

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN
GOVERNOR

DEV DUTTA SANGVAI
SECRETARY

August 12, 2025

SENT VIA ELECTRONIC MAIL

The Honorable Jim Burgin, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

The Honorable Larry Potts, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2024-34, Section 14.(b) requires the Department of Health and Human Services to report to the Joint Legislative Oversight Committee on Medicaid on whether any intergovernmental agreements allowable under federal and State law with the Eastern Band of Cherokee Indians to facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law have occurred. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

Signed by:

Debra Farrington on behalf of Secretary Devdutta Sangvai
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Devdutta Sangvai
Secretary

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

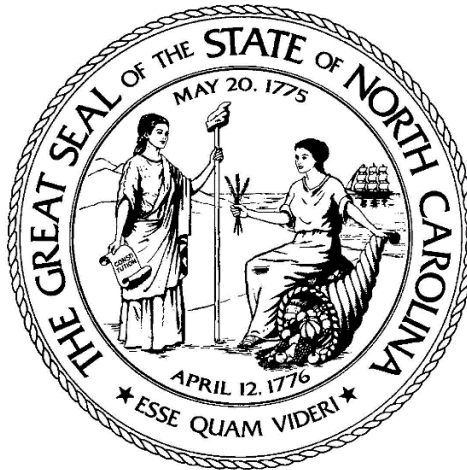
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Use of Tribal Health Facilities by Residents of the State Seeking
Treatment Voluntarily or Receiving Treatment Under Involuntary
Commitment (IVC)**

Session Law 2024-34, Section 14



Report to the

**Joint Legislative Oversight Committee
on Medicaid**

By

North Carolina Department of Health and Human Services

August 12, 2025

Background

S.L. 2024-34, Section 14 encourages the Secretary of the Department of Health and Human Services (DHHS) and the local management entities/managed care organizations (LME/MCOs) to enter into any intergovernmental agreements allowable under federal and State law with the Eastern Band of Cherokee Indians (EBCI) to facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law. These agreements may address matters such as transportation of individuals under involuntary commitment proceedings and assurances of compliance with State and tribal court orders and other matters as necessary. This Session Law mandates that DHHS, in consultation with the LME/MCOs, submit a report to the Joint Legislative Oversight Committee on Medicaid, by February 1, 2025, regarding whether any intergovernmental agreements described therein have occurred. The report shall identify any proposed legislative changes necessary to further facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to these facilities or subject to involuntary commitment under State law.

The EBCI is a federally recognized sovereign nation / tribe located in the Qualla Boundary in Western North Carolina. This boundary spans across five counties and its enrolled members number more than 15,000 (<https://visitcherokeenc.com/about-us/>). In one facet or another, the Cherokee Indian Hospital Authority (CHIA) has provided medical services to the tribe since the late 1890s. In 2018, funding was approved to add a psychiatric/detoxification unit to the hospital's main campus; the unit opened for use in 2021.

Summary

DHHS and Vaya Health are working cooperatively with the EBCI to support and facilitate the use of tribal health facilities to serve the needs of individuals in western North Carolina; that collaborative effort is ongoing. DHHS and Vaya have not yet entered into an intragovernmental agreement with EBCI to facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law. DHHS is in the process of exploring potential terms of such an intragovernmental agreement with EBCI which might address matters including, without limitation, voluntary use of the tribal health facilities by interested individuals, transportation of individuals under involuntary commitment, and assurances of compliance with State and tribal court orders. DHHS anticipates identifying proposed legislative changes that would be necessary to further facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law in connection with more detailed discussions with EBCI, and other stakeholders, regarding the framework for, and terms of, intergovernmental agreements that will address the needs and interests of all parties.