

**Nursing Home and Assisted Living Oversight Working Group (NHALOWG)  
Meeting Summary  
Thursday, December 3 2020, 10:00 a.m. via Zoom**

The Working Group Committee meeting was called to order by Rep. Walker at 10:01 a.m.

The following members were present: Rep. Walker, Co-Chair, Adelita Orefice, Co-Chair, Liz Stern, Sen. Abrams, Sen. Osten, Diane Kubeck, Jean Mills Aranha, Judy Dowd, Julie Kushner, Katie Traber, Mag Morelli, Matt Barrett, Melissa McCaw, Patrick Coll, Kate McEvoy, Jonathan Steinberg, Christopher Carter, Charles Du, Heather Aaron, Barbara Cass, Amy Porter, Sen. Miner, Sen. Slap, Rep. Cook, Mairead Painter, Sen. Kushner, Sen. Logan, Rep. Hughes

Staff present: Susan Keane, Heather Ferguson-Hull, Beverley Henry, Valentina Mehmeti, Nick Panzarella (LCO), Brie Wolf (DPH), Vivian Leung (DPH), Joan Soulsby (OPM)

Opening Remarks and Review of Timeline

Rep. Walker requested that all notes from subcommittees should be sent to Susan Keane. With regard to Liz Stern's question about the direction of the Working Group, Rep. Walker noted that the focal point is working on policy and legislation. Policy doesn't necessarily have to end up in legislation; it could end up in policies for the agencies, and that is up to the Working Group.

Any individuals on the Working Group who didn't receive the appropriate information should reach out to Susan Keane.

Rep. Walker noted that we are in Week 3 of the Working Group's timeline.

Subcommittee Reports

*Outbreak and Response Surveillance Committee:*

Sen. Abrams noted they had their first meeting on November 19th. The subcommittee agreed that they were looking for a historical perspective on infection control in nursing homes and assisted living facilities and how these need to change due to COVID-19. They agreed on four areas to focus on and reviewed potential experts who could attend their meetings, ranging from those at DPH and other agencies as well as outsiders. The subcommittee set up a calendar for who is attending when and what to focus on in each meeting. The next meeting will take place on December 3rd; they also will be meeting later this afternoon to speak with Henry Sullivan and Barbara Cass on infection control measures that currently exist in nursing homes.

Deputy Commissioner Aaron added that Dr. Vivian Leung will join the subcommittee meeting later that afternoon as well.

Sen. Abrams shared that the subcommittees are seeing a lot of overlap between their focus areas, so it's helpful to hear what other subcommittees are doing.

Rep. Walker asked whether nursing home reporting to DPH is self-report and if this is the same as what other states do. Deputy Commissioner Aaron responded that DPH receives this information through its portal, but also has conversations daily with nursing homes to stay updated. Barbara Cass added that DPH is tracking incidence of infection through multiple mechanisms: there is a reporting requirement for infectious disease; the lab is required to report certain diseases; and during COVID-19 DPH has also set up a number of portals to capture incidence of infection. All nursing homes report incidence of infection to the portal on the website daily. Incidence is also reported through the Long-term Care Mutual Aid program. Lots of decisions are informed by this reporting.

Rep. Walker asked about recourse if DPH finds that a nursing home hasn't accurately reported incidence in their facility. Ms. Cass responded that this would be filed as a failure to report, and there may be fines. Rep. Walker followed up asking whether DPH has fined anyone already. Ms. Cass replied that they've issued many citations, but she's not certain whether DPH has cited for failure to report disease; rather, most citations have been about staff testing and failure to follow.

Deputy Commissioner Aaron added that DPH has had over 3,000 visits to nursing homes to teach and support them on cohorting and putting infection controls in place.

Rep. Cook raised the issue of monetary fines and noted that these might have adverse impacts on the residents. She would like the Working Group to look into different types of citations to hold facilities accountable without affecting residents in the same way, now and in the long-term.

Katie Traber added that 1199 has language about taking money from management fees and not from care for patients. She asked how the fines for infection control procedures compare to those for restaurants that violate mask orders, since some of these violations might not be comparable. Sen. Abrams noted that she will bring this question up in her subcommittee meeting.

Ms. Cass noted that Rep. Cook's comments are very important, as fines might not get what DPH wants in terms of sustained compliance. She shared that DPH has seen good outcomes with the use of a consent order between the provider and the department, which gives assurances that there can be sustained compliance. The hard part is sustaining compliance, but consent orders usually involve a consultant who can increase accountability.

Sen. Osten pointed out that when nursing homes are fined, they are essentially returning state dollars that they were given.

Sen. Formica shared that he had a conversation with staff from Lawrence and Memorial (L & M) Hospital regarding the number of COVID patients at the hospital who are awaiting transfer to a nursing home where they could continue their recovery. He stated it would be helpful to have a COVID-19 recovery center in eastern CT.

### *Staffing Levels:*

Rep. Cook shared the subcommittee met on Monday with Jeannette Sullivan-Martinez (President of the Statewide Coalition of Presidents of Resident Councils) and Toby Edelman (Senior Policy Attorney at the Center for Medicare Advocacy in CT).

Kate McEvoy shared that the subcommittee is taking the approach of listening to subject matter experts to get a sense of present requirements. She added that Ms. Cass also provided insight into these requirements as well.

Rep. Cook noted that nursing homes are laying off staff and that shouldn't be happening right now.

Rep. Walker added that she hopes the subcommittee saw the letter received from NASW/CT.

Sen. Osten echoed Ms. McEvoy's note about the importance of recreational therapists in nursing homes. Regarding staff being laid off, she emphasized that this has to do with the financial position of for-profit and nonprofit nursing homes. When nursing homes don't have enough money to cover the basics of care and have to begin to remove staff, it's essential to look at what facilities are charging for Medicaid and Medicare to ensure they're putting a real value on the service being provided. This is a question that the committee needs to consider. Sen. Osten added that we need to look at what we're doing for all the different staffing positions and make sure they receive the correct remuneration.

Mag Morelli shared that the experience of the pandemic and the financial positions that nursing homes are in varies across facilities. Many are dealing with staffing shortages and trying to work on staffing plans for outbreak situations, and DPH has been very helpful in trying to connect nursing homes with different staffing levels. Layoffs are not happening across the board; there are many nursing homes that are actually struggling to take on additional staff.

Dr. Coll shared that medical staff providers need to be part of the conversation too. Complexity of care has increased over the last 25-30 years, and it can be a challenge for nursing homes to find medical staff willing to come in and take care of their patients. Many APRNs provide excellent care in this setting, and those who can provide this care should be encouraged to do so. There's a broad range of expertise in medical directors, as the only current requirement is to have a medical degree, but there are certain additional skills that they should have if they're going to fill this role correctly. Rep. Cook responded that the subcommittee is looking at all types of staff, rent management, and essentially taking a holistic look at the big picture of staffing.

Matt Barrett shared that regardless of how widespread staffing layoffs are, it's still important to recognize the low occupancy rates at nursing homes in CT. The notion that nursing homes should be staffing at capacity when they are operating below capacity is a bit disjointed.

Mairead Painter shared that she is concerned about assessment of resident acuity and that staffing is appropriate to meet the needs of residents, whether during COVID-19 or otherwise. She's hopeful that changes to payment structure may be helpful.

*Socialization, Visitation, and Caregiver Engagement:*

Sen. Osten shared that the subcommittee's second meeting included two residents that spoke to the group about what was going on in nursing homes and how they felt about lack of visitation and socialization, both with outsiders and fellow residents. Sen. Osten noted that these residents would like to see ways to work around these issues. The subcommittee's third meeting featured family members of residents and their experiences; they shared that they've seen their family members decline, mentally and/or physically. Sen. Osten added that some residents are having their smart speakers removed from their rooms. The next meeting will be focused on policy, based on the findings of the first three meetings.

Ms. Painter shared that many residents and their families felt that they weren't part of the COVID-19 protocol decision-making process, and they hope that future decisions will include them.

Sen. Abrams asked about the percentage of residents who have outside visitors. Sen. Osten shared that the subcommittee doesn't have this data, but there have been discussions about configuring nursing homes to create a separate area for these outside visitors. Sen. Abrams added about whether facilities keep track of percentage of outside visitors; Sen. Osten shared that she doesn't think this is tracked, but they'll ask this question during the subcommittee meetings.

Rep. McCarty added that the subcommittee also examined family support and engagement and will be looking into how to enhance this.

Rep. Hughes shared that many residents have been able to go to these specific visitation areas for half an hour once or twice a week, but this still isn't enough to prevent the decline that residents have been experiencing. All visitors have to have their temperature checked and sign in, and these visits are no longer allowed inside due to the rate of spread in the state.

*Infrastructure and Capital Improvements:*

Rep. Steinberg shared that the subcommittee had presentations by Ms. Morelli and Mr. Barrett specifically on infrastructure and capital needs, and DPH members shared insights about oversight issues. He added that one issue the subcommittee continues to face is that many of the problems being discussed presented themselves pre-pandemic, and they're actually long-standing issues. All nursing homes in CT are at least 30-40 years old, and their HVAC systems and boilers likely haven't been replaced. There's also the issue of potentially insufficient maintenance staff that have to deal with failing systems and COVID-related maintenance, which may be a significant problem going forward. The subcommittee acknowledged there's a difference between simple repairs and the extensive renovations that are needed for COVID-19

reasons; more extensive renovations can't be done with staff and residents within the space, and presently there aren't plans to deal with this. Rep. Steinberg added that the subcommittee is trying to assess the amount of resources needed to make residents safe in this environment. They're hoping to speak to talk to HVAC experts and architects that are familiar with redesigning old facilities and transitioning them from the medical model to the home-life model. He noted that it might not be financially or logistically feasible to replace these HVAC systems, in which case the subcommittee will explore what workarounds can be done instead. Once the subcommittee has an understanding of the costs of these changes and how to prioritize them, it'll determine next steps around state funding.

### DPH Update

Dr. Leung shared that testing volumes are increasing greatly - care partners have reached half a million tests - and the number of affected nursing homes is going up. DPH is currently working on an analysis to evaluate the extent of outbreaks in nursing homes, and it is difficult to summarize right now. Dr. Leung added that DPH doesn't have great data on hospitalization rates and rates of symptom onset because that data requires a lot of effort on the part of the nursing home, and her team doesn't think nursing homes can take on that burden right now. 77% of nursing homes (164 of the state total) are in outbreak testing mode, which means they've had an outbreak among staff or residents in the past two weeks.

Resident epidemiologic curve: rose by 100 new cases last week. 87 nursing homes have had resident cases in the past two weeks.

While nursing home resident cases are increasing steadily, there is a sharper increase in the slope of staff cases; this suggests that nursing home outbreaks cannot be contained until community spread is tamped down.

Week to week nursing homes affected: though the blue bars (representing staff cases only) have gone down compared to last week, DPH is not yet ready to say that they have seen the plateau. However, Dr. Leung reported that DPH is seeing a slight slowing of the curve in terms of the sum of gray and orange bars (which captures residents affected).

Dr. Leung stated that care partners have tested every single resident between December 1st and 15th. Along with weekly staff testing, this means the rate of detection is near-perfect as compared to testing in the community.

Care partner testing volumes are staying high. Positivity rates from these tests are something DPH is watching, but the agency relies on it less and less since care partners are only providing a fraction of tests at this point as nursing homes do their own antigen testing.

The map of cases in nursing homes shows that geography of affected facilities is less well-defined now due to community spread. DPH is seeing numbers of staff-only cases in assisted living facilities similar to those in nursing homes.

## Other Business

Adelita Orefice shared that DPH is working actively to recruit additional beds in the eastern side of CT for COVID-19 recovery facilities (CRFs); currently have 330 beds in the network and plenty of capacity. Almost all facilities are fully operational. Presently, DPH is seeing an average length of stay of about 12-15 days. CRFs are meant to help hospitals and nursing home facilities cope, and DPH has sent guidance out to hospitals regarding discharges. Currently DPH has been in conversation with 6-8 facilities about CRFs.

In response to Sen. Formica's comments regarding locating a CRF in eastern CT, Ms. Orefice stated that DPH has heard L & M's concerns. While she recognizes that the existing CRFs are not close by, she encouraged L & M to utilize existing CRFs, as the patient stays are short-term.

Regarding Rep. McCarty's questions regarding point of care testing, Ms. Orefice confirmed that DPH is doing that at CRFs as well. The government has given facilities antigen testing kits, and the state is going to be supplying nursing homes with about a month's worth of testing, as well as additional PPE.

Ms. Orefice also shared a reminder about the Connect to Care Jobs website. She notes we hope to have data to share next week about how it is being used.

Ms. Orefice shared that the Advisory Committee on Immunization Practices (ACIP) has made a recommendation about prioritizing vaccination of nursing home and assisted living staff and residents; the governor is being briefed today for his sign-off on this vaccine distribution plan.

Rep. Cook asked about the CRF being set up in Torrington, and whether it is being established in a facility that already houses residents. Ms. Orefice confirmed that they are establishing the CRF in a vacant facility, even though the licensing makes it look like it is being established in a building with residents.

## Next Meeting

The next meeting will be held on Thursday, December 10 at 10:00 a.m. via Zoom.

## Adjournment

The meeting concluded at 11:18 a.m.