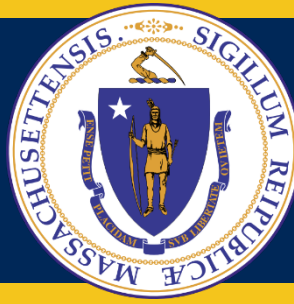


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State of the Commonwealth's Veterans Homes

November 2023



Introduction and Overview

In accordance with Chapter 144 of the Acts of 2022, the Office of Veterans Homes and Housing within the Executive Office of Veterans Services (EOVS) must submit an annual report, in coordination with the Veterans Homes Council, on the state of the Veterans Homes. Pursuant to Chapter 144:

The report shall include: (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 veterans' home.

This report shall be submitted to the governor, the clerks of the house of representatives and senate, and the joint committee on veterans and federal affairs annually and not later than November 1.

Overview of the Veterans Homes

The Commonwealth of Massachusetts operates two Veterans homes: the Massachusetts Veterans Home at Chelsea (Chelsea) and the Massachusetts Veterans Home at 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 (i.e., nursing facility) and domiciliary residential services (i.e., room accommodations, daily meals, and social services). The Homes' mission is to provide services and care to Massachusetts veterans with dignity, honor, and respect, promoting veterans' health, independence, and resilience.

This report outlines the following information for each of the Veterans Homes.

- (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.
- (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 Veterans home.
- (vi) 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 Veterans Home in Massachusetts and the Veterans Home in Holyoke.

The Massachusetts Veterans Home at Chelsea

The Massachusetts Veterans Home at Chelsea opened its doors to Massachusetts veterans in 1882 as the first Veterans Home in the Commonwealth of Massachusetts. Today, Chelsea offers veterans high-quality long-term care, skilled nursing, and domiciliary and supportive services. Chelsea has a total of 187 long-term care beds, and 305 domiciliary beds. With the opening of the new Community Living Center, discussed in further detail below, Chelsea will have 154 long-term care beds. Chelsea has a five-person Board of Trustees with three members being either war veterans, Gold Star Mothers or Gold Star families, family members of a current or former resident, or family members of a disabled American veteran, as prescribed by Chapter 144.

Certification and Accreditation

Chelsea is surveyed annually by the U.S. 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. Two units at the Home are certified for participation in the Federal Medicare Program. The Massachusetts Department of Public Health (DPH) has conducted both announced and unannounced infection control surveys at the Home, including the Infection Control Assessment Response Survey which focuses on COVID-19 management. Pursuant to Chapter 144, both Veterans Homes must pursue and obtain licensure by DPH and certification by CMS.

- **CMS:** Chelsea is also surveyed annually by the Centers for Medicare and Medicaid Services (CMS) because 88 beds are certified for participation in Medicare. On August 2, 2023, CMS conducted their annual survey. Out of hundreds of measures, the report stated that Chelsea received nine deficiencies isolated in scope and presented, “no actual harm with potential for more than minimal harm that is not immediate jeopardy.” Chelsea submitted a Plan of Correction (POC) to address these deficiencies. On September 18 and 19, 2023, DPH surveyed the new Community Living Center and pursuant to the requirements in Chapter 144, Chelsea obtained both DPH licensure and CMS certification as a Level 2 skilled nursing facility.
- **VA:** On January 23, 2023, 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 7 deficiencies in long-term care and 5 of 163 measures in the domiciliary, none of which were high scope or severity and are being addressed by the Home’s Plan of Correction.
- **Joint Commission:** Chelsea is surveyed every three years by The Joint Commission, an independent, not-for-profit voluntary accreditation organization. The Joint Commission last surveyed Chelsea on December 17, 2021, receiving full accreditation, which is customarily valid for up to 36 months and is not expected to survey again until late 2024.

Resident Care

The Massachusetts Veterans Home at Chelsea follows public health guidance from the federal and state government for the safety of all veteran residents and staff. Like many long-term care facilities throughout the country, Chelsea was impacted by the COVID-19 pandemic and worked to ensure a safe environment for residents and staff. Chelsea continues to follow compliance and safety standards from the Centers for Disease Control and Prevention (CDC), CMS, the VA, and the Massachusetts DPH. While the public health crisis has officially ended, the Home continues to communicate with families, residents, and staff to apprise all individuals of any changes being made or precautions undertaken at the facility.

Regarding long-term care, as of the time of the writing of this report, residents receive an average of 9.33 and 7.27 Nursing Hours Per Patient Day in the Quigley Medical Hospital facility and Community Living Center facility, respectively. Both are significantly above the CMS Five-Star requirement.

Following DPH guidance, the Massachusetts Veterans Home at Chelsea continues indoor visitation and communal activities for veteran residents. Visitation outdoors is also encouraged in the courtyard. To ensure resident safety, all visitors self-screen when they arrive, and masks and hand sanitizer are available at entrances for their use. The recreation department engages the veterans with entertainment, games, outings, and more.

Resident and family satisfaction with Chelsea’s long-term care is assessed monthly using a survey tool administered 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, recommend to others, activities, professional therapy, admissions process, and safety and security. In the most recent report covering November 2022 through October 2023, Chelsea received an overall 12-month customer favorability rate of 93%, exceeding the national average of 90% amongst Veterans’ Homes, and an overall rating of 4.46 out of 5.00. In January 2022, the Massachusetts Veterans Home at Chelsea was named to U.S. News & World Report’s list of Best Nursing Homes.

Capital Projects and Needs of the Home

Chelsea is nearing the completion of significant capital projects that will benefit the quality of life and care at the Home, including building the new, state-of-the-art, 154-bed Community Living Center and the redevelopment of the domiciliary on campus. Another noteworthy capital project is the renovation and rehabilitation of the kitchen to support Domiciliary residents.

The new Community Living Center is a 154-bed facility, providing long-term care and skilled nursing to Massachusetts Veterans in a modern, state-of-the-art facility. The facility opened and welcomed its first residents in October 2023, following the attainment of DPH licensure. All existing long-term care residents are expected to move from the existing Quigley Memorial Hospital facility to the Community Living Center in early 2024.

Chelsea pursued a public-private partnership for the domiciliary portion of its campus and announced Pennrose as the domiciliary campus redevelopment partner in September 2021 following a competitive bid process. While diversifying the unit style and income mix on the campus, the development calls for 100% veterans’ preference across all housing units. The plan accommodates all current domiciliary residents into the new housing units. In November 2021, DCAMM and Pennrose executed a Provisional Designation Agreement and a License of Entry and completed a Master Development Agreement on October 28, 2022.

Chelsea has been working in close partnership with Holyoke to implement a modern electronic medical record (EMR) system, which will support coordinated patient care and ease administrative burdens.

Chelsea Capital Funding	Fiscal Year 2023
New Construction: Community Living Center (VA)	\$121,076,162.85
New Construction: Community Living Center (CHE)	\$58,315,832.15
Total	\$166,616,663.28

Population Census

The table below summarizes the total long-term care and domiciliary populations at the Massachusetts Veterans Home at Chelsea. Notably, Chelsea’s veteran population also includes veterans who served in Iraq and Afghanistan, particularly in the domiciliary. The tables below summarize the total Long-Term Care and Domiciliary populations at the Veterans Home at Chelsea as of October 31, 2023.

	Long-Term Care		Domiciliary		Totals	
	Number	Percent	Number	Percent	Number	Percent
WWII	1	1%	0	0%	1	0%
Korea	17	18%	2	2%	19	10%
Vietnam	62	67%	58	50%	120	58%
Persian Gulf	0	0%	22	19%	22	7%
Iraq/Afghanistan	0	0%	0	0%	0	3%
Peace Time	12	13%	34	20%	46	18%
Total	92		116		208	
Men	92	100%	104	90%	196	94%
Women	0	0%	12	10%	12	6%

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

<u>Long-Term Care</u>		
Age	Number	Percent of Population
95 and Over	2	2%
90 – 94	13	14%
80 – 89	22	24%
70 – 79	39	42%
60 – 69	16	17%
50 – 59	0	0%
TOTAL	92	100%

<u>Domiciliary</u>		
Age	Number	Percent of Population
90 and Over	1	1%
80 – 89	13	11%
70 – 79	46	40%
60 – 69	41	35%
50 – 59	8	7%
40 – 49	5	4%
Under 40	2	2%
TOTAL	116	100%

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, medical liaison care with alternate care community providers, immunization programs, and emergency medical management.
Memory Care	Chelsea has two 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 in all units with most inpatient veterans diagnosed with some type of dementia. A Dementia Special Care Unit is proposed for the new Community Living Center.
Skilled Nursing Services (CMS Certified)	Staff provide 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.

Funding

Chelsea is a large campus that encompasses 11 buildings with 500,000 square feet on a roughly 20-acre plot of land. As of October 31, 2023, the Chelsea census was 208 veterans (92 in LTC/SNF and 116 in the Domiciliary). During FY 2023, there were 11 residents admitted to the domiciliary and 20 admitted to the nursing home. As of October 7, 2023, Chelsea had a total of 331 staff members.

Chelsea Veterans Home State Funding	Fiscal Year 2023	Fiscal Year 2024 (Projected)
4180-0100 Chelsea Veterans Home Administration and Operations	\$34,165,975	\$54,224,148
4180-1100 License Plate Retained Revenue	\$424,343	\$600,000
Total	\$34,590,318	\$54,824,148

This number may not include any additional emergency expenses including executive staffing contracts.

The Massachusetts Veterans Home at Holyoke

The Veterans Home at Holyoke first opened its doors in 1952. Holyoke offers veterans quality long-term health care services. 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 has a five-person Board of Trustees, appointed to a seven-year term. Appointed by the Governor, the statute allows for the composition of the Board to include residents from anywhere in Massachusetts.

Certification and Accreditation

Holyoke is surveyed annually by the VA and is an accredited nursing care center by the Joint Commission. The Home is not currently certified for participation in Medicare. The Home is in the process of pursuing CMS certification and has had a readiness evaluation by an external consultant. Holyoke has not operated any CMS certified beds since 2012, when it relinquished its CMS certification of acute care beds. The Massachusetts DPH visits the Home on a weekly basis to conduct consultative visits and also conducts infection control surveys at the Home, which focus on overall infection prevention activities and COVID-19 management.

- **VA:** VA: From January 24- 27, 2023, the U.S. Department of Veterans Affairs (VA) conducted its annual Long-Term Care and Domiciliary survey. Out of the 190 measures, 6 deficiencies were cited, most cited as “No actual harm, with potential for more than minimal harm.” Following the acceptance of their Corrective Action Plan (CAP), Holyoke was granted a provisional certification on June 16, 2023.
- **Joint Commission:** Holyoke is also surveyed every three years by the Joint Commission, an independent, not-for-profit accreditation organization. The Joint Commission conducted its survey on June 14 – 15, 2022. The Home received nine citations out of 762 standards. The team submitted their Evidence of Standards Compliance which was accepted and received full accreditation on September 9, 2022. This accreditation is valid for 36 months.
- **CMS Certification:** The Home has completed the initial application process for certification as a nursing home with the Centers for Medicare and Medicaid Services (CMS) and will proceed in alignment with its work to become licensed by the MA Department of Public Health as a licensed nursing home.
- **DPH Licensure:** The Home is working to complete the process for licensure as a nursing home with the MA Department of Public Health. While working with DPH on this process the Home continues to improve its administrative and clinical processes and systems to further enhance the quality of care for its residents.

Resident Care

The Veterans Home at Holyoke provides each veteran resident with a safe, pleasant environment where they can experience their highest quality of life.

Residents participate in many activities that increase positive physical, emotional, social, and spiritual health. These activities include cards, board games, computer games, music, arts and crafts, performing arts, exercise, sports, gardening, yoga, and pet therapy as well as shopping trips and scenic tours outside

of the Home. The local VFWs, American Legions, DAVs, and other veterans groups support and interact with our veterans by sponsoring picnics, ice cream socials, and bingo.

The Volunteer Program continues to support veteran socialization through activities. The Home has 20 active volunteers who assist with recreation activities, gardening, one-to-one visits with veterans, playing cards, and more. They have increased socialization and provided veteran residents with additional opportunities for engagement. Their impact on veteran well-being is immeasurable.

Capital Projects and Needs of the Home

The Veterans Home at Holyoke continues implementing several large projects to support the Home's residents and staff. These projects include an Electronic Medical Record project, which will support coordinated patient care and ease administrative burdens and the transition to the construction management phase for a new Veterans Home.

The comprehensive capital project to replace the long-term care building continues to progress. On August 14, 2023, Holyoke celebrated the start of construction on the new Veterans Home at Holyoke with a groundbreaking ceremony. Governor Healey, Lieutenant Governor Driscoll, Secretary Santiago, and other elected officials were on hand to celebrate this new building for Holyoke. The new building will have eight floors and will house 234 veterans. This new building will also house a new adult day health program that will support 40 – 50 participants. Construction is now well underway, with the domiciliary building and chiller buildings being torn down and the foundation of the new building currently being excavated. It is estimated that the new building will be ready for occupation in late 2026 with full project completion (including demolition of the current building) complete by 2028.

The negative pressure space project is completed, and the certificate of occupancy was received in September 2023. This four-bed unit will be the isolation space for any veteran with a transmissible disease, such as COVID-19.

Population Census

Holyoke's population consists of veterans from the Vietnam, WWII, Korea, and Persian Gulf eras. The tables below summarize the total Long-Term Care population at the Veterans Home at Holyoke as of September 30, 2023.

Long-Term Care		
Service Era	Number	Percent of Population
WW II	13	12%
Korea	28	25%
Vietnam	61	55%
Persian Gulf	1	1%
Iraq /Afghanistan	0	0%
Peace Time	7	7%
Total	110	100%
Men	106	97%
Women	4	4%

Long-Term Care		
Age	Number	Percent of Population
90 and Over	41	37%
80 – 89	38	34%
70 – 79	27	25%
60 – 69	4	4%
Less than 60	0	0%
Total	110	100%

Primary areas of care available at Holyoke:

Care Area	Type of Care
Domiciliary	Closed in March of 2022
Memory 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 provide 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.

Funding

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) revert 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 residents have not increased over the 17 years.

The Veterans Home at Holyoke has 1 building with 243,000 square feet on a roughly 15-acre plot of land.

Holyoke has a total of 322 staff (284.8 FTEs) as of September 30, 2022.

Below are the GAA funding levels for the Homes for FY2023 and FY2024 (projected):

Holyoke Veterans Home State Funding	Fiscal Year 2023	Fiscal Year 2024 (Projected)
4190-0100 Holyoke Veterans Home Administration and Operations	\$28,345,683	\$28,728,578
4190-0101 Holyoke Antenna Retained Revenue	\$5,000	\$0
4190-0102 Pharmacy Co-Payment Retained Revenue	\$110,000	\$0
4190-0200 Holyoke Telephone and Television Retained Revenue	\$50,000	\$0
4190-0300 Holyoke 12 Bed Retained Revenue	\$824,198	\$824,198
4190-1100 License Plate Retained Revenue	\$400,000	\$400,000
Total	\$29,734,881	\$30,002,776

This number may not include any additional emergency expenses including executive staffing contracts.

A staffing analysis has been completed to determine appropriate staffing levels for the new building. Planning on how to meet these levels is ongoing with budgetary requests expected for the 2025 fiscal year.

Updates Across Both Homes

Infection Control

- Mandatory COVID-19 testing for employees at the Veterans Homes has ended per CDC and DPH guidelines. Outbreak testing for veteran residents or staff with a COVID exposure continues.
- Daily screening, including self-screening upon entrance to the facilities, is an important tool used by the Homes to protect staff, residents, and visitors remains in place. Staff who are not feeling well are instructed not to come to work and to contact their healthcare provider. If staff show any signs of COVID-symptoms, they should take an at-home COVID rapid antigen test, reporting the results to their infection prevention team.
- The Homes continues to communicate with families. This includes updates on the usage of PPE throughout the facility, visitation protocols, and testing protocols for both residents and staff.
- The Homes are supported by MA DPH epidemiologists who are available and provide consultation regarding infection prevention and control.

Electronic Medical Records for the Veterans Homes

Both Veterans Homes are in the process of implementing an Electronic Medical Record System (EMR) in accordance with a contract executed in March 2022 with WellSky Corporation to design and implement an EMR system for the two homes. This project received approval for funding from the VA State Home Construction Grant Program for 65% federal VA matching funds. The five-year projected cost of the EMR implementation is approximately \$10M. The project kicked off in July 2023, led by EOVS' Office of Veterans Homes and Housing, and is on track to "go live" at both homes in late 2024 and early 2025.

An EMR will enable the Veterans Homes to increase patient safety and dignity, better support the clinical team, ensure regulatory compliance, improve billing, and reduce administrative burden on clinicians. It is being designed to meet the needs of both homes in a consistent fashion and will modernize and transform

operations. 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.

Uniformity and Collaboration on Policies and Procedures

The Homes operate under similar policies and regulations. Chapter 144 of the Acts of 2022 has standardized the structure and appointment of the Boards of Trustees and Superintendents.

Subject Matter Experts (SME) at both Homes continue to review all existing agency policies and amend, update, and/or implement them 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. One such example is an update and alignment of COVID-19 policies and processes following the conclusion of the public health emergency and ongoing collaboration between infection prevention and control SMEs. Given the differences between services offered and the building layouts of the Homes, there are circumstances in which policies will differ between 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 directly supervised by the Secretary of EOVS and supported by the Executive Director of the Office of Veterans Homes and Housing and meet with senior EOVS management to exchange information and identify additional opportunities for collaboration and continuous improvement to better serve the long-term care needs of veterans and their families.

Additional uniformity includes:

- The Homes are uniform in the basic and daily care fees they charge.
- The Homes collaborate with outside healthcare providers and agencies to help care for and support residents. Both Homes collaborate with their VA medical center of records. In Chelsea, that is the Bedford VA. In Holyoke, that is the VA of Central and Western Massachusetts located in Leeds.

Eligibility and Admissions

The Homes serve only veterans residing in Massachusetts. To provide evidence of veteran status, a potential 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. Applying veterans must also demonstrate residency in Massachusetts by providing evidence of an in-state living address. Both Homes operate admissions on a first-come, first-served basis.

Future of the Veterans Homes

In summary, Chapter 144 of the Acts of 2022 went fully into effect as of March 1, 2023. Chapter 144 provided for the following:

- Elevates the Department of Veterans Services to a cabinet-level secretariat.
- Modifies the membership of and revises the roles and responsibilities of the local Boards of Trustees for each Home.
- Authorizes the Secretary to appoint (and remove) the Superintendents.
- Establishes and defines the roles and responsibilities of the statewide Veterans Homes' Council.
- Renames the Soldiers' Homes as "State Operated Veterans Homes."
- Requires DPH to survey the State Operated Veterans Homes.
- Requires that the State Operated Veterans Homes apply for CMS certification.
- Requires certain positions at the Department of Veterans Services including an ombudsman for each State Operated Veterans Home, a Deputy Secretary of Veterans Services, and an Executive Director of Veterans Homes and Housing.

As such, the Veterans Homes, with leadership from EOVS' Office of Veterans Homes and Housing, are committed to improvement, quality, and transformation. Looking to the future, efforts to standardize and align programs and policies will continue as both Homes obtain licensure and recognition. The Homes will continue to deliver resident-centered care in a community-oriented setting, following the Small House Model promoted by the VA and will work together to share best practices and promote quality.

Conclusion

Both Veterans Homes continue to operate at their highest capacity to best serve their resident veterans with dignity, honor, and respect. Leadership continues to push forward on critical initiatives to continue and improve the care of residents now and for future generations, including modernizing technology and building new long-term care facilities.