

# NC Medicaid Long Term Services and Supports

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## Maintaining the Health of Waiver Participants Using Data

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**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits



# Agenda

- ☐ Welcome
- ☐ Objectives
- ☐ What is data and how to use it?
- ☐ Using data to plan and maintain health and well-being
- ☐ Using data to establish baseline needs and functionality, initially and annually



# Objectives

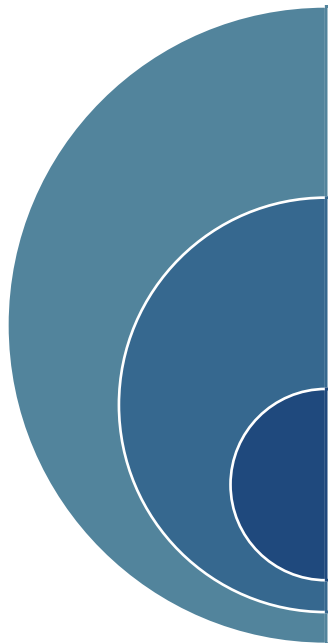
## The session will cover:

- ☐ How using data can lead to:
  - ☐ More impactful person-centered planning.
  - ☐ Anticipatory planning to manage critical events
  - ☐ Identifying participant's baseline
- ☐ Using quality metrics to:
  - ☐ Ensure the health and well-being of waiver participants





# What is Data and How to Use It



Diagnoses	<ul style="list-style-type: none"><li>• Prognosis</li><li>• Services</li></ul>
Incidents	<ul style="list-style-type: none"><li>• Prevention</li><li>• Services</li></ul>
Claims	<ul style="list-style-type: none"><li>• Coordination</li><li>• Projections</li></ul>

# Using Data to Plan and Maintain Health and Well-being

- **Developing impactful person-centered service plans using:**
  - **Risk Mitigation Priorities** – risk factors identified from the comprehensive assessment
  - **Beneficiary At a Glance** – brief clinical overview of the beneficiary from assessment information
    - **Functioning/capacities for daily living**
    - **Housing and finances**
    - **Informal support**
    - **Impact of diagnoses**
    - **Cognitive skills**
    - **Level of need (acuity)**
    - **Age**
    - **Size (weight and height)**
    - **Connection to physicians**

# Using Data to Plan and Maintain Health and Well-being

## Summary Diagnoses / Conditions

Composite Beneficiary Score	65		
Principal Dx	SPASTIC QUADRIPLÉGIC CEREBRAL PALSY	# of Listed Dx	9 +
# of Listed Medications	10 +	Req. Nurse for Meds Admin	N
Pain Level	No Pain	# of Skilled Svcs Need/Treatments	1 +
Height	62 Inches	Weight	100 Pounds
Bladder Continence	Occasional daytime accidents	Bowel Continence	Occasional daytime accidents
Skin Ulcers	N	Wounds	N
Vision Status	Adequate	Hearing Status	Adequate
Speech Status	Sometimes understood	Endurance Status	Within normal limits
# of Falls in the Last 6 Months	0	# of Falls in the Last 12 Months	0
# of Hosp. Last Year	0	# of Unplanned Hosp. Last Year	1
# of Risk Indicators	19 +	# of Sentinel Risks	0 +
Prognosis	Stable	Current Acuity Level	High
Paralyzed	Y	Cognitive Skills for Daily D-Making	Intermittent
# of Behaviors	0 +	# of Self-Abusive/Repetitive Behaviors	0 +
# of Mood Indicators	0 +	# of Interpersonal Functioning Indicators	0 +
Alertness			

## Functioning / Capacities for Daily Living

Cumulative ADL Score	56		
Bathing	Total Dependence	Bed Mobility	Total Dependence
Personal Hygiene	Total Dependence	Transferring	Total Dependence
Dressing	Total Dependence	Elimination	Total Dependence
Mobility	Total Dependence	Eating	Total Dependence

## Housing / Finances

Housing Status	Own	Whole House Safe	Y
Transportation Problems	N	Enough Money to Meet Fam. Oblig.	



# What Are Impactful Services and Coordination?

- **Assurance of linkage to physicians**
- **In-home aide services**
- **Medical supplies**
- **Transportation**
- **Respite**
- **Case management**
- **Durable Medical Equipment**



# Using Data to Plan and Maintain Health and Well-being

- **Anticipatory management of beneficiary and program population using analytics to:**
  - **Forecast and manage critical events**
  - **Forecast and authorize service**
    - **Number of hospitalizations**
    - **Skilled services**
    - **Acuity level**
    - **Cognitive skills**
    - **Falls**
    - **Aspiration**
    - **County of residence**
    - **Diagnoses**

# Using Data to Plan and Maintain Health and Well-being

Description	18-44	45-64	65-84	85+	Total	% of Total
Fall Risk	58	88	85	31	262	97.04%
Bladder Incontinence	57	84	80	31	252	93.33%
Recurrent Persistent Pain	29	75	72	23	199	73.70%
Bowel Incontinence	47	57	53	22	179	66.30%
Lack of Endurance	35	64	56	21	176	65.19%
Unsteady gait	20	50	58	20	148	54.81%
Difficulty Sleeping	29	49	43	16	137	50.74%
Shortness of breath	14	49	47	11	121	44.81%
Severe Pain/Daily/Hrs in Duration	14	51	36	12	113	41.85%
Aspiration Precautions	32	33	24	9	98	36.30%
Limited Vision	19	37	29	12	97	35.93%
Teeth Missing, Broken, Loose, Rotten	11	41	33	8	93	34.44%
Swallowing Risk	28	25	23	9	85	31.48%
Reflux Precautions	9	28	33	8	78	28.89%
Hx of/Current Infection(s)	14	21	24	4	63	23.33%
Paralyzed	24	27	10	0	61	22.59%
Contractures	25	20	11	2	58	21.48%
Limited Hearing	3	17	23	14	57	21.11%
Dizziness/Vertigo	5	30	19	2	56	20.74%
Chewing Difficulties	13	10	15	8	46	17.04%

Description	0-2	3-4	5-9	10-14	15-17	18+	Total	% of Total
Fall Risk	45	69	153	160	112	97	636	91.25%
Bladder Incontinence	2	55	149	146	93	74	519	74.46%
Bowel Incontinence	2	54	145	139	90	67	497	71.31%
Aspiration Precautions	32	46	102	105	61	56	402	57.68%
Swallowing Risk	47	48	97	82	53	43	370	53.08%
Severe Speech Limitation	38	49	92	76	53	34	342	49.07%
Lack of Endurance	19	29	58	59	40	32	237	34.00%
Limited Vision	11	17	60	49	44	35	216	30.99%
Difficulty Sleeping	9	17	41	49	24	26	166	23.82%
Recurrent Persistent Pain	15	9	36	45	21	29	155	22.24%
Chewing Difficulties	4	16	34	46	28	26	154	22.09%
Contractures	4	8	23	43	32	32	142	20.37%
Hx of/Current Infection(s)	18	12	40	28	18	14	130	18.65%
Reflux Precautions	4	11	30	30	19	17	111	15.93%
Wounds	19	11	26	25	21	9	111	15.93%
Communication Difficulties	8	17	23	31	14	15	108	15.49%
Limited Hearing	8	13	16	17	15	8	77	11.05%

# What Are Data Points to Use to be Anticipatory?

- **Claims**
- **Incident reports**
- **Monitoring visit logs**
- **Quarterly visit logs**
- **Medical history reports**
- **Risk factors**
- **Diagnoses**

# Using Data to Establish a Baseline

- **Using data to establish as baseline helps with:**
  - **Measuring progress using community-based and medical services**
  - **Confirming a level of care**
  - **Identification of new needs**

# Using Data to Establish a Baseline

Date of Assessment	Assessment Type	Physical Health Risk Indicators	Mental Health Risk Indicators	Hsg/Fin/Other Risk Indicators	Caregiver Risk Indicators	Meds	Dxs
3/6/2025	ReAssessment	11		3	5	10	9
4/4/2024	Initial	11		3	5	10	9
10/21/2022	ReAssessment	10	2	3	1	4	7
10/26/2021	ReAssessment	8	2	3	1	4	7
10/14/2020	ReAssessment	9	2	3	1	4	7
11/15/2019	ReAssessment	8	3	3	1	4	7
11/9/2018	ReAssessment	7	1	3	1	4	7
11/7/2017	ReAssessment	7	1	3	1	4	7
11/7/2016	ReAssessment	7	1	3		3	7
11/3/2015	ReAssessment	6	1	3		3	7
10/30/2014	ReAssessment	6	2	3		3	7



# Using Data to Establish a Baseline

## Why is Knowing Baseline Important?

- Quick indication that something is wrong
- Ongoing need for medical and community-based services
- Identifying best service provision
- Determining care coordination needs

# Using Quality Metrics to Evaluate Well-being

## **Key Quality Metrics for Home and Community Based Services**

- **Plan of care (POC) in type, amount, frequency, and duration of need**
- **Evaluation of service provision and wellness**
- **Analysis of data and trends**

# Using Quality Metrics to Evaluate Well-being

## Evaluating Well-being

<u>05/16/2025</u>	Correspondence
<u>05/16/2025</u>	Nurse/aide notes review
<u>05/12/2025</u>	Routine beneficiary visit
<u>05/08/2025</u>	Monthly waiver provider contact
<u>05/07/2025</u>	Multi-disciplinary team review
<u>05/02/2025</u>	Verify Medicaid eligibility
<u>04/29/2025</u>	Chart review/audit
<u>04/22/2025</u>	Multi-disciplinary team review
<u>04/16/2025</u>	Monthly waiver provider contact
<u>04/14/2025</u>	Routine beneficiary contact
<u>04/09/2025</u>	Multi-disciplinary team review
<u>04/03/2025</u>	Verify Medicaid eligibility
<u>03/30/2025</u>	Chart review/audit
<u>03/28/2025</u>	Incident reporting or follow-up
<u>03/13/2025</u>	Routine beneficiary contact
<u>03/13/2025</u>	Monthly waiver provider contact
<u>03/06/2025</u>	Verify Medicaid eligibility
<u>02/27/2025</u>	Chart review/audit
<u>02/17/2025</u>	Nurse/aide notes review
<u>02/13/2025</u>	Monthly waiver provider contact
<u>02/13/2025</u>	Multi-disciplinary team review
<u>02/11/2025</u>	Routine beneficiary visit
<u>02/04/2025</u>	Verify Medicaid eligibility
<u>01/30/2025</u>	Chart review/audit
<u>01/14/2025</u>	Routine beneficiary contact
<u>01/14/2025</u>	Monthly waiver provider contact

## Measure: Contacts

<u>05/12/2025</u>	Visit
<u>04/12/2025</u>	Contact
<u>03/12/2025</u>	Contact
<u>02/12/2025</u>	Visit
<u>01/12/2025</u>	Contact

# Using Quality Metrics to Evaluate Well-being

## Evaluating Well-being

## Measure: Critical Incident Reports

# of Level I Incidents	# of Level II Incidents	# Involving Death Due to Unnatural Reasons	# Involving Death Due to All Reasons	# Involving ER Visits	# Involving Hospitalizations	# With CPS/APS Reporting	# With L/E Reporting
0	0	0	0	0	0	0	0
0	0	0	0	1	1	0	0
4	0	0	0	5	3	0	0
0	0	0	0	0	0	0	0
7	0	0	1	6	6	0	0
0	0	0	0	0	0	0	0
7	0	0	1	7	2	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
1	0	0	0	1	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
8	4	0	0	10	4	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
n	n	n	n	n	n	n	n

# Using Quality Metrics to Evaluate Well-being

- ☐ **To use consumer direction (CD), Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) participants or their legally responsible party are required to complete an initial CD training. This training:**
  - ☐ **Is offered one time per month by NCLIFTSS,**
  - ☐ **Is required before starting CD,**
  - ☐ **Provides an overview of roles and responsibilities and services available in CD, and**
  - ☐ **Provides a certificate of completion.**
- ☐ **To maintain enrollment in CD:**
  - ☐ **CAP waiver participants and employer of record (EOR) must complete an annual refresher training within a 6-month period of the continued needs review (CNR).**



# Using Quality Metrics to Evaluate Well-being

## Evaluating service options using data

Consumer Direction Self-Evaluation Review	
Are you interested in participation in the consumer direction option of CAP/DA? *	Yes ▼
Does the beneficiary indicate the desire to be an employer?	– select – ▼
Does the beneficiary indicate the ability to manage care with limited assistance from the case management entity?	– select – ▼
Does the beneficiary indicate the ability to follow up with the appropriate individuals to resolve problems?	– select – ▼
Does the beneficiary indicate the willingness to set aside approximately 2-4 hours per year for consumer-directed care trainings?	– select – ▼
Does the beneficiary indicate the willingness to set aside approximately 6-7 hours per week for managing your worker(s) and completing employer related tasks?	– select – ▼
Does the beneficiary indicate an informal network that includes a close friends, family, neighbors or church members?	– select – ▼
Does the beneficiary indicate the knowledge base to know what things or tasks that are needed to provide for his or her care?	– select – ▼
Does the beneficiary indicate the knowledge base to know when to ask others for help when needed?	– select – ▼
Does the beneficiary indicate an understanding of the need to hire staff to provide the services he or she needs?	– select – ▼
Does the beneficiary indicate the ability to read medical documents to understand how to create a plan to render the care that is required?	– select – ▼
Does the beneficiary indicate an understanding of how to administer medications and how to instruct someone in administering medication?	– select – ▼
Is there an indication that the beneficiary knows what abuse, neglect and exploitation is, and is able to recognize signs of abuse, neglect and exploitation?	– select – ▼
Is there an indication that the beneficiary understands the need to create an emergency and disaster plan to fully describe how care is to be provided during a crisis?	– select – ▼
Is there an indication that the beneficiary knows what skills and qualifications to look for in hiring an employee?	– select – ▼
Does the beneficiary indicate experience in writing a job description and identifying the right person to meet the description?	– select – ▼
Is there an indication that the beneficiary has experience giving instruction or steps to an individual on how to provide care?	– select – ▼
Is there an indication that the beneficiary has experience with checking behind someone to ensure he or she is carrying out assigned job duties?	– select – ▼
Is there an indication that the beneficiary has experience communicating directives to individuals who are not following instructions?	– select – ▼
Is there an indication that the beneficiary can set firm limits with friends, family, and neighbors?	– select – ▼
Is there an indication that the beneficiary knows what fraud, waste and abuse is and how to detect it by an employee?	– select – ▼



# Using Quality Metrics to Evaluate Well-being

## Evaluating service options using data

Consumer Direction Self-Evaluation Review	
Does CAP beneficiary want to continue to use consumer-directed services? *	Yes <input type="button" value="v"/>
Does the CAP beneficiary continue to have an employer of record (EOR)?	Yes <input type="button" value="v"/>
Were there concerns raised about the beneficiary/EOR ability to carry out the responsibilities of self-directing over the last 12 months?	No <input type="button" value="v"/>
Has the beneficiary/EOR completed the required annual consumer direction training for this CNR year?	Yes <input type="button" value="v"/>
If yes, enter the date the refresher training was completed or the date the refresher training is scheduled. *	03/12/2025 <input type="button" value="x"/>
Does the beneficiary/EOR continue to have access to an informal network of family members, close friends, neighbors, or church members to hire as their employees?	Yes <input type="button" value="v"/>
From your monthly and quarterly contacts with the beneficiary/EOR, did they seem to have time to manage the responsibilities of consumer direction?	Yes <input type="button" value="v"/>
Did the beneficiary/EOR keep their required paperwork (care plans, competency evaluations, and task list) up to date to ensure care needs of the beneficiary were met?	Yes <input type="button" value="v"/>
Were there concerns raised, or was there a critical incident report completed on behalf of the beneficiary/EOR about misuse of money or time?	No <input type="button" value="v"/>
If yes, identify the CIR by entering the date the CIR was reported. *	<input type="text"/> <input type="button" value="x"/>
Was a referral made to DSS alleging abuse, neglect, or exploitation on behalf of CAP beneficiary?	No <input type="button" value="v"/>
If yes, identify the CIR by entering the date the CIR was reported. *	<input type="text"/> <input type="button" value="x"/>
Has the beneficiary/EOR updated their disaster emergency and back-up plan for this CNR period to ensure appropriate contact are listed and instructions are identified on what to do during an emergency or who to contact when coverage of personal/nurse care type services are not available?	Yes <input type="button" value="v"/>

# Using Quality Metrics to Evaluate Well-being

## Activities of Daily Living Dependency

Description	0-2	3-4	5-9	10-14	15-17	18+	Total	% of Total
Total Dependence	40	131	418	406	238	179	1412	37.76%
Extensive Assistance	22	59	157	201	93	95	627	16.77%
Maximal Assistance	10	59	169	203	99	74	614	16.42%
Limited Assistance	26	38	108	132	88	86	478	12.78%
Supervision/cueing	33	24	45	60	34	18	214	5.72%
Independent	142	47	15	6	0	2	212	5.67%
Setup Help	64	36	25	18	18	21	182	4.87%

## Service Intervention Need

Description	0-2	3-4	5-9	10-14	15-17	18+	Total	% of Total
Physical Therapy	208	275	675	657	320	208	2343	62.66%
Enteral Feeding	276	246	558	485	258	197	2020	54.03%
Occupational Therapy	145	245	593	556	248	156	1943	51.97%
Speech Therapy	132	229	547	512	225	122	1767	47.26%
Nebulizer	142	182	487	496	259	194	1760	47.07%
Pulse Oximetry	187	154	353	294	164	115	1267	33.89%
Suctioning	127	150	317	291	148	103	1136	30.38%
Oxygen	150	129	271	238	132	91	1011	27.04%
Chest Physiotherapy	75	120	267	260	142	100	964	25.78%
Private Duty Nursing	57	71	172	141	79	53	573	15.32%
Trach	62	59	110	93	53	42	419	11.21%
Ventilator	47	34	68	58	30	22	259	6.93%
CPAP, BiPAP	9	10	41	57	50	30	197	5.27%
Wound requiring sterile dressing	21	9	15	13	10	11	79	2.11%
Cardiac Monitor	18	12	25	10	8	4	77	2.06%
Developmental Therapy	14	13	18	11	3	2	61	1.63%
Mental Health Services	0	1	7	12	13	19	52	1.39%
Parenteral Feeding	7	7	10	11	0	6	41	1.10%
Respiratory Services	4	5	9	5	3	8	34	0.91%
Home Infusion Therapy	1	3	6	8	3	4	25	0.67%



# Using Quality Metrics to Evaluate Well-being

Name of Service	Available To	Who can use this service
In-Home Aide I (IHA I)	CAP/DA & CAP/C	When help is needed for at least 2 Activities of Daily Living (ADLs) <ul style="list-style-type: none"> <li>Bathing, Dressing, Eating, Toileting, Hygiene, Mobility and Transferring</li> </ul>
In-Home Aide II(IHA II)	CAP/DA, only	When extensive help is needed do at least 2 ADLs: <ul style="list-style-type: none"> <li>Bathing, Dressing, Eating, Toileting, Hygiene, Mobility and Transferring</li> </ul> And at least 1 more significant health care need: <ul style="list-style-type: none"> <li>Oxygen, wound care, suctioning, and using a catheter, etc.,</li> </ul>
Personal Assistant Services	CAP/DA, only	When cueing or hands-on help is needed to complete ADLs (bathing, dressing, eating, toileting, et.,) <u>and</u> instrumental activities of daily living (e.g., meal prep, laundry, medication and money management, etc.,)
Pediatric Nurse Aide (PNA)	CAP/C, only	When a child needs help with at least 2 ADLs and meets the PNA requirements to use this service. <ul style="list-style-type: none"> <li>Some examples are: <ul style="list-style-type: none"> <li>Gastrostomy tubes (G-tube), and Urinary Catheters</li> </ul> </li> </ul>
Attendant Nurse Care (ANC)	CAP/C, only	When a child needs help with daily nursing care and meets the ANC requirements to use this service. <ul style="list-style-type: none"> <li>Examples of children who use ANC: <ul style="list-style-type: none"> <li>Need for on-going ventilator support, I.V. medications, complex wounds needing frequent dressing, or intensive pain management.</li> </ul> </li> </ul>
Respite	CAP/DA & CAP/C	When a short break (weekday or weekend) is needed to get things done or for rest. <ul style="list-style-type: none"> <li>Two types of respite to use: <ul style="list-style-type: none"> <li>In-home Respite, or Institutional Respite</li> </ul> </li> </ul>

# Using Data – Case Example

- **What data points are important and how would you use data to develop a service plan?**
- **Beneficiary Profile**
- **Lives in rural NC with no transportation system (bus, uber)**
- **Has 6 diagnoses – scoliosis, dysphagia, reactive airway disease, vascular disease, cerebral palsy and pain**
- **Prescribed 10 medications, only chooses to take five prescribed medications**
- **Weight 110 pounds and height 5'2"**
- **Rents home**
- **Lives with 1 caregiver and other family members 30 miles away**
- **Needs help ADL and Instrumental ADL assistance**
  - **Bathing and elimination, maximum help**
  - **Personal hygiene, extensive help**
  - **Dressing, extensive help**
  - **Mobility and transfers, extensive help**
  - **Eating, limited help**



# Useful Resources

## CAP/DA:

- **CAP/DA Webpage**
- **CAP/DA Policy**
- **Email: Medicaid.capda@dhhs.nc.gov**
- **Telephone number: (919) 855-4340**

## CAP/C:

- **CAP/C Webpage**
- **CAP/C Policy**
- **Email: Medicaid.capc@dhhs.nc.gov**
- **Telephone number: (919) 855-4340**