

**STATEMENT OF
DR. TERESA BOYD
ASSISTANT UNDER SECRETARY FOR HEALTH
FOR CLINICAL SERVICES
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
HOUSE COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON HEALTH**

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Good morning Chairwoman Brownley, Ranking Member Dunn and other distinguished Members of the Subcommittee. I appreciate the opportunity to discuss the quality of care and infection control practices at State Veterans Homes (SVH) during the Coronavirus Disease 2019 (COVID-19) pandemic. I am accompanied today by Scotte Hartronft, Executive Director, Office of Geriatrics and Extended Care (GEC), and Ryan Lilly, Network Director, Veterans Integrated Service Network (VISN) 1.

Introduction

VA takes pride in our ability to provide world-class health care to America's Veterans, as well as the Nation, during times of crisis like we are experiencing now with the global COVID-19 pandemic. VA has a unique position in Government, due to our presence in communities across the 50 states and U.S. territories. During COVID-19, VA has continued to serve Veterans, their families, caregivers and beneficiaries and has filled a critical role in the Nation's response to COVID-19.

Currently, VA has provided critical support in numerous communities for patients who would otherwise not be able to receive care or support through VA's health care system, including providing long-term care support to SVHs and other long-term care facilities, in the form of personal protective equipment (PPE) and training for PPE use and infection control methods. Additionally, VA has deployed 430 personnel in support of SVHs, and has admitted over 500 SVH residents for VA care.

Scope of VA Inspections and State Veterans Home Accountability

The VA SVH Program is a grant program that provides Federal assistance to states by participating in a percentage of the cost of construction and paying per diem for providing care to eligible Veterans in the facility when VA recognizes the home as an SVH. The SVHs are owned and operated by the states and per Federal law, VA does not have authority over the management or control of an SVH. VA also ensures that SVHs meet VA standards through annual surveys, audits and reconciliation of records.

Under the SVH Program, states may provide care for eligible Veterans in need of care in the following three different types of programs: nursing home care, domiciliary care and adult day health care. A facility is considered to be an SVH when a home established by a state for the care of disabled, elderly or ailing Veterans has been awarded formal recognition status by the Under Secretary for Health as set forth in 38 C.F.R. § 51.20.

Federal regulations require the Director of the VA Medical Center (VAMC) of jurisdiction to establish a VA survey team that includes VA staff and a contracted vendor to conduct surveys at SVHs to monitor compliance with VA standards. The Contractor will conduct the clinical and life safety portions of the survey and the designated SVH VA Staff will complete the administrative and fiscal portion of the survey. Contractor surveyors will also review all Corrective Action Plans (CAP) for clinical and life safety deficiencies and provide their recommendations to the VAMC Director to approve or not approve them. A CAP is a detailed plan listing actions, implementation schedules and evidence of corrections written by the SVH to correct identified deficiencies.

An annual survey is performed to determine the SVH's compliance with VA standards. Facility census must be at least 75% Veterans who are eligible for VA nursing home, domiciliary or adult day health care. After a home has been surveyed, a

survey report is prepared and sent to the SVH Leadership in 20 business days after the last day of the onsite survey.

The SVHs are held accountable for correcting deficiencies through a CAP, which must be submitted to the VAMC Director in 20 business days after receipt of the survey report. VA requires the plan of correction to clearly state the problem; set specific goals to solve the problem; identify trends and patterns; look at root causes (not a Root Cause Analysis); and monitor progress. Surveyors will examine the continuous quality improvement system the facility has in place to monitor its performance in identifying deficient practices and care and in ensuring these deficiencies do not recur. The VAMC Director determines whether the submitted CAP is acceptable. If it is not acceptable, the Director will ask for a revised plan.

A provisional certification is issued by the VAMC Director only upon determination that the SVH facility or facility management does not meet one or more of the standards in the regulations; that the deficiencies do not jeopardize the health or safety of the residents; and that the SVH facility management and the VAMC Director have agreed to a plan of correction to remedy the deficiencies in a timely manner. The VAMC Director will notify the official in charge of the facility, in writing, of the provisional certification. A full certification is issued by the VAMC Director only upon determination that the SVH facility and facility management meet all standards at the time of the annual survey or when the agreed plan of correction to remedy a deficiency has been implemented.

VA is committed to optimizing the health and well-being of Veterans with multiple chronic conditions, life-limiting illnesses, frailty or disability associated with chronic disease, aging or injury. GEC's programs maximize each Veteran's functional independence and lessen the burden of disability on Veterans, their families and caregivers. VA believes that these programs also honor Veterans' preferences for health and independence in the face of aging, catastrophic injuries or illnesses by

advancing expertise and partnership. For the increasing numbers of Veterans, of any age, facing the challenges of serious chronic diseases and disabling conditions, VA GEC offers a comprehensive spectrum of geriatrics, palliative care and long-term services and supports that surpasses all other U.S. health care systems by providing services in the home, community, clinics, hospitals and nursing facilities. The overarching goal of GEC is to meet these Veterans' long-term care needs in the least restrictive settings through access to options that honor their choices while promoting their optimal independence, health and well-being. Our strong history of innovation continues, advancing models of care, practices, training and partnerships that improve care not only for Veterans but for all Americans.

VA's Outreach to State Veterans Homes During the COVID-19 Pandemic

From the onset of the first SVH to report the first COVID-19 positive case in Lebanon, Oregon, on March 11, 2020, the SVHs and/or states have been very responsive in reporting suspected and confirmed positive cases to the VAMCs of jurisdiction. Several states have shared information with GEC.

The VAMC of jurisdiction or the VISN has been in touch with or reached out to all SVHs. VA has tried to minimize the burden on the SVHs as they are trying to manage their own outbreaks.

In order to manage the greater demand due to COVID-19, VA Central Office (VACO) GEC created an SVH Communications Checklist, in March 2020, designed to list items of interest to VA for the sake of creating a standardized format for information that can be expeditiously completed. That initial checklist was used by many SVHs; however; several weeks later, the National Association of State Veterans Homes (NASVH) requested that GEC revise the checklist to just the bare minimum information. That request was granted and a revised SVH Communications Checklist was shared with the SVH VAMC representatives; the VISN liaisons; and NASVH, in April 2020. It

was also suggested, by VHA leadership to NASVH, that the SVH VAMC representatives and the VISN liaisons designate a point of contact (POC) from VA and from either the state or SVH (who can touch base at least daily, and as needed, for updates) to facilitate the collaboration of information sharing, with minimum burden.

On March 17, 2020, VACO GEC hosted a Town Hall meeting with approximately 90 attendees from the SVHs. An SVH Guidance Sheet was shared with NASVH leadership following the Town Hall that contained recorded answers to many submitted questions. In addition, multiple emails were sent to NASVH leadership, to share with its membership, that included information from current Community Living Centers (CLC); Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; and the World Health Organization. When an SVH has a confirmed case or outbreak of COVID-19, it has been advised by VHA leadership to immediately involve the state's public health department and follow any guidance from the state to mitigate the spread.

In March 2020, VA's Office of Connected Care began to provide the CLCs and SVHs a loaned iPad to help with connection to families or appointments with VA. Each SVH can submit a request to receive one, or more as needed, loaner iPads. As of May 31, 2020, a total of 92 iPads has been requested for 73 individual SVHs.

The Coronavirus Aid, Relief and Economic Security (CARES) Act was signed by President Trump in March 2020. Section 20005 of this Act waived requirements in several VA regulations to reduce the burden on the SVHs. The following waivers include:

- Waiver of Occupancy Rate Requirements: States will not have to meet the 90% occupancy requirement to receive payments for holding beds through the end of the public health emergency (COVID-19).

- Waiver of Veteran Percentage Requirements: The requirement for the SVH census to be at least 75% Veterans was waived during the pandemic. However, all non-Veteran residents must be spouses of Veterans, or parents of children that died while serving in the Armed Forces.

The Act also provided assistance to SVHs for PPE, medicines, equipment and supplies. SVH needs are assessed and provided on a case-by-case basis with each SVH and its VAMC or VISN. VA also provides a process for a state seeking assistance and mission assignment.

The National State Home Per Diem Program Office increased the per diem rate by 2.9% beginning March 1, 2020, ahead of the fiscal year 2021 increase in accordance with statutory authority. This was relayed to the SVH VAMC representatives, the VISN liaisons and states on April 3, 2020. Also, in April, VACO GEC and VHA's Office of Internal Governmental Affairs, held conference calls with all 50 states. SVH Administrators and State Directors were invited. The purpose of the call was to assess state preparation and current status, and answer questions pertaining to COVID-19. States have been extremely complimentary regarding the partnerships with those local VAMCs of jurisdiction.

VA's Fourth Mission

VA's "Fourth Mission" is to improve the Nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts. Accordingly, during the COVID-19 pandemic, if an SVH needs assistance, residents at the SVH may be transferred to a VAMC within the same jurisdiction. VISNs and VAMCs are continuing to provide support to SVHs, including staff and supplies.

Conclusion

VA's various long-term care programs provide a continuum of services for older Veterans designed to meet their needs as they change over time. Together, they have significantly improved the care and well-being of our Veterans, even during times of crisis. These gains would not have been possible without consistent Congressional commitment in the form of both attention and financial resources. It is critical that we continue to move forward with the current momentum and preserve the gains made thus far. Your continued support is essential to providing high-quality care for our Veterans and their families. Chairwoman Brownley, this concludes my testimony. My colleagues and I are prepared to answer any questions.