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State of the Commonwealth's Soldiers' Homes

For the Period Ending

October 1, 2019

Introduction

In accordance with Chapter 141, Section 16(b) 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.

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 home) and domiciliary residential services (room accommodations, daily meals, and a variety of social services). The Homes provide services to Massachusetts veterans with dignity, honor and respect, and the care provided 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." With 139 Long Term Care and 305 Domiciliary beds, Chelsea carries on Massachusetts' proud tradition of helping all veterans in need of both long term care 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"). It is also fully accredited by The Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission"). Chelsea has a Board of Trustees appointed by the Secretary of Health and Human Services.

Holyoke was established in 1952. Similar to Chelsea, Holyoke is surveyed annually by the VA. With 248 Long Term Care and 30 Domiciliary beds on campus, Holyoke is a fully accredited health care facility through the Joint Commission, and offers veterans quality long term health care and domiciliary accommodations. Holyoke also includes hospice care, on-site dental services, a veterans' assistance center, and a multi-service outpatient department. Holyoke, like Chelsea, has a Board of Trustees. The Board includes Western Massachusetts residents from all four western Massachusetts counties. The Governor appoints the trustees.

(1) The Quality of Care Provided at the Homes:

A. Chelsea

The VA last surveyed Chelsea in January 2019 to ensure each resident receives the highest physical, mental, and psychosocial care, in accordance with a comprehensive assessment and plan of care. The survey examined 158 topics and standards including, but not limited to, the qualifications of its physicians, nurses, and other health care providers; adequacy of staffing levels; the proper supervision provided by primary care physicians; availability of appropriate medical devices; proper nutrition; activities of the patients' daily living; minimization of accident and hazards; existing policies and procedures necessary to minimize medication errors; and the availability of appropriate rehabilitation services.

The VA individually grades each item as "met," "provisionally met," or "not met". The January 2019 VA survey noted deficiencies in their initial survey, and Chelsea provided a plan of correction for all findings. Based upon the responses, all were accepted with the exception of patient room size/number of patients living in one room due to the outdated physical configuration of the nursing home, known as the Quigley Building, which does not meet modern dimensional standards. The VA has granted a provisional certification.

The long term care unit in the Quigley Building includes 88 beds (66 are online) approved by Medicare to be billed as a "skilled level of care." In addition to the VA, CMS also does an annual survey. The CMS surveys are conducted by individual State Survey Agencies. In August 2019, CMS conducted their annual survey, finding minimal deficiencies. The deficiencies have been placed on a corrective plan and accepted by the organization.

Chelsea is also surveyed every three years by the Joint Commission, an independent, not-for-profit 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 addition, Chelsea's long term care facility is assessed monthly by the residents and their families through Pinnacle Quality Insight. The survey and report focuses 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 September 2019. Chelsea received an overall 12-month customer satisfaction rate of 95%, far exceeding the national average of 81.6%.

In Fall of 2018, a groundbreaking ceremony was held for the new 154- bed Community Living Center (CLC). This $199M project was made possible through the support of the Massachusetts Legislature and a grant for $128M from the VA State Home Construction Grant Program. This program has already committed $100M. The groundbreaking ceremony served as an "official beginning" of Phase 1, which consisted of enabling and site preparation ($8M). On May 29, 2019, the Soldiers' Home water tower was successfully removed to accommodate the new Community Living Center (CLC). Since then, 144 geothermal wells have been constructed.

In 2015, Northeastern University's College of Professional Studies completed a comprehensive security assessment of the Chelsea campus. Chelsea has taken steps since receiving results from the study to ensure a safe environment for all residents. In 2019, improved safety measures included the installation of a campus wide security system ($1.6M), consisting of 58 access control points and video surveillance of all building entrances, including facility parking lots and public areas. A sidewalk was installed along Summit Avenue to provide a safer walking area for residents, staff, and members of the larger community.

Maintenance continued in 2019 with a campus-wide building envelope repair ($3.67M). The project repaired 9 buildings, including their roofs, facades, and porticos. Additional renovations were made to 6 bathrooms in 3 buildings ($1.8M), 109 private residential rooms ($400,000), and safety upgrades were made to the Residential Living areas.

Population Census

Chelsea's largest long term care populations are veterans from the 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 September 30, 2019:

Sept 30, 2019	Long Term Care		Domiciliary		Totals	
	Number	Percent	Number	Percent	Number	Percent
WWII	24	18%	1	1%	25	9%
Korea	32	24%	3	2%	35	12%
Vietnam	71	53%	92	58%	163	56%
Persian Gulf	1	0%	18	11%	19	7%
Iraq/Afghanistan	1	0%	5	3%	6	2%
Peace Time	5	0%	39	25%	44	15%
Total	**134**	**95%**	**158**	—	**292**	–
Men	129	96%	**150**	95%	279	96%
Women	**5**	4%	**8**	5%	13	4%

Long Term Care		
Age	Number	Percent of Population
95 and Over	15	11.2%
90 – 94	19	14.2%
80 – 89	45	33.6%
70 – 79	38	28.4%
60 – 69	16	11.9%
50 – 59	1	.7%
TOTAL	**134**	

Included within this census are five (5) female veterans who account for 4% of the long term care population.

Domiciliary		
Age	Number	Percent of Population
90 and Over	1	.6%
80 - 89	7	4.4%
70 - 79	52	32.9%
60 – 69	63	39.9%
50 – 59	26	16.5%
40 – 49	7	4.4%
Under 40	2	1.3%
TOTAL	**158**	

Included within this census are eight (8) female residents who account for 5% 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	Number	Type of care
Domiciliary	158	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	35	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)	66	Staff provides all daily care and skilled services. Skilled services include post-acute care IV antibiotic treatment, rehab 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	69	Veterans have a wide range of medical concerns and are unable to live in an independent environment. 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 VA conducted its most recent annual survey of the Soldiers' Home in Holyoke in January 2019. The results included one provisionally met clinical and two non-clinical matters. Holyoke submitted a corrective action plan. The VA accepted it and granted full certification.

Holyoke is accredited by the Joint Commission, who surveyed the facility in April 2019. Holyoke received non-clinical recommendations for improvement. Holyoke submitted a plan of correction, which was accepted by the Joint Commission in June 2019.

The Soldiers' Home interdisciplinary team of caregivers continued their commitment to reduce falls and enhance the mobility of residents. In the last year, Holyoke reduced the annual fall rate from 6.8 (September 2018) to 6.5 (September 2019). While there has been a reduction in the number of falls per year, there has been an increase in the number of actively mobile residents. One in three Holyoke veterans is considered actively mobile.

Through the "Dignity Project," the Soldiers' Home in Holyoke continues its partnership with UMASS Amherst to look at other ways of increasing the quality of care by focusing on the veteran's dignity. This is made possible by reaching out to the veteran, their families, staff, and Board of Trustees.

Holyoke has seen a shift in population of the long-term care facility. Vietnam era veterans are now the largest population, while also continuing to be the largest population in the domiciliary. The table below summarizes the long term care and domiciliary populations at Holyoke:

	Long Term Care		Domiciliary		Totals	
	Number	Percentage	Number	Percentage	Number	Percentage
WW II	65	28%	1	4%	66	26%
Korea	64	28%	2	8%	66	26%
Vietnam	92	40%	19	80%	111	43%
Persian Gulf	1	0%	2	8%	3	1%
Iraq /Afghanistan	0	0%	0	0%	0	0%
Peace Time	10	4%	0	4%	10	4%
Total	232	100%	24	100%	256	100%
Men	224	97%	24	100%	248	97%
Women	8	3%	0	0%	8	3%

Long Term Care			Domiciliary		
Age	Number	Percent of Population	Age	Number	Percent of Population
90 and Over	87	38%	90 and Over	1	4%
80 – 89	92	40%	80 – 89	4	17%
70 – 79	46	19%	70 – 79	8	33%
60 – 69	7	3%	60 – 69	9	38%
Less than 60	0	0%	Less than 60	2	8%
Total	**239**	**100%**	**Total**	**24**	**100%**

Primary areas of care available at Holyoke:

Care Area	Number	Type of care
Domiciliary	30	Veterans live independently. The staff provides psychosocial support. Veterans also receive medical care via an outpatient department.
Dementia special care	49	Based on their clinical needs, veterans in this program may have memory loss and/or exhibit behaviors such as wandering off the premise, requiring special care. The staff provides physical assistance with personal care needs (e.g. assist with eating and toileting).
Hospice	12	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.
Long-term Care	187	Veterans have a wide range of medical concerns and are unable to live in an independent environment. Staff provides nursing care, activities of daily living, toileting, incontinent care, eating, transferring, medication management, wound care, restorative care, maintenance care and activities.

Financial Status of the Homes (reflects appropriated levels (GAA Funding) for FY2018 and FY2019):

The Homes are funded through the Commonwealth's annual General Appropriations Act ("GAA"). Each fiscal year the Homes are provided with separate 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. The rates charged to patients / residents have not increased over the past sixteen (16) years. Legislative language contained in the FY 2020 budget states, "no fee assessment or other charge shall be imposed for admission or hospitalization which exceeds the amount of fees charged in FY 2019."

Below are the GAA funding levels for the Homes for FY2019 and FY2020:

Holyoke Soldiers' Home State Funding	Fiscal Year 2019	Fiscal Year 2020
4190-0100 Holyoke Soldiers' Home Administration and Operations	22,592,998	23,859,727
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	744,043	909,000
4190-1100 License Plate Retained Revenue	400,000	990,000
Total	**23,902,041**	**25,424,627**
Chelsea Soldiers' Home State Funding	**Fiscal Year 2019**	**Fiscal Year 2020**
4180-0100 Chelsea Soldiers' Home Administration and Operations	28,136,140	29,266,737
4180-1100 License Plate Retained Revenue	600,000	600,000
Total	**28,736,140**	**29,866,737**

(2) Uniformity of the Homes:

The Homes operate under similar policies, statutes and regulations. They both offer long term care services and a domiciliary. Both Homes have memory care units. Holyoke has a larger long term care population than Chelsea. Chelsea has a larger domiciliary population than Holyoke.

- The Homes are uniform in the basic and daily care fees they charge.
- The Homes collaborate with outside health care providers and agencies to care for and support the veterans.
- They serve as the veteran's hub for medical, dental and social services and hold events that benefit the greater veterans' community.
- The intake policies and procedures, including comparing admission policies, are uniform.

- The Superintendents of each home meet regularly with the Secretary of DVS and his senior management team to compare best practices and policies of the Homes in order to unify practices. In addition, the Secretary, or his designee, regularly attends the Board of Trustee meeting at both homes.

- Both Homes are working to develop and implement a modern electronic medical records ("EMR") system. See discussion contained in Section (4), below.

- 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.

(3) Capital Needs of the Homes:

Holyoke Capital Funding	Fiscal Year 2019
B308 - Egress Renovation	1,898,000
Underground Storage Tank replacement	455,000
Water Filtration Project	54,000
Walking Path	197,000
Fire Door Repair/Replacement	104,000
Total	2,708,000

Chelsea Capital Funding	Fiscal Year 2019
Campus Wide Envelope Repairs	3,670,000
Campus Wide Accessibility and Bathroom Upgrades	1,800,000
Campus Wide Security Upgrades	1,600,000
Transitional Housing Renovations	400,000
Total Capital Funding	7,470,000

As identified earlier in this report, Chelsea, in partnership with the Executive Office of Health and Human Services, the Massachusetts Division Capital Asset Management and Maintenance, and DVS, is currently in the stages of a significant capital project to replace its long term care facility, the Quigley Building. The goal of the project is the construction of a 154 bed facility that meets the criteria set forth in the VA Community Living Center model. The outdated configuration of the Quigley Building does not meet the VA's modern requirements because it is an open ward design, which results in too many patients living in a single room. DVS also retained a consultant, the Public Consulting Group, which provided strategies for ensuring compliance with VA requirements and assessment of services and supports.

The Massachusetts Designer Selection Board interviewed and selected Payette Associates, Inc.,

a Boston based architectural firm specializing in the design of healthcare facilities, to lead a multi-disciplinary team which provided the required professional services to deliver the project design. DVS, in collaboration with EHS, DCAMM, Payette Architects and Chelsea, has been awarded a VA construction grant that will provide up to 65% reimbursement for the new construction cost of the future long term care facility, also known as a Community Living Center. All required documentation for the grant application was submitted in compliance with federal deadlines. Chelsea received notification from the VA SHCGP that the project ranked #10 on the 2018 priority list and is listed as #52 to receive funding. In June 2019, Chelsea received a grant award of $100M towards the project. The VA anticipates awarding future grant partial grant awards in coming fiscal years, subject to the availability of funds. Consigli Construction Company is the construction manager of this project. Construction is projected to last three years, with planned occupancy in fall 2022.

The Homes are working with DVS, EOHHS-IT and outside professionals to explore options for procuring an electronic medical records system ("EMR") that meets modern cloud based standards for interoperability, security, and agility. Modern EMR technology will improve patient care, improve the ability to track patient care , improve safety, better support the clinical team, create efficiencies, enhance interoperability with our community partners, promote collaboration among caregivers, reduce the use and storage of paper records, and improve billing. The EMR systems currently used by the homes are dissimilar and outdated. They cannot be adequately upgraded to meet current needs. The Homes anticipate promulgating a request for response on COMMBUYS in November 2019. This project timeline (procurement through post implementation steady state) runs approximately until calendar year 2022.

This project is eligible for a "State Construction Grant" from the Federal Department of Veterans Affairs. If successful, the VA will reimburse the Commonwealth for 65% of the project related costs. The initial application is due to the VA by April 1, 2020.

The Homes anticipate hiring business application staff to support and facilitate pre and post implementation responsibilities. This will ensure successful transition to the EMR solution.

(4) The Status of U.S. Department of Veteran Affairs Accreditation:

A. Chelsea: As mentioned previously, Chelsea's Quigley Building does not meet VA standards solely due to its physical plant configuration. The VA has granted a provisional certification because DVS is proceeding with the above-mentioned project to replace the building. Chelsea will be fully compliant with all VA standards once the new 154 bed Community Living Center is completed.

B. Holyoke: The VA most recently surveyed Holyoke during January 2019. It identified 3 of the 158 standards that were not met. Holyoke submitted a corrective action plan which the VA accepted in February of 2019, certifying that the facility is in full compliance with its standards and regulations.

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

A. Implementation of policies and procedures: Holyoke recently revised their long term care admissions process to prioritize veterans who have the greatest medical need.

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 his 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 military service, which is usually done by supplying a copy of her or his Department Of Defense Form DD-214. The Homes ordinarily charge veterans $30 per day for long-term care and $10 per day for the domiciliary residence.