2025 NC Medicaid HCBS CAHPS® Report in Summary

Key Takeaways

Overall, respondents to the 2025 NC HCBS CAHPS Survey largely reported positive experiences with the home and community-based services they receive through the NC Medicaid program:

- Respondents reported many more positive experiences than national benchmark with 15 of 21 core measures statistically significantly higher.
- There were few disparate experiences by race and ethnicity among respondents, indicating largely equitable care delivery.
- There were few disparate experiences between rural and urban respondents.
- There were few significant differences in year-over-year comparisons, although two did decline: 1) Mental or Emotional Health and 2) General Health Status

Survey Focus

The survey was administered to adult (18 years of age or older) NC Medicaid beneficiaries who were currently receiving services through the North Carolina Innovations Waiver Program, Traumatic Brain Injury Waiver Program, Community Alternatives Program for Disabled Adults, Community Alternatives Program for Children, or Money Follows the Person Program and received at least one qualifying HCBS service. Beneficiaries were surveyed between July 21 to September 7, 2025 and reported on experiences with the care they received over the previous three months. The survey included 96 core questions that comprise 21 measures and four supplemental questions identified as priority areas by NC Medicaid.

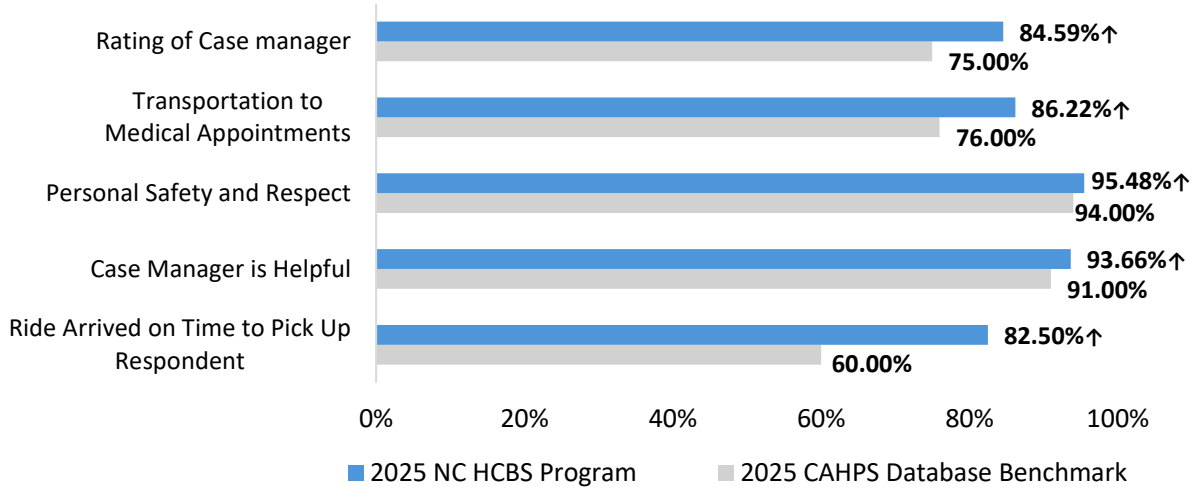
Results

National Comparisons

NC Medicaid respondents largely reported better experiences than their national counterparts, indicating NC has a strong and well-managed HCBS program.

- Of the 21 core measures, NC respondents reported many more positive experiences than the HCBS CAHPS Database benchmark, 15 of which were found to be statistically significantly higher (see Figure 1).

Figure 1. *2025 NC HCBS CAHPS National Comparisons – Snapshot of Select Significant Findings Only*



↑ Indicates score is significantly higher than 2025 HCBS CAHPS National Database benchmark

Stratifications

Race and Ethnicity: There were few disparate experiences by race and ethnicity among 2025 NC HCBS CAHPS beneficiary respondents, indicating largely equitable care delivery.

- There were no consistent patterns of disparities with only a few significant differences (both positive and negative) observed, and these findings are presented in Table 1.

Table 1. *Summary of 2025 HCBS CAHPS Positive Measure Ratings by Race and Ethnicity – Significant Findings Only*

Measure	Group	Rating	Significance and Bar Comparison
General Health Status	Hispanic	61.11%	↑
	Non-Hispanic	42.57%	
Mental or Emotional Health Status	Black	56.22%	↓
	Non-Black	67.00%	
Service Plan Included Things that Matter to the Beneficiary	Black	89.38%	↑
	Non-Black	81.29%	
	Other	79.32%	↓
	Non-Other	85.10%	
Could Plan Their Time and Activities with Family and Friends	White	66.13%	↑
	Non-White	61.59%	
Staff Helped with Toileting	Hispanic	100.00%	↑
	Non-Hispanic	98.33%	
Received Information on What to do if They or Someone They Know is Hurt or Mistreated	Black	83.89%	↑
	Non-Black	75.51%	
	Other	68.97%	↓
	Non-Other	80.43%	
	Hispanic	55.36%	↓
	Non-Hispanic	78.85%	
Care Manager Seemed Informed and Up to Date About the Health Care They Received from Their Personal and Specialty Doctors	Hispanic	83.64%	↓
	Non-Hispanic	93.73%	

↑Indicates demographic category score is significantly higher than the comparison group's score

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

Geography: Similarly, hardly any disparate experiences of care were found between rural and urban located beneficiary respondents.

- Across all measures, only *Rating of Case Manager* was statistically significantly different by respondent geography, with rural respondents reporting significantly lower ratings (82.13%) of their case manager when compared to their urban counterparts (89.19%).

Year-Over-Year Comparisons

Overall, there were few significant differences in year-over-year comparisons for all measures.

- Two measures were significantly different in 2025 when compared to 2024, and both were lower than the previous year. The year-over-year trends from 2023 to 2025 for these measures – *Rating of General Health Status* and *Rating of Mental or Emotional Health Status* – are detailed in Figure 2.

Figure 2. *Summary of 2025 HCBS CAHPS Year-Over-Year Comparisons of Positive Ratings of Select Measures – Significant Findings Only*

Measure		2023	2024	2025
Mental or Emotional Health Status	↓	70.00%	72.41%	63.07%
General Health Status	↓	60.24%	53.86%	44.14%

↓Indicates 2025 score is significantly lower than the 2024 score

Supplemental Items

The vast majority of respondents reported positive experiences with all four of the priority area supplemental items that NC Medicaid added to the survey.

- Most (77.85%) 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.
- Most (92.60%) respondents reported that their care manager was up to date about the health care they received from their personal and specialty doctor(s) and that their care manager contacted them to ensure their services were meeting their health needs (93.63%).
- Lastly, 77.49% of respondents report that they received an explanation of their care management benefits and how a care manager can assist them with their care needs.

Conclusions

Overall, respondents to the 2025 NC HCBS CAHPS Survey largely reported positive experiences with the home and community-based services they receive through the NC Medicaid program. This is shown through generally high ratings across most survey measures, with the program significantly outperforming national benchmarks on the majority of core survey measures. Further, consistently high-performance year over year reflects program stability, and only a few disparities were detected across demographic groups, with no consistent patterns of concern. For more information on this survey and to view all results, please see the full report found here.