

Connecticut COVID-19 Recovery Facilities

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June 3, 2020 | 2020-R-0157

Issue

Provide a brief overview of Connecticut's COVID-19 Recovery Facilities (CRFs).

Summary

Connecticut is among a few [states](#), such as Idaho, Massachusetts, Michigan, and Utah, that have opened dedicated COVID-19 recovery facilities to treat infected patients who no longer require hospital-level care. Generally, these “step-down” facilities are located at former or existing nursing homes or in separate units or wings of existing nursing homes. They are intended to (1) help prevent further COVID-19 outbreaks at other nursing homes and (2) alleviate the burden placed on hospitals so that they can focus their resources on treating the most severe COVID-19 cases.

In April, Governor Lamont issued an executive order (EO) that established the state's first two COVID-19 Recovery Facilities (CRFs) at two existing nursing homes: Sharon Health Care Center in Sharon and Northbridge Healthcare Center in Bridgeport. The EO also authorized the Department of Public Health (DPH) commissioner to create additional recovery centers throughout the state as she deems necessary ([EO 7Y](#), § 6, Apr. 11, 2020).

According to DPH, as of May 7, the department has designated an additional eight Alternate COVID-19 Recovery Facilities (ACRFs) statewide at former free-standing nursing homes and in dedicated units or wings of existing nursing homes. These CRFs and ACRFs provide up to 858 beds statewide dedicated to treating COVID-19 patients.

To date, the governor has issued three EOs that specify requirements for the transfer of patients to and from these recovery facilities, discharge plans for COVID-19 patients, and additional federal emergency funding for these facilities.

Designated COVID-19 Recovery Facilities and Alternate Recovery Facilities

According to DPH, as of May 7, the state has two CRFs and eight ACRFs that provide up to 858 beds statewide for COVID-19 patients that step-down from hospital care. Table 1 lists these facilities, their location, and the number of beds they provide.

Table 1: Connecticut’s CRFs and ACRFs as of May 7, 2020

<i>Facility Name</i>	<i>Town</i>	<i>Operating Entity</i>	<i>Type</i>	<i>Number of Licensed Beds</i>
Sharon Health Care	Sharon	Athena Health Care	CRF	88
Northbridge Health Care Center	Bridgeport	Athena Health Care	CRF	146
Bayview Care Center	Waterford	Athena Health Care	ACRF	30
Crestfield Rehabilitation Center	Manchester	Athena Health Care	ACRF	60
Greenwich Woods	Greenwich	Unavailable	ACRF	44
Quinnipiac Valley Center	Wallingford	Genesis	ACRF	34
Riverside Health and Rehabilitation Center	East Hartford	National	ACRF	90
Silver Hill	New Canaan	Waveny Care Center	ACRF	120
Torrington Health and Rehab	Torrington	Athena Health Care	ACRF	126
Westfield Specialty Care Center	Meriden	Athena Health Care	ACRF	120
TOTAL BEDS				858

*Source, DPH email

On April 15, the governor issued an EO that suspended the state’s nursing home bed moratorium as of April 13 to allow for the additional beds created by these recovery facilities. Existing law’s moratorium generally prohibits the Department of Social Services (DSS) from approving requests to create new nursing home beds in the state unless certain conditions are met, including obtaining a certificate of need from the department ([CGS § 17b-354\(a\)](#)). The suspension of the moratorium applies only to (1) CRFs and ACRFs and (2) additional beds required at other nursing homes to receive transfers of COVID-19 negative residents from CRFs and ACRFs (“COVID-19 transfers”). DSS must decertify these new beds at the end of the governor’s declared public health and civil preparedness emergencies ([EO 7AA](#), § 1, Apr. 15, 2020).

Transfer of Nursing Home Residents to and From Recovery Facilities

COVID-19 Negative Residents

On April 11, the governor issued an EO authorizing CRFs and ACRFs to transfer current residents to other nursing homes if they have tested negative for COVID-19 and have not previously been infected. These residents must quarantine for 14 days upon arrival at the new facility ([EO 7Y](#), § 2, Apr. 11, 2020).

Notice of COVID-19 Transfers

The governor's April 11 EO also designates the transfer of residents with COVID-19 infections to CRFs and ACRFs as "emergency transfers" under existing law. In doing so, it allows nursing homes to make these COVID-19 transfers without providing advanced written notice of the transfer to the resident or the resident's legally liable representative, as is required by law ([CGS § 19a-535\(c\)](#)). The order instead requires nursing homes to provide the notification as soon as practicable ([EO 7Y](#), § 3, Apr. 11, 2020).

Medicaid Residents

Under existing law, Medicaid applicants have up to 60 days to transfer from a nursing home (1) that is closing or under receivership or (2) where the applicant was placed following the closure of his or her prior residence. Nursing homes may bypass their waitlists to admit these applicants ([CGS § 19a-533\(h\)](#)).

The governor's April 11 EO extends this timeframe from 60 days to up to one year for a Medicaid applicant who was subject to a COVID-19 transfer or transferred to a CRF or ACRF and tested negative for the illness ([EO 7Y](#), § 6, Apr. 11, 2020).

Residents Under Conservatorship

For nursing home residents under conservatorship, the April 11 EO eliminates the requirement for probate court hearings and orders for (1) transfers of hospital patients to CRFs and ACRFs, (2) transfers of COVID-19 negative residents from CRFs and ACRFs to other nursing homes, and (3) COVID-19 recovered discharges ([EO 7Y](#), § 5, Apr. 11, 2020).

Reserving Nursing Home Beds for COVID-19 Patients

Under existing law, nursing homes generally must reserve the bed of a hospitalized private-pay or Medicaid resident ([CGS § 19a-537\(b\)](#)). The governor's April 11 EO suspends this requirement if the hospital notifies the nursing home that post-hospitalization, the resident will be transferred to a CRF or ACRF due to a COVID-19 infection.

Under the order, nursing homes must allow the resident's return only if a bed is available and the resident has tested negative for COVID-19 on two separate laboratory tests at least 24 hours apart ([EO 7Y](#), § 1, Apr. 11, 2020).

Discharge Plans for COVID-19 Patients

Existing law requires nursing homes to provide residents they discharge with a discharge notice or plan. The governor's April 11 EO suspends this requirement for CRFs and ACRFs that discharge residents no longer infected with COVID-19 to non-institutional settings. Instead, the order requires these facilities to comply with [DPH regulations](#) on discharge planning requirements ([CGS § 19a-535](#)).

For these COVID-19 discharges, the order also suspends the requirement under existing law that facilities stay involuntary discharges that are appealed (1) pending the decision of the DSS commissioner, or her designee, and (2) for discharges the commissioner or designee deems lawful, for at least 15 days after the resident or the resident's legally liable representative receives the decision ([EO 7Y](#), § 4, Apr. 11, 2020).

Coronavirus Relief Funds for COVID-19 Recovery Facilities

The governor's May 13 EO requires the Office of Policy and Management (OPM) to authorize the DSS commissioner to distribute:

1. Coronavirus Relief Funds the state receives under the federal "Coronavirus Aid, Relief, and Economic Security Act" ("CARES Act," [P.L. 116-136](#)) to nursing homes using funding distribution methods the DSS commissioner establishes in consultation with OPM and
2. COVID-specific Coronavirus Relief Fund grants of \$600 per bed per day to CRFs and ACRFs to cover necessary expenditures incurred due to the COVID-19 pandemic.

The order also requires DSS, under OPM's direction, to complete monthly cost and expense reviews of each CRF and ACRF receiving grants, to consider expenses that were not reimbursed by other payors.

Nursing homes, CRFs, and ACRFs must use Coronavirus Relief Fund grants to cover necessary expenditures incurred due to the COVID-19 pandemic and report to DSS that the funds were used on eligible expenditures in accordance with related federal requirements and guidance ([EO 7NN](#), §§ 5 & 6, May 13, 2020).

Additional CRF Hardship Relief for Nursing Homes

The May 13 EO allows the DSS commissioner, under OPM's direction, to make additional Coronavirus Relief Fund distributions to nursing homes that request additional hardship relief funding. The commissioner must consult with OPM when reviewing these requests and consider various factors, such as whether the nursing home has (1) explored other COVID-19 federal funding opportunities and (2) complied with infection control measures, guidance on personal protective equipment, and required staffing configurations to reduce COVID-19 transmission.

Nursing homes that receive this additional funding must demonstrate to DSS that it was used for eligible COVID-19 related expenditures in accordance with the Coronavirus Relief Fund and related federal requirements and guidance ([EO 7NN](#), § 7, May 13, 2020).

Rehearing and Appeal of Coronavirus Relief Fund Determinations

The May 13 EO allows the DSS commissioner and OPM secretary to establish additional standards or policies on Coronavirus Relief Fund distributions that they deem appropriate.

Under the order, DSS and OPM determinations on Coronavirus Relief Fund distributions and allocations to nursing homes, CRFs, and ACRFs are not considered Medicaid payments and therefore are not subject to reconsideration, rehearing, or appeal under existing law ([EO 7NN](#), § 8, May 13, 2020).

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