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State of the Commonwealth's Soldiers' Homes

November 1, 2021

Massachusetts Department of Veterans' Services



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). Pursuant to the statute:

The report shall include findings relative to: (i) the quality of care provided at the homes; (ii) the financial status of the homes; (iii) the uniformity of programs at the homes; (iv) the capital needs of the homes; and (v) the status of the United States Department of Veterans Affairs' accreditation, including the efforts necessary to maintain compliance and the efforts necessary to become fully compliant with the United States Department of Veterans Affairs' standards at each soldiers' home. The report shall also include 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 Massachusetts 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 the mission of providing dignity, honor and respect, and care at the Homes promotes veterans' health, independence, and resilience. Inspections conducted by the Joint Commission at both facilities are voluntary.

Chelsea first opened its doors to Massachusetts veterans in 1882 as the first Soldiers' Home in the Commonwealth. Chelsea is surveyed annually by the Federal Department of Veterans Affairs (VA) and the Center for Medicare and Medicaid Services (CMS). Chelsea is an accredited nursing care center by the Joint Commission. The Home is certified for participation in the Federal Medicare Program. The Massachusetts Department of Public Health conducts infection control surveys at Chelsea as well as routine surveys of long term care beds. Today, Chelsea offers veterans quality long-term care, skilled nursing, and domiciliary/supportive services. Chelsea has a total of 187 Long Term Care beds, and 305 Domiciliary beds. Chelsea has a seven-person Board of Trustees appointed by the Secretary of Health and Human Services; each member is appointed to a seven-year term.

The Soldiers' Home in Holyoke first opened its doors in 1952. Holyoke is surveyed annually by the VA and is an accredited nursing care center by the Joint Commission. The Home is not certified for participation in the federal Medicare program; Holyoke has not operated any CMS certified beds since 2012, when it relinquished its CMS certification of acute care beds. The Massachusetts Department of Public Health conducts infection control surveys at Holyoke despite nonparticipation in the Medicare program, as well as voluntary surveys to gather additional feedback. Holyoke offers veterans quality long term health care and domiciliary residential services. The existing outpatient department (medical and dental services) are closing at the end of Fiscal Year 2022. Holyoke has a total bed capacity of 248 long term care beds, but for infection control measures has 128 operational long term care beds. Holyoke also has 30 domiciliary beds. Holyoke has a seven-person Board of Trustees, appointed to a seven-year term. Appointed by the Governor, the statute requires that the composition of the Board

includes residents from all four western Massachusetts counties.

(1) Quality of Care Provided at the Homes:

Soldiers' Home in Chelsea

Throughout the COVID-19 pandemic, the Soldiers' Home in Chelsea has made decisions in alignment with public health guidance from the federal and state government for the safety of all veteran residents and staff. Chelsea is in the process of carrying out significant capital projects that will benefit the quality of care at the Home, including procurement of an electronic medical records system (EBR), building of the new, state-of-the-art, 154-bed Community Living Center (CLC), and the redevelopment of the domiciliary campus. The facility is scheduled to open in Fall of 2022.

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

For the Community Living Center, funding was secured through an initial award of \$128M grant from the VA State Home Construction Program. 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. A topping off ceremony for the facility was held in June of 2021, as the building was taking its final shape. The CLC project remains on schedule for a Fall 2022 opening. Chelsea pursued a public-private partnership for the domiciliary portion of its campus and announced the designation of the domiciliary campus redevelopment partner in September 2021. Pennrose, LLC, was selected as the redevelopment partner following a competitive bid process. The RFP requires Pennrose to ensure that the redeveloped site offers a full complement of services to Soldiers' Home in Chelsea domiciliary residents and staff at the redeveloped site, including case management, clinical care, prepared meals, and transportation. More information is available about these capital projects in Section 4.

Like many long-term care facilities throughout the country, Chelsea was impacted by the COVID-19 pandemic and responded by establishing an Incident Command to lead a centralized response to the pandemic to ensure a safe environment for residents and staff. While the Incident Command was stood down in mid-2021, Chelsea continues to follow 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). Notably, Chelsea has not had a long-term care resident test positive for COVID-19 since June 2020. Throughout the public health crisis, the Home has regularly communicated with families, residents, and staff to apprise all individuals of changes being made to the facility.

In December 2020, Chelsea Veterans and staff received their first dose of the Pfizer COVID-19 vaccine. The second dose was provided in January 2021. The Commonwealth mandated the vaccine for all LTC staff members by October 10, 2021 and as of today, all active staff are vaccinated.

Regarding long term care, in September 2021, Veterans receive an average of 9.19 Nursing Hours Per Patient Day which is significantly above the CMS Five-Star requirement.

Following DPH guidance, the Soldiers' Home in Chelsea continues indoor visitation and has resumed communal activities for veteran residents. Chelsea resumed indoor visitation on February 10, 2021. Visitation outdoors is also encouraged in the courtyard. To ensure patient safety, all visitors are screened when they arrive and are encouraged to take a BinaxNow rapid COVID test. Per DPH guidance, fully vaccinated visitors may visit fully vaccinated veterans in their room. The recreation department engages the veterans with entertainment, games, outings, and more.

In October 2021, CMS conducted their annual survey. Chelsea is surveyed annually by the Center for Medicare and Medicaid Services (CMS) because they are certified for participation in the Federal Medicare Program. Out of hundreds of measures, Chelsea received five deficiencies that were isolated in scope with "no actual harm with potential for more than minimal harm that is not immediate jeopardy." Chelsea will submit a Plan of Correction (POC) to address these deficiencies. Throughout the COVID-19 pandemic, the Massachusetts Department of Public Health on behalf of CMS has conducted a total of eight CMS-focused infection control surveys. In two instances, Chelsea received level "D" isolated no-harm deficiencies. A Plan of Correction was submitted to CMS for each deficiency, and was accepted. Since August 2020, the facility received notices that it is in substantial compliance with participation requirements and received no deficiencies citations.

In April 2021, the U.S. Department of Veterans Affairs (VA) conducted its annual survey of the Home's Long Term Care and Domiciliary services. Out of 190 measures, Chelsea was cited for 11 deficiencies in Long Term Care and 4 of 163 measures in the Domiciliary, all of which are being addressed by the Home's Plan of Correction, which has been accepted by the VA. Chelsea has been granted provisional certification following the acceptance of their Plan of Correction. Notably, one deficiency was related to the VA's resident room requirements and will be addressed by the room layouts in the new building after the move.

In June 2021, Chelsea received a rating score of 121 (out of a possible 132) from the Massachusetts Department Public Health on the Nursing Home Survey Performance Tool. The score of 121 was given after adjusting for scope and severity, as 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 42% of all facilities had a score of 121 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 the Home 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 by 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, recommend to others, activities, professional therapy, admissions process, and safety and security. In the most recent report covering July 2020 through June 2021, Chelsea received an overall 12-month customer satisfaction rate of 93%, far exceeding the national average of 78% amongst Veterans' Homes. In 2021, the Soldiers' Home in Chelsea was named to U.S. News & World Report's list of Best Nursing Homes. Chelsea again 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 World War II (WWII), Korean, and Vietnam War eras. Vietnam era veterans also comprise 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 August 31, 2021:

	Long Term Care		Domiciliary		Totals	
	Number	Percent	Number	Percent	Number	Percent
WWII	10	11%	0	0%	10	5%
Korea	21	23%	3	2%	24	11%
Vietnam	51	56%	78	60%	129	58%
Persian Gulf	0	0%	15	11%	15	7%
Iraq/Afghanistan	0	0%	3	2%	3	3%
Peace Time	9	10%	32	20%	41	18%
Total	91		131		222	
Men	90	99%	122	93%	212	95%
Women	1	1%	9	7%	10	5%

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

Age	Number	Percent of Population	
		Long Term Care	Domiciliary
95 and Over	7	7.7%	
90 – 94	9		9.9%
80 – 89	30		33%
70 – 79	25		27.5%
60 – 69	20		22%
50 – 59	0		0%
TOTAL	91		

Included within this census is one (1) female veteran who accounts for 1% of the long-term care population. The average age of all Chelsea long-term care residents is 80 years old.

Domiciliary	Age	Number	Percent of Population
90 and Over		1	0.8%
80 – 89		11	8.4%
70 – 79		49	37.4%
60 – 69		52	39.7%
50 – 59		14	10.7%
40 – 49		4	3.1%
Under 40		0	0%
TOTAL		131	

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 69 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 is supported by Physicians, Nurse Practitioners, and nursing staff 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 the majority 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.

A. Soldiers' Home in Holyoke:

The Soldiers' Home in Holyoke continues implementation of several large projects that will support residents and staff of the Home. This includes an Electronic Medical Record project, completing the design process for a new Soldiers' Home, staff recruiting efforts, and continuing education for staff.

Holyoke has been working in close partnership with Chelsea to procure and implement a modern electronic medical record (EMR) system, which will support coordinated patient care, and ease administrative burdens. Additional information on the implementation of an EMR system is in Section 4.

The Commonwealth is committed to making capital investments to support facility improvements for the Soldiers' Home in Holyoke, for both immediate and long-term changes. 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 these needs, including the Refresh Project, now in its final phase, and a long-term capital project to replace the existing Soldiers' Home in Holyoke.

The Refresh Project, an initiative to improve resident comfort and infection control measures, began in the spring 2020 and was completed at the end of October 2021. The project included renovations to patient rooms and areas throughout the home, bathrooms, nurse's stations, administrative offices to upgrade all surfaces, furniture, and fabrics to improve infection control.

The comprehensive capital project to replace the long-term care building has made significant progress in 2021. The expedited capital project is following the recommendations laid out in the needs assessment report that was released in November 2020, following the Rapid Planning Phase. The Home has met the first two milestones for submission to the VA's State Home Construction Grant program which, if awarded, would grant the Commonwealth up to 65% project reimbursement. The Baker-Polito Administration proposed bond legislation that would provide capital authorization for this project, which was passed by the Legislature and signed by the Governor in May 2021. The design for the replacement long term care building follows the VA Small Home Model, modified to meet veterans' needs as well as the requirements of the land on which the building is situated. This process is moving forward, with the design phase wrapping up and the project transitioning into its construction management phase. The timeline of the project depends on the VA's prioritization of funds for the project, which will be decided in early 2022. According to the current plan, domiciliary residents will transition to new accommodations by spring 2022, as the domiciliary building will need to be demolished to build the new long term care building. More information on both the refresh project and the project to construct a new long term care facility is in Section 4.

Throughout the ongoing 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 continued staff and visitor screening, appropriate surveillance testing, BinaxNOW rapid testing and the purchase of Surfacide UVC disinfecting equipment for use in veteran and staff spaces. In December 2020, Holyoke Veterans and staff received their first dose of the

Pfizer COVID vaccine. The second dose was provided in January 2021. The Commonwealth mandated the vaccine for all LTC staff members by October 10, 2021, and as of today all active staff are 100% fully vaccinated.

Planning and preparation continue to improve readiness in the event of a COVID outbreak, and thanks to the attention to detail of the staff, the Home has not had a COVID-positive resident since June 2020. Holyoke's Hours Per Patient Day (HPPD) averages over 8.0, remaining well above the CMS standard of 4.408 for Long Term Care facilities

To further support staff education and training and adherence to best practices, Holyoke has expanded its nursing education department to a staff of three, including a lead educator, a staff educator, and a program coordinator. The nurse education team supported the purchase of HealthStream, an on-line education platform that allows staff to access a variety of education opportunities, which has been implemented and staff are using the system to improve the knowledge and skills sets. A new policy and procedure software, PolicyTech, is also now fully implemented.

Following DPH guidance, the Soldiers' Home in Holyoke resumed indoor visitation in the main lobby on February 10, 2021. When the weather allows, the visitation space expands to include the patio and the pavilion. Visitors frequently walk with veteran residents around the property using the Veteran's Walk pathway. Visitation is open seven days per week, and appointments are not necessary. To ensure patient safety, all visitors are screened when they arrive and are encouraged to take a BinaxNow rapid COVID test. Per DPH guidance, fully vaccinated visitors may visit fully vaccinated veterans in their room. Since resuming visitation for veteran residents and their families in February, the Soldiers' Home in Holyoke has welcomed over 3,700 visitors as of September 30, 2021.

DPH guidance now allows for communal activities and dining for the veteran residents. Holyoke implemented these new guidelines to ensure complete safety of the veterans and to ensure each new activity was successfully integrated into the Home. Therapeutic recreation continues to be a priority with veteran travel outside of the Home still limited. The recreation department develops robust entertainment calendars, including games such as Bingo, entertainers, music hour, exercising, and virtual concerts. Events like the Medal of Honor Recipient visit, and the Board of Trustees picnic were special events enjoyed by the veterans and staff. Spiritual therapy such as religious services, bible study and reflections are also available to the veterans.

In March 2021, the U.S. Department of Veterans Affairs (VA) conducted its annual survey of the Homes Long Term Care and Domiciliary. Most deficiencies - 449/472 or 95.2% across long term care and domiciliary building - were cited as "No actual harm, with potential for more than minimal harm." Any issues that were identified by the inspections were corrected, and a Corrective Action Plan (CAP) was submitted to the VA and was accepted. Holyoke was granted a provisional certification following this acceptance in June 2021.

Holyoke is also surveyed every three years by the Joint Commission, an independent, not-for-profit accreditation organization. In July 2020, Holyoke's Long-Term Care facilities received a For-Cause Survey by the Joint Commission. In July 2021, the Joint Commission returned for a follow up visit to

confirm the implementation of the CAP from the July 2020 visit. On July 15, 2021, Holyoke received an accreditation decision of Accredited from the Joint Commission.

Population Census

Holyoke's population consists of veterans from Vietnam, WWII, and Korean War eras, respectively. Vietnam era veterans comprise 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.

	Long Term Care		Domiciliary		Totals	
	Number	Percentage	Number	Percentage	Number	Percentage
WW II	21	24%	0	0%	21	21%
Korea	19	21%	1	9%	20	20%
Vietnam	44	49%	9	82%	53	53%
Persian Gulf	0	0%	1	9%	1	1%
Peace Time	5	6%	0	0%	5	5%
Total	89	100%	11	100%	100	100%
Men	85	95%	11	100%	96	96%
Women	4	5%	0	0%	4	4%

Long Term Care			Domiciliary		
Age	Number	Percent of Population	Age	Number	Percent of Population
90 and Over	36	41%	90 and Over	0	0%
80 – 89	24	27%	80 – 89	1	10%
70 – 79	27	31%	70 – 79	5	45%
60 – 69	2	1%	60 – 69	4	35%
Less than 60	0	0	Less than 60	1	10%
Total	89		Total	11	

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 premises, 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.

(2) Financial Status of the Homes: Reflects appropriated levels (GAA Funding) for FY2021 and projected FY2022:

The Homes are funded through the Commonwealth's annual General Appropriations Act ("GAA") on an annual basis. All reimbursements received from patients and/or the VA (except for a small amount of retained revenues) reverts to the Commonwealth's general fund 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 resumed admissions on May 11, 2021. At that time, the census reflected a total of 204 veterans (68 in LTC/SNF & 136 in the Domiciliary). As of September 17, 2021, the census reflected a total of 222 veterans (90 in LTC/SNF & 132 in the Domiciliary). Regarding long term care, in September 2021, Veterans receive an average of 9.19 Nursing Hours Per Patient Day which is significantly above the CMS Five-Star requirement. Chelsea has a total of 300 Full-Time Equivalent (FTE) staff members.

The Soldiers' Home in Holyoke has 4 buildings with 243,000 square feet on a roughly 15-acre plot of land. Holyoke halted admissions 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). As of September 2021, the census reflected a total of 101 veteran residents (89 LTC & 12 in the Domiciliary) Holyoke has a total of 324 Full-Time Equivalent (FTE) employees.

Below are the GAA funding levels for the Homes for FY2021 and FY2022 (projected):

Holyoke Soldiers' Home State Funding	Fiscal Year 2021	Fiscal Year 2022 (Projected)
4190-0100 Holyoke Soldiers' Home Administration and Operations	27,294,113	27,119,713
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	622,544	804,385
4190-1100 License Plate Retained Revenue	400,000	400,000
Total	28,481,657	28,489,098

This does not include any additional emergency expenses including executive staffing contracts, which are borne within the Executive Office of Health and Human Services.

Chelsea Soldiers' Home State Funding	Fiscal Year 2021	Fiscal Year 2022 (Projected)
4180-0100 Chelsea Soldiers' Home Administration and Operations	32,488,550	35,500,637
4180-1100 License Plate Retained Revenue	600,000	600,000
Total	33,088,550	36,100,637

This does not include any additional emergency expenses including executive staffing contracts, which are borne within the Executive Office of Health and Human Services.

(3) Uniformity of the Homes:

The Homes operate under similar policies and regulations, except for the structure and appointment of the Boards of Trustees and Superintendents. They both offer long term care services and domiciliary residential services. Chelsea must meet CMS standards to participate in the Medicare Reimbursement for skilled nursing; Holyoke has not operated any CMS certified beds since 2012, when it relinquished its CMS status on acute care beds and did not seek certification for skilled nursing beds.

- At the beginning of August 2021, the Baker-Polito [Administration announced](#) a [vaccine mandate](#)

[for long-term care \(LTC\) staff](#), including the Soldiers' Homes in Chelsea and Holyoke, to strengthen infection control and protect vulnerable residents. All Soldiers' Home staff, including contracted staff, were mandated to be vaccinated against COVID-19, unless they received an exemption for medical or religious reasons. 100% of active staff are fully vaccinated.

- While both Homes have been reopened for in-person visitation since February of 2021, the Homes have continued to offer virtual communication access for families and loved ones to stay connected with Veterans. Chelsea and Holyoke's Recreation team assist veterans in using their iPads to read online books, watch podcasts, movies, and play games.
- The Homes continued to communicate with families during the public health crisis. This includes updates on the usage of PPE throughout the facility, visitation protocols, and testing protocols for both residents and staff.
- Mandatory COVID-19 testing for employees at the Soldiers' Homes has been in place since September 2021. The Homes will continue to follow federal and state requirements regarding surveillance testing to help safeguard the health and safety of staff and residents.
- Daily symptom checking and routine staff surveillance are important tools used by the Homes to protect staff, residents and visitors and will remain in place. 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.
- 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. Both Homes collaborate with their VA medical center of records: in Chelsea that is the Bedford VA, and in Holyoke that is the VA of Central and Western Massachusetts located in Leeds.
- The Superintendents of each home are supervised by the Secretary of the Department of Veterans' Services and meet regularly with her and her senior management to discuss best practices and policies of the Homes to align 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. The first combined Joint Meetings of both Boards was held on June 29, 2021.
- Both Homes are working to develop and implement a modern electronic medical record (EMR) system. Additional information on the implementation of an EMR system is in Section 4.
- Both Homes' medical staff operate under a medical staff credentialing policy.
- 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 hired an Assistant Secretary for Veterans' Homes, with 5 years of management, healthcare experience and military or other experience working with veterans, the duties of which are in accordance with statute.

(4) Capital Needs of the Homes:

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

Soldiers' Home in Chelsea:

As previously noted, 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 FY2021. This \$199 million project is being reimbursed up to 65% of construction costs through the VA State Home Construction Grant. Funding was secured through an initial award of \$128M grant from the VA State Home Construction Program. The facility is currently on track to open in fall 2022.

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 single 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. A topping off ceremony for the facility was held in June of 2021, as the building was taking its final shape. The CLC project remains on schedule for a Fall 2022 opening.

As part of Chelsea's Phase II Redevelopment and Campus Framework, the Home pursued a public-private partnership for the domiciliary portion of its campus and announced the designation of the domiciliary campus redevelopment partner in September 2021. Pennrose, LLC, was selected as the redevelopment partners following a competitive bid process and evaluation of proposals by the Soldiers' Home in Chelsea, the Department of Veterans' Services, the Executive Office of Health and Human Services, and the Division of Capital Asset Management and Maintenance (DCAMM). The RFP requires Pennrose to ensure that the redeveloped site offers a full complement of services to Soldiers' Home in Chelsea domiciliary residents and staff at the redeveloped site, including case management, clinical care, prepared meals, and transportation. The redevelopment is expected to break ground in 2023 and will include 248 units of mixed-income housing across a broad range of household sizes.

Soldiers' Home in Holyoke:

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 short and long term needs of the Soldiers' Home, including the Refresh Project and a long-term Capital Project to replace the existing Soldiers' Home.

The Refresh Project, an important initiative for resident comfort and infection control measures, began in the spring 2020, and the scope of the project includes renovations to patient rooms, shower

rooms, bathrooms, nurse's stations, administrative offices, staff break rooms, Chapel, Canteen, hair salon, recreation room, green house, lobby, and solariums. Upgrades to these areas included the removal of wallpaper and carpeting, repairing and painting surfaces with antimicrobial paint, replacing furniture, linens, and window treatments. The four-phase project began on the third floor, and Phase I was completed in September of 2020. Phase II (second floor) began on October 19, 2020 and was completed by January 15, 2021. 19 Veterans who were boarded in the dedicated med-surg unit at Holyoke Medical Center during the COVID crisis came home to the Soldiers' Home, with all veterans in their new rooms by January 22, 2021. Phase III (fourth floor) began on February 17, 2021 and was completed by June 4, 2021 and Phase IV (first floor north and second floor north) began on June 14, 2021 and was completed at the end of October 2021.

The long-term capital project to replace the long-term care building has made significant progress in 2021. The Home has met the first two milestones for submission to the VA's State Home Construction Grant program which, if awarded, would grant the Commonwealth up to 65% project reimbursement. The initial grant application package was submitted for the April 15, 2021 deadline and the updated package was submitted to meet the August 1, 2021 deadline.

The expedited capital project is following the recommendations laid out in the needs assessment report that was released in November 2020, following the Rapid Planning Phase. Payette Associates is the design firm leading the design and planning phase, building on the evaluation they previously completed, and developing a full project scope, refining the plan, confirming the budget, timelines, and ensuring conformity with the regulatory process. The design for the replacement long term care building follows the VA Small Home Model, modified to meet veterans' needs as well as the requirements of the land on which the building is situated.

The design phase is complete and the project group is transitioning to the construction management phase. DCAMM selected Commodore Walsh (CW) as the construction management firm, which is reviewing the design and preparing for the next steps of implementation. The next steps in the project depend on the VA's prioritization of funds for the project, which will not be updated until winter/spring 2022.

To make way for the proposed reconstruction of the long-term care building at the Soldiers' Home in Holyoke, the domiciliary building, which offers temporary independent living style housing for veterans, will need to be demolished. The Home's Interim Superintendent and the Director of Social Work met with the domiciliary residents to discuss the planned reconstruction, share preliminary plans and timelines, and to offered extensive support for future transitions. Domiciliary residents will transition to new housing by spring 2022. Several of the domiciliary veterans transitioned to long term care. The Home's social work team continues to closely support each of the remaining residents to find appropriate housing.

Capital Funding:

Holyoke Capital Funding	Fiscal Year 2021
3 rd Floor Refresh Project	1,015,768
2 nd Floor Refresh Project	1,340,510
4 th Floor Refresh Project	1,015,065
Smoke Barriers	52,600
Fire Suppression Deficiency Corrections	44,738
Total Capital Funding	3,468,681

Chelsea Capital Funding	Fiscal Year 2020
John Adams building walkway & stairs	899,550
New Construction: Community Living Center	123,881,370
Total Capital Funding	124,780,920

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

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.

The EMR Steering Committee developed and posted a Request for Response (RFR) on February 4, 2021. After initially selecting a vendor during the procurement process, during the process contract negotiations, the selection committee concluded that the selected vendor would not be able to perform the services, and that the best next step was to rescope the procurement. The current procurement for the Electronic Medical Record (EMR) system for the Soldiers' Homes was terminated and a new procurement with updated requirements is underway.

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

Soldiers' Home in Chelsea:

Chelsea's Quigley Building does not meet VA standards solely due to its configuration and has been granted provisional VA certification because of its planned replacement. Chelsea will be fully compliant with all VA building standards once the new 154 bed Community Living Center is completed.

Soldiers' Home in Holyoke:

The Central Western Massachusetts Healthcare System VA survey team conducted the annual survey of Holyoke in March of 2021. In March of 2021, the U.S. Department of Veterans Affairs (VA) conducted their annual survey of the Homes Long Term Care and Domiciliary and following the acceptance of their Corrective Action Plan (CAP), Holyoke was granted a provisional certification following this acceptance in June 2021.

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

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, which happens across leadership including Superintendents, and medical and nursing leadership. 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.

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 Superintendents are supervised by the Secretary of DVS and meet with her 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.

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.

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.