

Louisiana Department of Veterans Affairs
State of Louisiana

JEFF LANDRY
GOVERNOR



CHARLTON J. MEGINLEY
SECRETARY

Statement of

Colonel Charlton Meginley, Secretary
LOUISIANA DEPARTMENT OF VETERANS AFFAIRS (LDVA)

Before the
HVAC SUBCOMMITTEE ON HEALTH

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Chairman, Ranking Member, and distinguished members of the HVAC Health Subcommittee thank you for the opportunity to testify today. On behalf of Governor Jeff Landry and the Louisiana Department of Veterans Affairs, I am proud to affirm our state's unwavering commitment to safely and effectively managing our five State Veterans Homes. These facilities are a cornerstone of our mission to provide exceptional care, dignity, and support to Louisiana's veterans. Through rigorous oversight, dedicated staff, and adherence to the highest health and safety standards, we ensure that our homes deliver compassionate, high-quality services tailored to the unique needs of our veteran residents. We look forward to discussing our ongoing efforts and addressing any questions you may have.

LDVA operates five State Veterans Homes supporting our 261,790 Veterans. Our Veteran Homes are strategically placed across Louisiana with facilities in Bossier City (NW Louisiana), Monroe (NE Louisiana) ((aligned to Shreveport VAMC)), Jackson (North of Baton Rouge), Reserve (SE Louisiana) ((aligned to New Orleans VAMC)) and Jennings (SW Louisiana) ((aligned to Alexandria VAMC)). Our current census as of April 14, 2025 is 641. FY '26's cumulative projective budget for the five homes is \$102 million. Our occupancy rate amongst all five homes is 85%.

We currently have 580 men and 61 women residing in our homes. Under state law, Spouses and Gold Star families have access to our homes. Pending House Bill 60 in this current Louisiana

legislative session, we aim to expand admission to National Guard members easing time in service requirements.

Additionally, each Home employs a Marketer who attends civic organization meetings, veteran service organization meetings, job fairs, and all community Veteran events to highlight our facilities. They distribute brochures and educational materials that showcase the benefits of our homes enabling us to realize continued growth in census.

Over the past 10-15 years, we've observed a shift from World War II to Vietnam veterans, with 67% of our residents now from the Vietnam era. We expect Vietnam veterans to remain the majority over the next decade, but after 2035, we anticipate a transition to predominantly Persian Gulf War veteran admissions.

Louisiana State Veterans Homes: Demographics

	Vietnam	Peacetime	Korean	Spouses	Persian Gulf War	WWII	Totals
Bossier	94	8	15	12	5	6	140
Jackson	67	10	10	2	5	0	94
Jennings	86	17	18	7	5	9	142
Monroe	81	22	6	2	9	4	124
Reserve	93	13	17	11	5	2	141
Totals	421	70	66	34	29	21	641

Staffing

Our department has worked closely with Louisiana State Civil Service, which oversees compensation for the state's classified workforce, to ensure our employees are paid at market rates. Over the past year, we have significantly raised starting salaries and premium pay for our nursing staff, leading to improved hiring and retention rates, reduced employee overtime, and decreased reliance on staffing agencies. This has allowed for the growth and stabilization of staffing over this past year. Further, we have updated each Veterans Homes' Rewards and Recognition policy to acknowledge employee accomplishments and show appreciation for their loyalty and dedication.

Louisiana State Veteran Homes: Staffing

	Staff	Positions	Rate
Jennings	147	153	96%
Bossier City	137	150	91%
Monroe	132	149	89%
Reserve	133	151	88%
Jackson	101	123	82%
Total	650	726	90%

Veteran Home Oversight

The Louisiana Department of Veterans Affairs manages our Veterans Homes under the oversight of the Federal VA and the Centers for Medicare and Medicaid Services (CMS). Each home is led by a licensed long-term care administrator actively engaged in daily operations. These five administrators report to our Deputy Assistant Secretary, a former SWLVH administrator with over 30 years of long-term care experience, who plays a pivotal role in guiding the homes. Additionally, COL (Ret) Jerome Buller, my Deputy Secretary and a 34-year Army Medicine veteran, serves as my corporate lead over our State Veteran Homes. A senior medical executive, Dr. Buller drives organization-wide process improvements by leveraging clinical, operational, and financial data, ensuring high-quality, safe, and effective patient care. He also serves as my key liaison with medical leaders within the three VA Medical Centers in Louisiana and the VA Central Office.

The department also employs two experienced, full-time Registered Nurses based at LDVA Headquarters who comprise our Compliance Team. This team works closely with the homes' leadership teams and Federal VA Liaison teams to ensure the Veterans receive the highest quality of care. The Compliance Team continuously evaluates all pertinent clinical data sources to ensure relevance and validity. It reports findings monthly to each facility and LDVA leadership team, draws accurate inferences based on data analysis, and presents recommendations for improvement or corrective action. They also organize, track, and trend clinical data regarding efficiency and effectiveness. Our team is directly involved in reviewing and approving the Homes Quality Assurance and Performance Improvement (QAPI) programs. The team visits each facility monthly to ensure operations run at the highest level. QAPI topics are selected in response to surveys, audits, and site visits and are closely monitored to help promote continuous process improvements. The Louisiana Quality Improvement Organization, Alliant Health Solutions, also provides QAPI topics in response to changing regulations. Our compliance team strives daily to promote strict adherence to both CMS and Federal VA long-

term care requirements and regulations, allowing us as an organization (LDVA) to further solidify our goal of ensuring the highest level of care for the veterans in our homes. This team also provides rapid response investigations to assist with clinical care inquiries.

Notable clinical achievements include reducing VA Survey deficiencies from 53 in 2023 to 34 in 2024, a 36% reduction. Additionally, no immediate jeopardy severity deficiencies have been reported for at least the past eight years. In 2025, our Reserve home received three deficiencies from their VA survey, a 57% decrease from their 2024 VA Survey which had seven deficiencies. Pressure Ulcer rates are at or below 5% system-wide, which is one-third that of the national average at over 15% in long-term care facilities; per the CMS Nursing Home Care Compare survey, three of our five facilities have earned 5-Star Ratings, and the other two have 4-Star Ratings, and all achieved while placing an intense focus on census building in response to the COVID pandemic!

The Federal VA significantly influences our facilities by overseeing key functions, including approving admissions (Forms 10-10SH and 10-10EZ), regulating basic per diem and service-connected funding, authorizing payments via Form 10-5588, coordinating specialty appointments for Veterans, conducting annual clinical and life safety surveys, approving corrective action plans post-survey, and reviewing reportable events such as issue briefs and sentinel events. Private Louisiana nursing homes are regulated by annual CMS/Louisiana Department of Health (LDH) clinical surveys, Fire Marshall Life Safety inspection, and Board of Health inspection of the facility. Our Veteran Homes regulatory surveys include these inspections private nursing homes receive, plus the annual VA clinical and life safety survey. In addition, the Louisiana Office of Risk Management performs a yearly safety inspection at each of our facilities, State Civil Service performs program audits of our Human Resources departments, and our Veterans Homes are subjected to performance and financial audits from the Louisiana Legislative Auditors office. Further, we have an Internal Audit Program that conducts department-wide audits with a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Internal Audit also coordinates all external audits conducted by state and federal regulatory and funding agencies, and is required to adhere to the Institute of Internal Auditors and International Standards for the Professional Practice of Internal Auditing.

Best Practices

Communication and Leadership relations lead our list of Best Practices. LDVA Secretary and Deputy Secretary are in regular contact with leadership from all three VAMCs, whether in person, by email, or by phone. We have open communications, which are mutually supportive with a forward-leaning approach. From the Veteran Home's perspective, this relationship blossoms when the VAMC appoints a single liaison (LNO) assigned to the homes in the VAMC

catchment area. With backup assigned, this single point of contact (POC) allows for home-specific, robust, and personal relationships with VAMC LNO and our homes' clinical leadership. Our LDVA Assistant Secretary for outreach is also closely connected with the outreach teams from all three VAMCs. Event attendance is mutually supportive, with rare exceptions. This has directly strengthened our state's response in addressing key issues like veteran homelessness and veteran suicide. Our Congressional leaders and other key stakeholders are updated on all significant events and occurrences that involve our Louisiana VAMCs. Leadership remains in constant communication with each National organizations (National Association of State Directors of Veterans Affairs (NASDVA) and National Association of State Veterans Homes (NASVH) and major veteran service organizations such as America Legion, Veterans of Foreign Wars, Disabled American Veterans, Vietnam Veterans of America, Military Order of the Purple Heart, etc.

Access to the VA's Computerized Patient Records System (CPRS) is another best practice. Clinical leadership at our Monroe facility has recently gained access to CPRS. It has proved very helpful in increasing the visibility of our residents' appointments and clinical management within the VA system, which has greatly enhanced their continuity of care. It has also improved the overall process flow with the management of specialty care appointments. Again, increased awareness of care provided within the VAMC ensures optimal case management of the veteran upon return to the veteran's home.

An additional best practice is the presence of a Veteran Assistant Counselor (VAC) in all of our facilities. Each of the 64 parishes in Louisiana has a VAC to assist Veterans with obtaining or increasing benefits. In the five parishes that house our Veteran Homes, the VAC dedicates 2 days a week to work at our facility to focus on reviewing DD214's in determining the eligibility of Veterans for admission, working closely with fiscal and social services departments following pending admits, filing claims for Aid and Attendance (A&A) pension to cover the cost of Care & Maintenance fees, education of veteran and family members of the availability of VA benefits and assisting Veterans with increasing service-connected disability ratings. Housing of the VAC in our State Veteran Homes gives our Veterans greater assistance with navigating the benefits process.

Finally, while not a best practice per se, our homes have an incredible relationship with the surrounding communities. Local elected officials, veteran service organizations, and religious and civic organizations are ardent supporters of our homes. On any given day at one of our homes, you will find the Knights of Columbus or Catholic War Veterans cooking jambalaya for the residents in Reserve or the VFW and American Legion holding their meetings with residents in Monroe. This past December, the U.S. Army football team visited our residents in Bossier City while they were in town for the Independence Bowl. Jennings regularly has various bands and

singers playing Cajun music, and Jackson has incredible support from our legislative teams. Make no mistake: our veteran homes feel like tiny military installations, a patriotic environment rich with esprit de corps and camaraderie, and less like standard nursing homes. Through committed leadership, dedicated clinical staff, and lessons learned, we have built an aggressive strategy driving clinical excellence to ensure our Veterans continue receiving high-quality, safe patient care in a compassionate and inclusive environment.

Areas of Assistance Needed

Federal reforms need to address the significant burden we face regarding high-cost medications. The VA requires State Veteran Homes to cover the cost of all medicines if the Veteran is 70% service connected or greater. As of 1 April 2025, we have 216 (34%) residents rated 70% or higher. This is significant because, currently, the VA does not provide relief for the cost of exceptionally expensive medications except for those “catastrophically injured.” This is concerning, given the progression in the development of new key medications that are exceptionally expensive. The pharmaceutical cost of 34% of our residents, those who are service-connected, is \$1,064,450.85. This represents 65% of the total pharmaceutical cost for all five homes, which is \$1,628,330.49.

One story to share is about a service-connected Veteran in our NWLVH in Bossier City in October of 2023 who developed Huntington’s disease. The doctor ordered Austedo XR, which cost approximately \$10,000 per month, but there was no determination of how long the veteran would need to receive medication. After expressing our concerns, the doctor researched and found Ingrezza to be effective and lower the cost to just over \$7,000.00, which still consumed most of the Veteran's monthly per diem.

Our department strongly supports HR 1970, “Providing Veterans Essential Medications Act.” This is an important amendment to Title 38, USC, directing the Secretary of VA to reimburse State Veteran Homes for the cost of or furnish State Homes with certain costly medications provided to veterans who receive nursing home care in such state homes.

LDVA would also like to see greater support for our veterans' Mental and Behavioral Health. We have observed a rise in the acuity level of care and an increase in diagnoses of mental health and behavioral issues, such as PTSD and TBI, among Vietnam and Korean War-era veterans. The VA offers very limited options for care in Veterans with violent or combative behaviors, yet SVHs are expected to help serve this population. There is a growing nationwide shortage of mental health beds, and even more so in the vulnerable Veteran population we serve. In a recent survey of our homes over a 2-year span, there were 134 episodes of a

Veteran transferring to a behavioral/psychiatric facility for treatment. During this same period, 72% of our facility admission denials were due to behavioral health issues, and we were not adequately equipped to care for them. Currently, in our Louisiana State Veteran Homes, 58.4% (Range: 38-85%) of our residents have multiple mental health diagnoses, 45.7% (Range: 40.6 – 53.2%) have Dementia or Alzheimer's, and 26.9% (Range: 22.3-36.2%) are on antipsychotic medications. Our Louisiana State Veteran Homes are not equipped to care for psychiatric/behavioral health residents in the acute phase. Subsequently, these residents are referred out of LDVA care to private geriatric psychiatric facilities. We recently had to turn away a 100% rated veteran because we did not have the capability to manage his acute mental health care adequately.

Community facilities do not treat the underlying cause of acute psychiatric or behavioral health issues. They treat symptoms and behaviors with high doses of antipsychotic medication and sedatives and return residents to the LDVA facilities. There is no emphasis on follow-up and prevention of subsequent psychiatric exacerbations (a revolving door of sorts). The Behavioral Health model we feel would best suit the mental health needs of our Veterans is one that is centrally located geographically, run by qualified mental health providers, and allows access for current LDVA residents and those veterans in the communities that have referrals and need acute mental health treatment with continuity of care. Expansion of inpatient behavioral health beds at VAMCs would be highly desirable to help with continuity of care. Of note, in 2023, Alexandria, VAMC, reopened seven inpatient beds for veterans requiring inpatient management of substance use disorders. While this helps, it does not meet current demand.

Louisiana also joined two other states in volunteering for the Geriatric-Psychiatry pilot study to assess optimal staffing and infrastructure requirements to offer a more robust, holistic in-home Geriatric-Psychiatry capability. We were very disappointed when we learned that this pilot was halted. We strongly recommend proceeding with such a pilot. Once again, Louisiana would love to lead the effort, and we would specifically propose adding a psychiatric wing in our Jackson home.

Finally, the Jackson facility is our oldest building, at 43 years old, while our homes range from 18 to 43 years old. We are directly involved with facility management and have successfully maintained our homes; however, additional funding will be needed for repairs and renovations for all homes. We strongly recommend adequately funding the VA's State Veteran Homes Construction Grant Program to address the current backlog and meet future demand.

Conclusion

In conclusion, our veterans have sacrificed immensely for our nation, and it is our duty to ensure their well-being and support. LDVA leadership will continue to work closely with our VA partners to ensure clinical quality and patient safety in our State Veterans Homes, which remain a priority. Addressing the high costs of essential medications and enhancing mental and behavioral health services are critical steps in honoring the service and commitment of our Louisiana veterans. We urge Congress to take swift action on HR 1970 and to support any initiatives that will improve the quality of care and life for our veterans. By working together, we can ensure the continued delivery of comprehensive, respectful, and dignified care that our veterans deserve. Thank you for your attention and dedication to these critical issues.