



2020-2021

Community Mental Health, Substance Use and Developmental Disability Services Network Adequacy and Accessibility Analysis

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INTRODUCTION

Vaya Health (Vaya), a local management entity/managed care organization (LME/MCO), is a public manager of care for individuals facing challenges related to mental health (MH), substance use disorder (SUD)** and/or intellectual/developmental disabilities (IDD). Our goal is to successfully evolve in the healthcare system by embracing innovation, adapting to a changing environment, and maximizing resources for the long-term benefit of the people and communities we serve. Our core values are person-centeredness, integration, commitment, and integrity. We believe in interacting with compassion, cultural sensitivity, honesty, and empathy; in caring for the whole person within the home and community of an individual's choice; in partnering with members, families, providers, and others to foster genuine, trusting, respectful relationships essential to creating the synergy and connections that make lives better; and in ensuring quality care and accountable financial stewardship through ethical, responsive, transparent, and consistent leadership and business operations.

We are committed to understanding, developing, and ensuring access to services and supports throughout our 22-county catchment area, which comprises Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes and Yancey counties (the catchment area). Our catchment area includes 17 rural counties, one urban-outlying county, and four urban counties. The only major urban center in the catchment area, Asheville (Buncombe County), is home to our administrative headquarters.

We operate a closed network of service providers (closed provider network) to meet member and community needs using available resources. Providers participating in the closed provider network (network providers) provide MH/SUD/IDD services to qualifying members whose Medicaid eligibility is based in our catchment area and who meet category of aid criteria. Network providers also provide state-funded (non-Medicaid) services, within available funding, to individuals who are uninsured or under-insured and who meet eligibility criteria. We operate three types of health benefit plans:

- The 1915(b) MH/DD/SA Health Plan for qualifying Medicaid beneficiaries residing in our catchment area who need MH/SUD/IDD services;
- The 1915(c) Innovations Waiver (Innovations Waiver), a home- and community-based services waiver for people with an IDD or closely related condition, regardless of age, who meet institutional level of care criteria. The number of Innovations Waiver participants is limited by the availability of slots funded by NC Medicaid and authorized by the Centers for Medicare and Medicaid Services (CMS); and
- A State-funded (non-Medicaid-funded) Benefit Plan for the uninsured and under-insured members needing MH/SUD/IDD services who meet financial and other eligibility criteria. This plan includes federal block grant funding, state MH/SUD/IDD funding and funding from counties in our catchment area. These services are limited by availability of funds.

We are committed to ensuring members have access to and choice of high-quality service providers within available resources. The Medicaid capitated per-member per-month (PMPM) rate is negotiated annually between Vaya and the N.C. Department of Health and Human Services (DHHS), Division of Health Benefits (NC Medicaid), based upon historical spending, trends, and managed care assumptions. However, state and county funds we receive have no set formula for allocation and are not guaranteed; funding for services can decrease during the fiscal year after budgets have been developed. We continually work with network providers to maximize service delivery associated with state and local funds to ensure that all Vaya members – both Medicaid and non-Medicaid – are served. Due to ongoing reductions in non-Medicaid funding since SFY 2014-2015, we are working to support increasing numbers of non-Medicaid members by expanding utilization of comprehensive care centers throughout the closed provider network.

This 2020-2021 LME/MCO Community Mental Health, Substance Use and Developmental Disabilities Services Network Adequacy and Accessibility Analysis (herein referred to as “Gaps Analysis”) reviews data from Jan. 1 through Dec. 31, 2020. The Gaps Analysis is one part of a continual, informed evaluation necessary to achieve our vision of communities where people get the help they need to live the life they choose. This Gaps Analysis was developed to comply with Joint Communication Bulletin #J387, issued by NC Medicaid and the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) on Jan. 11, 2021. In April 2021, due to the continued COVID-19 health crisis, DHHS authorized all LME/MCOs to submit one combined Gaps Analysis report for 2020 and 2021. DHHS further allowed telehealth services, under certain criteria, to be used to offset service gaps.

*** Please note, the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) changed Substance Abuse Disorder (SA) to Substance Use Disorder (SUD). NC Medicaid and DMH/DD/SAS has not changed service definition language to reflect the change in diagnostic category. For the purposes of this report, we use “SA” in all references to service definitions.*

SECTION ONE: NETWORK AVAILABILITY AND ACCESSIBILITY

Access and Choice: Outpatient Services

Categories	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# of enrollees with choice of two providers within 30/45 miles/ minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of providers accepting new non-Medicaid funded consumers	# of consumers with choice of two providers within 30/45 miles/minutes	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties	377	96343	97367	98.95%	47	2537	2558	99.2%
Reside in rural counties	377	74171	74608	99.41%	47	1859	1964	94.7%
			Total (standard = 95%)	99.15%			Total (standard = 95%)	97.2%
Adults (age 18+)	377	96471	97337	99.11%	47	4304	4407	97.7%
Children (age 17 and younger)	377	74043	74638	99.20%	47	92	115	80.0%
			Total (standard = 95%)	99.15%			Total (standard = 95%)	97.2%

Access and Choice: Location-based Services

Location-based Services	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation	25	64611	66.38%	97337	21	1366	62.46%	2187
Child and Adolescent Day Treatment	16	45326	60.73%	74638	14	29	45.31%	64
Partial Hospitalization	10	74650	43.41%	171975	1	0	0.00%	4414
SA Intensive Outpatient Program	27	132553	77.08%	171975	23	1697	78.46%	2163
SA Comprehensive Outpatient Treatment Program	12	64926	37.75%	171975	12	977	45.17%	2163
Opioid Treatment	13	60331	61.98%	97337	12	1446	66.88%	2162
Location-based Services	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of consumers
		#	%			#	%	
SA Non-Medical Community Residential Treatment	0	0	0.00%	97337	0	0	0.00%	4407
SA Medically Monitored Community Residential Treatment	0	0	0.00%	97337	0	0	0.00%	4407
SA Halfway House - Female	0	0	0.00%	97337	1	4407	100.00%	4407
SA Halfway House - Male	0	0	0.00%	97337	1	4407	100.00%	4407

Access and Choice: Community and Mobile Services

Community/Mobile Service	Medicaid			Non-Medicaid Funded								
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid consumers	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Consumers				
		#	%			#	%					
Assertive Community Treatment Team	9	97337	100.0%	97337	6	2187	100.0%	2187				
Community Support Team	4	97337	100.0%	97337	3	2187	100.0%	2187				
Intensive In-Home	12	74638	100.0%	74638	8	64	100.0%	64				
Multi-systemic Therapy	1	0	0.0%	74638	1	0	0.0%	65				
(b)(3) MH Supported Employment Services	53	171975	100.0%	171975								
(b)(3) I/DD Supported Employment Services	53	171975	100.0%	171975								
(b)(3) Waiver Community Guide	4	171975	100.0%	171975								
(b)(3) Waiver Individual Support (Personal Care)	19	171975	100.0%	171975								
(b)(3) Waiver Peer Support	19	171975	100.0%	171975								
(b)(3) Waiver Respite	49	171975	100.0%	171975								
I/DD Supported Employment Services (non-Medicaid-funded)									25	43	100.0%	43
Long-term Vocational Supports (non-Medicaid-funded)									27	29	100.0%	29
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					4	4349	100.0%	4349				
I/DD Non-Medicaid-funded Personal Care Services					49	43	100.0%	43				
Day Supports					37	43	100.0%	43				
Peer Support					8	4407	100.0%	4407				
Transition Management Service					1	0	0.0%	4407				

Access and Choice: Crisis Services

Crisis Service	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least <u>one</u> provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to at least <u>one</u> provider agency		Total # of Consumers
		#	%			#	%	
Ambulatory Detox	1	97337	100.00%	97337	1	4407	100.00%	4407
Facility-Based Crisis - child	1	74638	100.00%	74638	1	115	100.00%	115
Facility-Based Respite	2	171975	100.00%	171975	2	4522	100.00%	4522
Mobile Crisis Management	3	171975	100.00%	171975	3	4522	100.00%	4522
Crisis Service	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of <u>two</u> provider agencies within the LME-MCO catchment area		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid consumers	# and % of consumers with choice of <u>two</u> provider agencies within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Facility-Based Crisis - adults	4	97337	100.00%	97337	4	4407	100.00%	4407
Detoxification (non-hospital)	2	171975	100.00%	171975	2	2163	100.00%	2163

Access and Choice: Inpatient Services

Service	Medicaid				Non-Medicaid-Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to at least one provider agency		Total # of Consumers
		#	%			#	%	
Inpatient Hospital – Adult	6	97337	100.00%	97337	2	4349	100.00%	4349
Inpatient Hospital – Adolescent/Child	1	74638	100.00%	74638	0	0	0.00%	65

Access and Choice: Specialized Services

Service – choice of two provider agencies within the LME-MCO catchment area	Number Provider Locations with Current Medicaid Contract	Number Provider Locations with Current Contract for Non-Medicaid Funded Services
MH Group Homes		37
Psychiatric Residential Treatment Facility	22	2
Residential Treatment Level 2: Therapeutic Foster Care	31	0
Residential Treatment Level 2: other than Therapeutic Foster Care	12	0
Residential Treatment Level 3	42	
Residential Treatment Level 4	4	
Child MH Out-of-home respite		46
I/DD Respite		48
(b)(3) I/DD Out-of-home respite	58	
(b)(3) I/DD Facility-based respite	3	
(b)(3) I/DD Residential supports	46	
Intermediate Care Facility/IDD	53	

Access and Choice: (c) Waiver Services

(c) Waiver Services-Choice of two providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of (c) Waiver Enrollees
			#	%	
Community Living and Supports	✓	✓	1346	100.00%	1346
Community Navigator	✓	✓	1346	100.00%	1346
Community Navigator Training for Employer of Record	✓	✓	1346	100.00%	1346
Community Networking	✓	✓	1346	100.00%	1346
Crisis Behavioral Consultation	✓	✓	1346	100.00%	1346
In Home Intensive	✓	✓	0	0.00%	1346
In Home Skill Building	✓	✓	1346	100.00%	1346
Personal Care	✓	✓	1346	100.00%	1346
Crisis Consultation	✓	✓	1346	100.00%	1346
Crisis Intervention & Stabilization Supports	✓	✓	1346	100.00%	1346
Residential Supports 1	✓	✓	1346	100.00%	1346
Residential Supports 2	✓	✓	1346	100.00%	1346
Residential Supports 3	✓	✓	1346	100.00%	1346
Residential Supports 4	✓	✓	1346	100.00%	1346
Respite Care - Community	✓	✓	1346	100.00%	1346
Respite Care Nursing – LPN & RN	✓	✓	1346	100.00%	1346
Supported Employment	16 & older		1332	100.00%	1332
Supported Employment – Long Term Follow-up	16 & older		1332	100.00%	1332
Supported Living	18 & older		1332	100.00%	1332
(c) Waiver Services – Access to at least one provider					
Day Supports	✓	✓	1346	100.00%	1346
Out of Home Crisis	✓	✓	1346	100.00%	1346
Respite Care - Community Facility	✓	✓	1346	100.00%	1346
Financial Supports	✓	✓	1346	100.00%	1346
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓	1346	100.00%	1346

Additional Opioid Services: Buprenorphine Prescribers

Prescriber's name	Group affiliation (organization or facility name)	Street	City	Zip	County	Counties served by service location
Bobby Kearney	Addiction Recovery Medical Services (ARMS)	536 Signal Hill Dr. Ext.	Statesville	28625-4391	Iredell	Iredell
Bobby Kearney	ARMS - Bobby P. Kearney, MD	31 E. Main Ave.	Taylorsville	28681-2540	Alexander	Alexander
Jana Burson	ATS of NC, LLC - North Wilkesboro	200 Northview Plaza	North Wilkesboro	28659-3173	Wilkes	Wilkes
George Bartels	Asheville Comprehensive	2 McDowell St	Asheville	28801-4104	Buncombe	Buncombe
Nathan Mullins	BHG - Asheville Treatment Center	18 Wedgefield Dr.	Asheville	28806-2226	Buncombe	Buncombe
Nathan Mullins	BHG XXXVII – Clyde Treatment Center	414 Hospital Dr.	Clyde	28721-8026	Haywood	Haywood
Vicente Hill	Crossroads Treatment Center of Asheville	6 Roberts Rd.	Asheville	28803-6631	Buncombe	Buncombe
Matt Holmes	Hazelwood Healthcare	3271 Georgia Road	Franklin	28734-9603	Macon	Macon
Matt Holmes	Hazelwood Healthcare	367 Dellwood Rd Suite A-4	Waynesville	28786-3135	Haywood	Haywood
Multiple	McLeod Center - Gastonia	549 Cox Rd.	Gastonia	28054-0628	Gaston	Gaston
Geeta McGahey	McLeod Center - Hickory	1170 Fairgrove Church Rd.	Hickory	28601-9695	Catawba	Catawba
Multiple	McLeod Center - Lenoir	222 Morganton Blvd SW	Lenoir	28645-5219	Caldwell	Caldwell
Ogochukwu Okpala	McLeod Center - Marion	117 W. Medical Court	Marion	28752-5590	McDowell	McDowell
Multiple	McLeod Center - Monroe	2208 W. Roosevelt Blvd.	Monroe	28110-2762	Union	Union
Multiple	McLeod Center - Statesville	636 Signal Hill Dr. Ext.	Statesville	28625-4774	Iredell	Iredell
Multiple	McLeod Center - Boone	160-A Den Mac Dr.	Boone	28607-6543	Wilkes	Wilkes
John Rice	October Road, Inc.	119 Tunnel Rd. Ste. D	Asheville	28805-1800	Buncombe	Buncombe
Brady Schroer	October Road, Inc.	119 Tunnel Rd. Ste. D	Asheville	28805-1800	Buncombe	Buncombe
John Hibbits	Premier Treatment Services	400 Beverly Hanks Ctr.	Hendersonville	28792-2303	Henderson	Henderson
Michael Lancaster	Southlight Healthcare - Raleigh - Garner Road	2101 Garner Rd. Ste. 113	Raleigh	27610-4687	Wake	Wake
Michael Kirtley	Western Carolina Treatment Center	3 Doctors Park Ste 3G	Asheville	28801-4104	Buncombe	Buncombe
Amy Nix	Stepping Stone of Boone	643-L Greenway Rd.	Boone	28607-4840	Wilkes	Wilkes

SECTION TWO: ACCOMMODATION

Member Access to Care

Vaya's comprehensive care center (CCC) model is the primary way we meet provider capacity and member access to care. The CCC model promotes continuity of care by offering multiple services through one provider. This makes accessing care easier and increases the likelihood that people get care in the right setting and avoid unnecessary emergency department visits. The model also uses a "big front door" approach to treatment using walk-in and open access strategies. Having the service continuum under one roof improves ease of access to clinically appropriate care and member outcomes. Vaya's comprehensive care center model is designed to avoid isolated delivery of enhanced services outside of a full continuum of care.

Comprehensive care in one setting has multiple advantages and benefits members and providers practically, clinically, and financially. However, simply opening the door to available services is not enough. Establishing the best combinations of quality care, from both member and provider perspectives, is an essential responsibility of the managed health care system. In SFY 2020, Vaya's comprehensive care walk-in centers, located in each county in our current catchment area, accounted for approximately 75% of all member presentations on the same day (as evidenced by the same-day completion of a comprehensive clinical assessment).

In addition to our comprehensive care center strategy, in SFY 2020, we increased our efforts to add network providers in areas outside the catchment area that fall within the 30-minute/30-mile (urban) or 45-minute/45-mile (rural) requirements to better serve members in our outlying counties. In cases where, due to specialized service needs and/or funding restrictions, a service is not available within our network, we ensure members can access necessary care through out-of-network agreement(s) with providers who can meet the service need.

The DMH/DD/SAS Quality Management Section report issued Feb. 23, 2021, "The Percent of Medicaid Recipients and Uninsured Persons in North Carolina Who Received Medicaid and State/Block Grant Funded Mental Health, Intellectual /Developmental Disabilities, and Substance Use Services in State Fiscal Year 2018 (July 1, 2019-June 30, 2020)", shows Vaya as maintaining the highest overall penetration for Medicaid services of the state's LME/MCOs (17.0%). Our services funded through state Single Stream funding and federal block grants showed a 13.0% overall penetration rate, again the highest among the LME/MCOs.

Catchment Area Population and Geography

Based on 2019 U.S. Census Bureau population estimate data, Vaya's catchment area has a population of 1,042,090 and covers more than 8,827 square miles. The average population density is 114.1 persons per square mile. This region is home to 9.9% of North Carolina residents and represents 18.2% of the state's total area.

The catchment area incorporates sections of the Great Smoky Mountains National Park and Pisgah National Forest. The terrain is a mixture of Appalachian Mountains, rural communities, farmland, and sparsely populated areas. The region is home to one large urban center and multiple community colleges, four-year colleges, and universities. The region also includes the Cherokee Indian Reservation and Qualla Boundary lands, home to the Eastern Band of the Cherokee Indians, a sovereign nation.

The region's steep mountain geography creates natural barriers to intermountain transportation and access to resources and services. Other than U.S. interstates, roads are most likely two-lane, and, in residential areas, one-lane roads are common. Winding roads are used to navigate the mountains, significantly extending travel times and distances. For example, traveling 270 miles from Murphy (Cherokee County) to Sparta (Alleghany County) by automobile takes more than four hours. Many Vaya members live in remote mountain areas or adjacent to state or national parks, with few commercial developments, extending travel times and limiting access to basic resources such as groceries, retail, general services, and health care.

Joint Communication Bulletin #J104, dated Nov. 6, 2014, redefined urban and rural classifications to match U.S. Office of Management and Budget metropolitan statistical areas. These classifications significantly changed the driving access and choice standards for Medicaid and non-Medicaid services in our catchment area. For example, Alexander, Caldwell, Haywood, Henderson, and Madison counties are now considered metropolitan (urban) counties because of the change. However, although these five counties may include one or more small urban population clusters, they are primarily rural, with natural geographic boundaries that impede easy access to medical and behavioral health care, including primary and/or specialty care.

Catchment Area Population

(U.S. Census Bureau; 2020 population estimates)

County	US Census Bureau population estimate as of July 1, 2019	Percentage of Vaya catchment population	Percentage of NC population
Alexander	37,497	3.6%	0.4%
Alleghany	11,137	1.1%	0.1%
Ashe	27,203	2.6%	0.3%
Avery	17,557	1.7%	0.2%
Buncombe	261,191	25.1%	2.5%
Caldwell	82,178	7.9%	0.8%
Cherokee	28,612	2.7%	0.3%
Clay	11,231	1.1%	0.1%
Graham	8,441	0.8%	0.1%
Haywood	62,317	6.0%	0.6%
Henderson	117,417	11.3%	1.1%
Jackson	43,938	4.2%	0.4%
McDowell	45,756	4.4%	0.4%
Macon	38,858	3.7%	0.4%
Madison	21,755	2.1%	0.2%
Mitchell	14,964	1.4%	0.1%
Polk	20,724	2.0%	0.2%
Swain	14,271	1.4%	0.1%
Transylvania	34,385	3.3%	0.3%
Watauga	56,177	5.4%	0.5%
Wilkes	68,412	6.6%	0.7%
Yancey	18,069	1.7%	0.2%
Catchment	1,042,090		9.9%
North Carolina	10,488,084		

Catchment Area Size

(US Census Bureau; 2020 population estimates)

County	Square Miles	Square Miles as Percent of Catchment	Square Miles as Percent of North Carolina	County classification: urban/rural ²
Alexander	259.99	2.95%	0.53%	urban - outlying
Alleghany	235.06	2.66%	0.48%	rural
Ashe	426.14	4.83%	0.88%	rural
Avery	247.09	2.80%	0.51%	rural
Buncombe	656.67	7.44%	1.35%	urban - central
Caldwell	471.57	5.34%	0.97%	urban - central
Cherokee	455.43	5.16%	0.94%	rural
Clay	214.75	2.43%	0.44%	rural
Graham	292.08	3.31%	0.60%	rural
Haywood	553.69	6.27%	1.14%	urban - central
Henderson	373.07	4.23%	0.77%	urban - central
Jackson	490.76	5.56%	1.01%	rural
McDowell	440.61	4.99%	0.91%	rural
Macon	515.56	5.84%	1.06%	rural
Madison	449.57	5.09%	0.92%	urban - outlying
Mitchell	221.43	2.51%	0.46%	rural
Polk	237.79	2.69%	0.49%	rural
Swain	528	5.98%	1.09%	rural
Transylvania	378.53	4.29%	0.78%	rural
Watauga	312.56	3.54%	0.64%	rural
Wilkes	754.28	8.54%	1.55%	rural
Yancey	312.6	3.54%	0.64%	rural
Catchment	8,827.23		18.16%	
North Carolina	48,617.91			

Catchment Area Racial and Ethnic Groups

(US Census Bureau; 2020 population estimates)

County	Race/Ethnicity					
	White	Black or African American	American Indian and Native American	Asian	Native Hawaiian and Other Pacific Islander	Hispanic
Alexander	34,047	2,214	199	385	20	1,788
Alleghany	10,630	197	59	89	5	1,097
Ashe	26,352	262	114	138	15	1,390
Avery	16,318	822	103	107	14	887
Buncombe	233,615	16,325	1,365	3,717	412	17,870
Caldwell	75,197	4,238	534	619	79	4,854
Cherokee	26,776	453	446	203	18	937
Clay	10,771	148	79	50	6	434
Graham	7,482	44	671	46	10	316
Haywood	59,753	862	421	375	31	2,672
Henderson	108,651	4,012	815	1,500	257	12,137
Jackson	164,966	35,657	1,970	1,972	218	29,475
McDowell	42,250	1,916	386	488	23	2,920
Macon	34,105	612	309	376	20	2,641
Madison	20,897	321	112	111	10	532
Mitchell	14,365	118	141	106	23	923
Polk	19,227	879	129	174	4	1,223
Swain	9,000	168	4,297	102	5	822
Transylvania	32,123	1,207	157	224	22	1,168
Watauga	53,269	1,042	231	648	23	2,261
Wilkes	63,424	3,204	283	394	60	4,728
Yancey	17,421	205	137	57	52	998
Catchment	1,080,639	74,906	12,958	11,881	1,327	92,073
North Carolina	7,399,487	2,330,563	165,597	334,299	13,130	1,025,830

Special Populations

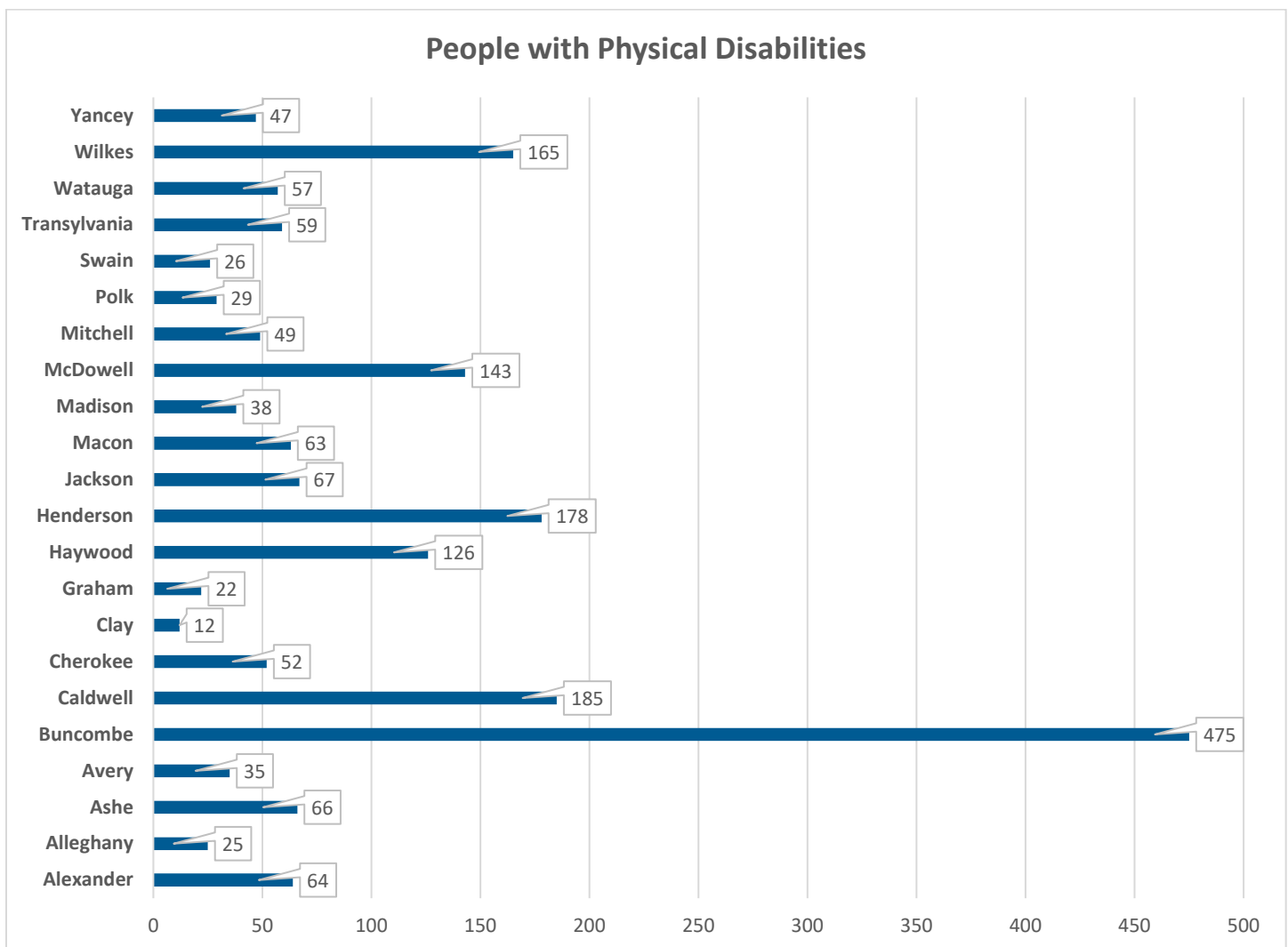
People with Physical Disabilities

The systemic use of the term “disabilities” is broad, making it difficult to categorize and label specific diagnoses as “physical disabilities” as distinct from other disabilities. For this reason, we have limited information on the prevalence of this population. However, our best estimation of currently enrolled Vaya members with a physical disability is based on NC DHHS, pharmacy, and Vaya claims data available to us from Jan. 1-Dec. 31, 2020.

When members are enrolled in Vaya’s complex care management program, the assigned care manager administers a Health Risk Assessment (HRA), which documents a variety of questions related to a member’s functional limitations, including use of special equipment or need of assistance. This screening helps our care managers ensure members with physical disabilities are linked to appropriate services and supports that meet their needs.

Vaya Medicaid members
with physical disabilities in
catchment area:

1,983



People with Visual Impairments and/or Hearing Impairments

According to Vaya claims and North Carolina physical and pharmacy claims from Jan. 1, 2020-Dec. 31, 2020, our catchment area is home to 1,338 people with visual impairments and 2,746 people who are Deaf or Hard of Hearing.

Vaya funds the RHA Health Services Inc.'s (RHA) behavioral health Deaf & Hard of Hearing (DHH) program, which provides outpatient therapy services from licensed clinicians using American Sign Language (ASL). An RHA outreach coordinator also provides case management and advocacy. In addition, Vaya supports an innovative partnership between Liberty Corner Enterprises and the Helen Keller National Center for Deaf-Blind Youths & Adults (HKNC). The HKNC's Clearview House in Asheville is designed to achieve high service delivery standards while accommodating the unique needs of members with visual impairments. Vaya currently funds Medicaid and non-Medicaid services for six adults who have co-occurring diagnoses of IDD, visual impairments and/or DHH at Clearview House, which continues to serve as a demonstration model, inspiring similar programs throughout the country.

Catchment area Medicaid members with visual impairments:

1,338

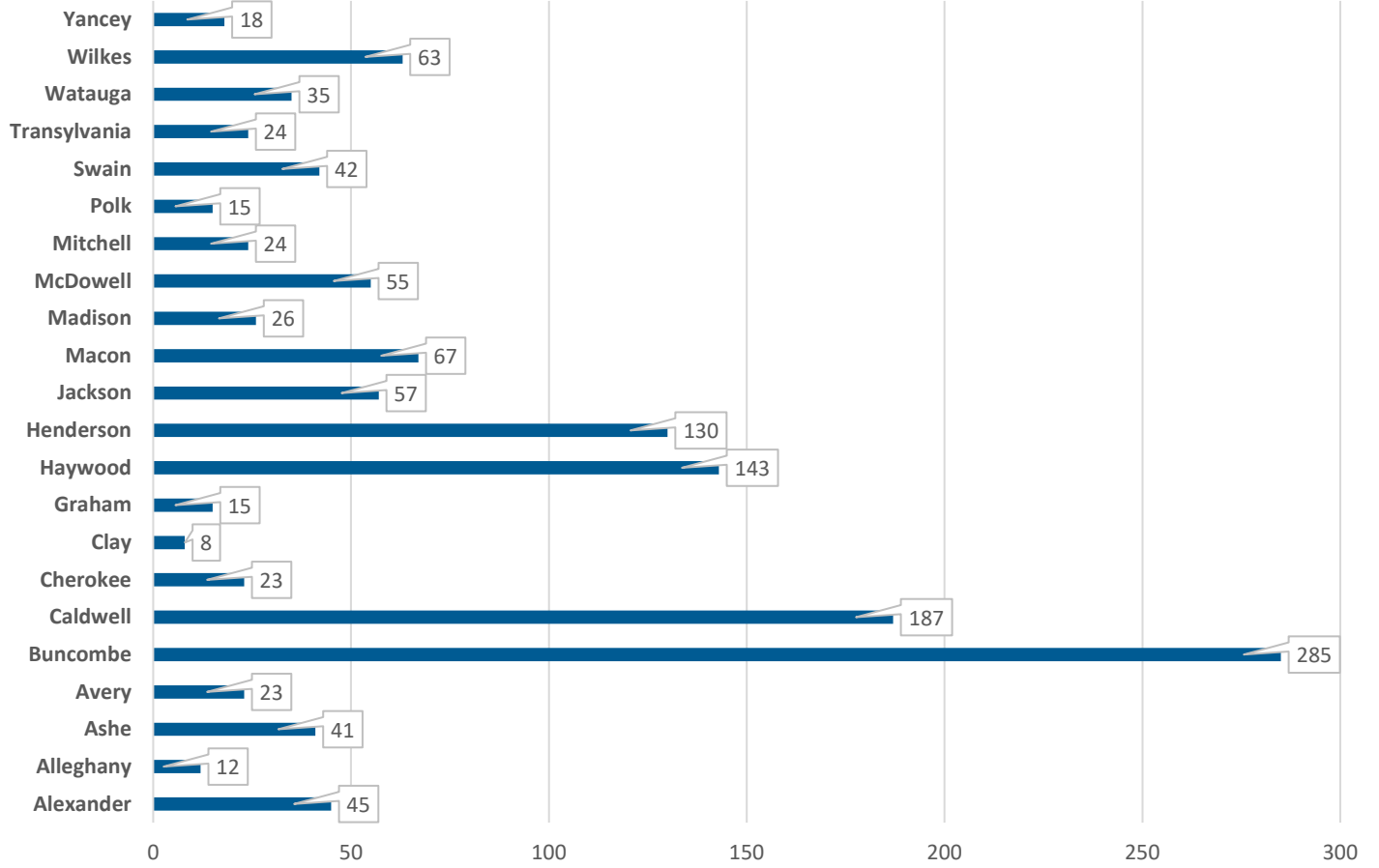
Vaya's HRA poses questions related to functional limitations, including vision and hearing. It includes questions such as, "Do you have any concerns with your eyesight?" (ratings: Yes or No), "Do you have any deafness or difficulty with hearing?" (ratings: Yes or No), and "Do you use any special equipment or assistive device because of a disability or health problem?" (ratings include communication device and hearing aid). This screening helps Vaya Care Managers ensure members with hearing and visual impairments are linked with appropriate services.

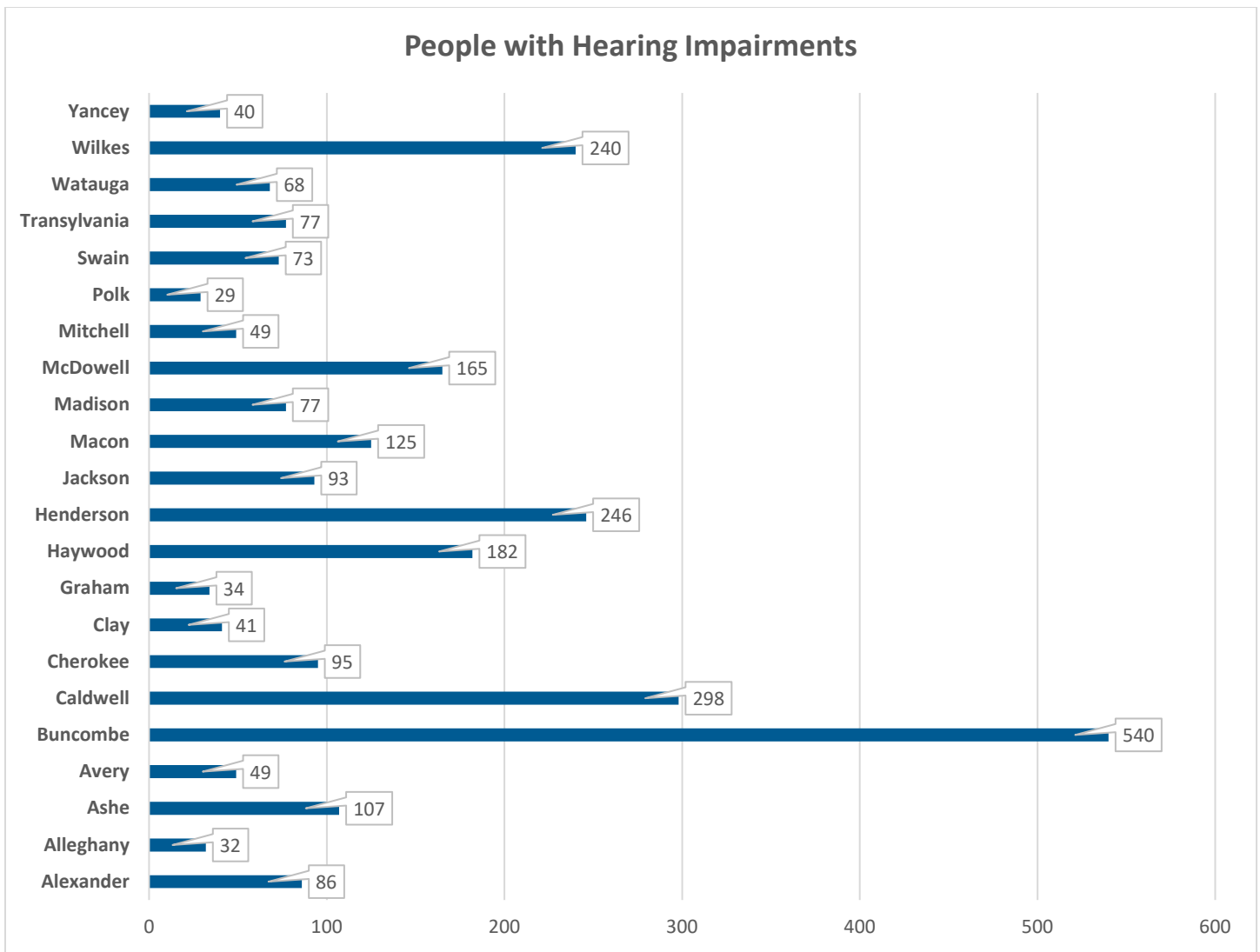
- Liberty Corner's Clearview House struggles to recruit and maintain direct support professionals (DSPs) proficient in tactile sign language skills. Vaya has worked with Liberty Corner to enhance recruitment efforts by promoting available positions in local American Sign Language publications.
- RHA's DHH program challenges include recruiting professionals skilled in both American Sign Language and behavioral health, as well as extensive travel time for the DHH program therapists. Vaya has worked with RHA to enhance recruitment efforts by promoting available positions in local American Sign Language publications.

Catchment area Medicaid members who are Deaf or Hard of Hearing :

2,746

People with Visual Impairments





Veterans, Military Members, and Their Families

According to the National Center for Veteran’s Analysis and Statistics estimates, as of September 30, 2020, 698,183 veterans live in North Carolina and 73,578 of these veterans reside in Vaya’s catchment area. Not all veterans utilize or have access to medical or behavioral health care through the Veterans Health Administration (VHA). Reasons for underutilization include:

- Lack of proximate access to a VA Medical Center or other healthcare facility (only one VA Medical Center and three VA outpatient clinics operate in our catchment area)
- The choice not to receive care through the VHA system
- Ineligibility due to income or type of military discharge (including possibly erroneous less-than-honorable discharges precipitated by negative behavior resulting from posttraumatic stress disorder [PTSD] or traumatic brain injury [TBI] acquired from military duty)

We continue to build capacity to serve military service members, veterans, and their families through various projects in partnership with local communities, DHHS, and NCServes. Vaya has worked with the NCServes call centers to expand veterans’ services across all 100 counties of North Carolina. These call centers have worked with veteran service

organizations within their defined geographic region to increase access by 23% in 2020. Vaya has a designated veteran's point of contact within our Complex Care Management Department who participates monthly in the Governor's Working Group for Veterans to learn and share best practices in reaching and engaging veterans, service members, and their families.

Veterans' Access to Care

Vaya recognizes the importance of identifying military service members enrolled in our health plans and designing specific processes to support them and their families. Our 24/7 Access to Care line is available to facilitate access to veteran-specific crisis information, which is also available on our www.vayamindful.org screening website. Vaya has also partnered with DMH/DD/SAS to support continued development of NCServes' four networks across the state, increased coordinated care and linkages among providers, services and supports for veterans and their families, and better coordination of care by bringing multiple veteran support agencies and services into one overarching network.

Vaya is a provider in the NCServes Western network, allowing our Complex Care Management Department, Housing Supports Team and Transitions to Community Living Initiative (TCLI) Team to make and receive referrals directly from/to NCServes. Our care managers, Housing Supports Team and TCLI Team can link veterans (and their family members) identified through our HRA to a large variety of vital social determinant needs. These needs stretch beyond the realm of behavioral health to support and strengthen recovery and whole-person care. Many Vaya network providers are also enrolled with NCServes, allowing additional direct links to MH/SUD/IDD services and supports beyond the VHA system. Additionally, Vaya's peer trainers help veterans in behavioral health recovery complete training required to become certified peer support specialists. Using their experience in the military and with military culture, these specially trained veterans reach additional veterans, and their families, and engage them in services and supports.

Vaya routinely participates in local veterans-related events to share information about how to access care within the LME/MCO system, network with other veteran-serving agencies and services, foster relationships, build connections, and share resources. These events include the VA Medical Center Mental Health Summit, Veteran Stand Down events in the region, VA Medical Center Resource Fair, NC STRIVE, and the monthly Governor's Working Group for Veterans and Families.

Veterans Treatment Court

Buncombe County, the largest in our catchment area, is home to over 17,000 veterans and operates a highly active Veterans Treatment Court. The court is designed for veterans facing charges due to behavior related to a mental health and/or substance use disorder. It presents an alternative to jail or prison and fosters opportunities for rehabilitation and recovery. NC Brookhaven, a Vaya network provider, coordinates this successful program. Vaya has dedicated a care manager to this partnership since 2017 and remains a vital partner in weekly staffing teams and court hearings by providing knowledge of and linkage to the publicly funded behavioral health system for participating veterans or family members not able to utilize VA services to support their recovery.

Pregnant Women with Substance Use Disorders

Vaya, in collaboration with the Mountain Area Health Education Center (MAHEC) and the Duke Endowment, trained and supervises a peer team in three rural, underserved areas to assist high-risk pregnant women in engaging care with local health departments and primary care and behavioral health care services as needed. This team is part of Vaya's Complex Care Management Department and is focused on supporting women who are pregnant or parenting and at risk of substance use disorder or dependent on substances. Since the program's inception, three certified peer support

specialists have served women in Madison, Mitchell, and Yancey counties who have a substance use disorder and are pregnant or at risk of unintended pregnancy. By linking women to local services to promote recovery, this program improves health and wellbeing and outcomes for their children and families by addressing women’s substance use, healthcare needs and linkage to social supports. Additionally, Vaya has embedded a certified peer support specialist in MAHEC’s Project CARA, an integrated healthcare clinic for pregnant women with SUD, to assist with engagement and warm hand-off to a Vaya care manager and linkage to services in their counties.

People who are Lesbian, Gay, Bisexual, Transgender, or Questioning/Queer (LGBTQ)

Unfortunately, the U.S. Census does not capture data regarding sexual orientation or gender identity. Additionally, the U.S. Centers for Disease Control and Prevention (CDC) no longer asks questions about sexual orientation or gender on the Behavioral Risk Factor Surveillance System (BRFSS). These exclusions limit researchers’ ability to fully understand the LGBTQ population’s needs and hinder the development of public policies and programs that seek to improve the LGBTQ population’s health and wellbeing. However, other studies have analyzed demographic and U.S. Census data regarding the LGBTQ community, such as the Movement Advancement Project (MAP). The 2021 online MAP Equality Profile for NC reports that 382,000 North Carolina residents ages 13 and older identify as LGBTQ.

In 2021, The Trevor Project’s National Survey on LGBTQ Youth Mental Health found that only one in three LGBTQ youth reported their home to be LGBTQ-affirming. 62% of LGBTQ youth reported symptoms of major depressive disorder in the two weeks prior to the survey, including more than 2 in 3 transgender and nonbinary youth. 48% of LGBTQ youth reported they wanted counseling from a mental health professional but were unable to receive it in the past year. 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth. These statistics provide a glimpse into the trauma present in the lives of these individuals at home, at school, and in the community.

As there are no visibly or clinically recognizable differences between a person who identifies as LGBTQ and one who does not, we must rely on self-identification to know which members face these unique challenges. However, many members living in our rural communities do not feel safe disclosing their LGBTQ status, creating significant obstacles.

Adults (age 18+) statewide
who identify as LGBTQ:
4%

Total statewide LGBTQ
population (age 13+):
382,000

Vaya’s closed provider network includes several outpatient therapists, mostly in Buncombe County, who identify as “LGBTQ therapists”. This designation does not guarantee the lived experience as an LGBTQ individual; however, it does mean the therapist specializes in helping members with aspects of identifying as LGBTQ. Vaya is also working within our catchment to educate providers, school systems, law enforcement, and county officials about trauma-informed care. We make every effort to assist LGBTQ individuals gain access to appropriate, supportive services. This includes Vaya care manager assignment – we work hard within available resources to ensure that members eligible for complex care management who self-identify as LGBTQ are assigned a care manager able to advocate for their needs and help them navigate circumstances unique to their identity.

People Who are in Jails or Prison

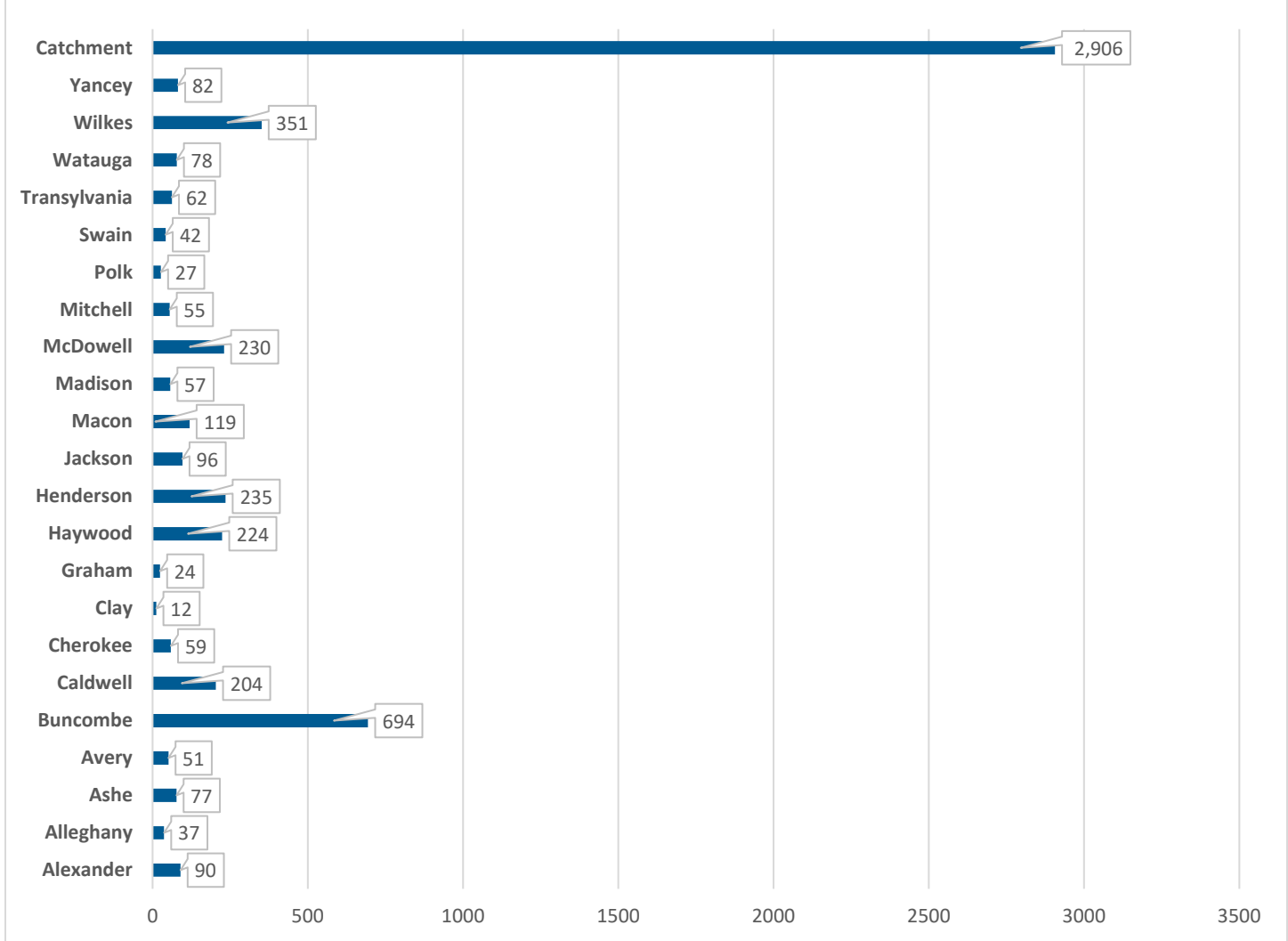
Members in jail or prison often have difficulty accessing needed behavioral health services while incarcerated, limiting their ability to maintain success and to remain productive community members. Our continued focus on this population includes support of the following initiatives:

- **Alleghany County:** Since 2019, Vaya has contracted with Daymark Recovery Services to provide behavioral health groups in the Alleghany County Detention Center.
- **Buncombe County:** Vaya is an active member of the Buncombe County’s Justice Resource Advisory Council, which advocates for the needs of members in jail and prisons and is responsible for organizing multiple efforts aimed at targeting this population. Also, one of Vaya’s largest network providers, RHA, coordinates the following programs in Buncombe County: Crisis Intervention Team training, Juvenile Misdemeanor Diversion Program, Adult Misdemeanor Diversion Program, Jail Diversion and Re-Entry Program, Sobriety Court, Adult Drug Treatment Court, Reentry Council & Prison Reentry Program, Justice Resource Center Case Management, Jail Medication-Assisted Treatment (MAT) Program, and Familiar Faces Task Force. Vaya utilized State Opioid Response (SOR) grant funding to collaborate with the sheriff’s office to establish, develop, and implement a MAT program in the county jail. This program funds a program director and peer support specialists, along with medication, housing support, and coordination of post-discharge care that allows members to start or continue MAT while in jail. The program has demonstrated a reduction in recidivism from 30% in 2019 to 12% after 18 months.
- **Haywood County:** Vaya continues to contract with the N.C. Harm Reduction Coalition, Appalachian Community Services, and Meridian Health Services to operate a law enforcement assisted diversion (LEAD) program in partnership with the Waynesville Police Department and the Haywood County Sheriff’s Office that diverts individuals arrested for minor drug charges to treatment for opioid use. LEAD is a trauma-informed, community-oriented approach to policing that seeks to reduce criminal behavior and improve public safety by connecting low-level offenders with treatment, social services, and other community resources. Vaya is utilizing SOR funding to help the Haywood County Detention Center implement intensive case management and peer support for inmates with an opioid use disorder and possible polysubstance use disorders, helping people in jail continue MAT and connect to behavioral health services following their release. In addition, the detention center partners with Haywood County Public Health Services to provide individuals with MAT, other medication, and long-acting reversible birth control upon release.
- **Henderson County:** Vaya contracts with The Free Clinics to provide assessments and psychiatric consultation in the Henderson County Detention Center.
- **Watauga County:** Vaya is an active member of the Watauga Community Justice Coalition, which advocates for the needs of members involved in the justice system and supports initiatives targeting this population, including the recently formed High Country Reentry Collaborative. Vaya also supported funding for the establishment of the county’s LEAD program. Watauga County LEAD also includes the jail-based program Recovery on the Inside, which works with people in the jail who are interested in recovery.
- **Wilkes County:** Vaya contracts with Daymark Recovery Services to provide a jail diversion program in Wilkes County that diverts individuals with severe and persistent mental illness, severe mental illness and/or co-occurring substance use disorders and developmental disabilities away from the criminal justice system and into treatment services. The program aims to prevent inappropriate incarceration of people with mental illness and co-occurring disorders, reduce sentence length, and link people in the jail to appropriate services.

While funding these types of services with limited state funds is a challenge, Vaya plans to continue supporting initiatives that serve individuals in jail or prison and develop additional jail diversion programs in our region.

Catchment Area Residents in Prison (by County of Residence)

(NC Dept of Public Safety Data; as of 4/30/2021)



Youth in the Juvenile Justice System

Adolescents and families involved with the N.C. Department of Public Safety (DPS), Division of Juvenile Justice (DJJ) often struggle with behavioral health and/or environmental stressors while attempting to navigate a complicated juvenile justice system and mental health treatment. Thus, we have worked closely with our seven DJJ districts and our provider network to develop a single-point assessment model and a comprehensive service array. We meet with DJJ representatives and a network provider group quarterly to identify issues and problem-solve solutions. Between January and December 2020, these DJJ districts made 428 referrals to our primary assessment agency. Referred youth resided in every county in our catchment area and had access to our specialized DJJ treatment continuum, which includes Multisystemic Therapy, Intercept, Intensive In-home, Seeking Safety, Treatment Alternative for Sexualized Kids, Transitional Youth Services, and other evidence-based treatments. Our Juvenile Justice Behavioral Health Partnership also completed the following projects during this time:

- Improved process for gathering data critical to evaluating outcomes of members involved with DJJ
- Provided Prime for Life training for 100 clinicians and court counselors who work with youth involved with DJJ

- Developed a process to better educate and inform members of our Juvenile Justice Behavioral Health Partnership

Environmental Review: Social Determinants of Health

Employment

Vaya currently contracts with four of our comprehensive care providers to provide Individual Placement and Support – Supported Employment (IPS-SE) for members with MH/SUD treatment needs. We contract with RHA to serve both Buncombe and McDowell counties, with a maximum caseload capacity of 60 individuals. Family Preservation Services of North Carolina (FPS) delivers IPS-SE services in Buncombe, Henderson, and Polk counties, with a maximum caseload capacity of 50 people. Meridian Health Services (Meridian) is contracted to provide IPS-SE services in Haywood, Jackson, Macon, Graham, Cherokee, Clay, Transylvania, and Swain counties. Meridian’s current IPS-SE caseload capacity, based on staffing patterns, is 25 people. Daymark Recovery Services (Daymark), our newest IPS-SE provider, is contracted to provide services in Alleghany, Ashe, Avery, Watauga, and Wilkes counties, with a caseload capacity of 53 individuals. The addition of Daymark as an IPS-SE provider has allowed more members in Vaya’s northern counties to access this service. Previously, FPS offered IPS-SE in this region; however, the area lies outside of the FPS “core region” in the southern part of our catchment area, causing strain on provider staff and limiting incoming referrals.

Additionally, Vaya contracts with 85 unique providers throughout our catchment area to offer Supported Employment services to individuals with an IDD. Vaya’s IDD Supported Employment providers are all fully compliant with their Home- and Community-Based Provider Self-Assessment for Supported Employment.

The IPS-SE service definition and fidelity review requires providers to employ, contract with, or have access to benefits counselors. In SFY 2018-2019, Vaya received an allocation for Benefits Counseling services. Due to a deficit of trained benefit counselors, Vaya negotiated with DMH/DD/SAS to re-structure these funds to use for supporting providers in training up to three staff per IPS-SE provider as benefits counselors. In 2020, we utilized special categorical funding to again ensure that each team has trained benefits counselors available to assist people receiving IPS-SE.

Housing

Across the region, Vaya and our community partners employ multiple strategies to address housing needs. We strive to improve the quality of members’ lives by placing emphasis on housing, a well-researched social determinant of health. Vaya’s housing philosophy is grounded in local and community-based approaches guided by:

- The empowerment of members to live as independently as possible, while adhering to person-centered principles
- The belief that everyone has the right to safe, decent, affordable housing
- The promotion of supportive housing practices
- The exploration of innovative and emerging models

Our efforts are solutions-based, with resources carefully managed for the benefit of eligible members. Vaya’s Complex Care Management Department works closely in collaboration with internal and external stakeholders to improve access to and sustainability of housing resources. Member needs are stratified to best understand where individual growth can occur, and health outcomes can be achieved. Accordingly, eligible members are linked to the following community-based services and housing programs:

- Non-Medicaid and Medicaid Residential and Periodic Services
- Continuum of Care Permanent Supportive Housing Program

- TCLI
- Independence Project
- Housing Supports One-Time Assistance Program
- Integrated Supportive Housing Program

Vaya promotes supportive housing practices by offering quarterly housing trainings to network providers. Presented by trained housing experts, sessions include “Connecting Community Supports Teams to Permanent Supportive Housing” and “Substance Abuse Mental Health Services Administration’s Permanent Supportive Housing Evidence-Based Practices (EBP KIT)”.

Vaya achieved the following successes in supportive housing services during SFY 2020-2021 through the implementation of:

- Medicaid in-lieu of services (ILOS) and Medicaid(b) services: Vaya noted a 48% increase in service utilization, which ensured that members residential needs were met while at the same time addressing active treatment through meaningful day activities.
- Permanent Supportive Housing Continuum of Care Program: 255 household members experiencing homelessness were transitioned from the outdoors/shelters to a home of their own.
- TCLI: 123 members received adequate, appropriate public services and supports identified through person-centered planning in the most integrated setting.
- Independence Project: 10 members identified as high-need/high-cost attained and maintained integrated, affordable housing.
- Housing Supports Program: 132 members received funding that enabled them to gain access to long-term sustainable housing.
- Integrated Supportive Housing Program: 17 members were provided permanent community-based housing in integrated settings.

In addition, Vaya’s Olmstead Team transitioned 11 members with an IDD out of state developmental centers, state psychiatric hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and skilled nursing facilities to their own homes. The team ensured all members were linked to ongoing supports and services to remain in their new homes. Vaya’s Housing Supports Team focused on increasing access to affordable and viable housing units for extremely low-income and very low-income members by partnering with DHHS, the N.C. Housing Finance Agency, Legal Aid of North Carolina, local developers, and landlords. During SFY 2020-2021, Vaya’s housing supports development specialist recruited reputable landlords and identified more than 150 private-market vacancies to advance TCLI housing efforts. Vaya’s Housing Supports Team also conducted more than 175 housing quality standards inspections, which ensured housing units were safe and sanitary throughout the member’s tenancy. Vaya continues to collaborate with DHHS and public housing authorities to increase the number of mainstream vouchers/ subsidies available to our members.

Addressing local and statewide housing deficits remains a pressing need. Housing stability, quality and safety, affordability, and neighborhood all affect health outcomes. North Carolina’s 2020 Point-In-Time Count by the Continuum of Care noted that on one night during the last week of January 2020, 9,280 people experienced homelessness statewide. The national Point-In-Time Count estimated that individuals experiencing homelessness increased by 3% (12,846 additional people) from 2019 to 2020. A 2021 Robert Wood Johnson Foundation study noted that a high

percentage of the counties in our catchment area experienced at least one of four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

These difficulties were compounded by the COVID-19 pandemic. Throughout this health crisis, Vaya continued to successfully address housing needs by intensifying collaboration with local, state, and federal agencies. Vaya's Housing Supports Team maintained weekly, county-by-county contact with local health departments, emergency services, and public and private resources to provide critical, up-to-date housing information specifically addressing quarantine and isolation protocol. In addition, Vaya took swift action to support members in maintaining housing, including:

- Distributed federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to network providers to support increased staffing costs and the purchase of personal protective equipment
- Increased rates for members receiving non-Medicaid residential and N.C. Innovations Waiver services
- Partnered with a local nonprofit to offer rapid rehousing and housing stability services and funding
- Modified operational procedures allowing for essential housing functions to be conducted safely
- Disseminated information to help members and providers remain informed of how best to minimize risk of contracting and spreading COVID-19
- Offered providers maximum flexibility during the State of Emergency while maintaining quality standards
- Identified and requested specific waivers for existing contract requirements and clinical coverage policies/service definitions to enable clinical and support service flexibility

Vaya remains committed to working collaboratively to ensure a range of affordable and supportive housing options and models are available to meet member needs. The following elements of infrastructure would allow greater member access to housing resources:

- Securing administrative seed funding to coordinate stronger procurement efforts focused on financial assistance for member housing, including collecting and disseminating data to build a case for funding
- Expanding the array of supports available to members within specialty populations who are of transitional age
- Further advancing landlord outreach and access to development opportunities
- Supporting promotion of local and statewide pilots and initiatives to improve access to safe and affordable housing (e.g., Healthy Opportunities)
- Advocating for funding expansion and implementing policies that address the needs of specialty populations
- Pacing the implementation of Medicaid Transformation so that changes do not threaten, weaken, or destabilize existing infrastructure

Transportation

Transportation continues to be a key factor in timely access to services across the counties that Vaya serves. According to the NC DHHS interactive map on social determinants of health, with data from the U.S. Census Bureau's 2016 American Community Survey 5-year Estimates, as much as 18% of the population in our catchment area is without their own transportation, relying on natural or paid supports to access necessary physical and behavioral health services. While each county offers public transit to health care appointments for Medicaid beneficiaries, a high number of uninsured members remain without access to public transit.

In 2019, UniteUs, a technology company that creates end-to-end solutions focused on improved outcomes related to social determinants of health, published an online article titled, "Barriers to Care in Rural North Carolina". The article

states, “With over 80% of the counties in NC being considered rural, access to transportation to facilitate the distances between residences and health services is a necessity.” A research study conducted across 12 counties in western NC showed that those who had a driver's license had 2.3 times more healthcare visits for chronic care and 2 times more visits for regular checkup care than those who did not. Individuals with family or friends who could provide transportation had 1.6 times more visits for chronic care than those without transportation support. This study indicated that access to transportation played a significant role in one’s ability to receive the right care at the right time by the right provider.

Members surveyed by Vaya often report lack of transportation as a primary reason for missing a scheduled mental health or SUD assessment. To increase the likelihood that members discharging from the hospital connect to an outpatient provider, Vaya created a Peer Bridger program to meet with individuals post-discharge to identify barriers to keeping appointments. When transportation is identified as a barrier, the Peer Bridger and member develop a plan to meet those needs. A Peer Bridger may help a member access vouchers or provide transportation if the individual cannot access public resources. Currently, transportation is not a paid service managed by Vaya.

Multiple factors contribute to the lack of access to transportation in the Vaya catchment area. The mountainous, rural geography of many of our counties can create long driving times to comprehensive care providers. The DHHS interactive map on social determinants of health reports that as much as 25% of the population in some counties live below the poverty line, with up to 30% of residents in some counties lacking health insurance. Poverty, lack of health insurance, and lack of public transit place an undue burden on natural supports that often cannot be met. The development of a statewide comprehensive transportation plan to assist residents, regardless of insurance type, that includes access to transportation for health care services is a vital part of strengthening communities and promoting healthy outcomes.

Food Insecurity

Vaya recognizes the health impacts of food insecurity on our members. To target our interventions, we have implemented the following methods for screening and assessment:

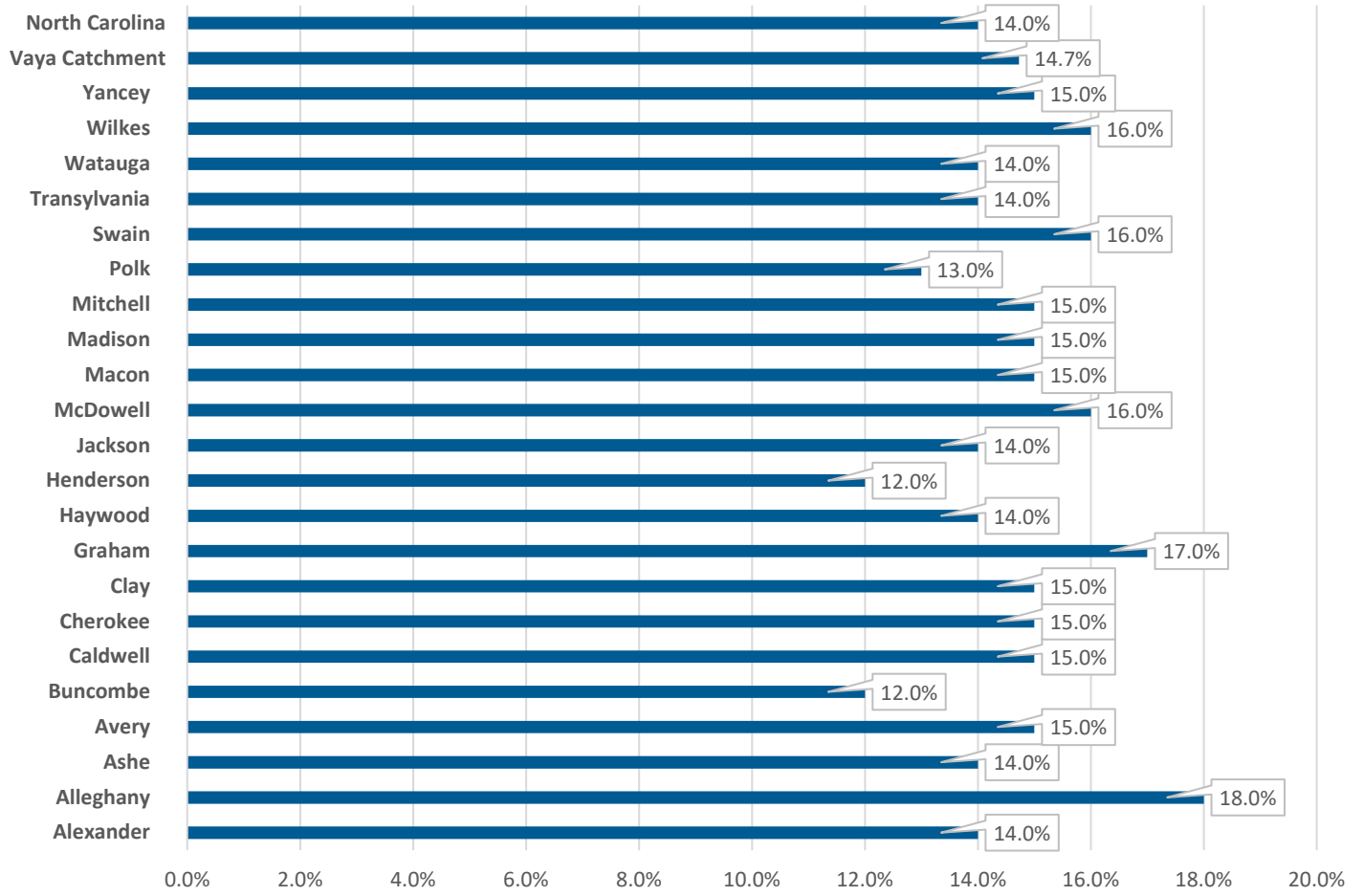
- As discussed above, Vaya conducts an HRA that screens for food insecurity for members participating in Complex Care Management
 - The assessment questions mirror those proposed by DHHS to assess social determinants of health.
 - Care plans developed post-assessment include goals addressing household needs for food and other social determinants of health.
- To assess needs of callers who are not identified for Complex Care Management Vaya is implementing a pilot Care Needs Screening.
 - As with the comprehensive health assessment for members served through Complex Care Management, the screening questions for the pilot mirror those proposed by DHHS to assess social determinants of health.
- Callers to Vaya Member Services who voice food insecurity concerns are routinely referred to local resources through 211 and NCCARE360 as NCCARE360 builds response capacity.

Average percent of people with food insecurity in Vaya catchment counties:

14.7%

People with Food Insecurity

countyhealthrankings.org data, 2020



SECTION THREE: ACCEPTABILITY

2020-2021 Community Needs Assessment Survey

Vaya maintains ongoing, open communication with network providers, practitioners, members and their families, community stakeholders, and staff to assess emerging service gaps and needs. This practice allows us to more effectively assess and address needs as they arise.

Annually, we employ targeted Community Needs Assessment Surveys (CNAS) to collect information from members and their families, providers, and community stakeholders about perceived service gaps in the Vaya network. Respondents to the 2020 and 2021 Community Needs Assessment Surveys provided feedback on the availability of several categories of specific services within our provider network. Each question offered the option to respond that gaps existed, gaps did not exist, or that the respondent did not know about the service. Respondents could also choose to skip the service-specific section completely. In 2020, the survey for members and their families was available in both electronic and print form. In 2021, due to the COVID-19 pandemic, the survey for members and their families was available in electronic format only. In 2020 and 2021, we promoted the CNAS through:

- Vaya's Provider Communication Bulletin
- Facebook posts
- Focused Facebook ads
- Direct emails to providers
- Flyers provided to network providers and community stakeholders
- Direct requests for support to our Board of Directors (BOD), Consumer and Family Advisory Committee (CFAC), Provider Advisory Council (PAC), Innovations Waiver stakeholders, Human Rights Committee (HRC) and comprehensive care centers
- Emails to member, natural support, and community stakeholder email distribution lists
- Direct emails and requests to members and their legally responsible persons from Vaya's Complex Care Management Department

In 2020 and 2021, we received responses from members, relatives, caregivers, network providers, and community stakeholders representing the three disability groups and all 22 counties in our catchment area. For consistency, we used the same survey in 2020 and 2021. The results of these surveys are presented together in this report.

Copies of the 2020-2021 Community Needs Assessment Surveys accompany this report.

Service Gaps Identified by Members, Family Members, and Caregivers

(Percentage of total respondents answering the question)

2020-2021	Service Category	There are service gaps	There are not service gaps
	Outpatient Services	67%	33%
	Location-based Services	42%	58%
	Community and Mobile Services	53%	47%
	Crisis Services	49%	51%
	Specialized Services	62%	38%
	C-Waiver Services	69%	31%

Service Gaps Identified by Network Providers and Community Stakeholders

(Percentage of total respondents answering the question)

2020-2021	Service Category	There are service gaps	There are not service gaps
	Outpatient Services	88%	12%
	Location-based Services	78%	22%
	Community and Mobile Services	75%	25%
	Crisis Services	80%	20%
	Inpatient Services	88%	12%
	Specialized Services	77%	23%
C-Waiver Services	88%	12%	

Analysis of National and State Annual Survey Data

Vaya participates annually in the Experiences of Care and Health Outcomes, Perceptions of Care, National Core Indicators and Provider Satisfaction surveys, as required by DHHS. For each survey, data is submitted to or collected by the State and is returned as a formal report. A summary of the information is presented to Vaya’s executive leadership, Board of Directors, Provider Advisory Council, Quality Improvement Committee and Consumer and Family Advisory Committee. We also share survey data, internal analysis, and feedback from staff, providers, and community members with appropriate Vaya staff for further analysis and action. Quality improvement activities may be initiated in response to survey findings to formally address areas of specific concern.

SECTION FOUR: SPECIAL POPULATIONS

Transitions to Community Living

Community-based Supported Housing Slots

How does the TCL team identify and engage eligible individuals in the Transitions to Community Living (TCL) priority population?

Vaya's TCL team provides In Reach to eligible individuals in the community. This includes individuals who have been identified via the Referral, Screening, Verification Process (RSVP), the DHHS In Reach list, and by a State Psychiatric Hospital. Since 2018, Vaya has employed a TCL community liaison who works in the community, hospitals, and county Departments of Social Services (DSS) and with other providers and stakeholders to provide education about TCL and the RSVP process. The TCL community liaison provides training and resources to community hospitals, legal guardians, ombudsmen, service providers and county DSS agencies to help identify individuals who may be eligible for TCL. Vaya's Call Center staff screen RSVP referrals and work with the TCL team to identify TCL eligible individuals. TCL in-reach and diversion staff notify eligible individuals, offer options counseling, and develop an individualized Community Integration Plan.

How does the TCL team provide access and transition individuals to community-based supported housing?

For SFY 20-21, TCL housed over 120 people in the community with tenancy supports. TCL works in collaboration with Vaya's Housing, Member Services and Provider Network Operations departments, as well as DHHS Regional Housing Coordinators, to help identify the housing inventory available in each county. Each TCL participant who agrees to move forward with transition planning receives a Comprehensive Clinical Assessment (CCA) to help identify necessary services to maintain supported housing in the community. Every TCL participant transitions into supported independent living with a tenancy support service in place.

How does the TCL team ensure an individual is transitioned within 90 days of assignment to a transition team?

During the transition planning process, barriers to housing are identified and addressed to help promote a smooth transition into housing within 90 days. Staff help resolve past issues such as late fees or when applicable, write letters requesting reasonable accommodation. schedule utilities, help purchase household items, and coordinate the lease signing and move in date. In SFY 20-21, 88% of individuals transitioned within 90 days.

How does the TCL team support individuals' housing tenure and ability to maintain supportive community-based housing?

Our transition coordinators ensure that each participant receives tenancy support services while in TCL supported living by requesting monthly updates from providers. To help maintain community-based housing tenure, TCL collaborates with the tenancy support provider and the rest of the transition team to support an individualized person-centered plan, regular team meetings to evaluate goal progress, and necessary plan updates that collectively promote timely, meaningful support for the individual throughout their tenancy.

IPS-Supported Employment

How does the TCL team ensure network adequacy of IPS-Supported Employment services?

Vaya has worked with our network of providers to develop IPS-Supported Employment across our region:

- RHA Health Services – Contracted to serve Buncombe and McDowell counties
- Family Preservation Services – Contracted to serve Buncombe, Henderson, and Polk counties
- Meridian – Contracted to serve Haywood, Jackson, Macon, Graham, Cherokee, Clay, Transylvania, and Swain counties
- Daymark – Contracted to serve Alleghany, Ashe, Avery, Watauga, and Wilkes counties
- Appalachian Community Services – Contracted to serve Graham, Cherokee, Transylvania, and Clay counties

If a waitlist occurs with any provider, TCL participants are placed at the top of the waitlist for the team serving that county and will get the first available opening.

What are the obstacles and barriers that the TCL team has encountered as well as recent activities and projects to engage and refer individuals in the TCL priority population?

Barriers include private and paid guardians' lack of understanding about the TCL process and available wrap-around supports and concerns about the risks of independent living for their ward. Other barriers include lack of available housing stock in desired counties and insufficient natural supports for individuals in communities.

Community-Based Mental Health Services

What is the array and intensity of community-based mental health services provided to individuals living in supportive housing?

Based on the recommendations of their Comprehensive Clinical Assessment (CCA), TCL participants can access Assertive Community Treatment (ACT), Community Support Team (CST), Transition Management Services (TMS), Peer Supports, Outpatient Therapy, Medication Management, Psychosocial Rehabilitation (PSR), Group Therapy, Substance Abuse Intensive Outpatient Program (SAIOP) and IPS-SE. The Crisis Service Continuum is also available 24/7. Available service frequency ranges from daily to monthly.

How does the TCL team provide supportive housing tenure and maintenance of chosen living arrangement?

TCL participants receive ongoing tenancy supports when housed. Tenancy support providers provide TCL with a monthly update on each housed member. Based on the update, the provider and TCL proactively address potential issues to promote continued housing. TCL participants can access funds for housing-related expenses, which if not resolved, will result in the individual being unable to maintain housing.

How does the TCL team support members after hospital, adult care home, or inpatient psychiatric facility admissions?

If a TCL participant is admitted to a hospital, adult care home, or inpatient psychiatric facility, our team collaborates with the transition team to orchestrate the individual's return to supported living, if that is the desire of the participant. The transition team includes care management (Acute Response/MHSU), tenancy support provider, guardian, transition coordinator, and natural supports. If the participant is inpatient and desires to return to their home, the TCL team works to maintain the home by ensuring that necessary bills are paid and tenancy is maintained during the stabilization period. If the participant returns to a care home, then TCL resumes in reach.

How does the TCL team address the use of crisis beds and community hospital admissions?

TCL encourages individuals to reach out to their behavioral health provider and follow their crisis plan. When individuals are admitted to crisis beds or community hospitals, TCL ensures that rent is kept up to date and can access emergency funding for other needs that will help maintain housing.

How does the TCL team address emergency room visits?

When a participant utilizes the ED, TCL staff reach out to the participant's provider to inform and request that the TCL participant connects with their medical home. The provider is instructed to contact TCL if housing is at risk so that a plan can be developed.

How does the TCL team address incidents of harm?

If there are incidents of harm, TCL ensures the member contacts their behavioral health and medical providers. If stabilization needs to occur outside of the home, TCL coordinates maintaining the home and lease in conjunction with the tenancy support provider.

How does the TCL team address time spent in congregate day programming?

TCL promotes connecting or reconnecting a participant with natural and paid supports. TCL works to identify and pair the individual with community engagements that match their interests. Participants can take advantage of Psychosocial Rehabilitation, Peer Living Rooms, as well as other community resources.

How does the TCL team address employment?

Each TCL participant is presented with information about IPS-SE and the value it may bring to their life. TCL connects individuals who express a desire to volunteer, pursue education or work with an IPS-SE provider in their local community who will help them gain meaningful employment, volunteer work or education.

How does the TCL team address school enrollment and attendance?

When TCL participants express a desire to pursue further education their Tenancy Support provider is notified and will support them in enrollment and attendance. Educational goals are included in the person-centered plan.

How does the TCL team address engagement in community life?

TCL encourages and helps the provider link the participant to community resources based on the participant's interests, which are listed on their community integration plan. TCL promotes connecting or reconnecting a participant with natural and paid supports. Often, participants take advantage of IPS-SE, Peer Living Rooms, connecting with faith communities, volunteer work, as well as other community resources.

What gaps and needs exist in community-based mental health services provided to individuals in community-based supportive housing?

There are continued gaps in services for our most rural counties, which limit service choice. Rural counties with small populations may only support having either a CST or ACT team. Vaya's TCL team is working in conjunction with Vaya's Provider Network team to strengthen service array in all counties. Other barriers include access to transportation and accessing dentists who accept Medicaid.

Describe the obstacles and barriers as well as recent activities and projects to address gaps in the array, intensity, and sufficiency of services for the TCL population.

The North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE) Pilot was started to overcome the challenges of delivering IPS-SE entirely through the Medicaid fee-for-service modality. NC CORE braids funding from Vaya and the Division of Vocational Rehabilitation (DVR) as members reach milestones built into IPS-SE. This has proven to be a financially sustainable model that has stabilized IPS-SE provider-based teams. As of Apr. 1, 2021, 187 members were receiving IPS-SE in the Vaya catchment.

Crisis Services

Describe the availability and array of crisis service system.

In coordination with RHA, Meridian, FPS, Daymark and ACS, we support 26 comprehensive care walk-in centers, which provide crisis prevention, early intervention, response, and stabilization services and supports as an alternative to emergency department visits or institutionalization. Services are provided based on triage protocols for emergent, urgent, and routine needs. Comprehensive care center practices are based on a trauma-informed, recovery-oriented system of care and may include:

- Mobile Crisis Management (MCM), Assertive Community Treatment Team (ACTT) and Community Support Teams (CST) that dispatch for all ages, behavioral health and IDD needs. This service is available to any individual regardless of Medicaid status and is available 24/7. Vaya meets the 100% benchmark for MCM, ACTT, and CST by offering a choice of at least two provider agencies within the MCO catchment area.
- Facility-based Crisis (FBC) for adults and children with behavioral health, substance use, and intellectual and developmental disability needs. This service is available 24/7 to any Vaya beneficiary. There are four FBCs serving adults in the Vaya catchment: The Neil Dobbins Center (C3356) in Buncombe County (16 bed capacity), Caldwell C3 Comprehensive Care Center in Caldwell County (16 bed capacity), The Balsam Center in Haywood County (16 bed capacity), and Synergy Recovery at the Shirley B. Randleman Center in Wilkes County (12 bed capacity). Vaya meets the 100% benchmark for FBC by offering a choice of at least one provider agency within the MCO catchment area.
- Outpatient Behavioral Health Services. These services are available throughout the week, with enhanced service (CST, ACTT, SAIOP, etc.) providers having 24/7 on call staff available for any crisis that may emerge.
- Assessment and diagnosis for mental health, substance abuse, and/or intellectual/developmental disability issues as well as crisis planning and referral for future treatment. Members can walk into any comprehensive provider Monday through Friday during normal business hours to receive an assessment.
- Medication management is available Monday through Friday during normal business hours and can be accessed through enhanced services (ACTT, CST, etc.) for any crisis or PRN need 24/7.
- The Peer Living Room at C3356 is open from 8 a.m. to 6 p.m., Monday through Friday, with a maximum capacity of 20 participants at any time.
- Recovery Education Centers are available Monday through Friday in Haywood, Jackson, Macon, and Transylvania counties.

Describe least restrictive setting and consistency with individual crisis plans.

Each TCL participant has a comprehensive community-based crisis plan. The Vaya Health TCL team works closely with the member and providers of tenancy supports to create these plans. The principles of recovery, housing first, employment first, person-centered practice, and full community inclusion, guide the implementation of the crisis plan. Each TCL participant has wraparound services and supports in place (e.g., Individual Supports, IPS-SE, PSR, Peer Supports, ACTT, Transition Management Services, MCM, Home Health, Primary Care Physician, etc.). These services are in place to help prevent unnecessary hospitalizations, incarceration, or institutionalization. Providers of these services follow the crisis plan to help ensure that the member can continue in the least restrictive setting. Providers strive to provide crisis response in the home or community. If a higher level of care is needed, the member can use a non-inpatient facility, such as Facility-based Crisis, to avoid unnecessary hospitalization, incarceration, or institutionalization.

What are the obstacles and barriers to crisis service availability and what are the recent activities and projects to address these gaps?

At times, TCL participants go to Emergency Departments when lower levels of care could be appropriate. Vaya is working to address this by providing education about our FBC centers and encouraging providers to show members these facilities. ACS in Haywood, RHA in Buncombe, Caldwell and the Daymark Child Facility Based Crisis units are designated as IVC drop off locations. Vaya is actively working with Synergy FBC to ensure that this facility becomes a designated involuntary commitment (IVC) drop off location. FBCs also help members receive care in the least restrictive setting.

In 2017, Vaya Health was selected to lead a pilot project that focused on addressing social determinants of health that contribute to high ED and hospital inpatient utilization. The pilot has been in operation since 2017. At times, TCL participants present to Mission Health ED with a primary behavioral health concern and become a part of the project. A collaborative effort among Vaya, RHA and Mission Hospital, the project – called the Comprehensive Case Management (CCM) for Adults with Mental Health Treatment and Substance Use Disorder Treatment needs – places staff in the ED to provide immediate linkage to services, as well as case management services post discharge. Following discharge, Vaya care managers link individuals to community supports that can prevent future ED visits and potential institutional placements. The pilot is currently funded through SFY 2022. Using pre and post admission data, ED utilization decreases over 40% and inpatient utilization decreases over 50% for individuals engaged in the program.

Describe how TCL operated during the COVID pandemic and any accomplishments over the past year.

As the COVID-19 pandemic escalated in the spring of 2020, TCL staff quickly adapted business processes, allowing work which typically was conducted face to face to occur virtually. Vaya provided participants smartphones to maintain communication with TCL during shelter-in-place and stay-at-home orders and utilized virtual meeting platforms to conduct care plan and team meetings. Despite Adult Care Homes (ACHs) being closed to outside visitors for many months, TCL continued to transition members out of these facilities by working with tenancy support providers, local housing resources, and DHHS to facilitate lease signings and documentation completion for members living in ACH/FCH settings. As front-line workers, TCL staff worked in the community to complete necessary functions such as lease signings, shopping for household goods, and to help on move-in days. Vaya TCL is proud to have helped transition over 120 members into permanent supported housing during SFY 2021.

Children with Complex Needs

Vaya identified a cumulative total of 128 individuals as meeting Children with Complex Needs (CWCN) eligibility criteria since reporting of CWCN data began in 2017:

Males	99
Females	29
Transitional Age (18-21)	49
Over age 21/ Aged out of CWCN Services (1 now on the Innovations Waiver)	6
Innovations Participants	44
Non-Innovations Participants	84
On Registry of Unmet Needs (Date range from 2009-2020)	44
With CAP-C	1
Peer reviewed for RUN placement, determined not to meet IDD eligibility	1
Has no Medicaid / opted out of CWCN and other services	1
Offered NC START referral	100%
Actively receiving NC START services	47
On NC START referral list	65
Inactivated from NC START	16
Transferred to Partners LME/MCO effective July 1, 2019	5

Service Needs

Identifying appropriately trained services providers for children identified as complex continues to be a barrier in our region. However, our Provider Network Operations and Complex Care Management staff continue to work closely with network providers to ensure access to medically necessary services for this identified population. Our interventions include enhanced rates for trainings to help direct service providers meet the children’s individualized needs. This has been used to develop specialized residential placements, respite options or other services. Additionally, we have worked to increase capacity within network for services such as applied behavioral analysis (ABA) and research-based behavioral health therapy (RB-BHT).

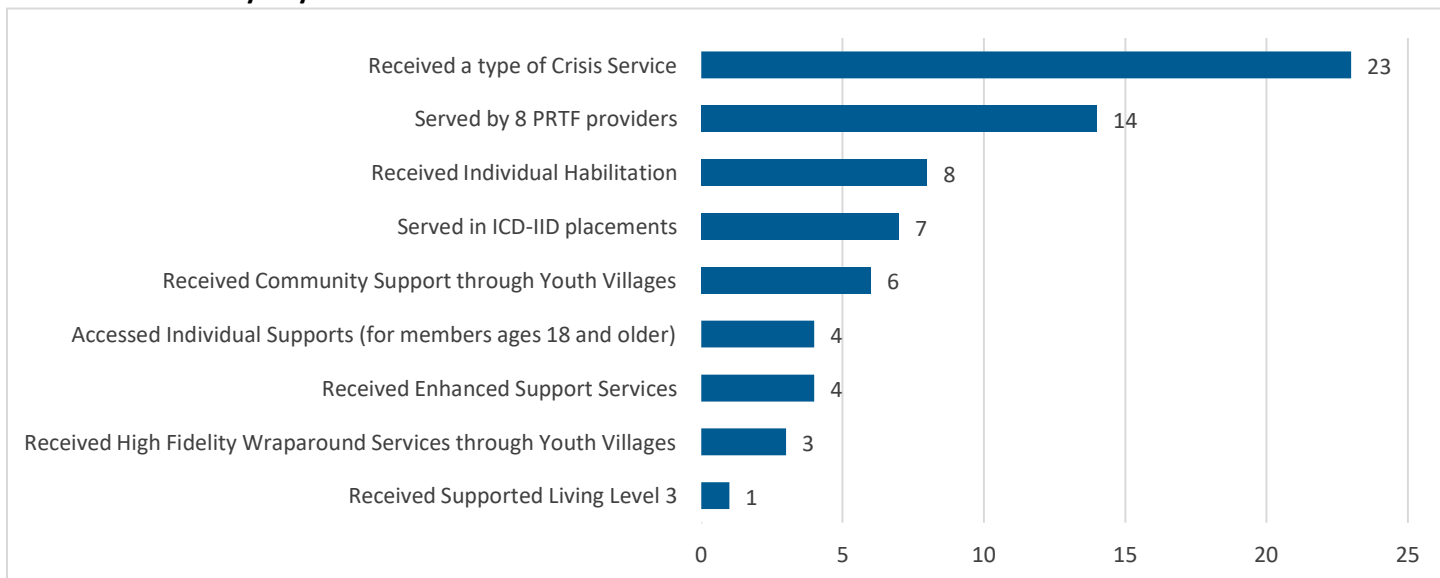
During this reporting period, service provision was impacted by the COVID-19 pandemic. For example, children in crisis experienced longer Emergency Department (ED) stays due to the inability to timely discharge from the ED into appropriate treatment because of increased safety protocols for admission (e.g., COVID-19 testing). Some facilities, such as residential group homes and therapeutic foster care homes reduced or suspended new admissions due to the pandemic. At the same time, some community-based services offered by Vaya providers were under-utilized. For example, the Transitional Youth Service available through Youth Villages for transitional youth ages 18-21 was accessed infrequently during the reporting period. Although there is no specific data on this issue, under-utilization may have resulted from decreased referrals from DSS, concern about allowing workers into the home during the pandemic, and lack of knowledge about the program (despite robust education efforts by Vaya throughout the catchment area).

Another issue impacting service provision during the reporting period is NC START’s backlog of referrals. Due in part to inadequate staffing, NC START has been unable to keep up with the volume of Vaya referrals. Increased funding allocations would allow the program to hire additional qualified staff to manage referrals more effectively and efficiently.

Strengths

Vaya's strengths as a managed care organization translate to improved services and outcomes for children who meet CWCN criteria. Our robust care management model and dedicated internal processes for specialty needs staffing offer a multi-disciplinary team approach. By collaborating with providers, we leverage creative solutions to develop a wider range of services for children who meet CWCN criteria. We also supported contracted providers' NADD certification efforts. For example, Vaya's review of data showed that of the 128 members identified in the Vaya November 2020 State of CWCN report, 123 members, or 96%, received at least one service from 149 providers – ranging from hospital inpatient services to Innovations Waiver services to community-based outpatient and enhanced treatment services.

Services Provided by Vaya Network to Children Who Meet CWCN Criteria



Innovations participants identified as meeting CWCN criteria have access to a broad range of services and supports available through the N.C. Innovations Waiver, which were expanded during the reporting period as a result of the flexibilities permitted under the COVID-19 Appendix K waiver. Currently, 29 children on the Innovations Waiver identified as meeting CWCN criteria are receiving services through NC START.

Despite the backlog noted above, NC START continues to be a good resource and the NC START West team is working with 45% of children currently identified by Vaya as meeting CWCN criteria. If a child's engagement with NC START suspends due to lack of progress or contact, NC START does not discharge but instead places the child in "inactive" status, which minimizes paperwork and reduces barriers for re-engagement. For example, a child who has been engaged with NC START in the past can re-engage in crisis through a simple phone call to the provider. In a team approach, transitional youth aging out are supported through transition to adult services with NC START if they are activated prior to aging out.

Vaya works with our network of providers to identify and encourage NADD certification as identified through the NADD allocation process. Currently, eight contracted provider agencies have a total of 79 staff members who are in the process of completing or have already completed the NADD certification process. Since July 2019, these eight agencies have provided an array of services and supports to 74 children identified as meeting CWCN criteria. Vaya is also actively working with MAHEC to help them obtain psychiatric certification through NADD. This would enable MAHEC to offer

dual diagnosis trainings to Vaya staff and providers, thereby improving workforce development and offering an avenue for NADD-certified providers to maintain their certification.

Areas of Opportunities and Growth

Vaya's focus for growth is working with specialized providers to achieve Advanced Medical Home + (AMH+) certification with IDD/MH focus for implementation following launch of the Behavioral Health and I/DD Tailored Plan. Vaya submitted a proposal to DHHS that would support MAHEC in becoming an AMH+ certified in IDD as a pilot project. This would allow MAHEC, and eventually other providers, to serve as a Medical Home model for the dual diagnosis population. The project would ultimately increase the available workforce serving children with complex needs and improve the overall education to support these children in their local communities. The proposal is currently pending DHHS approval.

Vaya will also continue to encourage provider participation in the NADD certification process. Additionally, Vaya will continue to support treatment of difficult to place children through targeted provider collaborations that include offering enhanced rates to fund the provider's ability to meet the child's specific needs, executing out-of-network agreements when necessary, and arranging for more concentrated training and consultation around specific diagnoses.

By permitting ongoing use of some services and supports allowed during the COVID-19 pandemic, such as telehealth and video conferencing, DHHS could support Vaya's growth in reaching families with more complex needs.

People with Traumatic Brain Injuries

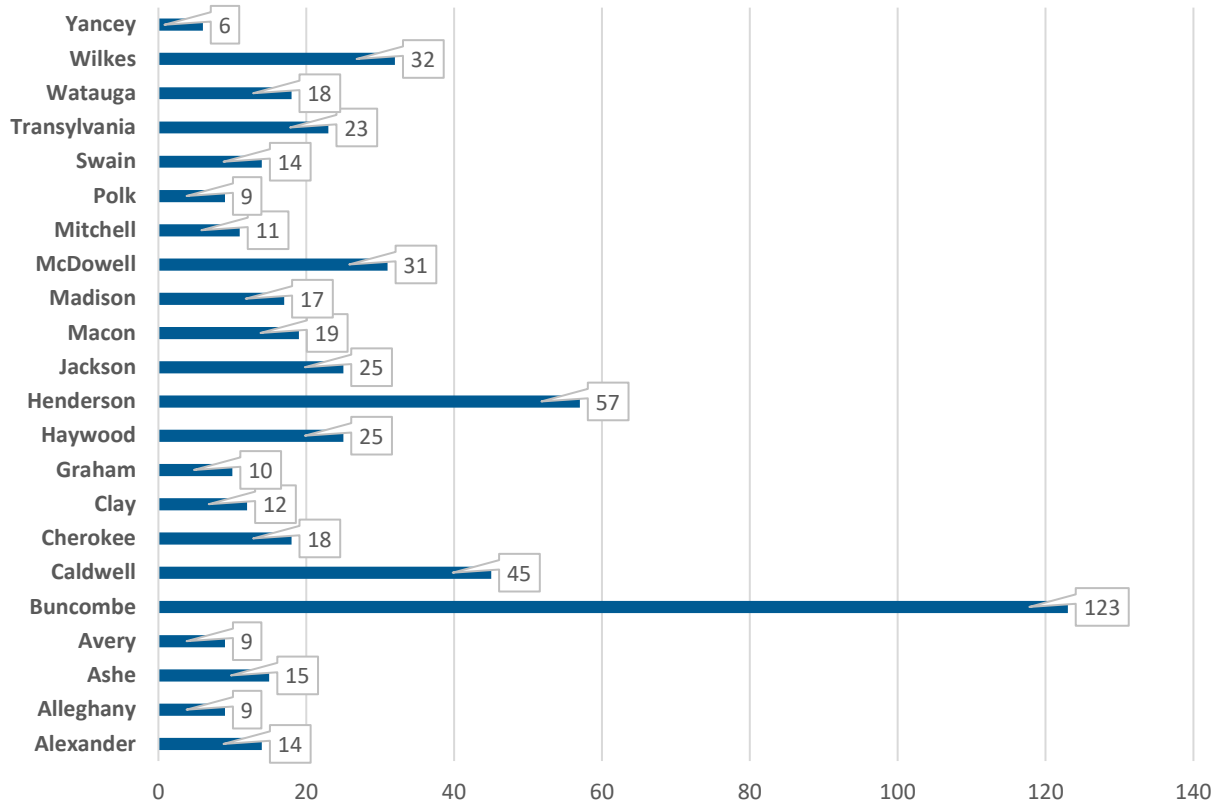
Unlike our approach to identification and intervention for persons with intellectual and developmental disabilities, North Carolina LME/MCO's currently have no consistent funding or statewide implementation of a method to identify members with traumatic brain injury (TBI) diagnoses.

Many services currently available for members with TBI are not specific to the treatment or support of a TBI diagnosis but may be linked to other comorbid conditions. Many members are diagnosed with TBI based on self-report during a clinical assessment, rather than DSM-5 criteria related to loss of consciousness and changes in cognitive functioning supported by recent psychological testing. For those reasons, we do not have exact data on the need, availability, or provision of services for TBI or on specific gaps in services for individuals with TBI.

Vaya receives \$175,000 in state funding annually to serve individuals with diagnosed TBI. Those funds support members through individual habilitation, developmental therapy, day program and respite services. Eighteen members were served rehabilitative day services at Hinds Feet Farm, which serves members from Buncombe and surrounding counties. In addition, the TBI allocation is available for costs to participate in community inclusion programs, as well as the purchase of assistive technologies, vehicle adaptations, and home modifications that are not covered under Vaya's standard Medicaid or non-Medicaid benefit plans.

To expedite access to TBI funding, Vaya's Member Services department refers members with TBI directly to local comprehensive care centers (CCC) to assess for potentially unmet needs. If a need exists, the CCC can then make referrals for the member.

People with TBI Served by Vaya (CY 2020 claims data)



NETWORK ACCESS PLAN

SECTION ONE: EXECUTIVE SUMMARY

The 2021 LME/MCO Community Mental Health, Substance Use and Developmental Disabilities Services Network Adequacy and Accessibility Analysis (herein referred to as “Gaps Analysis”) which looks at data from Jan. 1 through Dec. 31, 2020, is one part of a continuous and informed evaluation necessary to achieve our vision of communities where people get the help they need to live the life they choose. This Gaps Analysis was developed to comply with Joint Communication Bulletin #J387, issued by NC Medicaid and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) on Jan. 11, 2021. In April 2021, due to the continued COVID-19 health crisis, DHHS gave permission for all MCOs to submit one combined Gaps Analysis report for 2020 and 2021. DHHS further allowed telehealth services, under certain criteria, to be used to offset service gaps.

Network Availability and Accessibility

This year, in addition to the outpatient category of services, we mapped 37 Medicaid, 39 State-funded, and 24 Innovations Waiver services in seven service categories. We also included a list of Buprenorphine prescribers in our network.

Accommodation

This section includes catchment area demographics by county. We utilized U.S. Census Bureau data 2020 population estimates for these tables. The Census Bureau data also provided a breakdown of the population by race and ethnicity. We also addressed nine unique, underserved special populations highlighting the successes and barriers Vaya has experienced in providing services to individuals in these populations. Additionally, we conducted environmental reviews for four social determinants of health: housing, employment, transportation, and food insecurity.

Acceptability

For 2020 and 2021, we utilized a Community Needs Assessment Survey to request information regarding perceived service needs, gaps, as well as challenges and barriers to accessing services and cultural competency. The response rate to the 2020 survey was lower than average, in part because of the emerging COVID-19 health crisis. For consistency, we utilized the same survey in both years. The 2019 and 2020 combined surveys included 1,190 members, family members, caregivers, network providers, and community stakeholders’ responses.

Special Populations

The special populations section of this year’s Gaps Analysis addresses, in depth, the Transitions to Community Living Initiative, people with Traumatic Brain Injury (TBI), and Children with Complex Needs (defined as Medicaid eligible children ages 5 to 21 with a developmental disability including Intellectual Disability and Autism Spectrum Disorder and a mental health disorder who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others).

Current Progress on 2019-2020 Identified Medicaid Service Gaps

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
<p>Outpatient Services</p>	<p>In very rural areas of the catchment area with mixed terrain, and where there is a smaller number of members, there often is not sufficient volume to support multiple providers.</p>	<p>We continue to contract with agencies and licensed independent professionals (LIPs) both within the catchment and in bordering counties within the 30/45 requirement to provide service where additional coverage is necessary. This is most often needed in our most rural areas.</p> <p>If a need arises in addition to the providers Vaya is currently contracted with, we will offer to do an Out of Network contract for a provider with the specialty or location needed.</p> <p>Vaya has reached the 95% state standard for this service for 2021.</p>
<p>Psychosocial Rehabilitation (PSR)</p> <p><i>Location Based Services</i></p>	<p>Due to the rural nature of much of our catchment area and financial sustainability of this service for providers, we have continually supported the comprehensive care centers and larger area providers to offer and expand these services as needed.</p>	<p>We continue to work with providers to address gaps in the western region of the catchment area. Vaya also has contracts with agencies in bordering counties that are closer in some cases to the member who needs the service. When providers express an interest in the service or when we have a known network need based on internal and external stakeholders, Vaya Health will outreach providers to determine if the service is sustainable.</p> <p>We also fund Recovery Education Centers (REC) in the western region of our catchment area. This service provides the same level of support as PSR and is available for members to access. Since this service does not bill using the PSR reimbursement code the data is not displayed or calculated in the access and choice percentages. Meridian Behavioral Health provides REC services specifically in Transylvania, Macon, Haywood, and Jackson counties.</p> <p>Alternative service(s) include Individual Placement and Support-Supported Employment.</p>

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
<p>Child and Adolescent Day Treatment</p> <p><i>Location Based Services</i></p>	<p>We maintain that these services best meet the needs of members when they are delivered in collaboration with school systems and ideally, on school campuses. As school systems are responsible for determining who can deliver services on their campuses, they determine which willing and contracted provider will be allowed to develop the service.</p>	<p>We continue to work with our contracted providers and our catchment county school systems to implement Child and Adolescent Day Treatment services.</p> <p>When there is a need for this service, typically expressed by the school system, providers are outreached to determine sustainability.</p> <p>As an alternative to Day Treatment, Outpatient Plus (OTP) is a more inclusive model, allowing for the children to remain in their integrated classroom as opposed to being placed in Day Treatment. OTP provides teachers, parents/guardians, and the students with valuable skills and tools.</p>
<p>Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)</p> <p><i>Location Based Services</i></p>	<p>Although SACOT is an available Medicaid service, due to economy of scale because of a limited number of eligible Medicaid members, it is not a sustainable Medicaid service for the providers in our network.</p>	<p>Although SACOT is an available Medicaid service, due to economy of scale because of a limited number of eligible Medicaid members in our smaller, more rural counties, it is not a sustainable Medicaid service for many of the providers in our network. To expand the service, we would need a higher percentage of Medicaid-eligible individuals in need of the service. Additionally, a majority of SACOT is provided as a state-funded service. This service is currently subsidized by the state to maintain stability. To meet the need of members for whom the following services are medically necessary in areas that do not meet the established access standards, Vaya will:</p> <ol style="list-style-type: none"> 1) Enter into single case agreements with out-of-network providers who can provide the level of service required by the member, 2) Approve increased outpatient therapy services, 3) Utilize in-network Recovery Education Centers with a Substance Use track (up to 12 hours). <p>We are currently operating two SACOTs in our region - one through Insight Human Services Women's Recovery Center and one through the</p>

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
		<p>October Road Cross Area Service Program (CASP) through federal block grant and state funding.</p> <p>Where appropriate, Vaya utilizes alternative services: Assertive Engagement, CST, Recovery Support, Community Outreach and Engagement, Peer Support Services, Community Navigator, Long-term Vocational Support.</p>
<p>Substance Abuse Intensive Outpatient Program (SAIOP)</p> <p><i>Location Based Services</i></p>	<p>Vaya currently has no capacity for expansion of this service. All available funds are being utilized to maintain the existing programs within the catchment. Currently, all 23 catchment counties have programs.</p>	<p>Vaya has expanded this service to be able to reach every county in the catchment area. All available funds are being utilized to maintain the existing programs within the catchment area. To expand this service to have two or more providers, we would need a higher percentage of Medicaid eligible individuals who need this service. Additionally, a majority of SAIOP is provided as a state-funded service.</p> <p>Where appropriate, Vaya utilizes alternative services: Assertive Engagement, CST, Recovery Support, Community Outreach and Engagement, Peer Support Services, Community Navigator, Long-term Vocational Support.</p>
<p>Opioid Treatment</p> <p><i>Location Based Services</i></p>	<p>Many Substance Use members are not Medicaid eligible. Additionally, with the limited number of Medicaid recipients accessing the service, many providers cannot sustain their programs without additional support in state-funded reimbursement.</p>	<p>Vaya has expanded MAT Medicaid provider options and we are now contracted with 10 Opioid Treatment Programs (OTPs) and Office Based Outpatient Treatment (OBOT) with locations in ten counties serving 22 counties, including: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Caldwell, Haywood, Henderson, Jackson, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes and Yancey.</p> <p>Vaya only contracts with psychiatrists with a DEA X license, the State contracts with other types of doctors, physicians and nurse practitioners that provide opioid use disorder treatment services.</p>

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
		<p>Vaya has recently established a partnership with a pharmacy for the delivery and prescription of Suboxone.</p> <p>MAHEC continues the work to increase the number of Data 2000 prescribers in Vaya’s far western counties. We continue to explore other reimbursement models and are piloting a bundled service rate to expand this service.</p>
<p>Multi-systemic Therapy (MST)</p> <p><i>Community and Mobile Services</i></p>	<p>Vaya contracts with one provider to provide this service throughout the catchment area.</p>	<p>MST, provided by Youth Villages, is available to all members within the Vaya catchment area. Due to economies of scale, it is not financially viable for a second provider to bring up this service, as there are not enough referrals to support two providers of the service.</p>
<p>Facility-based Respite</p> <p><i>Crisis Services</i></p>	<p>A separate code is not currently in place for this service. The current respite code of H0045 with modifiers for individual and group respite is utilized for this service.</p>	<p>Vaya Health has two providers contracted to provide Emergent Need Respite services for IDD and co-occurring IDD and MH adult members. One home is licensed for four beds and the other is licensed for three. For child mental health and co-occurring MH and IDD, Vaya is contracted with two providers who have operational respite facilities. Both homes are licensed five bed facilities within Vaya’s catchment area (McDowell and Buncombe) and can serve members ages 6 to 17.</p> <p>The addition of these homes has successfully resolved this service gap.</p>
<p>Residential Treatment, Level 4</p> <p><i>Specialized Services</i></p>	<p>Both this resource and the need for this resource are extremely limited.</p>	<p>Vaya is contracted with the only two providers with two sites of this service, both are located out of our catchment. We are in discussion with one of our residential providers about the possibility of opening this level of service for specialized populations (staffing is currently the biggest barrier). As an alternative, we utilize FBC for crisis stabilization and step to lower level of care.</p>
<p>Substance Abuse Non-Medical Community</p>	<p>This service is being provided through alternative service codes utilizing state and block grant funds.</p>	<p>We currently have four non-medical substance use community residential facilities in our catchment area: Swain Recovery Center, serving males, females and adolescents; Mary Benson House, serving</p>

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
Residential Treatment <i>Specialized Services</i>		pregnant women and women with dependent children; October Road CASP, serving adult males; and First Step Farm, serving adult males and females in separate facilities. These programs are supported through federal SU Block Grant funds and state funds. We do not utilize the code H0012HB for these programs. Mary Benson House and October Road submit monthly reimbursement invoices. Swain Recovery Center shadow claim bills YP780 – Group Living High and submits reimbursement-based invoices. First Step Farm shadow claim bills YP760 – Group Living Low for their residential services.

Current Progress on 2019-2020 Identified Non-Medicaid Funded Service Gaps

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Outpatient Services	In very rural areas of the catchment area with mixed terrain, and where there is a smaller number of members, there often is not sufficient volume to support multiple providers.	<p>We continue to contract with agencies and licensed independent professionals (LIPs) both within the catchment and in bordering counties within the 30/45 requirement to provide service where additional coverage is necessary. This is most often needed in our most rural areas.</p> <p>If a need arises in addition to the providers Vaya is currently contracted with, we will offer to complete an out-of-network contract for a provider with the specialty or location needed.</p> <p>Vaya has reached the 95% state standard for this service for 2021.</p>
Psychosocial Rehabilitation (PSR) <i>Location Based Services</i>	Due to the rural nature of much of our catchment area and financial sustainability of this service for providers, we have continually supported the comprehensive care centers and larger area providers, to offer and expand these services as needed.	We continue to work with providers to address gaps in the western region of the catchment area. Vaya also has contracts with agencies in bordering counties that are closer in some cases to the member who needs the service. When providers express an interest in the service, we will outreach that provider to determine if the service is sustainable.

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
		<p>We also fund Recovery Education Centers (REC) in the western region of our catchment area. This service provides the same level of support as PSR and is available for members to access. Since this service does not bill using the PSR reimbursement code the data is not displayed or calculated in the access and choice percentages. Although gaps continue to exist in the western region, Meridian Behavioral Health is providing REC services specifically in Transylvania, Macon, and Jackson counties.</p> <p>Alternative service(s) include Individual Placement and Support-Supported Employment.</p>
<p>Child and Adolescent Day Treatment</p> <p><i>Location Based Services</i></p>	<p>There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.</p>	<p>There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment. State-funded requests for day treatment services will be reviewed by the Vaya Utilization Management department and will be approved based on medical necessity and the availability of State dollars to provide the service.</p>
<p>Substance Abuse Outpatient Treatment Program (SACOT)</p> <p><i>Location Based Services</i></p>	<p>There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.</p>	<p>There are two SACOT programs in our catchment area, a program for pregnant women and women with dependent children funded by federal block grant funding and a program connected to a men's residential cross area service program which is funded through designated state dollars. If additional funding becomes available, we will review options to expand the service.</p> <p>Where appropriate, Vaya utilizes alternative services: Assertive Engagement, CST, Recovery Support, Community Outreach and Engagement, Peer Support Services, Community Navigator, Long-term Vocational Support.</p>

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Substance Abuse Intensive Outpatient Program (SAIOP) <i>Location Based Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment. If additional funding becomes available, we will review options to expand the service. We have substance use outpatient treatment in all counties in our catchment area and Substance Abuse Intensive Outpatient Services in 14 of our 23 counties throughout the network. Where appropriate, Vaya utilizes alternative services: Assertive Engagement, CST, Recovery Support, Community Outreach and Engagement, Peer Support Services, Community Navigator, Long-term Vocational Support.
Facility-based Respite <i>Crisis Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State-funded requests for Facility-based Respite services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars. The addition of two homes has successfully resolved this service gap.
Opioid Treatment <i>Location Based Services</i>	Vaya currently supports as many Opioid Treatment programs as we can with the current available funding.	Vaya has utilized the state's Cures grant UCR funding to increase MAT capacity by 58% across our region in this fiscal year, which is 33% higher than the state average. We continue to explore new partnerships to expand MAT services. Medication costs, specifically Suboxone, and transportation continue to be a burden on members seeking MAT services. Vaya is working with DHHS to address those barriers by contracting with a pharmacy for the prescription and delivery of Suboxone. Vaya currently use grant UCR funding to increase service capacity. Vaya has one contracted provider in catchment that provides MAT as a bundle service.

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
		<p>The North Carolina Substance Use Disorder Treatment Program for Pregnant and Postpartum Women Pilot Project (NC PPW-Pilot), supported through this pilot grant mechanism, will provide the Division of MH/DD/SAS in partnership with Vaya in Wilkes County - family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders.</p>
<p>Day Supports</p> <p><i>Location Based Services</i></p>	<p>There are limited state dollars that are available to support this service which directly impacts the availability and accessibility of the service within our catchment area. Although Vaya Health does not offer State-funded Day Supports, an alternative meaningful day service within our benefit plan would be Adult Developmental Vocational Program (ADVP) which is available throughout our catchment for non-Medicaid recipients.</p>	<p>At times, individuals request facility based/location-based services like Day Supports. Although Vaya does not offer State-funded Day supports as part of our IDD benefit plan, an alternative meaningful day service that we do provide is ADVP, which is available throughout our catchment area for non-Medicaid recipients. Vaya continues to work with our contracted providers to increase the utilization of evidenced-based services (supported employment and respite) for our IDD members. If additional funds become available and there is a network need, Vaya will review options to expand the service based on demand.</p> <p>Alternative services (utilized where appropriate) include non-Medicaid funded Community Activity and Employment Transition (alternative service definition), Medicaid funded Long Term Community Supports (In-lieu of ICF/IID service definition), and non-Medicaid funded Long Term Vocational Support (alternative service definition).</p>
<p>Intensive In-Home</p> <p><i>Community and Mobile Services</i></p>	<p>There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.</p>	<p>State-funded requests for Intensive In-Home services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.</p> <p>When there is a need for this service providers are outreached for sustainability. We are able to meet all IHH needs at this time and can alternatively utilize MST, Trauma Focused CBT and individual, family or group therapy.</p>

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Inpatient Hospital – Adolescent/Child <i>Inpatient Services</i>	Children and adolescents with this level of need are typically Medicaid or NC Health Choice eligible. Mission Hospital (Asheville) has the only child/adolescent inpatient psychiatric beds in our catchment area.	In cases of non-Medicaid funded need, Vaya would enter into a single case agreement with our catchment area hospital with licensed child inpatient beds.
Multi-systemic Therapy (MST) <i>Community and Mobile Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State-funded requests for MST services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars. We utilize High-Fidelity Wraparound, Trauma-Focused CBT, Intensive In-home and/or Intercept as alternatives to MST.
Partial Hospitalization <i>Specialized Services</i>	Children and adolescents with this level of need are typically Medicaid- or NC Health Choice-eligible. There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State-funded requests for Partial Hospitalization services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.
Psychiatric Residential Treatment Facility <i>Specialized Services</i>	Children and adolescents with this level of need are typically Medicaid- or NC Health Choice-eligible. There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	Children and adolescents with this level of care need are, in most cases, Medicaid- or NC Health Choice-eligible. In cases where a child or adolescent are not eligible for Medicaid or NC Health Choice, Vaya Health's Utilization Management department will review and approved based on medical necessity and availability of funds. Vaya utilizes Child FBC's for member stabilization and then step member back into the community with wraparound services and supports. If met with the need for non-Medicaid funded PRTF service, Vaya can either add a state layer to the provider contract or offer invoice-based contracting.
Child Mental Health Out-of-home Respite <i>Specialized Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	Vaya Health has partnered with two network providers to open Child Mental Health respite facilities (out-of-home respite) to serve children and adolescents aged 6-17. Typically, children and adolescents needing this level of care will be eligible for Medicaid or NC Health Choice but in instances when they are not, Vaya's Utilization Management

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
		department will review and approve based on medical necessity and availability of funds.
Non-Medical Community Residential Treatment <i>Specialized Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State-funded requests for this service are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of state dollars. Peer operated respite services can be used as an alternative to this service where appropriate.
Medically Monitored Community Residential Treatment <i>Specialized Services</i>	This service is being provided through alternative service codes utilizing state and block grant funds.	We currently have four non-medical substance use community residential facilities in our catchment area: 1) Swain Recovery Center which serves males and females and adolescents, 2) Mary Benson House which serves pregnant women and women with dependent children, 3) October Road CASP which serves adult males, and 4) First Step Farm which serves adult males and females in two separate facilities. These programs are supported through federal SU Block Grant funds and state funds. We do not utilize the code H0012HB for these programs. Mary Benson House and October Road submit monthly reimbursement invoices. Swain Recovery Center shadow claim bills YP780 – Group Living High and submits reimbursement-based invoices. First Step Farm shadow claim bills YP760 – Group Living Low for their residential services.
Substance Abuse Halfway House <i>Specialized Services</i>	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State-funded requests for SA Halfway House services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars. Where appropriate Mary Benson House, TCLI, October Road (Men's CASP Program), and Transformation Village are used as alternatives to this service.

SECTION TWO: ACCESS PLAN

Actions to Address Identified Service Gaps in Section One: Network Availability and Accessibility

Data for providers as of Apr. 1, 2021, shows that Vaya fell below the 95% benchmark for the services listed below. Because of numerous factors (including our catchment geography, funding, and economies of scale) many of the same gaps identified and solutions presented in the 2019 Gaps Analysis are still in process. For each of these services, we will continue to move forward with the actions set out in Current Progress on 2019-2020 Identified Service Gaps section.

Service Below 95% Benchmark	Service Category	Funding Source(s)	Is this service gap offset through Telehealth inclusion option? *
Psychosocial Rehabilitation	Location Based Services	Medicaid and Non-Medicaid Funded	No
Child and Adolescent Day Treatment	Location Based Services	Medicaid and Non-Medicaid Funded	No
Partial Hospitalization	Specialized Services	Non-Medicaid Funded	No
Substance Abuse Comprehensive Outpatient Treatment Program	Location Based Services	Medicaid and Non-Medicaid Funded	No
Substance Abuse Intensive Outpatient Program	Location Based Services	Medicaid and Non-Medicaid Funded	No
Opioid Treatment	Location Based Services	Medicaid and Non-Medicaid Funded	No
Substance Abuse Non-Medical Community Residential Treatment	Location Based Services	Medicaid and Non-Medicaid Funded	No
Substance Abuse Medically Monitored Community Residential Treatment	Location Based Services	Medicaid and Non-Medicaid Funded	No
Multisystemic Therapy	Community and Mobile Services	Medicaid and Non-Medicaid Funded	No
Transition Management Service	Community and Mobile Services	Non-Medicaid Funded	No
Inpatient Hospital – Adolescent/Child	Inpatient Services	Non-Medicaid Funded	No
Psychiatric Residential Treatment Facility	Specialized Services	Non-Medicaid Funded	No
Residential Treatment Level 2: Therapeutic Foster Care	Specialized Services	Non-Medicaid Funded	No
Residential Treatment Level 2: other than Therapeutic Foster Care	Specialized Services	Non-Medicaid Funded	No

Service Below 95% Benchmark	Service Category	Funding Source(s)	Is this service gap offset through Telehealth inclusion option? *
Residential Treatment Level 4	Specialized Services	Medicaid	No
In Home Intensive	1915 (c) Waiver Services	Medicaid	No

DHHS provided the following guidance for telehealth on April 8, 2021:

*** Telehealth Inclusion Option**

Should the access/choice standards not be met for any services that can be reasonably administered through telehealth options, the network adequacy requirements for these services will be deemed adequate, as long as the LME/MCO provider network adheres to the following guidelines:

- Services requiring “time/distance” accessibility standards
 - At least 1 contracted provider site delivering telehealth services must be physically located within each county of the LME/MCO catchment
 - Must have an in-person option should the member desire to present themselves at the provider site
- Services requiring “within the catchment” accessibility standards
 - At least 1 contracted provider site delivering telehealth services must be physically located within each LME/MCO catchment
 - Must have an in-person option should the member desire to present themselves at the provider site

Actions to Address Geographic, Cultural or Special Populations Needs Identified in Section Two: Accommodation

Vaya utilizes feedback from people receiving services, family members and natural supports, CFAC members, community stakeholders, county and regional collaboratives, county administration and many others to better understand the specific needs of the people we serve. We are committed to ensuring access to care for all health plan members by recognizing and working to reduce potential barriers to treatment. Vaya has created a system that incorporates cultural and linguistic competency at its core. Vaya conducts an annual population assessment to assess the characteristics and needs of its member population. Network providers are required to complete a Cultural Competence Self-Assessment Tool annually.

As addressed in Section Two: Special Populations, Vaya currently provides specialized services to multiple special populations, such as people with TBIs, people with disabilities, people who are blind or visually impaired, people who are deaf or hard of hearing, members who are in the armed services, veterans and their families, pregnant women with substance use disorder, people who identify as LGBTQ+, people who are in jails or prisons, youth in the juvenile justice system, and justice-involved populations.

Actions to Improve Member and Stakeholder Experience as Identified in Section Three: Acceptability

The annual Community Needs Assessment Survey (CNAS) is a useful tool for us to assess the understanding of community members regarding available network services. In some cases, stakeholders identify service gaps that do not match the actual availability of services (e.g., Outpatient services). In these cases, it is our responsibility to find out why

the community does not know that services are available. We also need to assess if there are geographic or demographic barriers that are preventing our members from accessing the available services. Additionally, we need to assess if these barriers can be controlled within the catchment and act to make these corrections. This is a continuous business process. For the upcoming year, we will continue to address our actual service gaps and educate the community regarding available services. Additionally, we will work to develop new and innovative services that better treat the whole person.

SECTION THREE: IN LIEU OF (MEDICAID) AND ALTERNATIVE (NON-MEDICAID FUNDED) SERVICES

Outpatient Plus (OPT Plus)

MEDICAID

Current Geographic Area Covered

Outpatient Plus is being delivered by five of our contracted providers serving members in Buncombe, McDowell, Mitchell, Transylvania, Macon, Haywood, Jackson, Henderson, and Avery Counties.

Service Capacity

During calendar year 2020 (Jan. 1 through Dec. 31, 2020), 124 members utilized this service.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

As an alternative to Day Treatment, Outpatient Plus is a more inclusive model, allowing for children to remain in their integrated classroom as opposed to being placed in Day Treatment. Outpatient Plus provides teachers, parents/guardians, and the students with valuable skills and tools. During calendar year 2020 (Jan. 1 through Dec. 31, 2020), 124 members utilized this service.

Barriers & Lessons Learned

At times, families can be resistant to letting clinicians and qualified professionals (QPs) into their homes. Outpatient Plus is only provided in a few schools whereas any school can refer to Day Treatment as it is more widely available. Outpatient Plus service delivery minimums make it difficult to bill when a child misses one of their weekly sessions (must receive one hour of therapy per week for the provider to be allowed to bill for QP services).

Behavioral Health Crisis Risk Assessment and Intervention (BH-CAI)

MEDICAID

Current Geographic Area Covered

BH-CAI is currently contracted with two of our Comprehensive providers, RHA and Appalachian Community Services (ACS) in Buncombe and Haywood counties. However, due to funding shortages both programs scaled back services and are not currently billing BH-CAI in their daily operations.

Service Capacity

During calendar year 2020 (Jan. 1 through Dec. 31, 2020), 251 members utilized this service.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

BH-CAI is a service provided within a Behavioral Health Urgent Care (BHUC). The RHA BHUC maintains a 16- bed Facility Based Crisis center in Buncombe County and ACS maintains a 16-bed Facility Based Crisis center in Haywood County that are available for crisis and/or detox services. Both programs have a BHUC integrated into their facilities. However, due

to funding shortages the unit at ACS ceased BHUC operations and the unit in the RHA facility scaled back to Tier-3 BHUC operations. Vaya is currently working with community stakeholders to identify alternative funding options to re-institute Tier 4 BHUC level 24/7 services at both facilities. During calendar year 2020 (Jan. 1 through Dec. 31, 2020), 251 members utilized this service.

Barriers & Lessons Learned

Maintaining consistent funding for Tier 4 BHUCs has been the largest barrier in maintaining this service. With losses in state funding and Medicaid reimbursement rates due to Standard Plans, providers have not been able to maintain daily operations. To maintain operations capacity, we are exploring other potential funding options through counties and other community funders.

High Fidelity Wraparound

MEDICAID

Current Geographic Area Covered

Services are being offered in Alexander, Buncombe, Caldwell, Cherokee, Henderson, Polk, Wilkes, Haywood, Jackson, Swain, Macon, Graham, Clay, and Cherokee counties by Youth Villages.

Service Capacity

Capacity will be limited for these services in the pilot phase of implementation. Capacity for this service will increase as providers are familiarized to the intricacies of the service delivery model, provider requirements, and expected outcomes.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

This service is offered as an alternative to Day Treatment, Intensive-In-Home, PRTF, and/or Inpatient services. This service is intended to help those who:

- Have a history of erratic or non-engagement in treatment based on barriers identified in the service plan
- Need a graduated step down from a higher level of care to Outpatient
- Are in a residential setting and need coordination to transition to an alternate level of care where the transition is expected to occur in a 6 month or less timeframe
- Are at risk of higher level of care and it is determined that this service will reduce that risk
- Have symptoms and behaviors that are unmanageable at home, school, or in other community settings due to the deterioration of the beneficiary's mental health or substance use disorder condition, requiring intensive, coordinated clinical interventions with a greater level of required collateral contact and involvement; and/or
- Are unable to manage his/her symptoms or focus on recovery and relapse prevention planning (independently or with family/caregiver support), due to unmet basic needs such as safe and adequate housing or food, or legal, educational, vocational, financial, health care, or transportation assistance for necessary services

Barriers & Lessons Learned

Referral flows, member identification and work sites are dependent on external stakeholders such as local school systems and DJJ leadership, which has slowed the implementation of this service. Vaya continues to provide education about this service, and we are seeing a gradual increase in referrals across the Vaya region.

Enhanced Therapeutic Foster Care

MEDICAID

Current Geographic Area Covered

This service is provided by contracted providers A Caring Alternative, Carolina Therapeutic services, Families First Support Services and Davidson Homes, Inc. and allows for member referral throughout the Vaya Health catchment area.

Service Capacity

Capacity for this service is very limited due to COVID-19 restrictions and families unwilling to accept new children into their homes. Multiple providers continue to express interest in growing the service but have struggled identify families to provide the service.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

Enhanced Therapeutic Foster Care is a cost-effective alternative to Intensive Alternative Family Treatment (IAFT) and can prevent institutional care in a Residential Level III setting or Psychiatric Residential Treatment Facility (PRTF) and allow for Emergency Department (ED) and other crisis service diversion.

Barriers & Lessons Learned

Due to COVID-19, foster Care families have been reluctant to accept new children and it has also been difficult to recruit new foster families into the treatment system. Vaya has recently engaged Benchmarks to assist with a Vaya region wide campaign to recruit additional foster families into the system. We hope this campaign along with reduced COVID-19 restrictions may help grow this service.

Transitional Youth Services

MEDICAID

Current Geographic Area Covered

This service is provided with contracted provider Youth Villages and is designed for member referral throughout the catchment area of Vaya Health.

Service Capacity

Capacity for this service will increase as county DSS agencies are better able to integrate this service into their treatment continuum for children aging out of the foster care system. During calendar year 2020, 116 were served via Transitional Youth Services by Youth Villages.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

This service is offered as an alternative to Intensive In-Home Treatment and residential treatment. It is designed for members who are leaving the foster care or juvenile justice systems, or who otherwise find themselves in this life stage without the developmentally appropriate and necessary skills and supports to successfully transition to adulthood. Transitional Youth Services aims to prevent unnecessary out of home placements. During calendar year 2020, 116 were served via Transitional Youth Services by Youth Villages.

Barriers & Lessons Learned

Development continues and is largely dependent on collaborative conversations with external stakeholders such as DSS, juvenile justice and residential treatment facilities. Vaya continues to provide additional education to community stakeholders about the benefits of supporting youth as they age into the adult treatment system.

Long Term Community Support (LTCS)

MEDICAID

Current Geographic Area Covered

This service is provided by contracted providers and is available in all counties within the Vaya Health catchment area.

Service Capacity

Capacity for this service has increased as members are added to the Registry of Unmet Needs and providers are familiarized to the intricacies of the service delivery model, provider expectations, and expected outcomes.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

LTCS for individuals with intellectual disability is an alternative definition *in lieu of* ICF-IID under the Medicaid 1915(b) benefit. This service enables Vaya to provide comprehensive and individualized active treatment services to adults with IDD to maintain and promote their functional status and independence. This is also an alternative to HCBS waivers for individuals who potentially meet the ICF-ID level of care. The average wait time in the Vaya coverage area is 10 years for an Innovations Waiver slot. During calendar year 2020, Vaya was contracted with 56 providers of this service, serving 395 members.

Barriers & Lessons Learned

Development remains largely dependent on collaborative conversations with external stakeholders around identifying referral flows, target members, space, etc. This service is limited to the age group of 22 and over leaving a gap for individuals aged 18-21 without this needed service.

Critical Time Intervention (CTI)

MEDICAID

Geographic Area Covered

Medicaid funded CTI is contracted with one provider in Buncombe County. However, due to COVID-19, this service is no longer being provided by the provider. Once COVID-19 restrictions are lifted Vaya will work with the provider to begin implementation.

Service Capacity

This service is contracted with one provider in Buncombe County. However, due to COVID-19, this service is no longer being provided by the provider. Once COVID-19 restrictions are lifted Vaya will work with the provider to begin implementation.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

CTI is an evidence-based intensive nine-month case management model designed to assist adults aged 18 years and older with mental illness who are going through critical transitions. CTI promotes a focus on recovery and psychiatric rehabilitation and bridges the gap between institutional living and community services. CTI differs from traditional case management because it is time-limited, focused and follows a three-phase approach (Transition to the Community, Tryout and Transfer of Care). Unlike some other models, timing of movement through the phases is defined by the program model, not the readiness of the individual. At the end of the nine months, individuals receiving CTI should be engaged with desired and appropriate community-based services which can provide ongoing support.

Barriers

Over the past year COVID-19 and staffing shortages have prevented the effective use of this service.

Peer Support and Peer Support Group (H0038 and H0038HQ)

NON-MEDICAID FUNDED

Geographic Area Covered

Non-Medicaid funded Peer support (individual, group) is being provided by 14 contracted providers in 22 unique sites out of the 22 counties in Vaya Health's catchment area. Peer support is a community-based service that enables peer support specialists to meet members where they are, whenever they are needed.

Service Capacity

Vaya has contracted with 14 providers for this service, and those providers supported 2,436 members during calendar year 2020.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

Non-Medicaid funded Peer Support services enable those without Medicaid to access much needed peer to peer services, providing a lived experience and understanding that most therapists are unable to. In calendar year 2020, 2,436 members accessed either individual or group state-funded peer support services.

Barriers Encountered or Challenges Experienced during Implementation

Face-to-face encounters were limited due to the COVID-19 pandemic. The temporary allowance of telehealth for this service provided a way for members to have contact with their peer mentors. This service has been added to the non-Medicaid benefit plan and will no longer be tracked as an Alternative Service Definition moving forward.

Assertive Engagement

NON-MEDICAID FUNDED

Geographic Area Covered

Non-Medicaid funded Assertive Engagement is provided by our contracted comprehensive providers (RHA, Daymark, Family Preservation Services (FPS) and Appalachian Community Services (ACS)) in every county within our catchment area. October Road, Inc., and Catawba Valley Behavioral Healthcare also provide post-discharge assertive engagement.

Service Capacity

Assertive Engagement is available in every county within Vaya Health's catchment area.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or reengage the individual into services and/or assess for needs. The service is designed to:

- Develop and maintain meaningful engagement in services
- Reduce hospitalization frequency and duration
- Provide continuity of care regardless of life circumstances or recovery environment
- Improve compliance with medication
- Increase social networks and improve family relationships
- Prevent relapse
- Offer linkage to appropriate level of service

Barriers Encountered or Challenges Experienced during Implementation

Implementation and development are largely dependent on collaborative conversations within provider's clinical teams, local law enforcement, members and potential members around identifying target members and referral flows. Additionally, COVID-19 created significant barriers in meeting individuals in the community and developing the rapport needed to engage individuals in services.

Recovery Support

NON-MEDICAID FUNDED

Geographic Area Covered

Non-Medicaid funded Recovery Support is being piloted by one provider, October Road, Inc., serving Buncombe County.

Service Capacity

Due to the limited state funds Vaya has contracted only one provider for this service. However, this provider supported 78 members during calendar year 2020.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

Non-Medicaid funded Recovery Supports is being provided by one contracted provider. This service allows for ADATC Peer Bridgers to provide follow-up after discharge engagement (within one to seven days from discharge from an ADATC) for this targeted non-Medicaid ADATC VIP group. During calendar year 2020 (Jan. 1 through Dec. 31, 2020), 78 members utilized this service.

Barriers Encountered or Challenges Experienced During Implementation

Implementation, development, and service expansion is largely dependent on available state funds. Current contracted provider has been successful with the available funds for this project. Additional expansion will be evaluated based the availability of non-Medicaid funding.

Crisis Evaluation and Observation

NON-MEDICAID FUNDED

This service is currently being provided under other service codes. This code is not presently contracted with our network providers.

Peer Support Hospital Discharge & Diversion - Individual and Group

NON-MEDICAID FUNDED

This service is currently being provided under other service codes (Assertive Engagement/Peer Bridger Model). This code is not presently contracted with our network providers.

Hospital Care Discharge Transition Services

NON-MEDICAID FUNDED

This service is currently being provided under other service codes. This code is not presently contracted with our network providers.

Jail Support

NON-MEDICAID FUNDED

Geographic Area Covered

Non-Medicaid funded Jail Support is being provided in Vaya's northern region by Daymark, one of our four comprehensive providers. Counties with Jail Support sites include Avery, Alleghany, Ashe, Wilkes, and Watauga counties.

Service Capacity

Non-Medicaid Jail Support is limited to three sites serving five counties (Avery, Alleghany, Ashe, Wilkes, and Watauga counties).

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

During calendar year 2020 Daymark supported 332 members via the Jail Support service. The purpose of this program/service is to divert individuals with Severe and Persistent Mental Illness, Severe Mental Illness and/or co-occurring substance abuse problem or developmental disabilities from the criminal justice system into treatment services. The provider advocates with prosecutors, defense attorneys, probation officers and the court system to develop an appropriate community-based disposition for members.

Barriers Encountered or Challenges Experienced During Implementation

Aligning outcomes and best practices between stakeholders and service providers. This is a valuable and needed service for all detention centers across the Vaya region, but due to limited non-Medicaid funding it is difficult to expand.

Community Activity and Employment Transition (CAET) Group

NON-MEDICAID FUNDED

Geographic Area Covered

CAET is being provided in Watauga and Ashe Counties.

Service Capacity

The current CAET provider can expand the service base with an increase of non-Medicaid funds and non-Medicaid eligible individuals.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

CAET provides group supervision and services during a substantial part of the day in a fully integrated setting with community resources and access. The CAET model is designed to support the individual's personal independence and promote social, physical, and emotional well-being through activities such as integrated employment supports, community inclusion, social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources. Level of support may reflect economic conditions, unemployment rates and other local demographics that will allow the service to be individualized according to local area needs. This service supports members who are currently enrolled or have been in facility-based services like Adult Developmental Vocational Programs (ADVP). CAET services promote transitions through the continuum of employment services such as Supported Employment and Long-Term Vocational Supports. CAET provides:

- Transitional Support (school to work);
- Retirement Supports (support for those whose ability to work is changing due to age and other related medical conditions);
- Supports for People with Multiple and Complex Needs

With the development of the Medicaid In-Lieu of ICF/IID service Long Term Community Support, there has been less of a demand for CAET. However, it is still available for members with an intellectual and/or developmental disability who do not have Medicaid.

Barriers Encountered or Challenges Experienced during Implementation

No barriers have been experienced.

Recovery Education Center (REC) Individual and Group, Assertive Engagement within REC

NON-MEDICAID FUNDED

Geographic Area Covered

Recovery Education (REC) both Individual and Group as well as Assertive Engagement within the REC is being provided by Meridian Behavioral Health Services (Meridian) in Haywood, Jackson, Macon, and Transylvania counties.

Service Capacity

Non-Medicaid funded REC and Assertive Engagement within a REC are being provided in four counties within Vaya Health's catchment area by one provider.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service?

Our contracted provider served 3,782 unique individuals across all RECs during calendar year 2020. Of those who received the service, approximately 35% (1,324 members) had a primary funding source of state funds, 35% were covered by Medicaid and the remaining 30% were funded by some other combination of funding sources, which may include state funds as a secondary payer.

Recovery Education is an adult service program that utilizes an educational and peer support model to facilitate skill-building and wellness self-management. At RECs, individuals with mental health and/or substance use issues are encouraged to view themselves as "students" that take classes in recovery and wellness topics to further develop their expertise in managing their own recovery. RECs offer an environment of self-direction and empowerment that focuses on structured educational group offerings (classes, seminars, workshops, labs) with only limited focus on individual support and counseling provided by program staff. To meet immediate access needs as well as provide unscheduled support to individuals with more urgent needs, RECs are required to maintain open enrollment policies for at least 70% of their classes.

Barriers Encountered or Challenges Experienced during Implementation

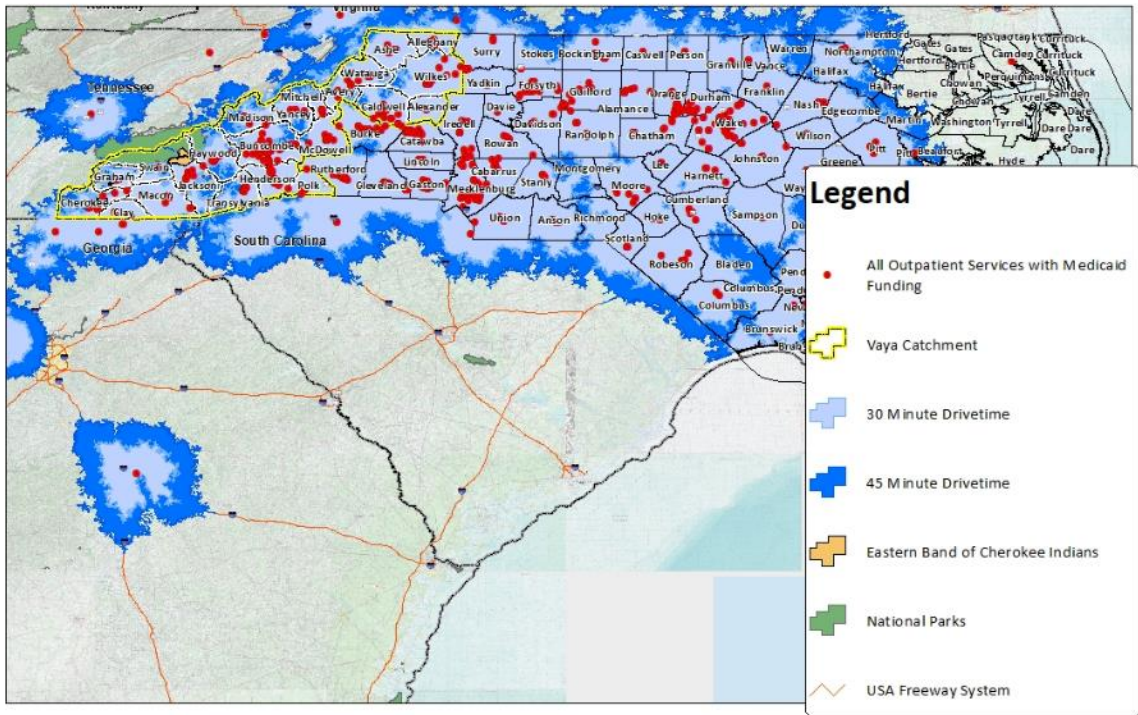
No barriers have been experienced.

Geo-Access Maps

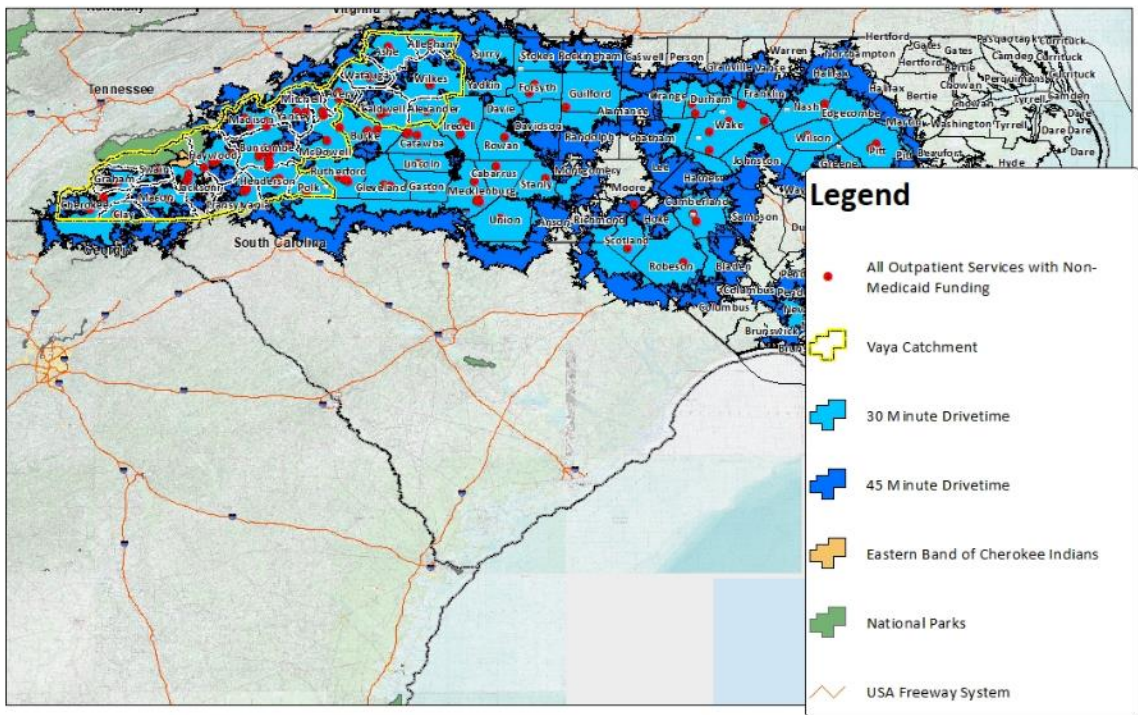
- I. Outpatient Services (Medicaid & Non-Medicaid Funded)
- II. Location-Based Services (Medicaid & Non-Medicaid Funded)
- III. Community/Mobile Services (Medicaid & Non-Medicaid Funded)
- IV. Crisis Services (Medicaid & Non-Medicaid Funded)
- V. Inpatient Services (Medicaid & Non-Medicaid Funded)
- VI. Specialized Services (Medicaid & Non-Medicaid Funded)
- VII. 1915 (c) Waiver Services (Medicaid)
- VIII. Additional Opioid Services (Medicaid & Non-Medicaid Funded)

Outpatient Services

Vaya Health All Outpatient Services with Medicaid Funding SFY20



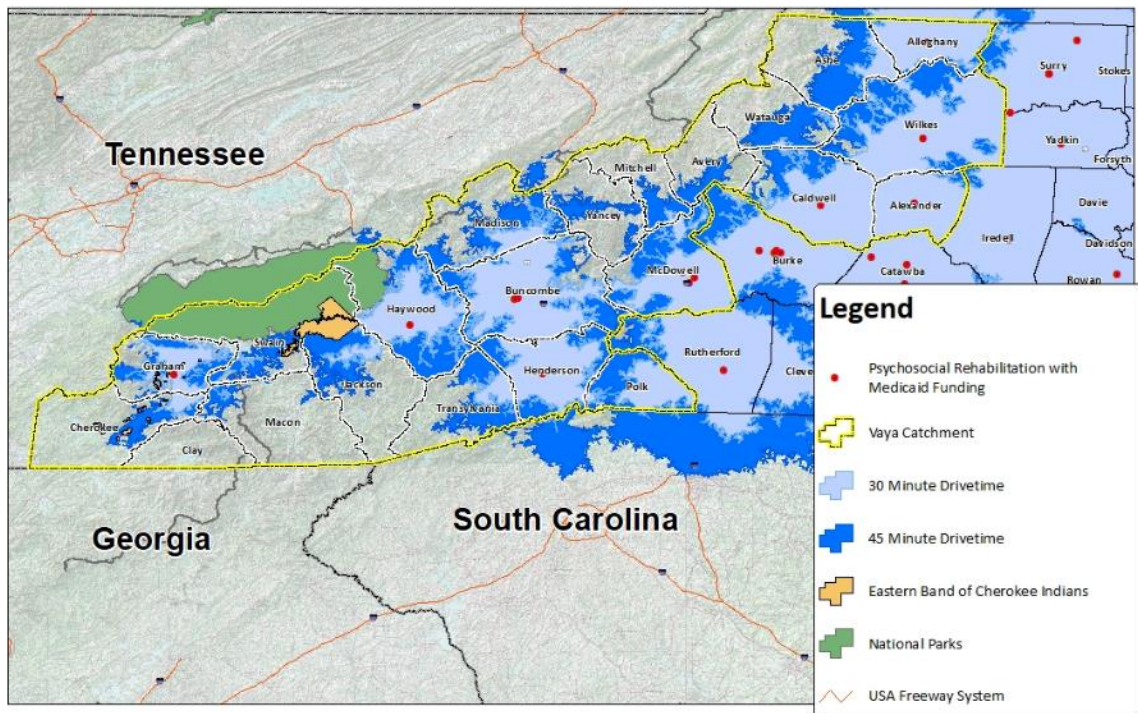
Vaya Health All Outpatient Services with Non-Medicaid Funding SFY20



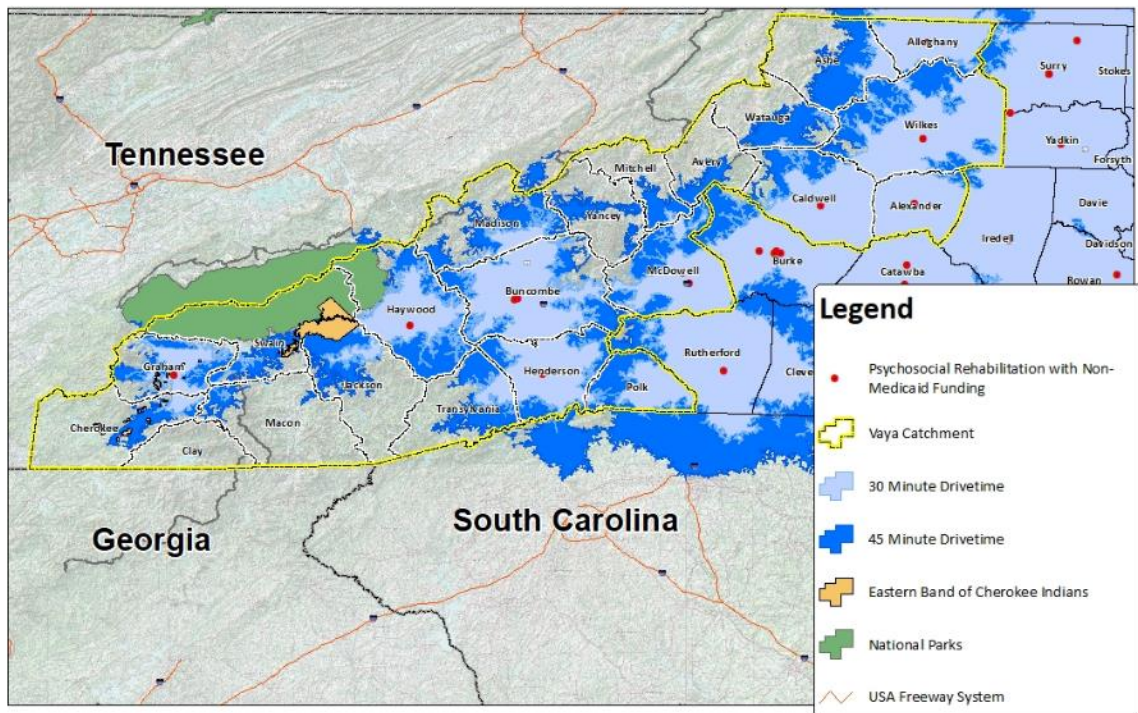
Location-Based Services

Psychosocial Rehabilitation

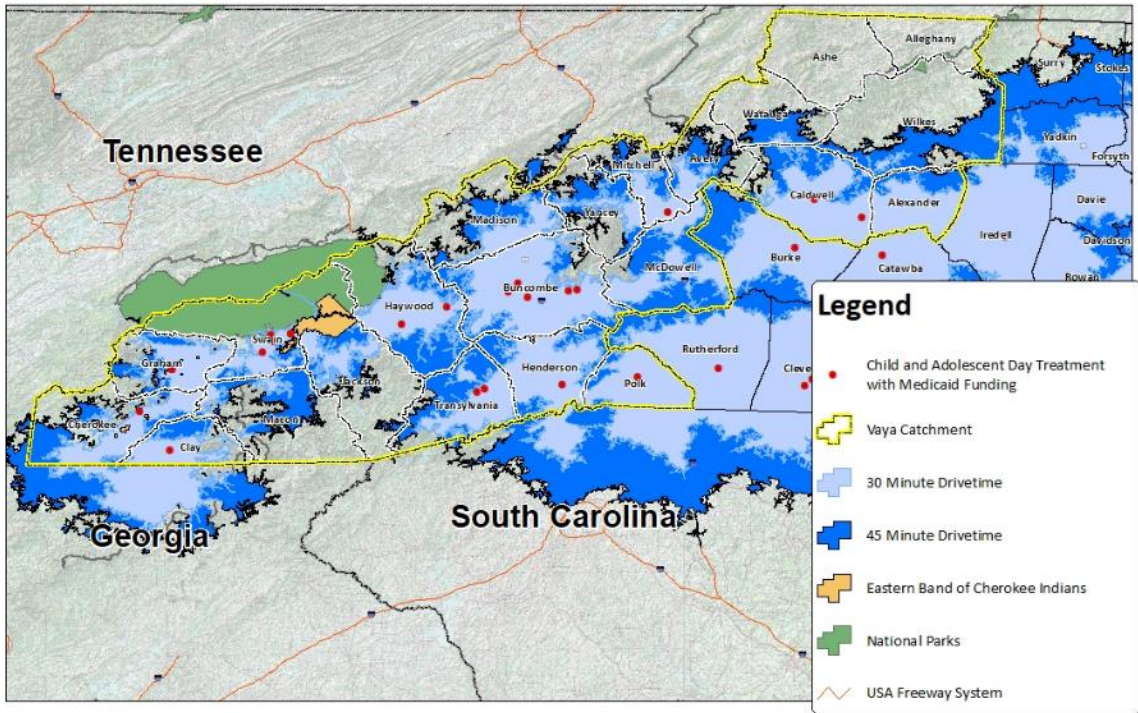
Vaya Health Psychosocial Rehabilitation with Medicaid Funding SFY20



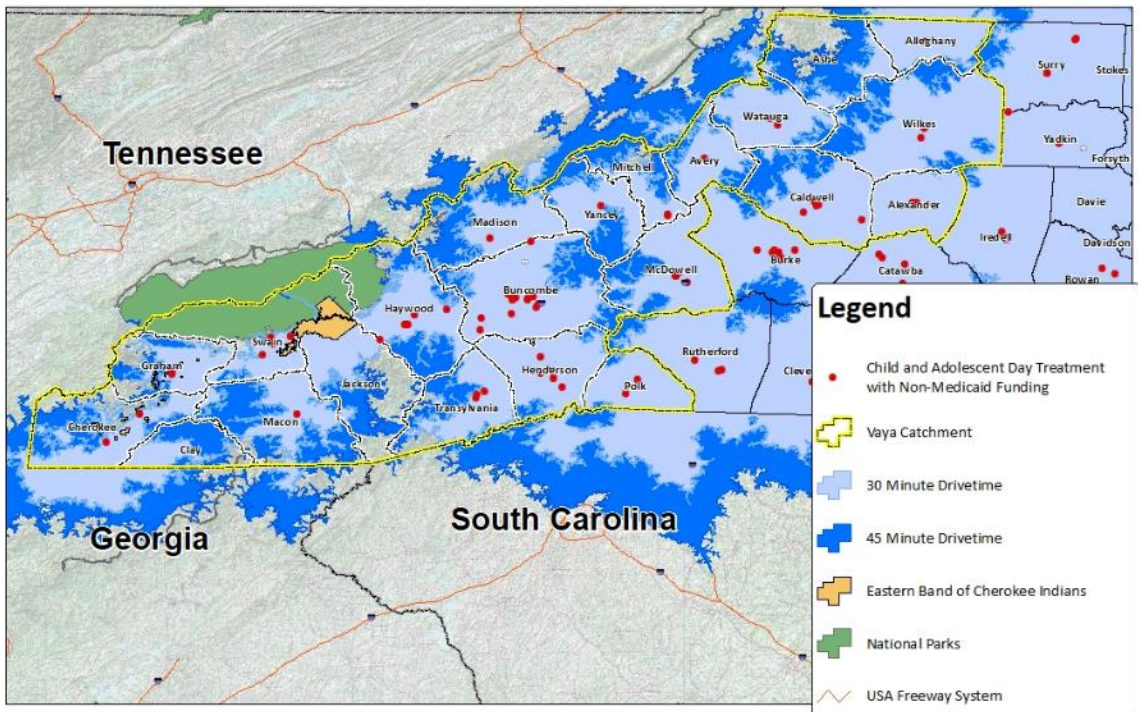
Vaya Health Psychosocial Rehabilitation with Non-Medicaid Funding SFY20



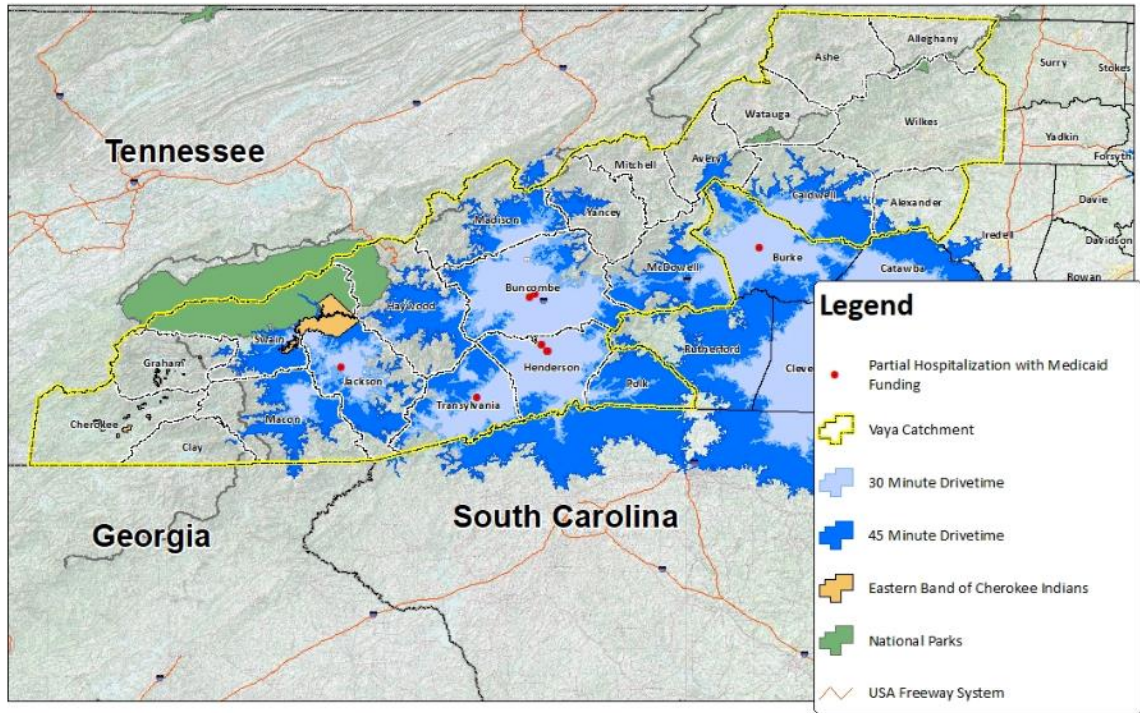
Vaya Health Child and Adolescent Day Treatment with Medicaid Funding SFY20



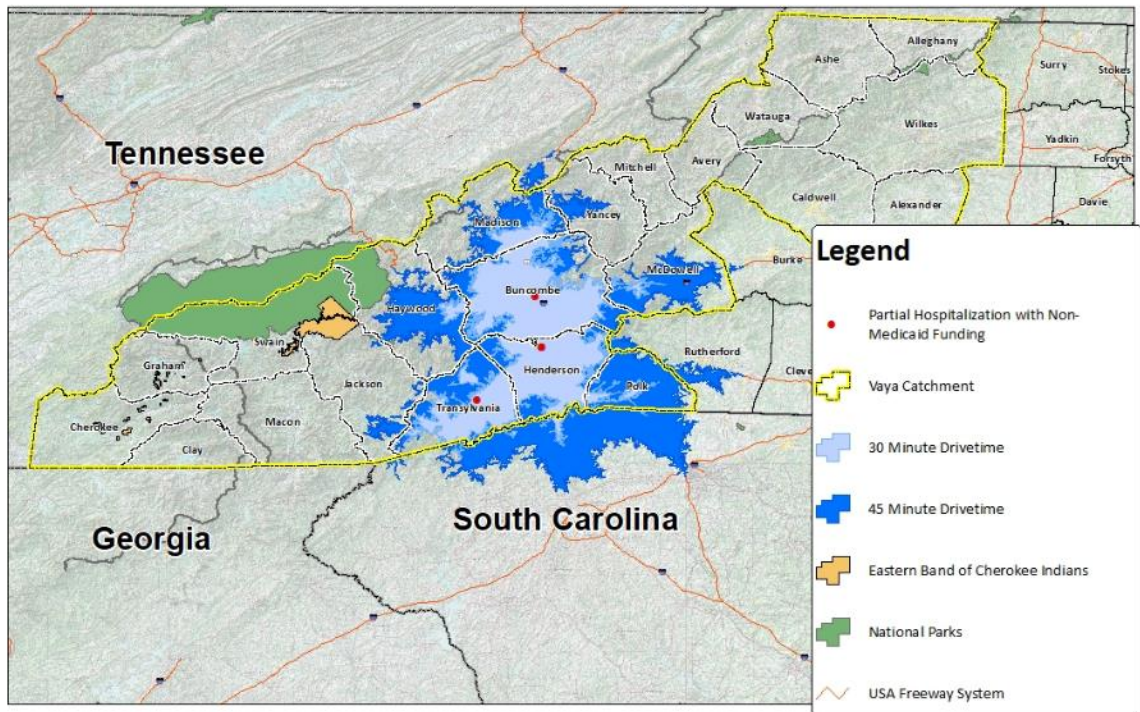
Vaya Health Child and Adolescent Day Treatment with Non-Medicaid Funding SFY20



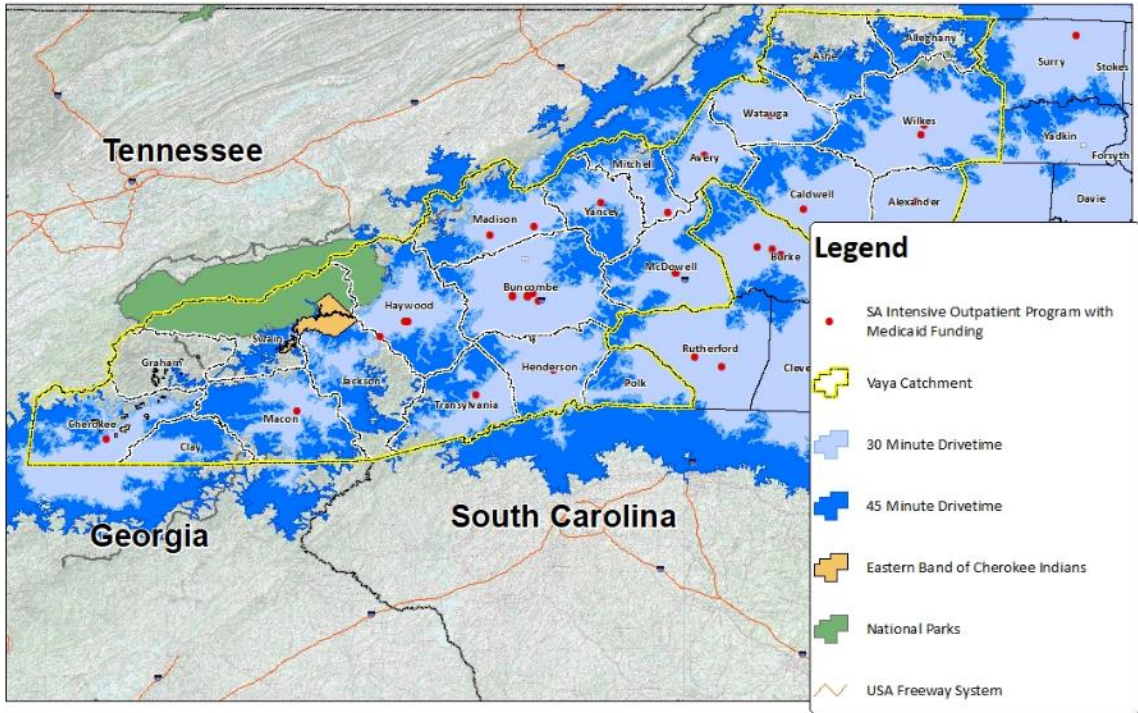
Vaya Health Partial Hospitalization with Medicaid Funding SFY20



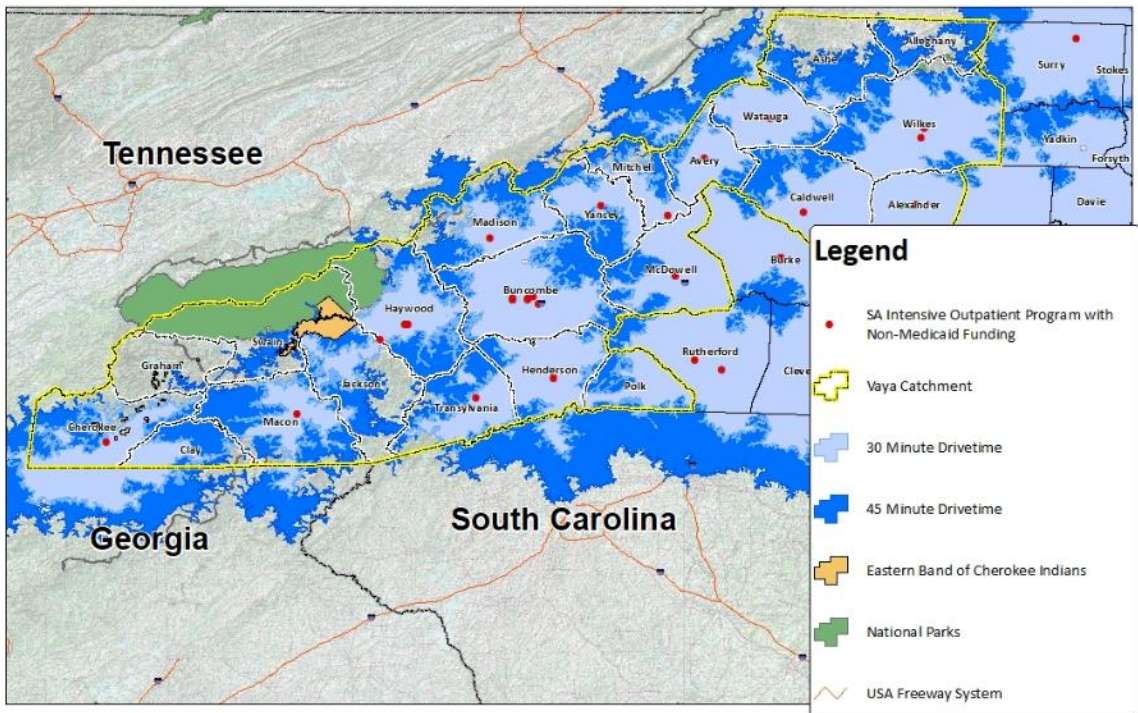
Vaya Health Partial Hospitalization with Non-Medicaid Funding SFY20



Vaya Health SA Intensive Outpatient Program with Medicaid Funding SFY20

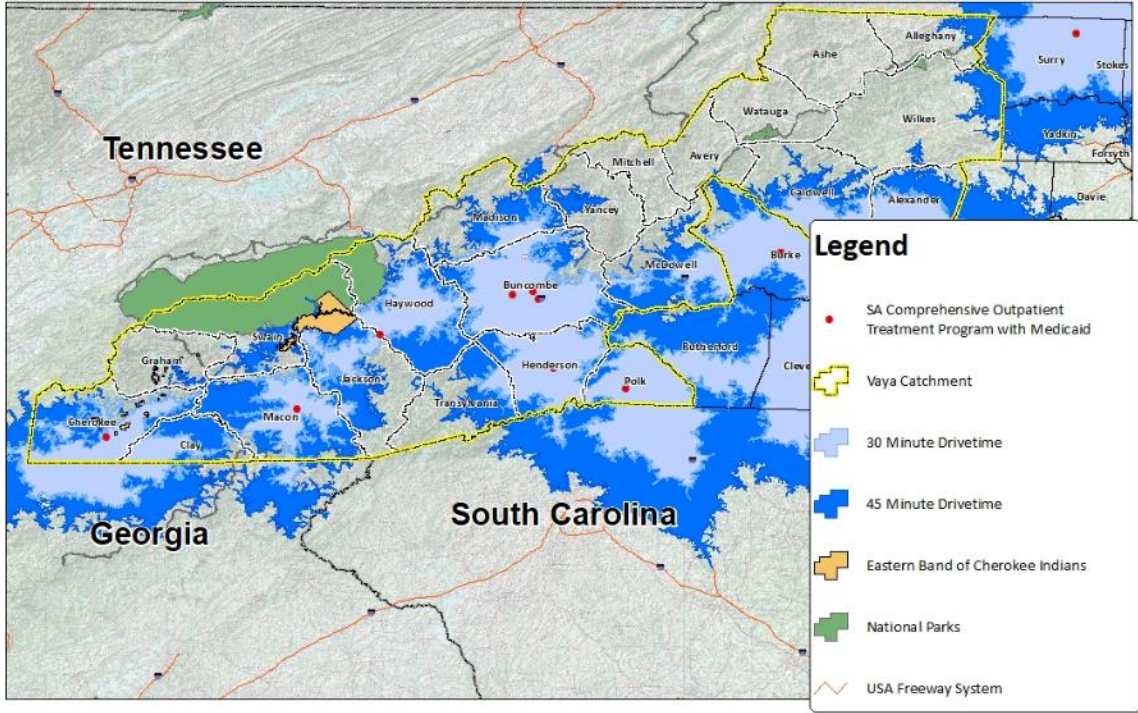


Vaya Health SA Intensive Outpatient Program with Non-Medicaid Funding SFY20

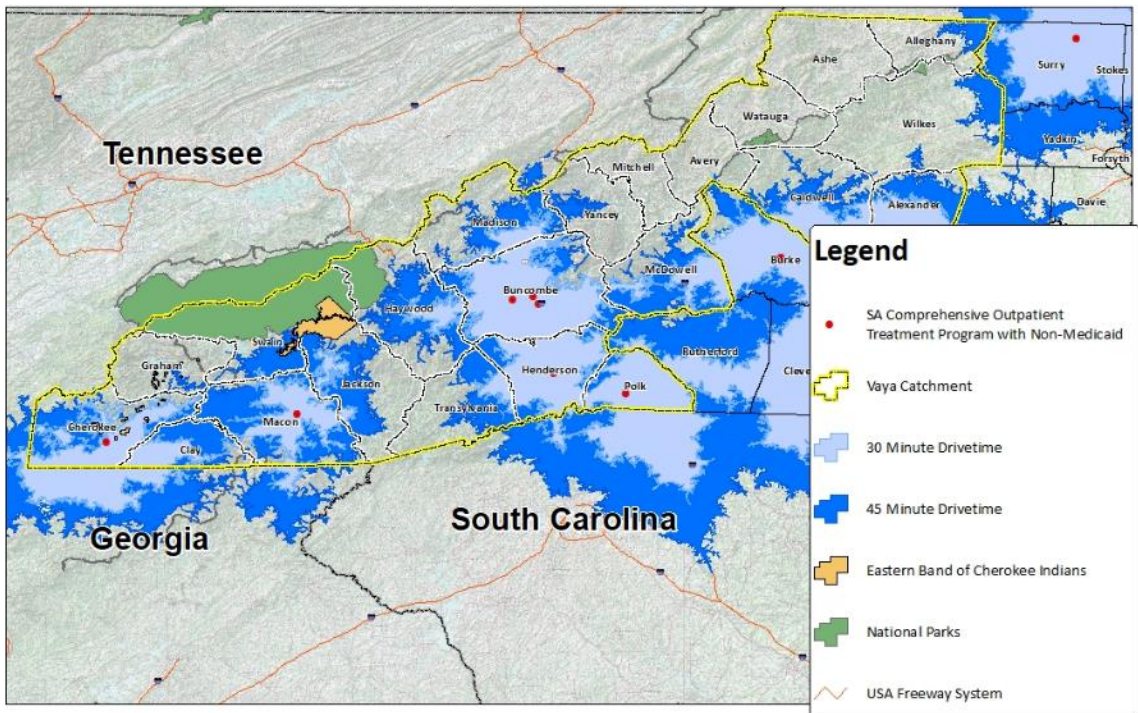


Substance Abuse Comprehensive Outpatient Treatment Program

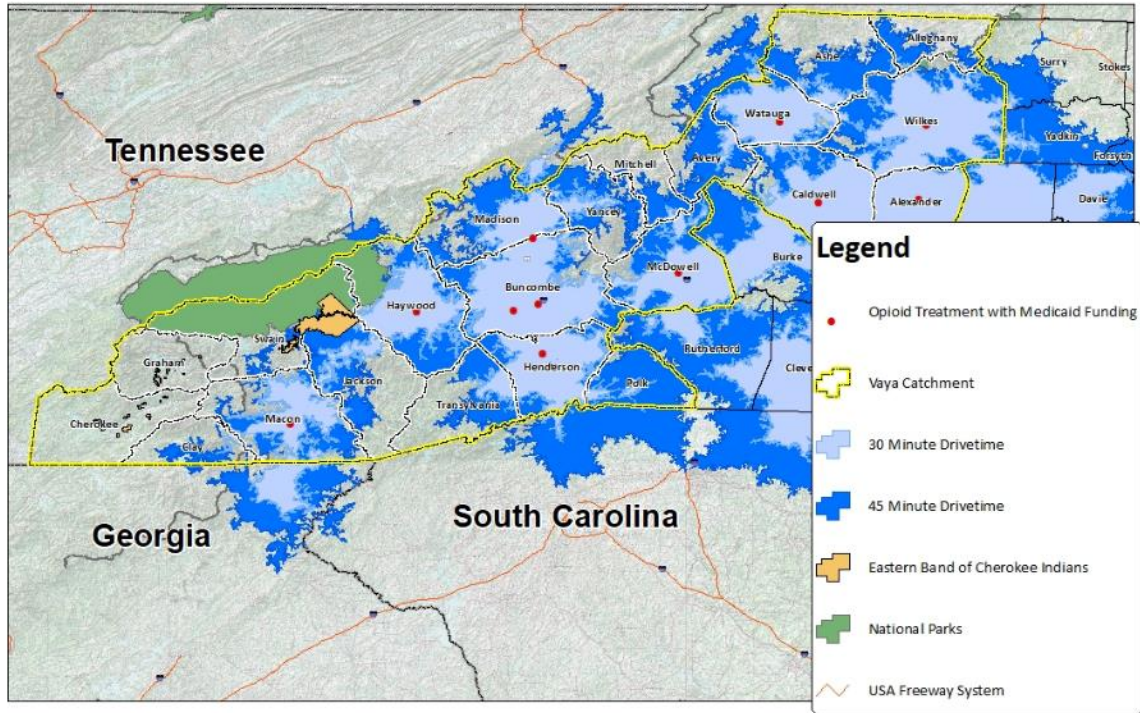
Vaya Health SA Comprehensive Outpatient Treatment Program with Medicaid Funding SFY20



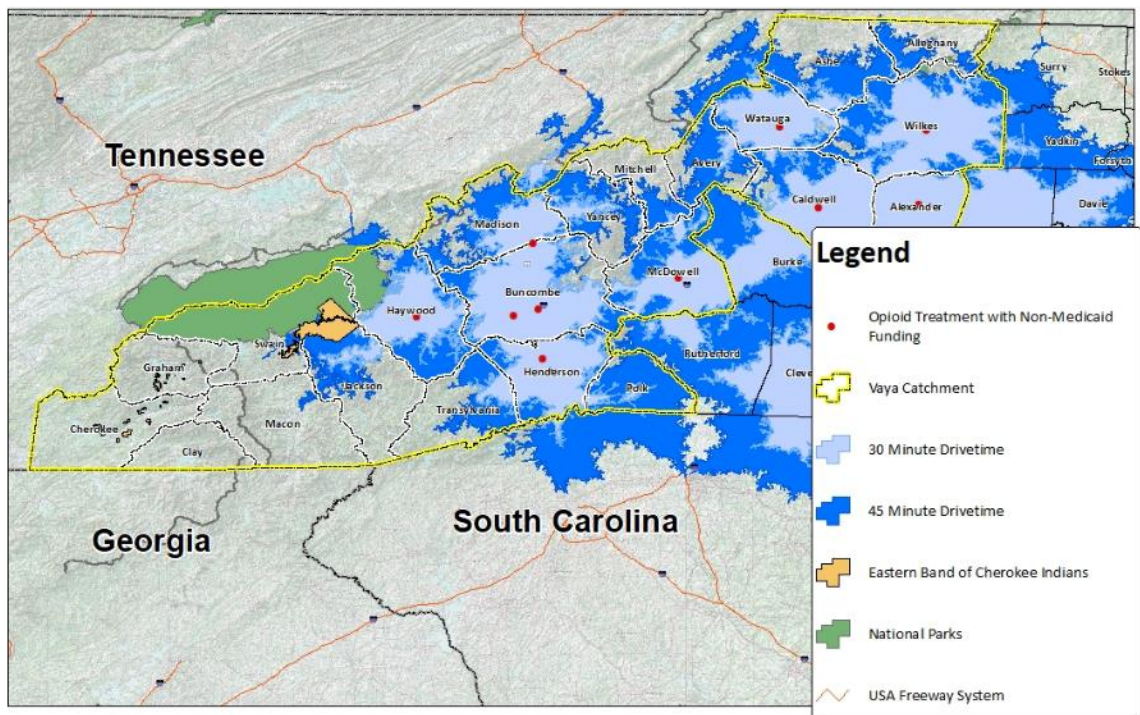
Vaya Health SA Comprehensive Outpatient Treatment Program with Non-Medicaid Funding SFY20



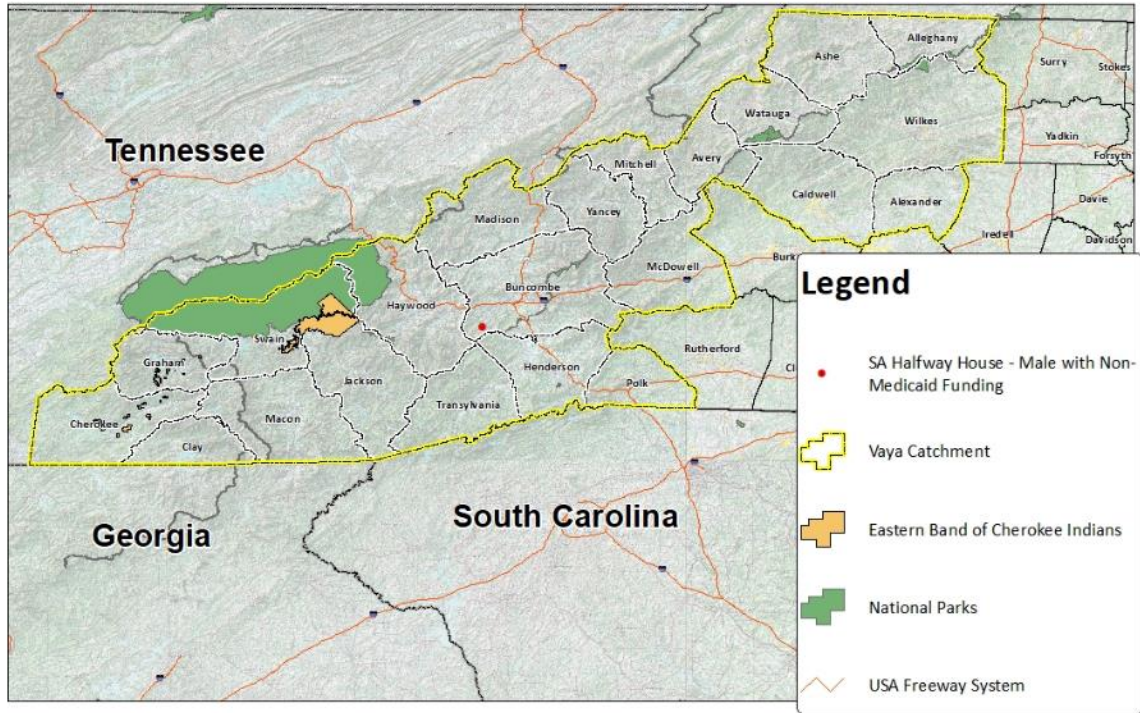
Vaya Health Opioid Treatment with Medicaid Funding SFY20



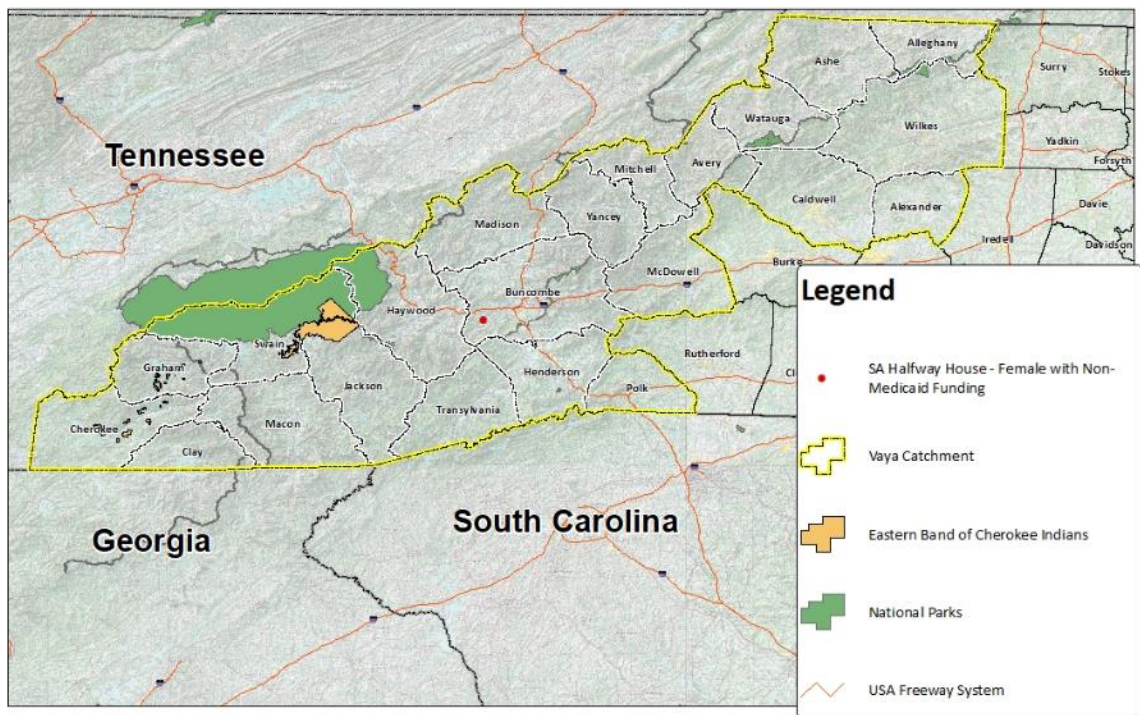
Vaya Health Opioid Treatment with Non-Medicaid Funding SFY20



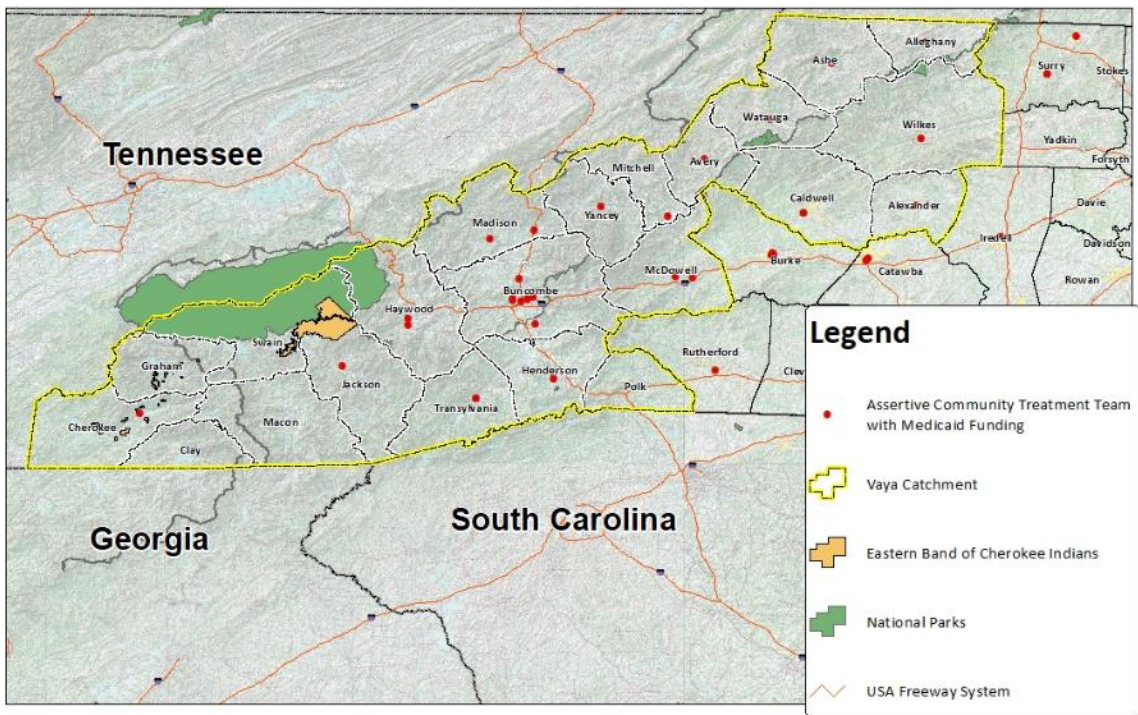
Vaya Health SA Halfway House - Male with Non-Medicaid Funding SFY20



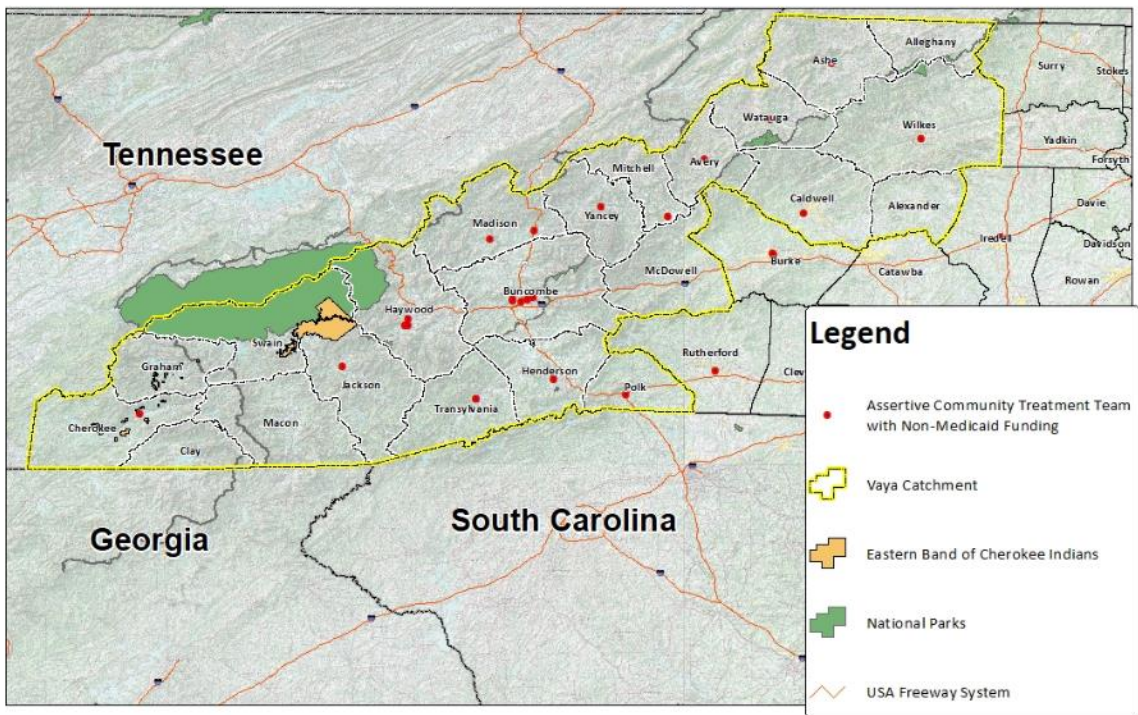
Vaya Health SA Halfway House - Female with Non-Medicaid Funding SFY20



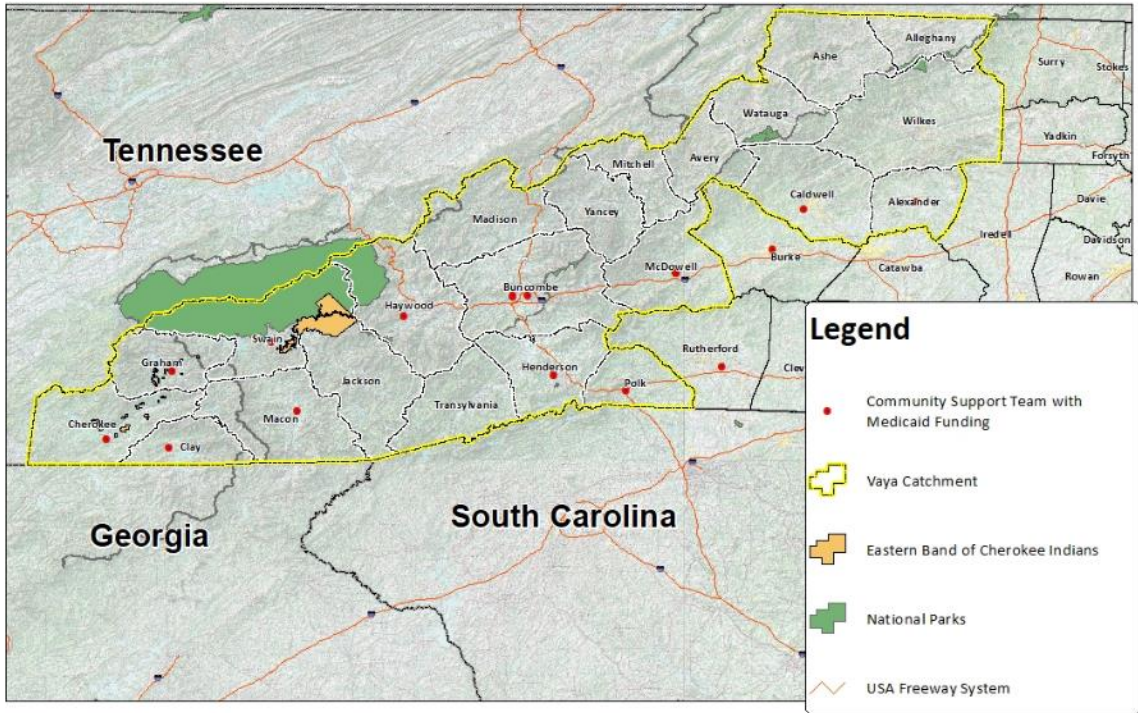
Vaya Health Assertive Community Treatment Team with Medicaid Funding SFY20



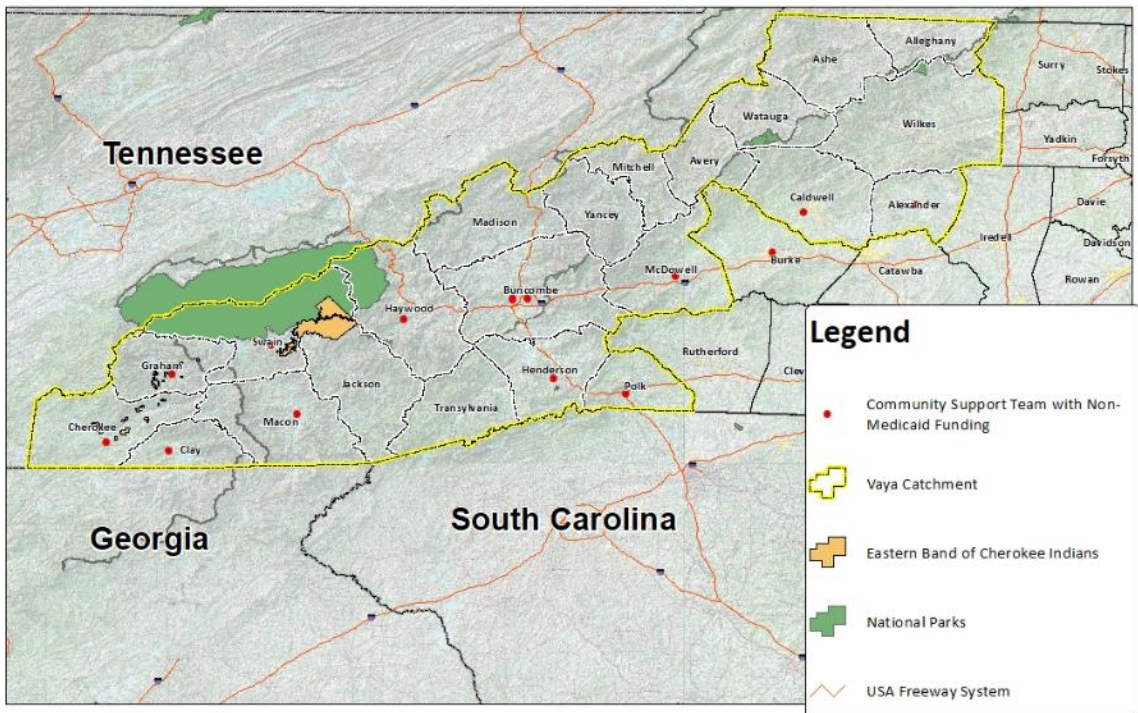
Vaya Health Assertive Community Treatment Team with Non-Medicaid Funding SFY20



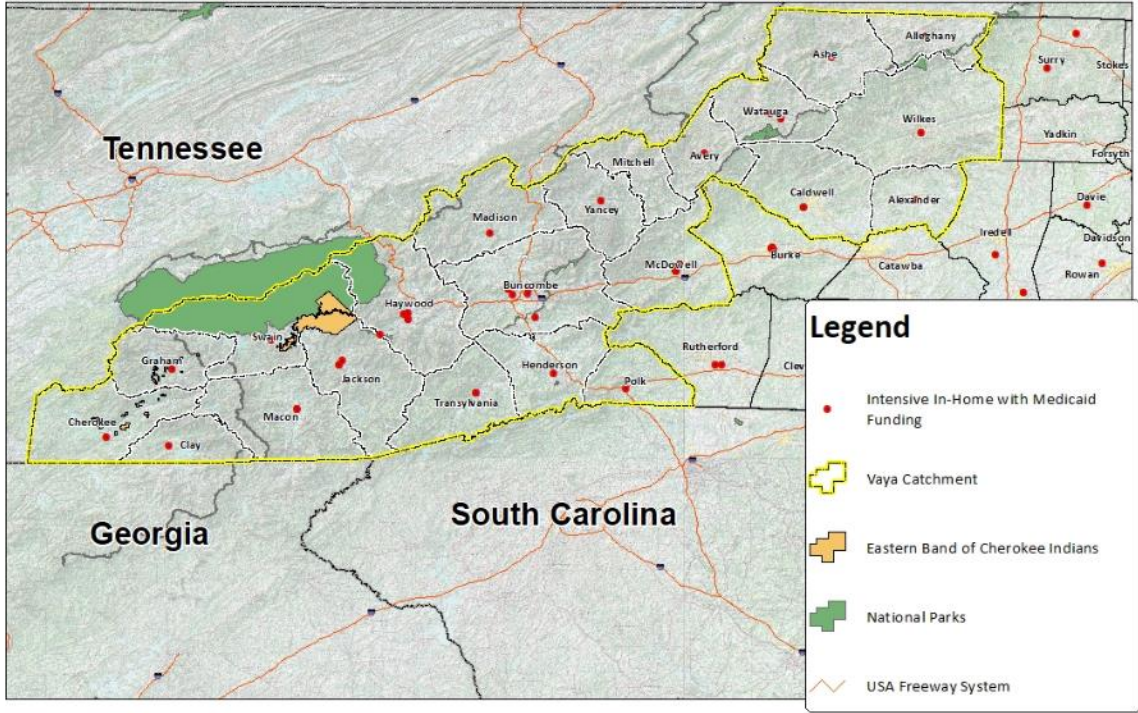
Vaya Health Community Support Team with Medicaid Funding SFY20



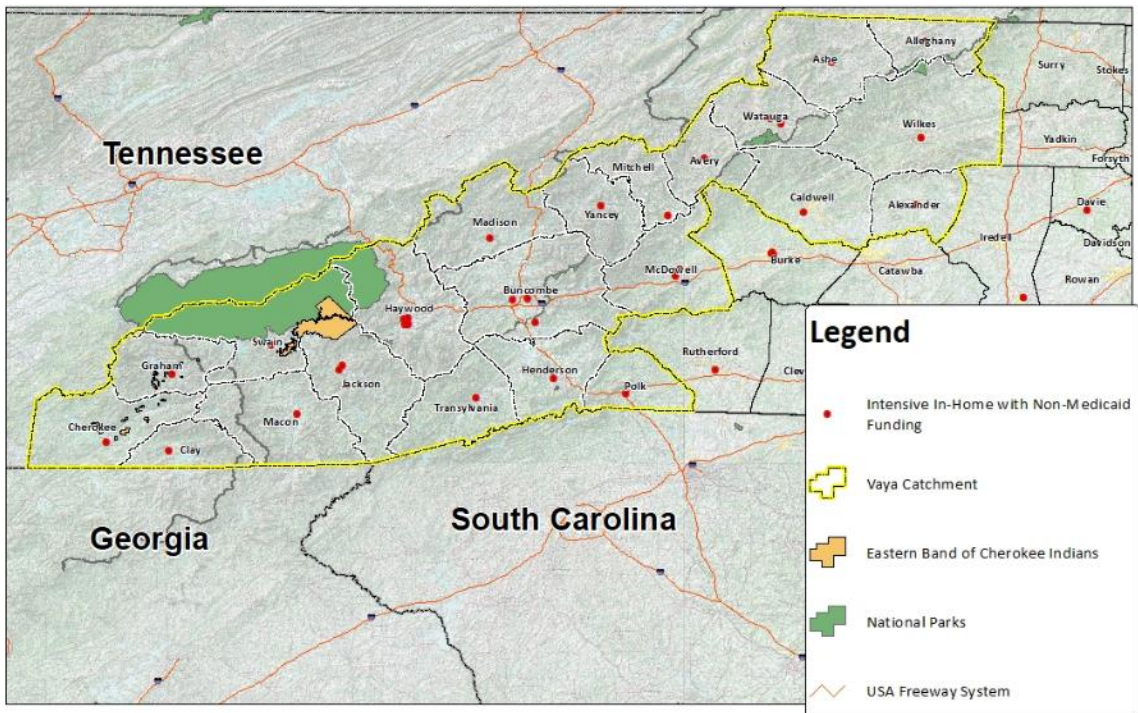
Vaya Health Community Support Team with Non-Medicaid Funding SFY20



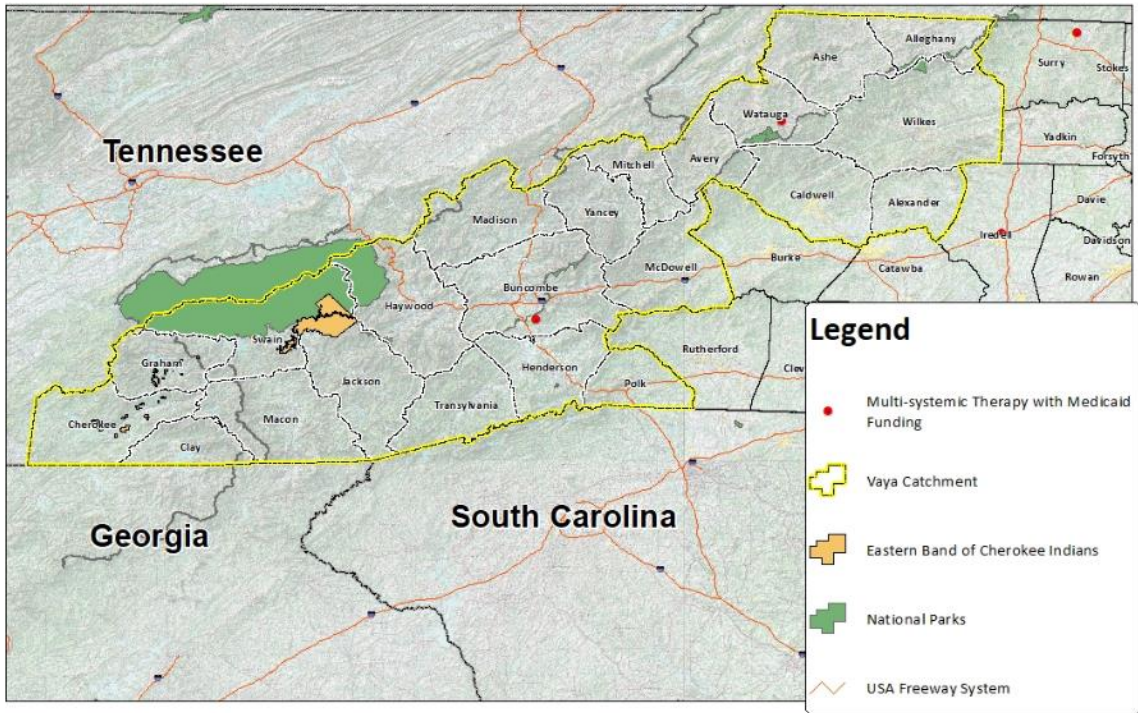
Vaya Health Intensive In-Home with Medicaid Funding SFY20



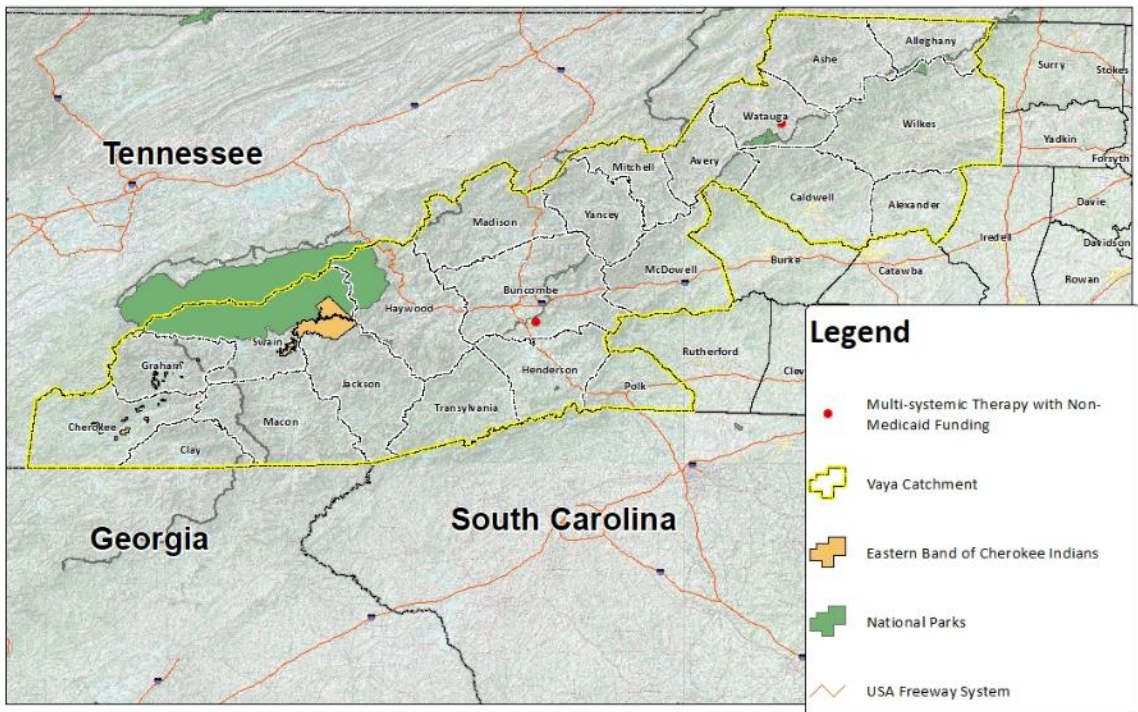
Vaya Health Intensive In-Home with Non-Medicaid Funding SFY20



Vaya Health Multi-systemic Therapy with Medicaid Funding SFY20

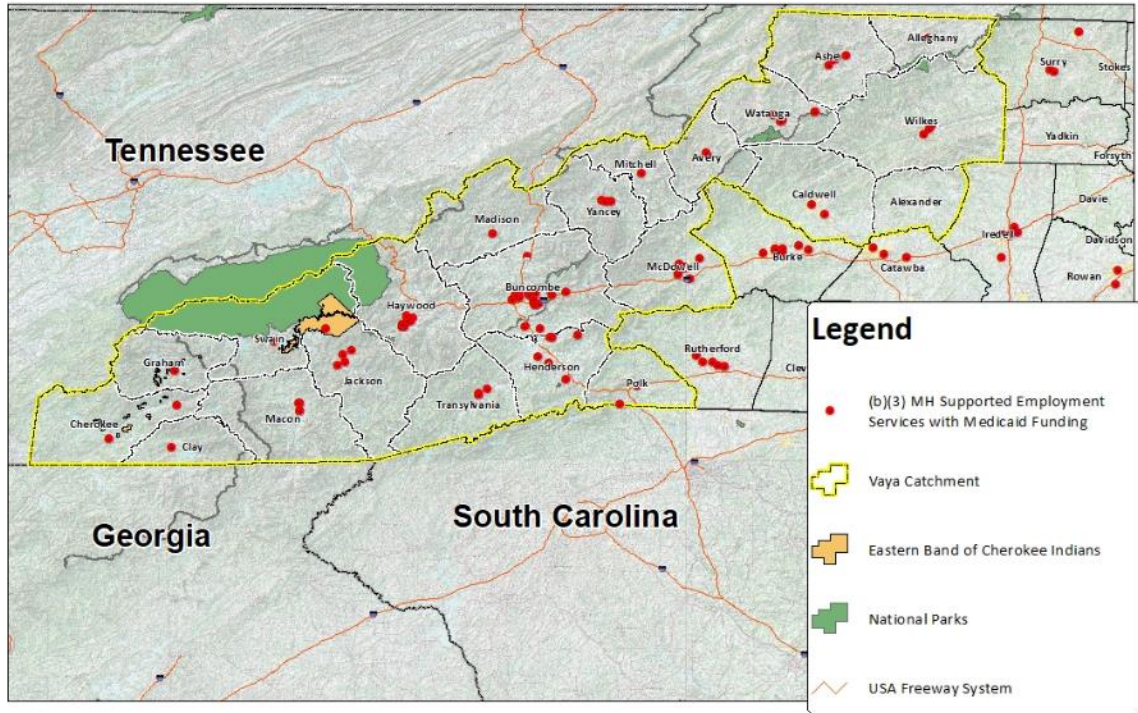


Vaya Health Multi-systemic Therapy with Non-Medicaid Funding SFY20



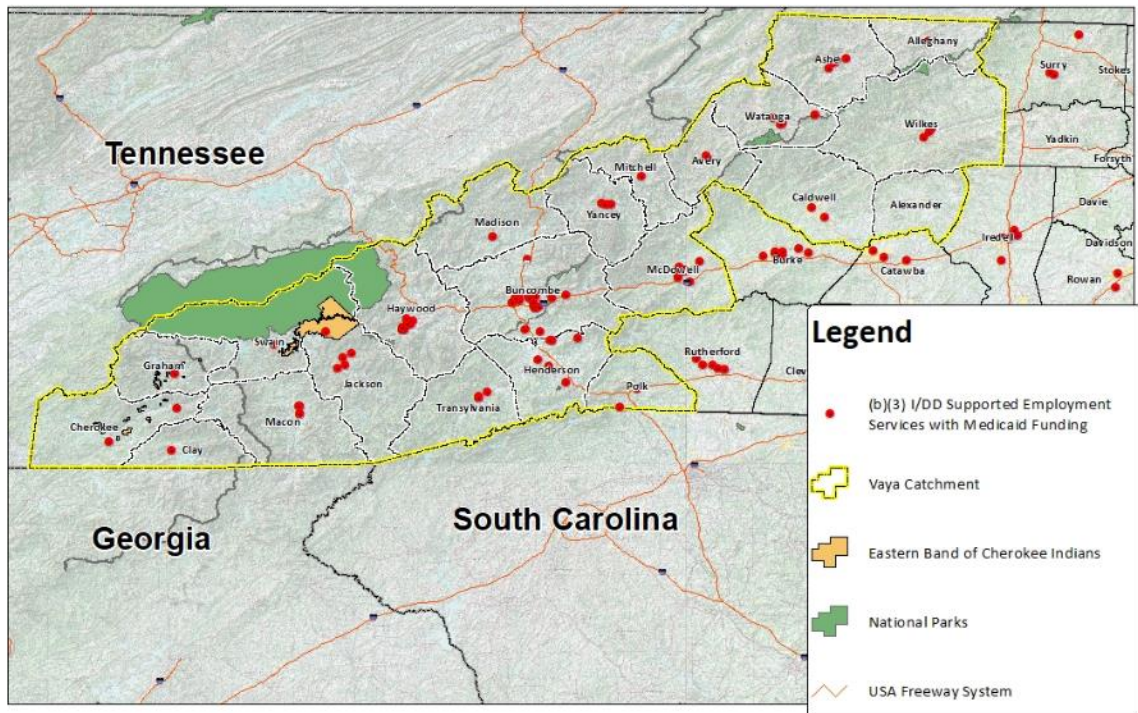
(b)(3) MH Supported Employment Services

Vaya Health (b)(3) MH Supported Employment Services with Medicaid Funding SFY20



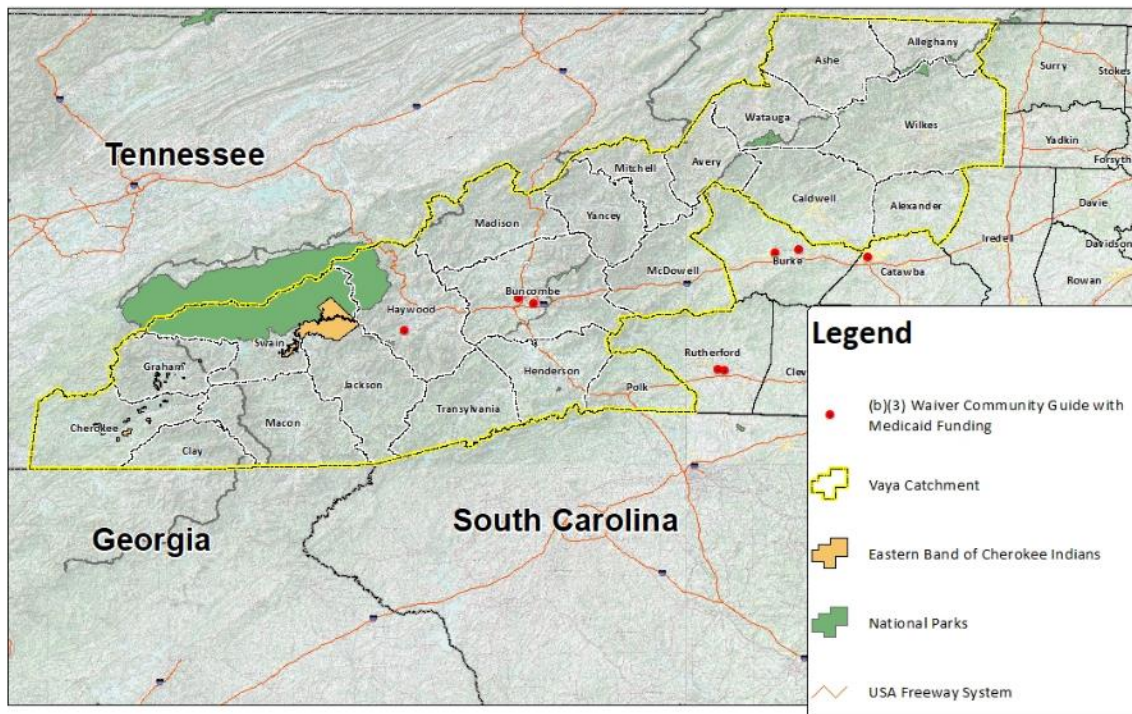
(b)(3) I/DD Supported Employment Services

Vaya Health (b)(3) I/DD Supported Employment Services with Medicaid Funding SFY20



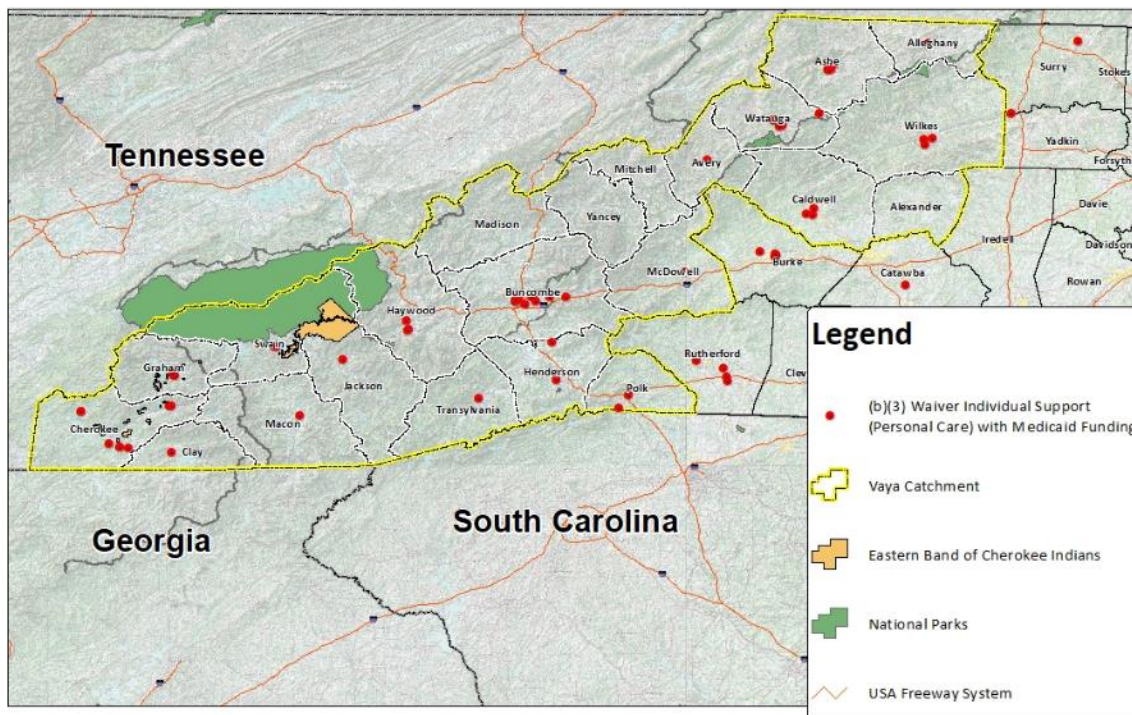
(b)(3) Waiver Community Guide

Vaya Health (b)(3) Waiver Community Guide with Medicaid Funding SFY20



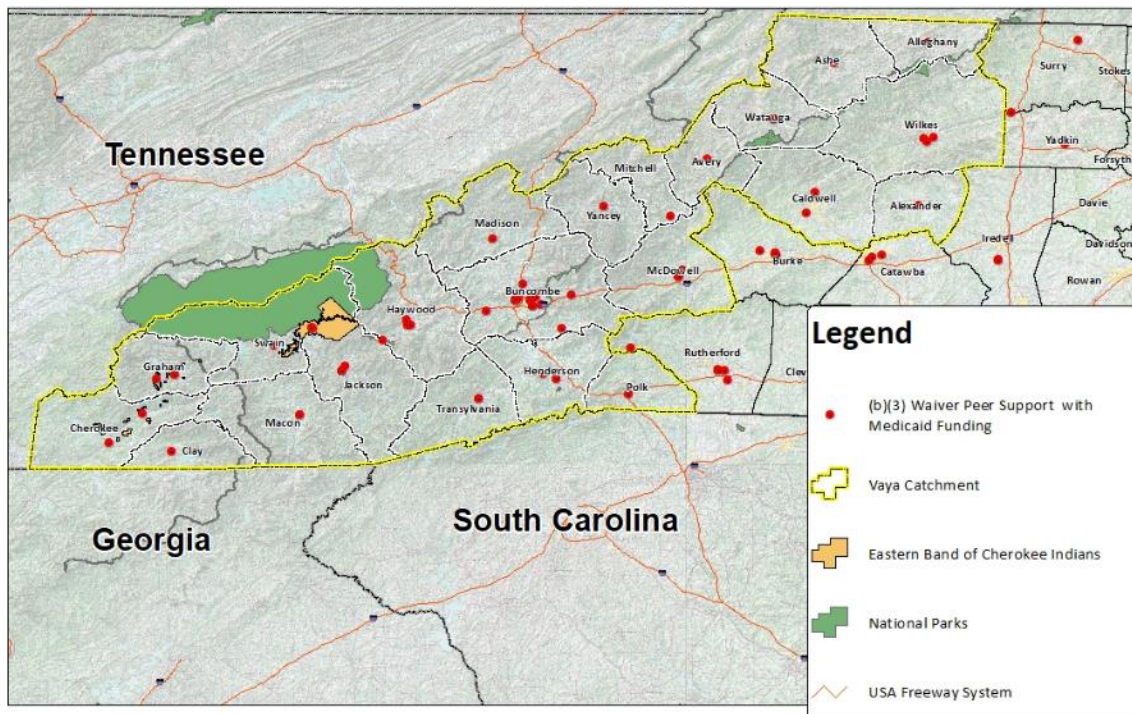
(b)(3) Waiver Individual Support (Personal Care)

Vaya Health (b)(3) Waiver Individual Support (Personal Care) with Medicaid Funding SFY20



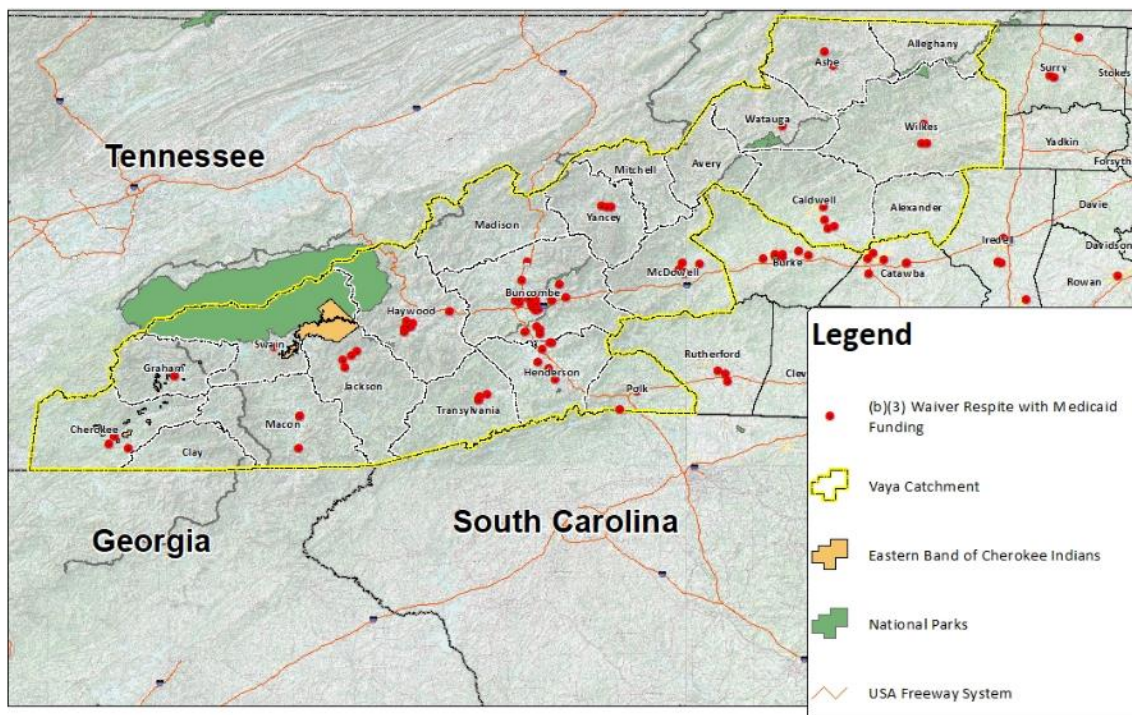
(b)(3) Waiver Peer Support

Vaya Health (b)(3) Waiver Peer Support with Medicaid Funding SFY20



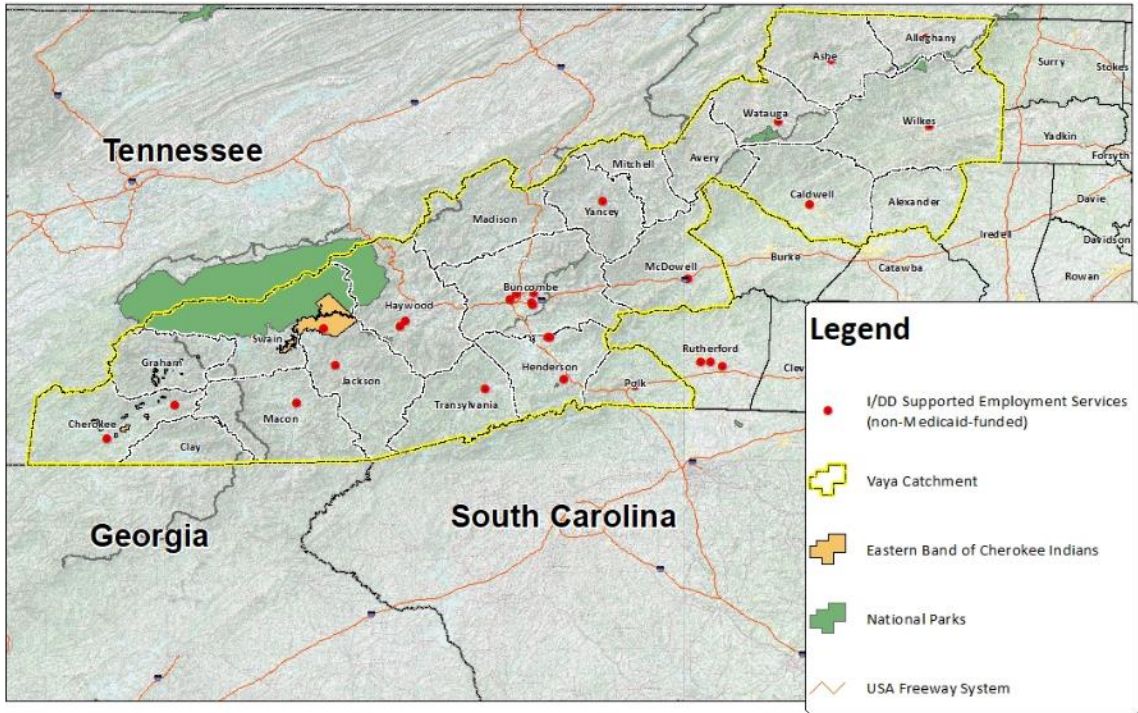
(b)(3) Waiver Respite

Vaya Health (b)(3) Waiver Respite with Medicaid Funding SFY20



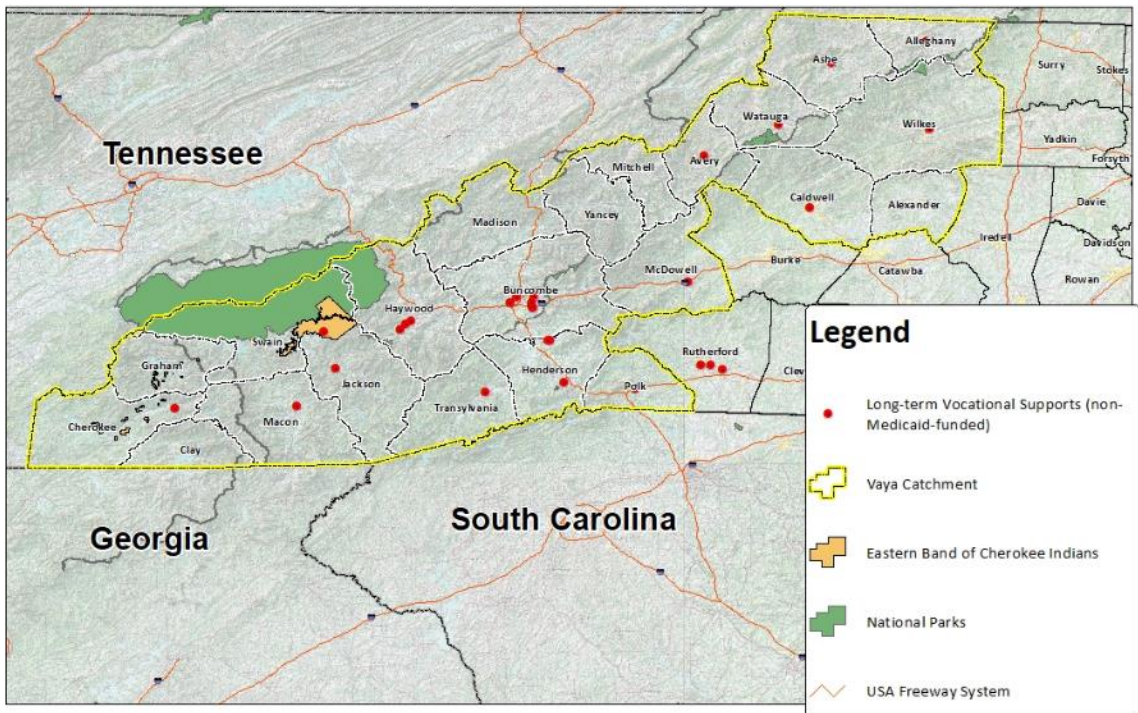
I/DD Supported Employment Services (non-Medicaid-funded)

Vaya Health I/DD Supported Employment Services (non-Medicaid-funded) SFY20



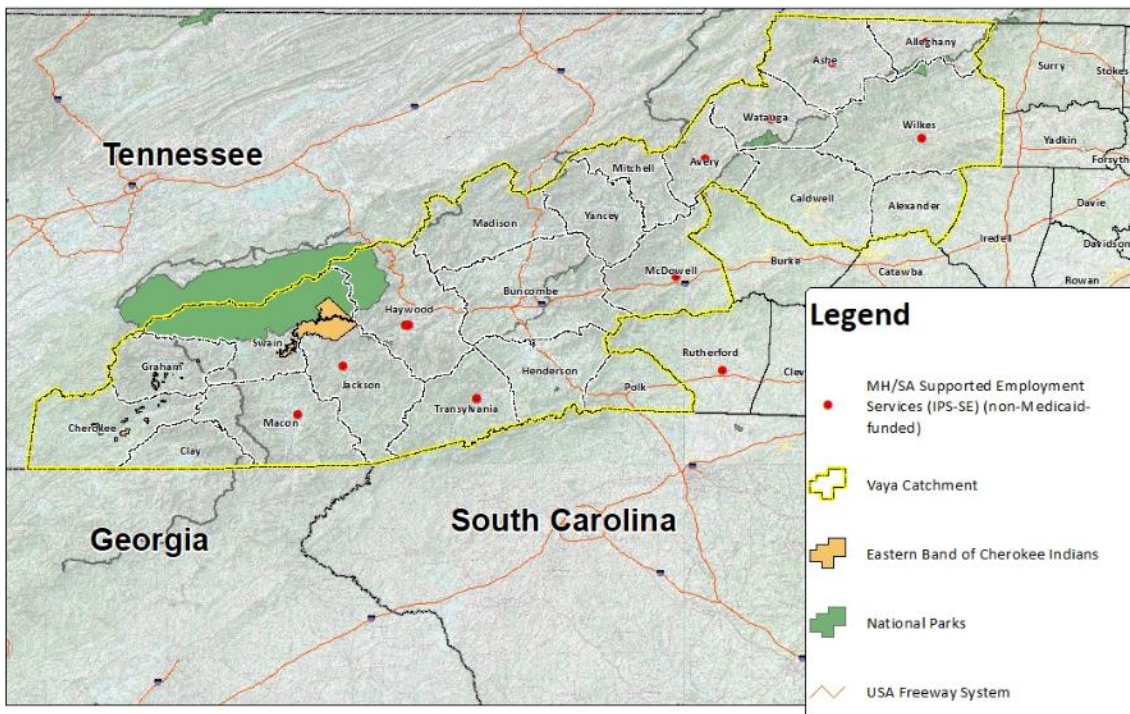
Long-term Vocational Supports (non-Medicaid-funded)

Vaya Health Long-term Vocational Supports (non-Medicaid-funded) SFY20



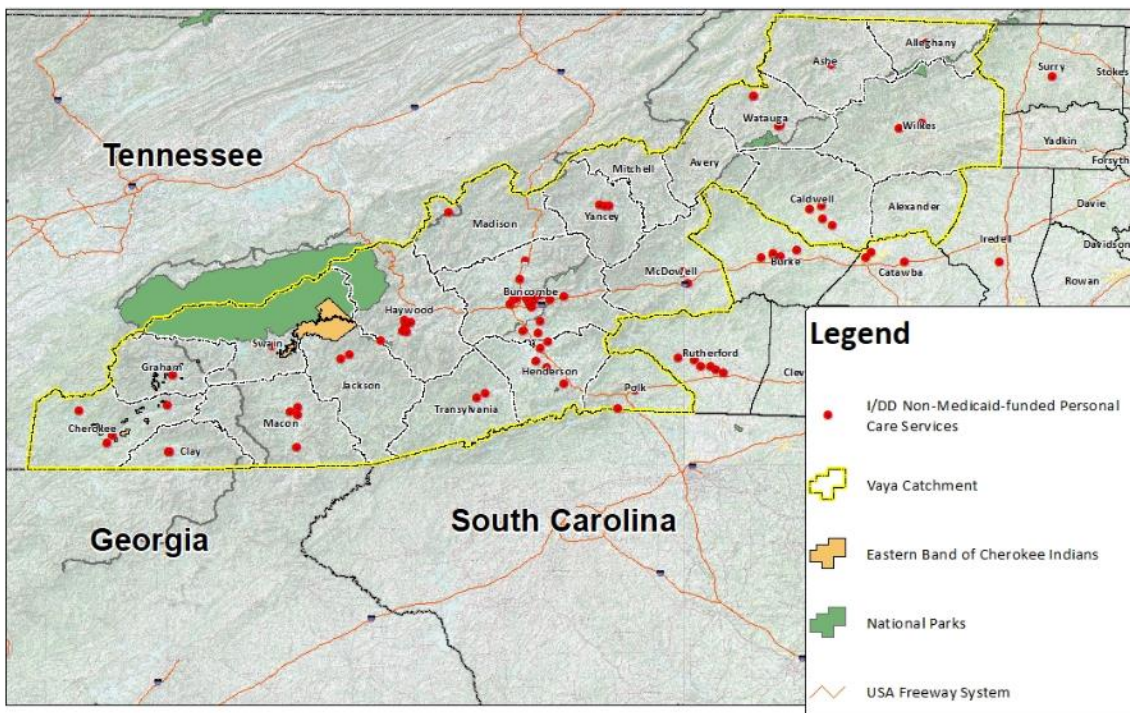
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)

Vaya Health MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded) SFY20



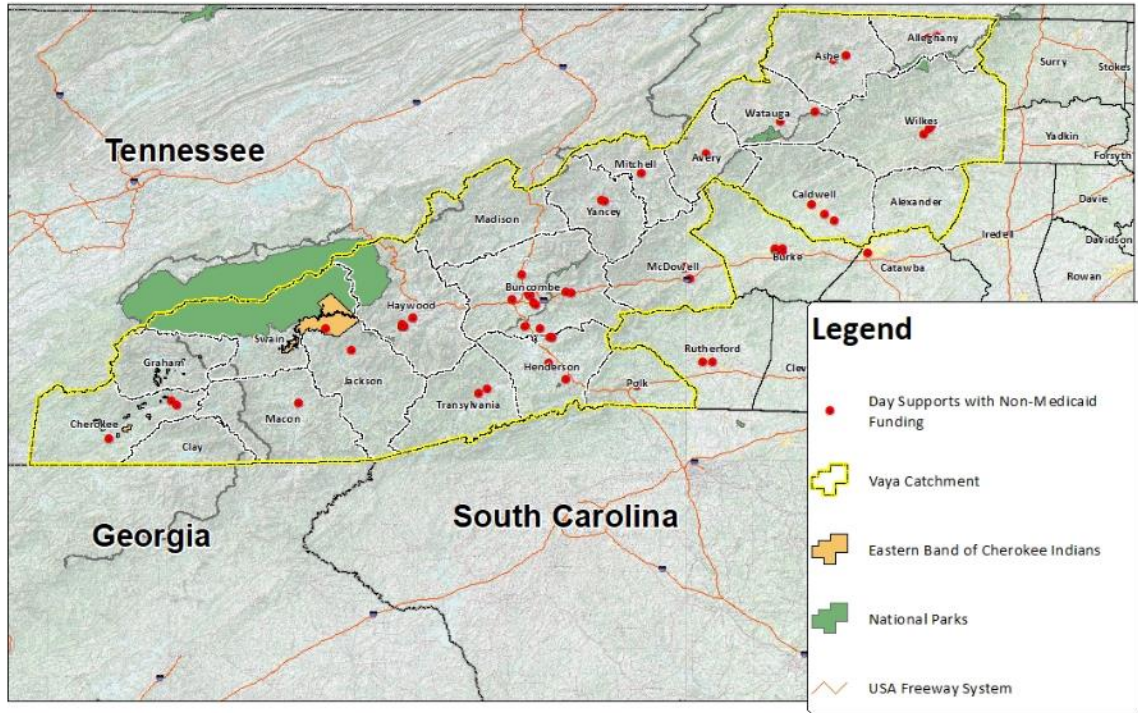
I/DD Non-Medicaid-funded Personal Care Services

Vaya Health I/DD Non-Medicaid-funded Personal Care Services SFY20



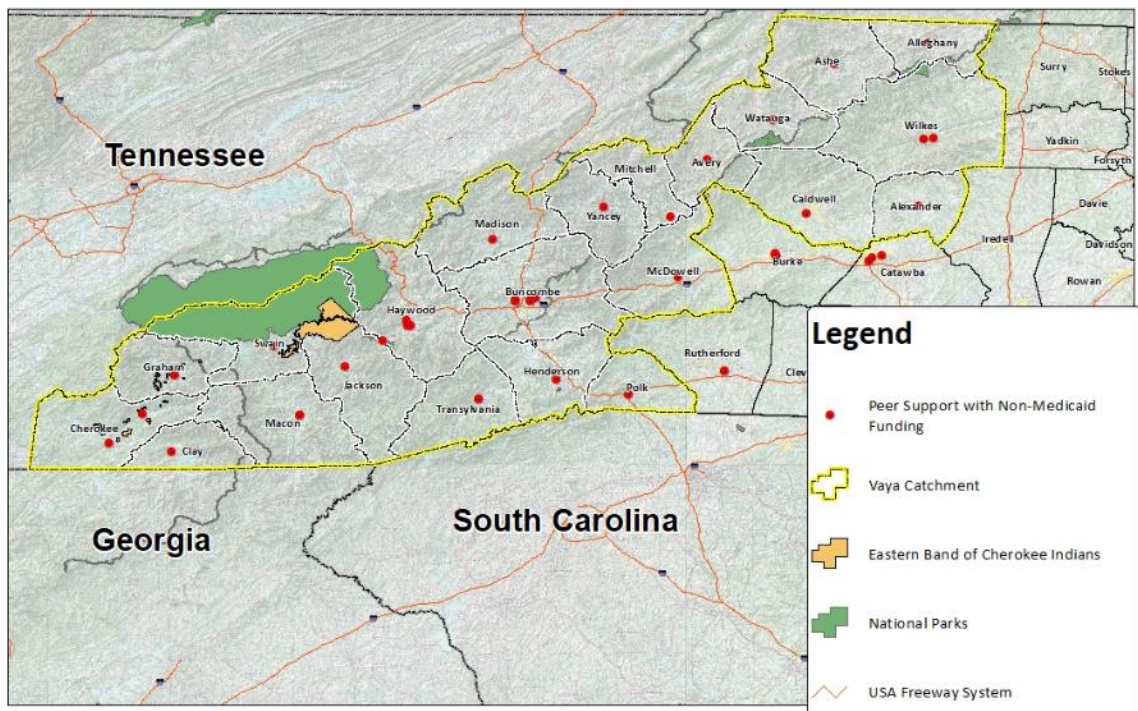
Day Supports

Vaya Health Day Supports with Non-Medicaid Funding SFY20

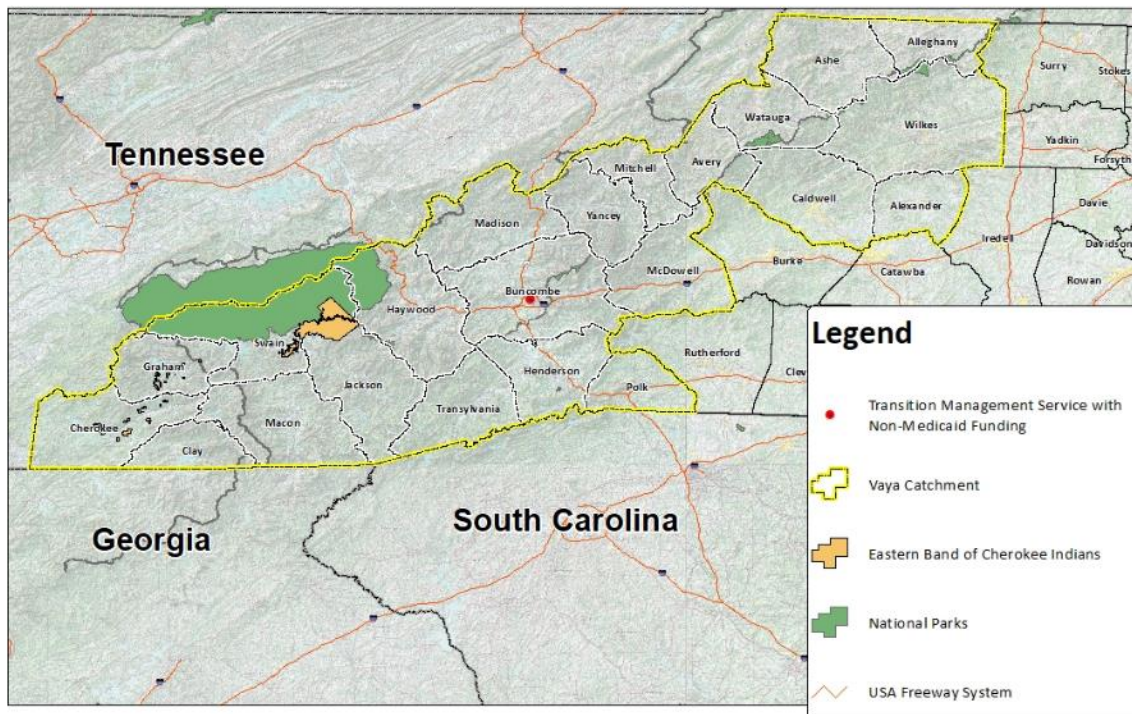


Peer Support

Vaya Health Peer Support with Non-Medicaid Funding SFY20

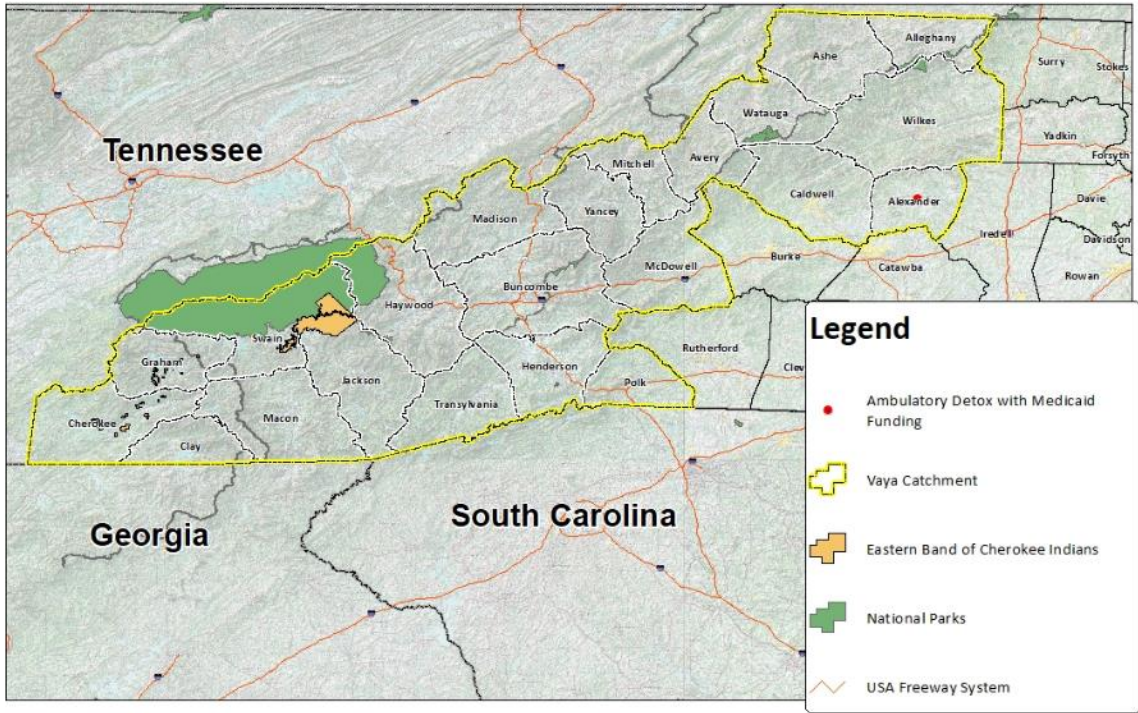


Vaya Health Transition Management Service with Non-Medicaid Funding SFY20

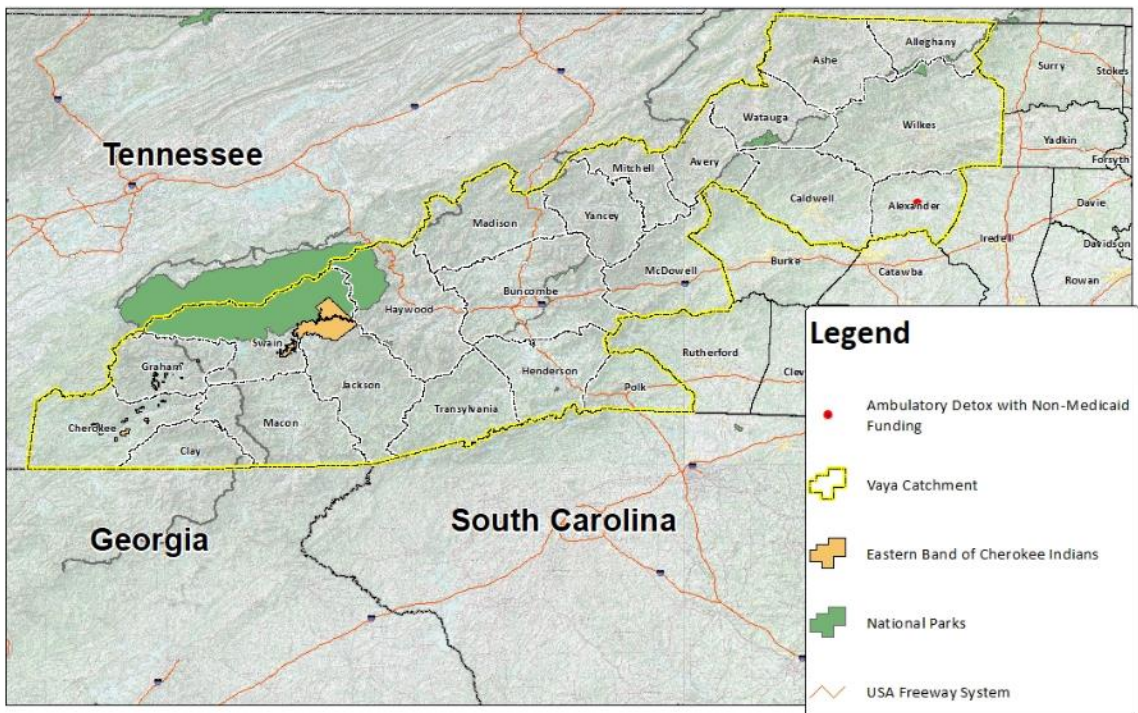


Crisis Services
Ambulatory Detox

Vaya Health Ambulatory Detox with Medicaid Funding SFY20

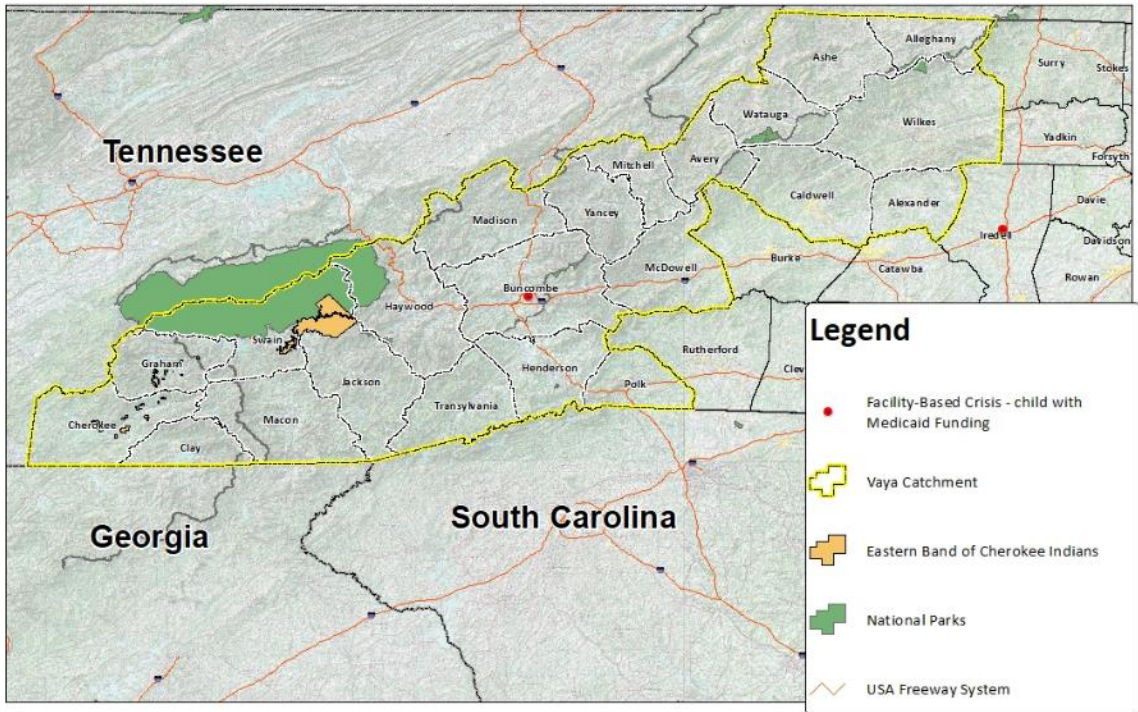


Vaya Health Ambulatory Detox with Non-Medicaid Funding SFY20

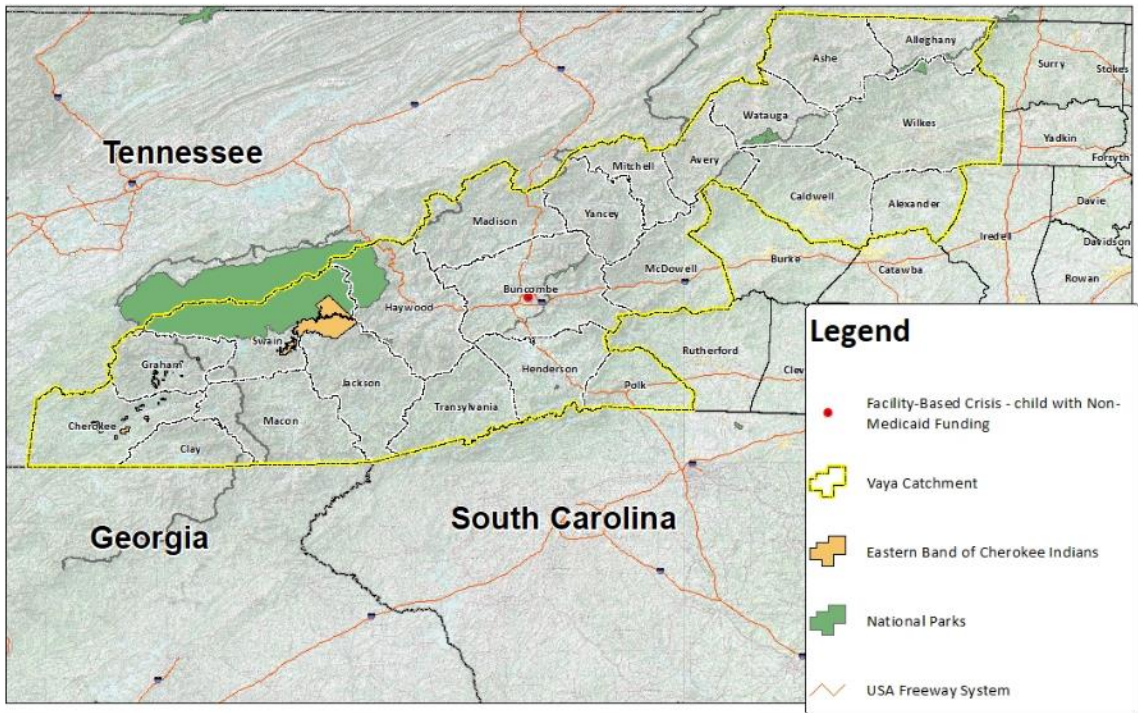


Facility-Based Crisis – Child

Vaya Health Facility-Based Crisis - child with Medicaid Funding SFY20

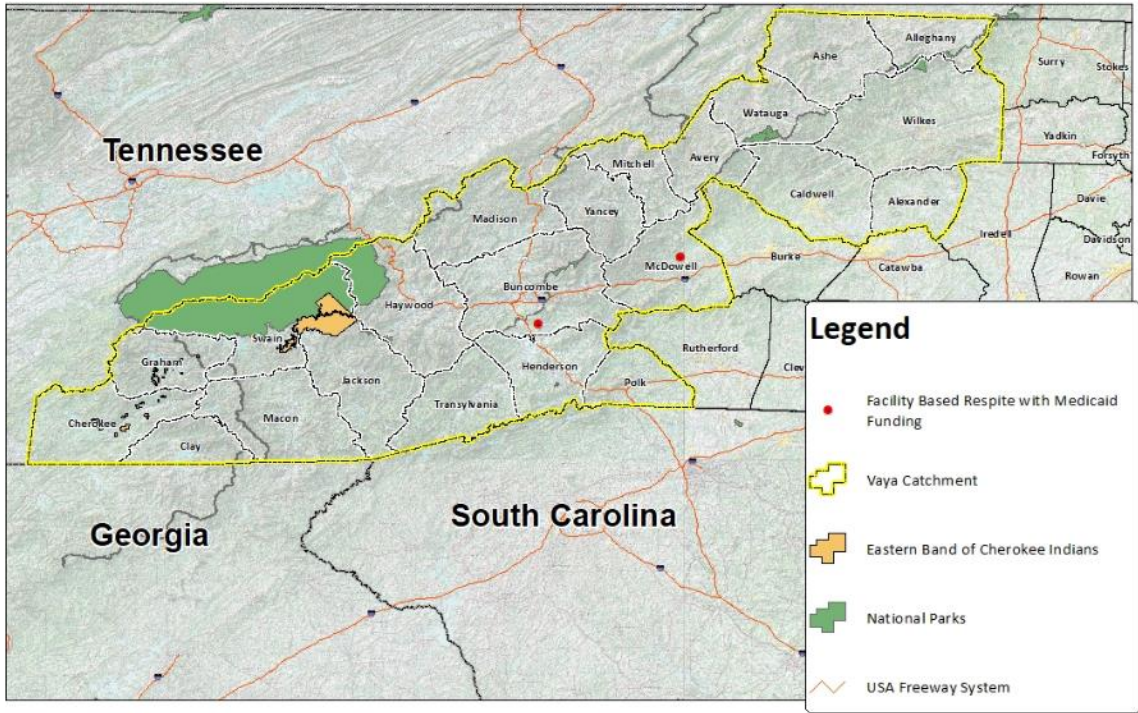


Vaya Health Facility-Based Crisis - Child with Non-Medicaid Funding SFY20

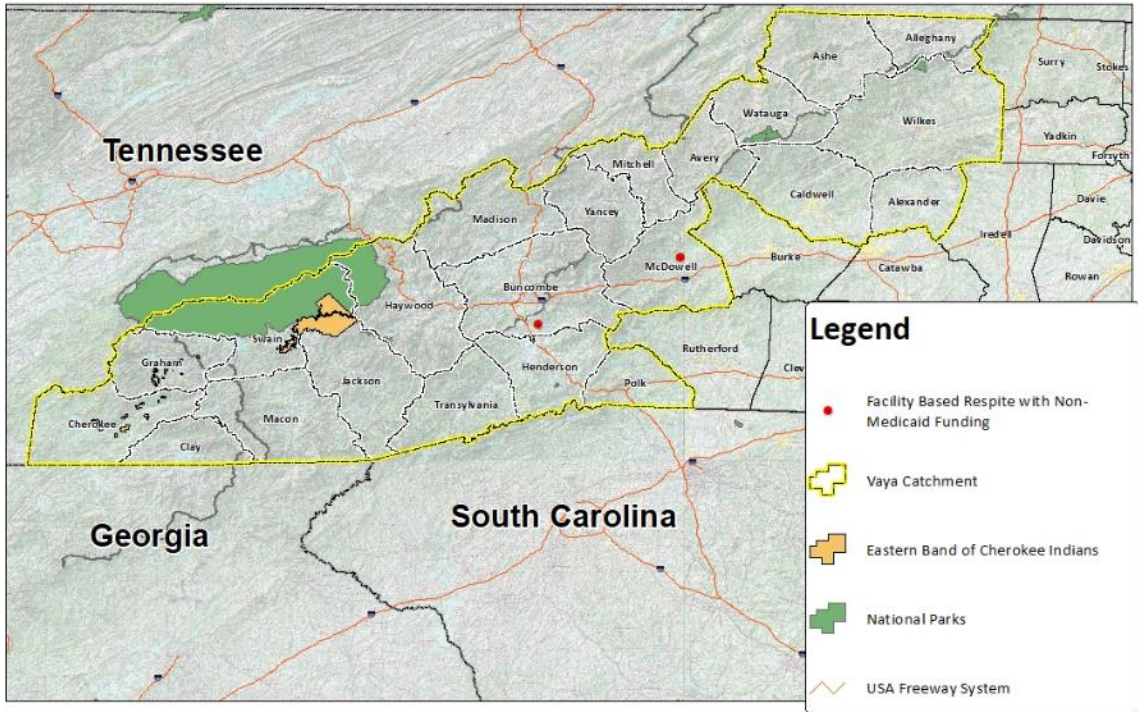


Facility-Based Respite

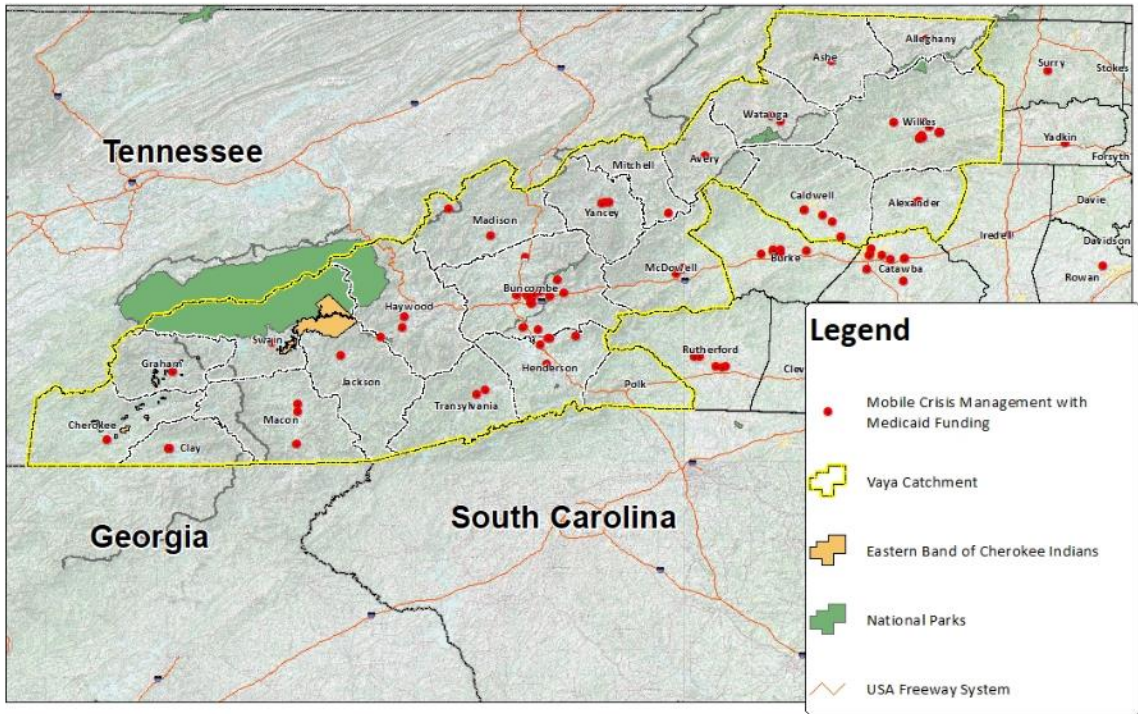
Vaya Health Facility Based Respite with Medicaid Funding SFY20



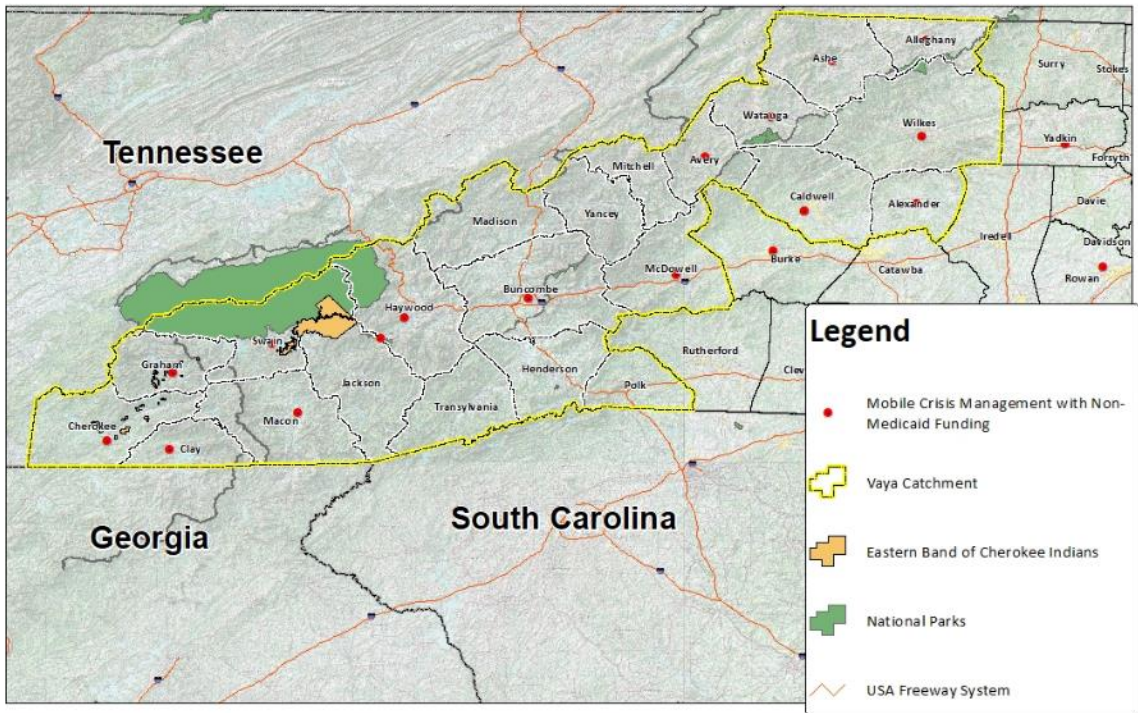
Vaya Health Facility Based Respite with Non-Medicaid Funding SFY20



Vaya Health Mobile Crisis Management with Medicaid Funding SFY20

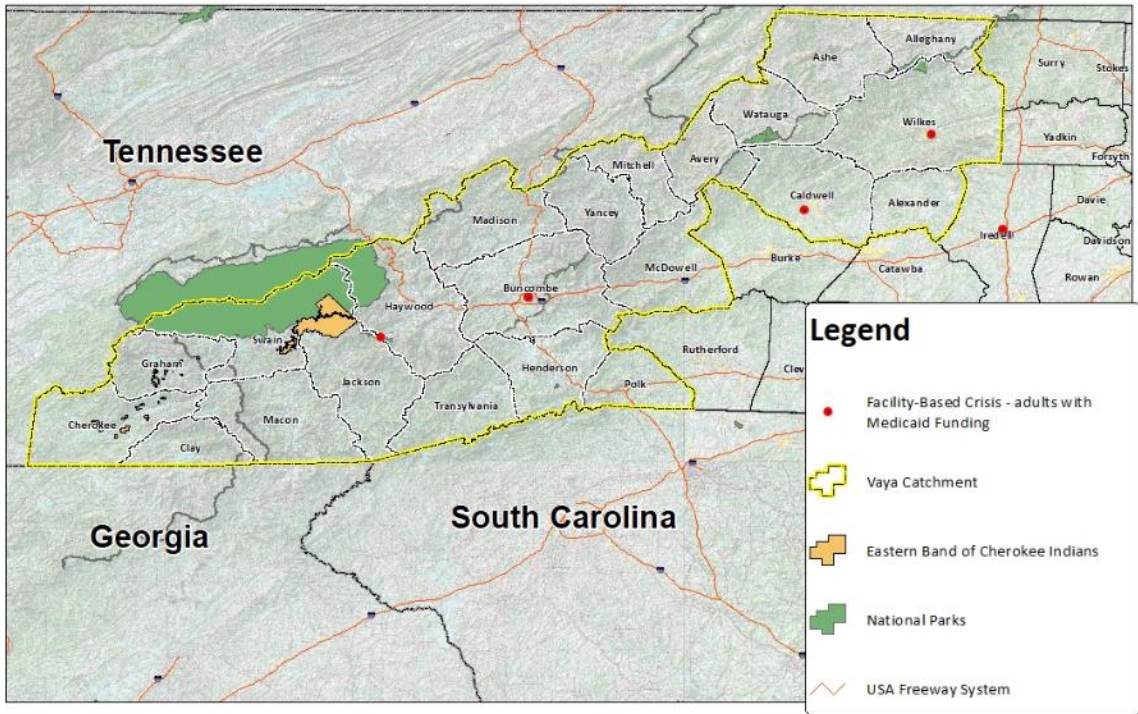


Vaya Health Mobile Crisis Management with Non-Medicaid Funding SFY20

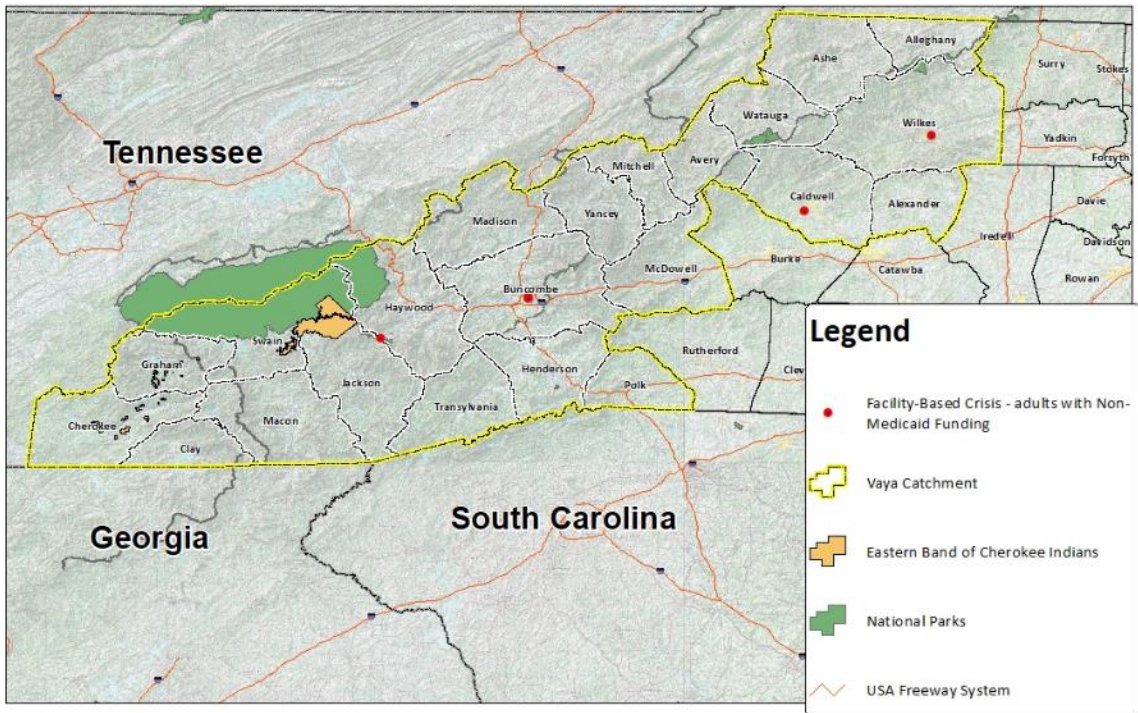


Facility-Based Crisis – Adults

Vaya Health Facility-Based Crisis - Adults with Medicaid Funding SFY20

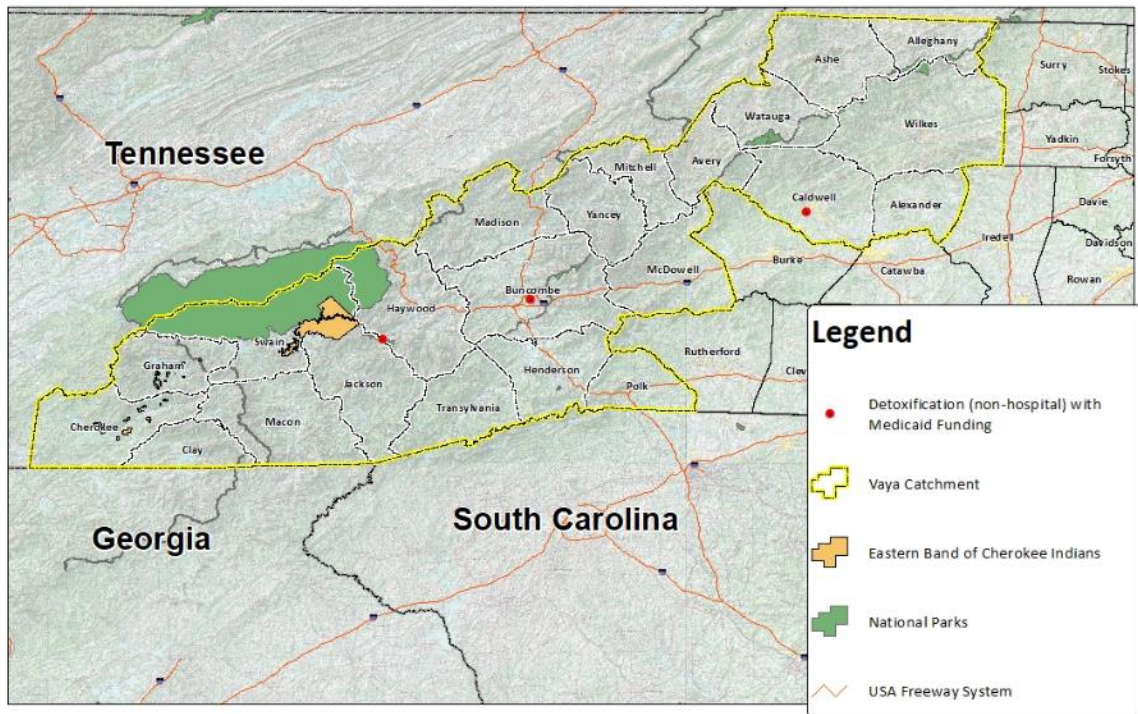


Vaya Health Facility-Based Crisis - Adults with Non-Medicaid Funding SFY20

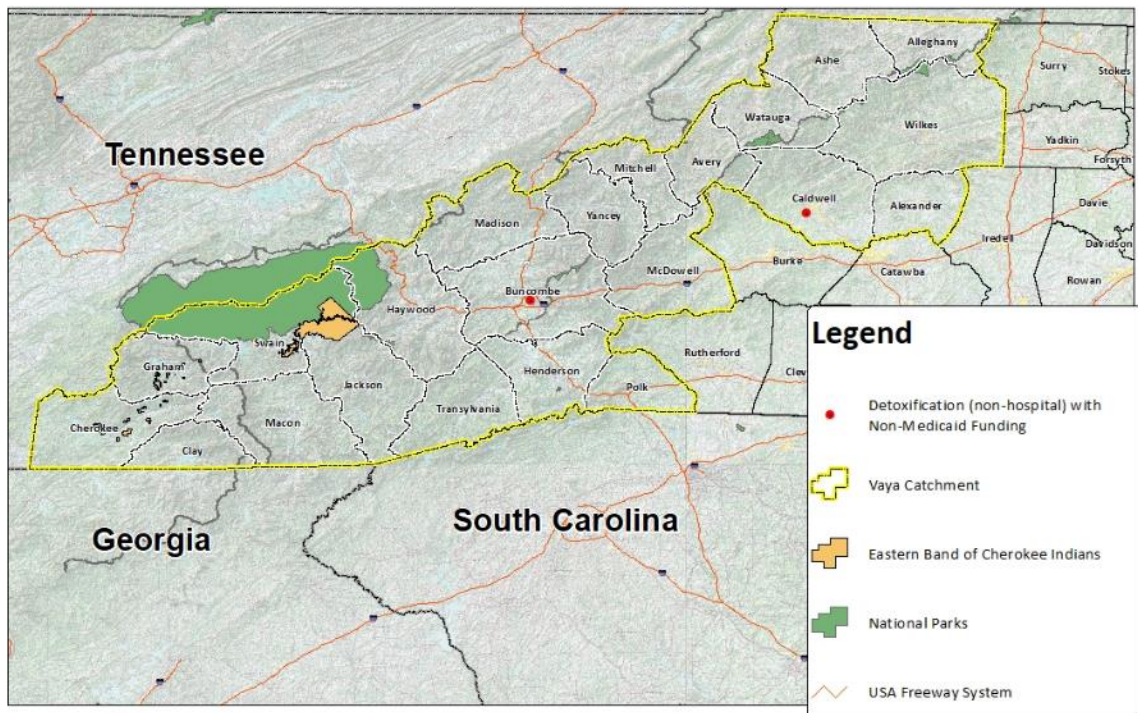


Detoxification (non-hospital)

Vaya Health Detoxification (non-hospital) with Medicaid Funding SFY20



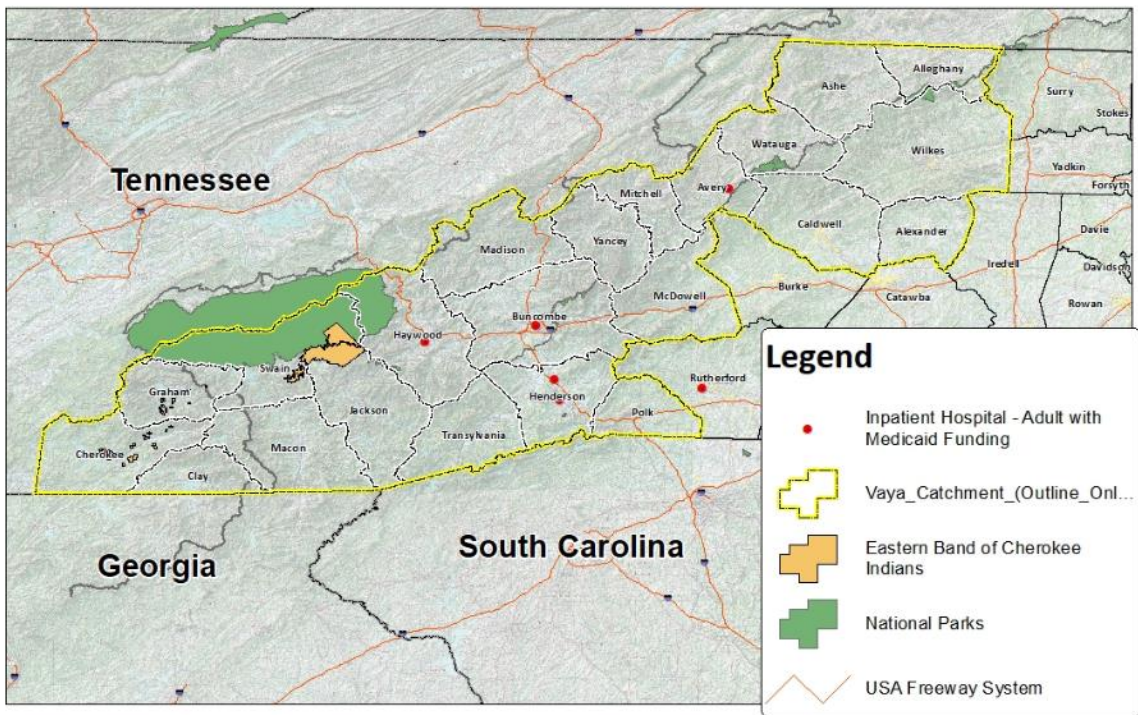
Vaya Health Detoxification (non-hospital) with Non-Medicaid Funding SFY20



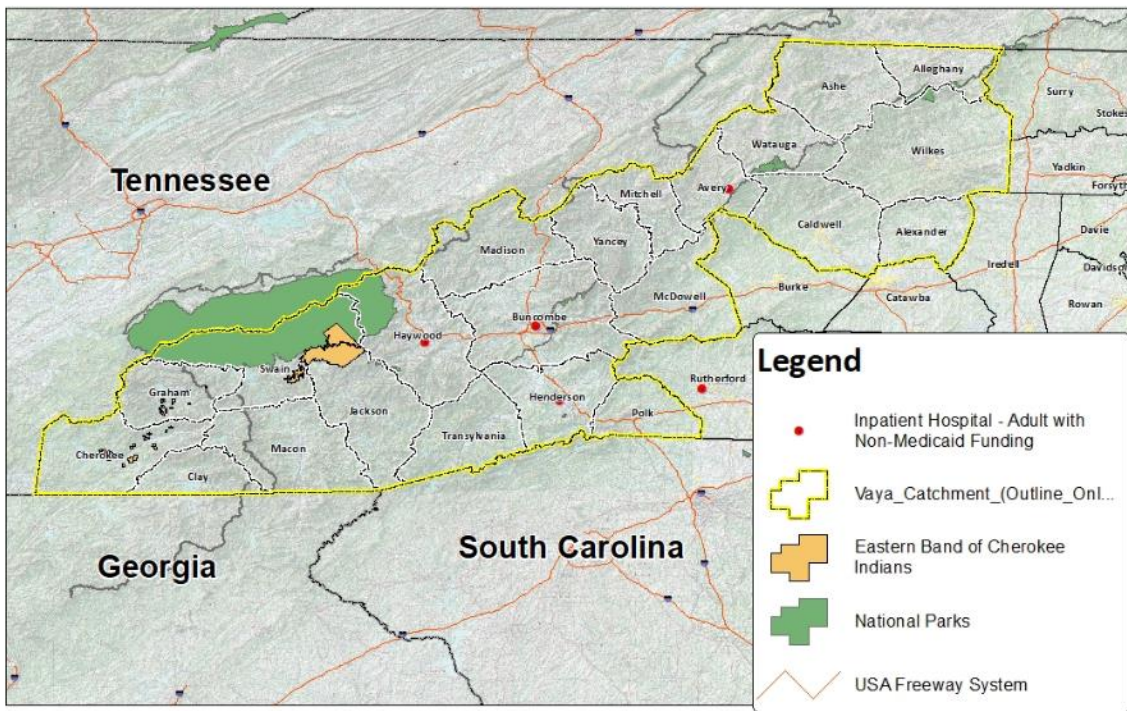
Inpatient Services

Inpatient Hospital – Adult

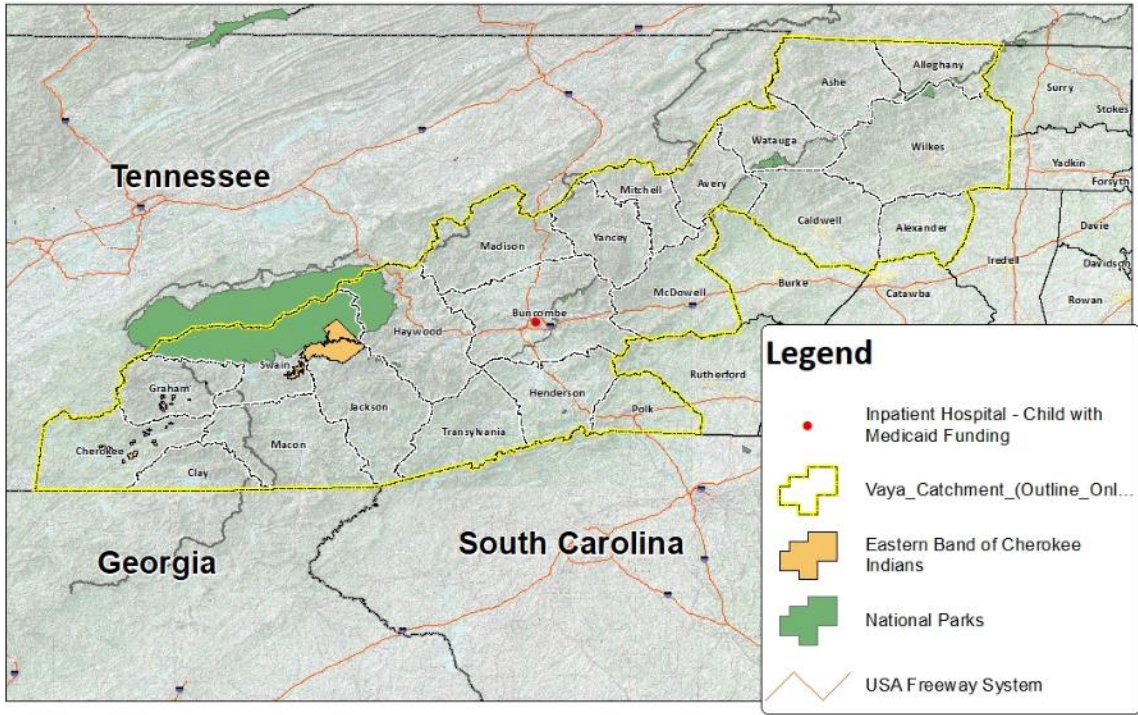
Vaya Health Inpatient Hospital - Adult with Medicaid Funding SFY20



Vaya Health Inpatient Hospital - Adult with Non-Medicaid Funding SFY20



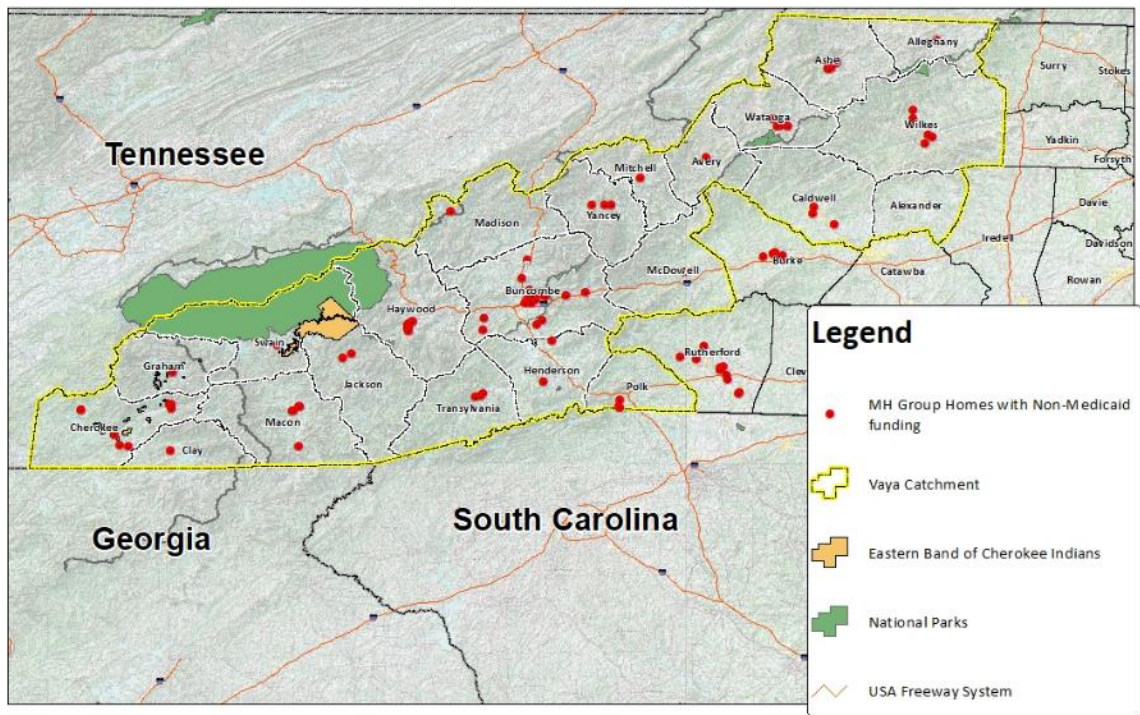
Vaya Health Inpatient Hospital - Child with Medicaid Funding SFY20



Specialized Services

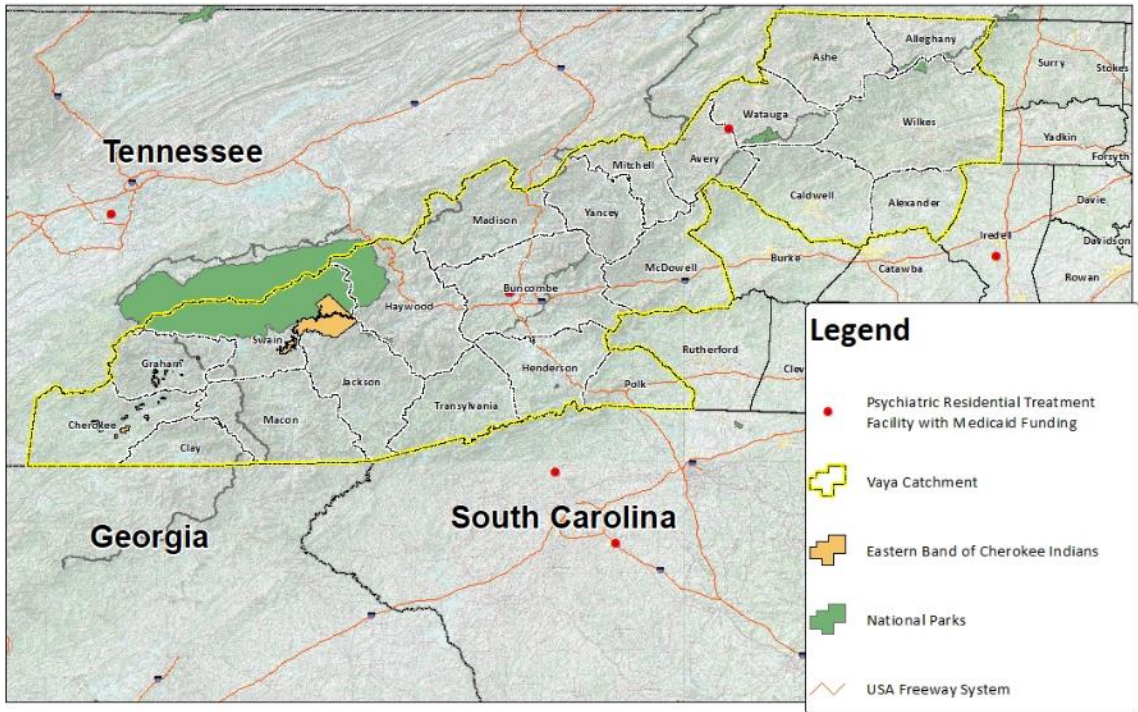
Mental Health Group Homes

Vaya Health MH Group Homes with Non-Medicaid funding SFY20

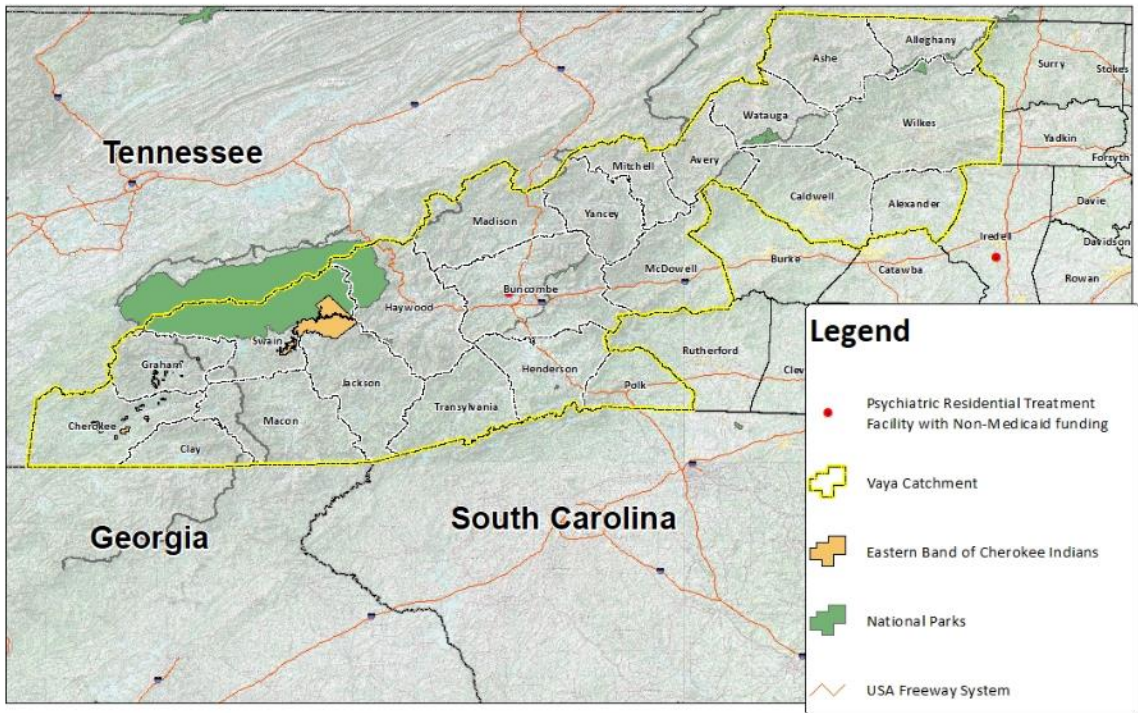


Psychiatric Residential Treatment Facility

Vaya Health Psychiatric Residential Treatment Facility with Medicaid Funding SFY20

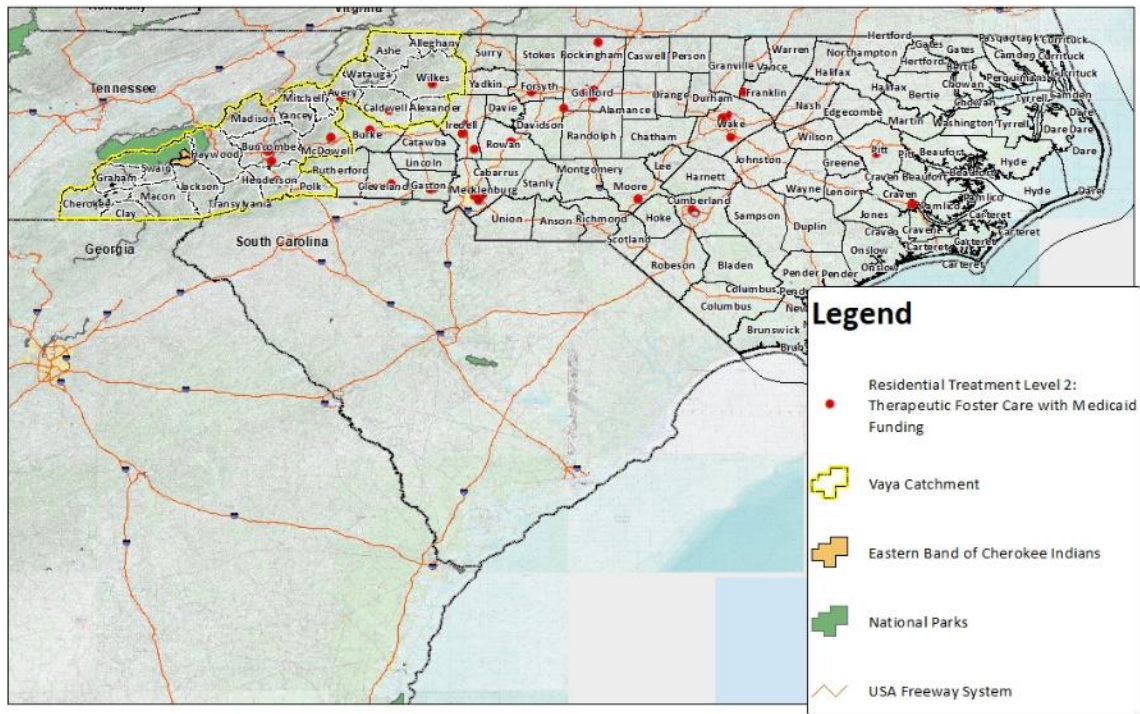


Vaya Health Psychiatric Residential Treatment Facility with Non-Medicaid Funding SFY20



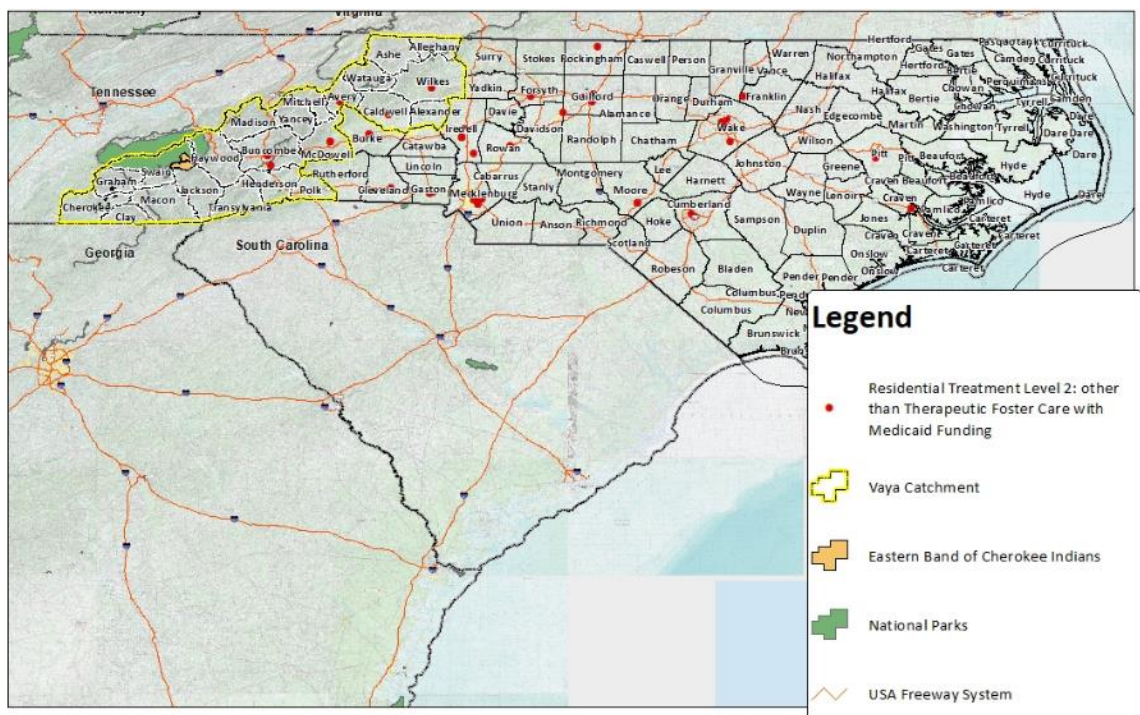
Residential Treatment Level 2: Therapeutic Foster Care

Vaya Health Residential Treatment Level 2: Therapeutic Foster Care with Medicaid Funding SFY20



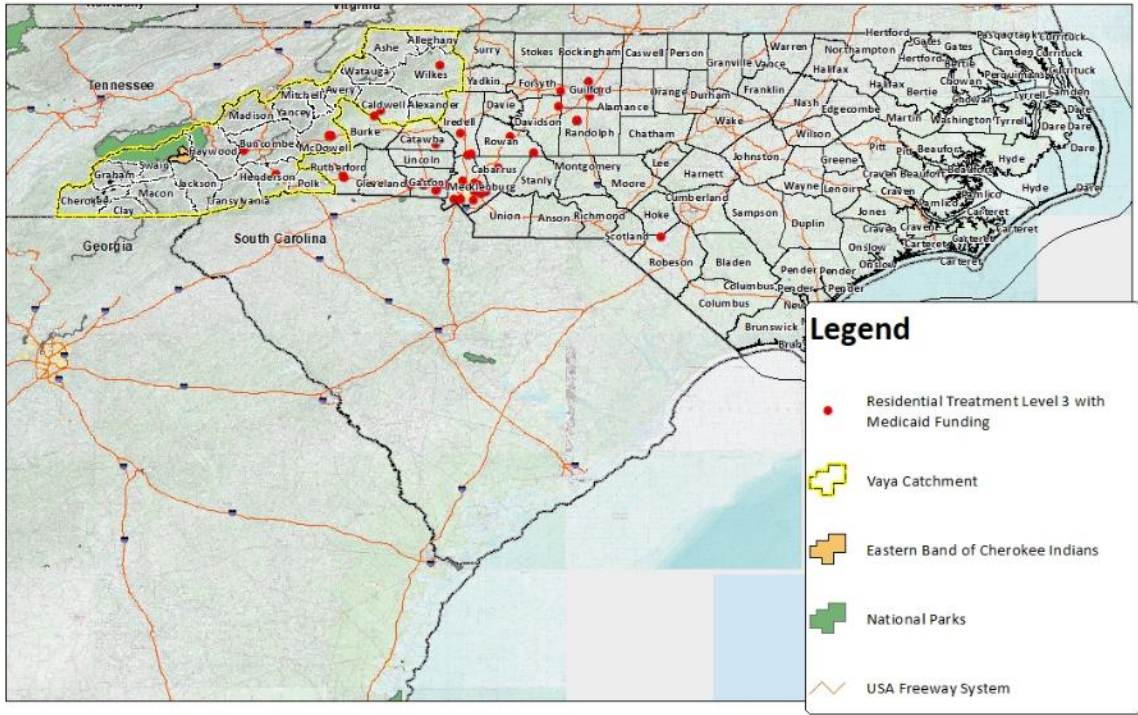
Residential Treatment Level 2: other than Therapeutic Foster Care

Vaya Health Residential Treatment Level 2: other than Therapeutic Foster Care with Medicaid Funding SFY20



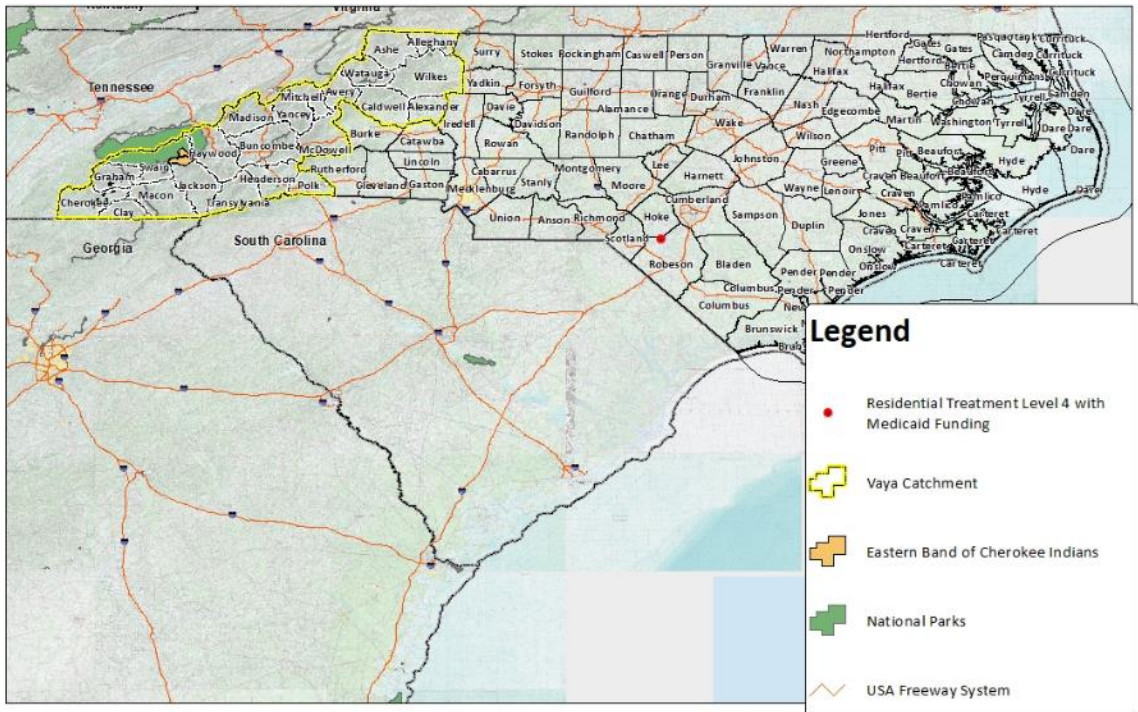
Residential Treatment Level 3

Vaya Health Residential Treatment Level 3 with Medicaid Funding SFY20

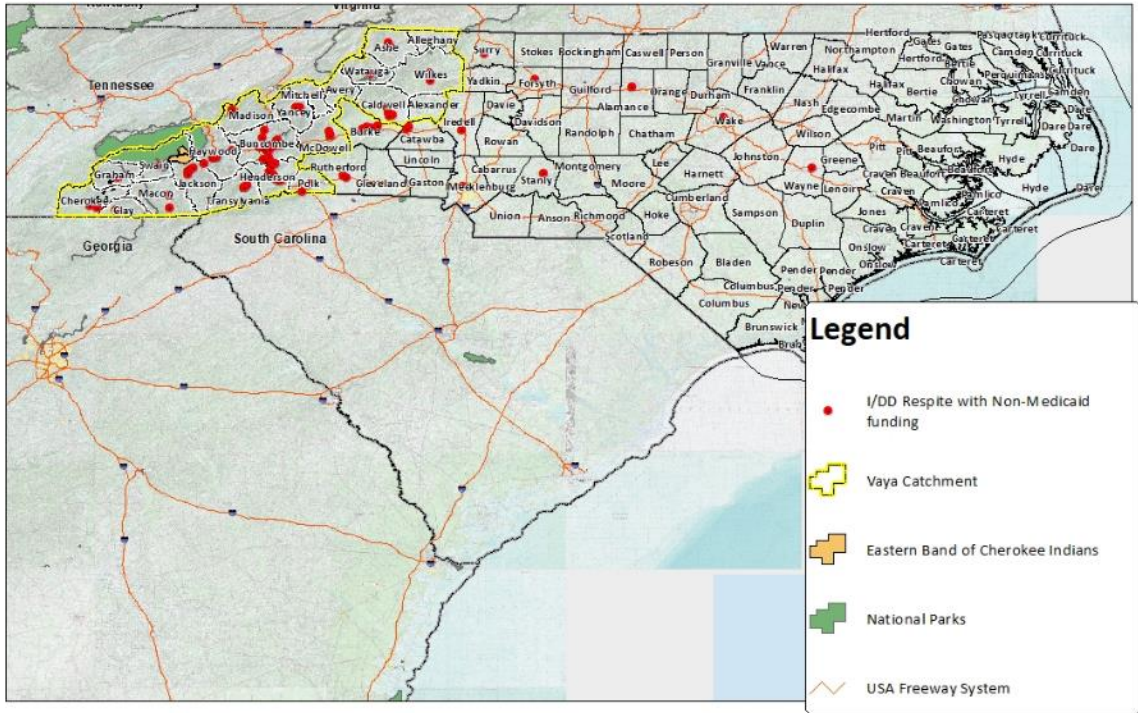


Residential Treatment Level 4

Vaya Health Residential Treatment Level 4 with Medicaid Funding SFY20

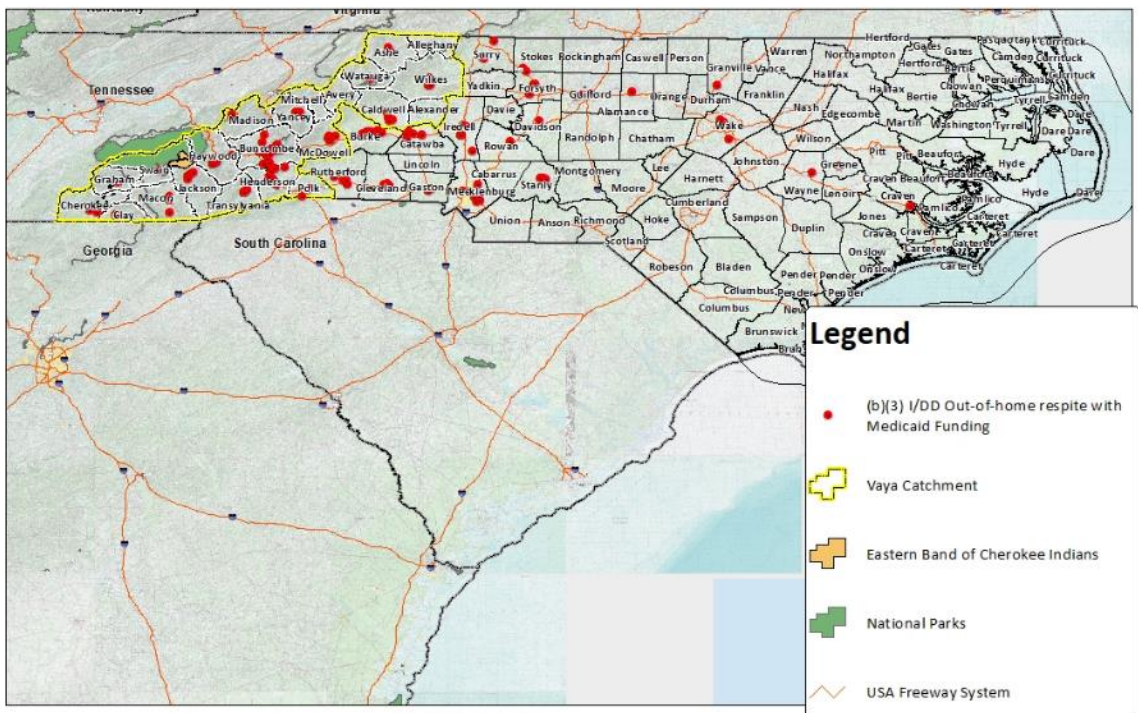


Vaya Health I/DD Respite with Non-Medicaid funding SFY20



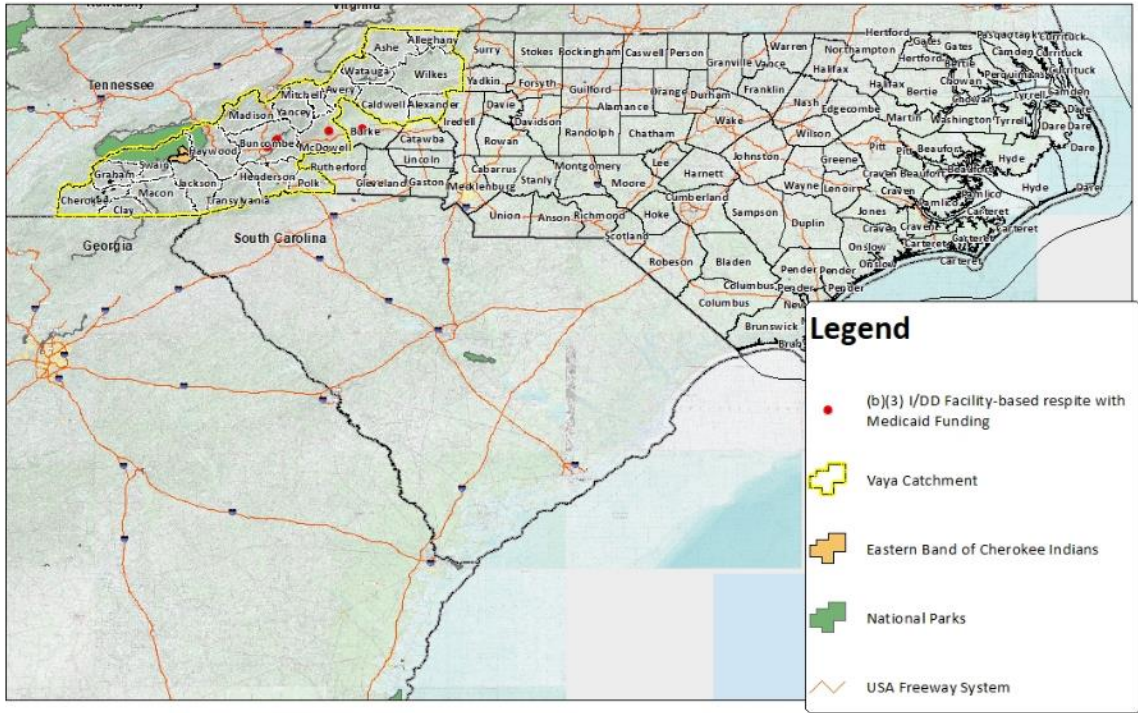
(b)(3) I/DD Out-of-home respite

Vaya Health (b)(3) I/DD Out-of-home respite with Medicaid Funding SFY20



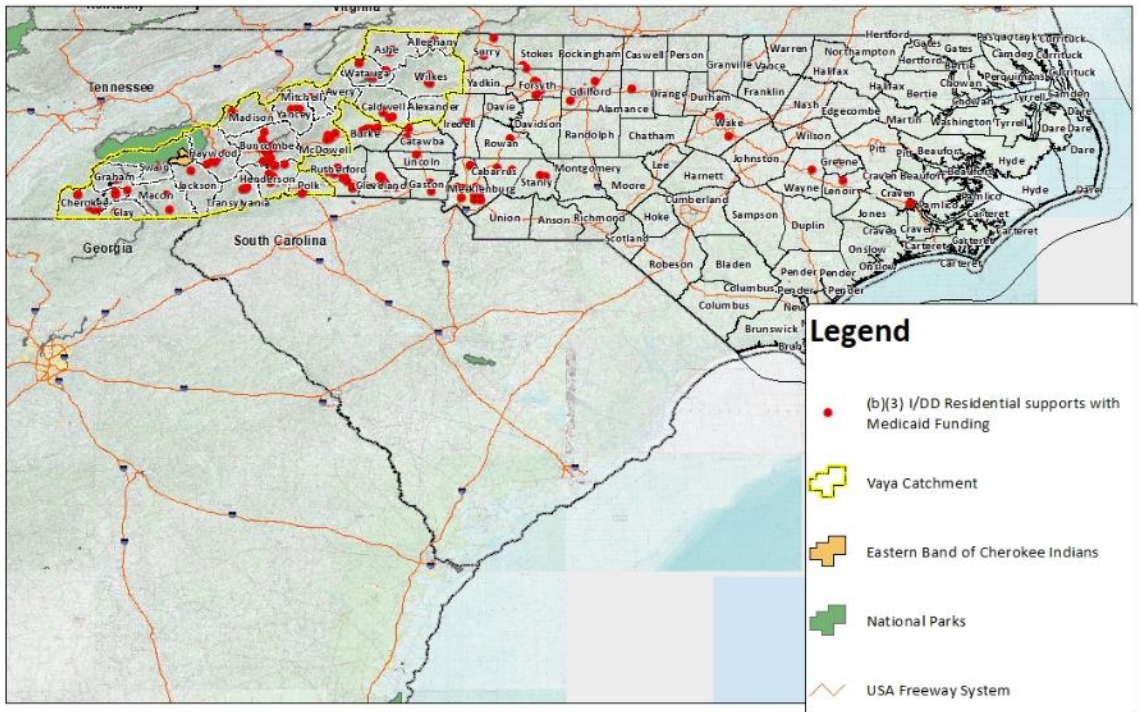
(b)(3) I/DD Facility-based respite

Vaya Health (b)(3) I/DD Facility-based respite with Medicaid Funding SFY20

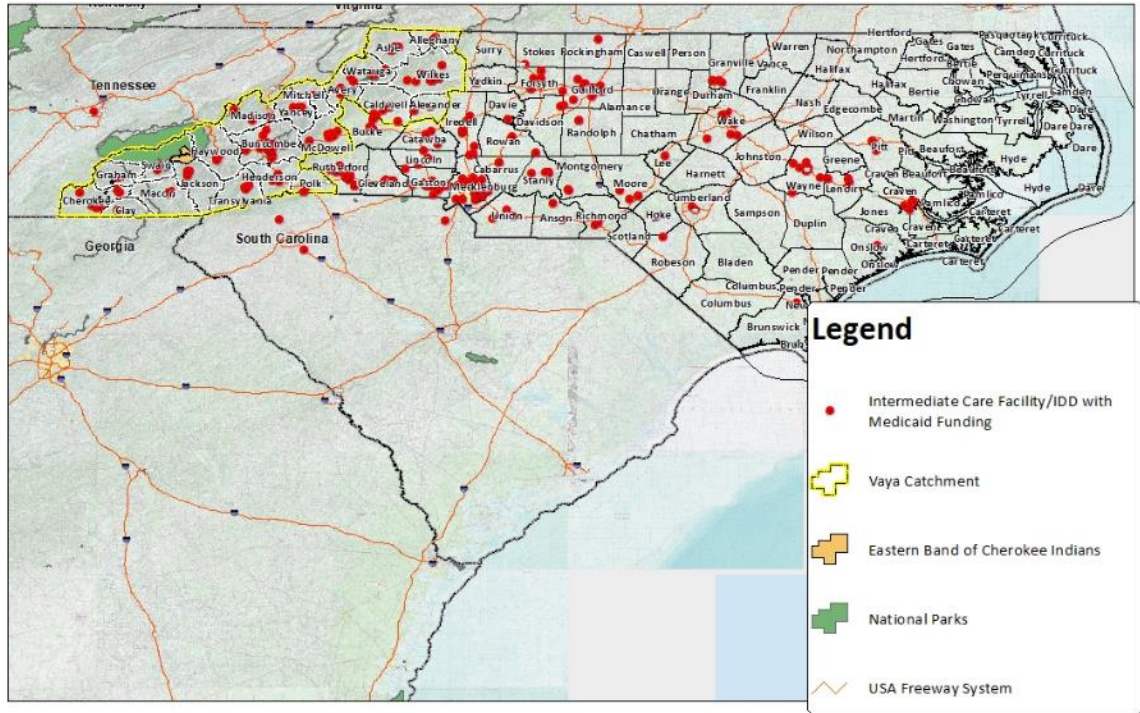


(b)(3) I/DD Residential supports

Vaya Health (b)(3) I/DD Residential supports with Medicaid Funding SFY20

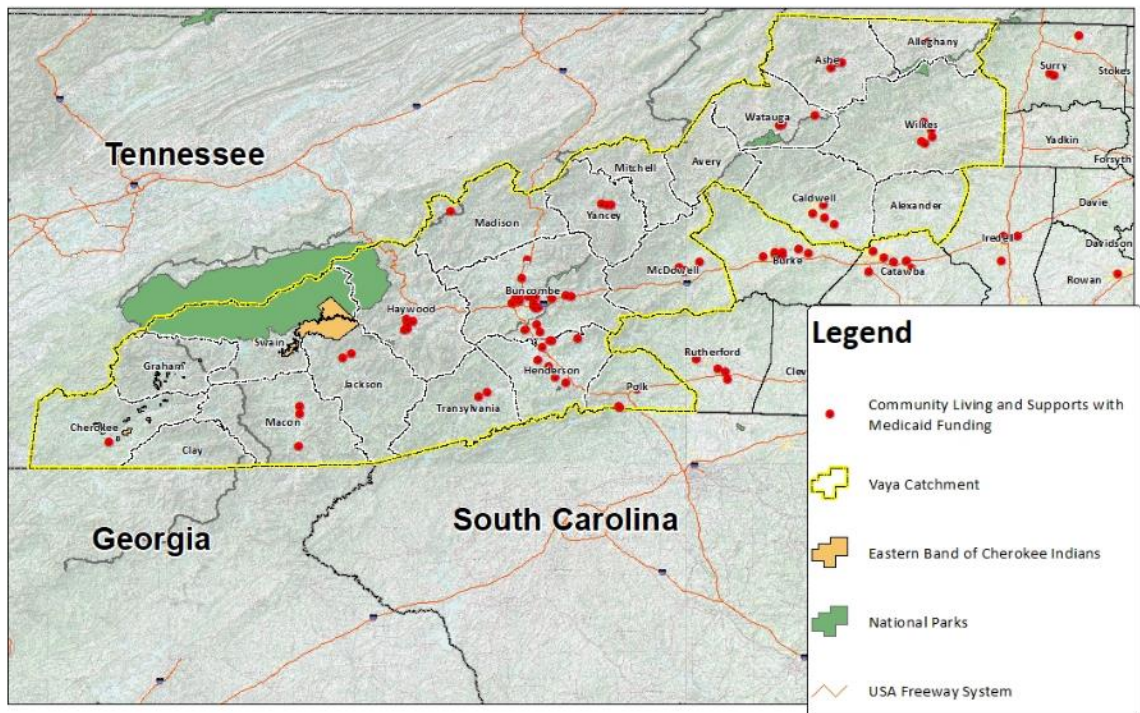


Vaya Health Intermediate Care Facility / IDD with Medicaid Funding SFY20

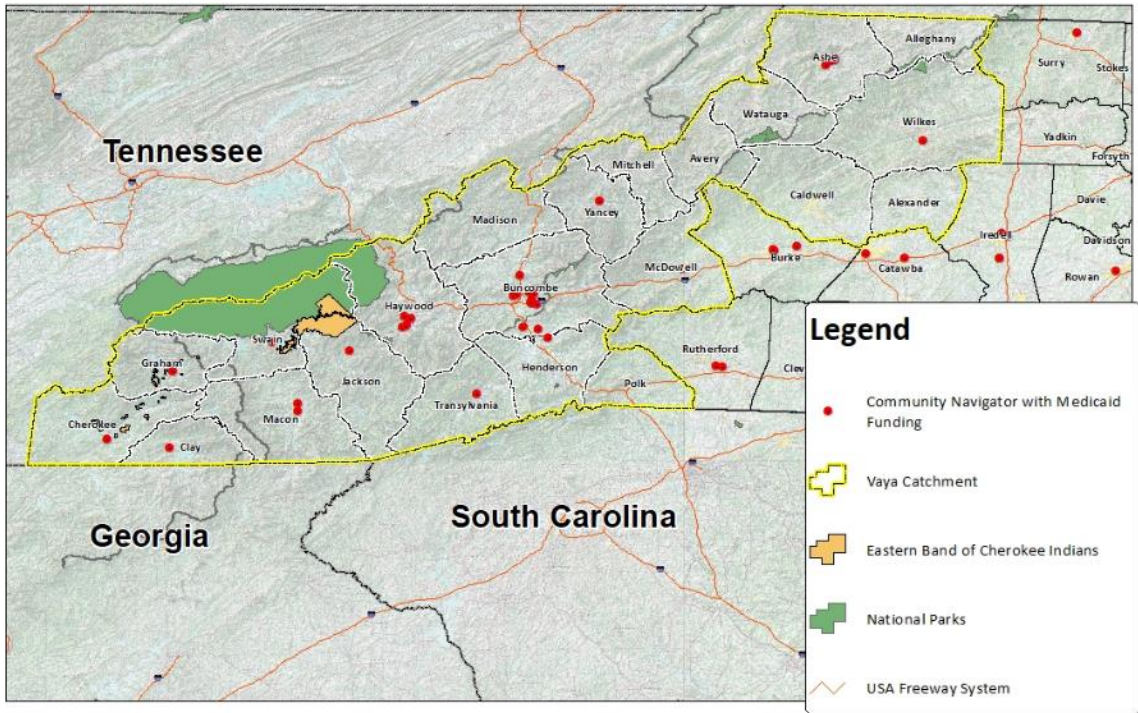


(c) Waiver Services
Community Living and Supports

Vaya Health Community Living and Supports with Medicaid Funding SFY20

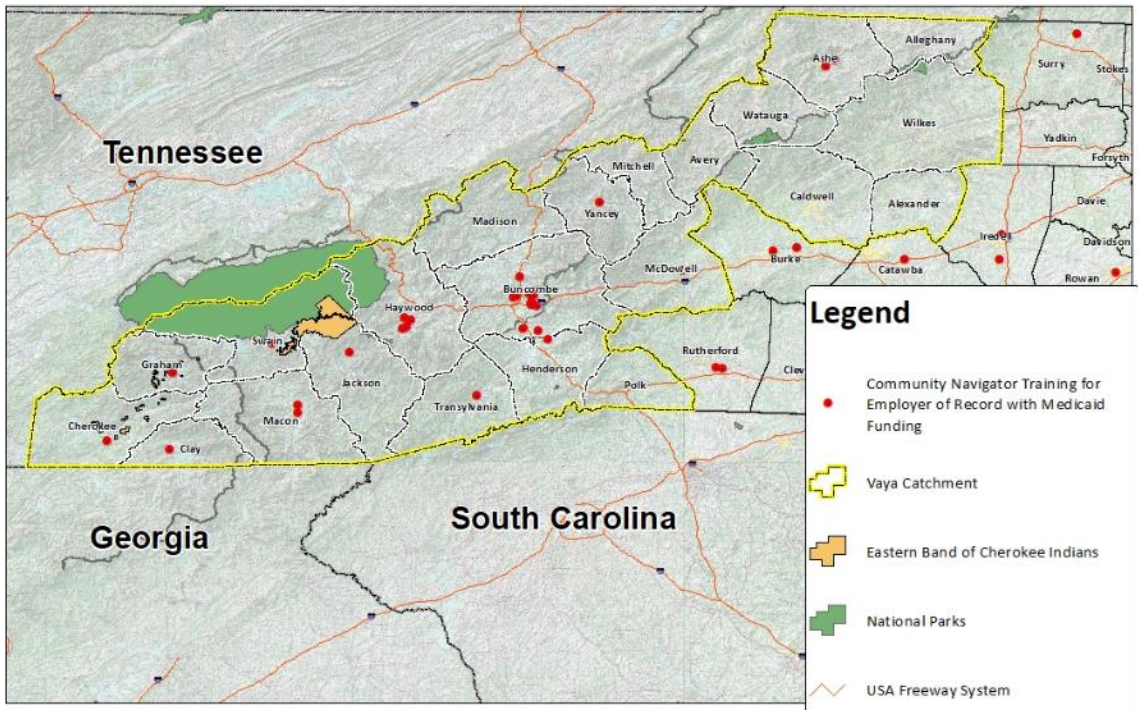


Vaya Health Community Navigator with Medicaid Funding SFY20



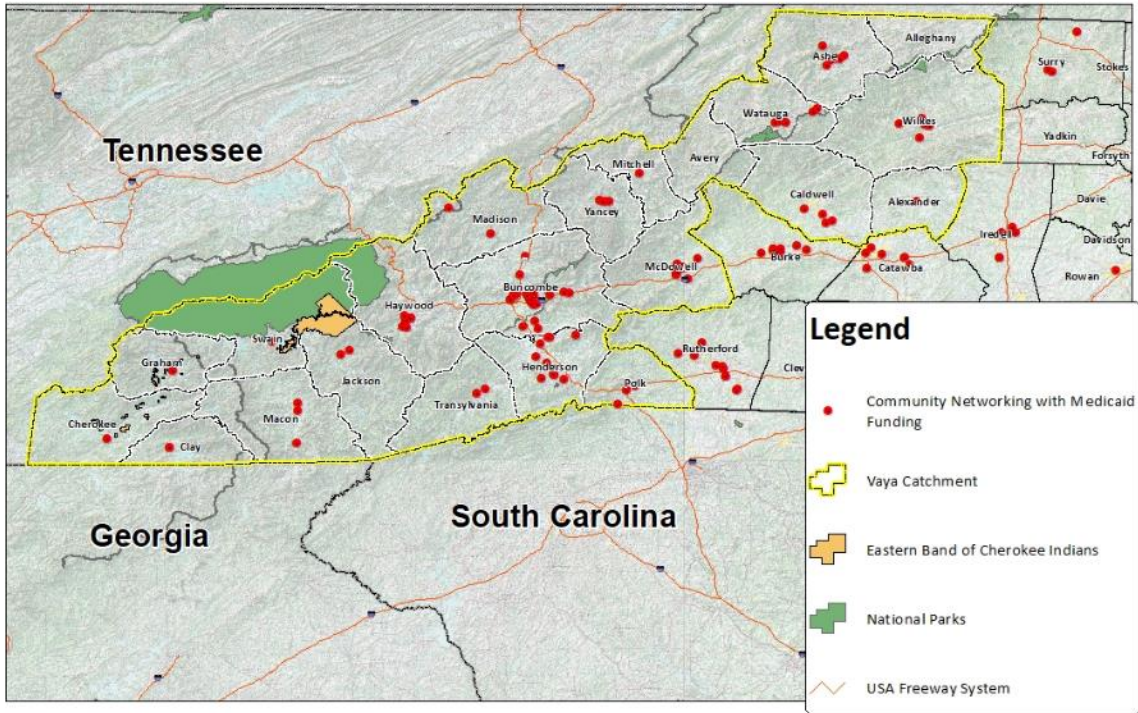
Community Navigator Training for Employer of Record

Vaya Health Community Navigator Training for Employer of Record with Medicaid Funding SFY20



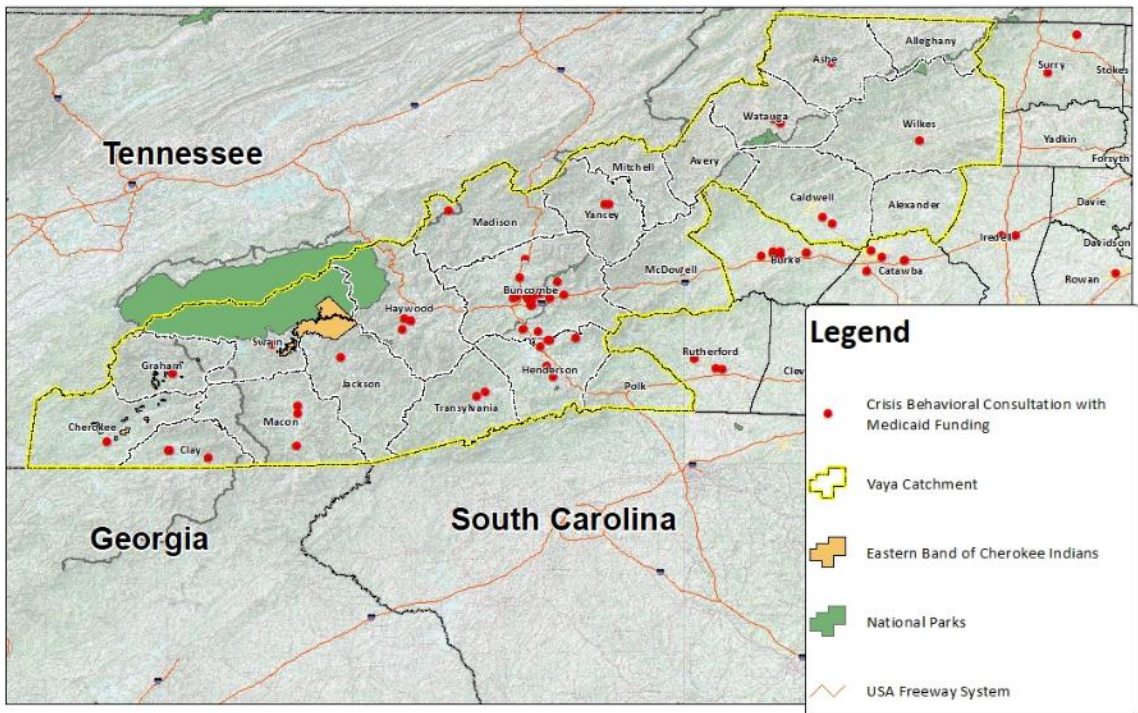
Community Networking

Vaya Health Community Networking with Medicaid Funding SFY20

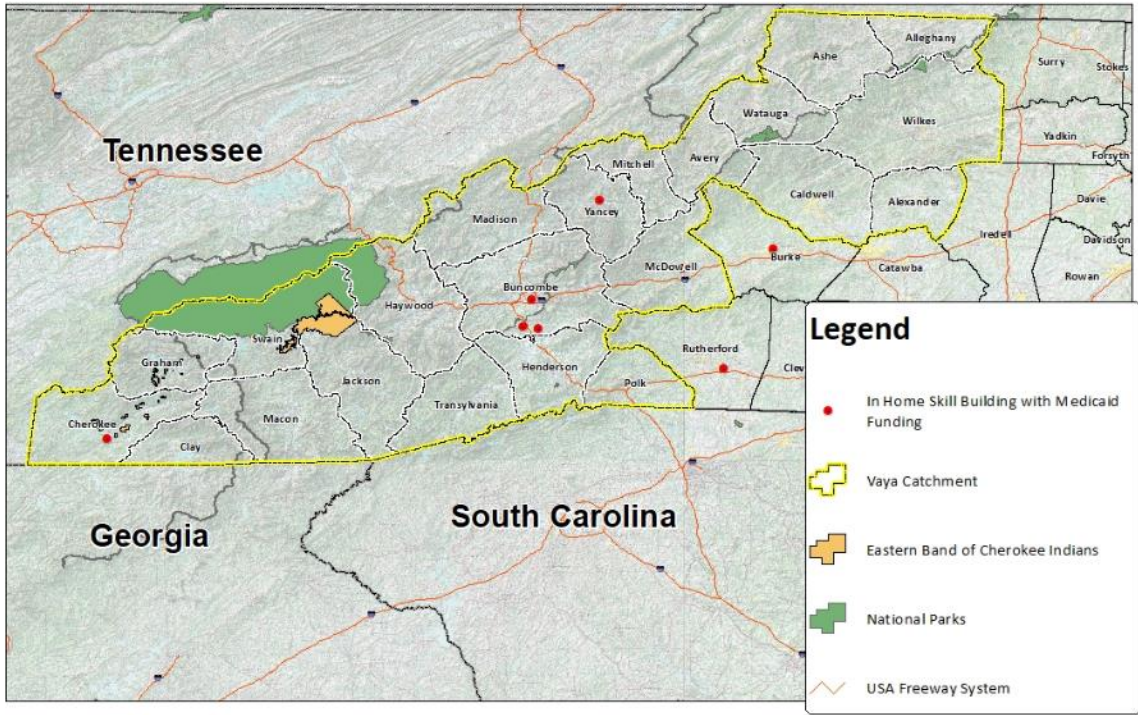


Crisis Behavioral Consultation

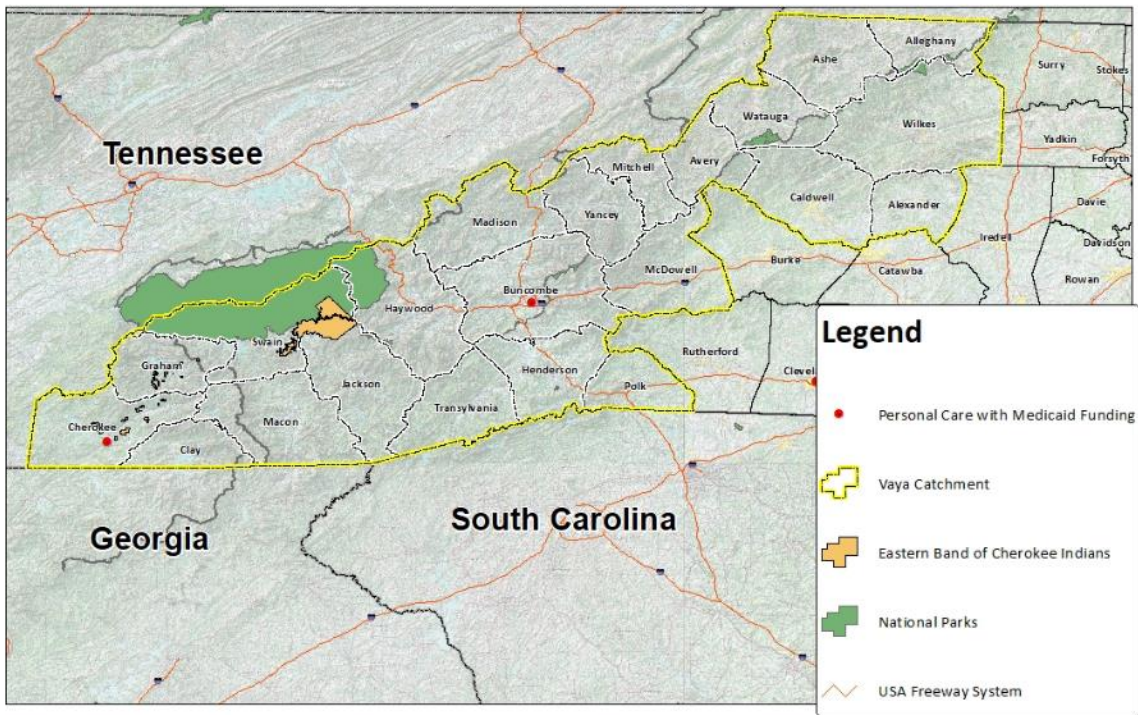
Vaya Health Crisis Behavioral Consultation with Medicaid Funding SFY20



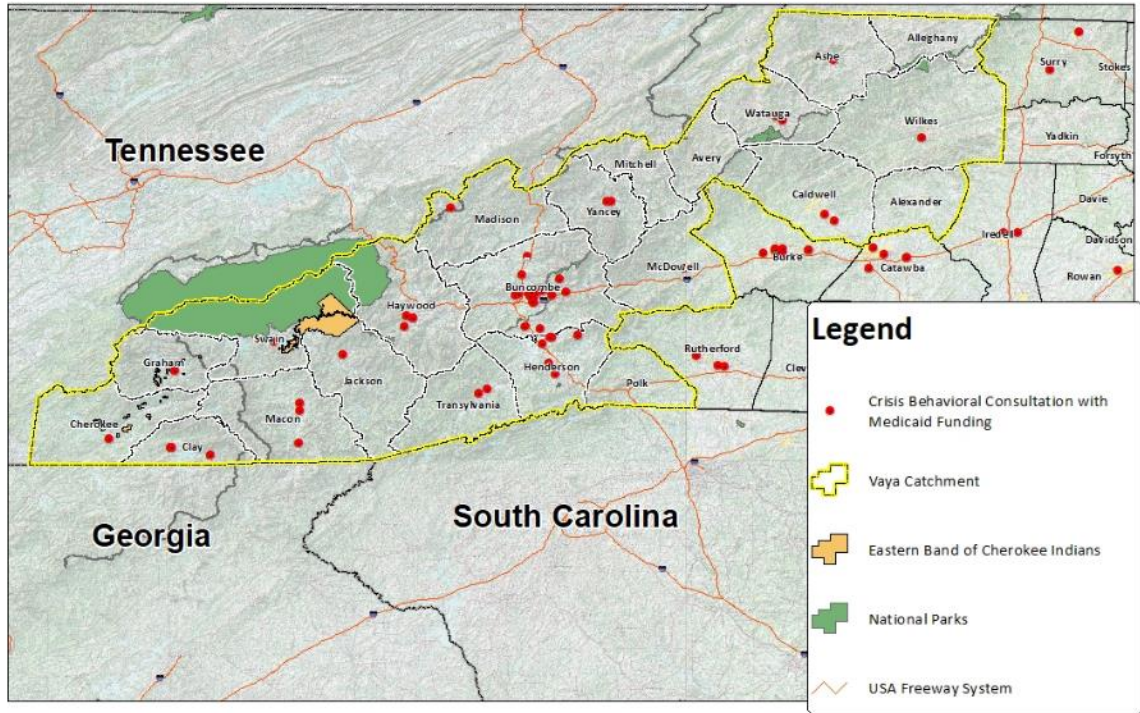
Vaya Health In Home Skill Building with Medicaid Funding SFY20



Vaya Health Personal Care with Medicaid Funding SFY20

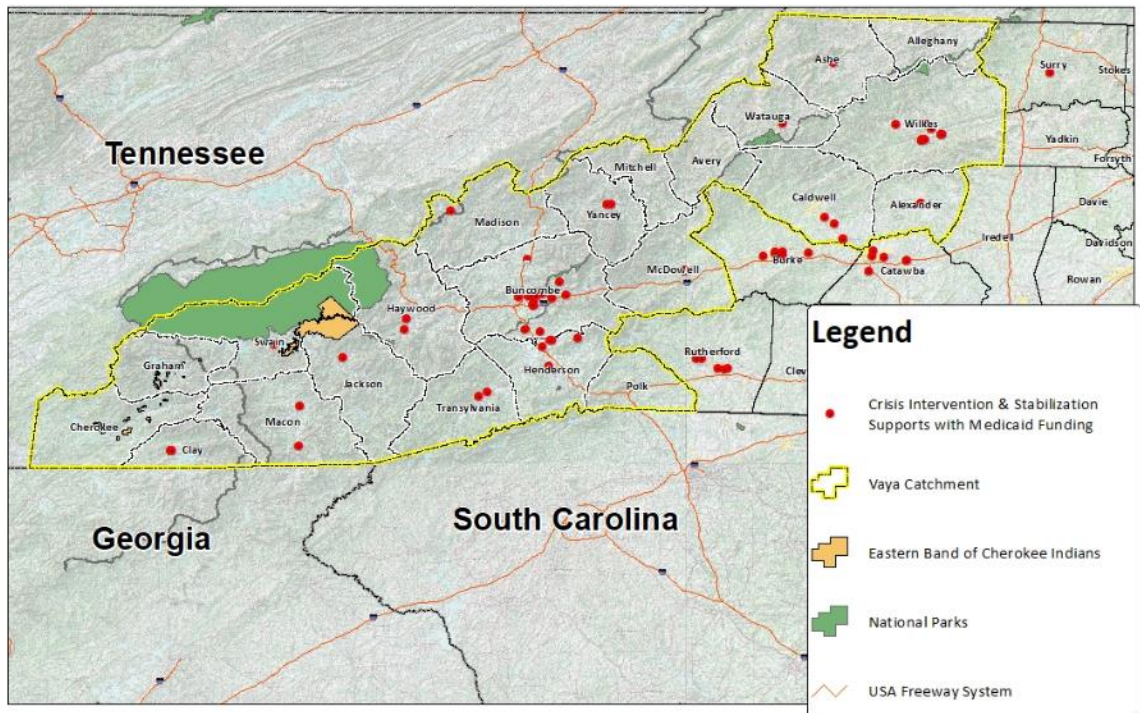


Vaya Health Crisis Behavioral Consultation with Medicaid Funding SFY20



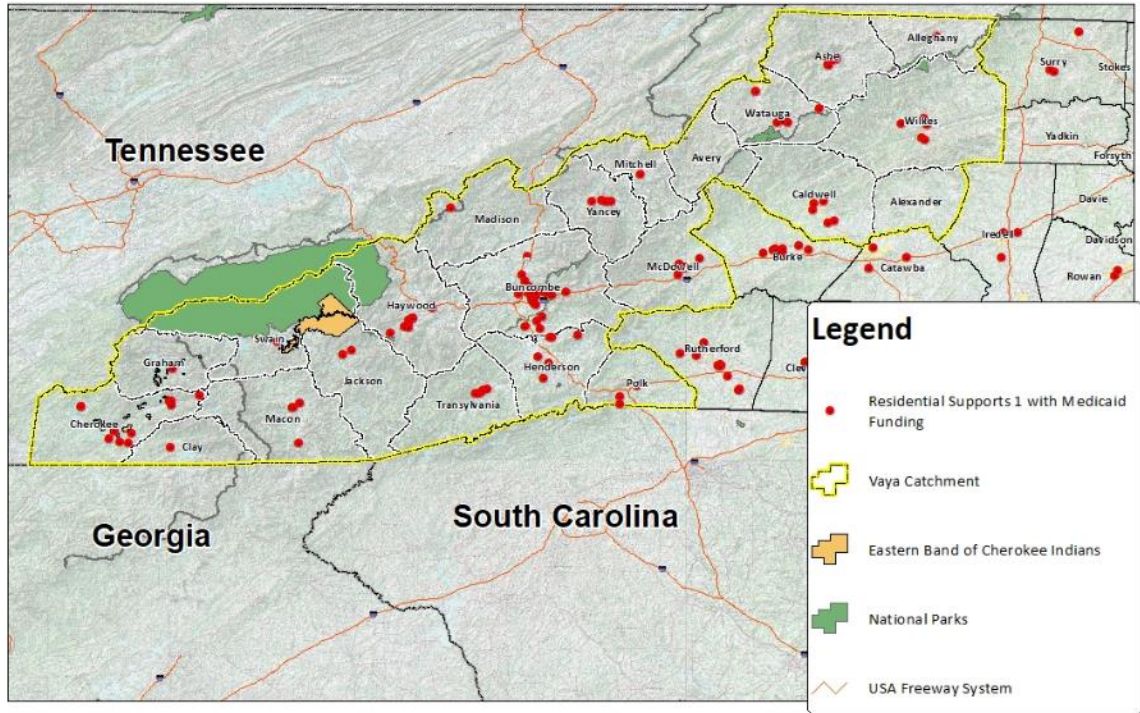
Crisis Intervention & Stabilization Supports

Vaya Health Crisis Intervention & Stabilization Supports with Medicaid Funding SFY20



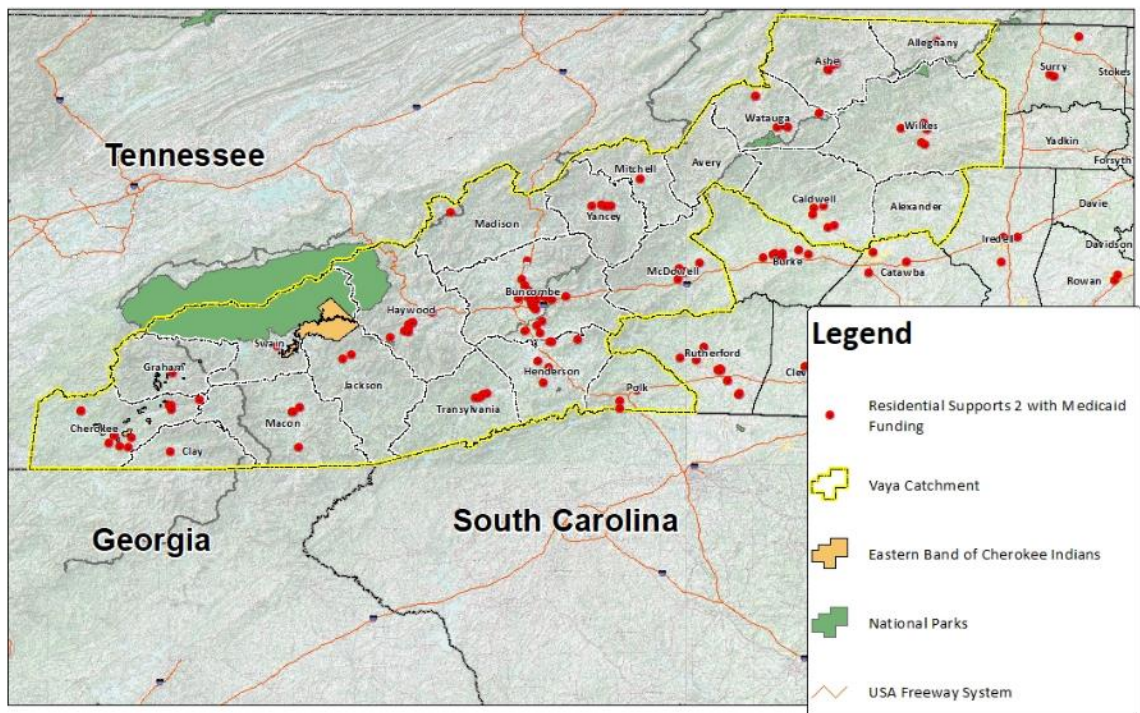
Residential Supports 1

Vaya Health Residential Supports 1 with Medicaid Funding SFY20



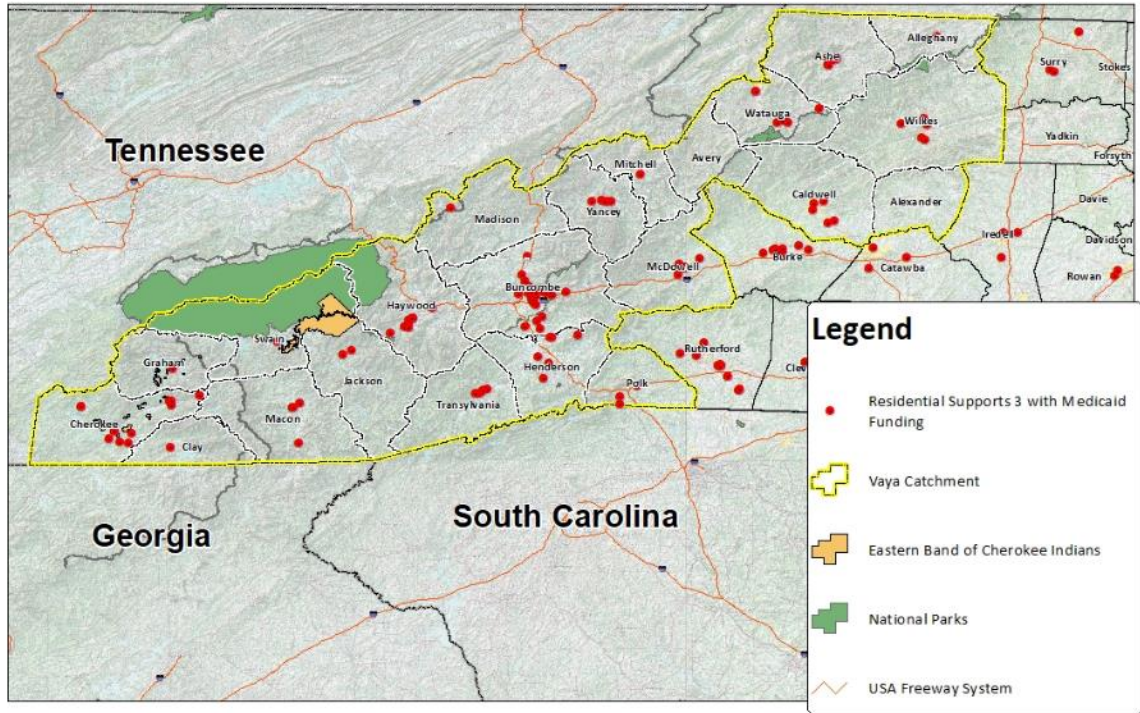
Residential Supports 2

Vaya Health Residential Supports 2 with Medicaid Funding SFY20



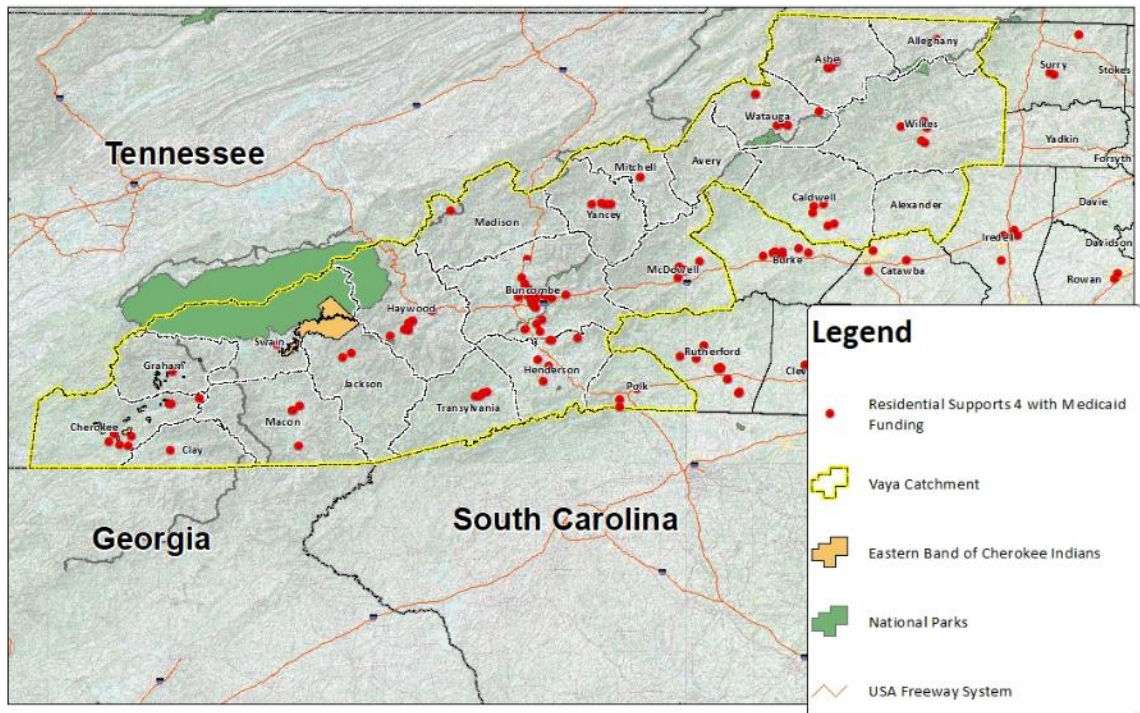
Residential Supports 3

Vaya Health Residential Supports 3 with Medicaid Funding SFY20



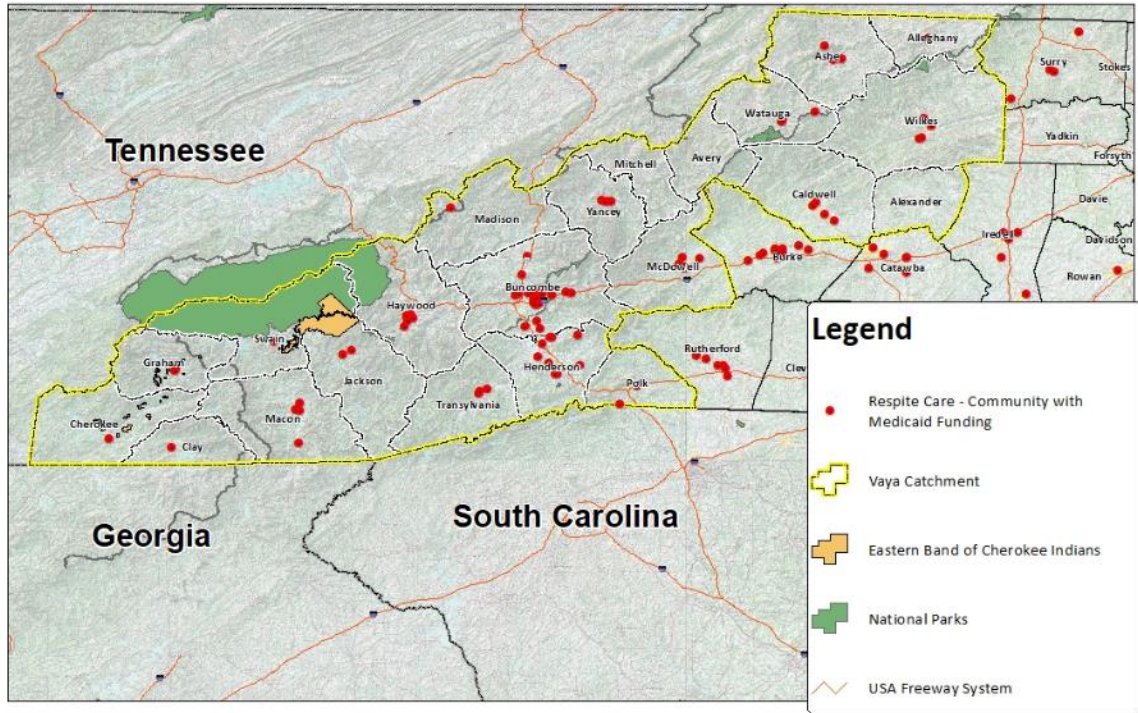
Residential Supports 4

Vaya Health Residential Supports 4 with Medicaid Funding SFY20



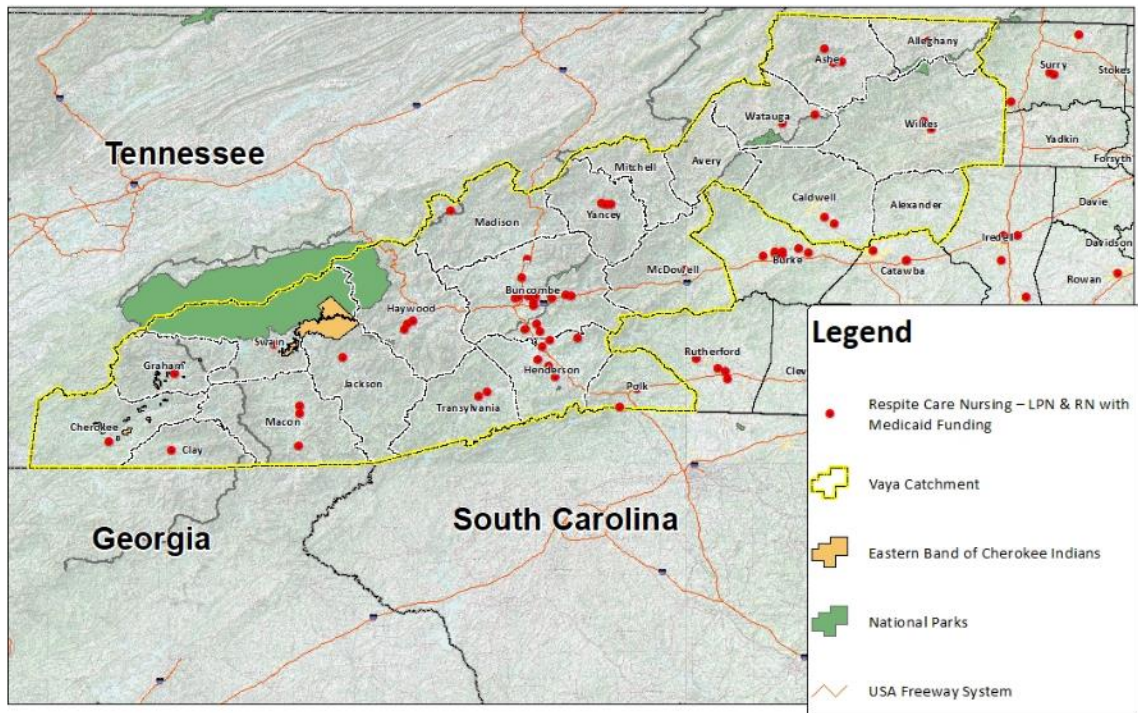
Respite Care – Community

Vaya Health Respite Care - Community with Medicaid Funding SFY20



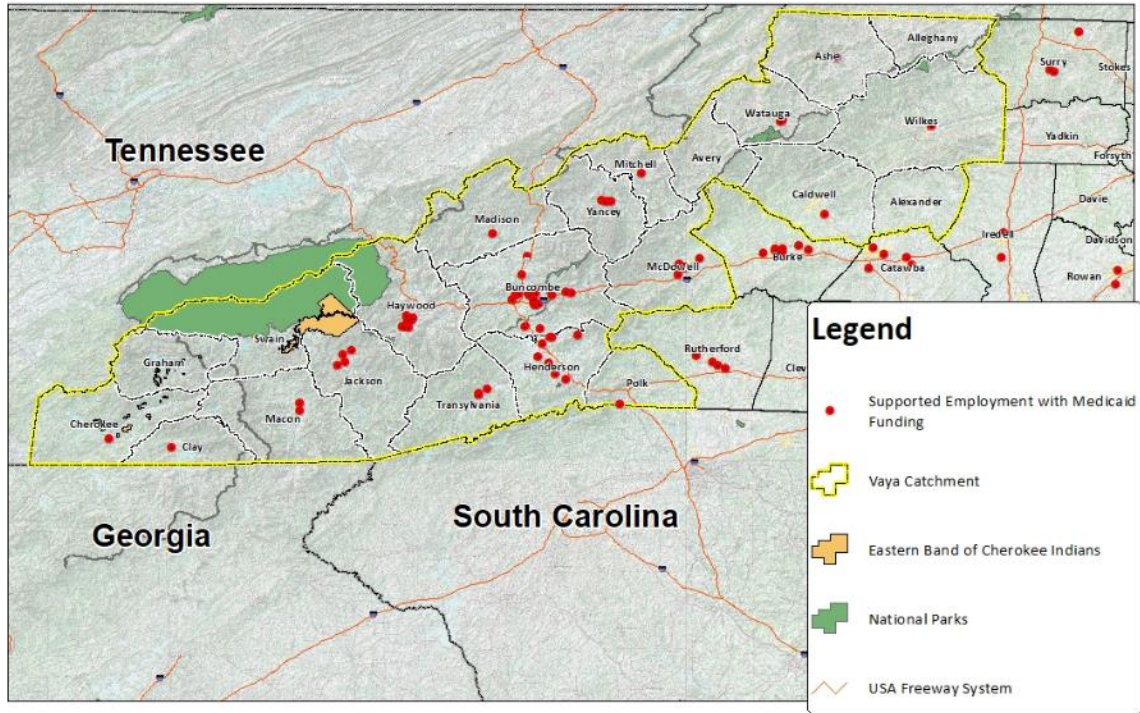
Respite Care Nursing – LPN & RN

Vaya Health Respite Care Nursing – LPN & RN with Medicaid Funding SFY20



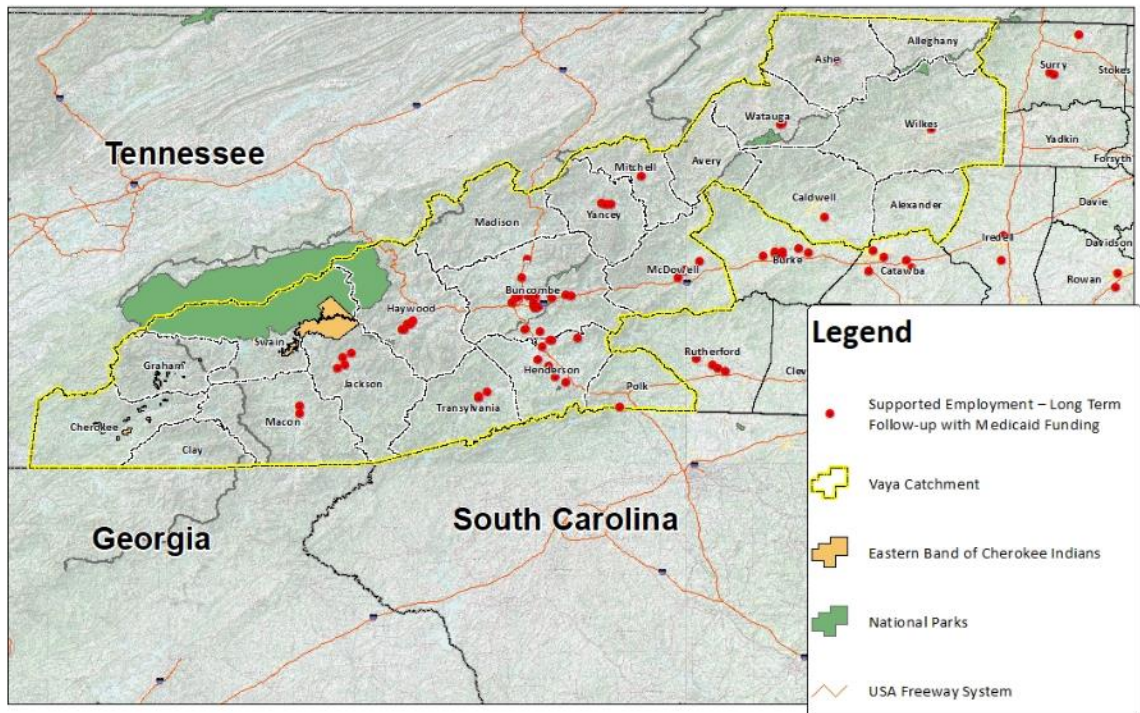
Supported Employment

Vaya Health Supported Employment with Medicaid Funding SFY20

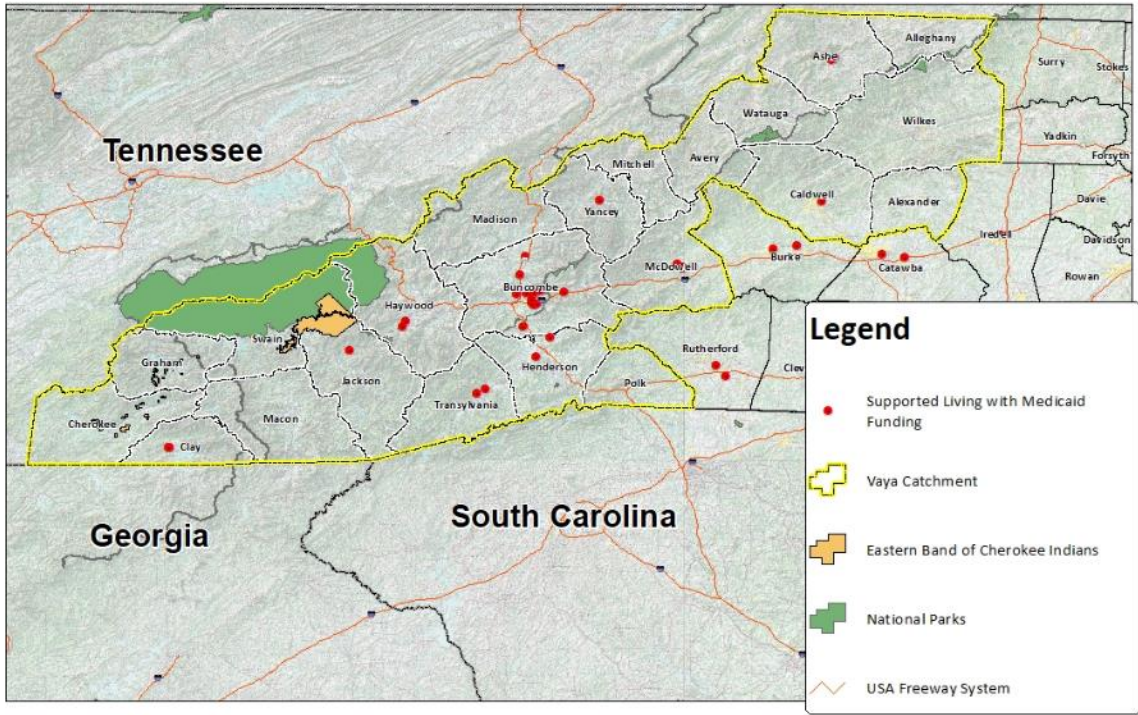


Supported Employment – Long Term Follow-up

Vaya Health Supported Employment – Long Term Follow-up with Medicaid Funding SFY20

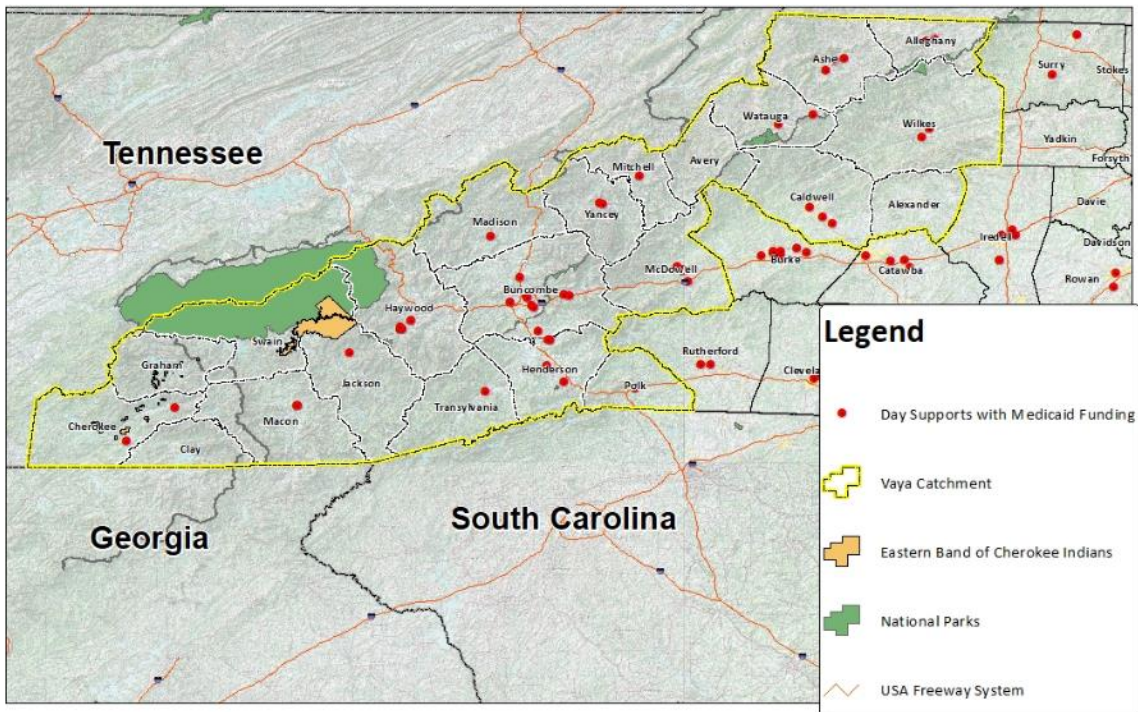


Vaya Health Supported Living with Medicaid Funding SFY20

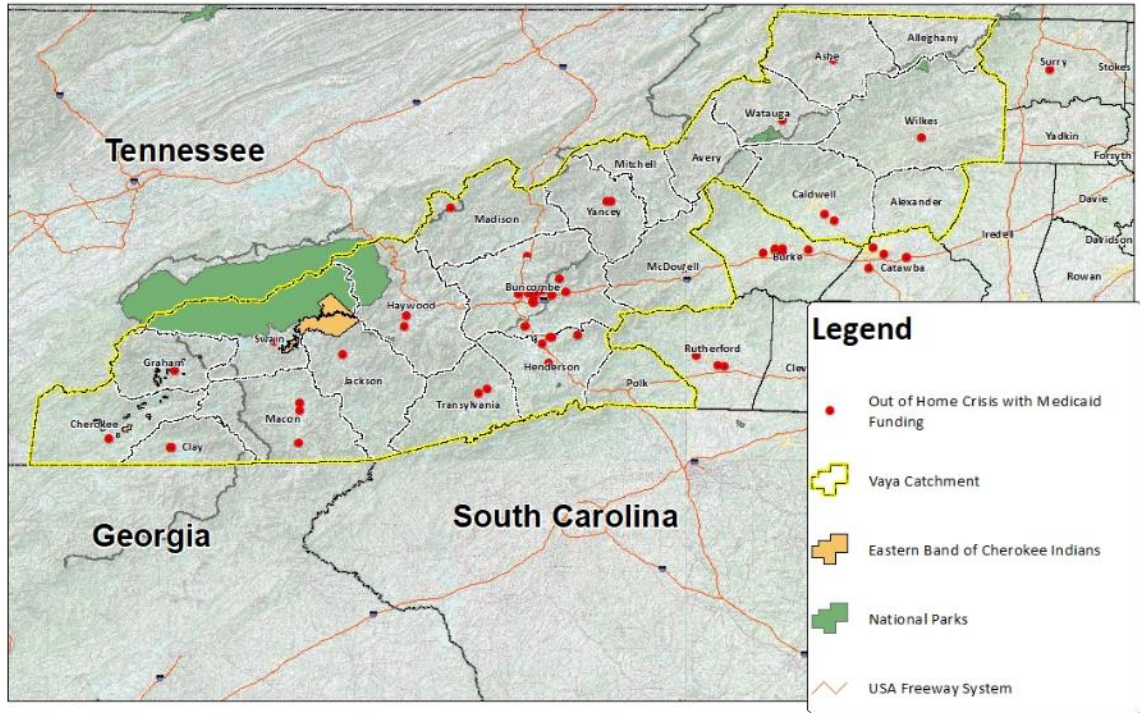


Day Supports

Vaya Health Day Supports with Medicaid Funding SFY20

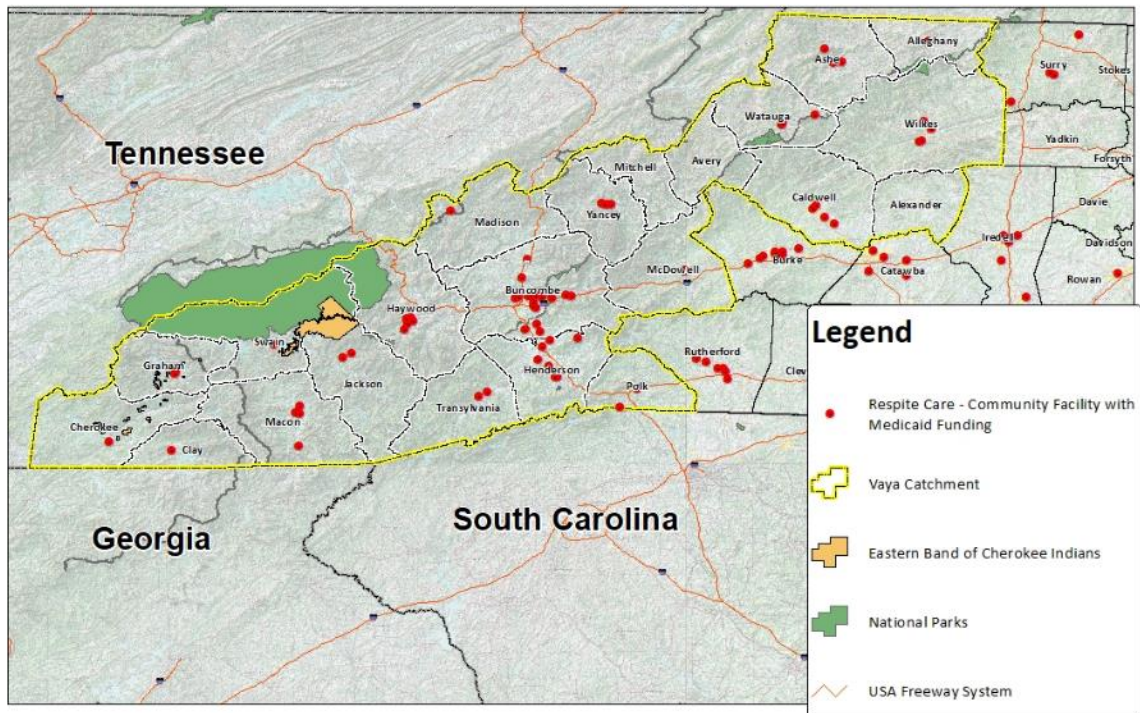


Vaya Health Out of Home Crisis with Medicaid Funding SFY20



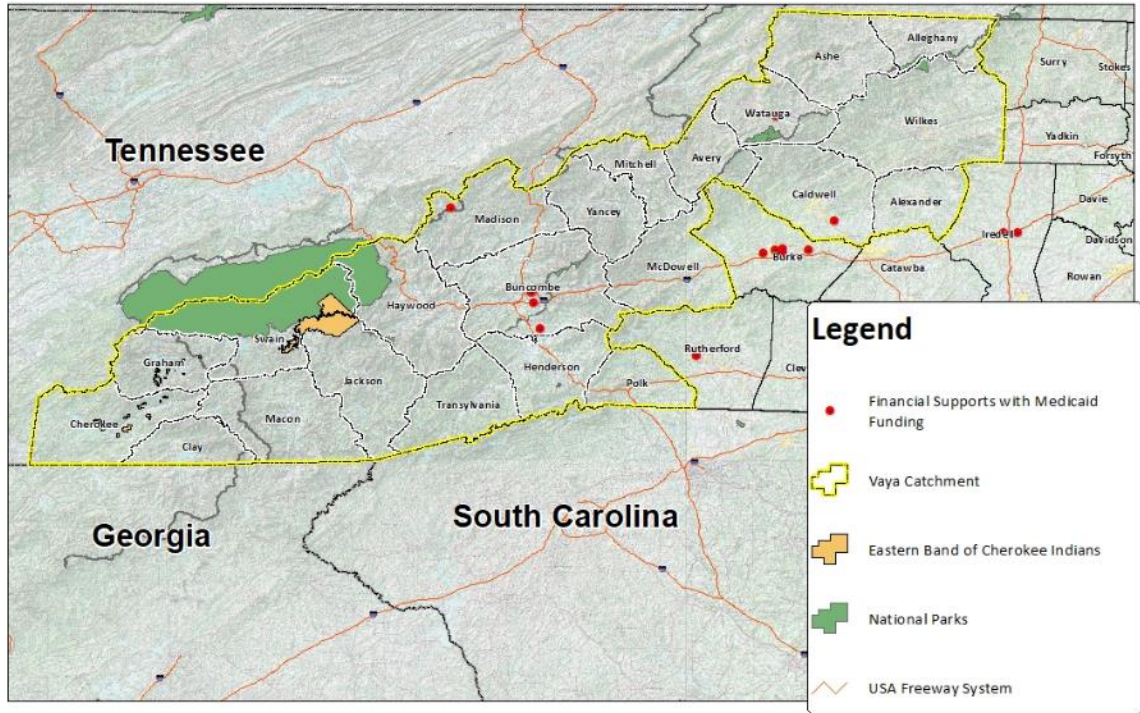
Respite Care - Community Facility

Vaya Health Respite Care - Community Facility with Medicaid Funding SFY20



Financial Supports

Vaya Health Financial Supports with Medicaid Funding SFY20



Specialized Consultative Services

Vaya Health Specialized Consultative Services with Medicaid Funding SFY20

