



# COMMUNITY CARE LOWER CAPE FEAR

Rural Health Transformation Program  
NC ROOTS Hub



# CMS RHT Program

RHT Program funding is \$50 billion to be allocated to approved States over five fiscal years, with \$10 billion of funding available each fiscal year, beginning in fiscal year 2026 and ending in fiscal year 2030.

50% to be distributed equally amongst all approved States

50% would be allocated by CMS based on a variety of factors including rural population, the proportion of rural health facilities in the State, the situation of certain hospitals in the State, and other factors to be specified by CMS

Each state had to apply for second portion. All did. All received funding.

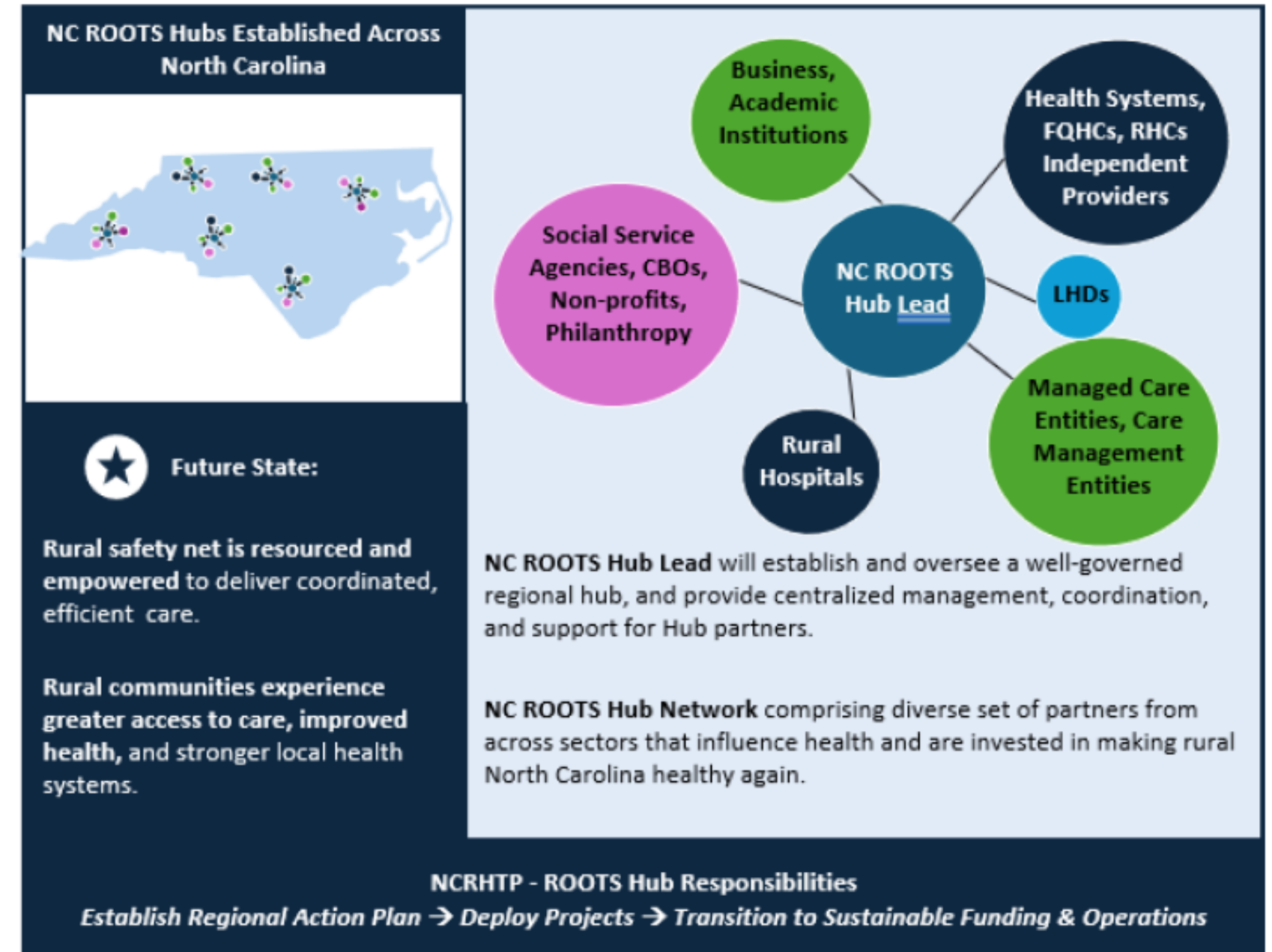
NC awarded \$213M for Y1. Total Budget \$1,000,000,000 over 5 years (indicative per CMS guidance)

Funding for each year dependent on state meeting goals/metrics for previous year.



# Six Interconnected Strategies

1. Community Rooted Care Networks (up to six NCROOTS Hubs)
2. Prevention and Chronic Disease Management
3. Behavioral Health Expansion
4. Workforce Development
5. Financial Stability
6. Technology and Innovation





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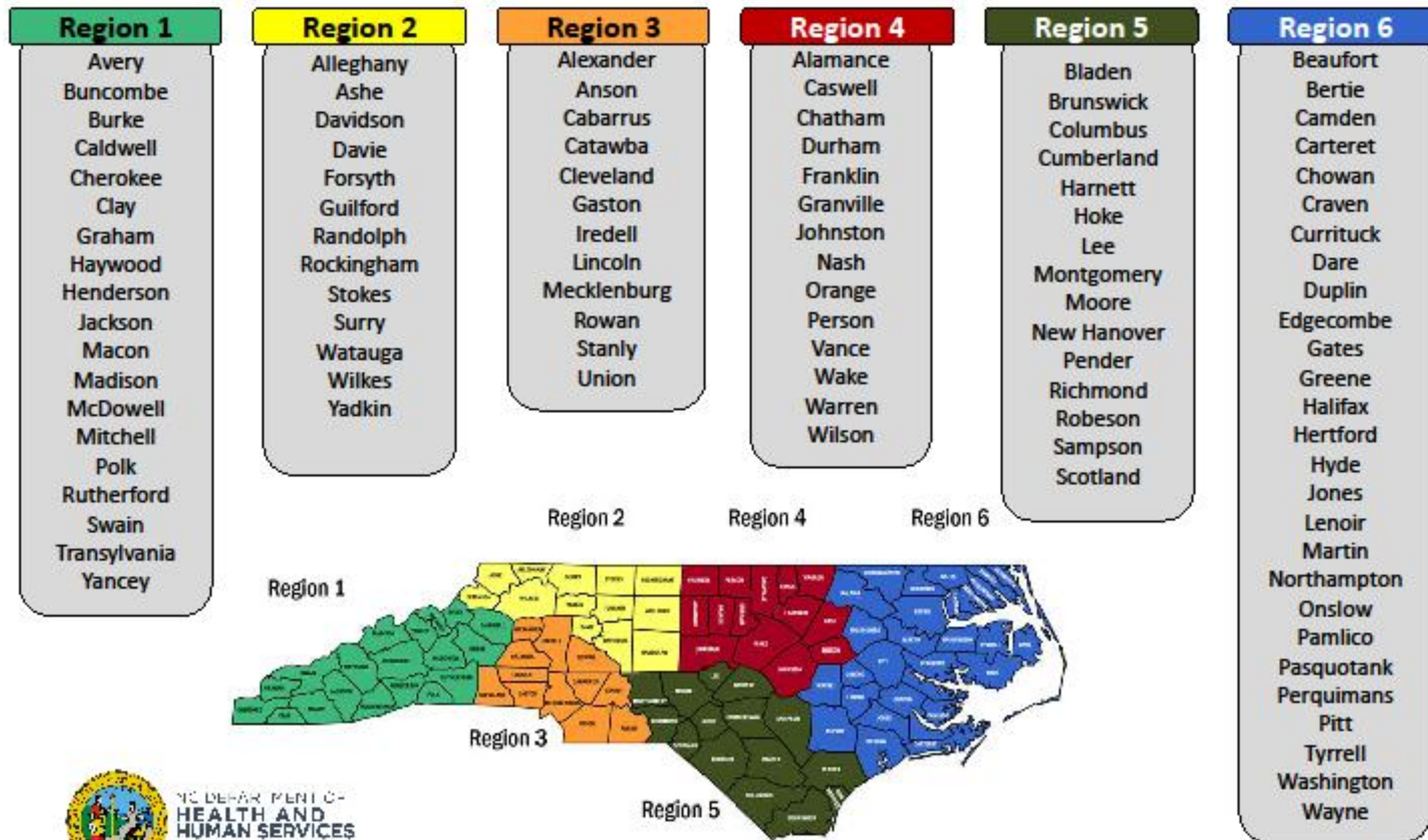
Community Care of the Lower Cape Fear (CCLCF) intends on applying to be an NC ROOTS Hub for NC Medicaid Region V.

**Community-Rooted Care Networks:** Establishing locally governed "NC ROOTS" Hubs that connect medical, behavioral health, and social services, making it easier for rural residents to access comprehensive care close to home. North Carolina Rural Organizations Orchestrating Transformation for Sustainability ( NC ROOTS ).

Letter of Intent submitted to NCDHHS Department of Rural Health Friday, March 6<sup>th</sup>

Application submission due Thursday, April 2<sup>nd</sup>

# NC Medicaid Managed Care Regions





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# Why CCLCF as the NC Medicaid Region V ROOTS Hub?



Local, 501(c)(3) nonprofit care management entity for 23 years in the Lower Cape Fear and Southeastern NC



**Medicaid Care  
Management &  
Provider Support**



**Direct to Practice  
Contracting for  
Services for the Aging  
Population**



**Multi-payer Work (All  
Payors, Uninsured)**



**Perinatal Champion  
Grant**



**Improve Maternal &  
Fetal Health Through  
Birthing Facilities in  
Medicaid Region 5**



**Cape Fear HOP**



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# Meet Our Team



**Angela Ives, RN**  
CCM, Executive  
Director



**Dr. Michelle  
Jones**  
Medical Director



**Megan Rose,  
PharmD**  
Deputy Director,  
Network  
Pharmacist



**Christopher  
Jones, MBA,**  
Chief Financial  
Officer



**Casey Merritt,  
BSN, RN**  
Director of  
Care  
Management  
and  
Population  
Health



**Sarah C. Ridout,  
MBA, SPHR,**  
Director of  
Community  
Programs



**Luigi Mendez**  
Director of Data  
& Analytics



# COMMUNITY CARE LOWER CAPE FEAR

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### **Teresa Duncan**

MSN, RN-C, NE-C, CPHQ  
Director Bladen County  
Health & Human Services

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Managed Care Consultant,  
Cape Fear Valley – Bladen  
County Hospital

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Director Columbus  
County Health  
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MHA Regional  
Manager, Novant  
Health Brunswick  
Medical Center

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Improvement &  
Accreditation Onslow  
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Medical Officer

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Pender County  
Health and Human  
Services Director

### **Tonya Jackson**

Chief Health & Human  
Services Officer  
New Hanover County  
Health and Human  
Services

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Health Services  
Director  
Brunswick County  
Health Department

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GME of New Hanover  
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Chief Nursing Officer  
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Healthcare System

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Executive  
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Member  
MD Senior Health  
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### **Susan Aycock**

Secretary  
Retired MD Family  
Physician Columbus  
County Health  
Department



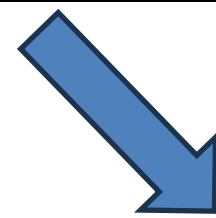
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**LOWER CAPE FEAR**

## What are some of the responsibilities of the NC ROOTS Hub network partners?

- Agree to participate in the Hub Network and bring expertise to bear in implementing the NCRHTP Initiatives
- While remaining independent, support the Hub's regional strategy and adhere to any governance requirements as defined by the Hub Lead.
- Contribute to the development of the Hub Action Plan for implementing the NCRHTP Initiatives
- Implement the Hub Action Plan within the partner's area of expertise
- Adhere to any payment protocols and procedures as defined by the Hub and maintain accurate accounting of used funds
- Assess internal capacity to provide accessible services to people with disabilities, including physical, communication, and digital access
- Participate in Hub-related training and technical assistance efforts
- Use information systems as needed to support implementation of the Hub Action Plan
- Track and report data to Hub Lead on shared measures assessing the Hub's progress on the Hub Action Plan
- Comply with routine monitoring and oversight requirements as defined by the Hub

Hub Lead GAP 1 (June. 1, 2026 - Oct. 30, 2027)**		
Initiative/Activity Breakdown	Budget (\$)	Per Region (\$)
ROOTS Hub Lead Entity Core Funding	131,000,000	21,833,333
ROOTS Hub Regional Rural Needs Assessment	3,000,000	500,000
<b>Subtotal: Initiative 1 – Build “ROOTS Hub”</b>	<b>134,000,000</b>	<b>22,333,333</b>
ROOTS Driven Chronic Disease	12,000,000	2,000,000
ROOTS Driven Nutrition Access	8,400,000	1,400,000
ROOTS Driven Perinatal Health Access Expansion	12,000,000	2,000,000
<b>Subtotal: Initiative 2 - Primary Care, Prevention, &amp; Chronic Disease</b>	<b>32,400,000</b>	<b>5,400,000</b>
ROOTS Driven Workforce Support	17,613,064	2,935,511
ROOTS Driven Workforce Training	36,000,000	6,000,000
<b>Subtotal: Initiative 4 - Build a Robust &amp; Resilient Workforce</b>	<b>53,613,064</b>	<b>8,935,511</b>
ROOTS Driven Hospital Feasibility & Redesign	7,999,998	1,333,333
ROOTS Driven Primary Care Capitation Model	7,500,000	1,250,000
<b>Subtotal: Initiative 5 - Fiscal Sustainability of Rural Health Providers</b>	<b>15,499,998</b>	<b>2,583,333</b>
<b>Grand Total GAP 1</b>	<b>Total per Region</b>	
<b>\$ 235,513,062</b>	<b>\$39,252,177</b>	

**Administrative Expenses may not exceed 10% of total.**



**Expand Health Care Team for Chronic Disease Prevention & Management**

*Strategy:* Conduct training and outreach with providers to expand services for chronic disease management and follow-up within primary care and community settings.

- Chronic disease areas include but are not limited to diabetes, tobacco management, cancer screenings, nutrition support integration, heart disease & stroke prevention.
- Promote team-based care models for chronic disease management.
- Recruit, train, and support:
  - Community Health Workers (CHW)
  - Patient Navigators
  - Pharmacists and Allied Health Professionals
  - Community Members

*Outcome:* Increase in health care providers who are implementing team-based care for chronic disease management.

*Metrics:*

- Number of provider staff recruited and trained.

The continuation of federal NCRHTP funding is based on performance. If the State does not meet its intended metrics for FBP1, it may not receive additional funding for FBP2 or it may receive less.



## COMMUNITY CARE LOWER CAPE FEAR

We need your help. This is a collaborative effort between partners to achieve the states performance objectives:

- ROOTS Hubs
- Rural Hospitals
- Local Health Departments
- Health Systems, FQHC's, RHC's, Independent Providers
- Managed Care Entities, Care Management Entities
- Tribal Communities, Urban Indian populations
- Social Services Agencies, CBO's, Non-profits
- Philanthropy

This Town Hall is recorded - Monday, March 16<sup>th</sup> at 2:00pm EST

Completed Letter of Commitment for NC ROOTS Hub Network Partners and community partners due Friday, March 27<sup>th</sup> EOD. Submit to [NCROOTS@carelcf.org](mailto:NCROOTS@carelcf.org)

Letter of Commitment template available [on www.cclcf.org](http://www.cclcf.org).

### Rural Health in NC "At a Glance"



- **2.96 million rural residents**—2<sup>nd</sup> highest in the U.S, spread across 85 counties (*in green*)
- **High proportion** of rural health facilities
- **5.5% uncompensated care rate**
- **28.4%** population in rural areas
- **73,033** people living in FAR level 2 in western NC and parts of the Sandhills region
- Geographic diversity and rural dispersion create logistical and infrastructure challenges that mimic those of larger states