

# Excess Deaths of Medicaid Home and Community-Based Services Recipients During COVID-19

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## Introduction

The COVID-19 pandemic had a devastating impact on people receiving long-term services and supports (LTSS). More than 23% of all deaths related to COVID-19 happened in nursing homes. Yet, we know little about the impacts of COVID-19 on most people receiving LTSS—those living in the community.

## What is excess mortality?

Excess mortality is an increase in deaths greater than what is expected based on previous years. During 2020, excess mortality was high since many people died as an impact of COVID-19. This study calculated excess mortality during the first year of the pandemic, between March and December 2020. It compared people who receive home and community-based services (HCBS) with peers.

## What did our study find about excess mortality?

We found that the excess mortality rates were very high for people who receive HCBS. This disparity was especially large for younger adults (under age 65).

### Younger people who receive HCBS had excess mortality rates:

**7** times higher than other people on Medicaid living in the community

**27** times higher than the general population under 65

Younger people who receive HCBS had excess mortality rates:

- 7.4 times that of other individuals on Medicaid living in the community;
- 26.6 times that of the general population of people under 65.

## Older adults who receive HCBS had excess mortality rates:

**4** times higher than other people on Medicaid living in the community

**6** times higher than the general population under 65

For older adults who receive HCBS, the differences in excess mortality rates were less dramatic but still of note:

- 3.5 times that of other individuals on Medicaid living in the community;
- 5.7 times that of the general population of older adults.

Overall, more individuals passed away in nursing homes. However, for younger adults the rate of increase in excess mortality was actually higher for individuals receiving HCBS than younger individuals in nursing homes. For older adults receiving HCBS the rate of increase in expected mortality was similar to older individuals in nursing homes.

## Why do we see greater excess mortality rates for HCBS recipients?

Many factors likely contributed to the high mortality rates of HCBS recipients including:

### *Individual factors*

- High rates of secondary health conditions that increase the risks and impact of COVID-19
- Living in group settings or attending congregate day programs that increase risks of exposure to COVID-19
- Relying on daily in-person supports, which requires more people in and out of the home

### *Societal barriers*

- Difficulty accessing Personal Protective Equipment (PPE), COVID testing, and vaccinations
- Discrimination in access to health care and treatment for COVID-19

### *Indirect impacts*

- Going without needed services and supports
- Difficulty finding direct care workers which became worse during the pandemic
- Delaying or going without routine preventative and specialty care

## Why does this matter?

The COVID-19 pandemic highlighted the need to 1) expand access to HCBS, 2) reduce nursing home reliance, and 3) strengthen the direct-care workforce. In addition, we need to have timely and accessible data and quality reporting for people receiving HCBS.

## How did we conduct this study?

We used data from fourteen health plans across twelve states. The health plans provided monthly counts of deaths for

individuals receiving HCBS and other Medicaid beneficiaries. For nursing home and general population information, we examined online federal data.

We calculated expected mortality from mortality rates in 2018 and 2019 and excess mortality by subtracting actual deaths from expected. We then compared the excess rates between HCBS recipients, other Medicaid beneficiaries, people in nursing homes, and the general population.



## Credit

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