2024 NC Medicaid HCBS CAHPS® Report in Summary

Survey Overview

The North Carolina (NC) Department of Health and Human Services Division of Health Benefits (DHB) administered the 2024 Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) survey. Home and Community-Based Services (HCBS) is a person-centered program that delays or prevents institutional care by providing tailored supports for more flexible and individualized services such as respite care and home health care. These supports and services reduce costs for both the beneficiary and the state, reducing strain on unpaid caregivers, and creates jobs for direct care professionals. The program promotes autonomy and dignity and bolsters support for rural and underserved areas. The goal of the survey is to understand Medicaid beneficiaries' experiences with and the quality of their long-term services and supports provided by the program.

Survey Administration

The survey was administered to adult (18 years of age or older) Medicaid beneficiaries who were currently receiving services through the North Carolina Innovations Waiver Program, Community Alternatives Program for Disabled Adults (CAP/DA), or Community Alternatives Program for Children (CAP/C) Waiver Program and received at least one qualifying HCBS service, including self-directed services (e.g., personal care service, behavioral health support, homemaker service, case management, or medical transportation). Beneficiaries provided their feedback on their experience with care from July 30 to September 15, 2024. Respondents were administered a survey with 96 core questions and three supplemental questions identified as priority areas by DHB.

Key Takeaways

National Comparisons

NC HCBS Program positive ratings for 2024 were compared to the 2024 CAHPS Database Benchmark to determine if there were statistically significant differences. Of the 19 measures, 2024 HCBS CAHPS respondents rated several significantly more positively than the CAHPS Database Benchmark, or there were no significant differences, indicating that respondents rated the measures similarly to the Benchmark. These results are outlined in Figure 1 and more significant differences for trended analysis can be found in the full report.



Figure 1. 2024 HCBS CAHPS National Comparisons, Significant Findings Only

 \uparrow Indicates score is significantly higher than 2024 CAHPS National Database

Stratifications

While few significant differences were identified based on race and ethnicity, overall, there were no consistent patterns of disparities. Additionally, the evaluation of the positive ratings by geography may suggest the presence of a few disparities among beneficiary-reported experiences with HCBS:

• A higher percentage of Black respondents reported they were able to get transportation to their medical appointments (see Figure 3) compared to non-Black respondents. They also rated their case manager more positively (see Figure 4). These rates have increased since 2023. However, a lower percentage of White respondents rated their case manager positively when compared to non-White respondents (Figure 4).







 \uparrow Indicates demographic category score is significantly higher than the comparison group's score \downarrow Indicates demographic category score is significantly lower than the comparison group's score

• Across all measures, only General Health Status and Mental/Emotional Health status were statistically significant by geography. Rural respondents reported significantly lower ratings of their general health status and mental and emotional health status when compared to their urban counterparts (see Figure 5).





 \downarrow Indicates demographic category score is significantly lower than the comparison group's score

Supplemental Items

DHB added three supplemental questions to the survey instrument on domains that have been identified as priority areas for the Department. The majority of respondents reported that they received information or had someone to talk to about what to do if they or someone they know is hurt or mistreated (81.8%) and that their care manager was up to date about the health care they received from their personal and specialty doctor(s) (93.7%).