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

Clinical Advisory Committee Meeting Minutes

Date August 2, 2024

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

EXTERNAL ATTENDEES - VOTING MEMBERS/NON-VOTING MEMBERS

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

Dr. Michael Smith Chief Medical Officer Trillium - **Non-voting Member**	☒	Dr. Arthur Flores Deputy Chief Medical Officer Trillium - **Non-voting Member**	☐	Jason Swartz Pharmacy Director Trillium – **Non-voting Member**	☐
Dr. Paul Garcia Staff Physician (Alternate for Dr. Smith) Trillium - **Non-voting Member**	☒	Khristine Brewington VP Network Management Trillium – **Non-voting Member**	☐	Julie Kokocha Director of Network Accountability (Alternate for Khristine) Trillium – **Non-voting Member**	☒
Dr. Olive Cyrus 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 VP Population Health & Care Mgmt. Trillium – **Non-voting Member**	☒	Trudy Paramore Admin Asst – Medical Affairs Trillium – **Non-voting Member**	☐	Cham Trowell Director of UM for Behavioral Health Trillium – **Non-voting Member**	☐
Dr. Anthony G. Carraway Medical Director Trillium – **Non-voting Member**	☒	Dr. Isa Cheren Medical Director Trillium – **Non-voting Member**	☐	Dr. Taylor Goodnough Medical Director Trillium – **Non-voting Member**	☐
Dr. Venkatalakshmi Doniparthi Medical Director Trillium – **Non-voting Member**	☒	Tracy Snowden-Muller Administration Pharmacy Dir. Trillium – **Non-voting Member**	☒	Richard Peters Pharmacy Director Trillium – **Non-voting Member**	☒

AGENDA

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

Discussion	• Dr. Smith called the Clinical Advisory Committee (CAC) Meeting to order. • Gary shared that October 4, 2024 will be his last day as the CEO of Pride of NC and today is his last meeting for the CAC. • Hillary thanked Gary for his work in human services and for his membership on the CAC. • Hillary asked if there were any new members in attendance today. Tracy Snowden-Muller, Administration Pharmacy Director and Richard Peters, Pharmacy Director were introduced as Trillium staff. Both are attending for Jason.
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. Michael Smith

Discussion	• A quorum was present for today's meeting. • There were no changes to the agenda.
Conclusions	• The agenda for August 2, 2024, was approved as written with a motion from Hillary and a second from Gary with all members in favor. • 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		

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

Discussion	• Dr. Smith – Make additional revisions to bylaws as discussed at April meeting Completed – the bylaws were finalized and a copy was included in the documents for today's meeting. Dr. Smith reminded everyone that the definition of a quorum was changed to a simple majority of the voting members attending each meeting. All of our members are busy and may have other commitments and cannot always attend our meetings. This allows us to be able to vote on minutes, agendas, etc., and move forward with the meeting. • Dr. Smith – F/u on Trillium sharing ADT list of uninsured State-Funded beneficiaries who may be Medicaid eligible (with Medicaid Expansion) to assist those members with Medicaid enrollment. Completed. Dr. Smith stated that we can share information with providers that are using our Care Management Platform but for any other providers we are unable to share ADT information. Dr. Battle said that ADT information is only routed internally to Care Management and for those agencies that have connected to TCM providers. ADT information is only available to these two groups at this point through Trillium. Amy said her agency is a TCM provider and before they were receiving ADT information through Connections they were receiving ADT data through the SFTP which allows you to go in and pull a daily report. Amy inquired if this was something that providers not using Connections could utilize to retrieve ADT data. Dr. Battle responded that ADT information will only be shared with Trillium Care Management and the TCM providers. • Dr. Garcia – F/u on Novant's Health Hospital to Home Program. Completed. Dr. Garcia shared that the Hospital to Home Program is for patients that are less than 4 days requiring acute hospitalization allowing them to recover at home. The patient receives a virtual visit from their physician daily and includes blood pressure, pulse ox and 24 hours access to a nurse. The patient will also receive 2 visits per day by Novant paramedics as part of the process. This helps decompress the patient and decrease ED usage. Dr. Garcia asked if any members were familiar with this program. Dr. Lang responded that he was not aware and inquired what the admission criteria was for psychiatrics. Dr. Garcia responded that this program is for medical patients only. This allows patients that are diagnosed with a medical condition, but are not showing all the factors to stay at home for 4 days with close monitoring and if their condition improves it averts hospitalization. Hillary shared this would be

	a great option for ACTT and CIT patients they have medical conditions to be monitored at home for their health conditions as opposed to an inpatient hospital stay. Dr. Garcia said this is a definitely a unique program. • Dr. Garcia – F/u on Screening Tools from CCH's website. Completed. Dr. Garcia shared that our Standard Plan Partner (SP) CCH does have screening tools on their website. Users must go to the section labeled Provider then Provider Resources and click the link that will take you to their screening tools. These are available in addition to Trillium's screening tools. • Susan – Post April 5, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website. Completed. • **Public Comment:** Transplantation Donor Stakeholder Letter – Emailed to CAC 6/17/24. • **Public Comment:** Donor Search Stakeholder Inquiry – Emailed to CAC 6/17/24. • **Public Comment:** 3L State Plan Personal Care Services (PCS) Provided in In-Home Settings – Emailed to CAC 7/12/24. • **Public Comment:** 3L-1 State Plan Personal Care Services (PCS) Provided in Congregate Settings – Emailed to CAC 7/12/24. • **Public Comment:** Draft DMH/DD/SUS Strategic Plan for 2024-2025 – Emailed to CAC 7/12/24. • **Public Comment:** 1-0-5 NC Medicaid Rhinoplasty and/or Septoplasty – Emailed to CAC 7/16/24. • **Public Comment:** 1-0-5 Rhinoplasty and/or Septoplasty Letter – Emailed to CAC 7/16/24. • Susan – Post February 9, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website. Completed.
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**
• There were no items identified for follow-up		

4. **Agenda topic: Meeting Minutes Review and Approval**
   Presenter(s): Dr. Michael Smith, Hillary Faulk-Vaughn

Discussion	• June 7, 2024 minutes were presented for review and approval.
Conclusions	• The June 7, 2024 minutes were approved as written with a motion by Hillary and a second by Robby with all members in favor. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• Post June 7, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website	Susan	ASAP

5. **Agenda topic: QIA Review**
   Presenter(s): Amanda Morgan

Discussion	• There is currently no data collected to present for the newly implemented PIPs.
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: Annual CAC Confidentiality and Conflict of Interest Forms**
   Presenter(s): Dr. Michael Smith

Discussion	• Susan will be sending both electronic forms to members to complete and return via email.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Email annual forms to membership to complete/return	Susan	ASAP

7. **Agenda topic: Trillium Updates and Information**
   Presenter(s): Dr. Michael Smith

Discussion	• **Tailored Plan (TP) Update** TP went live on July 1, 2024 and we've survived a month and 2 days. There's been a few bumps along the way, but Dr. Smith feels Trillium has done a good job with implementing TP. We are getting use to the increase in grievances and complaints and call volume. We have seen some of this volume decreasing slightly and anticipated that we would not meet the metric for our call lines and we did. We pulled in other staff to assist with getting calls answered within the timeframe. We've had a lot of meetings with our (SP) Partner, Carolina Complete Health (CCH). Our physicians are communicating weekly with the physicians at CCH. There have been some bumps with this as well, managing the care of our members in the physical health and pharmacy realms. We've incurred software issues; internet issues and storms and have dealt with each of those in moving forward. The State has instituted a ticket system called Service Now or SNOW tickets and these are priority #1 tickets. There are timelines associated with Priority #1 and Priority #2 SNOW tickets. We have received several SNOW tickets and have made those timelines. Dr. Garcia asked the group to bear with us as we are spinning several plates at one time, but if anyone needs anything to please let us know. Tracey stated that the TP Pharmacy launch has gone better than the SP launch and the State has noted this as well. There are about 10,000 transactions per day going through the PBM give or take 1,000 per day and weekends are typically less. This equates to about a million to a million and one dollars in prescriptions. This is large volume and we are staying on top of it with touch backs in making sure issues are addressed. Benita stated we've had a few issues with NEMT which is expected while transitioning members to call Trillium instead of DSS to arrange transportation. She appreciates the feedback received from behavioral health providers on what their members have experienced. Feedback is always helpful in moving forward on a

solution with ModivCare. We've identified training issues with staff and have made several changes to make it a better experience with members, providers and care managers working with ModivCare. We understand that our populations have special needs. NEMT does use Uber and Lift although members can request to continue using their current transportation if they choose to. We are having a training on Aug 7, 2024 for Personal Care Services. This will encompass submitting the 30/51 and where it goes, where to turn for questions and authorization flexibilities. Julie stated there was huge increase in call volume as stated by Dr. Smith and we have moved staff and resources to be able to answer those calls as quickly as possible and within the required timeline. As expected there have been increases in the volume of emails and provider tickets and we have also moved staff and resources to answer those provider questions as well. You may call the Provider Support Line if you would like to speak to a Provider Relations Representative or send us an email. We continue to encourage providers to use these methods to reach out to us to help resolve issues. We saw some stabilization in the number of calls and emails last week. Benita added for the physical health side, you can contact the Provider Support Line which is the most efficient way to reach out to CCH at this time. Dr. Cyrus stated that she will share any concerns pertaining to quality with the QM Team and reiterated that QM's goal is to make sure that the providers have what they need and members get what they need as well. Dr. Smith said we are still pursuing our NCQA accreditation and currently have Interim Health Plan Accreditation. We are preparing for our look back period in a few months for full Health Plan Accreditation. Dr. Battle said since go-live the Care Management Team has been working to prioritize the members that need us the most. We've had to shift some resources in order to be more responsive to the high needs members as well as members that are in acute care settings from a discharge planning focus and also members that need 1915i and personal care services. We've been working with not only CCH, but with Benita and the UM Team to come up with an effective process to get these members taken care of. We are outsourcing to gain additional resources from a Care Management standpoint to assure our members are taken care of. Our look back period begins November 1, 2024. The Four Pillar Team which represents Population Health, Health Equity, Diversity and Inclusion and Quality is working diligently to get the Population Health strategy pulled together for the organization. We will be presenting this to the various committees and advisory boards and the CAC will have a chance to review and submit feedback. Our goal is to have it out to the committees in September to review. We've had a 46 county Population Health study and some of the data has validated our thoughts and other things are new opportunities that we had not recognized. Dr. Smith stated in regard to consolidation we wanted to actually meet face-to-face before we actually went live, but timing just did not allow that. We are now at about 1,600 employees and have planned a staff in-person meeting next week in Raleigh at a venue that can accommodate us at a central location.

- **Consolidation Update**

Trillium consolidated and there is still work to do in this process. We gained some great staff from the consolidation and some are in today's meeting. This went as smoothly as possible in the time we were allotted to consolidate. This consisted of changes in culture, functions and soft-ware platforms. We've gotten through most of this. Dr. Smith shared he works mostly with Trillium's Quality Teams and Physicians Teams and they've done a fantastic job with moving forward. Most consolidations of this magnitude would take over a year to complete and Trillium was allotted about 45 days to do this. This was a tremendous endeavor for all three of our legacy agencies.

- **Discussion**

  Hillary said that we know many people are falling under Medicaid Direct and folks that are still Medicaid are falling under TP Medicaid, but no one has been able to tell us what category folks with private insurance and Medicaid will fall (example Medicaid and Blue Cross/Blue Shield). The biggest reason we are questioning this is for transportation purposes and we need to know where to direct them for transportation first and foremost. Dr. Battle responded that her team was just looking at that from a Care Management standpoint and the information she was able to ascertain was that if they are dually insured (private insurance and Medicaid) they would fall under Medicaid Direct. Dr. Smith agreed and stated that the dually enrolled members fall under Medicaid Direct. The only instance that may be different is if they are an Innovations Waiver (IW) recipient and have Medicaid through IW and Blue Cross. Hillary also inquired if oral surgery for the Medicaid population falls under Trillium or a different entity. Dr. Smith suspects if its under CCH if its oral surgery, if it's a dental procedure it would be under Medicaid. Benita agreed. Hillary shared in Southeastern North Carolina in the Wilmington and surrounding areas we have exhausted all of our options for potential oral surgeons who will accept Medicaid and right now the closet oral surgeon we can find is in Goldsboro. Hillary stated she didn't know if this was a needs gap for Trillium or another entity, but obviously if oral surgery doesn't happen it could lead to other health problems which can make an impact especially for folks that cannot get extractions or dentures. Dr. Battle said that 94 out of 100 counties have dental gaps. Even if we call dentists that take Medicaid they will say they don't have any openings. Trillium has an open ticket with the department inquiring what we should do and how to coordinate this because we don't cover dental, but are supposed to coordinate dental with no open panels to do it. Dr. Garcia said another option to utilize would be the ECU Dental School in Greenville. They utilize dental students and may have openings. Hillary thanked Dr. Garcia and shared they are trying to schedule as close as possible to the Pender/Brunswick/New Hanover area as most of the time our staff accompany our members in our own cars because we don't transport and especially with our ACTT folks we need to be present to help control any unwanted behavior. If we have to drive to Greenville we will, but establishing services in her catchment area would be greatly appreciated. Dr. Lang said the school will see members as they are trying to train dentists to get them out into those 94 counties. Dr. Lang

shared he doesn't know how long the wait is at the Dental School, but they do take Medicaid. Dr. Garcia asked Dr. Lang if the Dental School has satellite offices. Dr. Lang said he doesn't know but will follow-up on what the wait time is for an appointment and if there are satellite clinics. Ryan shared that yesterday the state sent out information that the SAIOP and the SACOT rates are going to be updating as of August 1st for Medicaid but there was also brokering around including the State rates or uninsured rates. He asked to confirm if Trillium and the other MCOs have sent out intent to adjust those rates for both State and uninsured. Dr. Smith said he would need to follow-up with the team on this. Ryan also said that he understood from DMH that State funds can be used for 3rd party limitations, understanding that the MCOs have to determine how to best use their limited State Funding. He was curious if Trillium has given any thoughts to going back and looking at members who have these 3rd party limitations where their commercial insurance does not cover services. There are some situations where there is 3rd party limitation coverage and he was just curious if there had been any discussion as Trillium has expanded their coverage area and funding. Dr. Smith responded that the way we have determined the allocation for State Funds is pretty set so he doesn't think there will be an expansion in other areas that we haven't already said yes to. School Based Therapy has been discussed with the different schools both in the Sandhills region and other regions and we do have an RFA out for School Based Therapists. The difficulty with that is as we've gone live on TP and membership changed. So, if you are providing a therapist in a school that is seeing all comers you want to have all payers to support that and that's not really possible. What we are trying to do is look at this and address those needs in the schools for our Medicaid Direct and TP members (kids) and that's where we have shifted that focus. Trillium had this discussion with each of the counties that have approached us with this. Ryan said that Dr. Smith's response was helpful. Ryan also said that if he was thinking about changing a system he thinks what would be really helpful is for there to continue to be narrative with elected officials and administration to really speak to these issues. It feels like we turn a blind eye to the 3rd party limitations versus really creating this narrative with providers to where we can identify and say these are the 3rd party limitations. These are the barriers for true system transformation to ensure that all individuals have the right and access to care so there is not this demonizing of MCOs saying they should pay for it because that's a very simple narrative. Ryan believes that Trillium and other MCO's would pay for it if there was an abundance of resources, but we're locked into this false narrative of scarcity of resources because we don't go back and have conversations when there is a billion dollar surplus to say yes, this working mother that happens to have Blue Cross/Blue Shield can't get their funds which is why their child is in a hospital setting because we can't provide Intensive In-Home Family Centered Treatment or this individual is living on the streets until they lose their job and qualifies for Medicaid and can get ACTT services because we did not proactively address the level of care they needed. Ryan stated LMEs should recenter and try to really push this. , but a

	lot of times the answer is we can't push this because the funds don't exist which will not give the transformation system that the residents of North Carolina deserve. Dr. Smith responded that he agrees with Ryan. We are still the LME/MCO and continue to do the LME functions and have added the TP functions so its not that the LME/MCO went away its that we are now and LME/MCO TP, however; as Ryan correctly surmised, funding hasn't always followed that and in order to do that function there has to be funding the General Assembly give us to allow us or any other LME/MCO TP to do that. Dr. Smith recommended to advocate to your elected officials as firmly as you can. To add to this Dr. Smith stated that if another devastating hurricanes hits Eastern North Carolina Trillium will be looked at to do something as we have in the past. Obviously our staff wants to help in a blinded fashion, to provide help where help is needed. Trillium is very interested and concerned about the public system in making sure that we can provide the role that they allow us to. Dr. Garcia agreed and said that Trillium has always assisted where needed. Hillary stated that Pharmacy Innovations is imbedded at her agency for almost all of their enhanced services and received notification yesterday of many clients who were denied medications. The response that their pharmacist received was that they don't have Medicaid. Her agency verified their Medicaid in NC Tracks for all of them. A majority of them were in Brunswick County. We think this may have been resolved as we received a message that something has been updated in Trillium's system. Hillary asked if this is something that we need to be aware of and will this issue continue. These were anti-psychotic meds that were denied and obviously we need to move really fast on resolution for this. Rich responded that there was a translation issue with the 834 that did not submit on the 1st as it was supposed to. This resulted in the unintentional termination of a large group of our members and it was an error that was fixed and we were able to ingest the file and make those corrections. The issue was identified at 10:30am and by 11am we were working on a solution with PerformRx. By 2pm/3pm yesterday the file had run and all of those members (99%) were able to have their claims reran immediately. This was simply a glitch that we are working on in IT to ensure that the translation of the 834 into the pharmacy system runs correctly and continues to tag everyone correctly. Hillary asked if this happens again should they call Trillium's Pharmacy Department. Rich responded if these are eligibility calls they should go through the Call Center but if the problem is with adjudicating claims that goes to PerformRx. Either one of those avenues will ultimately alert Trillium if something is not working correctly and we'll work to address it. We don't anticipate that problem happening again next month because we've taken care of this issue. Dr. Smith stated he was very proud of the Pharmacy Team that within a few hours the issue was fixed.
Conclusions	• There were no 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.
• F/u on Trillium's intent to adjust rates for SAIOP and SACOT for State and uninsured	Dr. Smith	Oct Mtg.

8. **Agenda topic: CAC Business**
Presenter(s): Dr. Smith, Dr. Garcia

Discussion	• **Drug Utilization Review (DUR)/Pharmacy & Therapeutic (P&T) Subcommittee– Dr. Garcia for Jason Swartz** The DUR/P&T Committee met for the first time on July 5, 2024. Jason opened the meeting and welcomed everyone. This meeting was more of an informative meeting with discussion on how meetings will be conducted and structured. Jason gave an overview of the DUR process and presented 3 claims walking through the DUR process what medications and classes were being utilized and how PerformRx would provide specific utilization records for any drug interaction or drug disease reports and how they are submitted and how many overrides we have. Lastly, we discussed briefly how the State has granted the weight loss GLP-1 medications for use for weight loss beginning yesterday. Rich said it was worth noting that in year 2 of the contract that we will at least be able to make recommendations back to the State as far as PDL additions and subtractions and coverage recommendations. This will be discussed in detail in this group. Rich said he would like to see some of the cases that come through that need more of our group consensus to be able to present these cases to the group for discussion and resolution. Tracey said that once we start getting data from PerformRx we will be able to keep compiling it to have a good look back as to what is happening with pharmacy. • **Clinical Advisory Committee Officer Nominations - Dr. Smith** Dr. Smith asked for nominations for officers. He appreciated current officers and stated they are welcome to continue to serve if they choose. Dr. Adams shared that he will be an empty nester in a few weeks and doesn't plan to stay in town a lot so if anyone would like to serve as Vice Chair please let him know. Hillary said she has been serving as Chair of this committee for a long time and has certainly enjoyed it working as a liaison for providers and Trillium, but if someone else is interested in serving as Chair she is open to it, however; she doesn't mind staying in this role and is open to whatever the pleasure is of this committee. Dr. Garcia asked if the current officers would continue to stay in their roles. Gary shared that he would support Hillary to continue in her role and stated that she has done an excellent job.
Conclusions	• The CAC Officer nomination of Hillary and Dr. Adams continuing to serve in their current role as Chair and Vice Chair was approved with a motion from Gary and a second from Ryan with all members in favor. • Please forward recommendations for evidenced based practices/CPG adoption or updates to CPGs to Michael.Smith@trilliumnc.org, Paul.Garcia@trilliumnc.org or Susan.Massey@trilliumnc.org. • 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		

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

Discussion	• There were no open agenda items discussed.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

• There were no items identified for follow-up		

Next Meeting Date: October 4, 2024
(All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:
Agenda Aug 2024
Meeting Minutes – Jun 2024
Trillium Annual Report 2023-2024
Public Comment: Transplantation Donor Stakeholder Letter
Public Comment: State Plan Personal Care Services (PCS) Provided in In-Home Settings
Public Comment: 3L-1 State Plan Personal Care Services (PCS) Provided in Congregate Settings
Public Comment: Draft DMH/DD/SUS Strategic Plan for 2024-2025
Public Comment: 1-0-5 NC Medicaid Rhinoplasty and/or Septoplasty
Public Comment: 1-0-5 Rhinoplasty and/or Septoplasty Letter

Submitted by Susan Massey