

HOME AND COMMUNITY-BASED SERVICES USE DURING

COVID-19

During the COVID-19 public health emergency, the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) allowed agencies in the Home and Community-Based Services (HCBS)* waiver programs to **complete staff certifications and training electronically instead of face-to-face.**

Case management home **visits**, enrollment, annual, six-month, quarterly, and critical juncture team **meetings** were also **not required to be in-person.** **Service limits and reimbursement rates** for direct care services **were also increased.**

*For Home and Community-Based Services, this evaluation was limited to examining the Aged and Disabled, Traumatic Brain Injury, and Intellectual/Developmental Disabilities waiver programs.

Medicaid claims data from January 2017 to June 2021 were studied to look at costs for direct care and personal attendants after the policy changes, and there were **no unexpected changes in costs** for direct care or personal attendants after the policy change.

Surveys with members/guardians were conducted to learn about satisfaction with phone or video meetings and case management services. The results showed they were satisfied with phone or video services.

Surveys and focus groups with HCBS providers collected feedback about staff certifications and trainings held electronically and about staff recruitment and retention both before the pandemic and after the policy changes. The research found that HCBS provider agencies **took advantage of online and remote staff training options** and they would like to continue some trainings like this. Research also found that HCBS provider agencies **still struggled with recruitment and retention** following increases in reimbursement rates.

**STAFF, MEMBERS,
AND THEIR
GUARDIANS
TOOK ADVANTAGE
OF REMOTE
OPTIONS.**



**AGENCIES
CONTINUED
TO HAVE
STAFFING ISSUES.**



MAJOR MEDICAID HOME AND COMMUNITY-BASED SERVICES FINDINGS



TELEHEALTH TRAINING HELPED

HCBS provider agencies would like to continue using telehealth for trainings and certifications.

92% used electronic methods to meet training requirements and planned to continue to some video, remote, virtual, or electronic staff training.



PROVIDERS WERE CONFIDENT

Most HCBS providers were confident with electronic trainings and certifications.

66% agreed or strongly agreed that they felt as confident in trainings delivered electronically as they did in in-person trainings.



MEMBERS WERE SATISFIED

Members were satisfied with phone or video connections to HCBS services.

80% said there was **no change in their connection** with services after in-person meetings were temporarily stopped, and **11%** said they **felt more connected** after policy changes.



NO UNEXPECTED CHANGES

There was no unexpected change in costs after member service limits were changed.

The costs for direct care services rose consistently year after year and in line with increases in HCBS members.



RECRUITMENT AND RETENTION CHALLENGES

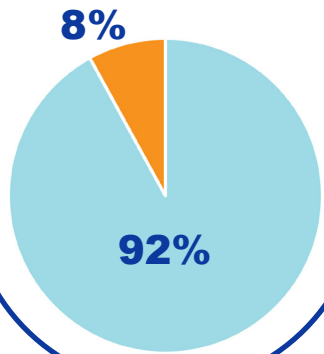
HCBS provider agencies struggled with recruitment and retention even after the rate change.

93% reported difficulties in recruiting personal attendants despite increases in reimbursement rates

The information summarized here comes from a larger evaluation on changes to the WV Medicaid system during COVID-19. For additional information, please contact WV Medicaid at DHHR.BMSSupport@WV.gov.

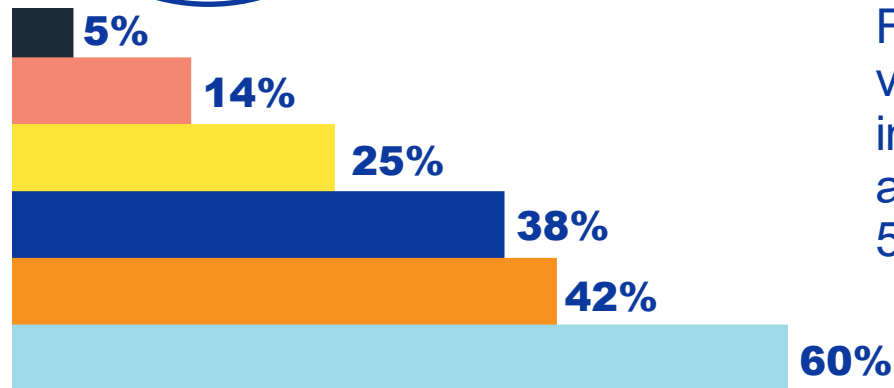
MAJOR FINDINGS | HOME AND COMMUNITY-BASED SERVICES DURING COVID-19

HCBS provider agencies would like to continue using telehealth for trainings and certifications.



92% used electronic methods to meet training requirements and planned to continue to some video, remote, virtual, or electronic staff training.

Continue Unsure

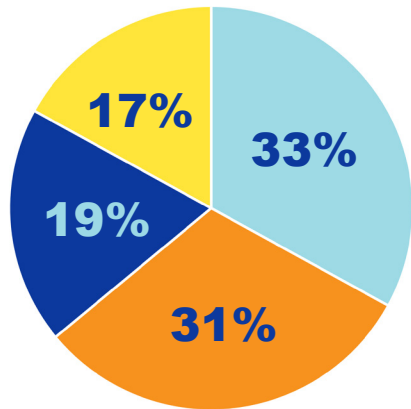


For training modalities, 60% of respondents reported using live video, 42% live audio, 38% offered viewable documents with no live instruction, 25% used trainings from other organizations and provided a link, 14% used staff-recorded trainings viewable at any time, and 5% used staff-recorded trainings viewed at specific times/meetings.

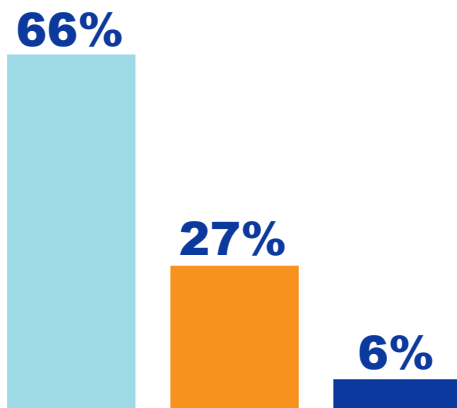
Staff Recordings (shown specific times) 3rd Party Recordings Live Audio
Staff Recordings (view any time) Viewable Documents Live Video

MAJOR FINDINGS | HOME AND COMMUNITY-BASED SERVICES DURING COVID-19

Most HCBS provider agencies were as confident in electronic trainings and certifications as with in-person sessions.



When asked about electronic staff training's effect on expenditures, 33% said that these training methods had no impact, 31% said they caused a decrease, 19% reported an increase, and 17% were unsure.

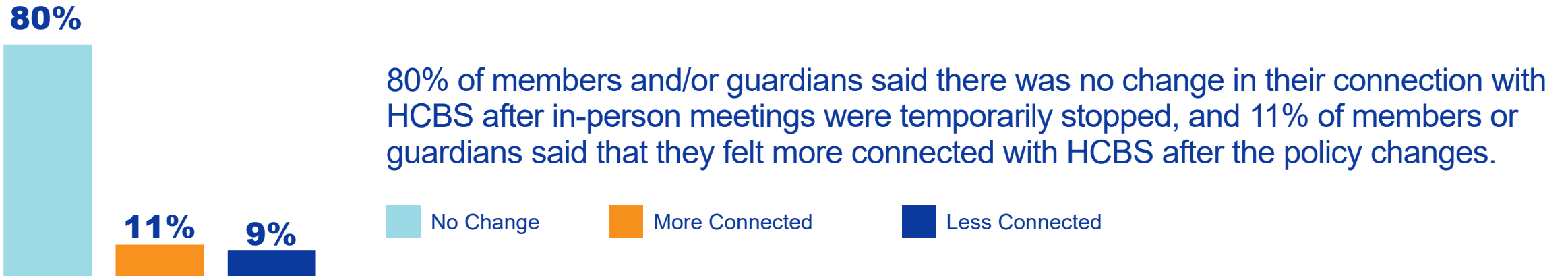


When asked if they felt as confident in electronic trainings as in-person trainings, 66% agreed or strongly agreed and 27% disagreed or strongly disagreed.



MAJOR FINDINGS | HOME AND COMMUNITY-BASED SERVICES DURING COVID-19

Members were satisfied with phone or video connections to HCBS services.

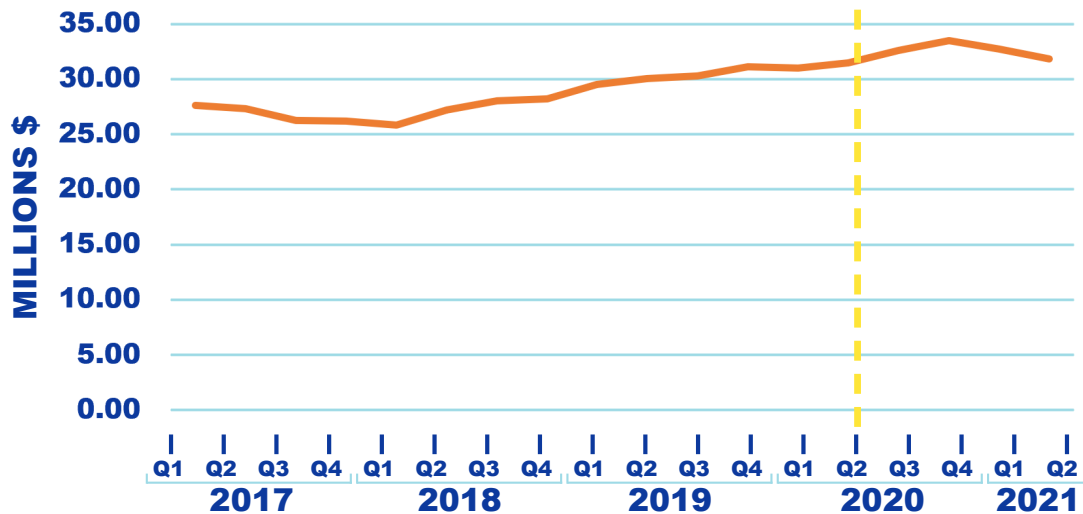


Overall, more than 9 in 10 (91%) HCBS members and/or guardians were satisfied with the services received using telehealth.



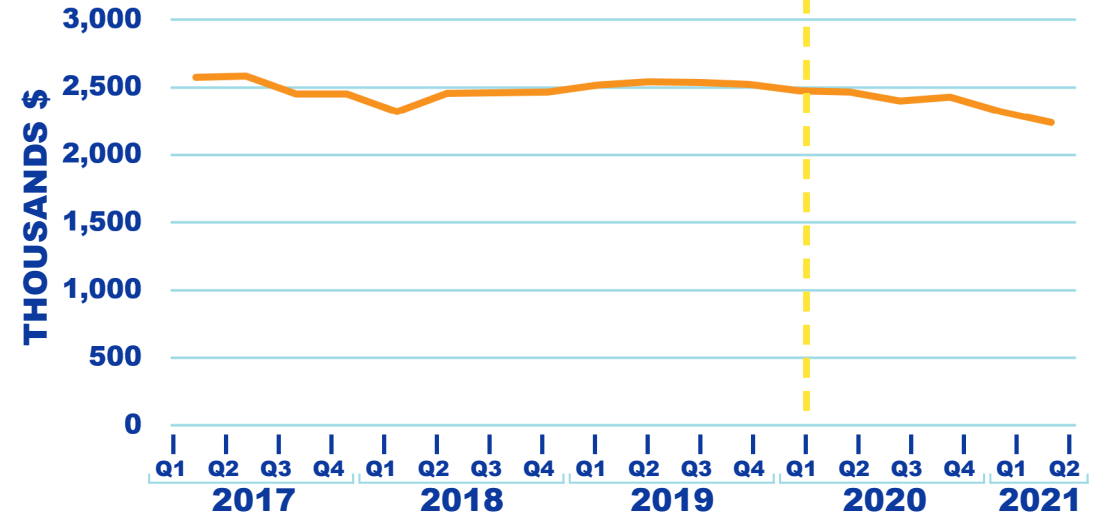
MAJOR FINDINGS | HOME AND COMMUNITY-BASED SERVICES DURING COVID-19

There was no unexpected change in costs after member service limits were changed.



——— Total Expenditure Direct Care
 - - - - BMS Policy Implementation COVID-19 Emergency

Total costs consistently rose before and during the pandemic.

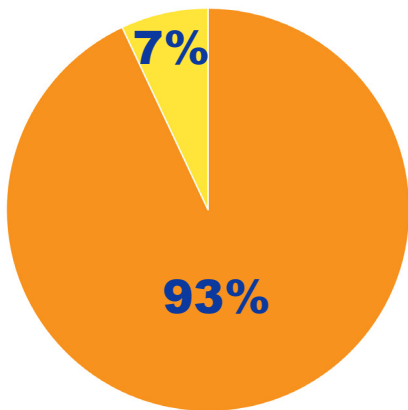


——— Avg. Cost Per Recipient
 - - - - BMS Policy Implementation COVID-19 Emergency

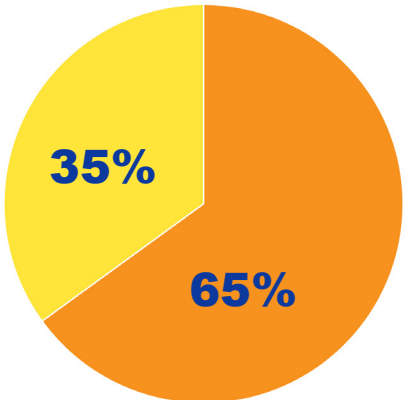
Average costs per member remained in expected ranges prior to and during the pandemic.

MAJOR FINDINGS | HOME AND COMMUNITY-BASED SERVICES DURING COVID-19

HCBS provider agencies struggled with recruitment and retention even after the rate change.



93% of HCBS provider agencies reported difficulties in recruiting personal attendants, and 7% saw no difference or were unsure.



65% of HCBS provider agencies said they had more attendants leave their positions, and 35% saw no difference or were unsure.

“We need to be able to pay our people 13 to 14 dollars an hour because the people that have a kind and caring attitude that enjoy this type of work and like doing it, they will give up a dollar, maybe 2 dollars an hour, but they’re not going to give up 4 or 5 dollars an hour in pay because it’s life-changing money....so that we can find people that have the kind, caring attitude to want to do this work and draw them back into this field to do it.”

“There needs to be something to encourage people to do this work because, I don’t know if it’s just cultural or generational, but we struggle to find people to work in this field.”

- HCBS Providers