

The Graham County Board of Commissioners met Tuesday, June 18, 2019 at 5:00 p.m. for their regular workshop session in the Graham County Community Building located at 196 Knight Street Robbinsville, NC. All board was present.

1. Chairman Wiggins called the meeting to order.
2. Chairman Wiggins asks about Shelly Forum. Clerk Crisp stated that she is scheduled for July 16, 2019. Commissioner Orr stated that she attended a meeting with Vaya and would be glad to speak to the board. Chairman Wiggins asks Commissioner Orr to proceed.
3. Commissioner Orr stated that she attended a Vaya meeting on June 12 where DHHS Secretary Mandy Cohen requested that the NCACC develop recommendations for a map for tailored plan regions under NC Medicaid Transformation. The committee was made up of county commissioners and ex-officio matter experts. After several meetings, the committee recommended that the seven current LME/MCO regions remain the same as they are right now through 2025. There was discussion to lower the number to four but that has not been done yet. If the LME/MCO are financially viable, they stay the same. In addition, they may merge but cannot be forced unless they are failing financially or their services are unacceptable. In addition, once the regions were set, moratoriums for counties would be put in place to move to if the LME/MCO was financially viable and their services were acceptable. The partnership includes Alliance Health, Benchmarks NC, Cardinal Innovations, Eastpointe, Sandhills Center, Trillium Health Resources and Vaya Health. The reason for the change is the necessity for stability in the system due to the numerous number of changes in the region. Many believe in the public system and the recommendation is made to preserve and strengthen this public system with local inclusion in the decision-making. Once again, the counties are being able to voice their wishes and desires for the LME/MCO. Once again, the legislation is set for 80% in Urban and 20% in Rural and similarly the funding. The committee recognizes eligible children in the foster systems, parents incarcerated and the public adoption assistance programs needing to be included in the tailored plan or included in a specialized plan to serve their specialized needs. We are grateful for the input from DHHS to be involved in this process and this is a productive way forward.
4. Commissioner Orr gave a statement from the script by DHHS. The Healthy Opportunities Pilots (the Pilots) present an unprecedented opportunity to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety to high-needs Medicaid enrollees. The federal government has authorized up to \$650 million in Medicaid funding for the Pilots over the next five years. Pilots will operate in two to four geographic regions of the state and will be procured through an RFP to be released in mid-2019.
5. The Pilots will operate in two to four geographic areas of the state and, where they are operational; Pre-Paid Health Plans (PHPs) will be able to pay for CMS-approved evidence-based interventions. Many players will have important roles in the successful implementation of a pilot:
  - a. **All Medicaid Pre-Paid Health Plans** serving a Pilot region will be responsible for approving which enrollees qualify for Pilot services (based on State-defined criteria) and which services they qualify to receive. PHPs will work closely with care managers at Tier 3 AMH practices, LHDs and other contracted local care management entities to carry out these responsibilities.
  - b. **Care managers** who work with Medicaid enrollees on their full range of physical, behavioral and non-medical needs will help identify people who would benefit from and qualify for Pilot services, propose services that may benefit the enrollee and manage and coordinate services.
  - c. **Human service organizations**, (HSOs) also known as community-based organizations or social service agencies, will deliver Pilot services to Medicaid enrollees. In recognition that it will be a new experience for human service organizations to receive Medicaid payments for their services, the Pilot design calls for providing them with resources to build the necessary infrastructure and expertise.

- d. **A Lead Pilot Entity** will play a critical role in bridging the gap between health and human service organizations, contracting with PHPs to manage a network of HSOs providing Pilot services. The Department will procure one Lead Pilot Entity for each Pilot region and provide resources to support the establishment of the HSO network.
  - e. **Pilot Qualifying Criteria and Services:**
    - i. Pilot services are intended to be used by Medicaid enrollees who can benefit most from them, to maximize the benefit of limited Pilot funding. Specifically, a Medicaid enrollee must meet at least one State-defined health criteria and at least one State-defined social risk factor.
  - f. **Physical/Behavioral Health Risk Factors (varies by population):**
    - i. Adults (such as two or more chronic conditions).
    - ii. Pregnant women (such as multifetal gestation).
    - iii. Children, age 0-3 (such as a baby that was in a neonatal intensive care unit).
    - iv. Children, age 0-21 (such as experiencing three or adverse childhood experiences).
  - g. **Social Risk Factors:**
    - i. Homeless and/or housing insecure.
    - ii. Food insecure.
    - iii. Lack of transportation.
    - iv. At risk of, witnessing or experiencing interpersonal violence.
  - h. **Pilot Service Fee Schedule**

Pursuant to 1115 Waiver requirements, the Department will develop a first-of-its-kind Medicaid fee schedule that will define and price Pilot interventions, which will address housing instability, food insecurity, transportation insecurity, interpersonal violence and toxic stress. Prior to Pilot launch, the Pilot Service Fee Schedule will be reviewed and approved by the Centers for Medicare & Medicaid Services (CMS). The Commonwealth Fund and Manatt Health are convening an expert advisory panel to offer feedback on this groundbreaking effort. Panel meetings will be held in Raleigh in the spring of 2019 and will be open to the public. The Department encourages stakeholders to attend and weigh in on the materials discussed during panel meetings. Visit the [Advisory Panel webpage](#) for more information.
  - i. **Evaluation**

To ensure accountability for state and federal funding, the Department has developed a preliminary design for rigorously evaluating the Pilots, including rapid cycle assessments and a summative evaluation delivered upon the conclusion of the demonstration. The Department intends to introduce a process, called *sequential multiple assignment randomized trials*, or SMART design, to randomize higher intensity services during the later years of the Pilots to allow for the most reliable evaluation findings.
  - j. The University of North Carolina, Cecil G. Sheps Center for Health Services Research, will conduct comprehensive evaluation of the Pilots. All Pilot participating entities will be expected to support the data collection and reporting efforts needed to support the Department's evaluation efforts. Participating Pilot entities will not need to conduct their own evaluations of the Pilots.
6. Chairman Wiggins thanked Commissioner Orr for the information.
  7. Chairman Wiggins ask for further comment. Karen McCracken stated that she worked for our local radio station and she stated that Robbinsville has always been loyal followers of our sports teams. Ms. McCracken stated that last year our softball team did an impeccable job and she wondered if they would broadcast the games for a broader reach in the community. Ms. McCracken stated that she was informed that the school had banned the press from recording. Chairman Wiggins stated that she would need to contact the Board of Education and agrees that the games needed to be broadcast for the people who cannot make the games. Commissioner Orr asks if she had previously spoken with the Board of Education and Ms. McCracken relied that she did not. Chairman Wiggins stated that in his opinion, this fell under the free speech and you cannot ban free speech. The board asks that Manager Garland contact Chip Carringer, Chairman of the Board of Education and see if they would allow the broadcast of these games. Manager Garland stated that she would get with Attorney Coward and make sure that this is under the Freedom Rights Act. The board also suggested that Ms. McCracken speak with Angela Knight who is the School Superintendent.

8. Chairman Wiggins asks for further comment. Kevin McCracken stated that he works at Wendy's and sees many visitors trying to cross the street and asks if the board could get lighted crosswalks. Mr. McCracken stated that by state law people are supposed to stop at the crosswalks but they do not here in this town. Mr. McCracken stated that we needed to have a state sign that tells the law concerning the crosswalks. Chairman Wiggins stated that the board would speak with the Town on this issue.
9. Chairman Wiggins adjourned the workshop session.

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Dale Wiggins, Chairman, Graham County Board of Commissioners

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Lynn Cody, Vice-Chairman, Graham County Board of Commissioners

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Keith Eller, Member, Graham County Board of Commissioners

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Jacob Nelms, Member, Graham County Board of Commissioners

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Connie Orr, Member, Graham County Board of Commissioners

ATTEST:

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Kim Crisp, Clerk to the Board