

SENATE FISCAL AGENCY

ISSUE PAPER

MICHIGAN VETERANS HOMES

by

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GARY S. OLSON, DIRECTOR

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INTRODUCTION

For many Michigianians, the fact that the State operates two nursing homes for veterans is a well kept secret. One wouldn't necessarily notice the two homes, as the Grand Rapids Home for Veterans is tucked away in a park-like environment on the Grand River in the north of Grand Rapids, and the D. J. Jacobetti Home is situated on the shore of Lake Superior in the City of Marquette. Still others, in an era of government downsizing, might wonder why the State is in the business of running a nursing home. The answer to that question dates back to the Civil War, when during the war's aftermath the State chose to honor a debt to wartime veterans who were in need by establishing a State home for veterans in Grand Rapids. Nearly a hundred years later, a second home in Marquette was established by the State.

The purpose of this paper is to provide a description of the origin and history of the commitment by the State to wartime veterans in need of nursing care, the role of the Federal government in providing care assistance, and the State Homes' objectives, services, facilities, admissions, population, and funding. This report will concentrate primarily on the Grand Rapids Home for Veterans, as it is the State's first and largest veterans home, nearly triple the size of the D. J. Jacobetti Home. It should be noted that the goals and services of each Home are the same, and differ only in size and in certain methods of service delivery that are the result of the economy of scale enjoyed by the Grand Rapids Home. Both offer domiciliary, skilled, and special needs care and a wide variety of social and therapeutic activities. The Grand Rapids Home primarily attracts veterans across the Lower Peninsula as members, while the D. J. Jacobetti Home draws 90% of its membership from veterans from the Upper Peninsula.

ORIGINS

National Homes

Michigan's Grand Rapids Home for Veterans had its beginnings in the years following the Civil War as a reaction to the devastating impact that conflict had on the State's population. On a national level, it is estimated that 400,000 to 500,000 soldiers were disabled from that war, from either wounds or disease. In the 20 years following the war, veterans groups voiced concern about the numbers of soldiers in ill health or poverty-stricken. The Federal government responded by establishing a national soldiers home in Washington, D.C., which was funded by a 12.5-cent monthly deduction from the pay of all enlisted U.S. military personnel. Other national homes were created during this period in Maine, Virginia, Ohio, and Wisconsin. The objectives of these homes were to provide housing and medical and nursing care to indigent ex-soldiers and to help them lead orderly lives.

The homes that were developed, called National Homes for Disabled Volunteer Soldiers, Sailors, and Marines, were quickly filled and a rising population of middle-aged veterans who applied for entry in these homes outstripped capacities. In the State of Michigan, which provided 93,000 troops to the Union Army during the Civil War, the public became concerned over the increasing numbers of State veterans who were poverty-stricken and living in poorhouses. In 1884, the Michigan Grand Army of the Republic (GAR), a Union Army veterans organization, began a lobbying effort to locate a national soldiers home in the State. Bills in both houses of Congress were introduced to provide authorization for the building of a branch of the National Home in Michigan. This effort was ultimately unsuccessful, due in part to an argument that a Michigan National Home location would be an inefficient siting due to the State's proximity to existing National branches at Milwaukee, Wisconsin, and Dayton, Ohio.

Establishment of the Michigan Home

Undaunted by their lack of success at the Federal level, the GAR and other supporters of a Michigan Home turned to the Michigan Legislature for support in 1885. Responding to the fact that 460 veterans had been in poorhouses the previous winter and a hundred others were taken care of at GAR posts, the Michigan Legislature passed legislation creating a Michigan Soldiers Home. On June 5, 1885, Governor Russell A. Alger signed into law Public Act 152 of 1885 which established a home for disabled soldiers, sailors and marines in the State and created a six-member board of managers.

HISTORY

Within months of the bill's enactment, a Board of Managers was appointed and a site was selected for the Home, a 132-acre farm property along the Grand River in Grand Rapids. A building contract for the construction of the Home was awarded to the winning bidder of \$99,667.57, and ground was broken in March 1886. The completed original building opened its doors on January 1, 1887. It was a three-story brick structure designed to house 450 veterans with a total floor space of 24,000 feet.

It wasn't long before additional facilities were deemed necessary for the Home. In 1889, a 94-person capacity dormitory, a morgue, and a root house were added. Other improvements, including an electric light system and a flush toilet system were added during this time period. A posthumous fund, funded by money received from the estate of a veteran who died at the

Home without heirs, was used to fund a cemetery, monument, and a fountain in front of the building. By 1890, the average daily population of the Home was 564 and the annual State appropriation for the Home was \$82,500. The average cost per capita at the Home was \$161.25, of which \$100 was paid for by the Federal government.

In 1893, the Michigan Legislature acted to provide for the admission of wives, widows, and mothers of veterans. An appropriation of \$15,000 was established to construct a women's dormitory at the Home. A 30-room dormitory for women was dedicated and opened on January 3, 1894. Under the rules of admission, a woman was required to demonstrate that she was unable to earn a living, had no support from relatives, and was of good moral character.

As the 1900s approached, the Grand Rapids Home witnessed increased admissions and subsequent expansion of facilities and higher operating budgets. Annual State appropriations had passed the \$100,000 mark and rose to \$134,000 in 1904, when the Home had 1,035 admissions, double its initial admissions. Operational costs for the Home rose, in part due to the rising average age of members. For years many able members were used for work details around the facility, but with more and more members unable to perform on work details due to medical problems, a rise in the need for civilian employees resulted, with a corresponding need for employee housing. The appropriated amount for 1906 included \$190,000 for special projects, bringing the total State appropriation for that year to \$360,500. The appropriation amount for the Grand Rapids Home was the highest appropriation to any State institution with the exception of the two State universities. One item on the list of special projects was \$75,000 for a new hospital. The facility was completed in 1909, providing 250 beds for men and 50 for women. The old hospital building built in 1889 was converted to a dormitory.

The use of members' military pension funds by the Home became an issue in the early 1900s. In 1907, Congress passed a military pension bill that for the first time applied to all veterans who met age and length of service requirements, not just those who were physically disabled, as had been the case prior to this bill. In 1912, \$30 per month was established as the top pension rate. The Grand Rapids Home had a rule that allowed members to keep \$5 a month from their pensions and required the rest to be turned over to the Home. Under the rules, a veteran who received more than \$12 per month would not be eligible for admission to the Home except by the recommendation of the Commandant. Those veterans with a pension exceeding \$12 per month who were admitted would have to turn over all but the \$12 to the Home. Negative public and political reaction to the use of pension funds by the Home resulted in attempts to prohibit the Home from using pensions or charging anyone for care. The dispute culminated in 1920 with the implementation of a new State law that allowed the Home's Board of Managers to levy a charge of \$20 a month on those members who had monthly incomes of \$50 or more. At the same time, the Federal government raised its annual allotment from \$100 to \$120 per capita per year, or half the cost of an individual's care, whichever amount was smaller.

The 1920s saw a declining average membership at the Home which would continue until the end of World War II. This occurred despite the economic hardships of the depression and the aging of World War I veterans. The decline in population at the Home can be traced in large part to the establishment of the Federal Veterans Administration (VA) in 1930. The creation of the administration combined various programs for veterans and provided more assistance to veterans as well as funding for additional VA hospitals and additional services for the veterans at these facilities. These changes made it easier and more attractive for a veteran

to partake of Federal benefits. This gave the veteran more options than simply going into retirement at a State Veterans Home.

The depression of the 1930s had its impact on the Grand Rapids Home. Few capital improvements were made and staff had to be reduced. The Home reinstated its work detail program to help minimize the effect of cuts in personnel. It was during this time that members of the Home began the manufacturing of paper poppies that were sold by American Legion members to generate funds for veterans programs. Further hampering funding for the Home was that the Federal government, despite numerous increases in veterans benefits, had failed for many years to increase the stipend to State Veterans Homes. In 1937, the payment to the Home was only \$120 per veteran per year. In 1939, Congress did act to increase the stipend to \$365.

During World War II, Home membership was at its lowest level in history, 223, one-third of whom were women. In addition, the last Civil War veteran who still resided at the Home, Martin J. Warner, died in March 1945. By the end of World War II, the population would rise considerably. The average age of a World War I veteran was now nearing 60. Most Spanish-American War veterans were disabled because of age. The Home's population increased to 500 in 1946 and to 1,000 in 1949; 75% of whom were World War I veterans. Another reason for the population increase was the existence of long waiting lists at Veterans Administration hospitals in the aftermath of World War II for disabled Michigan veterans.

Despite the increase in Federal support to \$500 per veteran per year, the Home tried to cut back its costs as best it could to deal with the rising number of admissions. The facility at various times had stopped admitting women to keep the Home's population at a manageable level. Throughout the 1950s, the population would be maintained at an average of close to 1,000 members.

In anticipation of future expansion of member population due to World War II, a postwar building boom for the Home took place. Two domiciliary units were constructed; one was completed in 1946 at a cost of \$460,000 (the R.V. Gay Building), and the other in 1948 for \$715,000 (the J. Gordon Rankin Building). A new power plant was completed in 1956 at a cost of approximately \$1.0 million.

In the late 1940s and early 1950s, a question as to the Home's focus arose. Throughout its history, the Grand Rapids Home's prime purpose was to provide domiciliary care to veterans. An emphasis began to be placed on the Home's hospital operations. Many improvements to the hospital's facilities and increases in services were made. In 1953, the hospital became fully accredited by the Joint Commission on Accreditation of Hospitals. The Board of Managers at the time had expressed interest in the possibility of constructing a new 500-bed hospital, but it would never come to pass.

For the year 1956, there were 980 male veteran members at the Home, consisting of one veteran from the Mexican War, 49 veterans from the Spanish-American War, 797 from World War I, and 133 from World War II. There were 53 women at the Home, consisting of seven Civil War widows, one Indian Wars widow, 19 Spanish American War widows, wives, nurses, and five World War II mothers. The budget for that year was \$1.2 million, which included \$1.1 million for operating expenses including \$700,000 for 183 Civil Service employees and two unclassified employees. The revenue source for the Home's budget consisted of approximately \$450,000 in General Fund money, \$375,000 from the Federal government in per diem payments, \$180,000 from an assessment against members' government pensions

of no less than 25% and no more than 60% plus the retention of 50% of all other income up to but not exceeding the per diem individual maintenance cost (which was \$3.15 at the time), and \$117,000 in grant funds from the Michigan Veterans Trust Fund.

As the 1960s approached, supporters of the Home began to examine the changing needs of veterans who would be entering the Home. It was determined that the State faced a shortage of housing appropriate for those who required nursing or medical care. A report in 1956 pointed out that while Michigan ranked seventh in the number of persons it sent to the armed forces for World War II, it ranked only 42nd in available health care facilities for veterans. In addition, a national survey completed by the VA confirmed a trend that had been witnessed in Michigan: that there was a shift away from domiciliary needs and an increase in need for nursing care for long-term illnesses and disabilities. With increased societal benefits for retired veterans, more aging veterans were able to maintain themselves independently without having to seek domiciliary care at a veterans home. At the same time, an increasing percentage of those who applied for admission to veterans homes required a wide range of nursing care that was not available in accommodations designed for domiciliary care.

The Grand Rapids facility responded to this need for increased nursing care by remodeling the Rankin Building into a 217-bed facility for long-term care of those who suffered from chronic disease or disability. The new unit was opened in 1963. By the mid 1960s, a decision had to be made about the Home's hospital. Studies had shown that the hospital was outmoded and would require extensive renovation or replacement to bring it into compliance with the minimum standards of a modern hospital. Faced with the potential cost of building and maintaining a sophisticated hospital, it became apparent that the needs of the Grand Rapids Home could not justify the cost of running a full-service hospital. This decision allowed the Home to devote its resources to nursing and domiciliary care. Doctors were already coming in from outside the Home to treat its members, and increasingly, members were being sent to community hospitals for treatment as well.

In 1970, the Grand Rapids Veterans Facility was placed under the responsibility of the State Department of Public Health. The Department was responsible for setting standards of care for nursing facilities. The Department defined three primary levels of nursing care: domiciliary (supervised residential care), basic (care of patients who require medication and minimal assistance), and skilled (care of those who need more assistance and constant nursing). As acute care services declined with the phase-out of hospital operations, the facility reduced the number of staff physicians from five to three, a number that the Department had judged appropriate for what was to become exclusively a nursing care institution. The Home then added nursing personnel to meet the Department's minimum standards. The Home increased therapeutic services by expanding existing occupational and physical therapy services and adding speech, hearing, psychiatric, and inhalation therapy services. A social worker was hired to the staff and an education program was set up with the Grand Rapids Board of Education. In addition, a new alcoholism treatment program was added.

With the Home's focus now clearly turned to nursing care, the facility sought to embark upon a building program to remove outdated buildings and construct new ones that would meet modern standards of nursing care. In a fortunate development, the Federal government in the 1960s had developed a funding program that would provide matching funds to those states that would upgrade their state veterans home. The State took advantage of this program and a budget of \$8.2 million was included in 1972 for the purposes of tearing down the old main building, the hospital and the old nurses' dormitory, as well as constructing a new nursing care building and renovating the existing Rankin and Gay Buildings. The project was completed in

1975, and the result was that 343 beds for skilled care nursing were provided for in the new structure (named the McLeish Building). In the Rankin Building 194 basic care beds were established, and 230 domiciliary beds were available in the Gay Building. The McLeish Building, connected by a walkway to the other buildings, also would house administrative offices and other services. A new chapel also was constructed from donated funds.

In 1977, the Michigan Legislature acted to specify further the nature of the membership of the Home's supervisory body, the Board of Managers, and bring it to its current configuration. Until Public Act 48 of 1977, the Board of Managers was to be made up of seven members appointed by the Governor, of whom only one was required to be a veteran (of the Spanish-American War). The new Act required that two board members be representatives of the American Legion, two from the Veterans of Foreign Wars (VFW), one from Disabled American Veterans, one from American Veterans of World War II, Korea and Vietnam (AMVETS), and one war-time veteran who was not a representative of the aforementioned veterans organizations.

As the Home entered the 1980s, yearly population averages ranged over 700 members. The largest group of veterans, those from World War II, made up 70% of the Home's membership. Vietnam war veterans began to appear at the facility but only in small numbers which equaled about 3% of the total. As defined by type of care received, the facility was providing domiciliary care to 20% of its membership and basic nursing care to 40%, as well as skilled nursing care to another 40%.

The early 1980s brought about the creation of an Upper Peninsula annex to the Grand Rapids Home. The Board of Managers had embarked on a feasibility study in 1976 for an Upper Peninsula facility and ultimately chose the City of Marquette as the site for such a facility. The facility was opened in 1981 utilizing the facilities of the former St. Mary's Hospital and was named for an Upper Peninsula State Representative who was involved in the efforts to establish the facility, D. J. Jacobetti. The hilltop location of the facility provides a view of Lake Superior. By the mid-1980s, the new Home's membership totals would reach 100; later, its population would rise to over 200 members.

The increasing demand for nursing care at the Grand Rapids Home continued: In 1979 only a handful of veterans were on a waiting list for nursing care; by the mid-1980s the list would grow to 80 or more. To provide for this need, and to accommodate a growing number of patients suffering from Alzheimer's Disease, more space suitable for caring for these cases had to be found. The Mann Building, constructed in 1946 as a domiciliary unit, was considered as an option for this purpose. However, since the building would have to be completely gutted and rebuilt in order to meet nursing care standards, the State decided that replacing the entire building was more feasible. Therefore, a new \$14 million-plus Mann Building was completed in 1987 at the Grand Rapids Facility. The building, with 120,000 square feet, provides 40,000 more square feet than the building it replaced. Though the increased space did not add to the overall capacity of the Home, every bed in the Mann Building now meets nursing care standards, and units are now present to care specifically for Alzheimer patients. In 1986, the D. J. Jacobetti Home opened one of Michigan's first nursing units established for veterans suffering from Alzheimer's Disease. In 1992, the Jacobetti Home opened a new 50-bed wing.

The early 1990s signaled changes in the State administrative control over the State's veterans homes. Executive Orders 1991-7 and 1992-1 transferred both Michigan Veterans Homes from the Department of Public Health to the Michigan Department of Military Affairs (DMA). This

action placed the Homes under the responsibility of the DMA's Division of Veterans Affairs, which now includes the Michigan Veterans Trust Fund, the Veterans Tuition Program, and other veterans services. For 1997, the Grand Rapids Veterans Home has a total care capacity of 757, making it the largest nursing care facility in the State, and a total budget of \$32.8 million, while the D. J. Jacobetti Veterans Home in Marquette has a total membership capacity of 241, and an annual budget of \$11.2 million.

ROLE OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS

Direct Medical Services. The U.S. Department of Veterans Affairs is composed of three branches, including the Veterans Benefits Administration, the National Cemetery System, and the Veterans Health Administration (VHA). The VHA is the largest consolidated health care system in the world and it operates five medical centers, one satellite outpatient clinic, and one rural outpatient clinic in the State of Michigan. The VA medical centers differ from the Michigan State Veterans Facilities in that the VA centers are true hospitals. Though some VA medical centers do have nursing home units, they are all hospital centers. Veterans Administration medical centers are located in Detroit, Ann Arbor, Battle Creek, Iron Mountain, and Saginaw. Detroit has a 432-bed acute care facility that provides a full array of medical, surgical, and psychiatric services for veterans in Wayne, Oakland, Macomb, and St. Clair Counties. It has been designated as a comprehensive cancer center, and serves as a referral center for sleep disorder studies. The Ann Arbor VA Medical Center is a 311-bed facility that serves veterans in southeastern Michigan and northwestern Ohio. It also features a 90-bed nursing care facility adjacent to the hospital. Veterans may be referred to the Ann Arbor hospital for specialized services such as cardiac surgery, cardiac catheterization, alcohol treatment, neurosurgery, spinal cord injury outpatient treatment, cochlear implants, and interventional radiography. It also has a geriatric research, education and clinical center and operates a satellite clinic in Toledo, Ohio. The Aleda E. Lutz VA Medical Center in Saginaw provides primary and secondary medical and surgical services to veterans who live in the central and northern 42 counties in the Lower Peninsula. The facility also maintains a 120-bed nursing home and a rural satellite outpatient clinic in Gaylord. A mental health and alcohol treatment outpatient program also is located there.

At the Iron Mountain VA Medical Center, a 168-bed general medical and surgical facility serves veterans in the Upper Peninsula and northeastern Wisconsin. It operates a 40-bed nursing care unit. The facility also operates a part-time clinic on the grounds of the D. J. Jacobetti Home for Veterans.

The Battle Creek VA Medical Center serves as the primary psychiatric referral center in Michigan, providing comprehensive psychiatric, primary and secondary medical care, and extended and long-term care for veterans in the Lower Peninsula and northwestern Ohio. It houses an 806-bed medical center and a 205-bed nursing home care unit and mental health clinic. Specialized services at the Battle Creek facility include a substance abuse treatment unit, outpatient alcohol/drug abuse treatment, and post-traumatic stress disorder treatment programs. The center also operates a satellite outpatient clinic that is located on the grounds of the State-run Grand Rapids Veterans Home that hosts over 30,000 outpatient visits per year.

The VA also operates three readjustment counseling centers in the State to provide assistance to veterans suffering from emotional and psychological problems. There are such centers located in Lincoln Park and Oak Park operated by the Detroit VA Medical Center and in Grand Rapids, operated by the Battle Creek VA Center.

VA Support for State-Run Veterans Homes. The VA provides support to state veterans homes to provide a more economical alternative to more expensive VA facilities for the provision of quality nursing and domiciliary care to veterans. The VA began offering Federal aid to state homes on a per patient, per annum basis in 1888, and established assistance for the construction of state homes in 1964. To qualify for Federal aid, a home must pass an annual inspection, audit and reconciliation of records conducted by the VA to verify if minimum standards of care as prescribed by the VA are met. In addition, a state facility that only provides hospital care will not be recognized by the VA as a state home; a state home must provide primarily domiciliary and/or nursing care for veterans. A state home that features a hospital function must be licensed as a long-term or acute care hospital by the state. A nursing home facility must meet the same standards established for licensing all nursing homes in the state. A facility must be in compliance with applicable Federal, state, and local laws and regulations.

Admission requirements for a state home are determined by the state, but only 25% of the bed occupants at one given time may be veteran-related family members, etc., who are not entitled to receive VA aid payments. In order for a state to be eligible to accept grant assistance for a construction project, 75% of the bed occupants at the facility must be veterans. Nursing care beds cannot exceed four beds per 1,000 veteran population in the state. The state must also provide justification to the VA if a state facility's nursing home beds exceed 2-1/2 per 1,000 veteran population in the state. Domiciliary beds may not exceed two beds per 1,000 veteran population.

Construction Aid. Under Title 38 U.S.C. 8131-8137, the VA offers to provide up to 65% of the cost of acquisition and construction of new domiciliary or nursing home buildings, and/or the expansion, remodeling, or alteration of existing facilities. The acquisition and renovation costs may not allowed to be more than the cost of construction of an equivalent new facility. The VA must approve all bid documents including drawings and specifications. The VA does not provide funds for maintenance and repair.

Per Diem Grants for Patient Care. Under the provisions of Title 38 U.S.C. 1741, the VA makes per diem payments to state homes for the three levels of care provided to qualified veterans on an annual basis. The rates of such payments may be adjusted each year by the VA and a report to Congress is required every three years on the adequacy of the per diem rates. The current payment rates are as follows:

Domiciliary Care:Up to one-half the cost of care not to exceed \$16.13 per day.

Nursing Home Care:Up to one-half the cost of care not to exceed \$39.74 per day.

Hospital Care:Up to one-half the cost of care not to exceed \$39.74 per day.

Definitions of Nursing Care Terms

Domiciliary Care serves an individual who needs little nursing care, but has needs that require a structured environment. The presence of an RN is not required for this type of care. Sometimes referred to as "assisted living". Medicare and Medicaid refer to domiciliary care as "basic nursing care" to differentiate it from skilled nursing care, for which they may provide financial assistance.

Skilled Nursing Care serves an individual who may require an RN anytime during a 24-hour period. The individual would require overall supervision of an RN for any number of responsibilities, including assessment, treatments, IV therapy, tube feeding, and the administration of medication.

Special Needs Care is a component of skilled nursing care and can consist of a special Alzheimer unit such as those at the Grand Rapids or Jacobetti Home, or other specialized nursing care, such as physical therapy, ventilator care, or care for individuals with closed head injuries, among others.

The VA permits state homes that receive Federal assistance to charge veterans for the cost of their care. The state homes may establish a maintenance charge and collect from the pension, compensation, or other income of a veteran. However, any income collected from a veteran is subtracted from the total allowable cost of care. Payments from the VA cannot exceed this difference and VA aid payments can never exceed one-half of the aggregate cost of maintaining veterans in a home.

In order to qualify for funding assistance, the home and its programs are also authorized by Title 38, United States Code (U.S.C.). Federal rules apply to billing the U.S. Department of Veterans Affairs for patient care, qualification of veterans for pension purposes, operating the varying levels of care within the Homes, flow of Federal funds to support construction and renovation projects, contractual requirements between the state home and the VA, and quality standards established for the operation of the home. A part of those VA standards is the requirement, established in 1994, that a state veterans home meet the same standards established for licensing all nursing homes in the state. Among many other requirements, this rule means that the Grand Rapids and D. J. Jacobetti Homes for Veterans must provide 2.25 hours of patient care per day, in accordance with current State nursing home licensing standards. The VA monitors the State homes through an annual inspection, audit, and reconciliation of records to assure that the standards of care prescribed by the VA are met. In both 1995 and 1996, both homes in the State fully complied with Federal VA standards.

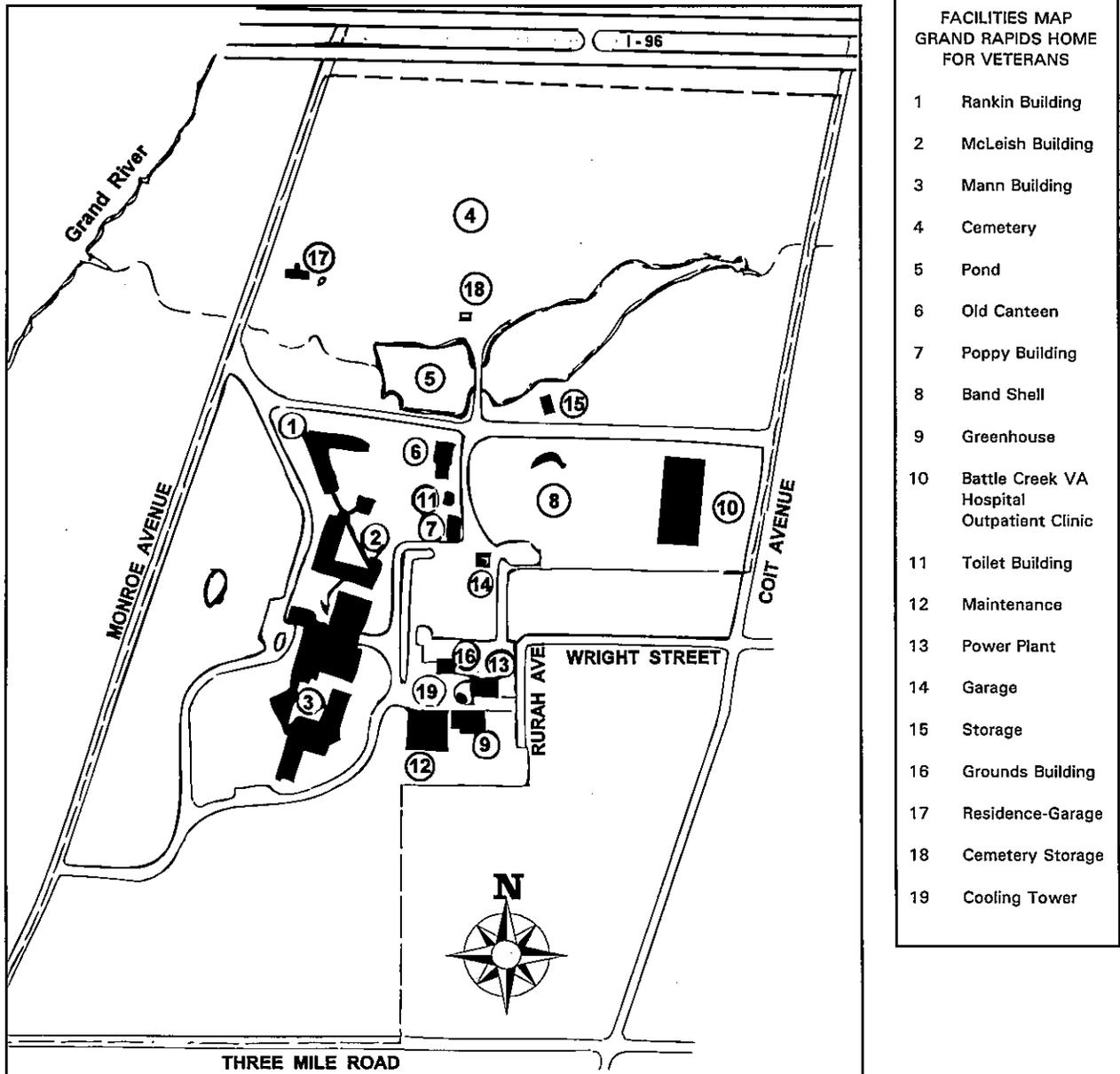
OBJECTIVES OF THE STATE HOMES

Established under Public Act 152 of 1885 to provide facilities for former members of Michigan's armed forces, the stated objective of Michigan's homes for veterans is to restore health and maintain existing functions, enabling Michigan's veterans the opportunity to enjoy their remaining years to the fullest. The Homes are to place great emphasis on flexibility and adaptability to members' individual needs and desires in order to encourage their independence, rather than dependence.

FACILITIES

The Grand Rapids Veterans Home is located on an 80-acre parcel of land (see [Map 1](#)) overlooking the Grand River at 3000 Monroe N.W in Grand Rapids, the site it has occupied since its origin in 1886. The location features three main buildings dedicated to member care: the 47,928 square-foot Rankin Building built in 1948 and renovated in 1975, the 163,900 square-foot McLeish Building built in 1975, and the 120,000 square-foot Mann Building built in 1988.

Map 1



The Rankin Building (see [Map 1](#)) houses domiciliary members at the Grand Rapids Home. It has a capacity of 194 beds. Currently, only the top two floors of the three-story building are being utilized for nursing care. There are 47 nursing beds on both the second and third floors and one nursing station that serves both floors. The patient rooms for domiciliary care on the first floor are vacant at this time, in order for the facility to begin conversion of that space to rooms suitable for needed skilled nursing care usage. The Rankin Building also houses an eye clinic and a recreation room.

The McLeish Building Complex contains 342 beds for skilled nursing care. In the Main 1 Building there are 49 beds and two nursing stations. In the McLeish Building itself, floors 2, 3, and 4 each have 98 beds for skilled nursing care and two nursing units. The building also houses the Home's main entrance/lobby and administrative offices. The Home's medical clinics, pharmacy, and physical therapy services are located here, as well as food services and main dining room, housekeeping, linen receiving and distribution, a chapel, barber and beauty services, a canteen, volunteer services, and a veterans services and benefits office.

The Mann Building has 226 beds for skilled nursing care. On the first floor there is a special Alzheimer care unit consisting of two wards with a total of 70 beds and two nursing units. Floors 2 and 3 have 78 beds and two nursing units each for skilled nursing care. Mann is also home to nursing administration, in service training, respiratory therapy, occupational therapy, and wheelchair maintenance facilities. In the basement, there is an incentive therapy unit that features a wood working shop, a kiln for ceramics production, and other arts and crafts supplies and equipment.

Other features of the Home's complex include an historic veterans memorial cemetery (4) which was dedicated in 1886 and is the resting place for 214 Michigan Civil War veterans and 4,000 veterans from other conflicts. Currently, a project that would gather donated funds to construct a new north gate to the cemetery that would be visible to travelers on I-96 is under way.

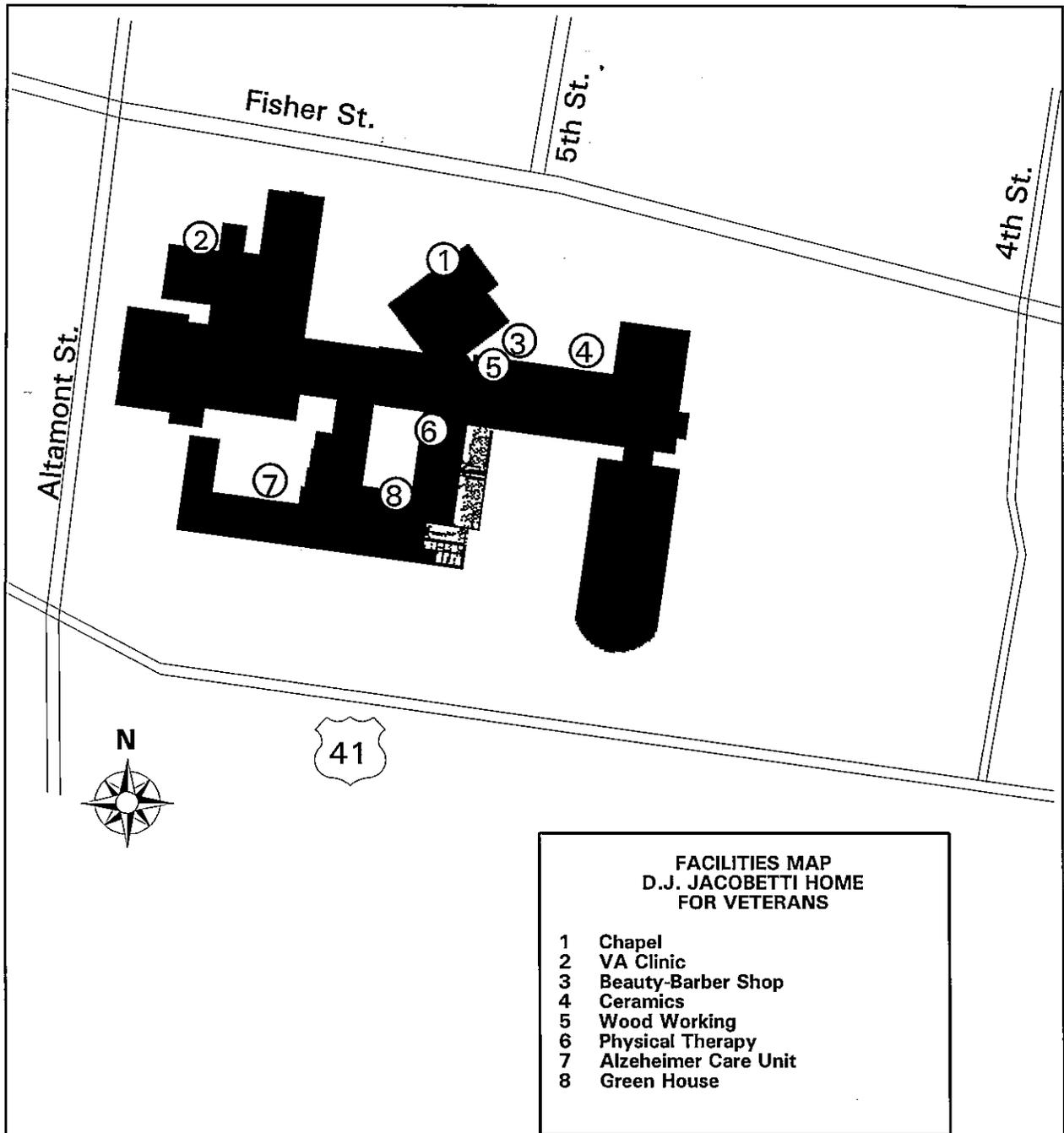
Just south of the cemetery is a pond (5) over which a bridge leading to the cemetery is located. A fishing platform west of the bridge on the pond is now under construction for member use.

Other facilities within the complex that relate directly to member activities include the Old Canteen (6), built in 1906. It is undergoing renovations at this time, but will be used for recreational purposes as well as its current continuing function as a center that offers clothing to veterans. The Poppy Building (7) is where members produce paper poppies for sale by American Legion members to generate funds for veterans, an activity that has continued at the Grand Rapids Home since the 1930s. The band shell (8) constructed in 1976, is used for many activities at the Home during the summer months. A greenhouse (9), constructed in 1967, provides some support for the maintenance of the Home's grounds, but is used primarily for therapeutic purposes by members. A satellite outpatient clinic of the Federal Battle Creek VA Medical Center (10) is also located on the grounds of the facility, offering outpatient assistance to veterans at the Home and throughout the State.

The D. J. Jacobetti Home for Veterans occupies the former St. Mary's Hospital at 425 Fisher St. on a hilltop site that offers a panoramic view of Lake Superior (see [Map 2](#)). Proportionally smaller than the Grand Rapids Facility, it provides essentially the same level of services within the 150,000 square feet of useable space within its single structure. The Home has 59 beds for domiciliary care, 63 beds for basic nursing care, 92 beds for skilled nursing care, and a

special needs unit (Alzheimer's Disease) that has 27 beds. A wing of the facility is leased by the Iron Mountain VA Hospital for use as an outreach clinic.

Map 2



ORGANIZATION/SERVICES

Administratively, the Grand Rapids and the D. J. Jacobetti Homes for Veterans are housed within the Department of Military Affairs, Veterans Affairs Division (see Figures 1 and 2), under the Department's Deputy Director for State Operations. The Michigan Veterans' Home Board of Managers was designated in the original Act (Public Act 152 of 1885) to be responsible for all oversight and operation of the Grand Rapids Home. Through administrative changes in recent years, the responsibility of the statutorily defined seven-member board has changed. Today, the Board of Managers establishes dues, regulations, and policies for member services and acts as an advisor to the Department of Military Affairs in the supervision and management of both of the State's veterans homes. A primary responsibility of the Board is to establish admissions policy, assess and evaluate room and board assessments, and propose expenditures from the Homes' post and posthumous funds. The Board meets on a monthly basis.

The day-to-day administration of the Home is the responsibility of the commandant, who reports directly to the Department's Deputy Director for State Operations. The commandant supervises the Homes' many functions including social services, personnel services, business services, religious services, nursing services, volunteer services, and nutrition services.

The social services function within the Homes provides each unit and member within the Home an assigned social worker. The social services workers can act as an interface with a member's family and provide individual, family, and marital counseling. They also provide educational programs and assist in discharge planning. They play a key role in the treatment of those members who suffer from a combination of medical, psychological or substance abuse problems. Social Services also coordinates the Family Council and Hope Network program. The Family Council consists of administrators who meet with representative family members on a monthly basis to discuss their concerns and try to mutually solve problems. The Hope Network program is a job training program for members who can earn anywhere from \$12 to approximately \$200 per week, depending on the job rate and productivity. Many members have moved from a sheltered workshop setting to regular, full-time employment.

Figure 1

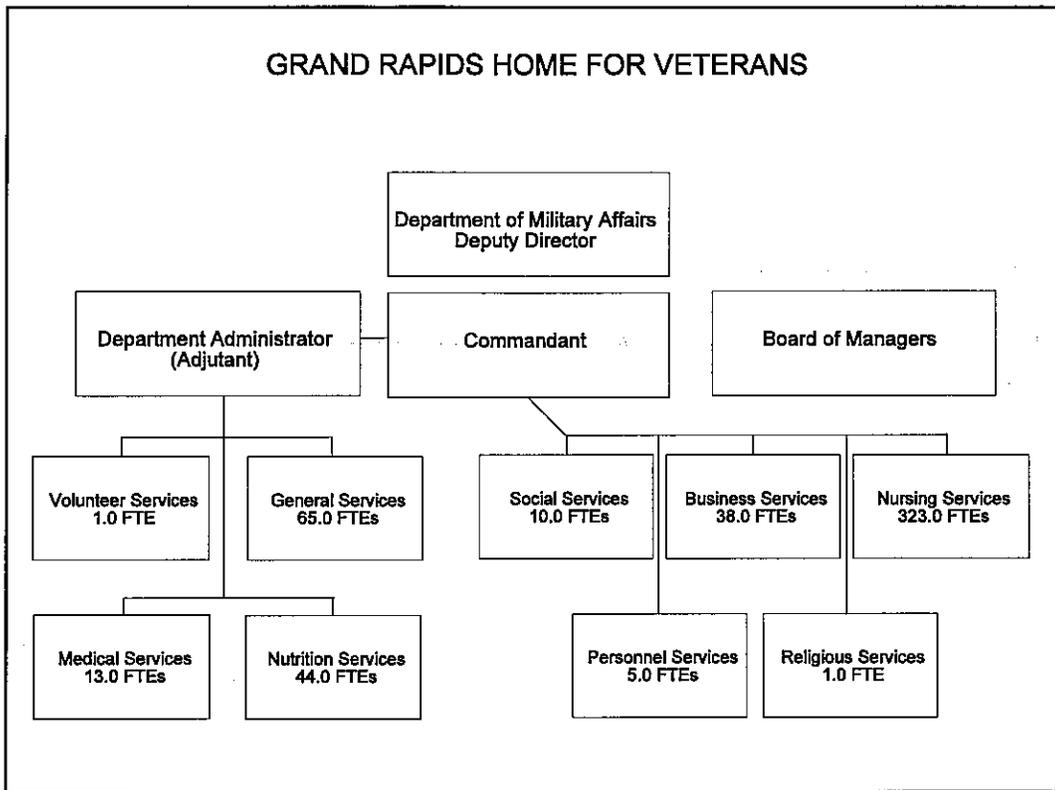
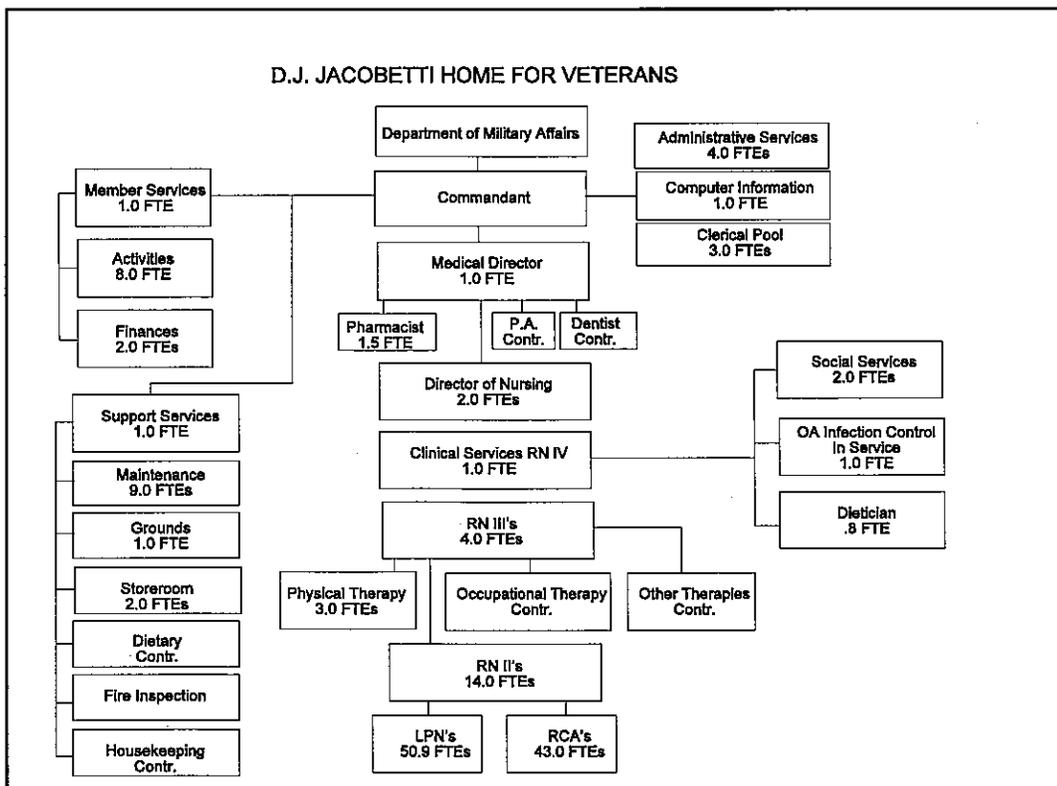


Figure 2



The Personnel Services Department provides personnel and labor relations support to the Home. Business Services provides budget preparation and support. It is responsible for all accounting and financial services involving patient accounts and collections, cash, procurement materials management, computer information and banking services. Banking services are provided as all members are required to deposit their funds with the facility banking services. The services are required for the protection of a member. A cashiers office is open during the week for members to make reasonable withdrawals for personal needs. Assistance is given to those members who cannot conduct their financial affairs at the cashiers office. The unit also is responsible for information and tracing of veterans benefits and the admission of members to the Home, including the determination of eligibility, ability to pay, and assessment of members. Religious services and counseling are provided by a chaplain, with religious services held at the Home's chapel.

The Nursing Services' objective is to provide nursing care and coordinate the services available from the Home's support system, including therapeutic services, to maintain the members at the most independent level of care possible. Together, the Homes have over 60 registered nurses (RNs), 140 licensed practical nurses (LPNs), and 240 nurses aides. The nursing divisions are responsible for the management of all therapies, clinics, infection control, and education.

The Nursing Departments of both State Veterans Homes were hard hit by Statewide budget reductions in FY 1990-91 and FY 1991-92, resulting in the loss of 80 direct care employees. Mid-year Statewide budget reductions of 9.2% in FY 1990-91 cut GF/GP funds of \$895,300 from the Grand Rapids Home and \$24,000 from the Jacobetti Home. Executive Order 1992-13 reduced GF/GP appropriations to the Grand Rapids Home by another \$580,000. These cuts, deemed necessary to address State budget concerns, forced the Homes to lower admission rates to maintain standards of care. In 1992, staffing concerns further increased due to a change in VA policy that required, in effect, the State Veterans Homes to provide an overall minimum of 2.25 hours of care per patient per day, up from the previous standard of 2.0 hours per day. The State responded to the problem by including sufficient additional appropriations to the Homes' budgets to allow them to hire additional care staff in order to meet VA mandated standards of nursing care. Public Act 19 of 1993 provided supplemental appropriations of \$2,655,000 for the Grand Rapids Home and \$480,000 to the Jacobetti Home. Since the problems of the early 1990s, staff to veteran (Home members) ratios have increased. Figures 3 and 4 show a comparison of the number of Home staff and veterans from 1992 to the present. In 1992, the D. J. Jacobetti Home had .69 staff per veteran; it now has .72 staff per veteran. The Grand Rapids Home has increased its staff to veteran ratio from .67 to 1 in 1992 to .87 to 1 in 1997.

Figure 3

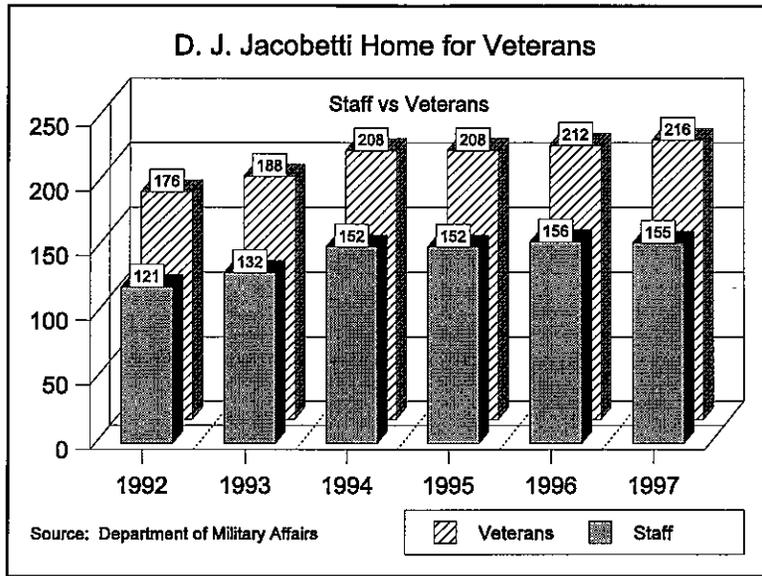
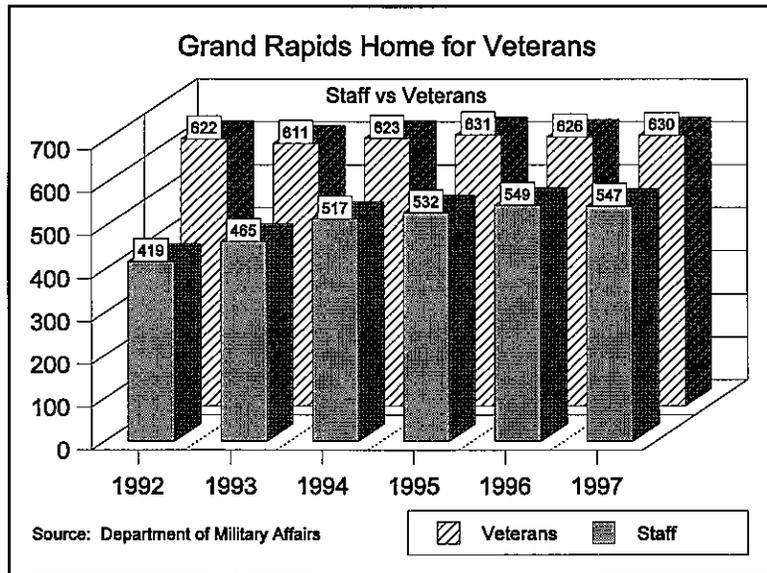


Figure 4

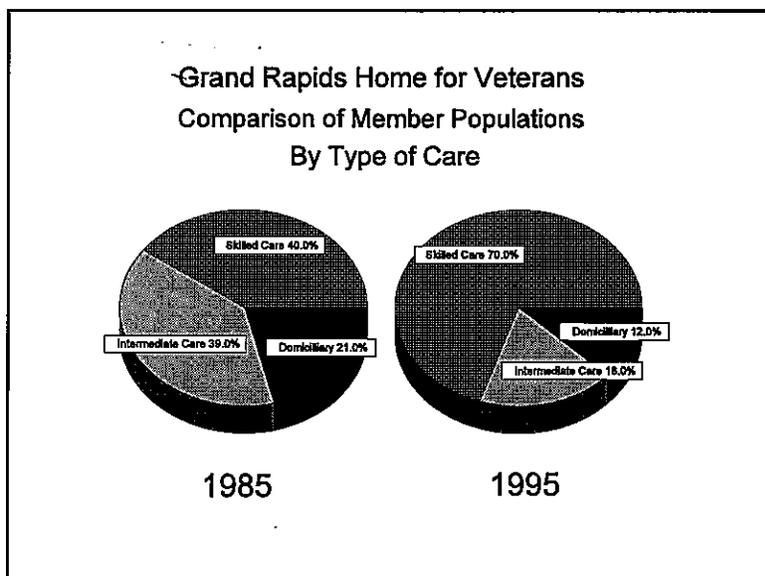


The Nursing Departments of the Homes are attempting to address the changing nursing care needs of members and nature of the applicant population. In recent years, many people who might have entered a nursing facility at a given age are now able to remain independent longer and choose alternate means of care that allow them to remain in their homes until a much later age. In addition, there is a trend well under way in Federal VA hospitals and within the health care industry in general, to minimize the time length that a patient is hospitalized. As health care institutions such as a VA hospital begin to limit the aftercare or convalescent stay of patients, ex-patients in need of nursing care may require a higher level of care than in prior years when aftercare was available for a greater time period. Therefore, most new applicants

have an illness or impairment that requires more intensive care than previous applicants needed (see [Figure 5](#)). In the 1980s, the applicants' average age was in the 50s to 60s and only approximately 40% required skilled nursing care.

In the 1990s, 70% of applicants require skilled care, and they are most likely to be in their 70s with multiple care needs. Currently, the Grand Rapids Home cares for 400 members who require skilled nursing care, nearly double the number of such members in 1985. This trend has had the effect of continually increasing the amount of time (staff) required to care for members on a daily basis.

Figure 5



An additional challenge facing the Homes' nursing services is aging of the State's veteran population and the fact that the number of veterans who are over 65 is increasing. Even though the overall State veteran population of 900,000 is expected to decline, the population of veterans over 65 years of age is expected to rise between 25% and 40% during the next decade. The increase in the number of aging veterans and the greater nursing care they will require could create a challenge for the Nursing Departments of both Homes to accommodate these anticipated admissions.

Volunteer Services coordinates the many services and activities provided by volunteers for members. Volunteers assist members to maintain a proper wardrobe, take members to the Canteen, assist in letter writing, assist members with their shopping, and assist in many other daily (or special) needs of members. A multitude of activities and events is sponsored by various veterans groups and other independent organizations and individuals to keep members active and involved. Bingo games are held regularly at the Home and off-facility excursions are frequent. Hundreds of volunteer hours are donated monthly, particularly by veterans service organizations, and many thousands of dollars each year are donated to support volunteer activities. The considerable assistance and activities provided by volunteers, along with greater physician contact, are what observers consider the main difference (and advantage) between the State's Veterans Homes and a typical privately operated nursing home. Veterans service organizations play an important role not only in providing the bulk of volunteer hours, but also by providing service officers at the Homes on a scheduled basis for

assistance to members. These service organizations also play a useful role as a watchdog over the administration of the Homes and serve as an advocate for members.

Table 1 below lists the volunteer hours provided to the Grand Rapids Home in a typical month:

Table 1

Grand Rapids Home for Veterans Volunteer Report October 1996	
	<u>Hours</u>
American Legion	19.75
American Legion Auxiliary	99
Disabled American Veterans	25.75
Disabled American Veterans Auxiliary	38.5
Individuals	328.05
Marine Corps League	1.5
Military Order of the Cooties	9.75
Military Order of the Cooties Auxiliary	9.75
Military Order of the Purple Heart	11.75
Military Order of the Purple Heart Auxiliary	6.25
Veterans of Foreign Wars	27
Veterans of Foreign Wars Auxiliary	105.5
Vietnam Veterans of America	20.00
Total Donated Service	701.55

The Medical Services Division is ultimately responsible for the medical care of all members, to provide medical direction for the Home and coordinate on site and external clinics. The medical director oversees physician services, the pharmacy, clinics, and medical records. There are three full-time and one part-time physician who provide 24-hour, seven-day-a-week coverage at Grand Rapids and one full-time and one part-time physician at Marquette. Physicians routinely work with area hospitals to coordinate the health care needs of members. Often, members will be sent to area hospitals for treatment of such conditions as urinary or respiratory infections, and then returned to the Home.

The Nutrition Services Unit's mission is to provide dietary supervision, and meal planning, preparation and service for the Home. The division at the Grand Rapids Home has five dietitians who supervise the selection and preparation of 1,000 meals and 500 snacks per day at the Home. In recent years, privatization of food service at the Grand Rapids Home was studied, but the Home has judged this not to be cost effective. An alternative measure to cut costs was implemented in 1996, when a prime vendor program was initiated for the purchase of all food items. The Home joined a nonprofit hospital purchasing service. A three-year contract was negotiated with Gordon Food Service for its members to purchase food supplies. This plan to go to a single vendor has been judged a success by the Home, reducing the labor costs of purchasing, processing, receiving, and storing food. The Home claims also that the new system permits a greater variety of menus and higher quality food than what had been obtained through the old system of State contracts and bids. At the D. J. Jacobetti Veterans Home, food and nutrition services are provided on a contractual basis.

ADMISSIONS

Eligibility for admission to the Grand Rapids Home for Veterans and the D. J. Jacobetti Home is limited to Michigan wartime veterans and their dependents. This is defined as members of the Armed Forces of the United States who have been honorably discharged and served not less than 90 days during a wartime period. The wartime periods are as follows:

WW I - April 6, 1917 to November 11, 1918

WW II - December 7, 1941 to December 31, 1946

Korean Conflict, Cold War, Vietnam War - June 27, 1950 to May 7, 1975

Persian Gulf War - August 2, 1990 to present

Veterans must be considered unemployable, and former members of the armed forces, otherwise qualified, who served less than 90 days and who were honorably discharged and who, as a result of service, acquired a service-connected disability or disease, may be admitted. All veterans must be residents of Michigan at the time of admission, unless an accredited veteran.

From the eligibility criteria, it is estimated that over 800,000 Michigan veterans currently meet statutory eligibility requirements. Since spouses and parents of an eligible veteran may apply, the total eligible population has been estimated to be between 1 million and 2 million.

The priority for admission to a vacant bed in all levels of care is given chronologically as follows: 1) eligible veterans, 2) eligible dependents. Members will be admitted only when there is no eligible applicant in a higher priority category awaiting admission or transfer to the level of care bed available. Exceptions to this may be granted by the commandant where there exists an emergency or undue hardship on the member and/or family. Upon verification of eligibility and a medical evaluation, the application for admission is reviewed to compare the medical level of care needed with service availability. When a bed is available, arrangements are made for immediate admission. When space is unavailable in a particular care level, the application is placed in an active waiting file.

The size of waiting lists at the State's Veterans Home had varied in recent years, but currently they are not so large as to cause a great delay in accepting an eligible applicant (particularly a veteran). Turnover can be frequent at a home the size of Grand Rapids, where it is not unusual for 10 members to pass away in a given week.

POPULATION OF HOMES

In the last year, occupancy rates for domiciliary beds have been approximately two-thirds, while occupancy rates for skilled nursing beds have been often in excess of 90%. Table 2 below shows the number of members, including nonveterans, at the Grand Rapids Home on a yearly basis since 1980. Table 3 shows the same population data for the Jacobetti Home.

Table 2

VETERANS ADMINISTRATION CENSUS REPORT GRAND RAPIDS HOME FOR VETERANS				
October	Nursing Care Beds	Non- Veterans	Domiciliary Care Beds	Non- Veterans
1996	518	34	69	1
1995	508	32	66	1
1994	502	36	81	1
1993	496	33	68	4
1992	503	36	74	4
1991	513	38	75	2
1990	549	36	101	0
1989	517	33	111	19
1988	551	41	133	2
1987	541	24	122	0
1986	547	16	129	0
1985	542	17	142	0
1984	548	19	157	0
1983	538	14	161	0
1982	523	15	155	0
1981	524	14	158	0
1980	508	17	150	0

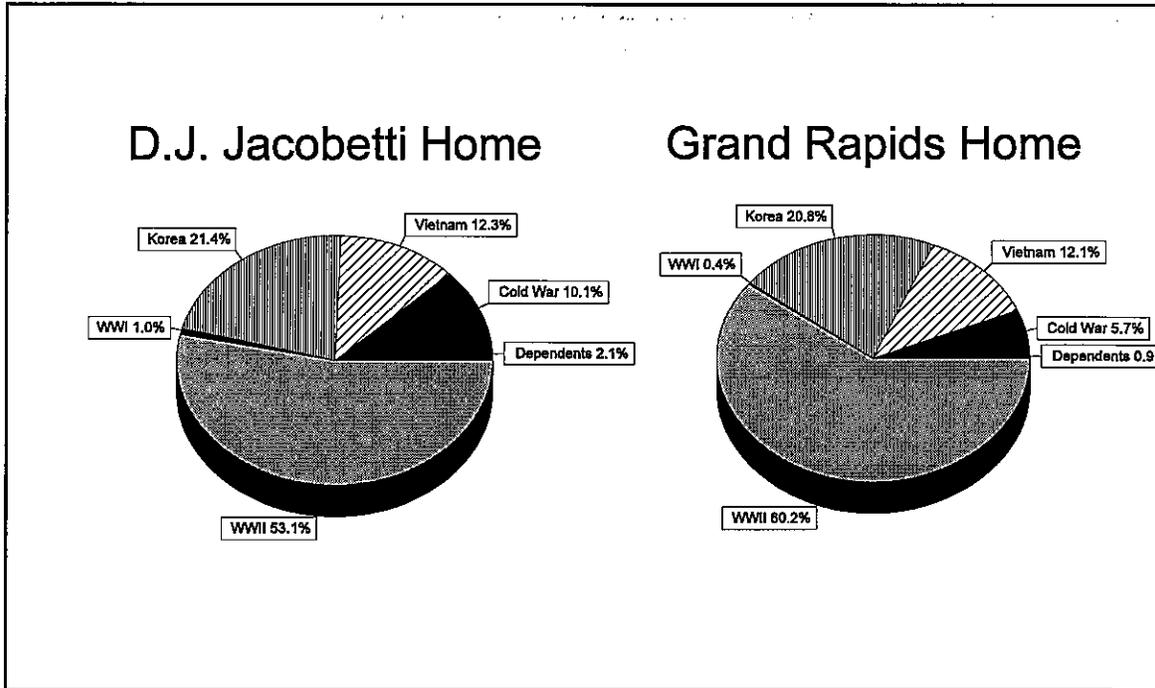
Table 2

VETERANS ADMINISTRATION CENSUS REPORT D. J. Jacobetti HOME FOR VETERANS				
October	Nursing Care Beds	Non- Veterans	Domiciliary Care Beds	Non- Veterans
1996	181	5	36	0
1995	177	6	33	0
1994	179	5	39	0
1993	180	9	28	0
1992	164	10	24	0
1991	126	4	50	0
1990	140	0	50	0
1989	139	0	51	0
1988	140	0	49	0
1987	105	0	85	0
1986	101	0	86	0
1985	75	0	81	0
1984	49	0	63	0
1983	36	0	47	0
1982	0	0	55	0
1981	0	0	51	0
1980	0	0	0	0

The population of the Veterans Homes, from a gender perspective, is the opposite of most private nursing homes. In the average nursing home, it would not be uncommon to find that females make up 85% or more of the home's population. In the State's Veterans Homes, males typically make up 90% or more of the membership.

In terms of the Veterans Homes' membership by wartime period, World War II veterans, now with an average age into the 70s, make up the majority of members. It will not be until 2020 or so that Vietnam era veterans will comprise the bulk of members. The distribution by wartime period in each home in 1996 follows (Figure 6):

Figure 6



FUNDING

The budget for the Grand Rapids Home for Veterans and the D. J. Jacobetti Home consists of four different fund sources: Federal funds, post and posthumous funds, income and assessments, and State General Fund/General Purpose funds (GF/GP). Appropriations for FY 1996-97 for the two homes are listed below.

Grand Rapids Veterans Home	549.0 FTEs	\$32,468,300
Board of Managers		300,000
<hr/>		
Gross Appropriation		32,768,300
Appropriated from:		
Department of Veterans Affairs (Federal)		7,025,900
Department of Health and Human Services (Medicare)		200,000
Private - Post and Posthumous Funds		300,000
Income and Assessments		10,131,100
State GF/GP		15,111,300

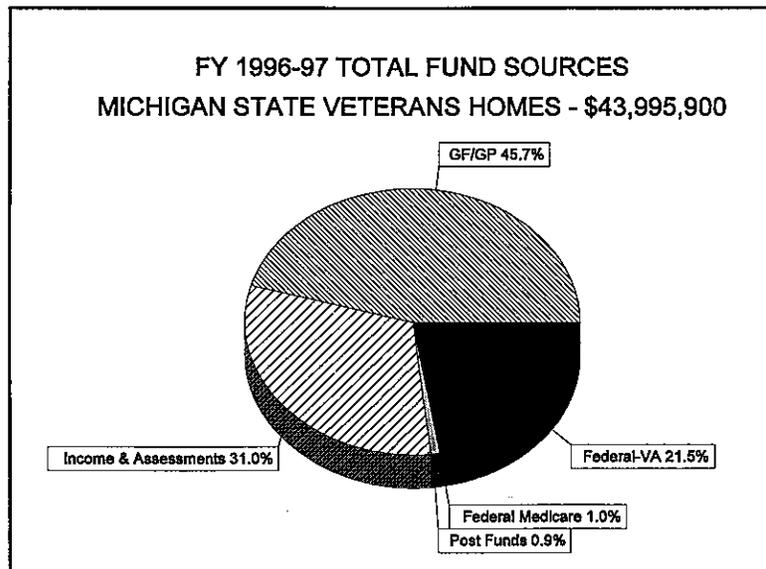
D. J. Jacobetti Veterans Home	155.0 FTEs	\$11,152,600
Board of Managers		75,000
<hr/>		
Gross Appropriation		11,227,600
Appropriated from:		
Department of Veterans Affairs (Federal)		2,422,500
Department of Health and Human Services (Medicare)		230,200
Private - Post and Posthumous Funds		75,000
Income and Assessments		3,492,100
State GF/GP		5,007,800

Figure 7 shows a comparison of the combined sources for the two Homes.

Federal funds from the Department of Veterans Affairs are funds from the Veterans Health Administration that can be received by a state home to defray the costs of providing nursing care to eligible veterans. The funds represent the third largest amount of funds. Currently, the VA will provide \$470 per month to support the cost of care for a domiciliary care member who is a wartime veteran and \$1,165 per month to support the cost of care for a skilled nursing care member who is a wartime veteran.

Federal funds from the Department of Health and Human Services are funds from the health care financing administration which represent Medicare reimbursement payments for medical service performed by the Homes' physicians. Staff physicians at the Homes are eligible for reimbursement for services that for FY 1996-97 is estimated to total \$200,000 for the Grand Rapids Home and \$230,200 for the Jacobetti Home.

Figure 7



Private post and posthumous funds are accounts authorized by Public Act 313 of 1905 and set up to fund special projects that are somewhat separate in nature from expenditures for normal home operations. The post fund is a fund for receiving gifts from individuals or

organizations or interest from the post fund account. The Board of Managers recommends the expenditure of these funds for the following purposes: member activities, community education programs, community relations activities, meetings and seminars, revolving programs and other allocations as approved by the Board of Managers.

Donations to post funds are made throughout the year from various sources, and are often earmarked for specific purposes. An example of donations given during a typical one-month period follows (Figure 8).

Figure 8

POST FUND DONATIONS D. J. JACOBETTI HOME FOR VETERANS OCTOBER 1996	
<u>Crafts</u>	
Miscellaneous Sales	\$70.50
<u>Beauty Shop</u>	
Veterans of Foreign Wars Auxiliary	100.00
<u>Hospital Equipment</u>	
Disabled American Veterans	2,011.40
<u>Recreation Fund</u>	
Military Order of the Cooties	\$400.00
Marine Corp League	500.00
Veterans of Foreign Wars 6507	50.00
Miscellaneous Donation	3.00
	953.00
<u>Memorial for Former Members</u>	
Various Individual Donations	420.00
<u>Golf Donation</u>	
St. Agnes/Whittaker	25.00
<u>Miscellaneous</u>	
Catholic/Protestant Offerings	20.00
TOTAL:	\$3,599.90

The Posthumous Fund receives funds from estates that are voluntarily willed to veterans homes and those funds that are willed to the Home as a condition of admission. Members who, as a result of their financial condition, are not able to pay in full their costs of residing in the Home are required to assign any balance of money accumulated while a member or other money due to the member to the Posthumous Fund in the event of their death. Following their death, any outstanding balance owed to the Home will be taken out of any money from the estate. If a member died and had an estate but no heirs and no debts owed to the Home, after a period of two years, the estate could be placed into the Posthumous Fund.

The regulations for expenditure of Posthumous Fund money as directed by the Board of Managers include the purchase of new or replacement equipment for the benefit of members,

remodeling of buildings, construction of new buildings, burial allowances, medical bills and transportation, education assistance, travel expenses of board and staff, and activities relating to goals and objectives of the facilities.

At the D. J. Jacobetti Home, the amount of funds in the Home's Post Fund is \$55,000 and the Posthumous Fund is \$23,000, while the levels for the longer-standing Post and Posthumous Funds of the Grand Rapids Home currently total \$200,000 and \$855,300, respectively. Recently, the Board of Managers authorized the expenditure of Posthumous Funds at the Grand Rapids Home to purchase communication equipment for the all-purpose room that will allow transmission of all-purpose room activities to the rooms of members unable to visit the room.

Income and assessments is the fund source that comprises 31% of the Homes' funding. It represents the money collected from assessments on members who have the ability to pay, in whole or in part, the cost of their care at the Home.

The amount to be assessed on a member is determined during the application process. Should an applicant be a wartime veteran, he or she may be eligible for a VA pension benefit which in the majority of situations is applied toward the maintenance charge at the Home. The VA adjusts these benefit rates on an annual basis. Currently the VA will pay \$470 per month toward the maintenance cost of a qualified veteran at a State home for domiciliary care and \$1,165 per month for nursing care. This funding is used to defray the maintenance costs per member which are set annually by the Board of Managers of the Homes. The maintenance charges are determined in part on what the Homes need to receive to continue their levels of care and in part on rates at other nursing facilities in the region. The following are the State Homes' maximum monthly maintenance charges for members effective October 1, 1996.

Monthly Maintenance Rates - Michigan's Veterans' Homes 1996

	<u>Grand Rapids</u>	<u>D. J. Jacobetti</u>
Domiciliary Care	\$2,255.00	\$2,035.00
If Eligible for Federal Aid (\$470 from VA)	1,785.00	1,560.00
Nursing Care	3,990.00	3,265.00
If Eligible for Federal Aid (\$1,165 from VA)	2,825.00	2,790.00

Nearly all members of the Homes qualify for VA support to be given to the Homes, as 95% are war veterans. The 5% who do not qualify (such as a dependant) will be subject to paying the full maintenance fee should they have the ability to do so. An eligible veteran who has the ability to pay the remaining maintenance costs following the VA discount will be required to do so, although \$2,500 in his or her assets is exempt from consideration. Any estate that might result from his or her death may be assessed for any funds owed the Homes.

An applicant's ability to pay is often based upon pensions he or she might receive from Social Security, the VA, or a corporation. These funds are put toward the monthly maintenance costs of a member and are part of the "income and assessment" fund source for the Homes. In the case of the Grand Rapids Home, Social Security pension payments make up \$2 million to \$3 million in yearly revenue and VA pensions from \$5 million to \$6 million.

Once the Home determines the amount a person can pay, then those funds are used to help defray the maintenance rate, and the remainder of the cost, if any, is picked up with State GF/GP funds. As a measure to ensure that a member has spending money, the Home sees to it that from whatever amount a member must pay to the Home, the first \$95 goes for a monthly allowance for that member. An example is shown below in the case of a nursing care applicant who is a wartime veteran and whose only revenue is a \$1,000/month pension payment.

Nursing Care Full Monthly Charge	\$3,990.00
VA Funds	1,165.00
Pension Revenue (minus first \$95.00)	905.00
State GF/GP and Other Support	1,990.00
Paid in Full	\$3,990.00

Funds left for monthly allowance - \$95.00

All members who pay anything toward their maintenance receive \$95 off the top of their contribution. Those who are destitute and pay nothing (about 2% of members) receive \$5 per week and have the opportunity to work for additional allowance funds.

The \$95 monthly allowance is another unusual feature of the Michigan Veterans Homes. Most nursing homes rarely allow more than a \$40 monthly allowance. This is in addition to the fact that the Veterans Homes underwrite many services that are usually the financial responsibility of the member. These include personal laundry costs, cable TV, dentures, eyeglasses, hearing aides, a large number of on- and off-site recreational activities, and personal clothing.

General Fund/General Purpose

The General Fund support for Michigan Veterans Homes is the largest single category of funding for the Homes, totaling \$20.1 million or 46% of the total budget for FY 1996-97. It is the fund source that is used to provide whatever support is needed to maintain the Homes after all other available sources of income are determined. Since FY 1991-92, GF/GP funds have increased by 50.4% compared with an increase of all funds of 27.5% and an inflation rate increase of 14% (see [Figure 9](#)). A portion of the GF/GP increase is attributable to the necessity of responding to previous budget cuts and changing licensure requirements in FY 1992-93, during which time dozens of nursing care employees and millions of dollars were added to the budget. The increase in Federal Medicare funds (114.1%) demonstrates the increased knowledge of medical staff of how to maximize medical reimbursements from Medicaid in recent years. The possibility of the Homes' becoming Medicaid-eligible (and billing Medicare for actual costs) has been explored off and on for several years and may yet be a source for increasing Federal revenue to the Homes and consequently reducing the need for GF/GP funds.

The rise in Federal VA support of 31% closely approximates the overall rate of increase at the Homes and the fact that yearly authorized rates have risen steadily over the years. The flat growth in income and assessment funds primarily reflects the lowering of the number of beds available in the early 1990s in order to increase care ratios to members for licensure purposes and to serve a population with a rising acuity level.

Figure 9

Total Appropriations State Veterans Homes			
	FY 1991-92	FY 1996-97¹	% Increase
Gross	34,211,800	43,620,900	27.5%
Sources of Funding:			
Federal - Medicare	200,900	430,200	114.1%
Federal - VA	7,213,900	9,448,400	31.0%
Income & Assessments	13,416,100	13,623,200	1.5%
GF/GP	13,380,900	20,119,100	50.4%
¹ Excludes appropriations from post and posthumous funds which were not included in the FY 1991-92 appropriations.			

BIBLIOGRAPHY

1. "VA Health Care in the Central Region." U.S. Government Publication.
2. "Continuum of Care". Department of Veterans Affairs, U.S. Government Publication.
3. National Association of State Veterans Homes 1994-95 Yearbook.
4. News From Michigan's Veteran's Homes, Grand Rapids and Marquette.
5. "Annual Report for FY 1995-96". Michigan Veterans Organizations Rehabilitation and Veterans Service Committee.
6. "States Provide Host of Hidden Benefits". David M. Gosoroski, VFW Magazine, August 1996.
7. "Michigan Veterans Facility Centennial, A Century of Caring". Reinder Van Til, with James Van Vulpen, 1986 West Michigan Printing, Inc., Grand Rapids.
8. Biennial Reports of the Adjutant General of the State of Michigan, Michigan Department of Military Affairs.
9. Audit Report, "Performance Audit of the Michigan Veterans Facility-Grand Rapids and Board of Managers, August 1, 1986 through September 30, 1990". Michigan Office of the Auditor General.
10. Audit Report, "Financial Audit of the Grand Rapids Home for Veterans and the D. J. Jacobetti Home for Veterans, October 1, 1991 through September 30, 1993". Michigan Office of the Auditor General.
11. Audit Report, "Performance Audit of the Grand Rapids Home for Veterans, October 1, 1992 through September 30, 1994". Michigan Office of the Auditor General.
12. Audit Report, "Performance Audit of the D. J. Jacobetti Home for Veterans, October 1, 1992 through September 30, 1994". Michigan Office of the Auditor General.

