

System Worth Saving Annual Report 2022

The American Legion Department of
Minnesota



Commander Tom Fernlund

In Memory of Gary Munkholm



In November 2021, the VA&R Committee lost a very valuable member, Gary O. Munkholm. Gary was a member of our committee for several years. He was a Desert Storm veteran and a US Army retired Lt. Colonel. Gary served as a recruiter for the West Point Academy after retiring from the Army. Gary had a lifelong love of music and joined several bands. He dedicated his life to his love of country and the veterans who served this nation. Gary was a good friend to Committee members and a great friend of mine. He is and will be missed by many!

Wilson W. Spence III
Chairman
VA and Rehabilitation Committee
The American Legion Department of Minnesota

Chairman Spence's Message

On behalf of The American Department of Minnesota's VA and Rehabilitation Committee (VA&R), I am pleased to present the 2022 System Worth Saving (SWS) Annual Report. The purpose of this report is to provide you with detailed findings from our SWS and Regional Office Action Review (ROAR) site visits to



VA health-care facilities, VA regional offices, VA Cemetery, Minnesota Department of Veterans Affairs Veterans Homes, Central Office, and cemetery, and Minnesota Assistance for Veterans (MACV).

Through the SWS Program, the committee's mission is to represent the needs and interests of today's current and future veterans by ensuring Minnesota's Estimated 308,000 veterans are afforded timely access to quality healthcare and benefits administered by the Federal and State

Departments of Veterans Affairs. This is achieved by remaining engaged in discussions and efforts that promote veteran well-being, healthcare, and wellness needs. The VA&R Committee provides consistent input independent of national views and identifies areas that need improvement within the total VA System of Care and VA Benefits delivery systems.

The SWS program furnishes information obtained from each site visit meeting to our District Rehabilitation Chairmen who share it with their local American Legion Posts. The Committee posts a written record of each site visit to the department website allowing access for all Minnesota veterans. We view transparency and timeliness as cornerstones of the Committee. The VA&R Committee works tirelessly to achieve its mission and provide an improved, and more responsive Federal and Minnesota State Veterans Affairs.

It is an honor and privilege to serve our Minnesota veterans as Chairman of the Minnesota VA and Rehabilitation Committee. As the VA and Congress continue their efforts to reform the delivery of health care for veterans, The American Legion offers the SWS program as a vital resource, continuing to ensure the VA healthcare system is the best in the nation. I encourage all veterans and fellow Legionnaires to share their personal experiences with American Legion

Department Service Officer, Assistant Service Officer, VA&R Committee members, and District Rehabilitation Chairmen.

Only through open and honest dialogue and shared accountability can we safeguard a healthcare system dedicated to the highest possible standards while serving our nation's veterans.

Wilson W. Spence III
Chairman
VA and Rehabilitation Committee
The American Legion Department of Minnesota

Commander Fernlund's Message



This past year, my Commander's Project was to raise \$60,000. Some were earmarked for Legionville and some for the recreation programs at the Minnesota Veterans Homes. We have good news. We were able to exceed that goal and deliver \$10,000 to each home.

I am appreciative of all the rehabilitation and care that The American Legion does for our veterans. Thanks go out to Jeremy Wolfsteller, Sarah Sturner, and the VA&R Committee for all their work.

The COVID-19 pandemic showed how valuable medical professionals and volunteers are to caring for the veterans and the public, and it revealed the vital role the VA&R Committee plays in keeping a diligent watch on facilities that care for veterans. This mission will increase with three new Minnesota Veterans Homes coming into existence in the next two years.

The staff at the Minnesota Veterans Homes and the VA hospitals and clinics are doing a fantastic job, and we know they are facing staff shortages like much of the rest of the work world, and we as an organization will continue to do what we can to tell people that caring for veterans is a rewarding field.

We thank this committee for all it does on behalf of Minnesota veterans.

Tom Fernlund
Commander
The American Legion Department of Minnesota

TABLE OF CONTENTS

VA&R COMMITTEE

Roster.....	Page 1
Mission Statement.....	Page 2
Annual Plan.....	Page 3

VA HCS SITE VISIT REPORTS

Veterans Integrated Service Network 23.....	Page 5
MPLS VA.....	Page 11
St. Cloud VA	Page 17
Fargo VA.....	Page 23
Sioux Falls VA.....	Page 28

VET CENTER SITE VISIT REPORTS

Anoka Vet Center.....	Page 33
Duluth Vet Center.....	Page 39

MN VETERANS HOME SITE VISIT REPORTS

MPLS Veterans Home.....	Page 43
Hastings Veterans Home.....	Page 47
Luverne Veterans Home.....	Page 52
Fergus Falls Veterans Home.....	Page 56
Silver Bay Veterans Home.....	Page 60

VA REGIONAL OFFICE SITE VISIT REPORTS

St. Paul VA Regional Office.....Page 64

CEMETERY SITE VISIT REPORTS

Ft. Snelling National Cemetery.....Page 69

Veterans Affairs and Rehabilitation Committee Roster

WILSON SPENCE III Veterans Affairs & Rehabilitation Committee Chairman

DANIEL TENGWALL Veterans Affairs & Rehabilitation Committee Member

GARY MUNKHOLM Veterans Affairs & Rehabilitation Committee Member (*Term ended 2021*)

MIKE ROSECRANS Veterans Affairs & Rehabilitation Committee Member

CAROL GILBERTSON Veterans Affairs & Rehabilitation Committee Member (*Term ended 2021*)

LYNN LYONS Veterans Affairs & Rehabilitation Committee Member

JAMES FINLEY Veterans Affairs & Rehabilitation Committee Member

Department of MN Veterans Affairs & Rehabilitation Staff



JEREMY WOLFSTELLER

Committee Secretary & Department Service Officer



SARAH STURNER, MBA

VA&R Benefits Coordinator

Mission Statement

To represent the needs and interests of today's current and future veterans; by ensuring Minnesota's estimated 350,000 Veterans are afforded, in a responsible manner, the timely access to quality healthcare administered by the Federal and State Departments of Veterans Affairs; by remaining engaged in discussions and efforts which promote veteran well-being, 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.

VA&R Committee Annual Plan

The committee begins its year in late August or early September with an organizational meeting. During this meeting, the committee elects a chairman for the year, discusses the budget, and reviews per diem/ mileage reimbursement rates authorized by the Department Financial Committee for the fiscal year.

During the year the committee meets with leadership from State, Federal, and leadership from other agencies that provide services to Minnesota Veterans, including the Veterans Health Administration, Veteran Benefits Administration, VISN, and the Minnesota Department of Veteran Affairs. The committee also meets annually with administrators from the 5 Minnesota State Veterans Homes and the State Commissioner of Veterans Affairs.

During these site visits, the committee meets with the leadership to discuss issues relative to policies and procedures at the director's level. The visits typically begin with a brief of the facility by the Director and/or other staff and last for one hour. The site visit ends with a tour of the facility highlighting new additions, procedures, or equipment.

The committee is arranged by the Department Service Officer (DSO). He or she acts as the Committee Secretary and is responsible for the VA&R Committee meetings, budget, correspondence, site visits, travel lodging, training, and VA&R events at the Department Conventions and Fall Conferences.

The Committee is responsible for the hiring and program guidance of two American Legion Department of Minnesota employees, the DSO and VA&R Benefits Coordinator. The daily supervision of staff is performed by the DSO and the organizational management is overseen by the Department Adjutant.

During the Department Convention, the DSO with the aid of the VA&R Benefits Coordinator arranges the annual VA&R Committee meetings and associated events. Directors and other leaders from all Federal and State VA facilities, and other Veterans Service Programs in Minnesota are invited to give a short brief regarding their program/ facility. The 100+ County Veteran Service Officers and 10 District Rehabilitation Chairmen also receive a personal invitation to attend this meeting. Proceeding the meeting, the Department VA&R Committee hosts a dinner

for the leadership in an evening of relaxed conversation and networking.

During Fall Conference, a similar meeting is arranged. Because Fall Conference is specifically focused on training, only two or three leaders are invited to address a specific issue that is chosen by the VA&R Committee. The topic of discussion typically

falls within the Department Commander's mission and goals for that year. The committee hosts a dinner for the leadership after the meeting.

The VA&R Committee hosts an annual holiday party for the Minnesota Department of Veterans Affairs/American Legion Claims Offices. Invitations are sent to staff, from support staff to the commissioner. Also invited are the President of the Minnesota Association of County Veteran Service Officers, and members of the Federal VA Regional Office in St. Paul (Director, DRO, etc.). They are treated to a luncheon at a local American Legion Post. During the luncheon, the VA&R Committee Chairman recognizes their efforts in providing well-developed claims services resulting in rating decisions that are timely, accurate, and fair to Minnesotan Veterans.

Veterans Integrated Service Network System Worth Saving Site Visit Report



Date: January 27, 2022

Location: Veterans Integrated Service Network (VISN 23) (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Jim Finley, Mike Rosecrans, Dan Tengwall, Lynn Lyons, Sarah Sturner, and VISN Director Robert McDivitt.

VA Midwest Health Care Network Overview

The Network serves more than 440,000 enrolled Veterans residing in the states of Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and portions of Illinois, Kansas, Missouri, Wisconsin, and Wyoming.

Health care services are delivered through an integrated system of nine hospitals, sixty-three community-based outpatient or outreach clinics, eight community living centers, and four domiciliary residential rehabilitation treatment programs. The Network employs over 15,000 full-time employees and has an annual operating budget of more than \$3.3 billion.

Specialized Programs

- Rural Health Resource Center (Fargo and Iowa City)
- Spinal Cord Injury and Rehabilitation (Minneapolis)
- Polytrauma Rehabilitation Center (Minneapolis)
- TBI Regional Center (Minneapolis)
- Regional Kidney Transplant Center (Iowa City)
- Bariatric Surgery Program (Nebraska/Western Iowa Health Care System)
- Central VA ICU Telemedicine System (Minneapolis) Research Centers
- Health Science Research and Development Center (Minneapolis)
- Brain Sciences Center (Minneapolis)

- Center for Chronic Disease Outcomes (Minneapolis)
- Center for Research in the Implementation of Innovative Strategies in Practice (CRIISP) (Iowa City)
- Center for the Prevention and Treatment of Visual Loss (Iowa City)

Meeting Minutes

• COVID19 Operational Measures

- Throughout the pandemic, VISN 23 has operated its Emergency Operations Center (EOC) in conjunction with facility Incident Command Teams to coordinate supplies and equipment to meet patient care demands. The VISN ICT has coordinated vaccine efforts across the five-state coverage area as well as planned multiple tabletop exercises to ensure the distribution of vaccines was accomplished. Planning for increased testing capacity and equipment was successful both during the initial wave and with the present wave. We will continue to deliver high-quality care to the Veterans we serve as we have throughout the entire pandemic

• Pilot Programs

- Each year VISN 23 sponsors a call for new initiatives to address current challenges and/or opportunities facing our organization. Requests for proposals are evaluated against established criteria and, if approved, funding for two years. In FY22 the VISN approved \$26.8m for more than twenty initiatives that are diversifying how we provide care to Veterans. Among the current initiatives are several expansions of telemedicine services, Express Care Clinic, and a pilot for VA-provided home health support services.

• Long and Short-term Operational Goals

- Long-Term
 - Implementation of Electronic Health Record Modernization (EHRM)
 - Eliminate disparities and achieve health equity for all Veterans
 - Develop a comprehensive, multi-year strategic approach for becoming the premier provider of services for Women Veterans and Aging Veterans
 - On the journey to becoming a High-Reliability Organization (HRO)
- Short-Term

- Balance and optimize the provision of community care and in-house health care services to provide the right service, at the right time, with the right providers.
- Implement a Home Health Care pilot program (Iowa City, Central Iowa, Black Hills, and Sioux Falls)
- Develop a Pap Hub team at the Minneapolis VAMC to receive and respond to all PAP and HPV test results for St. Cloud, Central Iowa, Iowa City, Black Hills, and Fargo.
- Implement a FIT (fecal immunochemical test) First Initiative across all 8 Health Care Systems (Haus) in VISN 23.
- Create a consolidated TeleEye Care Program across the VISN by combining 3 virtual eye-care programs (TECs, Tele Low Vision program, VVC [VA Video Connect] low vision).
- Create a centralized hub for all referral case management activities for cardiology and oncology.
- Improving substance use disorders (SUD) programming across VISN 23 by hiring 94.0 FTEs
- Expand the Tele-Rehabilitation Program
- Expand the VISN 23 CEAT (Centralized Eligibility and Appeals Team).

- **Current Challenges**

- Challenges with the recent pandemic wave have been the impact on employees and their families including Staffing levels. VISN continues to monitor the situation and delivery high-quality care to our Veterans.

- **Operating Budget (FYs 2020-2021)**

- The VA Midwest Health Care System Budget in Fiscal Year (FY) 2020 was \$4.2 Billion and in FY21 was \$4.8 Billion.

- **Rural Healthcare Initiatives-Network 23, Telehealth and Tele ICU Program**

- In FY22 VISN 23 received approximately \$13.8 million in funding from the Office of Rural Health (ORH). Some examples of the projects funded include:
- Clinical Pharmacy Specialist Providers: Delivers medication and chronic disease management services to rural Veterans using pharmacists' expertise through telehealth in Veterans' homes, VAMCs, or CBOCs
- Home-Based Primary Care: Expands home-based Patient Aligned Care Team services to rural areas.

- MoPOC: Mobile Prosthetic and Orthotic Care (MoPOC) helps to restore function, mobility, and independence for rural Veterans with limb loss and movement disorders by bringing artificial limb and bracing care to their communities.

- **Omaha VAMC**

- TECs Initiative; Technology-based Eye Care Services (TECs) is a telehealth-based eye screening initiative that places ophthalmology technicians in rural VA clinics to collect information about a patient's eyes and transmit it to VA ophthalmologists for diagnosis and follow-up
- Tele Dermatology Hub: The teledermatology Hub in Minneapolis expands store-and-forward teledermatology to rural sites; includes primary care training on dermatologic consults and minor procedures
- Tele Critical Care Hub - Connects VA facilities that do not have intensivists on staff with VA intensivists nationwide via telehealth to increase access to TCC services and specialty inpatient care for rural Veterans.
- In FY 22, VISN 23 received \$3.7 million in funding from the Office of Connected Care (OCC) via the Clinical Resource Hub (CRH) in support of:
 - Covid Attrition & Trigger-based Care for High-risk Veterans (CATCH): This is a primary care program which focuses on re-engaging the highest risk Veterans in each facility to address the backlog of delayed services. This program will address preventive health needs, complete Annual Wellness Visits (AWV), provide medication management, and coordinate care back to the facility.
 - Rehab and Extended Care expansion: In FY 21, CRH provided physical therapy (PT)/occupational therapy (OT)/Speech pathology to four of the eight HCSs in VISN 23. In FY 22, OCC provided additional funding to support PT/OT to the other 4 HCSs.
 - TEC's expansion: TECs currently provide care to 11 facilities in two different VISNs. In FY 22, OCC provides an expansion to another 4 facilities to help meet the eye care need of Veterans in VISN 23.
 - In FY 22, VISN 23 received \$1.7 million from the Office of Mental Health and Suicide Prevention (OMHSP) via the CRH for the deployment of evidence-based psychotherapy for Veterans who have demonstrated suicidal behaviors. Additionally, funding was provided to serve Veterans who suffer from substance use disorders with physician, pharmacist, and nursing support.

- **Healthcare Worker Shortage**

The VA announced that there is a national shortage of healthcare workers, like RNs, LPNs, and CNAs. VISN's response to these shortages and the plan to ensure VA Health Care meets the quality of standard veterans deserve:

- VISN 23 has worked tirelessly to ensure that we are using all available resources to recruit highly qualified candidates for our RN LPN and CNA positions. We are working directly with our Nurse Recruiters to streamline processes. We continue to use various types of social media to get the word out about how positions and the benefits that come with working for the Federal Government. We continue to use hiring flexibilities and incentives to entice prospective candidates to the VA and encourage their service to our veterans.
- VISN has been involved with calls, both nationally and locally, that are reviewing strategic ways to address shortages. Some of the strategic goals are to look at what part of the available workforce are we missing. For example, for RNs, looking at new grads and previous nurses with active licenses to be detailed and fill in gaps in the units. Additionally, our VISN has several rehired annuitants that have retired but agree to come back and serve in a time-limited capacity to help. Both of these flexibilities have been effective and helpful over the past number of months.
- Other strategic actions include ensuring our salaries are competitive with the market.
- We have established recruitment teams specific to medical staff recruitment and nurse recruitment, and have staff dedicated solely to the recruitment of medical support assistants and housekeeping aids because of the unique challenges with these 2 high-turnover positions
- Teams all around the VISN have been looking at more creative approaches to advertising. Federal jobs are posted on www.usajobs.gov, but through the use of LinkedIn, Instagram, and Facebook, connections around the Midwest have been occurring to showcase the need for Nursing Staff in our health care systems. Increased advertising on job boards, billboards, and other means. The VA has substantial benefits packages that are attractive to new candidates. Additionally, increased use of incentives has been authorized to not only retain our current workforce but to attract new employees. As the applicant pools are dwindling, the use incentives and attractive benefits are parts of the job package.
- Short-Term
 - Balance and optimize the provision of community care and in-house health care services to provide the right service, at the right time, with the right providers.

- Implement a Home Health Care pilot program (Iowa City, Central Iowa, Black Hills, and Sioux Falls)
- Develop a Pap Hub team at the Minneapolis VAMC to receive and respond to all PAP and HPV test results for St. Cloud, Central Iowa, Iowa City, Black Hills, and Fargo.
- Implement a FIT (fecal immunochemical test) First Initiative across all 8 Health Care Systems (HCS) in VISN 23.
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- Create a centralized hub for all referral case management activities for cardiology and oncology.
- Improving substance use disorders (SUD) programming across VISN 23 by hiring 94.0 FTEs
- Expand the Tele-Rehabilitation Program
- Expand the VISN 23 CEAT (Centralized Eligibility and Appeals Team).

Minneapolis VA Health Care System System Worth Saving Site Visit Report



Date: December 15, 2021

Location: Minneapolis VA Health Care System (MVAHCS) (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Jim Finley, Mike Rosecrans, Dan Tengwall, Sarah Sturner, MPLS MVAHCS Director Patrick Kelly, and executive leadership team members.

Minneapolis VA Health Care System Overview

We provide you with health care services at 15 locations in Minnesota and western Wisconsin. Facilities include our Minneapolis VA Medical Center, our Community Resource and Referral Center for Veterans experiencing homelessness, and 13 VA Community Clinics located in Albert Lea, Ely, Hibbing, Mankato, Maplewood, Ramsey, Rochester, Shakopee, and St. James, Minnesota; and Chippewa Falls, Hayward, Rice Lake and Superior, Wisconsin. To learn more about the services each location offers, visit the Minneapolis VA health services page.

Minneapolis VA Health Care System is one of the leading health care systems serving Veterans in the Midwest VA Health Care Network. We're an innovative care center within the Veterans Integrated Service Network 23 (VISN 23), which includes medical centers and clinics in Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Illinois, and Wisconsin.

- Minneapolis VA Medical Center is one of VA's four polytrauma medical centers to care for active-duty service members and Veterans with brain injuries, who are blind or have had an amputation.
- We maintain a 65,000-square-foot center to care for Veterans with spinal cord injuries and disorders.
- In 2018, 1,289 volunteers donated 180,586 hours to help care for Veterans.
- We recorded 980,427 outpatient visits at our facilities in 2018.
- Our staff included 4,608 employees in 2018. Of those, 1,109 were Veterans.
- Practice Green health recognized Minneapolis VA Medical Center as one of its top 25 hospitals in the country for environmental excellence.

Minneapolis VA Health Care System has an active accredited research program affiliated with the University of Minnesota. We have 179 scientists and investigators and over 500 projects funded by VA. We conduct research to discover knowledge, develop VA scientists and health care leaders and create innovations that advance health care for Veterans and the nation.

Minneapolis VA Health Care System is home to four major research centers:

- Brain Sciences Center
- Center for Care Delivery and Outcomes Research (CCDOR)
- Geriatric Research, Education and Clinical Center (GRECC)
- Minneapolis Adaptive Design & Engineering (MADE) Program

We offer Veterans the opportunity to participate in and benefit from our work. Our goal is to use research to promote better health and health care for all.

Meeting Minutes

• Patient Wait Times

Per Mission Act access standards, 20 days for primary care and mental health and 28 days for specialty care. Does your facility fall within these standards? Appointment times for new patients are 60 minutes and for established is 30 minutes.

- MVAHCS
 - The average wait time for primary care is 29.5 days for new patients and 11 days for established patients.
 - Patient Aligned Care Teams (PACT) are short on LPNs NAs & MSAs which contribute to longer wait times for Primary Care.

- Workload increased with unique visits increasing to an average of 7,000 in FY21
 - 48 veterans are choosing to receive Primary Care in the Community.
 - The average wait time for specialty care is 16.4 days for new patients and 8 days for established patients.
 - The average wait time for mental health is 10 days for new patients and 2 days for established patients.
 - Mental Health services via telehealth have been a success for veterans and employees remote working.
- CBOCs
 - The average wait time for primary care is 22 days for new patients and 7 days for established patients.
 - The Average wait time for specialty care is 21 days for new patients and 12 days for established patients.
 - Some specialty care services are offered at the CBOCs via telehealth or through traveling specialty providers.
 - The average wait time for mental health is 13.5 days for new patients and 3 days for established patients.
- Medical Services with longer wait times
 - Optometry, Endocrinology, Audiology, dermatology, rheumatology, sleep study, weight management, nephrology.
 - Anytime the wait is longer than the standards listed above, veterans are eligible for care in the community although the community wait times may be longer.

● **Panel Sizes**

VHA patient-centered management module (PCMM) standard via Directive 1406 for primary care range from 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. The midlevel FTE PA r NP, recommended range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year.

- MVAHCS has 72,349 veterans enrolled in Primary Care which encompasses, Home Based Primary Care, Spinal Cord Injury, Geriatric, and Homeless Veteran Primary Care.
- MVAHCS has 27,187 veterans enrolled in Primary Care with:
 - 28.85 FTE Medical Doctors
 - 4.87 FTE Nurse Practitioners and Physician Assistants
- CBOCs combined have 45,162 veterans enrolled in Primary Care with

- 25.5 FTE Medical Doctors
- 16.1 FTE Nurse Practitioners and Physician Assistants

- **Facility Demographics**

- MVAHCS is a tertiary care, 1a facility. It offers extensive comprehensive clinical health care through a wide range of services including a Poly Trauma and Spinal Cord Injury Center.
- MVAHCS authorized bed capacity breakdown:
 - Acute: 244 authorized beds/225 staffed/173 occupied
 - Long Term Care: 104 authorized beds/80 staffed/54 occupied
 - The Community Living Center is currently restricted to accepting LTC patients from the community.
- Active Daily Census:
 - Medicine 87
 - Psychiatry 11
 - Rehabilitation 15
 - Spinal Cord Injury 14
 - Surgery 19
 - CLC 46
- Inpatient census was greatly impacted by the COVID pandemic this past year. In some areas like surgery, CLC, and SCI inpatients were curtailed to accommodate increasing COVID cases.

- **Enrollment**

- The total number of veterans in MVAHCS is 184,526 although not all may be eligible for enrollment.
- MVAHCS has 117,329 enrolled veterans
- Men: 109,272
- Women: 8,057
- Total unique veterans were 110,739 (been seen at least once, counted once)
- Total outpatient visits were 1,081,867

- **Funding Allocations for the last two fiscal years (Internal vs Community Care)**

- Internal
 - FY2020 Operating Expenses
 - General Purpose: \$783,300,345
 - Specific Purpose: \$81,816,381

- Construction/NRM: \$20,005,946
 - FY2021 Operating Expenses
 - General Purpose: \$794,804,619
 - Specific Purpose: \$99,802,775
 - Construction/NRM \$50,041,612
- Community Care
 - FY2020 Community Care Program Expenses:
 - For Preauthorized Care per (MISSION ACT) Primary Care, specialty care, community nursing home program, homemaker health care services, expenses were \$248,939,328
 - For Unauthorized and Authorized Emergency Care per (MISSION ACT 38CFR 17.2040 CC), USC 1725 and USC 1728, expenses were \$10,929,356
 - FY2021 Community Care Program Expenses:
 - For Preauthorized Care per (MISSION ACT) Primary Care, specialty care, community nursing home program, homemaker health care services, expenses were \$317,075,297
 - For Unauthorized and Authorized Emergency Care per (MISSION ACT 38CFR 17.2040 CC), USC 1725 and USC 1728 expenses were \$5,161,288

- **Staff Vacancies**

- Currently there are 309 clinical vacant positions and 109 clinical support positions.
- Most recruited clinical occupations are Physicians, Nurse, LPN, Nursing Assistants, and Health Technicians.
- Most recruited clinical support occupations are Medical Support Assistants, Housekeeping Aid, and Food Service, workers.
- The average time a position stays vacant is several weeks.

- **Mental Health Program**

- MVAHCS incorporates mental health providers with primary care for quick mental health intakes.
- Currently there is 73 FTE Psychologist in the Mental Health Service Line and 16.8 FTE in Rehabilitation Extended Care and Spinal Cord Injury Center Service Lines.
- There is 46 Psychiatrists

- Modalities offered within the HCS included but are not limited to Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT) Interpersonal Psychotherapy (IPT) Cognitive Processing Therapy (CPT) Prolonged Exposure (PE) Eye Movement Desensitization and Reprocessing (EMDR)
- Military Sexual Trauma Coordinator on campus.

- **Women's Veteran Program**

- MVAHCS has 8,492 female enrollees with about 2,000 using the Women's Clinic.
- Female users of the VA were greater than the number of enrollees. This trend has been seen nationally and attributed to nonveteran female users accessing COVID19 vaccinations.
- Female veteran enrollment is up 2.6% in FY21
- Women's Clinic Staffing consists of 1 FTE Psychologist, MH Clinical Nurse, Pharmacist, 0.6 FTE Gynecologists, and 9 PCP total of 12.45 FTE
- Gender-specific services offered are mammograms, pap, preconception counseling, birth control, menopause care, gynecology/surgery, and mental health.

- **Outreach Events**

- MVAHCS hosted 50 virtual events including Town Halls, Pride Festival, and the MN State Fair.

- **Facility Remodeling Projects**

- Current projects
 - Specialty Care Clinic construction complete Oct 2022
 - Making room for acute inpatient single bedrooms
 - 2K renovations complete May 2022
 - 1K/L renovations complete in 2023
 - 1E Complex Vets renovation complete May 2022
 - Rice Lake CBOC open on Jan 31, 2022.

St. Cloud VA Health Care System System Worth Saving Site Visit Report



Date: October 18, 2021

Location: St. Cloud VA Health Care System (SCVAHCS) (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Gary Munkholm, Dan Tengwall, Jim Finley, and Sarah Sturner. SCVAHCS attendees included Director Brent A. Thelen, Chief of Staff Scott Bartley, Nurse Executive Breta Monroe, Associate Director Cheryl Thieschafer, and Public Affairs Officer Barry Venable.

St. Cloud VA Health Care System Overview

The St. Cloud VA Health Care System serves Veterans in central and west-central Minnesota via the VA 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.

Services are delivered through outpatient clinics and the following beds: 15 acute psychiatry beds, 225 extended care, and rehabilitation beds, and 148 Residential Rehabilitation Treatment Program (RRTP) beds. The HCS provides primary and subspecialty medical, urgent, specialty, and mental health care; acute psychiatry services; and extended care and rehabilitation services. Specialty outpatient services offered include audiology, dental, 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 Health Care System 80 miles to the south.

The HCS also provides many 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, a Post 9/11 Transition and Care Management program, a Women Veterans program, an Incarcerated Veteran Program, and a Veterans Justice Outreach Program. Extended Care and Rehabilitation services include Home-Based Primary Care, Adult Day Health Care, Memory Care, Hospice Care, Short Stay, and Nursing Home Care, including ventilator care.

Meeting Minutes

• Patient Wait Times

Per VA MISSION ACT, VHA's standard for primary care, mental health care & non-institutional extended care services are 20 days, and 28 days for specialty care from the requested date.

- St. Cloud, HCS: (New Patient vs Established Patient Averages)
 - Primary Care: new patients wait is 10 days and established patients wait 7 days.
 - Mental Health: new patient wait is 4 days and established patient is 4 days.
 - Specialty Care: new patients wait 19 days and established patient is 17 days.
- CBOC: New Patient vs Established Patient Averages
 - Brainerd: Primary care 10 days and 5 days. Mental Health 6 days and 6 days. Specialty care is 39 days and 16 days.
 - Montevideo: Primary care 11 days and 16 days. Mental Health 1 day and 5 days. Specialty care 21 days and 13 days.
 - Alexandria: Primary care 11 days and 3 days. Mental Health 5 days and 15 days. Specialty care 7 days and 3 days.
- Medical Services with Longer Wait Times:
 - ST. Cloud HCS: Dental, podiatry, polytrauma /TBI, plastic surgery, ophthalmology, neurology, urology, pulmonary, and rheumatology.
 - CBOC: Audiology and Primary care

- A new optometry clinic opened in 2021. This has helped reduce veteran wait times
- Dental services are being provided but capacity is reduced because of required COVID-19 precautions. This is due to the “open-bay” design of the St. Cloud VA Dental Clinic and the need to undertake precautions for aerosol-generating procedures.

*Community Care Network Specialty Care: CentraCare and other community providers make referrals for specialty care services when longer wait times accrue, or when services are not available in-house.

• **Panel Sizes**

VHA patient-centered management module (PCMM) standard via Directive 1406 for primary care range 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. For mid-level FTE PA or NP, recommended range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year.

**Panel Sizes are especially important as they can contribute to physician burnout and or shortened appointment times.*

- St. Cloud VAHCS:
 - 7 FTE MDs average panel consists of 1151 patients.
 - 14.5 FTE NP/PA average panel consists of 847 patients.
- CBOC:
 - 5.88 FTE MDs average panel consists of 1155 patients.
 - 4.30 FTE NP/PA average panel consists of 781 patients.

• **Facility Demographics**

Authorized and Operating Bed Capacity, a daily census for all inpatient programs

- St. Cloud VAHCS operates the following:
 - 15 acute psychiatric beds, 225 nursing home beds, and 148 residential rehabilitation treatment program beds.
 - Authorized beds are 388. Currently occupied is 272 and the average daily census is 228.
 - Currently occupied: Domiciliary 101 beds, Hospital 13, nursing home 158 beds.
 - In FY20 The HCS received 60 CLC patients from MPLSVAHCS to enable space to care for acute COVID-19 patients in Minneapolis.

- **Enrollment**

- SCVAHCS has approximately 62,000 veterans within their geographical market, although not all may be eligible for VA Health Care.
- Number of enrolled veterans
 - Male- 38,876
 - Female- 1,932
 - Unknown- 5
 - FY21 Unique patients currently enrolled and used the VA at least once, 38,694
- FY21 SCVAHCS market penetration is 75.7% which ranks 3rd in the nation for market penetration.
- SCVAHCS has 27 Counties within its veteran market.
- FY21 outpatient visits were 615,348

- **Funding Allocation (Salaries, maintenance & repair funds, construction, and unspecified for the past 3 years)**

Because of COVID and VA's 2 - year budget, we can anticipate a budget issue in 2022.

- FY19: \$359,720,416
- FY20: \$407,920,669
- FY21: \$468,354,792

- **Non-VA Community Care Budget**

- FY20 Preauthorized Care \$135,092,738.05
- FY20 Unauthorized Care \$3,205,452.78
- FY21 Preauthorized care: \$150,264,037.91
- FY21 Unauthorized care: \$1,882,104.54
 - Unauthorized care emergencies: 38CFR 17.4005-17.4030, 38 USC 1728 and 1725. *Notify VA within 72 hours of emergency by calling 844-724-7842 or emailing VHAEmergencyNotification@va.gov

- **Staff Vacancies (By occupation)**

- Clinical vacant positions
 - Physicians 16, 2 selected
 - CRNAs 4, 1 selected
 - Nurses 11, and 9 selected
 - PA 1 selected
 - LPNs 21, 2 selected
 - Pharmacy Tech 1, 1 selected

- Social Workers 6, 5 selected
 - Psychologists 10, 1 selected
 - Audiologists, 1 selected
 - DRT 2, 1 selected
 - Pharmacist 1, 1 selected
- Clinical Support Staff
 - MSA-21s, 6 selected
 - Medical Records-4

- **Mental Health Program**

- Psychologist
 - 15.8 FTEE authorized, 11 FTE staffed, and 4.8 FTE vacant
- Psychiatrist
 - 9.2 FTEE authorized, 7.65 FTE currently staffed, 1.55 FTE vacant
 - Modalities offered: PE, CBT, MI.
 - MST Coordinator is Joy Finkelson

- **Women’s Veteran Program**

- Currently, there is no women’s clinic available, although there are 12 primary care providers throughout the healthcare system who have met specific criteria to become designated women’s health providers.
- There are five female psychologists, no gynecologist on staff, and 12 female providers.
- Women-specific services offered include Intrauterine device insertions, and removals, Nexplanon Implants, and endometrial biopsies.

- **Suicide Prevention Efforts**

- Doubled staff in FY19
- Established a coalition of community partners in prevention efforts

- **Outreach Activities**

- FY21 SCVAHCS participated in 47 outreach events, mostly virtual.
- COVID’s negative impact on community engagement results in fewer enrollment opportunities. In-house events but limited to certain attendees. A decrease in users of the healthcare system due to facility operating at 10% scheduling efforts.
- FY22 48 events are being tentatively planned.

• Facility Remodeling Projects

- IT closet upgrade for security
- The parking structure for patients
- Renovate BLDG 4 basement for SPS and SPD
- Security lockout for exterior doors
- Telecommunications project
- Replace campus generators
- Replace elevators BLDG 4
- Install Legionella prevention
- Construct adult and extended care support BLDG
- Repair boiler system
- Renovate BLDG 28 RRTP
- New flooring urology
- Expand outpatient mental health
- Expand optometry
- EHRM infrastructure upgrades
- Construct women's clinic BLDG 4 East
- Montevideo Lease
- Alexandria Lease

St. Cloud VA Health Care System Comments

- ✓ Continue to encourage veterans to get vaccinated.
- ✓ Use of virtual care modalities has increased 1,000% overall during the pandemic: 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, and IT infrastructure, specifically bandwidth, in certain areas within the CBOC are lacking. This limits the ability to offer more telehealth services.
- ✓ Throughout the pandemic, the St. Cloud VA has focused on delivering care safely by reducing transmission risk. To date, there have been no inpatient or residential Veterans with COVID-19. Additionally, robust screening efforts and aggressive use of virtual care have limited exposure among outpatient Veterans. A significant lesson learned during the pandemic is that virtual care works, and we encourage Veterans to take advantage of virtual care for safety, convenience, and access to care.

Fargo VA Health Care System System Worth Saving Site Visit Report



Date: May 31st, 2022

Location: Fargo VA Health Care System (FVAHCS) (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Jim Finley, Mike Rosecrans, Sarah Sturner, Director Dr. Weintraub, and Executive Leadership Team.

Fargo VA Health Care System Overview

The Fargo VA Health Care System is a Joint Commission accredited medical/surgical Medical Center with more than 36 acute care beds, a 38-bed Community Living Center, Primary Care, and Specialty Clinics, 10 Community Based Outpatient Clinics (CBOCs), and one Community Resource and Referral Center (CRRC).

The Fargo VA HCS oversees the provision of health care to more than 34,000 Veterans living in North Dakota, 17 counties in northwest Minnesota, and one northeast South Dakota County. The Fargo VA HCS has approximately 333,000 outpatient visits annually. The Medical Center is affiliated with the University of North Dakota School of Medicine and Health Sciences, providing training to medical students, and Internal Medicine, Psychiatry, and Surgery resident physicians. The facility is also a training facility for nursing and allied health care students.

The Medical Center is in a quiet north Fargo neighborhood near the Red River within walking distance of a bus stop, parks, walking/bike paths, and a golf course. Our outdoor healing garden provides a place for recreation and therapy for Veterans and

their families. The healing garden features walking paths, pergolas, gazebos, trees, flowers, and ample space to relax and enjoy the beautiful scenery and fresh air. The Medical Center is also just down the street from North Dakota State University, the Fargodome, restaurants, hotels, and downtown Fargo.

In addition to our main facility in Fargo, we offer services in 10 Community Based Outpatient Clinics:

- Bemidji, Minnesota
- Bismarck, North Dakota
- Devils Lake, North Dakota
- Dickinson, North Dakota
- Fergus Falls, Minnesota
- Grafton, North Dakota
- Grand Forks, North Dakota
- Jamestown, North Dakota
- Minot, North Dakota
- Williston, North Dakota

Meeting Minutes

• Patient Wait Times (Fargo VA HCS only)

- Primary Care: New Patients; 3 days from the creation date Established patients from the creation date; 1 day
- Specialty Care: New Patients; 17 days from the creation date Established Patients; 6 days from the indicated date
- Mental Health: New Patients; 10 days from the creation date Established Patients; 3 days from the creation date.

• Patient Wait Times CBOCs

- Primary Care: Depending on location, new patients can wait up to 25 days, and established patients average 2 days.
- Specialty Care: Depending on location new patients can wait up to 20 days and established patients average 10 days.
- Mental Health: Depending on location new patients can wait up to 20 days and established patients average 5 days.

• Primary Care Panel Sizes

- VHA patient-centered management module (PCMM) standard via Directive 1406 for primary care range from 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. For mid-level, FTE PA or NP, recommended

range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year.

- Fargo VA HCS including CBOCs (Did not report any panels over recommended levels)
 - MDs; 1200
 - Medical Center is at 86%, 1097
 - CBOC's average 85% 1059
 - Mid-Level PA/NP – 1000
 - Medical Center is at 85%, 850

 - CBOC's average is at 82% 820
 - Community Resource & Referral Center; PA/NP set at 300

• Facility Demographics

- Authorized Bed capacity:
 - CLC: 38
 - ADC 22
 - 3M (Psy): 22
 - ADC 6
 - ICU: 10
 - ADC 1
 - 4B: 10 (due to facility maintenance usually 10) ADC 5
 - On May 26, 2022, 67% of hospital beds occupied
 - May 26, 2022, 61% of CLC beds occupied

• Enrollment

- All counties in ND are in Fargo VA HCS catchment except for Slope, Bowman, and Adams.
- Fargo VA Healthcare System covers 17 Counties in MN: Clay, Wilkin, Traverse, Otter Tail, Becker, Mahnomon, Norman, Polk, Red Lake, Pennington, Marshall, Kittson, Roseau, Lake of the Woods, Beltrami, Clearwater, and Hubbard.
- Total number of Veterans in Fargo VA HCS market: 69,637 (estimate)
- Total number of enrolled Veterans in the market: 41,655
- Men: 38,799 / Women: 2,873
- Total number of Veteran Users (unique) in the market: 34,732
- Total outpatient visits: 317,715
- 30% enrolled are Minnesota Veterans

- **Community Based Outpatient Clinics Users (Disclaimer FY18 estimate)**

- Minot: 2,580
- Grafton: 855
- Bismarck: 4,433
- Williston: 1,187
- Dickinson: 1,101
- Bemidji: 3,175
- Grand Forks: 3,421
- Fergus Falls: 1,859
- Jamestown: 1,804
- Devils Lake: 567

- **Internal Funding**

- Salaries
 - MSC \$13,498,934, Medical Services \$128,345,975, Medical Facility \$7,373,830
- Operating Expenses
 - MSC \$2,411,434, Medical Services \$88,097,624, Medical Facility \$7,965,629

- **Care in the Community Funding**

- Preauthorized Mission Act: \$160,720,747
 - 50% of enrolled are eligible for Primary Care in the Community
 - 75% of enrolled are eligible for Specialty Care in the Community
- Unauthorized Emergency Care: \$2,635,678

- **Staff Vacancies**

- Clinical - 80 FTE
- Clinical Support – 75 FTE

- **Mental Health Program**

- Fargo has 16 Psychologist and 7 Psychiatrist
- Evidence-based therapies offered consist of EMDR, PE, CPT, ACT-D, IPT-D, IBCT, MI, and DBT.
- There's one MST Coordinator who is female based at Fergus Falls CBOC

- **Suicide Prevention Efforts**

- Fargo VA signed on to the Governor's Challenge to Prevent Service Member, Veteran, and Family suicide.
- Community event planned for September in Richland County
- Counseling on Access to Lethal Means (CALM) virtual training on 3/10/22

- **Women's Veterans Program**

- Women's Health Clinic consists of Female MH Provider, NP, Psychologist, Pharmacist, PCP, and Social Worker. One Male Gynecologist.
- 89% of females use the women's clinic
- 86% of females are seen by a Women's Health PCP which is in every CBOC.

- **Fargo VA All Employee Survey**

- 4th Best place to work within VHA

- **AIR Recommendation**

- Create a Residential Rehabilitation Treatment Program (RRTP)

Sioux Falls VA Health Care System System Worth Saving Site Visit Report



Date: November 24, 2021

Location: Sioux Falls VA Health Care System (SFVAHCS) (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Jim Finley, Mike Rosecrans, Dan Tengwall, Sarah Sturner, and SFVAHCS Director Lisa Simoneau.

Sioux Falls VA Health Care System Overview

The Sioux Falls VA Health Care System includes a 98-bed medical center and five Community-Based Outpatient Clinics. It provides inpatient and outpatient care for Veterans in eastern South Dakota, southwestern Minnesota, and northwestern Iowa and sees approximately 450,000 outpatient visits per year. Services include primary and specialty medical care, mental health services, and rehabilitation. Affiliated with The Sanford School of Medicine of the University of South Dakota, it supports residency programs in internal medicine, psychiatry, and pathology, plus a fellowship in geriatrics. In addition, the facility also has a pharmacy residency. The Dakotas Regional Office is co-located with the medical center.

Meeting Minutes

• Patient Wait Time

Per Mission Act access standards, 20 days for primary care and mental health and 28 days for specialty care. Does your facility fall within these standards?

- SFVAHCS
 - The average wait time for primary care is 17.4 days
 - The average wait time for specialty care is 19.8 days
 - The average wait time for mental health is 13.7 days
- CBOCs
 - The average wait time for primary care is 20.2 days
 - The average wait time for specialty care is 32.8 days
 - The average wait time for mental health is 14.7 days
- Medical Services with longer wait times:
 - Optometry, Oncology, Endocrinology, and Audiology have the longest wait times.
 - Anytime the wait is longer than these guidelines, veterans are eligible for care in the community although the community wait times may be longer.

• Panel Sizes

VHA patient-centered management module (PCMM) standard via Directive 1406 for primary care range from 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. For mid-level FTE PA or NP, recommended range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year.

- SFVAHCS
 - FTE Medical Doctors are currently at 92.68% capacity
 - FTE Nurse Practitioners and Physician Assistants are currently at 97.89% capacity.
- CBOCs
 - FTE Medical Doctors are currently at 88.3% capacity
 - FTE Nurse Practitioners and Physician Assistants are currently at 98.97% capacity.

• Facility Demographics

- SFVAHCS offers extensive comprehensive clinical health care through a wide range of services including audiology, speech pathology, chronic disease management, extended care & rehabilitation, Home Based Primary

Care, mental health, MST counseling, nutrition, oncology, pharmacy, primary care, prosthetics, social work, specialty care, women's health program, low vision clinic, whole health, medical foster home program, caregiver support, clinical video telehealth, neurology, orthopedics, pulmonary medicine, endoscopy, urology, general surgery, podiatry, dermatology, substance abuse, emergency care, optometry and ophthalmology, nephrology, CWT, orthopedic surgery, pain management, GI and cardiology.

- SFVAHCS authorized bed capacity is 98 with 54 currently occupied
- The Community Living Center is currently restricted to accepting LTC patients from the community. CLC is adding a 10-bed hospice cottage unit in FY23.

• **Enrollment**

- The total number of veterans in SFVAHCS is 59,124 although not all may be eligible for enrollment.
- SFVAHCS has 34,084 enrolled veterans
- Men: 32,084
- Women: 2,000
- Total unique veterans are 27,812 (been seen at least once, counted once)
- Counties included in the SFVAHCS catchment area include:
 - Sioux Falls: Brown, Edmunds, Spink, Marshall, Fault, McPherson, Brookings, Union, Clay, Kingsbury, Sanborn, Jerauld, Hand, Buffalo, Beadle, Miner, McCook, Hanson, Hutchinson, Aurora, Brule, and Davison.
 - Iowa: Plymouth, Woodbury, Cherokee, and Ida.
 - Minnesota: Lincoln, Lyon, and Pipestone
 - Nebraska: Dakota and Dixon.

• **Funding Allocations for the last two fiscal years (internal vs community care)**

- Internal:
 - FY2020 Operating Expenses were \$202,711,427
 - Personnel: \$119,951,138
 - Services: \$17,101,659
 - Supplies & Equipment: \$54,582,611
 - Other: \$11,076,019
 - Operating Expenses FY2021 \$217,333,758
 - Personnel: \$123,503,222

- Services: \$21,945,676
 - Supplies & Equipment: \$55,394,794
 - Other: \$16,490,066
- Community Care
 - FY2020 Community Care Program Expenses were \$55,316,462
 - For Preauthorized Care per (MISSION ACT) Primary Care, specialty care, community nursing home program, homemaker health care services expenses were \$53,555,636
 - For Unauthorized and Authorized Emergency Care per (MISSION ACT) 38CFR 17.2040 CC, USC 1725 and USC 1728 expenses were \$1,760,826
 - Community Care Program Expenses FY2021 \$66,368,801
 - For Preauthorized Care per (MISSION ACT) Primary Care, specialty care, community nursing home program, homemaker health care services expenses were \$65,139,060
 - For Unauthorized and Authorized Emergency Care per (MISSION ACT) 38CFR 17.2040 CC, USC 1725 and USC 1728 expenses were \$1,229,741

- **Staff Vacancies**

- Currently, there are 49 clinical vacant positions, 29 clinical support positions, and 20 housekeeping positions.
- SFVAHCS is in a competitive market for hire which has a direct impact on their staffing shortages.
- Hired a new Experience Officer that will oversee the climate amongst enrolled veterans and VA employees.

- **Mental Health Program**

- SFVAHCS operates a model called Neighbors which incorporates mental health providers embedded with primary care for quick mental health intakes.
- Currently, there are 8 FTE Psychologist and 5 Psychiatrist
- Modalities offered within the HCS are: Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT) Interpersonal Psychotherapy (IPT) Cognitive Processing Therapy (CPT) Prolonged Exposure (PE) Eye Movement Desensitization and Reprocessing (EMDR)

- **Women Veteran Program**

- SFVAHCS does not have a separate women's clinic, but they do have a designated team of 4 Primary Care Providers trained in gender-specific healthcare and 2 Gynecologists.
- 80% of the women enrolled are using the women's program team.
- The Aberdeen and Watertown CBOCs have one designated women's health PCPs at each location. Sioux City and Spirit Lake CBOCs each have two designated women's health PCPs
- Gender-specific services offered are mammograms, Pap, preconception counseling, birth control, menopause care, gynecology/surgery, and mental health.

- **Outreach Events**

- SFVAHCS hosted 12 vaccine clinics located throughout SD, MN, and Iowa.

- **Facility Remodeling Projects**

- Completed in FY21
 - Floor in surgery
 - Administrative offices
 - VBA building
 - Halls and Walls
 - Laundry Building
 - MRI machine replacement
 - New Laboratory space on the 2nd floor
- Current Projects
 - Outpatient Mental Health BLDG
 - Pre-op and same-day surgery
 - Auditorium
 - Prosthetics space
 - Hospice cottage

Anoka Vet Center

System Worth Saving Site Visit Report



Date: April 29, 2022

Location: Anoka Vet Center (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Mike Rosecrans, Dan Tengwall, Lynn Lyons, Jim Finley, Sarah Sturner, and Anoka Vet Center Director Craig Towle

Anoka Vet Center Overview

Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active-duty service members, including National Guard and Reserve components, and their families. Readjustment counseling is offered to make a successful transition from military to civilian life or after a traumatic event experienced in the military. Individual, group, marriage, and family counseling are offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to

discuss the tragedies of war, loss, grief, and transition after trauma.

Life is not always easy after a deployment. That is where the Vet Centers can help. Vet Centers across the country provide a broad range of counseling, outreach, and referral services to combat Veterans and their families. Vet Centers guide Veterans and their families through many of the major adjustments in life that often occur after a Veteran experiences deployment combat. Services for a Veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential.

What is readjustment counseling?

Readjustment counseling is a wide range of psycho-social services offered to eligible Veterans, Service Members, and their families in the effort to make a successful transition from military to civilian life including:

Individual and group counseling for Veterans, Service Members, and their families

- Family counseling for military-related issues
- Bereavement counseling for families who experience an active-duty death.
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.
- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral
- Screening & referral for medical issues including TBI, depression, etc.

Does the VA have readjustment counseling for family members?

Family members of combat Veterans and Service members have been eligible for Vet Center readjustment counseling services for military-related issues since 1979.

Am I eligible for Vet Center readjustment counseling?

If you, or a family member, served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.) then both you and your family are eligible for Vet Center services

Where is counseling offered?

VA's readjustment counseling is provided at community-based Vet Centers located in easily accessible neighborhoods near Veterans, Service Members,

and their families yet separate from VA organizational sites to ensure confidential counseling and reduce barriers to care. All Vet Center services are prepaid through military service. Contact your nearest Vet Center through information provided in the Vet Center Directory or listings on your local blue pages. Vet Center staff are available toll-free and around the clock at 877-WAR-VETS (927-8387).

- **Pandemic Update FY 2021**

- All Vet Centers are currently open and operational, providing face-to-face and virtual counseling and outreach. Vet Centers will continue to assess the community impact of COVID-19 at a local level and may begin to restrict access or limit foot traffic, transitioning services to virtual care if needed. This would be assessed on a case-by-case basis and as a last measure.
- It is the VA's goal of keeping Vet Centers open and operational for Veterans, active-duty service members, NG, Reserves, and their families. Those looking to seek Vet Center services may call their nearest Vet Center or the Vet Center Call Center at 877-WAR-VETS (927-8387). Please check back regularly as this situation may change.

- **Pandemic Update FY 2022**

- Anoka Vet Center stayed open to face-to-face, telehealth, and phone sessions throughout the pandemic. During the peak periods of coronavirus transition, travel was restricted and state government restricted access to locations where we had historically provided remote services. We have since reopened our St. Cloud access point, which is now at a St. Cloud Police Dept building owned by Stand Down. This service is provided on the first and third Friday of every month. We continue to provide virtual and telephonic sessions to our extended coverage areas

- **General Updates**

- Once known as the "Brooklyn Park" Vet Center is now officially the "Anoka" Vet Center. The Center's lease was up at the end of FY20, the move happened in January 2021. This is an opportunity with extra space to hopefully expand their staff and services in a larger building located in a heavily populated area of Downtown Anoka, right on Main Street.
- Minnesota Vet Centers fall into District 3, Zone 3 within Readjustment Counseling Services.
- District Leadership consists of Deputy Director Zone 3, Greg Schenck, and Director Roberto Reid District Director. District leadership provides

administrative oversight to the Vet Centers within its region. The RCS National Director is Michael Fischer

- **Staffing & Recruitment** (For most of FY 21 the center was down two clinicians and an outreach worker)
 - Anoka Vet Center continues to struggle with staffing shortages.
 - Craig Towle, LICSW, Vet Center Director
 - Michele Lackey, LPC, Counselor
 - Nicole Wiley, LICSW, Counselor
 - Vacant Counselor Position
 - Tanner Wilde, VOPS
 - Thomas Yetzer, Office Manage
 - Vet Center staff cannot prescribe medications but can provide a diagnosis. Staff have access to VHA's Electronic Health Record, CPRS, and VISTA but cannot input information. It is used to help facilitate care and establish services available to the veteran. Veterans' information is kept private within RCS and separated from VHA.

- **Facility Demographics/Type of Services Offered** (Veterans use the Vet Center during non-traditional hours about 50% of the time)
 - Overview of the type of services offered via Face-to-Face, Virtual, or Telephone
 - Individual Therapy
 - Group Therapy
 - Family/Couples Therapy
 - EMDR Therapy
 - Vet Center Outreach
 - Benefit Education & Referral
 - Special Services
 - Vietnam Veteran Coffee Group #1
 - Vietnam Veteran Coffee Group #2
 - Vietnam Veteran Coffee Group #3
 - Combat Veteran Support Group
 - Guitars 4 Vets
 - Veterans/Military/Family Served between 5/1/2021-4/30/2022
 - Count of unique clients served 286
 - Count of unique Male clients served 233
 - Count of unique Female clients served 53
 - Count of unique clients that are Active Duty + National

Guard 6

- Count of all visits 2484
- Count of all Individual visits 1773
- Count of all Group visits 369
- Count of all Couples + Family visits 344
- Count of all Phone + Telehealth visits between 393
- Count of all outreach events 23

• **Community Access Points (CAPs) & Out Stations**

- Community Access Points is the phrase RCS uses when addressing areas where the demand for Vet Center services is requested but no physical location is available.
- CAPs are typically located in donated space and established in conjunction with a community partner to provide readjustment counseling services to a small number of veterans in the area.
- Anoka is currently operating CAPs out of Olivia, St. Cloud, Anoka, Bloomington & Mankato Minnesota.
- During the pandemic and in situations where there's not a brick-and-mortar facility these CAPs are facilitated by virtual means to provide individual therapies.
- Saint Cloud 2x a month during the peak periods of coronavirus transition, travel was restricted and state government restricted access to locations where we had historically provided remote services.
- Currently they reopened the St. Cloud access point, which is now at a St. Cloud Police Dept building owned by the Stand Down. This service is provided on the first and third Friday of every month. They continue to provide virtual and telephonic sessions to our extended coverage areas.
- An Out Station in the St. Cloud area has been awarded. It is due to be up and running in the Spring of 2024.

• **Budget (Previous two fiscal years)**

- FY 2021
 - Vet Center Facility Lease: \$204,852.04
 - Vet Center Supplies/Services: \$24,800.00
 - Vet Center Move to New Facility: \$5,000.00
 - External Clinical Consult (Quality Review): \$4,950.00
 - GSA Fleet Vehicle Lease: \$10,000.00

- FY 2022
 - Vet Center Facility Lease: \$205,721.08
 - Vet Center Supplies/Services: \$14,450.00
 - External Clinical Consult (Quality Review): \$4,950.00
 - GSA Fleet Vehicle Lease: \$10,000.00

Duluth Vet Center System Worth Saving Site Visit Report



Date: June 14, 2022

Location: Duluth Vet Center (Virtual)

Duluth Vet Center Overview

Life isn't always easy after a deployment. That's where Vet Centers can help. Vet Centers across the country provide a broad range of counseling, outreach, and referral services to combat Veterans and their families. Vet Centers guide Veterans and their families through many of the major adjustments in lifestyle that often occur after returning from combat. Services for a Veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential.

What is readjustment counseling?

Readjustment counseling is a wide range of psycho-social services offered to eligible veterans, service members, and their families, to make a successful transition from military to civilian life. They include:

- Individual and group counseling for Veterans, Service Members, and their families
- Family counseling for military-related issues

- Bereavement counseling for families who experience an active-duty death
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.
- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral
- Screening & referral for medical issues including TBI, depression, etc.

Does the VA have readjustment counseling for family members?

Family members of combat Veterans and Service members have been eligible for Vet Center readjustment counseling services for military-related issues since 1979.

Am I eligible for Vet Center readjustment counseling?

If you, or a family member, served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.) then both you and your family are eligible for Vet Center services.

Where is counseling offered?

VA's readjustment counseling is provided at community-based Vet Centers located in easily accessible neighborhoods near Veterans, Service Members, and their families, yet separate from VA organizational sites to ensure confidential counseling and reduce barriers to care. All Vet Center services are prepaid through military service. Contact your nearest Vet Center through information provided in the Vet Center Directory or listings on your local blue pages. Vet Center staff are available toll-free and around the clock at 877-WAR-VETS (927-8387).

Meeting Minutes

• Pandemic Operations Update FY22

- Duluth Vet Center is following Federal guidelines regarding masks, social distancing, and vaccination. We are offering a mix of in-person and virtual appointments. Most Veterans are electing to be seen in person. All CAP locations are fully open, with in-person appointments available.

• Staffing & Recruitment (Duluth Vet Center is fully staffed)

- Clayton Notgrass, Ph.D., Director
- Melissa Crandall, Office Manager

- Andrew Meyer, VPS
- Dustin Osten, LMFT, Counselor
- Chris Roemhildt, LICSW, Counselor
- Kris Walden, LICSW, Counselor

- **Facility Demographics/Services Offered**

- Overview of the type of services offered face to face, virtual, and telephone
 - Individual Therapy
 - Group Therapy
 - Couple/Family Therapy
 - Special Services
 - Resilience Whole Health Program (in partnership with YMCA)
 - Guitars 4 Vets
 - Women's MST Group
 - Garden Group
 - Spouse's Group
 - Outreach
 - Mobile Vet Center housed at Duluth Vet Center
- Veterans/Military/Families served from 5/1/2021-4/30/2022
 - Count of unique clients served 231
 - Count of unique Male clients served 101
 - Count of unique Female clients served 128
 - Count of unique clients that are Active Duty + National Guard 3
 - Count of all visits 484
 - Count of all Individual visits 888
 - Count of all Group visits 4,408
 - Count of all Couples/Family visits 190
 - Count of all Phone/Telehealth visits 1,727
 - Count of all outreach events 83

- **Community Access Points (CAP)**

- Community Access Points is the phrase RCS uses when addressing areas where the demand for Vet Center services is requested but no physical location is available.
- CAPs are typically located in donated space and established in conjunction with a community partner to provide readjustment counseling services to a small number of veterans in the area.
- Duluth is currently operating:

- Bemidji 2x a month
- Brainerd 2x a month
- Grand Rapids 1x a week
- Hibbing 1x a week

- **Budget**

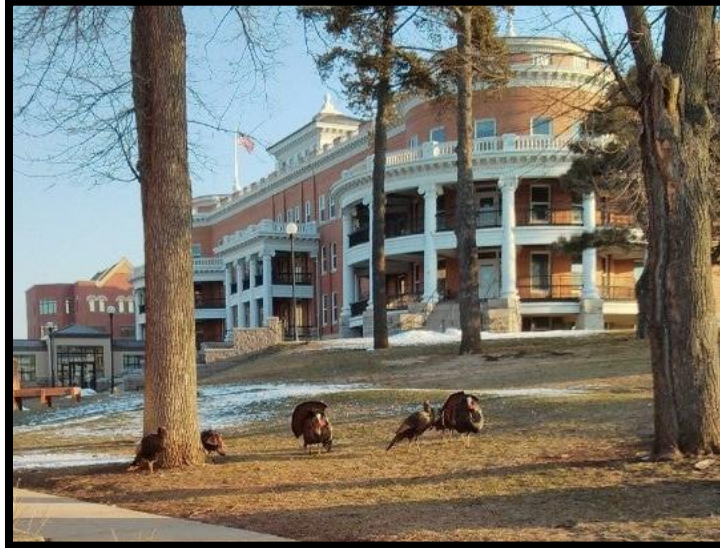
- FY 2021

- Vet Center Facility Lease: \$65,657.00
 - Vet Center Supplies/Services: \$32,000.00
 - External Clinical Consult (Quality Review) \$3,600.00
 - GSA Fleet Vehicle Lease: \$11,000

- FY 2022

- Vet Center Facility Lease: \$65,657.00
 - Vet Center Supplies/Services: \$32,000.00
 - External Clinical Consult (Quality Review) \$3,600.00
 - GSA Fleet Vehicle Lease: \$11,000

MN Veterans Home Minneapolis System Worth Saving Site Visit Report



Date: December 20, 2021

Location: MN Veterans Home Minneapolis (virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Dan Tengwall, Jim Finley, Mike Rosecrans, Sarah Sturner, and MPLS Veterans Home Administrator Thomas Paul.

MN Veterans Home Minneapolis Overview

The Minnesota Veterans Home - Minneapolis 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.

Our 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 Veteran's 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.

Meeting Minutes

• COVID19 Updates

- MDVA COVID-19 Hotline 651-757-1599 or 1833-454-0147
- MDVA is continuing to work closely with the Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), the U.S Department of Veterans Affairs, Minnesota Departments of Health and Human Services, Nursing Home advocacy groups, and the Ombudsman Office for the latest information and guidance regarding COVID-19.
- The Minnesota Veterans Homes' skilled nursing facilities and Domiciliary Program have both administered the Moderna COVID-19 vaccine. We are required to report the vaccination status of our staff and Residents to CMS and CDC and the USDVA. Through education and resources, we continue to support and encourage all staff, Residents, and visitors to become COVID vaccinated.
- The staff of the Minnesota Veterans Homes has also been participating in routine COVID-19 testing at the facilities since September 2020. The frequency for testing is guided by the community transmission rates and current exposure to COVID-19 in a facility.
- The safety and health of Minnesota Veterans Homes Residents and staff have guided our response to COVID-19 throughout the pandemic. We recognize that potential isolation could impact Residents in long-term care facilities and affect their families and loved ones. MDVA is fortunate to have some of the most involved families, and we have had to accept a new normal in our homes and for our Residents.
- Residents who are admitted or return from leave or pass may be required to quarantine based on their vaccination, exposure, and clinical health status. The Residents may admit to a different unit than they will reside in later during their stay.
- CMS requires quarantine space
- \$12M funding for PPE

• Admission Requirements

- Include honorably discharged veterans who enter service from Minnesota or are current residents, who served 181 consecutive days on active duty, unless discharged earlier because of a disability incurred in the line of duty.

- **Admission Wait Times**

- The wait times are how long someone waits to be admitted to the Home. There is an active waitlist meaning those are currently meeting the clinic standard for skilled nursing care. Then there is an inactive waitlist where veterans may have applied but currently do not meet the clinical criteria for skilled nursing care.
 - Active Wait List:
 - Veterans: 18 months (admissions on hold till Jan 2022)
 - Spouses: 3 years

- **Facility Demographics (Home at a glance)**

- Operating MDVA's only Dental Clinic although the dentist does rounds to the other 4 Homes.
- licensed for 341 beds
- 300 beds are operational
- Current beds in use are 260
- Men-240, women-2, and Spouses-18
- Mostly Vietnam veteran era compared to WW2 a couple of years ago
- The typical year for admissions is around 100
- FY21 there were 77 (due to COVID19, limited admins, and staffing shortages)

- **Staffing**

- MPLS has approx. 99 vacant positions out of 606 staff
- The highest turnover positions include RNs, HSTs, GMWs, and FSWs
- Turnover reasons include retirements, career change, transfers to other state facilities, and better-paying occupations.
- The hiring process went from 30/45 days to 60/90 days
- Retention bonuses might become available as requested by Leadership to MMB

- **Funding Breakdown (Annual operating budget estimate \$58M)**

- ***Estimations**

- State allocations of \$30.5M
- Federal VA Per diem \$16M
- CMS \$850,000
- COVID19 \$5.6M
- Maintenance Fees \$6.5M

- Pharmacy: \$900K

- **Facility Remodeling Projects**

- Campus security badging system
- Replacement ceiling lift project
- Led lighting conversion
- BLDG 10 upgrades, painting, window treatment, exterior railing replacement, and photo gallery.
- Replacement of 5 spa tubs/16 tubs in total at the facility
- BLDG 15 security fencing
- BLDG 16 HVAC upgrades

- **Miscellaneous**

- Administrator Thomas Paul has been working in LTC since 1963 and is preparing for retirement in June 2022.
- Minneapolis Veterans Home has 606 employees which make up 50% of all MDVA staff.
- 1 level in the new 100-bed building has been unoccupied since 2021. The floor operates 24 beds.
- VIP positions will be vacant soon including Administrator, AOD, and Quality Assurance.
- 500 new staff will be needed for the 3 new Veterans Homes.
- Adult Day Health Care is open, authorized for 35, and currently operating 20 per day.
- Recreational therapy relies on VSO Post donations.

MN Veterans Home Hastings System Worth Saving Site Visit Report



Date: April 21, 2022

Location: MN Veterans Home Hastings (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Dan Tengwall, Mike Rosecrans, Lynn Lyons, Jim Finley, Sarah Sturner, and Administrator Mike Anderson.

Hastings Overview

At the Minnesota Veterans Home Hastings, we are committed to providing a full continuum of high-quality care and service focusing on rehabilitation, reintegration into the community, and supportive care for optimal enrichment of our Residents' lives. Our care is enhanced by the natural beauty of our surroundings. We are in Hastings - a tranquil, cozy community just minutes from the Twin Cities. Our beautiful 128-acre wooded campus includes nature trails, a biking path, an outdoor pavilion, a heated screened porch for year-round use, a horseshoe pit, and much more. The campus has 179 domiciliary beds in private and semi-private rooms. Residents can benefit from the peace of living on a serene campus but may also choose to be active in a small, historic Minnesota town.

Established in 1978, the Home provides a wide variety of services for Veterans suffering from chemical dependency, mental health illnesses, dual disorders, and/or the debilitating effects of aging. Some of our special services include sobriety maintenance, vocational rehabilitation services, mental health services, and educational services.

Meeting Minutes

• Wait Times

There is not a wait list for veterans to get into Hastings. The admission process can take anywhere from 5 days to 4 months based on the veteran providing the documents needed.

• Staffing

The Home has 7 vacancies with Food Service Workers and Housekeeping with the highest turnover rate.

- Developed a position called “Skills Development Specialist” which has proven to be successful for the residents.

• Facility Demographics

Hastings provides a supportive environment where Veterans can live meaningful lives. They complete this mission through these three paths:

- **Fire Path Motto** – *To help start a fire in someone and give them the tools to keep the flame burning.* A structured program prepares Veterans to live successfully in the community and provide ongoing support after discharge
- **Water Path Motto** – *When tended to and at peace, water is a beautiful thing; when disrupted, water can be a destructive force,* A program providing appropriate care to all Veterans, so they can meet their individualized progressive goals, creates a holistic approach to care for mental and chemical health needs in a substance-free environment
- **Earth Path Motto** – *Rooted in the earth, many amazing things grow and evolve; as we put down roots, we also grow and evolve.* Ensure all Veterans who choose to age in place get the most out of life while we work with them to set goals for the future
- Hastings Veterans Home Unique Services:
Specializing in creating an environment that provides opportunities to achieve goals like independent living, employment, and sobriety.
- Residents with 70% service-connected disabilities:

Less than 5% of veterans meet this criterion

- This could be contributed to the maintenance fee regulations leaving the veteran with around 10% of monthly income.
- Authorized Bed Capacity
 - Licensed for 200 beds
 - Operating 145
 - Admissions 22
 - 112 men, 1-woman, 0-spouses

• **Hastings Operating Budget**

Hastings receives three separate funding sources. State allocation of taxpayer dollars, maintenance is the veteran's portion of the payment, and VA per-diem is paid per veteran per day. The current rate of VA per-diem for Domiciliary care is increased to \$52.23, per day per veteran.

- FY 2021
 - 57% State \$5,123,157
 - 18% Maintenance \$1,600,000
 - 25% VA Per Diem \$2,199,500

• **Outreach Activities**

Because of the pandemic outreach events have been suspended. Although virtual networking with the homeless veterans' continuum of care for several counties has been implemented.

- What a typical year looks like
 - Hastings Healthy Aging Day (May)
 - Heartland Hospice (June)
 - Veteran Center (June)
 - Rivertown Day Parade (July)
 - State Fair (August)
 - Standdown (August)
 - VA mental health Summit (August)
 - Dakota County CVSO (September)
 - St. Cloud Treatment Center Meeting with staff (September)
 - Minnesota Military Radio (September)
 - Marketing meeting with Laura Novitsky ARMHS Clinical Manager (October)

• **Facility Upgrades (Most recent projects completed in the past 2 years)**

- Installed a new serving line in the dining room to improve the beverage service at meals. We are also working on a flooring

upgrade in the residential area of Building 25. We are working on putting the finishing touches on a new Master Plan for the campus that will be a phase-based project to build a new campus.

- New handrails B23 stairwells
- Greenhouse replacement
- B23 portions of stairway flooring replaced
- Dining room flooring replaced B23
- Level 2 corridor flooring replaced B23
- ADA doors installed B24
- 12 overhead doors replaced B33 transportation
- Painting of outbuildings
- Painting of Powerhouse
- Acoustical ceiling tile replacement levels 1 & 2 B23
- Acoustical ceiling tile replacement B2
- Whirlpool Spa replacement Level 3 B23
- Kitchen equipment replacement
- Kitchen door replacement
- Lighting upgrade to LED outdoor and much of indoor lighting
- Upgraded water softener control system
- All resident bathroom mirror replacement
- Clean Tuckpoint and sealant B24 brickwork
- New Kitchen Hood fire suppression system
- Asphalt repair and replacement facility-wide

• **Projects in Progress**

- EFIS wall replacements at each end of B23 & B25
- Casework replacement B20
- B20 119 Rec room painting, and flooring replacement
- B20 resource room flooring replacement
- B23 Level 3 corridor flooring replacement
- Asphalt repairs slated for spring
- Modernization of B25 HVAC, Elevator, Windows, Electrical lighting, flooring, and painting, in the construction design phase per funding.
- B25 Fire Sprinkler system installation (late winter)
- B34 renovation (early design stage)
- B28 Roof, exterior walls, slab, and window replacement (early design stage)
- B25 Front entry and casework (early design stage)

- **Future Projects**

- Greenhouse Heaters
- Replace whirlpool spa B23 2nd floor
- Replacement of Nurse call system
- B25A Screen house roof replacement
- Fire doors for B23 laundry rooms magnetic hold open
- Handrail system between B24 and B23
- Replacement of boiler burners and controls
- Sealant for exterior brick
- Epoxy flooring in various areas
- Repair of tunnel E
- Replacement of water lines, and plumbing B23

MN Veterans Home Luverne System Worth Saving Site Visit Report



Date: November 30, 2021

Location: MN Veterans Home Luverne (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Dan Tengwall, Mike Rosecrans, Jim Finley, Sarah Sturner, and Luverne Veterans Home Administrator Scott Buchanan.

Luverne Veterans Home Overview

Nestled in a friendly small-town 30 miles from Sioux Falls, SD, the Minnesota Veterans Home Luverne offers three distinct living spaces to meet each Resident's unique needs, including a 17-bed special care unit for those with advanced dementia. Each living area features a living room, dining room, kitchenette, laundry room, and several sitting/conversation areas. A computer and gaming room are available for Resident use. During our 25-year history, our staff of 200 employees has cared for almost 1,000 Residents since opening in 1994.

We are committed to creating a community where life is truly worth living – with activities and interactions that Residents find meaningful and enjoyable. Our Residents have access to the outdoors, to plants and animals, and

numerous opportunities for interaction with the community. We continue to grow as a place where residents want to live, families want to visit, and our staff enjoys working.

Our Residents are a vital part of the Luverne community. Dedicated volunteers provide special activities. School kids visit regularly in our popular Adopt a Grandparent Program. There are abundant opportunities for shopping trips, meals out, participating in the fair, and much more. Our internal environment is enhanced through consistent staffing and a range of small group activities.

Meeting Minutes

• COVID19 Updates

- MDVA COVID-19 Hotline 651-757-1599 or 1-833-454-0147
- MDVA is continuing to work closely with the Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), the U.S Department of Veterans Affairs, Minnesota Departments of Health and Human Services, Nursing Home advocacy groups, and the Ombudsman Office for the latest information and guidance regarding COVID-19.
- The Minnesota Veterans Homes' skilled nursing facilities and Domiciliary Program have both administered the Moderna COVID-19 vaccine. We are required to report the vaccination status of our staff and Residents to CMS and CDC and the USDVA. Through education and resources, we continue to support and encourage all staff, Residents, and visitors to become COVID vaccinated.
 - The staff of the Minnesota Veterans Homes has also been participating in routine COVID-19 testing at the facilities since September 2020. The frequency for testing is guided by the community transmission rates and current exposure to COVID 19 in a facility.
 - The safety and health of Minnesota Veterans Homes Residents and staff have guided our response to COVID-19 throughout the pandemic. We recognize that potential isolation could impact Residents in long-term care facilities and affect their families and loved ones. MDVA is fortunate to have some of the most involved families, and we have had to accept a new normal in our homes and for our Residents.

- Residents who are admitted or return from leave or pass may be required to quarantine based on their vaccination, exposure, and clinical health status. The Residents may admit to a different unit than they will reside in later during their stay.
- CMS requires quarantine space
- Luverne had an outbreak in October 2021. As a result, 9 veteran residents passed away over 2 weeks.
- 80% of staff are vaccinated, 2 residents are not.

- **Admission Requirements**

- Include honorably discharged veterans who enter service from Minnesota or are current residents, who served 181 consecutive days on active duty, unless discharged earlier because of a disability incurred in the line of duty.

- **Admission Wait Times**

- The wait times are how long someone waits to be admitted to the Home. There is an active waitlist meaning those are currently meeting the clinic standard for skilled nursing care. Then there is an inactive waitlist where veterans may have applied but currently do not meet the clinical criteria for skilled nursing care.

- ✦ **Active Wait List**

- Veterans:** 3 to 6 months

- Spouses:** 4 to 5 years (99% are female spouses)

- **Facility Demographics**

- A 17-bed special care unit that specializes in serving residents with dementia or Alzheimer's disease.
- The authorized bed capacity is 85. Mostly double bed bedrooms.
- The current census is 65. ○ 87% men, 1% female, and 12% spouses.
- Around 9 veterans are VA service-connected at 70% or greater. This means all care is free and the Home collects a prevailing rate of per diem from the VA.
- FY21 there were 13 admissions. This low number is due to both COVID restrictions and fewer discharges/deaths.

- **Staffing**

- Currently, the Home has 12 vacant positions.
 - Most of the vacant positions have the highest turnover like HST/CAN and RN.
 - These positions can go unstaffed for 1-3 months.

- **Funding Breakdown (Annual operating budget estimate of \$15M)**

- *Estimations**

- State allocations of \$8.2M
- Federal VA Per diem \$4M
- CMS \$80,000
- COVID19 \$1.8M
- Maintenance Fees \$2M
- Pharmacy: \$230K

- **Facility Remodeling Projects**

- The new Dining room block and window replacement
- Utility room, medication room, and nutrition room updates
- Overhangs for cabin and special care unit

MN Veterans Home Fergus Falls System Worth Saving Site Visit Report



Date: June 7, 2022

Location: MN Veterans Home Fergus Falls (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Mike Rosecrans, Jim Finley, Lynn Lyons, Sarah Sturner, and Administrator Jonathan Stone.

Fergus Falls Veterans Home Overview

Recognized as a leader in skilled nursing care delivery, residents at the Minnesota Veterans Home - Fergus Falls receive specialized and individualized care through a team approach. The residents and their quality of care are top priority, striving to help residents maintain the greatest possible independence in their lives by providing as much choice as possible.

The Fergus Falls Veterans Home opened a Veterans Village in 2011, which consists of two households of 10 and 11 Residents each, designed to offer medical services in a home-style atmosphere. This community approach and design creates a sense of place for dementia Residents by providing a familiar, home-like environment.

In Fergus Falls, the mission is to CARE: Creatively deliver focused care;
Acknowledge military heritage; Reconnect Residents with the community;

Enhance life's experiences. The Home also contains a VA Community Based Outpatient Clinic that provides primary care services.

Individualized Care Services

- Medical Services
- 24-hour Focused Nursing Services
- Pharmaceutical Services
- Recreation Therapy Services
- Chaplain Services
- Dietetic & Nutritional Services
- Rehabilitation Services
- Assistance with VA Benefits
- Social Services

Specialized Services

- Barber Shop
- Beauty Shop
- General Store
- Library
- Family Inn
- Cashier
- Exercise Room
- Transportation to Medical Appointments

Programs

- Resident Council
- Family Council
- Spouse Support Group
- Community Connections
- Outings
- Volunteer Services

Special Features

- Award-winning Nursing Care approaches
- Private and semi-private rooms
- Transportation to VA Medical Center
- Main Street - a trip back in time
- Interior open-air recreational area

Meeting Minutes

• Wait Times

- The waiting list for Fergus averages anywhere from 8 to 12 months. There're two wait lists, one is an active list meaning the veteran or

spouse currently needs the Home and the in-active wait list is for those that anticipate a need. Fergus reaches out to those on the list around the 4-month mark to see if they're going to still be needing the care.

- Current Active List :1 year
- In-active List: 800- They stay on the list indefinitely until they call to put their name on the active list.
- Wait times for spouses to get into the Home: 5 years

• Facility Demographics

- The Fergus Falls Veterans Home opened a Veterans Village in 2011, which consists of two households of 10 and 11 Residents each, designed to offer medical services in a home-style atmosphere. This community approach and design creates a sense of place for dementia Residents by providing a familiar, home-like environment.
- Residence with an SC 70% or greater makes up 23% of the home's veterans. This is the population that is entitled to free care.
- The Home's authorized bed capacity is 106 and currently operating at 90
- Last year the Home had 24 admissions
- Resident population:
 - Men 79
 - Women 2
 - Spouses 9

• Staffing

- There's an average of 70 RNs and 30 LPNs.
- Vacant positions are 18
- The greatest turnover rate is HST (CNAs)
- MN Veterans Homes reimburse for the CNA's certification testing after 6 months of employment with the Home. Certification is around \$600. HST's openings went from 20 to 2 over two years. Schooling for CNA certification is reimbursed after 90 days.
- There is a national shortage of CNAs and rural cities have felt the impact at a higher rate.
- Fergus offers sign-on bonuses for qualifying positions including CNAs, LPNs, RNs, and more.

• Funding Breakdown

- State: \$5.3M

- Federal: \$5.6M
- CMS: \$94,000
- Maintenance: \$2.6M
- COVID Funds \$1.7M

- **Medicare Certification**

- Where is the Home currently being certified?
- We were certified in July of 2018
- How does the process work to receive compensation?
- When a resident qualifies for a Medicare stay after having a 3-day hospital stay and is needing skilled services the facility bills Medicare instead of the resident for as long as that resident needs those services up to 100 days.
- If a resident is needing services under Medicare Part B, generally therapy, these services can be billed to Medicare for reimbursement as well

- **Outreach Activities**

- The Veterans Home participated in 16 events last fiscal year and 36 this fiscal year

- **Facility Upgrades**

- The greenhouse is 95% complete. The greenhouse opening is scheduled for July 14th, 2022.
- Security system- Estimated to be completed in August 2022.
- Handrail project 75% complete.

MN Veterans Home Silver Bay System Worth Saving Site Visit Report



Date: June 7, 2022

Location: MN Veterans Home Silver Bay (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Mike Rosecrans, Jim Finley, Lynn Lyons, Sarah Sturner, and Administrator Danelle Donnor.

Silver Bay Veterans Home Overview

Overlooking beautiful Lake Superior, the Minnesota Veterans Home - Silver Bay has four distinct neighborhood living spaces for Residents that combine the look and feel of a north woods lodge with all the comforts of a single-family home. Each residence includes a living room, dining room, and kitchen, where meals and activities are offered to fit each Resident's individual preference. Personal choice is a way of life at the Silver Bay Veterans Home. Residents can sleep in or rise early. Whenever you want to eat, we'll prepare a delicious, nutritious meal for you. Everything revolves around our Residents and their daily routine. Our Home features a variety of private spaces for Residents and their families, including a large game room, craft shop, four-season porch, and private dining areas. The surrounding area abounds with opportunities for boating, fishing, hunting, and all kinds of outdoor activities.

Our program focus is on enjoying the outdoors and fresh, northern Minnesota air.

Our specialties include our garden, our pontoon boat, our club car rides, and our participation in the community.

Individualized Care Services

- Skilled Nursing Care, including Specialized Dementia Care
- Medical Service with 24-hour Nursing Care
- Social Services
- Individualized Recreational Services
- Rehabilitation Services, including Physical, Occupational, and Speech Therapy
- Large Rehabilitation Gym for Specialized Programming or Independent Activity
- Mental/Behavioral Health Service
- Chaplain and Spiritual Care Service
- Nutritional Service
- Pharmaceutical Service

Specialized Services

- Transportation Service Locally and to Duluth
- Barber and Beauty Services
- Activities that Utilize our Natural Resources
- Large Game Room
- Craft Shop
- Outdoor Activities

Programs

- Resident Council
- Family Council
- Spouse Support Group
- Community Connections
- Volunteer Services

Special Features

- Pontoon Boat
- Private Dining Areas
- Four Season Porch
- Garden

Meeting Minutes

• Wait Times

- The waiting list for Fergus averages 6 months. There're two wait lists, one is an active list meaning the veteran or spouse currently needs the Home and the in-active wait list is for those that anticipate a need. Fergus reaches

out to those on the list around the 4-month mark to see if they're going to still be needing the care.

- Average wait times for veterans to get into the Home?
- Active- 6 months
- In-active- varies, they stay on the list until become active
- Average wait times for spouses to get into the Home is 1.5 years

• **Facility Demographics**

- Care/services unique to the Veterans Home:
 - Nurse practitioner, Life Enrichment Program, Buddies Forever, Firefly
- 32% of residents are SC 70% or greater which means they receive free care
- Authorized bed capacity is 83 and currently operating 53
- There were only 3 admissions last fiscal year
- Home's population consists of veterans/spouses
 - Men 50
 - Women 4
 - Spouses 3

• **Staffing**

- Current vacant positions are 43
- Positions with the greatest turnover rate are HST/CNA's nursing
- Positions have been vacant for a long time, hard to fill positions, National healthcare worker shortage, and rural areas.

• **Funding Breakdown**

- State: \$7,251,656
- Federal: \$4,811,142
- CMS: \$ 95,738
- Maintenance: \$ 1,467,002
- Total \$13,625,538
- Medicare A (hospital) \$10,580
- Medicare B (medical) \$ 85,158

• **Medicare Certification**

- Where is the Home currently being certified?
- We were certified in July of 2018
- How does the process work to receive compensation?

- When a resident qualifies for a Medicare stay after having a 3-day hospital stay and is needing skilled services the facility bills Medicare instead of the resident for as long as that resident needs those services up to 100 days.
- If a resident is needing services under Medicare Part B, generally therapy, these services can be billed to Medicare for reimbursement as well

- **Outreach Activities**

- Last fiscal year there were 22 events/conferences/fundraisers
- This year How the Home participated in 35 Events/conferences/fundraisers

- **Facility Upgrades**

- New HVAC system just started 6/7/21
- New flooring for PT room
- New carpet nurse's stations and administrative areas

St. Paul VA Regional Office System Worth Saving Site Visit Report



Date: December 16, 2021

Location: St. Paul VA Regional Office (VARO) (virtual)

Meeting Attendance Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Dan Tengwall, Jim Finley, Mike Rosecrans, Lynn Lyons, and Sarah Sturner. Director Kim Graves and Leadership Team.

St. Paul VARO Overview

The St. Paul VA Regional Office administers a variety of benefits and services, including compensation, pension, and veteran's readiness and employment for veterans, service members, their families, and survivors in MN and Nationally.

Compensation and Pension Claims

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. Initial claims for entitlement will also typically determine eligibility for medical treatment from VHA and other VA benefits.

Not-Rating: Claims for ancillary benefits, which can but normally do not require a rating decision (i.e., claim to add dependent to award), and benefit adjustments, such as for drill pay (compensation) or changes to income and/or medical expenses (pension)

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

review processes are conducted by a division's Quality Review Team using specific checklists outlined in the M21-1 Adjudication Procedures Manual.

Other: Work that does not affect entitlement but may require a rating decision that affects monetary benefits

Burial: Claims associated with burial benefits.

Accrued: Claims related to benefits not paid before the death of a Veteran or survivor based upon a claim granted after the applicant's death or benefits in withholding at the time of death

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

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

• **Claims Inventory**

These numbers are estimated and represent VA's current pending workload national

- Total claims pending (including non-rating claims): Approximately 940,000
- Rating claims only: 611,225
- Claims Backlog (pending more than 125 days): 243,482

• **Wait Times for Adjudication**

The figures below represent before the pandemic (March 2020) and VA's current workload. The drastic increase in wait times is attributed to the suspension of C&P exams (which are now being completed) and NPRC only fulfilling emergency record requests. PDA (Active Days Pending)

- Compensation: Before (ADP) was 80 days nationally. Currently (ADP) is 160.7 days nationally.
- Pension: Before (ADP) 90 days nationally. Currently (ADP) is 87.4 days nationally.
- Dependency Indemnity Compensation (DIC): Before (ADP) was 128 days nationally. Currently (ADP) is 148 days nationally.
- Non-Rating Claims: Before (ADP) was 151 days. Currently (ADP) is 60 days nationally.

• **Benefits Eligibility Support Team (BEST)**

In October 2020, VBA realigned how it addresses non-rating claims. BEST sites were created at eight VA Regional Offices, including Detroit, Little Rock, Milwaukee, Muskogee, Nashville, San Diego, St. Paul, and Winston Salem. St. Paul's BEST has 120 FTE to work non-rating claims.

- While specialized control of this workload has improved efficiency, higher ADP on average is inherent in this workload due to many

claims requiring a minimum 60-day due process period.

- Examples of non-rating claims are drill pay, administrative reviews, and dependency claims.

• **Staffing Levels**

Workload distribution via the national work queue is based on each VARO's staffing levels and the level of employment in these positions represent.

- Vacant Positions: Director's Office Management/Program Analyst
Human Resources Specialist
- Divisions not under St. Paul VA Regional Office:
The Regional Loan Center is no longer part of the St. Paul Regional Office, as that program area reports directly to Loan Guaranty Service in VA Central Office. The RO provides space for employees of VBA's Education Service and the Education Regional Processing Office which covers Minnesota. VA's Debt Management Center (DMC) is physically located in the same building as the St. Paul Regional Office but is separate from the RO.
- RO authorized staffing levels:
 - VSC: 322 FTE
 - PMC: 290 FTE
 - BEST: 120 FTE
 - Support Services: 44 FTE
 - Director's Office & HR: 14 FTE
 - VR&E: 14 FTE
 - RO Total authorized FTE ceiling: 804 FTE
 - RLC: 83 FTE (not part of the RO, but the RO provides HR & related services)

• **Minnesota Veteran Population Data (Values are based on an estimate for FY22)**

- Current MN Veterans: 304,276
- Currently receiving compensation: 98,436
 - Monthly amount paid: \$109,181,987
 - Annual amount paid: \$1,310,183,844
- Currently receiving a pension (2/2022) of 2,229
 - Monthly amount paid: \$2,188,505
 - Annual amount paid: \$26,262,060
- The American Legion Power of Attorney:
 - Currently representing: 41,947

- Monthly amount paid: \$40,189,538
- Annual amount paid: \$482,274,456

- **Medical Disability Examinations Compensation & Pension (C&P) Exams**

- The Veterans Benefits Administration (VBA) facilitates Compensation & Pension (C&P) examinations for Veterans, their dependents, and their survivors. A C&P exam is a critical piece of evidence for determining the extent of disability. As such, the examination and accompanying report must provide the required detailed findings sufficient for VA adjudicators to arrive at an appropriate determination.
- Due to legislation passed in 2014 permitting VA to outsource C&P exams, an increasing number of Veterans receive their C&P exams outside of the Veterans Health Administration (VHA).
- A recent realignment moved VA's Medical Disability Examination Office from VHA to VBA where now many C&P exams are contracted out to Private Firms.
- Examinations given by VA-contracted providers are referred to as medical disability examinations (MDE). VA awarded contracts in 2016 to five private firms to conduct the MDEs: (1) VetFed Resources; (2) Logistics Health Inc.; (3) Medical Support Los Angeles; (4) QTC Medical Services, Inc.; and (5) Veterans Evaluation Services, Inc. Of those, LHI, VES, and QTC currently conduct MDEs.
- VA Regional Offices do not have oversight of the C&P contractors in their state. VA's Medical Disability Examination Office (MDEO) conducts oversight and quality reviews of private-sector exam providers are conducted. VA Regional Offices provide input to MDEO if they are aware of local issues.

- **Quality Assurance Quality Control (VAROs have designated FTEs in the VSC, BEST, and PMC to review cases)**

- All elements of any action taken on a claim are reviewed, from rating and authorization accuracy to systems compliance and notification letters.
- Reviews are not just St. Paul's decisions, Q/C is pulled from the NWQ.
- In FY19 the St. Paul VSC Quality Review Team (QRT) launched a systems compliance awareness campaign which resulted in a reduction of S1 errors in the division. Errors categorized as "S1" are

those involving systems compliance, such as correctly identifying evidence as received or having accurate special issue identifiers included. 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.

- A specific training course on system updates/compliance is provided to Veterans Service Representatives (VSRs) each year along with a training course on income/medical expense counting and other topics reviewed annually as determined by Compensation Service and Pension & Fiduciary Service.
- FYTD, St. Paul VSC's QRT has completed approximately 800 in-process reviews (IPRs) for Rating Veterans Service Representatives and 400 for VSRs. 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.

Fort Snelling National Cemetery System Worth Saving Site Visit Report



Date: October 18, 2021

Location: Ft. Snelling National Cemetery (Virtual)

Meeting Attendance

Chairman Wilson Spence III, Secretary Jeremy Wolfsteller, Dan Tengwall, Jim Finley, Mike Rosecrans, Sarah Sturner, and Bob Rosen, Administrative Officer.

Fort Snelling National Cemetery Overview

Fort Snelling National Cemetery is in Minneapolis, MN. The original Fort Snelling was established in 1805 near the confluence of the Minnesota and Mississippi rivers. However, it was not until 1820 that a permanent post named Fort St. Anthony was constructed under the supervision of Col. Josiah Snelling. Gen. Winfield Scott was so impressed with the conditions at Fort St. Anthony during his first inspection in 1824 that he recommended the installation be renamed, Fort Snelling.

Its original purpose was to keep peace on the western frontier, but in 1855 as the frontier moved further west, troops were withdrawn from Fort Snelling. With the outbreak of the Civil War, the fort was reopened and functioned as both an assembly

ground and training camp for Minnesota volunteers. It remained open at the end of the Civil War and continued to be used as a training center. In 1947, the Fort Snelling Military Reservation was deactivated as a post, although it continues to function today as the headquarters for the 88th Army Reserve Command.

The Fort Snelling cemetery was established in 1870 to serve as a burial ground for the soldiers who died while stationed at the post. Following World War I, as new legislation expanded the eligibility requirements for burial in a national cemetery, the citizens of St. Paul organized a petition to designate a national cemetery in their area. In 1937, Congress responded with legislation that authorized a portion of land at Fort Snelling Military Reservation for this purpose. Fort Snelling National Cemetery was established in 1939 with the first burial on July 5, of Capt. George H. Mallon, whose acts of heroism at Meuse-Argonne in France were recognized with the Congressional Medal of Honor. Following the dedication of the new cemetery, arrangements were made for the exhumation of the remains of those buried at the older post cemetery and the reinternment of the 680 soldiers who served from 1820-1939 buried in Fort Snelling National Cemetery. The 1930s were also a major boom era for national cemetery growth. Fort Snelling National Cemetery is one of seven NCA properties developed during the period between World War I and World War II to serve large veteran populations in cities across the country.

In May 1960, Fort Snelling Air Force Station transferred 146 acres of land to the national cemetery. One more land transfer of 177 acres followed in 1961, bringing the cemetery to its present size. Because of the frigid winters, about 1,000 graves are dug each fall to be used for winter interments.

Fort Snelling National Cemetery was listed on the National Register of Historic Places in 2016.

Monuments and Memorials

Fort Snelling contains a memorial pathway that is lined with a variety of veteran memorials from various organizations. As of the end of 2015, there are 75 memorials at Fort Snelling National Cemetery — most commemorating soldiers of the 20th-century wars.

Meeting Minutes

• General Updates

- FSNCC contains areas that are lined with a variety of veterans' memorials and monuments from various organizations. Additionally, there are memorial circles for other specific memorials, such as

"Airborne Circle" (30 monuments), Medal of Honor, World War I, Chaplains, and the Memorial Rifle Squad. As of March 2021, there are 77 monuments at the cemetery, most commemorating soldiers or the contributions of various units or branches of service of 20th-century wars.

- The cemetery was declared a National Historic Place in 2016 by the Department of Interior.
- 136 National Cemeteries within 5 Districts and Ft. Snelling is the 4th busiest cemetery nationally with Riverside, CA being the number 1 busiest interment sight totaling 8,450 per year.
- FSNC is considered an "open" cemetery providing a full array of burial options.
- Ft. Snelling was recently certified by the Minnesota Department of Health to provide education and training to funeral home directors earning them 2 continuing education units (CEU).
- NCA is modernizing memorialization by implementing an online memorialization platform. This allows family and friends to pay respects and share photos in an online memorial space. This became available May 1, 2019.
- NCA is now offering Presidential Memorial Certificates to families on the day of the internment at the five largest national cemeteries which includes Ft. Snelling.
- DOD provides per-diem to VSOs like The American Legion to provide honor guard service.
- Ft. Snelling has the last active rifle squad. Organized in 1979 by all volunteers

• Budget

- FY2021: Authorized Allocations
 - (50) Full-time Permanent
 - (2) Over-Ceiling
 - (5) NTE 13-month Term
 - FY2021 FUNDING ALLOCATION:
 - 11/12/13 Salary \$4,606,192
 - 21 GSA Vehicles \$19,000
 - 22 Transportation \$53,000
 - 23 Rent, Communications, & Utilities \$100,000
 - 25 Other Contractual Services *includes CWT \$1,725,000
 - 26 Supplies \$268,000
 - TOTAL FY2021 ALLOCATION \$6,771,192

- FY2020: Authorized Allocations
 - 50 FTE Permanent (894)
 - 1 FTE Permanent (939)
 - 1 FTE Permanent (940)
 - 3 Over Ceiling (894)
 - 3 NTE 13-Month Term (894)
 - 2 NTE 6 Month Temp (3rd Qtr) (894)
 - FY2020 FUNDING ALLOCATION:
 - 001 PAYROLL \$4,166.083
 - 21xx GSA Vehicles \$18,983
 - 22xx Transportation \$52,000
 - 23xx Rent, Communications, Utilities \$115,000
 - 25xx Other Contractual Services *
 - (amount includes CWT) \$1,620,000
 - 26xx Supplies \$328.954
 - 31xx Equipment \$0
 - 32xx NRM \$205,725
 - TOTAL FY20 ALLOCATION \$6,506,745

- **Contracted Services & Estimated Annual Costs**

- FSNCC is considered an "open" cemetery providing a full array of burial options. However, the following cemetery operations are contracted (approximate annual costing noted):
 - Mowing/trimming/edging/sod/herbicide/fertilization (\$894K)
 - Grave liner & Installation (\$900K)
 - Onsite Headstone/Marker Inscription (National MPS Contract)
 - USDA Wildlife Management (\$20K)
 - Trash and Garbage (\$55K)
 - Janitorial (\$50K)
 - Copy and print services (\$16.8)
 - Irrigation system/maintenance (\$75K)
 - Uniform services (\$23.4K)
 - Salt/sand (\$8K)
 - Black Dirt (\$12K)
 - Compensated Work Therapy (CWT) with Hasting VA Home (\$26K)

• Two New Rural Initiative Cemeteries

- FSNCC is also responsible for two NCA rural initiative cemeteries. Fargo National Cemetery in Harwood, North Dakota, and Northwoods National Cemetery, Harshaw, Wisconsin.
- These rural initiative cemeteries serve an estimated 25,000 veterans, spouses, and eligible family members located within a 75-mile radius of each site.
- Fargo was dedicated on September 7, 2019. The first interment was on October 15, 2019.
 - This cemetery serves 24,388 Veterans, spouses, and other eligible family members located within a 75-mile radius of Fargo.
 - Fargo National Cemetery was dedicated on September 7, 2019.
 - The first interment took place on October 15, 2019.
 - Major services are contracted at this cemetery for Grounds and Maintenance and Interments (\$120K)
- Northwoods was dedicated on August 14, 2020. The first interment took place on October 26, 2020.
 - This cemetery will serve 24,286 Veterans, spouses, and other eligible family members located within a 75-mile radius of Rhinelander, Wisconsin.
 - The cemetery was dedicated on Friday, August 14, 2020.
 - The cemetery was open for interments on October 26, 2020
 - The first interment took place on October 26, 2020
 - Major services are contracted at this cemetery for Grounds and Maintenance and Interments (\$90K)

• Staffing

- Robert Roeser has been the cemetery's Administrative Officer for 8 years. Some of his responsibilities include overseeing scheduling, determining eligibility, ordering grave markers, and sending out correspondence.
- Ft. Snelling has on average 50 employees to manage the National Shrine.
- Ft. Snelling partners with Hastings State Veterans Home employing residents in the work therapy program. The workers primarily work on the grounds crew keeping the perpetual care a National Shrine

requires. Ft. Snelling was recently awarded a National Shrine contract for keeping a high standard.

- **Facility Demographics**

- Ft. Snelling's footprint consists of 436 acres, 341 acres are developed, and 95 acres are undeveloped with approximately 173,000 gravesites maintained.
- Administering an average of 5,000 interments per year.
- Operating Budget Plan estimated to be around \$7M annually
- 6 committal shelters which offer memorial services rather than at the physical grave site to help preserve the site and for safety purposes.
- Interments include casketed, in-ground cremations, columbariums, and scattering cremains.
- FY20 there were 29% casket interments and 71% remains. Total 4,375
- FY20 Interments: WW2/479/20.66%, Korea/618/26.66%, Vietnam/875/37.75%, Active Duty/9/0.39%, non-Vets/2,057/47.02, Vets/2,318/52.98%.

- **Infrastructure Improvement Projects**

- Signage project to be completed this year, this project was started in FY20 and will finally be completed and installed early this summer.
- Developing a new Public Information Center and Administrative building scheduled for FY25
- Public Information building remodel new purpose
- Shelter staining
- Fire Hydrant Repair
- Pond Aeration
- Irrigation for the entire cemetery
- FY19 1.3 million for Interment Maintenance Building, the memorial rifle squad ready room and armory received upgrade alarm system, video surveillance, and access card entrance keypads. Grounds Maintenance Building will see upgrades in electrical, mechanical, plumbing, heating, public restrooms, employee lunchroom, etc.
- FY19 Wayfinding Improvement Project was awarded to FSNC indefinitely. FSNC has 411 various types of signs and section markers that need updating, replacing, and improving. This project was active for the Summer of FY21.
- FY21 roads were repaired and resurfaced.

Comments

Fort Snelling National Cemetery Complex has incorporated a vision and mission statement.

Our Vision statement is that our pride is only surpassed by our excellence.

Our Mission statement is, to ensure every patron who enters our haven is afforded a place of beauty and solemnness so they may honor their deceased loved ones according to their fashions and beliefs.