CALVET
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

VETERANS HOMES DIVISION

Little Hoover Commission Hearing

Written Testimony

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Admissions and Priorities

1) Criteria- Veterans must be 55 or older, or disabled, currently be a resident of California, have been honorably discharged from the military, test negative for TB, not require more care and supervision than what can be provided at the Home, not require acute hospitalization, not require acute psychiatric care, not have history of violence, mental illness, or criminal record that would create a risk to themselves or others in the Veterans Home community, not be under the influence of alcohol or illegal substances, including marijuana, be enrolled in qualified federal, state or private health insurance plan, or have application pending for a plan.
2) Priority admissions are for homeless veterans, Medal of Honor recipients, ex-POWs.
3) To continue to remain at the Home, residents are required to follow the Code of Conduct, sign an admissions agreement, provide financial information annually, and require care that is provided at the Home. If alcoholism, drug addiction, behavioral or mental health issues are present and cannot be treated with our current resources, the resident is discharged from the Home.

Ensuring Quality Care

Quality of Care is measured and monitored in the licensed facility (SNF) using a number of methods, which include, but are not limited to, the following:

- Resident assessment measures quality of care, i.e., pain, pressure sore, fall, weight loss, etc.
- Observation, residents/staff and medical record reviews
- CMS Quality Measures monthly & quarterly review (includes but is not limited to pressure sores, falls, ADLs, depression, UTI, weight loss, incontinence, etc.
- CDPH & USDVA Survey outcomes (standard and abbreviated surveys)

- Quality Assurance & Improvement Audits & Monitors developed based on deficiencies identified by the interdisciplinary team and/or surveyors
- Supervisor and administrative quality improvement rounds and survey preparedness rounds (including clinical observation, interviews and record review)
- Investigating all sentinel and/or Unusual Occurrences

The information gathered using the above measures and monitors are routinely analyzed and used by the interdisciplinary team to develop plans of action and plans of correction that are based on best practices and improve our residents' quality of care. Actions may include, but are not limited to, the following: policy or procedure revision, developing and new standard of care based on best practices, employee and/or resident education, change in systems, new equipment, etc.

Engaging Veteran Residents

- **Go Getters:**
  Non- stipend volunteer residents who serve as escorts and coordinators on off-grounds trips for Residential Care (usually 5-9 residents in group)

  They attend a monthly meeting to review trips for the upcoming month and sign up for escorting. They also review on-grounds events and offer feedback and conversation about the scheduled activities.

- **Home Member Helpers:**
  - **Activities Office:** The Home Member Helpers are an integral part of planning and preparation of our scheduled groups, events and activities. We have a Trip and Event Planner, an Activities Assistant, an Office Assistant, Receptionist and Deputies who monitor the building throughout the week. They interact with and get feedback from other residents daily as they come up to the front desk in the office as well as those that they socialize with in their day to day lives outside of the office.

    Also, at the front desk, we have a clipboard with memo forms on it. Anyone who has input, an issue or an idea, can fill it out and someone from the office will follow up with that individual on the information.

  - **Creative Arts Center (CAC):** Daily feedback and input to Member Helpers and therapeutic activities staff when they are at the CAC

CAC Supervisor meets at least 1X/month with the Member Helpers
Member Helpers provide a tour of the CAC as part of the New Home Member orientation and regularly encourage new members to get involved.

- **Library: (All of these apply to all levels of care. Many licensed care residents go to the library regularly. For those who are unable to get out to the library, there is a weekly book cart where residents converse directly with a library Home Member Helper).**
  Materials Selection Sheets: Residents can make requests for specific materials. If their items are purchased, they are notified when it arrives at the library.
  Comment sheets at front desk
  Word of mouth either to the Librarian or to Member Helpers
  Follow up conversations after events (i.e. book reading, discussion group, etc.)
  Conversations with Allied Council
  Interaction with Low Vision Support Group re: Library needs for those with vision issues

- **Direct Feedback** at groups and activities
  - **Licensed Care:** Residents have an active and continuing role in activity planning. Staff is receptive to suggestions and ideas and is glad to implement them if able to do so. Staff are often looking for new programming to implement and will actively seek out responses from residents throughout the week. This would include daily activities as well as special events, parties and outings. The resident council meeting gives a monthly opportunity as well.

  - **Family Input:** Social Services may or may not have families they are in touch with. For families that are involved, they will, at times tell the Social Worker about particular special interests of a resident. For involved families, the most common avenue of input is during the IDT where the whole treatment team is present and the daily routine of the resident is a topic of conversation.

- **QA:**

Therapeutic Activities Department is monitoring the following:

- **Licensed Care:** Timely response to issues brought up during Resident Council meetings. The Resident Council meetings are monthly and this is an opportunity for residents to have direct communication with staff re: quality of life issues as well as an opportunity for residents in various wards to have conversations about this with each other. Currently meeting the goal of 100% compliance.

- **Residential Care and RCFE:** Percentage of staff time spent providing therapeutic groups with direct interaction/support to residents. Because of the staffing ratio of 3 staff to approximately 650 residents, the staff traditionally has spent most of their time planning and coordinating events and trips. This QI monitor is quantifying a focus on Rehab Therapists providing direct Music and Recreation Therapy services to residents. Current threshold is 10% of their time (collectively) to be spent on this. This threshold has been met or exceeded for the past 3 months – goal is to sustain this for a 6 month period before revising or changing the goal.

Facilities Maintenance and Operations

The Yountville Home is aging rapidly. Many buildings are decades old and in need of significant repair and updates, including several that are derelict and no longer habitable. Yountville's facility maintenance staff respond to 10,000+ emergent work order requests each year and do the best they can to keep up with the advanced age of many of our systems. Maintenance of the facilities is largely reactive, with critical licensing or life safety issues arising that take precedence over routine or preventive maintenance. Work order requests are monitored by supervisors and assigned on a priority basis. The hours necessary to complete each project are recorded and reports can be run to track the number of orders submitted, deferred and completed. Unfortunately, the influx of repairs and work orders makes it difficult to develop a formal facilities management program that allows the Home to project and address long-term needs.

The Yountville Veterans Home is an old facility with an overabundance of deferred maintenance issues; in many cases, the assets have simply exceeded their expected useful life. When an urgent issue arises with the HVAC system, water distribution, elevators, or other critical needs, staff have to immediately respond. Unfortunately, many of these solutions are temporary fixes for prolonged problems. The proposed 2016/17 state budget would allocate $8 million to address deferred maintenance in Barstow, Chula Vista, and Yountville plus additional funding for our kitchen renovation, and we strongly urge legislative support. The state must appreciate Yountville's aging infrastructure and make a clear decision to invest in improving the campus for the long term.

Funding

We are contributing to the CalVet Goal through the use of verifying sources of income, insurances, and health conditions.
Income verification is done during the admission process and every year for an Annual Income Questionnaire conducted during the first quarter of the calendar year. This allows for us to capture any of the cost of living adjustments, and changes with a resident's income. The current process allows for Patient Benefits Staff to ask for self-disclosed income and proof of the income amounts.

Laws and Regulations

Resident fees are currently set in the California Military and Veterans Code, not by CalVet, which impacts Yountville's ability to become revenue-neutral. These fees are based on reported income, not assets. By basing fees on income not assets CalVet cannot spend down assets to ensure those in need of our services can obtain federal and state funding through Medi-Cal as is the community standard. Further, Military and Veterans Code directs CalVet to collect all or part of a deceased resident's estate to recoup the Unreimbursed Cost of Care (URCC) and offset subsidies provided by the state.

The MV Code and CCR Title 12 are vague on the requirements of the Morale Welfare and Recreation (MWR) fund use and authority for spending. The money is generated from URCC but is being directed for use in funding veteran morale projects, not to offset the cost of care.

Assessing Needs

Yountville currently offers 5 levels of care- Domiciliary Care (DOM), Residential Care for the Elderly (RCFE), Intermediate Care, Skilled Nursing and Memory Care. The needs of the Vietnam Era and younger Veterans are not being met by our current structure. Behavioral health, addiction issues, PTSD, TBI, women's health issues and Homelessness are diagnoses/issues, which we have little training, staffing or programs to support. The waiting list for Skilled Nursing beds and Memory Care beds are growing while demand for the DOM is shrinking. Newly proposed USDVA standards would require RCFE level of care for federal reimbursement. This could require a massive change in CalVet's operations and mission. The current requirement for residents to live in a small double room with a roommate requires social skills, adaptability and patience which many geriatric adults do not display. Therefore, CalVet is preparing to adapt to these changing needs by examining future veterans' needs and developing appropriate programming for tomorrow's residents.