What do they do, how many there are, and who gets in?

LTCF for veterans; four levels of care
- Virginia’s veterans care centers deliver four levels of care to Virginia’s veterans:
  1. Skilled nursing
  2. Alzheimer’s/memory
  3. Rehabilitation
  4. Assisted Living (domiciliary) – Roanoke only

All 50 states have them
- 157 state veterans homes (SVHs)
- All 50 states and Puerto Rico
  - CA, TX = 8 SVH each; FL, MO, and OK = 7 each
  - First SVH established 1864 (Connecticut)
  - Federal operating supplement – 1888
  - Federal construction grants – 1930
  - More planned: 12 new construction and 8 bed replacement projects on USDVA FFY20 priority list

Virginia has two and is building two more
  1. Virginia Veterans Care Center, Roanoke (1992)
  2. Sitter & Barfoot Veterans Care Center, Richmond (2007)
  3. Jones & Cabacoy Veterans Care Center, Virginia Beach (2022)
  4. Puller Veterans Care Center, Vint Hill, Fauquier County (2022)

Eligibility requirements vary by state
- Residency (current, minimum number of years, etc.)
- Character of military service (honorable discharge, other than dishonorable, etc.)
- Veteran has medical need for level of care provided
- SVH can provide level of care the Veteran needs
- Period of service (all periods, wartime, etc.)
- Means test (ability/non-ability to pay)
- Non-veteran (spouse, Gold Star family member)
New Veterans Care Centers – Overview and Timeline

Jones & Cabacoy Veterans Care Center
• 25 acres donated by the City of Virginia Beach
• Named for two Virginia heroes:
  o Col William A. Jones, III, USAF, MOH recipient, Vietnam
  o SSgt Christopher Cabacoy, U.S. Army, Killed in action, Afghanistan, 2010. Virginia Beach native

Puller Veterans Care Center
• 30 acres donated by Vint Hill EDA and Vint Hill Village (Fauquier County)
• Named for three Virginia heroes/public servants:
  o Lt General Lewis B. (Chesty) Puller
  o Lewis B. Puller, Jr.
  o Linda T. (Toddy) Puller

<table>
<thead>
<tr>
<th>Event/Milestone</th>
<th>Puller VCC</th>
<th>J&amp;C VCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>State funding committed</td>
<td>2015/16</td>
<td>2015/16</td>
</tr>
<tr>
<td>Land donated</td>
<td>2016</td>
<td>2016</td>
</tr>
<tr>
<td>Design complete</td>
<td>March 2019</td>
<td>March 2019</td>
</tr>
<tr>
<td>VA awards matching grant</td>
<td>December 2019</td>
<td>December 2019</td>
</tr>
<tr>
<td>Contract signed with CM</td>
<td>March 2020</td>
<td>March 2020</td>
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<tr>
<td>Construction started</td>
<td>March 2020</td>
<td>March 2020</td>
</tr>
<tr>
<td>Month -8 (hiring starts)</td>
<td>July 2021</td>
<td>December 2021</td>
</tr>
<tr>
<td>Construction complete</td>
<td>January 2022</td>
<td>June 2022</td>
</tr>
<tr>
<td>Month 1 (1st residents admitted)</td>
<td>March 2022</td>
<td>August 2022</td>
</tr>
<tr>
<td>Month 3 (“regular” cycle of admissions begins”)</td>
<td>June 2022</td>
<td>November 2022</td>
</tr>
<tr>
<td>Month 17 (target for full occupancy)</td>
<td>August 2023</td>
<td>January 2024</td>
</tr>
<tr>
<td>Month 20 (target breakeven)</td>
<td>November 2023</td>
<td>April 2024</td>
</tr>
</tbody>
</table>
Household Interior
Resident Courtyard
Staffing, Census, and Funding: Basis/Assumptions

• Staffing:
  • 24/7/365 operations – three shifts/day, plus M-F employees
  • “Whole Person” approach to care – blends medical care with recreational, therapeutic, and social opportunities that contribute to overall physical and mental health/well being
  • Operate the care centers as symbols of the Commonwealth’s commitment to her veterans
  • Hire/train/retain a team dedicated to delivering exceptional, personalized care
  • Households are basic unit of direct care delivery. Direct care staffing in multiples of 8 (ex. 1 CNA for 8 residents, 1 LPN for 16 residents, etc.)

• Census
  • Admissions will average 2/week (or 8/month) until full occupancy (assumes that there will have to be some weeks with 3 admissions/week to make up for losses
  • Target = 95% or greater occupancy

• Revenue:
  • 55% of residents will be Medicaid; 30% will be VA SCD (i.e. residents who have 70-100% service-connected disability rating; 10% will be private pay (mainly asset drawdown prior to Medicaid qualification); and 5% will be Medicare.
  • Proposed change in GOV Introduced budget will help revenues
Start-up funding and initial operating funds
Basis/Assumptions

• First staff hired in Month -8
• First residents admitted in Month 1
• Full census (95% or better) will be reached around Month 17
• Revenues catch up 2 months later (Month 19)
  • DVS VCCs operate on a reimbursement basis
  • At the end of the month, DVS bills payer source (Medicaid, Medicare, etc.)
  • 30-60 days later, receive reimbursement check
• Working capital advance (from state treasury) authorized: will cover start-up to break even
• New buildings – should require no major capital/maintenance reserve projects for 4-5 years
• Funding for equipment replacement (ex. – wheelchairs, lifts, etc.) and “routine maintenance” (ex – carpet replacement) will be needed sooner
Hiring Begins Eight Months Prior to Opening

• First Hire is the Administrator
• Next are Director of Nursing, HR Director, Finance Director, Facilities Manager, and Admissions Director

NOTE: Jones & Cabacoy VCC hiring: shift five months to the right
Staff Levels plateau in Month 15; Census in Month 17/18

- Staff must be hired/trained before residents are admitted
- Admissions will look like a “stair step” pattern: 10 new admissions and 2 discharges per month until target census (95%) occupancy is reached in Month 17

Staffing Levels and Average Census

- Staffing Levels - Puller
- Average Census - Puller
- Staffing Levels - J&C
- Average Census - J&C
QUESTIONS/COMMENTS?