Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date: August 1, 2025

Meeting Called By	Dr. Michael Smith, Chief Medical Officer
Type of Meeting	Teams Meeting 1:00pm – 2:30pm

EXTERNAL ATTENDEES - VOTING MEMBERS/NON-VOTING MEMBERS

	Present	NAME	Present	NAME	Present
Hillary Faulk-Vaughn, MA, LPA, HSP-PA, Chair PAMH Clinical Director **Voting Member**	☒	Robby Adams, MD Vice-Chair Medical Director, Various **Voting Member**	☒	Ann Phelps Wilson, PharmD Clinical Pharmacist, Novant Health NHRMC **Voting Member**	☒
Terri Duncan, PhD Director of Bladen County DHHS **Voting Member**	☒	English Albertson Program Manager, Pride in NC Provider Council President **Voting Member**	☐	Ryan Estes, MBA, LCSW, LCAS, CCS Coastal Horizons, COO **Voting Member**	☒
Natasha Holley, MSW, LCSW, LCAS, CCS Integrated Family Services Clinical Director **Voting Member**	☒	Tracey Simmons-Kornegay, PharmD Public Health Director Duplin County Health Dept **Voting Member**	☒	Sharlena Thomas, LCMHC-S, LCAS, CCS RHA Clinical Director **Voting Member**	☒
Michael Martin, MSW, LCSW ABC Pediatrics **Voting Member**	☐	Ritesh Patel, PharmD PORT Health - Independent Contractor **Voting Member**	☒	Ian Bryan, MD ENC Pediatrics Owner/Director **Voting Member**	☒
Michael Lang, MD Chair of Psychiatry at ECU Health Brody School of Medicine **Voting Member**	☐	Hany Kaoud, MD PORT Health Medical Director **Voting Member**	☒	Carol Gibbs, MD Therapeutic Alternatives (Psychiatrist) **Voting Member**	☐
Beth Pekarek, MD Medical Director for Daymark (Eastern) **Voting Member**	☒	Robert McHale, MD Medical Director for Monarch **Voting Member**	☐	Laura McRae, MA, LCMHC TFC Senior Director Pinnacle Family Services **Voting Member**	☐
Erin Warlick, LCMHC-S Clinical Director Advantage Behavioral Healthcare, Inc. **Voting Member**	☐	Amy Moore, MSW, LCSW Dixon Social Interactive Services, Inc. (Alternate for Dr. Hamilton) **Voting Member**	☒		☐
	☐		☐		☐

INTERNAL TRILLIUM ATTENDEES, PRESENTERS, GUESTS - NON-VOTING MEMBERS

NAME	Present	NAME	Present	NAME	Present

Michael Smith, MD Chief Medical Officer Trillium - **Non-voting Member**	☒	Arthur Flores, MD Deputy Chief Medical Officer Trillium - **Non-voting Member**	☒	Jason Swartz, RPh Pharmacy Director Trillium – **Non-voting Member**	☒
Paul Garcia, MD VP of UM & Benefits (Alternate for Dr. Smith) Trillium - **Non-voting Member**	☒	Khristine Brewington , LCSW VP Network Management Trillium – **Non-voting Member**	☐	Julie Kokocha Director of Network Accountability (Alternate for Khristine) Trillium – **Non-voting Member**	☒
Olive Cyrus, RN, DNP Quality Manager Director Trillium – **Non-voting Member**	☒	LaDonna Battle Executive Vice President of Care Mgmt. & Population Health Trillium – **Non-voting Member**	☐	Amanda Morgan QM Coordinator Trillium – **Non-voting Member**	☐
Benita Hathaway, RN, LCMHC VP Population Health & Care Mgmt. Trillium – **Non-voting Member**	☐	Trudy Paramore Admin Asst – Medical Affairs Trillium – **Non-voting Member**	☐	Cham Trowell, LPA Director of UM BH & IDD Trillium – **Non-voting Member**	☒
Anthony G. Carraway, MD Medical Director Trillium – **Non-voting Member**	☒	Isa Cheren, MD Medical Director Trillium – **Non-voting Member**	☒	Taylor Goodnough, DO Medical Director Trillium – **Non-voting Member**	☒
Venkatalakshmi Doniparthi, MD Medical Director Trillium – **Non-voting Member**	☒	Tracy Snowden-Muller, RPh Administration Pharmacy Dir. Trillium – **Non-voting Member**	☒	Richard Peters, RPh Pharmacy Director Trillium – **Non-voting Member**	☒

AGENDA

1. Agenda topic: Welcome and Call to Order
Presenter(s): Dr. Smith

Discussion	• Dr. Smith welcomed everyone and called the meeting to order.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• There were no items identified for follow-up		

2. Agenda topic: Agenda Review and Approval
Presenter(s): Dr. Smith

Discussion	• A quorum was present for today's meeting. • There were no changes to the agenda.
Conclusions	• The agenda for August 1, 2025, was approved with a motion from Robby and a second from Hillary with all members in favor of the motion. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• There were no items identified for follow-up		

3. Agenda topic: Follow-up Items
Presenter(s): Dr. Smith

Discussion	• Susan – Post April 4, 2025 minutes to SP and forward to Communications to post to Trillium's website. Completed. • Susan – Annual form completion. TBD • Dr. Lang - F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices. Open and moved to October meeting. • Dr. Pekarek - F/u w/Ryan on any Daymark billing issues of behavioral health claims and taxonomy billing as primary care. Completed. Dr. Pekarek shared that Daymark has not experienced any billing issues with behavioral health claims and taxonomy billing as primary care. • Re-Entry Simulation Opportunity (RES) – Craven – Emailed to CAC 6/20/25 • Re-Entry Simulation Opportunity (RES) – Anson – Emailed to CAC 6/20/25 • Re-Entry Simulation Opportunity (RES) – Warren – Emailed to CAC 6/20/25 • Re-Entry Simulation Opportunity (RES) – Edgecomb – Emailed to CAC 6/20/25 • Re-Entry Simulation Opportunity (RES) – Dare – Emailed to CAC 6/20/25 • Supporting Children Early Simulation (SCES) – Guilford – Emailed to CAC 6/20/25 • Supporting Children Early Simulation (SCES) – Sampson – Emailed to CAC 6/20/25 • Supporting Children Early Simulation (SCES) – Edgecomb – Emailed to CAC 6/20/25 • Pender Post Disaster Simulation – Emailed to CAC 7/7/25 • RFA Update – TBI Resource Guide – Emailed to CAC 6/19/25 • **Public Comment:** Proposed Amendment of Rule 10A NCAC 26E .0406/Proposed Adoption of Rule 10A NCAC 27G .3605 – Emailed to CAC 7/7/25 • **Public Comment:** NC Medicaid Clinical Policy 1T-2, Special Ophthalmological Services – Emailed to CAC 7/24/25
Conclusions	• All open follow-up items will be carried forward to the next meeting until completion. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices	Dr. Lang	Oct Mtg.

4. Agenda topic: Meeting Minutes Review and Approval
Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• June 6, 2025 minutes were presented.
Conclusions	• June 6, 2025 minutes were approved as written with a motion from Dr. Pekarek and a second from Hillary with all members in favor of the motion. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Post June 6, 2025 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website	Susan	ASAP

5. Agenda topic: Trillium Updates and Information
Presenter(s): Dr. Garcia for Dr. Smith

$	• **Tailored Plan (TP)/NCQA/EQR/TCL DOJ Update** Trillium was awarded full NCQA Health Plan Accreditation and we are the first TP in North Carolina to receive that distinction. We are not allowed by contract to share exact percentage scores, but we did very, very well with no negative findings and no corrective action plan. This was a huge undertaking. We also received many compliments from the surveyors. We are also in the process of our External Quality Review (EQR). We have not had a full EQR in a number of years because of flexibilities, consolidations and go live. The Department has hired HSAG to conduct the review this year. We held our practice sessions this week and will have three days of reviews next week. This is a multi-step process and has been going well. We've also been busy with our Department of Corrections TCL review. The Department hired another vendor, Constellation so they could do their own reviews in conjunction with the DOJ reviews. The idea is that it will give the Department their own information around how we are doing with our Transitions to Community Living programs and will allow the Department to continue reviewing the program after the settlement has ended or is resolved. The Department of Justice Reviews with our federal reviewer ended Friday, July 25, 2025. Those were record reviews and face-to-face reviews. Our debrief from that review was very good, but we haven't received a final written response. • **Federal Government Medicaid Cuts Update** The Department is working with the General Assembly and the Federal Government to understand what these cuts will mean and how they will impact our program. We don't know the full extent of what will happen. On Monday, the House approved the Senate's version they called a mini budget and that's been sent to the Governor. We don't have a full budget passed so North Carolina did a mini budget to get some of the basic functions of government funded to continue. In that mini budget there are cuts in mental health, public health and childcare subsidies. There is also something that is called a rebase which takes in account the different programs of DHHS, inflation and rising costs, and the actuaries that set that up for DHHS' recommended $819,000,000./$820,000,000 that would additionally be needed to fund the different programs at DHHS. The General Assembly lawmakers did allocate $600,000,000, but that's around $219,000,000 short of what DHHS says is needed. • **Staffing Update/Executive Restructuring Update** We have expanded Executive Team and that expansion is completed. Our Chief Finance Officer is Kelly Baker. Melissa Owens is now our Chief Human Resources Officer. • **Child and Family Specialty Plan Update** The Department has announced that they are launching the Child and Family Specialty Plan on December 1, 2025. They are committed to that plan being launched as scheduled.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• There were no items identified for follow-up		

6. Agenda topic: CAC Business
Presenter(s): Dr. Smith, Dr. Garcia, Jason, Dr. Patel

Discussion	• **Drug Utilization Review (DUR)/Pharmacy & Therapeutic (P&T) Subcommittee– Jason Swartz** The subcommittee met in June. We updated clinical criteria for the Pharmacy Program around the medications SGLT 2 neuromuscular blocking agents, growth hormones, movement disorders, Cialis, monoclonal antibodies, opioid analgesics, cystic fibrosis and then reviewed new criteria for three additional medications. We reviewed PDL updates for July review and October implementation. Dr. Patel shared that he is doing research on abandoned long acting injectables which he believes could be close to 30%. Jason shared his thoughts about this aspect with our population and started doing some research to reinforce what's happening there and work with the DUR & P&T subcommittees to possibly find ways to help alleviate dispensing and not being used. Last year pharmacy operations implemented medication reconciliations with the clinical team in October and since then the clinical team has completed 460 medication reconciliations for our most complex members. So, members that have multiple medications, multiple disease states. Most of their medication recreation centers around non-adherence, untreated diagnosis and therapeutic duplication. Of those 460 members, they addressed 290 concerns with 113 prescriber outreaches to help get those members medications in line with their therapies. Last fiscal year we had 1,447,000 paid claims with 34,228 unique numbers utilizing pharmacy services over the year. That equates to $291 million which is a little over medical spend for pharmacy. This equates to 3.74 prescriptions per utilizing member per month with an average cost of $201.34 per prescription. We've seen these increase month over month mainly because our population increased and then within that population we've seen a higher utilization month over month of medication or pharmacy services. • **Annual Review of Clinical Practice Guidelines (CPGs) – Dr. Garcia** Dr. Garcia presented Trillium's CPGs for behavioral health and CPGs for CCH and walked the group through how to access, search and use these tools. Dr. Garcia asked the group if anyone has utilized these because they are designed for providers out in the community to give them guidance when they are providing care. We review these annually to determine if a particular guideline needs to be updated or deleted. If there are new modalities or guidelines that are being used in the field and are not included on the website please feel free to bring them to this committee for consideration. We want to make sure our guidelines are effective. Dr. Garcia will ask our Communications Department to pull data from the website to see how often this page has been visited. Dr. Pakerek said that REMS used to be available and was very helpful for staff and could be utilized to learn more information on medications, but it is no longer available. Dr. Garcia responded that on our website under the CPGs there is a section for Clozaril and it is based from the APA treatment of Schizophrenia. Dr. Pakerek asked if there is any information or update on how often to do labs and Dr. Garcia will follow up on this question. Sharlena shared her feedback stating that instead of links to white papers or some 30 page research document it would be helpful to have some sort of grid that would associate evidence based practices (EBPs) with a certain diagnosis or service. • **CAC Officer Nominations - Dr. Smith**

	Dr. Smith called for nominations for Chair and Vice Chair. There were no additional candidates nominated. Our current Chair is Hillary and our current Vice-chair is Robby; both have agreed to continue as officers of this committee. **Pharmacy Workgroup Proposal - Dr. Patel** Dr. Patel said we need to think about what the needs are for our members with regard to Pharmacy and Community Pharmacy plans to address closing any gaps that we are not able to close in the clinic such as patients not being able to get their injection now that this can be handled by pharmacies. There were a couple more bills passed starting October 1st that gives pharmacy on the ground a little more ability such as to test and treat for flu. Birth control dispensing and smoking cessation were passed in the last few years. Jason inquired at a previous meeting if once a study is done if we can take the data back to DHHS to get the pharmacies a better dispensing fee schedule in ways to help reduced abandonment so that maybe we can re-dispense those medications that were stored correctly and were in the clinic and were brought back to the pharmacy to be able to utilize correctly. There are a lot of other things that pharmacy is able to do such as diabetes management and blood pressure management and we need to figure out the next steps and if there is pilot of sorts or other things we can consider. There are a lot of moving parts between CPSN and NCAP and obviously the legislature helping us to have the ability to become accredited for those tasks. Dr. Patel would like to develop a workgroup to help design a plan for Trillium wherever there are gaps and needs that pharmacy can be a solution for. Dr. Patel will do a formal presentation to CAC on Oct 3rd, working with Jason and a designee in QM regarding any HEDIS measures.
Conclusions	• Hillary and Robby were nominated to continue as Chair and Vice Chair with a motion from Ryan and second from Dr. Bryan with all members in favor of the motion. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• F/u with Communications Dept on data on how often the CPGs page is visited	Dr. Garcia	ASAP
• F/u on how often to do labs for Clozaril	Dr. Garcia	ASAP
• F/u with Fonda on HEDIS measures for Dr. Patel's presentation	Dr. Smith	ASAP

7. Agenda topic: Open Agenda Discussion
Presenter(s): All Members

Discussion	• **Comprehensive Clinical Assessment – Sharlena** Sharlena shared that we had confirmed previously that even though the entitlement and the benefit allows an assessment every year, it's not an actual requirement that it should be done based on clinical indication and or service definition requirements. Such as CST requires a CCA or an addendum annually. Sharlena shared they received some reauthorization requests for state funded individuals and we're getting a response that we have to do an annual CCA and we've provided logic, advisement and the documentation, but we're still not able to get the auth request. Hillary said that they have actually been

	told in some of the coalition meeting and in post payment reviews that it is now a requirement from Trillium for an annual CCA. Ryan said he understood from his agency's post payment audit that the CCA wasn't required, but the PCP redevelopment has to happen within a year and questioned how can you do a redevelopment of a treatment plan if the assessment is old. Ryan is not in agreement with this. Sharlena shared that this requirement is antithetical against what Trillium has posted in writing for both Medicaid and state funded requirements on the website. Julie responded that she would take the Network concerns regarding the CCA back to the Network Management Team and follow back up with Dr. Smith. Cham asked for case examples to be emailed to her so she can review them and follow up with resolution. Hillary said they are receiving feedback that the CCA should only recommend services that the individual qualifies for as far as Medicaid regardless of what the clinical recommendation is. Ryan responded that he was not aware of this, but it is a concern because when they receive their CARF audits or various accreditations they want to see that we are not just referring for billable services. They want to see comprehensive recommendations for the client. Julie confirmed with Hillary that this CCA requirement is through Network Management. Hillary said they were told that it could be a potential payback if they make recommendations that cannot be covered. Hillary will forward examples of this scenario to Julie to review. Hillary shared the message said that if an individual needs multiple services that don't typically go together such as CST and IOP that we can't recommend that.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

• F/u with Network Management Team and UM on CCA requirements and concerns	Julie and Cham	ASAP

Next Meeting Date: October 3, 2025
(All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:
Agenda – Aug 2025
Meeting Minutes – Jun 2025
Re-Entry Simulation Opportunity (RES) – Craven – Emailed to CAC 6/20/25
Re-Entry Simulation Opportunity (RES) – Anson – Emailed to CAC 6/20/25
Re-Entry Simulation Opportunity (RES) – Warren – Emailed to CAC 6/20/25
Re-Entry Simulation Opportunity (RES) – Edgecomb – Emailed to CAC 6/20/25
Re-Entry Simulation Opportunity (RES) – Dare – Emailed to CAC 6/20/25
Supporting Children Early Simulation (SCES) – Guilford – Emailed to CAC 6/20/25
Supporting Children Early Simulation (SCES) – Sampson – Emailed to CAC 6/20/25
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Submitted by Susan Massey