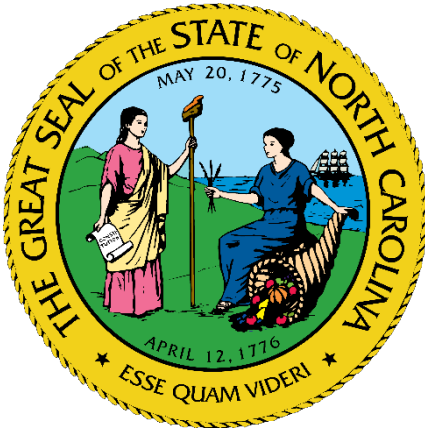


NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



NC Medicaid Community Alternatives Programs

**Sandra Terrell
Chief Clinical Officer, NC Medicaid**

Medical Care Advisory Committee (MCAC) Meeting

December 8, 2023

Community Based-Services

Authority- 1915c HCBS Waiver

Clinical Coverage Policy 3K-1 and 3K-2 : Community Alternatives Program for Children (CAP/C) and Disabled Adults (CAP/DA)

- CAP/C waiver approval period: March 1, 2023 – February 29, 2028
- CAP/DA waiver approval period: November 1, 2019 – October 31, 2024 (waiver renewal in 2024)
- These waiver programs provide a cost-effective alternative to institutionalization for those in a specified target population, who are at risk for institutionalization if specialized waiver services were not available. These services allow the individual to remain in or return to a home and community-based setting.
- The waivers supplement, rather than replace, the formal and informal services and supports already available through state plan Medicaid. Services are intended for situations where no household member, relative, caregiver, landlord, community agency, volunteer agency, or third-party payer is able or willing to meet the assessed and required medical, psychosocial, and functional needs of a child or adult.

Service Options Descriptions

Provider-Led	Consumer-Directed	Coordinated Caregiving
<p>Hands on support for assistance with ADLs and IADLs managed by an In-Home agency or a Home Health Agency:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate Care • Respite services <p>A legally responsible person can seek employment with an In-Home/Home Health Agency to become the paid caregiver for the above listed services other than respite</p>	<p>Personal assistance with ADLs/IADLs and other identified needs as directed by waiver participant/employer of record:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate care • Respite services <p>A legally responsible person can qualify to be the paid employee for the above services other than respite</p>	<p>Supportive services to assist with ADLs/IADLs, adaptive skill development and skill-level intervention:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate care <p>A stipend is paid to a live-in caregiver for providing supportive care to the waiver participant</p> <p>Respite services can be arranged for the live-in caregiver</p>

Meet the hiring requirements of the In-Home Aide/Home Health Agency

Meet the competency assessment requirements, CPR, background check

Live in same home and willing to be a live-in caregiver

Waiver Services

CAP/C (*new service)

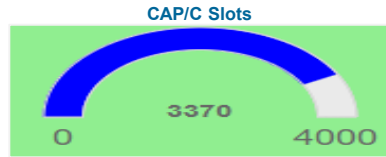
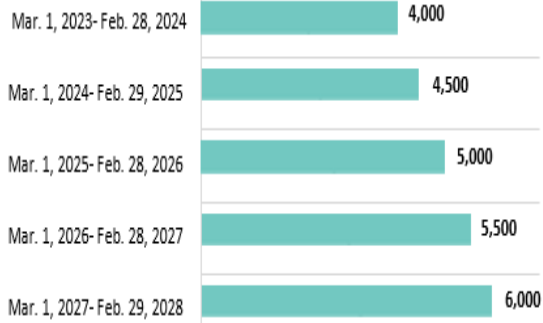
- Assistive technology
- Attendant nurse care *
- CAP/C in-home aide (IHA)
- Care coordination
- Community integration services
- Community transition services
- Coordinated caregiving *
- Financial management services
- Home accessibility and adaptation
- Goods and services (participant, individual-directed)
- Nutritional services
- Non-medical transportation
- Pediatric nurse aide services
- Pest eradication
- Respite care (institutional and in-home)
- Specialized medical equipment and supplies
- Training, education and consultative services
- Vehicle modification

CAP/DA

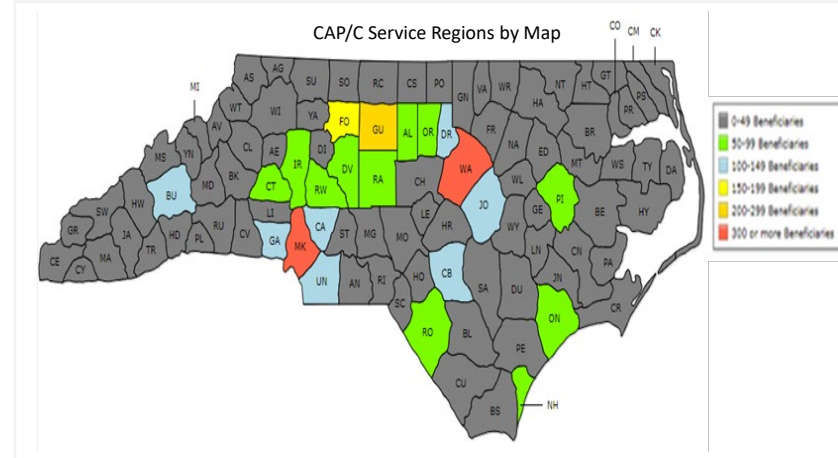
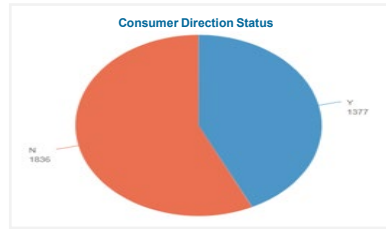
- Adult day health
- Personal care aide
- Home accessibility and adaptation
- Meal preparation and delivery
- Institutional respite services
- Non-institutional respite services
- Personal Emergency Response Services
- Specialized medical equipment and supplies
- Participant goods and services
- Community transition services
- Training, education and consultative services
- Assistive technology
- Case management
- Care advisor (CAP/Choice only)
- Personal assistant (CAP/Choice only)
- Financial management services (CAP/Choice only)

NC Medicaid Landscape: CAP/C Slot Distribution

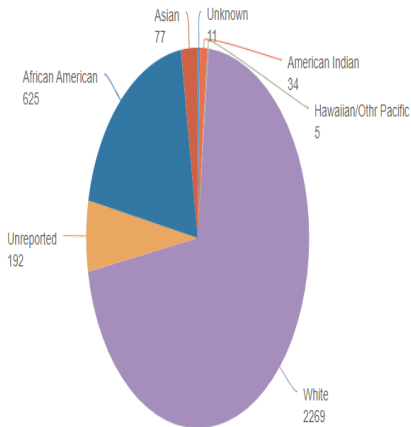
CAP/C Incremental Slots Details



CAP/C Consumer Direction



Race



State-Wide Wait List Details

Total on Wait List	Avg Time on Wait List (Months)
0	0

Average Length of Stay for All Beneficiaries (in Months)

71

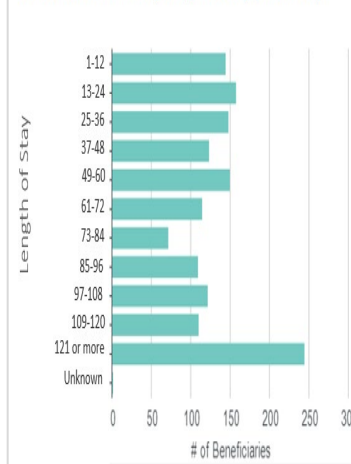
Average Female Age **Total Female Beneficiaries**

10 **1547**

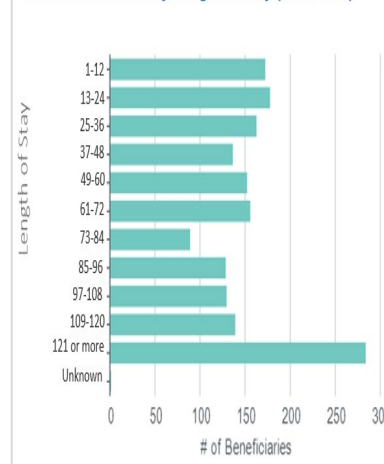
Average Male Age **Total Male Beneficiaries**

10 **1823**

Female Beneficiaries By Length of Stay (In Months)

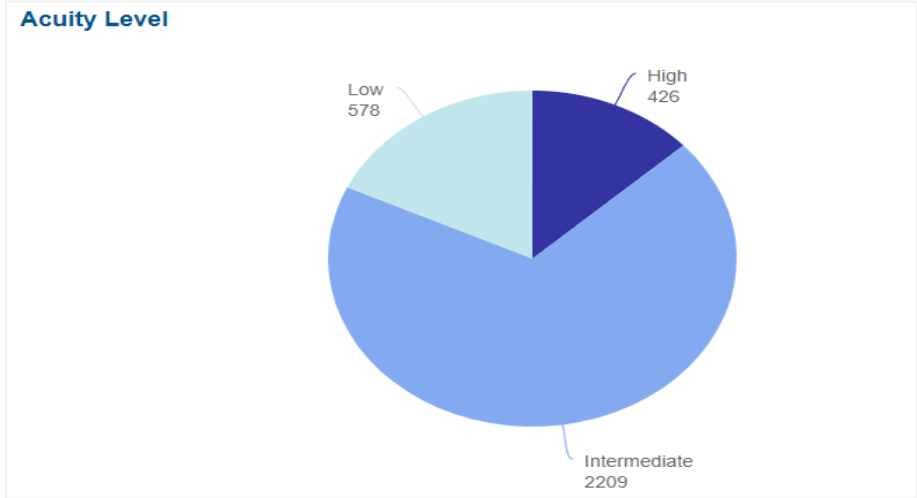


Male Beneficiaries By Length of Stay (In Months)



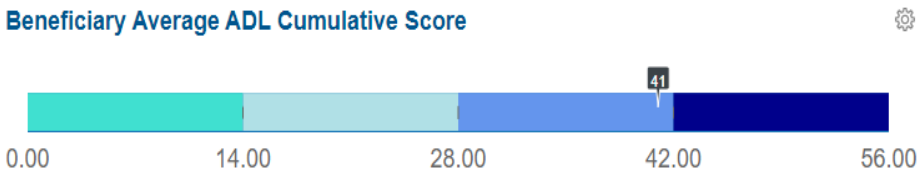
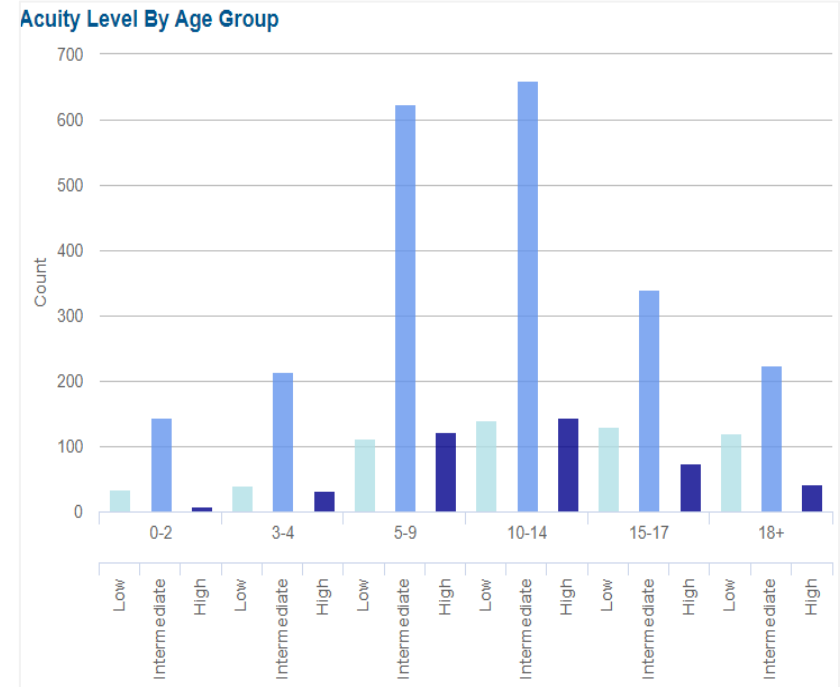
SOURCE: e-CAP

NC Landscape: CAP/C User Profile



CAP/C Acuity Score

- Low** = individuals requiring CNA I care needs (CAP/C In-Home Aide)
- Intermediate** = individuals requiring CNA II care needs (Pediatric Nurse Aide)
- High** = individuals requiring nurse level care needs (Private Duty Nurse)



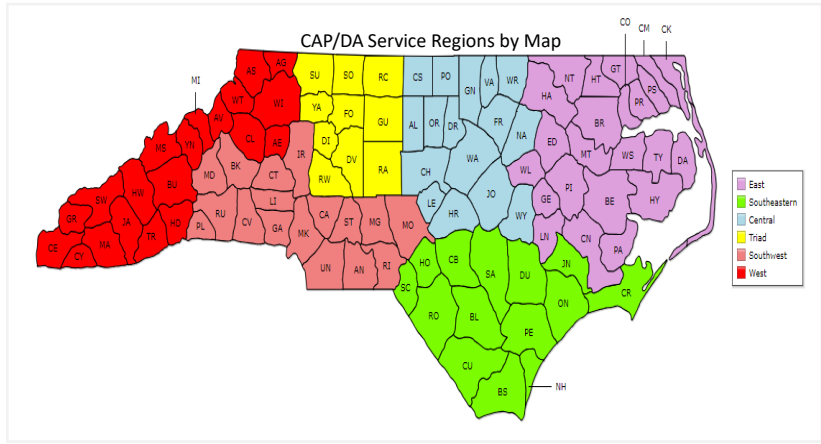
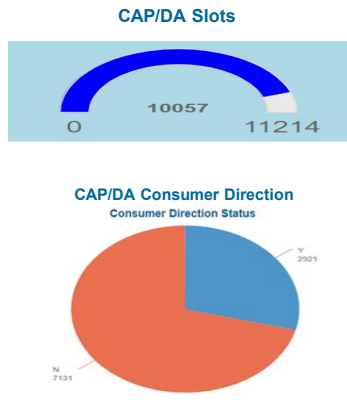
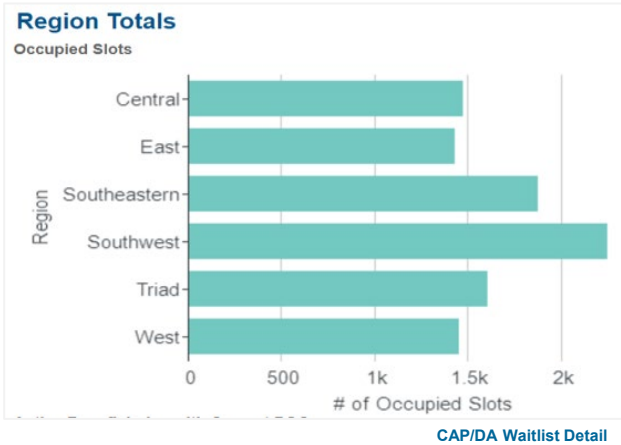
ADL cumulative score is a combined score of the performance of all assessed activities of daily living. A score is assigned to each ADL (bathing, bed mobility, dressing, eating, elimination, mobility, personal hygiene and transfer) based on the level of need (independent, set-up, limited assistance, extensive assistance and maximal assistance).

Average Weekly Units for Aide Services

Aide Service	Average Weekly Units
S5125	105.81
T1019	42.8
T2027	30.58

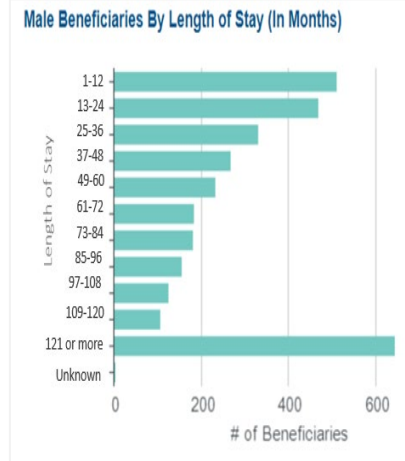
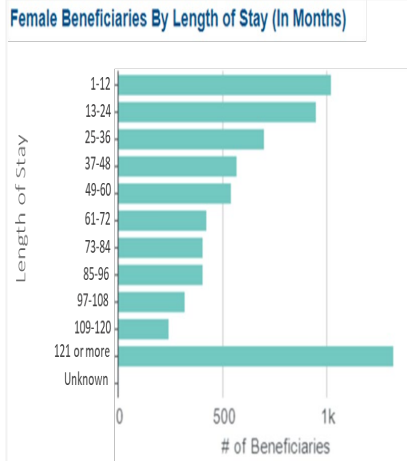
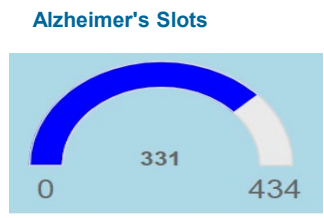
SOURCE: e-CAP

NC Medicaid Landscape: CAP/DA Slot Distribution



A vendor contract was awarded in June 2023 to execute enrollment activities (processing referrals and conducting and reviewing initial assessments) for CAP/DA. Due to this transition, more than 420 individuals are waiting to receive an initial assessment.

Average Length of Stay for All Beneficiaries (in Months)	
71	
Average Female Age	Total Female Beneficiaries
67	6859
Average Male Age	Total Male Beneficiaries
54	3198



SOURCE: e-CAP

Comprehensive Independent Assessment Entity

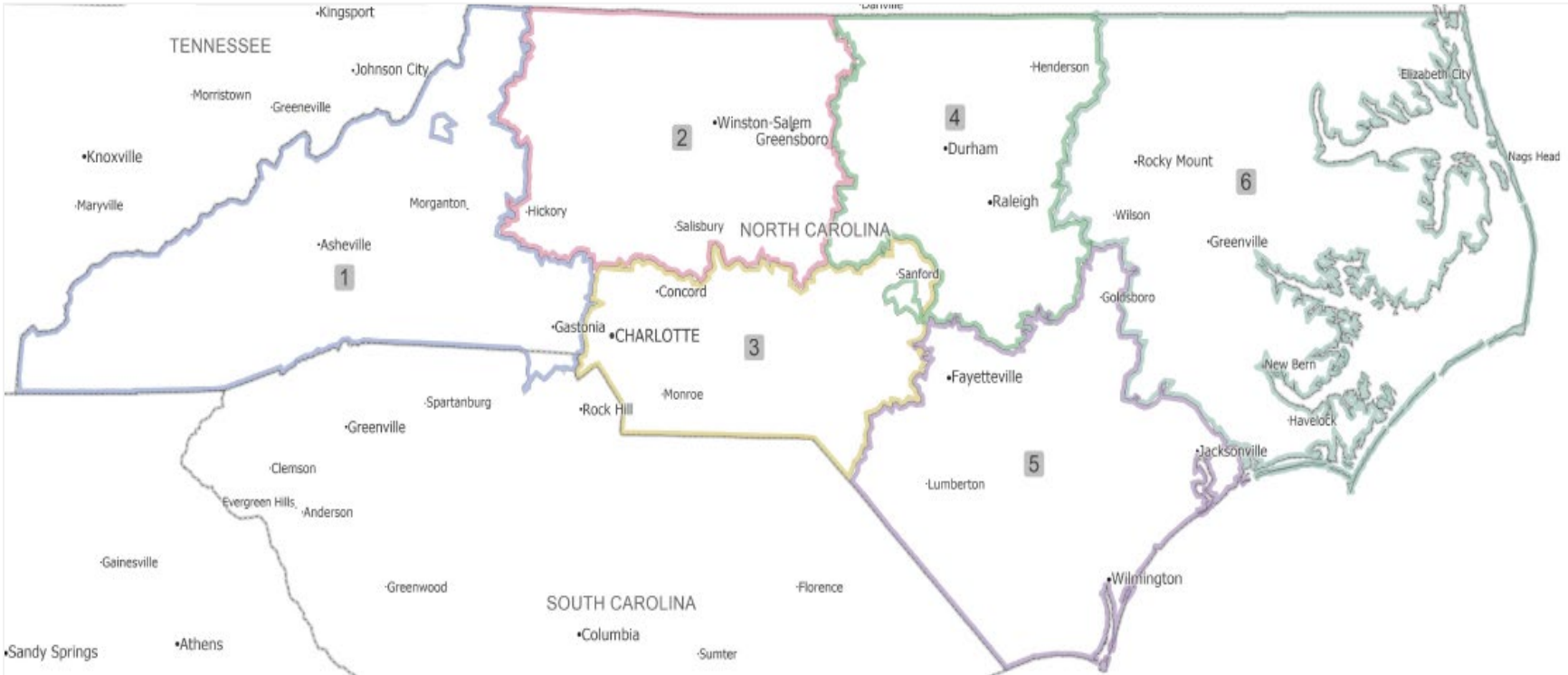
Linking Individuals & Families to Long-Term Services & Supports



With the award of the Comprehensive Independent Assessment Entity contract to *Acentra Health* in June 2023, Medicaid is in the final phase of on-boarding this vendor to provide assessments for PCS, CAP/C, CAP/DA, PASRR Level 2 Assessment, and Transitions of Care Coordination/LCA. Once the vendor has achieved operational steady state Medicaid Direct members will experience

- Streamlined access and enrollment in Medicaid Direct LTSS reducing wait times
- Dedicated Beneficiary/Member LTSS Resource Line,
- Enhanced quality through increased provider training and technical support related to the LTSS service array,
- Outreach to under-served LTSS eligible beneficiaries to address health disparities, and
- Improved coordination between LTSS and benefits plans.

Acentra's Coverage Regions



Projected FTEs to manage the workload for CAP/C and CAP/DA: 17FTEs (8RNs & 6 LCSWs)

Applicants are currently experiencing wait-time in Regions 1, 2, & 3

Projected ready state to reduce wait-time: Feb. 2024

Plan:

- 1. Onboard & train RNs by December 31, 2023**
- 2. Contract with agencies for PRN support by December 31, 2023**

SOURCE: Acentra Health