Medicaid LTSS
LTSS ECHO COVID Series
JABSOM Dept of Geriatrics

Curtis Toma, MD
Hawaii Medicaid Medical Director
Lead, Medical Resources
ESF-8, HI-EMA
Medicaid LTSS/HCBS Updates for Covid Crisis

Decrease *All Cause* Mortality and Morbidity in Medicaid Population

Firsthand Covid Experience (Dr. Leo Pascua)
Overview of Medicaid HCBS (Toma)
Clinical Updates (Dr. Brian Wu)
DDD HCBS Overview (Dr. Ryan Lee)
Q&A
States Have Shifted Spending to Home- and Community-Based Services, and Away From Institution-Based Services

Share of total Medicaid long-term services and supports spending

Source: Truven Health Analytics, “Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014”
Level of Care (LOC) and Choice: NF vs HCBS

Is Patient ICF/SNF?

1147 LOC

- Yes, + LOC
  - Choice
    - Nursing Facility = 2300
    - HCBS (Community) = 7500
- No, - LOC
  - Community Placement
## Medicaid ICF/SNF: NF vs Community (HCBS)

<table>
<thead>
<tr>
<th>Nursing Facility</th>
<th>HCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF (Medical): 2200</td>
<td>CCFH: 2600</td>
</tr>
<tr>
<td>NF (ID/DD): 65</td>
<td>DDD: 2800</td>
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<tr>
<td></td>
<td>Home HCBS: 2000</td>
</tr>
<tr>
<td></td>
<td>E-ARCH: 75</td>
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<tr>
<td>NF Total 2300</td>
<td>HCBS Total: 7500</td>
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</table>

**NF Total:** 2300

**HCBS Total:** 7500
# ICF/SNF Medicaid Patients by Program Type

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Bed Capacity</th>
<th># Medicaid Pts</th>
<th>%Medicaid</th>
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<tr>
<td>NF</td>
<td>4466</td>
<td>2200</td>
<td>54%</td>
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<tr>
<td>DOH DDD</td>
<td>2800</td>
<td>100%</td>
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</tr>
<tr>
<td>CCFFH</td>
<td>3145</td>
<td>2600</td>
<td>90%</td>
</tr>
<tr>
<td>HCBS (non CCFFH)</td>
<td>2000</td>
<td>100%</td>
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</table>
## Hawaii Medicaid LTSS Mortality: 2020 vs 2019

<table>
<thead>
<tr>
<th>Setting</th>
<th>2020</th>
<th>Mar/April</th>
<th>May</th>
</tr>
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<tbody>
<tr>
<td>NF</td>
<td>Up 18%</td>
<td>Down 14%</td>
<td>Down 48%</td>
</tr>
<tr>
<td>HCBS</td>
<td>Up 11%</td>
<td>Down 7%</td>
<td>Down 35%</td>
</tr>
<tr>
<td>CCFFH</td>
<td>Even</td>
<td>Down 40%</td>
<td>Down 37%</td>
</tr>
<tr>
<td>DDD</td>
<td>Up 100%</td>
<td>Down 25%-50%</td>
<td>Down 75%</td>
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<tr>
<td>CCS</td>
<td>Up 18%</td>
<td>Up 43% (Mar)</td>
<td>April/May pending</td>
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## Hawaii Medicaid LTSS Mortality

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 per mo</th>
<th>2020</th>
<th>2020</th>
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<tbody>
<tr>
<td>Total LTSS</td>
<td>124</td>
<td>146</td>
<td>135</td>
<td>109</td>
<td>106</td>
<td>72</td>
</tr>
<tr>
<td>NF</td>
<td>65</td>
<td>75</td>
<td>78</td>
<td>56</td>
<td>56</td>
<td>34</td>
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<tr>
<td>HCBS</td>
<td>75</td>
<td>93</td>
<td>73</td>
<td>70</td>
<td>70</td>
<td>48</td>
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<tr>
<td>CCFFH</td>
<td>30</td>
<td>34</td>
<td>21</td>
<td>24</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Non CCFFH</td>
<td>45</td>
<td>50</td>
<td>52</td>
<td>46</td>
<td>58</td>
<td>29</td>
</tr>
<tr>
<td>DDD</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CCS (SMI)</td>
<td>15</td>
<td>19</td>
<td>14</td>
<td>20</td>
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</table>
**1st Wave**
Immediate mortality and morbidity of COVID-19

**2nd Wave**
Impact of resource restriction on urgent non-COVID conditions

**1st Wave Tail**
Post-ICU recovery

**3rd Wave**
Impact of interrupted care on chronic conditions

**4th Wave**
- Psychic trauma
- Mental illness
- Economic injury
- Burnout
Influenza vs Covid

Adult Immunizations: Elderly and Medically Fragile

**Influenza (Annual)**
Also, Pneumococcal, Zoster, Tdap

<table>
<thead>
<tr>
<th>Hawaii</th>
<th>Cases</th>
<th>Hosp</th>
<th>Hawaii Mortality</th>
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<tbody>
<tr>
<td>Flu</td>
<td>100,000</td>
<td>1200/yr</td>
<td>~100-150/yr</td>
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<tr>
<td>Covid-19</td>
<td>740</td>
<td>91 (67 O, 22 M)</td>
<td>17 (11 O, 6 M)</td>
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<tr>
<td>Active Covid</td>
<td>86</td>
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<td></td>
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</table>

*Influenza (U.S.) Deaths estimated from past 3 years CDC data*
Hawaii Influenza Data

Percentage of Visits (N=63,035) for Influenza Like Illness (ILI) Reported by Hawaii Sentinel Providers, 2019–20 Influenza Season
HCBS and Dialysis Patients

Dialysis Patients at High Risk
  High Risk to get Covid, freq community touches and travel
  High Risk adverse outcome from Covid (CDC)
  Transportation covered, PPE for medical transportation
  Bidirectional Risk
## Hawaii Medicaid Dialysis and LTSS

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total Dialysis Pts</th>
<th>Oahu</th>
<th>E. HI</th>
<th>W. HI</th>
<th>Maui</th>
<th>Kauai</th>
<th>Molokai</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF</td>
<td>45</td>
<td>27</td>
<td>7</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HCBS (non foster)</td>
<td>310</td>
<td>225</td>
<td>37</td>
<td>17</td>
<td>16</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>CCFFH</td>
<td>43</td>
<td>39</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DDD</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dialysis + LTSS</td>
<td>403</td>
<td>294</td>
<td>47</td>
<td>19</td>
<td>27</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>
POLST

- CCFFH: Foster Family
- Becomes Family (+/-)
- Foster Family does not have legal authority
- Changes dynamic of provider appt if no family
- Engage family
- Supportive Care/Palliative care
- Rec Task Force to address end of life issues in CCFFH
Covid educational HO


- Links to MQD updates
- Link for Plans and Providers (main resource)
  - 5 excellent handouts posted here as resource for caregivers
  - Attempts to simplify and standardize for HCBS populations
- Checklist

- PPE
  - Starting to get some supplies
  - Identify homes and patients with caregivers who also work outside of home with special attention to caregivers who also work in healthcare facility (ie nurses aides, etc.)
“In The Middle Of Every Difficulty Lies Opportunity” Einstein
Long-term Care Facility Respiratory Treatment During COVID-19 Pandemic

Brian Wu, MD
Pediatric Pulmonologist
What are considered aerosol generating procedures (AGPs) in healthcare settings?

• These are procedures considered more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking or breathing

• Commonly performed procedures often considered AGPs
  • open suctioning of airways
  • sputum induction
  • cardiopulmonary resuscitation
  • endotracheal intubation and extubation
  • non-invasive ventilation (e.g., BiPAP, CPAP)
  • manual ventilation
    • CDC did not include BUT mechanical ventilation if not properly filtered

• Uncertain if AGPs
  • Nebulizer administration
  • High flow O2 delivery
  • Tracheostomy
  • NG/NJ tube placement

https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf
How long can the virus stay in the air or surfaces?

- Air: >3 hours (half-life median 1.1 hrs)
- Cardboard: 24-48 hrs (half-life median 3.5 hrs)
- Stainless steel: 72-96 hrs (half-life median 5.6 hrs)
- Plastic: 72-96 hrs (half-life median 6.8 hrs)

Is airborne transmission of the virus possible?

• *Uncertain* if airborne transmission from person-to-person is possible, over long distances it is *unlikely* (CDC)
  - Primarily via respiratory droplets (speaks, coughs, sneezes)
  - Might occur with contaminated surfaces followed by self-inoculation

• What is “long distance” – not yet defined
  - At least 3.3 feet
    - But for every additional 3.3 feet up to 10 feet+ may have decrease risk infection


What PPE should be worn by healthcare personnel providing care to patients **NOT suspected to have COVID-19**?

- **Patients** wear a cloth face covering or facemask (for source control) while in a healthcare facility
- **Healthcare personnel** should wear a facemask (instead of cloth face covering) at all times while in a healthcare facility
- **IF** area has moderate to substantial community transmission (i.e. more likely to encounter asymptomatic patients with COVID-19)
  - Facemask
  - Eye protection
  - N95 or higher-level respirator for aerosol generating procedures
  - Other appropriate Standard or Transmission-based precautions
- **If** area has minimal to no community transmission
  - Facemask
  - Eye protection (**optional** unless Standard or Transmission-based precautions)
  - N95 or higher-level respiratory for aerosol generation procedures (**optional** unless Standard or Transmission-based precautions)

What is minimal vs moderate community transmission?

<table>
<thead>
<tr>
<th>Level of Community Transmission</th>
<th>Community characteristics and description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial, uncontrolled transmission</td>
<td>Large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces)</td>
</tr>
<tr>
<td>Substantial, controlled transmission</td>
<td>Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)</td>
</tr>
<tr>
<td>Minimal to moderate community transmission</td>
<td>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</td>
</tr>
</tbody>
</table>

What if I don’t have proper PPE?

• Facilities that do not have both N-95 respirators and face shields should not care for residents with COVID-19 who need nebulizer therapy (AHCA/NCAL 4/19/20)
• Reserve N95 for appropriate usage!

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Nebulizer.pdf
Nebulized medications

• “Are any changes recommended to the asthma treatment plan if my patient with asthma has COVID-19”? (CDC)
  • If necessary in home setting:
    • location that minimizes and preferably avoids exposure to any other members of the household
    • where air is not recirculated into the home (like a porch, patio, or garage)
• Facemask nebulizer administration is not recommended (this is NOT CDC guidance)
  • Use mouthpiece w/ filters or one-way valves w/ jet-nebulizers.
  • CDC specified uncertain if nebulizers generate infectious aerosols
• HEPA filters (if possible)


How to avoid unnecessary neb use?

• Control underlying condition (COPD/asthma controllers, smoking)
• If possible, use pressurized meter-dose inhalers (pMDIs) or dry powder inhalers (DPIs)
  • pMDIs
    • Prime before first use, coordinate actuation and inhalation, inhale with low inspiratory flow, used valved-holding chamber if needed, breath-hold ideal
    • Use internet (such as youtube) for visual instructions
  • DPIs
    • Need adequate inspiratory flow (can’t use in severe airway disease/respiratory failure)
    • Need adequate breath-hold
What if *have* to administer aerosol generating procedure to known or suspected COVID-19

• N95 or higher-level respirator, eye protection (goggles or faceshield), gloves, and a gown.

• Room limited to only those essential for patient care and procedure support.

• take place in an AIIR (airborne infection isolation room)

• Clean and disinfect procedure room surfaces promptly
Positive Airway Pressure (PAP) Devices in COVID suspected/positive

• CPAP, BiPAP, NIPPV
• Full PPE (including N95), if possible negative pressure room, and consider HEPA filter system
• ATS recommendations for COVID-19 positive home PAP use:
  • Do not share your sleeping space with others when wearing your PAP device, if possible. Continue for 3 days after viral symptoms have gone away
  • If unable to, consider not using your PAP device at home
  • Use separate bathroom, whenever possible
  • Clean and disinfect frequently touched items and surfaces in room where you sleep w/ EPA-approved disinfectant
  • Clean machine, humidifier, mask, headgear, tubing, and sponge filter daily (instead of usual weekly)

Other PAP options in COVID+/suspected

- Kryger, M and Thomas, R.
  - Non-venting full-face mask
  - Safety valve
  - In-line HME (need to be replaced daily) or viral filter tubing connected to whisper swivel (i.e. leak valve) type valve
  - Tubing connected to PAP device

Home PAP devices in COVID-19 infected patients (Letters To the Editor). Journal of Clinical Sleep Medicine. Published Online: April 9, 2020
https://doi.org/10.5664/jcsm.8490
Thank you
Developmental Disabilities Division (DDD)

Hawaii State Department of Health
Foster partnerships and provide quality person-centered and family-focused services and supports that promote self-determination.

Individuals with intellectual and developmental disabilities have healthy, safe, meaningful and self-determined lives.

Mission and Vision
As of 6/27/2019

School Age (5 to 14)
Everyday life during school hours

Transition (15 to 22)
Transitions from school to adult life – Realizing school is almost over

Aging (56 and older)
Getting older and preparing for end of life

Early Childhood (4 and under)
Preschool age, getting a diagnosis

Adulthood (23 to 55)
Living life as an adult

3462
323
581
616
29
1913
Locations

• 15 units statewide that serve the State:
  • Hawaiʻi (3 units)
  • Maui
  • Molokai
  • Lanaʻi
  • Kauai
As defined by –
Section 333F of the Hawai’i Revised Statutes & Hawaii Administrative Rules 11-88.1-5

DDD Eligibility

Developmental Disability

- Eligible condition (CP, ASD, Epilepsy)
- Present before 22
- Lifelong services
- Continued care
- Limits function in life areas

Intellectual Disability

- Present before 18
- Incorporates IQ test
- Limits function in life area
2. Substantial deficits in at least 3 areas of major life activity;

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency
DDD Services

• Case Management Services:
  • Assessment
  • Planning
  • Monitoring

• Adult Residential Services:
  • Adult Foster Homes

• State-Funded Services:
  • Family Support Services Program (FSSP)
  • Long-Term Adult Supports and Resources (LASR)

• Home and Community-Based Services Medicaid
  • Waiver Program
Overview of Provider Self-Assessment Tool
DDD’s Guidance For Day Services

• Self assessment approach to assist providers to ensure
  • Organization-wide systematic implementation,
  • Support for participant needs and choice,
  • The safety of participants, families, caregivers, and provider staff, and
  • Proper training for staff to support participants as they phase back into services
Sections of Self Assessment Tool

1. Emergency Preparedness
2. Transportation
3. Preventing the Spread of Infection
   • Screening, Social Distancing, Infection Control
4. Person-Centered Planning
5. Training and Support
6. Community Based Services
   • Supports in the Community, Supports in the Participant’s Workplace
# Parts of the Tool

## Provider Information

<table>
<thead>
<tr>
<th>Item</th>
<th>As related to your preparation for phasing in</th>
<th>Services Covered (check all that apply):</th>
<th>Date Completed:</th>
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</thead>
<tbody>
<tr>
<td>Provider Name:</td>
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<td></td>
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<tr>
<td>Provider address and phone number:</td>
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<tr>
<td>Name of Person Completing Form:</td>
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## Plan and Prepare

### Emergency Preparedness

Providers must maintain a current written Emergency Preparedness Plan that addresses agency protocols for responding to declared emergencies, including the COVID-19 pandemic. The Emergency Preparedness Plan and agency procedures must adhere to current Federal, State and County mandates, guidelines and advisories and help ensure the safety of participants, staff and the community. The Emergency Preparedness Plan must include, at a minimum, the following Core Elements: Transportation, Preventing the Spread of Infection (Screening, Social Distancing, and Infection Control), Person-Centered Planning, Training and Support, and Community-Based Services (Supports in the Community and Supports in the Participant’s Workplace).

<table>
<thead>
<tr>
<th>Item</th>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
<th>N/A</th>
<th>Strategies and Supporting Document(s)</th>
<th>Optional</th>
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<tbody>
<tr>
<td>1. COVID-19 specific procedures are incorporated into our agency’s Emergency Preparedness Plan.</td>
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<tr>
<td>Address the following:</td>
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<tr>
<td>• Communications (e.g. phone trees, signs)</td>
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<tr>
<td>• Visitor policy</td>
<td></td>
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<tr>
<td>• Reopening operational protocols</td>
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<tr>
<td>• Timelines and persons responsible for implementing and reviewing the plan</td>
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<tr>
<td>• Delivering services in center and community settings</td>
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<tr>
<td>• Quality assurance</td>
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<tr>
<td>• Other relevant procedures identified by the agency</td>
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</table>

Describe or list strategies & include titles of supporting documents

Status

Check the box that best describes status
Any Questions?