

BVS POC REPORT – VETERANS CARE CENTERS (VCC)

1. Date of Report: August 5, 2022
2. BVS POCs: Thurraya Kent, Kathy Owens, John Bell
3. Service Area/Program: Veterans Care Centers
4. DVS Director/Program Manager:
 - Virginia VCC (Roanoke) Administrator Todd Barnes;
 - Sitter & Barfoot VCC Administrator Robyn Jennings;
 - Jones & Cabacoy (Virginia Beach) VCC Administrator Patrick Shuler;
 - Puller VCC (Warrenton) Administrator Brock Bakos;
 - Chief Deputy Commissioner Steven Combs
5. Mission of service area/program (i.e. what does it do?):

The Commonwealth of Virginia has two fully operational Veterans Care Centers (VCCs) Two VCCs, also referred to as state veterans homes, are in the final stages of construction.

- Virginia Veterans Care Center (VVCC), Roanoke, 224 beds;
- Sitter & Barfoot Veterans Care Center (SBVCC), Richmond, 200 beds;
- Jones & Cabacoy Veterans Care Center, Virginia Beach, 128 beds (under construction);
- Puller Veterans Care Center, Fauquier County, 128 beds (under construction)

The Virginia Department of Veterans Services (DVS) operates VCCs in a manner that provides veteran residents with exceptional care in a home-like environment and enhances their sense of well-being

DVS:

- Takes a whole person approach that focuses not just on providing physical health care to residents, but also providing recreational, therapeutic, spiritual, and social opportunities that contribute to overall physical and mental health;
- Operates the care centers as symbols of the Commonwealth's commitment to her veterans; and
- Serves the greatest possible number of veterans by maintaining the highest practical facility census at state VCCs

6. Who does the service area/program serve (i.e. who are the customers)?

The VCCs serve veterans of the armed forces who received an honorable discharge and who currently reside in or entered the armed forces from Virginia.

The VCCs offer four types of care. The number of rooms allocated to the types of care varies by VCC and community need:

- a) Skilled nursing care;
- b) Alzheimer's/memory care;
- c) Short-term rehabilitative care; and
- d) Assisted living/domiciliary (VVCC only).

Admission to VCCs is based on medical necessity – potential residents must require the level of care the VCCs provide and the VCCs have to be able to provide the level of care the potential resident needs.

7. What are the service line's primary objectives?

The primary objectives of the VCCs is to provide Virginia's veterans with affordable first-class facilities for long-term skilled nursing care, memory care, and short-term rehabilitative care in a caring and dignified setting appropriate for men and women who have served our country with honor.

8. What are the key results that support the objectives?

The key results that can be measured are inspection and certification results, client satisfaction, family satisfaction, and census.

9. What specific objectives (end of FY2022, end of FY2025) has the service line established and what progress has the service line/program made toward achieving the objectives?

The VCCs have recognized and responded to the changing needs of potential residents to ensure the VCCs are meeting veterans and their families at the point of need. The rising trend of families caring for veterans at home has resulted in decreased demand for assisted living services. VVCC is phasing out assisted living services and redirecting resources to rehabilitative services, allowing veterans to get this level of care within the community they trust.

10. What are some operational highlights from the past year?

J&C VCC filled several key staff positions including administrator, director of nursing, and operations director. Construction of JCVCC is 98% complete and the facility anticipates taking its first residents in December 2022.

The Puller VCC Administrator is on board. Key staff positions, including Director of Nursing, HR Director, and Executive Assistant, are in the process of being filled. Other positions are being advertised. Construction is 90% complete and the facility anticipates taking its first residents in April/May 2023.

SBVCC

- Increased emphasis on recruiting, resulting in hiring new CNAs.

- Established a partnership with Bryant and Stratton College to facilitate and encourage new graduates to apply for open positions at SBVCC.

VVCC:

- After a yearlong process of applying for licensure through the Department of Health's Office of Licensure, VVCC was approved to begin offering classes for individuals to obtain their Certified Nursing Assistant (CNA) license. The class is a six-week course which includes classroom instruction and on the job clinical experience to provide a solid foundation as a career as a CNA. Upon completion of the class, individuals are eligible to sit for their exam and upon receiving a passing score they are awarded their license. By providing this service and offering wage status employment beginning on day one of the class, VVCC has been able to recruit several new employees from a source that previously did not exist. VVCC's first in house CNA class in took place in January. We have completed three classes this year resulting eight new CNA's filling full-time positions.
- VVCC renewed its partnership with the ECPI nursing program to facilitate new graduates completing clinical requirements in VVCC. Graduates will also be encouraged to apply for open positions at VVCC.
- Implemented new flexible shifts in nursing to improve staffing numbers and recruitment. This allows for 4hr, 8hr, 12hr and 16hr shifts for nurses. 12 hr. shifts have also be implemented for retention of CNAs.
- Received one low-level deficiency on annual survey. State average number of deficiency is 10-15.
- Achieved 5 STAR rating – the highest rating given by CMS

11. What type of outreach did the service line conduct and what are the results?

VVCC:

- Held two open houses in the past year for recruitment of staff resulting in hiring of five CNA's and 10 nurses.
- Established a new association with the Bedford County chamber of commerce for referrals.
- Participated in local job fair at Salem Civic center.

SBVCC:

- Participated in different job fairs to recruit staff and held on on-site job fair, which resulted in hiring two new nurses.
- Continued marketing to outside facilities and agencies such as Assisted Living Communities, Hospitals, and different veteran organizations has helped with publication of the facility, and has resulted in a few new admissions.

J&C VCC and Puller VCC:

- Limited outreach so far, as buildings are still under construction and staff is being hired.

- Two to three months prior to opening, outreach efforts will ramp up, with community open houses, hiring fairs, and connections with local hospital discharge planners.

12. What, if any, new initiatives/innovative solutions were launched during the past year?

VVCC:

- VVCC began recruiting and hiring med techs this year for the first time to help with resident care on our domiciliary and short-term rehab units.
- VVCC also applied for and received a grant to designate and supply a multi-sensory room. This room has proven to enhance feelings of comfort and well-being, relieve stress and pain and maximize a person's potential to focus, all of which help improve communication and memory.

SBVCC:

- SBVCC re-vamped how it runs the memory care neighborhood. They have added additional staffing and a Programming Specialist that is receiving specialized training for memory care. Additional staff will also take the training to enhance the knowledge and skills of those caring for veterans needing the memory care neighborhood.

13. What are the biggest challenges facing the service area/program at present.

- Staffing shortages. Industry-wide staffing shortage means that VCCs must compete for high quality personnel. Health care personnel are in high demand and are being lured to travel nursing companies and other entities that offer significant higher pay, high sign-on bonuses and unique benefits like daily pay or weekly pay. Without adequate staffing, VCCs cannot reach census which has a direct impact on center funding and ability to support the Commonwealth's veterans.
- Strategy for repayment of Working Capital Advance (WCA) – start-up funding for J&C and Puller VCCs.

DVS VCCs do not receive revenue from the general fund. The current business model is to rely on facility-generated revenue for operations and this does not provide significant overage for long-term planning or unexpected significant expenses. Most DVS VCC revenue comes from payer sources (Medicaid, Medicare, and VA) that are capped, limiting DVS's ability to generate significant "extra" revenue. Also, raising rates too much would essentially "price out" veterans with fewer means, the very population the VCCs are designed to serve.

The primary driver of nursing home costs is staffing. Generating excess revenue (such as to pay back a WCA) means keeping staffing costs to a minimum, which runs counter to delivering top-quality services. DVS must also pay competitive

wages in a tight health care labor market, which limit ability to reduce staffing costs.

14. How does delivering the service/program help Virginia's veterans?

The VCCs provide affordable, long-term nursing care for Virginia's veterans. They are first-class facilities designed to enhance quality of life with a clean, caring, and dignified setting appropriate for those men and women who have served our country with honor. Many veterans and their families find comfort in high-quality veteran-specific care.

15. By helping the veteran, how does it help the Commonwealth?

The VCCs are symbols of Virginia's commitment to serving those who served and over the years become centers of their communities. Additionally, each VCC benefits the local economy by employing more than 200 people and keeping veterans in the Commonwealth.

16. What strategic opportunities are there for the future?

Providing short term rehabilitation services

17. What else do you want the Board to know about this service area?

There is an unforeseen provision with the implementation of the Military Medics and Corpsmen (MMAC) program that means that MMAC personnel are not "certified" to fill valued positions at VCCs. This means that our military veterans who treat and save lives on the battlefield are unable to transition those skills to serve veterans at our VCCs. The BVS should lead the effort to fix this technical oversight in the current policy.

VCCs rely on facility-generated revenue for operations. The revenue comes from non-general fund sources, including Medicaid, Medicare, U.S. Department of Veterans Affairs payments for service, and private pay. A \$16m Working Capital Advance (WCA) was authorized for FY23 to fund operations at the Jones & Cabacoy VCC and the Puller VCC from start-up (Month -8) to break-even (Month +19). Target break-even census is at least 90%, with a goal of 95% or higher. Additional WCA funding will be needed in FY24, and potentially into FY25. Only after the VCCs reach the break-even point will there be the timely data needed to determine when (if) the WCA can be repaid.