



MEETING MINUTES / 20 July 2021

****MEETING WAS CONDUCTED HYBRID VIA ZOOM DUE TO COVID-19 PRECAUTIONS****

ATTENDANCE:

Present: Baldwin, Lopez, McMullen, Sarg, Farley, Magner, Harwood, Seppala, Sutton, Nolan, Lardizzone

Excused: Miller, Phillips, Bradley

Guests: Vince Kane (Department of Veterans Affairs Medical Center), Carol Erhart (DVH), Michael Heneghan (DVH), Pat Cerchio (First State Military Women), Dave Skocik (Friends of Delaware Veterans)

CHAIR'S OPENING REMARKS:

(Baldwin) There is a lot to cover today and will be a busy meeting. There will be an executive session immediately following the meeting.

MEETING MINUTES:

Prior minutes motioned to approve by Lardizzone seconded by Sarg.

ADMINISTRATIVE REMARKS:

Nothing to report

Wilmington VAMC – Vince Kane, Director

(Kane) The updates as a facility are to continue to revitalize our interactions at the Wilmington VAMC and at the Community Based Outpatient Clinics. Our veterans want face-to-face interaction, and we are working towards providing that. We are continuing to use virtual platforms but are trying to create more opportunities for in office care. Vaccines have plateaued, being at 74% for the last 6 weeks. On average we are doing less than 10 vaccines per day. We are worried about the Delta Variant and for those who have not been vaccinated and how that could affect our plans for reopening. For the last several weeks we have not had any Covid-19 in-patients. We are tracking a small number in the community and they are doing well. We are experiencing a survey today for our homeless programs and will have an update for you next time we are together. We are amid expanding our Primary Care and Mental Health programs as we have received additional funding. We are looking to add both providers, and nurses at all locations in Delaware. Still waiting to here from big VA on our invitation to the Governors Challenge which is scheduled late July to early August. We have been in communication with VBA. There is continued delays in building 13. I did a walk-through last week and it's coming along. I was hoping we would be in the by September, I can honestly tell you we will be lucky to get in there by the end of the year. We have made space available at the medical center for VSO's. If there are issues, please keep me informed. We don't want office space to be a barrier for veterans to have their needs addressed. We are very interested in getting our outreach moving again. We will set up a townhall regarding premium subscriptions on myhealthvet.va.gov and system updates.

(Farley) Did you say you already met with the Governor?

(Kane) Yes, it went extremely well. He was very interested and highly supportive of the Governors Challenge. Just waiting for the invite.

(Farley) Anna and I met with Matt Jacobs last week to discuss that, and to discuss the End-of Term Sponsorship program.

(Kane) New Jersey started using that program. It's a great resource and something we need to build into our system.

(Farley) I updated my myhealthvet.va.gov account to premium, but yesterday I got an email saying I should update my account to premium.

(Kane) I think there is some fatigue from emails being sent to our veterans by the VA. I am worried this will continue the trend and veterans will disregard the information. I'm being told, and would love for some feedback from you, that this takes about 10-15 minutes and it's not that challenging. I'm trying to figure out how best to assist veterans and what they need.

(Farley) It did take me about that time and that's because I had all my information together. What about a brand-new guy signing in for the first time and then to get an email like I got? That could add to confusion.

(Kane) I couldn't agree with you more. We are trying to mitigate that, but there is a deadline that has been announced of September 1, 2021.

(Farley) At some point the VA should explain to someone starting out what all the sites are and what they do. The VA has multiple websites and can be confusing.

(Kane) I agree. It goes beyond gaining access. We need to be sure veterans know how to use the systems once logged in.

(Farley) The feedback you receive when going through the site isn't clear either.

(Kane) Thank you for informing me.

(Sarg) How's the status of the radiology services in the Dover Clinic?

(Kane) No additional updates currently.

(Sarg) Your Fiscal Year starts in October correct?

(Kane) Correct.

(Sarg) Will you have to design a new section?

(Kane) That's already set up. We are trying to identify whether the purchase will happen this Fiscal Year.

(Sarg) Do you have contract services in the Dover area?

(Kane) That's all still in place and available. The hope is to keep as much in house as possible to take the best care we can of our veterans.

(Lopez) I was invited to the meetings for the September 11th 20th Anniversary. I know it's a weeklong event. I missed the meeting last week because I was out of town, but wanted to make sure it was ok to start getting the information out to the Commissioner's? When would the VA like a presence from the veteran community?

(Kane) I am waiting for the team you have been working with to provide me with a schedule for the week. I know this is a national event. My understanding is they are working with the White House and the President wants to have a National Feed. VA will be honoring Patriots Day in a week of remembrance prior to. We are waiting for the team to come back with a plan so we can communicate it.

(Cerchio) I attended the Women's Health Summit a few months ago and posed the question, does the VA have the Stellate Ganglion Block as a treatment for PTS? Dr. Sandra Black investigated it and was kind enough to call me to inform me you do have it, but veterans would need a referral from Behavioral Health to get treatment. Studies show it is 80%-90% effective and other treatments combined are only about 40% effective. It's only offered as a sort of last resort. I was wondering why that is and if they could offer it as a primary treatment?

(Kane) I apologize. I am not keen to or a subject matter expert on that subject. What we could do is have a meeting and bring in someone that is a subject matter expert to answer your questions. It's often based on research, but do not have the information in front of me to facilitate an answer to that question.

(Cerchio) Thank you.

(Harwood) Thank you Pat, for attending the Women's Health Summit. That was our first one and we will try to continue it annually so I hope you can attend them. Your input was appreciated.

(Cerchio) my pleasure

(Lardizzone) When will we be allowed to carry more passengers in our DAV transport vehicle's?

(Kane) How many are you currently carrying Paul?

(Lardizzone) 1

(Kane) Are we checking if they are vaccinated?

(Lardizzone) No, we weren't told to.

(Kane) If we are going to increase the number's, that may be an option. We need to make sure we have appropriate safeguards in place. Let me talk to the team and reexamine the contingencies we have in place. Is this a formal request that your making of me?

(Lardizzone) Yes sir.

(Kane) Let me talk to Roy and his team to see what we can do. How many do you think you can safely transport?

(Lardizzone) At least 4.

(Kane) I will talk to Roy and get back to you, it seems reasonable.

(Lardizzone) Thank you.

(Harwood) The Dover CBOC has Physical Therapy. I was informed it is now up and running. Can you speak on the Physical Therapy section in Dover for the Commissioner's?

(Kane) We have been waiting for permanent staff to be in place. The idea is to keep as much of the medical care in the VA as possible without outsourcing. I'm not sure if Katherine McDowell, our lead for Rehab Services, has the permanent staff there currently. The plan was to have a PT tech and a PT there on a regular basis. The equipment is in place and tested. Katherine has been covering it with float staff with the intent of the beginning of August to have permanent staff. Once that staff has completed the appropriate training, they should be providing coordinated care on a more routine basis in Dover.

(Harwood) Audiology in Dover is scheduled through the next year. Will there be a full time Audiologist in Dover?

(Kane) I don't have the answer to that. I will have to check with the new Chief of Staff as to what the gamelan is. Are we getting feedback from our veteran's that there are lengthy delays in Dover?

(Harwood) Yes.

(Kane) There may be the need to expand that an additional day. Thank you for the feedback.

(Harwood) Thank you.

(Lopez) Quick comment, I started physical therapy at the clinic a few weeks ago. The PT was excellent. They seem to be taking care of the veterans as they need to.

(Nolan) What is the procedure to see a veteran if he is in the hospital.

(Kane) It depends on where the veteran is. There is a screening process with respect to visitation to the ICU or our Acute Unit. That varies depending on how many Covid-19 patients we have on the floor. The visitation is decided between the Hospital, the veteran, and the family. We have been allowing visitors, do not allow visitors under the age of 18, and limit the amount of time. Yes, we are coming out of the pandemic, but we are not out of it, so we are being safe.

(Nolan) A spouse of a veteran contacted me and did not know where her husband was taken after he had a stroke. I was able to locate him at the VA. I was told "I can neither confirm nor deny a patient by that name is here". Is that normal?

(Kane) That is normal. There are criteria that must be followed to protect the privacy of a veteran while hospitalized. That's standard with all medical centers. That is common and follows HIPAA.

(Nolan) If I was to see a family member in a regular hospital, I would just be able to see them. Why would the VA stop me?

(Kane) That is something that would be reviewed between the hospital and veteran to protect privacy. If the veteran says they are open to giving information we allow it freely, otherwise we restrict who

can see them. Otherwise, you would have anyone coming in and you can imagine that could create challenges for some veterans. The veteran has a right to privacy that we have to protect.

(McMullen) That's not only VA, but that's also all hospitals.

(Kane) Correct.

(Nolan) Thank you.

Delaware Veterans Home (DVH) – Carole Erhart, Director/Michael Heneghan, Chief Financial Officer

(Erhart) Introduces Michael Heneghan as the Delaware Veterans Home Chief Financial Officer.

(Heneghan) Thank you, my name is Michael Heneghan and I have around 25 years' experience working in and around nursing facilities. Carole asked me to start looking at DVH's numbers because we want to do things right. DVH has 53 residents: 18 Medicaid, 17 Private Pay, and 17 VA. The overall occupancy of the DVH has been somewhat limited over the past year due to Covid-19. If a veteran went to a nursing home in Delaware and had private funds, they would be paying \$425 per day. The average cost for assisted living facilities is \$200 per day. The DVH's current rates are as follows; Medicaid is \$294.74 per day, Private Pay is \$247 per day, and VA is \$433 per day. This is where we have some issues. In Fiscal Year (FY) 2008 and 2009 rates were \$210 per day. FY2010 rates were raised to \$215 per day. FY 2011 to FY 2013 rates raised to \$220. FY2014 rates went up to \$231 per day. FY2015 and FY2016 rates went up to \$242 per day. FY2017 rates raised to \$247 per day and have not been reviewed for rate increase since. After discussions with Carole and other key members in the state we are required to increase our semiprivate room rate above the Medicaid rate as mandated by Federal law. That number is \$305 per day. This proposition is a significant increase. The increase is \$58 per day for private pay members. This rate will begin October 1, 2021. The impact from October 1, 2021 to June 30, 2022 is \$15,834. What are our concerns? The current Medicaid rate is \$294.74 per day and our current private pay rate is \$247 per day. Federal law prohibits a supplier from charging Medicare or Medicaid substantially more than the company's usual charges, unless there is good cause. This is found in 42 U.S.C § 1320a-7(a)(6)(A). Everywhere I have worked in skilled nursing facilities the private pay rates are above the Medicaid rates. Carole can jump in as needed.

(Erhart) Medicaid must be the lowest rate. If a private pay member does not have the funds, they qualify for Medicaid.

(Heneghan) If we look at it right now, we need to be above the current Medicaid rate of \$294.74. In March the Medicaid rate will adjust. DVH will then evaluate private pay rates on an annual basis with a July 1 effective date to ensure the private pay rate is always more than the Medicaid rate as required by Federal law. Our goal is always to be the lowest priced provider. We are serving veterans. We called around and compared rates. Every home we talked to was clear on their guidance, Medicaid must be the lowest paid rate. Questions.

(Baldwin) Please explain how this will be communicated to the families. Have you found a law that states the rates must be higher than Medicaid?

(Heneghan) We still have consultants researching specific Delaware laws and regulations. The publication we provided was found in the Federal Register.

(Erhart) This is Federal law.

(Baldwin) Why hasn't this increase happened every year?

(Erhart) I can't answer that other than change of administration.

(Lardizzone) The DVH always came to the Commission for the increase. The last increase request was 2016. Who ever took over after 2016 did not make any increase request. If you need the rates raised the Commission will approve it.

(Erhart) Our goal is to put true structure in the building no matter who the Administrator is. We know for fact every March the Medicaid rate is adjusted. That is the time in which an evaluation should be done for appropriate rates. We will be notifying families. Those that we expect have unpleasant reactions will be notified in person around the 28th or 29th of this month. If their funds

run out, we will offer assistance in applying for Medicaid. We are still offering skilled nursing level care below even assisted living payments with the state. We have the best staffing and equipment, and still the best value. The concern is the significant increase due to prior administration not adjusting accordingly each year. Moving Forward there is complete policy and procedure in place.

(Baldwin) We need to ensure when families are addressed that they are made aware the mistakes were on our side and we are trying to fix the issue. We need to be open and honest.

(Erhart) We will be.

(Heneghan) Aside from notifying the families, we are also providing letters with as much detail as we can.

(Baldwin) The families should know if they are on private pay, every year there could be a cost raise due to Medicaid costs. It will be a shock to some of these folks when they see that number.

(Erhart) I agree, but a positive way of looking at it is they have not had an increase since 2017. We will be very transparent.

(Baldwin) Positive or not, this will be a major shock that we should be prepared for.

(Erhart) I agree, Michael and I are going to make ourselves completely accessible to these families. We will inform them every July 1st there will be a rate adjustment based on the Medicaid rate.

(Baldwin) I think we should stick with a policy of DVH coming to the Commission yearly, as soon as you know to request for rate adjustment. That's how it should be.

(Harwood) If the rates go up in March, does DVH have to match it or go above it?

(Heneghan) We must be above it.

(Harwood) If you go above it does the families have to pay the difference?

(Erhart) To clarify, Medicaid does not impact private pay at all. Medicaid is 66% covered by federal government and 33% covered by state government. They allocate an increase based on the industry and we are being mandated to increase minimum wage to \$15 as of January 1. I expect that to impact the Medicaid rate significantly. Not just the DVH, but nursing homes as a whole. Every March the Medicaid rate increase does not impact the patient portion, only the states portion.

(Harwood) My concern is when a private pay patient begins to run low on funds, the spouse not in skilled care begins struggling because they are living on those same funds.

(Erhart) There are Spousal Impoverishment Laws in place to protect families in this position. They can protect around \$80k to \$90k in liquid cash assets and the home. If they are close to or around that number, they may need to apply for Medicaid to protect their remaining assets.

(Harwood) Does the DVH educate spouses to help them better understand this situation?

(Erhart) I will be transparent, the DVH has required proof of 1 year in cash assets in the past. That's illegal and discriminatory to practice. If you look at it, private pay and Medicaid are hand in hand. Financials should not be a decision as to whether we do or do not accept a patient. When they apply, Fiscal is responsible for assisting them if they need to apply for Medicaid. If they have a spouse in the community, we will assist them in applying for Medicaid.

(Harwood) Thank you.

(Lardizzone) Will we still be the cheapest option in the state?

(Heneghan) Correct.

(Erhart) We are about \$100 to \$125 less per day than anyone else in the state.

(Farley) Is there a way to educate families before they start to consider going into a nursing home?

(Heneghan) Our census is at 53 beds. I heard there was a time in 2013 or 2014 where the census was 139 to 140 beds. A project Carole and I are working on for this year the next is to get that census up there again.

(Erhart) We are looking to educate the community on our services and resources available to patients and families. We are also notifying anyone who is admitted on private pay from this point of the upcoming rate increases in October and every July from then on. Another challenge with opening the building is Certified Nursing Assistant (CAN) recruitment. Because people are making more money staying home it has become very challenging. We are teaming up with Department of Labor to train

CNA's on site. That is a challenge industry wide because there isn't enough CNA's out there right now.

(Baldwin) Could you address the short-term Medicare therapy concern?

(Erhart) Presently, we do not do short term therapy. DVH would have to meet the medical needs for a short-term recovery and reimbursement for short term care is \$535 per day. Industry standard response for admitting short-term is 30 minutes. With the VA we may have a day to provide a response as to ability to take the patient. We cannot delay and take a week to admit a patient. We need to make ourselves more accessible to the veterans in our community that need short term therapy. Our veterans deserve to come to the DVH.

(Heneghan) We have the Blue Wing that was just renovated. Our goal is to make that our short-term rehab wing.

(Baldwin) Specifically, what is it the DVH needs from the Commissioners on this?

(Heneghan) We are looking internally at the Admissions Committee first. We are going to look specifically at the Medicare admissions.

(Harwood) Short -term rehab admissions should be a quick process, are you looking at ways to provide a quick response as needed?

(Erhart) Yes, the hospital needs to discharge them in a timely manner. We will confirm they meet the 3 criteria. Then we need an exception from the Commissioner's to approve a short-term stay. The next scenario would be if the patient went from a short-term stay to a long-term stay, we would have to take them through the entire admissions process from there.

(Baldwin) Our Commissioner's that are on the Admissions Committee could be the ones that approve, correct?

(Erhart) Yes.

(Lardizzone) This was discussed in the past and for some reason it fell to the wayside. I'm not sure what happened.

(Heneghan) We aren't sure either, we are addressing it now. We need to increase our occupancy.

(Baldwin) I am supportive of the DVH and what they are doing and excited about what's going on at the DVH.

(Sarg) Are we still paying VA pharmaceutical rates or are we still paying private pharmaceutical rates?

(Erhart) We use an institutionalized pharmacy. We only get charged for 100% veterans. That comes out of our per diem. One thing that we realize is a major expense to families is over the counter medication. We are going to take that as an operational cost because it's been marked up far to high. That will also eliminate some of the cost to our families.

(Sarg) For Medicaid admissions, if it takes a long time to process and the patient is admitted do you get paid in arears?

(Erhart) We get paid from the date of admission for Medicaid patients. Part of the reason Michael was brought on board was to aid in revamping the admissions process from beginning to end. The goal is to have processes in place so that it doesn't matter if there is an administration change.

(Sarg) If you know a private pay applicant only 6 months in liquid cash assets, can you admit them as private pay?

(Erhart) It depends on 2 things, whether they are married or not. If they only have \$60k in cash assets, that's their spouse's money and protected. There are so many variables to this. Our job is to educate these families, assist these families, and get them through this process to help them get into the DVH.

(Sarg) That's the information we need at the Admissions meeting.

(Erhart) Agreed.

(Sarg) For years I have made recommendations due to a chronic shortage of CNA's to have a program in the DVH.

(Erhart) My goal is to have an education program at the building to train our own people and get them certified.

(Sarg) As opposed to an externship?

(Heneghan) We have an externship with DTI. Students come into DVH for their rotations. We have another group coming in late August or early September and our goal is to cherry pick the best students. The field should be leveled with the \$15 per hour minimum wage.

(Sarg) Is \$15 minimum wage appropriate for a CNA?

(Erhart) Michael is currently working on a project for where the rates where, what just changed, and where they need to be. We already have meetings set up with DHR and Kristopher Knight. It will then be presented to the Secretary of State. I want to bring the training in house to find people that want to work and contractually have them committed to us for 1 year. We train them to specific for veterans which reduces the opportunity to be lost to the private sector.

(Sarg) You will need certified instructors.

(Heneghan) We have 2 educators that are working towards becoming certified instructors.

(McMullen) Are you taking patients from civilian facilities, as well as VA correct?

(Heneghan) Yes.

(Sarg) What about category 8 veterans, those that make too much money to be eligible for VA benefits?

(Erhart) Do you have Medicare? If so, yes.

(Sarg) Please read the fine print on category 8 exclusions.

(Heneghan) I will do that.

(Lardizzzone) I make a motion the rate increase be approved.

(McMullen) I second the motion

(Baldwin) All in favor? The rate increase is approved.

(Heneghan) Thank you.

(Baldwin) Thank you both for the presentation. We have been invited to hold our September meeting at the DVH in their new lodge.

(Harwood) Are we approving the rate increase when the rates go up, or an immediate increase?

(Heneghan) We must provide 60 days' notice.

(Harwood) So, we are not waiting for the March Adjustment?

(Heneghan) Right now we are not within Federal standard. We are required to give 60 days' notice, and the rate increase will be October 1.

(Harwood) Are the families responsible for the difference in rates from October to March?

(Erhart) This is private pay and has nothing to do with Medicaid. This concerns our 17 private pay patients and ye, they will be required to pay the rate increase beginning October 1 to be in compliance with Federal law.

(Harwood) Thank you.

(Baldwin) Thank you Michael and Carole.

(Erhart) A bit of good news, 74% of our employees are vaccinated.

(Baldwin) That is wonderful news, thank you.

Home of the Brave, Director Jessica Finan:

Not Present

PUBLIC COMMENTS:

(Baldwin) Introduces Dave Skocik, Friends of Delaware Veterans.

(Skocik) An update on the Delaware Veterans Coalition, the July meeting is cancelled due to the lack of participants throughout the summer. The benefit of the Delaware Veterans Coalition is we are directly tied in with the Veterans Trust Fund. A lot of the work Paul Davis and I do is to keep active and bring more visibility to the Trust Fund and veterans. We spend much of our time doing outreach and working with elderly veterans such as, the surprise 96th birthday for retired Colonel Green hosted at the DCVA. We also set up an event with a local business owner to celebrate flag day where we highlighted a 98-year-old World War II veteran. Additionally, Myself and Commissioner Farley celebrated the 100th birthday of a World War II B-17 pilot at State Street Assisted Living. We submit

information for visibility by publication and press release such as, the Delaware Veterans Stand Down on September 17, the Trust Fund Dinner on November 13. A spot has been reserved at the Modern Maturity Center for the dinner. We have been working with the Delaware Community Foundation with Chair Baldwin to set up the Endowment. Some of the money we have in the Friends account has been transferred over to the endowment and earning as much as 7% interest. There is a policy in place with the DCVA that if this money is needed for veterans, it can be pulled back out.

(Baldwin) I would like to add, the state has reviewed the endowment policy and approved everything we are doing. Director Matticks and yourself are the ones that have access to those funds.

(Skocik) Thank you. We continue to raise funds. Chair Baldwin secured \$12,500 with 2 donations in the past 3 weeks. I will keep highlighting those things and bring attention to the Trust Fund. Over the past 7 months we have been working with the Department of Corrections for the Incarcerated Veterans Initiative. There will be as many as 60 veterans scheduled for release this year. There are many key members and legislators in the state jumping on board. The point is to never have an incarcerated veteran leave the system and have no idea what benefits or programs there are for them. We are working on a package through the Delaware Veterans Coalition in partnership with the Department of Corrections to provide to these veterans upon release.

(Lardizzone) is this regarding veterans with an Honorable Discharge or General Under Honorable Conditions?

(Skocik) Yes

(Lardizzone) What about the other veterans?

(Skocik) I have been told that a veteran with a Dishonorable Discharge and a service-connected condition could theoretically received benefits. I don't want to get involved with that, but there have been cases where they have received benefits. The DOC can provide that information and the VA has the means, opportunity, and eligibilities to reach out to veterans. That's the balance I am trying to work out currently.

(Lardizzone) The money we have in the Trust Fund is for veterans with a General Under Honorable Conditions or Honorable discharge. That's state law.

(Farley) Mr. Skocik is talking about other benefits, not just the Trust Fund.

(Skocik) I am speaking to educational benefits, medical benefits, or disability.

(Harwood) The VA Enrollment office can request an upgrade to a veteran's character of discharge based on many factors.

(Farley) Have you identified who the VA's coordinator for incarcerated veterans is?

(Skocik) Yes, Cecilia Gonzalez.

(Farley) And she works where?

(Skocik) Wilmington.

(Farley) Thank you.

(Sarg) Please have veterans that are in need investigate the Delaware Joining Forces. It is a statewide program with many different organizations that can and are willing to assist.

(Skocik) That cannot be done before they get out. They do not have computer access until after release. It is very limited to what they have and can get. DOC's focus is to get them a GED.

COMMITTEE REPORTS:

Bear Veterans Memorial Cemetery, Commissioner Magner:

Interments – 101 (+15)

(Magner) I spoke with the cemetery this morning and the DAV needs to provide a flag. All organizations that have a flag at the cemetery should always have 1 flag up and another in reserve. We are getting maybe 4 to 6 months per flag. If you can have the flag double seamed on the fly edge it will stand up better in the elements.

(Baldwin) Is the surveillance system up and running at the cemetery?

(Magner) I will look into it.

Millsboro Veterans Memorial Cemetery, Commissioner Bradley:

Report read by Magner

Interments – 41 (+5)

Health and Human Services, Commissioner Sarg:

(Sarg) Most notable, HB 214 which exempts school tax from 100% service-connected veterans was passed.

(Baldwin) Are you putting that under Health and Human Services?

(Sarg) Yes.

(Baldwin) I was asked by an organization the other “what next?”, and I think we need to put our heads together and meet with the State Treasurers office to find out the identification process and how it’s filed. I believe the Treasurers office should be putting that package together.

(McMullen) Do we need to go to each County and request ordinance?

(Baldwin) Representative Carson said he was going to do that.

(Lopez) I have been in contact with Darlene Cox from the State Treasurers office regarding Crisis Awareness so maybe I can start with her and she can get us in the right direction?

(Baldwin) Yes, right now the focus is on the school tax which was approved.

(Sarg) The verbiage on that is for 100% disabled veterans. What was not included was 100% unemployable veterans. The verbiage we entered was 100% disabled and/or 100% unemployable.

(Farley) If just 100% disabled you don’t qualify?

(Sarg) If your 100% disabled you qualify, if your 100% unemployable you don’t qualify.

(Lopez) The verbiage was removed. They probably don’t understand the difference.

(Baldwin) Do we need to meet with Representative Carson?

(Sarg) Yes. I leave tomorrow morning. Commissioner Lopez please reach out to Representative Carson.

(Lopez) Ok, no problem.

(Sarg) Commissioner Harwood should probably speak on Health and Human Services from here on as she does it every day.

(Harwood) That is fine.

Legislative Affairs, Commissioner McMullen:

(McMullen) We are aware that HB214 passed. HB12 got lost along the way. As Commissioner Sarg previously stated, it’s for 100% disabled and does not mention 100% unemployable. We will have to go back and investigate why that piece was removed. Chair Baldwin did make a presentation to Legislation and all Legislation got copies of our Legislative Concerns. Legislature has adjourned. As far as I know HB214 is awaiting the Governor’s signature.

(Lopez) Do we know anything regarding HB12?

(Baldwin) HB12 no longer exists.

(McMullen) The challenge will now be in the Counties, but it seems we have some that are leaning yes.

(Baldwin) I would like to address SB188, which is the retired military pay bill sponsored by Senator Mantzavinos. I spoke with the Senator yesterday and he is very confident that the bill will pass. However, it means nothing if the fiscal note is so bad that it could be supported but too costly. The Senator suggested me, General Vavala, and Colonel Sarg have a meeting with the Governor to gain his support and explain our case before September 1st. General Vavala will reach out to the Governors office and get us a meeting for some time after I return. There is some misunderstanding on the fiscal side of the house. This will not affect 81,000 veterans; it will affect the 9,100 that currently live in the state. This is something we will have to make clear to the Governor.

(Skocik) If you need any assistance with presentations the Delaware Veterans Coalition and the Vietnam Veterans of America would be happy to assist.

(Baldwin) For this particular meeting it will be just the 3 of us.

EXECUTIVE DIRECTOR'S COMMENTS:

DVTF Previous Month: Applications 6; Granted 4 (67%); Awarded \$9,608.38; Balance - \$140,046.86 (Matticks) We will lead off with Mrs. Jennifer Jensen. She is our new Community Relations Officer. She was hired in early July and her first day was yesterday. She is the individual you will go through for any organization events, legislation, social media, and many other items. We are still working out all the details of the position itself as it is entirely new. I will get back to you with the break down of the positions in the office.

(Baldwin) Welcome aboard Jennifer.

(Matticks) I spent some time working with both cemetery grounds crews. I intend to go back and work with them again as there is no way you can see all they do in one day. I can attest by the end of the day my body was aching. The individuals I worked with are between 40 and 80 years old, so I commend them for getting up every morning and doing what they do. They are being paid below what I believe they should be. To be clear, I am aware the organization as a whole would like a wage increase. Currently, a goal of mine is to work on our cemetery grounds crew wages. The turnover rate is too high, and it is challenging to bring in new employees to do that kind of work at that pay rate.

(Sutton) With regard to the DVTF, do you have an operating account that comes out of there that could pay for the grounds crew?

(Matticks) No sir.

(Sutton) By law, there are specific things that can be spent with the DVTF?

(Matticks) Yes.

(Sutton) When you report monthly, are you reporting on revenues and expenditures?

(Matticks) I am reporting on state appropriated funds that assist veterans with a financial emergency.

(Sutton) Is it possible for you to provide a financial report?

(Matticks) Yes.

(Sutton) Is there anything we can do as the Commission to assist you with the grounds crew wage increase?

(Matticks) Not currently. I will reach out if needed.

(Sutton) Is there a criterion for approving the DVTF requests?

(Baldwin) There is a procedure for granting requests.

(Sutton) Does the Executive Director approve those requests?

(Matticks) It depends on the amount being requested. Under \$1000 the Executive Director can approve. Over \$1000 requires Executive Committee approval as well.

(Sutton) Thank you.

ORGANIZATIONAL REPORTS:

Commissioner McMullen (Air Force Sergeants Association - AFSA)

July 9 a General Membership meeting was held, and new President Joseph Morgan was elected, as well as a new council. The old council received short notice PCS assignments.

The Professional Airman's Conference begins this Saturday. I will not be in attendance.

I attended Colonel Green's 96th birthday party.

I worked on the Freedom 5k at Buffalo Wild Wings in Dover.

September 12-18 is POW/MIA Recognition week.

September 17 will be a POW/MIA Recognition Retreat Ceremony on Dover AFB.

October 3-9 is Legislative week and AFSA will be on the Hill talking to Congress about key national items.

Commissioner Miller (American Legion - AL)

Report read by Baldwin.

July 9-10 American Legion held their Annual Convention in Dover, DE.

New Department Commander elected, Post 6 Barry Sauers.
Richard Santos was reappointed as Department Adjutant.

Commissioner Bradley (American Veterans - AMVETS)

Not Present

Commissioner Lardizzone (Disabled American Veterans - DAV)

Report read by Baldwin.

92 claims for the month of June.

4 DIC claims for the month of June.

July 29-August 4 I will be at the National Convention in Tampa, FL.

Commissioner Farley (Marine Corps League - MCL)

Please review the copy of the June veteran's homeless status provided to all of you. The important piece is not the numbers, its that we know where everyone is.

Commissioner Sarg (Military Officers Association of America - MOAA)

Nothing to report

Commissioner Magner (Military Order of the Purple Heart - MOPH)

July 26 at 7pm Mayor Christensen will proclaim that the City of Dover is a Purple Heart City.

August 2-4 MOPH Convention will be held in Charleston, WV.

Commissioner Phillips (Veterans of Foreign Wars - VFW)

In the interest of time, no report.

Commissioner Baldwin (Vietnam Veterans of America - VVA)

VVA is currently heavily involved in the Dust Off. There will be more to come in August and September.

I received a \$10,000 donation toward the Endowment fund from Bob Hill, Owner and Chairman of Emory Hill.

Commissioner Seppala (At Large, affiliated with MOWW)

MOWW continues to meet both by Zoom and in person at the Delaware Military Museum.

Our name officially changed from Wilmington Chapter to the Delaware Chapter of MOWW.

September 9 is our next meeting.

Our Chapter is in contact with Gene Thornton and Ronald Sarg of MOAA for mutual benefit and for those we assist. The 2 organizations had a luncheon meeting yesterday at Mission BBQ in Dover.

Our Chapter is beginning to support the Civil Air Patrol and Sea Cadets by providing awards, guest speakers, leadership training, and personalized tours of the Delaware Military Museum.

August 3-8 MOWW National Convention will be held in Detroit, MI where the order was founded 101 years ago by General John J. Pershing.

It is with regret that I must resign my position as Commissioner on the DCVA at the conclusion of my current term which is August 14, 2021.

Commissioner Lopez (At Large, affiliated with Delaware Veterans)

Veterans Crisis Awareness meetings continue. Commissioner Farley continues to be an integral part of the Governors Challenge.

Efforts for transitioning service members is ongoing and we will be meeting with Vince Kane whenever we can for that.

I would like to get with Commissioner Harwood for a date on the Food Pantry event we discussed.

July 24-30 I will be out of town but will still be available via email.
August 4 at 1pm will be the next Crisis Awareness meeting held via Zoom.
September 7-11 is “a Week of Remembrance of September 11” for the VA. They are doing something everyday from that Monday to that Friday at the Wilmington VAMC.
September 17 is the Delaware Stand Down. I will ensure the packets are sent out to the Commissioners.
Liz Byers-Jiron has expressed the Stand Down is in need of funds.
Thursday at 1pm is the next Stand Down meeting and I will be in attendance.
September 25 is the Vet Fest.

Commissioner Sutton (At Large)

Over the past month I have worked with 3 veterans assisting with www.Ebenefits.va.gov and www.Myhealthvet.va.gov.
I met with 1 veteran in Wilmington in need of a VSO and I referred him to Nolan Lewis as he is in the area.

Commissioner Lewis (At Large, affiliated with NABVETS)

10 new clients since our last meeting.
July 31 NABVETS are hosting a Bingo Night at George Wilson Community Center.
August 14 NABVETS are hosting a Book Bag Drive in Townsend, DE.

Commissioner Camarillo (At Large, affiliated with National Guard)

Delaware Air National Guard received their 1st of 8 C-130H2 models this past weekend.
I am currently working with the Food Bank to gather volunteers to load cars. I was thinking of reaching out to Veterans Helping Veterans and the Milford Home of the Brave to see if they can get volunteers to come out and assist. We are still working on a date for the event.
I attended the American Legion Post 2 Conference, and it was wonderful. I believe I counted over 100 veterans in attendance. We were able to provide the Crisis Outreach information at our outreach table.
In May I have assisted with approximately 40 veterans to get them VA healthcare. In June I assisted over 140 veterans. I just want people to be aware there are a lot of veterans throughout the state of Delaware that are putting applications in for VA healthcare.

TERM COMPLETION:

Magner – 04/20/2021
Sarg – 08/14/2021
Seppala – 08/14/2021
Farley – 08/14/2021
Lopez – 08/21/2021

EVENTS:

September 17, Veterans Stand Down to be held at Schutte Park in Dover

UNFINISHED BUSINESS:

Nothing to report

NEW BUSINESS:

September DCVA meeting to be held at the Milford Veterans Home motioned to approve by Magner seconded by McMullen.

ITEMS FOR THE GOOD AND WELFARE OF THE ORGANIZATION:

(Baldwin) Introduces Sable Vance, OVS.

(Vance) I will be on military orders next month so I will not be at the August Commission meeting. This will probably be my last Commission meeting with you. I will be resigning. I want to thank Commissioner Farley and Commissioner Lopez for assisting me through difficult times. I will not go into details with issues concerning the previous and current Director's. Thank you, Commissioner's Baldwin, and Lopez, for fighting for me when no one else would. I simply need to take care of myself.

(Baldwin) Thank you, everyone here thinks highly of you. You've done a great job and we wish you well.

(Vance) Thank you.

SPECIAL SESSION:

Executive Session to follow immediately after Commission meeting

EXECUTIVE MEETING:

**Thursday, 12 August 2021 at 1000
Delaware Commission of Veterans Affairs**

NEXT MEETING:

Tuesday, 17 August 2021 at 1000

LOCATION:

Delaware Commission of Veterans Affairs