

# Long-Term Services and Supports and COVID-19

## POLICY SNAPSHOT

Millions of Americans, including older adults and people with disabilities or chronic illnesses, require long-term services and supports (LTSS) to complete their daily routines. The coronavirus pandemic is a global crisis that may have greater implications for people who use LTSS as they are particularly susceptible to severe illness or death caused by COVID-19. As the primary payer of LTSS for millions of Americans, Medicaid is an important player in state COVID-19 responses for vulnerable populations.

This policy snapshot includes state policy options for legislators seeking to support access to LTSS and keep older adults and people with disabilities safe during public health emergencies such as COVID-19. It also provides relevant state examples, federal action and additional resources.

### State Policy Options

State legislators may consider the following policy options to address the needs of older adults and people with disabilities during the COVID-19 crisis, and in preparation for future pandemics:

- Long-Term Care Facilities
  - Strengthen data and reporting of COVID-19 cases.

- Establish robust facilitywide COVID-19 testing.
- Ensure adequate supply of personal protective equipment (PPE).
- Address social isolation among facility residents.
- Home and Community-Based Services (HCBS)
  - Increase flexibility in HCBS delivery via Appendix K of 1915(c) Medicaid waivers.

### Federal Action

The federal Coronavirus Aid, Relief and Economic Security (CARES) Act provided \$200 million to CMS to support additional infection control and conduct necessary survey and certification work related to COVID-19, including \$80 million for states to increase inspections of nursing facilities. CMS will allocate the funding based on performance-based metrics.

In late July, [the Trump administration announced](#) it is allocating an additional \$5 billion in COVID-19 relief funds to Medicare-certified long-term care facilities and state veteran nursing homes located in virus “hot spots.”



POLICY OPTIONS	STATE EXAMPLES
<p><b>Long-Term Care Facilities:</b> Residents and staff in long-term care facilities account for <a href="#">an estimated one-third of COVID-19-related deaths</a> across the U.S., and this estimate is thought to be higher in some states. Because of the age and underlying health conditions among nursing home residents, they are particularly susceptible to severe illness or death caused by the coronavirus. Additionally, the congregate nature of the facilities and the close physical contact between staff and residents create an environment in which there is <a href="#">risk for the virus to spread</a>.</p>	
<p><b>Strengthen data and reporting of COVID-19 cases.</b> Timely and transparent data reporting can allow resources to be directed efficiently and active cases to be better isolated. In early May, <a href="#">the Centers for Medicare and Medicaid Services (CMS) issued a final rule</a> requiring nursing facilities to report COVID-19 data at least once a week, and to make the data available to residents and their families.</p>	<p><b>Massachusetts HB 4663</b> (pending) requires long-term care facilities to report daily the number of known COVID-19 positive cases and deaths among residents and staff at the facility.</p>
<p><b>Establish robust facilitywide COVID-19 testing.</b> Testing of long-term care facility residents and staff is an important part of infection control to both keep the virus out of, and prevent spread within, long-term care facilities. A handful of states are creating plans for universal testing for both facility residents and staff.</p>	<p><b>West Virginia Executive Order 27-20</b> requires the West Virginia Department of Health and Human Resources and the West Virginia National Guard to “immediately” test every nursing home resident and staff member throughout the state.</p>
<p><b>Ensure adequate supply of PPE.</b> The use of PPE, both by health care providers and long-term care facility residents, can help prevent the spread of COVID-19.</p>	<p><b>New Jersey AB 4150</b> (pending) requires hospitals and long-term care facilities to maintain a 90-day supply of PPE during the coronavirus pandemic.</p>
<p><b>Address social isolation among facility residents.</b> While limiting visitation and employing stricter social distancing measures inside facilities help protect residents, they can also lead to increased isolation and loneliness. States and local partners have explored new ways to engage with residents.</p>	<p><b>Kentucky’s</b> long-term care ombudsman is conducting well-check calls and purchasing technology equipment to help residents communicate with their families.</p>
<p><b>Home and Community-Based Services:</b> <a href="#">More than half of Medicaid LTSS spending currently supports</a> home and community-based rather than institutional care (e.g., long-term care facilities). Several factors contribute to this higher use of HCBS, including individual and family preferences and the relative cost-effectiveness of home and community-based care. Delivering essential health and other supportive services in homes and communities is critical to allowing vulnerable individuals to shelter in place and reduce risk of exposure to COVID-19.</p>	
<p><b>Increase flexibility in HCBS delivery via Appendix K of 1915 (c) Medicaid waivers.</b> Appendix K allows states to request an amendment to approved 1915 (c) HCBS waivers during emergency situations. These waivers aim to increase flexibility in HCBS delivery, ensuring continuity of care for HCBS waiver enrollees during the pandemic. They allow actions such as remote initial eligibility assessments, electronic service delivery, expanded settings for services and increased provider payments.</p>	<p>As of June 2020, <a href="#">CMS has approved</a> Appendix K authority across all 50 states. <a href="#">According to Health Management Associates</a>, these waivers include flexibilities such as:</p> <ul style="list-style-type: none"> <li>• <b>Alaska</b> is allowing providers to hire family caregivers as direct service workers for certain services, including in-home support.</li> <li>• <b>Colorado</b> is lowering the age limit from 18 to 16 for in-home direct care workers for certain services.</li> <li>• <b>New Mexico</b> is allowing nursing consultation and therapies to be delivered via telehealth.</li> <li>• <b>Pennsylvania</b> is increasing some service rates by up to 40% to account for excess overtime of direct support professionals, additional infection control supplies and service costs, and is providing 75% retention payments for certain services.</li> <li>• <b>Rhode Island</b> is allowing initial eligibility assessments to be conducted remotely.</li> <li>• <b>Washington</b> is expanding HCBS care settings to include hotels and churches.</li> </ul>

## Additional Resources

- [Preparing for COVID-19 in Nursing Homes](#) provides guidance from the Centers for Disease Control and Prevention (CDC) for safeguarding residents.
- [CMS' final rule](#) requires nursing facilities to report COVID-19 data to the CDC weekly and to make the data available to residents and their families.

*Please note that NCSL takes no position on state legislation or laws mentioned in linked material, nor does NCSL endorse any third-party publications; resources are cited for informational purposes only.*

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD30A22893, National Organizations for State and Local Officials. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. government*

NCSL Contact:

**Samantha Scotti**

Senior Policy Specialist, Health

303-856-1440

[sam.scotti@ncsl.org](mailto:sam.scotti@ncsl.org)



**Tim Storey, Executive Director**

7700 East First Place, Denver, Colorado 80230, 303-364-7700 | 444 North Capitol Street, N.W., Suite 515, Washington, D.C. 20001, 202-624-5400

[www.ncsl.org](http://www.ncsl.org)

© 2020 by the National Conference of State Legislatures. All rights reserved.