

Fact Sheet

LTSS Service Description and Eligibility Requirements

What you need to know about Long-Term Services and Supports

NC Medicaid serves some of North Carolina's most vulnerable citizens through [Long-Term Services and Supports](#) (LTSS), which include care provided in the home, in community-based settings or in facilities such as nursing homes; care is provided for people of all ages with disabilities who need support because of age, physical, cognitive, developmental or chronic health conditions, or other functional limitations that restrict their abilities to care for themselves.

PERSONAL CARE SERVICES

State Plan Personal Care Services (PCS) provide personal care services in the Medicaid beneficiary's private living arrangement or residential facility by paraprofessional aides employed by licensed home care agencies, licensed adult care homes or home staff in licensed supervised living homes.

PCS benefit individuals who require assistance with activities of daily living (ADL), including:

- eating
- dressing
- bathing
- toileting
- mobility

An individual must be enrolled in NC Medicaid. NC Health Choice beneficiaries are not eligible for PCS.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

The Program of All-inclusive Care for the Elderly (PACE) is a unique model of managed care service delivery for the frail elderly living in the community. To receive PACE services an individual must:

- Be 55 years of age or older.

- Be determined by NC Medicaid to need the level of care required under Medicaid for coverage of nursing facility services, which indicates that the individual's health status is comparable to the health status of individuals who have participated in the PACE demonstration waiver programs.
- Reside in the service area of the PACE organization.
- Be able to live in a community setting without jeopardizing their health or safety.
- Be enrolled in Medicaid only, Medicare only, Medicare and Medicaid (dually eligible) or have the ability to privately pay.
- Meet financial eligibility requirements for long-term care Medicaid/PACE established by NC Medicaid.

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN

The Community Alternatives Program for Children (CAP/C) is a waiver program that provides a cost-effective alternative to institutionalization for a beneficiary in a specified target population who is at risk for institutionalization if specialized waiver services were not available. These services allow the beneficiary to remain in or return to a home or community-based setting. To be eligible for CAP/C, the beneficiary must:

- Be medically fragile and medically complex children age 0 through 20.
- Be determined to require a level of institutional care under the State Medicaid Plan.
- Need at least one CAP/C home- and community-based service based on a reasonable indication of need assessment.

The beneficiary must obtain approval to receive long-term care Medicaid in one of the categories listed below prior to the receipt of a waiver service:

- Medicaid Assistance for the Blind (MAB).
- Medicaid Assistance for the Disabled (MAD).

Note: A Medicaid beneficiary receiving Medicaid for Children Receiving Adoption Assistance (I-AS) and Children Receiving Foster Care Assistance (H-SF) are eligible to enroll in the CAP/C waiver.

An individual must be enrolled in NC Medicaid. NC Health Choice beneficiaries are not eligible for CAP/C.

COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS

The Community Alternatives Program for Disabled Adults (CAP/DA) is a waiver program that provides a cost-effective alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization if home- and community-based services approved in the CAP/DA waiver were not available. These services allow the beneficiary to remain in or return to a home- and community-based setting. To be eligible for CAP/DA the beneficiary must be:

- A disabled adult age 18 or older.
- An individual who is determined to require a level of institutional care under the State Medicaid Plan.

An individual who needs at least one CAP/DA home- and community-based service based on a reasonable indication of need assessment.

- A waiver beneficiary must obtain approval to receive long-term care Medicaid in one of the categories listed below prior to the receipt of a waiver service:
- Medicaid Assistance for the Aged (MAA)
- Medicaid Assistance for the Blind (MAB)
- Medicaid Assistance for the Disabled (MAD)
- Health Care for Workers with Disabilities (HCWD)

An individual must be enrolled in NC Medicaid. NC Health Choice beneficiaries are not eligible for CAP/DA.

NURSING FACILITY

A nursing facility provides daily licensed nursing care and on-site physician services but does not provide the degree of medical treatment, consultation or medical support services available in an acute care hospital. Skilled nursing services are those which must be furnished under the direct supervision of licensed nursing personnel and under the general direction of a physician in order to achieve the medically desired results and to assure quality patient care.

NC Medicaid applicants and beneficiaries who meet financial and medical necessity based on the nursing facility level of care criteria are eligible for Medicaid nursing facility services.

The local Department of Social Services (DSS) in the county where the applicant's eligibility is maintained is responsible for determining financial eligibility. The North Carolina Department of Health and Human Services (NCDHHS) utilization review contractor determines medical necessity.

The appropriate services are billed initially to Medicare for dually eligible beneficiaries.

LONG-TERM CARE HOSPITAL SERVICES

A Medicare-recognized long-term care hospital (LTCH) is a hospital that provides inpatient diagnostic and medical treatment or rehabilitation services to beneficiaries in a general hospital inpatient setting to patients who have clinically complex medical needs, and who typically suffer from multiple acute or chronic conditions.

LTCH services often include comprehensive rehabilitation services, respiratory therapy, cancer treatment, head trauma treatment and pain management services, The average length of stay is greater than 25 calendar days.

To be eligible for LTCH services, an individual must:

- Be enrolled as a Medicaid or NC Health Choice beneficiary.
- Be a child age 6 through 18.

HOME HEALTH SERVICES

Home Health Services include medically necessary skilled nursing services, specialized therapies (physical therapy, speech-language pathology and occupational therapy), home health aide services, and medical supplies provided to beneficiaries in any setting in which normal life activities take place other than a hospital, nursing facility or intermediate care facility for individuals with intellectual disabilities.

To be eligible for home health services, an individual must:

- Meet specific criteria to receive the services which fall under Home Health.
- Be enrolled as a Medicaid or NC Health Choice beneficiary.

HOSPICE

Hospice services are coordinated services that provide medical, supportive and palliative care to terminally ill individuals and their families/caregivers.

Hospice participation may limit NC Medicaid reimbursement of other services. Hospice benefits cover all care pertaining to the terminal illness. Services are provided according to a care plan established by an interdisciplinary team of medical professionals and social support staff employed by or under contract with the hospice agency, as allowed by the Centers for Medicare and Medicaid Services (CMS).

Each care plan describes the method to provide services to meet the beneficiary's medical, psychosocial and spiritual needs. Services are provided in private homes, hospice residential care facilities, adult care homes or in nursing facilities and hospitals when there is a contractual arrangement between hospice and the facility.

To be eligible for hospice services, an individual must be enrolled as a Medicaid or NC Health Choice beneficiary and meet specific criteria that fall under Hospice.

HOME INFUSION THERAPY

Home Infusion Therapy (HIT) covers self-administered infusion therapy and enteral supplies provided to a Medicaid beneficiary residing in a private residence or an adult care home.

HIT services are not covered when:

- The service duplicates another provider's service.
- The service is experimental, investigational or part of a clinical trial.

- The drug therapy is provided for services other than chemotherapy, antibiotic therapy or pain management.
- The beneficiary is receiving Medicare-covered home health nursing services.
- HIT drug therapy is not allowed for Medicaid beneficiaries receiving private duty nursing.

To be eligible for HIT services, an individual must be enrolled as a Medicaid or NC Health Choice beneficiary and meet specific criteria that fall under Home Infusion Therapy.

PRIVATE DUTY NURSING

Private Duty Nursing (PDN) is substantial, complex and continuous skilled nursing care provided in the home for medically fragile Medicaid beneficiaries. This service is considered supplemental to the care provided by a beneficiary's family or designated caregivers and allows the beneficiary to remain in their residence rather than an institution. Prior approval is required for PDN services and is granted based on the beneficiary's medical necessity and fragility.

To be eligible for PDN services, an individual must be enrolled as a Medicaid or NC Health Choice beneficiary and meet specific criteria that fall under Private Duty Nursing.

NC TRAUMATIC BRAIN INJURY WAIVER

The North Carolina Traumatic Brain Injury (TBI) Waiver is designed to provide home- and community-based services (HCBS) to Medicaid beneficiaries who have suffered a traumatic brain injury and have significant cognitive, behavioral and rehabilitative needs who meet specialty hospital level of care or skilled nursing facility level of care. These services allow beneficiaries, through person-centered planning, to receive home and community-based services necessary to allow them to live in the community and avoid institutionalization. Beneficiaries would qualify if they:

- Are age 22 or older.
- Need specialty hospital rehabilitative level of care to support people with a diagnosed brain injury who have significant cognitive, behavioral and rehabilitative needs or skilled nursing facility level of care.
- Live in either a private living arrangement (PLA) or in living arrangements of six beds or less.
- Reside in the Alliance Behavioral Health (Alliance) catchment area of Cumberland, Durham, Johnston or Wake County.
- Meet all financial and non-financial eligibility requirements.

To receive TBI services an applicant/beneficiary must meet the Medicaid eligibility requirements in one of the following programs:

- MAABD (Medicaid Assistance for the Aged, Blind and Disabled)
- SAAD (State/County Special Assistance for Aged or Disabled adults)

NC INNOVATIONS

NC Innovations is a waiver that provides home and community-based services to Medicaid beneficiaries with intellectual and/or developmental disabilities who meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). These services allow beneficiaries, through person-centered planning, to receive home and community-based services necessary to allow them to live in the community and avoid institutionalization.

Innovations provides community-based services to individuals who:

- Are any age.
- Need ICF-IID level of care.
- Live in a private residence or a facility of four beds or less (for new facilities) or four to six beds (if already providing waiver services).
- Have been determined to be disabled.

To receive Innovations services an applicant/beneficiary must meet the Medicaid eligibility requirements in one of the following programs:

- MAABD (Medicaid Assistance for the Aged, Blind and Disabled)
- MAF (Medicaid for Adults and Families)
- MIC (Medicaid for Infants and Children)
- MPW (Medicaid for Pregnant Women)
- AS (Medicaid for Children Receiving Adoption Assistance)
- H-SF (Children Receiving Foster Care Assistance)
- SAAD (Special Assistance for the Aged and Disabled)

INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

An Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) is an institution, or distinct part thereof, that provides services in a protected residential setting to individuals with intellectual disabilities or persons with a related condition. Services include ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at his or her greatest ability. Active treatment is a continuous program that includes aggressive, consistent implementation of specialized and generic training, treatment, health services and related services.

Individuals must be enrolled in Medicaid. NC Health Choice beneficiaries are not eligible for ICF-IID.

