

CAHCF/CCAL

Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

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Written Remarks of Matthew V. Barrett, President/CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center For Assisted Living (CAHCF/CCAL) – Public Health and Human Services Committees Joint Informational Forum on the Connecticut Nursing Homes and the COVID-19 Pandemic.

Introduction.

Good afternoon Senator Abrams, Senator Moore, Representative Steinberg, Representative Abercrombie and to the distinguished members of the Public Health and Human Services Committees. My name is Matt Barrett, and I am the President and CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center For Assisted Living (CAHCF/CCAL), our state's trade association and advocacy organization of one-hundred and sixty skilled nursing facilities and assisted living communities.

Thank you for inviting the participation of our association in this forum. We applaud the committees for scheduling this forum, and especially appreciate that your invitation expresses the desire of the committees to learn from our experiences; respond to ongoing challenges; share best practices; continue to improve; and prepare for any future outbreaks. Connecticut nursing homes share your desires and pledge to work with you toward achieving these goals.

Comparing The Experience of Two Commonly Operated Nursing Homes: one with High COVID-19 and one with Low COVID-19.

I am pleased that several prominent members of CAHCF/CCAL are participating with me this afternoon. Later on the agenda, Paul Liistro, the operator of Manchester Manor and Vernon Manor Health Care Centers will be joined by administrator Angela Perry to discuss their experiences and important perspectives with their two nursing homes: one that had a high rate of Covid-19 in the facility, and one that had a low rate of Covid-19. We believe the unique perspectives that Manchester and Vernon Manor offer will be very informative to the committee in achieving the goals of today's informational forum.

Connecticut's COVID-19 Alternative Recovery Centers.

Erica Roman, the administrator of Northbridge Healthcare Center in Bridgeport and Donna Orefice, the administrator of Westfield Healthcare Center in Meriden are representatives of Athena Healthcare Systems, and they join me during this segment and will be discussing their experiences with establishing and operating two of Connecticut's Covid-19 Alternative Recovery Centers. We believe there is no better example of a successful public-private partnership in battling the insidious COVID-19 virus in our entire Nation than the work accomplished here in Connecticut with Governor Lamont and Connecticut state government, and Athena Healthcare Systems, in developing and implementing the COVID-19 alternative recovery centers. These centers addressed hospital capacity issues and were instrumental in Connecticut's strategy to cohort nursing home residents during the pandemic. They have also been available to cohort transfers from other nursing homes and congregate settings, such as assisted living communities and residential care homes.

We are pleased to be working with the state to continue operating these centers as a key strategy to prevent the spread of the virus in the anticipated fall resurgence of the virus. We believe that a key strategy to keep COVID-19 out of our general nursing home population and other congregate settings is starting the planning process now for assuring the ability to an alternative recovery center capacity of 1200 beds needed to defeat COVID-19 in our state.

Before introducing Erica and Donna, some brief background:

Background on COVID-19 and Nursing Homes: *What the Research is Telling us.*

COVID-19 has one unique feature that the world hasn't faced in a long time. That feature is that 40% of the people who become COVID-19 positive show few, if any, symptoms for several days before becoming sick. Even while showing few symptoms, they are infectious and can spread the virus, making the perfect implementation of traditional infection control ineffective in stopping its spread. In areas of the where there are large numbers of COVID-19 positive residents, it was inevitable that some of them would visit our facilities, and others would work in our buildings.

It wasn't a matter of bad operators getting COVID-19 and good operators not getting it. The facts indicate that your Five-Star rating, profit vs. not for profit status, or prior deficiency history are not predictors of whether COVID-19 gets in your buildings. The most important factor in determining whether COVID-19 ends up in a building is the surrounding community of where the building is located. If you are located in New York, you likely ended up with COVID-19 in your

building. If you are located in the rural Midwest, you are less likely to have COVID-19 in your building. It depends on the outbreak in the surrounding community, which impacts the number of carriers without symptoms.

The academics who have done a deep dive on this question agree. [Independent findings from researchers at Harvard, Brown, and the University of Chicago agree.](#) It is incredibly important that our staff, residents, family members, and policymakers understand this. Our staff and residents were victims of a virus that spread from carriers who didn't know they had it.

Once we learned that pre-symptomatic carriers were spreading this virus, we could only fight back if we had sufficient testing to figure out who had the virus and sufficient PPE to keep it from spreading. We couldn't get either. This is where our staff and residents became victims for the second time. We can do better:

Key Additional Recommendations:

1. Continue to work hard to make sure that COVID-19 cases in the community at-large are low. If cases spike in the community again, it is inevitable that cases will spike in long term care centers.
2. Be an absolute priority for testing and PPE. Those are the only ways we can stop or slow this down. It's not enough to mandate testing. Government officials need to make sure tests are available and provide funds to cover the costs.
3. Re-double our efforts on our internal infection control to minimize the risk of spread.

4. Re-open to visitors only when there is a very low rate of COVID-19 in the community and sufficient PPE exists to make the visits safe.

Connecticut Specific Additional Financial Assistance For Nursing Homes is Needed to Address the Low Nursing Home Occupancy Caused by the Pandemic.

Our Connecticut nursing homes will also continue to need your support of the Connecticut General Assembly as we continue to battle COVID-19 and prepare for a resurgence. I know you are acutely aware of the devastating toll the virus has taken on our residents, employees and nursing home operators. While the federal and state support provided to date has been a lifeline during the pandemic, Connecticut nursing homes will need further help to recover from the low occupancy and dramatic revenue losses caused by the pandemic. Our nursing homes will need your help to rebound to a position of strength so they can serve our ever aging frail and elderly residents from a position of stability.

CAHCF/CCAL has recommended to Governor Lamont that we begin a new discussion about increasing the state's commitment from the \$1.3 billion in federal Coronavirus Relief Funds for nursing homes. We need to look no further than the increasing number of states around the country that are seeing their COVID-19 numbers increase and the recovery plans falter. Connecticut nursing homes will be on the front lines in preventing this from happening in Connecticut now and into 2021.

Two forms of nursing home assistance are needed: **(1) to address the sector's substantial revenue loss, the sector requires the equivalent of a 25% Medicaid rate increase until June 30, 2021; and (2) nursing homes will need a second**

round of deferral on the next quarterly provider tax payment (due July 31), including a one-year repayment plan.

This concludes my remarks. Thank you again.

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