

**The American Legion
Department of Minnesota**



**System Worth Saving
Executive Report
FY 2021**

Preamble to the Constitution

FOR GOD AND COUNTRY, WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

To uphold and defend the Constitution of the United States of
America;

To maintain law and order;

To foster and perpetuate a one hundred percent Americanism;

To preserve the memories and incidents of our associations in the
Great Wars;

To inculcate a sense of individual obligation to the community,
state and nation;

To combat the autocracy of both the classes and the masses;

To make right the master of might;

To promote peace and goodwill on earth;

To safeguard and transmit to posterity the principles of justice,
freedom and democracy;

To consecrate and sanctify our comradeship by our devotion to
mutual helpfulness.



As we entered our 102nd year, we experienced turmoil and riots in many of the cities in our country. Our belief in Law and Order, 100 percent Americanism, promoting Peace and goodwill on earth, transmitting to posterity the principles of justice, freedom and democracy have not wavered.

Amid all this turmoil we were able to hold, in person, our first and second American Legion

College in the state of Minnesota. Instruction on all the amazing programs of the American Legion was the focus. Boys State was also conducted in person at St John's University.

With the setbacks Legionville had over the last couple of years, we were able to keep our doors open and this year we had great participation in all weeks of Safety Patrol Camp, with over 350 kids registered for camp. This past year, my project was Legionville and Wounded Warrior Guide Service and my goal for Legionville was \$30,000 to build a new dock and \$10,000 for Wounded Warrior Guide Service, needless to say, the posts stepped up and we have raised over \$70,000.

Canceling Legion Baseball last year was one of the hardest things we, at the Department, had to do, but it was the right decision. This year we are full speed ahead with Legion baseball and Minnesota leads all Departments with over 372 registered teams.

The Oratorical Contest, a constitutional speech contest, was held, in person, this past February, and to listen to these young people speak about our constitution and what it means is refreshing to hear.

Our Department Rehabilitation Committee has stayed engaged with both the State and Federal Veterans Administration and our community partners that provide services to Minnesota veterans. Each year the committee is funded through membership to conduct system worth saving site visits and

then our Department VA&R Staff publish reports to our Department website for our members and community partners. This committee is one of the most impressive helping our veterans in any way they can.

Mark J. Dvorak

Department Commander

The American Legion Department of Minnesota

On behalf of The American Legion's Rehabilitation Committee Department of Minnesota, I am pleased to present the 2021 System Worth Saving (SWS) Executive Summary. The purpose of this report is to provide you with detailed findings from our SWS and Regional Office Action Review (ROAR) site visits of VA healthcare facilities, VA regional offices, VA Cemetery, Minnesota Department of Veterans Affairs Veterans Homes, Central Office and cemetery, Minnesota Assistance for Veterans (MACV) in a year so affected by the COVID 19 Pandemic and our desire to continue our Mission.



Through the SWS Program, the Department of Minnesota Rehabilitation 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, in a responsible manner, timely access to quality healthcare and benefits administered by the Federal and State Department of Veterans Affairs; by remaining engaged in discussions and efforts which promote Veteran wellbeing, veteran's healthcare and wellness needs; and by providing our committee's input consistent without National views on matters which identify areas of need improvement with the total VA System of Care and VA Benefits delivery systems

The SWS program also provides information obtained from the site visits to our District Rehabilitation Chairmen to share with their American Legion Posts. We also provide a written record of each site visit on our Department Website providing access to all members of Minnesota. It is extremely important to have a transparent SWS with the veteran providers to each member of the American Legion Department of Minnesota and promptly. Our Rehabilitation committee works tirelessly to achieve our mission and providing information to our members. Our Committee members want to have an improved, and more responsive both Federal and Minnesota State Veterans Affairs.

It is an honor and privilege to serve our Minnesota veterans as a member and to serve as chairman of the Minnesota Rehabilitation Committee. As 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, Rehabilitation 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

The American Legion Department of Minnesota Rehabilitation Committee

Veterans Affairs and Rehabilitation Committee

WILSON SPENCE III- *Veterans Affairs & Rehabilitation Committee
Chairman*

DANIEL TENGWALL– *Veterans Affairs & Rehabilitation Committee
Member* **GARY MUNKHOLM–** *Veterans Affairs & Rehabilitation Committee
Member*

CAROL GILBERTSON– *Veterans Affairs & Rehabilitation Committee
Member* **JAMES FINLEY–** *Veterans Affairs & Rehabilitation Committee
Member*

Veterans Affairs & Rehabilitation Staff

JEREMY WOLFSTELLER

Committee Secretary & Department Service Officer

HEATHER LARSON

VA&R Administrative Assistant

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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 Department 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.

Annual Plan

The Committee begins its year in late August or early September with an organizational meeting. During this meeting, the Committee will elect a Chairman for the year, discuss the budget of the year, and layout per diem/mileage reimbursement rates which are authorized by the Department Financial Committee for the fiscal year.

During the year the Committee meets with the leadership from State, Federal, and other agencies that provide services to Minnesota Veterans, including Veterans Health Administration, Veteran Benefits Administration, VISN Leadership, and Minnesota Department of Veteran Affairs). The Committee also will meet 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 Directors' level. The visits typically begin with a brief by the Director and/or other staff of the facility, and last for 1 hour. The Site Visit is ended with a tour of the facility which usually highlights any new additions, procedures, or equipment.

The Committees are all arranged by the Department Service Officer. He or she acts as the Committee Secretary and is responsible for the VA&R meetings, budgets, Committee correspondence, arranging meetings with facilities, travel lodging, training, and VA&R events at the Department Convention and Fall Conference.

The Committee is responsible for the hiring and program guidance of two American Legion Department of Minnesota employees, the Department Service Officer and VA&R Administrative Assistant. The daily supervision of staff is performed by the Department Service Officer and organizational management is provided through the Department Adjutant.

During the Department Convention, the Department Service Officer with the aid of the VA&R Administrative Assistant arranges the annual Department Rehabilitation Committee meeting and associated events. The Directors and other Leadership 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 attending this meeting. Proceeding the meeting, the Department Rehabilitation Committee hosts a dinner for the various Directors and program leads, in an evening of relaxed conversation and networking.

During Fall Conference a similar meeting is arranged; however, Fall Conference is specifically focused on training; for that reason, only two or three Directors or Program Leadership are invited to address a specific issue that is usually decided by the Rehabilitation Committee which typically falls within the Department Commanders mission and goals for that Fiscal Year. Proceeding this meeting the Department Rehabilitation Committee also hosts a dinner for the Directors or Program Leadership.

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

Veterans Integrated Service Networks 23

- **Date:** October 28, 2020
- **Location:** Virtual Meeting (via Microsoft Teams)
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - VISN 23*- Director Robert McDivitt and Public Affairs Officer Ron Woolery.
- **Purpose**

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

VISN 23 Overview

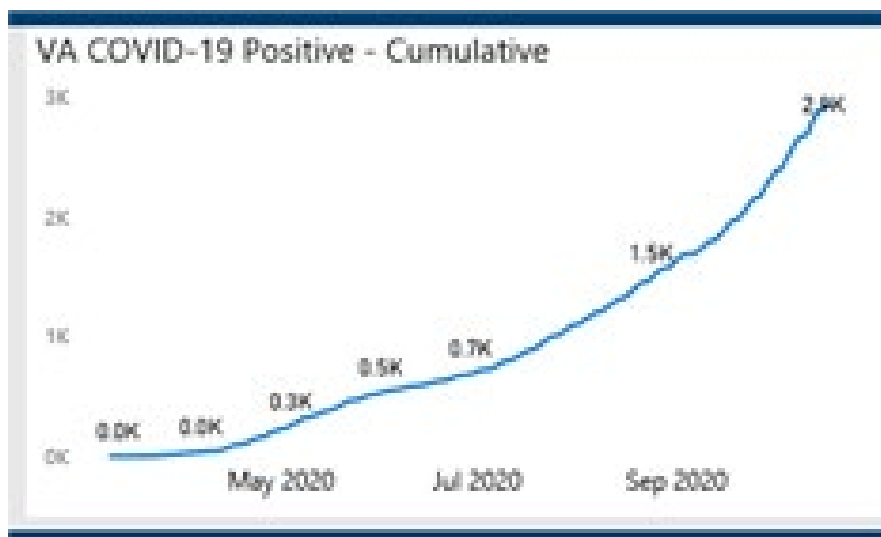
The Veterans Health Administration's (VHA) oversight of its regional health care networks is limited.

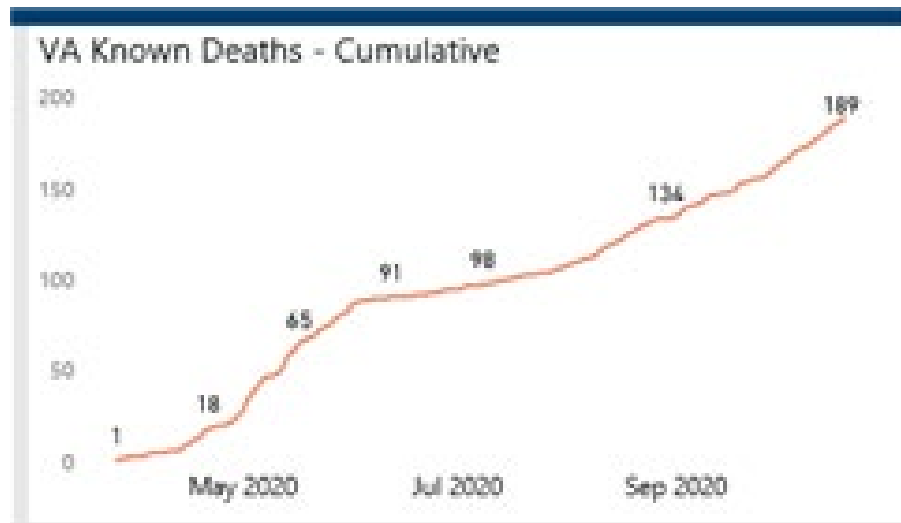


Within VHA, these networks—known as Veterans Integrated Service Networks (VISN)—manage the day-to-day functions of medical centers and provide administrative and clinical oversight of medical centers.

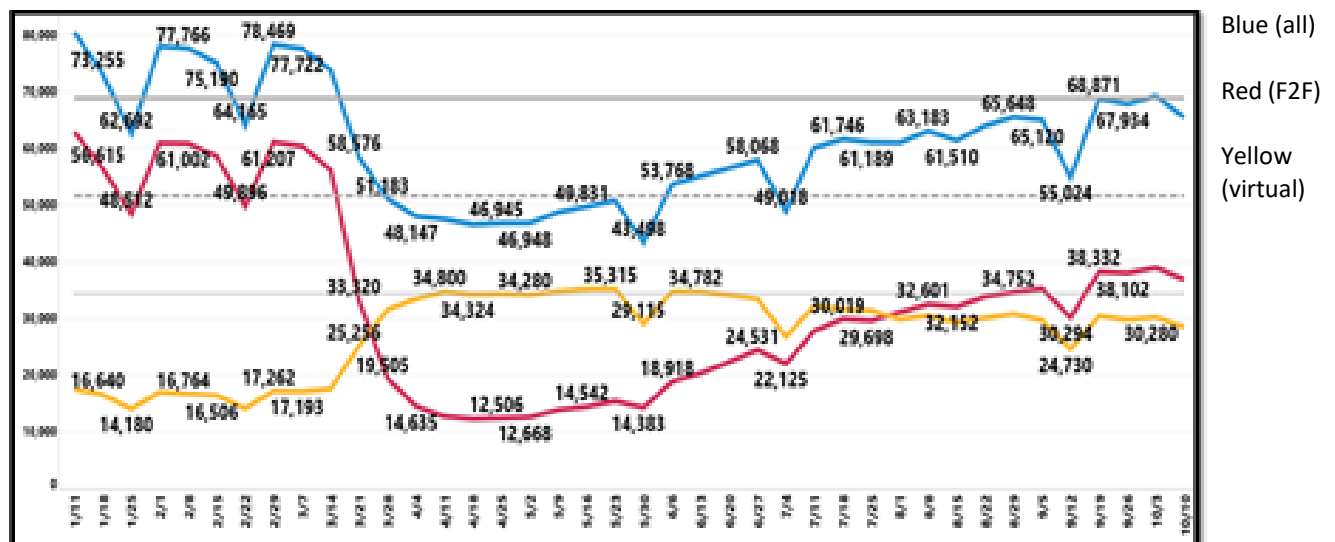
Meeting Minutes

- VISN 23 serves 440,000 veterans, 9 health care systems, 63 community-based outpatient clinics, 8 community living centers and 4 domiciliary residential rehab treatment centers.
- VISN 23 has over 15,000 employees and has an operating budget of \$3.3 billion annual.
- VISN 23 COVID-19 mission has been supported by Federal CARES funding. A total of \$270 million, with \$59m for MPLS and \$25m for St. Cloud. Across the VISN is an ample supply of PPE.
- VISN 23 has deployed 187 employees in support of COVID-19 pandemic across the country.
- VISN 23 Health Care Systems in Minneapolis and St. Cloud bed report for ICU and MED SURG capacity:
171 active beds, 122 occupied (71.3%) 49 available and COVID19 beds 89.



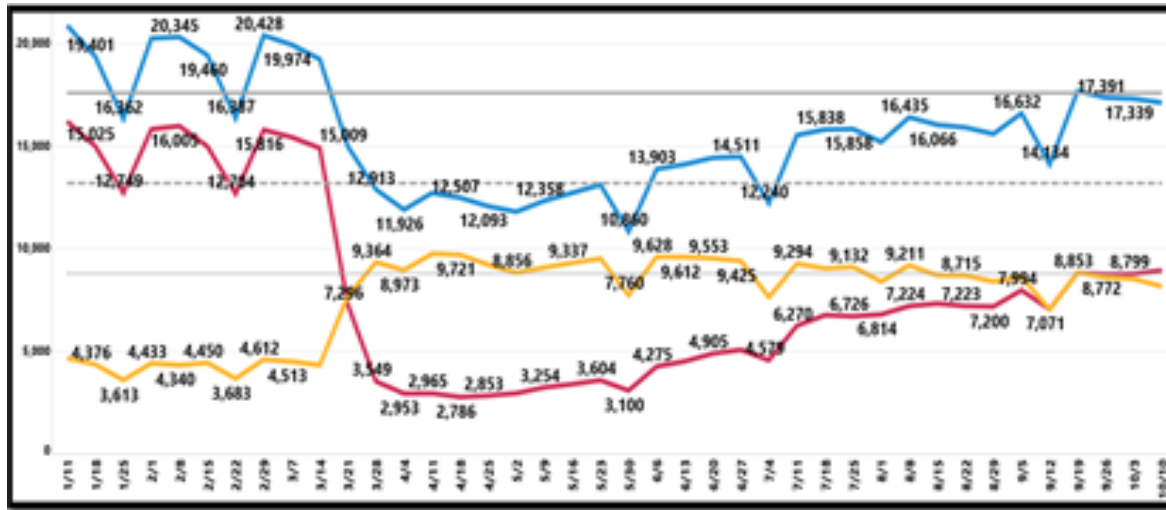


- VISN 23 Encounter Trend: This represents patient outpatient appointments by week, including face to face, virtual and all.



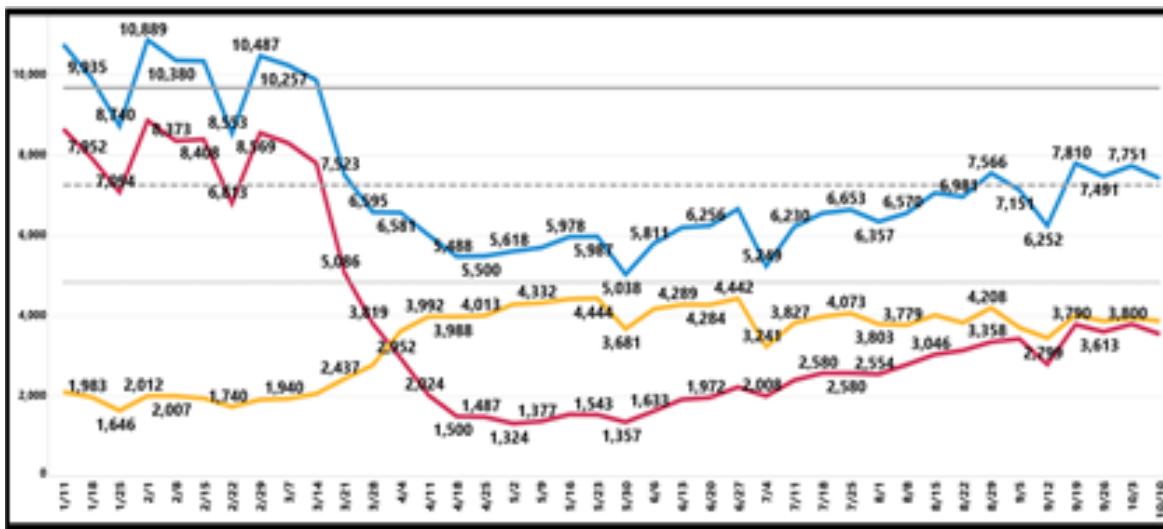
- Minneapolis and St. Cloud VA Health Care Systems encounter trend: this represents patients outpatient appointments by week, including face to face, virtual and all.

Minneapolis VA Health Care System



Blue (all)
Red (F2F)
Yellow
(virtual)

St. Cloud VA Health care System



Blue (all)
Red (F2F)
Yellow
(virtual)

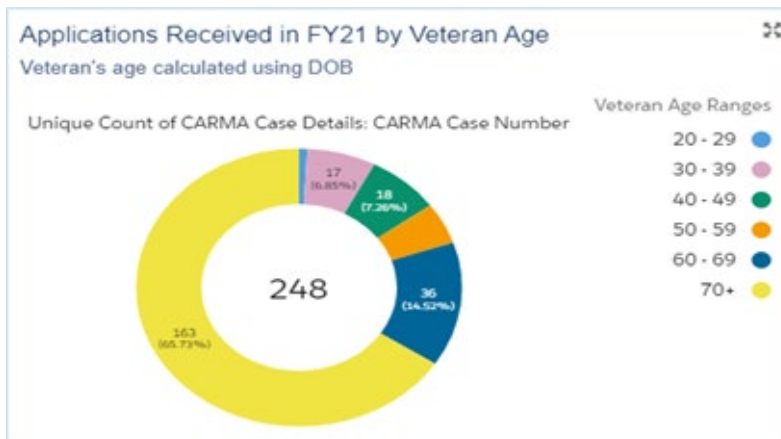
The MISSION Act of 2018 authorized VA to:

- Expand Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible Veterans of all eras of service, which will occur in two phases:
Phase I: Eligible Veterans injured on or before May 7, 1975
Phase II: Eligible Veterans injured between May 7, 1975-Sept. 11, 2001, Offer additional services such as legal and financial assistance.

Expansion Benchmarks & Timeline:

- Regulations– Final Rule published to Federal Registry on July 31, 2020
- CARMA– IT System CARMA is successful deployment
- Phase I Expansion– Occurred on October 1st, 2020
- Phase II Expansion– Projected for 2022

VISN 23 has received 248 applications in the first month of expansion.



Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Minneapolis VA Healthcare System

- **Date:** December 9, 2020
- **Location:** Virtual Meeting (via Microsoft Teams)
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Minneapolis VA Health Care System*- Director Patrick Kelly Strategic Planner Sheila Sheridan, and Public Affairs Officer Brad Doboszenski.
- **Purpose**

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

Minneapolis VA Health Care System Overview

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



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

The Minneapolis VAHCS is designated as one of four Polytrauma VA Medical Centers. As such, the medical center receives active-duty service members and Veterans for rehabilitation of injuries such as traumatic brain injury, blindness, and amputation. A 10-bed transitional and community re-entry unit for polytrauma patients provides continued rehabilitation therapies to assist Veterans and active-duty service members to reach their highest level of independence in the community. They will learn to apply their rehabilitation skills in community settings in preparation to transition into their home communities.

In 2009, a \$20 million Spinal Cord Injury/Disorder (SCI/D) Center was opened. The 65,000 square-foot center provides acute rehabilitation, primary care, and sustaining care for Veterans with spinal cord injuries and disorders. The facility includes a 30-bed inpatient unit, outpatient clinics, therapies, and offices.

A dedicated special-procedure room provides urodynamics as well as specialized testing. The center is part of a national VA network of SCI/D centers.

Minneapolis VA Health Care System works to ensure rural Veterans have access to care by offering health care through telehealth and Community Clinics. Community Clinics within the Minneapolis VA Health Care System provide care to Veterans near their hometown and serve over 18,000 Veterans throughout Minnesota and Western Wisconsin.

Community Clinics are in the following Minnesota and Wisconsin communities:

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

Education

Minneapolis VAHCS has active affiliations with the University of Minnesota Medical and Dental Schools. Over 1,500 University residents, interns, and students are trained at this VA each year. In conjunction with affiliations, residency-training programs exist in medical, surgical, psychiatric, oral surgery, and diagnostic specialties and subspecialties. The Minneapolis VA has formal affiliation agreements with over 50 schools to provide allied health training in a multitude of programs. It also has accredited hospital-based training programs for Radiology Technicians, Nurse Anesthetists, Podiatry, and Dental residents. The Minneapolis VA Healthcare System was the first Healthcare System in

Minnesota to receive 3,000 doses of Pfizer COVID-19 Vaccines. They administered 90 vaccinations the first day. Their goal is to administer 2925 vaccines before January 4 for an average of 265 vaccinations to both staff and veterans per day.

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Meeting Minutes

Patients' wait times: Per VA MISSION Act, VHA's Access 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.

Primary care: wait times have increased from 6 days to 15 days. This can be contributed to PCP being repositioned to train on COVID response, along with some turnover and because of limited in-person appointments.

Specialty Care: wait times have increased from 9 days to 20 days. This is due to limited in-person appointments, fewer elective surgeries being conducted, and a backlog dating back to March 2020 when the pandemic started.

Mental Health: wait times have dropped from 3 days to 1 day due to veterans being able to receive mental health counseling virtually through VA's Tele-Mental Health Program.

Medical Services with Longer Wait Times: Audiology, ophthalmology, optometry, dental, orthopedics, and pain clinic. These services are always in high demand and with limited in-person appointments over the last 10 months, VA has an established backlog.

These patients have an option to receive care in the community under the MISSION ACT Access Standards although wait times in the community could be longer.

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.*

The total number of patients assigned to PCP Panels is 72,996.

VAMC: 28,365 assigned to the Medical Center

PCP panels. CBOC's: 44,631 assigned to Primary Care Providers at a CBOC

The total number of Primary Care Providers: 76.6 FTW dedicated to PACT. Not all providers do 100% primarycare as they may have time dedicated to other things (research, education, other clinical work).

VIP Staff Vacancies: (Executive Team & Clinical)

- Nurse Executive retired in December

Permanently filled by Teresa Tungseth

- Chief Experience Officer promoted to Central Office Temporary filled by Mandy Smoot

- Chief of Prosthetics

Permanent filled Elvis Leighton

- 50 Medical Support Assistants

- 28 LPN's

- 29 Physician

Enrollment: *MPLSVAHCS has approximately 236,000 veterans within their geographical market, although not all may be eligible for VA Health Care.*

- Currently, 120,430 enrolled veterans (47% of their geographical market penetration)

 - 112,551 men

 - 7,879 women

- Unique visits were 101,117 of 120,430 enrolled (84%) used the system at least once.

- Total number of outpatient visits was 892,237 down from last year's 996,915.

Facility Demographics: *Authorized, operating bed capacity, the daily census for all inpatient programs:*

Operating Bed Capacity

Breakdown:
 Total Authorized: 348
 -Total Operating: 309
 CLC: Authorized 104
 -CLC Operating 80
 ICU: Authorized 23
 -ICU: Operating 18
 Med/Surg: Authorized 133
 -Operating 124
 Mental Health: Authorized 24
 -Operating 24
 Average Daily Census
 Acute 133
 Long Term 43

Funding: (last three fiscal years) (Salaries, maintenance & repair funds, construction and unspecified)
 Because of COVID and VA's 2-year budget, we can anticipate a budget issue in 2022.

- o FY18: \$989M
- o FY19: \$973M
- o FY20: \$1.14B (*Fewer appointments than the previous year but reimbursement rates were higher for COVID19 and additional CARES Act funding*).

o **Community Care Program:**

- o FY 18 \$141,990,660
- o FY19 \$94,237,215
- o FY20 \$259,800,000 (*Caught up paying providers from FY19*)
- o **Preauthorized Care** (estimate)
 - Home & Non-Institutional Care \$34M
 - Inpatient Care \$55M
 - Contract Nursing Home \$47M
 - State Veterans Homes \$32M (Breakdown per Home) do not think we can break down to this level.
 - Outpatient Care (Mission Act) \$79M
 - o **Unauthorized Care** (Mill Bill Payment Emergencies) \$11M

Women Veteran Program: FY20 unique Data (counted once)

6,895 women veterans utilized services at the
Medical Center 1,590 women veterans utilized
primary care
339 female veterans utilized gender-specific services
within the clinic FY19 Data numbers were:

Women's Clinic Staffing

Psychology 1 FTE
Mental Health Nurse 1 FTE
Pharmacist 1 FTE
Gynecology 1 FTE
Primary Care 10 (2.7 FTE)

Mental Health Program:

Mental Health Staff

Psychologist: there are 70 FTEs. Of these, there are 16.8 FTEs assigned to Extended
Care and Rehab. Psychiatrist: 37.9 FTEs plus an additional 22 who are intermittent

Modalities (PTSD, Depression, Addition-methadone/opioids, Insomnia, MST, eating
disorders, inpatient PPH)

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- EMDR
- Depression Acceptance & Commitment Therapy
- Couples & Family Therapy
- Substance Abuse
- Insomnia & Nightmare Re-scripting
- In-patient Partial Hospital Program (PPH)

Reach Vet Program *The spirit of REACH VET is to give special attention and outreach
to those who are identified at a higher risk across multiple conditions.*

-Veterans are assigned to the REACH VET program by the National Office using
an algorithm that identifies the top 0.1% of Veterans who are at a greater risk for an
adverse event.

-Roughly 100 Vets are identified each month.

-Although adverse events include medical conditions and should be followed up
by Primary Care, the majority of those on the list are on it for MH reasons

- Once identified, the Veteran does not need to do anything.
- Vets are not able to request to get on the list or request to be taken off the list (some Vets are on for 1 month and some Vets are on for many months)
- Every 2nd Wed of the month, the new list comes out and I access this through the REACHVET Dashboard
- Depending on a couple of different scenarios, the Veteran's provider needs to review their treatment and conduct outreach

Additional Comments:

Due to the pandemic, MPLS VA pulled staff from Primary Care PACT (RN's, LPN, NP, PA's) for COVID19 emergency response. These staff supported the Acute Respiratory Clinic (ARC), and the Call Center screening sick patients' calls. This was also implemented at the CBOC's which stayed open throughout the pandemic to ensure staff are prepared for COVID response in the rural communities.

Leadership reported the recent approval for more funding for hiring call center staff so the PACT staff can return to PC. MPLS hired 11 positions which included RN's and Medical Support Assistants (MSA's). Rural veterans gave positive feedback about having their mental health appointments virtually. Enjoy not having to travel. This has proven to be successful showing fewer appointment cancellations.

Military Sexual Trauma groups have been on hold although patients can still conduct virtual MH appointments. Veterans on VA's contract nursing Home Program will have access to COVID-19 vaccine through the State allocations, not the Federal VA.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Minneapolis VA Community and Resource Referral Center

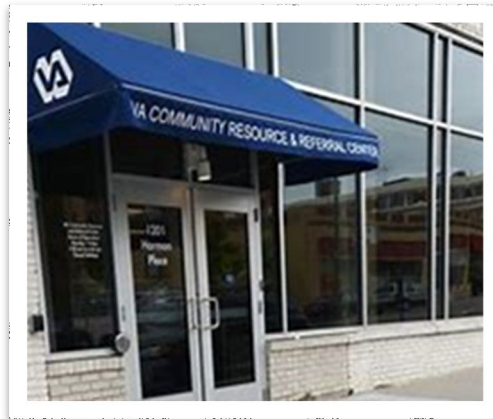
- **Date:** December 17, 2020
- **Location:** Virtual Meeting
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Minneapolis VA Health Care System Community Resource & Referral Center*– Program Director Jonelle Glubke.

- **Purpose**

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

CRRC Overview

The Minneapolis VA Community Resource and Referral Center (CRRC) is one of 31 VA centers nationally, aimed at ending homelessness among Veterans. The mission is to support Veterans who are experiencing homelessness, or who are at risk of homelessness, or serious mental illness by promoting physical and mental health, assisting in securing and maintaining housing, and working with Veterans to achieve increased community integration.



The Minneapolis VA CRRC is there to supply needed resources and help Veterans overcome barriers to achieve Veteran identified goals:

- Counseling
- Medical care
- Prevention
- Employment services
- Housing referrals
- Benefits
- Substance abuse treatment
- Personalized psychosocial rehabilitation
- Community partners and services on site

The center also includes a Primary Care Clinic, a multipurpose room with a kitchen for classes, laundry, showers, group rooms, community rooms, and a computer lab.

Daily Services (days and times are subject to change) Showers: Monday-Friday: 8-11:30 a.m.

Laundry Services: Monday-Friday: 8-11 a.m.

Computer Lab: Mon, Wed, Thu: 8am-noon, Tue: 8-11 a.m., Fri: noon-4 p.m.

Primary Care: If you are interested in primary care services, please let your case manager or reception know.

Homeless Programs: Outreach, transitional programs, and supportive housing for veterans experiencing homelessness. Case management, skills, and educational groups, substance use, and mental health services are available.

Veterans Bridge to Recovery: Pursuing goals and community integration for Veterans with serious mental illness. Learn more about VBR on the Veterans

Bridge to Recovery website.

Meeting Minutes:

- **Staffing:** The Center has approximately 54 staff that consists of social workers, psychiatrists, physicians, and nurses.
- **HUD-VASH Program:** There are 885 program vouchers allocated as of FY21 to the Center. This is based on VA's Point in Time Count (PIT).
 - **Project-Based Vouchers:** These include case management and are for specific housing units such as Common Bonds or Catholic Charities Dorothy Day Center. The units allow for a certain number of vouchers. Not all project base is in the metro, Mankato, Duluth, Rochester, and Chippewa Falls Wisconsin.
 - **Individual Choice Vouchers:** These are mostly used by rural veterans not looking to relocate into the cities where more project-based units are. Also, veterans that are not in need of case management.
 - **Voucher availability:** Any given month there is an estimated 10-20 vouchers that become available. This is due to veterans no longer needing a voucher or not following rules associated with the voucher program.
- **MDVA Homeless Registry:** The Registry connects Veterans experiencing homelessness with housing and services in their community. It also helps programs and partners serving Veterans to coordinate their efforts. Anyone who served in the U.S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge or length of time in the service. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary for Veterans. Choosing not to participate will not affect eligibility for services.
 - Currently, 283 veterans are on the registry.
 - 86 of the veterans on the registry are not VA eligible, which means they cannot use HUD-VASH vouchers.
 - Approximately 25% of MN veterans are experiencing reoccurring homelessness.

- **SSVF Funding:** Supportive Service for Veterans Families is VA funding provided to non-profits that provide supportive services for at-risk or homeless veterans.
 - Minnesota Assistance Council for Veterans is the largest Organization in MN that provides services for homeless veterans or at-risk veterans.
 - FY21 MAC-V received \$5,770,481 in SSVF funding.
 - Continuum of Care for Minneapolis/Hennepin County, St. Paul/Ramsey County Rochester/ Southeast Minnesota, Dakota, Anoka, Washington, Scott, Carver Counties, Northeast Minnesota, St. Cloud/Central Minnesota, Northwest Minnesota, Moorhead/West Central Minnesota-ta, Duluth/St. Louis County, Southwest Minnesota.
- **Grant and Per Diem Program:**
 - VA's Homeless Providers Grant and Per Diem Program are offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services to help homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.
 - Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: The Grant Component and the Per Diem Component.
 - **Grants:** Limit is 65% of the costs of construction, renovation, or acquisition of a building for use as service centers or transitional housing for homeless Veterans. Renovation of VA properties is allowed, acquiring VA properties is not. Recipients must obtain the matching 35% share from other sources. Grants may not be used for operational costs, including salaries.
 - **Per Diem:** Priority in awarding the Per Diem funds goes to the recipients of Grants. Non-Grant programs may apply for Per Diem under a separate announcement, when published in the Federal Register, announcing the funding for "Per Diem Only." The current award list for "Per-diem only is (MAC-V-13 beds), (Catholic Charities St. Paul 6 beds), (Salvation Army Harbor Lights 30 beds).

- Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$49.91 per day per veteran housed (CARES Act waiver). Veterans in supportive housing may be asked to pay rent if it does not exceed 30% of the Veteran's monthly adjusted income. In addition, "reasonable" fees may be charged for services not paid with Per Diem funds. The maximum hourly per diem rate for a service center not connected with supportive housing is 1/8 of the daily cost of care, not to exceed the current VA State Home rate for domiciliary care. Payment for a veteran in a service center will not exceed 8 hours on any day.
- Applications are not accepted for Capital Grants or "Per Diem Only" funding until the Notice of Funding Availability (NOFA) is published in the Federal Register. Funds will be awarded to programs determined to be the most qualified.

· **VA National Call Center for Homeless Veterans:**

- (877) 4AID-VET (877-424-3838)
- Website: Veterans Experiencing Homelessness (va.gov)

· **SQUARES:**

- a VA web application that provides external homeless service organizations with reliable, detailed information about Veteran eligibility. Users submit identity attributes for homeless individuals (name, DOB, SSN, gender), and SQUARES returns information regarding their Veteran status and eligibility for homeless programs. The tool facilitates quick and simple access to care for homeless and at-risk Veterans.

· The American Legion Dept. of MN recently helped approve a \$10,000 Gift Card Grant donated to the CRRC to assist Homeless Veterans. This was approved by the Veterans 4 Veterans Trust Fund.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

St. Cloud VA Healthcare System

- **Date:** September 17, 2020
- **Location:** St. Cloud VA Health Care System/ Virtual Site Visit
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - St. Cloud VA Health Care System*- Director Brent A. Thelen, Chief of Staff Scott Bartley, Nurse Executive Breta Monroe, Associate Director Cheryl Thieschafer, and Public Affairs Officer Barry Venable.

- **Purpose**

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

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 Health Care System 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 Health Care System 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 Health Care System also provides a number of special emphasis services including residential and outpatient mental health and substance abuse programs, a Post Traumatic Stress Disorder (PTSD) treatment program, a Mental Health Residential Rehabilitation Treatment Program, outpatient programming for serious mental illness, homeless Veterans programs, a suicide prevention program, 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, Veteran Health Administration's standard for primary care, mental health care & non-institutional extended care services are 20 days, and 28 days for specialty care from request date.

- **St. Cloud VA Health Care System:** Prior to March 2020, wait times all fell within VA suggested times. As a result of Veteran Health Administration required pandemic response measures, wait times significantly increased for mental health, primary care, and specialty care. The HCS was able to address some of the Mental Health and Primary Care wait times using telehealth services to conduct appointments. Some Specialty Care appointments are up to a 4 month wait as the services do not allow for telehealth options.
- **Medical Services with Longer Wait Times:** Dental, optometry, podiatry, audiology, and PSYCH testing. Because of long wait times veterans can choose to use the CCN, although wait times in the private sector may be longer. A new optometry clinic is expected to open sometime in 2021. This will help 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. Referrals to CCN are available, but a considerable backlog is still present in the community.

- **Community Contract Specialty Care Provider:** CentraCare and other community providers takes referrals for specialty care services when longer wait times accrue, or services are not available.

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 VA Health Care System:** MD's, NP, PA panels. Based on FTE, MD's can be up to 1400 and mid- level NP, PA's 800-900.
- St. Cloud VA Health Care System's average for 1 FTE Physician is currently over the recommended guidelines due to turnover of multiple Primary Care Providers. Currently 4 PCPs are averaging panel sizes around 1,469. Panel sizes are expected to drop, with 2 PCP being hired and 4 more coming soon.
- Both Brainerd and Alexandria CBOC's have dropped in panel sizes from last year. This can be contributed to hiring more primary care providers.
- MDs tend to stay at the CBOC longer while mid-level NP, PA's have a higher turnover rate.
-

VIP Staff Vacancies:

Mental Health Medical Director, Primary Care Service Line Director, Surgical & Specialty Care Service Line Director. Although MH is still recruiting a Medical Director, they have filled all but one psychiatrist position.

Facility Demographics: *Authorized and Operating Bed Capacity, daily census for all inpatient pro-grams:*

- Authorized beds in FY20 were 455. Operating capacity is 412 due to the establishment of a 24 bed COVID-19 ward in the CLC. To date, the COVID-19 ward has not been used. Average daily census is 270, inclusive of the beds in the CLC, MH RRTP, and Acute Psychiatry unit.
- The HCS received 60 CLC patients from Minneapolis VA Health Care System to enable space to care for acute COVID-19 patients in Minneapolis.

- (FY18) St. Cloud VA Health Care System had roughly 549,197 outpatients, (FY19) 440,059 and (FY20) as of 9/12/20 is 363,432.

Enrollment:

- St. Cloud VA Health Care System has approximately 63,550 veterans within their geographical market, although not all may be eligible for VA health Care.
- Current veterans enrolled and that used the VA at least once in FY 19 is 39,398.
- St. Cloud VA Health Care System's market penetration is 75.7% which ranks 3rd in the nation for market penetration.
- Enrollment consists of 2,107 females and 37,291 males; more females and less males compared to last year.
- St. Cloud VA Health Care System has 27 Counties within its veteran market.
- *Funding allocations for the last three fiscal years:* (Salaries, maintenance & repair funds, construction and unspecified). Due to COVID-19 and VA's 2-year budget we can anticipate a budget issue in 2022.
 - FY18: \$355,256,552
 - FY19: \$359,720,416
 - FY20: \$409,351,914
- *Non-VA Community Care:*
 - Pre-authorized care (TriWest/Optum): 10/1/19-8/31/20
 - Outpatient \$61,150,759
 - Inpatient \$50,963,926
 - Unauthorized care emergencies: 10/1/19-8/31/20 under 38CFR 17.4005-17.4030, 38 USC 1728 and 1725.
 - *Notify VA with 72 hours of emergency by calling 844-724-7842 or emailing VHAEmergency-Notification@va.gov
 - Outpatient \$1,600,537
 - Inpatient \$1,223,450
- **Veteran Health Administration is currently conducting a market assessment under The Mission Act:**
 - St. Cloud VA Health Care System plans on using this information to capture some of the remaining eligible veterans within their market, (approx. 18,000).
- **Women Veteran Program**
 - Current clinic is closed due to remodeling efforts to expand services. Plans to reopen 2021.
 - 720 female veterans are assigned to the women's clinic PCP. Another 1,580 are assigned to 11 designated women's health PACT Teams, which include the

CBOC's.

- There is 1 psychiatrist and 13 psychologists that facilitate all veterans MH needs at the HCS.

- **Suicide Prevention Efforts**

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

St. Cloud VA Health Care System Comments

- 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 net- work 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 healthcare, they need.
- Tele-Health services, IT infrastructure specifically bandwidth in certain areas CBOC's is located is 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.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Fargo VA Healthcare System

- **Date:** April 28, 2021
- **Location:** Virtual Meeting
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Carol Gilbertson, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller
 - *Fargo VA Health Care System– Director* Dr. Weintraub and Executive Leadership Team
- **Purpose**

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

Fargo VA Healthcare 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 with-in walking distance to 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.

Community-Based Outpatient Clinics

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, not CBOC's)*
 - **Primary care:** New Patients: 10 days from create date Established patients from indicated date: 1.6 days
 - **Specialty care:** New Patients: 6.6 days from indicated date Established Patients: 7.9 days from indicated date
 - **Mental health:** New Patients: 17.1 from create date Established Patients: 3.3 days from indicated date.
 - **Medical Service with Longer Wait Times:** Urology, Dermatology, Cardiology and GI

Fort Snelling National Cemetery Site Visit

- **Primary Care 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.
 - Fargo VA HCS including CBOC's *(Did not report any panels over recommended levels)*
 - MD's – 1200
 - NP/PA's – 1000
- **Funding:** (last three fiscal years)
 - **FY20 Total** \$219,971,011 (Salaries \$137,422,439)
 - **FY19 Total** \$222,453,743 (Salaries \$129,301,293)
 - **FY18 Total** \$208,169,526 (Salaries \$124,550,319)
 - **Community Care** *(Separate from general operating budget)*

- **Preauthorized (MISSION ACT)**
 - **FY20** \$126,110,305.40
 - **FY19** \$44,679,259.77
 - **FY18** \$76,645,123.54
 - **Unauthorized Emergency Care**
 - **FY20** \$3,442,222.73
 - **FY19** \$2,302,499.07
 - **FY18** \$3,085,109.43
- **Facility Demographics:**
 - Bed capacity:
 - CLC 38 ADC 23
 - 3M 22 ADC 18
 - ICU 4 ADC 2
 - 4B 4 (due to facility maintenance usually 10) ADC 5
- **Outreach Activities:**
 - Over 260 since February 2020
 - FY21 there has been 119 outreach events so far, with 25 more expected.
- **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, OtterTail, Becker, Mahnommen, 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: 56,485
 - Total number of enrolled Veterans in the market: 39,586
 - Men: 37,257/Women: 2,329
 - Total number of Veteran Users (unique) in the market: 34,732
 - Total outpatient visits in FY20: 317,715

- **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

- **Staff Vacancies:**

- A total of 69 clinical positions are currently vacant along with 41 nonclinical positions.
- Vacant positions on average can be vacant anywhere from a few days to a few months.
- Majority of the clinical positions vacant are due to VA's "Plus Up" for COVID19. Because of the clinical demand and the short-term incentives of the private sector, Fargo has had a challenge filling these new vacant clinical positions.

- **Female Veterans:**

- Fargo VA HCS Has a Women's Health PCP with a panel of 626 veterans which is full based on her FTE assignment.
- The total of women veterans enrolled is 728. The remaining 102 female veterans are being seen by a training women's veterans PCP.
- Women Veterans fastest growing segment of Veterans

- 13 Designated Women's Health primary care providers, 12 are female
- Women can request a female provider, psychologist, or psychiatrist at our main facility or through Non-VA care.
- One part time male Gynecologist is on staff in Fargo
- **Fargo VA All Employee Survey** *Disclaimer based on FY18*
 - 92% trust, benchmark
 - 86%. Best places to work
 - 74% benchmark 67%
 - Veterans received appointments on the date and time that worked for them 90% of the time. Benchmark 85%.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Sioux Falls VA Healthcare System

- **Date:** November 16, 2020
- **Location:** Virtual Meeting (via Microsoft Teams)
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Sioux Falls VA Health Care System*- Director Lisa Simoneau and Public Affairs Officer Erin Bultje.
- **Purpose**

The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by



conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud, and Minneapolis VA Health Care Systems, St. Paul Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls, and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Sioux Falls VA Health Care System Overview

The Royal C. Johnson Veterans Memorial Hospital 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. 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 collocated with the medical center.

In addition to our main facility, we offer services in five community-based outpatient clinics which are in Aberdeen VA Clinic, Sioux City VA Clinic, Spirit Lake VA Clinic, Watertown CBOC & Wagner Outreach Clinic.

Currently both North and South Dakota have coronavirus outbreaks that far surpass the rest of America. South Dakota COVID-19 cases have a direct effect on Sioux Falls VA Healthcare staffing operations.

Meeting Minutes:

- **Panel Sizes:** VA Health Administration 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.
 - **Primary care** access in March 2020 before COVID-19 was 15 days and is currently at 18 days. These numbers include telehealth virtual appointments. Some of these long waittimes can be contributed to pulling providers for in-patient COVID surges.
 - **Mental Health** access in March 2020 was 5 days, and currently at 10 days. This includes virtual appointments.
 - **Medical Services with Longer Wait Times:** Spinal Cord Injury 89 days, Rheumatology 75 days, GI Endoscopy 63 days, Genomic care 59 days, Optometry 46 days. Due to all these specialty care services' wait times being over the MISSION ACT requirements, veterans have the option to receive care in the community although wait times may be longer.
 - *A new expansion of Primary Care is expected to open sometime in 2021. By adding more PCP, will help reduce veteran wait times.
 - **Community Contract Specialty Care Provider:** Sioux Falls primarily uses Sanford and Avera Hospital for Specialty Care services. Either service are not offered internally or under the MISSION Act Access Standards.
- **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.*

- **Sioux Falls VA Health Care System:** MD's, NP, PA panels. Based on FTE, MD's can be up to 1400 and mid-level NP, PA's 800-900. Currently, at the medical center MDs are at 89% capacity based on 1,000 patients. NP/PAs are at 93% capacity based on 900 patients.
- **CBOC's:** These Clinics are above the recommended panel capacity; Sioux City NP/PAs are at 109%, Spirit Lake NP/PAs are at 125% capacity. Spirit Lake does not have MDs.
- **VIP Staff Vacancies:** *Currently there are 5 VIP vacancies:*
 - Chief of Care in the Community Retired (6 months)
 - Chief Financial Officer promoted to Associate Director (8 months)
 - Gastroenterologist (3 months)
 - 2 oncologists (1+ year) competitive market
 - Mental Health Psychologist/psychiatrist (1+year) challenging to recruit in this area.
- **Enrollment:** *SFVAHCS has approximately 66,000 veterans within their geographical market, although not all may be eligible for VA Health Care.*
 - 50+ counties in the catchment area. 36 counties in South Dakota, 20 in Minnesota, and 2 in Nebraska.
 - Enrolled veterans: 34,392. Veterans enrolled that used the VA at least once in FY20, was 20,984. Total outpatient visits were 411,000.
 - Enrollment consists of 2,138 females and 33,245 males.
- **Facility Demographics:** *Authorized and Operating Bed Capacity, the daily census for all inpatient programs:*
 - Operating Bed Capacity Breakdown: *14 CLC beds are currently used as a COVID-19 isolation area.*
 - Authorized: 98
 - Operating: 74
 - ICU: 6
 - Med/Surg: 28
 - Mental Health: 6
 - CLC: 34 (Halls & Walls Project currently underway that effects 24 CLC beds from being used). Although the CLC is being

remodeled and expanded in 2022.

- FY20 Average Daily Census
 - Inpatient: 16
 - Mental Health: 3
 - CLC: 39
- **Funding (last three fiscal years):** (Salaries, maintenance & repair funds, construction, and unspecified) Because of COVID and VA's 2-year budget we can anticipate a budget issue in 2022.
 - FY18: \$237,078,624
 - FY19: \$246,318,068
 - FY20: \$297,927,067
- **Non-VA Community Care:** *FY20 Purchased care budget \$90,524,139*
 - Pre-authorized care (TriWest/Optum):
 - \$88,763,313
 - Millennium Bill Emergencies: **Notify VA with 72 hours of emergency by calling 844-724-7842 or emailing VHAEmergencyNotification@va.gov*
 - \$1,760,826
- **Women Veteran Program:** *FY20 631 used the Women's Clinic*
 - Women's Clinic Staffing
 - 1 FTE Women's Health PCP
 - 1 Part-Time Gynecologist
 - There are dedicated mental health providers for the Women's Clinic
 - Women Veteran Events
 - Annual Women Veteran Conference
 - 2 Baby Shower Events
 - Open House Women's Health Clinic
 - Female Veteran Mural Project (I am not invisible campaign) National Recognition.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Anoka Vet Center

- **Date:** April 28, 2021
- **Location:** Virtual Meeting
- **Attendees:** *Rehab Committee Members* Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, and Jim Finley
- *Department Service Officer-* Jeremy Wolfsteller
- *Anoka Vet Center Director–* Craig Towle
- **Purpose**

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

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 from a 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 psychosocial services offered to eligible Veterans, Service members, and their families in the effort to make a successful transition from military to civilian life to 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 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 rib-bon (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 in your local blue pages. Vet Center staff are available toll free and around the clock at 877-WAR-VETS (927-8387).

- **Pandemic Update:**

- 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 VA's goal of keeping Vet Centers open and operational for Veterans, active-duty service members, 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.
- Brooklyn Park Vet Center (Anoka now) was terribly busy with referrals during the pandemic coming from the MPLS VA Healthcare System. The medical center was under much more strict CDC guidance with having a COVID19 inpatient Acute Respiratory Clinic and many sick patients.

- **General Updates:**

- Once known as the "Brooklyn Park" Vet Center is now officially the "Anoka" Vet Center. The Center's lease was up the end of FY20, the move happened 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 Downtown Anoka, right on Main Street.
- Minnesota Vet Centers fall into District 3, Zone 3 within Readjustment
- Counseling Services. District Leadership consist of Deputy Director

- o Greg Schenck and Director Roberto Reid. RSC National Director is Michael Fischer. District leadership provides administrative oversight to the Vet Centers within its region.

- **Anoka Staffing:**

- o In FY20 Vet Center hiring process changed from Readjustment Counseling Services (RCS) to The VA Manpower Management Office which was established by the Secretary of VA October 5, 2017. This office takes its guidance from The Office of Management and Budget (OMB) when allocating FTE to the VA.
- o Anoka is down two staff which could typically get filled within a couple months but currently is seeing delays now having to go through VA's Manpower Office. We will continue to follow-up to see how long the Center is short staff because of this new hiring process.
- o Urban locations like Anoka typically see a larger staffing model although the current 6 FTE is the current staffing model for Anoka. RCS also has a current hiring freeze.
- o Anoka's Staffing Model:
 - Ø Director (Licensed Therapist)
 - Ø Licensed Therapist Counselors (*Allocated 3 FTE, currently 2 FTE positions are vacant pending Manpower approval*)
 - Ø Office Manager
 - Ø Veterans Outreach Specialist
- 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 separate from VHA.

- **Facility Demographics/Type of Service** *(Veterans use the Vet Center during non-traditional hours about 50% of the time)*

- **Total unique visits:** 293 (only counted once)
- **Total visits:** 4,611
- **Active Duty/Guard visits:** 20
- **Individual visits:** 1,509
- **Male/Female veterans:** 70/30. Military sexual trauma is the primary reason female veterans use the Vet Center. The Branches with complaints of MST are primarily Marine Corps and Navy.
- **Group visits:** 1,421 (include clinical and social events)
- **Outreach conducted:** 252
- **Family visits:** 442
- **Tele-health visits:** 12

- **Community Access Points: (CAP's)**

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

- **Funding:**

- Inequity in pay government pay scale between VA Health readjustment counselors RCS clinicians lower than title 5 to hyper 38 licensed to practiced board licensed OPM job codes.
- Vets Center (RCS) readjustment counseling services have recently changed their policy for logistics working through the local VA Medical
- Center, “MPLS” for requests like funding. Now they can work directly with their District 3 leadership for majority of requests, which is in St. Louis Missouri.
- Anoka’s FY22 proposed budget was recently submitted. The budget typically includes operating cost, training certifications, expenses, and FTE. The building has a 15-year fix lease which is a separate funding stream.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Minneapolis, MN Veterans Home

- **Date:** December 20, 2020
- **Location:** Virtual Meeting (via Microsoft Teams)
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Minneapolis Veterans Home*– Administrator– Thomas Paul.

- **Purpose**

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

Minneapolis Veterans Home 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 Veterans Homes a primary concern began in the 1960s.

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



MDVA is continuing to respond to the Coronavirus (COVID-19) outbreak as the number of reported cases in Minnesota increases. We are working closely with the Minnesota Departments of Health, Public Safety, Nursing Home advocacy groups, the Ombudsman Office, and others for the latest information and guidance.

- o MPLS Veterans Home had a surge in COVID 19 infections and lost 14 residents in April.
- o Vaccinations are in process (certain residents have guardians or conservators to make decisions).
- o Testing both residents and staff, estimated 1200 tests per week. Staff is tested by a contracted provider while residents are tested by the staff.
- o Staff that test positive are on a 14-day quarantine and can receive up to 80 hours of paid leave.
- o Each resident can have up to two visitors at a time.



Meeting Minutes:

- **Admission Wait Times:** The wait times are based on the Homes waitlist. 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: 870
 - In-active Wait List: 580
 - Veterans: The current average wait is 2 years
 - Spouses: The current average wait is 4 years *Only allowed so many beds for spouses
- **Surveys:**
 - All surveys have been put on hold due to COVID19. This includes MDH, CMS, and the Federal VA.
- **Staffing:**
 - The Home has 66 staffing vacancies. Vacancies are attributed to retirements, terminations, and facilities not filling the positions due to budgetary adjustments. The Home recently went through a 5% budget cut plan to be prepared for any decrease in state funding. For MPLS that is around \$1.2 million.
 - The Home's staffing model for HST's assignment to the residence is not affected. 1 HST as-signed to 6 residents compared to the private sector 10-14 residents per CNA/HST.
 - MPLS is fortunate because of their location they have access to hiring HST's whereas the rural Homes it may be a challenge.

- **Facility Demographics:**
 - Behavior Health, Dental clinic, semi-, and fully secured units.
 - Licensed for 341 beds, currently have 300 single-bed rooms.
 - 280 beds are in operation, 265 are occupied and 20 beds are for quarantine in compliance with the state emergency executive order.
 - 20% of the Homes residents are 70% service-connected or grater. This means those residents a free of all charges. It also allows a higher “prevailing rate of reimbursement from the Federal VA per resident.
 - Admissions per year average around 80. During COVID the Home was still able to admit 55.
 - Breakdown of current residents: Men-229, women-33, and spouses-30
- **Funding Breakdown:** (Annual operating budget estimated 54M)
 - *Estimations
 - State allocations: \$27M
 - Federal VA Per diem: \$18M
 - CMS \$700,000
 - Maintenance Fees \$8.5M
- **Medical Services:**
 - Onsite pharmacy that provides medications to all Homes.
 - Onsite dental clinic, not during COVID19 the provider travels to other Homes monthly for routine services.
 - In-house Nurse Practitioner conducts chart reviews and routine visits with residents.
 - Some residents may prefer to use the MPLS VAMC located next to the Home.
- **Facility Remodeling Projects:**
 - The new education conference center
 - Digital monitors installed on main floors of all skilled buildings
 - New flooring front hallway and Atrium

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Hastings, MN Veterans Home

- **Date:** April 28, 2021
- **Location:** Virtual Meeting
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Carol Gilbertson, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller
 - *Hastings Veterans Home Administrator*- Mike Anderson
- **Purpose**

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Hastings Veterans Home 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.



Hastings Veterans Home System Worth Saving **Site Visit**

Michael Anderson has been the Administrator for 2.5 years. Mr. Anderson has since implemented a new vision for Hastings Domiciliary that includes three distinct paths for residents which will focus on their specific needs. Each path includes a road map to help them achieve their goal of completing the path.

□ **Wait times:**

- Currently, there is not a waitlist 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 one nursing position open (LPN/RN). They're currently recruiting for a Recreational Therapist Supervisor and recently created a position called "Skills Development Specialist" that has been successful, so they have created a second position and are currently recruiting for this position.

□ **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, preparing Veterans to live successfully in the community, 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, create 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 authorized operating bed capacity is set at 200. The Home is currently operating 145. The Home admitted 19 new residents in the last fiscal year. There are 119 men and 1 female.

□ **Hastings Operating Budget:** (FY19, FY20, FY21) *Hastings receives three separate funding sources that are their operating budget. 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 \$48.50 per day per veteran.*

- **FY 2019:**
 - **State** \$5,154,843
 - **Maintenance** \$1,474,271
 - **VA Per Diem** \$2,270,706
- **FY 2020:**
 - **State** \$5,020,899
 - **Maintenance** \$1,613,150
 - **VA Per Diem** \$2,136,715
- **FY 2021:**
 - **State** \$5,123,157
 - **Maintenance** \$1,600,000
 - **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)
- River Town 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:** *Projects completed in the past 2 years*

- Most recent:**

- 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 buildings
- Painting of Powerhouse
- Acoustical ceiling tile replacement levels 1 & 2 B23
- Acoustical ceiling tile replacement B20
- 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 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 B25 HVAC, Elevator, Windows, Electrical lighting, flooring, painting, in 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)

Projects to be in development.

- 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

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Luverne, MN Veterans Home

- **Date:** November 17, 2020
- **Location:** Virtual Meeting (via Conference Call)
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Luverne Veterans Home*– Administrator Luke Schryvers and Voluntary Services Director Duane Mabon.
- **Purpose**

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Luverne Overview

Luverne is just 30 miles from Sioux Falls, SD, the Minnesota Veterans Home offers three distinct living spaces to meet each Resident's unique needs, including a 17-bed special care unit for those with advanced dementia. Their staff follows the Eden Philosophy social model of care to help provide spontaneity and make life worth living for Residents in their care. Each one features a living room, dining room, kitchenette, laundry room, and several sitting/conversation areas. A computer and gaming rooms are available for Resident use.

The Eden philosophy allows for creating a home-like atmosphere for residents and their families. The Home is committed to creating a community where life is truly worth living - with activities and interactions that Residents find meaningful and enjoyable. Residents have access to the outdoors, to plants and animals, and numerous opportunities for interaction with the community. Creating this Eden-centered environment is a never-ending process.

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. Luverne's internal environment is enhanced through consistent staffing and a range of small group activities. The Home offers everything to meet resident's physical, social and spiritual needs:

- 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
- Mental/Behavioral Health Service
- Chaplain and Spiritual Care Service
- Nutritional Service
- Pharmaceutical Service
- Medical Transportation Service, locally and to Sioux Falls
- Barber and Beauty Service
- Wireless Internet (in portions of the building)

Meeting Minutes

Luverne Veterans Home is an 85-bed facility that is currently operating 76 beds due to the pandemic. Luverne is primarily double bedrooms with 40 doubles and 5 singles. The Home is averaging 2 admissions per month since the pandemic started in early March. New admissions must be quarantined for 14-days.

Wait Times:

- o **Veterans** wait times to access Luverne Veterans Home has increased from 1-3 months to 3-4 months during the pandemic. This is a direct result of policy changes implemented on *March 13, 2020, Governor's Emergency Executive order 20-32, "Ensuring that Healthcare Providers Can Respond Quickly and Safely During the COVID-19 Peacetime*

Emergency and MDVA's Executive Order 20-03, "Protecting Residents of Minnesota Veterans Homes During The COVID-19 Peacetime Emergency". This mandates the Homes must allocate a certain number of beds to "isolation rooms" for residents that need to be quarantined. Luverne has 9 of their beds for this mission. For residents that may have been transferred from a hospital or felt symptoms, 8 isolation beds are for a 14-day quarantine. 1 of the 5 private rooms is for a 14-day quarantine for new admissions before they transfer to their permanent room.

- o **Spouses'** wait times have drastically increased from 1-2 years to 4-5 years. This can be contributed to Luverne's layout of the facility only having 5 private rooms.

Staffing:

- o Currently, the Home is doing very well on staffing. Challenges typically are for Health Service Technicians (HST) or LPN's. There are 4 part-time HST positions available although 3 new candidates are taking the CNA course offered at the Home at no cost if they pass the course, they will fill those available positions. The HST turnover rate is 20% which is below the national level. The turnover can be contributed to college students returning to college after a break.
- o The Home also offers a \$500 referral bonus for HST's
- o 25 of the Homes staff have been with the facility since its inception. This shows these people are vested in their duty to assist our vulnerable population of veterans at the Home.
- o Administrator Luke Schryvers is leaving to the private sector. Scott Buchanan Fergus Falls Home will be replacing him. Silver Bay Administrator will be replacing Scott in Fergus leaving Silver Bay looking for an Administrator.

Surveys:

- o Luverne is surveyed by the Minnesota Department of Health (MDH) and The Center for Medicare & Medicaid Services (CMS). Both surveys' have been put on hold due to the pandemic. Currently, the Home meets all resident safety requirements.

Facility Demographics:

- o Luverne has a 17-bed special care unit for dementia/Alzheimer's patients. This unit is locked down to keep residents from wondering. During the pandemic, the staff maintains a responsibility assigned to

this specialty care unit.

- o Currently, the Home has approximately 15%, (11 veterans) of its residents rated 70% disabled by the VA.
- o The Home has 85 beds, 40 are double-bed rooms and 5 are single-bed rooms. Due to the pandemic, the Home can only fill 76 beds, 9 beds are isolation rooms.
- o The Home had 25 new admissions during the pandemic, this is including a 60-day shutdown of new admissions. An average year the Home sees around 40 new admissions.
- o 50% of the Home's residents come from a 50-mile radius, although many come from all over the state that may be on the waitlist for other facilities.

· **Funding Breakdown:** *Luverne's annual operating budget estimate \$10,000,000*

- o The Home receives funding from four primary sources, a maintenance charge, basic per-diem, prevailing rate per-diem, and state allocations from the legislature.
- o Maintenance Charges revenue FY20: \$2,310,460. Maintenance charges are charges residents must pay to stay at the Home. These charges vary depending on individual circumstances.
- o Basic Per-diem revenue FY20: \$2,551,062. Basic per-diem revenue is the reimbursement the Homes receive from the Federal VA. It pays around \$109 per veteran per day.

· **Funding Breakdown Continued:**

- o Prevailing Per-diem revenue FY20: \$1,764,114. The prevailing per-diem rate is the reimbursement the Homes receive from the Federal VA. It pays around \$409 per veteran per day that is VA service-connected at 70% or greater or is in the Home because of a service-connected condition.
- o State legislative funding FY20: Estimated \$4,000,000.
- o CMS reimbursement is minimal, part A and part B \$150,000 a year.

· **Medical Services:**

- o Luverne Veterans Home partners with Sanford for their Medical Doctor and Physicians. The MD conducts rounds every 60 days whereas
- o physicians conduct rounds twice a week for preventive health care needs. The majority of these rounds are all done virtually via iPad.
- o Veterans can also see their VA provider virtually if they prefer. Sioux Falls VA Health Care System is the catchment area for Luverne residents and

can facilitate many different specialty care services.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Fergus Falls, MN Veterans Home

- **Date:** May 19, 2021
- **Location:** Fergus Falls Veterans Home
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Dan Tengwall, Jim Finley, and Carol Gilbertson.
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Fergus Falls Veterans Home*- Administrator Jonathon Stone.
- **Purpose**

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Fergus Falls Veterans Home System 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. Residents and their quality of care is the top priority, and the team strives 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.

Meeting Minutes

Admission Requirements:

- 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.
The application process timeline is anywhere from a week to three weeks.

Admission Wait Times:

- The wait times are based on the Homes waitlist. 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: 9 months up to 1 year

Spouses: The current average wait is 4 years *Only allowed so many beds for spouses

Staffing:

- Currently, there are 14 vacant positions which are primarily food service workers or Health Service Technicians. The Home offers a sign-on bonus for HSTs.

Funding Breakdown: (Annual operating budget estimated at \$18M)

State allocations: 38.6%

Federal VA Per diem: 39.4%

CMS: 0

Maintenance Fees: 22%

Facility Demographics:

- There are 83 male veteran residents and 13 female veteran residents along with 11 spouses.
- Veterans Village consists of two households 10 and 11 residents designed to offer medical services in a home-style atmosphere to patients with dementia.
- Licensed for 106 beds, currently, have 96 beds occupied.
- 32 new admissions during the pandemic
- 21% of the Homes residents are 70% service-connected or grater. This means those residents are free of all charges. It also allows a higher “prevailing rate” of reimbursement from the Federal VA to the Home.

Facility Remodeling Projects:

- Replacing handrails, quarter the way done expecting to be finished this year.
-Greenhouse project.

Comments:

The American Legion and the 9th & 7th Districts have been partners at the Home since they opened in 1998. They have spearheaded many projects throughout the years. Their donations make a substantial difference and add to the quality of care. They provided volunteers for special activities and have participated in various events throughout the year.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Silver Bay, MN Veterans Home

- **Date:** June 21, 2021
- **Location:** Silver Bay Veterans Home
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Dan Tengwall, Jim Finley, and Carol Gilbertson.
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Silver Bay Veterans Home*- Administrator Danelle Donner and Director of Nursing Pat Smedstad.
- **Purpose**

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Silver Bay Veterans Home System 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 will pre- pare 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.



Silver Bay Veterans Home FY21 System Worth Saving Site Visit

COVID19 UPDATES

The last resident to have COVID19 was December 2020. The last staff member to have COVID19 was January 2021. Staff that test positive are on a 10/14-day quarantine and can receive up to 80 hours of paid leave. Residents that test positive are isolated for 10 days in one of the 3 isolation rooms.

Admission Requirements:

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.

The application process timeline is anywhere from a week to three weeks.

Admission Wait Times:

The wait times are based on the Homes waitlist. 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: 6 months up to 1 year

Spouses: The current average wait is 1 to 2 years *Only allowed so many beds for spouses

Staffing:

Silver Bay has 47 vacancies with the highest turnover rate being Health Service Technicians, there are currently 12 open HST positions and Food Service Workers. These positions on average are always short because of the challenge to hire based on the location of the Home. The current nursing turnover rate is 39.9% at the Silver Bay Veterans Home; the national average is 129%.

Funding Breakdown: (Annual operating budget estimated \$14M)***Estimations**

State allocations: \$7M

Federal VA Per diem: \$5M

CMS \$73,000

Maintenance Fees \$1.3M

Total: \$14M

Facility Demographics:

There are 56 male veteran residents and 1 female veteran along with 4 female spouses.

Behavior Health, fully secured dementia units, a nurse practitioner on-site, a Life enrichment Program, Buddies forever, and Firefly (dementia training for staff).

Licensed for 83 beds, Operating capacity is 62 because of HVAC upgrade and currently have 57 beds occupied. Mostly double bed rooms.

43 beds are for dementia patients, over 50%.

32% of the Homes residents are 70% service-connected or grater. This means those residents are free of all charges. It also allows a higher “prevailing rate” of reimbursement from the Federal VA to the Home.

Breakdown of current residents: Men-229, women-33, and spouses-30

Facility Remodeling Projects:

The new HVAC System started June 20, 2021, and is expected to go through June of 2023.

St. Paul VA Regional Office

- **Date:** January 27, 2021
- **Location:** Virtual Meeting
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller
 - *MDVA Claims Director*– Ron Quade
 - St Paul VA Regional Office*– Director Kim Graves, *VSC Manager*– Jessica Gillette and *Data Analyst*-Zach Chase
- **Purpose**

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St. Paul VA Regional Office 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, servicemembers, their families and survivors in MN and Nationally.

Additional Services include:

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



FY21 St. Paul VA Regional Office ROAR Site Visit

Overview Continued

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 in accordance with 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 has no effect on entitlement but may require a rating decision that effects monetary benefits

Burial: Claims associated with burial benefits.

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

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

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

FY20 St. Paul VA Regional Office Site Visit

Meeting Minutes:

Claims Inventory: *These numbers are estimated and represent VA's current pending workload nationally*

Total claims pending (including non-rating claims):

Approximately 800,000 Rating claims only: 480,000

Claims Backlog (pending more than 125 days): 210,000

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.*

Compensation: Before (ADP) was 80 days nationally. Currently (ADP) is 151 days nationally.

Pension: Before (ADP) 90 days nationally. Currently (ADP) is 123 days nationally.

Dependency Indemnity Compensation (DIC): Before (ADP) was 128 days nationally. Currently (ADP) is 149 days.

Non-Rating Claims: Before (ADP) was 151 days. Currently (ADP) is 124 days nationally.

Benefits Eligibility Support Team (BEST): October 2020, VBA realigned how it addresses non-rating claims. BEST Teams were created at 8 VA Regional Offices, including: Detroit, Little Rock, Milwaukee, Muskogee, Nashville, San Diego, St. Paul, and Winston Salem. St. Paul's BEST Team has 130 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.

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

Vacant Positions: VSC Manager and a PMC Data Analyst

Divisions not under St. Paul VA Regional Office: The Regional Loan Center is no longer part of 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: 248 FTE
- PMS: 335 FTE
- BEST: 130 FTE
- VR&E: 15
- RLC: 77 (not part of the RO, but the RO provides HR & related services)
- Support Services: 44
- Director's Office & HR: 12
- RO Total authorized FTE ceiling: 784

Minnesota Veteran Population Data: *(Values are based on an estimate for FY19)*

Current MN Veterans: 308,725

Currently receiving

compensation: 100,241

Monthly amounts paid:

\$95,467,339 Annual amount

paid: \$1,145,608,065

Currently receiving pension:

2,892 Monthly amounts

paid: \$2,726,842 Annual

amount paid: \$32,722,107

The American Legion Power of

Attorney: Currently

representing: 43,679

Monthly amounts paid:

\$37,255,517 Annual amount

paid: \$447,066,204

Medical Disability Examinations: *Compensation & Pension Exams (C&P's)*

The Veterans Benefits Administration (VBA) administers Compensation & Pension (C&P) examinations to 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 it allowed VA to outsource C&P exams, an increasing number of veterans are receiving their C&P exams outside of the

Administration. A recent realignment of VA's Medical Disability Examination Office moved from VHA to VBA where now ALL C&Ps 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) Vet Fed Resources; (2) Logistics Health Inc.; (3) Medical Support Los Angeles; (4) QTC Medical Services, Inc.; and (5) Veterans Evaluation Services, Inc. However, in a recent GAO Report it has been found that VA does not have the tools to track whether private-sector medical providers are accurately giving examinations that help determine whether veterans are eligible for VA benefits.

VA Regional Offices have no interactions or oversight with the C&P Firms in their state. Oversight and quality review of private-sector exam providers is conducted by VA's Medical Disability Examination Office (MDEO). VA Regional Offices provide input to MDEO if they are aware of local issues.

Appeals:

VA Regional Office Stations are not informed of how many of their adjudicated decisions were appealed.

BVA Video Conference Hearings: These are in-person video conferences with a veteran's law judge. March 2020 these were suspended due to the pandemic. St. Paul is anticipating resuming several video conference hearings per month in March.

New Virtual Tele-BVA Hearings: These are essentially the same as a video conference hearing, but the veteran can do it virtually with a computer or smart phone.

Remands: *These are BVA appeals that are sent back to VARO's for further development* VARO's work on a certain number of remands per year based on what is in the NWQ. FY20 St. Paul VARO VSC worked 454 remands from BVA, and the PMS worked 351.

Quality Assurance Quality Control: *VARO's have designated FTE 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 decisions, Q/C is pulled from the NWQ.

Last Fiscal Year the St. Paul Quality Review Team (QRT) launched 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) and Claims Assistants each year along with training course on income/medical expense counting and other topics reviewed annually as determined by Compensation Service and Pension & Fiduciary Service.

Approximately 400 in-process reviews (IPR) are completed each month by the Quality Review Team (QRT). An IPR is a non-punitive review designed to correct deficiencies throughout the claims process. If a deficiency is identified, the employee is provided immediate feedback from a QRT member.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Fort Snelling National Cemetery

- **Date:** April 28, 2021
- **Location:** Virtual Meeting
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Carol Gilbertson, and Jim Finley
 - *Department Service Officer*- Jeremy Wolfsteller
 - *Fort Snelling National Cemetery Administrative Officer*– Bob Rosen
- **Purpose**

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

Fort Snelling National Cemetery Overview:

Fort Snelling National Cemetery is in Minneapolis, Minnesota. 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.

Fort Snelling National Cemetery Site Visit

General Updates:

- o 136 National Cemeteries within 5 Districts and Fort Snelling is the 4th busiest cemetery nationally with Riverside, CA being the number 1 busiest interment sight totaling 8,450 per year.
- o Fort Snelling National Cemetery is considered an “open” cemetery providing a full array of burial options.
- o Fort 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).
- o National Cemetery Administration 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.
- o National Cemetery Administration is now offering Presidential Memorial Certificates to families on the day of the internment at the five largest national cemeteries which includes Fort Snelling.
- o Department of Defense provides per-diem to VSOs such as The American Legion to provide honor guard service.
- o Fort Snelling has the last active rifle squad. Organized in 1979 by all volunteers.

Two New Rural Initiative Cemeteries (*Fargo and Northwoods National Cemeteries*)

- o Fort Snelling is now operating and overseeing two new National cemeteries, Fargo, ND, and Rhinelander, WI.
- o These rural initiative cemeteries serve 25,000 veterans, spouses, and eligible family members located within a 75-mile radius of each site.
- o Fargo was dedicated on September 7, 2019. The first internment was on October 15, 2019.

- Northwoods was dedicated on August 14, 2020. The first interment took place on October 26, 2020.

Facility Demographics:

- Fort Snelling's footprint consists of 436 acres, 341 acres are developed, 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 offer memorial services rather than at the physical gravesite to help preserve the site and for safety purposes.
- Internments include casketed, in-ground cremations, columbariums, and scattering remains.
- FY20 there were 29% casket internments and 71% remains. Total 4,375
- FY20 Interments: WW2/479/20.66%, Korea/618/26.66%, Vietnam/875/37.75%, ActiveDuty/9/0.39%, non-Vets/2,057/47.02, Vets/2,318/52.98%.

Staffing:

- Robert Roeser has been the Cemeteries Administrative Officer for 7 years. Some of his responsibilities include overseeing the cemetery's scheduling, determining eligibility, ordering grave markers, and sending out correspondence.
- Fort Snelling has on average 50 employees to manage the National Shrine.
- Fort Snelling partners with Hastings State Veterans Home employing residents on 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.

Contracted Services & Estimated Annual Costs:

- Mowing/trimming/edging/sod/herbicide/fertilization (\$887K)
- Grave liner & installation (\$345K material/\$455K labor)
- Onsite Headstone/Marker Inscription (National MPS Contract)
- USDA Wildlife Contract (\$20K)
- Trash & Garbage (\$42K)
- Janitorial (\$70K)
- Copy & Print Services (\$12K)
- Irrigation system/maintenance (\$74K)
- Uniform Services (\$31K)
- Salt/sand (\$12K)
- Black dirt (\$16K)

Infrastructure Improvement Projects:

- 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 est.
- FY19 Wayfinding Improvement Project was awarded to Fort Snelling National Cemetery indefinitely. Fort Snelling National Cemetery 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.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller

Duluth MDVA Cemetery System

- **Date:** June 22, 2021
- **Location:** Duluth MDVA Cemetery
- **Attendees:**
 - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Dan Tengwall, Jim Finley, and Carol Gilbertson.
 - *Department Service Officer*- Jeremy Wolfsteller.
 - Duluth MDVA Cemetery* - Director Cory Johnson.
- **Purpose:**

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

Duluth MDVA Cemetery System Overview

The Minnesota State Veterans Cemetery - Duluth is the third State Veterans Cemetery, after Little Falls and Preston. The first Veteran was laid to rest in Duluth's newly opened State Veterans cemetery on Veterans Day, November 11, 2018. The cemetery provides the gravesite or columbarium niche, preplaced grave liner, headstone/niche cover and perpetual care. There is no cost for eligible veterans but there is a \$745 spouse and dependent fee.



Duluth State Veterans Cemetery FY21 System Worth Saving **Site Visit**

Registration Process:

- Pre-registration ensures eligibility in advance and eliminates delays in providing military documentation to the cemetery. Pre-registration applications are accessible at the cemetery or at every county veteran service office.

Burial Arrangements:

- The funeral director or the next of kin makes burial arrangements for an eligible Veteran, spouse or dependent at the time of need by contacting the Minnesota State Veterans Cemetery.
- To establish the Veteran's eligibility, a copy of the Veteran's military discharge document or a DD214 must be provided. If these documents are not available, the cemetery must be provided with sufficient military information to allow the cemetery to access federal U.S. Department of Veterans Affairs and/ or military records to establish eligibility.
- The cemetery staff will set a tentative date for the committal service pending verification of service and character of discharge and will notify the applicant when the committal service is scheduled. The proposed date and time will be approved only when the cemetery verifies eligibility and confirms the arrangements.

Committal Services:

- The cemetery can do seven committal services per day, Monday - Friday, on a first come first served basis, every hour from 9 a.m. to 3 p.m. (3 p.m. is cremation only).
- Committal services are limited to 20 minutes. All committal services should be brief and need to start on the hour at the scheduled time. Families who extend their services can greatly affect others who have reserved the following time.
- All committal services are held in the committal service building rather than at the actual gravesite because of burial rates and operational considerations. This ensures the family's safety and provides a fitting location for military honors and the ability of our staff to continue cemetery operations.
- The remains are removed from the committal service building for burial following the family's departure and are never left unattended by cemetery staff. Clergy services and other arrangements are the responsibility of the family or family representative. These arrangements are normally coordinated through the chosen funeral director.

Cemetery Demographics:

- The cemetery has 104 acres with phase one development of the first 18 acres and 3,000 gravesites complete.
- 12,000+ gravesites in total for future phases.
- Since the first burial on November 11, 2018, there have been 429 in total interred which includes veterans, spouses, and dependents. There have been 15 disinterments.
- The cemetery uses all marble markers for its gravesites.
- Spouses or dependents are interred in the same gravesite as the veteran, sharing a headstone or niche cover.
- If both spouses are eligible veterans, they are entitled to their own gravesite and government marker. Cemetery staff will ensure both spouses are interred in adjacent gravesites.

- 90% of internments are cremation internments which means families work directly with the cemetery not the funeral home.
- Veterans can be interred that live outside Minnesota.

Eligibility: *(Based off the National Cemetery Administration Standard)*

- Veterans discharged from active military service under conditions other than dishonorable.
- Members of the reserve components of the Armed Forces, the National Guard, and the Reserve Officer Training Corps who have 20 years of service and are creditable for retired pay, or who die while on active duty for training or performing service.
- Eligible Veteran's spouses, minor children and, under certain conditions, unmarried adult children.
- Veterans who do not otherwise qualify but have a compensable service-connected disability.
- Veterans with a capital crime, sex offenders or subversion activities are not eligible.
- Veterans with an "other than honorable discharge" are determined at the NCA level.

Cemetery Budget:

- State appropriations \$557,000 (staff wages etc.)
- Federal VA plot allowance \$807.00 per veteran interred.
- Dependent fee's \$745.00.
- Federal VA and Dependent funds become a savings account for future projects. Currently are \$30,000.

Staffing:

- Two administrative staff
- 6 grounds crew staff (2 are seasonal)

Funeral Honors:

- Upon request the cemetery staff coordinate to have a full military honor provided at the veteran's committal service.
- Active Military partners with local Veteran Service Organizations to provide full military honors.
- VSO' provide a 3-volley rifle salute and playing of Taps. At the conclusion of Taps a burial flag is fold-ed and presented to the Next of Kin to the veteran's parent service branch.

Department Rehabilitation Chairman: Wilson Spence III

Department Service Officer & Committee Secretary: Jeremy Wolfsteller