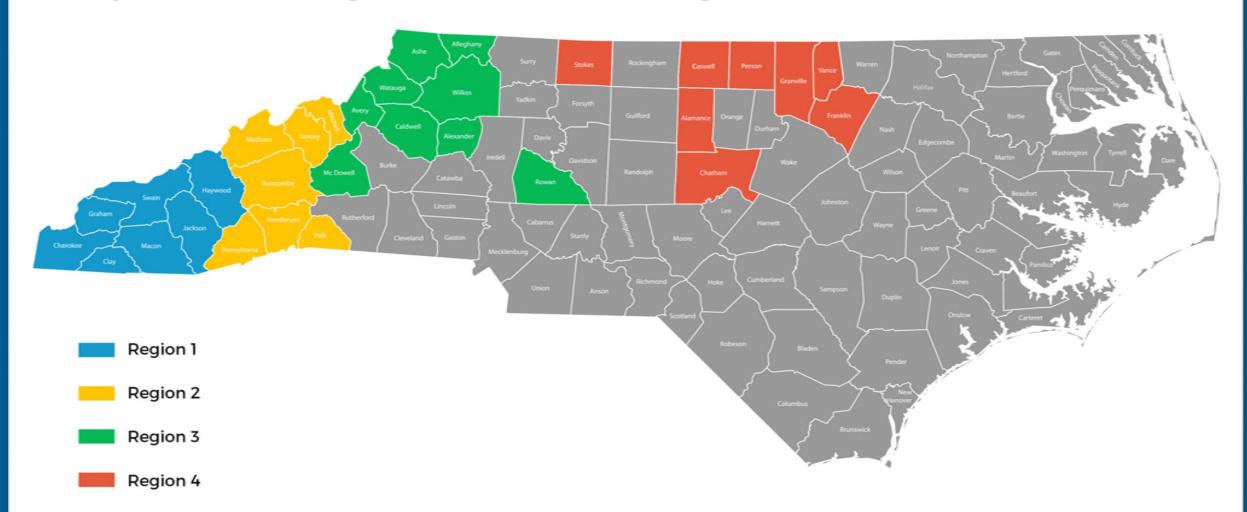
Your County Board of Commissioners April 18, 2022 Cara Townsend Dohner, Regional Community Relations

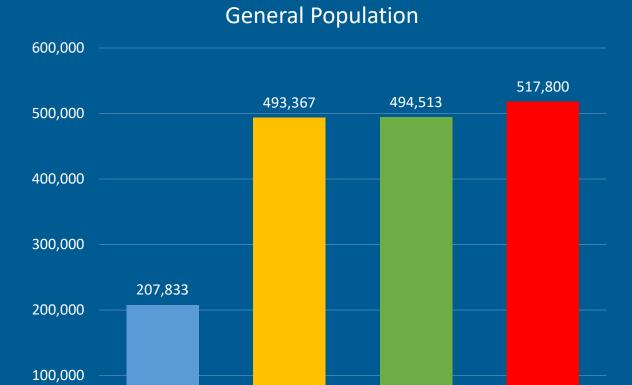
Director

Vaya's Regional Assignments



Regional Boards

Region 1



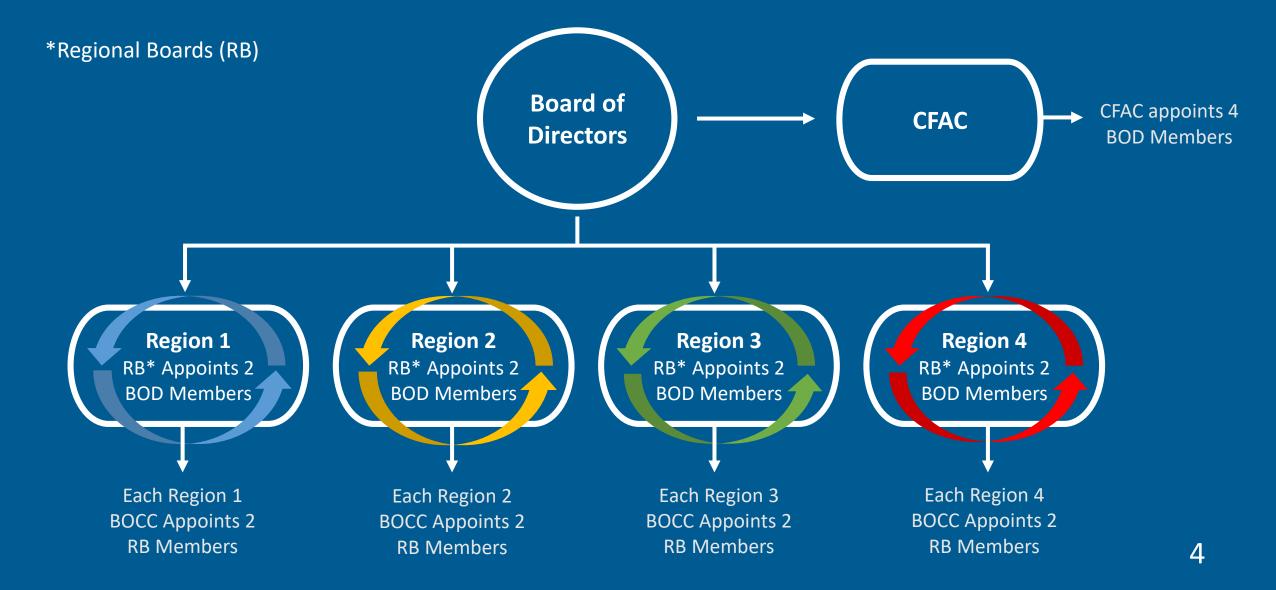
Region 2

Region 3

Region 4

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

Alternative Board Structure



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 1 Membership

	County	Position	Name	
1	Cherokee	Commissioner	Gary Westmoreland	
2	Cherokee	DSS Director	Amanda McGee	
3	Clay	Commissioner	Clay Logan	
4	Clay	County Manager	Debbie Mauney	
5	Graham	Commissioner	Connie Orr	
6	Graham	Commissioner	Dale Wiggins	
7	Haywood	Commissioner	Jennifer Best	
8	Haywood	HHSA Director	Ira Dove (Vice Chair)	
9	Jackson	Commissioner	Brian McMahan	
10	Jackson	County Manager	Don Adams	
11	Macon	Commissioner	Ronnie Beale (Chair)	
12	Macon	DSS Director	Patrick Betancourt	
13	Swain	Commissioner	Kevin Seagle	
14	Swain	County Manager	Kevin King	

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

Consumer and Family Advisory Committee (CFAC)

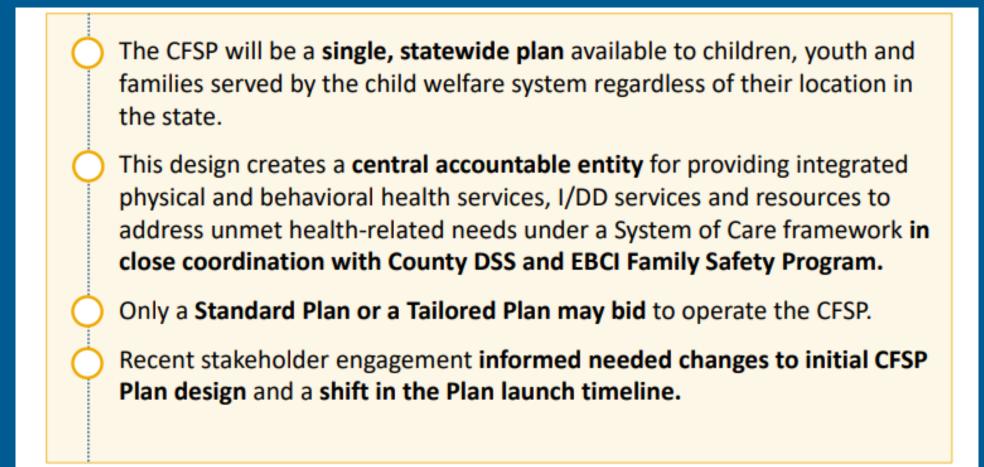
- Vaya Health's Consumer and Family Advisory Committee (CFAC) is a powerful voice that advocates for the interests of local residents, families, and communities.
 - Comprised of members and family members with lived experience with mental health concerns, substance use disorders, intellectual/developmental disabilities or traumatic brain injuries from all counties within Vaya's catchment.
 - Partner with Vaya to identify and address local needs for enhanced services, supports and programs.
 - Visit www.vayahealth.com/cfac for more information.

Vaya Health Tailored Plan

- Vaya Health received a Tailored Plan Award in 2021
- Tailored Plans="Whole person care" approach for individuals who have more complex behavioral health or IDD needs
- Tailored Plans will manage both the physical health needs of the person with behavioral health and or IDD and their specialty care needs
- In process of developing contracts with pharmacy and physical health providers
- Vaya Health will "go live" as a Tailored Plan in December 2022

Child & Family Specialty Plan

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



*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-</u> <u>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 may opt in 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*

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- 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 false 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

How Can You Help?

The CFSP Waiver would require the NC General Assembly to pass enabling legislation, as it cannot be implemented with existing statutes:

- Write a letter, as commissioner, to the Vaya Health Legislative Delegation expressing your concerns.
- Write a letter as a Board of Commission to the Vaya Health Legislative Delegation expressing your concerns.
- Share "Talking Points" and concerns with your sister counties.
- Discuss concerns with your Council of Government Board.
- Reach out to your Regional Community Relations Director with questions or input.

