

Vermont Veterans' Home
SFY 21 Budget Narrative

Mission Statement:

The Vermont Veterans' Home provides best of class healthcare services to veterans, their spouses, and gold star parents, while honoring their choices and respecting their right of self-determination.

Facility Overview

The Vermont Veterans Home is the second oldest State Veterans Home in the country, opening on April 1, 1887. What started out as a 200-acre working farm for 25 Civil War Veterans is now an 83-acre residential and healthcare facility caring for 130 Veterans from World War II, Korea, Vietnam, Gulf War, and peacetime, their spouses and widows, and Gold Star Parents. The property includes a 140,000 square foot facility, with a trout pond, deer park, and Veterans' cemetery. The facility provides long term care, short term rehab, Alzheimer's/dementia care, respite care, hospice/palliative care, residential/domiciliary care, and outpatient rehabilitation services.

Our deer herd expanding in size this year with the addition of 6 fawns. The deer enjoy interacting with members of the community, especially if they are provided treats such as apples and bananas. The deer park has been the source of much enjoyment for those residing in or passing through Bennington. There has been a noticeable increase in foot traffic and visitors to the facility grounds since the deer arrived.

The trout pond is spring fed and stocked annually by the Bennington Elks. Two fishing derbies also sponsored by the Bennington Elks are held for the Veterans and members of the community. Veterans are able to fish as they desire with staff or family members. The pond is catch and release and not open for public fishing with the exception of the fishing derbies.

Departments:

ADMINISTRATION:

This department oversees the daily operation of the facility, ensuring regulatory compliance with Federal and State statutes. This Department includes the Chief Executive Officer, Chief Operating Officer, Director of Nursing and Assistant Director of Nursing. This department also provides clerical support to various other departments within the facility.

NURSING

This department includes the facility's Registered Nurses (RN), Licensed Practical Nurses (LPN), and Licensed Nursing Assistants (LNA). Members of this department provide the 24-hour care and supervision the Veterans and Members require for the skilled nursing facility, and intermittent oversight of the Veterans and Members who reside in the facility's residential care/Domiciliary section.

MEDICAL

The facility contracts with the local Veterans Administration Community Based Outpatient Clinic for Physicians and Physician's Assistants to provide medical care for our Veterans and Members. A Geriatric Psychiatrist from the White River Junction Veterans Medical Center joined our list of providers and is on sight 4 hours every other week. The facility also has contracts with, a Medical Director, a pharmacy, a rehabilitation company, and various individual medical providers in order to meet the needs of our Veterans and Members.

DIETARY

This department includes the Dietitians, Cooks and Utility Workers, who prepare over 140,000 meals annually for our Veterans and Members. They also ensure nutritious snacks are provided and that the Veterans and Members receive the physician ordered diet. The dietary staff also provides refreshments for various facility activities.

MAINTAINENCE, LAUNDRY and HOUSEKEEPING

This department is responsible for the daily upkeep of the facility and surrounding grounds, including but not limited to preventative maintenance, mowing of lawns, plowing of driveways, feeding and care of the deer herd. All Veteran and Member laundry and facility linens are washed and dried on site by the laundry staff.

RECREATION SERVICES

Daily activities are planned and run by members of this department. Activity programs are offered 7 days a week as well as both on and off site. Programs include, bingo, current events, holiday parties, and an air rifle and pistol range. The facility maintains a wheelchair access bus and three wheelchair accessible vans to transport Veterans to and from various community locations such as the Dorset Playhouse, the Bennington Elks and various community medical providers.

SOCIAL SERVICES

This department provides for the emotional and psychosocial wellbeing of our Veterans and Members. They provide individual services and well as support groups. The facility has a caregiver support group for family members of our Veterans and Members with cognitive impairments, a bereavement support group, and a support group called ‘The Brotherhood’ is for our combat Veterans. Unique and cutting-edge interventions are used to help our Veterans deal with PTSD; these include Music and Memory, and yoga. The social services department also arranges for community services for our short-term Veterans and Members who are discharged home after their stay with us.

FINANCE

This department ensures the accurate billing of Medicare, Medicaid, third party insurances, and private funds for services rendered. They also complete facility time an attendance and are responsible for maintaining the facility’s financial statements and other records. Members of this department will also assist Veterans and Members with Medicaid applications and managing their personal funds as needed.

Services Provided:

LONG TERM CARE

The facility currently has 130 skilled nursing facility beds. We are able to provide traditional nursing care services for individuals who are no longer able to reside independently or with family in the community. Long term care includes 24-hour care and supervision by licensed nursing personal, meals, medications, laundry services, housekeeping services, social work services, recreations services, chaplain services, and medical care.

SHORT TERM REHAB

Veterans or Members recovering from orthopedic or cardiac surgery, stroke or other major illness come to the facility immediately following a hospitalization to receive rehabilitation services which allow them to return home. In addition to the care and services provided to our long-term care Veterans and Members those individuals admitted for short term rehab receive services from physical, occupational and speech therapy. Our social work staff assists with arranging any and all necessary community services to help the Veteran or Member transition back to their previous living environment.

ALZHEIMER'S/DEMENTIA CARE

The facility maintains a 30-bed memory care neighborhood called Cardinal Point. This secure neighborhood provides our Veterans and Members with the ability to move around freely both inside and outside of the facility while ensuring for their safety. The Namaste Program, which provides care in a relaxing and comforting environment, was started at this facility with the help of consultant Joyce Simard. In an integral part of our memory care program. This program has been the subject of a book, "The Namaste Care Program for People with Dementia" now in its second edition and has been featured in various national healthcare publications. Ms. Simard travels the world education others on the benefits of the Namaste Program. More information on this program can be found at: <http://www.joycesimard.com/namaste-care-simard.html>

The facility was the only State Veterans' Home and the only skilled nursing facility in Vermont to be a recipient of a "Music and Memory" grant. This program provides iPods to those with cognitive loss. The music is individualized to each Veteran's or Member's personal preference and is used to help provide comfort and reassurance when needed. The use of music by those with cognitive loss has been shown to help reduce the use of antipsychotic medications in long term care facilities. More information on this program can be found at: www.musicandmemory.org

The Board of Trustees for The Vermont Veterans' Home funds an arts program with the Vermont Arts Exchange for our Veterans and Members on Freedom Village. This program allows those with cognitive loss to express themselves through various art mediums. A gallery exhibition is held annually both at the facility and a local art gallery. The trust funds established for the Board of Trustees prohibits the use of these funds for operational costs.

RESPITE CARE

Respite Care is just that, a respite for the caregiver of an individual requiring extensive medical care in the community. Community caregivers will have their loved one stay with us while they take a short vacation, have their own medical needs attended to or for just some time away from the demands of being a 24-hour caregiver. Respite care Veterans and Members have stayed for as little as a few days to a few months prior to returning home again.

PALLIATIVE/HOSPICE CARE

Palliative or end-of-life care is provided to the facility's long-term care Veterans and Members who are at the end of life and for those individuals admitted to the facility especially for end-of-life care. The facility has a dedicated room for end-of-life care called the Reagan Room. This private room and nearby living room provide ample private space for family and friends to visit with the Veteran or Member. Support services from Social Services and the Chaplain are provided in addition to high quality nursing care. Several staff members are trained in massage and Rikki; these services are provided to the Veteran or Member as requested.

The facility now has contracts with two Medicare Hospice provider. Veterans and Members now have the choice between the two providers when considering end of life care. These contracts allow us to offer end of life services and receive a higher reimbursement for the services provided. Additionally, this contract will deliver additional support services for the Veteran and their family members during the dying process.

RESIDENTIAL/DOMICILIARY CARE

The facility has an 8-bed residential/domiciliary (Dom) care offering. This is similar to assisted living care. Veterans and Members who reside in the "Dom" require little assistance with bathing, dressing, and medication management. Meals, laundry services, social services, recreational programs, chaplain services, and limited nursing care are provided.

OUTPATIENT REHABILITATION SERVICES

Rehabilitation services such as physical therapy, occupational therapy, and speech and language therapy are provided to Veterans and Members residing in the community. These individuals do not need or require 24-hour care and supervision; however, they could benefit from some additional therapy services to improve their independence in the community. These services are arranged directly

with our contract rehabilitation company. Therapy services are provided at a frequency determined by the medical professionals, usually a few times a week.

Guest Room

The facility has a guest room that family member may use free of charge overnight. Reservations are required and are on a first come first serve basis. The room was renovated with a generous donation from the Vermont American Legion. It is now like a hotel room with a queen size bed, couch and a table with chairs. Meals can be purchased through our Dietary department. Additionally, with this generous donation, VVH will expand its guest room inventory by an additional two rooms in unused space on the third floor of the original house. We anticipate this to be completed by Winter 2020.

Revenue Sources

Revenue to operate this facility is derived from three (3) sources which include: Federal Funds, Special Funds and General Funds. Federal Funds consists of Medicare, Veterans' Administration (VA) Per Diem and VA Stipend. Special Funds consists of Medicaid, both Vermont and New York, Private Pay and Commercial Insurance. General Funds are from the Legislature. **It is important to note that over eighty-seven percent (87.8%) or \$21,240,080 of the facility's revenue comes from sources other than General Funds.**

General Funds

As stated in our FY20 budget presentation, our request of \$345,783 for FY20 was an anomaly because of the Medicaid Waiver that the State of Vermont applied for and received. The Medicaid Waiver is due to expire on December 31, 2021. Our FY21 General Fund request is \$2,946,782. This specific request is due to Finance and Management's recommendation that we reduce budgeted expenses in anticipation of the increase in Vermont Medicaid Settlement monies to be received in May 2021. Their current estimate is approximately \$1.4 million dollars and we will have to file a Budget Adjustment Request in December 2020 for this anticipated settlement.

Medicare

Medicare revenue is obtained for those Veterans and Members who are eligible for care and services paid for through the federal Medicare program. In order for care and services to be paid for at this facility an individual must have had a qualifying hospital stay, a 3-day hospital stay in the 30-days prior to admission to the facility or have been discharged from another skilled nursing facility for which Medicare paid for care and services within 60-days of their admission to this facility. Once that criterion is met Medicare will pay for a short period of time, not to exceed 100 days. Medicare pays 100% of the cost of care for the first 20 days of admission to the facility. From days 21 to 100 there is a per day Medicaid copay paid with private funds or commercial insurance. Currently this copay amount is \$170.50. Individuals must have a Medicare skilled need for care and services to be covered by Medicare. When they no longer meet this need, Medicare discontinues payment; there is no guaranteed number of Medicare covered days. A daily rate of reimbursement is determined for each individual based on the care and services provided. Due to CMS implementing the new skilled reimbursement methodology called Patient Driven Payment Model (PDPM), we are decreasing our Medicare rate from \$499 to \$475 per day.

Last year we reported that the Centers for Medicare & Medicaid Services (CMS) announced a new reimbursement methodology that went into effect October 1, 2019. The link to review the final regulation can be found at <https://www.govinfo.gov/content/pkg/FR-2019-08-07/pdf/2019-16485.pdf> The new methodology is entitled Patient-Drive Payment Model (PDPM). Similar to the previous announcement, reimbursement will be based upon the discharge Diagnostic Related Group (DRG) from the patient's stay at the hospital. Currently Skilled Nursing Facilities (SNFs) like VVH are reimbursed on a prospective basis based upon the acuity of the patient. CMS is recommending a change based upon five (5) clinical categories. All 900+ Inpatient DRGs that hospitals are reimbursed, are mapped to these five clinical categories. The five categories are: Major Joint Replacement or Spinal Surgery; Non-Surgical Orthopedic/Musculoskeletal; Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery); Acute Infections and Medical Management. Each has their own case mix group and case mix indexes. Needless to say, since the final rule was issued in August 2019, VVH is still trying to determine the financial impact because our Medicare population is low. However, we do know that after day 20 of a Medicare stay, our reimbursement will decrease 2.0% every seven (7) days. If a Medicare patient stays the full 100 days, VVH will only get 76% of the reimbursement for the last 7 days and not 100%. This affects all SNFs nationwide.

Medicaid

Medicaid revenue is received from the states of Vermont and New York for Veterans and Members who have been deemed eligible by their respective state, for Medicaid coverage. On October 24, 2016, the Vermont Agency of Human Services (AHS) received

approval for the State to expand the Medicaid program under section 1115(a). Special Terms and Conditions (STCs) number 23 states that reimbursement is no longer subject to the upper payment limits specified in 42 CFR 447.362. Basically, the upper payment limit is the maximum that Medicaid could reimburse if the patient were Medicare. On August 24, 2018, VVH received a letter from the Division of Rate Setting stating that our new daily interim rate will be \$475, which is an increase of \$230 from our previous interim rate of \$245. In our FY21 budget, VVH used an interim daily rate of \$475.00. Our FY 2017 Settlement was \$2,407,683 which was \$409,929 lower than anticipated. Because of this variance, we are not assuming any settlement in our FY21 budget. VVH filed the FY18 cost report and will not know the final outcome until March 2020. This Medicaid Waiver expires on December 31, 2021. VVH anticipates that the Agency of Human Services re-applies for this Medicaid Waiver in preparation of our FY2022 budget. If the waiver is **not** applied for, it would mean a significant increase in VVH's General Fund request for FY2022's budget.

Currently New York Medicaid reimburses VVH at \$232.39 per day. There is no information regarding if New York applied for or received approval to expand Medicaid like Vermont did. These rates include all the services listed under the long-term care heading above. At least annually Veterans and Members receiving Medicaid benefits must provide updated documentation to shown they remain eligible for Medicaid benefits. We are projecting a lower daily census for New York Medicaid based upon our recent history. Currently, we are not actively marketing for New York Medicaid recipients because of their stringent regulations and prior approval.

Private Pay

When Veterans and Members are not eligible for Medicare, Medicaid, Veterans' Administration Benefits, or other commercial insurance they are responsible for the daily per diem rate which is \$335 for a private room and \$315 for a semi-private room. This daily rate includes room, board, activities, and social work services. All other services including pharmacy and rehabilitation services are an additional charge. The Veterans' Administration Stipend, which is explained below, decreases the daily rate for Veterans only, to \$223.62 for a private room and \$203.62 for a semi-private room.

Veterans Administration Per Diem

For Veterans who are determined to be 70% or more service- connected disabled by the Veterans' Administration (VA), the VA will pay a daily rate of \$429.95. This rate includes room, board, medical care, pharmacy, laboratory services, rehabilitation services, activities, social work, and transportation. Specialty medical equipment can be provided by the VA as long as the equipment needed is related to their service-connected disability.

Veterans Administration Stipend

The VA will pay a daily stipend to all Veterans admitted to the nursing home, with the exception of Veterans who are 70% or more service-connected disabled. This stipend is used to reduce the out of pocket expense when a Veteran is private pay and to offset the shortfall between the actual cost of care and Medicaid reimbursement for Vermont and New York Medicaid Veterans. The daily stipend of \$111.38 is included in our FY 2021 budget.

Commercial Insurance

Commercial insurances such as AARP, TriCare, and Blue Cross Blue Shield will pay the co-pay starting at day 21 of a Medicare stay and, in some cases, pay a per diem rate which varies per policy. In some instances, a pre-authorization is needed, and if the facility is not within the provider's network, they will not approve admission to the facility for the individual Veterans.

Key Budget Issues

CENSUS

Over the past 10 years the average daily census at the Vermont Veterans' Home has steadily declined from 157.5 in 2009 to 121.6 in FY 2019. This decline is related to the increase focus on keeping individuals' home as long as possible prior to placing them in a nursing home. Per the Department of Disabilities, Aging and Independent Living website, August 2019 Utilization Statistics for all nursing facilities in the state, the average occupancy was 84.33% statewide and 80.18% for Bennington County. The Vermont Veterans' Home is currently at 93.07%. https://dail.vermont.gov/sites/dail/files/documents/DRS_occupancy_aug%202019.pdf. For this reason, the facility has established our FY 21 budget with a census goal of 125.

Fixed Costs

\$20,564,964 or 85.0% of the FY 21 budget are fixed costs which include:

Salaries and Benefits	\$ 18,314,004
Medicaid Bed Tax	\$ 639,470
State Allocations (DII, HR, Insurances)	\$ 846,119
Utilities	\$ 765,371

Cost of Care

Veterans are requiring higher levels of care when compared to just 5 years ago. Today's nursing home residents were hospital patients just a few short years ago. Medications are becoming increasingly expensive and often times fall on the facility to pay for. Currently, over 81% of our Pharmacy expense is for Service-Connected Veterans. **Per Federal regulations for State Veterans Homes, VVH is required to cover the cost of pharmacy expenses for Service Connected-Veterans. Without a change in federal regulations VVH cannot obtain medications for these Veterans from the VA or bill any other insurance they may have which would offset this cost.** With increased frequency a Veteran's or Member's insurance will not cover the cost of medication, and there is not a more cost effective alternative available.

Worker's Compensation

We were not anticipating any increase in our Worker's Compensation (WC) costs of \$468,638. However, in October VVH received the allocations from Finance and Management and there was a \$199,015 or 42.5% increase in Workers Compensation. When asked why such a large increase on top of the 16% increase in FY20, we were informed that the statewide discount that had been applied to reduce surplus funds was no longer being applied. Departments are being asked to pay the full premium which is intended to cover the ultimate losses incurred during the year as well as the operating costs associated with administering the program.

Accounts Receivable

The facility has had some success in collecting outstanding debt, but there remain several large accounts that are pending in probate court. Despite the judgment the facility has yet to receive any funds from the party involved.

Veterans, Members, and their families continue to voice their opinion that care and services at the facility should be free of charge. A member of the facility's business office meets with the Veteran, Member and/or responsibly party prior to admission to explain their financial responsibility to the facility. When in doubt the admission is denied until a payor source can be secured.

Overtime and Family Medical Leave Act Use

Despite changes in the nursing schedule that afforded every member of the nursing staff (every other weekend off) the call out rate at the facility remains relatively unchanged over the past 3 years, averaging between 8% to 9%. FY 19 average call out rate was 8.59% and we used 7,547.59 hours of FMLA. The reason for the 3,605.91 is due to over four (4) employees who are no longer employed at

VVH. Overtime use is directly related to the number of employees who call to say that they will not be able to work their scheduled shift, Veterans requiring one on one staffing, and those on extended absences. Our actual FY19 Overtime was \$828,189.

Contract with Bennington County Sherriff

Due to the expansive property of VVH we have been a haven for illicit activity. This summer this activity reached a new level when female staff members have been approached and verbally accosted by male individuals in the early morning hours. The local police department has responded to these incidents. To ensure the safety of our staff, Veterans and Members we entered into a contract with the Bennington County Sherriff's Department. We have a Sherriff on property every night from 9pm to 530am. They provide staff escort to and from their cars and patrols the interior and exterior of the building to ensure safety and security is maintained. Their presence is an interim measure while we work with BGS on an application for a Safety and Access Control Grant from the VA.

Additional Detail

Policy Issues with Potential Budgetary Issues:

1. **Centers for Medicare and Medicaid Services (CMS) Hospital Readmission Penalty.** Beginning October 1, 2018 CMS began to withhold 2% of all Medicare payments to skilled nursing facilities aka nursing homes. They will redistribute 50% to 70% of the withheld payments through incentive payments to those facilities with low hospital readmission rates. More information can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/Top-10-things-to-know-about-SNFRM.pdf>
2. **CMS institutes new Patient-Driven Payment Model (PDPM).** This new payment model went into effect October 1, 2019. This moves CMS/Medicare away from the fee-for service model of payment to a focus on value-based care in which payment is based on the clinical complexity and the resident's conditions and care needs. <https://www.cms.gov/newsroom/fact-sheets/medicare-issues-fiscal-year-2019-payment-policy-changes-skilled-nursing-facilities>

Budget Assumptions

The FY2021 budget assumes an average daily census of 125 which is no change from the current FY20 budget. However, Finance and Management looked at our model and made changes to our projected census for FY2021. They recommended an increase in

Vermont Medicaid veterans/residents and a decrease in Private Pay. Looking at historical trends there has been a slight payor mix change from Vermont and New York Medicaid to VA Service connected and Private Pay. Our budget assumes that the Domiciliary continues to be at 100% occupancy. Below in Table 1 shows recent trends in average daily census.

Table 1

Payor	Act FY16	Act FY17	Act FY18	Act FY19	Bud FY20	Bud FY21
VT Medicaid	51	54	50	51	52	54
NY Medicaid	13	11	7	5	4	3
Private Pay	23	20	27	29	31	27
Medicare	5	4	5	5	6	6
VA	29	29	30	31	32	35
Total	121	118	119	121	125	125
Domiciliary	8	8	7	7	8	8
Grand Total	129	126	126	128	133	133

Vermont Medicaid reflects a decrease in net revenues, anticipated daily census is increasing from 52 to 54 while private pay is decreasing from 31 to 27. Table 2 below shows the net revenue comparison from FY20 to FY21.

Table 2

Payor	FY 20	FY 21	Increase (Decrease)
VT Medicaid	\$ 13,164,628	\$ 9,476,449	(\$ 3,688,179)
NY Medicaid	339,289	254,467	(84,822)
Private Pay	2,327,382	2,006,675	(320,707)
Medicare	1,338,846	1,040,250	(298,596)
VA	4,957,109	5,492,611	535,502
Total SNF	\$ 22,127,254	\$ 18,270,452	(\$ 3,856,802)
Domiciliary	\$158,906	158,906	-
Total Net Revenue	\$22,286,160	\$18,429,358	(\$ 3,856,802)
VA Stipend	\$2,758,492	\$ 2,810,722	\$ 52,230
Grand Total Net	\$25,044,652	\$ 21,240,080	(\$ 3,804,572)
General Fund	\$ 345,783	\$ 2,946,782	\$ 2,600,999
Total Income	\$ 25,390,435	\$ 24,186,862	(\$ 1,203,573)

Our daily charge for a semi-private room remains the same at \$315 and the private room daily charge remains level at \$335. Reimbursement rates the payor sources are as follows in Table 3

Table 3

Payor	Reimbursement Rate
Vermont Medicaid	\$ 475.00
New York Medicaid	\$ 232.39
Private Pay	\$ 203.62
Medicare	\$ 475.00
VA	\$ 429.95
Domiciliary	\$ 58.29
VA Stipend	\$ 111.38
Dom VA Stipend	\$ 48.07

Salary expense is budgeted for a net decrease of \$179,041 and an increase in Benefits of \$94,032. Table 4 shows the changes in Salary Expense.

Table 4

Line item	Budget FY20	Budget FY21	Increase (Decrease)
Salaries	\$ 9,596,319	\$ 9,305,060	(\$ 291,259)
Temp Employees	1,687,865	1,598,313	(89,552)
Overtime	834,373	661,042	(173,331)
Shift Differential	299,225	299,225	-
Market Factor	589,766	959,513	369,747
Vacancy Turnover	(577,569)	(577,569)	-
Personal Services	(417,714)	(412,360)	5,354
Total	\$12,012,265	\$ 11,833,224	(\$ 179,041)

Table 5 shows the changes in Benefit Expense.

Table 5

Line item	Budget FY20	Budget FY21	Increase (Decrease)
FICA	\$ 779,241	\$ 785,236	\$ 5,995
Health Insurance	2,780,251	2,624,000	(156,251)
Retirement	2,070,200	2,120,863	50,663
Dental	163,776	158,004	(5,772)
Life	42,998	43,013	15
LTD	1,692	1,771	79
EAP	5,952	6,240	288
Workers' Compensation	468,638	667,653	199,015
Unemployment	60,000	60,000	-
Catamount Health	<u>14,000</u>	<u>14,000</u>	<u>-</u>
Total	\$ 6,386,748	\$ 6,480,780	\$ 94,032

Non-Salary and Benefit decreases total \$1,114,168 and are summarized as follows:

1. Audit - \$10,000
2. Physical Health - \$360,764
3. Physician Services - \$219,213
4. IT/ADS Allocation Increase – (\$40,746)
5. IT Hardware/Software - \$55,000
6. Other Operating Expense - \$11,344
7. Insurance Allocation increase – (\$37,127)
8. Human Resources Allocation increase – (\$41,789)
9. Property & Maintenance - \$102,541
10. Supplies - \$479,364