



American Legion Department of Minnesota

**Veterans Affairs & Rehabilitation
2020 Annual Report**

As of Sept. 14, 2020



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Dept. Veterans Affairs & Rehabilitation

Mission Statement

To represent the needs and interest of today's current and future Veterans; by ensuring Minnesota's estimated 308,000 Veterans are afforded, in a responsible manner, the timely access to quality healthcare and benefits administered by the Federal and State Department of Veterans Affairs; by remaining engaged in discussions and efforts which promote Veteran wellbeing, veteran's healthcare and wellness needs; and by providing our committee's input consistent without National views on matters which identify areas of need improvement within the total VA System of Care and VA Benefits delivery systems.

Department Standing Rehabilitation Committee
Contact Roster
FY 2021

Year 1- Jim Finley
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Year 2- Lynn Lyons
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Year 4- Wilson Spence III (Chairman)
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MDVA Veterans Homes Virtual Site Visit Report

Virtual Visits

June 26, 2020



FY20 MDVA Veteran Homes Virtual Site Visit Report



Date: June 26, 2020

Location: Virtual

Dept. Rehab Committee Members: Wilson Spence, Lynn Lyons, Bill Brockberg, Gary Munkholm and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Healthcare Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Wilson Spence, Bill Brockberg, Lynn Lyons, Dan Tengwall, Gary Munkholm and Jeremy Wolfsteller. MDVA's Deputy Commissioner Hughes & Senior Director of Veterans Health Care, Simone Hogan.

FY20 MDVA Veterans Home Virtual Site Visit

Meeting Minutes:

- March 13, 2020, Governor's Emergency Executive Order 20-32 Ensuring that Healthcare Providers Can Respond Quickly and Safely During the COVID-19 Peacetime Emergency. In Executive Order 20-01, I directed all state agencies to submit proposed orders and rules to protect and preserve public health and safety.
 - *March 2020, MDVA submitted the agencies Emergency Executive Order 20-03, "Protecting Residents of Minnesota Veterans Homes during the COVID-19 Peacetime Emergency".*
 1. Pursuant to Minnesota Statutes 2019, section 12.21, subdivision 3(1), to protect residents and staff of Minnesota Veterans Homes, the Commissioner of Veterans Affairs is authorized to implement a temporary visitor policy consistent with any of the guidelines contained in CMS's March 13, 2020 "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)" and any subsequent revisions of that document, up to and including a ban on all visitation. Such a ban will not apply in end-of-life situations and to state and federal nursing home regulatory authorities when requesting access to Minnesota Veterans Homes. The Commissioner is encouraged to support residents during this time and find ways to replace personal visits with phone calls, video conferencing, or other methods of communicating with friends, family, and other would be visitors.
 2. Minnesota Veterans Homes may deny admission or readmission to any person who meets the qualification to become a resident of a Minnesota Veterans Home unless that person has been screened prior to entry for signs or symptoms of COVID-19, including high fever, cough, or difficulty breathing, or contact with a person with a confirmed diagnosis of COVID-19 in the past 30 days, or are under investigation for COVID-19. Precautionary measures may be required for persons admitted to a Minnesota Veterans Home. Precautionary measures include, but are not limited to, isolation or quarantine, wearing personal protective equipment, social distancing, or visiting in designated locations.

FY20 MDVA Veterans Home Virtual Site Visit

Meeting Minutes Cont.'

3. Minnesota Veterans Homes may prohibit a person to work or volunteer in a Minnesota Veterans Home unless the person has been screened for symptoms at the start of every shift and does not show any symptoms associated with COVID-19, including high fever, cough, or difficulty breathing.
 4. Residents of a Minnesota Veterans Home may be subject to isolation in their rooms away from other people when one or more residents, staff, contractors, volunteers, or visitors of that Minnesota Veterans Home are subject to MDH or local health department recommendations or order of isolation or quarantine for COVID-19. A resident can choose to be discharged from a facility at any time.
 5. Because compliance with Minnesota Statutes 2019, section 144.651, subdivisions 26(a) and 27, and Minnesota Rules 2019, part 9050.1070, subparts 6 and 11, will prevent, hinder, or delay necessary action under this Executive Order, those provisions, and any other provisions in Minnesota Statutes or Rules that are inconsistent with this Executive Order, are waived and suspended during the peacetime emergency declared in Executive Order 20-01.
- The Center for Medicare and Medicaid Services (CMS) is currently updating their State Inspection to include new COVID-19 infection control survey. Nursing Homes are required to report information about how COVID-19 is impacting their residents.
 - The MDVA Homes were mandated to institute "COVID-19 Areas" which are areas of isolation for residents with the virus. Because of these requirements, the Homes have anywhere from 10% to 30% of their beds empty. This means the Homes are losing reimbursement from the Federal VA extremely fast.
 - MDVA implemented "limited new admissions" since March. Admissions teams are working with veterans on the wait list updating them on when they are expecting to open to new admissions. There has been an acceptance of three new admissions during COVID-19 due to the nature of the situation.

FY20 MDVA Veterans Home Virtual Site Visit

Meeting Minutes Cont.'

- COVID-19 funding changes include a Federal VA increase of daily per-diem rates. This represent a 2.9% increase for FY21 that goes into effect immediately due to COVID-19. These rates can be found here:
 - https://www.va.gov/COMMUNITYCARE/providers/SH_Payment_Rate.asp
 - MPLS Adult Day Program was suspended early March due to COVID-19. The Adult Day Program Staff created a virtual adult day program consisting of virtual activities and currently have 30-37 active participants. *MDVA has requested to reinstate their Federal VA per-diem based on this virtual program. Currently waiting on MPLS VA Health Care Systems Director to sign off on the request.* If approved, the funding would help offset some of losses due to COVID-19.
 - Health and Human Services has a process in place to allow for grants that are submitted and approved by Minnesota Management & Budget. These grants are to help offset any losses in funding due to COVID-19, i.e. (PPE, Beds empty, overtime, temp staff).
 - The state legislature will resume meetings to approve for the second part the biennium budget. The Governor has requested all state agencies submit a budget that reflects a 5% cut.

Chairman: Wilson Spence

Secretary: Jeremy Wolfsteller

**The American Legion Dept. of Minnesota
Dept. Rehabilitation Questionnaire**

Date: 6/23/2020

Agency: Minnesota Dept. of Veterans Affairs Veterans Homes

Topic: COVID-19 Updates

- 1) What policies and practices have been made for the COVID19 pandemic?

Overall – we have put in place approximately 20 different protocols as it relates to COVID-19. Initially those protocols were changing every day based on the changing guidance from CDC and MN Department of Health. Lately the guidance changes have slowed and we are working on updating those interim protocols to healthcare policies moving forward. Most important to us at this time are family in-person visits, that will follow MDH guidelines, but will be operationalized at each facility as the building layout and other ongoing projects allow.

- 2) Has there been additional Federal or State Funding to assist with the pandemic? If so, please explain.

Yes – we have received funding from both – including the VA. However, the funding that was provided to the states relating to COVID has yet to be distributed to agencies. There does not seem to be enough funds to cover revenue losses and additional expenses that have been unique to the pandemic. We have a budget surplus from this fiscal year, but unless more funds are received, the SVH as a whole might be operating in a deficit.

The federal VA increased our per diem this past spring, and also are continuing to fund a portion of the adult day program while it is running a virtual program at this time. Yesterday we heard from VISN 23 that the federal VA may be providing some additional funds to SVHs, but details of that are not known.

- 3) Has there been changing in staff in any of the Homes during the pandemic? Reduced or more hires?

We have had to hire additional temporary staff. Specifically, as we had direct care staff going out for symptoms and pending testing of COVID – we had temporary staff fill behind. We also created new positions – one example being screeners who are at the front door and screen all staff upon entering the facility for their shift. There have also been several staff that are out due to granted ADA accommodations. This has caused us to increase OT and in some cases increase contract workers, both of which cause an additional burden on the budget.

- 4) Are family members allowed to visit their loved ones in the Veterans Home? Does the Homes have the means for virtual meeting for residents?

We have had visitor restrictions in place since mid-March. In the past week, MDH has released guidance for window visits and outdoor visits. The guidance is very stringent and we are working on putting that into place currently in all homes. Over the past several months, we have focused on providing virtual visits between families and Veterans. We purchased over 30 iPads for all of the homes and we have facilitated thousands of iPad visits over the past several months between families and residents. However, as mentioned previously all homes are working on safe in-person visits that should begin in the next couple of weeks.

- 5) If families are not allowed, what needs to happen to the situation to allow families into the homes?

At this time, we are following the guidance from MDH regarding restricted visitors, which means no visitors inside of SVHs. It is a very difficult balance between maintaining good infection control protocols and allowing visitors. This circumstance is the same for all senior healthcare facilities in the state. To allow inside visits, this will take the MDH to allow those, which likely will not happen, possibly for another year.

- 6) Which Veterans Homes currently have residents with COVID-19? Total number of residents that have or had COVID-19? How many staff have been diagnosed with COVID-19?

We encourage you to go to the Medicare website – Nursing Home Compare. There is a new reporting feature on that site that provides data regarding COVID and in each home – all that are certified by CMS. We also facilitate a daily COVID-19 Information line for families and stakeholders. In this recorded message, we provide the total number of cases that we currently have on campus.

Minneapolis is the only home that has had positive exposure of COVID-19 for both residents and staff. All other homes have remained COVID free. We are happy to report that Minneapolis is also now COVID free.

- 7) Any deaths in the Homes? Veterans or staff?

We have had deaths relating to COVID – and currently since the start of the pandemic, we have had 10 Veterans die related to COVID. In all of those deaths, there were several other co-morbidities that contributed.



Minneapolis Veterans Home

FY20 Site Visit Report

December 17, 2019



Minneapolis Veterans Home FY20 Site Visit Report



Date: December 17, 2019

Location: MPLS Veterans Home

Dept. Rehab Committee Members: Wilson Spence, Bill Brockberg, Roy Bressler, Gary Munkholm and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Healthcare Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Wilson Spence, Bill Brockberg and Jeremy Wolfsteller. Administrator Tom Paul.

Minneapolis Overview:

The Minneapolis Veterans Home is located on a peaceful, 53-acre wooded campus overlooking the Mississippi River near Minnehaha Falls. The campus contains 291 skilled nursing beds and 50 domiciliary beds in private and semiprivate rooms.

The Home's legacy began in the late 1800s when, what was then called the Old Soldiers Home, was built for indigent Veterans of the Civil War. Providing care for Veterans for the past 130 years, the shift in focus to making the health care needs of Veterans Homes a primary concern began in the 1960s.

The services are delivered by a dedicated staff of professionals who are passionate about providing the quality care our Veterans deserve - in a highly personalized manner. This care is enhanced by the natural beauty of the surroundings.

Residents enjoy an assortment of services designed to meet their physical, social and spiritual needs which include:

Skilled Nursing Care with a specialty in Dementia Care

Medical Services, with 24-hour Nursing Care

Recreational Therapy

Rehabilitation

Chaplain and Spiritual Care Services

Diet and Nutritional Services

Pharmaceutical Services

Assistance with VA Benefits

Social Services

Barber and Beautician Services

Work Therapy

Transportation to Minneapolis VA Health Care

Mental Health Services

Resident council

Family Council

Spouse Support Group

Volunteer Services

Award-Winning Nursing Care Approaches

Private and double rooms

Minneapolis Veterans Home FY20 Site Visit

Meeting Minutes:

- The Home's authorized operating bed capacity is 300. There is currently 293 beds filled. Around 50 of the Home's residents have a severity of 70% service-connected disability's rated by the VA. This is an important statistic because the veteran can receive care at no cost and the Home receives a higher-level per-diem from the VA.
- The Home continues to have an 8-10-month average wait time for veterans to get in. Once a veteran's name is next on this list that exhibits a skilled need, there still is a 5 to 7-day processing time for enrollment compared to the private sectors 24 hours. This is due to the additional paperwork that needs to be captured. Because of the 90/50 rule the Home can only have so many beds available for spouses of veterans. Currently there is approximately a 3-year waiting period.
- Minneapolis Veterans Home has seen the demographic of veterans needing skilled care start to shift over the last year. The average age once was 70 and older and now the age is anywhere from 60-75 years of age. Most of the veterans are Vietnam area.
- The Home converted their old auditorium into an education center to provide training to student's through partnerships with local colleges like Inver Hills Community College. The renovations only cost around \$30,000 from existing funds. Mary Mehalige is MDVA Homes Education Coordinator who oversees the training program.
- March 2019 the Home's new 12 bed private unit opened. The unit is specifically for wandering patients, it has 8 single bedrooms. There are 2 HST's or NA's and 1 Nurse assigned to the unit.
- The cost of care per day is around \$400, the Home receives VA per-diem per veteran per day. The Adult Day program is \$89.52 per day, Domiciliary is \$48.50 per day, nursing home rate is \$112.36 per day and around \$400 per day for veterans 70% service connected or greater, or veterans receiving skilled care for a SC condition.

Minneapolis Veterans Home FY20 Site Visit

Meeting Minutes

- Bridge update: Jan 9th Ribbon Cutting. Legionnaire paper What's Happening Section announcement.
- Future project may include converting the high-pressure steam boiler system to low pressure boiler. This could cost around 4 million to convert the system. This would be a more efficient heating system that would be easier and more affordable to maintain.
- The Rehab committee informed Mr. Paul that the new BWN law could effect some of his residents and that their benefits should be looked at closely

Chairman: Bill Brockberg

Secretary: Jeremy Wolfsteller



The American Legion

Minnesota Veterans Home Facility Questionnaire

Executive Leadership

- **Facility name: Minnesota Veterans Home-Minneapolis**

- **Wait times:**
 - What are the average wait times for veterans to get into the Home? 8-10 months

 - What are the average wait times for spouses to get into the Home? 3 years

- **Staff Vacancies (by occupation):**
 - What is your total number of vacant positions and what are the positions? 74

 - How long have the positions been vacant? 60-90 days

 - Reason for vacancies? Retirements, job transfers, terminations

 - Do you have a succession plan in place to address your current and future vacancies? For most positions we do not have a succession plan. We try to have them for Management positions but because of our inability to post new positions until we receive a resignation notice it makes the succession planning difficult.



The American Legion

➤ **Facility Demographics:**

- What type of care/services is unique to your Veterans Home? Behavioral Mental Health, In house Dental Clinic, Semi and secured units
- What percentage of residence are SC 70% or greater? 50
- What is your authorized and operating bed capacity? 300
- How many admissions did you have the last fiscal year? 85
- Please provide a breakdown of your funding allocations for the past three fiscal years. See attached
- Of the number of enrolled veterans/spouses, please provide the number of:
 - Men 264
 - Women 2
 - Spouses 27

➤ **Patient Safety:**

- If available, please provide copies of your last annual Patient Safety Reports. See attached

➤ **Outreach Activities:**

- How many outreach events did your Veterans Home participate in during last fiscal year? 26, see attached
- How many outreach events is your Veterans Home to participate in this fiscal year? 31, see attached



The American Legion

➤ Facility Upgrades:

- What are new remodeling projects completed or wanting to develop?

New flooring bldg. 19 Atrium, Community Room first floor hall bldg. 19, front entry. Finished 2nd half parking lot and roadway resurfacing. Remodel old Auditorium in bldg. 15 and chapel to create an education center.

➤ Medicare Certification:

- Where is the Home currently with being certified? MHD license, CMS Medicare certification for all 300 beds
- How does the process work to receive compensation? Invoices generated based on contract with Medicare and Rug rates established for various levels of services identified through the MDS process. Billed within 30 to 45 days following the services rendered.

Comments:

Minneapolis Skilled
FY19 2nd Quarter Budget Projection

Minneapolis Skilled		FY18	FY19			
High Level Snap Shot of FY20 Budget		Year End	Year End	FY20	FY20	FY19 to FY20
As of October 11, 2019				Start	1st Quarter	Difference
State Appropriation Amount		24,840,681	27,679,516	26,033,278	26,433,278	-1,246,238
Actual or Projected FY Revenues		24,894,459	24,680,195	24,769,035		-24,680,195
Total Funds Available		50,018,464	52,359,711	50,802,313	26,433,278	-25,926,433
Other Employee Cost		1,086,721	1,081,111	1,200,000		-1,081,111
Expected FY Salary Expenditures		42,068,741	43,042,711	43,502,313		-43,042,711
Expected FY Non-Salary Expenditures		5,657,920	6,021,945	6,100,000		-6,021,945
Total Expenditures		48,813,382	50,145,767	50,802,313	0	-50,145,767
Ending Balance		1,205,082	2,213,944	0	26,433,278	24,219,334
Revenues						
Maintenance		7,243,635	7,365,216	7,200,000		-\$7,365,216
Regular PerDiem		7,965,234	8,289,280	8,384,105		-\$8,289,280
70% Per Diem		8,323,676	8,695,414	8,814,930		-\$8,695,414
Medicare A		165,892	138,353	150,000		-\$138,353
Medicare B		115,038	129,866	160,000		-\$129,866
Managed Care		14,603	35,560	35,000		-\$35,560
Secondary Insurance		30,931	26,607	25,000		-\$26,607
Other Misc Income		-15	-100			\$100
		\$24,894,459	\$24,680,196	\$24,769,035	\$0	-\$24,680,196
DOMS In			DOMS Out			

Minneapolis Skilled

High Level Snap Shot of FY20 Budget

As of October 11, 2019

State Appropriation Amount

Actual or Projected FY Revenues

Total Funds Available

Other Employee Cost

Expected FY Salary Expenditures

Expected FY Non-Salary Expenditures

Total Expenditures

Ending Balance

Revenues

Maintenance

Regular PerDiem

70% Per Diem

Medicare A

Medicare B

Managed Care

Secondary Insurance

Other Misc Income

DOMS In

DOMS Out



The American Legion's Minnesota Department of Veterans Affairs Commissioners Meeting

Agency Meeting Notes

January 10, 2020



The American Legion's Minnesota Dept. of Veterans Affairs Commissioners Meeting

Date: Jan 10, 2020

Location: Apple Valley American Legion

Dept. Rehab Committee Members: Wilson Spence, Gary Munkholm, Bill Brockberg, and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Healthcare Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Wilson Spence, Bill Brockberg, Gary Munkholm and Jeremy Wolfsteller, Dept. Commander, Dept. Adjutant, Dan Ludwig, Commissioner Herkie, Deputy Commissioner's Hughes and Lindsay, Senior Director of the Homes, Simone Hogan.



MDVA MISSION:

The mission of Minnesota Department of Veterans Affairs (MDVA) is "Dedicated to serving Minnesota Veterans and their families." We are a "post wartime agency" and were created by the 1943 state Legislature to consolidate the services provided to service members, and since 2007, we have operated the Minnesota Veterans Homes. Today, there are approximately 308,000 veterans in Minnesota.

Minnesota Department of Veterans Affairs Overview

The mission of Minnesota Department of Veterans Affairs (MDVA) is “Dedicated to serving Minnesota Veterans and their families.” We are a “post wartime agency” and were created by the 1943 state Legislature to consolidate the services provided to service members, and since 2007, we have operated the Minnesota Veterans Homes. Today, there are more than 308,000 veterans in Minnesota (about six percent of the state’s population. Veterans face many challenges including translating their military skills and experiences to civilian occupations, unemployment and underemployment, and short- and long-term medical issues resulting from their military duty. In addition, many veterans and their families experience both mental fatigue and physical injuries associated with military deployments. Finally, approximately 23 percent of the state’s population aged 65 and older are veterans, many with unique long-term care needs.

AGENCY AT A GLANCE

- Long-term, Skilled nursing and Domiciliary care
 - Adult Day Center and resources for caregivers
 - Education and employment services
 - Federal VA Claims and outreach services
- Homeless Veteran prevention and assistance services
- State benefits (State Soldiers Assistance Program)
- Operates 5 State Veterans Homes and 3 State Veterans Cemeteries
 - Serve more than 308,000 Veterans in Minnesota
 - Employ approximately 1,400 staff statewide

Programs & Service Division (PSD)

- MDVA administers the following programs to meet the needs of eligible veterans, their dependents and survivors. Veterans Services, consisting of the Claims and Field Operations staff represent veterans and their family members by acting as their advocate in matters pertaining to the U.S. Department of Veterans Affairs (VA) benefits and entitlements. This division consists of the St. Paul and Fargo Claims offices, the Gold Star Families and Women’s Program, Tribal Veterans Service Officers, and Veterans Outreach.

State Veterans Homes

The Homes provide care that is designed and delivered according to the individual needs of each resident. The Homes have the goal of restoring, optimizing and or maintaining each resident's level of function, personal autonomy, and dignity while recognizing the individual's service to the country.

This goal is achieved through facilities that provide skilled nursing care with special care units for the treatment of Dementia and Alzheimer's, Domiciliary Care (board and care) and Adult Day Care services. In addition, they provide the following programs or services:

- occupational
- physical therapy
- physical fitness
- social services
- recreational therapy
- behavioral services
- transportation
- volunteer programs
- drug and alcohol treatment
- work therapy
- dental
- optometry care
- primary medical care

In recent years, The Agencies Homes have undergone several changes to improve the quality of care being provided. These changes include, Implementation of resident-centered care models at all the Veterans Homes to meet the unique individualized care of Veteran. A new building at the Minneapolis campus, and additional clinical training for the staff through a community partnership with Twin Cities Healthcare partnership (TCHP). Compliance with the Centers for Medicare & Medicaid Services (CMS) standards for the purpose of enhancing the level of care provided at the Veterans Homes and generating an opportunity to bill services to the federal government under the Medicare insurance programs.

The Minneapolis Adult Day was recognized with a 2016 -State Government Innovation Award for their project called Operation Sight and Sound. The Silver Bay Veterans Home was recognized in 2015 with a State Continuous Improvement Award for their interdisciplinary teamwork and the improved beneficial resident outcomes related to behaviors and reducing psychotropic medication use. This project included additional staff training on dementia care with the Gemini program and the implementation of new life enrichment coordinators. Establishment, in 2014, the ongoing work of a Commissioners Healthcare Task Force to provide guidance for best practices and programming for our Veterans Homes, which has proved to be a valuable resource to our agency leadership.

- Veterans Employment and Education Division helps veterans and eligible family members navigate the complicated higher educational benefits system and promotes employment and self-sufficiency for those individuals. This division includes the Higher Education Veterans Program, enforces the state Veterans Preference Acts as the State Approving Agency (SSA) and administers the Minnesota GI Bill.
- Memorial Affairs assures that Veterans and their families are honored with final resting places that have national significance and lasting tributes that commemorate their service and sacrifice to our nation. The division operates three veterans' cemeteries, one in Little Falls, Preston and the newly opened facility in Duluth. It also manages the Military Funeral Honors Stipend Program and the Bronze Star Marker Program.
- State Veterans Benefits Division provides programs and services unique to Minnesota's Veterans and supplements certain federal programs. The division manages the State Soldiers Assistance Program, LinkVet, Minnesota Service C.O.R.E., Minnesota Operation for Veterans Empowerment (MOVE) and Veterans Preference. The Homeless veterans works directly with all key partners throughout Minnesota and leads the implementation of the goal in the State Plan to End Veteran Homelessness on a Veteran by Veteran basis. The SSI/SSDI, Outreach, Access, and Recovery (SOAR) team assist homeless and at risk veterans in obtaining social security disability benefits.
- MDVA Grant Programs provide needed funding to our partners who assist us in our goals of serving veterans. - Veterans Service Organizations (VSO) Grants are provided to Congressionally Chartered Veterans Service Organizations in Minnesota to assist veterans and their families receive all the federal, state, and local benefits they are entitled to. - County Veterans Service Officers (CVSO) Grants are provided to all 87 counties to provide outreach for the reintegration of combat veterans into society, to collaborate with social service agencies, educational institutions, and other community organizations to enhance services offered to veterans, to reduce homelessness, and to enhance the operations of the county veterans service office. Minnesota Assistance Council for Veterans (MACV), funded through a grant from MDVA, aids throughout Minnesota to veterans and their families who are homeless or in danger of homelessness. Support Our Troops Grants are competitive grants provided to eligible foundations and other organizations approved by the Commissioner, whose purpose is supporting and improving the lives of veterans and their families. These grants are funded through the Support Our Troops License Plate Account.

FY20 Rehabilitation Meeting with MDVA Commissioners

Meeting Minutes:

- **MDVA Biennial Budget**

- MDVA works off a 2-year biennium budget and currently a quarter of the way through their FY2020-21 Biennial Budget. MDVA Deputy Commissioner provided updates regarding their current operating budget status and FY2020-21 Biennial Budget Change Items.
- Minnesota's capital budget is primarily funded by issuing state general obligation bonds. Items funded in capital budgets often include land acquisition, repair, renovation and construction of state facilities; acquisition, construction and repair of state parks, trails, interpretive centers, campground facilities, forests, wildlife management areas, dams and flood control structures.
- Minnesota Management & Budget issues instructions for capital budget requests in April of the year preceding its submission to the Legislature. Preliminary submissions of state agency capital budget requests are due in June, with final submissions due in September. The Governor's submits a proposed capital budget to the Legislature in January of even-numbered years.

- **MDVA Programs & Services Division (PSD) Budget Breakdown**

- The MDVA Agency has submitted a capital bonding request of \$37 million to Minnesota Management & Budget primarily for asset preservation of its 5 state Veterans Homes. The Governor's Office has responded to the agency's capital bonding request and included \$15 million dollars in Governor Walz's "Local Jobs and Projects Plan". An additional 3.1-million-dollar supplemental funding request was submitted for the agencies mission to help end veteran's homelessness.
- Claims Division
 - Fargo, St. Paul Claims Offices and Field Operations remain to be funded for 33 FTE; budget will remain with no increases.
- State Cemeteries
 - Currently on VA's waiting list for the agencies 4th State Veterans Cemetery that will be in Redwood Falls, MN. Redwood County has a tentative purchase agreement for the land they're prepared to donate to MDVA for the cemetery in Redwood Falls. Federal funding for FY20 that could have went to MN instead went to Oklahoma, a state without any veteran cemeteries.
 - The cost for operating a new cemetery would be added to the biennial budget request for the year of projected completion. Anticipated cost to run a new cemetery has not been projected.

FY20 Rehabilitation Meeting with MDVA Commissioners

Meeting Minutes continued:

- MN CORE Program
 - Inception 2008-09. The agency has a contract with Lutheran Social Services to provide mental health and financial counseling services to MN veterans that may not have access to VA healthcare or prefer not using the federal facilities.
 - Previous years funding for the biennium was \$1M, \$500,000 per year.
 - Starting FY20 and ongoing the agency received a large increase in funding of \$250,000 each year for the LSS CORE Program.
- Homeless program
 - 56 veterans were added to the registry and in December 47 were housed, but the registry has been totaling 295 veterans for the last few months.
 - Local twin cities area struggling with availability for places to rent. Landlords don't need to take a subsidized rate because of demand for housing. Additionally, these last few veterans tend to have multiple barriers such as criminal history and poor rental history.
 - VA point in time count (PIT) dictates how many HUDVASH vouchers each medical center receives which assists placing homeless veterans into subsidized housing and reducing the registry list.
 - \$3.1 million supplemental budget request for non-VHA eligible veterans that can access HUDVASH vouchers.
- SSAP
 - The State's Soldiers Assistance Program (SSAP) is maintaining with the current budget allocations. Funding allocations FY19 was \$4.61M and remains.
- Higher Education
 - MN GI Bill has an open appropriation of up to \$6 million per year, annual funding is based on the previous year's expenditures and any projected increase/decreases.
 - The agency disbursed \$2.9M in MN GI Bill usage for Higher Education and saw a 5.8% increase in expenditures.

New Home Updates

- Federal Funding from the recently passed federal legislation - \$90M was the total dollar amount in the bill for the entire country.
 - List priority order submitted to VA
 - Bemidji \$42M Total Cost
 - Montevideo \$48M Total Cost
 - Preston \$32M Total Cost
- Total MN New Veterans Home Projects total \$112M, were all be funded by the Federal VA Construction Program, MN would need \$79 of the \$90M
- Suicide prevention program initiative – currently Paula Newinski, MDVA Quality Director, is leading the effort. She has attended and will be attending events around the state. MDVA is now part of the MDH suicide prevention task force, as well as part of the federal VA task force. MDVA plans to hire a suicide prevention coordinator and liaison to lead the agency's efforts. Goal for MDVA for the state is in line with the federal VA initiative.
- Marketing of HST's CAN's on Billboard – currently as part of the Homes recruitment effort includes billboards in both Fergus Falls and Silver Bay. This year there is a renewed effort to have a comprehensive recruitment and retention effort for all the homes. Other areas include tuition reimbursement, referral bonus and education opportunities.
- Hastings Veterans Home and ending veteran homelessness – Administrator of the MDVA Doms program has been working with MDVA P&S to assist in placing homeless Veterans in the program. Doms is not a dedicated homeless program, but where the Veteran and the program are a match, MDVA will work with P&S. There have been two successful placements of homeless Veterans, one came from a shelter, the other from the Drake Hotel fire. Note: Veterans must be committed to be drug and alcohol free and working in one of the three Doms programs, the goal to achieve the highest level of independence possible

Rehab Chairman: *Wilson Spence*

DSO & Rehab Secretary: *Jeremy Wolfsteller*

Total Request: ~~\$37.4~~ \$15 Million

Priority	Proposal Title		Brief Description (with Gov's Recommendations)	
1.	Statewide Security Upgrades		~~\$8.4~~ \$4.2 Million to improve security & safety of MDVA facilities statewide for our residents, families, guests and staff.	
2.	Asset Preservation		\$14 ~~\$10.7~~ Million to address 117 MDVA facility systems receiving 'Poor' or 'Crisis/Failure' ratings in the most recent Facility Condition Audit (FCA) – completed Sept. 2019	
~~3.~~	~~Minneapolis Veterans Home Building 6~~		~~\$12 Million (represents 35% state match) to conduct a major renovation of a historic building on the MVH Minneapolis campus. The facility update would add a minimum of 36 new skilled nursing beds, meeting current skilled nursing care models.~~	
4.	Campus Enhancements		~~\$3,173,920 (total request)~~	
	i.	Replacement of Bldg. 34 at MVH Hastings	~~\$2,131,660 to complete hazardous materials abatement and demolish building 34 at MVH — Hastings and to design, construct and equip a vehicle storage and service building and associated site improvements.~~	
	ii.	Demolition of Bldg. 13 at MVH Mpls.	~~\$82,260 to complete hazardous materials abatement and demolish building 13 at MVH — Minneapolis.~~	
	iii.	Construct replacement Storage Building 2 at MVH Fergus Falls	~~\$960,000 to complete hazardous materials abatement and demolish building 2 at MVH — Fergus Falls and to design, construct and equip a storage building and associated site improvements.~~	
5.	Fergus Falls Green House		\$100,000 to finalize funding for constructing a detached, freestanding structure, to include electrical and plumbing. A permanent green house has been sought by residents for more than 4 years and has received vigorous support and financial contributions from the Fergus Falls Veterans community.	

Retain funds remaining under the MVH – Mpls Truss Bridge Project appropriation for Asset Preservation

Add the following language to the “back of the bill” list on the final bonding bill:

“The unspent portion of this appropriation after the project has been substantially completed, upon written notice to the commissioner of management and budget, is available for asset preservation under Minnesota Statutes, section 16B.307. Minnesota Statutes, section 16A.642, applies from the date of the original appropriation to the unspent amount transferred.”

FY20 Rehabilitation Meeting with MDVA Commissioners Cont.

Meeting Minutes Cont.

- **MDVA State Veterans Policy Breakdown as it is related to upcoming pending Veteran legislation**

Revisor #/File Requested	Agency Tracking #	Proposal Title	Brief Description
Yes	5603	Providing dental services to eligible Veterans	Amend Minnesota Statutes 198.006 to add statutory authority to provide a dental clinic and dental services to both MVH resident & certain non-resident Veterans (like VA dental care-eligible Veterans).
Yes	5604	Allowing homeless Veterans data to be shared	Amend Minnesota Statutes 196.08 to incorporate Data Practices language providing the ability to share homeless veteran data found on the MDVA Homeless Veteran Registry
Yes	5605	Providing adult day care services to eligible Veterans	Amend Minnesota Statutes 198.006 to provide explicit statutory authority to operate and manage the Adult Day Center.



St. Paul VA Regional Office

FY20 Site Visit Report

January 9, 2020



FY20 St. Paul VA Regional Office Site Visit



Date: January 9, 2020

Location: St. Paul Regional Office

Dept. Rehab Committee Members: Chairman Wilson Spence, Gary Munkholm, Bill Brockberg, DSO Wolfsteller & Claims Director Ron Quade. VARO leadership included Director Graves, VSC, PMC and Data Analyst.

RE: The American Legion Rehabilitation committee is tasked with staying engaged in the care and services that are delivered to MN veterans. The committee conducts 12-15 site visits per year with State and Federal VA Agencies and nonprofits serving MN veterans. Reports are published on these respected partners agencies and organizations, so Minnesota's veterans become aware and understand the services they may be entitled to.

St. Paul VA Regional Office Overview:

The St. Paul VA Regional Office administers a variety of benefits and services, including compensation, loan guaranty, pension and vocational rehabilitation and employment for veterans, servicemembers, their families and survivors in MN and Nationally.

Additional Services include:

- Counseling about eligibility for VA benefits
- Information about VA Health Care and memorial benefits
- Outreach to veteran, homeless or at risk for homelessness and older, minority and women veterans
- Public Affairs
- Assistance with applying for specially adapted housing grants
- Administration of VA's Home Loan Guaranty Program for a 9-state region

FY20 St. Paul VA Regional Office Site Visit

Meeting Minutes:

Focused on Overview of VBA's Compensation & Pension Workload

Rating Bundle: Claims for disability compensation, dependency and indemnity compensation, and Veterans' pension benefits, including both original and supplemental claims. Rating Bundle claims normally require a rating decision during processing. VA's goal of eliminating the backlog in 2015 is specific to the Rating Bundle.

Not-Rating: Claims for disability compensation, dependency and indemnity compensation, and Veterans' pension benefits, which can but normally do not require a rating decision (i.e. claim to add dependent to award).

Entitlement: Claims from the Rating Bundle as well as other claims to determine eligibility for VA medical treatment and other VA benefits.

Award Adjustment: Claims that involve modification of benefits based upon additional ancillary factors.

Program Review: Work based on internal controls to audit, review, and ensure benefits and entitlements are properly decided in accordance with laws and regulations.

Other: Work that has no effect on entitlement but may require a rating decision that effects monetary benefits

Burial: Claims associated with burial benefits.

Accrued: Claims related to benefits not paid prior to the death of a Veteran or survivor based upon a claim granted after the applicant's death.

Appeals: Claims based on a beneficiary's disagreement with a VBA decision.

IDES: Claims under control of the joint DoD/VBA Integrated Disability Evaluation System program.

FY20 St. Paul VA Regional Office Site Visit

Meeting Minutes:

St. Paul Veterans Service Center (VSC)

- In fiscal year 2019, the St. Paul Veterans Service Center (VSC) adjudicated 38,253 rating claims. Additionally, they issued decisions on 3,626 compensation appeals, and 2,131 Restricted Access Claims Center (RACC) compensation appeals. A total of 6.6% of these decisions were for Minnesota Veterans. St. Paul VSC also completed 108,057 non-rating claims with 8.26% for Minnesota Veterans.
- Work experience for Rating Veterans Service Representative (RVSR) & Veterans Service Representatives (VSR) at St. Paul VA Regional Office consists of 42 months for VSR's and 68 months RVSR's. National training is based on ACT curriculum which stands for "after challenge training" that is time mandated courses focused on specific topics that RVSR's & VSR's must be proficient in. FY mandated training courses are developed for specific topics identified by compensation services based on national quality trends and emerging issues.
- Nationally the standard for rating claims is under 125 days or they're considered backlogged. Currently the National average is 80.6 days for rating claims and 149 days for non-rating claims.
- With the implementation of the Appeals Modernization Act (AMA) VA is still unsure of what consist of an actual appeal. There is three new review lanes a veteran can choose from like supplemental, higher-level and board of veterans appeal the word appeal can get convoluted.
- The St. Paul VSC has a 97% accuracy rate in compensation rating issue-based quality. The most common errors include systems compliance (S1s) which involves appropriate internal system controls, incorrect exam or medical opinion requests, and the assignment of effective dates.

FY20 St. Paul VA Regional Office Site Visit

Meeting Minutes:

St. Paul Veterans Service Center (VSC) Cont.

- Last Fiscal Year the St. Paul Quality Review Team (QRT) launched a systems compliance awareness campaign which resulted in a reduction of S1 errors in the division. Additionally, St. Paul VSC provided impact training on examination requests and effective dates. In-process quality reviews are routinely conducted to assist claims processors in quality improvement through on-the-spot feedback, as well as to prevent errors before they occur. Error trends are continuously monitored, and appropriate training is provided to employees.

St. Paul VA Regional Office Pension Center (VPC)

- St. Paul VA Regional Office operates one of three Pension Centers in the Nation. FY19 they had 43,082 rating Completions, 139,496 Non-Rating Completions of which 3.6% were Minnesota veterans.
- PMC Rating Claims Nationwide have an average days pending of 127.5 days, non-rating claims nationwide have an average days pending: 127.4 days. The Combined PMC Rating and Non-Rating Claims Nationwide Average Days Pending: 127.4 days Inventory: 206,54. Original Survivor Pension Claims Average Days Pending is 130.1 days and the national Inventory is 21,724
- The PMC RVSR's have an average of 10 years of work experience and VSR's have around 5.5 years of experience. The PMC has a 92.6% accuracy rate for authorization actions. The top three error categories are: All systems accurately updated, claimant properly notified, award generated/completed and correct.
- A specific training course on system updates/compliance is provided to Veterans Service Representatives (VSRs) and Claims Assistants each year along with training course on income/medical expense counting.
- Approximately 400 in-process reviews (IPR) are completed each month by the Quality Review Team (QRT). An IPR is a non-punitive review designed to correct deficiencies throughout the claims process. If a deficiency is identified, the employee is provided immediate feedback from a QRT member.

FY20 St. Paul VA Regional Office Site Visit

Meeting Minutes:

St. Paul VA Regional Office Pension Center (VPC) Cont.'

- The following changes were a result of the implementation of PMC workload into National Work Queue (NWQ) in FY19: Prioritization of workload at the National level and removal of PMC jurisdictions. Majority of inventory held with NWQ versus the Regional Office level. Creation of targets focused on Regional Office Time in Queue (TIQ) versus Average Days Pending. Claims no longer managed at the Regional Office level from establishment to completion.



The American Legion

St. Paul VA Regional Office Questionnaire

VSC Response

We have prepared the following questions to develop a fuller understanding of your Regional Office's practices. We look forward to meeting with you and discussing operations at the VA Regional Office.

- How many claims did you adjudicate within your VARO in the past fiscal year and how many were Minnesota cases?

St. Paul Veterans Service Center (VSC) adjudicated 38,253 rating claims. Additionally, we issued decisions on 3,626 compensation appeals, and 2,131 Restricted Access Claims Center (RACC) compensation appeals. A total of 6.6% of these decisions were for Minnesota Veterans. St. Paul VSC also completed 108,057 non-rating claims in fiscal year 2019, with 8.26% for Minnesota Veterans.

- What is the average length of experience for your RVSRs and VSRs?

Our RVSRs have an average of 68.4 months of experience and our VSRs have an average of 42.6 months of experience.

- What are the average amount of days' claims are pending?

Nationally, rating claims are currently pending for an average of 80.6 days and non-rating claims are pending for an average of 149.5 days.

- What is your grant/denial rate of claims?

This data is not available to us.

- How many of your claims are appealed?

Claims and appeals are distributed and managed through the National Work Queue (NWQ). As a result, stations no longer have workload isolated to their respective states. Furthermore, under the new Appeals Modernization Act (AMA), the definition of an "appeal" has transitioned into the three lanes of additional review Supplemental Claims, Higher Level Reviews, and Appeals to the Board of Veterans' Appeals.

It is unclear whether this question pertains to appeals from Minnesota Veterans or appeals generated from decisions rendered by the St. Paul Regional Office (RO). Either way, identifying this information would require data mining and is not readily available to us.

- What are the top three categories of errors in adjudicating within the VARO?

The St. Paul VSC has a 97% accuracy rate in compensation rating issue-based quality. The most common errors include systems compliance (SIs) which involves appropriate internal system controls, incorrect exam or medical opinion requests, and the assignment of effective dates.

- What training is being provided internally to correct the identified errors?

Last Fiscal Year the St. Paul Quality Review Team (QRT) launched a systems compliance awareness campaign which resulted in a reduction of S1 errors in the division.

Additionally, St. Paul VSC provided impact training on examination requests and effective dates. In-process quality reviews are routinely conducted to assist claims processors in quality improvement through on-the-spot feedback, as well as to prevent errors before they occur. Error trends are continuously monitored, and appropriate training is provided to our employees.

- How has National Work Queue impacted your operations?

NWQ has resulted in faster processing of Veterans' claims nationwide. Our operations are now paperless and we are able to manage claims with greater agility.

- What areas of improvement have service center employees identified in the past 12 months?

As noted above, we have identified an opportunity to improve our accuracy in medical opinion and examination requests. We continue to look for ways to reduce claims rework through effective training, mentoring, and workload management. Rework reduction is tied to our ultimate goal of improving service delivery to our Veterans.

- What topics would you like to see greater advocacy performed by The American Legion in Washington, D.C., to improve the delivery of veterans' benefits?

We value our partnership with The American Legion and would ask that you continue to advocate for prioritization of Veterans' benefits and services as well as the allocation of adequate resources for VA to effectively serve our Nation's Veterans.

Comments:



The American Legion

St. Paul VA Regional Office Questionnaire

PMC Response

We have prepared the following questions to develop a fuller understanding of your Regional Office's practices.
We look forward to meeting with you and discussing operations at the VA Regional Office.

➤ How many claims did you adjudicate within the PMC in the past fiscal year and how many were Minnesota cases?

- Rating Completions: 43,082
- Non-Rating Completions: 139,496
- Total Completions: 182,578
 - Minnesota Claimants: 6,576 (3.6%)

➤ What is the average length of experience for your RVSRs and VSRs?

- RVSRs: Average of 10 years in position
- VSRs: Average of 5.5 years in position

➤ What are the average amount of days' claims are pending?

- PMC Rating Claims Nationwide:
 - Average Days Pending: 127.5 days
 - Inventory: 42,427
- PMC Non-Rating Claims Nationwide:
 - Average Days Pending: 127.4 days
 - Inventory: 163,827
- Combined PMC Rating and Non-Rating Claims Nationwide:
 - Average Days Pending: 127.4 days

○ Inventory: 206,54

• Original Survivor Pension Claims (EP 190 Series) Nationwide:

○ Average Days Pending: 130.1 days

○ Inventory: 21,724

➤ What is your grant/denial rate of claims?

The requested information is not available. A summary of running awards based on benefit type as of November 30, 2019, is included below:

Benefit Type	Running Awards
Survivor Pension	166,806
Dependence and Indemnity Compensation	434,239
Veterans Pension	236,654
Total	837,699

➤ How many of your claims are appealed?

The requested information is not available. A National summary of PMC Appeals pending inventory is provided below.

	Total
NOD	414
FORM 9	146
REMANDS	1,016
BVA GRANTS	87
TOTAL	1,663

➤ What are the top three categories of errors in adjudicating within the VARO?

The PMC has a 92.6% accuracy rate for authorization actions.

The top three error categories are:

- All systems accurately updated.
- Claimant properly notified.
- Award generated/completed and correct.

➤ What training is being provided internally to correct the identified errors?

- A specific training course on system updates/compliance is provided to Veterans Service Representatives (VSRs) and Claims Assistants each year.
- Training course on income/medical expense counting is provided each year to VSRs.
- Approximately 400 in-process reviews (IPR) are completed each month by the Quality Review Team (QRT). An IPR is a non-punitive review designed to correct deficiencies throughout the claims process. If a deficiency is identified, the employee is provided immediate feedback from a QRT member.

➤ How has National Work Queue impacted your operations?

The following changes were a result of the implementation of PMC workload into National Work Queue (NWQ):

- Prioritization of workload at the National level
- Removal of PMC jurisdictions
- Majority of inventory held with NWQ versus the Regional Office level
- Creation of targets focused on Regional Office Time in Queue (TIQ) versus Average Days Pending.
- Claims no longer managed at the Regional Office level from establishment to completion.

➤ What areas of improvement have Pension Center employees identified in the past 12 months?

Employees assist with identifying improvement in areas including system improvements and training needs.

➤ What topics would you like to see greater advocacy performed by The American Legion in Washington, D.C., to improve the delivery of veterans' benefits?

We value our partnership with The American Legion and would ask that you continue to advocate for prioritization of Veterans' benefits and services as well as the allocation of adequate resources for VA to effectively serve our Nation's Veterans.

Comments:





VISN 23

SWS Site Visit Report

May 29, 2020



VISN 23 SWS Site Visit Report



Date: May 29, 2020

Location: VISN 23 Eagan, MN (Virtual Meeting)

Dept. Rehab Committee Members: Wilson Spence, Gary Munkholm, Bill Brockberg, Lynn Lyons, Dan Tengwall.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Health Care Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Spence, Gary Munkholm, Bill Brockberg and DSO Jeremy Wolfsteller. VISN23 Director, Robert McDivitt and PAO, Ron Woolery.

2020 VISN 23 System Worth Saving Site Visit

Meeting Minutes:

- George Floyd Protests/Riots are affecting some of the MPLS VA Health Care Systems operations. The Community Resource and Referral Center located Downtown Minneapolis is temporarily closed along with Maplewood Community Based Outpatient Clinic. A temporary police station was constructed on Ft. Snelling.
- VISN wide they have added over 400 additional beds specifically for COVID-19 patients. The average census for occupied beds is 20 a day.
- The VISN has been tasked by VA's 4th mission working with FEMA providing 50+ nurses working in community nursing homes.
- Minneapolis VA has transferred all their community living center patients to St. Cloud VA. This allowed MPLS to open the Acute Respiratory Clinic for COVID-19 patients.
- Personal protective equipment has been replenished to allow for a 60-day supply. Typically, PPE is only stocked for a 15-day supply.
- VA received \$16.9 billion from the CARES Act to implement COVID-19 changes. VISN 23 received \$270 million in supplemental funding. Funds are being used for PPE, more ICU beds, and more tele-health equipment.
- Tele-health has increased 4,000% since March 2020.
- VA's Comprehensive Caregivers Act expansion under the MISSION Act was set to rollout Summer of 2020 but because of COVID19 VA is expecting it to be delayed until Fall of 2020. In the first phase, VA will begin accepting applications of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. The final phase, due to begin two years later, will include eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975, to September 10, 2001.
- VA expanded its Tele-ICU in over 50 VA Hospitals using mobile carts that have the technology. This works in place of installing the full IT equipment in each ICU room.

2020 VISN 23 System Worth Saving Site Visit

Meeting Minutes:

- VA has begun a three-phase plan to reopen to regular business operations. For VISN 23, Fargo is the lead facility rolling out their plan to regular operations. Their goal is increasing services to 50% in June VA medical facilities will be permitted to embark on Phase 1 of the plan once certain local conditions have been met. These conditions include falling numbers of patients exhibiting COVID-19 symptoms, reduced numbers of people testing positive for the virus, and increased testing capacity.
 - Once these and other conditions are met, local VA facilities will maintain their current risk-mitigation activities (such as continued telework when possible) but may also begin assessing how best to permit elective procedures and resume certain face-to-face visits that have been postponed.
 - Phase 2 of the plan is the resumption of services that have been postponed, again as deemed possible based on local conditions, and subject to safety protocols deemed as necessary by local staff.
 - In Phase 3, VA facilities will again allow visitors to hospitals, community living centers, senior living facilities, and spinal cords injury and disorder units after a full assessment of the risks and only amid continuing improvement in their part of the country. Most VA employees will also return to work in this phase.
 - VA's national cemeteries, benefit administrators and Board of Veterans Appeals will also be using this same three-phase approach to determine whether and how best to resume things like public cemetery interments and face-to-face meetings with Veterans about their benefit status.

Chairman: *Wilson Spence*

DSO: *Jeremy Wolfsteller*



American Legion Rehabilitation Committee
Department of Minnesota

May 15, 2020

Questions for Robert McDivitt
Director-VISN 23

- 1. Are the VA Medical Centers prepared to handle the influx of patients once the shutdown of non-essential services is lifted and will attribute mandatory overtime and employee burnout?**

Answer:

HR: In support of the health care system directors, HR has a number of hiring flexibilities available to us to meet immediate short-term staffing needs to include temporary and intermittent hires. VHA has a 4-phase plan to resume normal, pre-COVID operations and the pace with which we move through those phases will be determined by our ability to meet staffing needs. Liberal leave policies as well as regular communication with union partners has been valuable in supporting employees and keeping a pulse on the workforce during these challenging times.

MPLS VA: We anticipate that we will gradually, and based on gating criteria, be seeing more Veterans in a face to face setting. The lifting of non-essential services will be deliberate and planned to manage demand, social distancing requirements and continued virtual care opportunities. We will gauge the need for overtime as needed and be mindful of employee burnout. We will continue to offer self-care and integrative health opportunities for our self to enable them to deal with added stressors.

St. Cloud: On May 7, the Department of Veterans Affairs announced a three-phase plan for resuming regular operations at its medical centers, benefit offices and national cemeteries in a post-COVID-19 setting.

VA never closed its doors during the pandemic but did implement a wide range of actions to ensure the safety of its patients and employees. Under VA's plan, conditions on the ground will determine how quickly each facility resumes normal operations, and each phase of the plan is aimed at making sure that Veterans' safety comes first.

In St. Cloud, current conditions do not allow us to move forward to expand services.

The St. Cloud VA HCS continues to implement numerous actions to safeguard Veterans served by the St. Cloud VA, our employees and the public. The safety of Veterans and staff is the highest priority when we consider how we provide health care services and procedures during the ongoing COVID-19 pandemic. We apologize for any inconvenience and greatly appreciate the patience and understanding shown by our Veterans.

In reintroducing services, we will consider unique circumstances of our state and local markets, environmental safety preparedness and clinical risk assessments.

VA has developed a risk-based framework to prioritize non-urgent procedures in addition to the urgent procedures currently being performed. Evaluation of such factors as patient health, staff safety and resource considerations will guide expansion, scheduling decisions and which services will be reintroduced.

Using this framework, on May 18, VHA began implementing a phased approach to reintroducing select health care services at one Lead Site in each Veterans Integrated Service Network (VISN).

In VISN 23, the VA Midwest Health Care Network selected the Fargo VA HCS as the Lead Site.

The lessons learned from these initial sites will help to inform how other facilities plan for expanding services in their facilities.

Currently, there is no change to St. Cloud VA HCS operations, and we do not have a timeline for transitioning away from our current operations. Safe care remains our goal.

Rigorous safety measures including employee and Veteran COVID-19 screening, physical distancing and appropriate personal protective attire such as face coverings, remain in place. Additionally, we will continue to maximize the personalized virtual care options of telehealth, phone consults and wellness checks, as these services have been a valuable link to Veterans during this challenging time.

As for impacts to employees, this phased approach will allow us to build-up services over time, thereby minimizing negative impacts to employees and keeping workloads manageable and within prescribed standards.

2. Are the VA Medical Centers staffed and equipped to continue all medical services and simultaneously accommodate testing and care for VAMC personnel and veteran patients who contract the Corona Virus?

Answer:

MPLS and St. Cloud VA: Yes. Corona Virus patients have become part of our care rhythm. COVID positive patients needing hospitalization are like other sick Veterans with the added need for increased protection for Veterans and staff. We are accustomed to treating very sick Veterans and anticipate continuing to treat COVID Veterans in our 'Hot Zones' while gradually opening up other services.

3. What is the VISNs need for additional nursing personnel due to the COVID-19?

Answer:

HR: VISN 23 has been in the fortunate position of being able to provide critical nursing support to the National DEMPS program, VISN to VISN and to FEMA state support. VISN 23 added 148 temporary positions in support of COVID-19, 44 of which were nurses.

MPLS VA: The Minneapolis VA has hired 12 additional RNs full-time in the areas of ICU, ED and Acute Care. We do not anticipate the need for additional nursing staff beyond our ability to recruit and retain those on staff.

St. Cloud: Currently we have approximately 12 Nursing Assistant vacancies, with most vacancies in our CLC. We are actively recruiting for additional nursing assistants. Thus, St. Cloud, has no need for additional nursing personnel.

4. What is the number of COVID-19 patients in Minnesota VAMC's/CBOC's, inpatient/outpatient and how many veteran deaths have been attributable to COVID-19?

Answer: The data is from the National Surveillance Tool (NST) as of 5/27/20.

Minneapolis

- Total COVID Positive (cumulative inpatient & outpatient) = 155
- Active cases: 33 (inpatient & outpatient)
- Convalescent (recovered) = 94 (inpatient & outpatient)
- Deaths: 28 (12 Inpatient & 16 known other)

St. Cloud

- Total COVID Positive (cumulative inpatient & outpatient) = 28
- Active cases: 8 (inpatient & outpatient)
- Convalescent (recovered) = 19 (inpatient & outpatient)
- Deaths: 1 (0 Inpatient & 1 known other)

5. How are your VAMCs handling COVID differently than CBOC's regarding COVID-19? What are some of the "wins" and successes that you've experienced when solving the issue of how to operate in a COVID19 environment? Medical Centers

Answer:

MPLS VA: Minneapolis CBOCs have remained open during the COVID crisis. Just like at the medical center, Veterans are screened and over 80% of the appointments are virtual visits. When a Veteran needs face to face care, this is provided, just like at the medical center.

We have many lessons learned throughout this pandemic, highlighted by our ability to successfully provide virtual care and the ability to protect our staff through telework while maintaining work capacity.

St. Cloud: Other than some slight differences in initial screening methods, our operations have been consistent, with triage, testing and referral available at the CBOCs and the St. Cloud VAMC. Use of connected health and telehealth modalities has provided a bridge to our patients. Telehealth and connected care use have increased over 300% from the same point in time a year ago.

6. As Tele-health becomes more of a focus for the delivery of care, how will this affect things like space, remodeling and expansion projects, budget, and staffing for VAMCs and CBOCs? Medical Centers and Dr. Faughnan and CMO

Answer:

Dr. Faughnan and CMO : We are growing telehealth in 3 broad areas: specialty and mental health telehealth services delivered to Veterans seen in our clinics (CBOC), telehealth to non-VHA care sites especially County Veteran Services offices, and telehealth to home.

Our clinics have incorporated telehealth into their design for years and our newer clinics are built around providing those services. Our current clinic focus is increasing their connectivity. We've completed one round of updates across the VISN and we're starting on a new round. We're also incorporating mobile telehealth technologies into our clinics so we can deliver telehealth services to Veterans in rooms built for Face-to-Face.

Across all of Telehealth settings of care we are increasing support for VHA providers doing telehealth and for Veterans receiving telehealth services. Nationally there is a heavy emphasis on expansion and improvement of telemedicine into the home in addition to clinic –based face-to-face appointments.

For Telehealth services delivered to the home we are continuing to provide iPads with built-in connectivity for Veterans lacking personal device options.

MPLS VA: This will have an impact on our space use and is being considered in future projects and leases. There are a variety of factors to consider:

The size of the waiting area to accommodate social distancing requirements.

Protective barriers in waiting areas to enhance social distancing.

Different means of seating Veterans to minimize the need for open waiting areas. For example, having Veterans remain away from the clinic until they are ready to be seen or immediately seating Veterans in exam rooms instead of general waiting areas in clinics. We will be doing far less face to face based on what we've learned in providing virtual care which will help us with sizing waiting areas.

We anticipate no significant impact on staffing other than an increased use of telework technologies to provide care-good for employees and accepted by Veterans.

St. Cloud: Our construction plans, budget and staffing levels for FY 20 are unchanged. Lessons learned from the COVID-19 pandemic will certainly influence future planning in terms of adding capabilities to meet another viral pandemic threat. We will be looking to maintain a larger percentage of tele-health visits in our future way forward model.

7. How will COVID19 affect VHA's FY2021 Budget request? Are the VISN's expecting a negative impact on funding requests based on the "VERA" reimbursement model during several months of hospitals conducting less appointments during COVID19? Stomberg and Helming

Answer:

Finance: We are confident about funding levels for FY21 for two reasons:

The CARES act supplemental funding provided is available for two years to support potential additional surge in requirements.

FY21 funding allocations for VERA are based on FY19 and prior workload information so it should not be heavily impacted by FY20 workload fluctuations.

8. Care Giver Program Updates

Overview of the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC)

• VACO

- Currently 20,000+ enrolled (125,000+ applications processed)

- \$400 million+ in financial assistance & \$13 million+ in health care provided to caregivers
- 400,000+ Caregiver Support Line calls (rolled-out February 2011)

- VISN 23

- 789 enrolled
- Special Purpose Funding – Total FTE 48
- Anticipate 4-5 times growth with expansion of the program

VA Mission Act – Expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- Expansion is planned to occur in late summer/early fall 2020
 - First phase of eligibility will be for veterans d/c from the military prior to 5/7/75
 - Second phase of eligibility will be for veterans d/c from the military after 5/7/1975 and before 9/11/01
 - Two objectives that need to be resolved prior to expansion occurring:
 - 1) Regulations and Final Rule completed
 - New Proposed regulations have been written
 - Released 3/6/20 – entered a public feedback phase of 60 days – which ended 5/6/20
 - All comments will be responded to in the Final Rule
 - 2) IT Tracking System – CARMA (Caregiver Record Management Application)
 - Currently using and solving any technical issues
 - Beyond these 2 pieces:
 - Working on multiple logistical and systemic issues to prepare for this expansion
 - A General Caregiver Coordinator position has been hired at each facility to build programs and resources for caregivers of all era veterans.

- Another Phase of hiring will also be completed to meet the anticipated increase in volume of applicants



St. Cloud VA Health Care System

SWS Site Visit Report

September 19, 2019



St. Cloud VA Health Care System SWS Site Visit Report



Date: September 19, 2019

Location: St. Cloud VA Health Care System

Dept. Rehab Committee Members: Chairman Wilson Spence, Gary Munkholm, Bill Brockberg, Roy Bressler and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Health Care Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Wilson Spence, Bill Brockberg, Gary Munkholm, Dan Tengwall and DSO Jeremy Wolfsteller.

SCVAHCS Overview:

The St. Cloud VA Health Care System serves Veterans in central and west central Minnesota via a medical center in St. Cloud and VA Clinics in Alexandria, Brainerd and Montevideo.

The Health Care System began serving Veterans in 1924 and now delivers care to more than 39,000 Veterans in the upper Midwest region.

Areas of care include primary and specialty care, mental health care, surgical and specialty care including ambulatory surgery, urgent care, acute psychiatric care, telemedicine, extended care and rehabilitation, imaging, laboratory and pharmacy services.

Specialty care services include audiology, cardiology, dentistry, hematology, oncology, optometry, orthopedics, podiatry, pulmonology, urology and rheumatology.

The Health Care System offers extensive mental health programming, including acute psychiatric care, Residential Rehabilitation Treatment programs and an outpatient mental health clinic. The programs use a recovery model to treat post-traumatic stress disorder (PTSD), substance abuse and a variety of mental health conditions. Outpatient programming includes treatment for serious mental illness, vocational rehabilitation and supported employment.

The Health Care System's Community Living Center (extended care and rehabilitation) provides skilled nursing care through home-based primary care, nursing home care, adult day health care, ventilator-dependent care, memory care, hospice care and a variety of rehabilitation programs.

SCVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes:

- **Patient wait times:** VHA's standard for primary care, mental health care & non-institutional extended care services is 20 days and 28 days for specialty care from request date.
 - **SCVAHCS:** Mental health new patient average is 10 days and 2 days for established patients. Primary care new patient average is 17 days and 4 days for established patients. Specialty care new patient average 19 days and 5 days for established.
 - **Longer wait time medical services include:** Audiology, orthopedics, pain clinic, podiatry, GI and occupational therapy. Because of long wait times veterans can choose to use the VCCP although wait times in the private sector may be longer.
 - **Community Contract Provider:** CentraCare handle's most referrals for specialty care services when longer wait times accrue, services not available or veterans choose not to drive to Minneapolis VA Medical Center.
- **Panel Sizes:** VHA patient centered management module (PCMM) standard via Directive 1406 for primary care range 1,000-1,4000. Recommended baseline for FTE PACT is 1200. **(Panel sizes are very important as they can contribute to physician burnout)**
 - SCVAHCS: MD's, NP, PA panels. MD's can be up to 1400 and lower level NP, PA's 800-900.
 - St. Cloud Medical Center MD's average 1175 per one FTE.
 - The Brainerd and Montevideo CBOC's MD's have a higher panel size of 1354 & 1210. Although with new providers starting September 30th the panel sizes will reduce. Alexandria MD has 936 and is helping Brainerd till new higher starts. Brainerd and Alexandria added additional specialty services in audiology and vision. These services may have increased the panel sizes.
 - MD's tend to stay at the CBOC longer while mid-level NP, PA's have a higher turnover rate.

SCVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes Cont.

- **Staff Vacancies:** Nursing Assistants continue to be a challenge just because of the low numbers in the career field and high demand of services that require their skills.
 - EC&R nursing staff
 - PCP both MD's and mid-level
 - Mental Health Psychiatrist
 - Housekeeping
 - Medical Support Assistants (MSA's)

- **Facility Demographics:**
 - Authorized and Operating Bed Capacity, daily census for all inpatient programs: Authorized beds 431, currently operating 388, unavailable beds 43. Average daily census is 334. These beds consist of CWT/TR, Domiciliary, Acute Psych and Nursing Home.

 - SCVAHCS seen 549,197 outpatient visits last year

- **Enrollment:**
 - SCVAHCS has approximately 62,621 veterans within their geographical market, although only 53,245 may be eligible for VA health Care.

 - Current enrollment is 40,306 which leaves an estimated 13,000 still eligible for care.

 - SCVAHCS market penetration is 75.7% which ranks 3rd in the nation for market penetration.

 - Enrollment consists of 1,979 females and 38,325 males.

 - Unique patient totals for FY18 was 39,551 although only 32,728 were within SCVAHCS market of enrolled veterans.

 - In FY18 39,551 veterans used SCVAHCS for services 549,197 times.

 - SCVAHCS has 27 Counties within its market.

SCVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes Cont.

- **SCVAHCS Comments:**

- VA O I&T Increased Telehealth Access Through Partnerships with T-Mobile and Verizon VA's new partnerships with T-Mobile and Verizon give Veterans mobile access to VA telehealth—for free. Veterans using these mobile network providers can now access VA systems and telehealth resources using VA Video Connect (VVC) via the public internet without being billed for the data used, removing cost barriers for participating and receiving the VA health care they need.
- Tele-Health services, IT infrastructure specifically bandwidth in certain areas CBOC's are located is lacking. This is preventing the ability to offer more telehealth services.
- Should VA offer childcare services VIA contracts or offer vouchers to pay for child- care so more veterans, specifically female veterans can use their health care benefits.

Chairman: *Wilson Spence*

Secretary: *Jeremy Wolfsteller*

SCVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes Cont.

- **Non-VA coordinated Care:**
 - Authorized care under the discontinued Choice program SCVAHCS paid close to 80 million.
 - Unauthorized care which include emergencies under 38 USC 1728 and 1725, SCVAHCS paid close to 4 million.
- **VHA is currently conducting a market assessment under The Mission Act.**
 - SCVAHCS plans on using this information to capture some of the remaining eligible veterans within their market, (approx. 13,000).
- **Women Veteran Program**
 - Approximately 1,500 of 1,979 enrolled female veterans use SCVAHCS for their primary care.
 - A new stand-alone women veteran clinic is estimated to be completed by the end of FY2020.
 - SCVAHCS has one FTE provider that only see's female patients. There're another ten providers designated to see female veterans
- **Suicide Prevention Efforts**
 - Doubled staff in FY19
 - Established a coalition of community partners in prevention efforts



The American Legion

Department of Veteran Affairs Health Care Facility Questionnaire

Executive Leadership

Please address the following:

➤ **Facility Name:** St. Cloud VA Health Care System

➤ **Wait times:**

- ☐ What are the average wait times for primary care patients?
- ☐ What are the average wait times for specialty care patients?
- ☐ What are the average wait times for mental health patients?

Patient Wait Times

		Average New Patient from Create Date	Average Established Patient Wait from Preferred Date
(3V23) (656) St. Cloud, MN HCS	Mental Health	10.3	2.1
(3V23) (656) St. Cloud, MN HCS	Primary Care	17.4	4.8
(3V23) (656) St. Cloud, MN HCS	Specialty Care	19.1	5.2

- ☐ What specific services/care do most veterans have to wait for?

Stop Code	HCS	Total Pending GT 20 from Preferred Date	All Patient Wait % GT 20 Days from Preferred Date
(321) GI ENDOSCOPY	(3V23) (656) St. Cloud, MN	242	61.10%
	(3V23)		

(203) AUDIOLOGY	(656GA) Brainerd, MN	191	57.50%
(409) ORTHOPEDICS/JOINT SURGERY	(3V23) (656) St. Cloud, MN	300	55.50%
(203) AUDIOLOGY	(3V23) (656GB) Montevideo, MN	45	52.90%
(206) OCCUPATIONAL THERAPY	(3V23) (656) St. Cloud, MN	67	45.60%
(420) PAIN CLINIC	(3V23) (656) St. Cloud, MN	51	39.20%
(411) PODIATRY	(3V23) (656GA) Brainerd, MN	142	34.30%

➤ **Panel Sizes:**

- What are your current PCP panel sizes

St. Cloud

MD: 934 average panel size including all MDs. 98.8%. 1175 is the average for just 1.0 FTE MDs. 99.1%

NP/PA: 860 average panel size. 99.2% (this is with current staff, we have 1 additional provider starting on 9/30)

*we will have a new NP starting on 10/14 and another in January which will also help with Panel sizes.

Brainerd

MD: 1354 average panel size. 115%

NP/PA: 877 average panel size. 107.9%

*this is with current staff, we have 1 additional provider starting on 9/30 and this site receives support via TMED from MTE and soon ALX

Montevideo

MD: 1210 average panel size. 101%

NP/PA: 527 average panel size. 77.7% (Mostly with Sieg due to Olson ramp up)

*MD panel size will be reducing, new NP/PA is in the ramp up period and will reduce his overall panel size

Alexandria

MD: 936 average panel size. 82.8%

NP/PA: 803 average panel size. 97.4%

*right sized panels and helping to assist BRD for coverage

➤ **Staff Vacancies (by occupation):**

- What is your total number of vacant positions?

We have 163 vacancies, 10 are not yet in recruitment as of 9/12/219 for reasons that include: position description update/approval and waiting on service line decisions.

- How long have the positions been vacant?

The length of time positions are vacant varies by position. We maintain continuous job postings for positions such as: Extended care and Rehabilitation nursing staff; Primary Care physicians and mid-level providers as well as Mental Health psychiatrists and recruit for over ceiling positions in high turnover areas such as housekeeping and medical support assistants.

- Reason for vacancies?

Position vacancies are occurring for a variety of reasons and the most common reasons are:

- Voluntary retirements or resignations
- Involuntary removal or separation actions
- Transfers to other VA facilities or federal agencies
- Promotions, transfers or reassignments within the facility
- Establishment of new positions or department reorganizations
- Competitive recruitment environment for health care providers in the local labor market

- Do you have a succession plan in place to address your current and future vacancies?

Yes. Succession planning is an ongoing activity guided by the workforce strategic plan. Our current health care system Workforce Strategic Succession Plan is attached.

It includes leadership development programs, upward mobility and career ladder positions; details and stretch assignments; mentor relationships; LPN to RN transition; education cooperation with local universities and colleges for student experiences; WOC and student appointments; education reimbursements; position management and both on-the-job and formal training programs. The Workforce Development Committee focuses on broad succession planning initiative to include programs for employee and leadership development. Both a Physician Recruitment Committee and a Nurse Recruitment and Retention Committee were established to address strategies to increase recruitment and retention.



Final WFD Plan - St.
Cloud 2017.pdf

➤ **Facility Demographics:**

- What type of care/services does your medical center offer?

The St. Cloud VA HCS provides primary and subspecialty medical, urgent, specialty and surgical, and mental health care; acute psychiatry services; and extended care and rehabilitation services. Specialty outpatient services offered include audiology, dental, general surgery, endoscopy, ambulatory surgery, laboratory, orthopedics, optometry, podiatry, pulmonology, radiology, urology,

otolaryngology, respiratory therapy, rheumatology, hematology/oncology, cardiology, neurology, nephrology, and women Veteran's health care.

The HCS does not maintain an inpatient medical unit. Those needs are met by utilizing the local St. Cloud Hospital and transfers to the Minneapolis VA HCS 80 miles to the south.

The HCS also provides a number of special emphasis services including residential and outpatient mental health and substance abuse programs, a Post Traumatic Stress Disorder (PTSD) treatment program, a Mental Health Residential Rehabilitation Treatment Program, outpatient programming for serious mental illness, homeless Veterans programs, a suicide prevention program, an Operation Enduring and Iraqi Freedom program, a Women Veterans program, an Incarcerated Veteran Program, a Veterans Justice Outreach Program, Native American sweat lodge ceremonies to meet diverse spiritual needs, Vocational Rehabilitation and Supported Employment programs, Adult Day Health Care, Home-Based Primary Care, and ventilator care. Extended Care and Rehabilitation services include Home-Based Primary Care, Adult Day Health Care, Memory Care, Hospice Care, Short Stay and Nursing Home Care. Community Based Outpatient Clinic (CBOC) services are currently located in Alexandria, Brainerd and Montevideo, Minnesota, and provide: Primary Care services; Specialty Care referrals to both St. Cloud and Minneapolis VA HCS; Mental Health services including individual, group and family counseling; Psychological assessment and testing; Medication management; Social Work services; Clinical Pharmacy services; Home-Based Care; Tobacco cessation counseling; Prescription processing; Laboratory blood drawing services; Chronic disease management; Care Coordination for Home Telehealth; and Telehealth classes for diabetes and weight loss. Additionally, Brainerd has Podiatry Services.

- What is your authorized and operating bed capacity?

Services are delivered through outpatient clinics and the following beds: 15 acute psychiatry beds, 225 nursing home beds, and 148 Residential Rehabilitation Treatment Program (RRTP) beds (with up to 23 more RRTP beds approved).

- What is your average daily census for each inpatient program?

	Operating Beds	Total Unavailable Beds	Authorized Beds	ADC
All Bed Service	388	43	431	334
CWT/TR				
Domiciliary	148	23	171	128.1
Acute Psych	15	20	35	11.8
Nursing Home	225		225	194.1

- How many outpatient visits did you see last fiscal year?

549,197

- Please provide a breakdown of your funding allocations for the past three fiscal years.



➤ **Enrollment:**

- What is the total number of veterans in your catchment area?

There are an estimated 62,621 Veterans in the Minnesota Central market in FY18 with an estimated 53,245 eligible for services.

- What is the total number of enrolled veterans in your catchment area?

Enrolled Veterans	All Gender	Female	Male	Unknown
(V23) (V23) Minnesota Central	40,306	1,979	38,325	2

Current market penetration (enrolled Veterans out of estimated eligible Veterans) is 75.7%. St. Cloud ranks 3rd in the nation for market penetration.

- Of the number of enrolled veterans, please provide the number of:

- Men – 38,325
- Women – 1,979

- What is the total number of unique veterans in your catchment area?

Total uniques seen at St. Cloud in FY18 was 39,551 of which 32,728 live within the Minnesota Central market.

- Please identify the counties included in your catchment area?

Aitkin, Benton, Big Stone, Cass, Chippewa, Crow Wing, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Lac Qui Parle, McLeod, Meeker, Mille Lacs, Morrison, Pope, Redwood, Renville, Sherburne, Stearns, Stevens, Swift, Todd, Wadena, Wright, Yellow Medicine.

➤ **Non-VA Coordinated Care Program:**

- What was your last year's NVCC budget for the following:

- Authorized Care

- Authorized outpatient \$52,741,413
- Authorized inpatient \$27,667,629

- Unauthorized Care

- Unauthorized outpatient \$2,057,440
- Unauthorized inpatient \$1,816,801

- SC Emergency Care

▪ NSC Mill Bill Emergency Care

➤ **Outreach Activities:**

- How many outreach events did your medical center participate in during last fiscal year?
In FY19 there were approximately 300 events in which the medical center participated in.
- How many outreach events is your medical center planning to participate in this fiscal year?
Approximately 300 events are anticipated again for FY20.

➤ **Women Veteran Program Manager:**

- How many women veterans utilize the Women's Clinic?

The St. Cloud VA Healthcare System sees about 2,400 women Veterans annually. 1,500 of these women receive their primary care from the VA. There are several construction projects going on in Primary Care one of which involves remodeling space to relocate our Women's Clinic which is estimated to be completed by the end of fiscal year 2020. Once completed this area will offer additional space to allow for additional supportive services to be offered inside our women's clinic.
- Has this number of utilizations increased from the previous year?

The number of Women Veterans has been steadily increasing over the last several years.
- How many female physiologists/psychiatrists, gynecologists, and primary care physicians are staffed at the Women's Clinic?

There is one primary care provider in the St. Cloud VA Healthcare System that sees only women. There are an additional ten designated women's health providers throughout the healthcare system who see women Veterans and an additional provider will be starting by the start of fiscal year 2020.
- How many women veteran events are held at your facility?

There have been seven women Veterans events hosted by the Women's Program. These events were held in St. Cloud, Granite Falls and Brainerd. Events included a baby shower, a women Veterans expo, a pregnancy and infant loss awareness walk and breast cancer awareness events.

Comments:

Capital Improvements:

OIT Building

A new building has been constructed as an addition to Building 4 that will substantially improve the facility IT infrastructure. The building construction was completed in April 2019 and the transfer phase of the project where all of the data connections are moved from the old building to

the new is expected to continue through November 2019.

Building 29 Primary Care Renovation

The ongoing remodeling of Primary Care space on the first floor of building 29 is nearing completion. The remodeled space will give Primary Care new rooms designed to accommodate the care model delivered by a Patient Aligned Care Team. The construction is anticipated to be completed by December 2019.



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Minneapolis VA Health Care System

SWS Site Visit Report

December 18, 2019



Minneapolis VA Health Care System FY20 SWS Site Visit Report



Date: December 18, 2019

Location: MPLS VA Health Care System

Dept. Rehab Committee Members: Wilson Spence, Gary Munkholm, Bill Brockberg, Roy Bressler and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Health Care Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Spence, Bill Brockberg, Gary Munkholm, Dan Tengwall and DSO Jeremy Wolfsteller. Director Patrick Kelly and Sheila Sheridan

MPLS VA Healthcare System Overview:

Minneapolis VA Health Care System (VAHCS) is a teaching hospital providing a full range of patient care services with state-of-the-art technology, as well as education and research. Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care.

Minneapolis VA Health Care System is redesigning VA healthcare delivery through Patient Aligned Care Teams (PACT). This initiative increases access, coordination, communication and continuity of care. PACT provides accessible, coordinated, comprehensive, patient-centered care and is managed by primary care providers with the active involvement of other clinical and nonclinical staff. PACT allows patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmissions.

In 2009, a \$20 million Spinal Cord Injury/Disorder (SCI/D) Center was opened. The 65,000-square-foot center provides acute rehabilitation, primary care and sustaining care for Veterans with spinal cord injuries and disorders. The facility includes a 30-bed inpatient unit, outpatient clinics, therapies and offices. A dedicated special-procedure room provides urodynamics as well as other specialized testing. The center is part of a national VA network of SCI/D centers.

MPLSVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes:

1. Wait Times:

- Patient wait times for the Minneapolis VA Health Care System can be difficult to measure because they're based on many variables like, new patient appointments, established patient appointments, preferred appointment date, or date of request/create date. With the recent rollout of the MISSION ACT on June 6, 2019 veterans are still choosing VA for their primary care. MPLS is in the process of hiring three primary care providers (PCP) that would be 100% dedicated to seeing patient's vs additional duties like working education with interns etc. This will drop the PCP panel sizes and will lower wait times for primary care.
- The national wait time average for primary care is 3.90 days, specialty care 10.12 days and mental health is 6.35 days. The HCS **primary care** patient aligned care teams (PACT) are at 106% capacity, which means appointment wait times are a little longer than national average at 7.75 days. **Specialty care** is at 12.30 days which can be because of the demand for orthopedics, audiology, dental, eye care and their state-of-the-art pain management center **Mental health** wait times are shorter than national average at 5.01 days. MPLS just finished a renovation project of the out-patient mental health clinic.

2. Panel Sizes:

- Panel Sizes per VHA DIRECTIVE 1406 Transmittal Sheet June 20, 2017 PATIENT CENTERED MANAGEMENT MODULE (PCMM) FOR PRIMARY CARE. Range 1,000-1,400. Recommended baseline for FTE PACT is 1200 for MD's and 900 for Mid-Level.
- MPLS VA Health Care System has over 100 PACT teams and majority of them are all within the Directive size. There will always be higher numbers for periods of time because of turnovers. Mid-level providers i.e. nurse practitioners or part time physicians may have more patients but MPLS ensures that no provider is at 115% capacity. This can contribute to physician burnout.

Rural Veteran Health Care

Minneapolis VA Health Care System works to ensure rural Veterans have access to care by offering health care through tele-health and through Community Clinics. Community Clinics within the Minneapolis VA Health Care System provide care to Veterans near their hometown and serve over 56,634 Veterans in FY19 throughout Minnesota and Western Wisconsin. Community Clinics are located in the following Minnesota and Wisconsin communities:

- Albert Lea VA Clinic - Minn.
- Chippewa Valley VA Clinic - Wis.
- Ely VA Clinic - Minn.
- Hayward VA Clinic - Wis.
- Hibbing VA Clinic - Minn.
- Mankato VA Clinic - Minn.
- Maplewood VA Clinic - Minn.
- Northwest Metro VA Clinic - Minn.
- Rice Lake VA Clinic - Wis.
- Rochester VA Clinic - Minn.
- Shakopee VA Clinic - Minn.
- South Central VA Clinic - Minn.
- Twin Ports VA Clinic – Superior Wis.

Education

Minneapolis VAHCS has active affiliations with the University of Minnesota Medical and Dental Schools. Over 1,500 University residents, interns and students are trained at this VA each year. In conjunction with affiliations, residency-training programs exist in medical, surgical, psychiatric, oral surgery and diagnostic specialties and subspecialties. The Minneapolis VA has formal affiliation agreements with over 56 schools to provide allied health training in a multitude of programs. It also has accredited hospital-based training programs for Radiology Technicians, Nurse Anesthetists and Dental residents.

Research

The Research Service located in the medical center is among the largest and most active in the VA System. There are currently 179 scientists and investigators. Our VA Research funding draws over \$29 million. Our researchers publish hundreds of papers, abstracts and book chapters each year on the most cutting-edge research projects.

MPLSVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes:

3. Facility Demographics:

- MPLS VA is a tertiary care 1a facility with a total authorized bed capacity of 348 with 309 total operating beds. There are 244 authorized acute care beds, 229 operating beds and 104 authorized, 80 operating long-term beds. On average the daily census is 164 for acute and 60 for long-term. MPLS VA Health Care System is recognized for its Poly Trauma Unit, SCI Center and TBI Rehabilitation Programs. These programs contribute to long term care beds being occupied by veterans and service-members.
- The HCS has 241,601 eligible veterans in its catchment area according to a release from VA Central Office Market Assessment. The HCS has an increase in enrollment at 120,996 with an increase of around 700 female veterans. Veterans that used the VA HCS for appointments is measured by "Unique population" which was 105,207. These patients used the HCS for outpatient appointments at total of 996,915 times.

4. Total Budget:

- FY17: 909M
- FY18: 989M
- FY19: 973M

** MPLSVAHCS has 3 State Veterans Homes within its catchment area for paying VA per-diem to.*

- Hastings Dom Per-Diem FY16 \$2,226,966/ FY17 \$2,246,503/ FY18 \$2,163,436/ FY19 \$1,907,944.96
- MPLS ADHC Per-Diem FY 16 \$381,883/ FY17 \$358,882/ FY18 409,351/ FY19 \$305,358.06
- MPLS Dom Per-Diem FY16 \$674,019/ FY17 \$694,817/ FY18 \$572,251/ FY19 \$574,855.68
- MPLS Basic Per-Diem FY16 \$8,145,610/ FY17 \$8,107,419/ FY18 \$8,002,601/ FY19 \$7,790,720.27
- MPLS High Per-Diem FY16 \$6,316,082/ FY17 \$7,337,537/ FY18 \$8,500,234/ FY19 \$8,009,809.23
- Silver Bay Basic Per-Diem FY16 \$2,164,516/ FY17 \$2,252,503/ FY18 \$2,070,652/ FY19 \$1,853,888.35
- Silver Bay High Per-Diem FY16 \$1,964,067/ FY17 \$1,892,775/ FY18 \$2,596,155/ FY19 \$2,893,174.73

GRAND TOTAL: FY19 \$23,335,751 paid to State Veterans Homes in Minnesota

MPLSVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes:

5. Non-VA Coordinated Care Program Budget:

- FY17: \$123,088,446
- FY18: \$141,990,660
- FY19: \$94,237,215 *pending with new allocation model change. (expected to be around \$150,000,000.

Breakdown of Non-VA expenditures

- Home Care (skilled nursing care): \$8,946,309
 - Inpatient care in private facilities: \$15,921,425
 - Non-Institutional Care (Medical Foster Home Program) \$11,521,315
 - Nursing Home (Contract private Homes) \$28,390,817
 - Outpatient (MISSION ACT VCCP) \$28,390,817
-
- The June 6, 2019 MISSION ACT changes for accessing care in the community has become easier for veterans. MPLS HCS has seen an 57% increase in community care referrals since its inception. These referrals are mainly for contract nursing home, home care and specialty care services where veterans may have higher wait times or because their drive time is over 60 minutes to the VAMC.
 - The HCS Care in the Community office has 100 staff that consist of nurses, and schedulers to manage all the community care programs. Their team is challenged with meeting veterans' expectations for timely care coordination in the community through VA's 3rd party administrator, TriWest. VA Central Office is piloting a program that is looking at a process to triage patients after their appointments to determine if the veteran would benefit from using it's care in the community program for the specific appointment allowing the doctors to spend more time with the patient addressing health care needs during the allotted appointment time.
 - Once Optum takes over (April 2020) as the 3rd party administrator, VA will be adding dental services to the contract.
 - Local VAMC's have Veteran Care Agreements (VCA's) they use to partner with private providers that are not a part of TriWest's Network of contracts. VCA's are mainly used for non-skilled home care, and dental services.

MPLSVAHCS FY20 System Worth Saving Site Visit

Meeting Minutes:

6. Women's Veterans Program:

- FY19 7,614 enrolled female veterans, 1,896 unique visits for Primary Care. A 13% increase from FY18 (1,678 unique visits)
- New women's standalone clinic expected 2021 with connected hallway to building.
- Women's Clinic offers Primary Care, Mental Health and GYN services on site.
- Women's specific services are also available Veterans Community Care Program.

7. Suicide Prevention advancements:

- New outreach coordinators were hired to find veterans that are not enrolled that may need care. These Coordinators also train community partners on ways to identify, provide resources and referrals when necessary.
- Recently VA mandated that all PCP and emergency rooms issue a standard 8 question disclosure form to help VA identify a veteran that may be at risk.

Chairman: Wilson Spence

Secretary: Jeremy Wolfsteller



The American Legion

Department of Veteran Affairs Health Care Facility Questionnaire

Executive Leadership

Please address the following:

➤ **Facility Name:** Minneapolis VA HCS

➤ **Wait times:**

- ☐ What are the average wait times for primary care patients? 7.75 days
- ☐ What are the average wait times for specialty care patients? 12.30 days
- ☐ What are the average wait times for mental health patients? 5.01 days
- ☐ What specific services/care do most veterans have to wait for?

The most frequent clinics that have high volumes and some access issues are: Audiology; Eye; Dental; Orthopedics; and Pain Clinic. We utilize Community Care to send Veterans to community services where available when there are delays in getting into the MVAHCS Clinics or it is geographically better to send Veteran to local clinics.

➤ **Panel Sizes:**

- ☐ What are your current PCP panel sizes

There are currently over 75,000 Veterans enrolled in Primary Care panels. The size for a full-time Physician in Primary Care is 1200. This is pro-rated for MDs in clinic less than full-time, and Physician extenders (Nurse Practitioners and Physician Assistants).

➤ **Staff Vacancies (by occupation):**

- ☐ What is your total number of vacant positions?
The MVAHCS has over 3900 FTEE (full-time equivalent employee). Vacancies vary depending on the position and how difficult it is to recruit. At any given time, there are generally around 350 – 400 recruitments in process which is normal churn rate for the MVAHCS.
- ☐ How long have the positions been vacant?
Vacancies vary depending on the position and how difficult it is to recruit. Some difficult to recruit positions can take several months, but on average most

positions are filled within a couple of months.

- Reason for vacancies?

Because of our geographic location in a metropolitan area, we do not have much difficulty recruiting staff. Consistent with private health care experience, we have challenges in the rural areas.

- Do you have a succession plan in place to address your current and future vacancies?

The MVAHCS has a workforce succession plan that is reviewed and updated annually. This plan is based upon the HCS strategic plan that may identify new or changed positions.

➤ Facility Demographics:

- What type of care/services does your medical center offer?

The MVAHCS is a tertiary care, 1a facility. The HCS offers most clinical services except for transplants. We have both a polytrauma and spinal cord injury/disorder center.

- What is your authorized and operating bed capacity?

- *Acute Care*

- *Authorized: 244*

- *Operating: 229*

- *Long Term Care*

- *Authorized: 104*

- *Operating: 80*

- What is your average daily census for each inpatient program?

- *Acute Care: 164*

- *Long Term Care: 60*

- How many outpatient visits did you see last fiscal year?

Outpatient visits for FY19: 996,915

- Please provide a breakdown of your funding allocations for the past three fiscal years.

FY17: \$909M

FY18: \$989M

FY19: \$973M

➤ Enrollment:

- What is the total number of veterans in your catchment area?

As of Fiscal Year 2019 (most recent data) there are an estimated 241,601 eligible Veterans in the MVAHCS catchment area.

- What is the total number of enrolled veterans in your catchment area?

There are 120,996 Veterans enrolled in the system as of 2019.

- Of the number of enrolled veterans, please provide the number of:

- Men? 113,382

- Women? 7,614

- What is the total number of unique veterans in your catchment area?

Last fiscal year the MVAHCS served 105,207 unique Veterans.

- Please identify the counties included in your catchment area?

MN: Watonwan, Waseca, Nicollet, Blue Earth, Brown, Faribault, LeSueur, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis, Bayfield, Douglas, Chisago, Pine, Washington, Anoka, Ramsey, Dakota, Hennepin, Dodge, Fillmore, Goodhue, Mower, Olmsted, Wabasha, Winona, Buffalo, Carver, Freeborn, Rice, Scott, Sibley, Steele

WI: Barron, Burnell, Polk, Rusk, Sawyer, Washburn, Chippewa, Dunn, Eau Clair, St Croix, Pepin, and Pierce

➤ **Non-VA Coordinated Care Program:**

- What was your last year's NVCC budget for the following:

MVAHCS budget for community care is all encompassing and is no longer broken out as below. The allocations for the last three years were:

FY17 \$123,088,446

FY18 \$141,990,660

FY19 \$ 94,237,215

- Home Care (skilled): \$8,946,309
 - Inpatient: \$15,921,425
 - Non-Institutional Care: \$11,521,315
 - Nursing Home: \$28,390,817
 - Outpatient: \$28,390,817

➤ **Outreach Activities:**

- How many outreach events did your medical center participate in during last fiscal year?

We held over 273 events last year. Examples of these events are; Veteran Town Halls; Stand Down for Homeless Veterans; MN Military Appreciation Day at the State Fair; Mental Health Summit; Suicide Prevention events; and educational outreach on college campuses.

- How many outreach events is your medical center planning to participate in this fiscal year?

We anticipate doing the same number of events again this year.

➤ **Women Veteran Program Manager:**

- How many women veterans utilize the Women's Clinic?

1,896 unique patients in FY19 (primary care) utilized the Women's Clinic last year.

- Has this number of utilization increased from the previous year?

Last year, 1,678 unique patients (primary care) utilized the Women's Clinic, with a 13% increase Veterans seen this year.

- How many female physiologists/psychiatrists, gynecologists, and primary care physicians are staffed at the Women's Clinic?

Psychology -1, 1.0 FTE

Mental Health Clinical Nurse Specialist -1, 1.0FTE

Pharmacist -1, 1.0 FTE

Gynecology -1, 0.6 FTE

Primary Care -9, 2.45 total clinical FTE

- How many women veteran events are held at your facility?

The following events were held as outreach to/in recognition of women Veterans.

There are many other events that take place including women's support groups, pain groups, MST, transgender groups that do not fall under the responsibility of the Women Veterans Program Manager but are essential to offering comprehensive, gender specific services to our women Veterans.

- *Go Red for Women Luncheon*

- *Women's Health Week*

- *VA Pride Conference*

Comments:



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