

Medicaid Adult Care Home
Personal Care Services
Restructuring: Kick-Off Meeting

September 26, 2006

Greensboro



Why does the State need to restructure Medicaid ACH/PCS?

- CMS (Federal) disapproves of the current financing and policy structure for Medicaid's ACH/PCS
- Since 1995, when CMS first approved the structure, additional regulations have been developed
- CMS wants us to treat the adult care home as a person's home and we cannot treat the ach resident different from a person living in a private residence

Why does the State need to restructure Medicaid ACH/PCS?

- CMS push for person centered planning, consumer directed care and individual plans of care
- Need to provide Medicaid recipients the services that meet their medical needs; no more and no less
- Quality initiatives for Medicaid services to meet the CMS quality requirements

Why does the State need to restructure Medicaid ACH/PCS?

- Numerous state studies that point out need for ACH quality and performance issues and the need to upgrade provider capacities

Process for Restructuring

- CMS supports this initiative to restructure the ACH/PCS program
- Impact of restructuring is broad
 - Medicaid policies and processes
 - DFS rules and regulatory functions
 - Laws and requirements
 - Roles and responsibilities
- CMS emphasizes stakeholder involvement and an open process

Process for Restructuring

Stakeholders

State staff from DMA, DFS, DAAS

ACH providers

Home Care Providers

State Associations

Consumers and their families

Restructuring Process

- Core Planning Group
- Three Work Groups
 - Policy Work Group
 - Rate-setting Work Group
 - Rules and Legislation Work Group
- Identify changes needed and provide recommendations to DMA

Restructuring Process

- Charge to Work Groups:
 - To produce a cohesive draft Medicaid policy for the provision of personal care services that will address the needs of the adult care home residents and recipients living in a private residence;
 - To craft a single rate-setting methodology;
 - To identify the changes needed in rules and legislation; AND

To focus on the individual needs of
the Medicaid recipient and
promote quality of care whatever
the setting of care