



# Agenda

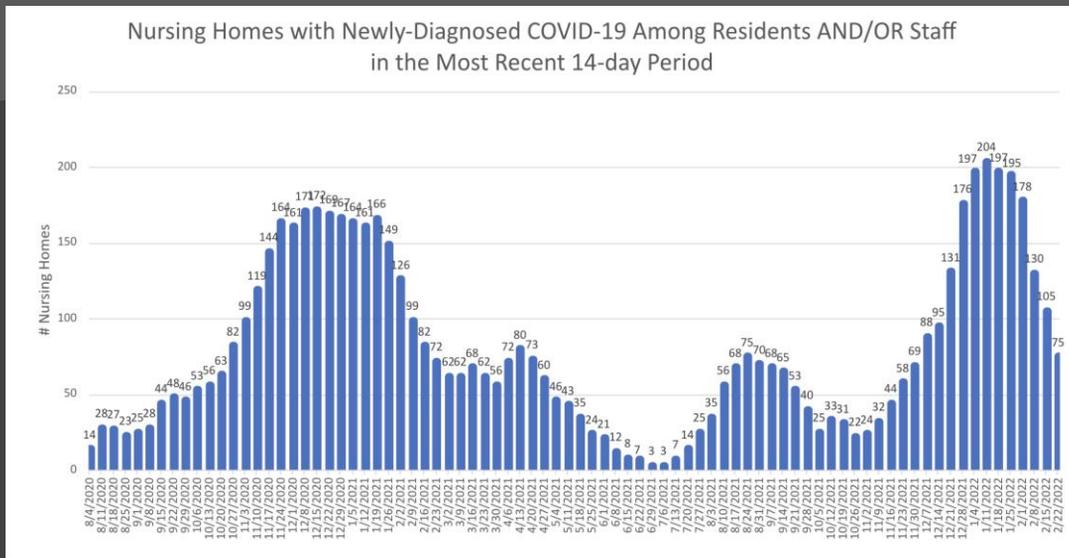
## HAI-AR

- \* Nursing Home Data
- \* Celltrion DiaTrust COVID-19 Ag Rapid Tests
- \* Community Levels vs Community Transmission
- \* Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19
- \* Pre-exposure Prophylaxis

## FLIS

- \* CMS COVID-19 Health Care Staff Vaccination Requirements Infographic
- \* EO 14B – Vaccine Booster Mandate for LTC
- \* EO 14F Visitation – Vaccine and Testing

1

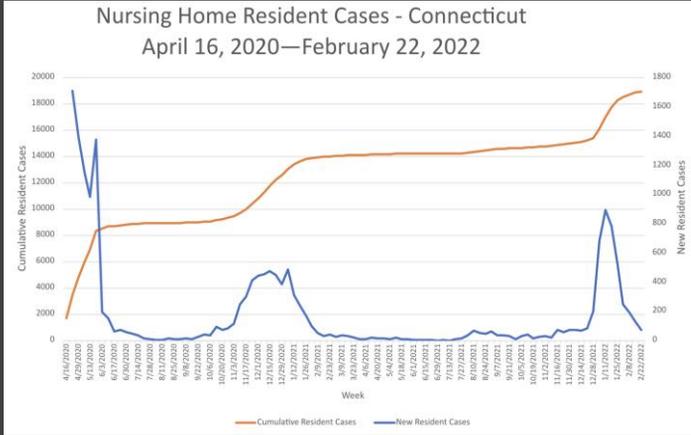


2

# Nursing Home Resident Incidence, statewide

April 16, 2020 – February 22, 2022

Resident Census: 18,056

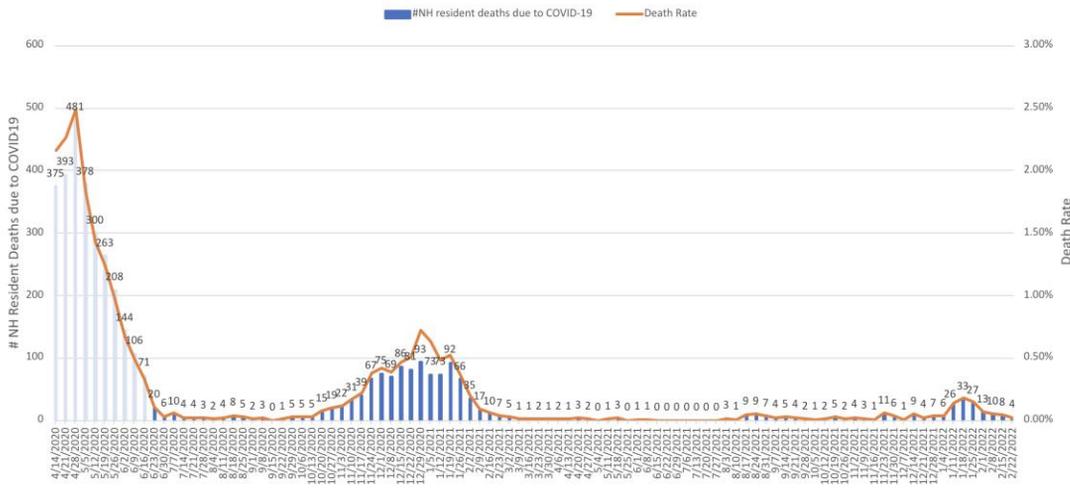


Date Reported	New Resident Cases (diagnosed that week)
7-Dec	73
14-Dec	66
21-Dec	84
28-Dec	197
4-Jan	680
11-Jan	893
18-Jan	783
25-Jan	519
1-Feb	248
8-Feb	192
15-Feb	131
22-Feb	70

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	39 (-30)
No new res. cases, >2 weeks	166

3

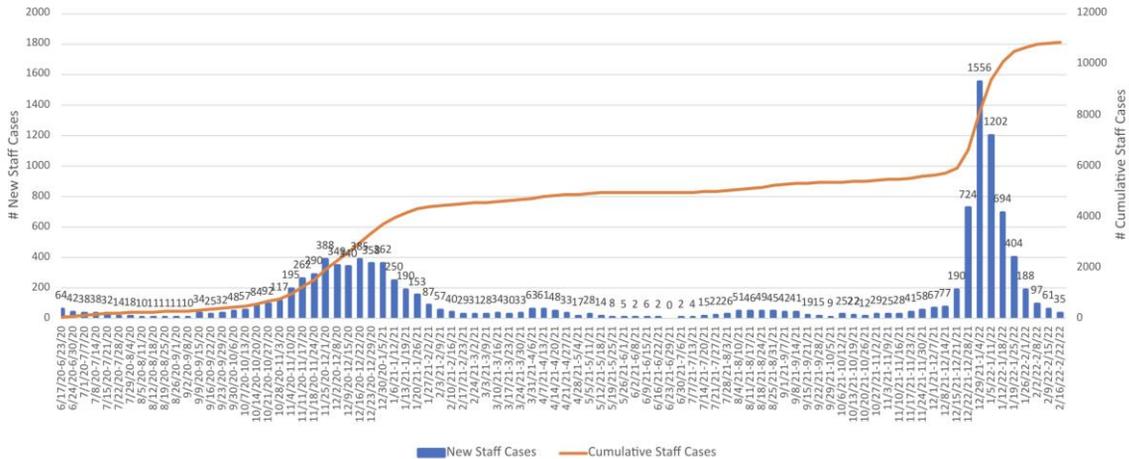
## Nursing Home Resident Deaths Associated to COVID -19 4/15/2020 —2/22/2022



Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

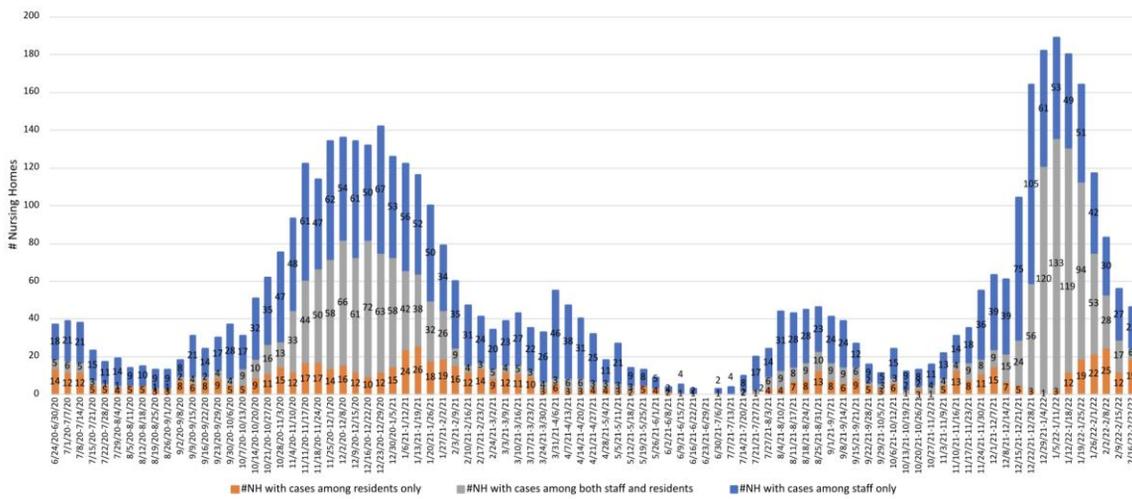
4

### Staff Cases in Connecticut Nursing Homes June 17, 2020— February 22, 2022

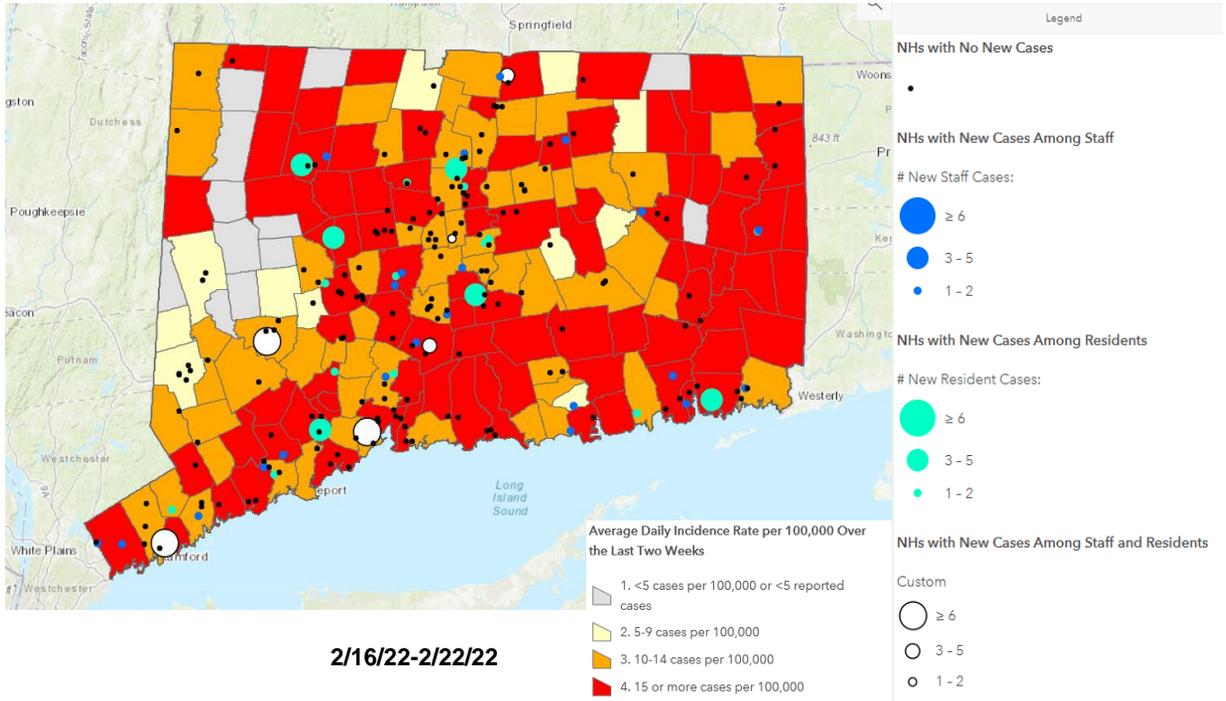


5

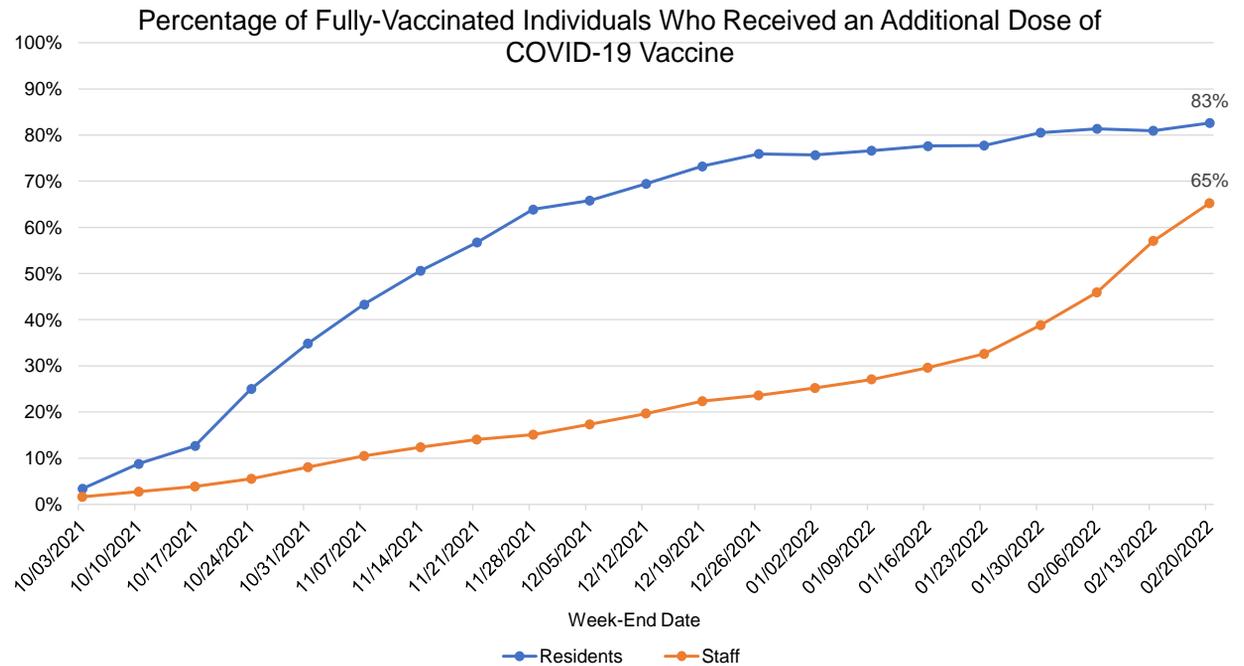
### Nursing Homes with Positive Staff or Residents June 17, 2020—February 22, 2022



6

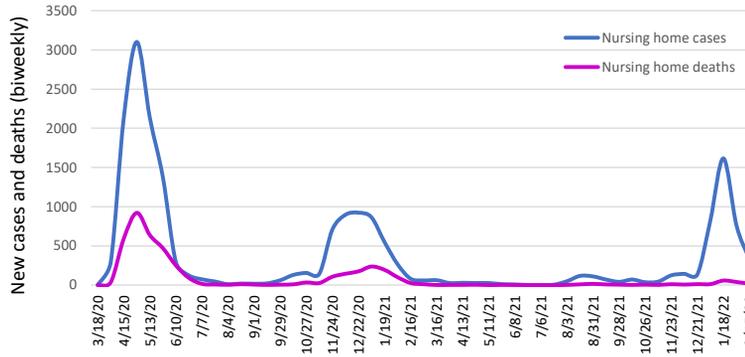


7



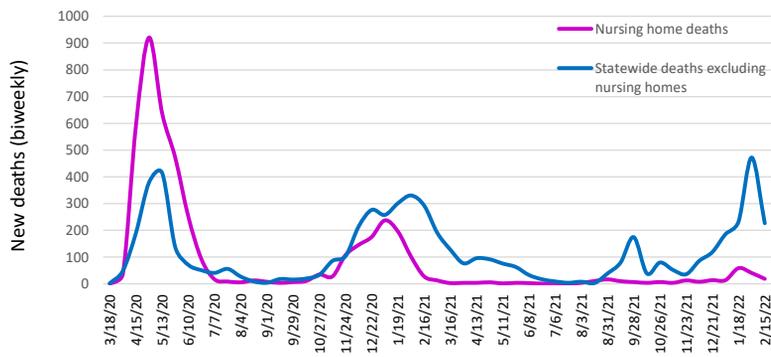
8

### COVID-19 cases and deaths in Nursing Homes



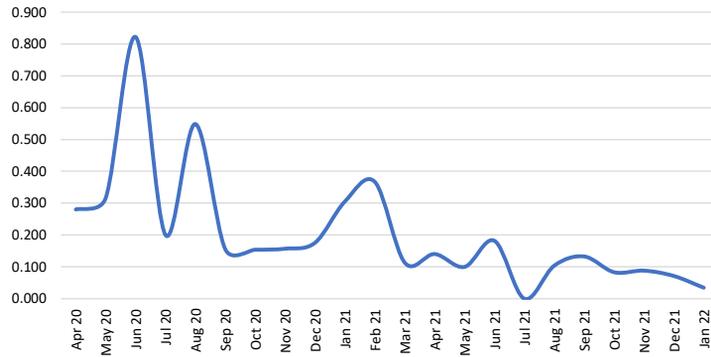
9

### Statewide and nursing home COVID-19 deaths



10

Monthly nursing home death-to-case ratio



**Death-to-case ratio:**

$$\frac{\text{Number of COVID-19 attributed deaths per month in nursing homes}}{\text{Number of incident COVID-19 cases during the same month in nursing homes}}$$

Similar to case-fatality-rate except that deaths in the numerator are not restricted to incident cases in the denominator

11



## COVID-19 Community Levels Vs Community Transmission

### COVID-19 COMMUNITY LEVELS

**Classifications:** Low, Medium, High

**Combination of 3 Metrics:**

1. New COVID-19 admissions per 100,000 population in past 7 days
2. Percent of staffed inpatient beds occupied by COVID-19 patients
3. Total new COVID-19 cases per 100,000 in past 7 days

\*CDC recommends using community levels to help determine prevention measures for individuals and communities

Community level recommendations **DO NOT** apply for healthcare settings.

### COMMUNITY TRANSMISSION

Focuses on how much diseases is spreading within the community

**Classifications:** Low, Moderate, Substantial, High

**Combination of 2 Metrics:**

1. Total new COVID-19 cases per 100,000 persons in the last 7 days
2. Percentage of positive SARS-CoV-2 diagnostic nucleic acid amplification tests (NAAT) in the last 7 days

Health care settings should continue to use [CDC's infection prevention and control recommendations for healthcare settings](#) which use community transmission as a metric for stratifying some IPC measures (e.g., use of source control, routine testing).

Nursing homes will continue to use community transmission

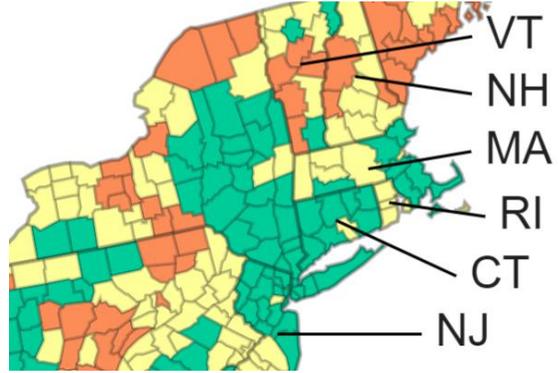
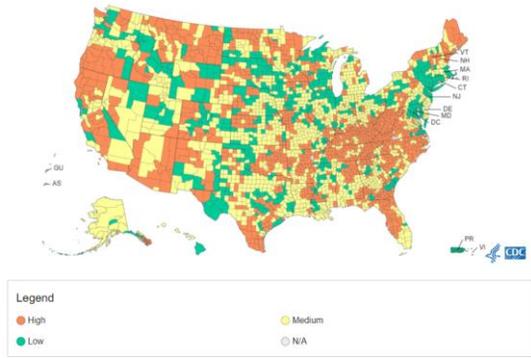
Source: [COVID-19 Community Levels](#) and [United States COVID-19 County Level of Community Transmission](#)

12



**U.S. COVID-19 Community Levels by County**

Data provided by CDC  
Updated: Feb. 24, 2022



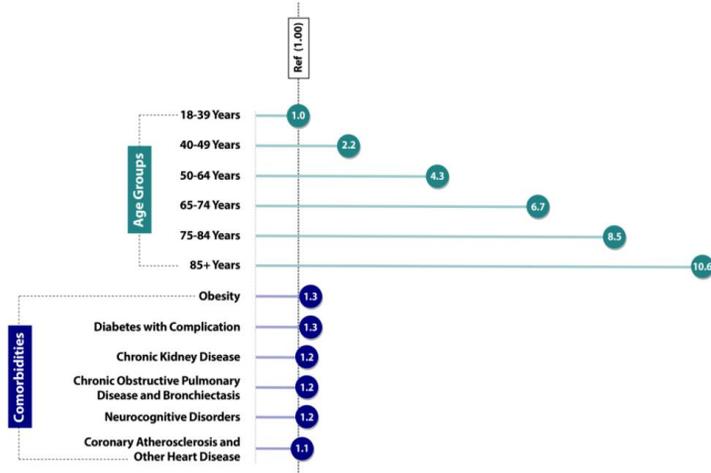
Source: [COVID-19 Community Levels](#)

13



**Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19**

**COVID-19 Death Risk Ratio (RR) for Select Age Groups and Comorbid Conditions**



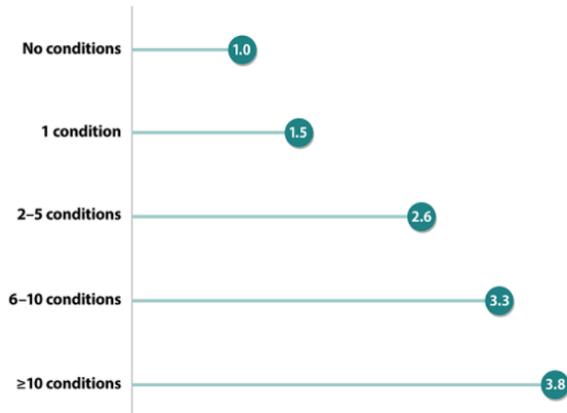
Source: [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals](#)

14



Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19

**COVID-19 Death Risk Ratio (RR) Increases as the Number of Comorbid Conditions Increases**



Source: [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals](#)

15



**Celltrion DiaTrust™ COVID-19 Ag Rapid Tests**

- HHS is shipping each SNF about 4 tests per resident
- Celltrion tests will be distributed to CT between the weeks of 3/7 and 3/21
- May differ from ones previously used
  - require nasopharyngeal specimen collection

SNFs and ALFs that have already been receiving BinaxNOW tests directly from Abbott will continue to receive these

16



## Pre-exposure Prophylaxis

Residents with moderate to severe immune compromise may benefit from added protection with a long-acting monoclonal antibody product EVUSHELD, used in conjunction with vaccination



Expected to offer 6 months of protection, the product involves two IM injections of two monoclonals: Tixagevimab and Cilgavimab given at the same time

If eligible residents are identified, medical directors can order the product to be administered on site

The product is being procured by the US government so there is no cost to facilities or residents

17



## FLIS Updates

- \* CMS COVID-19 Health Care Staff Vaccination Requirements Infographic
- \* EO 14B – Vaccine Booster Mandate for LTC
- \* EO 14F Visitation – Vaccine and Testing

18



# Health Care Staff Vaccination

## COVID-19 Vaccination Requirements for Health Care Providers and Suppliers



If you are one of the following Medicare or Medicaid providers or suppliers, the CMS staff vaccination requirement applies to you:

- Ambulatory Surgery Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- End-Stage Renal Disease Facilities
- Home Health Agencies
- Home Infusion Therapy Suppliers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long Term Care facilities
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Rural Health Clinics/Federally Qualified Health Centers

### How is this requirement enforced?

#### Onsite Survey Reviews for:

- ✔ Plan for vaccinating all eligible staff to meet thresholds listed above
- ✔ Plan to provide accommodations to those who are exempt
- ✔ Plan for tracking and documenting staff vaccinations
- ✘ Facility is out of compliance and subject to citations if the above is not met



**Facility Citations**  
Based on severity of deficiency

Opportunity to come into compliance



If facility does not return to compliance, it is at risk for additional enforcement actions, including losing Medicare or Medicaid payment



### How do I meet this requirement?

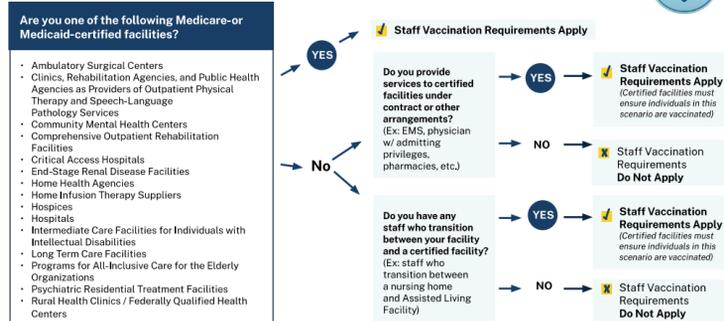
Phase 1 Requirements	Phase 2 Requirements
Facilities must have all policies and procedures in place for ensuring staff are fully vaccinated, providing exemptions, and tracking staff vaccinations.  Staff at all health care facilities included within the regulation must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its patients.	Staff must be fully vaccinated (with the exception of those who have been granted exemptions from the COVID-19 vaccine or for those staff for whom the COVID-19 vaccination must be temporarily delayed, as recommended by CDC).

Source: CMS Current Emergencies-Clinical and Technical Guidance "COVID-19 Health Care Staff Vaccination Requirements Infographic"



# Health Care Staff Vaccination

## Do the CMS staff vaccination requirements apply to my facility?



**How do I know if I'm a certified facility?**

- You have gone through the Medicare enrollment process
- Have received a survey by State Survey Agency or CMS approved Accrediting Organization
- Received a National Provider Identifier (NPI) and CMS Certification Number (CCN)
- Can bill Medicare for services
- Medicare pays for services

You can verify whether you are certified via QCOR

**If the staff vaccination requirements apply, your facility must:**

**For Phase 1:**

- Facilities must have all policies and procedures in place for ensuring staff are fully vaccinated, providing exemptions, and tracking staff vaccinations.
- Staff at all health care facilities included within the regulation must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its patients.

**For Phase 2:**

- Staff must be fully vaccinated (with the exception of those who have been granted exemptions from the COVID-19 vaccine or for those staff for whom the COVID-19 vaccination must be temporarily delayed, as recommended by CDC).

**Note:** The staff vaccination requirement does not apply to full time telework staff.

Source: CMS Current Emergencies-Clinical and Technical Guidance "COVID-19 Health Care Staff Vaccination Requirements Decision Tree Graphic"





## EO 14B – Vaccine Booster Mandate for LTC

- Signed on January 6, 2022
- Amended by Special Act 22-1 signed into law on February 15, 2022
- Extends deadline for compliance (vax and booster vax) to March 7, 2022
- DPH issued revised guidance on March 1, 2022
- New Reporting Deadline: 11:59 pm on March 8, 2022
- Effective through April 15, 2022

21



## EO 14B – Vaccine Booster Mandate for LTC

### Reporting through the FLIS Portal

#### 3 Choices - pick ONE only:

- “I am providing information regarding covered LTC workers ONLY for the facility listed above.” *You will be asked to complete Sections 10 and 11.*
- “I am providing information regarding covered LTC workers for the facility listed above AND for the following affiliated facilities (Combination Report).” *You will be asked to identify these affiliated facilities using drop-down boxes and directed to complete Section 10 and 11.*
- “Another facility is reporting on behalf of the facility listed above as part of a Combination Report.” *This is the option to choose if you are NOT reporting numbers and vaccination status for covered LTC workers because an affiliated facility is reporting on your behalf. You will be asked to identify the facility reporting on your behalf.*

**Every facility must submit a report**

22



## EO 14F Visitation – Vaccine and Testing

---

- Governor signed Executive Order 14F on January 19, 2022, to help make nursing home visitation safer during the omicron surge. **Ends on March 15, 2022, under Special Act 22-1**
- Under the EO, all nursing homes shall require visitors or essential support persons (as defined in Public Act 21-71) prior to visiting a nursing home resident to either:
  - ❑ provide proof that they are fully vaccinated against COVID-19 and, if eligible under FDA or CDC guidance, have received a COVID-19 vaccine booster; or
  - ❑ provide paper or electronic proof of a negative COVID-19 test result from either:
    - a rapid antigen test completed within the previous forty-eight (48) hours; or
    - a polymerase chain reaction (PCR) test completed within the previous seventy-two (72) hours; or
  - ❑ take a rapid antigen test at the nursing home in a form and manner as directed by the Department of Public Health.

23



## Visitation – Vaccine and Testing

---

- Under the EO, nursing homes shall deny entrance to any visitor or essential support person who tests positive for COVID-19 OR any visitor or essential support person who refuses to take a rapid antigen test provided by the nursing home
- A nursing home shall NOT deny entrance to any visitor or essential support person who is willing to take a rapid antigen test but is unable to because the nursing home is not able to provide a rapid antigen test
- The EO is intended to be consistent with CMS visitation requirements.
- The EO ends on March 15, 2022

24



## Upcoming

---

### Essential Support Person Policies and Procedures

- DPH is working to issue policies and procedures by mid-March
- DPH will schedule a webinar to review the policies and procedures once final

### Vaccine Survey

### Legionella Workshop