CALVET
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

VETERANS HOMES DIVISION

Little Hoover Commission Hearing

Written Testimony

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Admissions and Priorities

Admission Qualifications

To be admitted to the Home we require the following:

1. Age 55 or Over, or have a disability
2. Served in the military and were honorably discharged
3. Still able to live independently or qualifies for a higher level of care offered at one of the Homes.
4. A California resident.
5. Able to live with and get along with other people in a structured communal environment.
6. Prior to admission, veterans must be enrolled in a qualified health insurance plan that covers long-term care and specialty medical care.

Priorities

Priority Admissions:

- Former POWs
- Medal of Honor recipients
- Homeless and/or meet the qualified hardship criteria including a financial hardship and/or social, medical, safety hardship

The resident signs the admission agreement one time, when they first enter the home. They never have to sign another one unless they change levels of care. Each time they change levels of care, they need to sign another agreement. Financial information is verified annually because we base their monthly fees on their current income. Also, throughout the year if their income significantly changes (e.g. sold their house/property, won taxable money at a casino, etc.) we need to know this information. When a resident receives one of these one-time monetary awards, this will change their fees for that particular month based on level-of-care percentage.

Additionally, if they win a VA claim, their fees will be increased from the date they won the award forward. For example, a resident has been living here since 12/13/13. The VA awards their claim retro to 1/22/14. We will go back and adjust their fees accordingly from 1/22/14 forward.

Ensuring Quality Care

We use various methods to measure and monitor our quality of care at the Redding Veterans Home.

1. We solicit information from staff and Residents about the quality of care that we need to focus on. We do this by attending Resident council meetings for Residents and Staff meetings with the staff. We also utilize a centralized email box to focus on the most pressing concerns so we are able to develop immediate solutions – solutions we can measure, sometimes by processes which require ongoing observation and data collection to be analyzed by our quality assurance committee.

2. We also gather information from incident reports and medication errors that require investigation, which brings us to a root cause which is worked in to a quality measure follow up. Some examples include falls, pressure ulcers, pain management and weight variance. We have follow up committees such as Weight Variance, Post-Fall Committee, Pain Management Committee, Psychotropic Medication Review. In this way we can investigate, complete a root cause analysis, and take action. We then measure our progress with follow up meetings which may lead to a different approach or alteration to our current approach.

3. We also glean information from Long-Term Care Minimum Data Set (MDS) reports. This information can help identify problems and concerns that may need processes in place that we can follow and measure.

4. There are also on going chart audits by nursing staff, the Quality Assurance RN, Compliance Coordinator, SRNs, and MDS nurse. These audits bring to our attention what we may need to improve or add to our delivery of care.

Engaging Veteran Residents

Residents and families are deeply involved in determining social activities and programming for our residents. During the admission process our staff completes a social history evaluation as well as a recreation/leisure assessment for each of our residents within 10 days of admission.

The assessments are revisited at Interdisciplinary Team, Resident Council and Social Services meetings each month. During this process the day to day routines as well as the likes and dislikes are captured to be used in developing an individual plan of care that addresses the psychosocial and activity needs of each resident. We cover the quality of life measures in each of our quality assurance program meetings.

Facilities Maintenance and Operations

1. We utilize an electronic work order system for tracking and scheduling maintenance.
2. The work order system is also utilized for reoccurring preventative maintenance (monthly, semi-annual and annual)
3. The work order system is available for all departments to enter corrective work order requests as they arise.
4. Future capital projects or maintenance scopes are shared with administration, contracts and affected department heads.
5. We also utilize Operation and Maintenance Manuals as additional method of determining required preventative and recurring maintenance of equipment.
6. Requirements of Title 22, NFPA and all other survey authorities and requirements of maintenance are documented in Logs maintained by the home for review.
7. Preventive maintenance and/or repairs that are not within the capabilities of our staff are contracted out.

Funding

Redding is working to develop controls that will decrease expenses while capturing as much revenue as possible. We are still a new Home and we are working to implement processes that support the billing of Medicare Part A or Part B. We have also made great progress on our Medicare part D (Drug plan) enrollment. These processes allow our Home to capture outstanding monies that decrease expenses to the Home. For example, if a skilled nursing resident has Medicare A, B, and D and is receiving skilled services we would bill for these services under part A, which pays out on a daily rate based upon what specific services are provided. We also capture part B services that are provided by our staff physicians. Our staff works hard to make sure each resident has some level of insurance to bill for services so these costs offset the dependence upon the general fund.

Several things that would allow Redding less dependence upon state general funds would be to first, change the military and veterans code to bill for resident fees up front instead of at a percentage of their income no matter their ability to pay. Second, is to adjust the military and

veterans code and agreement that residents must obtain and keep insurance to remain a resident of the Home. Currently we have residents admitted with insurance coverage and then they pay their percentage of their income, after time they see no need to put in the effort to continue insurance coverage as it doesn't affect them. Now the Home is carrying the burden of the bulk of the residents cost of care with no one to bill.

The plan would be to bill for services up front like every other long-term care provider in the union, both veteran homes and private nursing homes.

Laws and Regulations

Changes to the Military & Veterans Code as illustrated above.

Assessing Needs

We believe our Home is offering the right services to meet the needs of California veterans. Again, we are a new Home so we do anticipate evaluating our census as well as the applications that are received. This evaluation will allow us to determine if we are meeting the needs for the level of care offerings we currently have. We are also actively involved in professional trade associations that allow for information sharing and how the industry at large is adjusting to the demographics across California. Additionally, we have a close relationship with the U.S. Department of Veterans Affairs (USDVA). During our frequent meetings with our local and regional USDVA representatives we discuss the needs that are identified in their system so we are able to make recommendations to our Headquarters staff as necessary. Assessing and understanding the needs that will be required in the future is an ongoing process.