements will be offset by new tax revenues generated by the company's capital investment in the project over a period not to exceed five years.

The public benefits to be derived from the making of these improvements include the development of industrial properties, which will increase the County's tax base to better provide for County services, and to increase employment opportunities within the County.

All interested citizens are invited and urged to attend.

Debra A. Weary, Clerk to the Granville County
Board of Commissioners

Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 16, 2022
Title: **Public Comments**

PURPOSE:
Public comments are limited to 3 minutes.

ACTION TAKEN:

Granville County Administration

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To:	Board of Commissioners
From:	Michael Felts
Department:	Administration
Date:	May 11, 2022
Title:	**Fiscal Year 2022-2023 Budget Presentation**

PURPOSE:

Presentation on the recommended fiscal year 2022-2023 budget.

BACKGROUND:

In accordance with NCGS §159, the County Manager's submitted budget must be presented to the Board no later than June 1st. The Manager must also file a copy with the Clerk to the Board to make it "available to all the news media in the County." The Manager must submit a budget message to introduce and summarize the budget.

County Manager Michael Felts will present an overview of the fiscal year 2022-2023 recommended budget for the Board's review and consideration.

The Board has set May 31, 2022, as the date for their budget workshop to be held at the Granville County Expo Center. If additional workshop sessions are needed, the Board will schedule and announce them during the May 31st budget workshop.

FUNDING:

N/A

RECOMMENDATION:

The County Manager recommends scheduling the Public Hearing on the proposed budget for June 6, 2022.

ACTION TAKEN:

Granville County Administration

104 Belle Street
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To:	Board of Commissioners
From:	Debra Weary
Department:	Administration
Date:	May 16, 2022
Title:	**Proclamations, Resolutions and Legislative Matters**

PURPOSE:

This item on the agenda will be used for the introduction of proclamations, resolutions, or legislative matters. It can also be used for the general discussion of related matters.

ACTION TAKEN:

Granville County Administration

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To:	Board of Commissioners
From:	Debra Weary
Department:	Administration
Date:	May 16, 2022
Title:	**Granville County Citizens Advisory Committee for Environmental Affairs**

PURPOSE:

To make appointment to the Granville County Citizens Advisory Committee for Environmental Affairs.

BACKGROUND:

Marshall Floyd (District 4) passed away. An appointment needs to be made to fill the vacancy.

Others serving:	Neil Gresham	District 1
	Steve Timberlake	District 2
	Joe Ostby	District 3
	Blaine Holmes	District 5
	Mike Wood	District 7 appointed by District 6
	Judy Cheek	District 7
	David Hinton, Ex-Officio	District 2
	Byron Currin	Ex-Officio
	Jason Falls	Staff Representative
	Zelodis Jay	Commissioner

ACTION TAKEN:

Granville County Administration

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To:	Board of Commissioners
From:	Michael Felts
Department:	Administration
Date:	May 11, 2022
Title:	**Board of Elections Request**

PURPOSE:

The Granville County Board of Elections requests approval to operate just one One-Stop site in the event a second Primary/Runoff election is required on July 26th.

BACKGROUND:

The Board of Elections met on May 10th and discussed the One-Stop needs for a July 26th Primary/Runoff if it is needed. The Board of Elections is considering just having one One-Stop site which will be in Oxford at the Oxford Public Works Building. The second site in Creedmoor at the South Branch Library was mandated by the County Commissioners several years ago.

The Board of Elections is seeking approval to utilize just the one One-Stop site location for a Second Primary/Runoff, or direction to operate two One-Stop sites.

County Manager Comment: It is a significant cost savings to the County to operate only the one One-Stop site should a Second Primary/Runoff be needed.

FUNDING:

Ultimately funding would come from an appropriation of fund balance, however, if a July 26th Primary/Runoff is needed some of the costs would be included in fiscal year 2021-2022 and some in fiscal year 2022-2023. Funding adjustments required in fiscal year 2022-2023 would be made following the general election in November 2022.

RECOMMENDATION:

The County Manager recommends authorizing the use of just one One-Stop voting site should a Second Primary/Runoff Election be needed on July 26, 2022.

ACTION TAKEN:

Granville County
Animal Control

104 Belle Street
Oxford, NC 27565
(919) 693-5240

To:	Board of Commissioners
From:	Michael Felts
Department:	Animal Control
Date:	May 11, 2022
Title:	**Suspend Fees for Animal Rescue Organizations**

PURPOSE:

Request the limited time suspension of the fees for animal rescue organizations.

BACKGROUND:

The Animal Shelter is requesting to have the fees suspended for rescue organizations to pull dogs from the Granville County Animal Shelter in light of the anticipated acquisition of several dogs which will result in the opening of the old shelter. Having the pull fees waived will assist Animal Management Staff in urging rescue organizations to pull dogs so the Shelter can operate more efficiently in the hopes of consolidating dogs into one shelter over time.

FUNDING:

N/A

RECOMMENDATION:

The County Manager recommends approval of the Animal Management Director's recommendation.

ACTION TAKEN:

Granville County Administration

104 Belle Street
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To:	Board of Commissioners
From:	Michael Felts
Department:	Administration
Date:	May 11, 2022
Title:	**School Category 1 Capital Outlay Funding**

PURPOSE:

To authorize County staff to budget and transfer prior approved funding to the School System to address Category 1 Capital Outlay Projects.

BACKGROUND:

In late June 2021, the School System was required to make an emergency repair to a fire alarm system for a school facility. Due to the timing of the need, and after visiting with County Administration staff and the School Liaisons, the County agreed to provide all $100,000 from the school project contingency funds and the school system agreed to utilize their own local fund balance for the urgent project. The County also agreed to set aside $500,000 of the State & Local Fiscal Recovery Funds when they determined final rules for the use of funds.

In April 2022, the County Board of Commissioners agreed to utilize the State & Local Fiscal Recovery Funds for infrastructure investments and as revenue replacement. This decision allows for the County Board of Commissioners to allocate the $500,000 authorized funds from the County's current year fund balance. This will allow the School System to direct these funds towards Category 1 capital projects this summer.

FUNDING:

Allocation of County General Fund Balance

RECOMMENDATION:

Authorize the County Finance Director to appropriate $500,000 of County General Fund Balance to support the Category 1 Capital Outlay allocation and remit the funds to the Granville County Public School System.

ACTION TAKEN:

Granville County Administration

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To:	Board of Commissioners
From:	Michael Felts
Department:	Administration
Date:	May 11, 2022
Title:	**Pay Request for Exempt Positions**

PURPOSE:

To request the payout of compensatory time for two exempt employees.

BACKGROUND:

The Granville County Personnel Policy allows for exempt (non-elected) positions to earn compensatory time on an hour for hour basis beyond their regular workweek of 37.5 hours based on historical practices.

Excerpt from the Granville County Personnel Policy Section 12:

Exempt Employees. Employees in positions determined to be "Exempt" from the FLSA (executive, administrative, or professional staff) will not receive pay for hours worked in excess of their normal work periods. Exempt employees may be granted compensatory leave by their supervisor on an hour for hour basis where the convenience of the department allows and in accordance with procedures established by the county manager. Such compensatory time is not guaranteed to be taken and ends without compensation upon separation from the organization.

Elected Positions. Elected sheriff or register of deeds positions are not eligible for compensatory leave.

Some exempt positions have job duties that require the accumulation of significant compensatory time with limited ability to utilize the time. Two positions fit this classification, General Services Director (525.0 accumulated hours) and Board of Elections Director (515.25 accumulated hours). At least one time prior, in 2002, the Board of Commissioners authorized a payout of accumulated compensatory time, and the County Manager believes this may have also been authorized in 2007 or 2012.

On February 21, 2022, the County Manager received a request from the General Services Director requesting 400 hours of his accumulated compensatory leave be paid out. Also on May 3, 2022, the County Manager received a request from the Board of Elections, who during their April 26, 2022 meeting voted unanimously to approve that the Elections Director be paid for all of her 515.25 accumulated compensatory leave.

FUNDING:

Funding to cover the anticipated costs of pay and benefits can be covered by funding available in the current budget non-Departmental cost center

RECOMMENDATION:

The County Manager recommends authorizing the payout of compensatory leave for the two exempt positions as requested by the General Services Director and Board of Elections based on the inability to utilize the time under any reasonable conditions.

ACTION TAKEN:

Granville County

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To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 16, 2022
Title: **County Attorney's Report**

PURPOSE:
Any matters as needed by the County Attorney.

ACTION TAKEN:

Granville County

104 Belle Street
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To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 16, 2022
Title: **Presentations by County Board Members**

PURPOSE:
Board members will make comments.

- Commissioner Hinman
- Commissioner May
- Commissioner Karan
- Commissioner Gooch
- Commissioner Jay
- Commissioner Smith
- Chairman Cozart

ACTION TAKEN:

Granville County

104 Belle Street
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To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 16, 2022
Title: **Any Other Matters**

PURPOSE:
Any other matters as needed.

ACTION TAKEN:

Granville County

104 Belle Street
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To: Board of Commissioners
From: Debra Weary
Department: Administration
Date: May 16, 2022
Title: **Closed Session as Allowed by G.S. 143-318.11(a)(3) - Attorney-Client Matter**

PURPOSE:

To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged.

ACTION T AKEN: