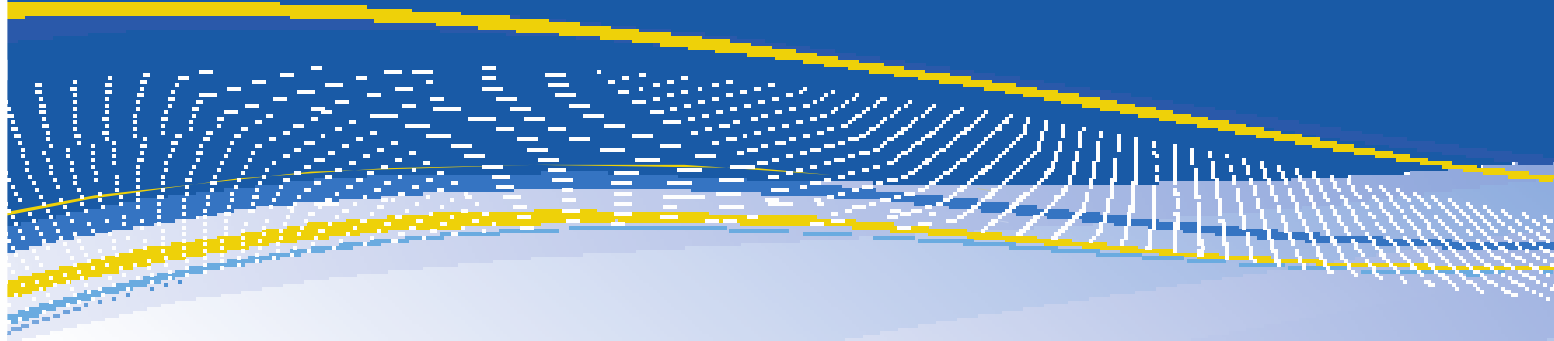
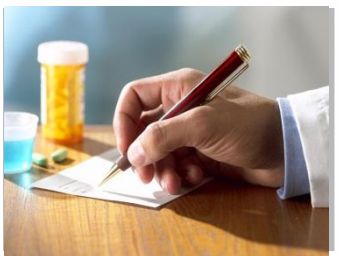




State Infection Control Efforts During the COVID-19 Public Health Emergency

**Division of Long-Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services**



Overview of Presentation

Several states known to be tracking COVID-19 infections shared how they utilized 1915(c) HCBS waiver Appendix K flexibilities, and other strategies, to mitigate the spread of COVID-19 among HCBS waiver participants. Strategies and comparative outcomes with nursing facilities and the general population will be discussed.

Overview of the Review of State Approaches to Mitigate the Spread of COVID-19

- Methodology to select states in the review.
- Interview questions.
- Key strategies identified by the states.
- Outcomes: COVID-19 positivity and death rates among HCBS waiver participants as compared to the state's nursing facility and general populations.

Factors Considered for Selection of States

- A review of 1915(c) waiver Appendix K requests that indicated:
 - A state was tracking COVID-19 infections through the critical incident management system;
 - A state had made modifications to residential settings to effectively isolate or quarantine COVID-19 positive individuals; and/or
 - A state tracked service disruption.
- A state having a track record of strong data collection and analysis capabilities.

States Participating in the Review

- Fourteen (14) states were contacted to request their participation in the review.
- Ten (10) states participated.
- Seven states provided outcome data representing the Southern, Mid-Atlantic, Northeast, Midwest and Mountain West regions of the country.
 - Outcome data for two states were provided by the IDD operating agency only.

Interview Questions (1 of 2)

Does the state collect data on COVID-19 infections, exposures and deaths for 1915(c) HCBS waiver participants?

- If so, for which HCBS waivers and using which methods of data collection?
- If so, how many have been reported of each as of the most recent reporting period? Are those tracked by HCBS waiver program?
- Can the state provide an estimate of the percent of those receiving HCBS who contracted and/or were exposed to COVID-19, and by HCBS waiver program?
- What are the qualifiers regarding the tracking of COVID-19 infections, exposures and deaths (e.g., high confidence in data reported by residential settings; dependent upon family or case management reporting for those living independently or in family homes).

Interview Questions (2 of 2)

Does the state track the number of 1915(c) HCBS waiver participants who received a vaccine? If so, how many per waiver program as of the most recent reporting period?

- How is the state tracking HCBS participants who have received the vaccine?

Which flexibilities granted to the state via the 1915(c) waiver Appendix K amendment, if any, were most effective to control the spread of COVID-19 among HCBS waiver participants?

- What other strategies did the state employ to control the spread of COVID-19 among HCBS waiver participants, if any?

Collection of Data on COVID-19 Infections, Exposures and Deaths for HCBS Waiver Participants

- All ten states reported tracking COVID-19 infections.
 - Seven states reported tracking across all HCBS waiver populations.
 - Three states reported tracking for the IDD HCBS waiver populations.
- Eight states reported tracking of deaths as a result of COVID-19. Four states provided data for this review and analysis.
- Several states using Adult Protective Services for critical incident management for Nursing Facility Level of Care HCBS waivers reported they could not track the data through that system. Three of those states developed a new tracking method to track COVID-19 infections and deaths.
- One state's managed care organizations did not consistently report across the plans making statewide data collection difficult.

Data Qualifiers

- States noted a number of factors that could impact the accuracy of data:
 - Knowledge of infections was dependent in part upon availability of COVID-19 testing. One state tracked as its measure: hospitalizations as a result of COVID-19.
 - Reporting from people living in their natural homes was often dependent upon self-reporting.
 - Cause of death could not always be determined as attributed to COVID-19.
 - CDC and CMS required reporting for nursing facilities but not ICFs/IDD settings. States did report high confidence in reporting from provider managed residential settings when the state required reporting.

COVID-19 Vaccinations for 1915(c) HCBS Waiver Participants

- Six states reported active tracking of vaccination status for 1915(c) HCBS waiver participants. Five of these states matched HCBS participants against Department of Public Health vaccination data. One state developed a new case manager questionnaire to begin capturing the data.
- Three of those six states also tracked vaccination status among HCBS waiver staff.
- Data was provided from three of the six states and indicated vaccination rates were slightly higher for HCBS waiver participants vs. the general population.
- All states reported implementing education efforts, coordinating vaccine distribution sites, and deploying outreach through state and community partners.

State Initiatives in Support of COVID-19 Vaccinations for 1915(c) HCBS Waiver Participants (1 of 2)

- Indiana designated HCBS waiver participants and staff as a priority group. The state actively used public health data to monitor and conduct follow-up to ensure people received the second dose if needed. A Homebound Hoosier Vaccine Program was initiated to deliver vaccine to homebound individuals, and, 211, Area Agencies on Aging (AAAs) and AARP call centers supported individuals who needed help registering for vaccine appointments.
- Ohio prioritized the most vulnerable to complications from COVID-19 for early phases of the vaccine distribution and disseminated data to case management agencies for education and to support access to vaccines for participants.
- Kentucky allowed case managers to bill an additional unit through an Appendix K HCBS waiver amendment for vaccine coordination.

State Initiatives in Support of COVID-19 Vaccinations for 1915(c) HCBS Waiver Participants (2 of 2)

- One state deployed the National Guard to reach homebound populations for vaccination efforts.
- Two states' DD agencies set up vaccination clinics across the state and actively collaborated with local public health agencies for vaccine access.
- Utah established data sharing agreements with the immunization repository to track vaccinations for the entire Medicaid population. The state coordinated with managed care organizations and completed outbound calls to individual beneficiaries to provide education and support for obtaining a vaccination. The state reported 74% of Medicaid members have received at least one shot of the vaccine and 68% are fully vaccinated. This is significantly higher than Utah's statewide rate of 57% of the population having received at least one dose and 50% being fully vaccinated (as of June 30, 2021).

1915(c) Waiver Appendix K Flexibilities Reported as Most Effective in Controlling the Spread of COVID-19 among HCBS Waiver Participants

- Ability to use electronic service delivery and to provide services in alternative settings.
- Allowing guardians and legal representatives to provide services.
- Increased rates for providers to purchase personal protective equipment (PPE), state distribution of PPE or adding PPE as a covered service.
- Ability to do virtual level of care assessments and to conduct virtual person-centered planning meetings.

Additional 1915(c) Waiver Appendix K Flexibilities Reported as Critical in Supporting Waiver Participants

- Modifications to provider qualifications to reduce reliance on in-person training.
- Modifications to new staff and provider enrollment requirements, and staffing requirements.
- Establishing quarantine or isolation settings allowing those who are positive for or exposed to COVID-19 to stay together and not received services alongside individuals not diagnosed with or exposed to COVID-19.
- Expansion of home delivered meals: number of meals per day, and to additional population groups.

Additional Notable State Strategies

- Six states identified extensive communication and education strategies as key to supporting HCBS Waiver participants. States held webinars and calls, maintained websites for the general population and target population-specific sites where guidance, information and resources were shared.
- Connecticut deemed homecare workers as essential personnel and were given same status as nursing facility staff.
- The Indiana Department of Aging tracked admissions to hospitals and nursing facilities and assigned a dedicated staff person to ensure those did not result in long-term stays by supporting transitions back into the community.
- The Indiana Department of Rehabilitative Services recognized the importance of back-up plans and worked with person-centered teams to strengthen them across HCBS participants.

Mitigating the Spread of COVID -19: Outcomes in Selected States

- All states reporting data experienced significantly lower instances of COVID-19 infections and deaths among HCBS waiver participants vs. those found in nursing facilities.
- In four of seven states, HCBS waiver participants meeting a NF level of care had lower COVID-19 positivity rates than those experienced in the state's general population.
 - Individuals with ID/DD had lower COVID-19 positivity rates than those experienced in the state's general population in waivers operated in two states.
- HCBS waivers only serving people living in natural homes had lower rates of COVID-19 positivity and deaths than those including people living in congregate settings.

HCBS Waiver Participant Positivity Rates vs. Nursing Facility and General Population Outcomes (1 of 2)

Population Group	Alabama	Connecticut	Indiana	Kentucky
General Population Positivity Rate	114.86	26.80	110.60	106.94
Nursing Facility Population Positivity Rate	737.44	627.56	677.93	674.39
HCBS NF LOC Participants' Positivity Rate	21.47	<u>Home Care Program</u> 33.00 (<u>AL Settings</u> 141.00) <u>PCA Waiver</u> 18.00 <u>ABI Waiver</u> 18.00	<u>A&D Waiver</u> 81.60 <u>TBI Waiver</u> 84.30	8.76
HCBS ICF/IDD LOC Participants' Positivity Rate	156.50	<u>Residential Settings</u> 200.00 <u>Day Settings Living at Home</u> 50.00 <u>SD Program</u> 40.00	<u>CIH Waiver</u> 155.00 <u>FS Waiver</u> 46.00	40.23

All rates represent rate number per 1,000 people.

HCBS Waiver Participant Positivity Rates vs. Nursing Facility and General Population Outcomes (2 of 2)

Population Group	Missouri	Montana	Pennsylvania
General Population Positivity Rate	84.20	11.60	9.00
Nursing Facility Population Positivity Rate	653.68	495.48	678.83
HCBS NF LOC Participants' Positivity Rate	Not Provided	<u>Big Sky Assisted Living Settings</u> 100.00	Not Provided
HCBS ICF/IDD LOC Participants' Positivity Rate	103.00	<u>DD Comp Waiver</u> 87.50	97.84

All rates represent rate number per 1,000 people.

Approximate rate provided by the state of Montana

Rate applies to all people served by MO DDD, whether enrolled in an HCBS waiver or not

HCBS Waiver Participant Death Rates vs Nursing Facility and General Population Outcomes

Population Group	Alabama	Connecticut	Kentucky	Missouri
General Population Death Rate	2.37	9.00	1.66	17.80
Nursing Facility Death Rate	113.26	156.15	121.95	112.51
HCBS NF LOC Death Rate	0.63	<u>Home Care Program</u> 8.00 <u>PCA Waiver</u> 7.00 <u>ABI Waiver</u> 0.00 <u>AL Settings</u> 50.00	3.39	Not Provided
HCBS ICF/IDD LOC Death Rate	9.83	<u>Residential Settings</u> 45.70 <u>Day Settings Living at Home</u> 4.80 <u>SD Program</u> 0.00	1.96	30.00

All rates represent rate number per 1,000 people.

Questions & Answers

For Further Information

For further information, contact:

HCBS@cms.hhs.gov