

**A Home for Delaware's Military Service Veterans**  
**A Study of Projected Needs, Strategies, and Costs**

Prepared for State of Delaware, Commission on Veterans Affairs  
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## Preface

This study is dedicated to the military service veterans of the State of Delaware. Their ages reflect the history of the American military in the 20<sup>th</sup> and now the 21<sup>st</sup> centuries. Beginning with World War I, including World War II, Vietnam, Korea, and more recently the Operation Desert Storm, the Delaware veteran population also includes many who served their country during peace time as well.

We thank the members of the Delaware Veterans Commission for tireless support of this study over a two-year period. We also thank those veterans and their families who participated in the three focus groups. And we express our thanks to the service providers who shared their perspectives on the need for a veterans' home.

We thank Joseph Romano, the Director of the veterans' home in Vineland, New Jersey, for his insights on budgeting and his overall assistance with the project. We also thank Commandant Glen Makela and Administrative Officer Richard A. Daddona of the veterans' home in Spring City, Pennsylvania for their efforts to help with the Delaware Project.

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## Chapter 1

### Executive Summary

This is the second of two reports focusing on the long-term care needs of the State of Delaware's military service veterans. The first report estimated the number of veterans who reside in the State and the number who probably would enter a veterans' *home*.<sup>1</sup> This report concentrates on the feasibility of establishing a home and the projected costs of designing, building and staffing a veterans' home in the State of Delaware. This report recommends that the State of Delaware budget for the construction and operation of a long-term care facility for military veterans and their spouses.

By 2020, it is estimated that there will be 128,053 residents of Delaware age 65 years and above. The demand for long-term care in the state is expected to increase beyond the supply. Government, both state and federal, will be faced with providing a substantially increased number of nursing home care beds for the medically indigent. It is estimated that military veterans, while representing a declining proportion of the aging population, will account for 26,935 Delawareans aged 65 years and over in the year 2020. Because approximately 65 percent of the cost of construction of a veterans' home will be assumed by the federal government, this initiative should prove to be cost-effective, in contrast to building and operating a long-term care facility for the state's aging population without subsidization from the Veterans Administration.

A **veterans' home** is a long-term care facility that provides nursing care. Some veterans' homes may also offer domiciliary care, assisted living, and outpatient rehabilitation services. **Demand for long-term care** is estimated from the number of beds per 1000 veterans in the surrounding states. **Need for a veterans' home** is assessed by focus groups made up of veterans, their families, and social services professionals.

The preparation of this report included site visits to veterans homes in New Jersey and in Pennsylvania and a series of focus groups conducted in Delaware with military veterans, their families, and social service personnel who make referrals of veterans to long-term care facilities. The capital budget is based on the estimated costs of constructing a new 150-bed long-term care facility in Delaware. The operating budget is based on the estimated costs of operating a 150-bed facility, with the assumption that personnel will be State of Delaware employees.

## **What is the current demand for a veterans' home in the State of Delaware?**

Based on the percentage of the veteran's populations of surrounding states residing in state veterans' homes, it has been estimated that a Delaware veterans' home would have 52-105 residents.<sup>2</sup> This estimate assumes that the average demand for a veterans' home in Pennsylvania and New Jersey applies to Delaware, and that in the near term a similar proportion of Delaware veterans who currently enter other long-term care facilities would chose to enter a Delaware veterans' home instead – if such an option were available. It is anticipated that a continued influx of elderly from other states will be a factor in the growth of Delaware's aged population – and that a representative portion of that net in-migration will consist of veterans. This suggests that a newly-established Delaware veterans' home should be designed to meet future, as well as current demand.

### **Recommendations**

**Construct a state-of-the art facility that offers an attractive alternative to other long-term care facilities in the area.**

**Market the facility to a broader segment of the veteran population than the traditional medically indigent segment.**

**Open one part of the facility to domiciliary care (assisted living). Actively market this service to spouses of veterans and husband-wife couples.**

**Actively market the facility to veterans.**

**Recruit a director for the home who has extensive administrative experience and experience in marketing to all of the segments of the veteran's population.**

**Build a facility that has the capacity to shift to different market segments, e.g., assisted living, Alzheimer's care, and possibly adult day care.**

Our focus group with medical and social service professionals who regularly refer veterans to long-term care facilities confirmed a need for a veteran s' home in Delaware. In order to maintain a 150-bed facility (including a 30-bed assisted living unit) at 90 percent of capacity, we estimate that an average of six referrals a month will be required subsequent to a phase-in period of several years, during which full occupancy will be gradually achieved.

## **What is the probable future demand for veterans' home in Delaware?**

The demand for a veterans' home will depend on a number of factors, including but not limited to:

- The overall size of the veterans' population of retirement age (65 years of age and over) and the size of the segments of that population that comprise the market for a veterans' home
- The supply of long-term care beds in the Delaware area
- The financial resources available to retiring veterans (pensions, savings, long-term care insurance, veterans' benefits, and other disposable resources)
- The costs of residing in a veterans' home
- The quality of care and the range of services available in a veterans' home (in contrast to alternative long-term care)
- The other amenities and advantages offered in a veterans' home

The Overall Size of the Delaware Population of Retirement Age. The most recent projection by the Delaware Population Consortium indicated that Delaware's overall population aged 65 years and over was expected to increase from approximately 97,615 in the year 2000 to 128,053 in the year 2020 (Figure 1). The Census 2000 count of 101,726 Delawareans aged 65 and over supports that estimate.

**FIGURE 1**  
**Estimated Population, State of Delaware Residents Aged 65 Years and Above, by Gender, 2000-2020**

	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>
<b>Male</b>	41,488	42,204	45,091	50,809	57,927
<b>Female</b>	56,127	56,227	58,392	63,536	70,126
<b>Total</b>	97,615	98,431	103,483	114,345	128,053

Source: Delaware Population Consortium 2000-2020

Between 2000 and 2020 Delaware's retirement-age population is projected to increase by 30,438 people, an increase of 31 percent. The percentage increase will be greatest among the "young" elderly (aged 65 to 69), whose numbers are projected to grow by 57 percent. In 2020 this age group will constitute one third of Delaware's older population (up from 28 percent in the year 2000). These overall trends are important for planning long-term care for the Delaware population. The growth in the proportion of the State's population that will be in the "early retirement" age range of 60 to 64 will be even more dramatic, doubling the year 2000 numbers by 2020. Overall, Delaware's population aged 65 and above is projected to increase by 48%, or 60,765 persons. Although older Delawareans are more affluent than average, the growth in sheer number of people over 60 suggests a strong likelihood that many will be medically indigent and will depend upon government for long-term care.

### The Overall Size of the Delaware Veteran Population.

The military veteran population of Delaware is projected to decrease by over 25,000 in the period between 2000 and 2020 (Figure 2)<sup>1</sup>. The decrease in the size of the veterans' population is traceable to declining number of World War II veterans and Korean War veterans. By 2020 the State's veteran population will consist mainly of those who served during the Vietnam period and later. The veterans' population will also be made up of a much higher percentage of enlistees, in contrast to previous eras when many veterans were a product of the military draft. A much higher percentage of female military personnel and a much higher percentage of reservists and National Guard troops also characterized more recent campaigns. Retired reservists and personnel who served at the Dover Air force Base will also make up potential market segments.

FIGURE 2  
**Estimated Number of Delaware Veterans, 2000-2020**

<b>Year</b>	<b>Veteran Population</b>
2000	78,164
2005	72,298
2010	65,449
2015	58,703
2020	52,738

### The Supply of Long-term Care Beds in Delaware.

In 1999, Delaware's private nursing homes provided a total of 4,253 licensed beds<sup>3</sup>. These private facilities operated at an average rate of occupancy of 89% during 1999. The future supply of long-term beds in the private sector will be a function of the overall market for long-term care. Increasingly, this market will include specialized segments, such as assisted living and Alzheimer's care beds. The supply of long-term care beds in the public sector has been determined largely by the size of the medically indigent population. Current population forecasts confirm that the life expectancy of the general population is approaching 82 years. Longer average life expectancy also suggests that many of the elderly will outlive their retirement savings. As a result a higher percentage of people will be dependent on government for long-term care. One possible source of long-term care for veterans is a veterans' home.

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<sup>1</sup> Source: *Vetpop2000*, Office of the Actuary, Office of Policy and Planning, Department of Veterans Affairs

## Financial Resources Available to Retiring Veterans.

Most military service veterans rely primarily on Social Security and pensions from employers for retirement income. In the future, retirement income will depend on a wider range of investments than the current pensions. Although the Social Security system will undoubtedly continue in some form, it may contribute a smaller percentage of total income for future retirees. Whether retired Delawareans of the year 2020 will have more or less income, relative to those of 2000, remains unknown. What is foreseeable is that on the average they will live into their 80's, and therefore will have a higher probability of outliving their resources than their counterparts of previous generations. A State veterans' home would provide a viable option for military veterans.

## The Costs of Residing in a Veterans' Home.

Veterans' homes normally determine their fees through a means test that is applied to each individual resident. Fees are based on a sliding scale, depending on income and disposable resources. Normally, veterans' home policies allow the resident to retain ownership of a house and retain a small amount in a bank account. Usually, these policies are slightly more lenient for residents of veterans' homes than for civilian Medicaid recipients who depend on their own resources to pay for a nursing home. Veterans' homes also receive Medicaid payments for long-term care. Sometimes veterans' benefits (from the Veterans Administration) are combined with Medicaid assistance to pay for long-term care. The out of pocket costs to an individual for a veterans' home range from almost nothing to virtually the full cost of care, depending on the financial resources that are available to the individual resident.

Another perspective on costs is that of state government. Up to 65 percent of the construction cost of a veterans' home are paid by the Veterans' Administration, leaving the state government responsible for about 35 percent of the costs of construction. A veterans' home, in contrast to other state-run long-term care facilities, is therefore less costly for state government to construct.

## The Quality of Care and the Range of Services in a Veterans' Home.

The quality of care provided by a veterans' home can be evaluated by the same standards that are employed to gauge the quality of care in other nursing homes and long-term care facilities. A comprehensive guide for judging the quality of service offered by nursing homes was presented by the *Consumer Report*.<sup>4,5,6</sup> The basic services include medical, food, housekeeping, and recreation. Inspections, required by the federal government, are carried out periodically. A shortage of nurses, (RNs and LPNs) is very much a factor in considering the construction of a new facility in Delaware. Another major decision is whether to include a wing for patients with Alzheimer's disease and other forms of dementia. Another issue is whether to include an area for assisted living within a new facility.



Our on-site visits of veterans' homes in New Jersey and Pennsylvania convinced us to recommend the design and construction of a new facility. Existing facilities that were originally designed to provide hospital-style care do not lend themselves to modifications that permit the most cost-effective staffing ratios. We also recommend staffing the facility with nurses who are state employees rather than contracting for nursing service through an outside firm. The continuity offered by state employees has many advantages with respect to the quality of services provided.

### Other Important Features of a Veterans' Home.

Veterans' homes are populated predominantly by men, in distinct contrast to private nursing homes, where most of the residents are women. Private assisted living facilities are more evenly balanced in gender composition, although the majority here is also female. The average length of stay in the two veterans' homes that we visited was a little over a year. Although the time spent in long-term care is relatively short on the average, some residents remain for five years or more. Many residents of veterans' homes are in relatively good health for their age. Most residents are able to enjoy some of the recreational activities offered in these facilities. A well-organized program of recreation and crafts is an important anchor to the quality of life.

Another important feature of a veterans' home is its location. A home should have access to public transportation, so that friends and relatives may visit those who reside there. In Delaware, public transportation is available mainly through the State bus system (DART First State). This should be taken into consideration in deciding the location of a veterans' home, and the site development should include the provision of a transit stop.

### **How would the existence of a Delaware veterans' home impact the market for beds in existing public and private facilities?**

Based on our focus group with social service personnel who make referrals to nursing homes, we have concluded that the availability of a Delaware veterans' home would not adversely effect on the overall demand for nursing home beds in the private sector. The number of current residents who rely on VA payments is a very small percentage of the current private nursing home population.

### **How large a facility will be required?**

In order to provide the optimum ratio of nursing staff to residents, a long-term care facility should be designed in increments of thirty beds. The ratio of staff to residents is a critical factor in the long-term operational cost of the facility. We recommend a 150-bed facility be considered, anticipating that a continued influx of elderly from other states will be a factor in the growth of Delaware's aged population – and that a representative portion of that net in-migration will consist of veterans. A facility smaller than 150 beds would not

be cost effective with regard to supporting the required complement of administrative, supervisory, service, and support staff. It is recommended that one element of the facility be a 30-bed domiciliary care (assisted living) unit, in order to meet the anticipated demand for this level of care.

### **What levels of care will be required?**

The predominant need will be for standard long-term care, with 24-hour nursing service. We also anticipate that there will be a substantial demand for assisted living. We have budgeted for 30 beds of the 150 total beds for assisted living. (See budget section for a discussion of costs). We also recommend an Alzheimer's/dementia unit, and have taken into consideration the specialized staffing and security arrangements required for this service.

### **What medical and social services will be required?**

This report presents a budget for the full complement of staff required for a veterans' home. This includes medical staff, housekeeping, social services, recreation, front office, food preparation, maintenance and administrative staff. It is particularly important that the administration of a new facility include staff members with marketing experience.

### **What is the time frame for authorizing, designing, building, and operating a veterans' home?**

- Year 1. Secure approval from the Delaware General Assembly.
- Year 2. Select site, architectural design, final capital and operational cost estimation, preparation and submission of proposal to Veterans Administration (assuming that land is already in State inventory). Upon approval, the recruitment of the facility administrator should be undertaken.
- Year 3. Construction.
- Year 4. Startup (staff recruitment and training), operating a partial capacity.
- Year 5. Full operation.

### **What is the projected budget for designing, building, and operating a veterans' home?**

#### Capital Budget.

The capital budget assumes a 150-bed facility, and includes the construction cost, architectural fees, furniture, administrative and legal fees, and site preparation. The

estimated construction cost base budget was derived from an assumed cost of \$175 per square foot, and an assumed size of approximately 135,000 square feet for a 150-bed facility. The architectural fees, furniture costs and administration and legal fees, and site preparation are estimations based on what neighboring states paid for these services. The resultant total capital cost is estimated to approximate \$27,300,000 of which the federal government would provide 65% or \$17,745,000. The cost to the State of Delaware would be the remaining 35% of the capital budget, which is estimated to be \$9,555,000.

Operating Budget.

The operating budget also assumes a 150-bed facility and includes all staff salaries and benefit costs, plus the costs for maintenance, utilities, materials, supplies, and contracted services, including security. Where applicable, the estimation of salaries' costs was derived from positions currently classified by the Delaware State Personnel Office. Additional salary information was estimated from the current average rates of pay for veterans' home positions in neighboring states. The budget for other employee costs was based on the following:

Pension	7.44%
FICA	6.2%
Medicare	1.45%
<u>Workers Comp</u>	<u>1.17%</u>
Total =	16.38%

Calculated on an estimated annual payroll of \$5 million, this percentage yields a total of \$819,000 for "other benefit costs".

Additionally, the current average State of Delaware health insurance cost is approximately \$5,000 per person, resulting in an annual health insurance cost of \$855,000 for a facility with 171 employees.

The total annual operating cost for a 150-bed facility, in 2001 dollars, is estimated to be approximately \$8 million. Assuming a 90 percent occupancy rate, the total operating cost per bed per day for a 150-bed facility would therefore be approximately \$163 per day

**After federal reimbursements, what will be the ongoing need for subsidization by the State of Delaware?**

The current VA reimbursement rate is \$51.38 per day for nursing home care. The resultant net operating cost per bed per day (after VA reimbursement) is therefore estimated to be \$112 for residents of the home who would require nursing care. The current VA reimbursement rate for domiciliary care is \$22.93 per day. The net operating cost per day for residents requiring domiciliary care (assisted living) is therefore estimated

to be \$140.

Medicaid payments for individuals residing in private nursing homes in Delaware are calculated on the basis of the specific level of nursing service provided, pursuant to an 8-level formula (with 4 rates in each level). The statewide weighted average of these payments, effective March – September 2001, is \$136.93 per day. This figure does not include certain therapies and ancillary costs that are included in the calculation of the rate for existing State-operated facilities, which is currently \$226.48 per day\*\*. [source: Delaware Division of Social Services, June 5, 2001]

The actual level of State support required for the operation of a veterans' home would, to some extent, be a function of the personal resources available to the veterans who elect to reside in the home. Veterans with the financial means could reasonably be expected to pay a cost at or above the range of \$112 to \$140 per day for quality nursing home or assisted living care in any setting. It can be assumed that some proportion of the residents of a State veterans' home would be able to meet the full after-VA-reimbursement cost from a combination of Social Security, insurance, pension benefits, and/or other personal funds. The level of fee charged to such residents may not (by VA rule) exceed the residual of the State's total allowable costs less the VA aid per diem payment. The housing of veterans with the ability to pay could therefore be billed "at cost", but would not generate a positive cash flow to the State.

The incremental cost to the State for the care of Medicaid-eligible veterans in a State veterans' home would be negligible, as the current Medicaid daily payout rate for qualified individuals residing in private nursing homes in Delaware approximates the projected net daily operating cost of the State veterans' home. The State's cost per veteran, after federal Medicaid reimbursement, would therefore be essentially the same regardless of whether the veteran was residing in a State veterans' home or in a private long term care facility. In recent years, veterans' benefits have not been identified as a source of payment for any of the residents of Delaware's public nursing homes.

### Estimated Capital Costs for a 150 Bed Facility

Construction	\$23,625,000
Architectural Fees	1,500,000
Furniture	1,700,000
Administration and Legal Fees	175,000
Site Preparation	<u>300,000</u>
Total Cost	<u>\$27,300,000</u>
Federal Reimbursement	\$17,745,000
Delaware Cost	9,555,000

### Estimated Annual Operating Costs for a 150 Bed Facility

Personnel Cost	\$6,674,000
Other Expenses	
Maintenance (fixed costs)	120,000
Materials and Supplies	550,000
Food	300,000
Service non-professional	<u>400,000</u>
Total	\$1,370,000
Total Cost	\$8,044,000
Average cost per bed per day @ 90% occupancy	\$163.25

### Estimated Annual Operating Costs for a 150 Bed Facility (Detail)

State Personnel	Salaries
17 RN's @ \$45K/per year	\$765,000
16 LPN's @ \$33K/per year	528,000
80 CNA's @ \$22K/per year	1,760,000
Director Nursing	60,000
Associate Director Nursing	50,000
Quality Improvement Coordinator	43,000
MD-Medical Director*	110,000
Dietician	36,000
Social Worker	47,000
2 Nursing Service Clerks @ \$24K/per year	48,000
Nursing Home Administrator	70,000

Administrative Assistant	31,000
Medical Record Secretary	30,000
Support Service Secretary	30,000
Business Manager	55,000
Patient Account Clerk	40,000
Billing Clerk	30,000
Purchasing Clerk	30,000
Storage Clerk	30,000
Supervisor of Food Services	42,000
6 Cooks @ \$30K/per year	180,000
6 Food Service Handlers @ \$25K/per year	150,000
Engineer in Charge	45,000
5 Repairers @ \$34K/per year	170,000
Grounds Keeper	21,000
Housekeeper Supervisor	34,000
10 Housekeepers @ \$25K/per year	250,000
Personnel Director	50,000
Payroll Clerk	30,000
Activities Director	43,000
Volunteer Coordinator	35,000
5 Volunteer Aids @ \$27/K/per year	135,000
Receptionist	22,000
Total Salary Cost	\$5,000,000
Health Insurance Costs (5k/per person)	855,000
Other Benefit Costs	<u>819,000</u>
Total Personnel Cost	\$6,674,000

\*Most of the \$110K can be recovered from Medicare Part B

## **Chapter 2**

### Focus Groups

A focus group is a small group (usually 8-12 people) chosen because of specialized knowledge about a particular topic. The discussion centers around a series of topics described in a moderator's guide. The discussion is led by a specially-trained moderator who conducts an in-depth interview. Focus groups are used extensively in marketing research for developing new products and services.

#### Focus Groups 1 and 2-For Veterans and their Families

Following is a moderator's guide that includes questions and topics that were discussed during the two focus groups with veterans and their families:

What is the first thing that comes to your mind when you think of a veteran's home in Delaware?

Are you interested in a veterans' home for yourself or others (such as a family member)?

If you can, name one quality of a veterans' home for yourself or others (such as a family member)?

How should a veterans' home differ from any other nursing home or home for long-term care?

Let us assume that the State of Delaware decides to support a veterans' home, what are the most important things to consider?

Have you ever visited a veterans' home in another state? If so what were the good things about the home? What were the bad things?

I'm going to name some things that might be important to consider in planning for a veterans' home in Delaware, how important is each of these things?

Location?

Public transportation?

Medical Services?

Alzheimer's Disease's and other dementia?

Assisted living?

Nursing care/hospital?

Physical therapy?

One-story v. multi-story building?

Adult day care?

Both men and women residents?

Accommodations for spouses (both men and women)?  
What should the admissions requirements be? (DE residents only?)  
Definition of a veteran status?  
Spouse of a veteran?  
Income/financial resource limitations?  
How should the individual resident pay for services?  
Veterans' benefits  
Social Security  
Pension benefits  
Other resources

### Description of the two veterans and their families' focus groups.

The composition of the two focus groups was somewhat varied. The first focus group consisted of mostly World War II veterans, one Korean War Veteran and two Vietnam Veterans. There were also several family members of World War II veterans in attendance. Overall, the groups' consensus was that there was a definite need for a veteran's home in Delaware. One of the veterans stated that Delaware has a beautiful hospital and cemetery for its veterans but "something [is] missing in between." The primary issue that the focus group was concerned with was whether the state government was going to be willing to continuously fund a large operating budget.

### Using an Existing Facility vs. Building a New Facility.

When discussing things that were important to consider when initially planning a veterans' home in Delaware, there were some varying opinions as whether to renovate an old facility or build a new facility. One veteran suggested that if the State could find a decent high rise building it could save money by renovating because there would already be plumbing and heating fixtures in the building. However, another veteran suggested that it would be too costly to renovate an old facility to bring it up to current code. There was consensus in the focus group that the facility must be "top notch in looks and care," therefore it may be appropriate and more cost effective to build a new facility rather than renovate an existing building. One of the family members who had experience working in a nursing home stated that the facility needs to be no more than two floors, and must contain a continuum of care from assisted living to Alzheimer/Dementia ward.

Another issue that was discussed was the location of the facility. The focus group participants agreed that the veterans' home should be located where the majority of veterans in the State currently reside. The veterans' home should also be in close proximity to public transportation, so family members can visit.

### Alzheimer/Dementia-Assisted Living Capacity

When discussing the feasibility of an Alzheimer/Dementia ward concerns were



expressed from several veterans that Alzheimer and Dementia patients may create a distraction. However, a family member who has worked in a veterans' home, stated that there shouldn't be a problem with a special wing if it was secure. Additionally she mentioned that "statistics show that 85% of people in nursing homes have some kind of dementia." The focus group also agreed upon that there is a need for assisted living but there were some worries that assisted living would negatively effect the operating budget and threaten approval of the entire project.

### Admissions Requirements

The next topic that was discussed was admissions requirements to the veterans' home. The group agreed that all veterans who were properly discharged should be admitted. It was suggested that the State utilize the seven categories of veteran status that the Veteran Administration uses. The focus group also recognized that accommodation for spouses of veterans needs to be considered regardless of whether the veteran is alive or not. There was also consensus that all veterans regardless of income or rank should be admitted but there should be a sliding pay scale for those who can afford to contribute to the operating cost.

### Quality of Life Issues

Members of the focus group expressed additional concerns that were not mentioned in the moderator's guide. Quality of life issues, such as budgeting for recreational activities were mentioned as a necessity when operating a nursing home type of facility. There were also concerns expressed about finding an adequate number of qualified health care workers. According to one veteran who is the administrator for the veterans' cemetery, currently the Commission of Veteran Affairs can only hire veterans, which could result in a staffing shortage if the veterans' home must follow the Commission of Veteran Affairs guidelines.

### Second Focus Group (with veterans and their families)

The issues discussed by the second focus group were somewhat different than the first one. The second focus group consisted mostly of Vietnam veterans, several World War II veterans, and several of the wives and relatives of World War II veterans. It is important to note that in this focus group there were several veterans who had particularly negative connotations about the government in general and were suspicious of any government actions. Overall there was some skepticism from the younger members of the focus group who were unsure whether a veterans' home was needed at all, or whether it was just politically motivated. The World War II veterans and their families were supportive of the idea for a veterans' home.

### Interest in a Veterans' Home

There was a definite split in the interest for a veterans' home in this focus group.

One veteran stated that he was not interested in a veterans' home because "If its like anything else that the government runs its going to be a nightmare, a place that you don't want to be." In contrast, one family member stated that there is "nothing more deserving for these veterans than a nursing home." When asked specifically what they would like in a veterans' home if one were to be built there was considerable interest for assisted living and adult day care. The main concern expressed was that if the veterans' home was in the northern part of the state, people living in the South would not realistically be able to utilize the adult day care feature. One of the veterans suggested that the facility would need to be constructed near some public transportation to encourage family members to visit.

### Suggested Admissions Requirements

Another topic that was discussed was the admissions requirements for a veterans' home. Members of the focus group agreed that the facility should be exclusively for veterans and their families. There were some discrepancies on the issue of income requirements, some felt that the facility should encompass all veterans regardless of income, while others felt that their tax dollars shouldn't support someone who has considerable assets. There was a consensus that payment should be based on a sliding scale. There was also a discussion that the facility should not admit homeless or any alcoholics or drug abusers.

### Recommendation Made by Both Veterans' Focus Groups

In both focus groups the majority of the veterans and families expressed interest in the veterans' home as a place where there would be a full continuum of care. The members of the focus group recommended that the facility should offer assisted living, nursing care, and Alzheimer/Dementia care. There was a general consensus that veterans and their spouses should be admitted and should pay for service according to their financial means. Both focus groups recommended that the facility should also offer entertainment and recreational services for its residents, similar to private nursing homes.

## Focus Group 3-Social Service Professionals

### Moderators guide for focus group with Social Service Professionals

Please explain your role as it would be related to a Delaware veterans' home?

What are some of the factors that you would consider in making referrals to a veterans' home in Delaware?

How should a veterans' home differ from any other nursing home or home for long-term care?

Have you ever visited a veterans' home in another state? If so what were the good things about the home? What were the bad things?

I'm going to name some things that might be important to consider in planning for a veterans' home in Delaware, how important is each of these things?

Location?

Public transportation?

Medical Services?

Alzheimer's Disease's and other dementia?

Assisted living?

Nursing care/hospital?

Physical therapy?

One-story v. multi-story building?

Adult day care?

Both men and women residents?

Accommodations for spouses (both men and women)?

What should the admissions requirements be? (DE residents only?)

Definition of a veteran status?

Spouse of a veteran?

Income/financial resource limitations?

How should the individual resident pay for services?

Veterans' benefits?

Social Security?

Pension benefits?

Additional issues discussed.

### Summary: Third Focus Group Social (Service Professionals)

#### Referrals

The third focus group consisted of social service professionals, who would potentially be referring veterans to nursing home type facilities. The focus group

indicated that the majority of referrals would come from all hospitals in the state. When a veteran is hospitalized he/she is usually in crisis and needs some kind of nursing facility right away. It was suggested that a memorandum of agreement be established where a hospital would automatically refer a veteran to a veterans' home. This would ensure that the veteran would be expeditiously sent to an appropriate facility. Veterans that the social service providers would most likely refer to a veterans' home, are the people who are "holding on by their finger nails." These are the people who get sick and can't go home but also can't afford a nursing home.

### Homeless Veterans

The homeless veteran population in Delaware was also a major concern. Homeless veterans are by definition in crisis and their nursing home needs may differ than other veterans. Many homeless veterans would need to be detoxified for alcohol and/or drug abuse before they could enter a nursing facility. Additional treatment programs may be required on site because a substance abuser may not be permitted to live in the nursing home.

### Admissions Criteria

The focus group participants suggested that there would have to be some differences in admissions criteria, as compared to other nursing homes. Veterans are more prone to behavioral and mental problems than the general population. Therefore a veterans' home may have to accept those with mental health and substance abuse problems since this is a common in the veteran population and other nursing homes do not accept individuals with any behavioral or mental problems. The focus group agreed that a set of admission criteria would need to be established, including a priority checklist. In addition to admissions criteria there will be a need for medical criteria, monetary criteria and behavioral criteria, which would more than likely be different than other nursing homes. An applicant would have to meet all these criteria before he/she could be admitted.

### Type of Facility

When discussing what kind of veterans' home would be appropriate for Delaware, the focus group suggested that the facility be a combination home, consisting of adult day care, assisted living, nursing care, and Alzheimer's/dementia care. Each of the units would also have its own admissions requirements. Members of the focus group thought that adult day care is a nice idea but that there would be a problem because it may have to be explained why these people are not at a senior center. An additional problem is that insurance doesn't pay for it, so it would have to be private pay. It was suggested that volunteers could run the adult day care and is overseen by a military chaplain.

## Location

Another topic that was discussed was the location of the facility. The focus group seemed to feel that Dover might be an appropriate place because of the proximity to the Dover Air Force Base, which already has a pharmacy and full service chaplain. This location could also bring many volunteers who are already active at the Air Force Base.

There were additional concerns that were addressed briefly during the focus group meeting. One of the most important to highlight, is that there are already a lot of state beds that aren't staffed so there is a definite need in the indigent population. Recently, the VA has not officially closed three hundred beds but they have stopped the funding and staffing of those beds, making them essentially unusable.

## **Chapter 3**

### Summary of visit to New Jersey Veterans' Home (Vineland)

On October 25, 2000, we met with the CEO of the New Jersey, Vineland Veterans' Home, Mr. Joseph Ramano. The Vineland facility is one of three New Jersey veterans' homes, all of which are publicly operated. According to Mr. Ramano other states have experienced problems with the quality of care when the entire operations of the facility is contracted out. He did recommend contracting out certain services such as ambulance care, because he found that if one of his ambulance employees called out sick or it snowed and they couldn't get in, he would have to contract out the service anyway. In the long run, contracting out certain services such as ambulance care, physical therapy, and audiologists among others, saves money because if an employee couldn't come to work, one wouldn't just have to pay for the employee but also the fee for the last minute service that got contract out. Mr. Ramano strongly recommended that the cleaning staff not be contracted out because it is to the benefit of the facility for the administrators to have control over all sanitary maintenance.

The Vineland facility has one hundred and twenty long-term care beds, and a thirty-two bed Alzheimer and Dementia unit. Currently, the facility is being expanded to include an assisted living unit. The Alzheimer and Dementia unit is a separate and secure unit. Patients are permitted to walk around the one unit but are kept from wandering around the facility by a security door. The average length of stay for a patient is approximately one year.

People are admitted to the Vineland facility by the following preference (in the order shown):

1. Financially needy veteran
2. Non-needy veteran
3. Needy non-veteran (usually a spouse of a veteran)
4. Non-needy, non-veteran (usually a spouse of a veteran)
5. Gold Star Parent
6. Non-New Jersey resident (very rare)

New Jersey does not allow "active psychotics" to be admitted to any of their veterans' homes. Additionally, alcohol and drug abusers can only be admitted if they participate in an extensive rehabilitation program.

The Vineland Veterans' Home has a ratio of one nurse and several nursing assistants to every twenty residents. Federal regulations mandate that a doctor must see each resident a minimum of one time every month. The Vineland home has three doctors permanently on staff. Medicare payments significantly supplement the costs of having the doctors on staff.

The cost of residing in a New Jersey Veterans' Home varies depending on a resident's financial resources. All residents are responsible for paying a portion of the daily maintenance fee, which is determined by the individual's financial situation. The maintenance fee starts at one hundred and forty dollars a day per resident, and then fifty-one dollars is automatically subtracted for the federal per diem that the facility receives from the federal government per resident. The residents are required to be enrolled in Medicare Parts A and B; supplemental insurance coverage is highly recommended.

## **Chapter 4**

### Summary of visit to veterans' home in Spring City, PA

On November 8, 2000 we visited the veterans' home in Spring City, Pennsylvania. We spoke to the Commandant, Mr. Glenn Makela, and the Administrative Officer, Richard A. Daddona. The Spring City Veterans' Home was originally a mental retardation facility that was renovated for nursing home standards. In our judgement, the building is not aesthetically pleasing and the layout is not optimal for nursing care. Mr. Makela recommended that when Delaware builds its veterans' home, the State should construct a brand new facility and not renovate an older building. The problem that he found with renovation is that it could cost the same amount if not more to bring an old building up to present code requirements. Additionally, it took a total of five to six years to complete the renovation of the facility, which is longer than the typical period required to construct a new facility. The Commonwealth of Pennsylvania encountered another problem in converting the facility to a nursing home. The building was a large multi-floor facility, in contrast to the typical new nursing home which is contained within a single-floor. Multi-floor buildings are more difficult to evacuate in emergencies (especially when over two-thirds of nursing home residents are in wheel chairs). In addition, multi-story homes encumber substantial costs for elevator maintenance.

The Spring City, Pennsylvania facility has one hundred and ninety-two nursing home beds, of which thirty-two beds are dedicated to an Alzheimer and Dementia ward. A unique aspect to the Spring City Veterans' Home is that a husband and wife are permitted to occupy the same room.

The Spring City home also has 112 independent and assisted living beds, which are located in eight small modular buildings that are separate from the main building. The facility currently has a waiting list of approximately one hundred and forty people.

The requirements for admission that an applicant must :

1. Be an honorably discharged veteran or spouse of a veteran.
2. Be a resident of Pennsylvania, or a veteran who had entered the military service from Pennsylvania.
3. However no income eligibility requirements for admission.

When discussing the location in which Delaware should construct a facility, Mr. Makela (the Director) recommended that a home should be built near a veteran's hospital, since that is where most of the referrals for his Veteran's Home originate. He advised us of a recently issued policy that when building a new veteran home a state must build it in a location that is accessible to the majority of veterans. Mr. Makela recommended that to counteract the shortage of nursing personnel, the State would need to provide salary and benefits comparable to that provided by private sector nursing homes.



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