



N.C. Department of Health
and Human Services

An Overview of the Long Term Services and Supports (LTSS) Medicaid Landscape

Medicaid Reform Advisory Committee
December 5, 2013
Trish Farnham, DMA



What is LTSS? A Starting Place Description

- Generally, folks who need on-going supports to perform basic tasks of daily living.
- Medicaid LTSS services: CAP-DA, PCS, long term residents in Skilled Nursing Facilities, Private Duty Nursing, CAP for Children, PACE.
- Limitations and Exclusions reinforce the importance of “Whole Person” service system.
- Importantly, family members provide the majority of care-giving.



N.C. Department of Health and Human Services

Our Current LTSS Landscape



The Current NC Medicaid LTSS Community

- Small but significant
- People of all ages
- Receives services in a variety of settings (home, nursing facilities, adult care homes, etc.)
- Group is growing and will potentially include all of us!
- Along with Behavioral Health/IDD community, focus of the Americans with Disabilities Act.
- Includes willing workers!



N.C. Department of Health and Human Services

Our Current System



“When the need for long-term care services arises, there are many choices and options that may be considered...Quite often, it is the range and types of options, as well as the personal financial implications of any of these options, that remain unclear, and families and individuals find it nearly impossible to anticipate what will happen were any particular option chosen.”

Gordon DeFrieze and Polly Welsh, *Long-Term Care Challenges Ahead for North Carolina: 2010 and Beyond*, NC Med J. March/April 2010, Vol. 71, Number 2, 133.

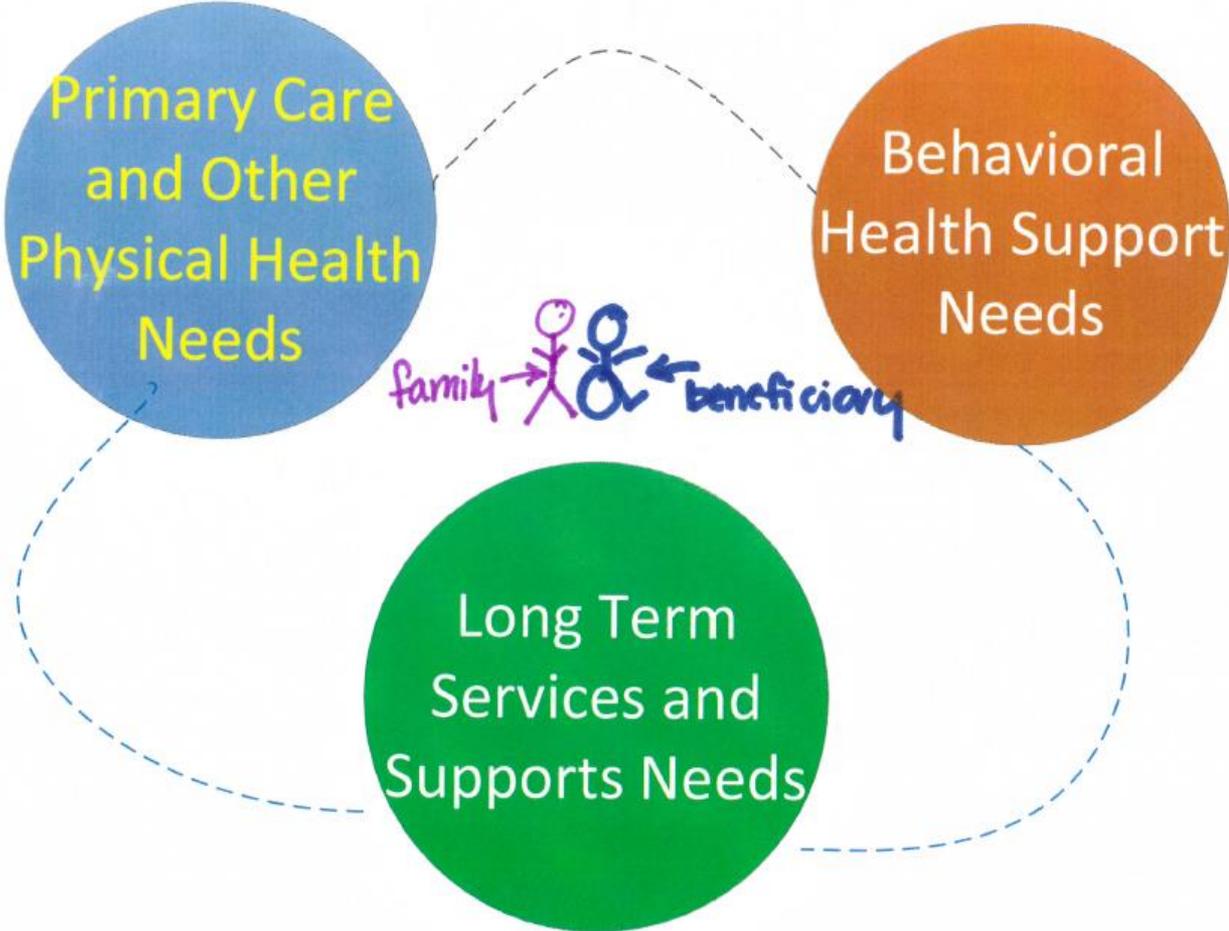


N.C. Department of Health and Human Services

Imagine you're driving home....

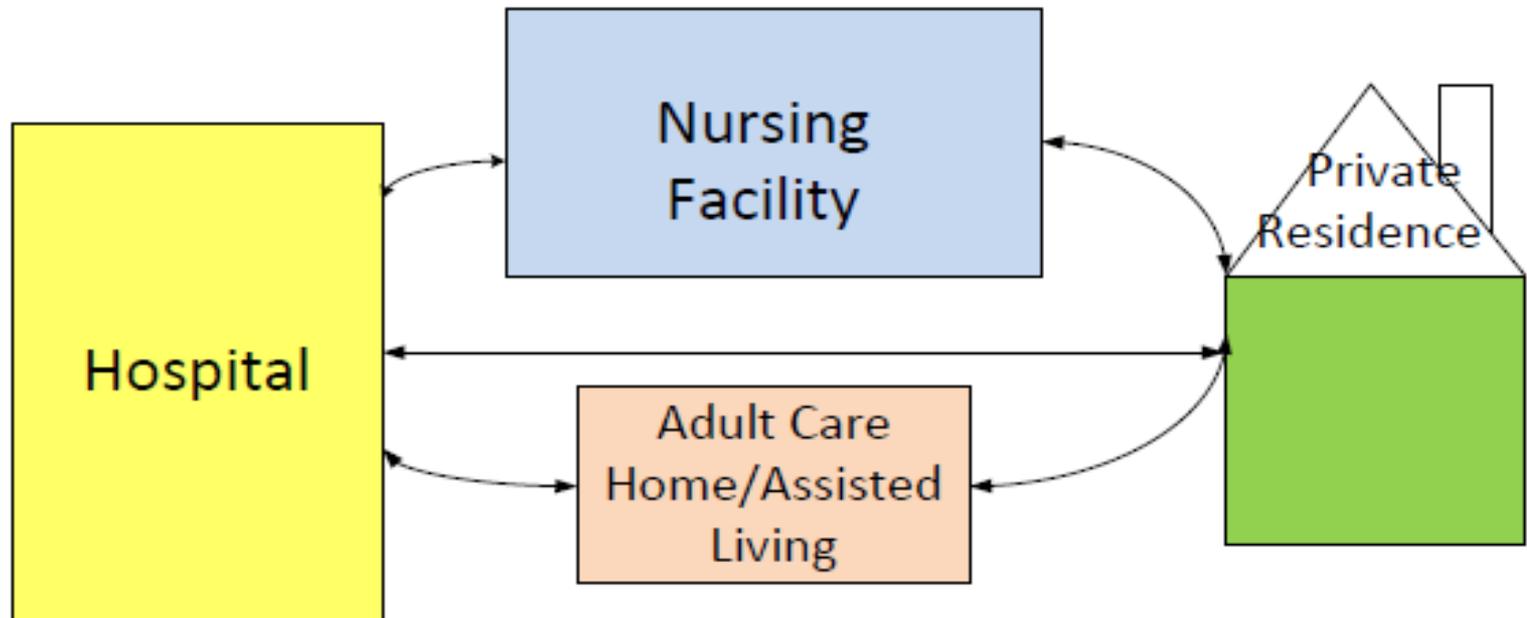


How We Currently Meet People's Needs





And then within the LTSS Community...



A Simplified Diagram of the Transitional Experience of Many LTSS Recipients



So who currently helps the beneficiary and her family navigate and coordinate all of this?

- It Depends.
 - Depends on what her needs are.
 - Depends on the location she's in.
 - Depends on the level of regional and local collaboration where she currently resides...or where she wants to go.



And this potentially results in...

- Increased complexity in transitions between settings/services (already a complex time).
 - Loss of vital information
 - Who is responsible?
 - Enrollment lags due to lack of coordination
- People falling through the cracks.
- Potentially multiple case managers/care coordinators
- Conflicting recommendations regarding treatments.



Importantly...

- Quality, coordinated care is happening in pockets
 - Certain locations
 - Certain regions
 - Between certain entities/providers
 - Among certain services (PACE)
 - Certain initiatives
- * These pockets of good work should help inform our system.



As we move forward...
Be “Aspirational” in our thinking