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May 9, 2013 Joint Committee on Finance Paper #700

Staffing at the Veterans Home at King (Veterans Affairs -- Veterans Homes, Cemeteries, and Memorials)

[LFB 2013-15 Budget Summary: Page 495, #1]

CURRENT LAW

The Department of Veterans Affairs (DVA) operates two veterans homes, one at King and another at Union Grove, and contracts for the operation of a third, the Veterans Home at Chippewa Falls. The Veterans Home at King (VH-King) consists of four separately licensed skilled nursing facilities with a combined 721 beds. These four facilities are Ainsworth Hall (205 beds), MacArthur Hall (116 beds), and Olson and Stordock Halls (200 beds each). The VH-King is funded with a combination of medical assistance (MA) payments, per diem and service-connected disability payments from the U.S. Department of Veterans Affairs, funds contributed by residents ("members"), and several other minor sources.

Base funding for the VH-King operations is $65,854,000 in program revenue (PR) funds, which supports 789.27 PR base positions. In order to address a projected shortfall in the veterans trust fund, the bill would convert funding and positions for the veterans homes, including VH-King, from PR to SEG, and revenues to the homes would be deposited to the veterans trust fund (VTF), rather than credited to a PR appropriation that supports the operations of the veterans. On April 30, the Committee deleted this provision in the bill, but authorized transfers from the PR balances in the veterans homes PR appropriations to the VTF and the mortgage loan repayment fund. Consequently, any additional expenditure authority the Committee provides to DVA to operate the veterans homes will reduce the amount of revenue that is available for transfer to these two segregated funds.

GOVERNOR

Provide $4,856,700 PR in 2013-14 and $6,442,400 PR in 2014-15 and 110.60 PR

positions, beginning in 2013-14, to increase staff at VH-King. This item includes the following increases in direct care staff: (a) 25.00 registered nurse (RN) positions to enable VH-King to staff one RN per nursing unit per shift; (b) 20.90 certified nursing assistant (CNA) positions to increase staff-to-resident ratios; (c) 36.70 CNA positions to reduce staff overtime costs and costs of contracted staff.

As part of this item, the bill includes funding to support increases for non-direct care staff for VH-King: (a) 12.00 food service workers to provide dining room services (6.00 positions) and to reduce overtime costs incurred by current food service staff (6.00 positions); and (b) 16.00 other types of positions, including 3.00 assistant directors of nursing, 1.00 respiratory therapist, 1.00 social worker, 1.0 advanced practice nurse prescriber position to provide mental health services to residents, 1.0 cook, 2.00 custodians, 1.00 electronics technician, 0.50 security officer (a conversion of LTE funding), 4.50 program assistants to serve as unit clerks (4.00 positions) and to provide billing services (0.50 position), 0.50 pay and benefits specialist, and 0.50 resident counselor.

DISCUSSION POINTS

1. The administration indicates that additional staff is needed at VH-King for several reasons. First, the average acuity of residents at VH-King has increased in recent years as more veterans have remained in their own homes longer, accessing community-based long-term care services, including medical assistance (MA) - funded programs such as Family Care, IRIS (Include, Respect, I Self-Direct), and other MA long-term care waiver programs, and delaying their admission to the veterans homes until they require higher levels of care -- care that nursing homes typically provide. This trend, which has occurred over many years, has required the facility to shift from being more like a retirement home to a skilled nursing facility, often providing hospice care to members. In order to adequately address the needs of the current population, the bill would provide additional staff to increase the ratio of direct care staff to residents.

In addition, DVA has frequently required staff to work additional shifts, including premium overtime hours, which could be reduced by authorizing (and filling) additional direct care positions.

Finally, the bill would provide 28.00 additional positions that support the operations of the facility, but do not provide direct care to members. DVA indicates that the current staffing for these support functions, such as food service and clerical functions, is inadequate.

2. This paper discusses several ways of measuring the need for the additional positions that would be provided in the bill, including changes in resident populations and acuity, as well as changes in staffing, vacancy rates, and DVA's use of overtime and contracted nursing services at VH-King during the past several years.

Table 1 compares monthly resident populations with the number of authorized and direct care staff for fiscal years 2010-11 through March, 2013.

TABLE 1

Comparison of Resident Populations and Direct Care Staff

Fiscal Year 2010 -11

Month	Resident Population	Direct Care Staff			Staff-to-Resident Ratio	
		Authorized	Filled	Vacant	Authorized Direct Care Staff	Filled Direct Care Staff
July	676	407.5	391.0	16.5	0.60	0.58
August	672	407.5	390.0	17.5	0.61	0.58
September	669	407.5	386.5	21.0	0.61	0.58
October	669	404.5	386.5	18.0	0.60	0.58
November	665	407.5	387.0	20.5	0.61	0.58
December	661	407.5	387.0	20.5	0.62	0.59
January	658	406.5	385.5	21.0	0.62	0.59
February	652	406.5	393.5	13.0	0.62	0.60
March	652	406.5	388.0	18.5	0.62	0.60
April	657	406.5	392.5	14.0	0.62	0.60
May	662	406.5	388.5	18.0	0.61	0.59
June	675	406.5	386.5	20.0	0.60	0.57
Average	664	406.8	388.5	18.2	0.61	0.59

Fiscal Year 2011-12

Month	Resident Population	Direct Care Staff			Staff-to-Resident Ratio	
		Authorized	Filled	Vacant	Authorized Direct Care Staff	Filled Direct Care Staff
July	684	406.5	382.5	24.0	0.59	0.56
August	690	406.5	381.5	25.0	0.59	0.55
September	694	407.5	376.4	31.1	0.59	0.54
October	694	406.5	375.9	30.6	0.59	0.54
November	703	409.0	381.5	27.5	0.58	0.54
December	698	408.0	380.9	27.1	0.58	0.55
January	693	408.0	382.4	25.6	0.59	0.55
February	693	408.0	380.4	27.6	0.59	0.55
March	700	408.0	380.4	27.6	0.58	0.54
April	703	405.0	379.0	26.0	0.58	0.54
May	706	408.0	377.0	31.0	0.58	0.53
June	703	408.0	374.0	34.0	0.58	0.53
Average	697	407.4	379.3	28.1	0.58	0.54

Fiscal Year 2012-13 (through March)

Month	Resident Population	Direct Care Staff			Staff-to-Resident Ratio	
		Authorized	Filled	Vacant	Authorized Direct Care Staff	Filled Direct Care Staff
July	698	450.0	383.0	67.0	0.64	0.55
August	696	450.0	385.0	65.0	0.65	0.55
September	689	447.0	386.0	61.0	0.65	0.56
October	688	447.0	408.5	38.5	0.65	0.59
November	694	447.0	412.9	34.1	0.64	0.59
December	696	447.5	409.5	38.0	0.64	0.59
January	692	447.5	394.9	52.6	0.65	0.57
February	689	447.0	392.9	54.1	0.65	0.57
March	684	447.0	394.5	52.5	0.65	0.58
Average	692	447.8	396.4	51.4	0.65	0.57

3. Table 1 shows that:

• The average monthly number of members at VH-King increased from 652 in February, 2011, until it peaked in May, 2012, at 706 members. The census has decreased somewhat since that time, and is currently at 684 members.

• The number of authorized direct care staff, which includes registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), nurse practitioner management positions, nursing supervisors, and resident care technicians was about the same in 2010-11 and 2011-12.

• The increase in authorized direct care staff, beginning in 2012-13, is primarily due to the approval of 39.50 direct care positions the Joint Committee on Finance authorized under s. 16.515/16.505(2) of the statutes in May, 2012. The effect of authorizing these positions has been to increase the ratio of authorized direct care positions to residents, although many of the Department's direct care staff positions remain vacant. This recent position increase is discussed further in Discussion Point 7.

4. The information in Table 1 has several analytical limitations. First, it only identifies full-time equivalent (FTE) direct care positions that have been authorized and funded by the Legislature. Consequently, it does not include "pool code" positions, which are positions agencies may create, with the approval of the Department of Administration, to temporarily fill positions that require significant training or that have high turnover rates. It further understates the actual staffing that is available to support the needs of members because it does not reflect staffing that is provided when staff work more hours than they are scheduled to work, such as positions that are budgeted as 0.5 positions (to work 20 hours per week), but work more than their scheduled number of hours. Finally, it does not measure changes in the care needs of members (acuity) over this period.

DVA funds costs of hours worked by pool code positions and hours that exceed the number of hours for which staff is budgeted by using savings that occur when positions become, or remain vacant. In addition, as part of standard budget adjustments, DVA is provided some funding to

support overtime hours, although the amount of funding that is provided is not based on the agency's historical overtime costs.

5. This office presented the most recent staffing report to DVA, which showed that 54.6 direct care positions that have been authorized by the Legislature, and 17.5 pool code direct care positions that were created by DOA (a total of 72.1 direct care positions), were vacant. DVA indicated that, of these positions, 18.8 standard FTE were vacant positions that were only recently transferred from other DVA facilities, 14.2 standard positions were filled (and therefore would not show up on the next vacancy report), and DVA was recruiting for the remaining 21.6 positions.

6. If DVA successfully fills the 21.6 positions for which it is currently recruiting, these positions, in addition to the 14.2 positions it has already filled, would increase the March number of filled, non-pool code direct care staff positions from 394.5 positions to 416.1 positions, and increase the ratio of filled direct care staff to residents from 0.58 to 0.61. If this staffing level were maintained, this ratio would exceed all of the monthly ratios since at least July, 2010. However, even as DVA hires new staff, some current direct care staff will leave their position, which makes it difficult to determine whether DVA's net vacancies will increase or decrease.

7. As partial justification for the agency's s. 16.505/.515 request for additional direct care staff positions for VH-King, DVA projected that the number of members at VH-King would increase to 710 in 2012-13. To adjust for this increase in census, compared to the census DVA assumed as part of 2011 Act 32 (665 in 2011-12 and 657 in 2012-13), DVA requested 39.5 FTE direct care positions (27.0 certified nursing assistant (CNA) positions and 12.5 licensed practical nurse (LPN) positions). The Committee approved the agency's request. DVA has subsequently split these positions into 53 CNA positions budgeted at 0.5 FTE and 18 LPN positions budgeted at 0.7 FTE. DVA uses funding from vacant positions in its salary budget to support these split positions at full-time, and does not need to pay these positions for premium overtime hours as long as they remain below 40 hours per week.

As Table 1 shows, while there has been an increase in the member census as DVA projected, the March, 2013, member census (684) is somewhat less than the 710 projection that was the basis of the s. 16.505/.515 request.

8. The bill would authorize 36.7 additional positions and provide $1,234,800 SEG in 2013-14 and $1,646,300 SEG in 2014-15 for DVA to convert 46 of the CNAs currently budgeted at 0.5 FTE into 1.0 FTE positions and add additional positions to reflect staff vacation and leave time. Although most of the 0.5 FTE positions are already working full-time, DVA currently funds these positions from savings in its salary budget. The bill would therefore provide DVA with funding and position authority to more closely reflect the number of hours these positions are currently working, without requiring DVA to generate salary savings that occur when positions become vacant.

9. If approved, these additional positions could reduce the agency's overtime costs if DVA is successful in filling them. The bill would reduce the amount of overtime funding that would otherwise have been provided as a "standard budget adjustment," based on the Department of Administration's technical budget instructions. The 2013-15 instructions direct agencies to request the same amount of funding to support overtime costs in the 2013-15 biennium as they received in the previous biennium under a standard budget adjustment, although agencies may request

additional funds as a separate item to support overtime costs they funded through base reallocations in the current biennium. Based on these instructions, VH-King would have been provided $1,875,600 annually to fund overtime expenses. The bill would instead provide $500,000 annually to fund overtime costs at VH-King in the 2013-15 biennium.

10. Table 2 shows biweekly overtime costs at the VH-King for 2009-10 through the 19th biweekly pay period in 2012-13. Table 2 shows that biweekly overtime costs increased significantly in 2011-12 compared to the previous two years, and have remained high in the current year, compared to 2009-10 and 2010-11. If the additional direct care staff are approved and hired, these overtime costs should decrease.

TABLE 2

Bi-Weekly Overtime Expenditures for the Veterans Home at King, From 2009-10 through October 2012-13

Pay Period	2009-10	2010-11	2011-12	2012-13
1	$133,700	$150,100	$67,200	$117,400
2	34,700	44,300	107,900	95,200
3	54,300	84,600	77,100	91,300
4	31,300	44,100	83,500	94,600
5	27,000	46,700	77,300	104,700
6	35,400	55,800	96,100	77,900
7	34,300	55,700	80,000	82,700
8	26,900	41,400	71,500	85,900
9	25,500	36,600	80,900	77,600
10	22,200	45,200	80,900	72,300
11	31,700	55,600	83,800	85,500
12	52,800	76,500	117,100	102,200
13	30,500	60,200	99,800	100,800
14	91,400	33,300	183,300	79,800
15	74,300	57,600	89,000	72,200
16	67,400	39,300	97,800	75,200
17	62,400	52,100	71,500	63,000
18	65,000	44,100	75,300	75,700
19	74,300	73,700	73,500	75,800
20	49,400	58,000	77,200	
21	44,500	53,900	73,900	
22	52,900	48,200	66,400	
23	50,500	40,800	65,700	
24	46,400	37,100	69,600	
25	74,900	69,000	90,700	
26	46,100	57,700	76,900	
27*			83,800	
Total	$1,339,800	$1,461,600	$2,317,700	
Biweekly Average	$51,531	$56,215	$85,840	$85,779

*There were 26 pay periods in 2009-10 and 2010-11 and 27 pay periods in 2011-12.

10. Table 3 shows the monthly costs DVA incurred to purchase contracted nursing services in 2010-11 through March, 2013. When DVA is unable to fill a shift with part-time staff or find employees willing to work overtime, the Department contracts with staffing agencies to supply temporary nursing staff. As with overtime costs, there was a substantial increase in agency staffing costs beginning in 2011-12.

TABLE 3

Temporary Nursing Staffing by Month

Month	2010-11	2011-12	2012-13
July	$0	$0	$3,365
August	10,481	1,271	21,483
September	7,646	20,853	31,025
October	2,686	4,578	27,911
November	831	19,445	23,744
December	5,345	8,994	8,269
January	6,166	10,758	21,423
February	4,132	31,135	9,174
March	0	19,200	17,236
April	4,964	24,852	8,467
May	3,318	25,815	
June	7,945	17,251	
Thirteenth Pay Period	14,786	25,010	
Total	$68,300	$209,162	$172,097
Monthly Average	$5,692	$17,430	$17,210

11. In addition to using 36.70 FTE positions to convert positions that are currently budgeted for less than full-time to full-time positions (as described above), DVA would use the additional 20.90 CNA positions and 25.00 RN positions to increase unit staffing at the VH-King. There are 14 units at the VH-King. DVA would increase CNA staffing on the morning shift by 1.0 position on four units and by 2.0 positions on another unit, and increase staffing on the evening shift by 1.0 position on seven units and by 2.0 positions on one unit. Currently, DVA has one RN on each unit during weekday day shifts, and one RN for every two units during weekend days, every evening, and overnight shifts. DVA would use the increase in RN positions to have one RN on every unit every day, evening, and overnight shift.

12. DVA cites the Centers for Medicare and Medicaid Services (CMS) Five-Star rating system as one indicator of the level of care it provides at the Veterans Homes. Table 4 shows the most recent overall rating for each licensed unit at VH-King. In addition, it compares the number of licensed nurse and CNA minutes per resident at these units to all nursing homes in the state. As the number and acuity of residents at VH-King increases, DVA is concerned that its staff to resident ratio will decrease and, as a result, the CMS star rating of the facility will decline. DVA believes that the additional staffing that would be provided in the bill is necessary to maintain or increase the facility's star rating. Three of the halls at VH-King provided fewer minutes of licensed nurse and

CNA care per resident than the Wisconsin average, while one of the halls exceeded the state average. However, the comparison between staffing at the VH-King and statewide averages is of limited usefulness because it does not consider differences in the care needs of members at VH-King and statewide acuity levels.

TABLE 4

Veterans Home at King CMS Star Ratings, by Unit

Unit	Overall Rating	Staffing Rating	Licensed Nurse Staff Hours Per Resident Day	CNA Hours Per Resident Day
Ainsworth Hall	4	4	53 minutes	2 hours 17 minutes
MacArthur Hall	5	5	1 hour 44 minutes	2 hours 44 minutes
Olson Hall	4	4	55 minutes	2 hours 7 minutes
Stordock Hall	3	4	56 minutes	2 hours 30 minutes
Wisconsin			1 hour 32 minutes	2 hours 35 minutes

13. The Department of Health Services (DHS) calculates the case mix index (CMI) of each nursing home in the state to determine the payments nursing homes will receive for their MA-eligible residents. Whenever a new resident is admitted to a nursing home, the nursing home is required by CMS to assess and report the needs of the resident using the "minimum data set" (MDS). CMS uses the reported MDS data to determine the average cost of providing services to residents needing a specific level and type of care. This information is used to create 48 resource utilization groupings (RUGs). The RUGs correspond to a level and type of care and each RUG is given a value that is plus or minus 1.00, based on the relative cost of care for these individuals when compared to the average cost of care for an individual. The CMI for a facility is the weighted average of the RUGs scores for the residents at the facility.

14. Table 5 shows the composite CMI score for VH-King from December 2010, through September 2012 (the most recent data available).

TABLE 5

Case Mix Index for Veterans Home at King

Quarter	CMI	Change from Previous Quarter Number	Change from Previous Quarter Percent
December, 2010	0.730		
March, 2011	0.741	0.011	1.5%
June, 2011	0.759	0.018	2.4
September, 2011	0.763	0.004	0.5
December, 2011	0.775	0.012	1.6
March, 2012	0.768	-0.007	-0.9
June, 2012	0.764	-0.004	-0.5
September, 2012	0.772	0.008	1.0
Total Change During Period		0.042	5.8%

The table shows that the CMI for the VH-King increased steadily from December 2010, to December 2011, then decreased slightly from March through June 2012, and increased slightly in September 2012. Between December, 2010 and September 2012, the CMI increased approximately 5.8%.

15. Most nursing homes provide short-term rehabilitative care to Medicare recipients that were recently hospitalized. These residents tend to have higher acuity than long-term care residents. For this reason, DVA indicates that it may not be appropriate to compare the CMI scores for VH-King to those of other nursing homes in the state. However, DVA cites several other measures that suggest increasing care needs of residents. First, the average age of VH-King residents has increased from 79.18 years in 2008 to 80.43 years in 2012. In addition, many of the residents have mental health conditions. DVA indicates as of March 20, 2013, there were 418 residents diagnosed with dementia or Alzheimer's disease, 256 with anxiety disorders, 141 with mood disorders, 98 with psychotic disorders, and 32 with substance abuse disorders. Individuals with these conditions have higher care needs than other residents.

16. DHS surveys every nursing home in the state for care and safety violations. VH-King was last surveyed in 2011. Each of the halls at VH-King had staff retention rates well above the Wisconsin state average for RNs, LPNs, and CNAs. In many cases the retention rate for VH-King was over 10 percentage points higher than the state average. All but one of the halls, Stordock Hall, received citations for federal violations in 2011. Ainsworth and Olson Halls received 12 citations and MacArthur Hall received five citations. All of the violations were no more serious than "corrections," the second lowest of the four deficiency levels. Corrections are deficiencies that "exist when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental or psychosocial well-being."

17. In July, 2012, the American Federation of State, County and Municipal Employees (AFSCME) expressed concern over the number of overtime hours direct care staff at VH-King were required to work. Tables 6 and 7 show the results of an analysis this office completed in November, 2012, for the two-week pay period from October 7, 2012, to October 20, 2012. This information could be considered a "snapshot" of the use of overtime at the VH-King.

Table 6 shows the number of employees that were budgeted for less than 80 hours in the two-week period but worked over their budgeted hours, the average number of extra hours under 80 hours these employees worked, and estimates of the number of additional FTE positions that would be needed to cover these extra hours. Table 7 shows the number of employees that worked overtime (over 80 hours) during the two-week period, the average overtime hours they worked, and the corresponding number of additional 1.0 FTE that would be needed to cover these hours. Together, Tables 6 and 7 show the number of hours staff worked that exceeded the number of DVA's budgeted FTE. Some individuals that were hired into part-time positions worked more than 40 hours per week.

TABLE 6

**Bi-Weekly Pay Period Over Standard FTE at the Veterans Home at King, by Position*
October 7, 2012 to October 20, 2012**

Position	Employees That Worked Over Standard FTE	Average Hours Worked Over Standard FTE	Total Hours Over Standard FTE	Equivalent FTE Positions at Standard Hours
CNA	114	34.9	3,808.3	47.6
LPN	21	26.8	562.6	7.0
RTC1	41	40.0	1,640.2	20.5
RN	15	23.4	350.7	4.4
Total	191	125.1	6,361.8	79.5

*Based on 80 hours per 1.0 FTE position.

TABLE 7

**Bi-Weekly Pay Period Overtime at the Veterans Home at King, by Position*
October 7, 2012 to October 20, 2012**

Position	Employees That Worked Overtime	Average Overtime Hours Worked	Total Overtime Hours Worked	Equivalent FTE Positions at Standard Hours
CNA	226	12.7	2,859.2	35.7
LPN	26	5.6	145.4	1.8
RCT	0	0.0	0.0	0.0
RN	34	12.3	418.5	5.2
Total	286	30.5	3,423.1	42.8

*Based on 80 hours per 1.0 FTE position.

18. As shown in Table 6, over this two-week period in October, 114 CNAs worked on average 35 hours, 21 LPNs worked 27 hours, 41 resident care technicians worked over 40 hours, and 15 RNs worked 23 hours over their budgeted FTE. Converted to FTE, these additional hours were equal to the work that would have been done by 80 additional full-time employees.

Table 7 shows similar information, but for the number of hours worked over 80 hours per two-week pay period and therefore qualified for premium overtime wages. During this pay period, 226 CNAs worked on average 12.7 overtime hours, 26 LPNs worked an average of 5.6 hours of overtime, and 34 RNs worked an average of 12.3 overtime hours over this one two-week period. If all of these hours were converted to 1.0 FTE positions, DVA would need to hire approximately 43 FTE to staff these hours.

19. In March, 2013, there were 52.5 FTE vacant direct care positions based on the statewide personnel report. Of these, 16.5 FTE had been vacant for nine months. The other 36 FTE positions that were vacant in March had been filled for some period of time in the previous nine months. Most of these positions, 14 FTE, were LPN positions. The other 2.5 FTE were CNA positions.

20. Table 8 shows the number of total vacant direct care FTE, FTE filled, FTE vacated, and net change in FTE from one personnel report to the next from the reports available for the past nine months. While DVA has filled on average 16.9 FTE direct care positions for the past nine months, on average 14.5 positions have also been vacated each month. This report does not indicate whether these position changes were a result of transfers, terminations, or new hires.

TABLE 8

Net Changes in Direct Care Positions at VH-King -- Selected Months 2012-13

	July	Aug	Sep	Oct	Nov	Feb	March	Average
Total Vacant FTE Positions	64.50	64.00	62.00	39.50	35.10	54.10	52.50	53.10
Positions Filled	19.50	15.00	12.50	28.50	14.00	13.60	15.10	16.90
Positions Vacated	-15.00	-14.50	-10.50	-6.00	-9.60	-32.60	-13.50	-14.46
Net Change in Filled Positions	4.50	0.50	2.00	22.50	4.40	-19.00	1.60	2.40

21. DVA indicates that it is actively recruiting to fill LPN positions and took a number of steps to improve LPN hiring in the fall of 2012, including updating the application and hiring process to improve the ways that individuals apply to positions, increasing advertising, and developing a LPN professional development program to help existing CNA staff advance into LPN positions. In September, 2012, the Office of State Employee Relations increased the pay range for LPNs, from $17.60 to $19.05 per hour at the request of DVA and other agencies with LPN positions. At the time, DVA believed this increase could help attract more and better quality applicants for these positions. However, to date, these efforts have not resulted in reducing LPN vacancies, which increased from 20.5 in August, 2012, to 21.5 in March, 2013.

22. In addition to the direct care positions, the bill would fund 28.00 support positions that do not provide direct care to residents at VH-King. The number of these recommended positions and the number of current FTE is shown in Table 9 below.

TABLE 9

Additional Support Staff Authorized and Funded in AB 40

Classification	Additional AB 40 FTE Positions	Current FTE*
Food Service Assistant	12.0	63.5
Assistant Director of Nursing	3.0	23.5
Respiratory Therapist	1.0	3.5
Social Worker	1.0	10.5
Advanced Practice Nurse Prescriber	1.0	3.0
Cook	1.0	9.0
Custodian	2.0	13.0
Electronics Technician	1.0	2.0
Security Officer	0.5	8.5
Program Assistant - Unit Clerks	4.0	21.5
Program Assistant - Billing	0.5	9.0
Pay and Benefits Specialist	0.5	4.5
Resident Counselor	0.5	19.5
Total	28.0	191.0

*Excludes pool code positions.

23. DVA indicates 6.0 FTE of the food service assistants (FSAs), the respiratory therapist, social worker, advanced practice nurse practitioner, billing program assistant, and pay and benefits specialist positions recommended by the Governor would be used to make the funding level for these positions conform to DVA's current staffing levels. DVA is currently using available funding in its salary line to fund a number of 0.5 FTE positions as full-time positions. The other 18.0 FTE would be used to increase staffing levels for these types of positions.

24. In summary, it could be argued that staffing at VH-King should be increased because occupancy, member acuity, overtime, and contracted agency staffing costs have increased at VH-King relative to 2010-11. Although the Joint Committee on Finance provided 39.5 direct care positions to VH-King, beginning in 2012-13, by approving a 16.515/505(2) request in May, 2012, DVA's decision to split these positions into multiple 0.50 and 0.70 FTE positions and staff them as direct care full-time positions using funding generated by other vacancies suggests VH-King needs the additional positions provided in the bill.

Alternative A1 would provide DVA the expenditure authority to fully fund the actual direct care operational staffing at VH-King, rather than the budgeted staffing level. If the Committee chooses to provide positions to reduce overtime by approving Alternative A1 and wishes to increase direct care staffing at VH-King to improve the facility's CMS 5-star rating, the Committee could also approve Alternative B1. The amount of care members receive from direct care staff would only increase if overtime was sufficiently reduced. For this reason, Alternatives B1 and B2 should not be selected in combination with Alternative A3. Alternative C1 would provide all support staff recommended by the Governor. If the Committee chooses to approve all of the Governor's

recommended positions to reduce overtime as well as increase staffing, the Committee could approve Alternative I.

25. Conversely, it could be argued that, by approving the Department's May, 2012, 16.515/505(2) request, the Committee provided DVA the positions it needed, and since then, occupancy at VH-King has decreased. Despite its recent efforts to fill direct care positions, DVA continues to have a significant number of vacant direct care positions, due to ongoing staff turnover. Staffing needs at VH-King may decrease after DVA fills the positions the Legislature has already authorized. Further, it could be argued that these facilities already provide high quality care, based on the CMS 5-Star ratings scores and recent surveys conducted be the DHS Division of Quality Assurance. For these reasons, the Committee may decide to reduce the number of positions provided in the bill by approving Alternatives A2, B2, and choosing to delete some positions under C2. The Committee may also choose to delete only positions intended to reduce direct care overtime (Alternative A3), increase direct care unit staff (Alternative B3), or all support staff (Alternative C3). Finally, the Committee could delete all position and funding increases related to this item by approving Alternative III.

ALTERNATIVES

I. Approve all of the funding and positions recommended by the Governor under this item.

II. Instead of approving the entire item, approve one alternative each from (A), (B) and (C):

A. Positions to Reduce Overtime

1. Approve the Governor's recommendation to fund 36.70 additional CNA positions, beginning in 2013-14 to reduce staff overtime costs and costs of contracted staff.

2. Modify the Governor's recommendation by reducing by approximately half (-18.0) the number of additional CNA positions so that 18.70 additional CNA positions would be provided, beginning in 2013-14. Reduce funding in the bill by $617,400 PR in 2013-14 and by $823,200 PR in 2014-15.

ALT IIA2	**Change to Bill**	
	Funding	Positions
PR	- $1,440,600	- 18.0

3. Modify the Governor's recommendation by deleting all 36.70 additional CNA positions to reduce staff overtime costs and costs of contracted staff. Reduce funding by $1,234,800 PR in 2013-14 and by $1,646,300 PR in 2014-15.

ALT IIA3	Change to Bill	
	Funding	Positions
PR	- $2,881,100	- 36.70

B. Positions to Increase Staff Ratios

1. Approve the Governor's recommendation to fund 25.00 registered nurse positions and 20.90 CNA positions beginning in 2013-14 that would be provided to enable DVA to increase staffing as described in Discussion Point 11.

2. Modify the Governor's recommendation by reducing by approximately 50% (-12.50 RNs and -10.50 CNAs) the number of positions that would be provided, beginning in 2013-14. Reduce funding in the bill by $1,222,800 PR in 2013-14 and by $1,625,400 PR in 2014-15.

ALT IIB2	Change to Bill	
	Funding	Positions
PR	- $2,848,200	- 23.0

3. Modify the Governor's recommendation by deleting all 25.0 registered nurse and 20.9 CNA positions recommended by the Governor. Reduce funding in the bill by $2,445,500 PR in 2013-14 and by $3,250,700 PR in 2014-15.

ALT IIB3	Change to Bill	
	Funding	Positions
PR	- $5,696,200	- 45.90

C. Support Staff

1. Approve the Governor's recommendation to fund 28.0 additional support staff positions.

2. Delete one or more of the following support staff positions or groups of positions and associated funding:

a. 12.0 Food Service Assistants ($351,400 in 2013-14 and $466,100 in 2014-15)

b. 3.0 Assistant Directors of Nursing ($263,300 in 2013-14 and $348,600 in 2014-15)

c. 1.0 Respiratory Therapist ($53,800 in 2013-14 and $67,400 in 2014-15)

d. 1.0 Social Worker ($52,800 in 2013-14 and $70,000 in 2014-15)

e. 1.0 Advanced Practice Nurse Prescriber ($90,000 in 2013-14 and $119,500 in 2014-15)

f. 1.0 Cook ($34,700 in 2013-14 and $45,900 in 2014-15)

g. 2.0 Custodians ($57,100 in 2013-14 and $75,000 in 2014-15)

h. 1.0 Electronics Technician ($43,900 in 2013-14 and $58,000 in 2014-15)

i. 0.5 Security Officer ($2,700 in 2013-14 and $3,600 in 2014-15)

j. 4.0 Program Assistants - Unit Clerks ($139,200 in 2013-14 and $183,600 in 2014-15)

k. 0.5 Program Assistant - Billing ($41,900 in 2013-14 and $55,800 in 2014-15)

l. 0.5 Pay and Benefits Specialist ($20,400 in 2013-14 and $27,000 in 2014-15)

m. 0.5 Resident Counselor ($25,200 in 2013-14 and $24,900 in 2014-15)

3. Delete all position authority and funding for support staff at VH-King. Delete $1,176,400 PR in 2013-14 and $1,545,400 PR in 2014-15 and 28.0 positions, beginning in 2013-14.

ALT IIC3	**Change to Bill**	
	Funding	Positions
PR	- $2,721,800	- 28.0

III. Delete provision. Reduce funding by $4,856,700 PR in 2013-14 and by $6,442,400 PR in 2014-15 and delete 110.60 positions, beginning in 2013-14.

ALT III	**Change to Bill**	
	Funding	Positions
PR	- $11,299,100	- 110.60

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