

# MEDICAID LONG-TERM CARE SERVICES 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 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) **to hold certain meetings electronically or by phone** for annual Individualized Program Plan (IPP), quarterly, and other person-centered planning meetings.

**Hospital swing bed and daily reimbursement rates were also increased.**

**Medicaid claims data** from January 2017 to June 2021 were studied to look at usage and costs of swing bed changes before the pandemic and after these policy changes. The research found that the **increase in hospital swing bed rates** worked as intended, allowing for flexibility in the number of hospital beds available during high-demand COVID-19 outbreaks.

**Surveys with ICF/IID providers** were completed to learn about meetings that were held electronically or by phone and to determine if the increase in reimbursement rates helped with staffing issues. The research found that ICF/IID providers took advantage of telehealth to hold meetings necessary to maintain continuity of care.

Despite a daily reimbursement rate increase, most ICF/IID facilities still experienced the same problems hiring and retaining staff as they did before the pandemic.

Overall, the **changes to long-term care services mostly worked.**



**The ability to hold electronic or phone meetings during COVID-19 allowed ICF/IID to maintain continuity of care to Medicaid members.**



# MAJOR MEDICAID LONG-TERM CARE SERVICES FINDINGS



## NO ISSUES USING TELEHEALTH FOR MEETINGS

Providers used telehealth, phone, and other electronic means to hold necessary meetings for members without any issues.

88% of surveyed providers reported that service coordination/care management processes were the same following the policy change.



## AVAILABLE HOSPITAL BEDS INCREASED USING SWING BEDS

Increases in the hospital swing bed reimbursement rate helped with the number of available beds during the pandemic.

Following the rate change, hospital swing bed use saw a large spike from October to December 2020 (1,000 swing bed days) and again from January to March 2021 (710 days). These spikes were ~50% to 100% increases.



## STAFFING ISSUES CONTINUED DESPITE INCREASE IN DAILY REIMBURSEMENT RATE

Most ICF/IID providers still experienced the same problems hiring and retaining staff as they did before the pandemic.

Providers said that a lack of applicants and uncompetitive salaries compared to other less laborious occupations that pay the same were barriers to hiring and retaining staff.

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](mailto:DHHR.BMSSupport@WV.gov).

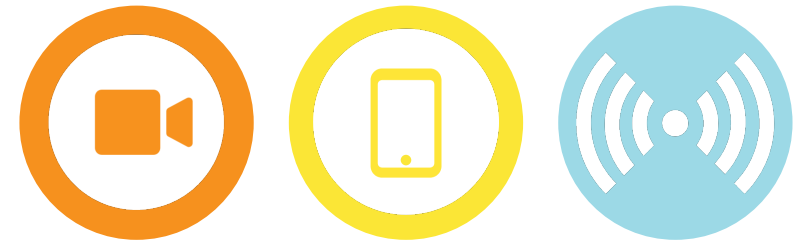
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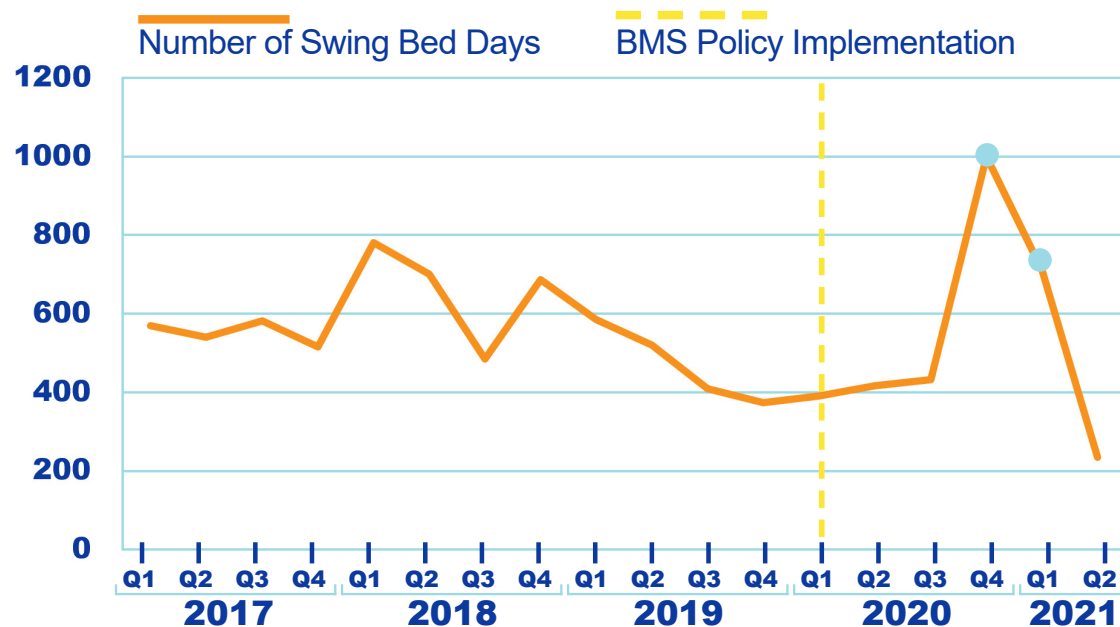
Prior to the pandemic, providers did not use telehealth for meetings. Once the option was available, providers conducted meetings using **video conferencing, phone, or other remote methods.**



## MAJOR FINDINGS | MEDICAID LONG-TERM CARE SERVICES DURING COVID-19

### Increases in the hospital swing bed reimbursement rate helped with the number of available beds during the pandemic.

Hospital swing bed use saw a large spike from **October to December 2020 (1,000 swing bed days)** and again from **January to March 2021 (710 days)**. These spikes were ~50% to 100% increases.



After the hospital swing bed rate change, costs increased by more than 200%, from \$678 to \$2,305 on average per quarter.

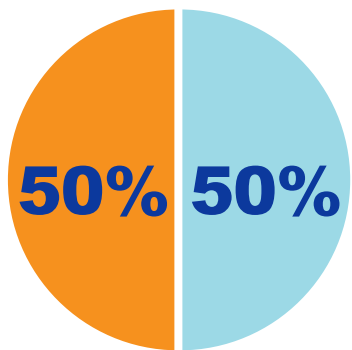
The average total cost for hospital swing beds per member increased by more than 400%, from between \$300 and \$1000 to between \$2,000 and \$5,000.

# MAJOR FINDINGS | MEDICAID LONG-TERM CARE SERVICES DURING COVID-19

**Most ICF/IID providers still experienced the same problems hiring and retaining staff as they did before the pandemic.**



Providers said that a **lack of applicants** and **uncompetitive salaries** compared to other less laborious occupations that pay the same were **barriers to hiring and retaining staff**.



Half of the surveyed providers said that the reimbursement rate increase did not help the ability to offer needed services.

The other half said that their ICF's ability to offer services stayed the same after the rate increase.

*“The rate increase did not seem to have any impact on our inability to hire new staff. Hiring was difficult pre-COVID and remains difficult.”*  
-Surveyed ICF/IID Provider

*“The reimbursement rate increase did not worsen the ability to provide services. However, our ability to provide services and recruit staff did worsen.”*  
-Surveyed ICF/IID Provider