Vaya Health

Regional Board

VAYAHEALTH

March 27, 2023

Secretary Kody H. Kinsley
N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2000

Dear Secretary Kinsley:

As Regional Board members for Vaya Health, we recognize that caring for children and youth in foster care is one of the most important functions of government. As such, we applaud your attention to this important matter and look forward to working with you toward solutions to improving care for North Carolina's growing foster care population.

However, we write to once again share our concerns with the NCDHHS's proposed statewide Medicaid Child and Families Specialty Plan (CFSP). The plan is largely the same as the one introduced in 2022, but two major changes make the plan even less worthy of advancement now.

First, Vaya Health and the other five LME/MCOs banded together in May 2022 to address the issue of foster care youth in a collaborative effort they call the N.C. Child and Family Improvement Initiative (NCCFII). The initiative, led directly by LME/MCO CEOs, established measurable objectives to create a system that ensures seamless, timely, and appropriate access to quality behavioral health care for children, youth, and families involved in the child welfare system.

In less than one year, the progress of the NCCFII is remarkable. The LME/MCOs have:

- Implemented care manager co-location in more than half of county DSS offices to facilitate operations, communication, and placements for children and youth in foster care. Co-location is in process for 24 additional counties, and the LME/MCOs have designated DSS liaisons for those counties that have chosen not to have an embedded care manager.
- Implemented statewide, standardized policies and administrative processes to alleviate county DSS and provider agency administrative burden and facilitate access to care for the child welfare population.
- Enhanced network adequacy statewide with open enrollment and standardized in- and out-of-network reimbursement rates to ensure timely and appropriate placement in residential treatment, Psychiatric Residential Treatment Facilities, and crisis service facilities regardless of geographic location or the need for transitions of care in another part of the state.

The LME/MCOs have proven that they can quickly accomplish much to improve the parts of the system that are in their purview.

Second, the LME/MCOs are closer to the launch of Tailored Plan. As you know, NCDHHS years ago acknowledged, the General Assembly concurring, that the best way to ensure healthy outcomes for the state's complex and specialty populations was through a whole-person approach that came to

be called Tailored Plans. Later this year, Medicaid beneficiaries with serious behavioral health needs, intellectual/developmental disabilities (I/DDs), and traumatic brain injuries (TBIs) will have access to an integrated health plan that serves their needs through a public managed care organization (one of the LME/MCOs) that provides access to care for members and budget predictability to the State.

If the best solution for the complex and, in many cases, vulnerable populations mentioned above is in a Tailored Plan operated by an LME/MCO and launching later this year, then why would the state's foster care population be treated any differently?

Why should the state's youth in foster care wait years for NCDHHS to spend a significant amount of taxpayer dollars to: have a waiver approved by the Centers for Medicaid and Medicare Services (CMS), issue a Request for Proposals (RFP), score the proposals and award the contract, deal with lawsuits from those who did not win the contract, and then begin to implement the transition of the population from Medicaid Direct to the new administrator?

From our perspective, having a new administrator for the foster youth population in Medicaid presents other concerns. As a public board, among our chief concerns is the governance voice that communities would lose were a national commercial health plan to win the specialty plan contract. Vaya's four Regional Boards are composed of elected officials, community representatives, and others who represent the interests of those we serve. We also elect voting members to Vaya's Board of Directors. Thus, our communities have a direct say in the organization that, as an area authority, is in its essence a part of local government.

This local voice is important because there is no standard, "one-size-fits-all" approach to specialty care. We want to work with an organization that knows our communities and truly listens to its leaders and citizens. That is what we have with Vaya.

We recognize that improvements to the system for foster care can and should be made, and we ask NCDHHS to work with us and the LME/MCOs to address the upstream and downstream systemic challenges. At the same time, let us build on the solid foundation that counties have built through LME/MCOs—a legacy of stable, personalized care available through dedicated local providers who are deeply rooted in the communities they serve.

Utilizing those established foundations to develop a specialty plan for children and families served by the child welfare system will provide the time and support needed to succeed while retaining the local focus and community voice we hold dear.

Thank you for listening to our concerns.

Sincerely,

Vaya Health Regional Board 1 representing Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain counties