Update to the Maine State Legislature Committee on Health and Human Services

Commissioner Jeanne Lambrew, Ph.D June 12, 2020



Presentation

1. Leading Maine's Public Health Response

- DHHS Response
- Maine CDC
- Dorothea Dix and Riverview Psychiatric Centers

2. Supporting Maine People at Risk for COVID-19

- Division of Licensing and Certification
- Office of Aging and Disability Services

3. Mitigating the Secondary Effects of COVID-19

- Office of Behavioral Health
- Office of Child and Family Services

4. Addressing the Economic Impact of COVID-19

- Office of MaineCare Services
- Office for Family Independence

Situational Update: COVID-19

How Maine Compares: June 7, 2020 on a per-capita basis (not all states report on each measure)

- 10th best state on percent of cases that are positive
- 13th best state on deaths
- 6th best state on ever-hospitalized
- 11th best state of cases who have recovered



Maine COVID-19 Cumulative Case Data					
Updated: June 11, 2020 at 12:15 PM					
Total Cases ¹	Confirmed Cases	Probable Cases	Recovered	Hospitalizations	Deaths
2,667	2,380	287	2,062	308	100

DHHS Response to COVID-19

Key Dates:

- January 20: First confirmed case of COVID-19 in the U.S.
- March 12: First confirmed case of COVID-19 in the Maine
- March 15: Governor Mills declare state of civil emergency
- March 18: Legislature adjourns

Actions by DHHS:

- Public health
- Health and long-term services and supports systems
- Public and private sector COVID-19 response policy
- Indirect COVID-19 impact
- Economic impact of COVID-19
- DHHS workplace

DHHS Response to COVID-19

- DHHS remains at the center of COVID-related activity
- DHHS physical offices have remained open statewide with measures to protect the public and workers
 - Each office has COVID-19 specific resource online available at: <u>www.maine.gov/dhhs/coronavirus-resources</u>
- At peak, over 70% staff working or dispatching from home (86% excluding Maine CDC and the psychiatric hospitals)
 - Offices resumed full public hours this week (June 8)
- Maine CDC has been fully operational under the Department's Continuity of Operations Plan

Dorothea Dix & Riverview Hospitals

- No COVID-19 cases in patients or staff to date
- Personal Protective Equipment: Emergency inventories sufficient for the near term
- Daily screening of staff and protocol for anyone displaying symptoms
- Only essential visitors allowed in the hospitals. Computers and phones set up for secure, private patient contact with family, friends, guardians, legal counsel, clergy, and community providers
- Identified isolation units and cohorted units to minimize cross-unit coverage by staff
- Continue to admit and discharge patients through pandemic. Despite COVID-19, on pace with 2019 trends for admits and discharges
- DDPC: development of new gero-psychiatric unit continues with the current start date delayed until September 2020.

DHHS Response to COVID-19

Robust stakeholder engagement and collaboration

• Stood up over 20 recurring meetings with provider groups, stakeholders, and others. Most are ongoing

Coordination across state agencies and with non-governmental partners

- Ensure other agencies are up to date on COVID-19 impact
- Collaborate on policy making from public health perspective
- Provide leadership on state-wide health system emergency response

Partnership with municipalities and providers

- Shelter and social services supports
- Support for local COVID-19 response

Public educational efforts

DHHS Response to COVID-19

Department-wide Commitment to Transparency and Engagement

Communication

- Dashboard with COVID-19 impact on services data online
- Responded to large increases in constituent service inquiries
- 70 press briefings held as of 6/11/2020 with over 750 questions answered live on air
- Weekly all-staff updates to DHHS employees to ensure clear, consistent communication to everyone in the Department



Disease Surveillance

- Daily tracking and reporting of key metrics
- Weekly briefing of front-line providers and stakeholders
- Commitment to accurate reporting
 - CDC COVID-19 page online well before first case
 - Public posting of data and trends online
 - Routinely adding additional metrics, most recently including data by race/ethnicity and broken out by zip code



- All essential duties and functions have continued while COVID-19 disease surveillance and response have been ongoing
- Significant number of staff internally redeployed to assist in COVID-19 response
- With Maine Emergency Management Agency (MEMA), facilitating personal protective equipment (PPE), critical supply acquisition, and order fulfillment to front-line COVID-19 response services
 - As of 6/11/20, Maine has fulfilled 2,171 orders of PPE including 1,521,077 pieces of PPE to the front lines

COVID-19 Testing

- The public lab alongside private labs exceeded U.S. CDC recommended minimum testing per capita in May by 40%
- Partnership with IDEXX has expanded molecular testing at Health and Environmental Testing Lab (HETL)
 - First announcement: tripling capacity
 - Second announcement: quadrupling enlarged capacity
- "Swab and Send" sites to allow 90% of Mainers access to tests within 30 minutes of their residents
- Plan to support rural hospitals' lab capacity

Contact Tracing

- Increased staffing by re-deploying staff internally, leveraging MaineResponds volunteers, hiring up to 125 new and temporary staff
- Implementing Sara Alert technology to assist in symptom monitoring
- Working with hospitals to have them conduct staff tracing

Social Supports: contracts with:

- All 10 Community Action Program (CAP) Agencies and Wabanaki Public Health
 - Food, housing supports, transportation, income support help (TANF, Unemployment Insurance Benefits etc.)
- Catholic Charities
 - Provide translation, interpretation and cultural brokering
- Dr. Sharon McDonnell to spearhead social service work

Division of Licensing and Certification

- Established Emergency Nursing Facility rules to ensure compliance with U.S. CDC recommendations for infection control and prevention
- Conducted targeted surveys of providers with a history of infection-control deficiencies
- Developed protocol for facilities to quickly obtain licenses for additional beds to ensure appropriate surge capacity
- On track to complete a COVID-19 focused survey in every nursing home in Maine by the end of July
- Providing guidance on CMS and State regulation waivers
- Continuing to process laboratory and licensing surveys with no delay or backlog

Office of Aging and Disability Services

Older Mainers

- Providing support to long-term care settings with policy guidance and consultation
- Administering \$5.5 million in Supplemental Older Americans Act Funding to Area Agencies on Aging, Legal Services for the Elderly, the Long Term Care Ombudsman Program, and Alpha One

Adult Protective Services

- Emergency operating protocols
- PSA to encourage reporting

Home Delivered Meals Pre- and Post-Covid-19			
Month	Units Served	Percent Change	
Feb 2020	35,067	-	
May 2020	72,714	207%	

Office of Aging and Disability Services

Adults with Disabilities

- Providing support to group home and other service providers with policy guidance and consultations
- Ensuring safe access to crisis services
- Engaging with self-advocates and other stakeholders
- Implementing temporary rate increases for waiver service providers and other flexibilities, including (not limited to):
 - Flexibility to pay families for services
 - Ability to exceed service caps for COVID-related needs

Office of Behavioral Health

Mental Health

- Applied for & awarded ~\$1 million SAMHSA Crisis Counseling Program Grant for initial disaster behavioral health response (additional award to follow) – public behavioral health campaign; direct, proactive support
- Conducted phone survey of all private non-medical institution (PNMI) providers on infection control & PPE needs; offered support & resources
- Provided behavioral health staffing of isolation hotel in Portland for COVIDpositive homeless individuals
- Created the Maine Frontline Warmline to provide Psychological First Aid to first responders and health care workers
- Increased staffing to Intentional Warm Line to address 40% increase in calls

Office of Behavioral Health

Substance Use Disorders (SUD)

- Facilitated uninterrupted and reduced infection risk access to MAT with monitored take-home dosing
- Conducted phone survey of SUD residential providers on infection control and PPE needs
- Offered support and resources to providers
- Secured additional 20,000 doses naloxone
- Assessment of 2019 overdose death data
 - 85% of deaths involved 2 or more substances
 - Significant increase in prevalence of cocaine and methamphetamine

CHILDREN IN DHHS CUSTODY (POINT IN TIME) TREND 2020



When considering the total number of children in care it is important to keep in mind that this number is impacted both by children coming into care and children exiting care. In a given week, 20 children may enter the Department's care, while another 20 exit to be reunified with their parents or adopted, which would result in no increase or decrease in the total number of children in care.



Beginning the week after the Governor's emergency order was issued, there were fewer reports received and a corresponding drop in the number of cases assigned for investigation by OCFS District Office staff. There is an annual decline in assessments assigned for investigation during school vacation weeks and summer break. OCFS published and distributed guidance to educators and other community members on detecting and reporting signs of abuse and/or neglect while interacting remotely on April 15, 2020. The number of assessments began to increase that same week. 19

Child Care

CHILD CARE CLOSURES



- Produced guidance for providers for operating during COVID-19
- Implemented child care subsidy for essential employees, with a total of 486 workers and 741 children receiving services as of 6/10/2020
- Provided a one-time stipend for licensed child care providers
- Provided one-time grants for providers continuing or resuming operations

Children's Behavioral Health

- OCFS has provided regularly updated guidelines on preventing the spread of COVID-19, as well as addressing cases of the illness in residential facilities (including crisis units and homeless shelters)
- Weekly children's behavioral health town hall calls in concert with OBH to introduce new guidance, provide updates, and answer questions from stakeholders
- Provided guidance and modified training requirements for positions key to ensuring children and families have the behavioral health services they need during this difficult time

Office of MaineCare Services

MaineCare Members			
Coverage	• COVID-19 testing, diagnostic, and treatment services for MaineCare members (including those covered through Emergency MaineCare) and testing and diagnostic services for uninsured individuals.		
Access	 Waiving copays and extending Prior Authorizations (PAs) for multiple services and medications. Ensuring safe utilization of Non-Emergency Transportation (NET) by implementing processes that minimize risk of exposure to COVID-19 for riders and drivers. Allowing early Rx refills and 90-day refill for some medications. Encouraging telehealth as a mode of service delivery so that members can safely access services from a distance and do not have to miss appointments, including Substance Use Disorder treatment services and well-child appointments. 		

Office of MaineCare Services

MaineCare Providers			
Payment Supports	 Providing temporary rate increases to congregate care facilities and Home-and Community-Based Services providers. One-time supplemental payment to hospitals. Early implementation of rate increases for personal support services, medication management, and certain community-based behavioral health services for children. 		
Service Delivery	 Encouraging the use of telehealth to fill service gaps when people cannot be served face-to-face and opening more telehealth billing codes to broaden the use of various modes of delivery. Creating a temporary streamlined provider enrollment process so that new MaineCare providers and locations are enrolled in a timely fashion. Allowing services to be provided in alternative settings (e.g. hotels, shelters, schools, churches, etc.) when needed to respond to the COVID-19 crisis. 		

Office of MaineCare Services



- Significant increase in telehealth claims
 - MaineCare has always had
 a broad policy for
 telehealth, viewing it as a
 method of service delivery
 rather than a service unto
 itself. Nearly any
 MaineCare service can be
 reimbursed when provided
 via telehealth, so long as it
 meets requirements for
 medical necessity and
 comparable quality to
 face-to-face services.
- Telehealth awareness campaign June-July

Office for Family Independence

Program Enrollment Numbers

	February	June	# Change	% Change
MaineCare	298,743	308,917	+10,174	+3.4%
FS/SNAP	167,412	174,723	+7,311	+4.4%
TANF	9,817	10,309	+492	+5.0%

Program Change Highlights:

- Suspending discontinuance of MaineCare benefits during civil emergency, consistent with Federal guidance
- Temporarily increasing SNAP benefits, Worker Supplement Benefit
- Launched Pandemic electronic benefit transfer (P-EBT) program for supplemental nutrition support to families with children receiving free or reduced lunch
- Instructing municipalities that General Assistance applications are considered emergency and require determination within 24 hours

https://www.maine.gov/dhhs/data-reports/covid-19-impacts-on-dhhs-services

Office for Family Independence

Impact of Federal Policy on Benefits:

Program	One-time Stimulus Payment (varying amounts)	Pandemic Unemployment (\$600/wk)
MaineCare	Income: Excluded for all programs Asset: Excluded as a resource for 12 mos LTC Consideration: Excluded for eligibility determination and cost of care	Excluded for all programs, including cost of care calculations
TANF/Parents as Scholars	Income : Excluded Asset : Excluded as a resource for 12 mos	Counted
Food Supp/SNAP	Income : Excluded Asset : Excluded as a resource for 12 mos	Counted
HOPE Program	Income : Excluded Asset : Excluded as a resource for 12 mos	Counted
General Assistance	Excluded	Counted
Bridging Rental Assistance (BRAP)	Not counted for purposes of rent calculation	

Resources

COVID-19 Online Resources

Maine CDC: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus.shtml

- Daily data reports, testing guidelines, COVID-19 FAQs, translated materials

Maine DHHS Services: <u>https://www.maine.gov/dhhs/coronavirus-resources</u>

- Includes translated materials about accessing DHHS programs

Daily Press Briefing livestream: <u>https://www.maine.gov/covid19/cdc-livestream</u>

Behavioral Health Resources: <u>https://www.maine.gov/dhhs/samhs/coronavirus.shtml</u>

Office of Child and Family Services: https://www.maine.gov/dhhs/ocfs/COVID-19-response.shtml

- Child Welfare, Foster Parents, Children's Behavioral Health, and Child Care

Meeting Basic Needs: https://www.maine.gov/dhhs/ofi

- Food Supplement/SNAP, MaineCare, TANF, Pandemic EBT, General Assistance

