



Department of Public Health and Human Services

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Greg Gianforte,
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Director

July 17, 2022

TO: Members of the State Administration and Veterans Affairs
Committee

FROM: Barbara Smith, Administrator
Senior and Long Term Care Division

RE: Montana Veterans Long Term Care Needs Study

Background

The November 2006 Montana Veterans Long Term Care Needs Study was completed at the request of the 2005 Legislature by staff of the Senior and Long Term Care Division (SLTC), within the Department of Public Health and Human Services (DPHHS) Recently the American Legion reached out to discuss the updating of this study and discuss the idea of requiring the study be repeated every 10 years.

The 2006 study included an analysis of the demographics of Montana veterans' population, where they live, services they needed, services preferred and a somewhat limited discussion on what other options were available. Finally, the services of the Montana Veterans Home in Columbia Falls and Eastern Montana Veterans Home in Glendiveⁱ were also examined. Much of this study discussed the U.S. Department of Veterans Affairs (VA) obligations for long-term care as being met through the state veteran's home program.

VA Service Changes

In 2008, the Administration for Community Living (ACL), on behalf of the U.S. Department of Health and Human Services (HHS) began a partnership with the VA to serve veterans of all ages at risk of nursing home placement through the Veteran Directed Care (VDC) program. Interest in this program could not have been captured in the previous report.

The vision is to have a long-term service and supports (LTSS) system that is person-centered and participant-directed, as well as helps veterans at risk of institutionalization continue to live at home and engage in community life. All enrolled veterans are eligible

for VDC if they are eligible for community care, meet the clinical criteria for the services, and it is available. In Montana 5 of the 10 Area Agencies on Aging are contractors for this program.

Additionally, the role of VA Aid and Attendant funding was not considered in the existing study. As this is a pension benefit, funds are added to the veteran’s month pension payment. The benefit is intended to assist veterans with the cost of attendant services when qualification guidelines are met. However, if the veteran needs to apply for Medicaid benefits, VA Aid and Attendant funding is considered a resource. These are veterans within the programs of SLTC that were most likely not captured in the first report.

Updated Cost of 2006 Study

The 2006 in-house study cost \$16,983.51. Using a 45% cumulative inflation factor based on the percentage change in CPI from 2006 to 2022, DPHHS estimates that the cost would increase by \$24,625. Expanding the scope to cover cemetery may require an additional \$6,500 , which accounts for at least 120 hours of employee time, plus additional office resources. While an in-house total estimate, with inflation, is \$31,125, this does not represent system wide analysis of the long-term care resources available to veterans.

Data Used for Demographics

Two sets of data were used for this study, Montana aging data and the 2000 Census - Veterans Data. The Montana aging data was captured at the county level, projected to 2010 and 2025 and stratified by 65-69 and 70-74, etc. This data was then grouped by the nine Veteran Service Areas to use the data as the denominator to determine the percentage of veterans per area. The 2000 Census -Veterans Data was also projected out to 2010 and 2025, grouped by counties and stratified by the same age groupings. The data was then analyzed by county, summarized by region. For example:

Montana Veteran Population by Age and VA Service Regions								
Subset: Region 7: Flathead, Lincoln, and Sanders Counties								
Year	Census 2000 - Veterans Data	Age 65-69	Age70-74	Age75-79	Age 80-84	Age 85>	Total Veteran Aged Population	Percent of total Montana Aged Population
2000	13,968	1,436	1,385	1,240	618	209	4,888	12.99%
2010	13,968	1,456	1,182	1,065	830	655	5,188	14.63%
2025	13,968	1,064	1,124	1,450	922	599	5,159	15.63%

Using this projection model, the percentage of older veterans to total older Montanans rose from 13% to 15.6% in region 7. The data was also summarized at the state level. The 2000 Census illustrated a population of 108,476 veterans in Montana with 37,633 over 65. The age 65 and older population for the entire state was 120,949, or 31.1%. The same exercises can be accomplished with the 2020 census data.

New data is available for future studies. The National Center for Veterans Analysis and Statistics has data sets, beyond population data, which provides information on time in service, income and poverty, health, education and employment statistics and the utilization of the U.S. Department of Veteran Affairs (VA) benefits. These reports would need to be examined to determine the usefulness to the established scope of the study. For example, the income and poverty reports could provide a glimpse into who may need LTSS services, including the use of state veterans home care.

Study Scope in Comparison to VA Reports and Current Service Issues

As stated earlier, the report completed in 2006 focused on long-term care services, specifically the capacity of the veterans' homes. It was used as part of the request for construction dollars for the Southwest Montana Veterans Home in Butte. In terms of the recent closures or cutbacks in services to veterans, this data is too old to be used to determine the impact on the system.

VA VISN Montana Market Report

As stated earlier the 2006 report was not a comprehensive report of long term care (or other services) for veterans, nor is the data useable to opine on recent changes to services. The most recent U.S. Department of Veterans Affairs (VA) study is far greater in depth analysis than the 2006 study, or a replication thereof. The VA published recommendations to the Asset and Infrastructure Review Commission for the Montana Market in March of this year.

(<https://www.va.gov/AIRCOMMISSIONREPORT/docs/VISN19-Market-Recommendation.pdf>, pages 79 -90)

The Veterans Integrated Service Network (VISN) 19– Montana Market Recommendations covers healthcare services available to all Veterans in Montana. The recommendations include justification of actions, resulting from a cost-benefit analysis, and an overview of how the market recommendation is consistent with the MISSION Act Section 203 selection criteria. In summary key strategies included:

- *Provide equitable access to outpatient care through modern facilities closet to where Veterans live and through the integration of virtual care.* This includes the expansion of community-based outpatient clinics (CBOC) in Butte, Missoula, Kalispell, Bozeman, and Great Falls. Additionally, the strategy targeted the closures of outpatient services in Plentywood, Glasgow, and Cut Bank.
- *Enhance VA's unique strengths in care for Veterans.* This includes transitioning of the Miles City Community Living Services (a VA nursing home) to

community providers and state veteran's homes to promote a more sustainable long term care program across the state.

- *Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers and virtual care.* This results in the recommendation to continue medical and surgical services at the Fort Harrison VA Medical Center.

. A review of this report may aid in determining the scope and cadence of a state long term care study for veterans living in Montana. However, the commission report does not contain commentary on state Veterans Cemeteries.

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