

Frequently Asked Questions

Long-term Services and Supports (LTSS) and Dual Eligible Beneficiaries

Q. What are “long-term services and supports” (LTSS)?

A. LTSS represents a single or group of services, delivered for an extended period of time that are medical and non-medical but required to support an individual to achieve and maintain the highest level of independence possible. These services may be institutional or home and community based.

Q. What are examples of LTSS?

A. LTSS includes services such as personal care, respite, care management, home delivered meals, mental health and addiction services, assisted living, community residential services, and nursing home care.

Q. What does “dually eligible” mean?

A. “Dual eligible beneficiaries” is the general term that describes individuals who are enrolled in both Medicare and Medicaid. The term includes individuals who are enrolled in Medicare Part A and/or Part B and receive full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through a “Medicare Savings Program” (MSP).

Q. What does “fee-for-service” mean?

A. Some Medicaid enrollees are served through a fee-for-service delivery system where health care providers are paid for each service (like an office visit, test or procedure).

Q. What is “managed care”?

A. Managed care is a health care delivery system organized to manage cost, utilization and quality. Medicaid managed care is the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitated) payment for these services.

Q. What is “integrated care”?

A. Integrated care is a concept of providing the full array of Medicaid and Medicare benefits through a single delivery system to provide quality care for dual eligible beneficiaries, improve care coordination and reduce administrative burdens.

Q. What is “value-based purchasing”?

A. Value-based purchasing occurs when a health care provider is paid for services based on the quality of care, not just quantity of the services they provide. This is opposite of a fee-for-service delivery system.

Q. What is “whole-person care”?

A. Whole-person care is the coordination of physical health, behavioral health and social services for a patient with the goals of improved health outcomes and more efficient and effective use of resources.

Q. How does someone apply for LTSS in North Carolina?

A. North Carolina County Departments of Social Services (DSS) offices determine eligibility and facilitate enrollment for Medicaid benefits, including LTSS.

Q. Where can someone go for additional information?

A. Contact a county Department of Social Services office or the NC Department of Health and Human Services.