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State of the Commonwealth's Soldiers' Homes

November 2020

Introduction

In accordance with Section 16(b) of Chapter 141 of the Acts of 2016, the Department of Veterans' Services (DVS) submits to the General Court its report on the state of the Commonwealth's two Soldiers' Homes (Homes). This report includes findings relative to the following: (1) the quality of care provided at the Homes; (2) the financial status of the Homes; (3) the uniformity of programs at the Homes; (4) capital needs of the Homes; and (5) the status of the U.S. Department of Veterans Affairs accreditation, the efforts needed to maintain compliance and the efforts needed to become fully compliant with the federal Department of Veterans Affairs standards at each Soldiers' Home. This report also includes an analysis of activities of the office, including a summary of activities undertaken to implement uniform intake policies and procedures, patient and resident eligibility requirements and rate-setting functions between the Soldiers' Home in Chelsea and the Soldiers' Home in Holyoke.

Overview of the Soldiers' Homes

The Commonwealth of Massachusetts operates two soldiers' homes; the Massachusetts Soldiers' Home located in Chelsea (Chelsea) and the Massachusetts Soldiers' Home located in Holyoke (Holyoke). Chelsea and Holyoke are collectively referred to in this report as the "Homes." The Homes focus primarily on providing two major services for Massachusetts veterans: long term care (nursing facility) and domiciliary residential services (room accommodations, daily meals, and social services). The Homes provide services to Massachusetts veterans with mission of providing dignity, honor and respect, and care at the Homes promotes veterans' health, independence and resilience.

Chelsea first opened its doors to Massachusetts veterans in 1882. The first residents were Civil War veterans who were wounded or unable to care for themselves, many of whom had previously resided in the Commonwealth's "alms houses." Today, Chelsea carries on Massachusetts' proud tradition of helping all veterans in need of both long term care, skilled nursing, and domiciliary / supportive services. Chelsea is surveyed annually by the Federal Department of Veterans Affairs ("VA") and the Center for Medicare and Medicaid Services ("CMS"). The Home is subject to these CMS surveys due to the fact that it has beds certified for participation in the Federal Medicare Program. The Home is also fully accredited as a Nursing Care Center by The Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission"). Chelsea has a seven-person Board of Trustees appointed by the Secretary of Health and Human Services, who serve seven-year terms.

Holyoke was established in 1952. Holyoke is surveyed annually by the VA. Holyoke is also a fully accredited health care facility, accredited by the Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission") and offers veterans quality long term health care and domiciliary accommodations. Inspections conducted by the Joint Commission at both facilities are voluntary. Additionally, the Department of Public Health is conducting a voluntary inspection of the facility to provide additional feedback on the quality of care for residents.

Holyoke also offers hospice care, on-site dental services, a veterans' assistance center, and an outpatient department. Holyoke has a seven-person Board of Trustees that serve seven-year terms. By statute, the Board includes Western Massachusetts residents from all four western Massachusetts counties, appointed by the Governor.

(1) Quality of Care Provided at the Homes:

A. Chelsea

In the Fall of 2018, groundbreaking was held for a new, state-of-the-art 154-bed Community Living Center (CLC). Funding was secured through an intial award of $128M grant from the VA State Home Construction Program, of which $100M has been committed since June of 2019. Chelsea was then given a notice of the additional $28.6M commitment from the VA State Home Construction Program in April of 2020.

The completion of this project will result in a 154-bed facility, providing long term care and skilled nursing to Massachusetts Veterans in a modern, state of the art facility. With private individual rooms, veterans will also be allowed to appreciate a sense of comradery in a shared common area. Additionally, an enclosed area will be provided for veterans in dementia care to enjoy the opportunity to safely walk around. Each upgrade and addition to the campus will fully comply with VA standards.

The foundation for the facility has been completed and the first-floor placements have begun. In the coming months, the new Community Living Center will start to take shape as the foundation is complete and upper level structures are complete with LEED Gold certification. The CLC project remains on schedule for a Fall 2022 opening.

As part of Chelsea's Redevelopment Plan, the Home is pursuing a public-private partnership for the domiciliary portion of its campus. This second phase of development is taking place in collaboration with the Division of Capital Asset Management and Maintenance (DCAMM) and the Department of Veterans' Services (DVS). Phase II will provide veterans in the region new and affordable supported housing.

As a result of a vote by the Commonwealth's Asset Management Board, a ninety-nine-year lease for the domiciliary which will be chosen through a public Request for Proposal process. The Request for Proposal will be released by the end of calendar year 2020. Under this agreement, a minimum of 220 units will be dedicated to support veterans with a 100% Veterans preference requirement. Of the 220 units, a minimum of 50 shall be for senior housing and 20 will be designated as supportive housing units.

Engaging and communicating with stakeholders has been a priority for Chelsea during Phase II. Meetings have taken place with Chelsea veterans and staff, local and state elected officials, and the Board of Trustees. Chelsea and DCAMM conducted a public meeting in December of 2019 to discuss the Phase II project. In January of 2020, the Asset Management Board gave their final approval on the project. A completed Request for Proposal (RFP) is anticipated this year (2020). After the selection process is completed in 2021, the project will enter the design and financing phase, making the earliest possible start date for construction sometime in 2022.

Like many long term care facilities throughout the country, Chelsea was impacted by the COVID-19 pandemic. Chelsea implemented an Incident Command in March which continues to lead a centralized response to the pandemic to ensure a safe environment for residents and staff. Chelsea's Incident Command implements compliance and safety standards from the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid (CMS), the U.S. Department of Veterans Affairs (VA), and the Massachusetts Department of Public Health (DPH). Throughout the public health crisis, the Home has prioritized communication to all families, residents, and staff to apprise all individuals of changes being made to the facility.

In the Spring and Summer of 2020, Chelsea partnered with DCAMM to complete a Quigley Ward Renovation Project. The project includes renovations in the existing Quigley Building to provide a separation of living spaces for those affected by the COVID-19 outbreak, decreasing the likelihood of infection spread. The Ward Conversion Project has been funded through the CARES Act, and a grant application was submitted to the VA State Home Construction Grant Program in July of 2020.

The project partitions the previously open ward floor plan to provide separate and more secure living spaces. In addition to the new living spaces, care support stations and hand washing stations are provided as part of the project. The Ward Renovation project also includes modifying the existing mechanical ventilation systems to make the existing patient wards negatively pressurized to reduce air flow between private patient spaces, improving infection control throughout the building.

In August 2019, CMS conducted their annual survey. All deficiencies, except for one, had "minimal harm or potential for actual harm." One deficiency had "Potential for minimal harm." This deficiency is related to the CMS requirement that resident rooms hold no more than four residents. This deficiency is being addressed with the new CLC. Deficiencies are addressed in our Plan of Correction (POC), which was accepted by CMS. Throughout the COVID-19 pandemic, the Massachusetts Department of Public Health on behalf of CMS have conducted a total of eight CMS focused infection control surveys. In two instances Chelsea received level "D" isolated no-harm deficiencies. A POC was submitted for each deficiency and was accepted by CMS. The past six CMS focused infection control surveys, the facility received notices that we are in substantial compliance with participation requirements and no deficiencies citations.

In January 2020, the U.S. Department of Veterans Affairs (VA) conducted their annual survey of the Homes Long Term Care and Domiciliary. All deficiencies were cited as "No actual harm, with potential for more than minimal harm." One deficiency was related to the VA's resident room requirements. This deficiency is being addressed with the new CLC. Chelsea's POC was accepted and the VA has granted a provisional certification.

Chelsea receives a rating from the Massachusetts Department Public Health on the Nursing Home Survey Performance Tool. Chelsea's current rating score is 123 out of 132. The facility met 123 out of the 132 key requirements in all five categories in its last three surveys. The statewide average facility score is 117, and 55% of all facilities had a score of 123 or lower.

Chelsea is also surveyed every three years by the Joint Commission, an independent, not-for-profit voluntary accreditation organization. The Joint Commission last surveyed Chelsea in October of 2017. Chelsea received recommendations for improvement, completed its plans for improvement, and received accreditation in December 2017. In August of 2020, the Soldiers' Home received written communication from the Joint Commission notifying them that Nursing Homes will continue to be considered accredited beyond their current certificate expiration date.

Chelsea's Long Term Care facility is assessed monthly by the residents and their families through Pinnacle Quality Insight. The survey and report focus on the overall satisfaction with the nursing care, dining service, quality of food, cleanliness, individual needs, laundry service, communication, response to problems, dignity and respect, activities, professional therapy, admissions process, and safety. The most recent report was published in August of 2020. Chelsea received an overall 12-month customer satisfaction rate of 90.2%, far exceeding the national average of 81.4% amongst Soldiers' Homes. In 2020, the Soldiers' Home in Chelsea was also named to U.S. News & World Report's list of Best Nursing Homes. Chelsea received an overall rating of 5 out of 5 and a Long Term Care rating of "High-Performing."

Population Census

Chelsea's population primarily are veterans from the WWII, Korean, and Vietnam War eras. Vietnam era veterans also comprise of the majority population of the domiciliary. Chelsea's veteran population also includes veterans who served in Iraq and Afghanistan. The table below summarizes the Long Term Care and Domiciliary populations at Chelsea as of September 30, 2020:

	Long Term Care		Domiciliary		Totals	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
WWII	12	15%	1	1%	13	6%
Korea	18	22%	3	2%	21	9%
Vietnam	45	55%	82	58%	127	57%
Persian Gulf	0	0%	17	12%	17	7%
Iraq/Afghanistan	0	0%	4	3%	4	3.00%
Peace Time	7	9%	34	20%	41	18%
Total	**82**		**141**		**223**	
Men	79	96%	**132**	94%	211	95%
Women	**3**	4%	**9**	7%	12	6%

* percentages may appear higher than 100% due to rounding.

Long Term Care Age	Number	Percent of Population
95 and Over	9	11%
90 – 94	10	12.2%
80 – 89	25	30.5%
70 – 79	23	28%
60 – 69	14	17.1%
50 – 59	1	1.2%
TOTAL	**82**	

Included within this census are three (3) female veterans who account for 4% of the long term care population.

Domiciliary Age	Number	Percent of Population
90 and Over	2	1.4%
80 – 89	7	4.9%
70 – 79	52	36.9%
60 – 69	53	37.6%
50 – 59	21	14.9%
40 – 49	5	3.5%
Under 40	1	.7%
TOTAL	**141**	

Included within this census are nine (9) female residents who account for 7% of the domiciliary population. The average age of all Chelsea domiciliary residents is 66 years old.

Primary areas of care at Chelsea include the current populations:

Care Area	Type of care
Domiciliary	Veterans live independently and the staff provide psychosocial support. The Domiciliary Clinical Care Unit employs a Physician, Nurse Practitioner, a Registered Nurse and three Licensed Practical Nurses who provide medical care including medication administration, wound care, assistance with medical devices, and medical liaison care with alternate care community providers, immunization program and emergency medical management.
Memory Care	Chelsea has three dementia-friendly units which are housed on the first floor. These units are secure, with a calm, soothing, and safe environment. The veterans are encouraged to remain as independent as possible with all activities of daily living while supervised and cared for by staff. Dementia is prevalent on all units with 85% of inpatient veterans diagnosed with some type of dementia.
Skilled Nursing Services (CMS Certified)	Staff provides all daily care and skilled services. Skilled services include post-acute care IV antibiotic treatment, rehabilitative services, and respiratory care. Post skilled service veterans are provided with full daily care activities, physical care, medication management, and additional supportive services as necessary. All care is provided in an interdisciplinary team approach. Veterans in these areas are dependent on one or more staff members for assistance. Hospice veterans are cared for within these environments to ensure continuity of care and services. Conditions include end stage dementia, cancer, respiratory disease, and terminal disease processes. Emotional and spiritual support is also provided to veterans and their family members.
Long Term Care	Veterans have a wide range of medical concerns, are unable to live in an independent environment, and meet nursing home level of care needs. Staff provides nursing care, activities of daily living, toileting, incontinent care, eating, transferring, medication management, wound care, restorative care, maintenance care, behavioral management, and activities. Hospice care is also provided to veterans who are at end of life for various medical reasons. Support for the veteran and family members are provided in a continuum of care environment.

B. Holyoke Soldiers' Home:

The Holyoke Soldiers' Home is in the midst of several large projects that will support residents and staff of the Home, including an Electronic Medical Record project, a large, expedited capital project to plan for the future of the Home, and building its permanent leadership and staff to ensure continued adequate staffing of the Home going forward.

Holyoke has been working in close partnership with Chelsea to develop and implement a modern electronic medical record ("EMR") system, which will support coordinated patient care, and ease administrative burdens. Please see additional information on the implementation of an EMR system in section (4).

The Soldiers' Home in Holyoke, in partnership with the Executive Office of Health and Human Services (EOHHS), Department of Veterans' Services (DVS), and the Department of Capital Asset Management and Maintenance (DCAMM) has been making capital investments to address the short and long-term needs of the Home. This includes a short-term Refresh Project and a longer-term Rapid Planning Capital Project to reimagine the future of the Soldiers' Home in Holyoke.

The Refresh Project, important for resident comfort and infection control measures, began in the Spring of 2020, and the scope of the project includes renovations to patient rooms, shower rooms, bathrooms, nurse's stations, administrative offices, Chapel, lobby, and solariums. Upgrades to these areas include the removal of wallpaper and carpeting, repairing and painting surfaces with antimicrobial paint, replacing furniture, linens, and window treatments. The three-phase project began on the third floor, and Phase I was completed in September of 2020. Forty-eight veterans moved into their refreshed rooms on September 30, 2020. Phase II (second floor) began on October 19, 2020 and is scheduled to be completed by the end of 2020. Phase III (fourth floor) and Phase IV (first floor north and second floor north) will begin after the new year, and the timeline for completion is being determined.

The longer-term Holyoke Capital Project is to plan for the future of the Home and began with an expedited capital process managed by DCAMM on August 17, 2020. The objective of this longer-term capital project is to address the future needs of our veterans in Western, MA, including the consideration of a new or renovated facility. Holyoke's Capital Project is on track to meet the April 15, 2021 VA State Home Construction Grant Program deadline. The objectives of this Capital Project are to:

- Assess evolving long-term care needs for Veterans
- Engage stakeholders
- Test site capacity
- Assess programming and services and identify the best care delivery options for the future
- Identify potential redevelopment scenarios
- Explore funding options for development and operations
- Establish an implementation roadmap for transforming the Soldiers' Home in Holyoke

Payette, a Boston based architectural firm, was selected by DCAMM to lead the Rapid Planning Phase of the project. With data collected from stakeholder engagements and other private, local, state, and federal organizations, Payette is constructing a Needs Assessment that includes demographics, preferences, and needs of both current and future veterans, whose experience, age, gender, and expectations for long term care services are evolving. The Needs Assessment will also include a clinical element to identify an updated and forward-looking set of clinical services and supports required to best support the care, independence, and resiliency of veterans.

Like the Chelsea Soldiers' Home and other long-term care facilities across the Commonwealth, the Soldiers' Home in Holyoke was impacted by COVID-19. In response, a clinical team was deployed consisting of clinical and operational experts across the medical field and worked on infection control throughout Holyoke, including utilizing the Massachusetts National Guard to support staffing and operational needs to stabilize the facility.

Throughout the public health crisis, Holyoke has been implementing necessary precautions to ensure a safe environment for both residents and staff of the facility. Each measure taken is done so in consultation with the Department of Public Health (DPH), and in compliance with the standards of the Centers for Disease Control and Prevention (CDC), and the Center for Medicare and Medicaid (CMS). Precautions taken include appropriate cohorting of veterans within the care center units, terminal cleaning of all units, negative air pressure to locations around the Home, closing of communal spaces, transition to single service food trays, and pharmacy deliveries.

The Soldiers' Home in Holyoke is now in a transition and rebuilding phase. To best position the Home moving forward, the permanent leadership and staff teams are being rebuilt, including the hiring of a Chief Operating Officer, Director of Nursing, Assistant Director of Nursing, an Occupational Health Nurse, a Project Analyst, an Informatics Coordinator, and a DCAMM Coordinator. The Medical Director position has been retitled Chief Medical Officer, reflecting substantial change in scope of responsibility, such as collaborating with nursing on infection prevention and occupational health, direct supervision of all medical services and positions, and coordination with local medical expertise. Additionally, two Staff Coordinators and one Staffing Supervisor were hired to support the staffing of nurses in the facility, and they monitor best practices and staffing levels. Holyoke's Hours Per Patient Day (HPPD) is 4.408, remaining above the CMS standard for Long Term Care facilities.

The Soldiers' Home in Holyoke resumed limited outdoor visitation on June 16, 2020. The Home began prepping for visitation in late May. The Home followed guidelines to allow Veterans and their families the opportunity to resume visitation on a limited basis during the COVID-19 pandemic while adhering to VA, CMS, CDC, and DPH guidelines. Per guidance, the Home designated outdoor visitation space in the pavilion on the grounds. The pavilion

accommodated five visits, four times per day. The shelter of the pavilion allowed the Home throughout the summer in a comfortable setting. As the weather grew colder, indoor visitation was recommended. Guidance for indoor visitation included providing a space large enough to accommodate social distancing and privacy. The Home's lobby was refreshed to include new flooring and partitions that followed proper infection control protocols for indoor visitation. The new space allows for four visits, four times per day. Since resuming visitation for Veterans and their families, the Soldiers' Home in Holyoke has welcomed over 1,000 visitors.

In preparation for visitation, Veterans and families were given guidelines and protocols. The guidelines for all visitation during this time includes staff members, trained in patient safety and infection control measures, remaining with residents during the visit. Each Veteran is allowed two visitors and they must always remain at least 6 feet apart. All participants must wear a facility- issued surgical face mask. All visitors are screened prior to visitation, including a temperature reading.

Therapeutic recreation has also remained a priority including, coffee and snacks being delivered from room to room, patio recreation (weather permitting), iPad instruction, hallway trivia, group sing-a-longs, exercises, spiritual therapy such as praying the Rosary and visits to the Chapel, crafts such as origami, and listing to music played by staff.

To further support staff education and training and adherence to best practices, Holyoke is enhancing its staff education leadership – including the hiring of a dedication Nurse Educator – and developed a structure for unit specific orientation, a peer review process for new employees, monthly professional development evaluations during an employee's provisionary period, and clinical competency validation process. A staff education and training computer lab was built at the Home to serve as a hub for General Orientation and Agency Orientation. The computer lab serves as a one stop shop for employees to learn new policies and procedures the Home is implementing. The computer lab also offers an opportunity to implement PolicyTech, a cloud-based software that improves how new information and policies are disseminated and tracked at Holyoke. This software also alerts managers about unread policies and reminds staff to update or retire certain policies.

In January of 2020, the U.S. Department of Veterans Affairs (VA) conducted their annual survey of the Homes Long Term Care and Domiciliary. All deficiencies were cited as "No actual harm, with potential for more than minimal harm." One deficiency included room square footage requirements. This deficiency is being addressed by the Refresh Project. A Plan of Correction (POC) was submitted to the VA and accepted. Holyoke was granted a provisional certification.

Holyoke is also surveyed every three years by the Joint Commission, an independent, not-for-profit accreditation organization. The Joint Commission last surveyed Holyoke in

January of 2019. Holyoke received recommendations for improvement, completed its plans for improvement, and received accreditation in June 2019.

Holyoke is also surveyed every three years by the Joint Commission, an independent, not-for-profit accreditation organization. The Joint Commission last surveyed Holyoke in April of 2019. Holyoke received recommendations for improvement, completed its plans for improvement, and received accreditation in June 2019. In July of 2020, Holyoke's Long Term Care facilities received a For-Cause Survey by the Joint Commission. In August, Holyoke received a preliminary denial of accreditation as a result of findings in multiple areas of care to include Provision of Care, Patient Safety Goals, Infection Control and Medication Management. Holyoke submitted a Corrective Action Plan in September. The CAP was accepted, and we are awaiting a determination from the Joint Commission.

Population Census

Holyoke's population are veterans from Vietnam, WWII, Korean War eras respectively. Vietnam era veterans also comprise of the majority population of the Domiciliary. The tables below summarize the total Long Term Care and Domiciliary populations at both the Soldiers' Home in Holyoke and residents currently residing at Holyoke Medical Center as of October 2020:

	Long Term Care		Domiciliary		Totals	
	Number	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
WW II	28	24%	1	5%	29	21%
Korea	26	23%	1	5%	27	20%
Vietnam	55	48%	17	80%	72	53%
Persian Gulf	0	0%	2	10%	2	1%
Peace Time	6	5%	0	0%	6	5%
Total	115		21		136	
Men	110	96%	21	100%	131	96%
Women	5	4%	0	0%	5	4%

Long Term Care			Domiciliary		
Age	Number	Percent of Population	Age	Number	Percent of Population
90 and Over	41	36%	90 and Over	1	4%
80 – 89	42	37%	80 – 89	2	10%
70 – 79	28	24%	70 – 79	8	38%
60 – 69	4	3%	60 – 69	8	38%
Less than 60	0	0%	Less than 60	2	10%
Total	**115**		**Total**	**21**	

Primary areas of care available at Holyoke:

Care Area	Type of care
Domiciliary	Veterans live independently. The staff provides psychosocial support.
Dementia special care	Based on their clinical needs, veterans in this program may have memory loss and/or exhibit behaviors such as wandering off the premise, and therefore require special care. The staff provides physical assistance with personal care needs (e.g. assist with eating and toileting).
Hospice	Staff provides end of life care to veterans and emotional support to the family. The veterans being cared for range from end stage dementia to cardiac or respiratory disease and terminal illnesses such as cancer. The staff also provides physical assistance with personal care needs. Hospice patients are currently integrated with other inpatient populations rather than cohorted separately.
Long-term Care	Veterans have a wide range of medical concerns and are unable to live in an independent environment. As needed, staff provides nursing care, activities of daily living, toileting, incontinent care, assistance with eating and transferring, medication management, wound care, restorative care, maintenance care, exercise and social activities. 22 Veterans are residing temporarily at Holyoke Medical Center until Phase II of the Refresh Project is complete.

(2) Financial Status of the Homes: Reflects appropriated levels (GAA Funding) for FY2020 and projected FY2021:

The Homes are funded through the Commonwealth's annual General Appropriations Act ("GAA"). Each fiscal year the Homes are provided with allocations in the state budget. All reimbursements received from patients and/or the VA (except for a small amount of retained revenues) reverts to the Commonwealth to offset the operating costs. Daily Care charges for both Homes are $30 per day for Long Term Care (and Skilled Nursing services at Chelsea), and $10 per day for Domiciliary services. Rates may be waived or reduced based on monthly income or for some qualifying disabled veterans. The rates charged to patients / residents have not increased over the 16 years.

Chelsea has a large physical plant footprint, that encompasses 11 buildings with 500,000 square feet on a roughly 20-acre plot of land. The Soldiers' Home in Chelsea halted admission on March 12, 2020. At that time, the census reflected a total of 291 veterans (127 in LTC/SNF & 164 in the Domiciliary). Regarding long term care, Veterans receive 9.41 Nursing Hours Per Patient Day which is significantly above the CMS Five-Star requirement. Chelsea has a total of 309 Full-Time Equivalent (FTE) staff members.

Personal Protective Equipment (PPE) was secured to meet the needs of frontline and support staff at both Homes to ensure the safe and continuous operation of a 24-hour long-term care facility working throughout the pandemic. Additional PPE was obtained to ensure that shortages would not occur if faced with additional waves of the virus. Chelsea incurred additional PPE cost of $141,903.65. Holyoke incurred additional PPE costs of $80,193, as well as $2M of PPE from the Executive Office of Health and Human Services Warehouse, including gowns, masks, gloves, sanitizer, wipes, and face shields.

The Soldiers' Home in Holyoke has 4 buildings with 243,000 square feet on a roughly 15-acre plot of land. Holyoke halted admission on March 9, 2020. At that time, the census reflected a total of 252 veterans (229 in Long Term Care and 23 in the Domiciliary). Holyoke has a total of 312 Full-Time Equivalent (FTE) employees.

Below are the GAA funding levels for the Homes for FY2020 and FY2021:

Holyoke Soldiers' Home State Funding	Fiscal Year 2020	Fiscal Year 2021 (Projected)
4190-0100 Holyoke Soldiers' Home Administration and Operations	23,859,727	24,090,867
4190-0101 Holyoke Antenna Retained Revenue	5,000	5,000
4190-0102 Pharmacy Co-Payment Retained Revenue	110,000	110,000
4190-0200 Holyoke Telephone and Television Retained Revenue	50,000	50,000
4190-0300 Holyoke 12 Bed Retained Revenue	909,000	802,327
4190-1100 License Plate Retained Revenue	990,000	400,000
Total	**25,424,627**	**25,458,195**
Chelsea Soldiers' Home State Funding	**Fiscal Year 2020**	**Fiscal Year 2021 (Projected)**
4180-0100 Chelsea Soldiers' Home Administration and Operations	29,266,737	29,531,990
4180-1100 License Plate Retained Revenue	600,000	600,000
Total	**29,866,737**	**30,131,990**

- This does not include any additional emergency expenses including the cost of care at the Holyoke Medical Center, executive staffing contracts, (add others). These costs are borne within Executive Office of Health and Human Services.

(3) Uniformity of the Homes:

The Homes operate under similar policies and regulations. They both offer long term care services and a domiciliary. Chelsea must meet CMS standards in order to participate in the Medicare Reimbursement for skilled nursing.

- The Homes have developed new ways for families and loves ones to stay connected with Veterans, including the use of iPads for virtual visitations, as well as adjusting outdoor and indoor visitation to meet DPH and CDC infection control standards. Chelsea and Holyoke's Recreation team provides assistance to veterans with their iPads to read online books, watch podcasts, movies, and play games. Holyoke also created a Family Line to serve as a direct line for Health Care Proxies to receive the most updated information on their loved one.

- The Homes increased communication to families during the public health crisis. This includes weekly updates on the usage of PPE throughout the facility, visitation protocols, and testing protocols for both residents and staff.

- Mandatory COVID-19 testing for public employees at state operated 24/7 facilities, hospitals and congregate care settings beginning Wednesday, September 23. Until there is a safe and effective vaccine for COVID-19, surveillance testing will remain critically important for the safety of staff and residents.

- Daily symptom checking and routine staff surveillance are important tools to protect staff, residents and visitors and will remain in place until such time there is a medical breakthrough or a safe and effective vaccine for COVID 19. Staff who are not feeling well are instructed not to come to work and to contact their health care provider. If staff show any signs of COVID-symptoms, they are required to self-quarantine at home, per CDC guidance for health care workers.

- The Homes are uniform in the basic and daily care fees they charge. For additional information, please see section (2).

- The Homes collaborate with outside health care providers and agencies to help care for and support the veterans.

- The Superintendents of each home meet regularly with the Secretary of DVS and her senior staff team to compare best practices and policies of the Homes in order to unify practices. In addition, the Secretary, or her designee, regularly attends the Board of Trustee meetings at both homes. The Secretary has also met jointly with the Board Chairs of each Home. Combined Joint Meetings of both Boards have been delayed due to COVID-19 response at both Homes.

- Both Homes are working to develop and implement a modern electronic medical record

("EMR") system. Please see additional information on the implementation of an EMR system in section (4).

- Holyoke currently operates under legacy Medical Staff Bylaws similar to many acute care hospitals. Work is underway to transition these to Policies and Procedures that will align Holyoke and Chelsea governance.

- The Facility Managers of both homes communicate and share information on a wide variety of topics from day-to-day operations to construction management, procurement methods and the VA State Home Construction Grant Program.

- In accordance with M.G.L. Chapter 115 § 12, the Department of Veterans' Services has conducted interviews and is finalizing an Assistant Secretary for Veterans' Homes. The selection process conformed with the requirements of M.G.L. Chapter 115 § 12, and required and applicant to have at least 5 years of management, healthcare experience and military or other experience working with veterans. The duties of this position are in accordance with statute, including coordinating and overseeing implementation and enforcement of laws, regulations and policies relative to the veterans' homes and other housing for veterans, and investigating and making recommendations on best practices for providing housing and services to veterans.

(4) Capital Needs of the Homes:

Capital projects for both Homes are based off of short term and long needs throughout the facility.

Chelsea entered into contracts with outside security agencies to ensure adherence regarding infection control measures around the campus. These contracted security personnel have been utilized in the screening tents outside of both the Quigley and Headquarters Building as well as in designated quarantine areas. As previously highlighted, construction of the 154 bed Community Living Center is well underway. The numbers above represent funds that have already been paid out during the construction during FY2020. This $199 million project is being reimbursed up to 65% of construction costs through the VA State Home Construction Grant. The facility is currently on track to open in Fall of 2022.

Boiler controls and piping at Holyoke required replacement, as most of the Boilers parts were from the original installation in 1997. The Domiciliary hot water system, which was installed in 1949, was replaced. The Home repaired exterior masonry to prevent water from leaking into the facility, causing mold. The Chiller Building received a new emergency generator. Additionally, 25 air purifying units were procured to scrub air in all sections of the facility. The units are portable and utilize ultraviolet light to sterilize the surrounding air.

Holyoke Capital Funding	Fiscal Year 2020
Boiler Room Upgrade	222,000
Dormitory Hot Water	50,000
Exterior Masonry Repairs	30,000
Generator	75,000
12 Passenger Van	82,000
Air Purifier Units	250,000
Total Capital Funding	**709,000**

Chelsea Capital Funding	Fiscal Year 2020
Security Services	24,784
Community Living Center	14,282,288
Total Capital Funding	**14,307,072**

Electronic Medical Records for the Soldiers' Home in Holyoke and Soldiers' Home in Chelsea

In May 2019 a team comprised of the Chelsea Soldiers' Home, Holyoke Soldiers' Home, Department of Veterans' Services, and the Executive Office of Health and Human Services began work to procure an Electronic Medical Record System (EMR).

An EMR will enable the Soldiers' Homes to increase patient safety and dignity, better support the clinical team, ensure regulatory compliance, and improve billing. Future EMR Objectives and Project goals include:

- Improvements in clinical access and patient care
- Development of an interoperable, cloud-based, secure, agile infrastructure
- Enhancement of billing and fiscal management

The EMR Steering Committee is developing and posting a Request for Response (RFR) and after submitting funding requests to the VA State Home Construction Grant program was notified in July 2020 received notification that the program recommended approval for 65% federal VA matching funds. The five-year projected costs of the EMR implementation is approximately $10M. Implementation of an EMR may require additional resources to ensure a smooth implementation with a target completion date of January 2021.

(5) The Status of U.S. Department of Veteran Affairs Certification:

A. **Chelsea:** Chelsea's Quigley Building does not meet VA standards solely due to its configuration but has been granted provisional VA certification because of its planned replacement. The Quigley building's age and material condition prevent it from being reconfigured to meet VA and Center of Medicare/ Medicaid Services (CMS) requirements. Specifically, the aging facility and the open ward accommodation did not conform to their standards of no more than 4 veterans to a room. The VA Boston Healthcare System survey team has cited Chelsea for these architectural deficiencies and granted a provisional certification because DVS is proceeding with the above-mentioned project to replace the structure. Chelsea will be fully compliant with all VA standards once the new 154 bed Community Living Center is completed.

B. **Holyoke:** The Central Western Massachusetts Healthcare System VA survey team conducted the annual survey of Holyoke between January 28 – 31, 2020. The Soldiers' Home was granted provisional certification after a Corrective Action Plan ("CAP") submitted was accepted by the VA.

(6) Additional Information Required by Section 16(b) of Chapter 141 of the Acts of 2016:

A. **Implementation of policies and procedures:** Subject Matter Experts (SME) at both Homes continue to review all existing agency policies and amend or implement as needed. Policies are often shared between homes to promote uniformity and allow for the introduction of best practices. Given the differences between services offered and architectural design at the Homes, there may be circumstances in which policies differ between Homes. In terms of Veteran Admissions, the two Homes vary: Chelsea operates on a first come first served basis to preserve fairness and transparency in its list, and Holyoke admits veterans based on acuity or need-based level due to configuration of the beds and rooms in the facility.

B. **Consistency of policies and procedures between the Homes:** The Superintendents of both Homes interact on a regular basis and work collaboratively with their counterparts in other states to exchange ideas and best practices, maintain proficiency with VA and CMS standards and regulations, and monitor industry changes. The Secretary of DVS and her senior management meet regularly with the Superintendents to exchange information and identify additional opportunities for collaboration to serve the long term care needs of veterans and their families.

C. **Eligibility for receiving services at the Homes:** The Homes serve only veterans residing in Massachusetts. The term "veteran" is defined by MGL Ch. 4, §7, Cl. 43:

> "Veteran" shall mean (1) any person, (a) whose last discharge or release from his wartime service as defined herein, was under honorable conditions and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States, or on full time national guard duty under Titles 10 or 32 of the United States Code or under sections 38, 40 and 41 of chapter 33 for not less than 90 days active service, at least 1 day of which was for wartime service; provided, however, than any person who so served in wartime and was awarded a service-connected disability or a Purple Heart, or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 90 days of active service; (2) a member of the American Merchant Marine who served in armed conflict between December 7, 1941 and December 31, 1946, and who has received honorable discharges from the United States Coast Guard, Army, or Navy; (3) any person (a) whose last discharge from active service was under honorable conditions, and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States for not less than 180 days active service; provided, however, that any person

> who so served and was awarded a service-connected disability or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 180 days of active service.

In order to prove veteran's status a resident must present proof of his or her military service, which is usually done by supplying a copy of her or his Department of Defense Form DD-214.

Conclusion

The Chelsea and Holyoke Soldiers' Homes focus on providing care and service to Massachusetts veterans with dignity, honor, and respect to promote veterans' health, independence and resilience. Both Homes are continuing staff education and training to ensure best clinical practices, are caring for and providing recreational and social opportunities for veterans, and are middle of large capital projects to improve or replace aging facilities so that they can continue to meet the needs of the Commonwealth's veterans for many years to come.