



Connecticut Association of Health Care Facilities



November 17, 2011

Governor's Two Storm Panel

Joe McGee (Co-Chair): Vice President, Business Council of Fairfield County

Major General James Skiff (Co-Chair): U.S. Air Force, Retired

c/o Office of Governor Dannel Malloy

Executive Chambers

State Capitol

Hartford, CT 06106

Dear Chairman McGee and General Skiff:

We are writing on behalf of the Connecticut Association of Health Care Facilities (CAHCF) and LeadingAge Connecticut to offer together the observations, comments and recommendations of our respective skilled nursing home members as Governor Malloy's Two Storm Panel continues its deliberations in the aftermath of Tropical Storm Irene and the October Nor'Easter.

Connecticut nursing homes made extraordinary efforts to protect the health, welfare and safety of their nursing home residents during both Tropical Storm Irene and the October Nor'Easter storms by implementing their longstanding "sheltering in place" policy where back up generators served to assure continuity of care for thousands of nursing home residents who otherwise would have gone without power. In addition, nursing homes made unprecedented efforts at facilitating transportation and other support for their employees in the storm's aftermath so that caregivers would be on site to meet the needs of the vulnerable nursing home population. Anecdotes are widespread of nursing home operators traveling Connecticut roads during and after the storm to transport stranded employees to and from work, and lodging and sheltering employees so they could care for residents. There are moving and compelling anecdotes of compassionate caregivers comforting residents and providing reassuring messages to families. Indeed, there are even stories of care being provided so seamlessly that residents had no knowledge of power even being out. There were no major life-threatening issues reported. Issues presented were nearly immediately addressed by the facilities themselves in concert with local or state officials.

However, our homes have a general concern that our tremendous success may be wrongly interpreted to mean that nursing homes did not experience major challenges and extraordinary and unanticipated costs in delivering care to our residents during and after the storm. This would be a mistake. There were major challenges and we are very concerned that a similar storm event

during the colder weather months would be considerably more challenging. For these reasons, we offer the following:

Background on Sheltering in Place – Back up Electricity Generation, its Costs and Challenges

Connecticut nursing homes implement a “sheltering in place” policy as the most beneficial protective measure for residents and staff during storm-related events, such as the prolonged interruption in electrical service. Nursing homes meet this challenge by assuring for back-up electricity through the use of gas/diesel or natural gas generators. The challenges and costs of ensuring emergency generator power including the cost of fuel for generators; the overtime, inspections and maintenance of generators; costs of stand-by generator units; and the upgrading of generator capacity as electrical technology grows in the health care setting. While nursing homes successfully employed back up electricity generation during the recent storms, the challenges and costs were exacerbated by the length of time many homes were without street power and particularly the cost of fuel.

We have inquired with the Connecticut Department of Social Services and the Department of Emergency Management and Homeland Security as to (1) whether Medicaid rate setting authorities found under 17b-340 allow for federal reimbursement when unanticipated and extraordinary costs have been experienced during and in the aftermath of the recent storms and (2) whether federal emergency assistance dollars that Connecticut State Government has requested of the federal government through FEMA be used for this purpose given the extraordinary effort Connecticut nursing homes have made and given that the beneficiaries are largely low income Medicaid recipients.

Finally, it should be noted that facilities are currently discouraged from upgrading aging facility generators because Medicaid rules have since 2009 frozen “Fair Rent” property adjustment, even though many nursing home operators see an industry wide need to upgrade generators to better assure for the health and safety of their residents.

Priority Electricity Restoration for Nursing Homes

Connecticut should have a policy where nursing home power restoration is considered among the highest priorities so that there can be a greater assurance for the continuity of care for nursing home residents and those placed in nursing homes for shelter during the outage. Nursing homes in the recent storms were dependent on generators, but during an extended outage, the utility companies cannot ignore nursing facilities based on an assumption that the generator power will remain reliant. In a regional disaster, one generator failure could result in a more critical emergency for the region if that failure were to force a skilled nursing facility to evacuate.

Other Costs and Challenges

Connecticut nursing homes incurred additional costs and challenges during their emergency operations. There were considerable communications issues in ensuring delivery of fuel for generators and in reaching generator repair and fuel vendors. There was an inability to reach physicians with phone lines down. Certain electronic patient records were inaccessible as well. It should be noted that nursing home staff made heroic efforts to come into work and to care for the elderly they serve, but many were unable to get to work due to blocked roads or were delayed due to difficulty obtaining gasoline. Nursing homes incurred the cost of staffing overtime, transportation, and meals.

Connecticut Region 3 Long Term Care Mutual Aid Plan

Seventy-eight nursing homes participate in the Region 3 Long Term Care Mutual Aid Plan which established a course of action and an agreed commitment among participating nursing homes to assist each other as needed in the time of a disaster. We can not speak highly enough of this initiative. Assistance may come in the form of:

- Providing pre-designated evacuation locations for patients during a disaster; and/or
- Providing or sharing supplies, equipment, transportation, staff or pharmaceuticals to a facility when a disaster overwhelms their own community or exceeds the capability of internal emergency operations plans.

This voluntary initiative was implemented because it has been identified in local, regional and national disasters that each community must have a proactive disaster plan and all disasters start locally. To supplement the State of Connecticut Emergency Support Function 8 (ESF 8 - Health & Medical) operations, this unique Region 3 Plan, coordinated through the Capitol Region Council of Governments (CRCOG) and the Capitol Region Emergency Planning Committee (CREPC) plan works to prepare all of the Region 3 healthcare facilities to stand together in a disaster with preplanned resources and assets. Benefits to the plan include:

- Preplanned Evacuation Strategy - fast evacuation (i.e. fire/gas leak) and delayed evacuation (i.e. Hurricane/Loss of Emergency Power.)
- Preplanned Supply, Equipment and Pharmaceutical Support when Isolated.
- Provides local public safety incident commanders with easy on-site access to user-friendly plans including contact information for evacuation resources and key personnel.
- Provides local EMS commander with resources needed to efficiently identify, transfer and track patients to pre-designated receiving sites.
- Development of proactive Communications for ALL parties (healthcare, emergency agencies).
- Ensures coordination with C-MED, Local Emergency Operations Centers (EOCs) and the Regional Coordinating Center (RCC) for management of resources and assets.
- Plan requirements meet DPH and Joint Commission community integration and disaster exercise requirements for Emergency Management.

Impact of the October Storm Illustrated in the Experience of the Connecticut Region 3 Long Term Care Mutual Aid Plan Participants

- 55 out of the 78 nursing home in Capitol Region were on generator, many for extended periods of time.
- Several generators did fail, because of extended time running. Some generators that needed servicing were deliberately shut down, and were difficult to get started again.
- Surge capacity was requested and received to allow for respite shelter and admissions taken during the storm. 15 homes applied for surge (exceeding licensed capacity) and 9 of these homes did go over capacity.
- The open beds available at one point during the week went from 350 to 200 in 12 hours (meaning that 150 admissions received by the 78 homes in 12 hours).
- Nursing home staff experienced transportation issues related to the gas station outages. There is a need to address the issue of emergency availability of fuel for health care employee and patient transportation.
- Questions were raised about communication channels between the nursing homes and hospitals and the hospitals' ability to get the list of nursing homes and available beds. While information was sent to the hospitals, it is not known if that information was passed down to the appropriate case managers.

Communications Issues

Participants in Region 3 report that it was very difficult to get information from nursing homes with no internet, some with no phones. These internal communication breakdowns must be addressed to assure for greater effectiveness in the future.

There was general applause for the Connecticut Department of Public Health and their leadership during and after the storms. They were responsive and forthcoming with information and assistance. They will be included in the discussions regarding improved internal communications.

Nursing Home Placement during a Widespread Emergency

The issue of nursing home placement was raised during the recent storms as hospitals were seeking short term placement for individuals presenting at the emergency rooms and home care agencies were seeking temporary placement for their clients facing outage challenges in the community. We would like to address this issue by providing an explanation of the current requirements of nursing home placement, raising the storm related issues that thwarted compliance with those requirements, and offering our assistance in developing emergency related alternative sheltering options within nursing homes.

Understanding the Regulation of Nursing Home Placement

There are strict rules applicable when admitting to a nursing home either from the hospitals, especially emergency rooms, or from the community. There are onerous and difficult admissions applications and a strict level of care preadmission screening rules. Admissions

cannot be accomplished without physician orders and as was stated earlier, communication with physicians was compromised during the outage. Finally, once a resident is admitted to a nursing home, the ability to discharge a resident back to the community once the emergency is over is encumbered by the transfer and discharge regulations that nursing homes must adhere to regardless of circumstance. While many nursing homes would be willing to accept individuals for respite shelter, there is currently no exception in the public health code or statute that would allow them to waive the admission or discharge regulations.

Understanding Payment Issues Regarding Nursing Home Placement

Connecticut nursing homes, like any other provider of health care services, must be paid for services rendered, even when under pressure of power widespread power outages affecting the elderly and disabled living in the community. A central payment issue during the outage was the inability of state officials to waive the three day qualifying stay required under Medicare needed to gain access to Medicare covered services for a skilled nursing stay.

Storm Related Issues that Hampered Admissions to Nursing Homes

Nursing homes are required to have a W-10 (patient information form) for every resident admission. This form approves the admission and must be signed by a physician. Nursing homes, hospitals and home care agencies experienced great difficulty in obtaining physician approval during and after the storms because of communication issues. In addition, admissions were complicated by the need to coordinate medications obtained in the community with nursing home provider pharmacies in a timely manner during the outage.

The Department of Social Services in concert with the Department of Public Health worked quickly to waive some of the aspects of the preadmission screening process for short term respite residents. While this was helpful, there was continued confusion regarding surge patient admissions vs. sheltering individuals with medical needs and the financial and regulatory liability involved in caring for these individuals. Addressing a short term regulatory and reimbursement solution for sheltering during future disasters would be very helpful.

Managing Expectations in the Face of Restrictive State and Federal Rules

The lessons learned from the storms lead us to recommend that a main area of focus must be in identifying ways to improve communications regarding the rules governing nursing home admissions and considering the possibility of waiving certain state and federal laws and regulations under emergency circumstances. We learned that there are many individuals in their homes requiring care and the risk associated with their care increases to dangerous levels during power interruption. A great many of those individuals, having no alternative, presented in emergency rooms causing the hospitals to immediately look for alternative placement in Connecticut nursing homes. However, as previously stated, there are limited opportunities to waive rules to accelerate admission to skilled care and the consequence was that too many Connecticut residents languished in a costly hospital environment. These events also put in sharp focus the major challenges Connecticut is facing as more and more care is provided in

community based settings to vulnerable populations as Connecticut pursues policies to expand choice and self direction in long term care. As stated earlier, one solution to these challenges would be to address the regulatory and reimbursement issues that would then allow for emergency sheltering in nursing homes and we would be more than willing to participate in those discussions.

We are happy to provide any additional information to the Two Storm Panel and would be happy to assemble a small panel of nursing home operators to meet and discuss the issues presented in this letter.

Sincerely,



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CAHCF



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(formerly CANPFA)

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