

Fiscal Year 2021 Revised Budget Proposal
Questions for the Department of Military and Veterans' Affairs

1. Executive Order No. 103 of 2020 empowered the Adjutant General to order the New Jersey National Guard to active duty. The Executive Order further directed all departments to take appropriate actions to address the public health hazard caused by the virus and empowered each department to promulgate temporary rules to waive, suspend, or modify during the emergency any existing rules whose enforcement would be detrimental to the public welfare. How many members of the New Jersey Army and Air National Guard called up to State Active Duty? What duties were assigned? What were the State costs of State Active Duty in FY 2020 and what would costs be if the Guard were to remain on active duty all of FY 2021? How much federal funding will the department receive in FY 2020 and FY 2021 to reimburse the department for these active duty services?

The Governor authorized State Active Duty immediately and initially to address the pandemic on 14 March through 1 April 2020 with 302 Soldiers and Airmen at a cost of \$664,026. 193 State Active Duty Soldiers and Airmen were employed again from 6-24 July 2020 to provide assistance during the NJ primaries at polling locations throughout the state to ensure social distancing, COVID-19 cleanliness, and administrative tasks that assisted the Board of Elections. This was at cost of \$291,289 borne entirely by the State. Both state active duty periods were submitted to FEMA for reimbursement at the 75% authorized rate. The balance of 25% is being paid with CARES Act stimulus funds provided by the Federal Government to the State of NJ. A Presidential Memorandum supported by a FEMA Mission Assignment provided direct U.S. Department of Defense (DoD) federal funding for up to 1,500 Soldiers and Airmen to continue pandemic emergency assistance from 2 April thru 21 August 2020 at 100% (no state personnel costs). This amounted to approximately \$24,000,000. A follow-on Presidential Memorandum with supported FEMA Mission Assignment is currently in effect from 22 August – 31 December 2020 for up to 50 Soldiers/Airmen to continue to support pandemic relief efforts. This authorization is paid directly by DoD with 25% State of NJ reimbursement back to FEMA. Currently, under this last Order/Period, DMVA has one Airmen on Duty at a cost of \$20,000. There is no indication or current plans to add more Soldiers/Airmen unless otherwise directed by the Governor. However, Presidential and FEMA authorization to do so remain in place thru 31 December 2020 at a 25% reimbursement rate to FEMA.

The duties associated with the state active duty periods and DoD federally funded periods included manning the Joint Operations Center with planners and logisticians that directed: setup and manning of Field Medical Stations, setup and assistance at COVID-19 testing locations, manning of temporary mortuary sites throughout the state, support at our Veteran Transitional Housing units, support at our Veteran Memorial Nursing Home Facilities, and support at NJ polling locations during the NJ state primaries. The National Guard was critical to building field medical stations and creating dozens of new beds to ensure that New Jersey had capacity for patients during the peak of the pandemic.

2. Among the nursing homes with the highest incidence of death from the coronavirus were two veterans' homes run by the department: the Paramus Veterans Home and the Menlo Park Veterans Home. Please discuss the impact of the SARS-CoV-2 (COVID-19) virus on the population and staff of each veterans' home: Paramus, Menlo Park, and Vineland.

The impact of COVID-19 on long term care facilities, like our three homes, was severe. This impact was not just felt in our three homes, but across the country in ALL long-term care facilities. The nature of the virus is to attack the elderly, having a fatal effect, specifically on those with comorbidities, which put them at higher risk for the virus. Our homes and the leadership in our homes have done a herculean job in staying at the helm and navigating their respective facilities through this unprecedented global crisis. Paramus and Menlo Park which are in and near the epicenter of the outbreak in New Jersey respectively, were hit especially hard. Vineland, which is in South Jersey was spared the brunt

effects of the virus as it never materialized in South Jersey the way it did in the northern part of the state. The effects of the virus and the subsequent regulations and policy changes stemming from its arrival had a significant impact on our residents and staff. Our residents had their world turned upside down as new regulations and policies were put in place to stem the spread of the virus and eradicate it from our homes. Contact with their loved ones, communal gatherings and trips, and daily activities have been curbed to limit their exposure to this contagion. They have lost roommates and loved ones. Our staff have been hit hard emotionally. Many of our staff develop relationships with our residents and losing someone that you provide care for and develop relationships with is hard. Their daily routines have been upset as well. There has been a multitude of policy and procedural changes from the Centers for Disease Control and Prevention (CDC), Center for Medicare Services (CMS) and New Jersey Department of Health (NJDOH) in regards to battling COVID-19 which has required additional training and reassessment to ensure our facilities are in compliance with those regulations.

3. Was there any coordination between the department, the Department of Health, and Office of Emergency Management in prioritizing and distributing supplies to the homes? How were the homes included in the State distribution of personal protective equipment? What testing equipment was provided to the veterans' homes, and when?

NJDMAVA enjoys a robust and productive relationship with NJDOH. Throughout this pandemic NJDOH has been by our side acting as partners in service to assist us in whatever capacity we needed in order to mitigate and eradicate this contagion from our veteran's homes. In addition to evolving regulatory guidance, NJDOH assisted our homes in providing opportunities for additional staffing when our staffing levels became critical due to the pandemic. NJDOH also assisted the Division of Veterans Healthcare services in acquiring testing supplies needed to ensure that each home was able to conduct testing in accordance with established guidelines. Each of our homes received shipments of tests from NJDOH monthly in order to keep pace with the requirement of testing all residents and staff.

NJOEM assistance was critical in their support to our operations and in supplying the personal protective equipment necessary for each home. NJDMAVA coordinated with the NJOEM ROIC on resource requests for PPE as needed, and as required by the NJ State Emergency Operations Plan (NJ SEOP). Shortages and supply delays were experienced as the entire state's medical community was in need of the same PPE. Best practices have been applied and stockpiles are being obtained to avoid any future gaps caused by supply chain shortages.

4. Prior to the arrival of the federal Veterans Affairs health care strike teams, what were the average staffing ratios for day shift, evening shift, and night shift? Does the department track staffing ratios? How has COVID-19 affected the workforce available for the veterans' homes?

Staffing ratios differ from home to home, based on the size. Our department tracks staffing ratios and reports them to NJDOH daily. These ratios are also submitted quarterly to the Center for Medicare Services via the Payroll based journal (PBJ) report. All three of our homes maintain 4 and 5 star ratings from CMS for our staffing levels which are well above national averages. NJDOH also comes into each facility as required to spot check staffing levels. In each case, these spot inspections have found our homes to be in substantial compliance with staffing requirements. The reports for staffing levels are voluminous and vary from day to day and shift to shift.

The current pandemic has had an impact on our available workforce. We have experienced some unexpected retirements and staff being out due to paid sick leaves, FMLA, and other actions. The department has been able to maintain staffing levels at all three homes by utilizing NJDOH staffing lists, as well as staffing contracts with contract vendors to include adjusting staff schedules to ensure proper coverage across shifts. Employees that retired have been able to be replaced through the Human Resource Development (HRD) process in almost all cases.

5. What role, if any, does the U.S. Department of Veterans Affairs play in overseeing and ensuring quality of care for residents? What role does the New Jersey Department of Health play?

The NJDOH is the regulatory agency which oversees the operations of our three Veterans Memorial Homes. Along with issuing guidance to the homes that is congruent with CDC and CMS guidelines, NJDOH conducts annual surveys at each home to ensure compliance with all established guidelines that ensures the provision of quality care expected at long term care facilities. NJDMAVA and NJDOH enjoy a symbiotic relationship carved around the principles of teamwork, mission, and operation in order achieve an exceptional level of care.

The U.S. Department of Veterans Affairs (USDVA) also conducts annual surveys in each of our three homes. The USDVA surveys are meant, as in the case of NJDOH, to ensure that our homes operations are in compliance with established federal regulations.

6. What changes have been made to protect the residents in the future? Please explain how conditions will become safer for residents with less funding appropriated to the veterans' homes in FY 2021 than in FY 2020?

The Division of Veterans Healthcare Services within DMAVA and our three homes pride ourselves on providing the best care we can to our residents in all three homes. We have had and continue to have policies in place in all three homes to ensure the safety of our residents. As previously mentioned, these policies and procedures are congruent with our regulatory agency's requirements. Our homes are inspected twice per year by the NJDOH and USDVA to ensure compliance with these regulations. As mentioned, this unprecedented global pandemic impacted many and resulted in changing guidance from NJDOH, CDC and CMS over 107 times since the beginning of the COVID pandemic in March of 2020. Each time the guidance changed from our regulatory agencies, our homes in conjunction with central office operations, evolved our policies and procedures to ensure compliance.

As Veterans responsible for the well-being of Veterans, we at DMAVA are always looking to "improve our fighting position." No one knows the battle like those that have fought in the battle. Our Chief Executive Officers and staff in our three homes have been in the battle and are seasoned in this fight. Moving forward, armed with new guidance and knowledge we have of this virus we are better prepared to deal with any potential resurgence.

As leaders, we also utilize the resources we have in the most efficient manner. Through hiring and creative scheduling, we are able to decrease overtime costs at the homes. We are also looking at what non-essential expenditures we may have that can be reduced or eliminated without affecting the quality of care or life and safety of our residents.

7. Direct care workers in other State institutions are believed to have received hazardous duty pay during the public health crisis. What is department's policy on hazardous duty pay for the staff of the veterans' homes?

The Civil Service Commission approved DMAVA submission of emergency rate to the employees that were entitled at each Veteran Home.

8. Please discuss the impact of the SARS-CoV-2 (COVID-19) virus on the population and staff of Veterans Haven–North and Veterans Haven–South. Given that impact, does the FY 2021 budget proposal make adequate provision to assure the safest possible conditions at the shelters?

Veteran Haven North (VHN) and South (VHS) have had very little impact as no residents and very few staff members were taken ill by COVID. VHN and VHS have provided and will continue to provide the safest measures possible for our Veterans and staff during this pandemic, and will continue to practice safe measure there afterwards. Currently hand-held temperature scanners are in use and Thermal temperature scanners are on order.

9. Veteran Service Organizations (VSOs) work in partnership with the department to maximize its resources and accomplish its core mission of serving veterans. The Secretary of the United States Department of Veterans Affairs (VA) recognizes the department as a VSO with accredited veterans' service representatives who prepare, present, and prosecute claims for veterans seeking their benefits. What is the strategic role of the VSOs and chartered VSOs during the public health emergency? Did the VSOs play any role in the distribution of the benefits provided in the economic stimulus package, in terms of access to financial support and benefits to veterans?

The primary role of VSOs during the public health emergency caused by COVID-19 was to provide a steadying presence and constant updates to an ever-changing situation in regards to how veterans apply for, access, and update the many benefits earned by their military service. As the VA shut down and in person visits disappeared VSOs remained in constant contact and communication with the VA and other agencies that support veterans as to how veterans could work around the new roadblocks that arose during the early parts of the quarantine. As a result they were able to keep veterans apprised of the new ways that were being developed for veterans to access key critical services as well as update on ways in which the pandemic changed or slowed the VA's compensation process.

Currently VSOs continue to provide their services to veterans to ensure that they continue to have access to their right to file for disability from the VA, and understand changes that the VA is implementing that will affect them when they access their health care or other benefits earned by their service. Through the crisis VSOs continue to work to ensure that every veteran is able to receive all of the economic benefits available to them and provide a clear path to receiving those benefits.

10. The three-month budget for July-September 2020 excluded \$200,000 in funding for a contract with a consultant specializing in military issues and helping to protect installations in the State from closures and cutbacks. Joint Base McGuire-Dix-Lakehurst is the State's second-largest employer and is considered integral for both the nation's defense and New Jersey's economy. The contract with the consulting firm, Cassidy and Associates, has helped advocate on behalf of the state's military installations in preparation for any future rounds of base closures. How does the State justify excluding funding for this contract? Is adequate funding for this contract included in the FY 2021 budget proposal? If not, please explain the reasons for that decision.

The FY 2021 Budget includes full funding for a contract to advocate for the protection of New Jersey installations from closures and cutbacks.