

Montana Veterans Long Term Care Needs Study

November 2006

PREPARED BY:

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Executive Summary

II Executive Summary

The 59th Legislature directed the Department of Public Health and Human Services to conduct an analysis of Veterans Long Term Health Care Needs. The Legislature requested that the study include an analysis of the demographics of the Montana veterans' population, including the number and age of veterans in each county and an analysis of the services currently available to meet veterans long term care needs and the need for additional long term care services. The long term care assessment for veterans must also include the evaluation of the need for nursing home, domiciliary and specialized services such as dementia/Alzheimer care, as well as, various types of community and in-home care options that are available and may be needed. Additionally the existing State veterans' home services and configuration of those services should be analyzed.

The following report is a summary of the analysis undertaken by the Department to identify current and anticipated veterans long-term care needs in Montana. The report is broken into the following areas: Demographic and Geographic information; State Veterans Homes; Montana State Veterans' Homes Compare; The VA State Home Program; Federal Veterans Assistance Programs; Current Legislation/Federal Initiatives for Veterans Long Term Care; Challenges facing State Veterans Homes; Other Long Term Care Service Options; and Veterans Survey Letter/Tool/Results.

Demographic and Geographic Highlights:

Montana's population 65 years of age or older was 13.4% in 2000. Montana is projected to age at a significantly greater rate than other states in the nation, and by 2025, Montana is projected to have the third highest proportion (24.5%) of people age 65 and over with the fastest growing age group being those 85 years of age and older. By 2025, 3.1% of Montana's population is projected to be 85 and older, the 4th highest percentage in the nation. The 65 and over population will increase from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older. There are currently about 160 people in Montana who are 100 years of age or older. Montana like other states will have to prepare for an increase in the number of people needing long-term care services.

The 2000 census indicates that 108,476 Veterans make their home in Montana, and 37,631 veterans were over 65 years of age. While a little more than 13% of Montanans are age 65 and older, over 1/3 of the states' veterans population is in that age group. Many World War II veterans are entering their eighties, the peak age for nursing home utilization, and will be followed by veterans who served in Korea and Vietnam. Among the 50 States and the District of Columbia, Alaska had the highest percentage of veterans at 17.1 percent. Veterans accounted for about 16.2 percent of the adult population in

Montana, followed by Nevada (16.1 percent), Wyoming (16 percent), and Maine (15.9) percent.¹

The veteran population is representative of the increase in the overall aging population. The region representing Missoula County, Lake County, Mineral County, and Ravalli County is projected to have the largest aging Veteran population 65 years and older over the next two decades reaching 22.44% by 2025.

Montana State Veterans Home Highlights:

Montana currently provides skilled nursing, intermediate nursing, and other ancillary services to Montana's elderly veterans in two State Veterans facilities. They are the Montana Veterans Home (MVH), a 105-bed facility located in Columbia Falls and the Eastern Montana Veterans Home (EMVH) an 80-bed facility located in Glendive.

Eight-eight percent (88%) of the residents of these facilities resided in Montana prior to admission while twelve percent (12%) resided in states other than Montana. The admissions of residents originated from twenty-four (24) counties; with the first and second largest veterans home population originating from the county in which the State home is located. Flathead County admissions represent thirty-nine percent (39%) of the total MVH population, and Dawson County represents eight percent (8%) of the total EMVH admissions.

The MVH and EMVH, have occupancy rates of 93 % and 70% respectively. These facilities have been highly dependent on local area admissions. Admissions from other areas of the state and contiguous states have not helped to achieve full occupancy at either facility in recent years. However, the Special Care Units serving residents with dementia and Alzheimer's at both facilities have historically experienced full occupancy and waiting lists.

When comparing the types of beds available for veterans in Montana regionally and nationally, Montana has 81% of its beds designated for skilled/intermediate care as compared to 51% in the region, and 73% nationwide. Special Care beds in Montana represent 13% of the available beds, while regionally and nationally the percentage of such designated beds is 5%. Even with 13% of its available beds designated for people with dementia, primarily individuals with Alzheimer's disease, the units at both Montana facilities have been full, and expansions have been undertaken to better serve veterans with these care needs. Domiciliary beds in Montana represent 6% of the available beds, compared to 41% regionally, and 19% nationwide designated for domiciliary use.

¹ Helping You Make Informed Decisions; U.S. Department of Commerce; Economics and Statistics Administration; U.S. CENSUS BUREAU; Issued May 2003; Veterans: 2000 Census; 2000 Brief; By Christy Richardson and Judith Waldrop

Contiguous State Comparisons:

Montana's number of facilities and beds available are comparative with the surrounding states. Idaho has 3 facilities with 304 beds, followed by Montana with 2 facilities with 197 beds. South Dakota has 162 beds, followed by North Dakota with 149 beds, and then Wyoming with 116 beds, with each of these three states having only 1 state veteran facility.

Montana ranks 15th nationwide in number of beds available per veteran age 65 and older. On average there are 191 veterans 65 years and older (37,631) per available state veterans' home bed in Montana (197). Of the regional states, Montana ranked below North Dakota, Idaho, Wyoming, and South Dakota in this bed analysis. North Dakota was 9th with 147 veterans 65 years and older per available bed in that state. Idaho was 10th with 150 veterans 65 years and older per available bed. Wyoming was 11th with 155 veterans 65 years and older per available bed. And South Dakota was 13th with 183 veterans 65 years and older per available bed. Nationally, there was 368 veterans 65 years and older per available bed at State Veterans Homes.

State Veterans Home Program:

Montana currently has 197 state veterans' home beds. Based on the Veterans Administration (VA) methodology for determining the number of nursing home beds and domiciliary beds needed by veterans in each state, Montana is eligible to add just one (1) more bed under the VA methodology. This methodology also determines eligibility to receive funding from the VA state home construction program. Through the state home construction program, the VA can participate in up to 65 percent of the cost of acquisition and construction of new domiciliary or nursing home buildings, provided VA standards and regulations are met. The acquisition and renovation costs may not exceed the cost of construction of an equivalent new facility. Construction grants can be requested for qualifying projects that are at least \$400,000.

Even though Montana would not qualify for construction grant assistance using this methodology, they could be considered under an exceptions process if there is adequate documentation that travel distances will exceed two hours between a veteran population center and an SVH. This exception to the maximum bed limit for a greater than a 2-hour travel time (normal land travel time) from the two current State Veterans Homes in Columbia Falls and Glendive to a number of new locations in Montana can be documented.

Due to a backlog of pending projects in the construction pipeline that will soon exceed \$400 million, and at the current pace, a new project submitted by Montana today could wait five years or more for VA funding consideration. States have committed funds that VA cannot match now because VA is seriously under-funded at a time when the long term care needs of elderly, frail and sick veterans have never been greater.

Federal VA Program:

The VA Montana Healthcare System operates a major medical center at Fort Harrison, five miles west of Helena, providing a full range of health care services for veterans; a federal nursing home at Miles City, and ten outpatient clinics dedicated to primary care services. In 2005, the VA spent more than \$288 million in Montana serving about 102,000 veterans living in the state. VA Montana had 2,588 inpatient admissions, while outpatient visits totaled 250,151. In 2005, 13,828 veterans age 65 and older received outpatient medical care from the VA in Montana.

VA Montana also provides support with per diem payments at the two veteran's homes operated by the state of Montana, which helps to offset some of the cost of care for veterans seeking admission to these facilities. Additionally Montana veterans who are eligible may also be placed in private nursing homes around the state under the auspices of VA on a temporary or permanent contract basis.

The VA currently meets its obligation to provide long-term care services to veterans through a combination of federal appropriation to the VA and state veterans' home per diem payments. The VA does not provide levels of long term care that can be provided in State Veterans Homes, or provide reimbursement for "assisted living." The VA is however currently undertaking an assisted living pilot program, authorized by the Millennium Act.

Veterans Legislation:

There are currently several pieces of legislation focused at state veteran's home programs.

The "Veterans Choice of Representation and Benefits Enhancements Act of 2006 is targeted at efforts to eliminate two inequities in current law that serve as disincentives for severely disabled service-connected veterans to enter State Veterans Homes and create an innovative new program to help fill in gaps in State Home coverage. If passed this legislation will authorize the VA to provide veterans who are 50% or more service-connected disabled with prescription medications while residing in State Homes. Currently these veterans are authorized to receive such medications free of charge from VA if they reside in any setting other than a State Home. The second provision authorizes VA to pay State Homes the same rates for the care of a 70% or higher service-connected veteran residing in a State Home as they are currently authorized to pay via contract care to private community nursing homes. The legislation also creates a new program to fill gaps in State Home coverage by allowing VA to treat certain existing health care facilities, or certain beds within a facility, as State Home beds for purposes of receiving per diem payments. This provision is designed to provide States, particularly geographically large or rural States like Montana, with additional flexibility to develop small State Home bed units in collaboration with existing health care providers rather than construct new freestanding State Homes. This new program would be authorized for three years and be capped at 100 beds nationally.

State Veterans Home Challenges:

Montana faces many challenges in the operations of its State Veterans' Homes, including, but not limited to difficulties in finding sufficient numbers of direct care staff, such as, nurses and certified nurse aides to meet veterans care needs. In recent years, MVH has experienced staff recruitment and retention issues related to the economic environment of the Flathead Valley and competition for limited health care resources. In addition to the challenge of providing competitive wages, the increasing resident acuity has caused the cost of providing nursing home care to increase rapidly. In recent years reimbursement increases have not kept pace with rapidly rising costs of operations. Veterans today are older and sicker, with Dementia in the aging veteran population placing more demands on facilities to deal with those residents. The cost and delivery of care to veterans at the two Montana State Veterans Homes are expected to increase in the years to come and continue to challenge the financial operation of these facilities.

Another challenge facing the State of Montana is the future of its current two facilities, which are operated under two different operational models. The Glendive Medical Center (GMC) has operated the Eastern Montana Veterans Home since it opened in 1995 under a contract arrangement. EMVH is the only DPHHS owned facility that is operated under a contract with the private sector. The Montana Veterans Home is operated and staffed by the State of Montana. Discussions related to the advantages and the disadvantages of contracting or directly operating come up periodically and may need to be reconsidered in the future if costs continue to increase.

Other Long Term Care Options:

Long-term care services in Montana may include the medical, social, housekeeping, or rehabilitation services a person needs over months or years in order to improve or maintain function or health. Such services are provided in nursing homes, in resident homes, or in community-based settings such as assisted-living facilities and retirement homes. In Montana services and programs as alternatives to nursing home care are available. Both medical and non-medical care may be received at home or in residential settings. Veterans may be eligible for these services or programs, but without any assistance from the VA in the form of state per diem or consideration for veteran preference.

Veterans Survey:

As part of this study, Montana conducted a non-scientific statewide survey to determine the individual needs, preferences and opinions of Montana veterans. The survey also collected demographic data about Montana veterans. Surveys were mailed to selected individuals and groups in Montana requesting their assistance in distributing the survey over a course of a few weeks to as many Montana veterans as possible. The survey tool was distributed to, Veterans Interim Committee Members, Fort Harrison, Veterans Service Offices, Veterans Service organizations, Military Affairs, and family members

and veterans at MVH & EMVH. Approximately 1700 copies of the survey were mailed out and 450 surveys were returned, representing a response rate of 26.47%.

Some of the survey highlights are:

86% of the respondents were Veterans and 14% of the respondents were the spouses of a Veteran.

86% of the respondents were male and 14% were female.

31% of the respondents were age 75 to 84, while 24% were 65 to 74 years of age, and 45% of the respondents were younger than 65.

36% of the respondents currently live in Flathead County followed by 13% in Cascade County.

32 % of the respondents have a service – connected disability, while 47 % of the respondents have a disability that is not service connected.

28% of the respondents receive daily help with cooking or meal preparation, 25% with medications, 17% with bathing, and 16% with dressing or grooming. With 21% being provided by the spouse.

88% of the respondents indicate that they need long-term care services, which are not currently available to them where they live, such as in-home care (22%), adult day-care (15%), Mental Health Services (11%), Assisted Living (11%), Retirement Living (11%), and Nursing Facility Care (9%).

51% of the respondents indicate that they would expect to need access to long-term care services in more than 5 years, 36% in the next 1 to 5 years.

When asked if they were unable to care for themselves at home, where would veterans most likely go to access long term care services, 29% responded the State Veterans Home in either Columbia Falls or Glendive. 15% indicated Assisted Living/Personal Care Facility and 12% indicated a nursing facility in their community. 47% of the respondents indicated that if they had to leave their community to access long-term care services, they would relocate to either the Flathead Valley or Missoula area. 12% indicated Helena as the community of choice for relocation. 44% of the respondents would relocate to other communities because of family and friends, 34% to be close to their current community.

When survey respondents were asked if another state veterans nursing facility were to be constructed, where it should be built to address the greatest number of veterans who are in need of this service, the respondents named their 1st choice as Kalispell (23%), followed by Helena (16%), Great Falls (15%), Missoula (13%), and Billings (11%). The survey presents that the overall choice (1st, 2nd, and 3rd) of veterans for a location of a state veteran's home was Missoula (18%), Helena (16%), Kalispell (15%), Great Falls (13%), and Billings (11%). All except Kalispell are outside of the current 2-hour radius of the two existing facilities.

If additional funding were to be available, respondents indicated that the best use of state funds would be to provide funding to care for veterans in their own homes and communities at (36%) or develop assisted living/retirement living housing options for veterans at (18%).

Summary:

The veteran population in Montana is increasing, especially those over 65 years of age. The projected increase alone in the over age 85 category could increase the demand on available beds at the two existing state veterans homes in future years. Both the admission history and the survey show the preferred choice of veterans is a location close to home, family, and friends. As with all long term care services there is a focus on developing community options that maintain individuals in their homes for as long as possible and avoid more costly institutional settings or service options.

Numerous challenges exist for the two State Veterans Homes that currently operate in the state. Higher cost of delivering services to more medically complex residents and the difficulty with recruitment and retention of qualified direct care staff are ongoing challenges. To maintain commitment, continuity and quality of care for Montana veterans the State will need to provide sufficient levels of appropriations that are adequate to maintain the ongoing operation and upkeep of the existing two state veterans' facilities prior to looking at expansion of other institutional based service options.

Long-term care is available to meet the needs of Montana veterans through several options such as the VA Healthcare system, a federal Veterans Home and the two State Veterans Homes. The availability of numerous nursing facilities with available beds throughout Montana provide access options to veterans and are located in many of the communities where future veteran population growth is projected. Veterans in Montana have choices of long-term care services that include medical, social, housekeeping, or rehabilitation services to improve or maintain function or health. Besides services provided by nursing facilities, services are available in community-based settings such as assisted-living facilities, retirement homes, and in-home care options are being developed or expanded in communities across the state. The cost of care subsidized by the VA per diem does not seem to greatly influence those veterans who choose to stay closer to home, family, and friends to receive long term care services.

Demographics/ Geographic's

III Demographics/Geographic's

a. Montana Aging Data

13.4% of Montana's population was 65 years of age or older according to the 2000 census. That rate has remained constant over the last 10 years. However, as the baby boom generation (those born between 1946 and 1964) reach retirement age, Montana is projected to age at a significantly greater rate than other states in the nation. By 2025, Montana is projected to have the third highest proportion of people age 65 and over in the nation (24.5% of its total population).ⁱ The fastest growing age group will be those 85 years of age and older. In 1990, 1.3% of Montana's population was 85 years of age or older. By 2003, this percentage had increased to 1.9%, the 17th highest rate in the nation. By 2025, 3.1% of Montana's population is projected to be 85 and older, the 4th highest percentage in the nation.ⁱⁱ There are currently about 160 people in Montana who are 100 years of age or older.

Between 2002 and 2030, the nation's 65 and over population will more than double, from 35.6 million to 71.5 million, which will mean that almost one in five people will be 65 or older. In Montana, the 65 and over population will go from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older.

Looking specifically at long-term care needs, the extent to which states will have to prepare for an increase in the number of people needing long-term care services will depend on a number of factors, including the projected number of the oldest-old residents - people age 85 and older - and therefore, most likely to need long-term care services. Nationally, a 66 % increase is expected in the population age 85 and older between 2000 and 2025. For Montana, the projected increase is 123%, which ranks as the 8th highest increase nationwide.ⁱⁱⁱ

The following maps display demographic data for Montana by county for 2000-2025

i. Percentage of 60, 65, & 75 Years of Age and Older By County for 2000 and 2025

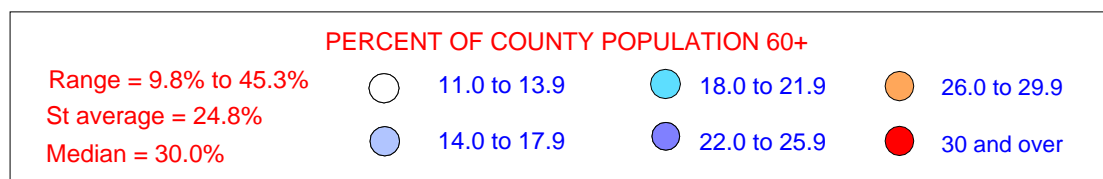
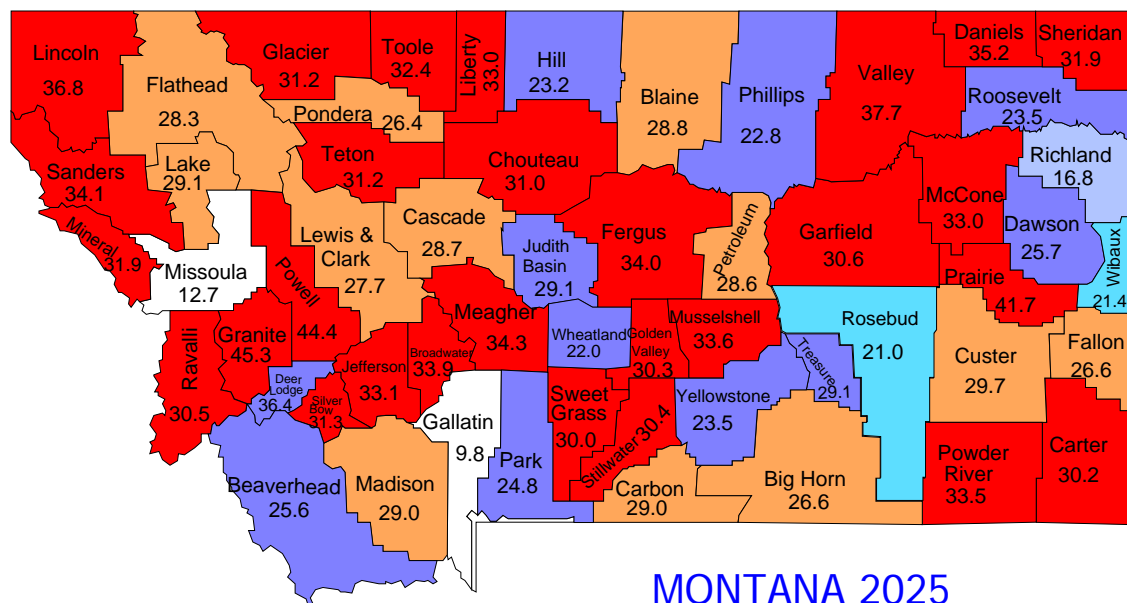
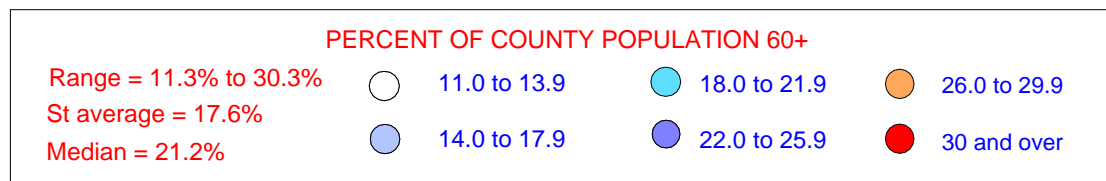
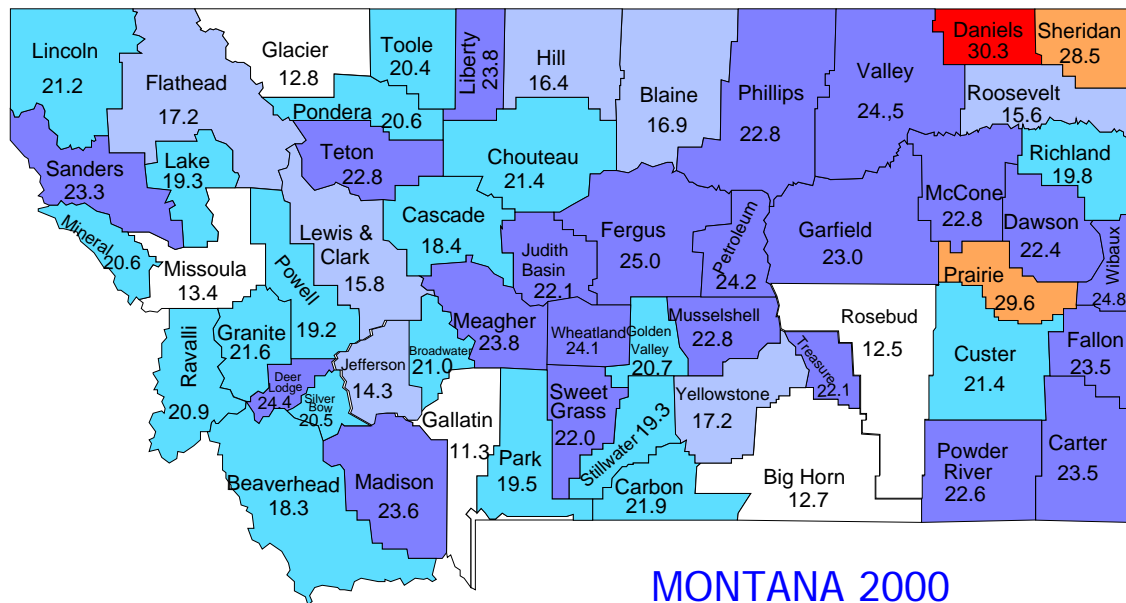
Three maps were compiled for Aging Services Bureau of the Senior and Long Term Care Division, DPHHS from 2000 census data for Montana. These maps shows the percentage of the population in Montana by county that is 60, 65, & 75 years of age and older.

The set of maps on page 14 of this report, show that counties with 30 percent or more of the county population 60 years and older jumps from one (1) county in 2000 to twenty-eight (28) counties in 2025. The State average increases from 17.6% in 2000 to 24.8% in 2025. In 2000, Daniels County has the highest percentage with 30.3% and Granite County has the highest percentage in 2025 with 45.3%.

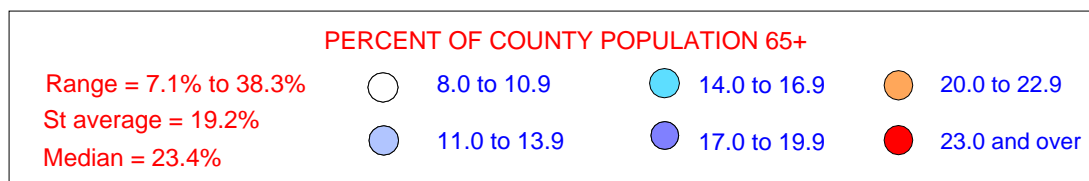
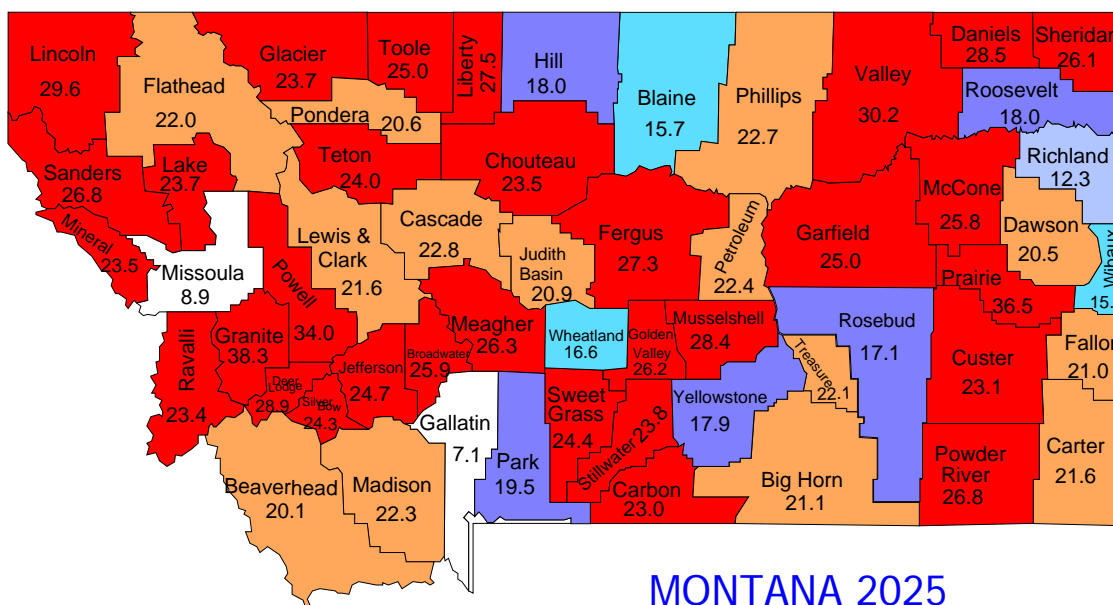
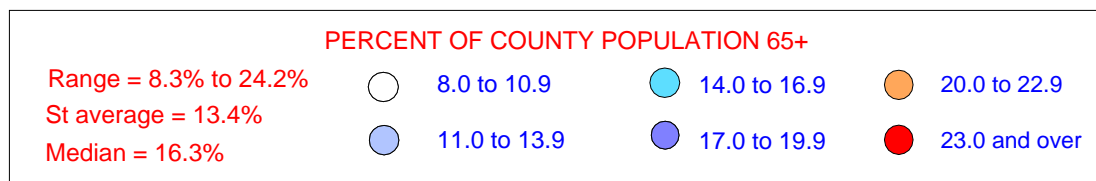
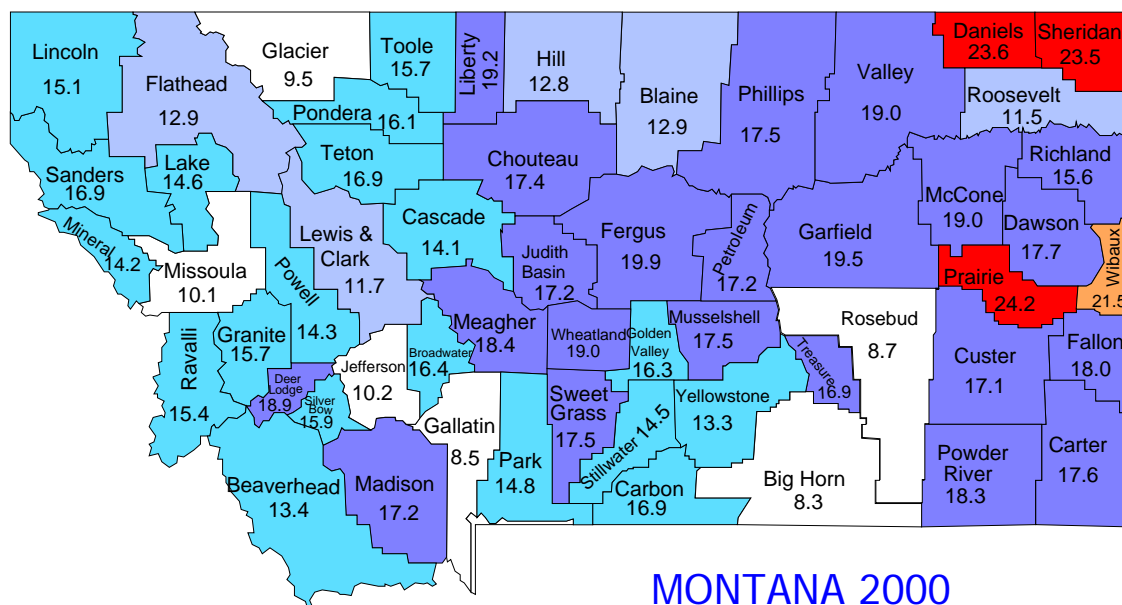
The set of maps on page 15 of this report, show that counties with 23 percent or more of the county population 65 years and older jumps from three (3) counties in 2000 to thirty-one (31) counties in 2025. The State average increases from 13.4% in 2000 to 19.2% in 2025. In 2000, Prairie County has the highest percentage with 24.2% and Granite County has the highest percentage in 2025 with 38.3%.

The set of maps on page 16 of this report, show that counties with 12 percent or more of the county population 75 years and older jumps from three (3) counties in 2000 to eleven (11) counties in 2025. The State average increases from 6.5% in 2000 to 8.2% in 2025. In 2000, Prairie County has the highest percentage with 13.3% and Granite County has the highest percentage in 2025 with 21.1%.

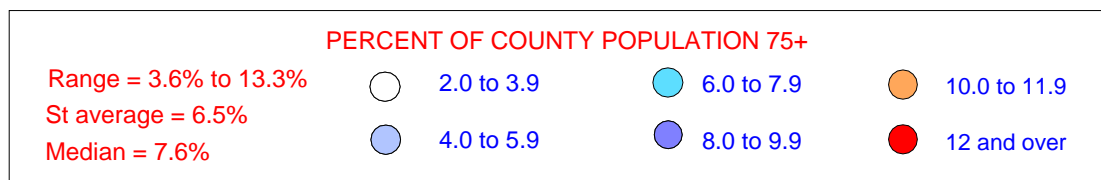
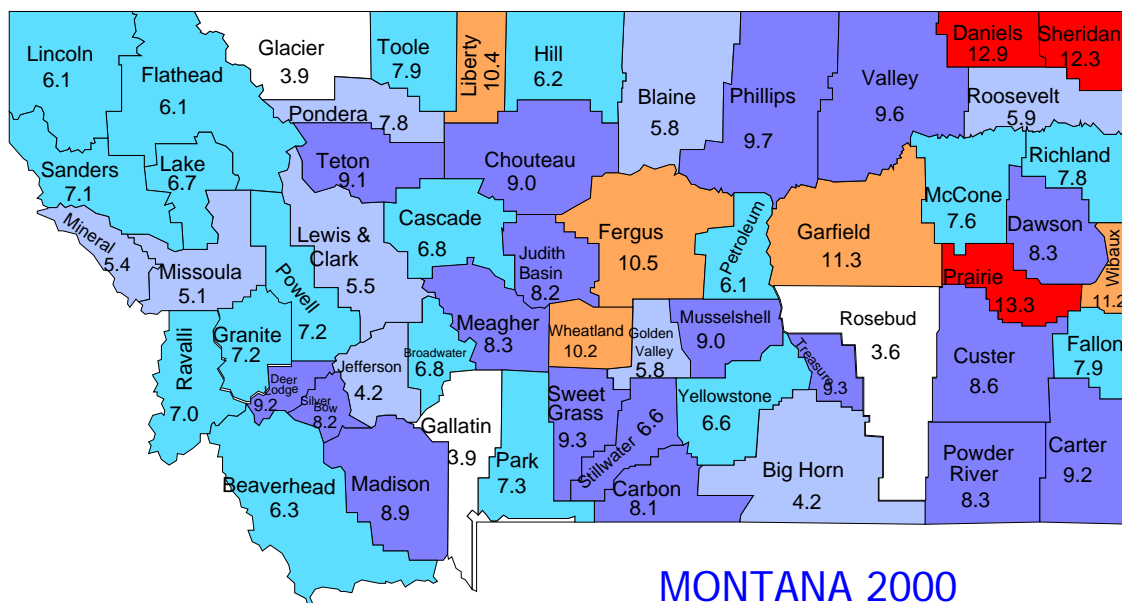
PERCENTAGE OF 60 YEARS OF AGE AND OLDER BY COUNTY



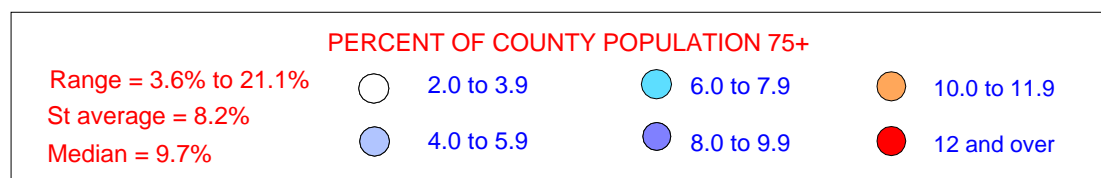
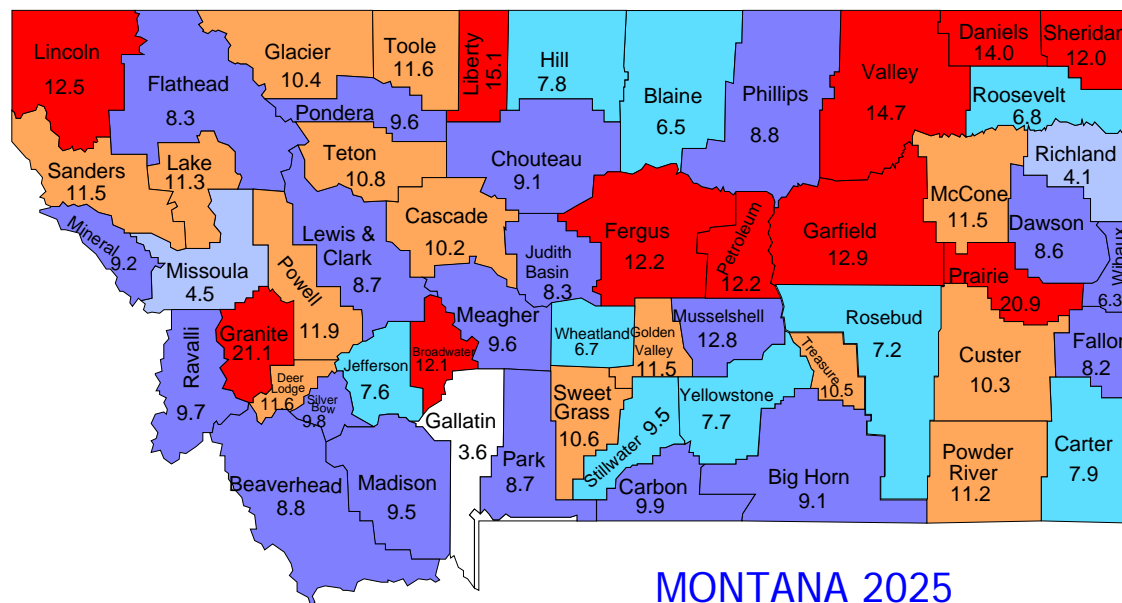
PERCENTAGE OF 65 YEARS OF AGE AND OLDER BY COUNTY



PERCENTAGE OF 75 YEARS OF AGE AND OLDER BY



COUNTY



b. Montana Veterans Demographic/Geographic Data

Census 2000 Veteran Data - Census 2000² was the largest peacetime effort in the history of the United States. Population information for the approximately 26 million veterans across the United States and Puerto Rico was collected. These demographics are helpful in efforts to analyze veteran's needs. This data is as of 4/1/2000 and projected for 2010 and 2025.

Census 2000 asked about Veteran status, including period of military service, and is used primarily by the Department of Veterans Affairs to measure the needs of veterans and to evaluate the impact of veteran benefits with health care, education and employment, and disability and retirement. This data are needed to conduct policy analysis, program planning, and budgeting, for federal veterans' programs, and for reports to Congress on veterans' facilities and services.

Based on data about veterans, local agencies develop health care and other services for elderly veterans under the Older Americans Act.

Among the 50 States and the District of Columbia, Alaska had the highest percentage of veterans, 17.1 percent. Veterans accounted for about 16.2 percent of the adult population in Montana, followed by Nevada (16.1 percent), Wyoming (16 percent), and Maine (15.9 percent).³

The 2000 Census demonstrated a population of 108,476 veterans in Montana, with 37,633 of these veterans age 65 and older. The age 65 and older population including civilians and veterans was 120,949, presenting that 31.11 % of the 65 and older population in Montana are veterans.

i. 2000 Montana Veteran Population by VA Service Region

In January, 2006, the study utilized the nine (9) Montana Department of Military Affairs, Veterans Affairs Division Regions to display the 2000 veteran census population and the population projections. It was necessary for the study to maintain consistency with other veteran services in Montana. The veteran service regions map provided to the study from the Montana Veterans Affairs Division, showed Roosevelt County was split in two (2) service regions. The study consistently utilized demographic data for Roosevelt County in service region 1.

² The Census 2000 Summary File 3 data are available from the American Factfinder on the Internet (factfinder.census.gov). They were released on a state-by-state basis during 2002.

³ Helping You Make Informed Decisions; U.S. Department of Commerce; Economics and Statistics Administration; U.S. CENSUS BUREAU; Issued May 2003; Veterans: 2000 Census; 2000 Brief; By Christy Richardson and Judith Waldrop

The following table lists the Montana counties and the Regions they were assigned to:

Region 1 Counties	Region 2 Counties	Region 3 Counties	Region 4 Counties	Region 5 Counties	Region 6 Counties	Region 7 Counties	Region 8 Counties	Region 9 Counties
Carter	Blaine	Cascade	Big Horn	Gallatin	Broadwater	Flathead	Lake	Beaverhead
Custer	Daniels	Chouteau	Carbon	Golden Valley	Lewis and Clark	Lincoln	Mineral	Deer Lodge
Dawson	Glacier	Fergus	Musselshell	Meagher		Sanders	Missoula	Granite
Fallon	Hill	Judith Basin	Stillwater	Park			Ravalli	Jefferson

The chart below was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The data from the source was formatted in an EXCEL spreadsheet and sorted by county and then by the VA service region in Montana.

The chart shows the Veteran population in 2000 was highest in Region 8, represented by Lake, Mineral, Missoula, and Ravalli Counties at 17.61%. Region 4, representing Big Horn, Carbon, Musselshell, Stillwater, Treasure, and Yellowstone Counties was second at 17.17%.

2000 MONTANA VETERAN POPULATION BY AGE AND VA SERVICE REGION								
Montana Veterans Affairs Regions Veteran Population	Veterans 2000 Census	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85>	Total Veteran Population	Percent of Total Population
Region 1	7925	792	766	672	336	112	2678	7.12%
Region 2	5961	676	653	581	290	98	2298	6.11%
Region 3	15645	1625	1561	1421	706	242	5555	14.76%
Region 4	18724	1899	1831	1638	817	276	6461	17.17%
Region 5	9046	848	814	749	372	127	2910	7.73%
Region 6	7609	725	700	627	313	106	2471	6.57%
Region 7	13968	1436	1385	1240	618	209	4888	12.99%
Region 8	14298	1942	1869	1689	840	287	6627	17.61%
Region 9	15300	1100	1062	950	473	160	3745	9.95%
Totals	108476	11043	10641	9567	4765	1617	37633	

Veterans Projections Source VetPop2000. U.S. Dept. of Veterans Affairs, Office of the Actuary, Office of Policy & Planning. 2001. VA 1.95:V 64 - U.S. Government Documents". VA's official estimate of the veteran population and projection to the year 2029."

ii. 2010 Montana Veteran Population by VA Service Region

The chart below was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The 2010 projected data from the source was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana.

By 2010, Region 8 remained highest, with an increase to 19.64% from 17.61% in 2000; and Region 4 remained second, but decreased from 17.61 in 2000 to 16.65 %. 6 of the 9 regions decrease from 2000 to 2010, except Region 6, represented by Broadwater, and Lewis and Clark Counties (6.57% to 7.23%); Region 7, represented by Flathead, Lincoln, and Sanders Counties (12.99% to 14.63%); and Region 8 as noted above.

2010 MONTANA VETERAN POPULATION BY AGE AND VA SERVICE REGION								
Montana Veterans Affairs Regions	Veterans	Age	Age	Age	Age	Age	Total	Percent of
Veteran Population	2000	65-69	70-74	75-79	80-84	85>	Veteran	Total
	Census						Population	Population
Region 1	7925	585	422	385	364	284	2040	5.75%
Region 2	5961	494	357	344	306	248	1749	4.93%
Region 3	15645	1289	1037	984	752	643	4705	13.26%
Region 4	18724	1728	1175	1150	931	923	5907	16.65%
Region 5	9046	1014	659	512	444	420	3049	8.60%
Region 6	7609	817	564	464	400	320	2565	7.23%
Region 7	13968	1456	1182	1065	830	655	5188	14.63%
Region 8	14298	2174	1607	1351	936	898	6966	19.64%
Region 9	15300	973	728	652	515	436	3304	9.31%
Totals	108476	10530	7731	6907	5478	4827	35473	

Veterans Projections Source VetPop2000. U.S. Dept. of Veterans Affairs, Office of the Actuary, Office of Policy & Planning. 2001. VA 1.95:V 64 - U.S. Government Documents". VA's official estimate of the veteran population and projection to the year 2029."

iii. 2025 Montana Veteran Population by VA Service Region

The chart below was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The 2025 projected data is from the source was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana.

By 2025, Region 8 still ranks 1st, increasing from 19.64% in 2010 to 21.44%; and Region 4 ranks 2nd, decreasing slightly to 16.13 % from 16.65%. 5 of the 9 regions decrease from 2010 to 2025. Increases occur in Region 5, represented by Gallatin, Golden Valley, Meagher, Park, Sweet Grass, and Wheatland Counties (8.60% to 11.21%); Region 6, represented by Broadwater, and Lewis and Clark Counties (6.57% to 7.23%); Region 7, represented by Flathead, Lincoln, and Sanders Counties (12.99% to 14.63%); and Region 8 as noted above.

2025 MONTANA VETERAN POPULATION BY AGE AND VA SERVICE REGION								
Montana Veterans Affairs Regions Veteran Population	Veterans 2000 Census	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85>	Total Veteran Population	Percent of Total Population
Region 1	7925	338	289	369	223	145	1364	4.16%
Region 2	5961	320	259	345	197	142	1263	3.86%
Region 3	15645	858	735	1014	593	457	3657	11.17%
Region 4	18724	1242	1064	1352	775	850	5283	16.13%
Region 5	9046	940	869	960	512	389	3670	11.21%
Region 6	7609	625	630	852	450	272	2829	8.64%
Region 7	13968	1064	1124	1450	922	559	5119	15.63%
Region 8	14298	1615	1532	2050	1054	772	7023	21.44%
Region 9	15300	609	523	705	434	271	2542	7.76%
Totals	106476	7611	7025	9097	5160	3857	32750	

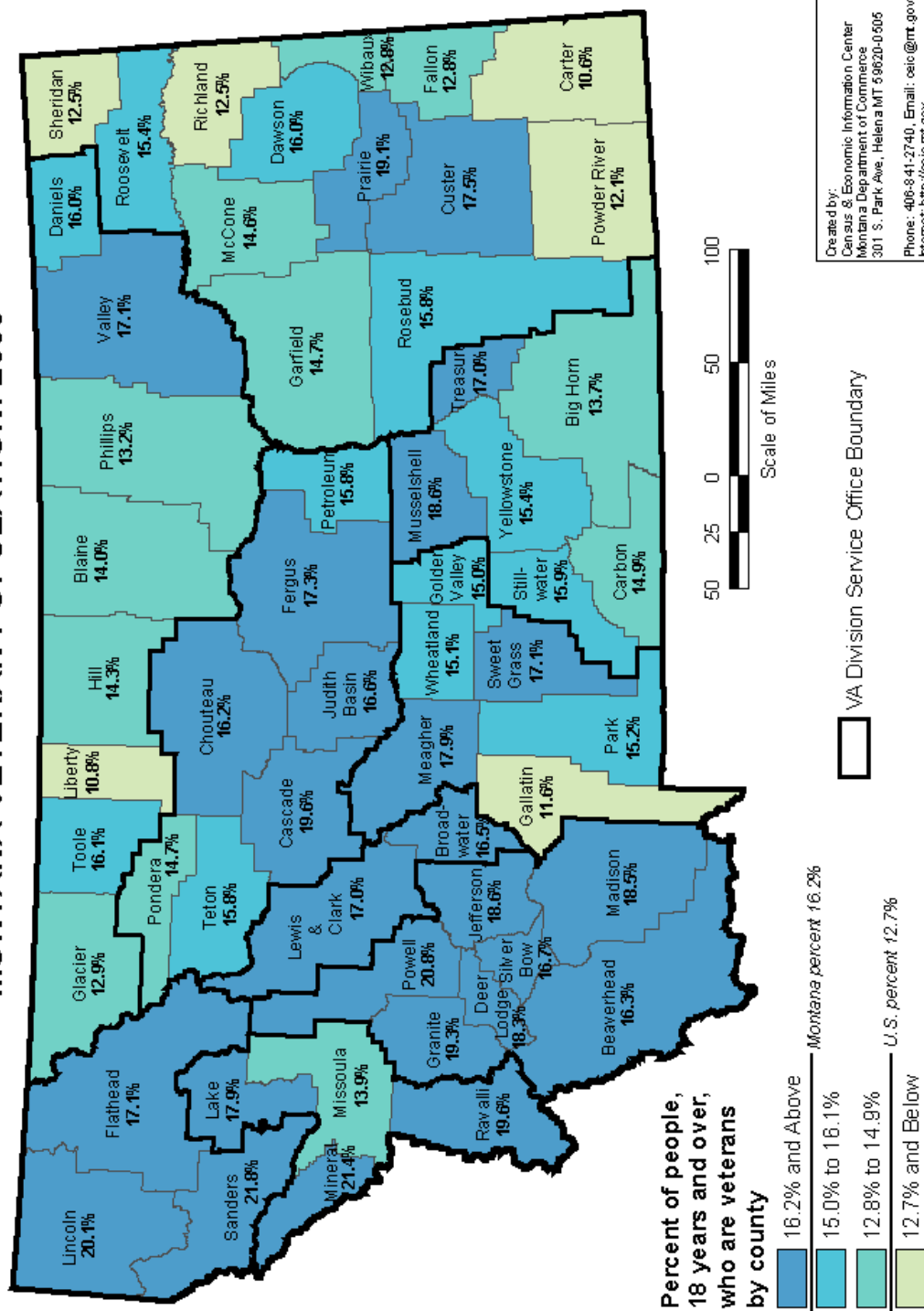
Veterans Projections Source VetPop2000. U.S. Dept. of Veterans Affairs, Office of the Actuary, Office of Policy & Planning. 2001. VA 1.95:V 64 - U.S. Government Documents". VA's official estimate of the veteran population and projection to the year 2029."

iv. Montana Veteran Population 2000

The map on page 22 was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The data was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana. The map reflects the veteran population in Montana for someone 18 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. This map includes people who served for even a short time.

This map shows that in 2000, twenty-six (26) counties were 16.2% or above as a percent of people, 18 years and over, who are veterans by county. Sanders County was the highest with 21.8 % followed by Mineral County with 21.4 %. The Montana average percent was 16.2%, while the national average was 12.7%.

MONTANA VETERAN POPULATION: 2000

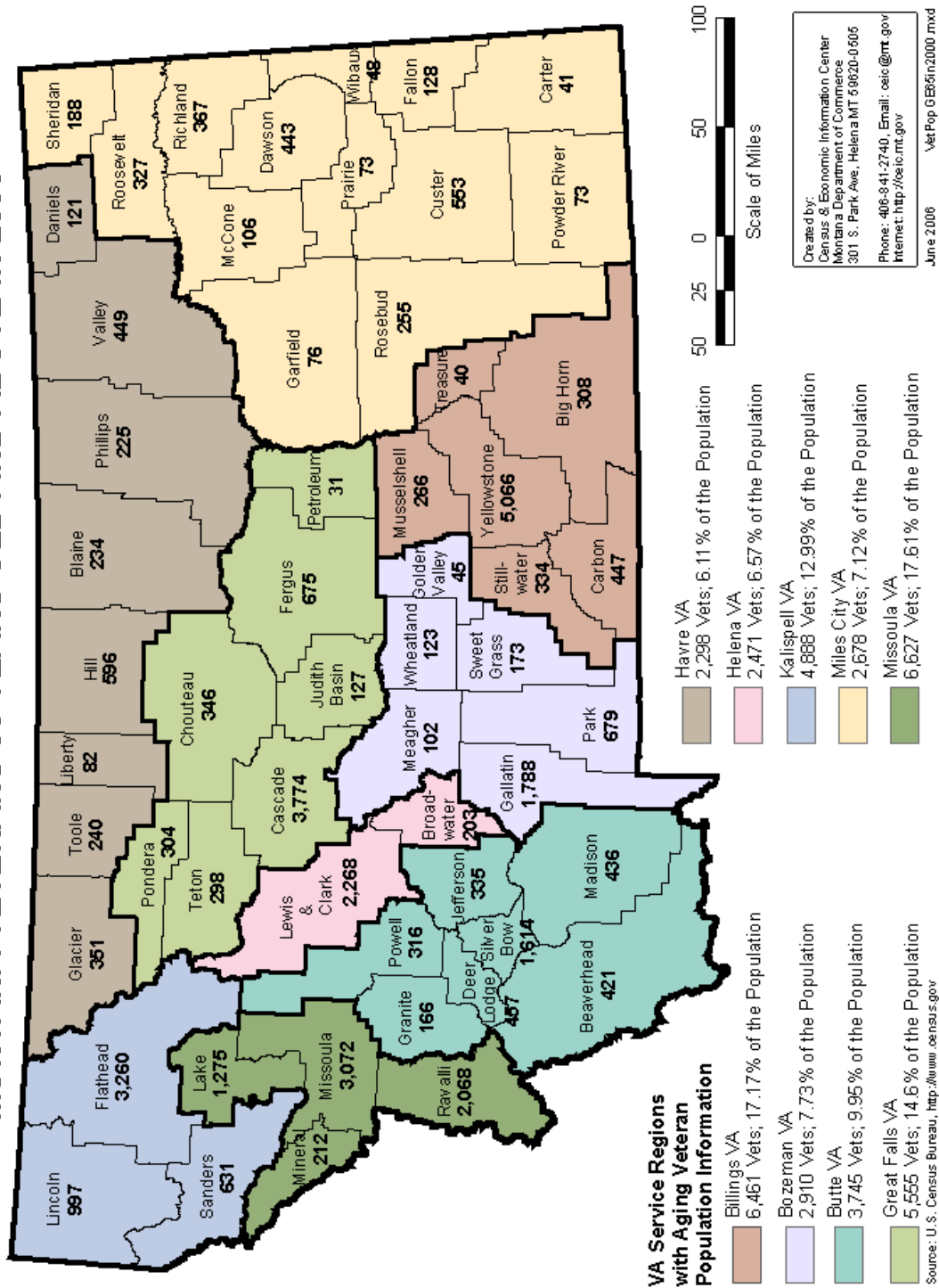


v. Montana Veteran's 65 Years & Above in 2000

The map on page 24 was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The data was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana. The map reflects the veteran population in Montana for someone 65 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. This map includes people who served for even a short time.

This map shows that the Missoula VA region representing Missoula County, Lake County, Mineral County, and Ravalli County had the largest aging Veteran population with 17.61 % of the population 65 and older in 2000, followed closely by the Billings VA region with Yellowstone County, Musselshell County, Stillwater County, Carbon County, Big Horn County, and Treasure County with 17.17% of the population.

MONTANA VETERANS 65 YEARS OLD AND ABOVE IN 2000

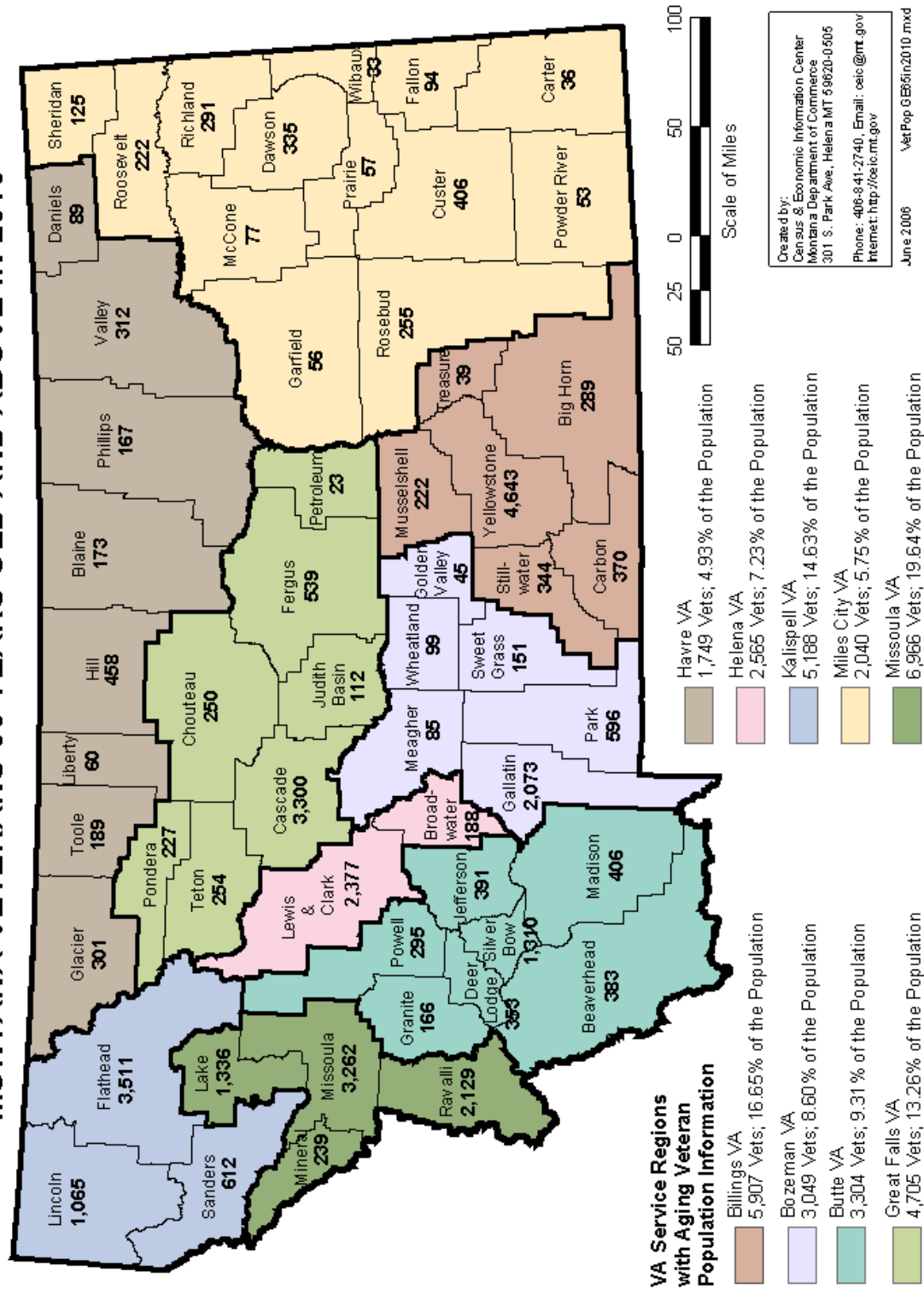


vi. Montana Veteran's 65 Years & Above in 2010

The map on page 26 was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The data was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana. The map reflects the veteran population projected for Montana in 2010 for someone 65 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. This map includes people who served for even a short time.

The 2010 projection map shows that the Missoula VA region representing Missoula County, Lake County, Mineral County, and Ravalli County had the largest aging Veteran population with 19.64 % of the population 65 and older projected in 2010, followed by the Billings VA region with Yellowstone County, Musselshell County, Stillwater County, Carbon County, Big Horn County, and Treasure County with 16.65% of the population. In relation to the aging veteran population statewide, the Missoula region is projected to increase as a percentage of the population from 2000 to 2010, while the Billings region is projected to decrease in the percentage of aging veterans statewide for that same time span.

MONTANA VETERANS 65 YEARS OLD AND ABOVE IN 2010

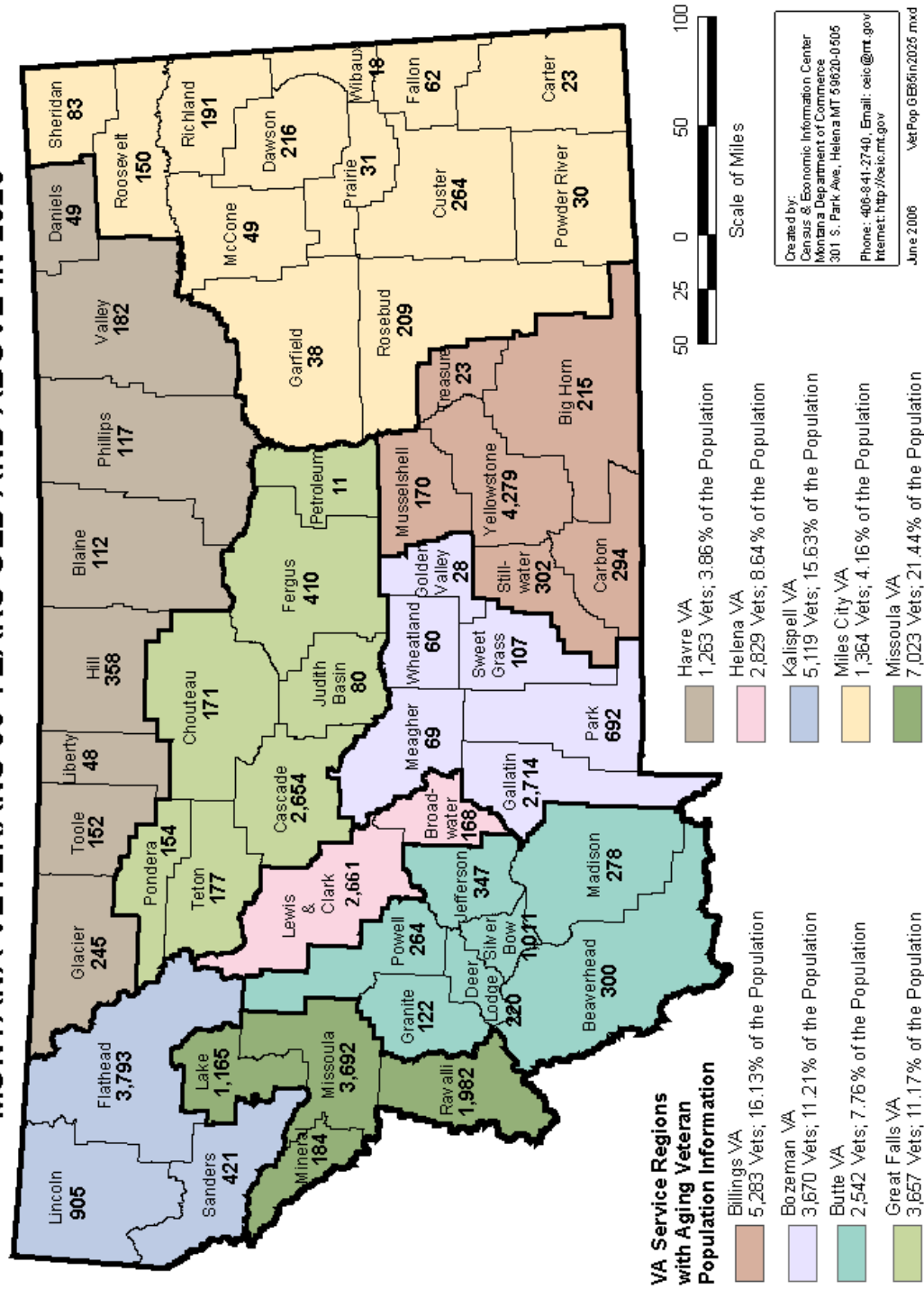


vii. Montana Veteran's 65 Years & Above in 2025

The map on page 28 was developed from the Census 2000 Veteran Data for Senior and Long Term Care Division of DPHHS. The data was formatted in an EXCEL spreadsheet and sorted by county and then by VA service region in Montana. The map reflects the veteran population projected for Montana in 2025 for someone 65 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. This map includes people who served for even a short time.

The 2025 projection map shows that the Missoula VA region representing Missoula County, Lake County, Mineral County, and Ravalli County had the largest aging Veteran population with 21.44 % of the population 65 and older projected in 2025, followed by the Billings VA region with Yellowstone County, Musselshell County, Stillwater County, Carbon County, Big Horn County, and Treasure County with 16.13% of the population. In relation to the aging veteran population statewide, the Missoula region is projected to increase as a percentage of the population from 2010 to 2025, while the Billings region is projected to slightly decrease in the percentage of aging veterans statewide for that same time span.

MONTANA VETERANS 65 YEARS OLD AND ABOVE IN 2025



State Veterans' Homes

Montana Veterans' Home
Eastern Montana Veterans' Home

IV State Veterans' Homes

a. What is a State Veterans' Home

The State Home Program is a partnership between the U.S. Department of Veterans Affairs and the States to construct or acquire nursing home, domiciliary and/or adult day health care facilities. Hospital care may be included when provided in conjunction with nursing home or domiciliary care. VA may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliary or for renovations to existing State homes. VA also provides per diem payments to States for the care of eligible veterans in State homes. A State home is owned and operated by a State. VA assures Congress that State homes provide quality care through inspections, audits, and reconciliation of records conducted by the VA medical center of jurisdiction.

b. State of Montana Veterans' Homes

The State of Montana operates and manages two state veterans' homes, the Montana Veterans Nursing Home in Columbia Falls and oversees a contract for the operation of Eastern Montana Veterans Nursing Home in Glendive. The recipients of this benefit answered a call to arms when our country needed them. Veterans of Montana have repeatedly expressed their support of our state veteran's homes. According to the 2000 census, 108,476 Veterans make their homes in Montana, and 37,631 of those veterans are over 65 years of age. Among the 50 States and the District of Columbia, Alaska had the highest percentage of veterans, 17.1 percent. Veterans accounted for about 16.2 percent of the adult population in Montana, followed by Nevada (16.1 percent), Wyoming (16 percent), and Maine (15.9 percent) (<http://www.census.gov>).

The State of Montana Veterans' Homes provide skilled nursing, intermediate nursing, and other ancillary services to Montana's elderly veterans in two facilities. To be considered for admission, you must be an honorably discharged veteran who has served at least one day of active service or the spouse of an honorably discharged veteran. You also need a physician's statement confirming your need for nursing home services.

Statute (MCA 2005)

10-2-403. Eligibility for residence in home. To be eligible for residence in a Montana veterans' home under rules prescribed by the department of public health and human services, a person must be a veteran or the spouse or surviving spouse of a veteran. Consideration must also be given to:

- (1) the person's age;
- (2) the person's physical and mental status;
- (3) the person's ability or inability to locate suitable alternative accommodations;

- (4) the person's term of residence in Montana;
- (5) the person's gender as it relates to availability of appropriate living space;
- (6) the ability of the Montana veterans' home to meet the person's needs; and
- (7) other admission requirements established by the department.

The Montana State Veterans Homes are supplemented by a nursing home care per diem from the Department of Veterans Affairs, funded in part with money from the state cigarette tax, and third party payments.

As is the case with most nursing homes, the Montana State Veterans Homes participate in the Medicaid and Medicare programs. In addition, Montana State Veterans Homes historically have been funded by charging residents for their care at the facility based on their ability to pay. The federal Department of Veterans' Affairs also contributes a per diem for each day of nursing home care and domiciliary care provided to a veteran. Until 1992 the state general fund provided the remainder of funding necessary to provide care that is given to members. Since 1992 there has been cigarette tax revenue, which is designated revenue to be used to offset the expenses for those veterans at the facility who cannot pay full cost.

i. Montana State Veterans' Home – Columbia Falls

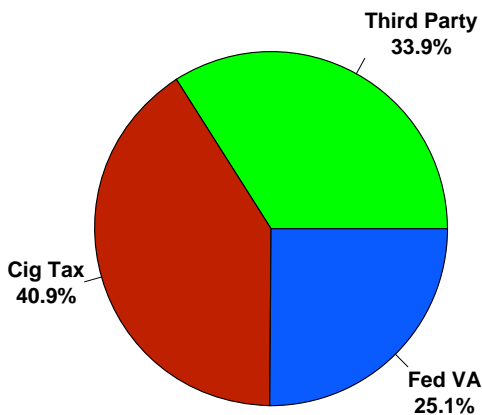
The Montana Veterans Home (MVH) was established when Governor Rickards laid the cornerstone on May 30, 1896. This was the result of a request by the G.A.R. (Grand Army of the Republic), an organization of Civil War and Indian Wars veterans. MVH in Columbia Falls is one of Montana's oldest human-service programs. Since 1896 the Montana Veterans' Home has served over 2,800 veterans from the Civil War, Indian Wars, Spanish-American War, World War I, World War II, Korean Conflict and Vietnam, and other military conflicts.



The Montana Veterans' Home (MVH) is a 105 bed nursing facility with a 15 bed SCU (Special Care Unit) located in Columbia Falls, Montana. The facility is state owned and operated. The one hundred twenty-three (123) MVH staff are employees of the Montana Dept. of Public Health & Human Service – Senior and Long Term Care Division. MVH also operates a 12-bed Veterans Administration approved domiciliary for veterans who require less assistance and supervision than nursing home residents. It currently operates at 93% occupancy. In 2001, MVH added a 15-bed Special Care Unit, where veterans can get specialized care for Alzheimer's disease and other dementia disorders.

MVH participates in the Medicaid and Medicare programs, and historically has been funded by charging members for their care based on their ability to pay. Cigarette tax revenue has been designated to be used to offset the expenses for those veterans at the facility who cannot pay full cost. In FY 2004, the total cost of operation for MVH was \$ 7.04 million dollars.

Montana Veterans' Home Funding Sources Nursing Home and Domiciliary FY 2004



MVH Total Funding \$7.0 Million

05 vet_pie

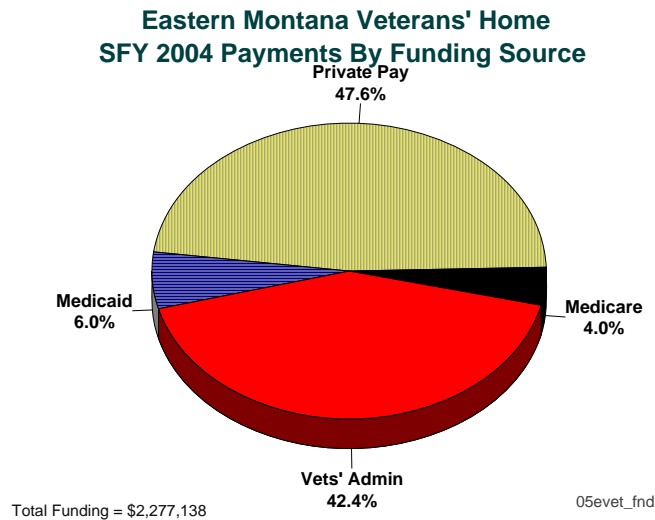


ii. Eastern Montana State Veterans' Home – Glendive

The Eastern Montana Veterans Home was built in 1994 and opened its doors for admissions on July 17, 1995. The Eastern Montana Veterans' Home (EMVH) is an 80 bed nursing facility located in Glendive, Montana. The facility has a 16-bed special care unit, dedicated to the care of residents with dementia related illnesses (such as Alzheimer). The Senior and Long Term Care Division currently contracts with the Glendive Medical Center to operate the facility. The State of Montana owns the building and major equipment. A SLTCD employee, who has an office at the facility, manages the contract and serves as the liaison with the Veterans Administration. The facility currently operates at 70% occupancy.



The total cost of operation for EMVH to the state during FY 2004 was about \$ 1.3 million of state special revenue and veterans' per diem payments. Currently, the major source of funding at EMVH comes from the federal Veterans Administration. Other sources of funding are Medicare, Medicaid and private pay by veterans.



Until 2006, EMVH had a ten (10) bed “Special Care Unit” (SCU) that served people with dementia, primarily individuals with Alzheimer’s disease. This Unit has been full since the facility opened, and there has been a long waiting period for veterans that require the specialized treatment offered in the unit, resulting in Veterans being turned away because of a lack of beds dedicated to the treatment of dementia related illness. In 2006, additional beds were added to the facility to accommodate the demand. EMVH remodeled a portion of the north wing that increased the number of beds designated to provide dementia care to sixteen (16) beds.

c. Percent of Veterans Served By MVH or EMVH by County of Origin

In May 2006 a County of Origin analysis was conducted with the current veterans and veteran's spouses who were residing at the Montana Veterans Home (MVH) located in Columbia Falls and the Eastern Montana Veterans Home (EMVH) located in Glendive. On May 1, 2006 there were a total of one hundred and sixty-one (161) residents at MVH and EMVH. One hundred and forty-two (142) or eight-eight percent (88%) of the residents resided in Montana prior to being admitted into a State Veterans Home and nineteen (19) or twelve percent (12) of the residents resided in a state other than Montana prior to admission.

The residents residing in the State Veterans Homes from Montana originated from twenty-four (24) counties, with the largest veterans home population originating from the county the State home is located. Flathead County reflected the largest total with sixty-three (63) residents or thirty-nine percent (39%) of the total population in the two (2) state homes.

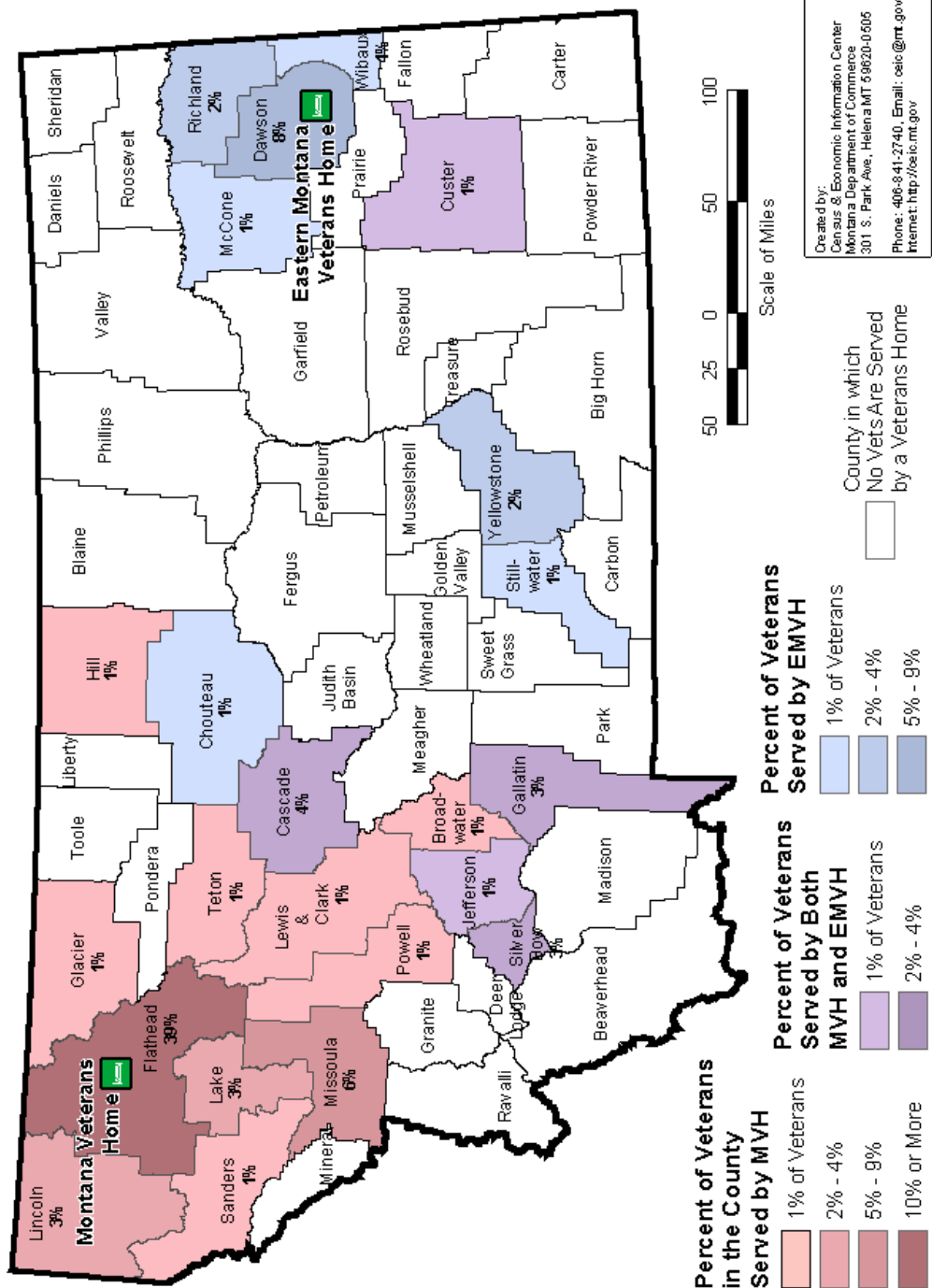
Dawson County ranked second with thirteen (13) residents or eight percent (8%) of the total. The following table reflects the County of Origin for all residents who resided in Montana State Veterans Homes on May 1, 2006. The map on page 37 shows the percentage of veterans served by MVH and/or EMVH by county in Montana.

County of Origin (**Out -of-State**)	Residents	Percent of Total	County Seat
Flathead	63	39%	Kalispell
Dawson	13	8%	Glendive
Missoula	10	6%	Missoula
Cascade	7	4%	Great Falls
Gallatin	5	3%	Bozeman
Lake	5	3%	Polson
Lincoln	5	3%	Libby
Silver Bow	5	3%	Butte
Richland	4	2%	Sidney
Yellowstone	4	2%	Billings
Custer	2	1%	Miles City
Jefferson	2	1%	Boulder
Lewis & Clark	2	1%	Helena
McCone	2	1%	Circle
Sanders	2	1%	Thompson Falls
Teton	2	1%	Choteau
Wibaux	2	1%	Wibaux
Broadwater	1	1%	Townsend
Chouteau	1	1%	Fort Benton
Glacier	1	1%	Browning

Hill	1	1%	Havre
Musselshell	1	1%	Roundup
Powell	1	1%	Deer Lodge
Stillwater	1	1%	Columbus
Total In-State	142	88%	

<i>State of Origin (**Out -of-State**)</i>	<i>Residents</i>	<i>Percent of</i>	<i>County Seat</i>
** Wyoming**	3	2%	NA
South Dakota	2	1%	NA
Idaho	1	1%	NA
North Dakota	13	8%	NA
Total Out-of-state	19	12%	

PERCENT OF VETERANS SERVED BY MVH OR EMVH BY COUNTY OF ORIGIN



Source: State of Montana, Montana Veterans' Affairs Division, www.mt.gov/dma/mvhd.

August 2006 VetHomeOriginCounty.mxd

Created by:
Census & Economic Information Center
Montana Department of Commerce
301 S. Park Ave., Helena MT 59620-0505
Phone: 406-841-2740, Email: ceic@mt.gov
Internet: <http://ceic.mt.gov>

Montana State Veterans' Home Compare

V Montana State Veterans' Homes Compare

a. Veterans' Home Eligibility & Beds: Montana Border States

The chart below reflects a summary of the State Veteran Homes in Idaho, Montana, South Dakota, North Dakota, and Wyoming. The data shows the state facilities Medicaid/Medicare Certified status, eligibility requirements, and beds.

VETERANS' HOME ELIGIBILITY & BEDS: MONTANA BORDER STATES

State Veterans Homes	State	Medicaid/Medicare Certified	Eligibility Requirements	Skilled/Intermediate	Special Care	Domiciliary	Other	Total
Boise	ID	Yes	90 days Active & State Resident	136	0	36	0	172
Lewiston	ID	Yes	90 days Active & State Resident	66	0	0	0	66
Pocatello	ID	Yes	90 days Active & State Resident	66	0	0	0	66
Columbia Falls	MT	Yes	1 day active & No State Resident Requirement	90	15	12	0	117
Glendive	MT	Yes	1 day active & No State Resident Requirement	70	10	0	0	80
Lisbon	ND	Yes	N.D. Resident At Least 1 Year or entered service in ND	38	0	111	0	149
Hot Springs	SD	No	S.D. Resident At Least 1 Year	35	17	110	0	162
Buffalo	WY	No	WY Resident	0	0	116	0	116
Total				501	42	385		928

***b.* National versus Montana Veterans Home Beds**

The chart on page 42 reflects the comparison National versus Montana Veterans Home of beds in Skilled/Intermediate, Special Care, Domiciliary, and other unit types. The chart also reflects the number of domiciliary beds in MT based on a national Average and also in bordering States. The source of this data is from the 2005-2006 National Association of State Veterans Homes Membership Directory.

National versus Montana Veterans Home Beds

NATIONAL VETERANS HOME BEDS

Total All Veterans Homes	107	
Total All Veterans Homes Beds	24980	
Percent of Beds Skilled/Intermediate	18466	73%
Percent of Beds Special Care	1135	5%
Percent of Beds Domiciliary	4822	19%
Percent of Beds Other	857	3%

MONTANA VETERANS HOME BEDS

Total Montana Veterans Homes	2	
Montana Total Beds	197	
Percent of Beds Skilled/Intermediate	160	81%
Percent of Beds Special Care	25	13%
Percent of Beds Domiciliary	12	6%
Number of Dom. Beds in MT based on a national Average		37.43

	Beds	
Total number of Beds in Bordering States	928	
Percent of Beds Skilled/Intermediate	501	54%
Percent of Beds Special Care	42	5%
Percent of Beds Domiciliary	385	41%
Number of Dom. Beds in MT based on a Bordering State Average		80.77

Source: 2005-2006 National Association of State Veterans Homes Membership Directory

C. State Veterans Home Beds by State – ranked by number of state veterans over 65 to available beds

The chart on page 44 reflects the comparison of Veterans Homes nationwide of beds in Skilled/Intermediate, Special Care, Domiciliary, and other unit types ranked by the number of veterans 65 years and older to the number of available beds per state.

Montana ranks 15th nationwide in number of beds available per veteran age 65 and older. On average there are 191 veterans 65 years and older (37,631) per available state veterans' home bed in Montana (197). Of the regional states, Montana ranked below North Dakota, Idaho, Wyoming, and South Dakota in this bed analysis. North Dakota was 9th with 147 veterans 65 years and older per available bed in that state. Idaho was 10th with 150 veterans 65 years and older per available bed. Wyoming was 11th with 155 veterans 65 years and older per available bed. And South Dakota was 13th with 183 veterans 65 years and older per available bed.

Nationally, there was 368 veterans 65 years and older per available bed at State Veterans Homes.

The source of this data is from the 2005-2006 National Association of State Veterans Homes Membership Directory.

STATE VETERANS' HOMES PER STATE									
Number of State Veterans' Homes	State	Skilled/ Intermediate BEDS	Special Care BEDS	Domiciliary BEDS	Other	Other BEDS	Total BEDS	Veteran Population 65 years and over	Veterans over 65 per bed
4	NE	750	54	32	Assisted Living	90	836	64,094	77
6	OK	1,092	147	20		0	1,259	131,374	104
5	ME	462	0	58		0	520	55,434	107
1	VT	184	0	24		0	208	22,295	107
1	RI	260	0	79		0	339	42,917	127
1	CT	300	0	650	Acute	50	950	131,881	139
1	IA	691	0	113	Acute	26	804	115,676	144
4	MS	600	0	0		0	600	88,378	147
1	ND	38	0	111		0	149	21,959	147
3	ID	268	0	36		0	304	45,473	150
1	WY	0	0	116		0	116	17,974	155
7	MO	1,107	48	50		0	1,205	217,451	180
1	SD	35	17	110		0	162	29,623	183
2	KS	313	0	218	Cottages	55	531	98,929	186
2	MT	160	25	12		0	197	37,631	191
5	MN	515	85	261	Transitional Housing	16	861	168,412	196
3	KY	483	60	0		0	543	132,179	243
1	PR	80	0	160		0	240	59,479	248
4	CO	400	14	46		0	460	131,158	285
2	MA	450	14	335	Acute	32	799	241,452	302
2	NM	192	0	16		0	208	65,463	315
1	NH	150	0	0		0	150	47,330	316
3	NJ	900	0	0		32	932	295,818	317
4	IL	1,003	190	12	Homeless	12	1,205	390,976	324
2	MI	771	27	199		0	997	332,493	333
1	IN	505	80	0		0	585	206,043	352
2	LA	351	0	0		0	351	136,904	390
1	NV	180	0	0		0	180	77,453	430
1	MD	278	0	100	New Construction	126	378	170,565	451
5	PA	958	44	198	Personal Care	229	1,200	544,732	454
5	NY	1,164	35	21	Adult Day Care	50	1,270	577,702	455
3	CA	759	130	1,083	Assited Living (55) Acute (26)	81	1,972	951,016	482
1	WV	0	0	150		0	150	76,711	511
2	AL	300	0	0		0	300	155,988	520
1	OH	427	0	293		0	720	423,226	588
1	SC	220	0	0		0	220	133,922	609
1	UT	81	0	0		0	81	60,126	742
2	TN	240	0	0		0	240	182,859	762
3	WA	463	20	109	Assisted Living	58	245	203,892	832
4	TX	640	0	0		0	640	567,711	887
1	OR	126	25	0		0	151	136,399	903
1	VA	180	0	60		0	240	226,560	944
4	FL	240	120	150		0	510	823,718	1,615
1	NC	150	0	0		0	150	259,484	1,730
107	44	18,466	1,135	4,822		857	24,158	8,900,860	368

The VA State Home Program

VI The VA State Home Program

In the aftermath of the Civil War, the states established “soldier’s homes” for disabled veterans whose families, if any, were unable to care for them. In 1888, Congress began paying the states a per diem to care for veterans, one of the first acknowledgements of federal responsibility. That partnership continues today, with VA paying for renovations and about one-third of the cost of care for veterans’ homes still owned and operated by the states.

The State Home Program represents a longstanding successful partnership between the VA, the states and the veterans in meeting a significant portion of the long-term care needs of the nation’s veterans. A State Veterans Home (SVH) may furnish domiciliary, nursing home and hospital levels of care, as well as adult day care. The establishment, location, controls and administration of a SVH is the responsibility of the state. Prior to requesting state home construction funds, the state must secure funds for construction. The state must also assure that state operational funds are available to support quality care in each level of care provided.

Two regulations govern state home construction and federal VA per Diem payments to state homes:

- A final regulation entitled, “Per Diem for Nursing Home Care of veterans in State Homes,” published in the *Federal Register* on January 6, 2000, governs the per diem payment to state homes providing nursing home care to eligible veterans.
- An interim final rule entitled, “Grants to States for Construction and Acquisition of State Home Facilities,” published on June 26, 2001 in the *Federal Register* governs the state home construction program.

a. Per Diem for Nursing Home Care of veterans in State Homes

Through the VA Per Diem Program, federal funds contribute to the operation of an SVH.

Public Law 100-322, Section 134(a) provides for an increase in per diem rates for all programs in the State Veteran Per Diem Program.

FY 2006 per Diems are as follows:

- Domiciliary care – up to one half of the cost of care not to exceed \$29.31 per diem
- Nursing home care – up to one half of the cost of care not to exceed \$63.40 per diem.

- Adult day care – up to one half of the cost of care not to exceed \$37.56 per diem.

In addition to federal per diem payments, the state can collect VA aid payments, such as veteran's pension, compensation, or other income, to cover SVH costs. However, VA aid payments cannot exceed one half of the aggregate cost of maintaining a veteran in an SVH.

b. Grants to States for Construction and Acquisition of State Home Facilities

Through the state home construction program, the VA can participate in up to 65 percent of the cost of acquisition and construction of a new domiciliary or nursing home buildings, and/or the expansion, remodeling or alteration of existing domiciliary, nursing, or hospital care buildings, provided VA standards and regulations are met. Acquisition and renovation costs may not exceed the cost of construction of an equivalent new facility. See Addendum A for Guidelines

i. Criteria

As a result of the Millennium Act, the VA updated the methodology for determining the number of nursing home beds and domiciliary beds needed by veterans in each state. Construction grants can be requested for qualifying projects that are at least \$400,000. The provisions of the Millennium Act require an application for a grant for construction or acquisition of a nursing home or domiciliary facility to include the following in the application:

- Documentation that the site of the project is in reasonable proximity to a sufficient concentration and population of veterans that are 65 years of age and older and that there is a reasonable basis to conclude that the facility when complete will be fully occupied.
- A financial plan for the first three years of operation of such facility, and
- A five-year capital plan for the State home program for that state.
- A building or buildings in an existing facility may qualify as an SVH, as long as they are operated as a separate entity.

The Millennium Act also established criteria for determining the order of priority for construction projects. A state without a State Home is in a very high priority category for receiving state construction funds (Priority 1-

sub priority 2). For a state's application to be in the Priority 1 category, a state must provide the VA with a letter from an authorized state official certifying that state funds are available for the project without further state action. The state will make a list of applications received by August 15th of the year. The award of grant applications is dependent upon the availability of federal funds for this program.

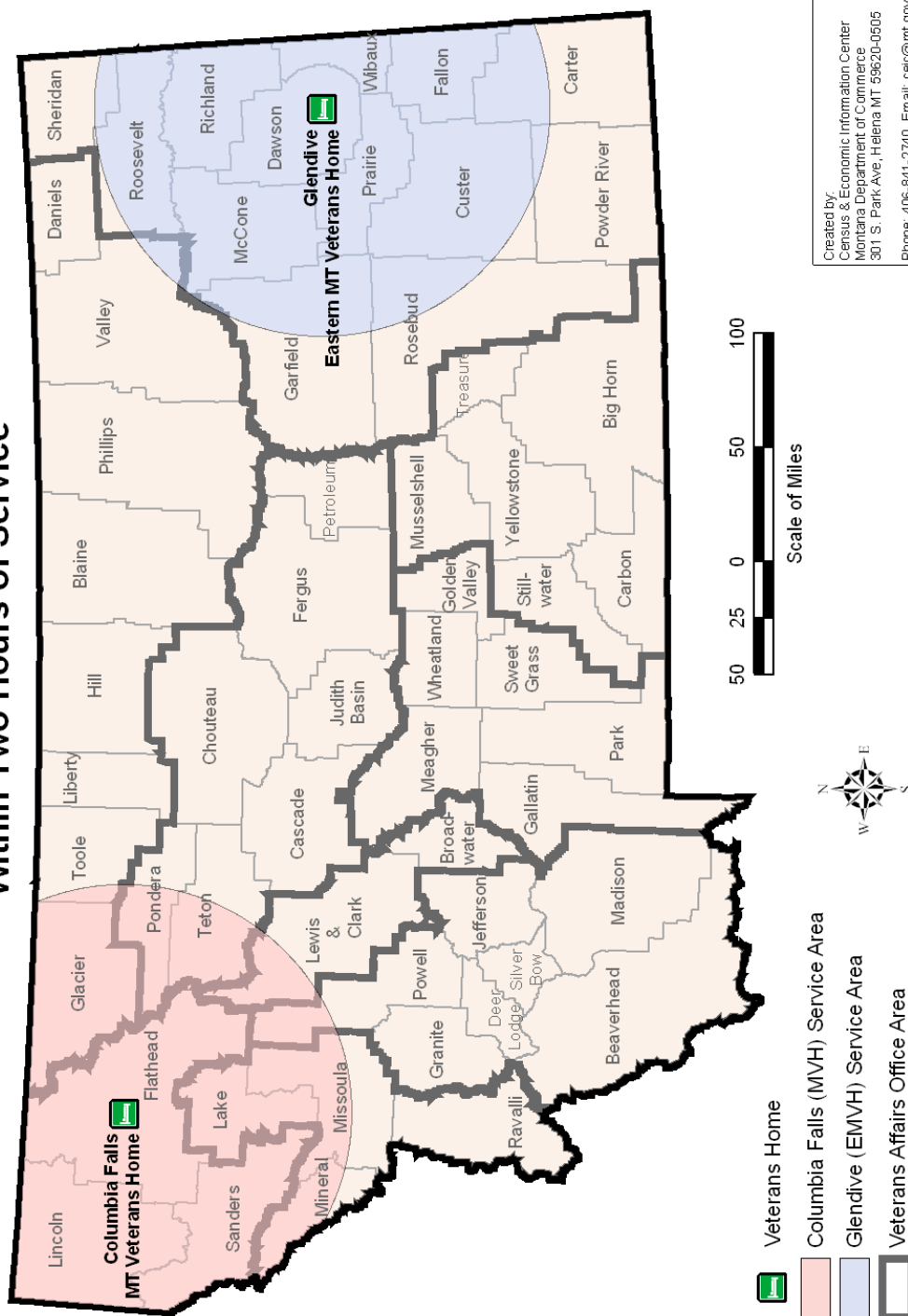
ii. Exceptions

A state may request an exception for additional beds if there is adequate documentation that travel distances will exceed two hours between a veteran population center and an SVH. Montana currently has 197 beds and according to regulations (38 CFR Part 59) based on the VA methodology for determining the number of nursing home beds and domiciliary beds needed by veterans in each state, Montana is eligible to add just one (1) more bed to be eligible for per diem on that bed. This methodology also determines eligibility for the state home construction program, and Montana would not qualify for a construction grant under this methodology. The only exception to the maximum bed limit is if there is greater than a 2-hour travel time (normal land travel time) from a current State Veterans Home and the proposed new location.

iii. Montana Veterans Served by LTC Facilities within 2 Hours of Service

The map on page 49 demonstrates the geographic distances in Montana, where there exists a greater than 2-hour travel time (normal land travel time) from the two current State Veterans Homes in Glendive and Columbia Falls to the proposed new location.

Montana Veterans Served by Long Term Care Facilities Within Two Hours of Service



iv. Montana Previously Approved Projects

- ✓ The 1989 legislature passed HB 202 that increased the cigarette tax by 2 cents to generate the \$1,991,897 needed in state funds to secure the State Home grant from the Department of Veterans Affairs for \$3,699,237. The 1991 legislature passed HB 547, which reappropriated the state funds and federal funds to build the Eastern Montana Veterans Home (EMVH) in Glendive. Construction began on EMVH in 1994 and the facility opened its doors for admissions on July 17, 1995.
- ✓ In 2001, the Department of Veterans Affairs awarded \$820,142 in federal match to the State of Montana (state match was \$441,615) for constructing a new fifteen (15) bed Special Care Unit at MVH. In February 2002, the SCU was completed providing the facility with a safe and enriched environment in which to provide nursing facility services to veterans with various forms of dementia, especially Alzheimer's disease.

v. National Approved Projects

Over the last 6 fiscal years, VA has awarded State Home grants in the amount of \$691,977,857, which is 65 percent of the total state construction of \$1,064,581,300. This includes 93 renovation projects and 39 new (4,176 beds) and 7 replacement (1,197 beds) facilities. See Addendum C for Priority List of Pending State Home Construction Grant Applications for FY06.

vi. Limitations

The Federal FY07 appropriations bill containing State Home construction grant funding for next year remains pending before Congress until this fall or later. The full House voted to include \$105 million for construction grants (up from \$85 million this year) but the Senate Appropriations Committee recently voted to approve only \$85 million, the same amount requested by the Administration. A backlog of pending projects in the construction pipeline is growing and will soon exceed \$400 million. VA funding for the matching grant program is lagging. At the current pace, a new project submitted today could wait five years or more for VA funding. States have committed funds that VA cannot match now because VA's account is seriously under-funded at a time when the long term care needs of elderly, frail and sick veterans have never been greater.

Federal Veterans Assistance Programs

VII Federal Veterans Assistance Programs

Nationwide, the Department of Veterans Affairs (VA) offers a wide variety of programs and services for the nation's 24.7 million veterans. In 2004, more than 5 million people were treated in VA health-care facilities. The VA has 154 hospitals, 869 ambulatory care and community-based outpatient clinics, 207 Vet Centers, 134 nursing homes, 42 residential rehabilitation treatment programs and 92 comprehensive home care programs nationwide. In the past eight years, the VA has changed from a hospital-based system to a primarily outpatient-focused system. The shift to home based and community care came first with geriatrics and later for acute treatment.

In 2005, the VA spent more than \$288 million in Montana serving about 102,000 veterans living in the state. VA Montana had 2,588 inpatient admissions, while outpatient visits totaled 250,151 in 2005. The VA Montana Healthcare System operates a major medical center at Fort Harrison, five miles west of Helena; a nursing home at Miles City; and ten outpatient clinics dedicated to primary care at Anaconda, Ashland, Billings, Bozeman, Glasgow, Great Falls, Miles City, Missoula, Kalispell and Sidney.

The VA Montana Healthcare System provides a full range of health care services for veterans, including internal medicine, family practice, dermatology, general surgery, ear, nose and throat specialist, orthopedics, ophthalmology, podiatry, urology, rheumatology, neurology, medical oncology, gastroenterology, palliative care, gynecology, coronary angiography, psychiatry, mental health counseling, substance abuse treatment, radiology (computerized tomography, MRI, nuclear medicine and ultrasound), physical therapy, registered dietitians and consultation services for neurosurgery, infectious disease, cardiology and sleep medicine.

According to the VA, long-term care is a critical issue for America's veterans. Approximately 38 percent of living veterans are at least 65 years of age, compared with 12 percent of the general population. The challenge to care for these 9.4 million men and women is met through a spectrum of home and community-based programs such as home-based primary care, homemaker and home health aide services, home respite and hospice and adult day care health. VA also provides home and domiciliary care for veterans who can no longer be safely maintained in non-institutional settings. Additionally, VA conducts nationwide research on the causes and treatment of Alzheimer's disease and other dementias and funds 21 geriatric research, education and clinical centers, each focusing on a major geriatric problem.

According to the VA, in Montana, 13,828 veterans 65 and older received outpatient medical care from the VA in 2005. The VA operates a VA nursing home in Miles City with 30 beds. This facility has demonstrated excellence, and was recognized nationally by the external peer review program. VA Montana also supports two veterans' homes operated by the state of Montana in Glendive and Columbia Falls, with a total of 185 nursing home beds and 12 domiciliary beds. Veterans who are eligible may also be placed in private nursing homes around the state under the auspices of VA on a temporary or permanent contract. VA Montana has within its ranks a board-certified

geriatric physician and many health care providers dedicated to the care of the geriatric patients. Continuing education focuses on geriatric health care, preventive health that address the special needs of the elderly and other issues specific to older veterans.

VA's Fort Harrison VA Medical and Regional Office Center (VAMROC) serve veterans and their survivors in Montana who are seeking VA financial benefits. In fiscal year 2004, the Fort Harrison VAMROC processed 2,955 disability compensation claims. The total includes 843 veterans applying for the first time for disability compensation. During fiscal year 2004, the Fort Harrison VAMROC acted on 2,112 cases where veterans reopened a claim, usually to seek an increase in their disability rating level for higher payments.

a. VA Services in Montana

The Department of Veterans Affairs operates one (1) federal nursing facility in Miles City. This facility is a 30-bed facility for service-connected veterans for permanent care. The VA facility in Miles City also provides goal directed short-term care. In addition, federal and state programs and benefits offered to veterans include health care, service-connected disability, pension, education and training, burial and survivor benefits, employment services, vehicle registration waiver, property tax waiver, and home and business loans. Elderly veterans can contact any of the nine (9) Montana Veteran's Affairs Division Service offices across the state to assist them in identifying specific qualifying eligibility criteria. These offices are located in Belgrade, Billings, Butte, Great Falls, Havre, Helena, Kalispell, Miles City, and Missoula. Nine (9) Federal VA Veterans' Clinics are located in Anaconda, Billings, Bozeman, Glasgow, Great Falls, Kalispell, Miles City, Missoula, Sidney, and the VA Medical Center is located in Helena. Elderly veterans have access to these clinics in Montana for meeting their health care needs.

i. Veterans Service Regions – Montana Counties

The chart below was developed from the nine (9) Veteran Administration Service Regions and correlated to the Montana counties within those service regions.

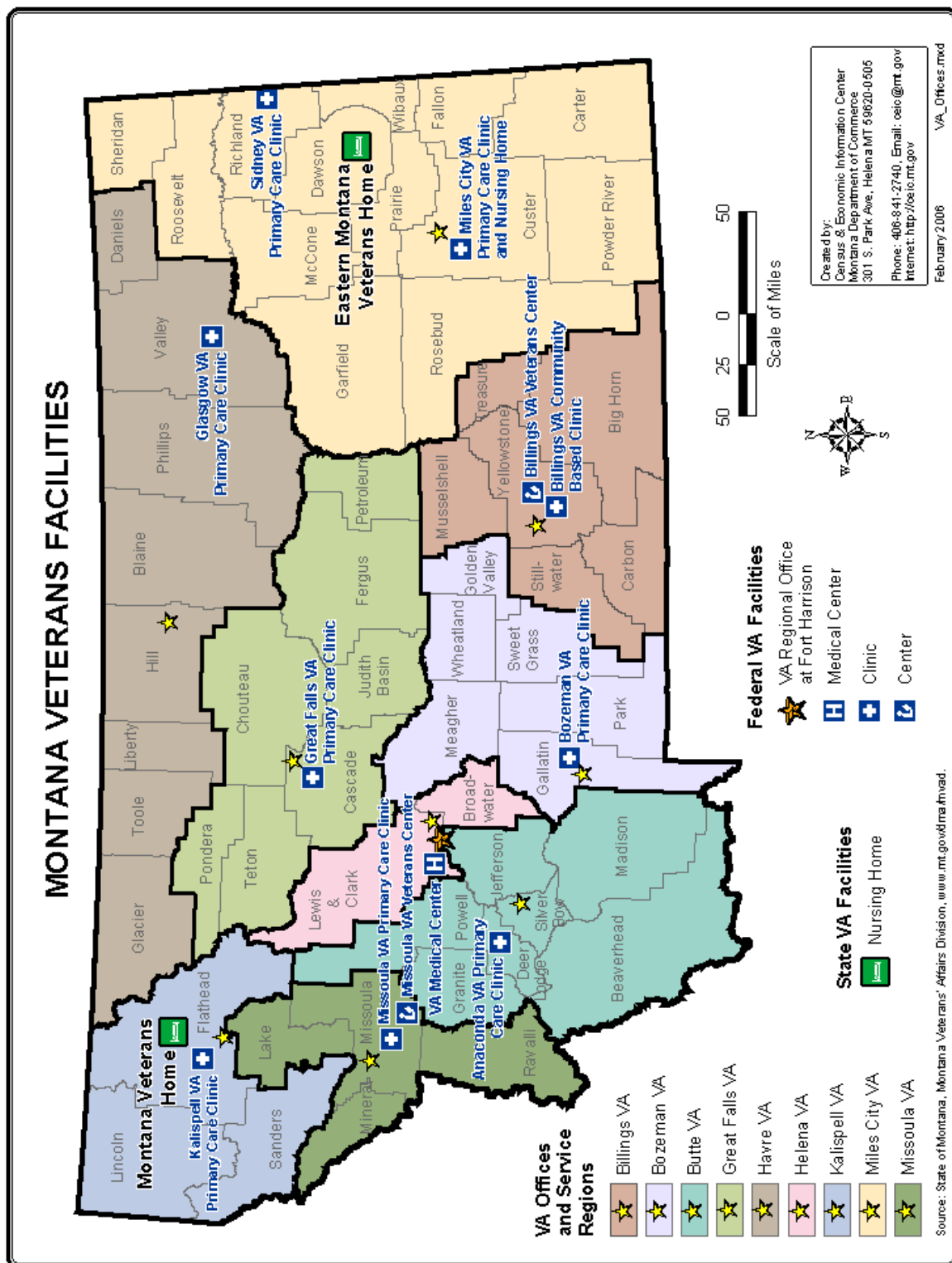
VETERANS SERVICE REGIONS – MONTANA COUNTIES

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Counties	Counties	Counties	Counties	Counties	Counties	Counties	Counties	Counties
Carter	Blaine	Cascade	Big Horn	Gallatin	Broadwater	Flathead	Lake	Beaverhead
Custer	Daniels	Chouteau	Carbon	Golden Valley	Lewis and Clark	Lincoln	Mineral	Deer Lodge
Dawson	Glacier	Fergus	Musselshell	Meagher		Sanders	Missoula	Granite
Fallon	Hill	Judith Basin	Stillwater	Park			Ravalli	Jefferson
Garfield	Liberty	Petroleum	Treasure	Sweet Grass				Madison
McCone	Phillips	Pondera	Yellowstone	Wheatland				Powell
Powder River	Toole	Teton						Silver Bow
Prairie	Valley							
Richland								
Roosevelt								
Rosebud								
Sheridan								
Wibaux								

ii. Montana Veterans Service Regions & Facilities

The map on page 55 reflects the nine (9) Veteran Administration Service Regions and Centers in Montana including the county boundaries associated with them. Also identified are the Federal VA health care facilities and the State VA health facilities.

UPDATE: The Montana Veterans Affairs Division recently established a new service region with the Lewistown Veterans Affairs office. This new region encompasses Meagher County, Judith Basin County, Fergus County, Petroleum County, Musselshell County, Golden Valley, and Wheatland Valley.



iii. National Veterans' Long-Term Care Delivery System

The VA health system has recognized that it is challenged to keep pace with the increasing need for long-term care by aging veterans. The national demographic profile clearly identifies the future need for long-term care services:

- ✓ Between 2000 and 2010, the veteran population will decline from 24.3 million to 20 million.
- ✓ Over this same period, the number of veteran's age 75 and older will increase from 4 million to 4.5 million, and the number of those over age 85 will triple to 1.3 million.

Aging veterans not only need long-term care, but health care services of all types. In addition, VA patients are older in comparison to the general population, more likely to lack health insurance and more likely to be disabled and unable to work. Indeed, the demographic profile of the aging veteran population is one of the major driving forces behind the design of the future VA health care system.

Beginning with the 1998 report of the Federal Advisory Committee on the Future of Long-Term Care in the VA, *VA Long-Term Care at the Crossroads* and then the passage of the Veterans Millennium Health Care and Benefits Act of 1999 (referred to as the Millennium Bill), the VA has been embarking on a national strategy to reengineer and realign its long-term care delivery system. A major recommendation of the 1998 report is that the VA should expand home and community-based services, while retaining its three major nursing home programs (VA nursing home care units, contract community nursing homes, and state homes).

According to Dr. Roswell, the VA's Under Secretary for Health, the "VA's approach to geriatrics and extended care evolved from an institution-focused model to one that is patient-centered." He wrote,

We believe that long-term care should focus on the patient and his or her needs, not on an institution. Such a patient centered approach supports the wishes of most patients to live at home and in their own communities for as long as possible. Therefore, newer models of long-term care, both in VA and outside of VA, include a

*continuum of home and community based extended care services in addition to nursing home care.*⁴

As the VA moves toward full implementation of its vision, the following values have been defined for long-term care:

- A. Respect for patient preferences within the boundaries of the site of care
- B. Compassion, fairness and reliability
- C. Commitment to innovation and excellence
- D. Interdisciplinary, coordinated team care
- E. Least restrictive environment consistent with meeting a patient's needs
- F. Exemplary research, education and training as a nationwide model

The VA has also recognized that the technology and skills now exist to meet a substantial portion of long-term care needs in non-institutional settings, and is now exploring utilization of new technologies such as “telemedicine” to expand care of veterans in the home and other community settings. In order to capitalize on these developments, the VA is establishing a new Office of Care Coordination that will work closely with the Geriatrics and Extended Care Strategic Health Group and other patient care services to use information and “telehealth” technologies to integrate services across the continuum of care and provide the appropriate level of care when and where the patient needs it. The Under Secretary of Health also expressed interest in utilizing care coordination services to support elderly veterans in assisted living or domiciliary settings in order to maintain independence in home and home-like settings for as long as practicable.⁵

iv. VA Long-Term Care Programs

The VA currently meets its obligation to provide long-term care to veterans through a combination of federal appropriation to the VA and state veterans' home per diem payments. These funding sources, while distinct, are combined to meet the VA's statutory obligations to provide long-term care, including home and community based care, to the nation's veterans.

⁴ Roswell, Robert H, MD. Excerpted from testimony before the Subcommittee on Health, Committee on Veterans' Affairs before the U.S. Congress, May 22nd, 2003. See Appendix 6 for full testimony.

⁵ Roswell, Appendix 6

v. Veteran Eligibility

Specifically, the Millennium Act requires that the VA provide nursing home care to any veteran who needs such care and who has a service-connected disability of 70 percent or greater (highest priority), or to any veteran needing such care specifically for a service-connected disability, even if that disability is less than 70 percent. The VA is also required to provide the following six home and community-based services to all enrolled veterans based on need:

- Adult day health care
- Geriatric Evaluation and Management (GEM)
- Homemaker/home health aide
- Home based primary care
- Home health care (skilled)
- Home respite care

vi. Long-Term Care Services

VA long-term care includes a continuum of services for the delivery of care to veterans needing assistance due to chronic illness or physical or mental disability. Assistance to veterans occurs through a variety of programs, both institutional and community based. The VA offers a wide variety of long-term care services directly or through contracts with non-VA providers. The VA provides nursing home care through three programs: nursing homes operated by VA medical centers, contracts with community nursing homes, and SVHs.

Table 1. Institutional Nursing Home Care Options

Type of Nursing Facility	Description
VA Nursing Home Care Unit (NHCU)	NHCU units target veterans who would benefit from the intensity of rehabilitative and medical services that are provided in hospital-based units.
Community Nursing Homes (under contract)	This program serves veterans who need long-term nursing home level of care. The VA pays for this care on a short-term basis through contracts with community nursing homes so that veterans can be closer to their homes and families.
State Veterans Home	A SVH is a home established by the state for veterans disabled by age, disease or disability who need nursing home care, domiciliary care or adult day care. The state home program is a partnership between the VA, the state, and the veteran.

The VA also offers the following types of non-institutional long-term care services. A May 2003 report for the federal General Accounting Office

(GAO) revealed that 126 of the VA's 139 facilities nationwide do not offer all six mandated services. In addition, 57 of the VA's facilities have a waiting list for these services.

Table 2. VA Non-Institutional Long-Term Care Services

Type of Service	Description
Adult day health care	Health maintenance and rehabilitative services provided to frail elderly veterans in an outpatient setting during part of the day.
Geriatric evaluation	Evaluation of veterans with particular geriatric needs, generally provided by the VA through one of two services: (1) geriatric evaluation and management, in which interdisciplinary health care teams of geriatric specialists evaluate and manage frail elderly veterans, and (2) geriatric primary care, in which outpatient primary care, including medical and nursing services, preventative health care services, health education and specialty referral, is provided to geriatric veterans.
Home-based primary care	Primary health care, delivered by a VA physician directed interdisciplinary team of VA staff including nurses and other healthcare professionals to homebound (often bed bound) veterans for whom return to an outpatient clinic is not practical. Skilled care is provided by the VA through this program.
Homemaker/home health aide	Personal care, such as grooming, housekeeping and meal preparation services, provided in the home to veterans who would otherwise need nursing home care. It does not include skilled professional services.
Respite care	Services provided to temporarily relieve the veterans' caregiver burden of caring for a chronically ill and severely disabled veteran in the home. Non-institutional settings for respite care include veterans' own homes
Skilled home health care	Medical services provided to veterans at home by non-VA providers.

Source: GAO, VA Non institutional Long-Term Care, May 2003

While the availability and provision of non-institutional services is growing, the VA's long-term care system currently remains heavily focused on institutional care. In FY 2002, the VA served about 36 percent of its long-term care workload or average daily census (Average number of people served each day) in non-institutional settings, but this only accounted for 9 percent of the VA's long-term care expenditures.

Table 3. Levels of Care That Can Be Provided in an SVH

Level of Care	Description
Adult day health care	Therapeutically oriented outpatient day program, which provides maintenance and rehabilitative services to participants. The program must provide individualized care delivered by an interdisciplinary health care team and support staff, with an emphasis on helping veterans and their caregivers to develop the knowledge and skills necessary to manage care requirements in the home. Adult day health care is principally targeted for complex medical and/or functional needs of elderly veterans.
Domiciliary care	Domiciliary care means providing shelter, food and necessary medical care on an ambulatory self-care basis (this is more than room and board). It assists eligible veterans who are suffering from a disability, disease or defect of such a degree that incapacitates veterans from earning a living, but who are not in need of hospitalization and nursing care services. It assists in attaining physical, mental, and social well being through special rehabilitative programs to restore residents to their highest level of functioning.
Nursing home care	Accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who require skilled nursing care and related medical services

Source: Grants to States for Construction and Acquisition of State Home Facilities, Interim Final Rule, June 26, 2000 as published in the *Federal Register*.

Note that the levels of care that can be provided in SVHs do not include a level of care or reimbursement defined for “assisted living.” However, the VA is undertaking an assisted living pilot program, authorized by the Millennium Act.

The State of Montana Veterans' Homes provide skilled nursing, intermediate nursing, and other ancillary services to Montana's elderly veterans in two facilities. MVH also operates a 12-bed Veterans Administration approved domiciliary for veterans who require less assistance and supervision than nursing home residents.

Admission requirements for State Veterans Homes are established by each state. The VA provides that up to 25 percent of the occupants can be non-veterans (who are veteran-related family members).

To be considered for admission at MVH or EMVH, the applicant must be an honorably discharged veteran who has served at least one day of active service or the spouse of an honorably discharged veteran. You also need a physician's statement confirming your need for nursing home services.

Current Legislation / Federal Initiatives for Veterans for Long Term Care

VIII Current Legislation / Federal Initiatives for Veterans for LTC

There are several pieces of legislation focused at State Veterans Homes, some of them are highlighted below.

a. Con. Res. 347 commending those who work in State Veterans Homes

Resolved by the House of Representatives (the Senate concurring), That Congress--

(1) honors the National Association of State Veterans Homes and the 119 State veterans homes providing long-term care to veterans that are represented by that association for their significant contributions to the health care of veterans and to the health care system of the Nation;

(2) commends the thousands of individuals who work in, or on behalf of, State veteran's homes for their contributions in caring for elderly and disabled veterans;

(3) recognizes the importance of the partnership between the States and the Department of Veterans Affairs in providing long-term care to veterans; and

(4) affirms the support of Congress for continuation of the State homes program to address the known and anticipated needs of the Nation's veterans for institutional long-term care services.

Passed the House of Representatives July 24, 2006.

b. S. 2694, the "Veterans Choice of Representation and Benefits Enhancements Act of 2006."

The main provisions included in Section 403 would eliminate two inequities in current law that serve as disincentives for severely disabled service-connected veterans to enter State Veterans Homes and create an innovative new program to help fill in gaps in State Home coverage.

The first provision will authorize VA to provide veterans who are 50% or more service-connected disabled with prescription medications while residing in State Homes. Currently these veterans are authorized to receive such medications free of charge from VA if they reside in any setting other than a State Home.

The second provision authorizes VA to pay State Homes the same rates for the care of a 70% or higher service-connected veteran residing in a State Home as they are currently authorized to pay via contract care to private community nursing homes.

The third provision creates a new program to fill gaps in State Home coverage by allowing VA to treat certain existing health care facilities, or certain beds within a facility, as State Home beds for purposes of receiving per diem payments. This provision is designed to provide States, particularly geographically large or rural States, with additional flexibility to develop small State Home bed units in collaboration with existing health care providers rather than construct new freestanding State Homes. These facilities would be required to meet all existing VA standards of care and would be subject to the overall limits for the State under the Millennium Act regulations. This new program would be authorized for three years and be capped at 100 beds nationally

c. H.R. 5671, the “Veterans Long Term Care Security Act.”

H. R. 5671

H.R. 5671 was introduced to amend title 38, United States Code, to ensure appropriate payment for the cost of long term care provided to veterans in State veterans homes, and for other purposes.

One section of this legislation is to increase in payment rates for nursing home care provided in state homes to veterans with service-connected disabilities.

This legislation would pay each State home for nursing home care provided (A) to any veteran in need of such care for a service-connected disability, and (B) to any veteran who is in need of such care and who has a service-connected disability rated at 70 percent or more, at the applicable rate payable under section 1720 of this title for such care furnished in a non-Department nursing home.

Another section of this legislation is a provision of prescription medicines for veterans with service-connected disabilities receiving care in state homes.

This legislation would furnish such drugs and medicines as may be ordered on prescription of a duly licensed physician as specific therapy in the treatment of illness or injury of a veteran who is provided nursing home care that is payable under subsection (a) in the case of a veteran--

(1) who is in need of such drugs and medicines for a service-connected disability; or

(2) who is in need of such drugs and medicines and who has a service-connected disability rated at 50 percent or more.'

Another section of this legislation would provide temporary authority to treat health facilities as state homes.

This legislation would allow a health facility as a State home for purposes of subchapter V of chapter 17 of this title if the facility meets the following requirements:

- (1) The facility meets the standards for the provision of nursing home care that is applicable to State homes, as prescribed by the Secretary under section 8134(b) of this title, and such other standards relating to the facility as the Secretary may require.
- (2) The facility is licensed or certified by the appropriate State and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such facilities.
- (3) The State demonstrates in an application to the Secretary that, but for the treatment of a facility as a State home under this subsection, a substantial number of veterans residing in the geographic area in which the facility is located who require nursing home care will not have access to such care.
- (4) The Secretary has made a determination that the treatment of the facility as a State home best meets the needs of veterans in the area for nursing home care.
- (5) The Secretary approves the application submitted by the State with respect to the health facility.

A health facility could not be treated as a State home under subsection (a) if the Secretary determines that such treatment would increase the number of beds allocated to the State in excess of the limit on the number of beds provided for under regulations prescribed under section 8134(a) of this title.

The number of beds occupied by veterans in a health facility for which payment may be made under subchapter V of chapter 17 of this title by reason of subsection (a) shall not exceed the number of veterans in beds in State homes that otherwise would be permitted in the State involved under regulations prescribed under section 8134(a) of this title.

The number of beds in a health facility in a State that has been treated as a State home under subsection (a) shall be taken into account in determining the unmet need for beds for State homes for the State under section 8134(d)(1) of this title.

In no case may the aggregate number of beds in all facilities treated as State homes under subsection (a) exceed 100.

The authority of the Secretary to treat a health facility as a State home under subsection (a) shall terminate on the date that is three years after the date of the enactment of the Veterans Long Term Care Security Act.

Any facility treated as a State home under subsection (a) before the date referred to in paragraph (1) shall continue to be so treated for such time as the facility meets the requirements of this section.'

CHALLENGES
FACING
STATE
VETERAN'S
HOMES
IN
MONTANA

IX Challenges facing State Veteran's Homes in Montana

a. Recruitment & Retention: Staffing and Salaries at the Montana State Veterans' Homes (MVH) at Columbia Falls.

Nursing homes are having increasing difficulty finding sufficient numbers of direct care staff, such as, nurses and certified nurse aides to meet current resident care needs. Some facilities have had to stop admitting new residents for periods of time because they cannot hire the staff to do the work. In recent years MVH experienced some of the same staff recruitment and retention difficulties that private nursing homes are encountering. At one point in time MVH was forced to halt the admissions of new residents for a period of several months because they did not feel that they had adequate staffing levels to meet the needs of current residents in the facility. In many cases the state wage rates for nursing aides and nurses cannot react to the changing competitive wage rates paid in private sector nursing homes and other health care settings, especially in competitive areas of the state such as the Flathead Valley.

These direct care positions were previously adjusted through a pay exception process in order to stay competitive in the local area. Even though MVH utilized pay plan exceptions for direct care staff, there were still significant gaps between private sector salaries and those offered at the facility for professional nurses (\$2-\$3 per hr). This is also true for resident care aides but to a lesser extent (\$1 per hr). Another significant issue is the inability to compete for on-call or temporary agency nurses who make as much as \$25-\$26 per hour.

The 2005 Legislature directed the Department to aggressively pursue options to resolve the problem of recruitment and retention of staff for the Montana Veterans' Home, including consideration of such options as moving to pay plan 20, innovative education plans to promote advancement of staff, and partnership with the university system to provide local education opportunities for direct care staff. As a result of those recommendations the Senior and Long Term Care Division has pursued the movement of Registered Nurses and Licensed Practical Nurses at the Montana Veteran's Home (MVH) to the Broadband Pay Plan (PP 20) in an attempt to address RN and LPN staff salaries and promote recruitment and retention

Broadband Pay Plan permits greater pay flexibility based on job content, competency, market salary data, and situational pay, with less emphasis on position classification. The MVH facility has pursued these changes in pay structure through negotiations with the MNA and MEA/MFT associations and moved to this pay plan effective October 1, 2005. In addition we have proposed changes in the scheduling in order to be more flexible and competitive and have

pursued a 12-hour shift option with rotating weekends off to further our recruiting efforts as part of this labor negotiation process. The facility has plans to move CNA's to the Broadband Pay Plan in 2007. The change in pay plans offers the facility a market sensitive pay band to compete in the Flathead Valley for wages, along with more flexibility with incentives. While necessary, unfortunately any wage increases or incentives that can be provided under the Broadband Pay Plan are undertaken within the current facility funding as no new dollars were allocated for these increases.

The Division is requesting through the executive planning process a recruitment and retention contingency fund be established for FY 2009 for the Montana Veterans Home to provide for recruitment and retention wage increases. This contingency funding of \$183,000 from state special revenue would be for the purpose of maintaining competitive wages for direct care staff and would allow the facility to react to changing market conditions if the state wage scale lagged behind the current market rates being paid for direct care staffing.

b. Operating Budgets – Cost of Care in State Veterans Homes

In addition to the demand on State Veteran's Homes budgets to provide for competitive wages, increasing resident acuity has caused the cost of providing nursing home care to increase rapidly. In recent years reimbursement increases have not kept pace with rapidly rising costs of operations. Veteran's today are older and more likely to have health problems than the overall population,"⁶ notes Dr Susan Cooley, Ph.D., chief of VA's Dementia Initiative, Geriatric Research and Evaluation. Dr James Burris, chief consultant for Geriatrics and Extended Care and Director of the VA headquarters oversight office on aging, states that, "veterans have been moving south and west, where we expect there will be increasing demand." Dementia in the aging veteran population along with the frailty associated with aging requires specific needs management so that these veterans do not hurt themselves or anyone else. Populations with behavioral problems place more demands on facilities who struggle to address the care needs of this specialized population.

The cost to deliver care to veterans residing at the two Montana State Veterans Homes is expected to increase in the years to come and challenge these facilities. The Division has requested increased funding for the operation of both veterans facilities as part of the 2007 legislative request for the 2009 biennium. These proposals include additional staffing resources to meet the needs of residents in the special care unit at the MVH facility, as well as, requests for funding for upkeep and renovations of the physical plants at both facilities and additional resources to provide for adjustments in operating costs for overtime, holiday pay,

⁶ Traditional Medicine: Geriatrics & Extended Care; Supporting Our Veterans, a 75th Anniversary Publication, 2005.

differential pay, increased food costs, utilities and other supplies at the MVH facility. These requests total over \$2.5 million of new funding over the biennium and are funded from state special revenue denied from cigarette/tobacco taxes.

c. Contracted Services

A challenge facing the State of Montana is the future of its two state veteran's facilities, which are operated under two different operational models.

The Montana Veterans Home has been operated and staffed by the State of Montana since the facility began operation. The Glendive Medical Center (GMC) of Glendive has operated the Eastern Montana Veterans Home since it opened in 1995 under a contract arrangement. EMVH is the only state owned facility that is operated under a contract with the private sector. The most recent contract with GMC to provide services at EMVH was procured in July 2005 and is up for renewal in 2007. GMC has been the only bidder when the initial and subsequent request for proposal (RFP) was issued. As a result of lower occupancy and staff recruitment problems; the expenses incurred by GMC to operate EMVH exceed the revenue during the first seven (7) years of operations. SLTCD met with GMC prior to initiating a contract for the July 1, 2002 to June 30, 2005 period regarding future viability of this contractual arrangement. In order to maintain the viability of this contract arrangement the SLTCD agreed to a rate increase provision in the operating contract when the revenue loss is greater than five percent (5%) for GMC, or in the event the revenue received under the contract was greater than 5 percent (5%) a reduction in a room rate would be considered. This provision has not been implemented as of this date. One concern is that if for any reason GMC fails to bid on subsequent contracts, or chooses not to continue to operate the facility, the SLTCD may have difficulty finding another provider willing to operate the facility.

Discussions related to the advantages and the disadvantages of contracting or directly operating these facilities come up periodically and may need to be reconsidered in the future if costs to operate these facilities continue to increase.

Other Montana LTC Services

X Other Montana LTC Services

Long-term care services may include the medical, social, housekeeping, or rehabilitation services a person needs over months or years in order to improve or maintain function or health. Such services are provided in nursing homes, in residents' homes or in community-based settings such as assisted-living facilities and retirement homes. In Montana numerous services and programs as alternatives to nursing facility care are available. Both medical and non-medical care may be received at home or in residential settings. Veterans may be eligible for these services or programs, but without any consideration for veteran preference or for federal assistance.

❖ Home Health Services

A "home health agency" is a "public agency or private organization or a subdivision of such an agency or organization that is engaged in providing home health services to individuals in the places where they live. Home health services must include the services of a licensed registered nurse and at least one other therapeutic service and may include additional support services" (50-5-101 [24], Montana Code Annotated [MCA]). Those services may include physical therapy, occupational therapy, speech therapy, medical social services, or home health aide services (42 Code of Federal Regulations [CFR] 484; see also Administrative Rules of Montana [ARM] 37.106.101).

Core home health services are services that are equivalent to Medicare and/or Medicaid-reimbursable home health services (regardless of the patient's source of payment). These services can include intermittent skilled nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy, medical social services, and home health aide services.

❖ Retirement Home

Retirement home (50-5-101 [53], Montana Code Annotated [MCA])" means a building or buildings in which separate living accommodations are rented or leased to individuals who use those accommodations as their primary residence.

❖ Assisted Living

Assisted Living Facilities in Montana are "licensed only" facilities, therefore are not certified under Federal Regulations. Unlike Long-Term Care facilities (Nursing Homes), Assisted Living Facilities are not required to hire Certified Nurses Aides.

The level of care provided in each facility is determined by the licensure endorsements and services each facility chooses to offer. The Assisted Living Resident Assessment, Resident Agreement, and Resident Service Plan provide the foundation and criteria for level of care and services.

❖ Nursing Home Services

Nursing homes provide both skilled nursing care and intermediate nursing care. "Skilled nursing care" is defined as "the provision of nursing care services, health-related services, and social services under the supervision of a licensed registered nurse on a 24-hour basis"(50-5-101(54), Montana Code Annotated [MCA]). "Intermediate nursing care" is "the provision of nursing care services, health-related services, and social services under the supervision of a licensed nurse to patients not requiring 24-hour nursing care"(50-5-101(32), MCA).

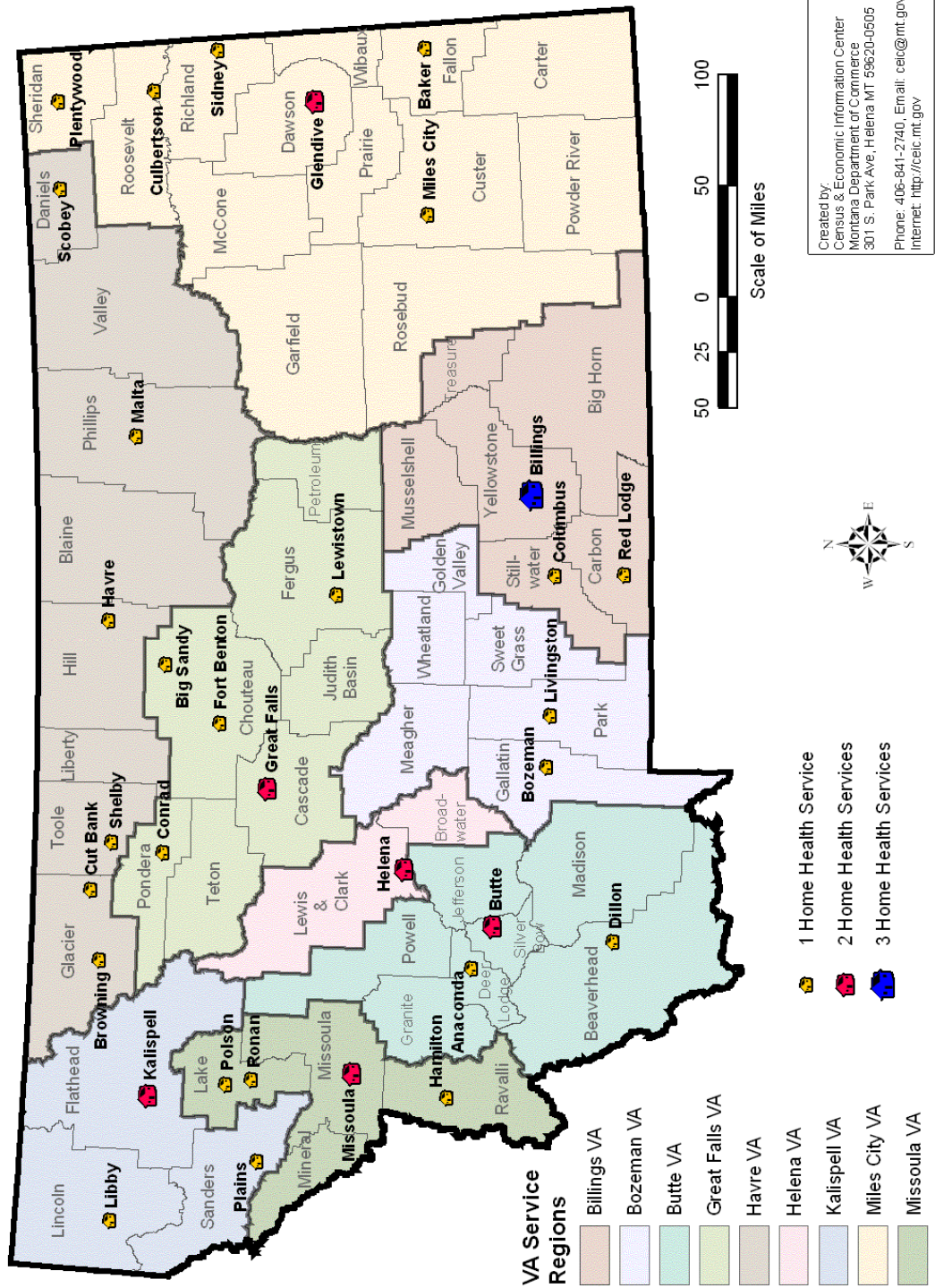
The following maps show the distribution of these long-term care options across the state.

a. Montana Long Term Care Services

i. Home Health Care within VA Services Regions

The map on page 74 shows the forty-one (41) Home Health Care Services available in communities within the nine (9) VA Service Regions. These services are available to qualified Montanan's based on eligibility and without Veteran preference. The numbers of providers in each community are indicated, with Billings having 3 providers, Kalispell, Missoula, Butte, Great Falls, and Glendive each with 2. The source for these State Providers demonstrated by this map is Department of Public Health and Human Services Quality Assurance Division, Licensing and Certification Bureau.

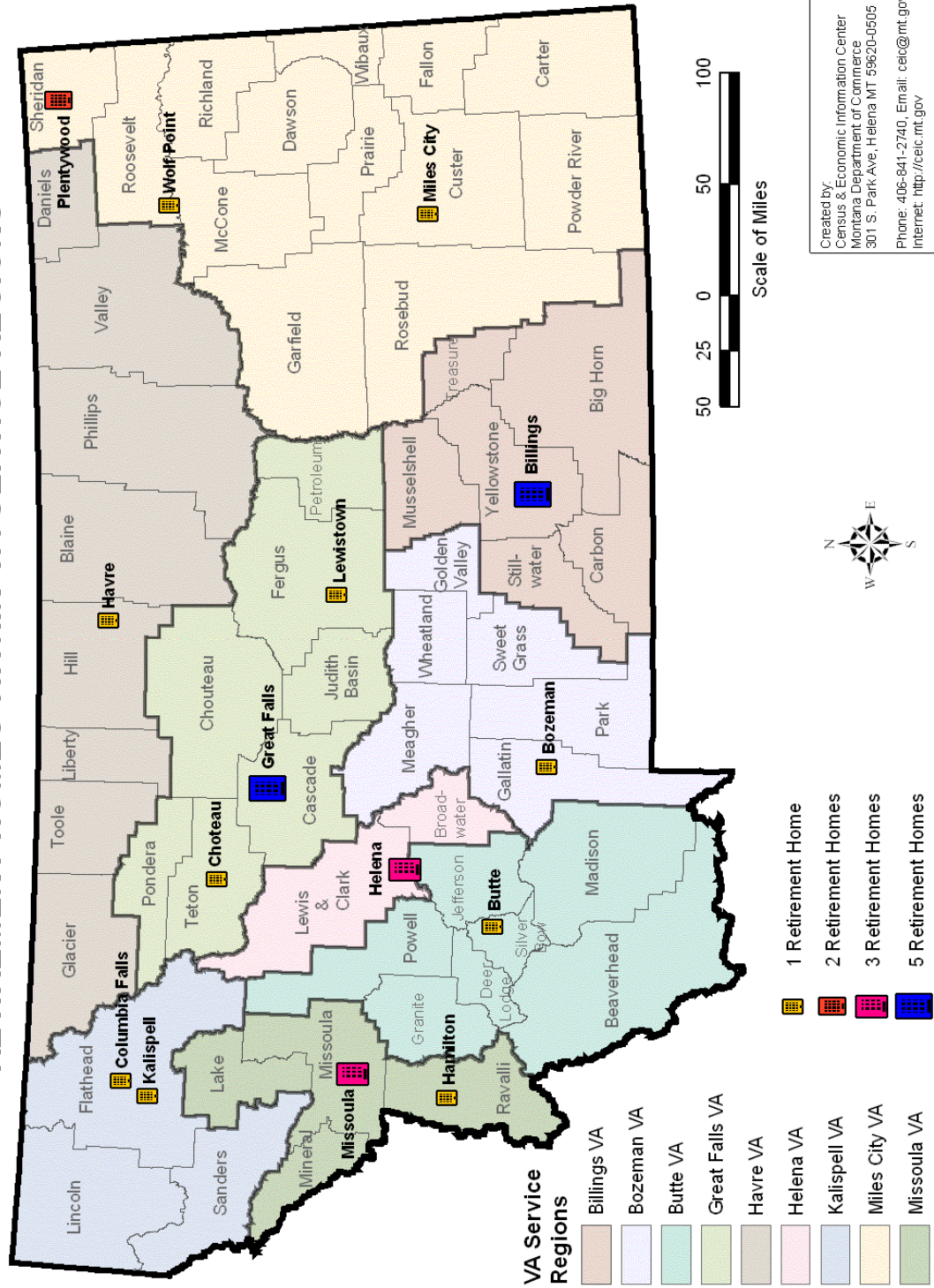
HOME HEALTH CARE WITHIN VA SERVICE REGIONS



ii. Retirement Homes within VA Services Regions

This map on page 76 shows the twenty-eight (28) Retirement Homes available in communities within the nine (9) VA Service Regions. Billings and Great Falls have five (5) Retirement Homes, followed by Missoula and Helena with three (3). The source for these State Facilities demonstrated by this map is Department of Public Health and Human Services Quality Assurance Division, Licensing and Certification Bureau.

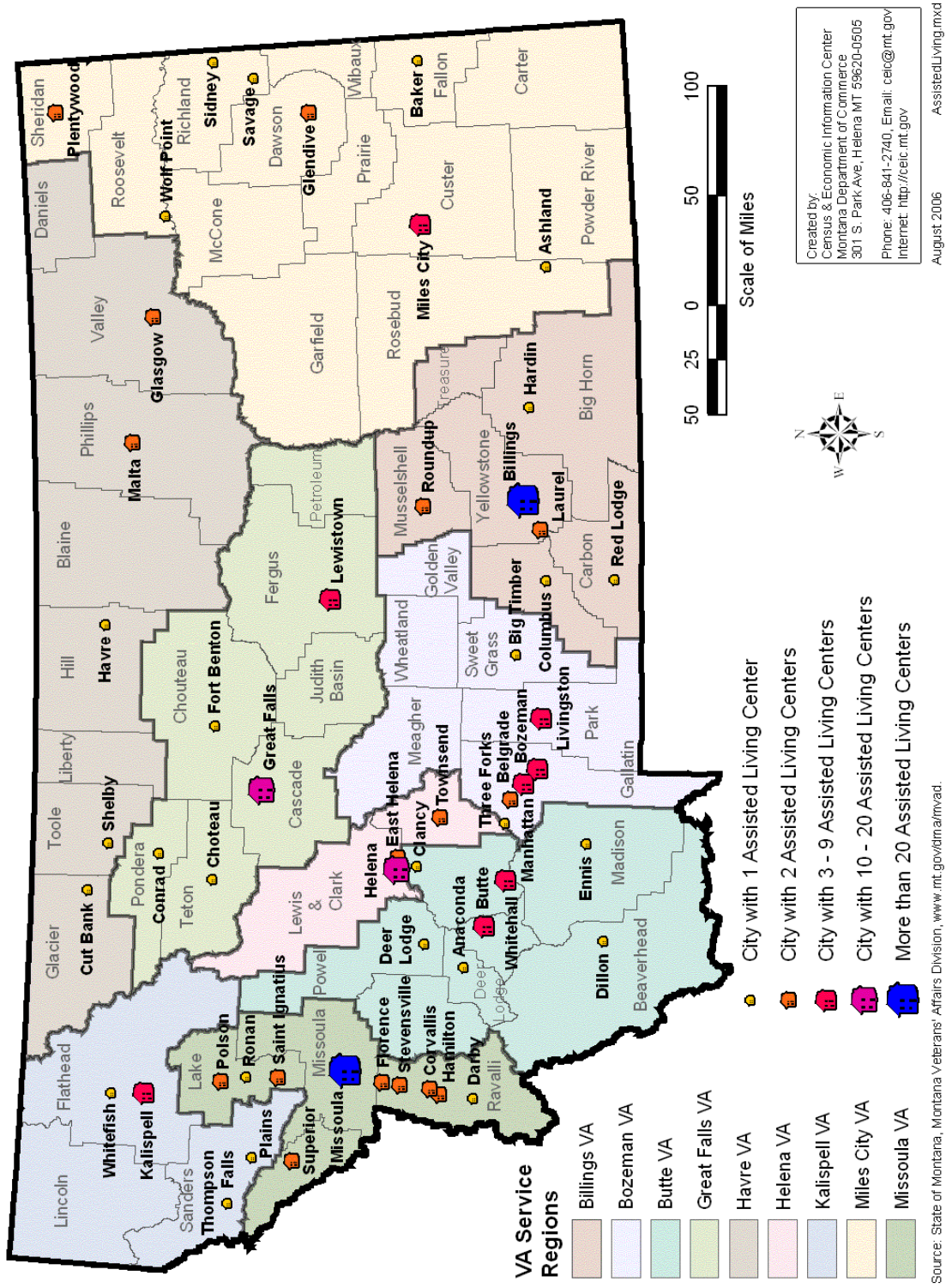
RETIREMENT HOMES WITHIN VA SERVICE REGIONS



iii. Assisted Living Centers within VA Services Regions

This map on page 78 shows the one hundred eighty-six (186) Assisted Living Facilities available in communities within the nine (9) VA Service Regions. Billings and Missoula has more than twenty (20) facilities each, followed by Helena and Great Falls with between ten (10) to twenty (20) facilities each. The source for these State Facilities demonstrated by this map is Department of Public Health and Human Services Quality Assurance Division, Licensing and Certification Bureau.

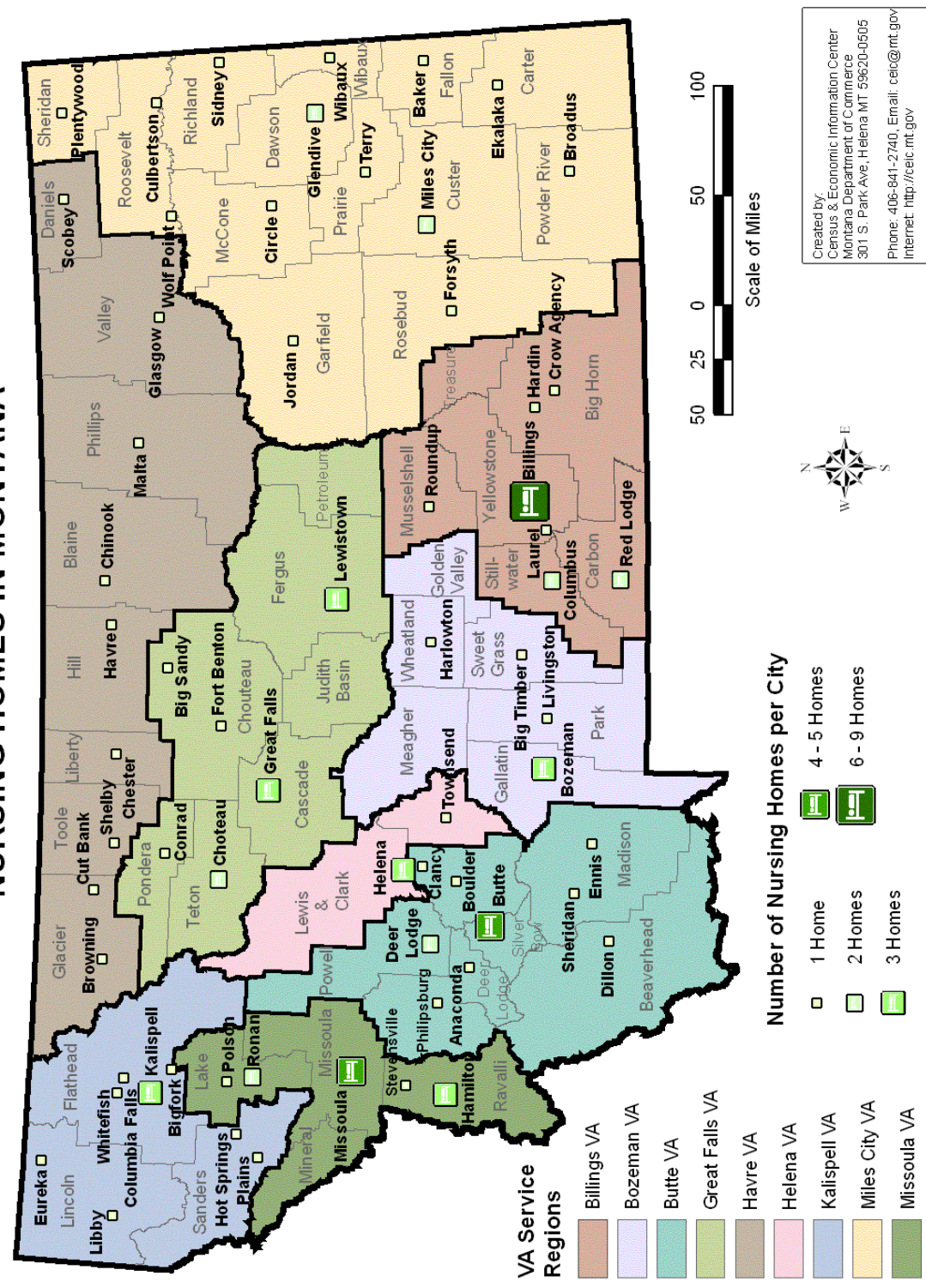
ASSISTED LIVING CENTERS WITHIN VA SERVICE REGIONS



iv. Nursing Facilities within VA Services Regions

This map on page 80 shows the ninety (90) Nursing Facilities available in communities within the nine (9) VA Service Regions. Billings has six (6) facilities, followed by Missoula with four (4) facilities. The source for these State Facilities demonstrated by this map is Department of Public Health and Human Services Quality Assurance Division, Licensing and Certification Bureau.

NURSING HOMES IN MONTANA



Veteran's Survey

XI Veteran's Survey

PURPOSE:

A non-scientific statewide survey was conducted to determine the individual needs, preferences and opinions of Montana veterans.

The survey addresses two main issues:

1. What approaches to long-term care are likely to be preferred by veterans to meet their needs?
2. What approaches do veterans see as good choices for Montana as a whole.

The survey also collected demographic data about Montana veterans.

Survey respondents were asked three types of questions covering the following areas:

- *What type of long-term care needs do you have now?*
- *What care setting/location would you prefer for your personal needs?*
- *What type of long-term care delivery system makes the most sense for the state as a whole?*

A survey tool was developed to collect information to help assess the current service and future needs of the veteran population in Montana. A letter along with 20-30 copies of the survey was mailed to selected individuals and groups in Montana requesting their assistance in distributing the survey over a course of a few weeks to as many Montana veterans as possible. The surveys could be returned individually by the veterans themselves or collected by any veteran's service group or other interested organization and returned to Senior and Long Term Care Division for the Department Public Health & Human Services. The survey tool was mailed to but not limited to:

- ✓ Veterans Interim Committee Members
- ✓ Fort Harrison
- ✓ Veterans Service Offices
- ✓ Veterans Service organizations
- ✓ Military Affairs
- ✓ Family members or veterans at EMVH & EMVH

The survey was distributed from a mailing list that was compiled of veteran's service groups and organizations that would have contact with veterans. The letter and survey was also placed in both PDF and MS WORD format on the Internet:

<http://www.dphhs.mt.gov/sltc/aboutsltc/whatsnew/index.shtml>

A difficulty was encountered with securing a universal mailing list of veterans in Montana, especially in light of a highly publicized loss of Veterans data by the VA in

2006. Since the delivery system of the survey directly to individual veterans was not probable, service groups and organizations provided delivery to veterans.

Approximately 1700 copies were mailed out and 450 were returned, representing a response rate of 26.47%.

Select key results from the survey include:

- ✓ 86% of the respondents were Veterans
- ✓ 14% of the respondents were the spouses of a Veteran.
- ✓ 86% of the respondents were male and 14% were female.
- ✓ 31% of the respondents were age 75 to 84, while 24% were 65 to 74 years of age.
- ✓ 45% of the respondents were younger than 65.
- ✓ 63% of the respondents are currently married
- ✓ 47 % of the respondents lived in Montana all their life.
- ✓ 36% of the respondents currently live in Flathead County followed by 13% in Cascade County.
- ✓ 40% of the respondents served in the Army followed by 24% in the Navy, and 20% in the Air Force.
- ✓ 32 % of the respondents have a service – connected disability
- ✓ 47 % of the respondents have a disability that is not service connected
- ✓ 28% of the respondents receive daily help with cooking or meal preparation, 25% with medications, 17% with bathing, and 16% with dressing or grooming.
- ✓ 89% of the respondents are currently using Physical or Occupational Therapy, 25% with services for medication assistance, 24% with personal care services (cooking, laundry, bathing, etc.), 24% with transportation services, and 16% with meal services (congregate or home delivered).
- ✓ Of those services provided, 21% are provided by the spouse, 17% by care agencies, 15 % by other family members, and 13% by medical facilities.
- ✓ 88% of the respondents indicate that they need long-term care services such as these and are not currently available where they live.
- ✓ The respondents indicate services not available to them where they live include in-home care (22%), adult day-care (15%), Mental Health Services (11%), Assisted Living (11%), Retirement Living (11%), and Nursing Facility Care (9%).
- ✓ 51% of the respondents indicate that they would expect to need access to long-term care services in more than 5 years, 36% in the next 1 to 5 years.
- ✓ When asked if the veteran was unable to care for themselves at home, where would they most likely go to access long term care services, 29% responded to the State Veterans Home in either Columbia Falls or Glendive, followed by 20% who did not know. 15% indicated Assisted Living/Personal Care Facility and 12% indicated a nursing facility in their community.
- ✓ 47% of the respondents indicated that if they had to leave their community to access long term care services, they would relocate to either the Flathead Valley or Missoula area. 12% indicated Helena as the community of choice for relocation.

- ✓ 44% of the respondents would relocate to other communities because of family and friends, 34% to be close to their current community.
- ✓ Respondents indicated that assuming that both a facility that serves only veterans or a facility that serves both veterans and non-veterans were nearby and offered providing the same level of care at the same cost for long-term care, that 39% would choose a facility that served veterans and non-veterans, and 38% had no preference, while 23% would select a facility serving only veterans.
- ✓ Respondents indicated that if they needed long-term care and the cost to them was the same for an official state veterans' home or being able to stay close to your community or family, 72% would prefer to stay close to community and family and 17% would choose an official state veterans' home.
- ✓ Respondents when asked if the designated state veterans' home cost them only half as much as care close to your community or family 66% would still prefer to stay near their community or family, while 34% would choose the designated state veterans home?
- ✓ Respondents indicated that of the two state operated veterans' nursing homes, 67% would choose Columbia Falls for their long-term care and 12% in Glendive.
- ✓ When asked why they choose one facility (Columbia Falls or Glendive) over the other 77% stated location, and 28% stated family and friends.
- ✓ When asked if they would use a state veterans home if the facility was located within two (2) hours driving distance from their home, 81 % answered yes, 19% stated no.
- ✓ When asked if an additional state veterans nursing facility were to be constructed, where should it be built to address the greatest number of veterans who are in need of this service. The respondents named their 1st choice as Kalispell (23%), Helena (16%), Great Falls (15%), Missoula (13%), and Billings (11%). Respondents named their overall choice (1st, 2nd, 3rd) as Missoula (18%), Helena (16%), Kalispell (15%), Great Falls (13%), and Billings (11%).
- ✓ If additional funding were to be available, respondents indicated that the best use of state funds would be to provide funding to care for veterans in their own homes and communities (36%); develop assisted living/retirement living housing options for veterans (18%); build additional state-operated veteran's homes somewhere else in Montana (18%); or continue to provide funding for care of veterans in one of the two existing State Veterans Homes (Glendive, Columbia Falls) (17%)
- ✓ Respondents indicated that they currently qualify for or more sources of funding for health care needs from Medicare (67%), Veterans Health Care Benefits (42%), Private Health Insurance Coverage (34%) Medicaid (20%), Long Term Care Insurance (10%), and VA Aid and Attendance (2%).

Veteran's Survey Letter

XII Veteran's Survey Letter

August 3, 2006

TO: Veterans or Veterans Representatives, and
Persons Interested in Veterans Long Term Care Services

FROM: Kelly Williams, Administrator
Senior and Long Term Care Division-DPHHS

Subject: Montana Veterans Long Term Health Care Needs Survey

According to the 2000 census, 108,476 veterans make their homes in Montana, and 37,631 of those veterans are over 65 years of age. Montana's veterans account for about 16% of Montana's adult population.

Because of the veterans demographic in Montana the 59th legislature has requested that the Department of Public Health and Human Services conduct a Veterans' Long Term Health Care study/analysis related to State veterans' long-term care needs. This analysis should assess the demographics of the Montana veterans' population, including the number and age of veterans in each county and the type of long-term care needs of the veteran population. This long-term care assessment must include evaluation of the need for nursing home, domiciliary, and Alzheimer services as well as various types of community and in-home care. The study must also evaluate existing veterans' home services and configuration of those services with respect to the needs identified. Because this survey is focused at State issues it does not address any issues related to the federal Veterans Administration. The results of this study will be reported to the Montana Legislature.

Please find attached a survey tool that has been developed to collect information to help assess the current service and future needs of the veteran population in Montana. The purpose of this letter is to request your assistance in completing the survey, and if possible distributing over the course of the next few weeks, the attached survey to as many Montana veterans as possible. These surveys can be returned individually by the veterans themselves or collected by any veteran's service group or other interested organization for return to the:

Senior & Long Term Care Division
DPHHS
P.O. Box 4210
Helena, MT 59604-4210

I want to thank you in advance for any assistance that you can provide in helping to complete, distribute, collect, or return this survey by August 25, 2006. If you need additional forms, or if there are any questions, please feel free to contact me at 444-4147 or Rick Norine at 444-4209.

Veteran's Survey Tool

XIII Veteran's Survey Tool

MONTANA VETERAN'S LONG TERM HEALTH CARE NEEDS SURVEY (August 2006)

Survey Purpose

The 59th legislature requested the Department of Public Health and Human Services conduct a Veterans' Long-Term Health Care study/analysis related to state veterans' long-term care needs. The legislature directed that the analysis should assess the demographics of the Montana veterans' population, including the number and age of veterans in each county and the type of long-term care needs of this veteran population. This long-term care assessment must include evaluation of the need for nursing home, domiciliary, and Alzheimer services as well as various types of community and in-home care. The study must also evaluate existing state veterans' home services and configuration of those services with respect to the needs identified. The results of the study are to be reported to the Legislature in September 2006.

This survey questionnaire is directed at veterans and will be one of the components used in this analysis to assess the need for long term care services for veterans in Montana. If you are filling the survey form out on behalf of a Veteran family member, please answer from the perspective of the Veteran.

DEMOGRAPHIC/GEOGRAPHIC DATA:

Are you a veteran?

Yes _____ No _____

Are you the spouse a Veteran?

Yes _____ No _____

If No, do you have a veteran in your immediate family? Yes____ No____

If Yes, what is your relationship to the veteran: _____?
(Son, daughter, brother, sister etc.)

1. Gender:

____ Male _____ Female

2. Age of Veteran:

____ 25 - 35 year's _____ 36 – 45 years

____ 46 – 55 year's _____ 55 – 64 years

____ 65 – 74 year's _____ 75 – 84 years

____ 85 years or older

3. Marital Status of Veteran:
 ___ Single ___ Married
 ___ Widowed ___ Widower
4. How many years have you lived in Montana?
 ___ 0- 5 years ___ 11- 15 years
 ___ 6- 10 years ___ 16 years -20 years
 ___ All your life
5. In what County in Montana do you currently reside and what is your ZIP code:
 County _____ ZIP code _____
6. In which branch(s) of the military did you serve?
 ___ Army ___ Air Force
 ___ Navy ___ Marine Corps
 ___ Coast Guard ___ Merchant Marine
 ___ National Guard ___ Other _____
7. What is your Race?
 ___ White ___ Native American
 ___ Hispanic ___ Black or African American
 ___ Other _____

SERVICE NEEDS ASSESSMENT:

1. Do you have a service-connected disability?
 Yes _____ No _____
2. Do you have a disability that is not service-connected?
 Yes _____ No _____
3. In your daily life do you receive help with any of the following activities?
 (Check all that apply)
 _____ Bathing
 _____ Dressing or grooming
 _____ Assistance using the bathroom
 _____ Getting in or out of bed or a wheelchair
 _____ Assistance with medications
 _____ Eating
 _____ Cooking or meal prep

_____ Other assistance, please specify types of assistance you need.

4. Are you currently using any of the following services? (Check all that apply)

_____ Physical or occupational therapy

_____ Assistance with medications

_____ Personal care services like cooking, laundry, bathing, toileting, eating or dressing

_____Transportation

_____Home health/private duty nursing care

_____ Adult day care

_____Meals (Congregate or Home delivered)

_____Assisted living facility/personal care facility

_____Nursing Facility services

_____ Alzheimer support services

_____ Other, Please specify_____

5. If you are receiving any of the services listed above, who is providing those services to you: (Check all that apply)

_____ Spouse

_____ Hired Care Attendant

____ Other family member

 Care Agency

_____ Friends or neighbors

_____ Medical Facility

_____ other, please specify _____

6. Do you need long-term care services (such as those identified in question 4 above) that are not currently available to you where you live?

No _____ Yes _____

If Yes, which service or services?

_____ Nursing Facility Care

_____ Assisted Living Facility

Retirement Living

_____ In-Home Care

(Independent living)

_____ Adult Day Care

_____ Alzheimer's support services

_____ Mental Health Services

Other _____

7. If you don't need long-term care services currently, how soon would you expect that you might need to access these services?

- ☐ Within 6 months
☐ 6 months to 1 year
☐ 1-5 years
☐ More than 5 years

8. If you couldn't care for yourself at home, where would you most likely expect to go to access long-term care services?

- ☐ State Veterans Facility (located in Columbia Falls/Glendive)
☐ VA health care facility
☐ Nursing Facility- Located in your community
☐ Nursing Facility- Locate in another community
☐ Assisted Living/Personal Care Facility
☐ Retirement Housing
☐ Family/Friend's House
☐ Other
☐ Don't know

9. If you had to leave your community to access long-term care services, what other Montana community would you most likely relocate to? If there is more than one community please indicate which would be your 1st, 2nd or third choice in relocating.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Helena |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Havre |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Kalispell |
| <input type="checkbox"/> Columbia Falls | <input type="checkbox"/> Lewistown |
| <input type="checkbox"/> Glendive | <input type="checkbox"/> Livingston |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Miles City |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Missoula |

Other _____

10. What are some of the reasons that you would select the communities that you listed above in response to question 9 to relocate to?

FUNDING DATA:

1. Assuming that both were nearby and offered the same level of care at the same cost to you, which would you choose for your own long-term care, a facility that serves only veterans or a facility that serves both veterans and non-veterans? (Check only one)

- ☐ Only veterans
☐ Veterans and non-veterans
☐ No preference/don't know

2. If you needed long-term care and the cost to you were the same, which would you prefer, being in an official state veterans' home or being able to stay close to your community or family? (Check only one)

- ☐ Official state veterans' home
☐ Close to community/family
☐ No preference/don't know

3. If the designated state veterans' home cost you only half as much as care close to your community or family, would you still prefer to stay near your community or family?

- ☐ YES ☐ NO

4. Montana has two state operated veterans' nursing homes, one located in Columbia Falls and one in Glendive. If you were to choose a state veterans nursing home for your long term care, which would you be most likely to choose and why?

- ☐ Columbia Falls ☐ Glendive
☐ No Preference Don't know

Why _____

5. Would you use a state veterans home if the facility was located within two (2) hours driving distance from your home?

- ☐ Yes ☐ No

6. If an additional state veterans nursing facility was to be constructed, where should it be built to address the greatest number of veterans who are in need of this service. (If there is more than one community please indicate which would be your 1st, 2nd or third choice)?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Helena |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Havre |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Kalispell |
| <input type="checkbox"/> Livingston | <input type="checkbox"/> Lewistown |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Miles City |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Missoula |

☐ Other (reason why) _____

-
-
7. If additional funding were available, which would you view as the best use of state funds: (Check only one?)

☐ Continue to provide funding for care of veterans in one of the two existing State Veterans Homes (Glendive, Columbia Falls)
☐ Build additional state-operated veteran's homes somewhere else in Montana
☐ Provide funding to care for veterans in their own homes and communities
☐ Develop assisted living/retirement living housing options for veterans
☐ Develop more Alzheimer's support services
☐ Develop more mental and behavioral health services
☐ Don't know
☐ Other (please specify)

8. Do you currently qualify for or have any of the following sources of funding for you health care needs? (Check all that apply)

☐ Medicare ☐ Long Term Care Insurance
☐ Medicaid ☐ Veterans Health Care Benefits
☐ Aid and Attendance ☐ Private Health Insurance Coverage

Other Comments:

If you have other comments or issues that you would like to bring to the States attention please indicate below:

Thank you for your time in completing the survey. If you have questions concerning this survey or would like additional copies please contact the Senior and Long Term Care Division at (406) 444- 4077.

Please return completed survey by **August 25, 2006** to:

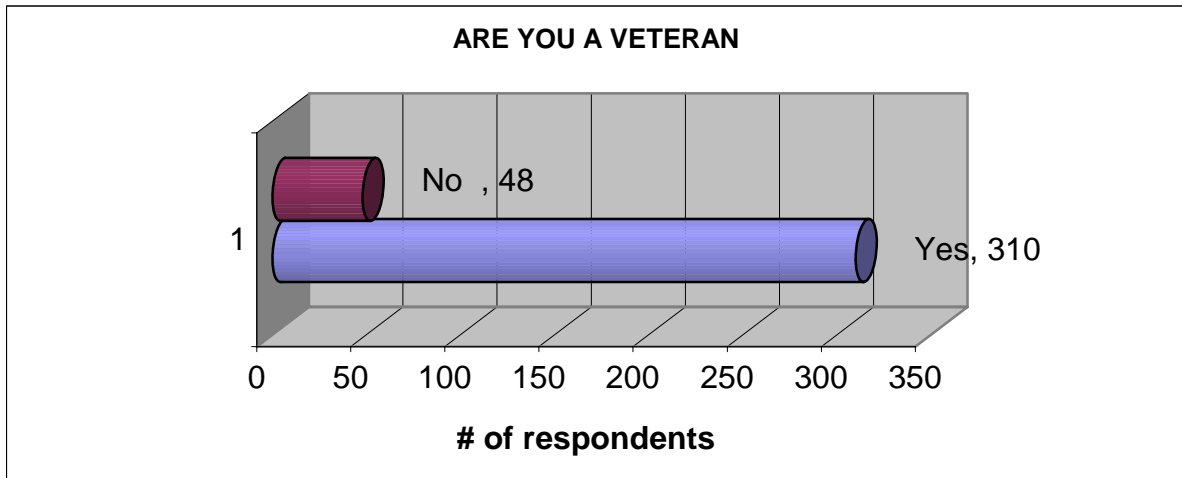
Montana Veteran's Long Term Health Care Survey
 Senior and Long Term Care Division
 P O Box 4210
 Helena MT 59604-4210

Veteran's Survey Results

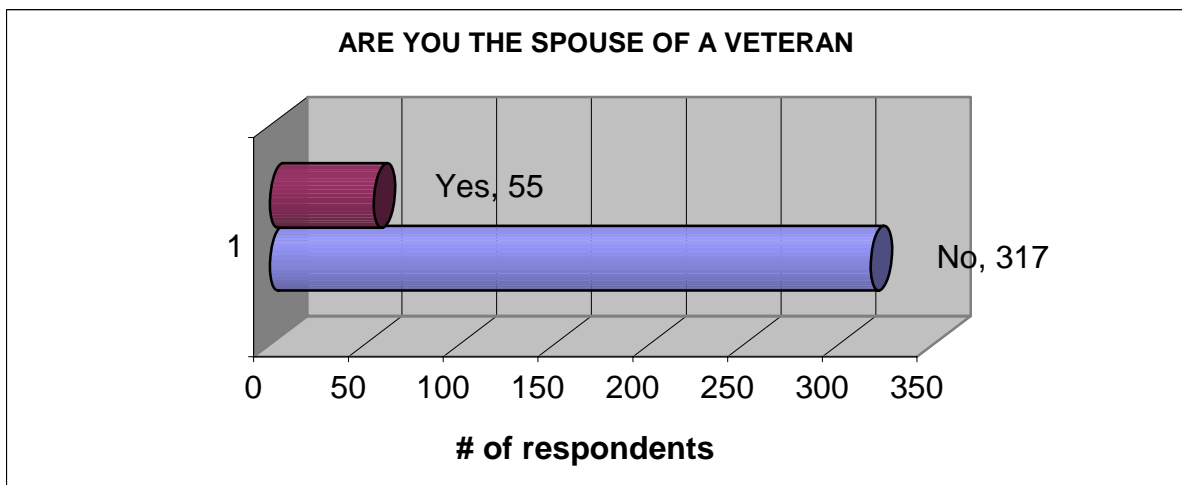
XIV Veteran's Survey Results

DEMOGRAPHIC/GEOGRAPHIC DATA:

		# of Respondent's	% responded
Are you a veteran?	Yes	310	86.59%
	No	48	13.41%

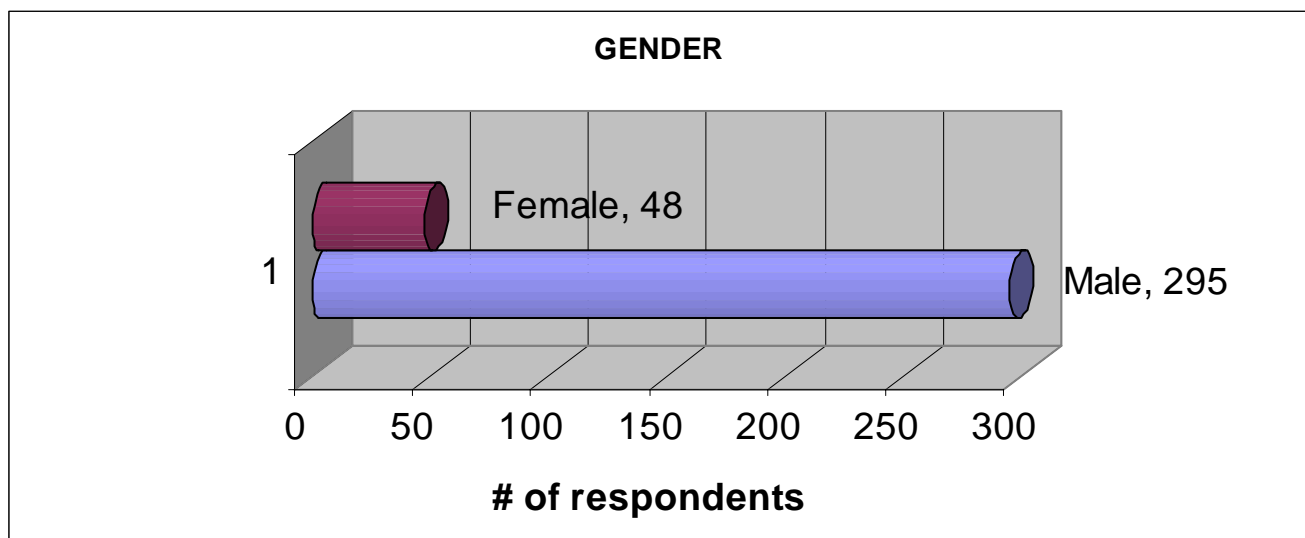


		# of Respondents'	% responded
Are you the spouse a Veteran?	No	317	85.21%
	Yes	55	14.79 %

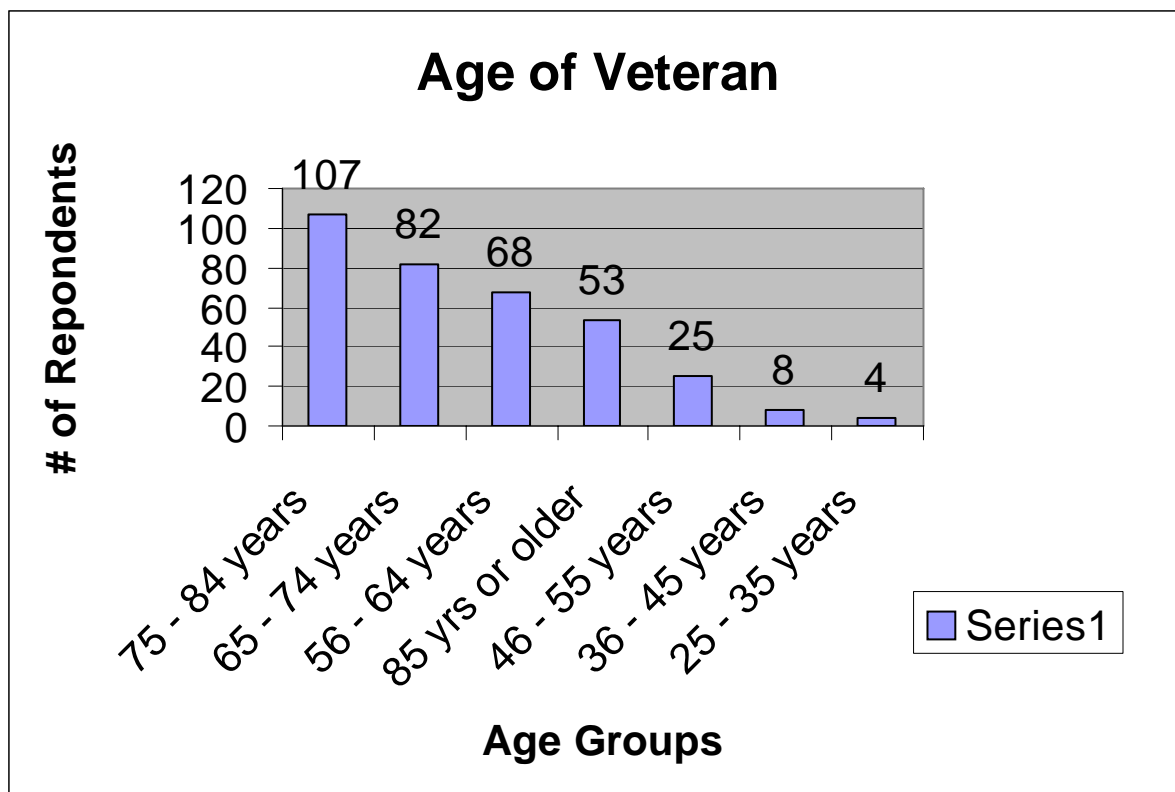


		# of Respondents'	% responded
If No, do you have a veteran? in your immediate family?	Yes	64	85.33 %
	No	11	14.67 %
If Yes, what is your relationship to the veteran	Brother:	22	37.3 %
	Son:	19	32.21 %
	Sister:	6	10.17 %
	Daughter:	2	3.4 %
	Nephew:	1	1.69%
	Niece:	1	1.69 %

(Q-1) Gender:	Male	295	86 %
	Female	48	14 %



		# of Respondents'	% responded
(Q-2) Age of Veteran:	75 – 84 years	107	30.84 %
	65 – 74 years	82	23.63 %
	56 – 64 years	68	19.6 %
	85 yrs or older	53	15.27 %
	46 – 55 years	25	7.21 %
	36 – 45 years	8	2.31 %
	25 - 35 years	4	1.15 %



	# of Respondents'	% responded
(Q-3) Marital Status of Veteran:		
Married	227	62.88 %
Single	64	17.73 %
Widowed	35	9.7 %
Widower	30	8.31 %
Divorced	4	1.1 %
Separated	1	0.28 %

	# of Respondents'	% responded
(Q-4) How many years have you lived in Montana:		
All your life	168	46.54 %
16-20 years	90	24.93 %
21 + years	37	10.25 %
0- 5 years	24	6.65 %
6- 10 years	21	5.82 %
11-15 years	21	5.82 %

**(Q - 5) In what County in Montana
do you currently reside:**

	# of Respondents'	% responded
Flathead County	127	35.57 %
Cascade County	47	13.17 %
Lewis & Clark County	32	8.96 %
Dawson County	18	5.04 %
Lincoln County	17	4.76 %
Gallatin County	15	4.20 %
Lake County	10	2.80 %
Glacier County	8	2.24 %
Missoula County	8	2.24 %
Rosebud County	8	2.24 %
Sweet Grass County	8	2.24 %
Ravalli County	7	1.96 %
Sanders County	7	1.96 %
Blaine County	5	1.40 %
Powell County	4	1.12 %
Silver Bow County	4	1.12 %
Fergus County	3	0.84 %
Pondera County	3	0.84 %
Broadwater County	2	0.56 %
Chouteau County	2	0.56 %
Jefferson County	2	0.56 %
Park County	2	0.56 %
Phillips County	2	0.56 %
Wheatland County	2	0.56 %
Yellowstone County	2	0.56 %
Carter County	1	0.28 %
Beaverhead County	1	0.28 %
Big Horn County	1	0.28 %
Deer Lodge County	1	0.28 %
Fallon County	1	0.28 %

**In what County in Montana
do you currently reside:**

Hill County	1	0.28%
Liberty County	1	0.28 %
Richland County	1	0.28 %
Roosevelt County	1	0.28 %
Stillwater County	1	0.28 %
Valley County	1	0.28 %
Wibaux County	1	0.28 %
Carbon County	0	0.00 %
Custer County	0	0.00 %

	# of Respondents'	% responded
Daniels County	0	0.00 %
Garfield County	0	0.00 %
Golden Valley County	0	0.00 %
Granite County	0	0.00 %
Judith Basin County	0	0.00 %
Madison County	0	0.00 %
McCone County	0	0.00 %
Meagher County	0	0.00 %
Mineral County	0	0.00 %
Musselshell County	0	0.00 %
Petroleum County	0	0.00 %
Powder River County	0	0.00 %
Prairie County	0	0.00 %
Sheridan County	0	0.00 %
Teton County	0	0.00 %
Toole County	0	0.00 %
Treasure County	0	0.00 %

	# of Respondents'	% responded
--	------------------------------	--------------------

**(Q-6) In which branch(s) of the military
did you serve:**

Army	155	39.85 %
Navy	94	24.17 %
Air Force	78	20.05 %
Marine Corps	23	5.91 %
National Guard	23	5.91 %
Coast Guard	8	2.06 %
Other	6	1.54%
Merchant Marine	2	0.51 %

	# of Respondents'	% responded
--	------------------------------	--------------------

(Q-7) What is your Race: White	345	95.83 %
Native American	10	2.78 %
Other	3	0.83 %
Hispanic	2	0.56 %
Black or African American	0	0.00 %

SERVICE NEEDS ASSESSMENT:

	# of Respondents'	% responded
(Q-1) Do you have a service-connected disability?		
No	244	67.59 %
Yes	117	32.41 %
(Q-2) Do you have a disability? that is not service-connected?		
No	183	53.04 %
Yes	162	46.96 %

**(Q-3) In your daily life do you receive help
with any of the following activities? (multiple choices allowed)**

	# of Respondents'	% responded
Cooking or meal prep	103	27.69 %
Assistance with medications	92	24.73 %
Bathing	62	16.67 %
Dressing or grooming	60	16.13 %
Getting in or out of bed or a wheelchair	40	10.75 %
Assistance using the bathroom	37	9.95 %
Eating	35	9.41 %
Other types of assistance specified		
Transportation & travel	18	
House cleaning, keeping, and work	8	
Driving	4	
Homemaking	2	
Nursing Home	2	
Yard work, maintenance	2	

Single responses

- Alert System
- Anything requiring a steady hand.
- Assist & Management
- Assistance requiring Memory
- Assistance with a walking devise.
- Bank
- Book work

- Bus tickets
- Can not drive myself
- Cleaning
- Cleaning the house
- Daughter does foot work for bills, medications
- Decision making
- due to Alzheimer's
- Essential Tremor & age dementia
- Exercising
- Has to have someone push wheelchair
- has walker, transportation
- Have Parkinson's Disease - need svcs in future
- Helps mother w/ all above list
- Hygiene, supervision
- I'm getting by on my own wife deceased
- Laundry & nail cutting
- Laundry, cleaning, financial
- Laundry, Medical Supervision
- Letter writing
- Limited ability to walk more than a few feet.
- Making & getting to appointments
- Medical
- Medical Transport
- Must have help with daily living.
- My dad is in nursing home.
- My wife does the cooking, cleaning, etc.
- Need help walking more than a short distance.
- Need walker for more than short distance.
- Needs assistance w/anything using his left hand.
- Only someone to make appts.
- Oxygen (24 hrs day), laundry
- Paying bills, transportation to appt.
- Physical assistance - 24 hour care
- Physical Labor
- Physical Therapy

Single responses

- Power Wheel Chair
- PSUCH- Counseling Depression anxiety (PTSD)
- Redirection/orientation
- Remember to take medication & put in eye drops
- Residing at Montana Veterans Home
- Room & Board
- Shaving
- Shopping

- So far do all necessities
- Still able to do everything.
- Supervision, hygiene
- Take care of meds.
- Unable to do small things.
- Use walker or wheelchair
- Vets Nursing Home
- Walking at times
- Walking or standing & grocery shopping
- Writing

**# of
Respondents' % responded**

**(Q-4) Are you currently using any of the
following services? (multiple choices allowed)**

Physical or occupational therapy	33	88.71 %
Assistance with medications	94	25.27 %
Personal care services like cooking laundry, bathing, toileting, eating or dressing	90	24.19 %
Transportation	91	24.46 %
Meals (Congregate or Home delivered)	59	15.86 %
Assisted living facility/ personal care facility	26	6.99 %
Home health/private duty nursing care	24	6.45 %
Nursing Facility services	23	6.18 %
Adult day care	11	2.96 %
Alzheimer support services	9	2.42 %

Other types of services specified

- ✓ Continual Medical and Medicinal Monitoring Service
- ✓ Dialysis
- ✓ Family help with above
- ✓ From F.Harrison (Mail)
- ✓ Head & Body injuries- Covacedent
- ✓ Home Helper-M-W-F Noon-3:00
- ✓ Home w/daughter who is PCA for wife Victoria
- ✓ Housework & shopping

- ✓ I am with Health Care
- ✓ I live with daughter in Kalispell
- ✓ In home help from wife.
- ✓ Macular becomes larger, will totally be blind.
- ✓ My wife does the necessary needs.
- ✓ Needs help with many of the above
- ✓ Nursing home
- ✓ Oxygen use full time
- ✓ Parkinson
- ✓ Parkinson Support Services
- ✓ Receiving medications from VA.
- ✓ Shopping and household chores
- ✓ So far I can do all.
- ✓ Spouse does all the care
- ✓ Spouse taking care of me 24-7's
- ✓ V.A. Medical Services
- ✓ VA Clinic
- ✓ VA Clinic Miles City
- ✓ VA Miles City

**# of
Respondents' % responded**

(Q-5) If you are receiving any of the services listed above, who is providing those services to you:

Spouse	52	20.97 %
Care Agencies	42	16.94 %
Other Family members	37	14.92 %
Medical Facilities	32	12.90 %
Friends & neighbors	16	6.45 %
Hired Care Attendant	13	5.24 %
VA	12	4.84 %
Senior Center & Meals on Wheels	10	4.03 %
Assisted Living	5	2.02 %
Easter Seals	3	1.21 %
Veterans Home	3	1.21 %
Medicaid Waiver	2	0.81 %
Other	16	6.45 %
✓ A.Q. A. Food Service		
✓ ALF		
✓ ALF		
✓ AOA		
✓ APRIA - Medicare-Medicare Supp.		
✓ City Bus		

- ✓ Counsel on aging
- ✓ Hired Housekeeping
- ✓ Home nursing
- ✓ Mountain View Assisted Living
- ✓ Need whatever
- ✓ Outside house help for home care.
- ✓ Retirement Home
- ✓ Rosebud County
- ✓ Taxi
- ✓ W.R. Grace

	# of Respondents'	% responded
(Q-6) Do you need long-term care services? (such as those identified in question 4 above) that are not currently available to you where you live?		
No	289	87.57 %
Yes	41	12.43 %

If Yes, which service or services?

In-Home Care		
(Independent living)	16	21.92 %
Adult Day Care	11	15.07
Alzheimer's support services	8	10.96 %
Mental Health Services	8	10.96 %
Assisted Living Facility	8	10.96 %
Retirement Living	8	10.96 %
Nursing Facility Care	7	9.59 %
Other	7	9.59%
<ul style="list-style-type: none"> • Glaucoma • My spouse is my caregiver; I am blind. • Need bigger home. • Services are available here • Support svcs are private costly or not available. • Taxi- Transportation • VA Van 		

(Q-7) If you don't need long term care services currently, how soon would you expect that you might need to access these services.

	# of Respondents'	% responded
More than 5 years	146	50.47 %
1-5 years	96	35.82 %
6 months to 1 year	19	7.08 %
Within 6 months	7	2.61 %

(Q-8) If you couldn't care for yourself at home, where would you most likely expect to go to access long-term care services?

	# of Respondents'	% responded
State Veterans Facility (located in Columbia Falls/Glendive)	119	29.02 %
Don't know	80	19.51 %
Assisted Living/Personal Care Facility	60	14.63 %
Nursing Facility- Located in your Community	49	11.95 %
VA health care facility	40	9.76 %
Family/Friend's House	35	8.54 %
Retirement Housing	16	3.90 %
Nursing Facility- Locate in another Community	7	1.71 %
Other	4	0.98 %

(Q-9) If you had to leave your community to access long-term care services, what other Montana community would you most likely relocate to? If there is more than one community please indicate which would be your 1st, 2nd or third choice in relocating.

	# of Respondents'	% responded
Columbia Falls	108	19.15 %
Kalispell	83	14.72 %

Missoula	68	12.96 %
Helena	66	11.70 %
Great Falls	40	7.09 %
Other	36	6.38 %
Billings	32	5.67 %
Bozeman	31	5.50 %
Glendive	25	4.53 %
Miles City	23	4.98 %
Butte	18	3.89 %
Lewistown	13	2.30 %
Havre	10	1.77 %
Livingston	7	1.24 %
Glasgow	4	0.71 %

(Q-10) What are some of the reasons that you would select the communities that you listed above in response to question 9 to relocate to?

	# of Respondents'	% responded
Family and Friends	133	44.04 %
Close to current home	103	34.11 %
Close to a VA facility	59	19.54 %
Other	7	2.32 %

FUNDING DATA:

(Q-1) Assuming that both were nearby and offered the same level of care at the same cost to you, which would you choose for your own long-term care, a facility that serves only veterans or a facility that serves both veterans and non-veterans?

	# of Respondents'	% responded
Veterans and non-veterans	136	39.30 %
No preference/don't know	130	37.57 %
Only veterans	80	23.10 %

(Q-2) If you needed long-term care and the cost to you were the same, which would you prefer, being in an official state veterans' home or being able to stay close to your community or family?

	# of Respondents'	% responded
Close to community/family	245	71.22 %
Official state veterans' home	56	16.27 %
No preference/don't know	43	12.50 %

(Q-3) If the designated state veterans' home cost you only half as much as care close to your community or family, would you still prefer to stay near your community or family?

	# of Respondents'	% responded
Yes	213	66.14 %
No	109	33.80 %

(Q-4) Montana has two state operated veterans' nursing homes, one located in Columbia Falls and one in Glendive. If you were to choose a state veterans nursing home for your long term care, which would you be most likely to choose and why?

	# of Respondents'	% responded
Columbia Falls	227	66.96 %
Glendive	40	11.79 %
No Preference Don't know	72	21.23 %

Why: 200 responded out of 339 or 59.2 % provided reasons

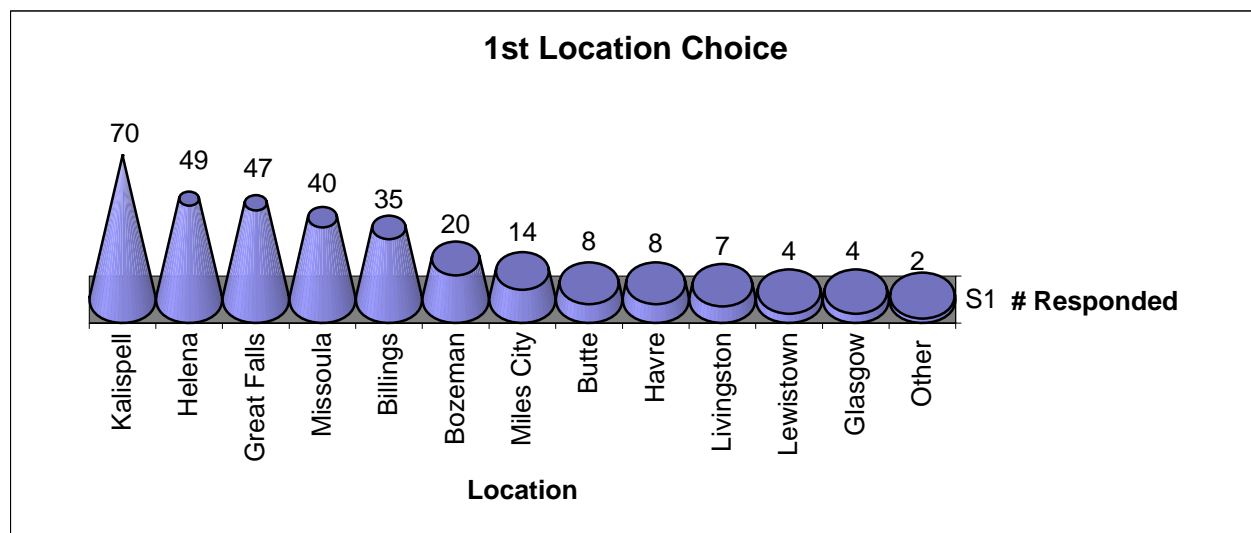
Location	145	72.14 %
Family & Friends	56	27.86 %

(Q-5) Would you use a state veterans home if the facility was located within two (2) hours driving distance from your home?

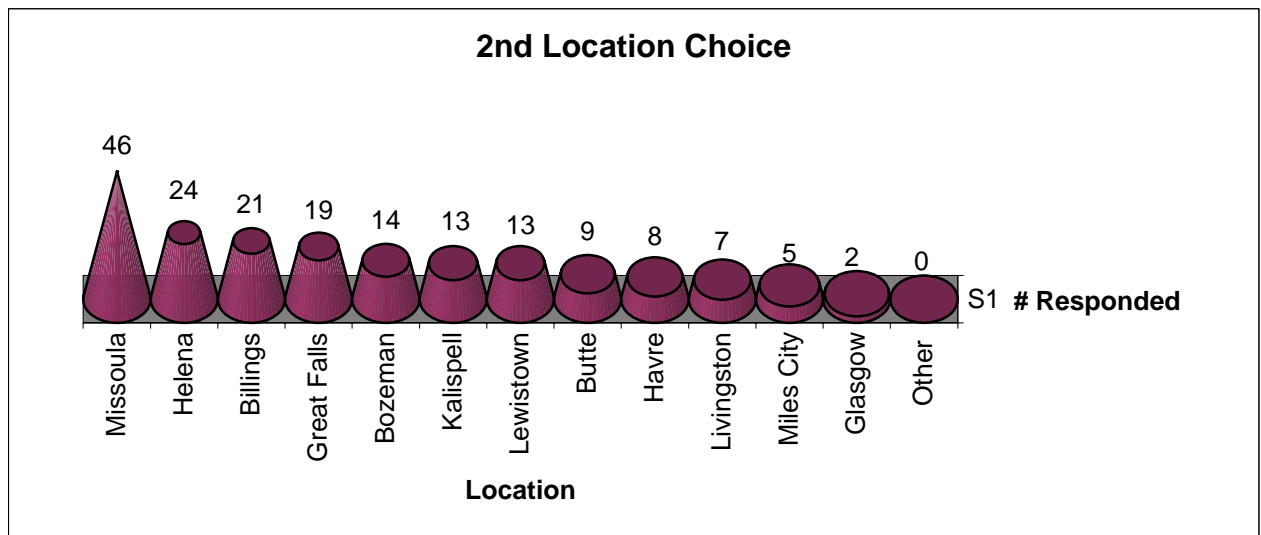
	# of Respondents'	% responded
Yes	257	81.33 %
No	59	18.67 %

(Q-6) If an additional state veterans nursing facility was to be constructed, where should it be built to address the greatest number of veterans who are in need of this service. (If there is more than one community please indicate which would be your 1st, 2nd or third choice)?

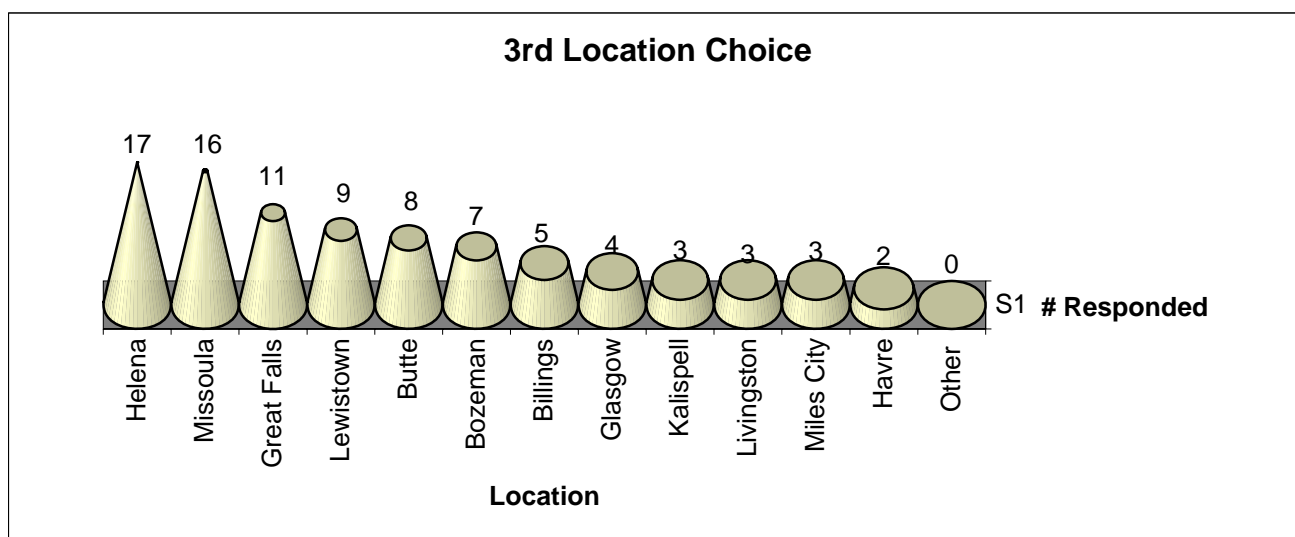
	# of Respondents'	% responded
1st Choice (308 responses)		
Kalispell	70	22.73%
Helena	49	15.91%
Great Falls	47	15.26%
Missoula	40	12.99%
Billings	35	11.36%
Bozeman	20	6.49%
Miles City	14	4.55%
Butte	8	2.60%
Havre	8	2.60%
Livingston	7	2.27%
Lewistown	4	1.30%
Glasgow	4	1.30%
Other	2	0.65%



	# of Respondents'	% responded
2nd Choice (181 responses)		
Missoula	46	25.41%
Helena	24	13.26%
Billings	21	11.60%
Great Falls	19	10.50%
Bozeman	14	7.73%
Kalispell	13	7.18%
Lewistown	13	7.18%
Butte	9	4.97%
Havre	8	4.42%
Livingston	7	3.87%
Miles City	5	2.76%
Glasgow	2	1.10%
Other	0	0.00%

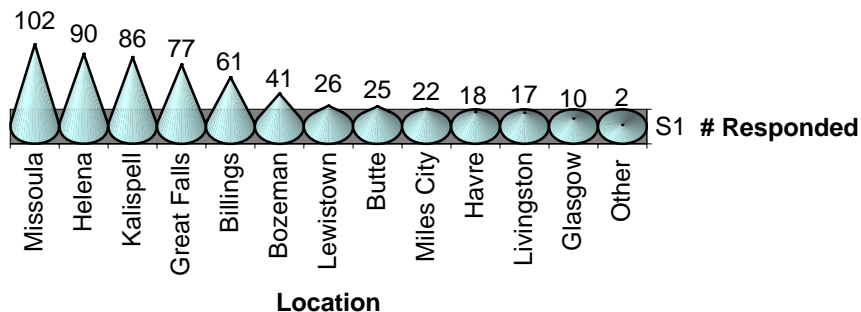


	# of Respondents'	% responded
3rd Choice (88 responses)		
Helena	17	19.32%
Missoula	16	18.18%
Great Falls	11	12.50%
Lewistown	9	10.23%
Butte	8	9.09%
Bozeman	7	7.95%
Billings	5	5.68%
Glasgow	4	4.55%
Kalispell	3	3.41%
Livingston	3	3.41%
Miles City	3	3.41%
Havre	2	2.27%
Other	0	0.00%



	# of Respondents'	% responded
Overall (combination of 1 st , 2 nd , & 3 rd choices - 577 responses)		
Missoula	102	17.68%
Helena	90	15.60%
Kalispell	86	14.90%
Great Falls	77	13.34%
Billings	61	10.57%
Bozeman	41	7.11%
Lewistown	26	4.51%
Butte	25	4.33%
Miles City	22	3.81%
Havre	18	3.12%
Livingston	17	2.95%
Glasgow	10	1.73%
Other	2	0.35%

**Overall Location Choice
1st, 2nd, 3rd Options Combined**



Why - if an additional state veterans nursing facility was to be constructed, where should it be built to address the greatest number of veterans who are in need of this service.

	# of Respondents'	% responded
Location	49	92.45 %
Friends & Family	4	7.54 %

(Q-7) If additional funding were to available, which would you view as the best use of state funds: (Check only one) - 342 responses

	# of Respondents'	% responded
Provide funding to care for veterans in their own homes and communities	123	35.96 %
Develop assisted living/retirement living housing options for veterans	63	18.42 %
Build additional state-operated veteran's homes somewhere else in Montana	60	17.54 %
Continue to provide funding for care of veterans in one of the two existing		

	# of Respondents'	% responded
State Veterans Homes (Glendive, Columbia Falls)	59	17.25 %
Don't know	28	8.19 %
Develop more Alzheimer's support services	6	1.75 %
Develop more mental and behavioral health services	3	0.88 %

(Q-8) Do you currently qualify for or have any of the following sources of funding for you health care needs? (Check all that apply) – 372 unduplicated responses

	# of Respondents'	% responded
Medicare	249	66.94 %
Veterans Health Care Benefits	158	42.47 %
Private Health Insurance Coverage	125	33.60 %

Medicaid	73	19.62 %
Long Term Care Insurance	37	9.95 %
VA Aid and Attendance	6	1.61 %

Other Comments:

If you have other comments or issues that you would like to bring to the States attention please indicate below:

Attached Other Comments Section:

Other comments
Tri Care for Life
A Veterans Housing Home at Ft. Harrison.
All of us would rather stay in our own homes. Change to hard for all ages; however us old timers do not adjust. It would cost less to have someone come our homes from the community, than to build new facilities and staff them with adequate loving help.
Answered as well as possible. B L is not a veteran. Answered as well as I could. I am the mother and do the answers to the questionnaires like these as best I can.
As a widow of a 7 yr Navy Veteran- I hope and told my children to use Glendive Vets Home, when I need that care and pray it is still open and has space for me.
As you know in the 90's the Cig. Tax was raised 2 cents form 16 to 18. Now we have a tax of \$1.70 on Cigs. Let's get 3 cents of that and build another Nursing Home in South West Mont.
The two cents tax takes care of both Columbia Falls and Glendive.
At the time we went to war, were told that we would receive health care if in need in later years. As a PFC in the army, we received \$54.00 per month, there was \$65.50 taken out for life insurance leaving \$47.50 per month-- Word War II.
Availability of surgical operations at local hospitals, rather than being shipped out of state to receive the care that veterans deserve.
BC/BS (Med Sup Ins, Montana Benefits)
No matter what is available to me I want my wife to have enough in order to live comfortably.
Better food. Cooked properly, more and better food. Cooks better trained Better meat less ham longer. If you don't die of natural causes the food will kill you.
Build a V.A. Home in Lewistown and in Helena.
Care for my widow if not remarried. I don't know if my APWQ will cover all of my additional costs from Medicare. That's still to be proven. I've been informed by Veteran's Office at Medical Facilities I do not qualify, because my disability is not service connected.
Clean up the notch of local county and pay us what you owe us. 75% of most people were WW 2 Vets.
Columbia Falls Veterans State Home is an excellent facility.
Do like Washington State. Pay the care giver (spouse, children, and friend) who cares for them in their home. Help the Care Givers to get time away from patient. Help with day care bathing aids. Also have some one check in on care giver and patient.
Doctor & Medications
Enlarge both houses, or the Veteran Population is going to grow, with Veterans from Iraq and Afghanistan. Who knows what else as more of the current armed forces are discharged, our VA hospitals and Veteran homes are going to be crowded.
Fund Veterans care in their own homes.
Also fund another facility - NF for Vets.

Funding is and has been available, but politics gets in the way of doing any good for anyone except the bureaucrats in charge. Eligibility criteria for services are so high that those most in need have to do without.
Get out of Iraq- We don't need more disabled veterans.
Getting into Veterans Homes can be a long time, so building another home would eliminate some of the long time waiting to be admitted to a veteran's home for those in dire need.
Have completed pre-registration at Columbia Falls V.A. Center.
I am a Native American Veteran and there are seven reservations in the State of Montana. I think the VA Facility should be built in Lewistown, MT, as it is the most centrally location in the state.
I am a WWII Vet living with widowed daughter in Kalispell. I am paying on a Long Term Care Profile thru a previous employer.
I am the wife of this veteran for 65 years. I have been his caregiver for at least 3 years and am now feeling the effects! Can't afford to put him into the VA in Columbia Falls, MT. What happens when I can no longer care for him?
I am very happy at MSVH. It was recommended to me by a nurse who worked at Ft. Sheridan in WY.
I believe another Vet's Home would help cut down the travel distance needed for vets and families in our large state. Another, more centrally located home would be a wise solution.
I feel the existing system is under funded..
If we veterans don't work on the problem, we will be under funded, and future vets will have a harder row to have for services.
I get my medications through the VA.
I have been denied Veterans Health Care Benefits in the past and I would like to know why? I am a three year veteran of WWII overseas, with an honorable discharge.
Ted W. Waggener
I have been diagnosed with Parkinson Disease so will need long term care and do not have the resources to provide the funds to pay the costs if the disease runs its course.
I hope I did this reasonably well. I don't know enough about veteran's care.
I strongly suggest all efforts be directed toward in ableing aged citizens either veterans or others in their won homes. The majority of aged prefers this, we live longer and more productive lives, and it is by far the least expensive solution.
I think it's pretty good the way it is.
I think there should be more & better care for our veterans. Long Term (N.H.) Care needed in more communities or covered in existing N.H's.
I think there should be more funding for Retirement/Assisted Living Facilities.
I was main caregiver for 7 years (1994-2001) to my Alzheimer wife of 53 years before she passed away in 2001. So that I since live all over most of the time developing Alzheimer's Support Services, which is hugely important to those veterans needing them.
I would like services provided to me in my own home modeled after Spokane Mental Health Elder Services 5125 N. Market, Spokane, WA 99217. (509)458-7450 Pam Sloan, MSW, RN GMAS, MHP, Director. A nationally recognized clinical Assessment/Case Management
I would like to say thanks for the help with my meds and the great service from the Great Falls Clinic.
If funding is available, maybe a good idea to add - on to the two State Veteran Facilities to make them bigger to be able to take care of more veterans, to help eliminate the waiting list.
It would be great if existing facilities in Columbia Falls were expanded and or improved. There is plenty of acreage there for building it.
It would be wonderful if the spouse of the veteran would also be in the nursing home with the veterans or in a dormitory on the grounds. Need a facility of the grounds so visiting spouses have a place to stay. Most elderly spouses do not drive anymore

Libby has a lot of vets that will be needing long-term care without having to go elsewhere.
My husband and I appreciate having the Health Benefits with the VA so much; we don't want to lose that. Many older vets will certainly need long term services well before us. We hope to have made arrangements never to need long term care.
My husband is a veteran of WWII. He is 87 years old. I am caring for him at home. He is blind (macular degeneration) in both eyes. He has lost his muscles in his upper legs and uses a walker, but very soon will be in a wheel chair. He can't see to cook.
My wife would prefer funding for veterans in their own homes and communities if that funding would include improving health care and decreasing qualified physicians in rural Montana.
Need bigger home. Daughter's rental is only 2 bedrooms. Wife occupying living room.
Need medication so I don't have to pay for it.
No walker where a new facility would go, it still wouldn't be near most of our houses. Better to spend on existing facilities. Best would be help for all veterans in the State where they are now.
None of this applies to me, my dad served in the Air Force. He resides in the Blackfeet Care Center Nursing Home.
Please don't let the veterans down! Your concerns are so very important now.
Please take care of our Veterans. They deserve all that we can give them. Thank you.
Take care of our Vets.
Thank you!
Thank you !!
Thanks for taking the time to survey us in your planning process.
The care was very good. Rooms are much too small for 2 people. The cost is very excessive especially having to pay for my medication that I get without cost from Ft. Harrison.
The need for more clinics throughout Montana. The distance is too great to go to the clinics with the fuel prices so high.
The services available in Glendive are under utilized and should be available to veterans in more populated areas (Helena and Billings).
The SS Lady took my SS from my bonds and put it in Montana Chapter for the Prevention of Elderly Abuse. I was doing fine until a twisted operator of my SS Funds and put me in Weslen. I did not ask or sign anything.
There are a lot of streets and buildings in the State that are not wheelchair accessible. Also bathrooms are not handicapped accessible. Railings need to be on walls so we can pull ourselves off the toilet.
Thanks for asking.
There are some very good Retirement Assisted Care Facilities being built in Bozeman and other communities in Montana. A partnership with the VA could be a good thing.
There should also be one or two more Veteran's Hospitals in the State. We should not have to drive from Kalispell to Helena to see an eye doctor for new glasses.
This survey was not made available to veterans in this area prior to the week of the 21st of August. A visit on 8/16 no survey- visit on 8/25 survey picked up-
Tri Care
Tri-care for Life
Try to help Veterans stay in their own communities. To be close to friends and families.
Vet care in Montana is best care I have encountered.
Veterans care in Montana is superb. I will do anything to let my high opinion of Veterans care to all. Every time I visit with one of our congressional delegations I let them know what great care veterans get in Montana. We should have a National Health
We are short of nursing home beds for our veterans. We also need additional beds and services for Alzheimer's veterans.
The west side of the divide is the fastest growing area in Montana. Lewistown is the geographic center

of Montana thus the leas
We definitely need more Veteran Care Facilities after Desert Storm & Iraq war. I will need support and care in the future and costs are soaring out of control in the public sector. My Medicare and FEP Insurances should help offset costs to veterans
We really need Assisted Living in Great Falls, MT. Since there is nothing close to here!!
When and where will the results of the survey be published?
Why the Indian Hospital and the VA can not prescribe the more expensive medicines only the cheap ones. Sometimes these cheap ones do not work as well.
With Federal Government cutting or planning to cut aid to Vets, plans by State are critical to health related quality of life issue for Veterans.
Would be happy to volunteer/partime assistant of planning/ development.
Would like to be reimbursed \$3800.00 for two hearing aids.
Yes- I think the State should be helping inform veterans of what is available for them, and not make them research the information themselves, as some don't know where to turn. Also the V.A. should be of more help for the POW's of WWI & WWII.

Appendices

XV Appendices

Appendices

- A. Federal State Veterans' Home Grant Guidelines**
- B. Emails between Frank K. Salvas, Sr.Chief, State Veterans Home Construction Grant Program, VA with Gary Gaub (EMVH) regarding "Exception to that number of beds that VA may participate in a construction grant that would add additional beds."**
- C. Priority List of Pending State Home Construction Grant Applications for FY06**

Addendum A.

Federal State Veterans' Home Grant Guidelines

About this page:

This page features the following grant program:

64.005 Grants to States for Construction of State Home Facilities

This grant program is offered by:

Veterans Health Administration

*,
Department of Veterans Affairs*

Federal Agency

VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Authorization

Public Laws 88-450, 89-311, 90-432, 91-178, 93-82, 94-581, 95-62, 96-151, 96-330, 97-251, 97-295, 98-528, 99-166, 99-576, and 100-322, 38 U.S.C. 8131-8137.

Program Number

64.005

Last Known Status

Active

Objectives

To assist States to acquire or construct State home facilities for furnishing domiciliary or nursing home care to veterans, and to expand, remodel, or alter existing buildings for furnishing domiciliary, nursing home, or hospital care to veterans in State homes.

Types of Assistance

Project Grants.

Uses and Use Restrictions

Grant funds must be used for: The construction of new domiciliary or nursing home buildings or acquisition of such facilities; the expansion, remodeling, or alteration of existing buildings for the

provision of domiciliary, nursing home, or hospital care in State homes, and the provision of initial equipment for any such buildings. All new domiciliary buildings must be constructed according to nursing home care standards for convertibility. Construction cost means the amount found by the Secretary to be necessary for a construction project, including architect fees, but excluding land acquisition costs.

Eligibility Requirements

Applicant Eligibility

Any State may apply after assuring that the assisted facility will be owned by the State; and will be used primarily for veterans.

Beneficiary Eligibility

Veterans meeting VA and State admission criteria.

Credentials/Documentation

Costs will be determined in accordance with OMB Circular No. A-87 for State and local governments.

Application and Award Process

Preapplication Coordination

(1) The standard application forms as furnished by the Federal agency and required by Title 38, CFR, Part 43, "Uniform Administrative Requirements" must be used for this program. (2) The preapplication forms are Standard Form 424, 424C, and 424D, Preapplication for Federal Assistance, with attachments. (3) Consultation or assistance is available from Headquarters Office personnel to aid in the preparation of preapplication. (4) An informal preapplication conference is usually not needed; however, notification by telephone of intent to submit a preapplication is recommended. (5) An environmental assessment is required for this program if outside construction exceeds 75,000 gross square feet to determine whether an environmental impact statement is necessary. (6) This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedure

The standard application forms as furnished by the Federal agency and required by Title 38, CFR, Part 43, "Uniform Administrative Requirements" must be used for this program. (Standard Form 424, Application for Federal Assistance for Construction Programs, with attachments.) This program is excluded from coverage under OMB Circular No. A-110.

Award Procedure

Formal approval of the award of the assistance grant to the State is made by the Secretary of Veterans Affairs with program administered by Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group.

Deadlines

Preapplication is due by April 15 for all projects. State assurance of matching funds is due by August 15 to receive priority group one status.

Range of Approval/Disapproval Time

Appeals

No application will be disapproved without the opportunity of a hearing.

Renewals

Not applicable.

Assistance Considerations

Formula and Matching Requirements

38 U.S.C. 8135 (D)(2). Federal participation provides up to 65 percent of total project cost, with the State providing the remainder.

Length and Time Phasing of Assistance

Accounts are cancelled 5 years after appropriation expires. Appropriations received in fiscal year 1994 or later do not expire. Reimbursement payments are made to the State based on Federal share of cost incurred.

Post Assistance Requirements

Reports

Required in accordance with 38 CFR 17.170-17.183. Final Architectural/Engineering Inspection and equipment list, if applicable, required prior to final payment.

Audits

In accordance with the provisions of OMB Circular No. A- 133 (Revised, June 24, 1997), "Audits of States, Local Governments, and Nonprofit Organizations," nonfederal entities that expend financial assistance of \$300,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$300,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records

Records should be maintained for the period established by Memorandum of Agreement (7 to 20 years depending upon the amount of the grant). If any claim or audit is started before the expiration of this time period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

Program Accomplishments

By the end of fiscal year 2001, 13 completed preapplications were received, 3 grants were awarded, 6 conditional grants were approved, no applications were disapproved, and 83 preapplications/applications totaling \$236,478,000 were pending. Fiscal year 2002 estimates include 16 grant awards totaling \$89,841,000.

Financial Information

Account Identification

36-0181-0-1-703.

Obligations

(Grants) FY 02 \$90,367,000; FY 03 est \$40,000,000; and FY 04 est \$40,000,000.

Range and Average of Financial Assistance

\$140,870 to \$27,182,408; \$2,400,000.

Regulations, Guidelines and Literature

Title 38 Code of Federal Regulations 17.190-17.222, Grants to States for Construction of State Home Facilities.

Related Programs

64.014, Veterans State Domiciliary Care; 64.015, Veterans State Nursing Home Care; 64.016, Veterans State Hospital Care.

Information Contacts**Regional or Local Office**

Not applicable.

Headquarters Office

Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), Department of Veterans Affairs, Central Office, Washington, DC 20420. Chief, State Home Construction Program. Telephone: (202) 273-8536.

Web Site Address

<http://www.va.gov>

Examples of Funded Projects

1) Constructed new 120 bed State home nursing home building; 2) Constructed new 100 bed State home domiciliary building to nursing home care standards for easy conversion; 3) Remodeled existing State home nursing home building; 4) Remodeled existing State home domiciliary building; and 5) Remodeled existing State home hospital building.

Criteria for Selecting Proposals

As required by Title 38, U.S.C. Section 5035, all applications are reviewed and accorded priority in the following order: (1) adequate State financial support (matching funds); (2) States without State homes constructed or acquired under Title 38 U.S.C. 8131-8137; (3) greater need; (4) lesser need; and (5) other criteria determined appropriate and published in regulations (38 CFR 17.170 through 17.183).

Addendum B.

Emails between Frank K. Salvas, Sr. Chief, State Veterans Home Construction Grant Program; VA with Gary Gaub (EMVH) regarding "Exception to that number of beds that VA may participate in a construction grant that would add additional beds."

Good Afternoon Gary,

What I indicated to you earlier was that the State is authorized 198 beds for the State under the State Home Construction Grant Program (38 CFR 59). There is only one exception to that number of beds that VA may participate in a construction grant that would add additional beds. That exception is:

NOTE to § 59.40(a): The provisions of 38 U.S.C. 8134 require VA to prescribe for each State the number of nursing home and domiciliary beds for which grants may be furnished. This is required to be based on the projected demand for nursing home and domiciliary care on November 30, 2009 (10 years after the date of enactment of the Veterans Millennium Health Care and Benefits Act (P.L. 106-117)), by veterans who at such time are 65 years of age or older and who reside in that State. In determining the projected demand, VA must take into account travel distances for veterans and their families.

(b) A State may request a grant for a project that would increase the total number of State home nursing home and domiciliary beds beyond the maximum number for that State, if the State submits to VA, documentation to establish a need for the exception based on travel distances of at least two hours (by land transportation or any other usual mode of transportation if land transportation is not available) between a veteran population center sufficient for the establishment of a State home and any existing State home. The determination regarding a request for an exception will be made by the Secretary.

(Authority: 38 U.S.C. 101, 501, 1710, 1742, 8105, 8131-8137).

In addition, if the State were to fully fund a project, as suggested, the State could request VA recognition of the additional beds, for the purposes of receiving per diem. The state would have to meet VA standards of care.

Thanks,

Frank

-----Original Message-----

*From: Gary Gaub [mailto:emvh@midrivers.com]
Sent: Monday, November 22, 2004 1:58 PM
To: Salvas, Frank
Subject: RE: State Veterans Home information*

Frank,

Thank you for the information.

Gary

-----Original Message-----

*From: Salvas, Frank [mailto:Frank.Salvas@va.gov]
Sent: Monday, November 22, 2004 11:44 AM
To: emvh@midrivers.com
Subject: RE: State Veterans Home information*

-----Original Message-----

Addendum C**Priority List of Pending State Home Construction
Grant Applications for FY06**

Priority List of Pending State Home
Construction Grant Applications for FY 2007

FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Application Subject to 38 CFR 59.50(b) Priority Group 1					
1	06-044	CA (Greater LA Complex) ** P	520-Bed NHC/DOM (New)	1, 3	163,421
Applications Subject to 38 CFR 59 Priority Group 1					
2	32-002	NV (Boulder City)	L/S Dietary Facility Corrections	1, 1, 2	1,429
3	13-008	GA (Milledgeville) **	L/S NFPA Code Correction (Sprinkler Russell Building)	1, 1, 2	991
4	20-004	KS (Ft. Dodge)	L/S Back-Up Generators	1, 1, 2	401
5	13-012	GA (Milledgeville)	L/S NFPA Code Correction (Sprinkler Russell Bldg), Phase 2	1, 1, 2	939
6	13-013	GA (Milledgeville)	L/S NFPA Code Correction (Sprinkler Vinson Bldg., Phase 2)	1, 1, 2	536
7	27-037	MN (Minneapolis)	L/S Campus Emergency Electrical Egress & Back-Up Generator Upgrade	1, 1, 2	1,597
8	06-059	CA (Yountville)	L/S Member Services Building Fire Safety Improvements & Renovation	1, 1, 2	13,831
9	20-006	KS (Ft. Dodge)	L/S Fire Safety Facility Renovations, Install Overhead Sprinkler System 3 Buildings, Tornado Shelter, etc.	1, 1, 3	810
10	50-008	VT (Bennington) **	L/S Code Improvements, Mold & Asbestos Removal, Phase 1	1, 1, 4	1,394
11	13-010	GA (Milledgeville) **	L/S NFPA Code Correction (Sprinkler Vinson Bldg.)	1, 1, 4	955
12	44-010	RI (Bristol) **	L/S Fire Safety Improvements	1, 1, 4	732
13	20-005	KS (Winfield)	L/S Back-Up Generator, Install Sprinklers in DOM, etc.	1, 1, 4	940
14	34-028	NJ (Paramus)	L/S Replace Fire Alarm System	1, 1, 5	307
15	17-037	IL (Quincy)	L/S Replace Fire Alarm System	1, 1, 5	260
16	18-002	IN (Lafayette)	L/S Replace Fire Alarm System, Install Sprinkler Sys. etc.	1, 1, 5	1,066
17	40-024	OK (Sulphur)	L/S General Renovations - Hazardous Materials	1, 1, 6	12,675
18	01-006	AL (Alexander City)	L/S Moisture Remediation, Phase 2	1, 1, 6	1,363
19	17-036	IL (Quincy)	L/S Mold Remediation	1, 1, 6	1,336
20	47-008	TN (Murfreesboro) **	L/S Moisture Remediation - 36 Bathrooms	1, 1, 7	748
21	33-006	NH (Tilton) **	L/S Facility Upgrades-Backup Generator, Fire Alarm, A/C etc.	1, 1, 7	1,914
22	37-008	NC (Salisbury)	L/S Potable Water, Steam/Chilled Water and Camera Sys.	1, 1, 7	1,006
23	17-041	IL (Manteno)	L/S Emergency Generator Replacement	1, 1, 7	455
24	06-044	CA (Greater LA Complex) ** P	520-Bed NHC/DOM (New)	1, 3	163,421
25	12-007	FL (St. Augustine)	120-Bed NHC (New)	1, 3	11,637
26	06-052	CA (Redding)	150-Bed NHC/DOM (New)	1, 3	17,572
27	06-053	CA (Fresno)	300-Bed NHC/DOM (New)	1, 3	25,864
28	55-025	WI (Union Grove)	Adult Day Health Care Renovation	1, 4, 1	586
29	27-018	MN (Minneapolis)	Adult Day Health Care Renovation	1, 4, 1	1,914
30	27-019	MN (Luverne)	Dementia Unit Renovation	1, 4, 2	568
31	27-021	MN (Silver Bay)	Nursing Care Space Renovation	1, 4, 2	499
32	08-014	CO (Homelake)	Upgrade Resident Support and Activity Areas	1, 4, 2	3,394
33	12-014	FL (Lake City)	Facility Renovation, Phase 2	1, 4, 2	2,043
34	13-009	GA (Milledgeville)	Renovation and Upgrade Wheeler Building	1, 4, 2	269
35	04-004	AZ (Phoenix)	Renovation, Phase 2	1, 4, 2	1,040

Priority List of Pending State Home
Construction Grant Applications for FY 2007

FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Applications Subject to 38 CFR 59 Priority Group 1 (continued)					
36	21-008	KY (Willmore)	Renovate 3 Nursing Units	1, 4, 2	975
37	23-011	ME (Scarborough)	Renovate Alzheimer's Unit	1, 4, 2	404
38	17-035	IL (Manteno)	Replace Nurse Call System	1, 4, 2	295
39	19-032	IA (Marshalltown)	Sheeler and Loftus Buildings Replacement	1, 4, 2	15,600
40	55-044	WI (Union Grove)	ADA Renovation - Fairchild and Shemanske Halls	1, 4, 3	710
41	06-051	CA (Yountville)	Steam Distribution System Renovation	1, 4, 4	1,729
42	34-026	NJ (Paramus)	HVAC Replacement	1, 4, 4	356
43	06-054	CA (Yountville)	Telecommunications and Network Upgrade	1, 4, 4	1,950
44	17-032	IL (LaSalle)	Replace Roof and Water System	1, 4, 4	306
45	25-060	MA (Holyoke)	Masonry Restoration	1, 4, 4	478
46	39-020	OH (Sandusky)	Roof Replacement - Secrest Hall	1, 4, 4	552
47	39-022	OH (Sandusky)	Mechanical System Upgrade	1, 4, 4	1,560
48	55-039	WI (King)	Replace Windows - Olson Hall	1, 4, 4	267
49	55-041	WI (King)	2nd Water Supply Well	1, 4, 4	860
50	04-005	AZ (Phoenix)	Facility Renovation, Phase 3	1, 4, 4	780
51	29-016	MO (Cape Girardeau)	Replace Roof	1, 4, 4	639
52	36-012	NY (Stony Brook)	Renovate Building Systems and Utilities	1, 4, 4	725
53	45-004	SC (Anderson)	Roof Replacement	1, 4, 4	748
54	17-042	IL (Manteno)	Air Conditioning Chiller and Tower Replacement	1, 4, 4	761
55	55-045	WI (King)	Replace Domestic Water Pipes - Olson Hall	1, 4, 4	975
56	09-013	CT (Rocky Hill)	Domiciliary Renovations - Buildings 2, 3 and 4	1, 4, 4	5,397
57	13-005	GA (Milledgeville)	Dietary Facility	1, 4, 5	715
58	39-023	OH (Sandusky)	Kitchen Upgrade - Secrest Hall	1, 4, 5	260
59	29-015	MO (St. Louis)	Sprinkler Pipe Replacement	1, 4, 5	775
60	23-013	ME (Caribou)	Multipurpose Room Addition	1, 4, 5	354
61	19-031	IA (Marshalltown)	Dining & Activity Room Expansion	1, 4, 5	2,470
62	17-027	IL (LaSalle)	Bus & Ambulance Garage	1, 4, 6	566
63	34-025	NJ (Paramus)	Multipurpose Room Addition	1, 4, 6	1,415
64	27-030	MN (Hastings)	Water Supply Replacement	1, 4, 6	325
65	55-035	WI (Union Grove)	Aboveground Building Connectors	1, 4, 6	2,217
66	17-030	IL (Manteno)	Construct Storage Building	1, 4, 6	1,610
67	17-033	IL (Manteno)	Convert and Upgrade Courtyards	1, 4, 6	2,320
68	04-003	AZ (Phoenix)	Facility Renovation, Phase 1	1, 4, 6	364
69	39-021	OH (Sandusky)	Corridor Renovation	1, 4, 6	325
70	19-030	IA (Marshalltown)	Renovate Medical Clinic Space	1, 4, 6	520
71	08-015	CO (Walsenburg)	General Renovations	1, 4, 6	2,045
72	23-012	ME (South Paris)	Replace Flooring	1, 4, 6	353
73	55-043	WI (King)	Celling Resident Lift System	1, 4, 6	1,892
74	49-003	UT (Salt Lake City)	General Renovations	1, 4, 6	454
75	36-013	NY (Stony Brook)	Kitchen, Laundry, Elevator Upgrades	1, 4, 6	1,575
76	44-011	RI (Bristol)	General Renovations	1, 4, 6	1,204
77	51-007	VA (Roanoke)	General Renovations	1, 4, 6	341
78	48-008	TX (Pending)	160-Bed NHC (New)	1, 5	11,144
79	48-009	TX (Pending)	160-Bed NHC (New)	1, 5	11,144

Priority List of Pending State Home
Construction Grant Applications for FY 2007

FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Applications Subject to 38 CFR 59 Priority Group 1 (continued)					
80	37-004	NC (Pending - Eastern)	100-Bed NHC (New)	1, 5	8,147
81	37-005	NC (Pending - Western)	100-Bed NHC (New)	1, 5	8,147
82	55-032	WI (Union Grove)	24-Bed DOM Addition (New)	1, 6	1,625
83	49-002	UT (Ogden)	120-Bed NHC (New)	1, 6	10,994
84	04-002	AZ (Tucson)	180-Bed NHC (New) & 35 Participant ADHC	1, 6	18,671
85	17-031	IL (LaSalle)	80-Bed NHC Addition (New)	1, 6	4,881
86	55-036	WI (Chippewa Falls)	120-Bed NHC, Plus 40-Bed DOM (New)	1, 6	15,925
87	47-009	TN (Montgomery County)	120-Bed NHC, Plus 20-Bed Alzheimer's Unit (New)	1, 6	11,105
88	51-005	VA (Richmond)	80-Bed DOM (New)	1, 6	5,200
89	51-006	VA (Hampton)	240-Bed NHC/DOM (New)	1, 6	23,400
90	21-009	KY (Hanson)	40-Bed NHC (Addition)	1, 6	6,000
91	48-010	TX (Pending) ** 1	160-Bed NHC (New)	1, 5	11,144
92	48-011	TX (Pending) ** 1	160-Bed NHC (New)	1, 5	11,144
Subtotal All Priority Group 1 Applications (Has State Matching Funds):					491,330
FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Applications Subject to 38 CFR 59 Priority Groups 2-7					
93	50-009	VT (Bennington)	L/S Code Improvements, Mold & Asbestos Removal, Phase 2	2, 2	2,306
94	50-010	VT (Bennington)	L/S Code Improvements, Mold & Asbestos Removal, Phase 3	2, 2	2,200
95	40-026	OK (Claremore)	L/S HVAC Renovation	2, 2	16,250
96	42-020	PA (Holidaysburg)	L/S Electrical & Plumbing Renovation	2, 2	3,970
97	22-010	LA (Monroe)	L/S Shelter-In Place Generator Upgrade	2, 2	610
98	22-011	LA (Bossier City)	L/S Shelter-In Place Generator Upgrade	2, 2	610
99	25-063	MA (Chelsea)	L/S New Sprinkler System - 6 Buildings	2, 5	510
100	46-013	SD (Hot Springs)	L/S Facility Renovations	2, 5	2,295
101	34-027	NJ (Vineland)	L/S Install Emergency Generator	2, 7	341
102	39-024	OH (Georgetown)	L/S Security Upgrades, Phase 1	2, 7	330
103	39-025	OH (Georgetown)	L/S Security Upgrades, Phase 2	2, 7	331
104	22-009	LA (Jennings)	L/S Emergency Generator, Laundry and Alz. Wandering System	2, 7	863
105	12-008	FL (Pending)	120-Bed NHC (New)	4	9,418
106	12-009	FL (Pending)	240-Bed NHC (New)	4	16,980
107	12-010	FL (Pending)	120-Bed NHC (New)	4	9,857
108	12-011	FL (Pending)	240-Bed NHC (New)	4	17,780
109	26-015	MI (Marquette)	Renovate Nursing Unit and Roof Replacement	5, 2	557

Priority List of Pending State Home
Construction Grant Applications for FY 2007

FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Applications Subject to 38 CFR 59 Priority Groups 2-7 (continued)					
110	39-027	OH (Sandusky)	Renovate Griffin Hall - First Floor	5, 2	418
111	27-032	MN (Minneapolis)	Building 17 Resident Room Upgrade	5, 2	1,196
112	39-030	OH (Sandusky)	Tub Room/Nurse Call System - Secrest & Griffin Bldgs.	5, 2	936
113	39-031	OH (Sandusky)	Domestic Water Lines Upgrade	5, 2	417
114	39-032	OH (Sandusky)	Floor Replacement - Secrest & Griffin Buildings	5, 2	579
115	17-040	IL (Quincy)	Renovations, Phase 3	5, 2	3,250
116	72-004	PR (Juana Diaz)	Facility Renovations - Patient Areas	5, 2	488
117	40-027	OK (Tallhina)	Special Care Unit Renovations	5, 2	517
118	25-062	MA (Holyoke)	Renov. Resident Toilet/Baths	5, 3	439
119	25-061	MA (Holyoke)	Window Replacement, Phase 1	5, 4	325
120	06-056	CA (Yountville)	Central Power Plant Renovation	5, 4	740
121	55-040	WI (King)	Replace Lock and Key System	5, 4	2,098
122	55-042	WI (King)	Renovate Burns Clemons Hall	5, 4	5,574
123	39-026	OH (Sandusky)	HVAC Upgrade - Veterans Hall	5, 4	997
124	39-028	OH (Sandusky)	Mechanical System Upgrades, Phase 2	5, 4	275
125	39-029	OH (Sandusky)	Replace Exterior Lighting, Phase 2	5, 4	368
126	17-038	IL (Quincy)	Power Plant Renovation	5, 4	1,496
127	17-039	IL (Quincy)	Replace HVAC System	5, 4	975
128	21-010	KY (Wilmore)	Facility Renovations	5, 4	1,203
129	25-064	MA (Chelsea)	Water Tower Project	5, 4	650
130	22-007	LA (Jackson)	Generator, Mechanical & Sewer Treatment Renov.	5, 4	3,543
131	08-016	CO (Florence)	Roof and Exterior Finish Replacement	5, 4	523
132	06-047	CA (Yountville)	Chapel Renovation	5, 5	1,013
133	27-020	MN (Minneapolis)	Kitchen/Dining Room Renovation.	5, 5	2,844
134	06-058	CA (Chula Vista)	Expand Dining Room	5, 5	585
135	27-033	MN (Minneapolis)	New Chapel	5, 5	335
136	46-011	SD (Hot Springs)	General Renovations	5, 6	802
137	36-010	NY (St. Albans)	General Renovations	5, 6	4,470
138	27-029	MN (Minneapolis)	Renovation, Phase 2	5, 6	8,366
139	46-012	SD (Hot Springs)	Construct Chapel	5, 6	520
140	72-003	PR (Juana Diaz)	General Renovations	5, 6	650
141	06-057	CA (Yountville)	Administration Building Renovation	5, 6	2,946
142	27-034	MN (Minneapolis)	Renovate Building 13	5, 6	646
143	27-036	MN (Minneapolis)	Renovate Building 16, Phase 2	5, 6	13,068
144	22-008	LA (Jackson)	General Renovations	5, 6	2,893
145	13-011	GA (Milledgeville)	Alzheimer's Unit Addition	6	1,962
146	42-021	PA (Spring City)	112-Bed DOM Replacement + 8 Additional Beds	6	14,102
147	55-021	WI (King)	45-Bed Dom (New)	7	2,294
148	24-005	MD (Pending - Western)	120-Bed NHC (New)	7	7,684
149	39-017	OH (Pending)	168-Bed NHC (New)	7	7,800
150	39-018	OH (Pending)	168-Bed NHC (New)	7	7,800
151	53-030	WA (Orting)	120-Bed NHC (97 Replacement and 23 New)	7	8,316
152	27-022	MN (Fergus Falls)	Dementia - Special Care Unit - (24 Beds)	7	4,799
153	17-028	IL (Pending)	200-Bed NHC (New)	7	18,200
154	47-010	TN (Memphis)	120-Bed NHC, Plus 20-Bed Alzheimer's Unit (New)	7	11,533

**Priority List of Pending State Home
Construction Grant Applications for FY 2007**

FY 2007 List Rank	FAI No.	State (Locality)	Description	Priority Group (PG) Ranking	Est. VA Grant Cost (000)
Applications Subject to 38 CFR 59 Priority Groups 2-7 (continued)					
155	27-035	MN (Willmar)	90-Bed NHC (New)	7	11,765
156	32-003	NV (Reno)	90-Bed NHC (New)	7	30,461
157	18-001	IN (Lafayette)	50-Bed Alzheimer's Unit, Plus 15-Bed NHC Unit	7	7,990
158	21-011	KY (Pending)	160-Bed NHC (New)	7	14,625
159	49-004	UT (St. George)	80-Bed NHC (New)	7	7,373
160	49-005	UT (Lehi)	100-Bed (New)	7	9,004
Subtotal All Priority Groups 2 - 7 Applications (No State Matching Funds):					317,061
Total All Pending Applications:					808,391

** These projects were conditionally approved after August 15, 2006. This provides a 180-day time extension authorized in 38 UCS 8135.

** P This California project was conditionally approved for a partial grant after August 15, 2006. This provides a 180-day time extension authorized in 38 UCS 8135. In accordance with 38 CFR 59.50(b), this project is ranked # 1 and also at # 24. Under the # 1 ranking, the conditionally approved partial grant would receive the highest ranking and receive 30 percent of the available funds for FY 2007. The second ranking of the project does not provide any special priority and is ranked in accordance with 38 CFR 59.50.

** 1 The State of Texas requested FY 2007 funding consideration for two bed-producing projects (FAI 48-008 and FAI 48-009). Projects FAI 48-010 and FAI 48-011 have PG-1 certification of 35% State matching funds.

These applications will be funded in FY 2007 in the order which they appear on this list, subject to the availability of Federal funds and compliance with all Federal requirements. Conditionally approved projects have been ranked and will be awarded grants subject to meeting the remaining Federal requirements.

Approved.


R. James Nicholson
Secretary, Department of Veterans Affairs

9/29/06
Date

XVI *Endnotes*

ⁱ U.S. Census Bureau *Census 2000 Summary File 1* (table GCT-P15)

<http://factfinder.census.gov>

ⁱⁱ National Governors Association Measuring the Years: State Aging Trends & Indicators Data Book 2004

ⁱⁱⁱ National Governors Association Measuring the Years: State Aging Trends & Indicators Data Book 2004