TENTATIVE AGENDA & MEETING NOTICE
BOARD OF COUNTY COMMISSIONERS

TUESDAY, APRIL 5, 2022
5:30 P.M.

WATAUGA COUNTY ADMINISTRATION BUILDING
COMMISSIONERS' BOARD ROOM

TIME	#	TOPIC	PRESENTER	PAGE
5:30	1	CALL REGULAR MEETING TO ORDER		
	2	APPROVAL OF MINUTES: March 15, 2022, Regular Meeting March 15, 2022, Closed Session		1
	3	APPROVAL OF THE APRIL 5, 2022, AGENDA		11
5:35	4	PROPOSED RESOLUTION IN MEMORY OF SHERIFF'S DEPUTY LOGAN FOX AND SERGEANT CHRIS WARD	CHAIRMAN WELCH	13
5:40	5	LETTER TO NC DHHS SECRETARY KINSLEY REQUESTING A DELAY IN THE ISSUANCE OF THE REQUEST FOR PROPOSAL	VICE-CHAIRMAN KENNEDY MR. DUSTIN BURLESON	15
5:45	6	ZIONVILLE BAPTIST CHURCH REQUEST TO USE HUMAN SERVICES PARKING LOT	MR. FREDDY PHIPPS MR. DAVID MILLER MS. LISA TOTHEROW MS. PAM GREER	45
5:50	7	INFORMATION TECHNOLOGIES PROPOSED BACK UP SOLUTION	MR. DREW EGGERS	47
5:55	8	MISCELLANEOUS ADMINISTRATIVE MATTERS	MR. DERON GEOUQUE	
		A. Interlocal Government Agreement Regarding Consolidation of 911 Dispatch Services for Watauga County and the Town of Boone		65
		B. Boards and Commissions		71
		C. Announcements		75
6:00	9	PUBLIC COMMENT		77
7:00	10	BREAK		77
7:05	11	CLOSED SESSION Attorney/Client Matters – G. S. 143-318.11(a)(3) Personnel Matters – G. S. 143-318.11(a)(6)		77
7:30	12	ADJOURN		

AGENDA ITEM 2:

APPROVAL OF MINUTES:

March 15, 2022, Regular Meeting
March 15, 2022, Closed Session

MINUTES

WATAUGA COUNTY BOARD OF COMMISSIONERS
TUESDAY, MARCH 15, 2022

The Watauga County Board of Commissioners held a regular meeting, as scheduled, on Tuesday, March 15, 2022, at 5:30 P.M. in the Commissioners' Board Room located in the Watauga County Administration Building, Boone, North Carolina.

Vice-Chairman Kennedy called the meeting to order at 5:32 P.M. The following were present:

PRESENT:
Billy Kennedy, Vice-Chairman
Carrington Pertalion, Commissioner
Larry Turnbow, Commissioner
Charlie Wallin, Commissioner
Anthony di Santi, County Attorney
Deron Geouque, County Manager
Anita J. Fogle, Clerk to the Board

[Clerk's Note: Chairman Welch was not in attendance due to a prior commitment.]

Commissioner Wallin opened with a prayer and Commissioner Turnbow led the Pledge of Allegiance.

APPROVAL OF MINUTES

Vice-Chairman Kennedy called for additions and/or corrections to the February 17 & 18, special meeting minutes as well as the March 1, 2022, regular meeting and closed session minutes.

Commissioner Pertalion, seconded by Commissioner Turnbow, moved to approve the February 17 & 18, 2022, special meeting minutes as presented.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Commissioner Pertalion, seconded by Commissioner Turnbow, moved to approve the March 1, 2022, regular meeting minutes as presented.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Commissioner Pertalion, seconded by Commissioner Turnbow, moved to approve the March 1, 2022, closed session minutes as presented.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

APPROVAL OF AGENDA

Vice-Chairman Kennedy called for additions and/or corrections to the March 15, 2022, agenda.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to approve the March 15, 2022, agenda as presented.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

[Clerk's Note: Mr. Furman's items were heard first to allow Ms. Blount time to get to the meeting.]

REQUEST FOR FUNDING FROM ECONOMIC DEVELOPMENT CAPITAL RESERVE ACCOUNT

Mr. Joe Furman, Planning and Inspections/EDC Director, stated that the Economic Development Commission (EDC) voted to approve a proposal from WRAL Digital Solutions in the amount of $22,000.00. The EDC recommended the funds be allocated from the Economic Development Capital Reserve account which required approval of the Board of Commissioners. Funds would be used for an online presence with WRAL's Spotlight Hometown Carolina site which received around one million hits a day. Mr. Furman gave details of the agreement which included, over a six-month period, six articles and a video spotlighting economic development in Watauga County as well as two interviews. The bonuses for the County was that staff would be involved in developing the content and the content would be owned by the County. The information shared would be devoted to economic development only as there were other avenues for tourism development already in place. The initiative would be revisited in one year to review the success of the project.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to authorize the $22,000 expenditure to be allocated from the Economic Development Capital Reserve account.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

PROPOSED PARKS AND RECREATION TRUST FUND (PARTF) GRANT APPLICATION FOR MIDDLE FORK GREENWAY

Mr. Joe Furman requested permission to apply for a $500,000 Parks and Recreation Trust Fund (PARTF) grant for construction of a park on the Middle Fork Greenway corridor on Jordan V. Cook Road. The County would be the applicant and the Blue Ridge Conservancy (BRC), would donate the land for the park to the County which would cover the required match. No funds from the County were requested.

Mr. Furman stated that a public meeting, not public hearing, was required as part of the application process and suggested a special meeting be held prior to the April 15, 2022, Board meeting. This meeting would be separate from the regular meeting but held on the same evening.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to schedule a special meeting to discuss the grant application to the Parks and Recreation Trust Fund (PARTF) in the amount of $500,000 on Tuesday, April 19, 2022, at 5:00 P.M.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Commissioner Pertalion, seconded by Commissioner Wallin, moved to authorize Mr. Furman to submit a grant application to the Parks and Recreation Trust Fund (PARTF) in the amount of $500,000.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

NEW RIVER CONSERVANCY PROPOSED LETTER OF INTENT

Ms. Chelsea Blount, New River Conservancy, discussed and shared the potential scope of work for restoration of the portion of Hardin Creek on the Watauga High School County-owned property. Ms. Blount presented a proposed Letter of Intent which would guarantee that at least a 50-foot buffer along Hardin Creek would not be disturbed and the landowner would allow efforts to repair damage to the streambank, stream channel, and floodplain of Hardin Creek. Ms. Blount stated that several access points would also be included in the design.

The County Manager stated that, since the property would one day revert back to the School System, he checked with Dr. Scott Elliott, School Superintendent, who was in agreeance with the Letter of Intent as long as the Sustainability Club at the High School could be involved in the project. Ms. Blount stated that the Conservancy wanted that as well.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to approve the Letter of Intent to grant the 50-foot buffer along Hardin Creek to repair the streambank, stream channel, and floodplain.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

MAINTENANCE MATTERS

A. Proposed Generator Maintenance Service Agreement

Mr. Robert Marsh, Maintenance Director, presented a proposed contract with Cummins Sales and Service for generator maintenance services at the Recreation Center. The proposal was in the amount of $22,706.40 and adequate funds were available to cover the expense.

Commissioner Wallin, seconded by Commissioner Pertalion, moved to accept the proposal from Cummins Sales and Service in the amount of $22,706.40 for generator maintenance.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

B. Proposed Agreement for Roofing Design Services

Mr. Robert Marsh stated that the County had recently received a SCIF grant in the amount of $100,000 to reroof the Hunger and Health Coalition building. The County contacted SKA Architecture as they designed the roofing project for the structure in the late 1980's. SKA submitted a proposal in the amount of $33,900 for design services.

Due to SKA's working knowledge of the project and previous work; staff recommended the Board exempt this project from N.C. General Statute 143-64.31 and select SKA for the final design, bidding, and construction administration as they would be the most qualified for the project. Upon completion of the design, the County would proceed with the bid process provided the Hunger and Health Coalition and County have agreed upon funding for the construction of the proposed project.

County Manager Geouque stated that the County may be able to rollover other SCIF grant funding if the entire amount was not needed for the project for which it was designated.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to exempt the project from N.C. General Statute 143-64.31 and select SKA for the final design, bidding, and construction administration for the Hunger and Health Coalition project in the amount of $33,900.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

C. Proposed Contract for Weekend Parks Facility Cleaning

Mr. Robert Marsh presented a proposal for weekend cleaning/lock-up services for County Parks. The proposal was a five (5) year contract in the amount of $53,376 for 33 weekends for the first two years and the three remaining years would increase by a $1,000 per year. Staff was unable to hire the two part-time Custodian l positions necessary to perform the scope of work as presented in the proposal.

The County solicited bids from IHG and International Support Group (ISG). IHG had contracts with Appalachian State and the hospital for facility maintenance but declined to submit a proposal due to the small scope of work. ISG submitted a proposal in the amount of $53,376 for the first two years for weekend cleaning services from April 1 through November 15. ISG was the current service provider to Scott Kerr Lake and other USDA locations. Mr. Marsh stated that ISG had the

labor force to provide the services and that he would be spot-checking on the quality of work provided.

Commissioner Wallin, seconded by Commissioner Turnbow, moved to authorize staff to complete negotiations and execute the contract with ISG.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

REQUESTED APPOINTMENT OF HOME & COMMUNITY CARE BLOCK GRANT (H&CCBG) ADVISORY AND LEAD AGENCY

Ms. Angie Boitnotte, Project on Aging Director, stated that each year the Board was required to appoint a lead agency and advisory committee to make recommendations on how to best expend the County's allocation from Home and Community Care Block Grant (H&CCBG) funds. H&CCBG funds were established by the Older American's Act and administered by the North Carolina Division of Aging.

The following were recommended for appointment to the H&CCBG committee: Commissioner Pertalion, Zack Greene, Dustin Burleson, Austin Combs, Jennifer Greene, Betsy Richards, Skylar Taracido, Pat Coley, Kat Danner, Linda Marcoux, Mary Moretz, Carolyn Owens, and Dr. Ed Rosenberg. Commissioner Pertalion had already been appointed to the Committee at the December 7, 2021, Board of Commissioners meeting.

Commissioner Pertalion, seconded by Commissioner Turnbow, moved to waive the second reading and appoint Zack Greene, Dustin Burleson, Austin Combs, Jennifer Greene, Betsy Richards, Skylar Taracido, Pat Coley, Kat Danner, Linda Marcoux, Mary Moretz, Carolyn Owens, and Dr. Ed Rosenberg to the Home and Community Care Block Grant Advisory Committee.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Commissioner Pertalion, seconded by Commissioner Turnbow, moved to appoint the Watauga County Project on Aging as the Lead Agency for Home and Community Care Block Grant funds.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

TAX MATTERS

A. Monthly Collections Report

Tax Administrator, Mr. Larry Warren, presented the Tax Collections Report for the month of February 2022. The report was presented for information only and, therefore, no action was required.

B. Refunds and Releases

Mr. Warren stated that there were no refunds and presented the Releases Report for February 2022 for Board approval:

TO BE TYPED IN MINUTE BOOK

Commissioner Wallin, seconded by Commissioner Pertalion, moved to approve the Releases Report for February 2022 as presented.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

MISCELLANEOUS ADMINISTRATIVE MATTERS

A. Proposed Town of Beech Mountain EMS Agreement

County Manager Geouque stated that the Town of Beech Mountain had approved an agreement for a 24/7 ambulance on December 14, 2021. The unit was to be stationed in Beech Mountain but would provide coverage to all portions of Watauga County currently served by Avery County. The County was waiting for Avery County to approve the agreement so the unit could serve the Avery side of the Beech Mountain town limits. To date, Avery County has yet to approve the agreement with Watauga County.

The County Manager stated that the Town of Beech Mountain has requested Watauga County execute the agreement to allow for the placement of the ambulance in the town. Beech Mountain has agreed to pay the County $428,825 which was $69,175 less than the actual cost of $498,000. The reduction was due to the cancellation of the contract with Avery County to cover areas in Watauga. The execution of the contract would provide ambulance services to the portion of the Town of Beech Mountain in Watauga County. The unit would not be able to serve the portion of the Town in Avery until Avery County approved the agreement with Watauga.

Commissioner Turnbow, seconded by Commissioner Pertalion, moved to approve the agreement with the Town of Beech Mountain to pay all costs associated with providing a 24/7 ambulance to be stationed in the town as presented by the County Manager.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

B. Proposed Blue Ridge Energy Utility Easement for Scale House Project

County Manager Geouque presented a utility easement from Blue Ridge Energy which was required for the new scale house project.

Commissioner Wallin, seconded by Commissioner Pertalion, moved to approve the utility easement with Blue Ridge Energy regarding the construction of the new scale house.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

C. Announcements

County Manager Geouque announced the following:

- A four-session series to discuss the safety, accessibility, and affordability of housing in Watauga County would be held in March and April 2022.
- Budget Work Sessions were scheduled for Thursday, May 12, 2022, beginning at 12:00 noon and Friday, May 13, 2022, beginning at 9:00 A.M.

PUBLIC COMMENT

Dr. Charles Ford spoke in regards to "Back Our Blue," a non-partisan organization he and his wife started to offer support and fundraising for local law enforcement agencies. He shared their new campaign, "Burn A Blue Light," which encouraged everyone in the County to burn a blue light on April 28, 2022, which was the one-year anniversary of the deaths of Watauga County Sheriff's Sergeant Christopher David Ward and Deputy Logan Shane Fox while in the line of duty. Dr. Ford stated that New River Building and Watauga Building Supply had both agreed to order blue bulbs to have available for purchase for the event. County Manager Geouque stated that staff had planned to present a resolution at an April meeting to honor the memory of Sergeant Ward and Deputy Fox.

CLOSED SESSION

At 6:35 P.M., Commissioner Turnbow, seconded by Commissioner Pertalion, moved to enter Closed Session to discuss Attorney/Client Matters, per G. S. 143-318.11(a)(3).

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Commissioner Wallin, seconded by Commissioner Pertalion, moved to resume the open meeting at 7:08 P.M.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

ADJOURN

Commissioner Wallin, seconded by Commissioner Pertalion, moved to adjourn the meeting at 7:08 P.M.

VOTE: Aye-4(Kennedy, Pertalion, Turnbow, Wallin)
Nay-0
Absent-1(Welch)

Billy Kennedy, Vice-Chairman

ATTEST:
Anita J. Fogle, Clerk to the Board

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AGENDA ITEM 3:

APPROVAL OF THE APRIL 5, 2022, AGENDA

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AGENDA ITEM 4:

PROPOSED RESOLUTION IN MEMORY OF SHERIFF'S DEPUTY LOGAN FOX AND SERGEANT CHRIS WARD

MANAGER'S COMMENTS:

Chairman Welch will present a resolution in memory of Deputy Sheriff Logan Fox and Sergeant Chris Ward and request citizens, businesses, nonprofits, and state and local governments observe a moment of remembrance on April 28, 2022.

Board action is requested to approve the resolution.

STATE OF NORTH CAROLINA

COUNTY OF WATAUGA

RESOLUTION IN MEMORY OF
SHERIFF DEPUTY LOGAN FOX AND SERGEANT CHRIS WARD
KILLED IN THE LINE OF DUTY
APRIL 28, 2021

WHEREAS, on the day of April 28, 2021 Deputy Sheriff Logan Fox and Sergeant Chris Ward gave their lives in the service of the citizens of Watauga County; and

WHEREAS, law enforcement officers throughout Watauga County risk their own lives to protect the lives of others; and

WHEREAS, law enforcement officers of Watauga County conduct themselves in a manner that supports, maintains, and defends the Constitution of the United States and the Constitution of the State of North Carolina; and

WHEREAS, the family members and friends of Deputy Sheriff Logan Fox and Sergeant Chris Ward, bear the most immediate and profound burden of the absence of their loved ones; and

WHEREAS, April 28, 2022 will mark the one-year anniversary of this tragic day; the thoughts and prayers of the citizens of Watauga County are with the families and friends of Deputy Sheriff Logan Fox and Sergeant Chris Ward.

NOW, THEREFORE, BE IT RESOLVED THAT THE WATAUGA COUNTY BOARD OF COMMISSIONERS stands in solidarity with the citizens of Watauga County as they celebrate the lives and mourn the loss of remarkable and selfless heroes who represented the best of their community and whose memory will serve as an inspiration for future generations; and

NOW, THEREFORE, BE IT FURTHER RESOLVED THAT THE WATAUGA COUNTY BOARD OF COMMISSIONERS:

1. Designate April as the Month of Remembrance for Watauga County's Fallen Law Enforcement Officers.
2. Requests all flags to be flown at half-staff on April 28, 2022.
2. Calls upon all of the citizens, businesses, nonprofits, and state and local governments in Watauga County to illuminate a blue light on April 28, 2022.
3. Encourages the observance of the moment of remembrance to last for 1-minute beginning at 12:00 PM Eastern Daylight Time on April 28, 2022.

ADOPTED this the 5th day of April, 2022.

____
John Welch, Chairman
Watauga County Board of Commissioners

ATTEST:

____
Anita J. Fogle, Clerk to the Board

AGENDA ITEM 5:

LETTER TO NC DHHS SECRETARY KINSLEY REQUESTING A DELAY IN THE ISSUANCE OF THE REQUEST FOR PROPOSAL

MANAGER'S COMMENTS:

Vice-Chairman Kennedy will discuss a proposed letter to send to N.C. Department of Health and Human Services Secretary Kody Kinsley requesting delaying issuance of the CFSP Request for proposal.

Board action will be requested in sending the letter to Secretary Kody Kinsley.

County of Watauga

Administration Building, Suite 205 ● 814 West King Street ● Boone, North Carolina 28607

BOARD OF COMMISSIONERS

John Welch, Chairman
Billy Kennedy, Vice-Chairman
Carrington Pertalion
Larry Turnbow
Charlie Wallin

Telephone 828-265-8000
TDD 1-800-735-2962
Voice 1-800-735-8262

COUNTY MANAGER
Deron T. Geouque

COUNTY ATTORNEY
Anthony di Santi

April 5, 2022

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

Dear Secretary Kinsley:

As a commissioner in Watauga County, the well-being of the children and families who reside there matters deeply to me. It matters to the Department of Social Services staff who work tirelessly to help bring strength and stability to families. It matters to the people at Vaya Health, our LME/MCO, who collaborate with providers, stakeholders, and state and local agencies to continue to improve and expand access to much-needed services and supports close to home. And I believe it matters to you and the dedicated individuals you lead at the Department of Health and Human Services who seek to improve the health, safety, and well-being of all North Carolinians.

The intense scrutiny North Carolina's public behavioral health and child welfare systems have faced in recent years is understandable. Children and families served by those systems have a right to quality care, but there is no standard, "one-size-fits-all" approach. The systems are not perfect, yet Vaya's collaborative efforts have built a solid foundation of stable, personalized, community-based care, with dedicated local providers who are deeply rooted in the communities they serve.

As proposed, the CFSP does not leverage the existing strengths of the LME/MCO system, or the resources already invested by the State of North Carolina into the Behavioral Health and I/DD Tailored Plan model. Vaya Health and other LME/MCOs have already been at work over the last several years on several of the initiatives outlined in the Child Welfare and Family Well-being Transformation Team's action plan and will carry that work into their Behavioral Health and I/DD Tailored Plan efforts. Recently, Vaya's Chief Population Health Officer, Rhonda Cox, was instrumental in helping to shape Transforming Child Welfare and Family Together: A Coordinated Action Plan for Better Outcomes, bringing her decades of experience with creating local solutions to the effort. Establishing an additional, separate statewide health plan to carry out those initiatives for a population currently receiving many of the same services through existing NC Medicaid plans is not in the best interest of children and families and creates an increased risk for service and system fragmentation, as well as staffing shortages—especially in the rural parts

of the state where staffing is already a challenge. A better idea is to implement the action plan by building on what the LME/MCOs have done.

Just as one turns to a trusted contractor when building a house, our communities rely on local agencies and organizations to help build well-being. In North Carolina, these agencies and organizations make up our state's public health system. Although under renovation through Medicaid Transformation, our system has a strong foundation with Vaya Health—one built to offer stability and well-being to the children and families it serves. This kind of care will continue through regional Behavioral Health and I/DD Tailored Plans when they launch in December and building upon those established foundations will provide the time and support needed to succeed for our children.

Therefore, I ask that NCDHHS delay issuance of the CFSP Request for Proposal as described in the Feb. 18, 2022 Policy Paper, and instead consider a model that allows for regional plans aligned with the existing LME/MCO regions.

Sincerely,

____
John Welch, Chairman
Board of Commissioners

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Billy Kennedy, Vice-Chairman
Board of Commissioners

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Carrington Pertalion, Commissioner
Board of Commissioners

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Larry Turnbow, Commissioner
Board of Commissioners

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Charlie Wallin, Commissioner
Board of Commissioners

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Tom Hughes, Director
Department of Social Services

DocuSign Envelope ID: 6E8C5C03-5A2A-4B6A-8AD3-15779F4777B5

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.

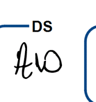
Our initial concerns are as follows:

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
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Rob Robinson, CEO, Alliance Health

DocuSigned by:
Sarah Stroud
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Sarah Stroud, CEO, Eastpointe

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Rhett Melton
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Rhett Melton, CEO, Partners Behavioral Health Management

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Anthony Ward
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Victoria Whitt, CEO, Sandhills Center

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Joy Futrell
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Joy Futrell, CEO, Trillium Health Resources

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Brian Ingraham
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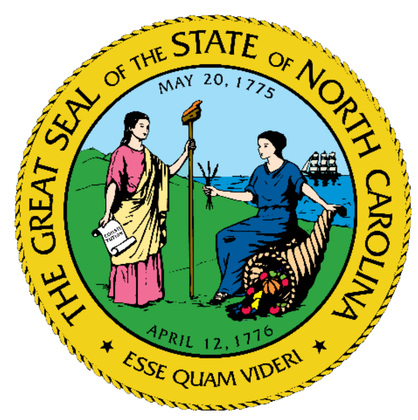
Brian Ingraham, CEO, Vaya Health

CC: Medicaid.NCEngagement@dhhs.nc.gov



NC Medicaid Managed Care
Policy Paper

Update on North Carolina's Children and Families Specialty Plan

North Carolina Department of
Health and Human Services

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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.

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[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

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[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.

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[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.

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[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.

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[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.

<table>
<tr><th>BH, I/DD, and TBI Services Covered by Standard Plans, Tailored Plans, and the CFSP</th><th>BH, I/DD and TBI Services Covered by Tailored Plans and the CFSP</th><th>BH, I/DD and TBI Services Covered <u>Exclusively</u> by Tailored Plans (or LME/MCOs Prior To Launch)</th></tr>
<tr><td colspan="3">Enhanced BH services are italicized</td></tr>
<tr><td>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</td><td>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)</td><td>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</td></tr>
</table>

[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 <u>Exclusively</u> 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)*	

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CHILDREN AND FAMILIES SPECIALTY PLAN TALKING POINTS

Rev. 03.2.22

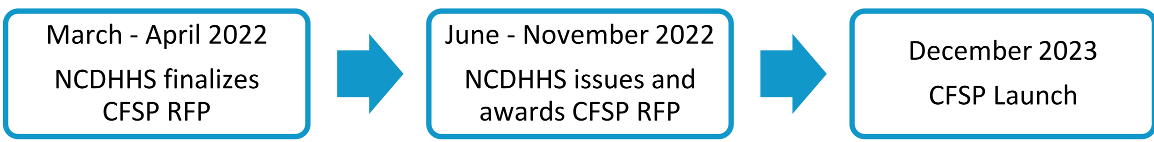
Using Talking Points:

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.

AGENDA ITEM 6:

ZIONVILLE BAPTIST CHURCH REQUEST TO USE HUMAN SERVICES PARKING LOT

MANAGER'S COMMENTS:

Pam Greer, on behalf of Zionville Baptist Church, a non-profit organization, is requesting use of the parking lots of both the Social Services and Health Department on Saturday July 30th from 7:00 am to 8:00 pm. The purpose of the request is to host a fundraiser for Safe Harbor. They will provide all trashcans, caution cones, and porta-jons.

Board action is required to grant the request.

Zionville Baptist Church

To: Deron Geouque, County Manager
From: Pam Greer, Zionville Baptist Church
Re: Fundraising Event

Pam Greer, on behalf of Zionville Baptist Church, a non-profit organization, is requesting use of the parking lots of both the Social Services and Health Department on Saturday July 30th from 7:00 am to 8:00 pm.

This is to host a fundraising event for Safe Harbor. No inside access needed unless there are no electrical outlets outside the building. We will be providing all trashcans, caution cones, and porta-jons.

In the license agreement, please outline any restrictions related to location and use of bounce houses as well as any other restrictions we may need to be aware of.

Pastor: Dr. Gregory Shane Gunter
gsjrgunter2004@gmail.com
828-467-4862

8174 Old US Highway 421
Zionville, NC 28698

AGENDA ITEM 7:

INFORMATION TECHNOLOGIES PROPOSED BACK UP SOLUTION

MANAGER'S COMMENTS:

Mr. Drew Eggers, IT Director, will request the Board approve the purchase of a new backup system for the County's computer system. The attached quote is for a complete backup solution to protect the County's data. Total cost for this solution is $76,608.50 which can be paid for out of available ARPA funds.

Board action is required to approve the Rubrik backup system in the amount of $76,608.50 with funds to come from existing ARPA funds.

WATAUGA COUNTY Information Technologies

Courthouse, Suite 4 • 842 West King Street • Boone, North Carolina 28607 • Phone (828) 265-8015
FAX (828) 265-8076
TDD 1-800-735-2962
Voice 1-800-735-8262

MEMORANDUM

TO: Watauga County Board of Commissioners
Deron Geouque, County Manager

FROM: Drew Eggers, Information Technologies Director

SUBJECT: Rubrik Backup Solution

DATE: March 25, 2022

Especially with ransomware concerns becoming a bigger and bigger issue, we need to modernize our backup strategies. The attached quote is for a complete backup solution to protect Watauga County's data. Currently, we backup our data via a combination of scripts, scheduled tasks, imaging software, and writing to tape. This is a lengthy process that has several potential points of failure.

Our backup images run all night and our tapes run for most of the work day. We are reaching a point that these backup windows will overlap – putting our data at risk. We also cannot easily restore data during the day as we have to wait for tapes to finish before we can load old tapes.

The Rubrik solution proposed has many benefits over what we are currently doing. We'll be less vulnerable to ransomware as the backups will be logically air gapped. We'll have the ability to restore lost files much faster or spin up copies of servers quickly. We'll end our reliance on tape – moving to more modern technology. Archive data will also be uploaded to the cloud – giving us protections against local natural disasters.

Total cost for this solution is **$76,608.50** which can be paid for out of available ARPA funds.

Thank you for your consideration of this request.

PO Box 1443, Hickory, NC 28603
t. 828-267-6450 f. 866-390-1406

QUOTE

Number KNGQ13072

Date Mar 4, 2022

Sold To	Ship To
Watauga County Government Andrew Eggers 842 W. King St. Boone, NC 28607 United States	**Watauga County Government** Andrew Eggers 842 W. King St. Boone, NC 28607 United States

Account Manager	PO Number	Ship Via	Terms
Kaki Kleisch		Ground	NET 10

Line	Description	Qty	Unit Price	Ext. Price
	Rubrik R6404S Appliance with Basic Support - 3yr Payment			
1	R6404S Appliance 4Node 48TB Raw	1	$20,011.73	$20,011.73
2	Rubrik Complete License Edition Pro for R6404	1	$39,996.00	$39,996.00
3	Basic Support M-F 8AM-8PM	1	$5,403.17	$5,403.17
4	Fiber Optic Cable 3M	2	$100.00	$200.00
5	10g/1g Dual Rate Sfp + Transceivcpnt	2	$690.00	$1,380.00
	Rubrik Cloud Vault - 1yr Payment			
6	Rubrik Cloud Vault - Backup Lics Tier Per Betb Basic Sup Prepay	20	$180.88	$3,617.60
	Rubrik Setup & Onboarding			
7	Rubrik Professional Services Installation & Configuration	1	$6,000.00	$6,000.00
	SubTotal			**$76,608.50**

SubTotal	$76,608.50
Tax	$5,171.07
Total	**$81,779.57**

Plus shipping. Actual shipping amount will be reflected on your invoice.

FOB: **Ship Point**

TERMS: **NET 10**

QUOTATION VALID FOR 30 DAYS

CUSTOMER IN AGREEMENT WITH QUOTE
Please Print Name & Title Below

Authorized Signature

Date

BY SIGNING ABOVE THE CLIENT IS IN AGREEMENT WITH THE WORK TO BE PERFORMED AS OUTLINED ABOVE. ANY CHANGES TO THE WORK WILL REQUIRE A CHANGE ORDER AND MAY RESULT IN ADDITIONAL COST. ALL STANDARD KATALYST TERMS AND CONDITIONS APPLY. THE ENCLOSED MATERIAL AND INFORMATION IS PROPRIETARY TO AND COPYRIGHTED BY KATALYST. THIS DOCUMENT MAY NOT BE USED IN ANY MANNER OTHER THAN FOR THE PURPOSE IT WAS DISTRIBUTED. ANY UNAUTHORIZED USE, REPRODUCTION OR RETRANSMISSION IN ANY FROM WITHOUT THE EXPRESSED WRITTEN CONSENT OF KATALYST IS STRICTLY FORBIDDEN. THE ENCLOSED MATERIAL AND INFORMATION IS PROPRIETARY TO AND COPYRIGHTED

Rubrik Sizing Deck

Watauga County

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- Why Rubrik?
- Sizing Details (Production Site)
- Logical Topology
- Questions? Answers!

Why Buy Anything

Current State Pain:

Current solution is a legacy approach to data security, does not meet crucial cybersecurity needs of modern threats, with untenable RTOs.

Consequences:

- Vulnerable to ransomware
- No insights into the data to see what would have been compromised
- Slower recovery
- Larger attack surface

Why

Future State Resolution:

Rubrik is a simple, scalable, cost-effective data protection solution built with lowest attack surface in data center, ensuring recovery from ransomware or natural disaster.

Capabilities:

- Immutable file system
- Logically air gapped file system so Rubrik storage is undetectable on network
- Onboard TOTP and integration with MFA
- No shell access to underlying operating system
- Uses monotonic clock to reduce susceptibility to NTP poisoning
- Per-file visibility into any files that are part of a ransomware attack with granular file restore or entire VM restoration
- Fast recovery of entire VM data set on Rubrik appliance using Live Mount technology

Why Now

Positive Business Outcomes:

Risk mitigation to protect against data loss, reputation loss and paying ransom during ransomware attack as well as lowering complexity and decreasing recovery times.

Immediate Impact:

- Harden backup data against ransomware threat
- Improved RTOs with well defined RPOs
- Increase ability of cloud adoption for data archival with multi-cloud flexibility
- Preserve reputation by reducing business application downtime due to external or internal threats
- Simplify approach to data recovery
- No more tapes!

Rubrik vs "Competition"

- Protects the business by focusing on protecting the data
- Native immutable file system
- No direct file system access
- End to end encryption, including inter-node communications, by default
- Data is **NOT** stored in native formats
- SaaS-based AI/ML encryption detection to identify anomalies in backup data
- Logically air gapped storage undetectable on network
- Zero trust framework to ensure lowest attack surface in data center
- Does not rely on NTP for Retention Policies to protect against NTP poisoning
- Retention Lock on SLAs is support driven with no ability for single admin to side-step two- person consensus
- Unlimited scalability due to web-scale architecture
- Per-file visibility into what was attacked with a simple "point, click, go" method of file, folder or orchestrate the entire data set recovery
- CRC data is generated and stored for future validation on the cluster and archive to improve data accuracy
- Ability to restore files, folders or entire data set from snapshot locally or stored in archival repository **without** need to rehydrate entire data set
- API first architecture for a myriad of integration use cases
- **Ransomware Recovery Team** is included and integrated into Rubrik support

- Must rehydrate entire data set from archival repository for file or folder restoration
- Lack of native data immutability
- M365 protection lacks in performance and simplicity; not fully integrated into solution
- No ability to detect, threat-hunt or remediate files encrypted by ransomware on a per-file basis, or entire VM data set
- No CRC data validation available; data accuracy is questionable
- Retention Lock feature is missing, so any admin with appropriate privileges could cause data loss
- Air-gap requires separate physical infrastructure
- Legacy NDMP approach to protecting NAS or unstructured data leads to slow backup and recovery; unable to shard large NAS data sets into smaller segments
- Susceptible to NTP poisoning attacks to negate retention policies and prematurely age out data
- Overly complex and consumes additional infrastructure
- Bolt on integrations which require several different components to manage
- Unpredictable RPO/RTO
- Limited scale-out ability
- Security concerns if platform requires Windows or MS SQL

Zero Trust Data Security

- Retention Lock
- Secure Local Users with TOTP
- Secure AD Logins with MFA & RBAC
- End-to-End Encryption
- No 3rd Party Apps
- Immutable File System

Vendor Patched & No Shell Access

End-to-End Encryption

- All data encrypted in-flight using TLS 1.2 SHA-512 hash
- All data encrypted at-rest to FIPS 140-2 Level 2 RSA 2048-bit key
- Key mgmt using TPM or KMIP for key rotation
- No internal NFS/SMB, no ability to spoof, intercept or read from network

Secure AD User/Group Logins & RBAC

- Integrate into RSASecurID, Duo, anything SAML2.0 compliant
- Multi-factor on all AD integrated logins, alerts/syslog for failed logins
- RBAC, read-only admins, least privilege access & API tokens

Secure Local Admin Logins

- Built-in TOTP (Time-based One-Time Password)
- Secure local accounts in minutes any Android/IOS device
- Removes backdoor of local account access, also applies to SSH
- Required account for recovery in event of attack (AD compromised

Retention Lock (support driven process)

- Prohibits backup admin from expiring backups prematurely
- No removal of replication, archiving, re-assign, shorten of retention
- Prohibits all node/cluster resets & NTP poisoning/drift (monotonic clock)
- Cohasset validated - SEC 17a-4(f) & FINRA 4511(c) compliant

Logical Air Gap + Immutable + Encryption + Secured Logins + Retention Lock + NTP Protection
= Impenetrable From Ransomware Attacker

Sizing Details: Watauga County

Sizing and Assumptions - Production

Sizing Capacities by Data Type (TB)

	Compressible Data	Non-compressible Data
VMWare VMs	5 TB	1.5 TB
SQL	1 TB	0.75 TB
Files	0.75 TB	2 TB
Total Storage to be backed up	**6.75 TB**	**4.25 TB**

Sizing Assumptions

Workload	*Daily Change Rate*	*Retention on Brik*	*AGR*
VMWare VMs	2.0%	30Day/4Wk/1Mo	20%
SQL	6.0%	30Day/4Wk/1Mo	20%
Files	2.0%	30Day/4Wk/1Mo	20%

Assumptions Details

1. Total Local Retention period is **32 days on Rubrik for all backups. Instant Archive is not configured; Daily snapshots will not be uploaded to archive repository and only remain local to the Rubrik Appliance.**
2. Sizing based on information provided via RVTools, questionnaire and discussions.
3. TB Totals are backend numbers and account for actual used space.
4. Assumed Non-Compressible data is an ***estimate* and customer validated.**
5. 10GbE connectivity available for local network fabric **via TwinAx (Partner or client provided).**
6. Using industry daily change rates of 2.0% except where SQL, then utilizing 6.0% daily change rate.
7. Assuming **20% of data set is non-compressible, except where Files, assumption is 80% considered non-compressible.**
8. No NAS data reported.
9. Non-MS SQL databases will be captured as part of VM snapshot.
10. All MS SQL DBs are using Full recovery mode.
11. Rubrik CDM does not support backup and restore of databases that have non-ASCII characters in their names.
12. MS SQL will use the RBS Connector to allow for log protection and full recovery mode.
13. MS SQL T-log retention configured as **7 days with Log Backup frequency set to every 15 minutes.**

This sizing *estimate* is based on data provided by Watauga County and constitutes an ***estimate only***. Actual capacity may vary depending on changes in the scope of protected systems, daily change rate, yearly growth rate, frequency, retention, and unidentified compressed or deduplicated data.

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Sizing Assumptions and Requirements

Global Reserve Space Requirement (in %)

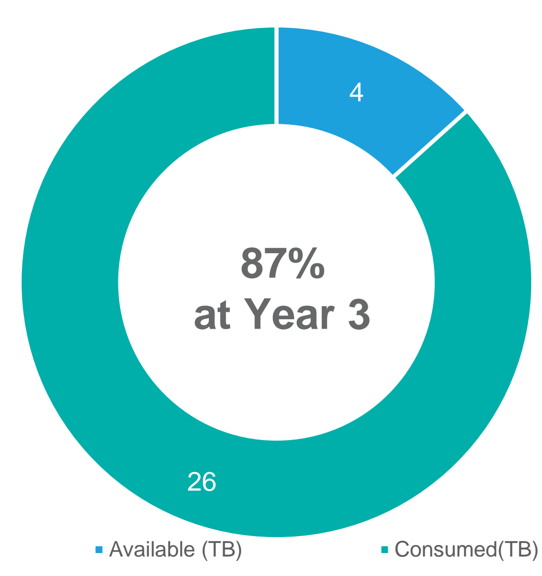
10

Dataset	Usable Capacity Required (TB)	Reserve Capacity (TB)	Total Capacity Required (TB)	Seeding Bandwidth (Gb/s)	Incremental Bandwidth (Gb/s)
VM	7.36	0.82	8.18	-	-
SQL	2.92	0.32	3.25	0.15	0.03
Filesets	3.2	0.36	3.56	0.33	0.01
Total	13.48	1.5	14.99	0.48	0.04

Yearly Growth Rate (in %)

20

Required Capacity	Year0	Year1	Year2	Year3	Year4	Year5
Usable Capacity Required	13.48	16.18	19.41	23.3	27.95	33.55
Reserve Space	1.5	1.8	2.16	2.59	3.11	3.73
Total Capacity Required	14.98	17.98	21.57	25.89	31.06	37.28



Application consistency for Windows VMs requires the Rubrik backup service running in the guest-OS and is supported on Windows 2008R2, 2012, 2012R2, 2016 and 2019 64-bit versions only.

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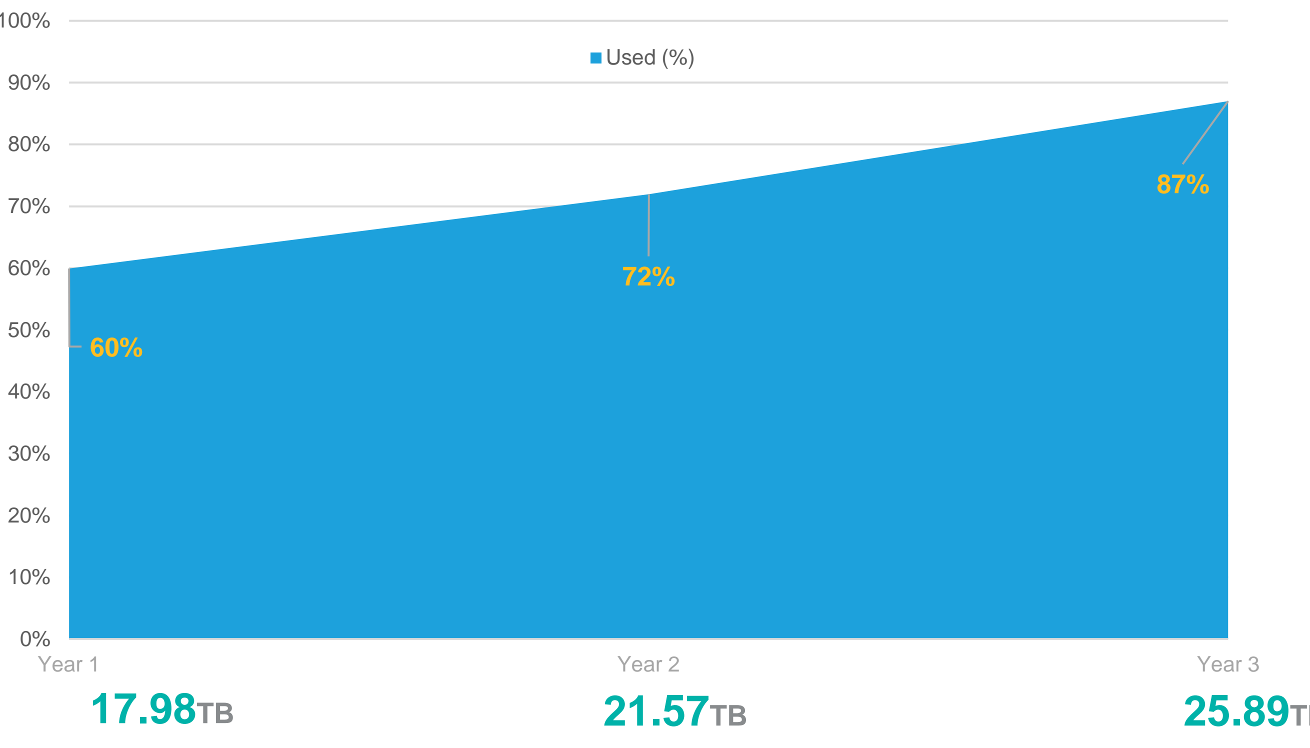
Sizing Details: 3 Year Growth



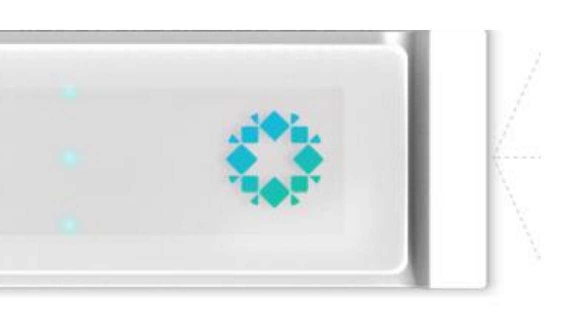
17.98TB **21.57TB** **25.89TB**

26 TB

Rubrik Capacity Required @ 3 years

Note: This sizing estimate is based on data provided by Watauga County and constitutes an estimate only. Actual capacity may vary depending on changes in scope, daily change rate, yearly growth rate, and unidentified compressed or deduplicated data.

Sizing Details: Production Site



1 x R6404s

- 48 TB Raw + 1.6 TB SSD + 40 Cores
- 30 TB Usable
- 30,000 R/W IOPS (50/50, 4KB Block Size)
- 8 x 10Gbps (Data) + 4 x 1Gbps (IPMI)

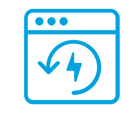
30 TB

Total Usable Capacity

32 DAYS

Local Retention

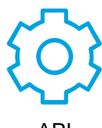
Immutability


Instant Recovery

Encryption

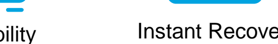
Multi-Cloud

Report


API

Professional Service Included

Ransomware Recovery



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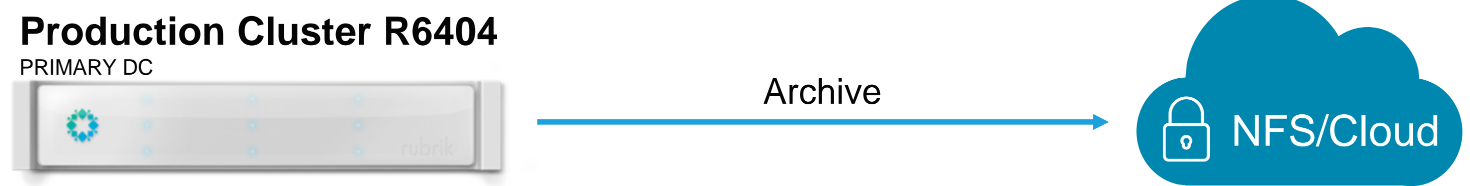
Sizing Details: Logical Topology

Logical Topology



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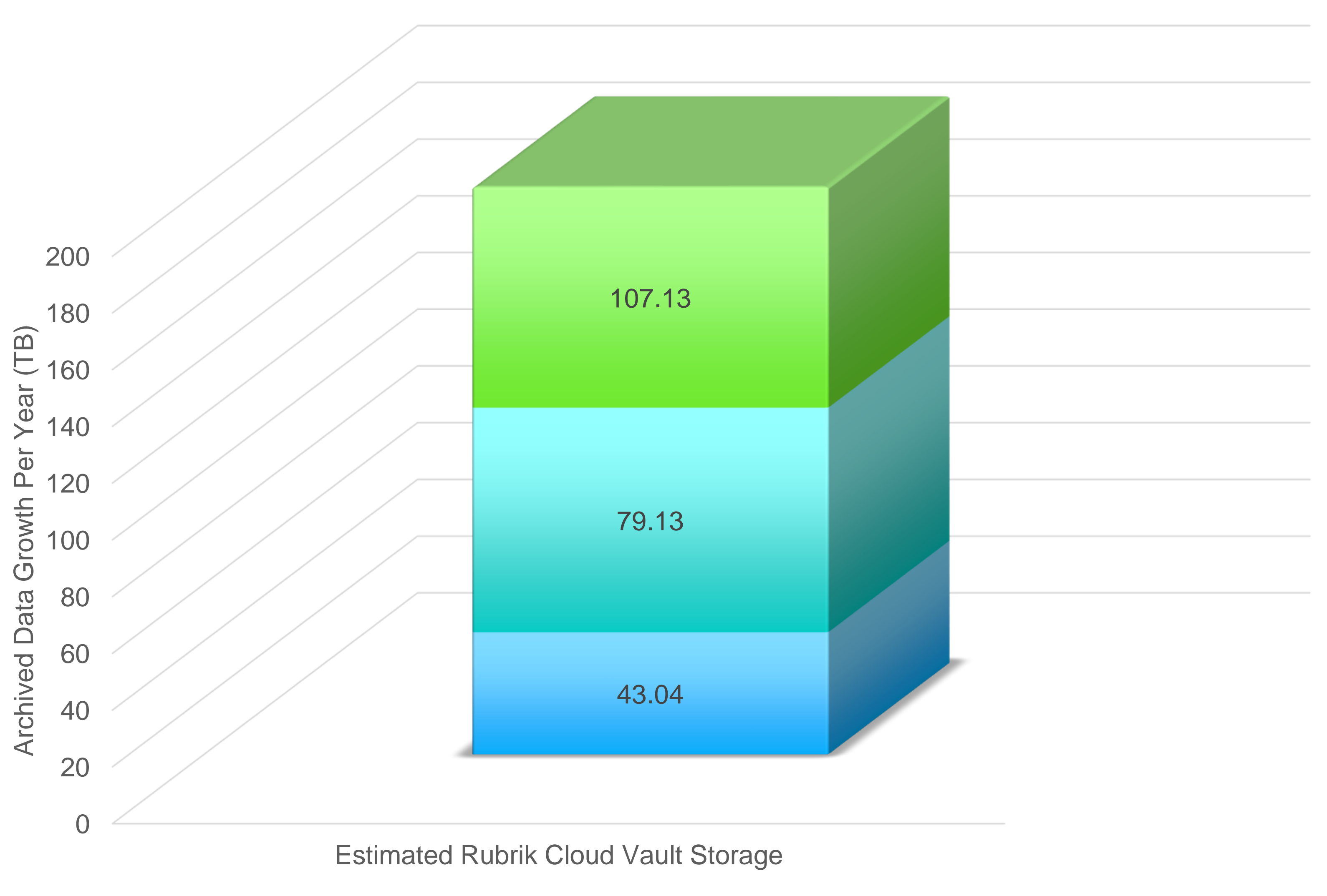
Rubrik Cloud Vault Backup Tier



Notes and Assumptions
SLA is not utilizing Instant Archive
Daily snapshots are not uploaded to the cloud repository and held locally on Rubrik for 30 days
Weekly snapshots are retained for 31 days, Monthly snapshots are retained for 396 days and Yearly snapshots are retained for 3 years – in the cloud repository.
Rubrik Cloud Vault Backup Tier (Azure Cool) selected as ideal target; Quick recovery from cloud repository
If Weekly backups are not uploaded to cloud repository, Rubrik Cloud Vault Archive Tier (Azure Archive) is available but recovery from Archive Tier is slower.

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Don’t Backup.
Go Forward.

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AGENDA ITEM 8:

MISCELLANEOUS ADMINISTRATIVE MATTERS

A. Interlocal Government Agreement Regarding Consolidation of 911 Dispatch Services for Watauga County and the Town of Boone

MANAGER'S COMMENTS:

County staff has worked with Town of Boone staff to develop a plan to consolidate 911 dispatch services. The County has agreed to take over the Town of Boone 911 dispatch services in the amount of $415,940 annually and adjusted by the CPI index as detailed. The Town of Boone will transfer six full-time telecommunicator positions to the County. The employees will be County employees and eligible for all County benefits. The effective date of the agreement is May 1, 2022. The Town of Boone has already approved the agreement.

Board action is required to approve the agreement for the County to assume 911 consolidated dispatch with the Town of Boone.

STATE OF NORTH CAROLINA

WATAUGA COUNTY

INTERLOCAL GOVERNMENTAL AGREEMENT REGARDING CONSOLIDATION OF 9-1-1 DISPATCH SERVICES FOR WATAUGA COUNTY AND THE TOWN OF BOONE

THIS AGREEMENT is made and entered into this 1st day of May, 2022, by and between WATAUGA COUNTY, (hereinafter referred to as "COUNTY") and the TOWN OF BOONE, (hereinafter referred to as "TOWN") for the purpose of consolidating 9-1-1 dispatch services.

WITNESSETH:

WHEREAS, Watauga County and the Town of Boone are political subdivisions of the State of North Carolina, both having the power and authority to enter into this agreement with the signatories hereto having been authorized to execute this document on behalf of the Watauga County Board of Commissioners and the Boone Town Council; and

WHEREAS, the jurisdictions and residents of Watauga County would benefit in terms of life, safety and efficiency of service from a consolidated 9-1-1 Public Safety Answering Point (PSAP) providing services to the County and the municipalities and fire protection departments within the County; and

WHEREAS, the undersigned governmental jurisdictions wish to agree to the establishment and maintenance of a consolidated PSAP, to be hereinafter known as "Watauga County Communications"; and

WHEREAS, the establishment of such PSAP will provide improved police, fire, and emergency medical service communications within the boundaries of the participating jurisdictions, together with such other jurisdictions as may hereafter contract with the undersigned for 9-1-1 dispatch services; and

WHEREAS, the COUNTY is willing to provide police, fire, and emergency medical service communications with the combined dispatching operations to be located at the Watauga County Communications Center, which will serve as the central location for citizens to make and receive calls for public safety needs, subject to the execution of this Agreement.

NOW, THEREFORE in consideration of the mutual terms, covenants and conditions set forth herein, it is hereby agreed and covenanted among the undersigned as follows:

1. The effective date of this agreement and contract shall be 12:01 AM on May 1, 2022, and the agreement shall continue in effect until terminated by the consent of the undersigned parties, subject to the termination processes and procedures noted herein.

2. The COUNTY agrees to assume all operational responsibility for emergency services dispatch for the Town of Boone beginning May 1, 2022.

3. The COUNTY and TOWN mutually agree that the combined dispatching operations will be managed by the COUNTY. The County and Town will hold regular coordination meetings, at a minimum quarterly, in order to communicate feedback, and review overall service.

4. The COUNTY and TOWN agree that the Town of Boone Police Department communications services will be consolidated into and assumed by the Watauga County Communications Center and, in connection therewith, six full-time Boone PD telecommunicator positions will be transferred to and become County employees, all as set forth herein. The transfer of these six positions reflects the COUNTY assuming all E-911, other emergency calls, time sensitive calls, automated alarms, etc. and the TOWN will make reasonable efforts to filter administrative calls.

5. Transferred dispatchers becoming County employees hereunder will be subject to the provisions of the Watauga County Personnel Ordinance and the County's administrative policies, as well as all future amendments thereto, effective on the date of the transfer to the County. In addition, such employees will be entitled to all County benefits afforded to regular County employees.

6. The TOWN shall pay the COUNTY, as compensation for the dispatch services, the amount of $415,940 annually for the services described herein. Said compensation amount shall be subject to adjustment annually at the base rate referenced above plus the rate of the annual Consumer Price Index increase as published by the United States Department of Labor for South Urban Size B/C for the period ending December 31, not to exceed 5% annually. Prior to May 1 of each year that this Agreement is in effect, the County Manager shall notify the Town Manager of the projected compensation cost associated with this Agreement. The TOWN shall include such amount in its annual budget for the fiscal year commencing on July 1. The COUNTY shall invoice the TOWN quarterly, with payments due September 30, December 31, March 31, and June 30.

7. In lieu of the pro rata payment for services for the month of May and June 2022; the TOWN shall:
    a. Transfer equipment listed in Appendix A used in the operation of the Boone PD PSAP to the COUNTY. Once transferred, the COUNTY shall continue to house the equipment in the Boone PD facility as a back-up facility pending construction of the new Primary PSAP. In the event that the TOWN should receive a favorable offer for the 1500 Blowing Rock Road property the TOWN will notify COUNTY of the pending sale and allow a minimum of 90 days for relocation of equipment used for backup facility.
    b. Agree to waive permit, system development fees, and tap fees for water and sewer to the Emergency Services facility to be constructed by the COUNTY at 673 Brookshire Road. The COUNTY shall be responsible for usage of water and sewer once the facility is occupied and any alterations occurring after initial occupancy.

8. The COUNTY agrees to maintain a staffing level that incorporates the six positions referenced in this agreement in addition to COUNTY communications staff. The COUNTY will train all dispatchers to handle fire, emergency medical service, rescue squad, emergency management and law enforcement calls and to require all dispatchers to obtain, in a timely manner, any certifications necessary to allow said personnel to handle all emergency services calls.

9. Additional jurisdictions may become participants by written addendum to this Agreement, with the approval of the COUNTY.

10. This agreement is subject to, and shall be construed in accordance with, the laws of North Carolina and has been duly approved by both the TOWN and the COUNTY.

11. In the event that any party desires to terminate this Agreement, said party must give 24 months' advance written notice to the other party, and the withdrawal shall take effect only as of the beginning of the next full fiscal year following such notice. By way of example, and not in limitation: if notice is delivered later than the end of business on June 30 of a given year, the Agreement shall continue until the end of the following fiscal year, (e.g. notice given July 1, 2022, or later in that same fiscal year, equates to withdrawal on June 30, 2024). This advance written notice may be waived if agreed upon by the governing bodies of both the COUNTY and TOWN. Upon such termination if such alterations require repayment of funds, the withdrawing party agrees to pay all cost associated with any repayment of North Carolina 911 Board PSAP Priority One Collaboration Grant funds that may be due to the State. It is agreed by both parties that the consolidation of the Primary PSAPs is final and that no future separation of the COUNTY and TOWN into multiple Primary PSAPs can occur once this Agreement is enacted.

12. Any notice to be given by either party to the other under this Agreement shall be in writing and shall be deemed to have been sufficiently given if delivered by hand, with written acknowledgement of receipt, or mailed by certified mail, with return receipt requested, to the other party. Notice must be delivered as indicated to the following address or such other address as either party may, from time to time, designate in writing for the receipt of notice:

COUNTY:
County Manager
814 West King Street
Suite 205
Boone, NC 28607

TOWN:
Town Manager
567 West King Street
Boone, NC 28607

13. The parties may only amend this Agreement in writing with the approval of both Boards and with the subsequent signatures of the respective duly authorized representatives.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year as written above.

WATAUGA COUNTY

____
John Welch, Chairman

____
Misty Watson
County Finance Director

ATTEST:

____
Anita J. Fogle
Clerk to the Board

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

TOWN OF BOONE

Tim Futrelle, Mayor

ATTEST:

Nicole Harmon
Town Clerk

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Amy Davis
Town Finance Director

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AGENDA ITEM 8:

MISCELLANEOUS ADMINISTRATIVE MATTERS

B. Boards and Commissions

MANAGER'S COMMENTS:

The Town of Boone has unanimously recommended Ms. Kalie Eppley to serve as their representative on the Parks and Recreation Commission. Ms. Eppley will be replacing Mr. West Eppley.

Print

Town of Boone Board Application - Submission #240

Date Submitted: 2/16/2022

Name*
Kalie Eppley

Email:*
eppleykalie@gmail.com

Address*
261 Moretz Drive

City*
Boone

State*
NC

Zip Code*
28607

Is this Address Your Preferred Address?*
Yes

Address

City

State

Zip Code

Phone Number*
8284062993

Jurisdiction of Residence*

- [x] Town of Boone (Inside Town Limits)
- [ ] Watauga County
- [ ] Other

Please Specify:*

How Long Have You Been a Resident in Your Jurisdiction?*

26 years

Do Yow Own Real Property (Land) in the Town of Boone?*

No

Name of Board, Commission, Task Force, Advisory Board, or Committee Appointment Sought*

Watauga County Recreation Commission

Only choose one (1)

Why Do You Wish to Obtain this Appointment?*

I have lived in Boone my entire life. I love this town and this county. It is full of amazing people that work hard every day to make it even better. I want to be one of those people. I am passionate about serving the community that helped raise me. I learned to ride my first bike on the Greenway. I learned how to swim at the old swim complex. I had some of my first experiences on a team participating in parks and rec programs. And I still enjoy these leagues and facilities as an adult. Sports and recreation has also been a huge part of my service and involvement in the community as an adult. I coach Women's Basketball at the high school. I have helped organize and supervise multiple sporting event for the youth in our community. I worked for 4 years as a counselor and site supervisor for our amazing summer camp programs. I have the passion and experience necessary to serve our community in this role. The county already has amazing indoor and outdoor recreation opportunities for its citizens and guests. I want to be a part of not only maintaining these existing treasures, but a part of creating new opportunities for people to gather, learn, and relax through recreation. I have dreamed of serving on this commission and hope that you will see the value that I can bring.

Are Your Familiar with the Town of Boone's 2006 Comprehensive Plan?*

Yes

Town of Boone's 2006 Comprehensive Plan (Revised July 19th, 2021) (PDF)

Rate Your Support for the 2006 Comprehensive Plan (1 Being Not Supportive at All and 10 Being Extremely Supportive)*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [x] 8
- [ ] 9
- [ ] 10

Please Explain Your Level of Support for the 2006 Comprehensive Plan:*

As our community continues to grow and change, it is important that we strategically and cautiously plan and regulate new developments. We need to keep the quality of life of our citizens and the natural beauty of our environment in the forefront as we develop and grow. This Comprehensive Plan can offer the town guidance in making decisions about new developments and changes to our community's infrastructure and services.

What Skills, Education, Training, Experience or Area(s) of Expertise Would You Bring to the Appointment?*

I have lived in Boone my entire life. I am queued into what is important to this community and how to make it better. I have a Bachelor's Degree in Middle Grades Education from Appalachian and a Master's Degree in Instructional Design from Western Governor's University. I have taught at Hardin Park for 6 years. I am educated on how to best serve the youth in our community. I have been a basketball coach at Watauga High School for 8 years. I have also assisted multiple organizations in planning and running sports tournaments and events in our county. I have worked for Stephen Poulos on a variety of different projects and events for Parks and Recreation. The health and quality of life of our neighbors and community members is very important to me.

Attachment: K. Eppley Board Application (Appointment to Watauga County Parks & Recreation Board)

Have You Had Issues With the Town of Boone Which Relate to the Work of the Body to Which You Seek Appointment?*

No

Do You Know of Any Known or Potential Conflicts of Interest (Including Membership in Any Organization, Your Employment and the Memberships and Employment of Family Members) that Might Arise if You're Appointed?*

No

Explain:

Explain:

Have You Previously Served on any Town Board, Commission, or Committee?*

No

Explain:

Please Include the Name of Board, Commission, Task Force, Advisory Board, or Committee Appointment, the Approximate Date(s) Served and a Brief Description of the Quality of Your Service

I hereby certify that the foregoing answers are true, and that should I be appointed to the board, commission, task force, advisory body or committee, and should a conflict of interest exist or develop with regard to a specific matter, I will disclose the conflict of interest and recuse myself from the deliberations and action involved. Conflicts of interest include, but are not limited to: a direct or indirect financial interest by myself or a member of my family, and other interest which impairs my ability to participate fairly in the deliberations and actions in question.*

Kalie Eppley

Signature

Date*

2/16/2022

Attachment: K. Eppley Board Application (Appointment to Watauga County Parks & Recreation Board)

AGENDA ITEM 8:

MISCELLANEOUS ADMINISTRATIVE MATTERS

C. Announcements

MANAGER'S COMMENTS:

The Board of Commissioners will hold a public meeting on Tuesday, April 19, 2022, at 5:00 P.M. to discuss a proposed application for a Parks and Recreation Trust Fund Grant from the NC Division of Parks and Recreation.

The last two sessions of the series to discuss the safety, accessibility, and affordability of housing in Watauga County will be held in April 2022.

Budget Work Sessions are scheduled for Thursday, May 12, 2022, beginning at 12:00 noon and Friday, May 13, 2022, beginning at 9:00 A.M.

Registration for the 2022 Watauga Compassionate Community Initiative (WCCI) Conference is now open and available at www.wataugacci.org. Registration closes Monday, April 25, 2022.

PUBLIC MEETING

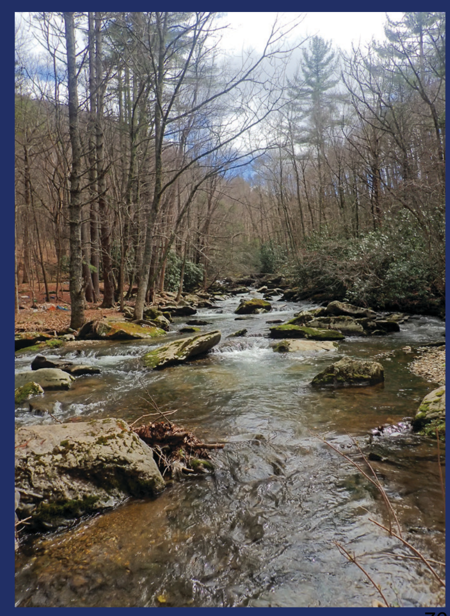
To discuss proposed application for Parks and Recreation Trust Fund (PARTF) grant from NC Division of Parks and Recreation

WHERE:
Commissioners Board Room -
814 West King Street, Boone, NC

WHEN:
5:00 pm, Tuesday, April 19,2022

DETAILS:
Watauga County plans to submit an application by May 2, 2022 for $500,000 PARTF grant to be used toward development of a 32 acre tract along the Middle Fork Greenway corridor, to be known as Boone Gorge Park. When fully developed, it will connect with the existing Payne Branch Park. Watauga County and Blue Ridge Conservancy will partner to develop the new park to include 50 parking spaces, approximately 2 miles of trails, 2 bridges, stream restoration, fishing access, wetlands, outdoor classroom, and picnic area.

The public is invited to attend to hear details and provide input on the project.



AGENDA ITEM 9:

PUBLIC COMMENT

AGENDA ITEM 10:

BREAK

AGENDA ITEM 11:

CLOSED SESSION

Attorney/Client Matters – G. S. 143-318.11(a)(3)
Personnel Matters – G. S. 143-318.11(a)(6)