

# STATE VETERANS' HOME IN NEVADA



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LEGISLATIVE COMMISSION  
OF THE  
LEGISLATIVE COUNSEL BUREAU  
STATE OF NEVADA

*October 1978*



FEASIBILITY STUDY ON ESTABLISHING A STATE HOME  
FOR VETERANS IN NEVADA

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Senate Concurrent Resolution No. 38—Senators Schofield, Close, Echois, Hilbrecht, Neal, Hernstadt, Glaser, Blakemore, Bryan, Raggio, Young, Wilson and Sheerin

FILE NUMBER...132.

SENATE CONCURRENT RESOLUTION—Directing legislative commission to study feasibility of establishing a state home for veterans in Nevada.

WHEREAS, There are currently 92,000 veterans in Nevada, or approximately one out of every four adult Nevadans; and

WHEREAS, The Veterans' Administration facilities in Nevada are not designed for old-age or extended care; and

WHEREAS, Many elderly Nevadans who have served their state and country in military service are without the means to provide for institutional care on an extended basis; and

WHEREAS, Veterans should be accorded a special dignity in their old age by the governments and people whom they served; and

WHEREAS, The Veterans' Administration is authorized under 38 U.S.C. § 5031 et seq., to provide grants up to 65 percent of the costs of construction of state homes for war veterans; now, therefore, be it

*Resolved by the Senate of the State of Nevada, the Assembly concurring,* That the legislative commission is hereby directed to study the feasibility of establishing a veterans' home in Nevada, such study to include the availability and conditions of Veterans' Administration grants; and be it further

*Resolved,* That the results of the study along with any recommendations for legislation be reported to the 60th session of the legislature; and be it further

*Resolved,* That if it is determined that pursuance of a grant or other details of planning and construction should run beyond the 60th session that the legislative commission should continue study and oversight of the project until its completion.



## REPORT OF THE LEGISLATIVE COMMISSION

This report is submitted in compliance with Senate Concurrent Resolution No. 38 of the 59th Session of the Nevada Legislature which directed the Legislative Commission to study the feasibility of establishing a state home for veterans in Nevada.

To conduct the study, the Commission appointed an oversight committee chaired by Senator Jack L. Schofield and including Assemblyman Marian I. Howard to direct the staff work which was assigned to the Fiscal Analysis Division of the Legislative Counsel Bureau.

The Fiscal Analysis Division wishes to acknowledge the assistance and information provided by the Veteran's Administration, private care facilities, Nevada Veterans' Affairs Commissioner, and the Department of Human Resources, Divisions of Aging, Welfare, and Health Planning and Resources.

Respectfully submitted,

Legislative Commission  
Legislative Counsel Bureau  
State of Nevada

Carson City, Nevada



## I. HISTORY AND INTRODUCTION

The population of Nevada has increased dramatically in the past 18 years. The U.S. Department of Commerce Bureau of Census Characteristics shows Nevada's population for 1960 at 285,278, and for 1970 at 488,738, a 71 percent increase. The vital statistics unit of the State of Nevada's Department of Human Resources, Health Division, estimates Nevada's 1977 population at 661,840, a 7-year increase of 35 percent. The U.S. Bureau of Census reports the Nevada veteran population for 1960 at 46,155 and for 1970 at 84,104. This represents an 82 percent increase. The research division of the Veteran's Administration (VA) estimates Nevada's September 1977 veteran population at 98,000, which represents an additional 16 percent increase since 1970.

During the same period, the number of facilities providing acute and extended care to veterans has remained fairly static with only a slight variation in the number of beds available. Currently, the only designated veterans' residential care facility in Nevada is the VA Hospital in Reno with 186 hospital beds and 22 skilled nursing beds.

Coupled with the increased veteran population, the limited number of dedicated veterans' skilled nursing beds, and the absence of federal or state domiciliary facilities, is a veteran population in Nevada where approximately 43 percent of all veterans are over 50 years of age.

Senate Concurrent Resolution No. 38, 1977, in recognizing these factors, directed the Legislative Commission to study the feasibility of establishing a state home for veterans in Nevada. The Legislative Commission assigned the conduct of the study to the Fiscal Analysis Division of the Legislative Counsel Bureau, and established a legislative "oversite" committee of Senator Jack Schofield and Assemblyman Marian Howard to review the study's progress and findings.

To determine the feasibility of establishing a state home for veterans in Nevada required review and analysis in the following areas: Nevada's current and projected veteran population; demographic data about this population; an inventory of governmental and private domiciliary, intermediate care and skilled nursing facilities in Nevada; the number of veterans currently residing in these facilities; and a survey of federal funds available for a state home. In order to obtain such data for review and analysis, information was solicited by correspondence, and through meetings where possible, from national and regional VA offices, the VA Hospital in Reno, the Veteran's Outpatient Clinic in Las Vegas, veterans' organizations, the state Veteran's Affairs Commissioner and state Veteran's

Affairs Advisory Commission, the Aging Services and Health Planning Divisions of the Department of Human Resources, and selected states. Additionally, a questionnaire survey was sent to Nevada's governmental and private domiciliary and extended care facilities to develop data about their current veteran population.

This report presents the findings of the Fiscal Analysis Division, and the following sections discuss the characteristics of veterans in Nevada; the services provided to veterans by the state and the VA; the establishment and operation of state homes in other western states; an overview of public and private domiciliary and nursing facilities in Nevada; federal funding available for construction and operation of a state operated domiciliary and nursing home for veterans; and summary and conclusions.

## II. CHARACTERISTICS OF NEVADA'S VETERANS

An analysis of Nevada's veteran population is essential in determining the need for a veterans' home in Nevada. Admission criteria to a state veterans' home, should one be established, is normally based on the veteran being honorably discharged, being a resident of the state for a given period of time, and not having adequate means of support due to disabling conditions caused by wounds, disease, or age.

### A. Population Statistics.

According to the VA, the veteran population in Nevada as of September 1977, was estimated to be 98,000, or 14.8 percent of Nevada's total population.<sup>1</sup> The distribution of this population by conflict is as follows: 1,000 World War I veterans; 44,000 World War II veterans; 15,000 Korean War veterans; 27,000 Vietnam veterans; and 11,000 veterans who served between conflicts.<sup>2</sup>

The Manpower Information and Research Division of the Nevada Department of Employment Security (ESD) estimated the veteran population for Nevada as of August 1977 at 105,854. While this estimate is considerably higher than the VA's, it is believed to be more representative of Nevada's veteran population because it more accurately accounts for the migration influx to Nevada due to the recent economic expansion. ESD's estimated veteran population represents 16 percent of Nevada's 1977 estimated population, compared to a

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1

Veteran Population, Research Division, Reports and Statistical Service, Office of Controller, Veteran's Administration.

2

Ibid.

national average of 13.7 percent. The 16 percent also closely compares to the percentage of veterans reported in Nevada by the 1960 census--16 percent--and the 1970 census--17 percent.

While veterans are located in all 17 Nevada counties, the majority--80 percent--reside in Clark and Washoe with the remaining 20 percent distributed among the remaining 15 counties. The following table illustrates this distribution. (ESD's veteran population figures are being used because the VA's estimated veteran population for Nevada is not broken down by counties.)

VETERAN POPULATION BY COUNTIES

<u>County</u>	<u>August 1977 Estimated Veterans</u>	<u>Percent</u>
Carson City	4,830	4.6
Churchill	1,790	1.7
Clark	55,030	52.0
Douglas	2,220	2.1
Elko	3,517	3.3
Esmeralda	130	.1
Eureka	150	.1
Humboldt	1,927	1.8
Lander	540	.5
Lincoln	300	.3
Lyon	1,590	1.5
Mineral	1,250	1.2
Nye	970	.9
Pershing	430	.4
Storey	230	.2
Washoe	29,610	28.0
White Pine	1,340	1.3
	<u>105,854</u>	<u>100.0</u>

Source:

Department of Employment Security,  
Manpower Information and Research Division.

The following is Nevada's actual 1960 and 1970 veteran population and the VA's estimate of Nevada veteran population for the years 1980, 1990, and 2000.

ACTUAL AND PROJECTED NEVADA VETERANS

<u>Year</u>	<u>Nevada Population</u>	<u>Percent Growth</u>	<u>Veteran Population</u>	<u>Percent Growth</u>	<u>Percent Veteran Population To Total Population</u>
1960	285,278		46,104		16.2
1970	488,738	71.3	84,104	82.2	17.2
1980	732,594*	49.9	93,909 <sup>3</sup>	11.7	12.8
1990	941,779*	28.6	113,767*	21.1	12.1
2000	1,103,249*	17.1	142,112*	24.9	12.9

\* Estimated

Source:

U.S. Department of Commerce, Bureau of Census - Nevada Detailed Characteristics for 1960 and 1970.

Estimated Sources: Nevada Statistical Abstract and the Research Division, Office of the Controller, Veteran's Administration.

B. Age Profile

The VA's veteran population for Nevada as of September 1977 estimates that there were 45,000 World War I and II veterans. This group represents 46 percent of Nevada's veteran population.

The following table reflects that out of the 98,000 Nevada veterans estimated for September 1977 by the VA, over 12,000 were 62 years of age or over; and Schedule I reflects that by 1982 there is estimated to be over 20,500 veterans over 62 years of age residing within the State of Nevada.

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This estimate does not appear to be consistent with the VA's estimate of Nevada's 1977 veteran population of 98,000.

ESTIMATED AGE OF VETERANS IN CIVIL LIFE  
Conflict

<u>Ages</u>	<u>Vietnam</u>	<u>Korean</u>	<u>World War II</u>	<u>World War I</u>	<u>Peace Time</u>
20-26	4,023				
27-31	11,259				10
32-36	9,423				1,911
37-41	1,998	315			5,990
42-46	228	6,501	4		2,855
47-51	46	7,536	4,457		204
52-56	16	530	15,083		26
57-61	7	80	13,301		4
62-66		35	6,565		
67-71		3	3,151		
72-76			1,056	1	
77-81			343	287	
Over 81			40	712	
	<u>27,000</u>	<u>15,000</u>	<u>44,000</u>	<u>1,000</u>	<u>11,000</u>

Source: Fiscal Analysis Division

Utilizing the VA estimated veteran population in Nevada as of September 1977, and projecting life expectancy, the peaking of veterans 62 years of age and over will occur in 1992. Schedule I shows that the number of veterans who are 62 years of age and older will begin to decline after 1992; however, the number of veterans in this age group could continue to increase for several more years because the Nevada veteran population will continue to increase because of migration of new veterans into the state.

SCHEDULE I

1977 VETERAN'S ADMINISTRATION ESTIMATED NEVADA VETERAN POPULATION LIFE EXPECTANCY

	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62-66	67-71	72-76	77-81	81-100	Total Age 62 & Over
1977	4,023	11,269	11,334	8,303	9,588	12,243	15,655	13,392	6,600	3,154	1,057	630	752	12,193
1982		3,938	11,130	11,148	8,094	9,220	11,576	14,339	11,849	5,534	2,395	715	152	20,645
1987			3,886	10,947	10,867	7,783	8,718	10,603	12,687	9,935	4,203	1,621	172	28,618
1992				3,822	10,671	10,450	7,359	7,985	9,381	10,638	7,545	2,844	391	30,799
1997					3,725	10,262	9,881	6,740	7,065	7,866	8,079	5,105	686	28,801
2002						3,582	9,703	9,050	5,963	5,924	5,974	5,467	1,231	24,559
2007							3,387	8,887	8,007	4,999	4,499	4,042	1,319	22,866
2012								3,102	7,863	6,713	3,796	3,044	975	22,391
2017									2,744	6,593	5,098	2,568	734	17,737
2022										2,290	5,007	3,449	619	11,365
2027											1,739	3,388	832	5,959
2032												1,176	817	1,993
2037													283	283

C. Veterans in Institutions

A survey of adult group care, adult family care, intermediate care and skilled nursing care facilities in the state was undertaken in May 1978, to determine the number of veterans who currently reside in these institutions. The number of survey responses by extended care facilities (intermediate and skilled nursing) and by domiciliary facilities (adult group and family care) was very high. The following tables, compiled from survey data, show the number of institutionalized veterans by age group, their income, and the county where institutionalized.

VETERANS IN INSTITUTIONS  
MAY 1978

<u>Age</u>	<u>Extended Care Facilities</u>	<u>Domiciliary Facilities</u>	<u>Total</u>
Under 40	4	- -	4
41-49	4	2	6
50-59	23	9	32
60-69	9	16	25
70-79	21	11	32
80-89	35	14	49
Over 90	6	3	9
Unknown	<u>4</u>	<u>1</u>	<u>5</u>
Total	<u>106*</u>	<u>56</u>	<u>162</u>

\* Includes 22 veterans in skilled nursing unit at the VA Hospital.

Note: Extended care survey response equals 92 percent.  
Domiciliary care survey response equals 71 percent.

INSTITUTIONALIZED VETERANS' INCOME  
MAY 1978

<u>Income</u>	<u>Number</u>
Under \$3,000	63
\$3,000 - \$5,000	37
Over \$5,000	32
Unknown	<u>30</u>
Total	<u>162</u>

LOCATION OF INSTITUTIONALIZED VETERANS  
MAY 1978

<u>County</u>	<u>Number</u>
Carson City	14
Churchill	2
Clark	57
Elko	5
Fallon	4
Mineral	2
Nye	1
Washoe	76*
White Pine	1
Total	<u>162</u>

\* Includes veterans in skilled nursing unit at VA Hospital.

As reflected in the tables, there were 162 veterans institutionalized as of May 1978, with the majority being over 70 years of age. Included in this number are 22 veterans in the VA Hospital's skilled nursing unit. Since not all the extended care and domiciliary care facilities completed and returned the veteran survey questionnaire, the number of institutionalized veterans probably is greater than indicated on the schedule. At the time of the survey the VA Hospital indicated that there were five veterans on the waiting list to be admitted to the skilled nursing unit.

Regarding income for institutionalized veterans, there were 100 veterans reported to have income of less than \$5,000, 32 over \$5,000, and 30 unknown. Of the total 162 veterans, the survey forms returned showed 67 receiving a VA pension, 20 VA compensation, 79 Social Security, 34 Medicaid and 11 Supplemental Security Income.

D. Income Profile

One requirement for admission to a state veterans' home would normally be a veteran's inability to provide his own support. An in-depth analysis of income of Nevada's veterans is not possible because of the lack of current published statistical information and the cost and difficulty in developing an in-house survey. The available data, such as the 1970 Detailed Characteristics for Nevada published by the U.S. Department of Commerce, Bureau of Census, is dated and must be used with caution.

General information regarding veteran's income as reported by the administrator of Veteran's Affairs indicates that

the income of veterans is considerably higher than that of nonveterans. The VA reports that median income for veterans in calendar year 1975 was \$11,990 as compared to \$7,800 for nonveterans.<sup>4</sup>

The following table shows the nationwide median income of veterans and nonveterans segregated by level of education:

Median Income of Veterans and Nonveterans

<u>Level of Education</u>	<u>Median Income - 1975</u>	
	<u>Veteran</u>	<u>Nonveteran</u>
Less than high school	\$ 6,650	\$ 4,900
Some high school	9,860	6,960
High school graduate	12,000	9,110
Some college	13,180	7,330
College graduate	18,630	12,520

Source:

1976 Annual Report of the Administrator of  
Veteran's Affairs.

III. FINANCIAL ASSISTANCE AVAILABLE TO NEVADA VETERANS  
IN DOMICILIARY AND EXTENDED CARE FACILITIES

The State of Nevada has various programs that provide services and benefits to Nevada veterans. These programs include: property tax exemption, vehicle privilege tax exemption, reduced fishing and hunting licenses, preferential state employment, and reemployment rights. Additionally, veterans can receive assistance from the state commissioner on Veteran's Affairs in obtaining available benefits from the state and Federal Government.

The state does not provide any programs specifically earmarked for veterans requiring financial assistance for domiciliary and extended care. There are, however, public assistance programs available to all Nevada citizens, including veterans, which provide financial assistance to the institutionalized. These programs, funded jointly by the state and Federal Government, are Aid to the Aged and Blind and Medicaid (State Aid to the Medically Indigent).

In addition to these programs, needy veterans can receive financial assistance for institutional care from county general assistance programs and federal programs such as Medicare and Supplemental Social Security. Also, the VA provides financial assistance to eligible veterans in institutional facilities.

<sup>4</sup>

1976 Annual Report of the Administrator of Veteran's Affairs.

Briefly, the state Medicaid program provides a full range of medical services to eligible citizens. Eligible individuals in extended care facilities receive financial assistance based on income needs while institutionalized, and these individuals may remain in extended care facilities for the period of time determined medically necessary by the state Welfare Division. Extended care facilities are reimbursed on a per diem cost per patient basis by Medicaid based on rates set by the state Welfare Division for each extended care facility and adjusted annually based upon audited allowable costs. It should be noted that the federal share of this rate exceeds the VA per diem rate of \$10.50 allowed for state home nursing care units.

The Supplemental Security Income program, administered by the Social Security Administration, Bureau of Supplemental Security Income, provides cash grants to eligible aged and blind individuals who are living at home or in adult group care facilities. Cash support for individuals residing in group care facilities for fiscal year 1979, can be up to \$333 a month with an additional \$25 for personal expenses. The federal share of costs in this program exceeds the VA per diem of \$5.50 allowed state domiciliary care units. These individuals also are eligible for Medicaid benefits. The Supplemental Security Income program also provides financial assistance to disabled individuals in addition to the aged and blind individuals previously discussed. The state, however, does not provide supplemental cash grants for these individuals.

The Medicare program which provides medical financial assistance to citizens 65 or older includes in its medical coverage convalescence care up to 100 days for individuals discharged from a hospital.

Counties provide financial assistance to needy county residents who are not eligible to participate in any of the programs previously detailed.

Generally, if a veteran requires domiciliary or extended care services, the veteran will, prior to seeking federal, state or county public assistance, request assistance from the VA. All honorably discharged veterans with service connected and non-service connected disabilities are eligible to receive domiciliary and extended care in VA facilities. However, veterans with service connected disabilities have first priority for care in these facilities. Expenses incurred by veterans with service connected disabilities in private domiciliary or extended care facilities are fully compensated by the VA. Upon discharge from a VA hospital, veterans with nonservice connected disabilities are eligible for six months of extended care in private facilities at the VA's expense. If the veteran requires extended care beyond six months, payment for this care becomes the responsibility of the individual veteran. When eligible, a veteran in an

extended care facility will receive regular aid and attendance (A & A), not exceeding \$165 per month, in addition to any other individual sources of income. Normally, payment for domiciliary care by a veteran in private facilities is the responsibility of the individual veteran, though a veteran may receive regular A & A if he was receiving this aid prior to admittance.

Discussions with VA social service personnel indicate that veterans with nonservice connected disabilities who require domiciliary or extended care generally are not eligible for aid from federal and state public assistance programs because their income usually exceeds the income limits established for these programs. Although the veteran's income disqualifies him from being eligible for these programs, it is not enough to pay the amount charged by the extended care facility, or in some cases a domiciliary facility where the individual has medical expenses. Therefore, the difference between the veteran's income and the facility's charge is paid by the county welfare departments through their public assistance programs. The following is an example cited by the VA when assisting a veteran who has a non-service connected disability requiring extended care.

The veteran is 80 years of age, and is receiving \$250 in monthly Social Security benefits. According to the information provided by the VA social services unit, this veteran would receive a maximum VA pension of \$197, regular A & A of \$165, with an additional 25 percent of the pension and A & A amount because the veteran is over 78 years of age, for total VA benefits of \$452. Combined VA and Social Security benefits, therefore, would provide the veteran with \$702 per month which would exceed Medicaid income criteria but would not be enough to pay for care in an extended care facility. Since this veteran would not qualify for Medicaid, the difference between available resources and facility charges becomes the responsibility of the county welfare department.

Through discussions with representatives from Clark and Washoe County welfare departments, it was learned that the example cited frequently occurs when assisting veterans. The Clark County welfare department estimates annual placements in extended care facilities and provision of financial assistance to about 20 to 24 veterans, and Washoe County's welfare department estimates approximately 12 veteran placements annually. It was pointed out by representatives from the Clark County welfare department that approximately 25 percent of the veterans they assist are transients and alcoholics, with many of these veterans only requiring a short period of convalescent care prior to being returned to the community. The information provided by the Clark and Washoe County welfare departments was based on personal recollections because data on general assistance provided to veterans is not segregated from other data maintained on the general assistance program.

The state Welfare Division also does not collect or maintain separate data on veterans who are receiving Medicaid, Aged and Blind Assistance. As previously discussed, the federal share of costs paid by the Federal Government for these veterans is more than what the VA pays in per diem aid to state veterans' homes; therefore, making it more advantageous to retain these veterans in the Medicaid, Aged and Blind programs.

#### IV. DOMICILIARY AND EXTENDED CARE FACILITIES IN NEVADA

One area requiring review and analysis in determining the need for a veterans' home in Nevada is the supply of public and private health and care facilities in Nevada. Currently, there are a number of health care facilities offering varying degrees of institutional care to the general public. Since a veterans' home is usually established as a facility furnishing domiciliary, nursing and hospital levels of care, only those facilities in Nevada providing these services will be reported on in this study.

##### A. Domiciliary Facilities

Domiciliary care is considered the provision of shelter, food, social and incidental medical care to individuals who are aged, infirmed or handicapped. In Nevada, domiciliary care is provided by group care facilities and adult family care facilities. An adult group care facility is an establishment operated to provide domiciliary care services to four or more aged, infirmed or handicapped individuals who are unrelated to the person operating the facility. An adult family care facility is a private home which is certified by the Welfare Division to provide domiciliary care services to one to three individuals who are unrelated to the homeowner.

The following table provides a county breakdown on the number of domiciliary beds in Nevada. In addition, the schedule shows the daily census and occupancy rate for these adult group care facilities.

DOMICILIARY FACILITIES

County	Beds		Census	AGC
	AGC	AFC		Occupancy Rate (%)
Carson	--	3	--	--
Churchill	30	--	29	97
Clark	332	12	207	62
Douglas	--	--	--	--
Elko	18	--	18	100
Esmeralda	--	--	--	--
Eureka	--	--	--	--
Humboldt	--	--	--	--
Lander	--	--	--	--
Lincoln	--	--	--	--
Lyon	--	6	--	--
Mineral	--	--	--	--
Nye	--	--	--	--
Pershing	--	--	--	--
Storey	--	--	--	--
Washoe	326	18	291	89
White Pine	<u>13</u>	<u>--</u>	<u>6</u>	<u>46</u>
Total	<u>719</u>	<u>39</u>	<u>551</u>	<u>77</u>

Note:

Adult group care bed data provided by Division of Health, Health Facilities Unit.

Census shown is for adult group care facilities as of 6/5/78.

Occupancy rate rounded.

The cost per day for an individual residing in an adult group care facility varies from \$10 to \$15 per day, with the Fiscal Division's survey showing that only a small percentage of veterans in these facilities are receiving grants from the Supplemental Social Security program under assistance to the aged, blind and disabled.

An analysis of domiciliary facilities indicates that bed occupancy in Churchill, Elko and Washoe Counties is either near or at full utilization with much lower rates of utilization in Clark and White Pine Counties. It would appear from this analysis that Clark and White Pine Counties have sufficient beds, assuming that all facilities remain in business to meet future needs, while Churchill, Elko and

Washoe Counties need additional beds. However, it is not known whether construction of new facilities or expansion of existing facilities is being planned.

B. Extended Care Facilities

The medical facility in which an individual is placed is determined by the level of care the individual requires. In Nevada this care is provided by hospitals, skilled nursing facilities, or intermediate care facilities. Intermediate care facilities are establishments providing 24-hour personal and health care services to four or more individuals who do not have an illness, disease, injury or other condition requiring the degree of care and treatment provided by a skilled nursing facility or hospital. A skilled nursing facility is a facility providing continuous nursing services under medical direction as prescribed by a physician to a convalescent patient who is not in an acute stage of illness. Hospitals provide one or a combination of medical, surgical, obstetrical and psychiatric services to individuals who are in an acute stage of illness.

All of these various levels of care can be provided by a veterans' home as is demonstrated by the State of California's veterans' home at Yountsville. However, for the purpose of this study a review and analysis of hospital facilities will not be included since the resolution directing this study was concerned more with institutional care on an extended basis than acute care, and hospitals do not customarily provide this type of extended care service.

Currently, the only extended institutional care facility specifically designated for veterans in Nevada is the 22-bed skilled nursing unit in the VA Hospital in Reno. This unit, according to information provided by the VA's department of medicine and surgery, is to be expanded; however, the date for this expansion was not known. The VA Hospital's skilled nursing unit was established in 1963, at which time there were approximately 47,000 veterans in Nevada; and although since that time there have been no additional skilled nursing facilities constructed specifically for veterans, both skilled nursing facilities and institutional care facilities have been constructed by public and private concerns or individuals to provide institutional extended care to a general populace which includes veterans.

The following table lists, by county, the available number of skilled nursing and intermediate care beds, the number of annual patient days, the percentage of occupancy, and

the type of facility ownership. Though not shown on the table, the daily per diem cost for intermediate care facilities is reported as ranging from \$27 to \$35 a day with nursing care facilities ranging from \$29 to \$40 per day.

FISCAL YEAR 1977  
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

County	Beds		Annual Patient Days	Occu-pancy Rate (%)	Public Facility	Private Facility
	SNF	ICF				
Carson	173	- -	44,857	71		X
Churchill	100	- -	35,094	96		X
Clark	645	172	246,489	83		X
Douglas	- -	- -	- -	- -		
Elko	50	23	10,571	40		X
Esmeralda	- -	- -	- -	- -		
Eureka	- -	- -	- -	- -		
Humboldt	10	- -	3,385	93	X	
Lander	- -	- -	- -	- -		
Lincoln	9	- -	1,951	59	X	
Lyon	18	- -	5,897	90	X	
Mineral	12	- -	4,117	94	X	
Nye	24	- -	6,589	75	X	
Pershing	25	- -	7,385	81	X	
Storey	- -	- -	- -	- -		
Washoe	340*	240	166,975	79		X
White Pine	56	30	21,362	68		X
Total	<u>1,462</u>	<u>465</u>	<u>554,672</u>	<u>79</u>		

\* Excludes 22 skilled nursing beds at the Veterans' Hospital.

Source: Data provided by Department of Human Resources, Health Planning and Resources Division.

This data shows that four counties--Churchill, Humboldt, Lyon and Mineral--have a bed occupancy rate of 90 percent or more. The state's two largest counties--Clark and Washoe--and the remaining small counties with extended care facilities show available beds to meet some future growth. Five counties--Douglas, Esmeralda, Eureka, Lander and Storey--do not have extended care facilities.

More recent information received from the Health Planning and Resources' Division reports that the occupancy rates in Washoe and Clark Counties have increased to nearly 90 percent. However, the occupancy rate in Clark County is anticipated to drop with future openings of an 86-bed

extended care unit in Boulder City and a 99-bed unit in North Las Vegas. The Health Planning and Resources Division also indicates that no requests to expand or construct additional extended care facilities in Washoe County have been received.

With construction or expansion of skilled nursing and intermediate care facilities being controlled by the Department of Human Resources, Health Planning and Resources' Division through the "certificate of need" process, there is a regulatory process to balance the supply of beds with the demand for beds in order to avoid an over abundance of empty beds, thereby causing higher per diem costs to patients. The Health Planning and Resources' Division projects an additional need of 297 beds by 1983, increasing the statewide total number of beds to 2,224. Based on a projected total population of 828,967, and an age 65 and over population of 61,841, which includes veterans, the number of beds per 1,000 general population would be 2.7, with 35.9 beds per 1,000 of the population age 65 and older. These facilities receive financial support from county, state, and federal public assistance programs as well as from client charges.

V. AVAILABILITY AND CONDITIONS OF VETERAN'S ADMINISTRATION  
FEDERAL GRANTS-IN-AID TO STATE VETERANS' HOMES

The VA provides financial aid to states through a system of grants to construct, expand, remodel and alter veterans' homes and through the provision of per diem aid to veterans' homes that meet individual state and VA eligibility requirements.

A. Veterans' Homes Construction, Expansion, Remodeling and Alteration Grants:

Title 38, USCA, section 5033, provides federal financial assistance to any state constructing a veterans' home. The amount of financial assistance to the state cannot exceed 65 percent of the estimated cost of construction. In the event the assistance is for construction of a skilled nursing home, the 65 percent grant is further limited to the number of nursing beds that would result by multiplying 2 1/2 beds times the per 1,000 veteran population of the applying state. Land acquisition is not eligible for this federal construction assistance. The most recent appropriations continuing this federal assistance program are found in the state Veterans' Home Improvement Act of 1977. This act appropriated \$15 million for fiscal year 1978 and a like sum for fiscal year 1979, with both appropriations being available until expended. At this time the need for and likelihood of appropriations beyond fiscal year 1979

is uncertain. Currently, the VA is surveying states to determine the need for funds beyond fiscal 1979. The results of this survey are not yet known.

Title 38, USC, section 5033, and the Code of Federal Regulations (CFR, 38) establish the conditions to which the state must agree when making application for federal grants-in-aid funds. These conditions are:

1. Description of the site for veterans' home.
2. Plans and specifications for veterans' home in accordance with regulations prescribed by the administrator relating to general standards of construction, repair, and equipment for veterans' home.
3. Assurance that upon completion the home will be used principally to furnish veterans with the level of care for which the application is made and assurance that not more than 25 percent of the bed occupancy at any one time will consist of nonveteran patients.
4. Assurance that title to home site is or will be vested solely to state home or agency or instrumentality of the state.
5. Assurance that adequate financial support will be available for the construction, maintenance and operation of the home.
6. Assurance that the state will make such reports as required by the VA and upon request will make available records on which information provided is based.
7. Assurance that individuals employed in construction of home will be paid the prevailing local wage rate as prescribed in the Davis-Bacon Act.
8. Comments or recommendations made by appropriate state clearinghouse per Office of Management and Budget (OMB) Circular A-95.
9. Assurance that contractors engaged in the construction of the project will be required to comply with the provisions of Executive Order 11246, of September 24, 1965, pertaining to equal employment opportunities, and rules, regulations, or orders as the U.S. Secretary of Labor may issue or adopt.
10. Assurance that the project conforms to the applicable requirements for the implementation, maintenance and

enforcement of the Clean Air Act, the Water Pollution Control Act, the Flood Disaster Protection Act of 1973, and Executive Orders requiring certain buildings financed with federal funds be designed and constructed as to be accessible to the physically handicapped.

Once a grant has been made for the construction, remodeling, renovating, and altering of the veterans' home, the home for which the grant was made must be used for the purposes for which the grant was made for a period of not less than 7 years nor more than 20 years as established by the VA.

B. Veterans' Home Per Diem Payment:

The Federal Government, in 1888, encouraged states to establish state veterans' homes by authorizing annual payment of up to \$100 for each disabled soldier or sailor receiving care. The Federal Government, since that time, has made per diem payments to state homes. However, the frequency and amount paid have been changed.

Currently, the VA is authorized to pay a state for each eligible veteran receiving care in a state home the following per diem rates:

Domiciliary Care	\$ 5.50
Nursing Home Care	\$10.50
Hospital Care	\$11.50

The payment made to a state for an eligible veteran, however, cannot exceed one-half of the cost of the veteran's care in a state home.

In 1975, the VA per diem rate then paid to state facilities represented the following percentages of state facility costs:<sup>5</sup>

State Domiciliaries	31.7 percent
State Nursing Homes	25.8 percent
State Home Hospital	24.5 percent

In order for the state home to receive federal aid payment as provided by Title 38, USC, section 641, the state home must meet VA regulations for recognition. These regulations, as set forth in the Code of Federal Regulations are:

---

5

Department of Medicine and Surgery, Census Data for Extended Care Facilities 1967 through 1975.

1. The state home is a facility which exists primarily for the accommodation of veterans incapable of earning a living and who are in need of domiciliary or necessary home care.
2. The majority of such veterans who are nursing home care patients or domiciliary members in the home are veterans who may be included in the computation of the amount of aid payable from the VA.
3. The personnel, building and other facilities and improvements at the home are devoted primarily to the care of veterans of a war.
4. In the case of recognition of state homes having nursing home care facilities, the amount of federal aid paid to a veterans' home shall not exceed \$10.50 per day or be more than 50 percent of the veteran's daily cost of care.

C. Veterans' Home Estimated Construction and Operating Costs:

Based on both the survey results of private care facilities and the aging veterans' population, the minimum size for a proposed state veterans' home should be 100 beds. The home should include both extended and domiciliary care beds in approximately the same ratio as these beds are provided to veterans in private care facilities (the survey showed 75 percent receiving extended care and 25 percent receiving domiciliary). The estimated construction cost of a combination care 100-bed home, if built within the next several years, would be approximately \$2,500,000. The state could apply to the VA for 65 percent of this amount, or \$1,625,000; land costs, on which the VA does not participate, would be an additional \$500,000 for 2 1/2 acres of land located either in Las Vegas or Reno; and staffing and operating costs would be determined by the home's population. Therefore, total state capital costs would be approximately \$1,375,000.

According to the Health Planning and Resources Division, a 90 percent occupancy factor is needed for a care facility to be economically feasible. This occupancy factor should be less for the state, however, since the state would not need to make a profit. With a 90 percent occupancy factor, the estimated staff needed would be 45 (.5 staff to one patient for care facilities). The estimated operating budget would be about \$900,000, with approximately \$250,000 of the \$900,000 derived from VA per diem aid, and with the balance from patient and state general funds.

## VI. VETERANS' HOMES IN OTHER STATES

According to a 1976-77 National Association of State Veteran Homes' report, there were 45 veteran homes located in 34 states providing a combination of domiciliary, skilled nursing and hospital care. In fiscal year 1976, the average daily census for these homes was 154 for domiciliary care, 128 for nursing care, and 127 for hospital care. The per diem cost per patient for domiciliary care ranged from a low of \$7.91 to a high of \$26.89; for nursing care from \$16.03 to \$63.16; and for hospital care from \$28.31 to \$145.74. The Federal Government contributed an average of 29 percent of the veteran's per diem costs, with the state and individual veteran funding the difference.

Of the 11 western states, California, Colorado, Idaho, Montana, Washington and Wyoming have veteran homes. Utah recently approved a 255-bed nursing care facility; and Hawaii, in 1976, conducted a study which recommended construction of a home, but to date one has not been approved.

Schedule II shows statistical data for each of the western states. The data reflected is for fiscal year 1977, except for the information provided on federal extended care beds and average patient populations which is for fiscal year 1976:

SCHEDULE II

STATE AND FEDERAL VETERAN FACILITIES IN WESTERN STATES  
FISCAL YEAR 1976-77

Veteran Facilities	State Pop. in 1,000's <sup>1</sup>	State Vet. Pop. in 1,000's <sup>2</sup>	% of Vet. Pop. to State Pop.	Domiciliaries		Extended Care		Total Beds	% of Occup.	Beds per 1,000 Veteran Pop.
				Beds <sup>3</sup>	Ave. Patient Population <sup>4</sup>	Beds <sup>3</sup>	Ave. Patient Population <sup>4</sup>			
Arizona:	2,073	308	15	--	--	--	--	--	--	--
State				--	--	--	--	--	--	--
Federal				304	251	41	38	345	84	1.12
California:	20,652	3,310	16	--	--	--	--	--	--	--
State				1,414	507	778	382	2,192	41	
Federal				550	425	393	324	943	79	
Total				1,964	932	1,171	706	3,135	52	.95
Colorado:	2,468	362	15	--	--	--	--	--	--	--
State				130	80	120*	31	250	44	
Federal				--	--	79	76	79	96	
Total				130	80	199	107	329	57	.91
Hawaii:	841	93	11	--	--	--	--	--	--	--
State				--	--	--	--	--	--	--
Federal				--	--	--	--	--	--	--
Idaho:	776	102	13	--	--	--	--	--	--	--
State				126	113	--	--	126	90	1.24
Federal				--	--	--	--	--	--	--
Montana:	730	101	14	--	--	--	--	--	--	--
State				100	79	40	38	140	84	
Federal				--	--	20	20	20	100	
Total				100	79	60	58	160	86	1.58
Nevada:	551	98	18	--	--	--	--	--	--	--
State				--	--	--	--	--	--	--
Federal				--	--	22	21	22	95	.22
Oregon:	2,219	373	17	--	--	--	--	--	--	--
State				--	--	--	--	--	--	--
Federal				1,165	1,140	75	72	1,240	98	3.32

SCHEDULE II

STATE AND FEDERAL VETERAN FACILITIES IN WESTERN STATES  
FISCAL YEAR 1976-77

<u>Veteran Facilities</u>	<u>State Pop. in 1,000's<sup>1</sup></u>	<u>State Vet. Pop. in 1,000's<sup>2</sup></u>	<u>% of Vet. Pop. to State Pop.</u>	<u>Domiciliaries</u>		<u>Extended Care</u>		<u>Total Beds</u>	<u>% of Occup.</u>	<u>Beds per 1,000 Veteran Pop.</u>
				<u>Beds<sup>3</sup></u>	<u>Ave. Patient Population<sup>4</sup></u>	<u>Beds<sup>3</sup></u>	<u>Ave. Patient Population<sup>4</sup></u>			
Utah:	1,150	146	13							
State				--	--	255**	--	255	--	
Federal				--	--	46	41	46	89	
Total						301**	41	301	14	2.06
Washington:	3,431	600	17							
State				317	211	228	122	545	61	
Federal				80	48	76	74	156	78	
Total				397	259	304	196	701	65	1.17
Wyoming:	353	47	13							
State				77	52	--	--	77	68	
Federal				--	--	47	46	47	98	
Total				77	52	47	46	124	79	2.64

24.

Source:

1. Book of the States - 1976-77.
2. Veteran's Administration - Veteran Population, September 1977.
3. National Association of State Veteran Homes - 1976-77 (State Facilities), Administrator of Veteran Affairs' Annual Report-1976, Table 31 and 32 (Federal Facilities).
4. Administrator of Veteran Affairs' Annual Report - 1976, Table 31 and 32.

\* Opened 120-bed unit in 1976.  
\*\* Includes recently approved 255-bed nursing unit to be located in Ogden, Utah.

Note: Federal facility patient population may include nonresident veterans.

Schedule II reflects that all of the western states except Hawaii either have domiciliary or extended care facilities. State and federal domiciliary and extended care beds per 1,000 veterans varies from .22 beds in Nevada to 3.32 beds in Oregon, but with the majority of states having 1 to 2 beds per 1,000 veterans. Idaho and Montana, with veteran homes having over 100 beds, show an occupancy factor in excess of 80 percent, whereas, state veteran homes in California, Colorado, Utah, and Washington have occupancy factors of less than 70 percent. Interestingly enough, the number of beds per 1,000 veterans was higher in Idaho and Montana, where the occupancy rate was higher. The low occupancy rate shown for Colorado and Utah was due to Colorado's opening of a 120-bed unit in 1976 and Utah's approval of a new 255-bed veterans' home in Ogden.

As a point of comparison between states with and without state veterans' homes, an analysis of the veteran population of each state was undertaken to determine whether the states with veterans' homes had higher World War I and II veteran populations. The World War I and II veterans were selected because these veterans would be the major source of patients for domiciliary and extended care facilities.

The analysis showed the World War I and II veteran populations for the western states having state veterans' homes to be approximately 46 percent of their veteran population with the exception of Colorado which showed 42 percent and Hawaii at 35 percent. Nevada's World War I and II population was 46 percent. Wyoming had the highest with 49 percent.

## VII. SUMMARY AND CONCLUSIONS

### SUMMARY:

Prior to discussing the findings and setting forth the conclusions of this study, it should be mentioned that data relating to Nevada's veterans was generally outdated, insufficient, or totally lacking. This was true at the federal, state, and local levels of government, as well as veterans' organizations.

The survey conducted by the Fiscal Analysis Division showed there are 162 veterans in the State of Nevada who are currently receiving some level of care in domiciliary and extended care facilities. Also, it can be concluded that the number of veterans needing care will increase during the next 20 years because of the aging characteristics of Nevada's veteran population and the number of veterans that are added through in-migration.

An analysis of the 162 institutionalized veterans indicates that 22 are in the skilled nursing unit of the VA Hospital at VA expense; 45 are known to be receiving financial assistance from

SSI and Medicaid; with the remaining 95 institutionalized veterans relying on their own resources, or a combination of their own resources, VA and county general assistance. A number of these veterans would not be eligible for admission to a state veterans' home because of income, residency criteria, or alcoholism. Although the percentage of veterans falling within these categories is not known, the 22 veterans in the VA's skilled nursing unit can be excluded from the 162 potential admissions, leaving less than 140 veterans eligible for admission to a state veterans' home. If the veterans covered by Medicaid and SSI were excluded, there would be less than 95 who would be eligible for admission to a state veterans' home. The exclusion of these veterans would be economically advantageous to the state because the federal share of funding for these programs is more than the per diem paid to a state veterans' home.

Veterans with service connected disabilities who are in VA or private care facilities are generally cared for at the VA's expense. Eligible veterans with nonservice connected disabilities can receive financial assistance from the VA and from the counties, state and federal public assistance programs. The amount of financial assistance a veteran with a nonservice connected disability may receive from the VA, state and federal programs is dependent upon the veteran's resources.

For fiscal year 1977, the occupancy rate for skilled nursing and intermediate care facilities in Nevada was 79 percent, and as of June 1978 the adult group care facility occupancy rate was 77 percent. Washoe County facilities, however, have reached a 90 percent occupancy rate, and a similar occupancy rate would probably have been reported in Clark County had it not been for two new extended care facilities coming on line in 1978. Except for Washoe, Churchill, Humboldt, Lyon and Mineral Counties, the extended care facilities in the state are keeping pace with growth, as are the domiciliary facilities in all counties except Churchill.

Survey responses from the domiciliary and extended care facilities showed some objection to state government entering the field of providing care to veterans and criticism of the low reimbursement rates paid by the VA to extended care facilities.

If given the opportunity and with equitable reimbursement, it is believed that private industry, except possibly in the smaller counties, can supply the total number of beds required in the state.

If the state were to elect to construct a state veterans' home, the VA will, if funds are available, provide federal grants-in-aid for construction of a state home. For fiscal years 1978 and 1979, \$15 million has been appropriated and will remain available until expended. VA grants cannot exceed 65 percent

of the construction costs for a domiciliary or skilled nursing home or for a combination of the two. Construction grants for skilled nursing homes are limited to a maximum of 2 1/2 beds per 1,000 of the state's veteran population. For Nevada, this would be 65 percent federal funding for a 245-bed nursing unit. In addition to the VA's participation in construction costs of a state home, it also will assist in meeting 50 percent of an eligible veteran's care provided the amount does not exceed \$5.50 per day for domiciliary care, \$10.50 per day for nursing care, and \$11.50 per day for hospital care. Nationally, the VA per diem rate paid to state operated veterans' homes averages between 26 to 32 percent of the cost of care.

#### CONCLUSIONS:

Private enterprise is currently providing sufficient facilities for the care of Nevada's veterans. However, the construction of a combination state domiciliary and skilled nursing home could immediately be economically feasible if all of the veterans receiving care in these private care facilities were eligible to be transferred to the state veterans' home. Of course this would create an immediate financial hardship on these private facilities.

If a veterans' home is established in Nevada it should have a minimum capacity of 100 beds and, from shortly after opening to well into the next century, could expect an acceptable occupancy rate. The estimated cost for a 100-bed state veterans' home is \$2,500,000, of which the VA's share would be \$1,625,000. Land cost, which is not eligible for federal participation, would be an additional \$500,000, requiring a total state capital contribution of approximately \$1,375,000. Ongoing operating costs could potentially become an expense from the state's general fund of \$650,000 annually. Ideally, from an economic and staffing standpoint, the facility should be located in either Washoe or Clark County.

Although eventual establishment of a state veterans' home would be feasible, it is suggested that other alternatives first be explored.

These suggested alternatives are:

1. The legislature petition the Congress of the United States to increase the regular aid and attendance allowance provided to eligible veterans in private extended care facilities to more closely correspond to the amount currently being paid in per diem aid for veterans in state veterans' homes. The maximum regular aid and attendance currently is \$165 per month, and VA per diem aid for extended care in state veterans' homes is \$10.50 per day or \$315 per month.

Additionally, petition Congress to authorize the payment of aid and attendance to all eligible veterans who are in private domiciliary care homes. Currently, eligible veterans in private domiciliary facilities do not receive aid and attendance toward their care unless already receiving it prior to admission.

2. The legislature consider creating and funding a program which would provide financial assistance to veterans in public and private care facilities. This program could be structured to provide benefits to only those veterans receiving VA aid and attendance and meeting eligibility criteria similar to those required for admission to a state veterans' home.

There are several advantages to the above alternatives:

1. State Government, instead of competing with private care facilities, would be encouraging the continued growth of the care industry to help meet the needs of all Nevada citizens.
2. The state would be providing financial assistance specifically to needy veterans in private care facilities.
3. If such a state program were implemented, positive data would be available on the number of needy veterans requiring institutionalized care in the event it was determined at some future date that a state veterans' home should be built.

## APPENDICES

- A. Veteran's Administration State Home Program--Questions and Answers.
- B. Letter from Dr. John D. Chase, Chief Medical Director for Extended Care, VA, to Fiscal Analysis Division.
- C. Letter from Dr. Ralph Goldman, Assistant Chief Medical Director for Extended Care, VA, to Stein E. Moen, State Veterans' Commission.
- D. Letter from Stein E. Moen, State Veterans' Commissioner to Fiscal Analysis Division.
- E. State Veterans' Home Questionnaire Sent to Skilled Nursing, Intermediate and Adult Group Care Facilities.
- F. Letter to Veterans' Organizations.



APPENDIX A

VETERANS ADMINISTRATION  
STATE HOME PROGRAM

Questions & Answers

1. What is a State Home?

The term "State Home" means a home established by a State for veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. It also includes a home which furnishes nursing home care for such veterans.

2. Can a State Home furnish more than one level of care?

Yes. A State Home may furnish domiciliary, nursing home and hospital levels of care. A home which furnishes more than one level of care must provide such care in clearly designated areas within the home so that the quarters of patients and members are not intermingled.

3. Who establishes a State Home?

The establishment, control, and administration of a State Home is the responsibility of the State which it serves.

4. How is a State Home established?

Generally, veterans service organizations and interested State officials encourage the State legislature to enact legislation for establishment of a State Veterans Home and to appropriate funds for its operation.

5. What assistance from VA is available in the establishment of a State Home?

- a. The VA will provide guidance and consult with representatives of the State to insure that the facility will meet regulations for VA recognition and Federal aid payments under provisions of Title 38 U.S.C. 641.
- b. The VA cannot participate in the cost of land or the purchase of a facility.

6. Can a building in an existing State facility be approved as a State Home?

A building or buildings in an existing facility may qualify provided that they are established and operated as a separate entity (State Home). It is permissible to purchase services, i.e., dietetic, engineering, laundry, and professional care from an existing facility.

7. Can a facility providing only hospital care be recognized by VA as a State Home?

No. A State Home must provide primarily domiciliary and/or nursing home care for veterans.

APPENDIX A

8. What are the veteran admission requirements to a State Home?
- a. Admission requirements are determined by the State.
  - b. Following admission, an "Application for Medical Benefits", VA Form 10-10, is forwarded to the VA to establish a veterans eligibility for payment of VA per diem.

9. What Federal funds are available to a State for the operation of a State Home?

Under provisions of Title 38, U.S.C. 641, the VA participates by making per diem payments to the States for three levels of care furnished veterans as follows:

- a. Domiciliary Care - up to one-half the cost of care not to exceed \$5.50 per day.
- b. Nursing Home Care - up to one-half of the cost of care not to exceed \$10.50 per day.
- c. Hospital Care - up to one-half the cost of care not to exceed \$11.50 per day.

10. Can the State assess or charge veterans for the cost of their care?

Yes. The State operated facility may establish a maintenance charge system and collect from the pension, compensation, or other income of veterans.

11. Is there a limit on the amount collected from veterans?

No. However, the amount collected from, or on behalf of, veterans in the aggregate plus the amount of Federal aid payments cannot exceed the cost of care to the State.

12. If a veteran in a State Home requires hospitalization in another facility, can VA continue per diem payments?

No. VA per diem payments are limited to care provided within the State Home facility.

13. Can the VA participate with States in the construction of State Home facilities?

- a. Yes. Under Public Law 95-62 (Title 38, U.S.C. 5031-5037) the VA is authorized to participate in up to 65% of the cost to construct 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.

APPENDIX A

13. Cont'd.

b. Such cost may include architect fees, supervision, inspection, and initial equipment.

14. How can a State obtain VA regulations, instructions and application forms for construction projects under Public Law 95-62?

Write to: ACMD for Extended Care (181)  
Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

15. Is there a limit on the number of beds that can be constructed with VA participation?

Yes. However, the limitation is only on nursing home care beds which cannot exceed 2-1/2 beds per 1,000 veteran population in the State.

16. Who is responsible for a construction project?

The State is primarily responsible.

The State employs an architect and submits plans for VA review and commitment of Federal funding prior to letting the contract. During construction, which is supervised by the State, reimbursement claims may be submitted to the VA for payment. Five percent (5%) of the VA commitment is withheld pending completion of a VA inspection and final audit of the project.

17. May other than veterans occupy nursing home care constructed facilities under Public Law 95-62?

Yes. Twenty-five percent (25%) of the bed occupants at any one time may be other than veterans receiving the level of care for which construction application was made.

18. What are the recapture provisions of Public Law 95-62?

Depending on the scope of the project, if the State does not continue to operate the constructed facilities for a period of seven (7) to twenty (20) years as prescribed by the Administrator of the VA, to principally furnish veterans the level of care for which construction application was made, 65% of the then value of such construction may be recovered by the U.S. government.

19. Is there a limit to the amount of funds which the VA can commit to the construction of State Home facilities?

Yes. The VA may not commit to any one State more than one-third (1/3) of the amount appropriated by Congress in such fiscal year.





APPENDIX B

VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20420

**RECEIVED**  
LEGISLATIVE COUNSEL BUREAU

JUN 29 1978  
IN REPLY  
REFER TO: 182

• Mr. Gene Pieretti  
Deputy Fiscal Analyst  
Division of Fiscal Analysis  
State of Nevada  
Legislative Counsel Bureau  
Legislative Bldg., Capitol Complex  
Carson City, Nevada 89710

OFFICE OF FISCAL ANALYSIS

Dear Mr. Pieretti:

Thank you for your letter of May 15, 1978, informing us of the feasibility study to determine if a State Veterans' home should be established in Nevada.

Enclosed is a Question and Answer Sheet which explains the State Home Program and the procedures for requesting federal assistance in the cost of constructing State home facilities. Title 38 USC, section 5033, authorizes the appropriation of \$15,000,000 each fiscal year for making grants to States for the construction and remodeling of State home facilities for furnishing domiciliary, nursing home, and hospital care.

Nevada veterans receive health care services from either the VA Hospital at Reno, VA Outpatient Clinic in Henderson, Nevada, or the VA health care facilities located in California or Utah. The construction program at the Reno VA Hospital includes a clinical addition to provide space for ambulatory care, surgery, intensive care, and clinical support services. Also included in this project are the construction of a new boiler plant and laundry and the modernization of the electrical distribution system. In addition, the VA is planning to expand their Reno nursing home care unit in the future. The VA Outpatient Clinic currently located in Henderson will be relocated to Las Vegas during the summer of 1979. This relocation will provide additional space needed to meet the growing demand and will also place the clinic nearer to the concentration of the veteran population served.

The Annual Report for 1977 has not been published, however, it should be available within the next three weeks and we will be glad to send you a copy at that time.

*"To care for him who shall have borne the battle, and for his widow, and his orphan."*—ABRAHAM LINCOLN

APPENDIX B

Mr. Gene Pieretti  
Carson City, NV

You are assured of our interest and cooperation in working with you  
in the establishment of a State home in Nevada.

Sincerely yours,

JOHN D. CHASE, M. D.  
Chief Medical Director

Enclosure

APPENDIX C



VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20420  
FEB 6 1978

IN REPLY  
REFER TO: 182A

Stein E. Moen, Commissioner  
Veterans Affairs  
1201 Terminal Way  
Reno, NV 89502

Dear Mr. Moen:

Your assistance in providing information concerning your state's 5-year plan to obtain federal funding for the construction of new domiciliary or nursing home buildings, 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 would be appreciated.

Enclosed are two copies of VA Form 10-1493, "Report of State Home Construction Project Planning" for use in submitting your report to the Veterans Administration. Please forward one copy to the Veterans Administration, using the enclosed envelope, and retain a copy for your records. Instructions for completing the report are on the reverse side of the form. You may use plain bond paper for a continuation sheet, if necessary.

We ask that you submit updated plans by March 15 for the remainder of Fiscal Year 1978 as well as Fiscal Year 1979 through 1983. You may contact Mr. Harold Graber at telephone number 202-389-3679 if you have any questions.

Sincerely yours,

A handwritten signature in cursive script that reads 'Ralph Goldman'.

RALPH GOLDMAN, M. D.  
Assistant Chief Medical  
Director for Extended Care

Enclosure

**RECEIVED**  
LEGISLATIVE COUNSEL BUREAU

JUN 15 1978

OFFICE OF FISCAL ANALYSIS

<b>VETERANS ADMINISTRATION</b> <b>REPORT OF STATE HOME CONSTRUCTION PROJECT PLANNING</b> <i>(Please read instructions on reverse of this form before completion.)</i>	<b>REPORTS CONTROL</b> SYMBOL 18-2
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<b>TO</b>	ACMD for Extended Care (182A) DM&S Veterans Administration Central Office 810 Vermont Avenue, N.W. Washington, D.C. 20420	<b>FROM</b>	NAME AND ADDRESS OF STATE HOME (St. & No., City, County, State & ZIP Code) Nevada Commissioner for Veterans Affairs 1201 Terminal Way, Suite 104 Reno, NV 89520
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**1. PLANNED CONSTRUCTION PROJECTS**

PROJECT DESCRIPTION A.	STATUS B.	TOTAL ESTIMATED COST C.	FISCAL YEAR D.
The State of Nevada is presently doing		\$	
a study on the feasibility of building a			
Veterans Home. This study will be presented			
to the 1979 legislative body for their con-			
sideration. It is anticipated that the			
legislature may request a more in-depth			
study before making any recommendations.			
If this happens it will be 1981 before			
final action is then taken.			
There is a strong push by the veterans			
organizations for this home.			

2. SIGNATURE OF RESPONSIBLE OFFICIAL 	3. NAME AND TITLE OF OFFICIAL (Print or type) Stein E. Moen, Commissioner	4. DATE 3/6/78
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STATE OF NEVADA  
 COMMISSIONER FOR VETERANS AFFAIRS  
 1201 TERMINAL WAY, ROOM 104  
 RENO, NEVADA 89502

**RECEIVED**  
 LEGISLATIVE COUNSEL BUREAU

NOV 17 1977

OFFICE OF FISCAL ANALYSIS

November 14, 1977

Gene Pieretti  
 Deputy Fiscal Analyst  
 Legislative Counsel Bureau  
 Legislative Building, Room 341  
 Carson City, Nevada 89701

Dear Mr. Pieretti:

The Office of the Commissioner for Veterans Affairs, with offices in Reno and Las Vegas was created to assist veterans and their dependents in the preparation, submission and presentation of any claims against the United States or any state. Assistance is rendered for compensation, hospitalization, insurance, pension, training, rehabilitation, education, or any other benefits. The Commissioner also acts as the court appointed guardian for aged or infirmed veterans, and/or, their dependents. The offices make periodic itinerant trips throughout the state to aid veterans and their dependents who are unable to come to Reno or Las Vegas. The office also aids, assists and cooperates with national and recognized service organizations in their efforts to benefit veterans and to counsel individual groups. The office maintains liasions with the other state departments of veterans affairs.

Under the present guardianship program approximately 50 persons are under guardianship with a total estate evaluation of about \$500,000. The commissioners office maintains an accounting of all monies received for and dispersed for the wards, with an approximate turnover of about \$65,000 per month. These monies are used to pay all bills incurred by the wards and to pay for their care and maintenance.

APPENDIX D

Gene Pieretti  
November 14, 1977  
Page 2

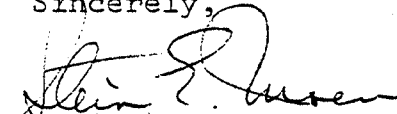
Monies are received from the Veterans Administration in the form of compensation, pension, insurance, education and death benefits. The Social Security pays for disability benefits and death benefits. If an individual does not qualify for social security because of ineligibility this office then applies for SSI. SSI payments are only paid if the individual has not the ability to earn wages and has no other income.

This office also works very closely with the State Welfare and County Welfare Divisions when a ward is not able to pay their keep in a nursing home or room and board facility.

At the present time there are seven employees working; four in Las Vegas and three in Reno. The fourth position in Reno is to be filled within the next 30 days.

As of this date I have no information about the Veterans Advisory Commission.

Sincerely,



Stein E. Moen  
Commissioner  
Nevada Veterans Affairs

SEM:fm

APPENDIX E

STATE OF NEVADA  
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING  
CAPITOL COMPLEX  
CARSON CITY, NEVADA 89710



LEGISLATIVE COMMISSION (702) 885-5627  
DONALD R. MELLO, *Assemblyman, Chairman*  
Arthur J. Palmer, *Director, Secretary*

INTERIM FINANCE COMMITTEE (702) 885-5640  
FLOYD R. LAMB, *Senator, Chairman*  
Ronald W. Sparks, *Senate Fiscal Analyst*  
William A. Bible, *Assembly Fiscal Analyst*

ARTHUR J. PALMER, *Director*  
(702) 885-5627

FRANK W. DAYKIN, *Legislative Counsel* (702) 885-5627  
EARL T. OLIVER, *Legislative Auditor* (702) 885-5620  
ANDREW P. GROSE, *Research Director* (702) 885-5637

May 12, 1978

The 1977 Nevada Legislature directed that a study be conducted to determine the feasibility of establishing a veterans' home in Nevada. In order to determine if a veterans' home is needed in Nevada, it is important to determine the number of veterans currently in group care, intermediate care and skilled nursing facilities.

It would be appreciated if you could complete the enclosed questionnaire regarding the veterans in your institution, in addition to the following information on the individual veteran: (A veteran is any person who has served in any branch of the United States Armed Forces)

1. The veteran's sex.
2. The veteran's age.
3. The years in which the veteran served in the Armed Forces.
4. The veteran's income level.
5. Whether the veteran is receiving a Veterans Administration pension or compensation payment.
6. Whether the veteran is currently a recipient of Supplemental Social Security (SSI), Social Security (SS), or Medicaid.

In completing the questionnaire, the veteran's name is not necessary.

Shown below is an example of how to complete the questionnaire. Assume a veteran is a male, age 64 and has served in the Armed Forces between 1942 and 1945. Additionally, he is receiving a VA pension, has an annual income of \$2,500 and is also a SSI recipient.

<u>Sex</u>	<u>Age</u>	<u>Years Of Service</u>	<u>Income</u>			<u>VA Benefits</u>		<u>Other Benefits</u>		
			<u>Below 3,000</u>	<u>3,000/ 5,000</u>	<u>Above 5,000</u>	<u>Pension</u>	<u>Comp.</u>	<u>SSI</u>	<u>SS</u>	<u>Medicaid</u>
M	64	1942-1945	X			X		X		

APPENDIX E

The completion and return of the questionnaire by June 2, 1978 would be appreciated. I have enclosed a prepaid return envelope for your convenience. Should you have any questions, please feel free to call me collect at 885-5640.

Thank you for your cooperation.

Sincerely yours,

Gene Pieretti, Deputy Fiscal Analyst  
Fiscal Analysis Division

GP:fl  
Enclosures





APPENDIX F

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ANDREW P. GROSE, *Research Director* (702) 885-5637

October 3, 1977

Letter to Veterans' Organizations

As you are aware, the 1977 Nevada Legislature directed that a study be conducted on the feasibility of establishing a veterans' home in Nevada.

The purpose of this letter is to inform you and your organization that the Legislative Commission has assigned the Fiscal Analysis Division the responsibility to conduct this study. Additionally, this letter is to request your assistance in obtaining the necessary data needed in determining whether a state veterans' home should be constructed in Nevada.

As you may already know, I have contacted the Veteran's Administration, the State Veteran's Affairs Commissioner, and the Employment Security Department's Veterans Representative for data. To date, however, the initial research indicates that the data most needed, such as: (1) the number of veterans who would currently qualify and want to reside in a veterans' home; (2) how are these veterans' housing needs currently being met; (3) would the need for a veterans' home exist in 5 years, 10 years or 20 years; (4) where should a veterans' home be located to best serve all Nevada veterans, etc., is not readily available.

Any information you can provide me would be most appreciated. Should you desire a meeting, please feel free to contact me.

Thank you for your assistance.

Sincerely,

*Gene Pieretti*

Gene Pieretti  
Deputy Fiscal Analyst  
Fiscal Analysis Division

GP/ym