

Long Term Care Restructuring Initiatives in North Carolina

Increasing Home and Community Based Services (HCBS):

- North Carolina is working towards a balanced LTC system. Although the state allocates more Medicaid funds towards institutional care, in 2004 more Medicaid participants received HCBS than nursing home care.
- In 2004, the state received a 3 year grant and embarked on a “Rebalancing Long Term Care Initiative”, which was a pilot project, meant to decrease institutional care and promote HCBS. It targeted hospital discharge planners and populations at risk for nursing home placement. The pilot project involved 2 counties, Forsyth and Surry, and the ultimate goal was to identify and recommend ways to restructure the LTC system so consumers could remain in their homes for as long as possible. The pilot was going to examine whether available Medicaid funded services could prevent premature nursing home placements.
- More recently, North Carolina received a 5 year grant in 2007 to embark on a “Money Follows the Person” demonstration project, which will allow at least 300 individuals to move back into the community from nursing homes, while receiving the care and support they require. The state hopes that when the demonstration project ends, they will have the necessary structures in place to support other individuals eligible for nursing home care to receive care in their home or in a community setting.

Increasing Coordination:

- The state recognizes the need to not only provide HCBS, but also to improve the available services and ensure that they are well coordinated. The state launched a Communication and Coordination initiative to determine how to strengthen local services in a way that will meet consumers’ LTC needs. Two counties were involved in a pilot project; the county LTC services were assessed and ways in which core services could be improved and strengthened were recommended. The goals were to improve the exchange of information between state and local departments; address barriers to effective delivery of services; and strengthen consumer participation in long term care planning, in order to best meet their needs. The two pilot communities published their plans for other communities to use and the state also developed tools to assist other communities to develop this model.

Encouraging Quality:

- In 2005, DAAS began working with Areas Agencies on Aging (AAAs) to strengthen local LTC planning and develop a consumer driven approach that is outcome oriented. Currently, each AAA is working with at least one county to develop local aging plans.

Increasing Direct Care Workforce:

- North Carolina, like most other states, is plagued with a direct care workforce shortage, particularly in long term care settings (home care, assisted living, nursing homes, etc). Direct care workers play an important role in the long term care system; unfortunately issues such as low wages, limited benefits, little recognition and little opportunity for career advancement for physically and emotionally challenging jobs makes recruitment and retention extremely difficult. A survey conducted by the University of North Carolina at Chapel Hill's Institute on Aging in 2000 revealed extremely high annual turnover rates in nursing homes (100%), adult homes (119%) and in home care agencies (53%). The workforce shortage and high turnover rates negatively impact on quality of care for vulnerable populations.
- A number of different initiatives have been taking place in North Carolina, since 1999 to address the direct care workforce shortage. For example, the Kate B. Reynolds Charitable Trust funded a multi-year initiative which allowed the North Carolina Department of Health and Human Services to collect and analyze data in order to develop training and retention models. In addition, a 3 year \$1.6 million grant was also awarded to North Carolina by CMS. The grant focused on workforce initiatives in order to address the workforce shortage in home and community based settings. Grant initiatives included developing a consumer directed care model; a mentoring program for direct care workers; training models developed to establish a career ladder with the goal of improving job satisfaction and performance; and a variety of public education campaigns designed to reflect the crucial role played by the direct care workforce. The public awareness campaign was implemented to improve recruitment and retention.
- In 2006, a voluntary state licensure program was created for LTC providers who help develop high quality direct care workers through training programs and other incentives. As of 2008, this special licensure has been granted to 2 home care agencies and 3 nursing homes.

Evaluation and Status Updates of Policies and Programs

- Funds have not yet been appropriated to increase wages for direct care workers but, now that the special licensure program is underway, the state is measuring outcomes such as reduction in turnover rates, decreases in job vacancies and increase in job satisfaction in order to recommend tying financial incentives to the special licensure.
- In addition, the DHHS and the Institute on Aging have built on a pilot program funded by the Kate B. Reynolds Charitable Trust. The program, "Win a Step Up" rewards nurse aides with bonuses and raises if they complete a 30 hour curriculum. The curriculum covers topics such as working with individuals diagnosed with Alzheimer's or dementia, coaching supervision and mobility training. The program is funded by civil monetary penalties (CMPs). Over the last 5 years, 845 nurse aides have been trained, however in 2006/2007 funding was cut due to a lower amount of CMPs.
- Turnover rates have increased slightly in nursing homes between 2000 and 2005; however they have decreased slightly in adult homes and home health agencies. Provider associations initiated special programs to recognize nurse aides and other direct care workers. Some have been presented with awards. This recognition is an attempt to improve retention rates as well as job satisfaction.
- The Communication and Coordination initiative directed the Division of Aging and Adult Services (DAAS) to evaluate core LTC services. The DHHS developed tools for this evaluation. They developed four resources for counties to use: service evaluation tools and a planning matrix, a planning basics resource guide, a website and various training models.
- North Carolina has expanded LTC services, but the lack of adequate, affordable and accessible housing still poses a challenge for low income individuals who would prefer to remain in and receive care in the community. The state has however made an effort to increase the availability of housing; as of 2004, 10% of all housing units developed with Low Income Housing Tax Credits must be made available to extremely low income individuals with disabilities, including individuals who are homeless.

Conclusion

- North Carolina embarked on a number of initiatives to increase HCBS and it recognizes the challenges that exist, including effectively moving individuals back into the community. In order for

their initiatives to be effective and sustainable, various organizations and departments are working in conjunction to plan a stronger, well coordinated system. The state is also working hard at solving the workforce shortage problem. Initiatives to increase training and recognition are underway and hopefully, they will lead to wage increases and better retention and recruitment rates.

Resources

1. NC Department of Health and Human Services: NC Division of Medical Assistance
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3. Harmuth, Susan, MS., The Direct Care Workforce Crisis in Long Term Care, NCMJ, March/April, 2002, Vol. 63(2).
<http://www.ncmedicaljournal.com/mar-apr-02/ar030205.pdf>
4. UNC Institute on Aging: Rebalancing Long Term Care Initiative
<http://www.aging.unc.edu/programs/rebalancing/index.html>
5. NC Department of Health and Human Services: Money Follows the Person Demonstration
<http://www.ncdhhs.gov/dma/medicaid/MFP.htm>
6. The Long Term Care Plan for North Carolina: 2001. 2007 Update on Progress, The North Carolina Institute of Medicine, February 2007.
http://www.nciom.org/docs/long_term_update_2007.pdf
7. Impact: State initiatives to strengthen the Direct Support Workforce
<http://ici.umn.edu/products/impact/202/prof7.html>