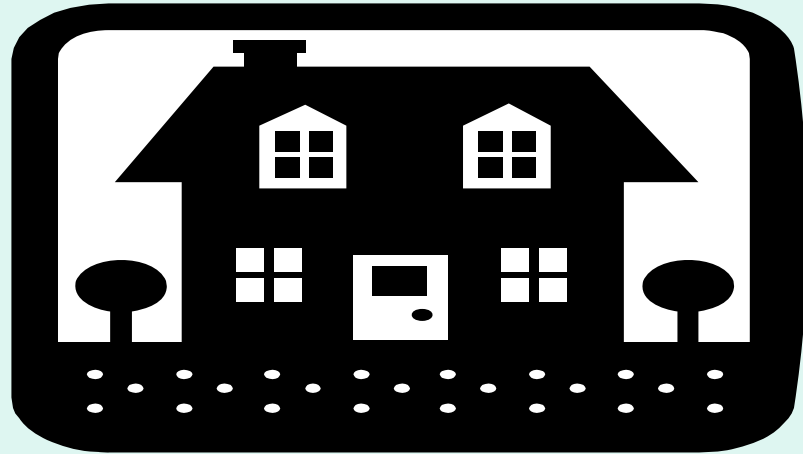


Current ACH/PCS Program



**Julie Budzinski, MA
ACH/PCS Restructure Kick-Off Meeting
September 26, 2006
Greensboro, NC**

What is an Adult Care Home?



It is a resident's home

How is this home different than yours or mine?

- It is **Licensed by DFS**
- It is **Enrolled by DMA as a Provider** of Personal Care Services and Non-emergent- medical transportation.
- It may have a **specialty designation**
- **Children are not allowed** to live there.
- Most are **bigger**

More Differences?

- **Everyone** needs **24 hour supervision** and/or **assistance** with **activities of daily living (ADL's)** due to normal aging, a **chronic illness**, a **cognitive disorder** or a **disability**.
- **No one is allowed** to live in this home **just for a place to live**.

Still Another Difference???

- **Regularly under review** by county DSS's, State DFS and DAAS, DMA, Board of Health and others.
- **Medicaid does not pay the room and board.**
- **Room and board is paid** by the resident, the resident's family, private insurance or by State & County Special Assistance (SA). (paid through the county DSS and administered by DAAS – Adult Services).... or.... perhaps a combination.

Still More Differences?

- Generally **everybody is not related** to each other by family.
- **Family member** as support and primary caregiver **is not available**.
- Aides/**Caregivers** are employees of the home and **must be paid for services**
- Paid Aides/Caregivers must be available 24/7 to **provide PCS services at scheduled and unscheduled times**.

What Are Homes that Provide ACH/PCS called?

- Adult Care Homes
- Assisted Living
- Family Care Homes
- Rest Homes
- Group Homes
- Supervised Living
- Combination Facilities
- Homes for the Aged and Infirm



Current ACH/PCS

- Optional State Benefit under NC's Medicaid State Plan
- Three Levels of Benefit
 - Basic Care
 - Enhanced Care
 - SCU-A
- Requirements
 - Approved by physician
 - Documented in resident's plan of care (3050R)
 - Individualized and specific to needs
 - Appropriate for and safely provided in ACH

Basic Benefit

- A per-diem benefit paid to ACH enrolled Medicaid Providers based on number of licensed beds and 1 hour of assistance
 - 30 or less licensed ACH beds - \$17.33 per eligible resident per day.
 - 31 and above licensed beds - \$18.98 per eligible resident per day.



Enhanced Personal Care

- When an adult care resident requires extensive assistance or is totally dependent on staff for eating, toileting and/or ambulation/locomotion, the ACH provider sends the FL2, care plan and other supporting documents to county DSS Case Manager who does an independent evaluation and approves or denies Enhanced Care. The Prior Approval is for a maximum 1 year eligibility.
- Case Manager informs DMA fiscal agent and continues/begins case management.

ACH Enhanced Care Payments

- Per-diem rate is paid to ACH Provider for the benefit of the approved Medicaid eligible resident
- Current Rates/day
 - Eating \$10.64
 - Toileting \$3.82
 - Eating and Toileting \$14.51
 - Ambulation/Locomotion \$2.64

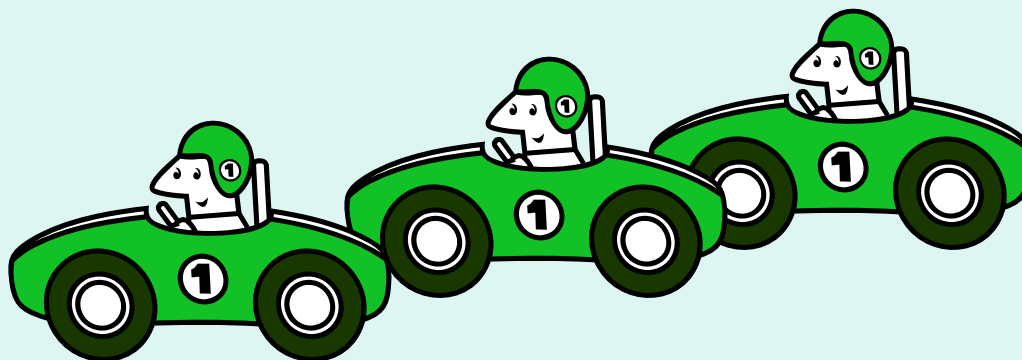


SCU-A

- Special Care Unit for those with Alzheimer's and Related Disorders.
- Rate increase for SA effective 10/1/05.
- Effective 10/1/06 additional payment for the care of those that meet DMA's PA criteria. Criteria and Procedure can be found in the August Medicaid Bulletin.
- DSS case management continues only if previously an enhanced resident.
- Daily Rate for a home with 30 beds or less \$46.79 and for those 31 beds plus \$51.25.

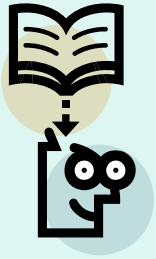
Non-Emergency Medical Transportation

- ACH is responsible for transporting residents to necessary resources and activities including transportation to the nearest appropriate health care facilities and services.
- Per diem rate \$.60 per eligible resident per day



SFY 2005

Medicaid PCS Program	# Unduplicated Recipients	Medicaid Expenditure
In-Home PCS	49,360	\$289,688,006
In-Home PCS+	3,355	\$19,607,492
Subtotal	52, 715	\$309,607,492
ACH/Basic	28,406	\$141,947,299
ACH/Enhanced	5,115	\$8,898,130
Sub Total	33, 521	\$150,845,429
Grand Total	86,236	\$460,452,921



What's Next?

1. This afternoon we will break into focus groups.
2. We will begin to look at the differences in service locations, PCS programs and requirements of those programs – set out in current Policies.
3. Information from each group will be shared with the Core-Planning Committee and each work group who will explore these issues in depth and make recommendations to DMA and the Department for changes in policies, rate setting methodology, and rules and legislation.