

**VETERANS HOMES DIVISION**

Little Hoover Commission Hearing

Written Testimony

Lael Hepwoth

Administrator, Veterans Home of California – Chula Vista

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Within this document is my written response/testimony to the seven questions posed by the commission to me regarding my experience in long-term care and as the Home administrator at the Chula Vista Veterans Home.

**Admissions and Priorities**

Criteria for Evaluating Potential New Residents

Chula Vista uses the following criteria when evaluating potential residents to the Home:

- Determine eligibility – Follow the All-Homes Admission/Eligibility Qualifications Policy.
  - 1) Age 55 or over and /or have a disability that impairs their capacity to earn a living and/or maintain independence. Any disability rating will be determined by the USDVA or by the Social Security Administration.
  - 2) Served in the U.S. military and honorably discharged.
  - 3) Qualify for one of the levels of care offered.
  - 4) Demonstrate proof of current California residency.
  - 5) Able to successfully live with other people in a cooperative communal environment.
  - 6) The Home must have space available and be able to provide for the applicant's specific needs with its existing services and resources.
  - 7) The spouse of an eligible veteran will, under certain conditions, be eligible for admission (MVC 1012).
    - Completed application for admission which may be obtained on-line at <https://www.calvet.ca.gov/VetHomes>
    - Successful Records Review: Eligibility will be determined after the CalVet Home reviews all available medical, social, and other qualifying information and a personal interview is conducted.
    - Successful Individualized Evaluation.

### Does the Home have Admission Priorities?

I interpret “priorities” as preference points. In that case, yes, based on the following priorities in Military and Veterans Code:

Medal of Honor recipients, ex-POWs, homeless, and wartime veterans, who are given priority for admission over peacetime veterans.

### Requirement to Remain at the Home

Once admitted, each resident is required to live by the code of conduct and pay their member fees as outlined in the admission agreement paperwork.

### **Ensuring Quality Care**

Chula Vista measures quality outcomes daily at our morning “Stand-up” meeting, when key staff review the previous 24 hours of quality and care concerns. At these daily meetings, the plan and frequency of care is determined to best meet resident needs. Outcomes, trends, and plans of action are documented and reviewed at the Home’s quarterly Quality Assurance Process Improvement (QAPI) meeting. This information is used by all area departments. All departments report to this quarterly meeting to review trends by their department managers or their representatives, and develop ways to improve. These meeting minutes and processes are reviewed by our audit agencies, the U.S. Department of Veteran Affairs (USDVA) and California Department of Public Health (CDPH).

Quality of life measures are also included in the above process. In addition we perform an annual resident satisfaction survey, and hold resident town hall meetings and resident council meetings to hear quality of life concerns directly from the residents. If the resident chooses to file a grievance they are free to do so at any time with social services.

### **Engaging Veteran Residents**

Resident input or resident-centered care is part of the daily routine in providing care to the residents. For example, residents are asked when they prefer bathing times, what they would like to eat, which activities they want to participate in, etc.; in addition, residents can voice their input at resident town hall meetings and resident council meetings. There are also focused meetings for activities/events on selecting which should take place in the future.

Quality of life choices are included within our QAPI process. We encourage the resident to

participate at each level and invite them to do so.

### **Facilities Maintenance and Operations**

Chula Vista monitors and plans for maintenance needs through our electronic work order management system, Sprocket. Each department has access to enter and review work orders. These work orders are triaged by priority and availability of staff. Resident & staff safety are top priority.

The procedures for maintenance issues follow the above protocol, if the staff or issue requires additional resources or expertise we contract out those specific needs.

Home administration along with plant operation staff develop a deferred maintenance plan and schedule equipment and maintenance per California Code of Regulations Title 22, NFPA regulations, and local fire codes to assure we are in compliance. CalVet HQ reviews these plans and provides further oversight and guidance.

### **Funding**

Chula Vista is increasing revenue by controlling expenditures, reducing overtime, and driving revenue. Our efforts have been to bill residents' insurance programs for goods & services rendered. For example, if a skilled nursing resident has Medicare Parts A, B, and D and is receiving skilled services, we would be reimbursed for these services under Part A, which pays out on a daily rates based upon what is provided. Then when this resident visits our providers, we bill Medicare Part B. Efforts are being made 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 Chula Vista 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. For example, if a resident gets \$1000.00/month in Supplemental Security Income under skilled nursing care and has Medi-Cal, the Military & Veterans Code states they would pay 70% of their income or \$700.00 per month. The cost of care for a skilled resident could be \$200-\$500/day depending on services or supplies used. Upon recertification, Medi-Cal benefits may be denied or dropped if the resident's \$300/month income

grows higher than the resource limit of \$2,000. Now the Home is carrying the bulk of the resident's 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, see my recommendation under the FUNDING section above.

### **Assessing Needs**

Chula Vista has several ways to show that the right kind and level of care meets the veterans' needs, one by assessments, second by doctor's recommendations or visits, and through interdisciplinary team (IDT) meetings that include the resident or responsible party.

Our plan/strategy to accommodate future needs of forthcoming veterans is a collaborative effort. We look at historical trends within the Home and then within CalVet. Next we follow USDVA forecast and research for current and future needs of aging and disabled veterans. We propose recommendations to CalVet HQ for needs or suggestions.