



# MISSOURI VETERANS COMMISSION

**Special Monthly Commission Meeting**

**June 28, 2021**

**10:00 AM**

**Jefferson State Office Building,**

**205 Jefferson Street, 12<sup>th</sup> Floor**

**Jefferson City, MO 65102**

**and via WebEx Conference Call**

- **CALL TO ORDER**
  - Pledge of Allegiance
  - Roll Call
  - Chair Opening Comments
- **UPDATE BRIEFS**
  - COVID and Vaccination Update
  - Capital Improvements
  - Best in Class Research Update
- **NEW BUSINESS**
  - Roy Field's Trust
  - Clarence Geiger Trust
- **CHAIR COMMENTS AND ANNOUNCEMENTS**



# CALL TO ORDER

- Pledge of Allegiance
- Roll Call
- Chair Opening Comments



# COVID and Vaccination Update

# VACCINATION STATUS

Facility	Staff Acceptance	Veteran Acceptance
Cameron	62%	98%
Cape Girardeau	57%	97%
Mexico	51%	95%
Mt. Vernon	61%	93%
St. James	61%	92%
St. Louis	62%	94%
Warrensburg	57%	95%

- Staff
  - Currently have 59% of staff vaccinated.
- Veterans
  - Currently have 95% of Veterans vaccinated.
- Moving forward
  - Homes will report on the 15<sup>th</sup> of the month.
  - Assistance League at Warrensburg Home providing donations towards incentives.



## • HOMES SURVEY STATUS UPDATE

- Cape Girardeau – Full Certification ★
- St. James – Full Certification ★
- Mexico – Full Certification ★
- Cameron – Waiting on Full Certification: VA reviewing plan of action
- St. Louis – Survey scheduled week of Monday, June 28
- Mt. Vernon – Survey anticipated July or August
- Warrensburg – Survey anticipated fall 2021



## • UNIT CONSOLIDATION

- Nursing shortage requires a review of operations to continue to provide high-quality care to Veterans
- Consolidated occupied beds to one 50 bed unit and closed hallway in following homes with major nursing shortages:
  - Cameron, Mt. Vernon, St. James, St. Louis and Warrensburg
- Plan features:
  - Veterans in closer proximity to each other
    - Veterans at 95% vaccine rate major consideration of this move
  - Must have licensed nurse for each unit
    - Consolidation results in fewer mandatory overtime shifts of overworked nursing team members
    - Allows for more CNA coverage per unit
    - Return to pre-COVID med-pass procedure of nurses and CMTs to pass medications to all 50 residents



# Capital Improvements Update



# FACILITIES UPDATE

## CAPITAL IMPROVEMENT PROJECTS

Location	Project	Cost	Federal VA Grant Reimbursement Rate	State Appropriation	Project Cash Available	Arch & Eng Design	Project Bid	Construction Phase	VA Reimbursement
St. Louis	Renovation 188 Beds	\$14,200,000.00	65.00%						
Bloomfield	New Columbarium	\$1,500,000.00	100.00%						
Jacksonville	New Columbarium	\$1,500,000.00	100.00%						
Cape Girardeau	Renovation	\$11,100,000.00	ARPA Submitted Funding						
St. James	Renovation	\$5,800,000.00	ARPA Submitted Funding						
Mt. Vernon	Roof Replacement	\$2,200,000.00	65.00%						
St. James	Ext. Water Swer Line	\$2,200,000.00	ARPA Submitted Funding						
Cape Girardeau	Parking & Lighting	\$2,000,000.00	ARPA Submitted Funding						
Total		\$40,500,000.00							
Key:	Moving forward or complete			Temporary Hold		Held up change required		Phase not started	



- St. Louis Veterans Home Renovation
  - 65% Reimbursable
  - B Unit - Completed
  - C Unit – Roof support beams installed, mold remediation in progress
- Bloomfield Cemetery Columbarium Wall
  - 100% completed
  - Injury free, ahead of schedule
- Jacksonville Cemetery Columbarium Wall
  - Pre-bid completed
- Critical Maintenance & Repairs
  - FY '22, \$900,000
  - HVAC improvements, Nurse Call upgrades, Building Automation Systems



- COVID19 – VA Construction Grant (Pending)
  - 100% reimbursement
  - Awards announced 6/30/21, anticipate 26M award
  - Scope includes Wi-Fi upgrades, phone/PA system installations, HVAC improvement for easy conversion of both isolation and quarantine areas including ultraviolet, and HEPA filtration, flooring replacement in MX, WB, CM, and MTV Homes, Convert MTV pool room to a visitation area.
- Site Asset Evaluation
  - A comprehensive asset evaluation performed by HQ to identify each major equipment condition/life expectancy. The result will aide in an accurate CI funding projection both long and short term.



# Midwest Challenge

## Best in Class Research Update



# Best in Class Review



# Conversion to Private Rooms



# Decision Matrix: Conversion to Private Rooms

## PROBLEM STATEMENT #1

Convert **all** facilities to 10% dual occupancy rooms with restrooms in each room to include sink and toilet without expanding the facility. Construction will be required to modify layouts in the Cape Girardeau, Mexico and St. James Veteran homes. All other facilities will remove beds from dual occupancy rooms to create single.

## FACTS / ASSUMPTIONS

- Construction Cost estimate: \$3.8M
- Reduces census by 305
- IAW with CFR 51.200 Physical environment
  - Single resident bedrooms must be at least 150 net sq. ft.
  - Double bedrooms must be at least 245 net sq.
  - Double bedroom for spinal cord injury resident must be at least 305 net sq. ft. for every 30 resident bedrooms
  - Restrooms 25 SQ. FT. per fixture (sink and toilet is 50 sq. ft.)
- Existing space in resident rooms
  - Cape Girardeau single 142.8 sq. ft., double 247.0 sq. ft.
  - Mexico single 132.4 sq. ft., double 255.1 sq. ft.
  - St. James single 167.8 sq. ft., double 254.0 sq. ft.
- This scenario must be supported by a federal grant with up to 65% reimbursement, will require legislative

## CONSIDERATION

Use a design that minimizes construction and material cost.

# SWOT Analysis: Conversion to Private Rooms #1

## Strengths

- Supply Decreased staff requirement (CNA, laundry, dietary, office), less in this scenario than the next below
- Supply costs decrease
- Puts MVC in line with Peer States (census/beds) More manageable operation

## Weaknesses

- Construction cost
- May need to increase square footage requirements (150 ft./room)
- Increase in fixed cost related to larger footprint
- Requires time to implement (design, bid, construction, VA certification, etc.)
- Reduced Income
- Limited to current market (Veterans only – dual rooms/spouses would increase total bed count)
- Designated space for infection control/isolation would be required
- Previous design for the existing capital improvement project for St. James and Cape Girardeau will require modification.

## Opportunities

- Provide veterans protection against health threats
- Veterans have their own room/personal space
- Special Care Unit – easier transition for Veterans with memory issues and fewer physical altercations
- Decreased Veteran to Veteran altercation
- flexible rate program (single occupancy rate and dual occupancy rate)
- reduce overall capital assets

## Threats

- Increased wait list
- increased workers comp
- increased Veteran injury
- political pressure caring for fewer veterans
- May cause isolation and mental/social well being status to Veterans
- Reduced revenue to operations
- Reduced revenue to capital improvements
- Dual occupancy rooms still have infection control threat



# Decision Matrix: Conversion to Private Rooms

## PROBLEM STATEMENT #2

Convert **only** the facilities with private restrooms in each room to have 10% dual occupancy. This would be achieved by removing beds from existing dual occupancy rooms. Analysis affects the following homes: Warrensburg, St. Louis (b-wing), Mt. Vernon and Cameron.

## FACTS / ASSUMPTIONS

- Construction Cost estimate: \$0
- Reduces overall census by 150
- IAW with CFR 51.200 Physical environment
  - Single resident bedrooms must be at least 150 net sq. ft.
  - Double bedrooms must be at least 245 net sq.
  - Double bedroom for spinal cord injury resident must be at least 305 net sq. ft. for every 30 resident bedrooms
  - Restrooms 25 SQ. FT. per fixture (sink and toilet is 50 sq. ft.)

## CONSIDERATION

Pair this scenario with another to create a phased approach to the a long term solution.

# SWOT Analysis: Conversion to Private Rooms #2

## Strengths

- Decreased staff requirement (CNA, laundry, dietary, office)
- Supply costs decrease
- Puts MVC closer to be in with Peer States (census/beds) More manageable operation

## Weaknesses

- Reduced Income
- Limited to current market (Veterans only – dual rooms/spouses would increase total bed count)
- Designated space for infection control/isolation would be required

## Opportunities

- Provide veterans protection against health threats
- Quick implementation, no construction required
- Veterans have their own room/personal space
- Special Care Unit – easier transition for Veterans with memory issues and fewer physical altercations
- Decreased Veteran to Veteran altercation
- flexible rate program (single occupancy rate and dual occupancy rate)
- reduce overall capital assets

## Threats

- Increased wait list
- increased workers comp
- increased Veteran injury
- political pressure caring for fewer veterans
- May cause isolation and mental/social well being status to Veterans
- Reduced revenue to operations
- Reduced revenue to capital improvements
- Dual occupancy rooms still have infection control threat

# Decision Matrix: Conversion to Private Rooms

## Problem Statement #3

Convert **all** facilities to 10% dual occupancy rooms with restrooms in each room to include sink and toilet by expanding the facility. Expansion will be required in the Cape Girardeau, Mexico, St. James homes. All other homes will be converted by building a wall in dual occupancy rooms to create a single room.

## Facts / Assumptions

- Reduces census by 0
- Construction cost estimate \$70M
- IAW with CFR 51.200 Physical environment
  - Single resident bedrooms must be at least 150 net sq. ft.
  - Double bedrooms must be at least 245 net sq.
  - Double bedroom for spinal cord injury resident must be at least 305 net sq. ft. for every 30 resident bedrooms
  - Restrooms 25 SQ. FT. per fixture (sink and toilet is 50 sq. ft.)
- Existing space in resident rooms
  - Cape Girardeau single 142.8 sq. ft., double 247.0 sq. ft.
  - Mexico single 132.4 sq. ft., double 255.1 sq. ft.
  - St. James single 167.8 sq. ft., double 254.0 sq. ft.
  - Cameron single 213.3 sq. ft., double 322.9
  - Mt. Vernon single 224.5 sq. ft., double 192.7 sq. ft.
  - Warrensburg single 213.3, double 322.9 sq. ft.
- This scenario must be supported by a federal grant with up to 65% reimbursement, legislative appropriation, 5 years for approval period.

## Consideration

Include all designs in the same project and complete construction simultaneously

# SWOT Analysis: Conversion to Private Rooms

## Strengths

- Increase privacy for medical disclosures (HIPAA)
- Increased Veteran dignity
- Increased homes like atmosphere (promoting for younger generations)
- No political pressure due to reduction in census

## Weaknesses

- MVC not in line with Peer States (census/beds)
- Most expensive construction cost
- Requires time to implement (design, bid, construction, VA certification, etc.)

## Opportunities

- Provide veterans protection against health threats
- Veterans have their own room/personal space
- Special Care Unit – easier transition for Veterans with memory issues and fewer physical altercations,
- Decreased Veteran to Veteran altercation
- flexible rate program (single occupancy rate and dual occupancy rate)
- reduce overall capital assets
- update new staffing methodology (individualized)

## Threats

- Unmanageable operation
- political pressure caring for fewer veterans
- May cause isolation and mental/social well being status to Veterans
- Reduced revenue to operations
- Reduced revenue to capital improvements
- Dual occupancy rooms still have infection control threat

# Financial Incentives for the Workforce



# HOMES STAFF FINANCIAL INCENTIVES

- 12 incentives were reviewed for SWOT analysis
  - Raise all homes staff salaries to market norms
  - Sign on stipend
  - Retention stipend (90 days, 180 days & 1 yr.)
  - Years of service incremental increases (Seniority Pay 2, 5 & 10+ yrs.)
  - Payout of annual leave ability
  - Attendance based stipend
  - Training/development stipend
  - Mandatory overtime stipend
  - Voluntary overtime stipend
  - Referral incentive stipend
  - Healthy family/dependent stipend
  - Payment of state boards for nursing
- NOTE: following analysis includes SWOT from all incentives together



# DECISION MATRIX: HOMES STAFF FINANCIAL INCENTIVES

## PROBLEM STATEMENT

MVC has experienced continued rise in vacancies among its homes staff, with the majority being direct care positions. After completing market rate research it was concluded that MVC is behind in financial incentives to attract and retain qualified staff for our 7 homes within the state. The COVID-19 pandemic has increased this issue dramatically, and made MVC even less competitive within the market causing more vacancies, which lead to more overtime, burnout of staff and inevitably the turnover of staff within the cycle.

## FACTS/ASSUMPTIONS

- Facts:
  - Minimum wage increase to \$12/hr by January of 2023, means increases of majority of staff will be required
  - Market Salary Adjustments carry a personal service dollar increase of roughly \$5.2M annually
  - Until criteria is built for the stipends and/or seniority steps, fiscal projections will be difficult
  - Two incentives can be completed within MVC current ability for faster implementation
  - Currently seniority steps are established and implemented for the following departments: Activities, Custodial, Laundry and Dietary
- Assumptions:
  - Funding would be available to implement any of the incentives
  - The market won't rise drastically in competitiveness, causing need for updated rates

## CONSIDERATION

The homes team believes that due to implementation, scope of eligible employees and possible threats of all the reviewed incentives that the commission consider the top 3 that would benefit both the home and all employees, with the least risk or threat.

1. Market Salary Adjustments
2. Seniority Based Pay Steps
3. Voluntary Overtime Stipend



# SWOT ANALYSIS: HOMES STAFF FINANCIAL INCENTIVES

## Strengths

- Increased recruitment potential
- Instant gratification to staff
- Current VA grant available for C.N.A “retention bonus”
- Encourages retention
- Encourage staff attendance
- Potential to lower payouts of leave
- Market rate analysis review completed with external review
- Boost staff morale
- Decrease call in’s
- Stipends don’t increase base salary, therefore don’t increase OT payout
- Performance stipends promote/rewards higher standard of performance
- Encourage staff development
- Stipends have lower financial impact
- Incentives for single mothers and staff with dependents

## Opportunities

- Set the standard for state run congregate care facilities
- Aligning with local/private nursing homes
- Utilize grant opportunities as a funding source
- Set up a seniority based pay steps for ALL staff
- Reduce term payouts of leave time
- Propose new salary range request for market adjustment to PAB
- Fill vacant positions and decrease overtime
- Reduce administrative costs of addressing attendance events
- Self motivation of staff
- Research grant opportunities for tuition reimbursement
- Incentivize voluntary overtime and decrease mandated overtime
- Increased word of mouth recruitment
- First state congregate care to offer dependent care benefit
- Cross collaboration agencies/legislators for a discounted child care rate for state employees.

## Weaknesses

- Current budget restrictions
- Current state statute in relation to “bonus” for state employees
- Setting specific criteria for stipends
- Requirement of stipends to go through Personnel Advisory Board
- Increased tracking of eligibility
- Stipends create fluctuation in spending, making fiscal projections harder
- Increased risk for burnout, to receive OT stipends
- Most stipends are limited to just direct care staff
- Some incentives have a small scope of benefited employees
- Potential for staff falsifying reason for call in’s to receive stipends
- Encouraging staff to work while sick, with attendance stipend

## Threats

- Incentives only for new hires will upset current staff
- Increased manual entry of stipend pay by HR staff
- Paying out stipends/bonuses, but failing to decrease turnover
- Staff will stay long enough to earn bonus and then leave
- Funding for continuation of all programs
- Need for increased spending authority
- Bound by current classification pay ranges
- Increased base pay unintended consequence of increased OT payouts and differentials
- Potential for decrease of dollars available for Capital Improvement projects
- Complacency, stipends will lose effectiveness over time
- Staff rushing through training to obtain stipend, but not retaining
- Paying out overtime at normal time and a half, as well as stipend on top
- Possible discriminatory conflict (for staff without children/dependents)

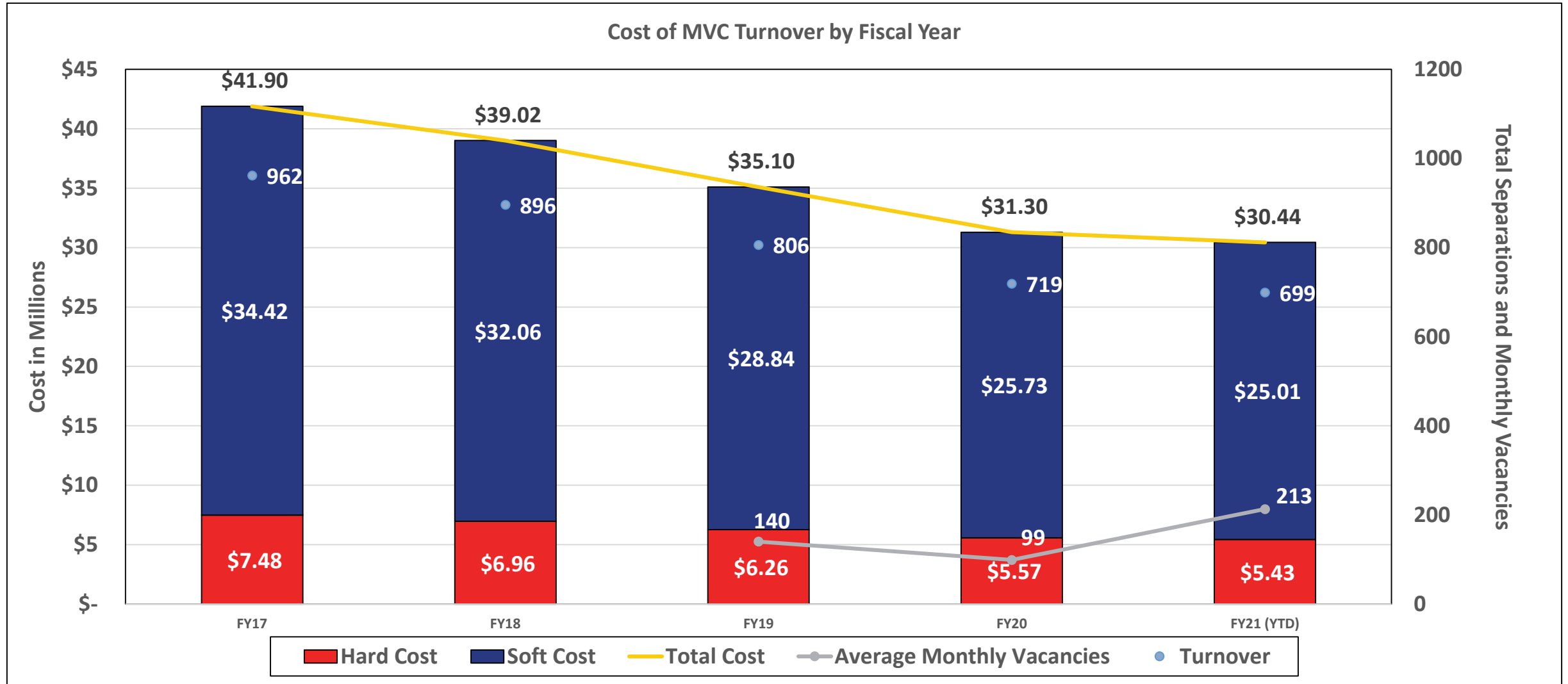




# Cost of Turnover



# COST OF TURNOVER



# SALARY RANGES

Midpoint Should Approximate the Market +/- 10%

Nursing Structure	Annual		
	Minimum	Midpoint	Maximum
N1 - LPN	\$27,413.00	\$39,506.50 <b>\$43,457.15</b>	\$51,600.00
N2 - Senior LPN	\$33,150.00	\$47,775.00 <b>\$52,552.50</b>	\$62,400.00
N3 - RN	\$40,290.00	\$58,065.00 <b>\$63,871.50</b>	\$75,840.00
N4 - RN Specialist/Supervisor	\$47,494.00	\$70,309.50 <b>\$82,262.12</b>	\$93,125.00
N5 - Nurse Manager	\$56,100.00	\$83,050.00 <b>\$87,202.50</b>	\$110,000.00
N6 - Director of Nursing	\$64,388.00	\$95,319.00 <b>\$108,663.66</b>	\$126,250.00



# SALARY RANGES (cont.)

Support Care	Annual		
Range/Titles	Minimum	Midpoint	Maximum
G2 – Restorative Aide	\$21,424.00	\$26,312.00 <b>\$28,942.00</b>	\$31,200.00
G2 – Support Care Assistant (C.N.A.)	\$21,424.00	\$27,992.00 <b>\$30,791.00</b>	\$34,560.00
G3 – Senior Support Care Assistant (C.M.T.)	\$21,424.00	\$29,492.00 <b>\$32,441.00</b>	\$37,560.00

**Note:**

Between FY 2001 and FY 2021, no market based structure adjustments were provided for state employees in nine of those years. The market moved approximately three percent in each of those missed years, lagging the market approximately 30 percent.



# PRIORITIZED BEST PRACTICE PAY SYSTEMS

1. Market based general structure adjustments should be applied to help our ranges keep pace with the market. This allows us to recruit good talent.
2. We should be providing annual within grade salary advancements for our successful employees, to move their salaries closer to the market midpoint. This allows us to retain good talent.
3. We should provide performance based increases that allow us to reward outstanding performance. This allows us to grow our best to become the future leaders of the Commission.

**They should always be applied in this order. We believe the cost of this methodology is less than the cost of turnover annually.**



# Rate Increase (Other states and what is covered)



# Resident Rates – Historical Review

Historic Resident Rate Increases											
Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Monthly Resident Rate	\$1,800	\$1,800	\$1,950	\$2,000	\$2,050	\$2,050	\$2,050	\$2,050	\$2,050	\$2,187	\$2,215
Actual MVC Rate Increase	0.00%	0.00%	8.33%	2.56%	2.50%	0.00%	0.00%	0.00%	0.00%	6.68%	1.28%
DoD/VA Pension COLA	0.00%	3.60%	1.70%	1.50%	1.70%	0.00%	0.30%	2.00%	2.80%	1.60%	1.30%
Basic VA Per Diem Rate (30 days)	\$2,838	\$2,875	\$2,912	\$3,011	\$3,071	\$3,108	\$3,183	\$3,215	\$3,292	\$3,371	\$3,469
Basic VA Per Diem Rate Increase		1.28%	1.29%	3.40%	2.00%	1.20%	2.40%	1.00%	2.40%	2.40%	2.90%

**FY20 Total Basic Per Diem Monthly Rate: \$8,266**

VA Monthly Basic Per Diem  
\$3,469

Monthly Veteran Out-of-Pocket Rate:  
\$2,187

State Monthly Support per Veteran  
\$2,610

**FY20 VA Monthly Full Cost of Care Per Diem: \$11,979**

VA Monthly Prevailing Per Diem  
\$11,979

Monthly Veteran Out-of-Pocket Rate:  
\$0

State Monthly Support per Veteran  
\$0



# Monthly Out-of-Pocket Resident Cost Comparison

## MVC Market Areas: Skilled Nursing Facility Monthly Cost of Care (Semi-Private Rooms)

Facility	2015 Semi Private Room Monthly Rate*	2020 Semi Private Room Monthly Rate*	% change 2015-2020	2015 MVC Private and Semi-Private Room Monthly Rate	2020 MVC Private and Semi-Private Room Monthly Rate	% change 2015-2020
Cameron/St. Joe	\$4,380	\$4,867	11.12%	\$2,050	\$2,187	6.68%
Cape Girardeau	\$4,714	\$5,171	9.69%	\$2,050	\$2,187	6.68%
Mexico/Columbia	\$4,623	\$4,940	6.86%	\$2,050	\$2,187	6.68%
Mt. Vernon/Joplin	\$4,897	\$5,566	13.66%	\$2,050	\$2,187	6.68%
St. James/Out-State MO	\$4,349	\$5,019	15.41%	\$2,050	\$2,187	6.68%
St. Louis	\$5,018	\$5,355	6.72%	\$2,050	\$2,187	6.68%
Warrensburg/Kansas City	\$4,805	\$6,844	42.43%	\$2,050	\$2,187	6.68%
Average	\$4,684	\$5,395	<b>15.18%</b>	\$2,050	\$2,187	<b>6.68%</b>

Services included in the MVC Monthly Rate:  
(These would be additional costs billed to the resident by the nursing home, an external provider, or by CMS/medical insurance)

	Estimated Value Per Resident Per Month
1. Prescription and non-prescription medications	\$441.54
2. Medical and Personal Care Supplies	\$172.23
3. Laundry Services	\$136.99
4. Physician Services	\$75.29
5. Cable TV and Internet	\$19.68
6. Transportation (VA appointments and activities). Does NOT include employee salaries/fringe or vehicle replacement costs.	\$7.28
7. Barber/Beauty services	\$5.68
8. Personal Shopping Service	Unknown Additional Value
9. Dementia Care	Unknown Additional Value
<b>TOTAL ADDITIONAL MONTHLY RESIDENT VALUE</b>	<b>\$858.69</b>

\*2015: [https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568\\_040115\\_gnw.pdf](https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_040115_gnw.pdf)

\*2020: <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>





# Midwestern State Veteran Home Monthly Cost Comparison

State Veterans Homes	2021 Semi Private Room Monthly Rate*	Deviation from Missouri Monthly Room Rate
Missouri	\$2,215	\$0
Tennessee	\$5,831	\$3,616
Indiana	\$12,450	\$10,235
Nebraska	\$4,288	\$2,073
Illinois	\$1,468	(\$747)
Kansas	\$2,993	\$778
Oklahoma	\$4,450	\$2,235
Kentucky	\$4,000	\$1,785
Iowa	\$10,140	\$7,925
Arkansas	\$5,767*	\$3,552
AVERAGE	\$5,315	
Missouri's Deviation From Average		(\$3,145)
*private room rate		

Missouri Room and Care Monthly Rate  
\$2,215

Midwestern State Veteran Homes Average  
Monthly Rate  
\$5,315

Missouri Deviation from Average  
(\$3,145)



- Optimizing MVC's Census and State Support Requests Based on Midwest Norms
- <https://results-int.mo.gov/#/site/DPS/views/MVC-InterstateAnalysis/HomeProgramComparison?:iid=1>



# Decision Matrix: Adjusting Out of Pocket Monthly Rate

## PROBLEM STATEMENT

Missouri's Monthly Resident Out-of-Pocket rate has not increased with medical inflation and is not inline with private industry or other Midwest State Veteran Homes.

## FACTS / ASSUMPTIONS

- MVC's Monthly Resident Out-of-Pocket rate includes services the private sector charges additional fees for, bills private insurance or CMS, or bills the resident:
  - All Rx and non-Rx medications
  - Physician Services
  - Medical and Personal Supplies
  - Barber/Beauty Services
  - Transportation to VA Appointments and Activities
  - Cable TV and Internet
  - Laundry Services
  - Dementia Care

## CONSIDERATION

### Recommendation

Source best practices from Midwest States to include optimizing census and requests for state funding

Utilize medical inflation to calculate annual increases to monthly rate.

Utilize variant rate structure for level of care and semi-private/private rooms

# SWOT Analysis: Adjusting Out of Pocket Monthly Rate

## Strengths

- Additional revenue to support operation
- Continue to serve Veterans
- Lesser need for state revenue support

## Weaknesses

- Resident rate may not exceed average cost of care (Sec. 42.110 RSMo)
- One small additional revenue source will not resolve revenue shortfall
- Revenue is census dependent

## Opportunities

- Competitive with private sector

## Threats

- Some Veterans may not be able to afford increased rate
- Inability to continue providing lower-than-market rate to Missouri's Veterans

**NEW BUSINESS**

# Decision Matrix: Outside Evaluation of the Missouri Veterans Commission

## Problem Statement

The Missouri Veterans Commission seeks to provide outstanding service to Missouri's Veterans while also maintaining long-term fiscal stability in an ever changing financial and political landscape. The Headquarters staff is capable of conducting some long-term research and planning. However, we may not have the overall expertise or planning staff necessary to determine the best solutions given the wide range of options available.

## Facts / Assumptions

- Pending approval of the Commission, we have requested approval of ARPA funding of an outside study.
- The expectation is that the study would be a one-time expense without on-going expense requirements.
- The homes program is the nexus of MVC's fiscal instability.
- It is estimated that a study focused on the homes would cost approximately \$350,000. A wider scoped study would increase the cost.
- This would be required to go through the bid process.
- MVC staff would continue research and planning to augment the outside study.

## Recommendation

We are requesting approval to begin the initial phases of the bid process pending approval of ARPA funding. The intent is to begin the official process as soon as possible so that we may receive feedback in a timely manner. We are looking for input as to the scope of the study.

# Proposed Gifts to the Commission

- Section 42.007.5(5) RSMo allows the Commission to “[a]rrange for and accept through such mutual arrangements as may be made the volunteer services, equipment, facilities, properties, supplies, funds and personnel of all federal, welfare, civic and service organizations, and other organized groups and individuals which are in furtherance of the [Commission’s] purposes....”
- Roy Fields Trust - \$10,000.00
- Clarence Geiger Gift - \$1.62



- Next meeting:

Next Quarterly Meeting: 3rd Quarter Commission Meeting – July 26, 2021; at 10:00 am in the Harry S Truman State Office Building, Room 492, Jefferson City, MO.







# MISSOURI VETERANS COMMISSION

**ADJOURNMENT**