Idaho Division of Veterans Services

Statewide Facility Assessment

March 2015

INSIGHT architects, p.a.

nbbj

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1.0 EXECUTIVE SUMMARY

United States veterans are served by the U.S. Department of Veterans Affairs (USDVA) as well as state veteran agencies. While the federal government provides veterans with health care and benefits, the state veteran agencies offer assistance, counseling and high-quality, long-term nursing care. Idaho veterans are cared for by the Idaho Division of Veterans Services (IDVS), whose mission and values speak to their commitment to serve the 138,000 veterans living in the State of Idaho. IDVS leadership and staff aspire to the following goals:

- Provide high quality advocacy and benefit assistance for all Idaho veterans and their families.
- Provide superior long-term care and enhanced quality of life for all Idaho State Veterans Home residents.
- Honor Idaho veterans and their families with respectful interment services in a dignified final resting place.
- Ensure high quality, well managed education and training programs for Idaho veterans.
- Attract and retain excellent, compassionate staff and volunteers.
- Operate with efficiency, innovation and adaptability.

IDVS operates three State Veterans Homes that provide primarily long-term nursing care in Boise, Lewiston and Pocatello. In addition to the homes, IDVS manages the State Veterans Cemetery and the Veterans GI Bill/Veterans Education Program. They also maintain an Office of Veterans Advocacy which provides assistance to veterans in obtaining USDVA entitlements, extending emergency financial assistance to disabled or destitute veterans and their families.

Figure 1.1 Boise Veterans Home

1.1 Study Background & Purpose

Recently there has been growing interest among several constituencies in establishing another Veterans Home in the northern Idaho panhandle. IDVS sought to make an informed, data-driven decision, based on identified need and available resources. The purpose of this study was to assess IDVS facilities statewide and determine what additional services may be needed and where they might best be provided. The study sought to identify, define and describe the needs of veterans throughout the State and the most appropriate, cost-effective strategy to provide the necessary services.

This *Statewide Facility Assessment* report is the result of a 12-month study to understand the existing and future needs in Idaho. Study tasks included an analysis of existing facilities, a demographic review of Idaho's veteran population, and an analysis of emerging trends in long-term care and alternative delivery methods.

Figure 1.2 Idaho Regions

1.2 Veteran Population in Idaho State

Demographics were analyzed at the county and regional level, using the 7 regions defined by the Idaho Health Care Association, as illustrated in Figure 1.2. In 2013, the State of Idaho's 138,000 veterans represented approximately 9% of the overall state population, as indicated in Table 1.1 below. The 2023 projections indicate the veteran population is anticipated to decrease overall to approximately 134,000. Both the existing and projected veteran population is primarily concentrated in the more urban counties and along Interstate-84, as shown in Figures 1.3 and 1.4.

Table 1.1 Idaho Veteran & Total Population by Region, 2013 & 2023

Region	Veteran Population			Total Population		
	2013 Total Veteran Population	2023 Projected Veterans	Percent Change (2013-2023)	2013 Total Population	2023 Projected Total	Percent Change (2013-2023)
1	23,157	21,250	-8%	217,551	229,130	5%
2	10,404	9,200	-12%	106,588	110,980	4%
3	20,803	20,792	0%	263,411	283,917	8%
4	44,854	47,801	7%	459,035	499,660	9%
5	13,548	11,728	-13%	188,860	198,951	5%
6	12,202	10,902	-11%	166,138	174,236	5%
7	13,141	12,287	-7%	210,553	227,442	8%
Total:	**138,108**	**133,960**	**-3%**	**1,612,136**	**1,724,316**	**7%**

*Veteran population numbers are from USDVA; the total population numbers are from Economic Modeling Specialists International (EMSI).

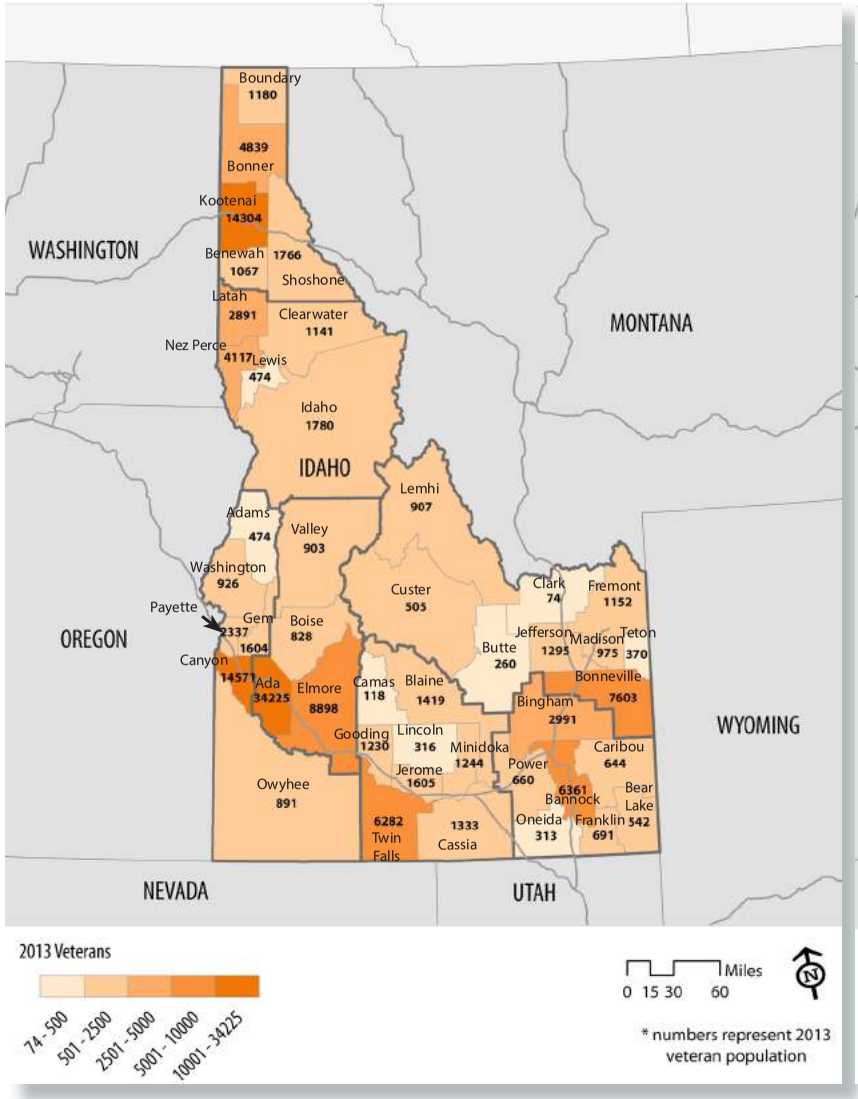


Figure 1.3 2013 Veteran Population, data from USDVA

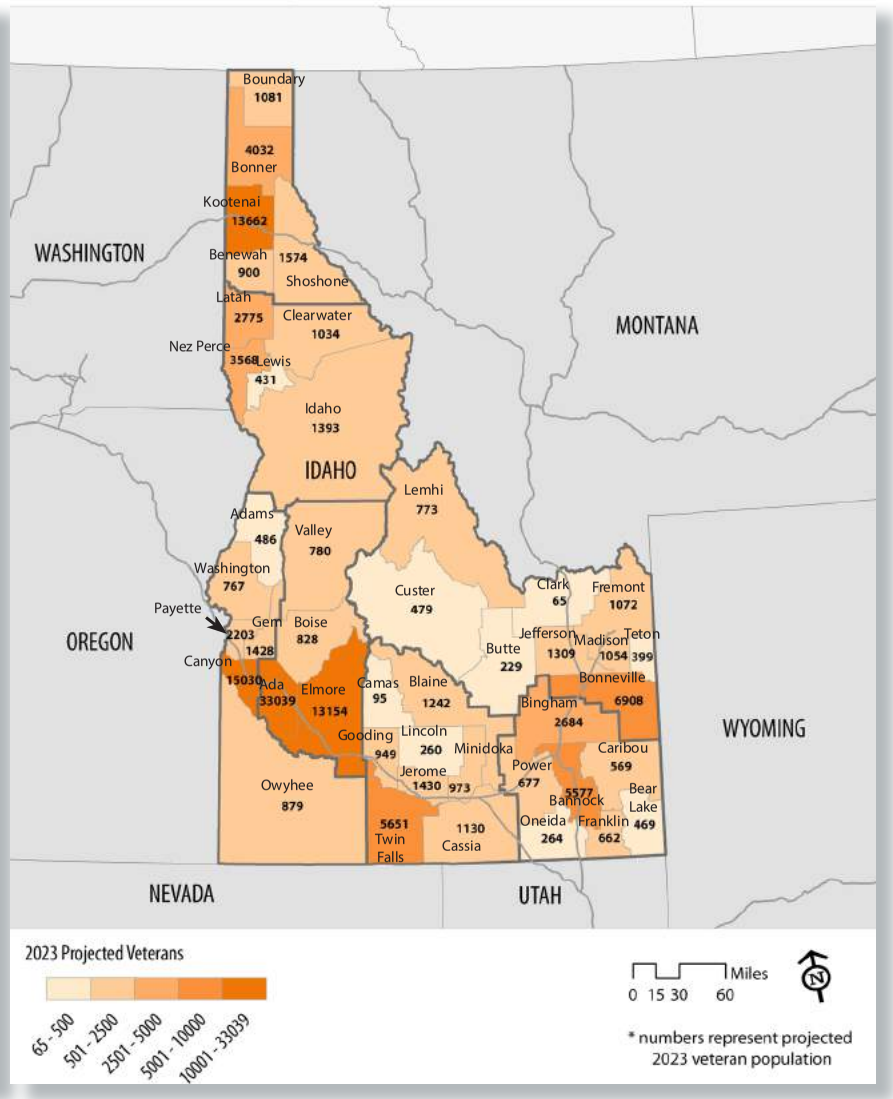


Figure 1.4 2023 Veteran Projection, data from USDVA

The demographic characteristics of the current and future Idaho veteran population are primary drivers of needed services. In summary:

- Over the next decade, there will be a marked shift in the composition of the veteran population in Idaho. The proportion of Vietnam-era vets will decline from 48% to 25% while the number of pre- and post-Gulf War and Peacetime veterans will increase from 43% to 72%.
- Veterans as a group are older than the Idaho State population as a whole, a trend that is expected to continue over the next 10 years. While the overall Idaho veteran population will decline between 2013 and 2023, the number of those 65+ will remain constant.
- Approximately 6 percent of Idaho veterans live in poverty, which is less than the statewide percentage of around 12%. 65^{+} veterans are also less likely to live in poverty than the overall 65^{+} population.
- As would be expected, Idaho veterans report a significantly higher incidence of disability. A majority of the counties in Idaho report disability rates among veterans to be over 30%. More than half the veterans over 65^{+} report disabilities.

Existing and projected demographics were part of the overall assessment of need and identifying where services should be located.

1.3 Assessment of Needs

The *Statewide Facility Assessment* study focused on the three veterans homes. (The state cemetery and potential plans for a national cemetery in Idaho were not evaluated as part of this effort.) IDVS state veterans homes provide a total of 299 beds: 263 skilled nursing beds combined and 36 domiciliary residential beds in the Boise facility. All three homes have consistently higher occupancy rates then the private skilled nursing facilities in their corresponding region. The facilities are well maintained and generally in good condition, however the IDVS homes operate under the more traditional, skilled nursing care environment with residents sharing double rooms and receiving meals in a cafeteria setting. These institutional environments are not providing the standard of care currently recommended by the USDVA. The USDVA approach to nursing care has evolved from a hospital-focused model to the community living center (CLC) model that is resident-centered and home-like. In the CLC, 10-12 residents live in houses with a shared living room and kitchen surrounded by private bedrooms and bathrooms. Multiple houses share a community center, gardens and support services on a campus.

The USDVA helps fund the development of state veterans homes through the State Home Construction Grant program, which provides 65% of the costs for the acquisition, construction and/or renovation of skilled nursing or domiciliary beds. Applications are prioritized based on the need for the project and the state's commitment to fund the remaining 35% of the costs. The cost of the land must be covered by the state and the proposed site must be located at least 2-hours in travel distance from the nearest state veteran facility. The travel-shed analysis in Figure 1.5 indicates the areas in Idaho which are within the 2-hour vehicle trip to the nearest IDVS state veterans home. [Note that veterans homes in adjacent states are also illustrated however those homes give priority admission to their resident veterans.]

The USDVA calculates maximum bed ratios for skilled nursing and domiciliary beds based on a state's veteran population. The most recent bed analysis conducted by the USDVA was in fiscal year 2011. Based on their 2011 statistics and 2020 projections, the USDVA calculated Idaho's need at 394 skilled nursing and/or domiciliary beds. Idaho's existing facilities provide 263 skilled nursing beds

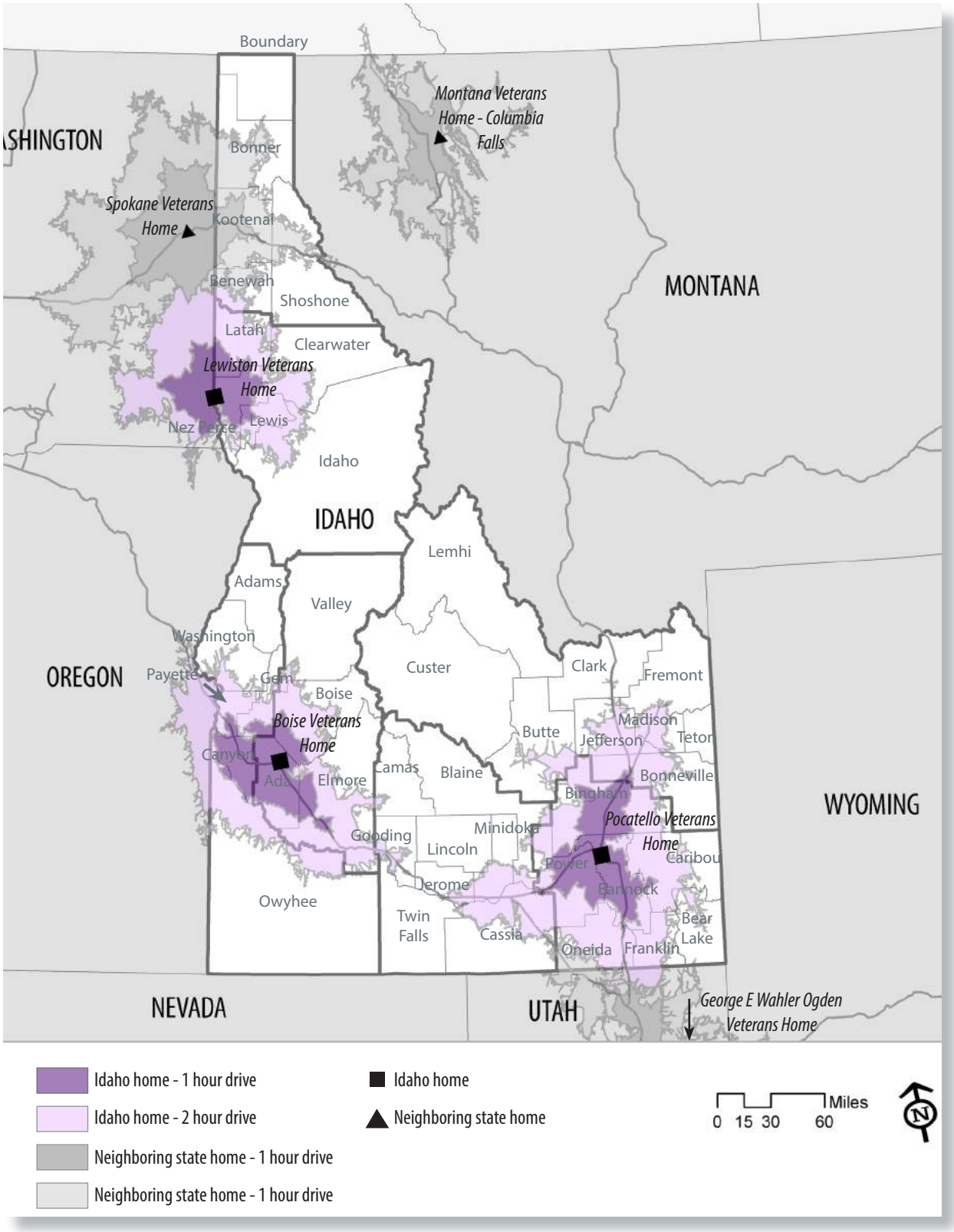


Figure 1.5 State Veterans Homes - 1 & 2-Hour Travel-sheds (data from ESRI & USDVA)

and 36 domiciliary beds, or a total of 299 beds, which leaves a remaining capacity of **95 beds**. The FY11 chart listed the State of Idaho in the lowest priority category, or "limited" need because IDVS provides 77% of the identified need.

1.4 Long-Term Care Trends

Despite the significant increase in the number of elderly in the past decade as "baby boomers" age, there has been a declining amount of institutional long term care use and an increasing number of older persons with disabilities residing in community settings. These factors reflect a trend nationwide toward providing older and disabled people with in-home care rather than placing them or keeping them in nursing homes. Both the number of skilled nursing beds and the percentage of occupied beds in the US declined from 2000 to 2012.

Idaho's private skilled nursing care industry experienced significant growth in the number of facilities, even overbuilding in some regions. The increase in private facility development was followed by the recession. More seniors are choosing to live at home and/or are staying longer in assisted living facilities. According to the data available to the study team, skilled nursing facility utilization rates dropped significantly to 48% in 2014 however, the assisted living industry remained more constant at approximately 76% occupancy.

The IDVS State Veterans Homes are highly utilized, particularly in contrast to their regional counterparts. The following observations are possible on the State Veterans Homes over the same time period. The Boise Veterans Home is typically the most occupied with 90% of their 131 skilled nursing beds full in 2014, followed by Lewiston with an 86% occupancy rating and the Pocatello Veterans Home at 71%. Veterans enjoy the camraderie of living with others who served and typically find the cost of care in an Idaho Veterans Home is financially competitive with the local private options.

Regional analysis of the projected veteran population indicated the strongest need for skilled nursing beds was in northern (Region 1) and southwestern Idaho (Regions 3 and 4) The nearest IDVS home to Region 1 is the Lewiston Veterans Home which is beyond the 2-hour travel-shed, particularly for the veteran population concentrated in Kootenai and Bonner Counties. Regions 3 and 4 combine for additional capacity in the greater Treasure Valley area, beyond the existing beds provided at the Boise Veterans Home. Expansion of this facility is not possible as the building already consumes most of the parcel with its a two-story building footprint and the parcel is landlocked. Solutions to provide beds in either region would therefore require construction and/or acquisition of an appropriate facility that meets the CLC standards.

1.5 Study Findings

Eight alternatives were defined as part of this *Statewide Facility Assessment* and narrowed down based on the mission and goals of IDVS. Comparative evaluation criteria were applied to the remaining five strategies and two alternatives were identified as the top priorities.

New CLC in Northern Idaho

This alternative would construct a new facility in Region 1, assumed to be 96-beds, to address the current and projected bed shortage. The new veterans home would adhere to the physical and operational model defined by the USDVA's *CLC Design Guidelines*. A state veterans home in the northern panhandle would address both current and projected need. The local community is very

outspoken in favor of the project and a 10-acre site may be available for the construction of the facility, although the cost to acquire the land is not yet known.

The feasibility and costs of operating a CLC in northern Idaho temper slightly the local enthusiasm for this alternative. Concerns remain regarding the ability to attract and retain nursing staff in this region; higher paying nursing positions for both licensed practical nurses and certified nursing assistants are available in Washington State. Local health care employers may be able to provide insights on what the region's private sector may be doing in order to compete.

Replacement / Growth CLC in Southwestern Idaho

This alternative would replace the 49-year old Boise Veterans Home with a larger facility or define a strategy to provide additional skilled nursing beds in a second facility somewhere in the greater Treasure Valley area. This alternative would construct an additional 96 beds of the 80-102 projected as the need for southwestern Idaho. Further analysis would test whether this alternative involves a full replacement of the existing Boise Veterans Home (and how IDVS would phase out of the original facility) or operation of two distinct homes in this region and which care units would be provided at each location. It is assumed that a 10-12 acre site may be available somewhere in the region for the construction of a 96-bed, or larger facility, if a single campus was determined as a replacement plus growth option.

This alternative identifies a proactive need to plan for and invest in the eventual replacement of the Boise Veterans Home. IDVS has continually invested in the existing structure over the years, taking good care to maintain the facility however, the building is approaching 50-years of service. The facility has generally expended its useful life; no significant capital costs should be further spent beyond the basic maintenance and life safety needs. The home offers 131 beds in a very traditional, double room skilled nursing environment plus 36 domiciliary beds. The buiding's institutional layout and the constraints of the property preclude expansion or renovation to the current CLC model of care.

Further planning and analysis of this alternative is needed although it is clear that the Boise Veterans Home is providing significant bed capacity in this, the most populated region in the state. IDVS should craft both near-term and long-term plans for residential care in the greater Treasure Valley area.

Potential Costs for a 96-Bed Facility

A new, 96-bed veterans home based on the Community Living Center model would require a different staffing model than the current IDVS State Veterans Homes. Application of the regulations to the CLC concept and assuming the same services contracted at the other homes would continue to be contracted in the proposed facility, this study determined that **111.5 full-time equivalent state employees** would be required, including 91 nursing staff (all positions). Operating costs were calculated in 2014 dollars, using existing salaries and benefits as offered to the equivalent Lewiston Home staff. Based on these assumptions, annual operating costs were estimated at $3.0 million, in 2014 dollars.

Preliminary space programming and planning for a potential 96-bed veterans home based on the USDVA's *CLC Design Guidelines* identified the need for 98,500 gross square foot facility. Several assumptions were made regarding the availability of easily developable land, 1-story construction with a 50-year building life expectancy and designed to meet LEED™ Silver sustainable design standards. These assumptions were made in order to provide a preliminary estimate of the potential

costs associated with the design and construction of a 96-bed CLC, somewhere in Idaho. Given these assumptions, the preliminary project cost for a new 96-bed community living center of 98,500 GSF is estimated at **$37.4 million**, including both construction and project costs, in 2014 dollars. (The full cost to design and construct any facility is considered "project costs" which adds approximately 8-10% to the construction cost to account for design fees, furnishings, equipment, permits and taxes.)

Future Priorities

The next priority would consider how to implement **respite or day care** at an existing state veterans home in order to provide short-term relief for caregivers. Funding for such services is very limited and may prove cost-prohibitive. The need for respite care or day care was consistently identified as a much desired service across the state.

1.6 Next Steps

This report will be submitted to the Governor and State Legislature for their consideration and approval to move forward. Subsequent to their approvals, IDVS and the study team will complete the grant application for a new 96-bed community living center in northern Idaho. The State Legislature will need to commit the funding for 35% of the project cost, or approximately $13.1 million (in 2014 dollars). By submitting the application to the USDVA State Home Construction Grant program, Idaho and its veterans will "get in the queue" for funding of a new home. IDVS must continue the planning and complete the paperwork to prove its case for additional skilled nursing beds.

2.0 STUDY BACKGROUND & PURPOSE

The Idaho Division of Veterans Services (IDVS) provides assistance, counseling and high-quality domiciliary and long-term nursing care to the State of Idaho's 138,000 veterans and their family members. As defined by their Vision, "caring for America's heroes," IDVS fulfills its Mission to serve veterans by providing:

- Superior advocacy
- Excellent assistance with benefits and education
- High quality long-term care
- Respectful internment services in a dignified final resting place

The Statewide Facility Assessment was grounded in the IDVS Vision and Mission, which ultimately helped determine the study alternatives and findings.

2.1 Overview of Veteran Services in Idaho State & Role of IDVS

Figures 2.2 and 2.3 on the following pages provide an overview and locations of the services and programs offered to veterans in Idaho State, including those provided by IDVS and the U.S. Department of Veteran Services (USDVA).

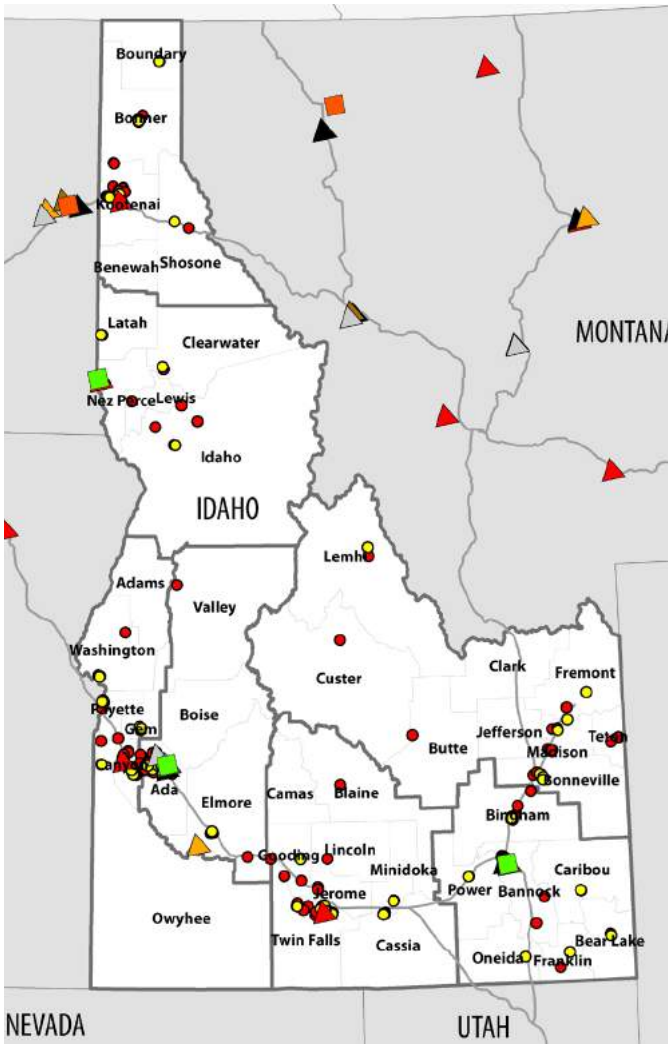
IDVS programs and services play a vital role in assisting the veterans of Idaho State while reducing the costs of state government. IDVS programs serve to maximize the amount of USDVA entitlements

Figure 2.1 Pocatello Veterans Home [flickr.com photo by J.T. Ray]

(see discussion of USDVA programs below) received by veterans of the state. For example, IDVS-funded Field Offices and Veterans Service Officers at the state homes assist veterans in filing VA benefit claims and act as advocates and expediters in the claims approval process. IDVS also funds and/or provides services to veterans that supplements USDVA services, in effect "filling the gaps" where veteran needs are not being met.

Skilled Nursing & Domiciliary Beds

IDVS offers residential care in the forms of skilled nursing and domiciliary beds. IDVS operates three State Veterans Homes: located in Boise, Lewiston and Pocatello that provide primarily long-term nursing care to veterans in the State of Idaho. The Boise Home provides a total of 131 skilled nursing beds (including 17 beds for Alzheimer's/ dementia) plus rooms for 36 domiciliary residents. The Lewiston and Pocatello Homes each provide 66 skilled nursing beds. Statewide there is a current capacity of 299 beds for Idaho Veterans and their spouses. The three state homes use 87% of IDVS's total operating budget, but the homes themselves are self sustaining.



Legend

- VBA Benefits Delivery Discharge
- Community Based Outpatient Clinic
- Independent Outpatient Clinic
- Veterans Benefits Administration
- Residential Rehabilitation Treatment Program
- Hospital
- Veteran Home
- Veteran Center
- VBA Vocational Rehabilitation & Employment
- Private Skilled Nursing Facility
- Private Assisted Living Facility
- Idaho State Homes
- Non-Idaho State Homes
- State Cemetery

Figure 2.2 Existing Veterans Services in Idaho State

Cemetery

The Idaho State Veterans Cemetery was made possible by a grant from the Veterans Administration. The State Cemetery Grants Program funded 100 percent of the design, construction and equipment costs associated with developing the facility in the Boise foothills. The 76.5-acre cemetery was dedicated to the State of Idaho in 2004 by then-Governor Dirk Kempthorne. The cemetery uses approximately 2.4% of the division's operating budget.

Regional Services

In addition, IDVS assists veterans throughout Idaho in a variety of important ways. Services include maintaining an Office of Veterans Advocacy which provide assistance to veterans in obtaining USDVA entitlements and extending emergency financial assistance to disabled or destitute veterans and their families. Some of these services are provided directly by IDVS personnel. In 2013-2014, more than $746 million in Veterans benefits came into the state; approximately $53 million involved field office personnel helping file claims. In other words, for every dollar IDVS spends of State general funds, Idaho gains an average return on investment of almost $70.

The division oversees services that are provided by private sector or Veteran Service Organizations (VSOs) such as the American Legion, Disabled Veterans of America and the Veterans of Foreign Wars. These organizations raise monies and provide assistance to veterans. They serve as providers of IDVS funded field offices to assist veterans in the filing and advocacy of USDVA benefit claims. VSO posts and chapters throughout the state serve as community support networks for Idaho veterans. They also operate vital programs such as the Disabled Veterans of America van program, which provides transportation via donated vans for veterans to and from VAMCs for health care and other needs.

IDVS also plays a key role in a joint program with the USDVA Regional Office (VARO) that assists active duty personnel in filing VA benefit claims as part of the Transition Assistance Program (TAP). IDVS supports and augments DOD to provide TAP at the Mountain Home Air Force Base. The purpose of TAP is to brief active duty personnel on VA benefits and services before they leave the military, as well as to begin the process of filing VA benefit claims.

Role of Federal Government

The Federal VA has the primary responsibility for assisting veterans in our nation. USDVA assistance is provided to eligible veterans through health care services managed by the Veterans Health Administration and in the form of direct entitlements and other services administered by the Veterans Benefit Administration.

The **Veterans Health Administration** (VHA) manages and provides health care services to eligible veterans. Since 1995, VHA has been organized into 22 Veterans Integrated Service Networks (VISNs) throughout the nation. Each VISN comprises a group of medical centers working together to strengthen referral patterns, stress primary care and provide accessible, customer-oriented care to veterans in their areas.

The majority of Idaho State falls under the purview of VISN 20, which also covers Washington, Oregon and Alaska. Southeast Idaho falls within VISN 19, which also covers the Rocky Mountain States. VISN 20 health care facilities impacting Idaho veterans include the Boise VA Medical Center (VAMC) as well as two VAMCs in Washington: Spokane, which conveniently serves Idaho veterans from the northern panhandle, and Walla Walla. The Salt Lake City VAMC is closer for Idahoans living in southern portions of the state. Each VAMC consists of an inpatient medical center, outpatient clinic, nursing home care unit, and domiciliary care facility. VHA operates three outpatient clinics in

Veteran Services in Idaho

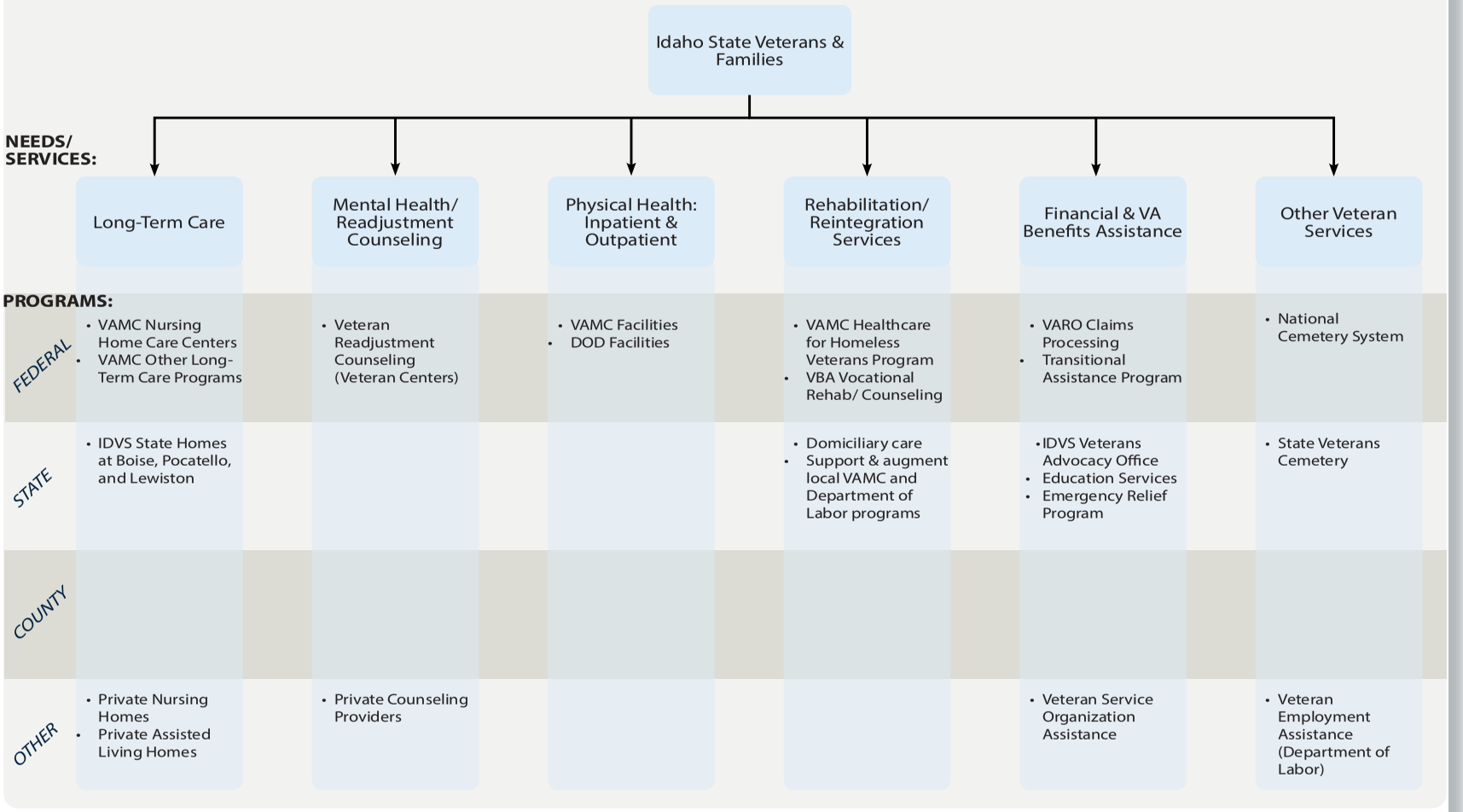


Figure 2.3 Veteran Services in Idaho State

Idaho: Mountain Home, Ponderay and Salmon. Seven Community Based Outpatient Clinics (CBOCs) provide health care across the state in Caldwell, Couer d'Alene, Grangeville, Idaho Falls, Lewiston, Pocatello and Twin Falls.

In addition, VHA operates Readjustment Counseling Service Centers (Vet Centers) throughout the nation. Vet Centers were established by Congress in 1979 to provide assistance to Vietnam-era vets who were having difficulty as a result of their military experience. Legislation was expanded in 1991 to provide services to theatre veterans of other wars/conflicts. In Idaho State, Vet Centers are located in Boise and Pocatello. Each Vet Center has a defined catchment area that includes surrounding counties. Counseling services at each center focus on Post-Traumatic Stress Disorder, with both individual and group counseling. Eligibility is limited primarily to the veteran, as there are strict legislative limitations on providing services to veteran family members.

Finally, VHA oversees programs at VAMCs for rehabilitation and reintegration of homeless veterans. The domiciliary center in Boise operates as transitional housing for homeless vets.

In recent months, VHA facilities and practices nationwide have been under intense scrutiny. USDVA is working to improve veterans' access to health care.

The **Veterans Benefit Administration** (VBA) provides benefits and services to veterans and their families in recognition of their service to the nation. Promulgated by Federal law, these benefits and services include:

- *Disability Compensation* - Monetary benefits paid to veterans who are disabled by injury or disease incurred or aggravated during military service. Disability compensation is paid monthly and varies with the degree of disability and the number of dependents. The current rates for disability compensation ranges from $133.17 per month (10% disability rating) to $3,447.72 per month (100% disability rating).
- *Pension* - Veterans with low incomes may be eligible for monetary support if they have 90 days or more of active military service, one day of which was during a period of war. In order to receive pension benefits, the veterans must be permanently and totally disabled for reasons not traceable to willful misconduct. Payments are made to qualified veterans to bring their total income to a level set by Congress, which currently ranges from $12,868 to $25,488 per year, depending on household size and degree of disability.
- *Education & Training* - The Montgomery GI Bill provides a program of education benefits to individuals who entered active duty after June 30, 1985 and have received an honorable discharge. To receive maximum benefit, currently $1,717 per month for 36 months, the participant must have served for three years. Education and training benefits can be used for college courses, work study and employment counseling.
- *Vocational Rehabilitation* - A disabled veteran may receive employment assistance, training in a rehabilitation facility, and college and other training. The current benefit rate is approximately $601.33 - $881.91 per month for full-time training.
- *Home Loan Guaranties* - VA loan guaranties are made to service members, veterans, reservists and unremarried surviving spouses for the purchase of homes and for refinancing loans. VA guaranties part of the total laon, permitting the purchaser to obtain a mortgage with a competitive interest rate, even without a down payment if the lender agrees.
- *Life Insurance* - A variety of life insurance programs are available for veterans, including Veterans Group Life Insurance, Service-Disabled Veterans Insurance and Veterans Mortgage Life Insurance.

- *Burial Benefits* - Veterans are eligible for burial in a VA national cemetery. Burial benefits include the gravesite, a headstone or marker, opening and closing of the grave and perpetual care.
- *Survivor Benefits* - Surviving spouses of veterans are eligible for a variety of VA benefits, including dependency and indemnity compensation, death pension, educational assistance and loans, and home loan guaranties.

The VA Regional Office (VARO) in Boise administers VBA benefits and services to veterans in Idaho State. The primary role of VARO is to process and approve individual claims for VA benefits. They generally do not assist veterans with the filing of VA benefit claims, which as described above, is a vital service performed by IDVS. VARO also administers VBA programs such as vocational rehabilitation.

2.2 Study Purpose & Process

Recently there has been interest among several constituencies in establishing another Veterans Home in the northern Idaho panhandle. IDVS wants to make an informed, data-driven decision, based on identified need and available resources. The purpose of the study was to assess IDVS facilities statewide and determine what additional services may be needed and where they might best be provided. The study sought to identify, define and describe the needs of veterans throughout the State and the most appropriate, cost-effective strategy to provide the necessary services.

The study effort centered on providing answers to the following questions:

- What are the characteristics of the veteran population in Idaho, now and in the future? How are health, social service and long-term care needs of this population expected to change in the next decade plus?
- How will these expected changes impact the role and mission of the three existing homes and/or the need for an additional home?
- What role does IDVS play in the provision and funding of veteran services in Idaho? How does this role fit within the larger context of veteran service providers/funders?
- What are the major areas of unmet need for veteran services other than long-term and how should/could IDVS programs be expanded/modified to meet those needs?

Figure 2.4 on the following page illustrates the major tasks, milestones and timelines for the study. The analysis was rooted in IDVS statewide mission and its goals to provide services across the state. An assessment of the veteran population over the next two decades and the regional need for services was undertaken to determine the demand, types of services, and location(s) of additional services and facility expansion. A review of potential demand from the veterans in Idaho's neighboring states was also important, given the opportunity of the veterans Integrated Service Network (VISN) to consider needs and services on a more regional basis. Those service demands were translated into site/facility alternatives based both on the nature and timing of those needs and on the standards and best practices within the Department of Veteran Affairs State Home Construction Grant Program to ensure eligibility for federal grants.

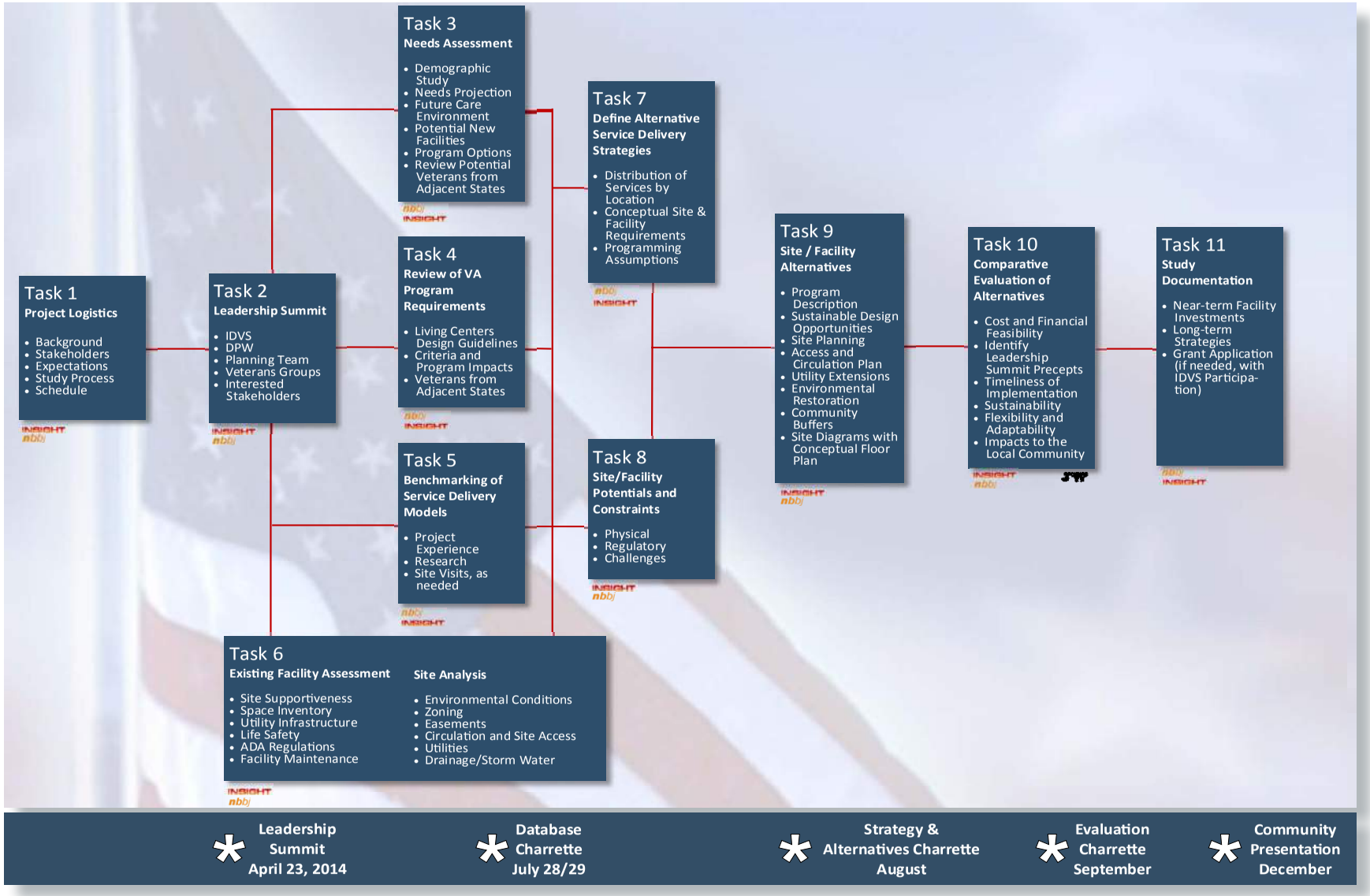


Figure 2.4 Statewide Facility Assessment Study Process

3.0 IDAHO VETERAN POPULATION

The following discussion highlights the major characteristics and trends of the veteran population in the State of Idaho. The source for much of the current demographic information is the 2013 American Community Survey (ACS) published in 2014 by the U.S. Census Bureau. Other data sources included the US Department of Veterans Affairs (USDVA) for a 2023 forecast of Idaho veterans and Economic Modeling Specialists International for a 2013 and 2023 forecast of Idaho population by county (completed in 2014 for the Idaho Department of Labor). A listing of all data sources, projection methodologies and detailed displays of veteran demographics can be found in the Appendix.

3.1 Overall Population Trends & Characteristics

In 2013, there were approximately 138,000 veterans residing in Idaho, who represent approximately 9% of the overall state population (see Table 3.1 on the following page). In addition, an estimated 233,000 family members of veterans were also living in Idaho (based on the statewide size of household statistics from the 2013 American Community Survey). According to statistics maintained by USDVA, the overall percentage of veterans living in Idaho exceeds the national average of approximately 7%.

Nationally, the veteran population has declined over 18% since 2000, as the rate of veteran deaths, particularly among the remaining World War II veterans and older Vietnam War veterans has exceeded the number of new vets separating from active duty status. Idaho veterans have declined approximately 8% during the same period.

Figure 3.1 Veterans at Study Presentation in Region 1

Table 3.1 Idaho & USA Veteran Population, 2000 & 2013

Location	2000			2013		
	Veterans	Total Population	Percent Veteran	Veterans	Total Population	Percent Veteran
Idaho	140,776	1,293,953	10.9%	138,108	1,612,136	8.6%
USA	27,535,883	281,421,906	9.8%	21,886,671	316,128,839	6.9%

Note: Population sources vary. The 2013 total population numbers were provided by the U.S. Census Bureau, American Community Survey; 2013 veteran numbers were provided by USDVA. The 2000 total population numbers were provided by the U.S. Census Bureau, Census 2000. USDVA data for 2000 was not available. The 2000 veterans population was derived by the application of population change from the U.S. Census veterans subpopulations (2013-2000) to the 2013 USDVA population data.

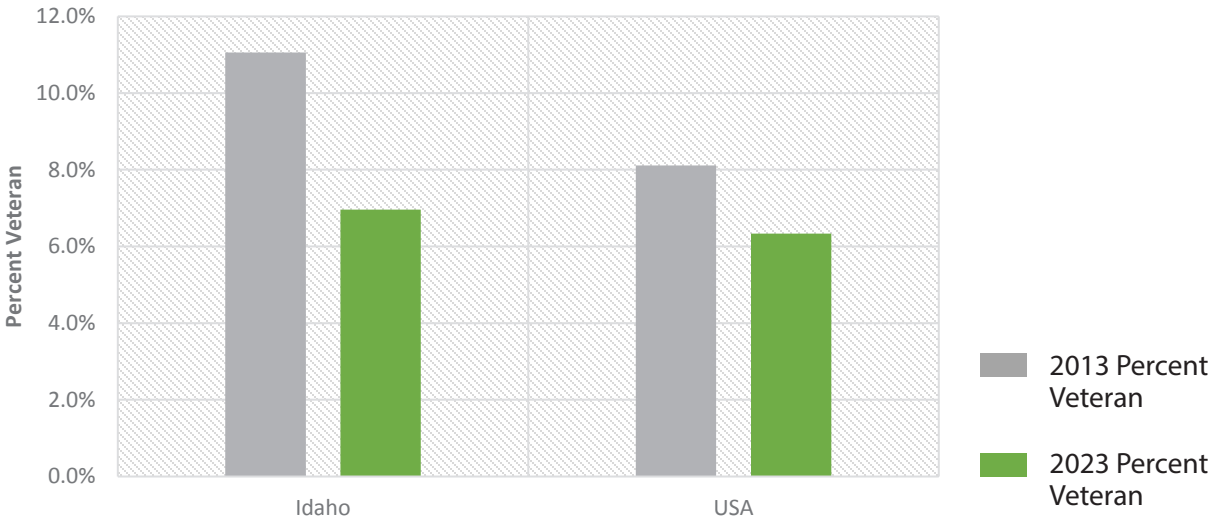


Figure 3.2 Projected Percent Population: Idaho Veterans & Total Population, 2013 & 2023 (Source: 2013 USDVA)

Projected demographics are very relevant as IDVS anticipates future facility needs. As illustrated in Figure 3.2, Idaho's veteran population is expected to decrease by 6% until 2023, when it is projected to represent 7% of the total population (11.1% in 2013). In contrast, the entire Idaho population is projected to increase by 7% during the same time period. The national veteran population also drops in 2023 projections, down to 6.3% (8.1% in 2013).

War Era

The demographics of the veteran population are a reflection of our nation's commitment in past wars and ongoing military needs. Over the next decade, there will be a marked shift in the composition of the veteran population. The proportion of Vietnam-era vets will decline from 48% to 25% as mortality increasingly claims this aging population. Conversely the number of pre- and post-Gulf War and Peacetime veterans will increase from 43% to 72%. Vietnam-era vets will no longer represent the largest segment as they do currently (see Figure 3.3 on the following page).

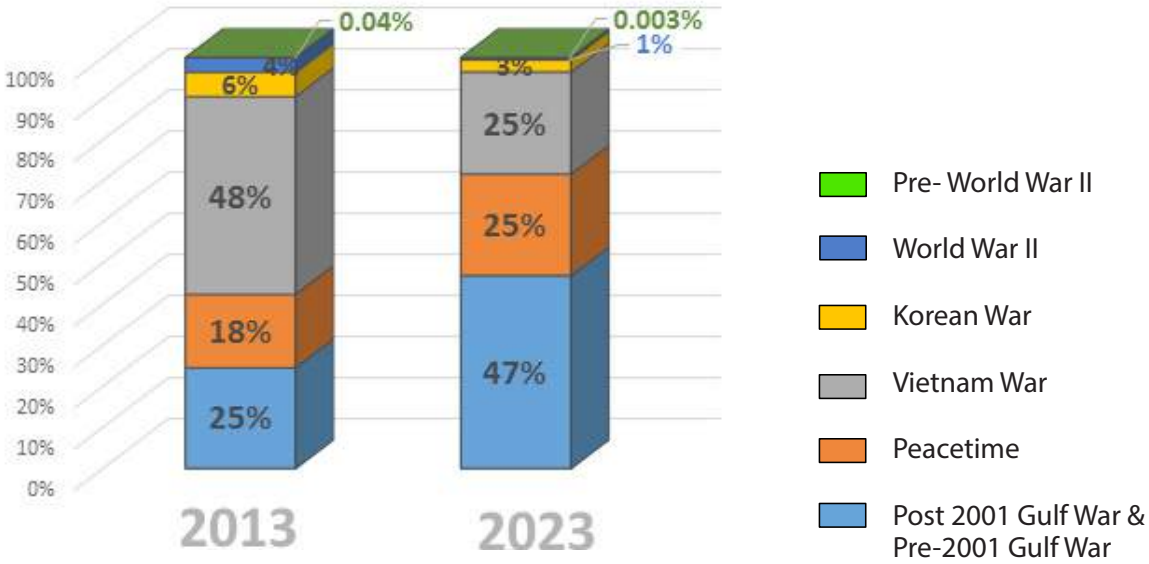


Figure 3.3 Idaho Veterans Period of Service: 2013 & 2023 (Source: USDVA)

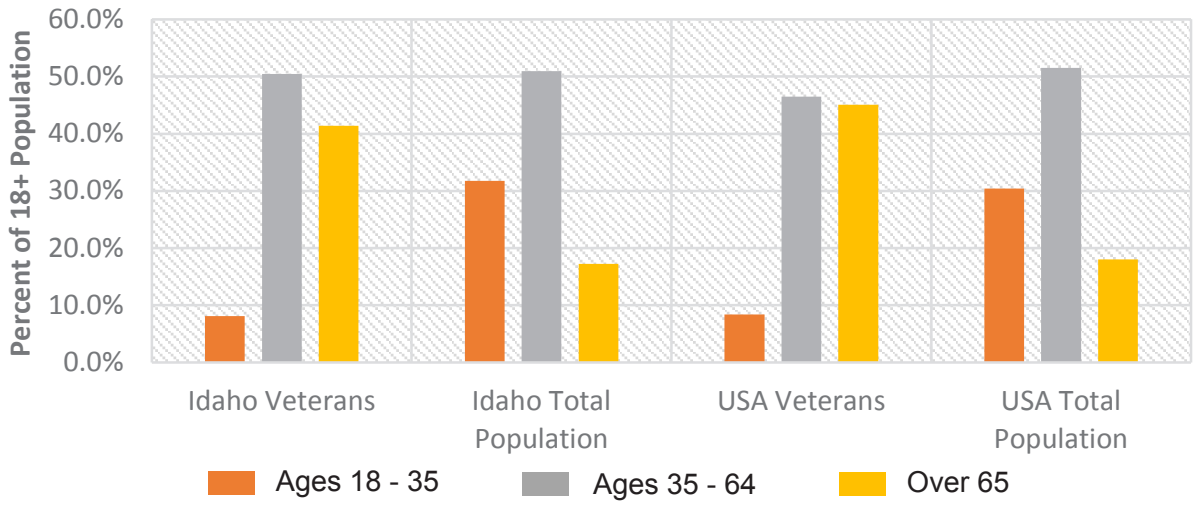


Figure 3.4 Age Distribution: Idaho Veterans & Total Population, 2013 (Source: 2013 ACS)

Age Distribution

Veterans as a group are older than the Idaho State population as a whole, a trend that is expected to continue over the next 10 years. While the overall Idaho veteran population is expected to decline between 2013 and 2023, the number of those 65+ is expected to remain constant. Idaho's veterans are slightly younger than veterans in the United States, although both groups are significantly older than the total state and country population (see Figure 3.4 on the following page).

Poverty & Disability

A smaller proportion of veterans were living in poverty in 2013 than the total United States population and the total Idaho population (see Figure 3.5 on the following page). Although there was a significant number of veterans living in poverty, the percentage was less than half the overall Idaho and United States populations.

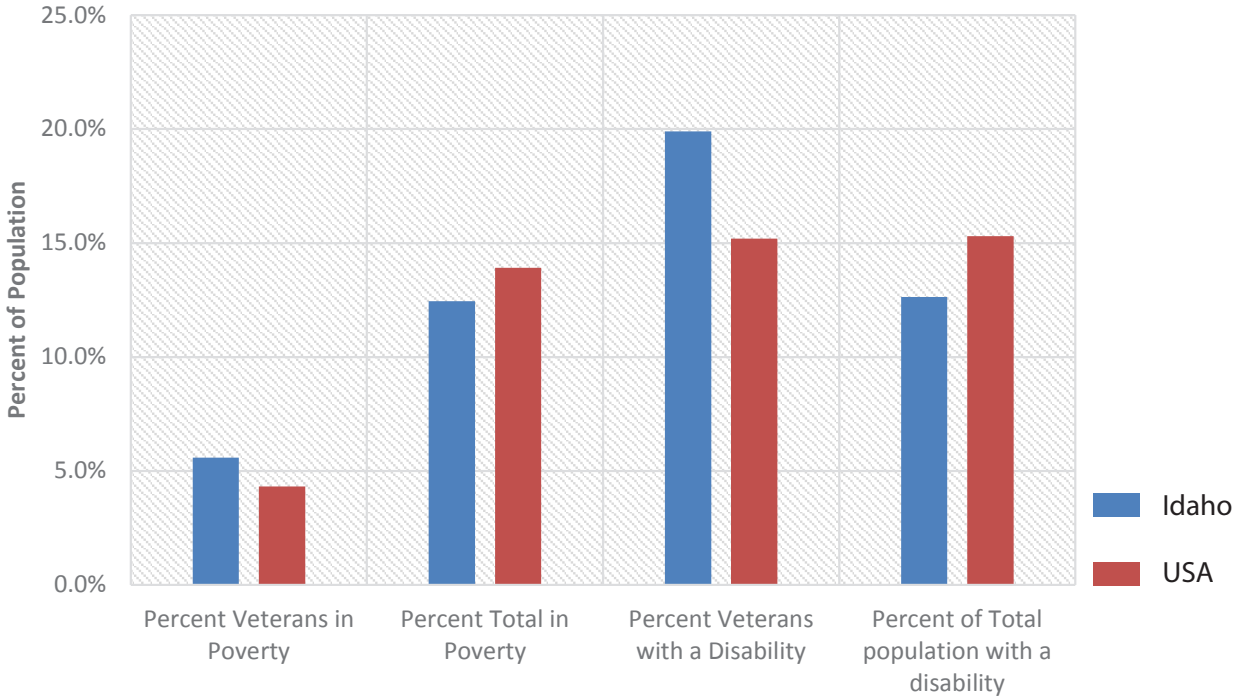


Figure 3.5 Poverty & Disability: Idaho Veterans & Total Population, 2013 (Source: 2013 ACS)

The opposite is true of those living with disabilities. Due to service-related mental and physical illnesses, a much higher percentage of veterans report disability than the total population. The proportion of veterans reporting a disability is higher among Idahoans than the United States veteran population. This is in contrast to the percent of the total population reporting a disability, which is higher in the United States than it is in Idaho.

Homelessness

Homelessness numbers nationwide are provided by the Housing and Urban Development's 2013 report. Homelessness was surveyed on a single night in January, 2013. On this night in January, 0.253% of the total population was homeless, and 0.295% of veterans were homeless.

A lower percentage of Idaho's total state population and veteran population is homeless than the United States as a whole. On a single night in January 2013, 0.156% of the total Idaho population was homeless, and 0.165% of the total veteran population was homeless. Idaho numbers are from a 2013 report published by the Idaho Housing and Finance Association. Although homelessness among veterans isn't an unimportant issue, veterans aren't significantly more likely to be homeless than the total population. Furthermore, the rate of veteran homelessness has been decreasing over the past decade due to social service interventions.

Alzheimer's Disease & Dementia

Alzheimer's Disease and other forms of dementia are increasingly affecting a majority of Americans. There are currently an estimated 22,000 people in the state of Idaho who are living with Alzheimer's. This number is expected to rise by 50% between now and 2025, to 33,000. In the United States overall, the disease is expected to increase, but at a slightly slower rate. Statistically, this projected increase in the incidence of Alzheimer's will affect veterans more than the total population, since on average, veterans are older than the total population. In addition, those who have suffered

traumatic brain injuries (TBIs) are diagnosed with Alzheimer's at a rate 4.5 times more than the overall population. Many veterans experienced TBIs due to service-related injuries, therefore have increased probabilty for an Alzheimer's diagnosis. The Idaho State Veterans Homes will continue to provide memory care to serve this growing population.

3.2 Idaho Veteran Demographics

Idaho is comprised of 44 counties, the most populous (in both veterans and the total population) is Ada County, which hosts the capital city of Boise. Other counties with more than 100,000 residents are Kootenai County in the panhandle and Canyon County bordering Ada County. Several counties with the highest proportion of Veterans however, are the more rural counties such as Shoshone County and Custer County. Suburban Elmore County, where the Mountain Home Air Force Base is located, has a higher proportion of veterans than any other county.

Idaho is organized into 7 regions by the Idaho Department of Health and Welfare. This study referenced these geographic regions to organize the demographic analysis. Regions are numbered from north to south and west to east, as illustrated in Figure 3.6.

Every region in Idaho is expected to increase in overall population by 2023 (see Figures 3.7 - 3.10 on the following pages). In contrast, every region except region 4 is expected to see a decrease in veteran population by 2023. Region 4's projected increase is anticipates current military personnel would return to

Figure 3.6 Idaho Regions

Table 3.2 Idaho Veteran & Total Population by Region, 2013 & 2023

Region	Veteran Population			Total Population		
	2013 Total Veteran Population	2023 Projected Veterans	Percent Change (2013-2023)	2013 Total Population	2023 Projected Total	Percent Change (2013-2023)
1	23,157	21,250	-8%	217,551	229,130	5%
2	10,404	9,200	-12%	106,588	110,980	4%
3	20,803	20,792	0%	263,411	283,917	8%
4	44,854	47,801	7%	459,035	499,660	9%
5	13,548	11,728	-13%	188,860	198,951	5%
6	12,202	10,902	-11%	166,138	174,236	5%
7	13,141	12,287	-7%	210,553	227,442	8%
Total:	**138,108**	**133,960**	**-3%**	**1,612,136**	**1,724,316**	**7%**

Source: Veterans numbers and projections were provided by USDVA; total population numbers and projections were provided by EMSI.

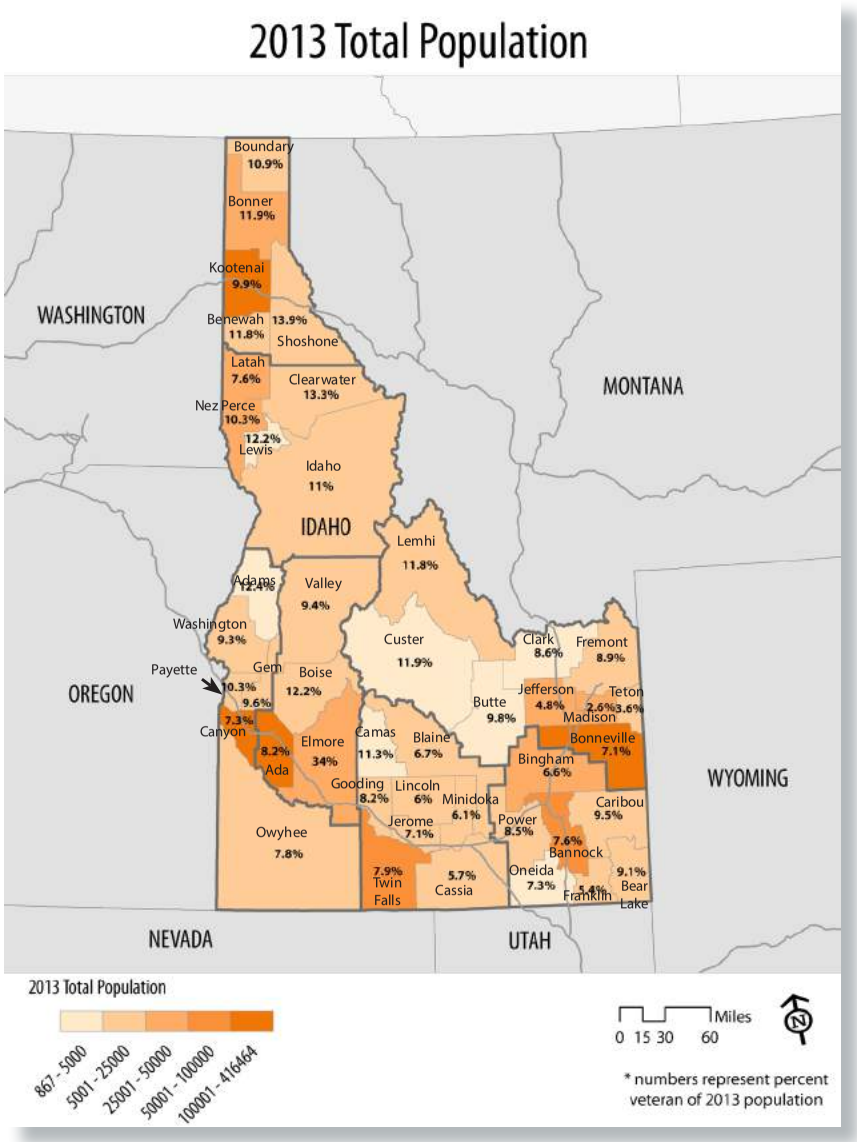


Figure 3.7 2013 Total Population, data from EMSI & USDVA

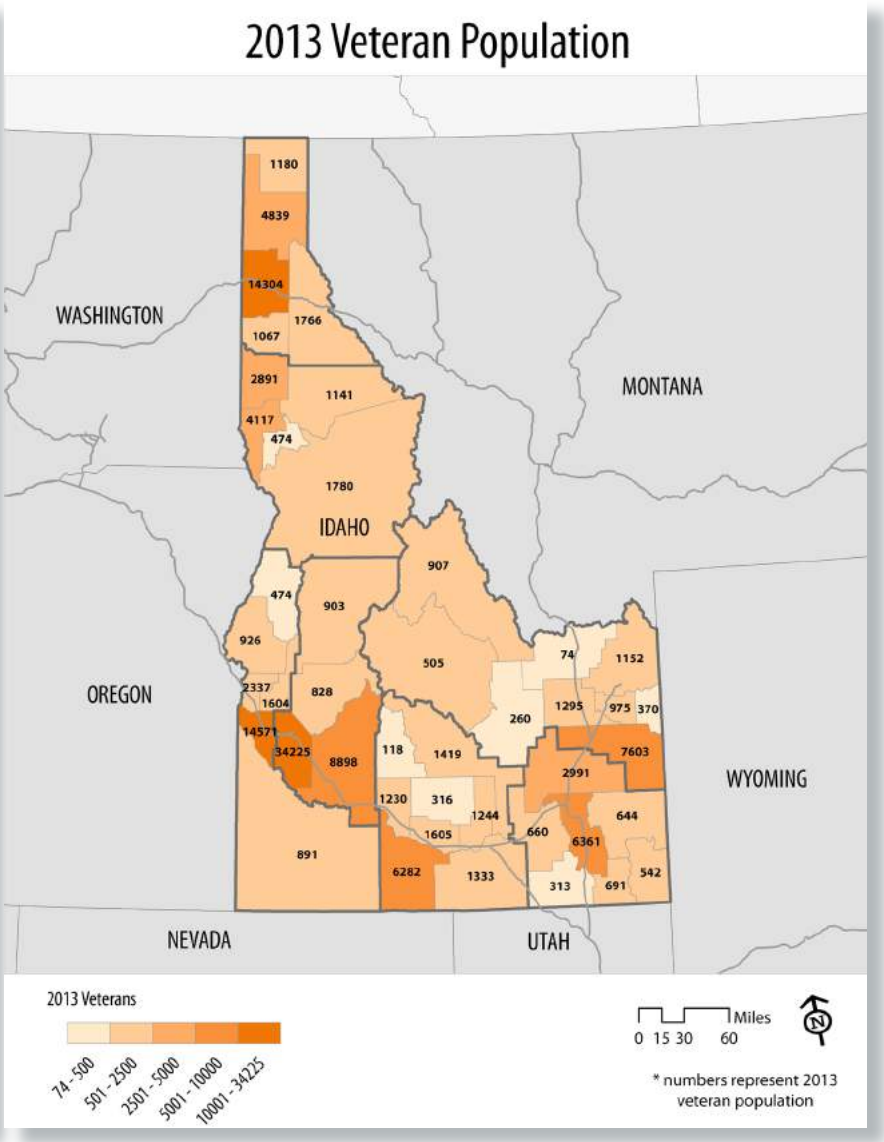


Figure 3.8 2013 Veteran Population, data from USDVA

Table 3.3 Idaho Veteran & Total Population by County, 2013 & 2023

County	2013			2023		
	Total Population	Veterans	Percent Veteran	Total Population	Veterans	Percent Veteran
Ada	416,464	34,225	8.2%	457,705	33,039	7.2%
Adams	3,828	474	12.4%	3,971	486	12.2%
Bannock	83,249	6,361	7.6%	88,779	5,577	6.3%
Bear Lake	5,943	542	9.1%	5,782	469	8.1%
Benewah	9,044	1,067	11.8%	8,878	900	10.1%
Bingham	45,290	2,991	6.6%	47,492	2,684	5.7%
Blaine	21,329	1,419	6.7%	21,323	1,242	5.8%
Boise	6,795	828	12.2%	7,273	828	11.4%
Bonner	40,699	4,839	11.9%	40,992	4,032	9.8%
Bonneville	107,517	7,603	7.1%	117,937	6,908	5.9%
Boundary	10,853	1,180	10.9%	10,945	1,081	9.9%
Butte	2,642	260	9.8%	2,583	229	8.9%
Camas	1,042	118	11.3%	1,065	95	8.9%
Canyon	198,871	14,571	7.3%	217,998	15,030	6.9%
Caribou	6,808	644	9.5%	6,620	569	8.6%
Cassia	23,331	1,333	5.7%	24,900	1,130	4.5%
Clark	867	74	8.6%	764	65	8.4%
Clearwater	8,577	1,141	13.3%	8,470	1,034	12.2%
Custer	4,249	505	11.9%	4,390	479	10.9%
Elmore	26,170	8,898	34.0%	25,359	13,154	51.9%
Franklin	12,854	691	5.4%	13,343	662	5.0%
Fremont	12,927	1,152	8.9%	13,039	1,072	8.2%
Gem	16,686	1,604	9.6%	16,938	1,428	8.4%
Gooding	15,080	1,230	8.2%	15,699	949	6.0%
Idaho	16,116	1,780	11.0%	17,015	1,393	8.2%
Jefferson	26,914	1,295	4.8%	30,047	1,309	4.4%
Jerome	22,514	1,605	7.1%	24,657	1,430	5.8%
Kootenai	144,265	14,304	9.9%	155,979	13,662	8.8%
Latah	38,078	2,891	7.6%	40,669	2,775	6.8%
Lemhi	7,712	907	11.8%	7,736	773	10.0%
Lewis	3,902	474	12.2%	4,061	431	10.6%
Lincoln	5,315	316	6.0%	5,095	260	5.1%
Madison	37,450	975	2.6%	39,636	1,054	2.7%
Minidoka	20,292	1,244	6.1%	20,821	973	4.7%
Nez Perce	39,915	4,117	10.3%	40,765	3,568	8.8%
Oneida	4,275	313	7.3%	4,252	264	6.2%
Owyhee	11,472	891	7.8%	11,631	879	7.6%
Payette	22,610	2,337	10.3%	23,195	2,203	9.5%
Power	7,719	660	8.5%	7,968	677	8.5%
Shoshone	12,690	1,766	13.9%	12,336	1,574	12.8%
Teton	10,275	370	3.6%	11,310	399	3.5%
Twin Falls	79,957	6,282	7.9%	85,391	5,651	6.6%
Valley	9,606	903	9.4%	9,323	780	8.4%
Washington	9,944	926	9.3%	10,184	767	7.5%
Total:	**1,612,136**	**138,108**	**8.6%**	**1,724,316**	**133,960**	**7.8%**

*Veteran population numbers are from USDVA; the total population numbers are from EMSI.

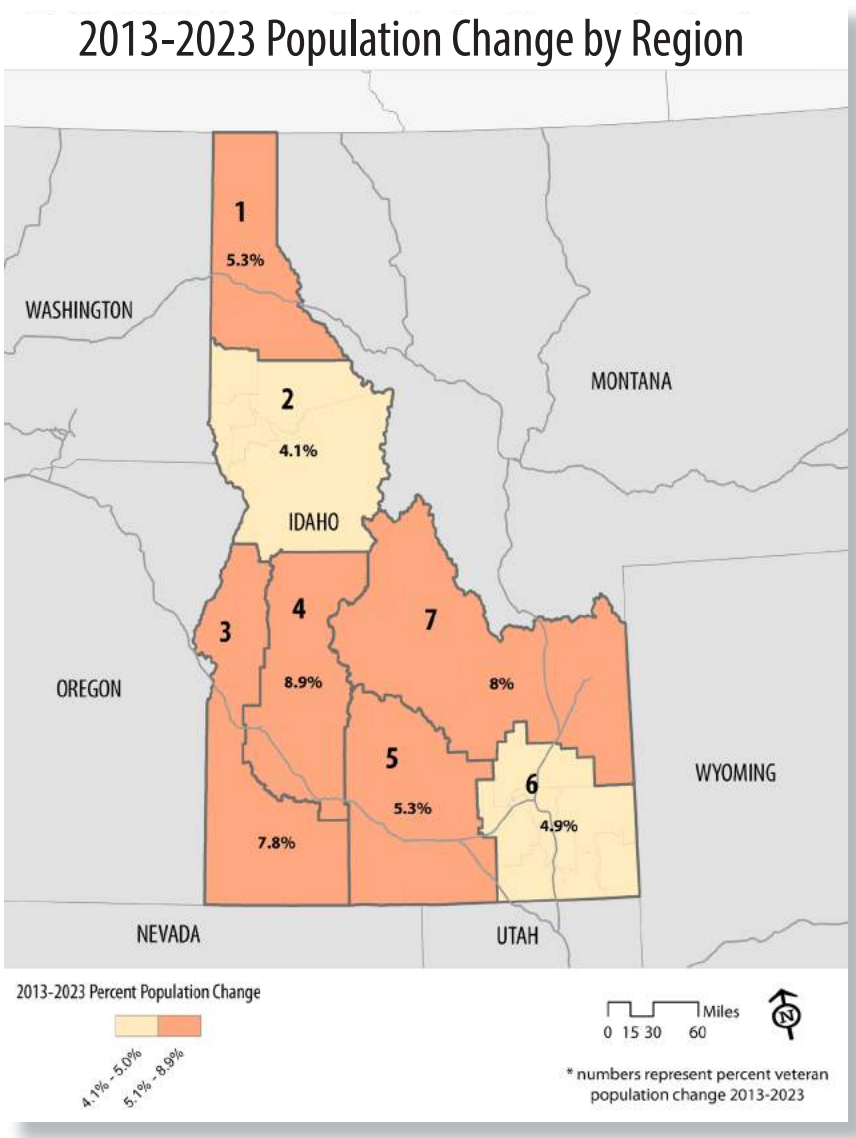


Figure 3.9 Percent Population Change by Region, 2013-2023 (data from EMSI & USDVA)

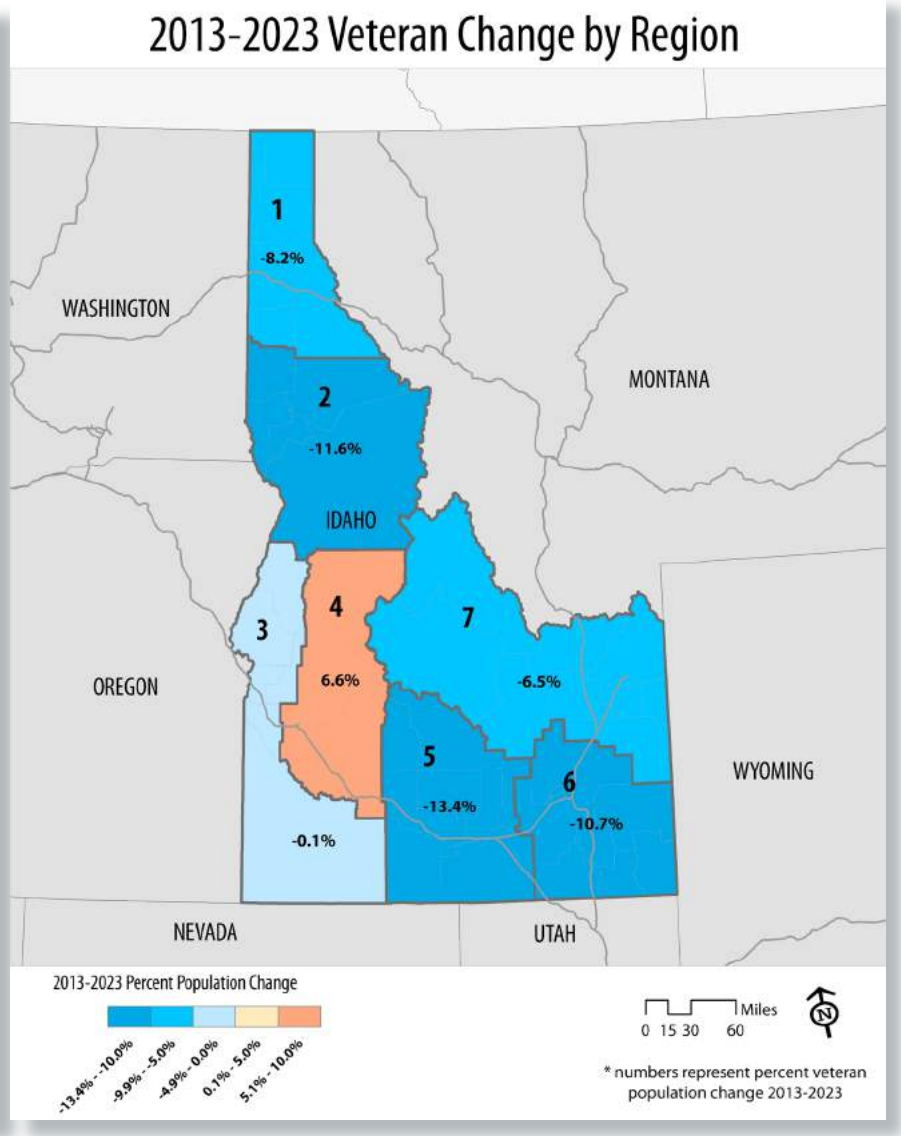


Figure 3.10 Percent Veteran Population Change by Region, 2013-2023 (data from USDVA)

Elmore County, where they were stationed and stay in the vicinity of the base when they separate. In 2023, the total veteran population is projected to be more concentrated in urban areas than it is currently. This follows the overall national trend of millennials migrating to urban areas.

Age Distribution

Veterans are more commonly defined in the older age brackets: 35-64 and 65^{+}, after their active duty service. Although veterans represent a very small portion of the 18-34 year old population, a higher proportion of the younger veterans live in Idaho's most urban counties, including Ada, Canyon and Elmore Counties. Among the 35-64 year old population, veterans are relatively evenly distributed across the state. Veterans in the 65^{+} bracket comprise a greater proportion of the population in rural counties; they are also more concentrated in the panhandle, or Region 1. See additional maps in the Appendix.

Poverty & Disability

As stated earlier, veterans have a much lower rate of poverty than the total population. The rural counties are more likely to have residents living in poverty, although veterans living in poverty are more likely to live in the urban counties. Among the total population in Idaho, those 65 and older are less likely to live in poverty (12% of the total population; 7% of the 65 and older population live in poverty). There is no significant difference between veterans of all ages and those 65 and older (6% of veterans of all ages live in poverty and 5% of veterans 65 and older live in poverty).

As previously discussed, the veteran population reports a much higher rate of disability than the total population. This trend is even more pronounced in Idaho than in the United States as a whole. A majority of Idaho counties report disability rates among veterans to be over 30%. Census data indicates that the most rural counties in Idaho are also likely to have the highest proportion of disabled veterans, which is opposite the trend where veterans in poverty are living. The proportion of the 65^{+} population reporting a disability is significant, especially among veterans. In 11 counties across Idaho, the proportion of veterans aged 65^{+} reporting a disability is greater than 50%. Additional maps can be found in the Appendix.

4.0 NEEDS ASSESSMENT

The *Statewide Facility Assessment* inventoried the current services provided to veterans across the state, assessed existing facilities, documented current needs, projected veteran demographics and compared the distribution of veterans across Idaho against the availability of services and facilities.

4.1 Overview of Veteran Demographics

As discussed in the preceding section, veterans comprise approximately 9% of the Idaho population (2013). The largest concentration of veterans is in Ada County while Elmore County – the location of Mountain Home Air Force Base – has the highest proportion of veterans. Several counties with a higher than average proportion of veterans are the more rural counties such as Shoshone and Custer.

The demographic characteristics of the current and future Idaho veteran population are primary drivers of needed services. In summary:

- Over the next decade, there will be a marked shift in the composition of the veteran population in Idaho. The proportion of Vietnam-era vets will decline from 48% to 25% while the number of pre- and post-Gulf War and Peacetime veterans will increase from 43% to 72%.
- Veterans as a group are older than the Idaho State population as a whole, a trend that is expected to continue over the next 10 years. While the overall Idaho veteran population will decline between 2013 and 2023, the number of those 65+ will remain constant.

Figure 4.1 IDVS Headquarters Office in Boise

- Approximately 6 percent of Idaho veterans live in poverty, which is less than the statewide percentage of around 12%. 65+ veterans are also less likely to live in poverty than the overall 65+ population.
- As would be expected, Idaho veterans report a significantly higher incidence of disability. A majority of the counties in Idaho report disability rates among veterans to be over 30%. More than half the veterans over 65+ report disabilities.

Existing and projected demographics were part of the overall assessment of need and identifying where services should be located.

4.2 Existing Facilities Assessment

The *Statewide Facility Assessment* study focused on the three veterans homes. The state cemetery and potential plans for a national cemetery in Idaho were not evaluated as part of this effort. Table 4.1 summarizes the key facts for each of the three homes.

Table 4.1 Summary of Idaho Veterans Homes

Component	Boise Veterans Home	Lewiston Veterans Home	Pocatello Veterans Home
Date Established	1966	1994	1992
Date of Last Remodel	2002	Not applicable	2006
Staff	158	70-80	82
Site Size	4.95 acres	10.22 acres	8 acres
Zoning	Open Lands District (A-1)	Low Density Residential (R-2)	University (U)
Parking Spaces	100 spaces	140 spaces	90 spaces
Building Size	100,000 GSF +/-	52,000 GSF	51,600 GSF
Stories	3 (with a basement)	1 (mechanical room in lower level)	1 (mechanical room in lower level)
Skilled Nursing Beds	131 total	66 total	66 total
Domiciliary	+36 beds	0	0
Memory Care	17 beds (included in total)	0	0

Boise Veterans Home

The "Old Soldiers Home" formally opened in Boise in May 1895. It was eventually replaced by the current facility, which was dedicated in November 1966 and remodeled twice. A major remodel was completed in 1979 with the addition of the East Wing. In 2002, the 17-room special care wing was completed.

The facility is located on 4.95 acres and offers a 36-bed residential/ domiciliary unit, and a 131 bed skilled nursing care unit including a 17-bed special care unit for veterans with Alzheimer's disease or related conditions. Each room is individualized to provide residents with maximum privacy, and all have windows and individually controlled heating and air conditioning. In 2013 the occupancy

rate averaged 92%. The facility features skilled and restorative therapy department, a spacious dining room, pleasant common areas, and a large covered patio and courtyards. Services available to residents include extensive activity programs, onsite veteran and social services, library services, and transportation to medical appointments.

Boise Veterans Home: Fast Facts

- Most residents are 65+ years old.
- There are 167 total beds: 131 are 24-hour Skilled Nursing, including 17 Alzheimer beds plus 36 domiciliary.
- Most residents are custodial long-term care. This is where the majority of the residents will pass away.
- The Boise Home has very few private rooms; the vast majority are doubles or quads.
- Significant remodeling has been done to make the atmosphere more "home-like", but the site is land-locked, which precludes future expansion of the building footprint.
- The Boise Home depends on the Boise Veterans Administration Medical Center (VAMC) for some services such as acute care.
- The Boise Home presents staffing challenges because of its layout and the two-story configuration, which makes it difficult to achieve ideal staffing efficiencies.
- The Home does contract with private staffing agencies for some services, which is expensive.
- Contracts include physical and occupational therapy with Mountain Land Rehab:
    - IDVS offices relocated from the Boise Home to allow expanded therapy space.
    - It is a challenge to keep therapy clinic rehab program running full-time. There are few outpatient admissions; most patients are residents.
    - These staff are not included in the Home's FTE count.
- Other contracted services include:
    - Medical Director
    - Housekeeping
    - Pharmacy
    - Nutrition and Dietary
    - Landscaping
- Hospice Care - St. Luke's and Treasure Valley in Caldwell provide that service.
- The current staffing level includes 158 full and part-time employees plus a tremendous volunteer base (4-9,000 hours/year).
- The Home assists with Idaho Veterans Assistance League, veteran homeless programs and The Brave Hearts Corporation, which helps Idaho veterans and their families who are facing financial crisis.
- Dental services are provided by private dentists. Idaho used to have Delta Dental Services available and the Home's Administrator would hope to see that program again.

The partnerships with higher education programs for health care professions contribute interns to all IDVS facilities; the Boise Home partners with Boise State University.

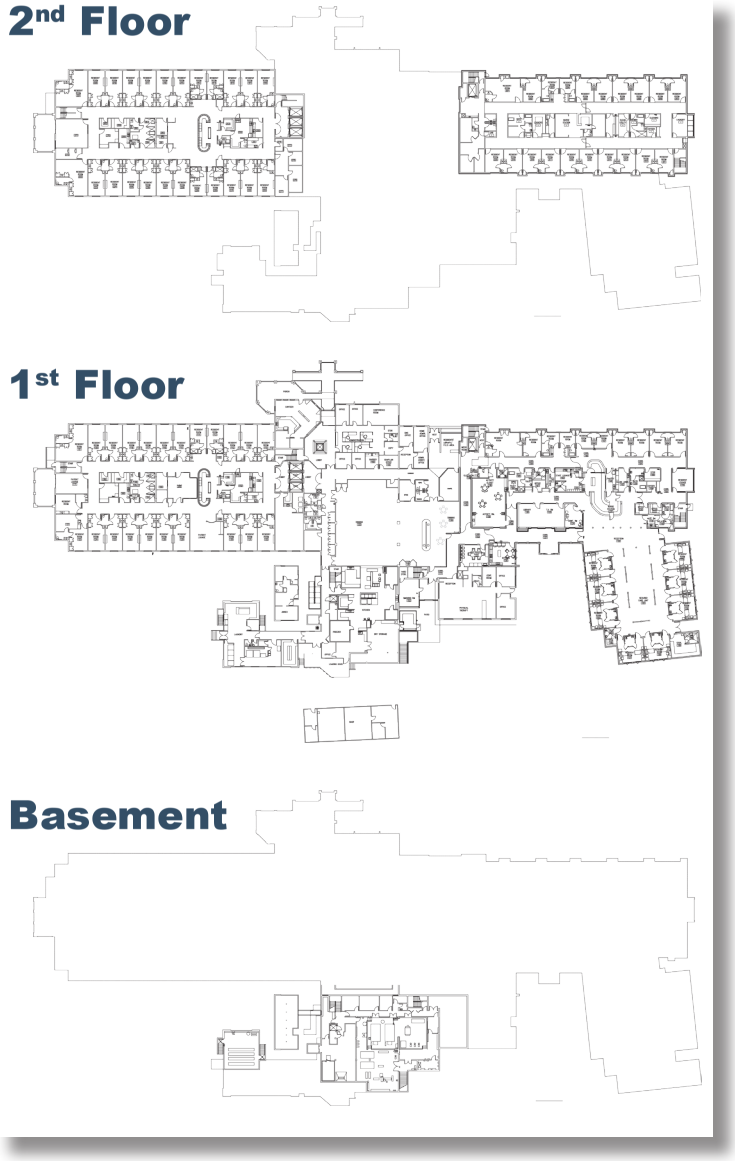


Figure 4.2 Boise Veterans Home (Google, aerial, 2013)

Boise Veterans Home: Zoning Summary

The Boise Veterans home is located northeast of downtown Boise, surrounded to the east by the federal VAMC. The site is zoned as Open Lands (A-1) by the City of Boise, a zone which is intended to provide for uses such as parks, schools and dedicated open spaces. Minimal development is intended to be located on Open Lands Districts - primarily structures supporting outdoor recreation.

Table 4.2 Boise Veterans Home - Open Lands (A-1) Dimensional Standards

Dimensional Standards, Boise		Open Lands, A-1
Average Lot Width (feet)		50
Street Frontage, Minimum (feet)		30
Density, Maximum (units/acre)		1
Building Height, Maximum (feet)		45
Setbacks	Front Yard/Side Yard, Street	0
	Side Yard, Interior	0
	Rear Yard	0
Relevant Allowed Uses		Home for the Disabled, Non-Industrial Government Building
Required parking (for nursing home)		.25 space per bed

The existing home is located on a 4.95 acre site. Based on zoning requirements and existing available land, there is little development potential remaining on the Boise Home site (short of expanding vertically or expanding into existing parking).

Lewiston Veterans Home

Established in 1994 the Lewiston Veteran's Home was built on a 10.2-acre, park-like setting with a panoramic view of the nearby hills. This 66-bed skilled nursing facility offers a large therapy room, and activity room. In 2013 the average occupancy rate was 87%. Amenities include a chapel, library, multiple lounge areas with big screen televisions, pool tables, a canteen and a dining room. There is also a covered patio, a gazebo, and gardens that residents may plant and tend. The backyard area is fully fenced. For residents who have relatives visiting from outside the local community there is a guest room for short term stays.

Lewiston Veterans Home: Fast Facts

- This 1-story facility was built 20 years ago.
- There are 66 skilled nursing beds in double rooms. There are no Memory Care, Specialty Care or Domiciliary.
- The site has more space available than the Boise Home, but the facility sits on top of a hill so expansion is constrained.

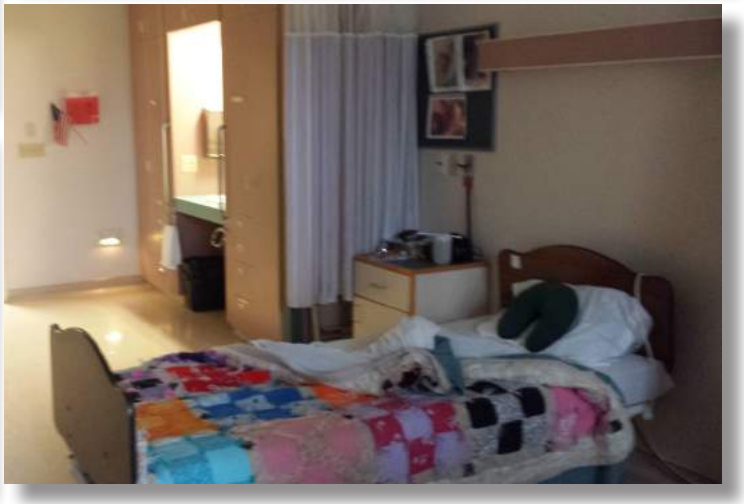


Figure 4.3 Lewiston Veterans Home (Google, aerial, 2013)

- Life safety upgrades and quality of life and work environment improvements have been completed.
- The Lewiston Veterans Home typically has a higher census than Pocatello.
- The nearest VAMCs are Walla Walla or Spokane.

The partnerships with higher education programs for health care professions contribute interns to all IDVS facilities; the Lewiston Home partners with Lewis & Clark State College.

Lewiston Veterans Home: Zoning Summary

The Lewiston Veterans Home is located just south of Lewiston city center, in a residential neighborhood. The site is zoned Low Density Residential (R-2), which prioritizes single family homes and complementary low-density uses.

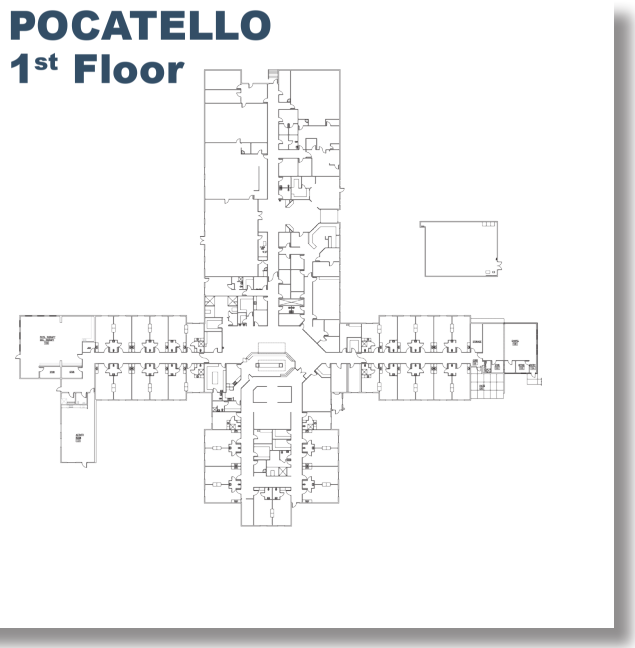
Table 4.3 Lewiston Veterans Home - Low Density Residential (R-2) Dimensional Standards

Dimensional Standards, Lewiston	Low Density Residential, R-2
Multi-family Minimum Lot Area	7,500 SF + 2,500 SF* each dwelling unit over 1
Lot Coverage, Maximum	40% of the lot
Building Height, Maximum (feet)	35
Relevant Uses Permitted Outright	All uses legally established prior to 2004, Family day care
Relevant Conditional Uses Permitted	Group day care, Long-term care facility, Multifamily dwelling, Public use, Semi-public use
Required parking (for convalescent hospital, nursing home, sanitarium, rest home, or home for the aged)	1 space per employee on the largest shift & 1 space per 5 clients

Based on existing development and current zoning, there is potential for expansion on the Lewiston Home site. Existing parking and the current lot coverage are both sufficient to support expansion of this facility.

Pocatello Veterans Home

The Pocatello Veterans Home was built in 1995 on an 8-acre site donated by Idaho State University. The facility provides residents with a beautiful hilltop view of the City of Pocatello. This 66-bed skilled nursing facility offers a large therapy room and activity room. In 2014, the average occupancy rate was 71%. Amenities include a chapel, library, multiple lounge areas with big screen televisions, pool tables, a canteen and a dining room. There is also a covered patio, a gazebo, and gardens that residents may plant and tend. The backyard area is fully fenced. The facility is beautifully landscaped and is paved all the way around for easy wheelchair and walking access. The single level Pocatello Veterans Home has a centrally located nurse station and double-occupancy rooms. (The layout is essentially identical to that of the Lewiston Veterans Home.)



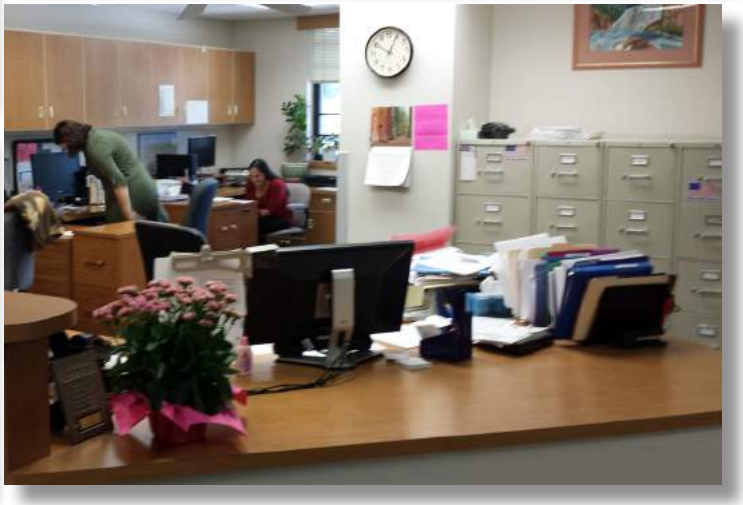


Figure 4.4 Pocatello Veterans Home (Google, aerial, 2013)

Pocatello Veterans Home: Fast Facts

- This is also a one-story facility that opened about 1 year later than Lewiston.
- There are 66 Skilled Nursing beds; Pocatello does not have Memory Care, Specialty Care or Domiciliary beds.
- Four private rooms are available in the Homes.
- The nearest VAMC is Salt Lake City, Utah.
- The Home benefits from its proximity to the Idaho State University (ISU) health professional programs for internships. The Home has the largest number of internships in Idaho with the Boise Home next in number and Lewiston is third.
- There are many volunteers supporting the Home; Pocatello has a contingent of Veterans Services Organizations similar to Boise.
- The Federal VA Community Based Outpatient Clinic (CBOC) in Pocatello is expanding.

General discussion notes that the IDVS Homes are more reasonably priced than paying for veterans' care at private facilities. The population of the 3 Homes are approximately 95% male and 5% female.

The partnerships with higher education programs for health care professions contribute interns to all IDVS facilities; the Pocatello Home partners with Idaho State University.

Pocatello Veterans Home: Zoning Summary

The Pocatello Veterans Home is located east of Pocatello's city center, just east of Veterans Memorial Highway. The home is located in a large parcel of land designated University zone, which signifies that it is in an area that is majority controlled by Idaho State University, located directly west of the veterans home. The University itself has a development plan which governs the development of University zoned land. (No summary table is provided for the Pocatello site as zoning standards are tied to the University entitlements.)

4.3 Existing Gaps in Services

In April of 2014, IDVS invited a number of service providers and veterans' organization personnel to attend a Leadership Summit to help assess current statewide veterans' services and identify gaps and potential solutions. The discussion began with an overview of the current IDVS State Veterans Homes and identified existing gaps in services for Idaho veterans.

Skilled Nursing Facilities (SNFs)

- Idaho has approximately 1,000 private SNF beds and that number has remained relatively constant for the past 10 years.
- Idaho Falls community is over-built in the private sector, but Pocatello is not as over-built.
- The certification process for SNFs is intensive, takes 2 years and the regulations are stringent. Assisted Living providers have a simpler regulatory process.
- More Memory Care beds could be filled in the Boise Home. The demand for those beds at the other two homes is not clear.
- There is a significant need for private SNF rooms. Other states either have private rooms or are building them.

- There is a need for guest suites for visiting family members to use for several days at a time.
- Does Boise need another home? Could you keep Memory Care expansion confined to 1 facility and have another facility with a different population or one that mirrors what is seen in the existing facility? The consensus is that the Memory Care population is growing in Idaho and overall in the country.
- Federal home per diem can be paid to private homes if they have a USDVA contract and verification. State Homes have the appeal of the camaraderie which is important to many veterans.
- The trend is to create more homelike and less institutional setting. The USDVA Community Living Centers (CLC) are based on the Green House® model. All new VA skilled nursing facilities will need to follow *CLC Design Guidelines*.

Assisted Living

- Those who are physically relatively healthy but suffering from dementia are more likely to seek care from Assisted Living Centers not Skilled Nursing Homes.
    - Idaho Assisted Living Centers have a statewide average occupancy of 75%.
    - Long-term assisted living beds are needed; there is a gap in service.
    - Assisted Living Centers are less costly. The per diem is $44.19 from USDVA.
    - The Centers must be certified to qualify for Medicare and Medicaid reimbursement.
- Across the U.S., Assisted Living is growing in popularity much more than Nursing Homes. The experience in Idaho is consistent with this national trend.
    - There are five or six new facilities currently under construction in Idaho.
    - The economic downturn had an effect. In 2005 there were 10-20 under construction.
- Idaho Falls has a need for assisted living.

Rehabilitation Centers

- Short-term rehab centers have grown across the state. These have a length of stay of 20 to 100 days.
    - Medicare pays up to 100 days.
    - Medicaid pays beyond 100 days.
    - Short-term rehab centers have private rooms.

Homeless

- There is a need to establish guidelines for those veterans who are homeless.
- Homeless Vets in Boise with basic needs are steered to VAMC.
- Some want to remain homeless while others need assistance.
    - In Treasure Valley there are no shelter options other than the Mission. How do we assist to get them off the streets?
    - The Treasure Valley has some resources available, but few resources are available outside the Treasure Valley.

Respite Care

- In the private sector, respite care or adult daycare just is not financially feasible in Idaho. There is one facility in Boise; a second care center closed recently. Respite care is paperwork intensive, not financially positive and often used as a marketing tool to attract residents.
- Pocatello has a need for that type of care as do other areas. Location is an important determinant in the viability of these kinds of services.

Mental Health

- There is a significant need for 24-hour emergency psychiatric beds statewide.
- There is a lack of psychiatric care statewide.
- There are only 4 TRICARE providers in Boise.
- There are not enough behavioral health units. Existing locations are all at capacity:
    - Caldwell Care is private
    - Belmont
    - Kimberly
    - Buhl
- When Mental Health services are needed in Boise, VAMC psychiatrists come over to assess and assist. Outside Boise, there are no such support services. Could the Idaho State School and Hospitals (ISSH) contribute? They have trained service providers. Could their staff support needs in other locations?
- The State of Idaho would support Behavioral Health Units and Medicaid payments. Medicaid is through the states and it is easy to apply for benefits in Idaho.
- The Idaho State Department of Health & Welfare needs more acute psychiatric facilities/ beds:
    - State Hospital North (Orofino)
    - State Hospital South (Blackfoot)
- Health & Welfare has some contract services for Medicaid and Medicare. They are also working on a grant for respite care for emergencies and non-emergency. They may be awarded the grant in 1 – 2 years.
- Need Urgent Care services with 24-hour sobering station statewide - for substance abuse situations, drug overdoses and suicide watch. ERs don't know what to do with these cases, so patients get evaluated for mental health and/or sent home.

Other Needs / Services

- A second cemetery is being discussed in southeast Idaho. There is also a need for a National Cemetery for which Idaho is lobbying. It is one of six states without a national cemetery.
- There is concern about attracting and retaining staff given regional salary rates.

- There are Office of Veterans Advocacy satellite offices to assist veterans in submitting VA claims located in the following cities:
    - 1 in Boise
    - 2 in Pocatello
    - 2 in Lewiston
    - 1 in Post Falls
    - Collocate state services officer to assist with GI Bill, etc.
- There is a need for additional Service Offices statewide to reach all communities. Idaho needs additional Services Officers who are trained and accredited for VA. There are 12 now and we need:
    - 1 in Twin Falls
    - 1 in Post Falls/ Coeur d'Alene
    - 1 needed in Central Idaho
- Call Centers are located in most every county: 32 of the 44 counties have part time county service officers.
- Other USDVA facilities veterans use include the Community Based Outpatient Clinics (CBOCs), Mountain States Group (a community resources development agency), public organizations and crisis hotlines.
- In terms of those in the Guard units, Gowen Field helps families and Mountain Home AFB & Fairchild have hospitals, commissaries and other support services.
- Finding and keeping staff in rural areas is a significant challenge. For example, the Salmon, Idaho CBOC is nice, but how does a facility hire/retain qualified staff in these communities?
- Transportation is a major issue in the rural areas:
    - Veterans cannot get to appointments, jobs, Alcoholics Anonymous (AA) meetings, exams or shop for groceries. Some veterans cannot get to the necessary locations to file claims or for VA benefits.
    - Rural health and mental health needs aren't being met if those in need can't get to the services.
    - Some call 911 as a taxi service.
    - Many veterans want to remain in their own home but need transportation assistance.
- Idaho now has a statewide suicide hotline, but is response time equal throughout the state?
- What about those Post-Traumatic Stress Disorder (PTSD) veterans & Wounded Warriors?
    - Most are living in their homes.
    - There are some services and resources in the larger cities in the country.
    - There is much speculation but little known on the numbers of Vets needing services and how effective services are.
- There are tele health and tele site services available in the state and this includes VA caregiver support. Eligibility is limited.

4.4 Envisioning the Future of Veterans Services in Idaho

During the last part of the Leadership Summit, the group developed a description of what would be the "ideal" array of services for veterans in Idaho. While IDVS and the veterans' community cannot unilaterally effect change or impact policies in all areas noted below, an understanding of the wide-range of actions that could positively impact the lives of veterans and their families is an important step to a coordinated and comprehensive support network.

What would be "as good as it gets" for Idaho veterans?

- Build 200 new beds using the CLC model near the VAMC Boise with expansion capability and demolish the existing Boise Veterans Home.
- Do the same in the panhandle and Pocatello.
- State Home staff are properly trained or paid. Pay is 16-19% below what is earned in the private sector. Pay should be comparable to the private sector. While Idaho has a very competitive benefit package, it takes five years to vest.
- In the private sector, RN & CNA's in neighboring states (Washington, Oregon, and Montana) are paid 45-47% more than they are in Idaho.
- Provide the resources to properly care for homeless vets.
- Department of Defense (DOD) and USDVA databases are coordinated for all veterans and there is clear understanding by vets on their status, benefits, etc.
- There are State Service Officers in each Idaho county and the larger cities.
- There are well-developed and free transportation services for all vets needing assistance.
- Each vet should have a Military ID card that indicates vet status.
- More Behavioral Health Medicare, Medicaid and TRICARE providers to care for vets with psychiatric conditions.
- Provide additional Veteran Centers in the state.
- Eliminate restrictions relating to financial situation and Medicaid eligibility. A person cannot qualify for Medicaid until five years after divesting all their assets. At the least, a three-year window as proposed by the USDVA should be adopted.
- There should be one standard Nursing Home Survey, not competing federal and state forms.
- Additional parking is needed at the Boise Home. (A Boise VAMC parking garage has been approved for the FY2017 budget).
- Provide mobile mental health services through rural communities.
- Make it easier to provide opportunity for spouse to join a veteran in a State Home.
- There need to be better accommodations for women throughout the system.
- A single certification standard would be beneficial.
- Design and build facilities that would allow a 1:8 staff (CNA) ratio.
- Design and build facilities that are single level facilities with full visibility for staff.
- Architecture should support staffing efficiency and a home-like environment for residents.
- Provide facilities for the overnight stay of visiting family members.
- Can we make it easier for veterans to receive skilled nursing care in an adjoining state?

- Provide better support for medical students, particularly for those specializing in primary and psychiatric care.
- Medicaid encourages the CLC model of care by providing a higher reimbursement.

The group also discussed possible opportunities for collaboration with other agencies/providers. For example:

- Could IDVS collaborate with the city of Blackfoot or the State Hospital North for psychiatric services?
- Could IDVS develop a private sector partnership to provide any additional skilled nursing beds that might be needed? This could be a challenge as it takes two years of operation before the State will certify new facilities. This poses quite a financial drain on all but the larger providers like Life Care, Genesis, Good Samaritan Society, etc.
- The Panhandle is the only area that has requested a new State Veterans Home.
- Does the Elks Hospital building in Boise present an opportunity for additional beds and/or services?
- Does the Old Armory site present an opportunity for a replacement Boise home?

4.5 State Veteran Homes

The three IDVS homes operate under the more traditional, skilled nursing care environment with residents sharing double rooms and receiving meals in a cafeteria setting. These institutional environments are not providing the standard of care currently recommended by the USDVA. State veterans homes are eligible for funding to share the cost with the states to repair, maintain, replace or construct new facilities through the State Home Construction Grant program.

State Home Construction Grant Program

The grant program funds 65% of the costs for the acquisition, construction and/or renovation of skilled nursing or domiciliary beds. The USDVA prioritizes applications based on the need for the project and the state's commitment to fund the remaining 35% of the costs. The cost of the land must be covered by the state and the proposed site must be located at least 2-hours in travel distance from the nearest state veteran facility..

The USDVA calculates maximum bed ratios for skilled nursing and domiciliary beds based on a state's veteran population. The following maximum ratios are based on every 1,000 state veterans, per Title 38, Code of Federal Regulations, 59.40:

- 4 beds, skilled nursing
- 2 beds, domiciliary

The most recent bed analysis conducted by the USDVA was in fiscal year 2011. The FY11 chart listed the State of Idaho in the lowest category priority, or "limited" need. (Note that the limited need category is the same designation assigned to states determined to have more than 100% of their forecasted bed need.) Based on their 2011 statistics and 2020 projections, the USDVA calculated Idaho's need at 395 skilled nursing and/or domiciliary beds. Idaho's existing facilities provide 263 skilled nursing beds and 36 domiciliary beds, or a total of 299 beds, which leaves a remaining capacity of **95 beds**. Highlights of the analysis are provided in Table 4.4, which sorts the states by the remaining bed capacity.

Table 4.4 USDVA FY11 State Veterans Home Bed Analysis

State	Max. Beds Allowed	VA Authorized Domiciliary (Dom) & NHC Beds	Projects Pending On Priority List (# Beds)	Awarded Bed Projects (# Beds Under Construc-tion)	Total Beds Forecast	Unmet Bed Need	% Beds Built (Pending or Awarded)	Priority Group Placement
Texas	4,119	1,180	120		1,300	2,819	32%	Great Need
Florida	4,049	870	480		1,350	2,699	33%	Great Need
North Carolina	1,900	449			449	1,451	24%	Significant
Arizona	1,520	320	120		440	1,080	29%	Significant
Georgia	1,975	708			708	1,267	36%	Significant
Washington	1,687	575	88		663	1,024	39%	Significant
Ohio	2,143	888			888	1,255	41%	Significant
D.C.	83	0			0	83	0%	Limited
Virgin Islands	12	0			0	12	0%	Limited
Arkansas	653	108			108	545	17%	Limited
West Virginia	406	120			120	286	30%	Limited
Hawaii	268	95			95	173	35%	Limited
Maryland	1,102	454			454	648	41%	Limited
Nevada	649	180	90		270	379	42%	Limited
Alaska	179	79			79	100	44%	Limited
Virginia	1,903	400	480	40	920	983	48%	Limited
Oregon	907	151	154	150	455	452	50%	Limited
South Carolina	1,089	555			555	534	51%	Limited
Indiana	1,216	585	65		650	566	53%	Limited
New Mexico	417	192	39		231	186	55%	Limited
Michigan	1,786	1,001			1,001	785	56%	Limited
Colorado	1,114	631			631	483	57%	Limited
New York	2,209	1,270			1,270	939	57%	Limited
Kansas	518	299			299	219	58%	Limited
Tennessee	1,311	420	248	108	776	535	59%	Limited
Massachusetts	944	508	120		628	316	67%	Limited
New Hampshire	361	250			250	111	69%	Limited
Alabama	1,007	450		254	704	303	70%	Limited
Delaware	207	150			150	57	72%	Limited
Pennsylvania	2,336	1,503			1,755	581	75%	Limited
Wyoming	154	116 (All Dom)			116	38	75%	Limited
Idaho	394	299			299	95	76%	Limited
Wisconsin	1,062	1,066		72	821	241	77%	Limited
New Jersey	992	768			768	224	77%	Limited
Kentucky	818	525		120	645	173	79%	Limited
Illinois	1,754	1,205	244		1,449	305	83%	Limited

Table 4.4, continued

State	Max. Beds Allowed	VA Authorized Domiciliary (Dom) & NHC Beds	Projects Pending On Priority List (# Beds)	Awarded Bed Projects (# Beds Under Construc-tion)	Total Beds Forecast	Unmet Bed Need	% Beds Built (Pending or Awarded)	Priority Group Placement
Minnesota	1,058	876			876	182	83%	Limited
Puerto Rico	288	240			240	48	83%	Limited
South Dakota	179	155			155	24	87%	Limited
Montana	281	197	60		257	24	91%	Limited
California	4,363	2,911	280	966	4,157	206	95%	Limited
Missouri	1,257	1,350			1,350	-93	107%	Limited
North Dakota	137	150			150	-13	109%	Limited
Utah	426	509			509	-83	119%	Limited
Mississippi	480	600			600	-120	125%	Limited
Louisiana	638	816			816	-178	128%	Limited
Vermont	142	185			185	-43	130%	Limited
Iowa	578	830			830	-252	144%	Limited
Maine	362	610			610	-248	169%	Limited
Connecticut	559	950 (All Dom)			950	-391	170%	Limited
Oklahoma	766	1,387			1,387	-621	181%	Limited
Nebraska	371	776			776	-405	209%	Limited
Rhode Island	157	339			339	-182	216%	Limited
TOTAL	55,286	31,251	2,588	1,710	35,484	19,802	64%	

If the State of Idaho can complete the grant application, including proof of the state's commitment to fund the 35% of the construction (or acquisition) costs and travel-shed criteria, IDVS can pursue a new community living center facility to provide an additional 95 beds.

Travel-sheds for Existing State Homes

In order to fully serve the veteran population, state veterans homes receiving grant money from the USDVA must follow siting requirements. Such requirements include a mandate for regional distribution, as stated in Title 38, Code of Federal Regulations, 59.40:

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

The purpose is to ensure that facilities are regionally distributed so that veterans have options close to their communities. Veterans aren't expected to have to move more than 2 hours from where they

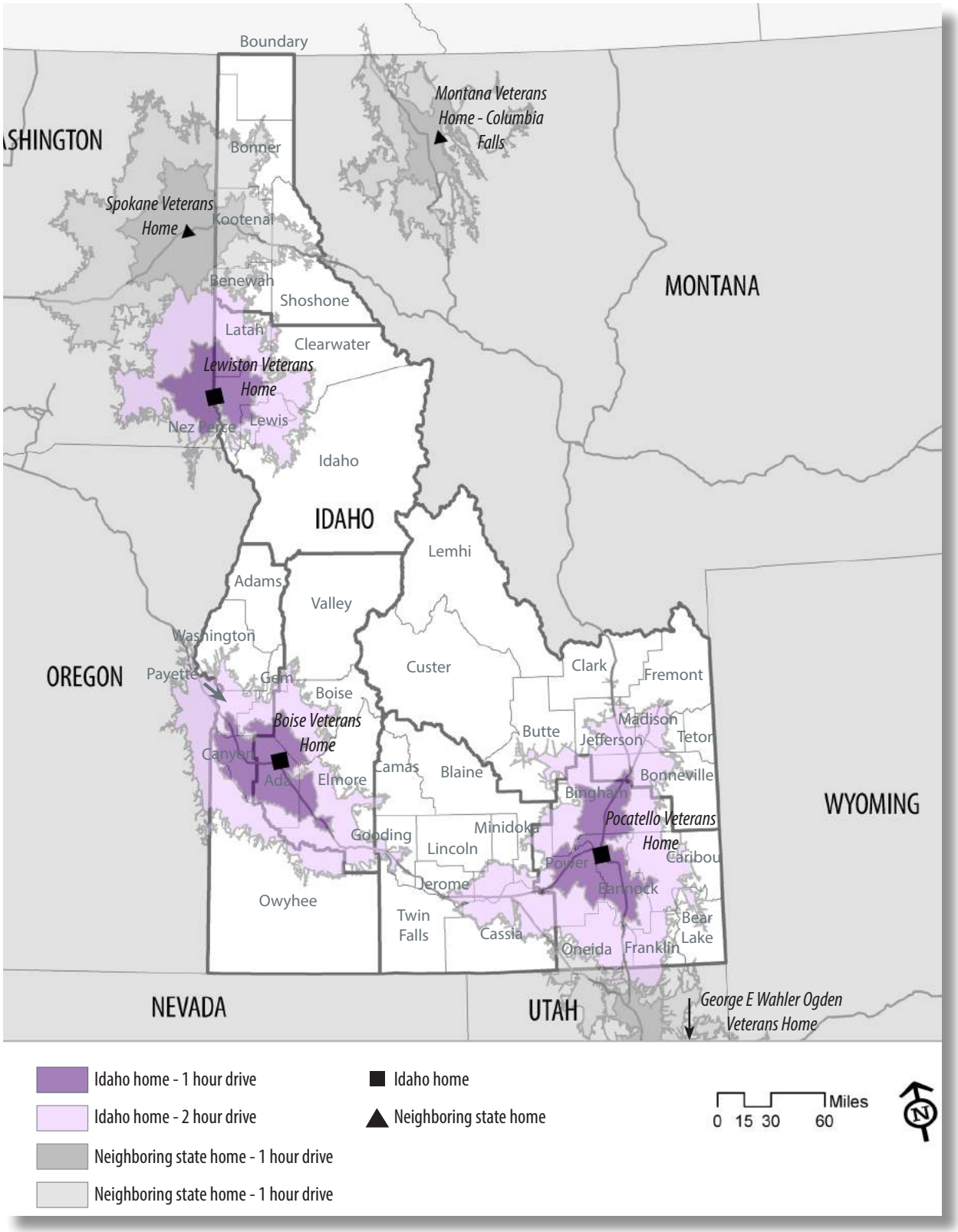


Figure 4.5 **State Veterans Homes - 1 & 2-Hour Travel-sheds** (data from ESRI & USDVA)

and their families reside. Figure 4.5 on the previous page maps the existing state veteran homes in Idaho and neighboring states, with surrounding 1-hour and 2-hour travel-sheds. The travel-sheds indicate how far one can travel based on existing street networks and posted speed limits. The analysis calculates the 2-hour catchment area surrounding each facility. (The accuracy of the resultant travel-sheds is limited to free movement as the analysis does not account for traffic.)

Although the map shows travel-sheds of out-of-state homes (displayed in grey), it is unusual for veterans to live in homes that are out of their state. Each state gives admission priority to their veteran residents. The Spokane Veterans Home, for example, typically has a waitlist so Idaho veterans would first need to establish Washington State residency before successfully gaining admission.

As seen in Chapter 3, Idaho's population centers include Boise, the northern panhandle and Pocatello. Region 1 is thus a more populated area that does not benefit from an Idaho State Veterans Home within a 2-hour travel distance.

5.0 LONG-TERM CARE TRENDS

The skilled nursing, long-term care needs of Idaho veterans are impacted by private sector options and costs. To understand the full range of options, the trends in long-term care at both the national and regional levels were studied to better understand the industry and potential competition for staff and residents.

5.1 National Long-Term Care Trends

Despite the significant increase in the number of elderly in the past decade as "baby boomers" age, there has been a declining amount of institutional long term care use and an increasing number of older persons with disabilities residing in community settings. These factors reflect a trend nationwide toward providing older and disabled people with in-home care rather than placing them or keeping them in nursing homes. Both the number of skilled nursing beds and the percentage of occupied beds in the US declined from 2000 to 2012, as indicated in Table 5.1 on the following page.

To encourage this shift, the 2010 Affordable Care Act makes Medicaid benefits more broadly available to people living at home and increases federal funding to states that make more home care services available to those who would otherwise be in nursing homes. Adult Day Care and Respite Care programs which support family caregivers are also an important part of this trend.

As states move to expand home and community-based care options to allow the elderly to live longer at home, the nursing home population will become even older and sicker than today's. Studies have shown that the physical environment strongly influences the quality of life of the frail

Figure 5.1 Typical Resident Room at Central Utah Veterans Home , Payson

Table 5.1 Trends in Certified Nursing Facilities, Beds and Residents
United States 2000-2012

Year	Certified Facilities	Certified Beds	Residents	% Beds Occupied
2000	16,715	1,702,961	1,464,503	86%
2001	16,554	1,695,446	1,456,499	86%
2002	16,460	1,698,976	1,453,813	86%
2003	16,269	1,689,728	1,444,276	85%
2004	16,072	1,682,077	1,438,287	86%
2005	15,959	1,675,928	1,432,106	85%
2006	15,854	1,670,590	1,427,343	85%
2007	15,786	1,669,917	1,420,822	85%
2008	15,669	1,667,112	1,412,704	85%
2009	15,672	1,666,286	1,401,573	84%
2010	15,664	1,668,756	1,394,775	84%
2011	15,666	1,668,123	1,388,919	83%
2012	15,663	1,668,685	1,383,869	83%
change from 2000-2012	**(1,052)**	**(34,276)**	**(80,634)**	**-3%**

Source: American Health Care Association (AHCA): 2000-2001 snapshot of December of each year and 2002-2012 September snapshot

elderly and those suffering from Alzheimer's and other dementia. Too often, long-term care settings resemble acute care – neither adapted for care of the frail elderly nor appropriate for those with the cognitive impairments that result from dementia. These settings often speak to illness rather than living, dependence and lack of control rather than choices and the ability to influence one's environment, and about dying and the end of life rather than the normal processes of aging. Well-designed physical environments – those that maintain the resident's ability to function as much as possible, in a familiar setting with the familiar comforts of home, in ways that encourage confidence and independence – can enhance the ability to function and greatly improve the quality of life.

Of special concern are the needs of Alzheimer's patients. Nineteen percent of those 75 to 84 years of age have Alzheimer's and the disease affects nearly half of those 85 or older. Almost all of these people are likely to reside in a residential care setting or a nursing home during the course of their illness. Those in the beginning and middle stages of Alzheimer's are made especially vulnerable by environments that inhibit movement, stimulation and a sense of personal safety. The presence of glare, odor, noise and lack of access to safe and secure outside areas are especially unsettling for those in the later stages of the disease. Given the significant future increase in the percentage of veterans 85 years and older, it is clear that any new facilities must provide the best environment possible for veterans with Alzheimer's and dementia.[1]

1. This discussion is based, in part, on *Designing for Alzheimer's Disease*, Elizabeth C. Brawley, John Wiley & Sons, 1997.

5.2 USDVA Long-Term Care Trends

As discussed above, design layouts for nursing homes were historically derived from hospital design models with the understanding that care mimicked hospital care but was less intense. There was little to no clarity about the possibility of engaging the resident in life as fully as possible. Recognizing this, the main goal of many of the Federal VA and State Home skilled nursing facilities built in the 1990s and early twenty-first century was to create a non-institutional, home-like environment that allowed residents to function more independently, provided security and peace of mind and improved quality of life. Working within the strict Federal VA space guidelines in place at the time of design, the various agencies were able to provide residents more control over their environment, maximize outdoor space for both residents and staff and balance the respect for privacy with the need for socialization.

Since that time, the USDVA approach to nursing care has evolved from a hospital-focused model to one that is resident-centered and home-like. The Agency updated its nursing home design guidelines to reflect the current thinking. VA is committed to transforming the culture of care in nursing homes built on the notion that in large part, the actual facility design itself contributes to the well-being and positive outcomes of care in such facilities. The transformation of the culture of care focuses on resident-centered care that enhances the resident's ability to function and live fully until death. The driver of care is the resident, with the focus on providing resources around the individual resident instead of taking the resident to the point of care.

The Green House® Project Model of Care

The further evolution of the USDVA approach to nursing home care can be seen in the Agency's support of the Green House® Project mission, vision and model of care. Federal VA is requiring both VA Medical Centers and the State Homes to implement this concept to the highest degree possible as they plan for new nursing home beds. As described on the organization's website:

> "The Green House® model creates a small intentional community for a group of elders and staff. It is a place that focuses on life, and its heart is found in the relationships that flourish there. A radical departure from traditional skilled nursing homes and assisted living facilities, The Green House model alters facility size, interior design, staffing patterns, and methods of delivering skilled professional services. Its primary purpose is to serve as a place where elders can receive assistance and support with activities of daily living and clinical care, without the assistance and care becoming the focus of their existence.
>
> Developed by Dr. William Thomas and rooted in the tradition of the Eden Alternative, a model for cultural change within nursing facilities, The Green House model is intended to de-institutionalize long-term care by eliminating large nursing facilities and creating habilitative, social settings. Their vision involves "homes in every community where elders and others enjoy excellent quality of life and quality of care; where they, their families, and the staff engage in meaningful relationships built on equality, empowerment, and mutual respect; where people want to live and work; and where all are protected, sustained, and nurtured without regard to the ability to pay."

The architectural model of the Green House® typically takes the physical form of a small residential subdivision, although there are a few high rise projects that share only a common lobby.

While the USDVA will not mandate the physical organization, they are committed to creating what they are calling "Community Living Centers" (CLC). USDVA has generated the *Community Living Centers Design Guidelines* to guide the planning and design of new state and federal skilled

Table 5.2 Green House© Comparison (Source Green House© Project Guidebook)

Comparison of Traditional Nursing Homes & The Green House® Long-term Care Residence		
	Traditional Nursing Home	**The Green House® Long-term Care Residence**
Size	Usually 120+ beds divided into 20-40 bed units	7-10 elders
Philosophy	Medical model emphasizing provision of clinical services to patients	Habilitative model emphasizing intentional communities that prioritize elders' quality of life
Organization	Hierarchy - nurses control unit activity	Flattened bureaucracy - empowerment of direct care staff, nurses visit the house to provide skilled services
Decision Making	Decisions made by the organizational leadership	Decisions made by elders or person closest to elders as often as feasible, House Councils plan menus, activities and house routines
Privacy	Typically shared bedrooms and bathrooms	Private bedrooms and bathrooms
Access	Space belongs to the institution; elders have access to their room and public areas but many spaces are off-limits	Space belongs to the elders and they may access all areas of the house
Outdoor Space	Often challenging to access, particularly without assistance or supervision	Easy access, fenced, shaded and in full view of the hearth and kitchen to allow observation by staff and open access
Living Areas	Lounges and dining rooms usually at the end of long corridors	Central hearth with an adjacent open kitchen and dining area, bedrooms open to the hearth
Kitchen	Off-limits to elders and visitors	Elders and visitors have access and may participate in cooking activities
Nurses Station	In the center of most units	Medication and supply cabinets in each room; nurses visit rooms to administer medications and treatments. Office / study provides space for administrative tasks such as record maintenance.
Dining	Large dining rooms with many elders, separate "feeder" tables	One dining table providing a focal point for community meals
Staffing	Departmental with segmented tasks/ specialized tasks	"Shahbaz" is a universal worker providing direct care, laundry, housekeeping and cooking services
Visitors	Limited ability to participate	Participate in meals and other activities, prepare snacks in the kitchen and hold family celebrations in the Green House residence.

nursing facilities. The CLCs accommodate the cultural and physical environments that will provide non-institutional settings and enhanced quality of life. Those Federal VA facilities and State Homes currently in design or under construction range from those that completely incorporate the guidelines based on the Green House® model (including affiliation with the organization) to hybrids incorporating a variety of physical and programmatic aspects.

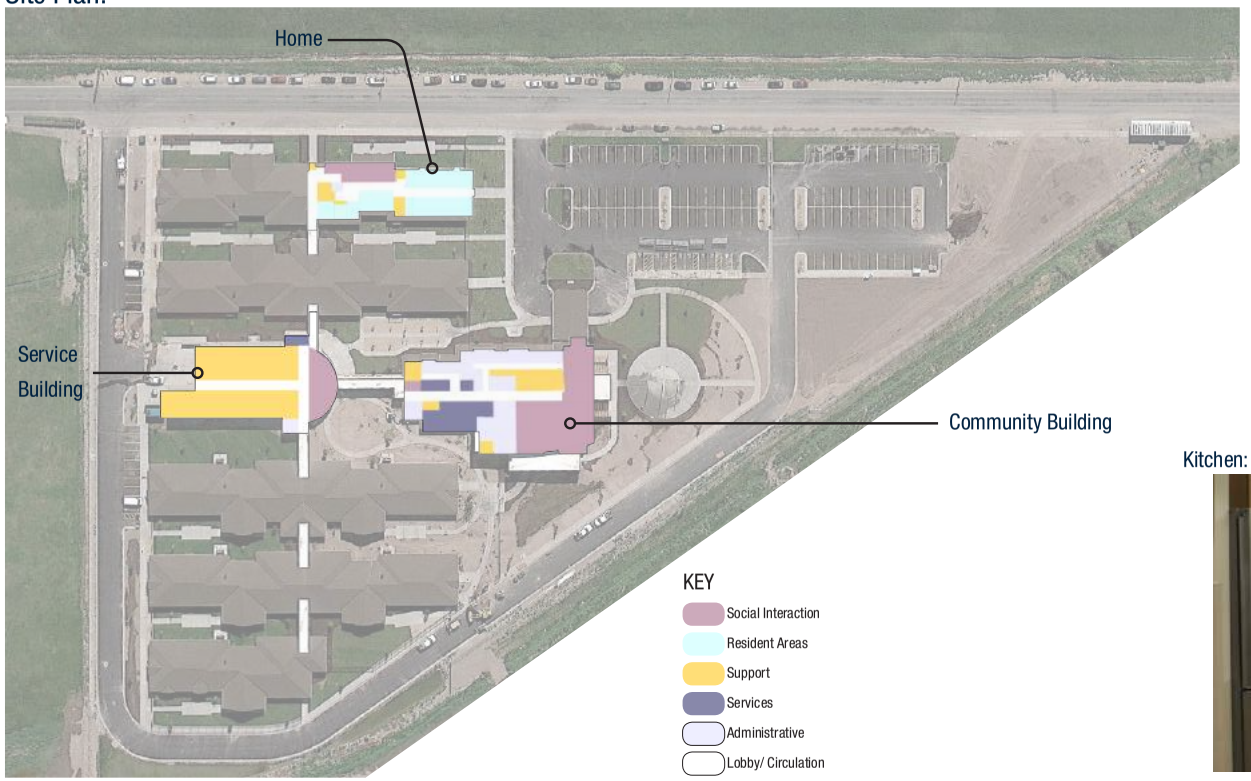
Table 5.2 provides a comparison from the Green House® Project Guidebook (4/2008) that outlines philosophical differences between traditional nursing homes and the Green House® concept. A conceptual design for a pair of 10-resident homes following the *CLC Design Guidelines* is illustrated in Figure 5.2.

5.3 Benchmarking

In order to gain a better understanding of how the new *CLC Design Guidelines* were impacting the design of new facilities, IDVS and the planning team consulted with USDVA and researched a number of new State Homes recently built or currently under construction. The team also toured the new Utah State Veterans Home in Payson. This effort provided many insights into not only the physical implementation of the new guidelines, but their impact on facility operations and staffing patterns.

Figure 5.2 Conceptual Floor Plan of Two 10-Resident Home Neighborhood

Site Plan:



Living, Kitchen, Dining:

Kitchen:

Main Entrance:

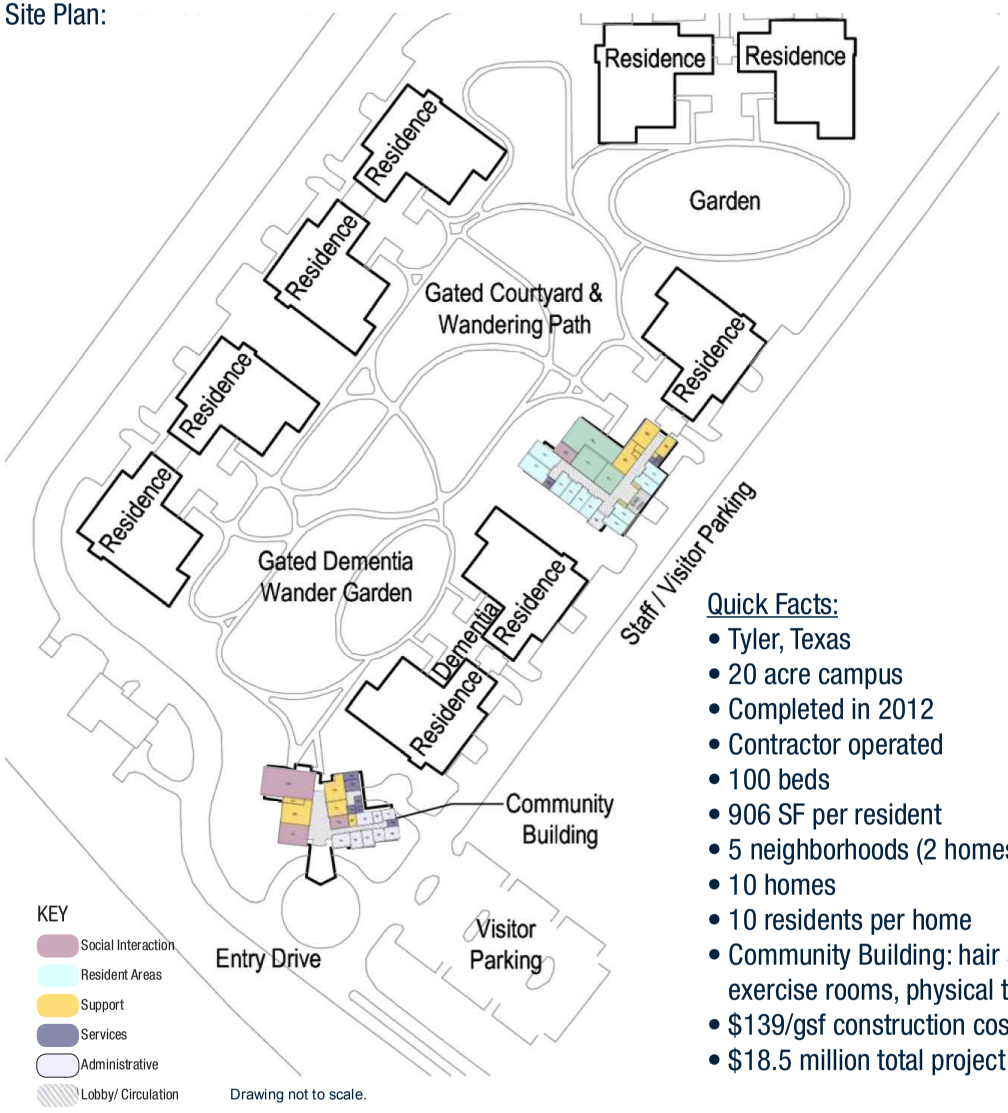
Community Garden & Courtyard:

Quick Facts:

- Payson, Utah
- 10.2 acre site
- Completed in 2013
- Contractor operated
- 108 beds
- 963 SF per resident
- 9 homes
- 12 residents per home
- Community Building: multi-purpose room, quiet room, activity center, therapy room, barber shop
- $190/gsf construction cost
- $19.8 million total construction cost

Figure 5.3 Case Study: Central Utah Veterans Home - Payson

Site Plan:



Quick Facts:

- Tyler, Texas
- 20 acre campus
- Completed in 2012
- Contractor operated
- 100 beds
- 906 SF per resident
- 5 neighborhoods (2 homes each)
- 10 homes
- 10 residents per home
- Community Building: hair salon, exercise rooms, physical therapy
- $139/gsf construction cost
- $18.5 million total project cost

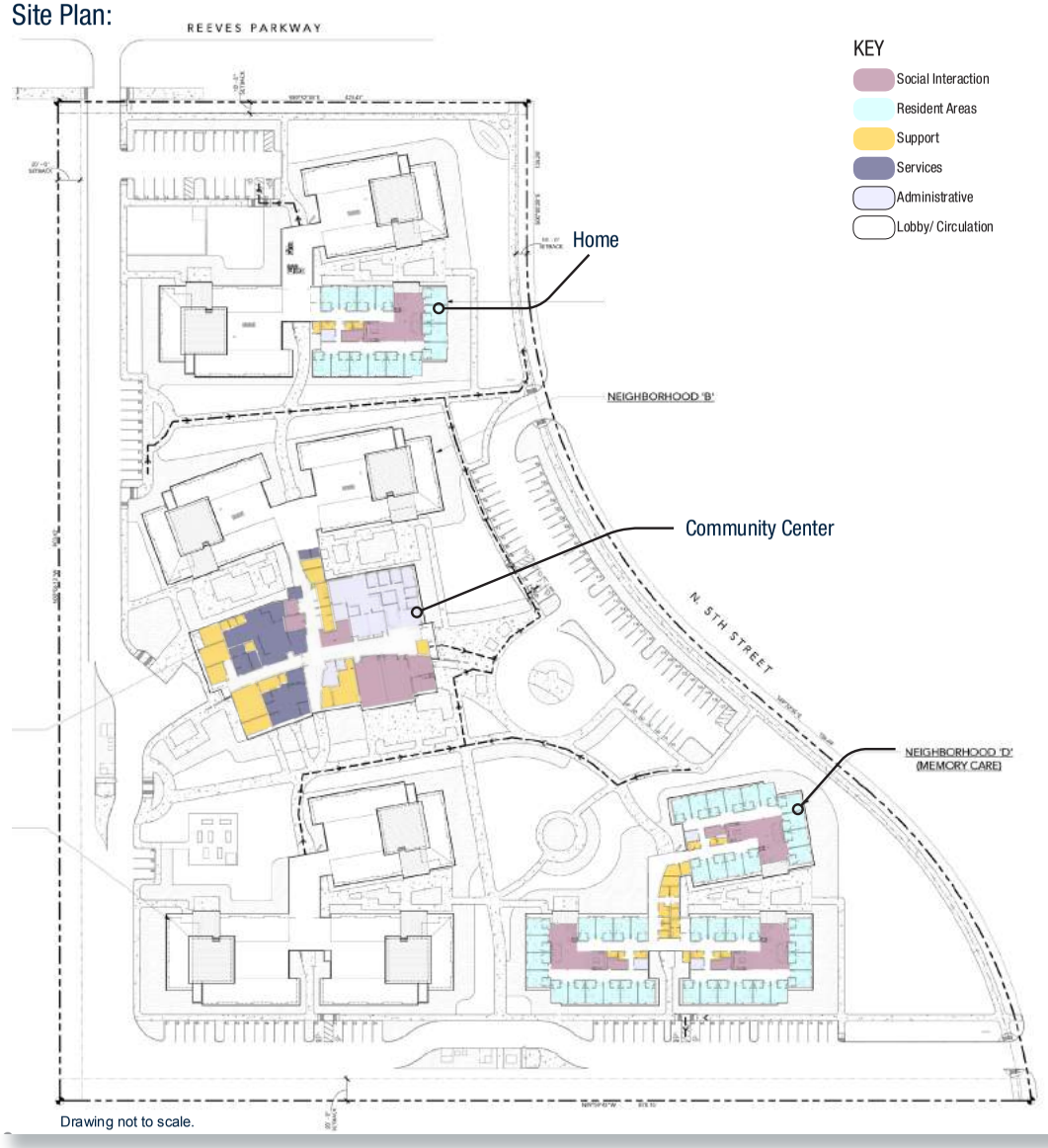
Typical Home:

Living Room in Home:

Kitchen in Home:

Figure 5.4 Case Study: Watkins-Logan Nursing Home

Site Plan:



Quick Facts:

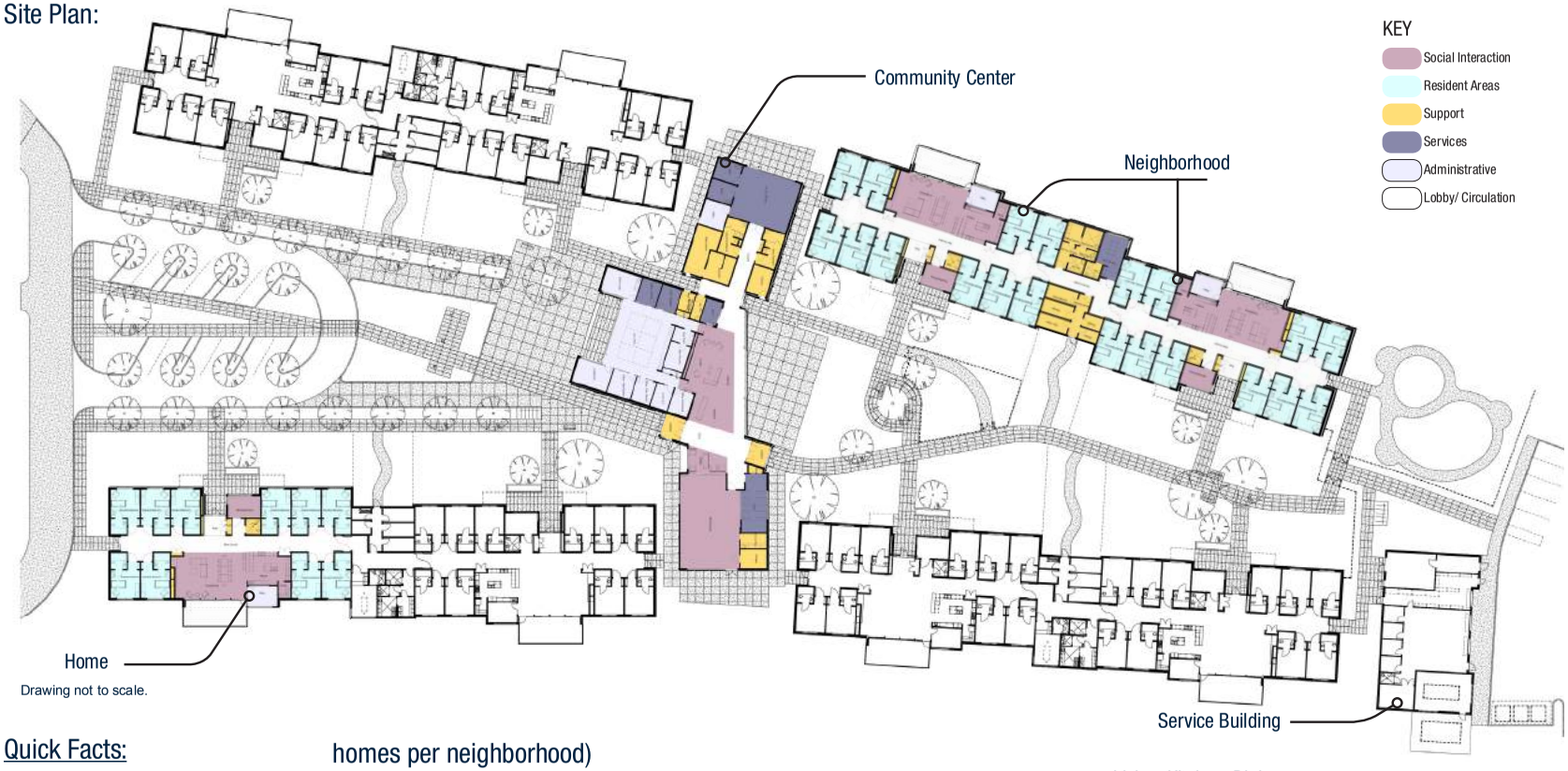
- Lebanon, Oregon
- 12 acre campus
- Completed in 2014
- 154 beds
- Contractor operated
- 798 SF per resident
- 4 neighborhoods (2-3 homes per neighborhood)
- 11 homes
- 14 residents per home
- Community Center: multi-purpose room, chapel, beauty salon, rehab area, dining room, library
- $247/gsf construction cost
- $42.8 million total project cost

Main Entrance:

Living, Kitchen, Dining:

Figure 5.5 Case Study: Edward C. Allworth Veterans' Home

Site Plan:



Quick Facts:

- Walla Walla, Washington
- 10.7 acre campus
- Anticipated completion in 2016
- 80 beds
- State operated
- 1,000 SF per resident
- 4 neighborhoods (2 homes per neighborhood)
- 8 homes
- 10 residents per home
- Community Center: salon, chapel, multi-purpose room, physical therapy
- ~$315/gsf construction cost (estimated)
- $27.8 million estimated construction cost

Main Entrance:

Living, Kitchen, Dining:

Figure 5.6 Case Study: Walla Walla Veterans Home

5.3 Idaho Long-Term Care Trends

Overall, the long-term care industry in Idaho has experienced the same trends described above for the national industry. The following pages document the capacity and utilization of both the skilled nursing and assisted living facilities. The analysis was limited to the available data provided by the Idaho Health Care Association for recent years. Figure 5.7 maps the locations of private SNFs and assisted living facilities across the state.

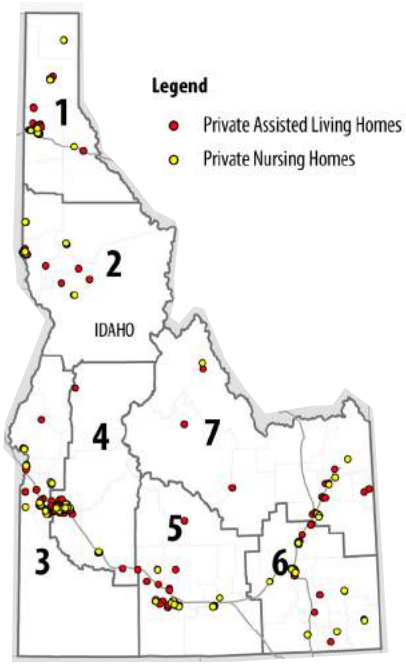


Figure 5.7 Private Skilled Nursing & Assisted LIving Facilities

Private Skilled Nursing

In order to understand the potential demand for state veterans homes, the study team needed to understand the existing long-term care industry in Idaho - both the SNFs and the assisted living sector. Statewide, the number of skilled nursing beds increased between 2007 and 2014, however the utilization rate decreased, as summarized in Table 5.3 below. Figure 5.8 illustrates the capacity and utilization of skilled nursing beds across the state, including the three State Homes in their respective regions.

Table 5.3 Private Skilled Nursing Facility Beds & Utilization, 2007 & 2014
(Source: Idaho Health Care Association)

Region	2007 Beds	2007 Utilization	2014 Beds	2014 Utilization	Bed Growth: 2007-2014	Bed % Growth: 2007-2014
Region 1	797	74.0%	958	61.2%	161	20.2%
Region 2	600	88.3%	720	56.4%	120	20.0%
Region 3	633	74.9%	937	43.6%	304	48.0%
Region 4	929	71.7%	1,345	37.5%	416	44.8%
Region 5	808	76.9%	797	55.3%	(11)	-1.4%
Region 6	333	83.2%	645	45.0%	312	93.7%
Region 7	464	62.9%	558	39.1%	94	20.3%
Total	**4,564**	**76.0%**	**5,960**	**48.3%**	**1,396**	**30.6%**

The increase in private facility development was followed by the recession. More seniors are choosing to live at home and/or are staying longer in assisted living facilities. Lower utilization rates and an overbuilt private sector have resulted. Overall, Idaho's private SNF industry experienced the following trends during this time period:

- 76% average occupancy in 2007 dropped to an average of 48% (or 1,396 occupied beds) in 2014
- most regions experiencing -30% decreased occupancy
- 1,400 beds were added statewide

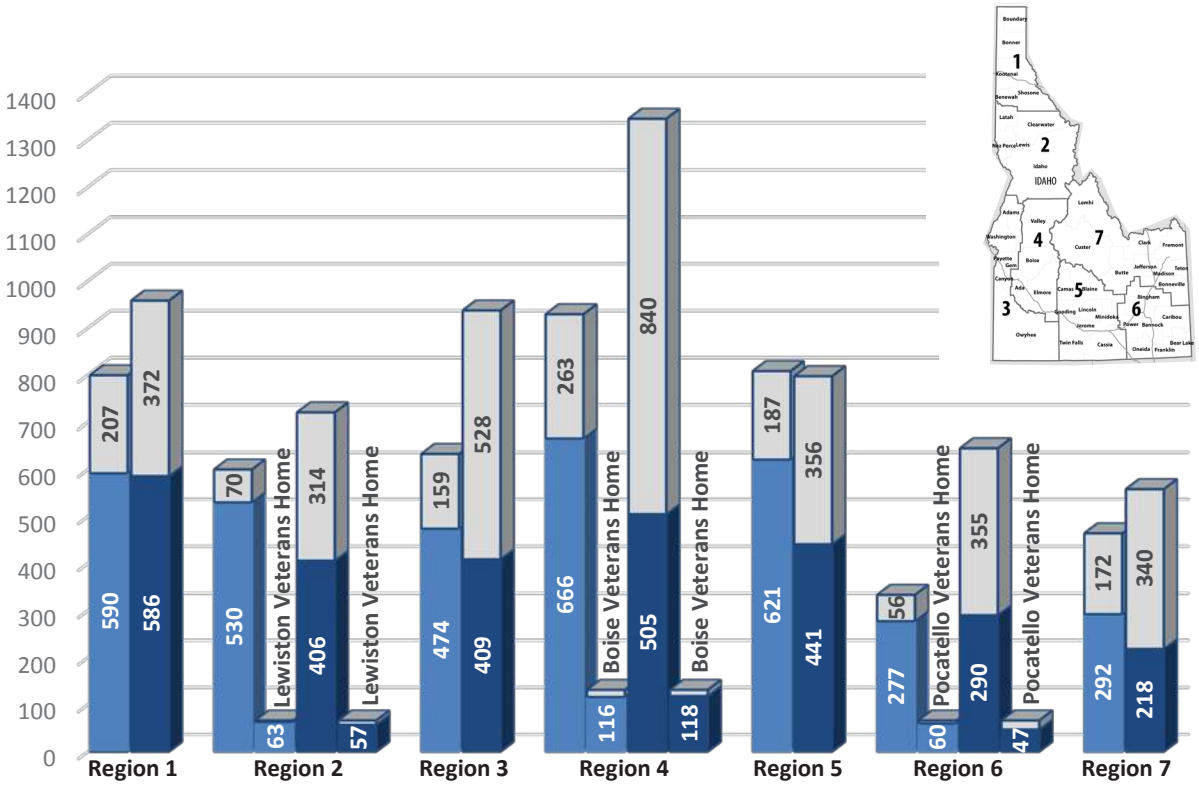


Figure 5.8 Skilled Nursing Facilities, 2007 & 2014 (Source: Idaho Health Care Association)

- average occupancy in 2014 would have dropped even without the significant increase in total bed count (to 63%)
- Region 6 had the most significant bed growth (+312)
- Regions 3 & 4 both added almost 50% more beds
- Region 5 experienced a small, net decrease in beds.

The IDVS State Veterans Homes are highly utilized, particularly in contrast to their regional counterparts. The following observations are possible on the State Veterans Homes over the same time period:

- Veteran Homes' occupancy rates are significantly higher than their regional averages
  - 86% Lewiston Veterans Home, 2014
  - 90% Boise Veterans Home (skilled nursing beds), 2014
  - 71% Pocatello Veterans Home, 2014
- No changes in skilled nursing bed counts.

The skilled nursing facility industry in Idaho experienced a substantial net increase in beds over the 7 year period, despite the fact that obtaining a license for a new facility is a very challenging, time-consuming endeavor. The process takes 2 years and the regulations are stringent.

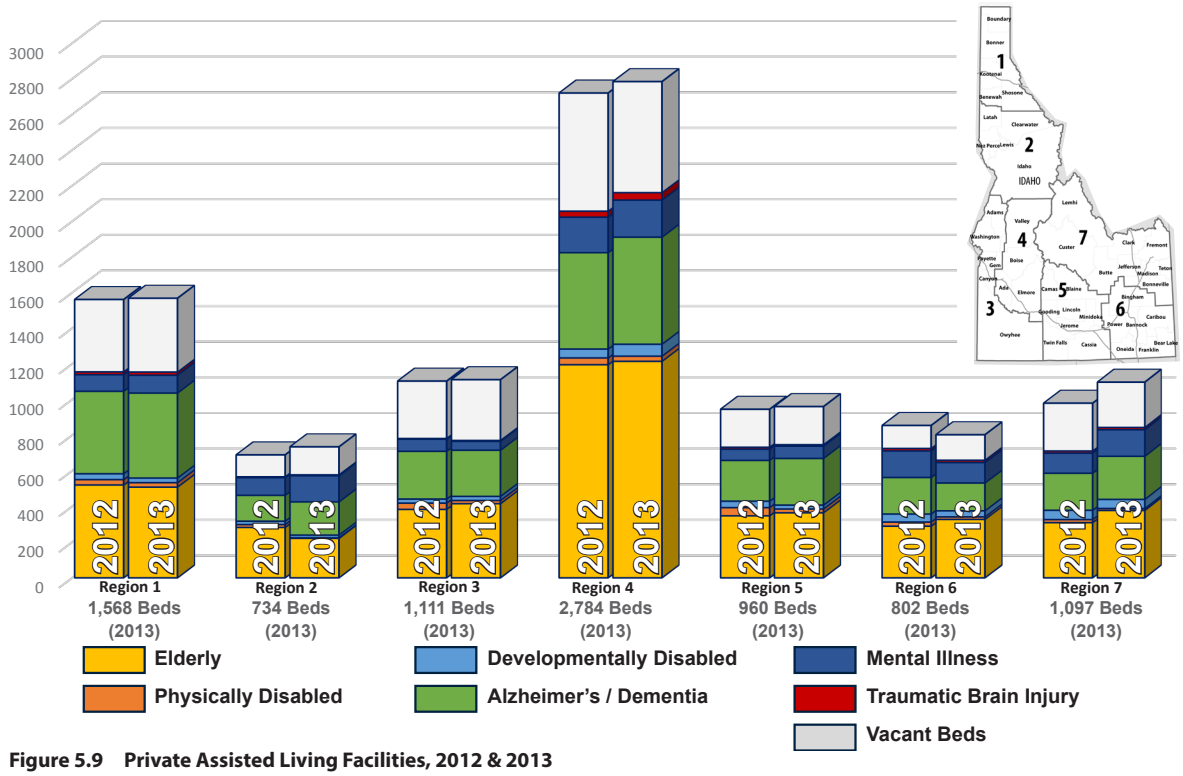


Figure 5.9 Private Assisted Living Facilities, 2012 & 2013

Assisted Living Facilities

Assisted living facilities in Idaho are less overbuilt than the nursing home industry and appear that they have experienced more stable occupancy rates. In the two years of available data, the utilization rate was 76% and 77% among assisted living facilities, statewide. It is reasonable to assume that the assisted living beds have maintained a higher utilization rate over the past decade because they are more affordable than nursing homes. Assisted living facilities undergo a different, less intensive licensing process than the SNFs.

As an industry, assisted living facilities are generally increasing their stated services, allowing their residents to age in place longer, even as their health conditions become more complex. The majority of residents in the private, assisted living facilities are elderly residents who are somewhat mobile. The second greatest number of beds in the private sector are occupied by Alzheimer's Disease / dementia residents. This is followed by residents whose primary health condition is categorized as mentally ill, developmentally disabled, physically disabled, and traumatic brain injury, as illustrated in Figure 5.9.

5.4 State Veteran Home Need in Idaho

As stated previously, the State of Idaho has an unmet bed need of 95 additional beds in the FY11 USDVA analysis. The study team for this *Statewide Facility Assessment* analyzed the veteran population projections to determine the potential regional break-down, or where the veterans were anticipated to live in 2023. This set of projections used the 7 regions in order to compare these numbers against the trends for skilled nursing and assisted living facilities across Idaho, as summarized in Table 5.4.

Table 5.4 Census Projections vs. USDVA Projected Bed Need

Region	2013 Total Vets	Projected 2023 Total Vets	Existing Beds	2013 Needed Beds @ 4/1000 Vets	2013 Deficit	2023 Needed Beds @ 4/1000 Vets	2023 Deficit
Region 1	23,157	21,250	0	93	-93	85	-85
Region 2 -Lewiston	10,404	9,200	- 66	42	+24	37	+29
Region 3	20,803	20,792	0	83	-83	83	-83
Region 4 -Boise	44,854	47,801	-131	179	-48	191	-60
Region 5	13,584	11,728	0	54	-55	47	-47
Region 6 -Pocatello	12,202	10,902	- 66	49	+17	44	+22
Region 7	13,141	12,287	0	53	-53	49	-49
Total	138,108	133,960	263	552	-291	536	-273

It is important to note that the USDVA has not updated the projections since FY11 nor does their analysis allocate projected bed need regionally, however this table highlights where the beds may be needed most.

- Regions 1 and 3 indicate a significant, 80-bed need in 2013 that is projected to continue, using the 4 beds per 1,000 ratio. The nearest IDVS facility to Region 1 is located more than two hours south, in Lewiston; Region 3's veterans are concentrated along Interstate-84 and the greater Boise/Treasure Valley area. (See Figure 5.10 on the following page.)
- Regions 2 and 6, which boast existing IDVS veterans homes, are both assessed to have a surplus of veteran beds.
- Regions 4, 5 and 7 all indicate some need for additional and/or new veteran beds.
- Regions 3 and 4 bed need is concentrated in the greater Boise area, despite the 131 existing beds in the Boise Veterans Home. The combined need in the Treasure Valley area may be considered as an additional need for more than 100 beds.

The CLC delivery model of care is distinctly different than the traditional SNF model operating in the existing IDVS homes. The operating and staffing differences would render impossible operating a potential addition on the same site as an existing state veteran home. (Only the Lewiston and Pocatello Veterans Home properties have the potential to add a second, or larger, building footprint. Boise is fully developed and landlocked, precluding additional development.) Administration of two

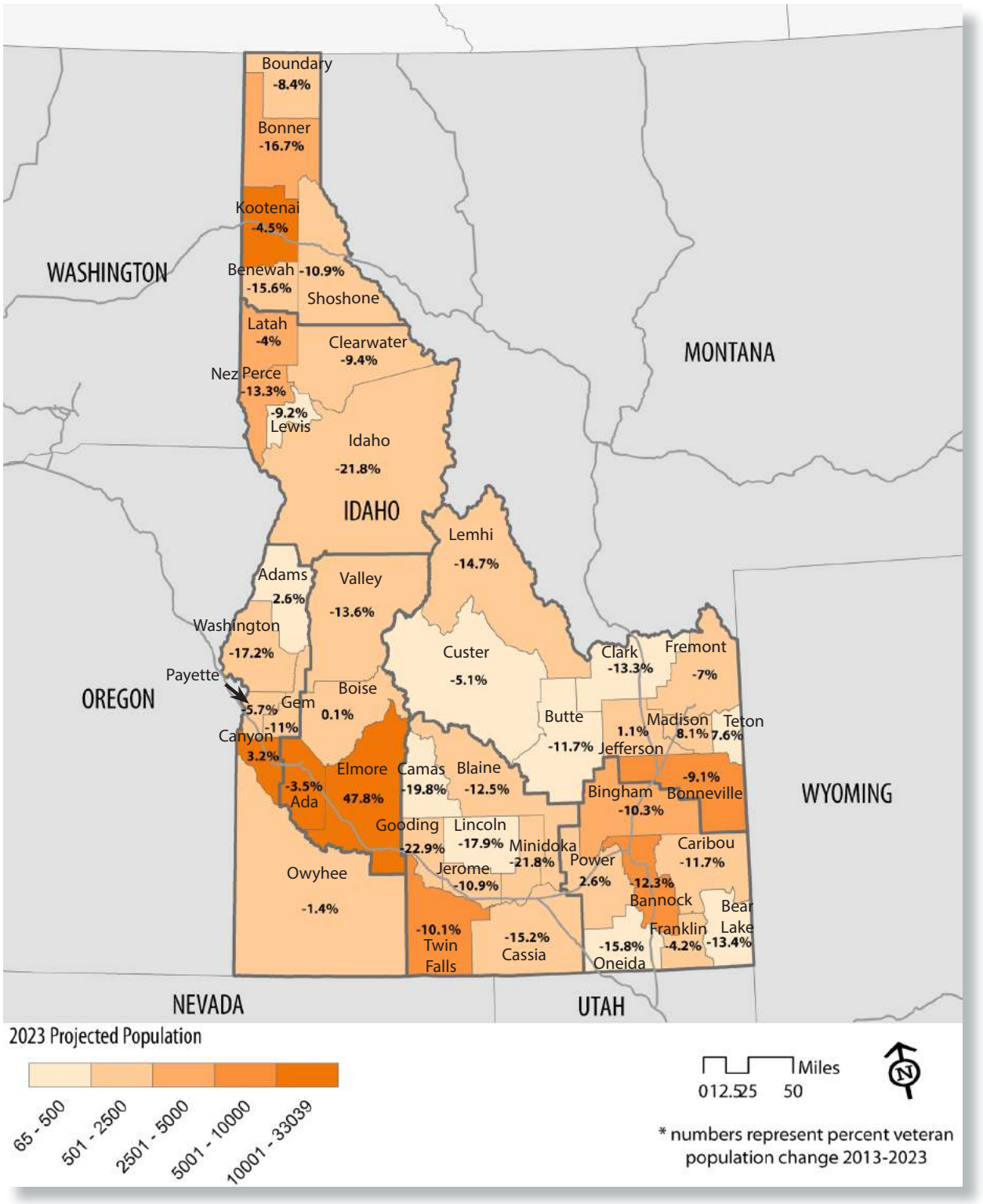


Figure 5.10 Veteran Population Projection by County, 2023, data from USDVA

such dissimilar facilities at the same location would be challenging, as would admission of veterans to the old facility when a much newer facility with single rooms was available at the same cost. One facility would potentially have to be designated for specialized care. Strict admission criteria for each facility -the new CLC and the older, traditional home- would have to be established to make the assignment as objective as possible.

Nor could the CLC model of care be implemented physically within the confines of the existing state veterans homes. They are not designed for the single room, shared living room and home kitchen concept promoted by the *CLC Design Guidelines*. Extensive renovation of any of the existing homes would be cost-prohibitive compared to new construction. Furthermore, renovating the existing facilities would convert double rooms to singles, thereby reducing the facilities to either 33 beds (Lewiston or Pocatello) or 65 beds (Boise). Recommendations from other state veteran homes staff suggest that a minimum bedcount of 80 beds is the smallest size facility that would operate well in the CLC model.

6.0 ALTERNATIVE STRATEGIES

The *Statewide Facility Assessment* study findings concurred with the USDVA FY11 projections that at least 95 additional beds may be necessary in order to best meet the needs of Idaho's veterans. Several alternatives were considered for further analysis and comparative evaluation before defining recommendations for how the Idaho Division of Veteran Services could best provide services for the state's veterans.

6.1 Definition of Potential Strategies

Based on the analysis of potential gaps in services, demographics and existing state veterans homes, eight strategies were defined for evaluation.

1. *New CLC in Northern Idaho* - construct a new facility in Region 1 for 80-95 beds to address the current and projected bed shortage. The new veterans home would adhere to the physical and operational model defined by the USDVA's *CLC Design Guidelines*. For the purposes of this study, this alternative assumes 96 beds would be constructed.
2. *Replacement / Growth CLC in Southwestern Idaho* - replace the 49-year old Boise Veterans Home with a larger facility or define a strategy to provide additional skilled nursing beds in a second facility somewhere in Region 3 or 4, in the greater Treasure Valley area. This alternative would construct the additional 80-102 beds projected need for southwestern Idaho. Further analysis would test whether this alternative involves a full replacement of the existing Boise Veterans Home and how IDVS would phase out of the original facility or

Figure 6.1 Existing Nursing Station, Lewiston Home

operation of two distinct homes in this region and which care units would be provided at each location.. For the purposes of this study, this alternative assumes 96 beds would be constructed.

3. *Renovate / Redefine Lewiston Home* - consider redefining programs at the Lewiston Veterans Home to reflect current and projected needs, such as establishing an Alzheimer's Disease / dementia unit. For the purposes of this study, no construction costs or additional operating costs are assumed as part of this alternative.
4. *Renovate / Redefine Pocatello Home* - consider redefining programs at the Pocatello Veterans Home to reflect current and projected needs, such as establishing an Alzheimer's Disease / dementia unit. For the purposes of this study, no construction costs or additional operating costs are assumed as part of this alternative.
5. *Establish Respite / Day Care at Existing Facility(ies)* - provide respite or day care at one (or more) of the existing state veteran homes to aid veterans' caregivers. The VAMCs have similar programs but the need for respite or day care programs occur all over the state, including the veterans' families who do not live in close proximity to a federal facility. For the purposes of this study, this alternative assumes no renovation costs or additional operating costs would be necessary.
6. *New CLC in Central Idaho* - construct a new facility in Region 7 for 48-95 beds to address the current and projected bed shortage. The new veterans home would adhere to the physical and operational model defined by the USDVA's CLC Design Guidelines.
7. *Establish Transportation Services* - provide veteran transportation to/from appointments to help those veterans without personal vehicles or limited access to transportation.
8. *Status Quo* - continue operating the existing facilities as is, without additional services.

Three alternatives were eliminated as not worthy of further consideration:

6. *New CLC in Central Idaho* - Region 7 is a less populated area of Idaho with fewer services for veterans, however other regions have more significant need. Furthermore, the comparatively smaller population of Region 7 and fewer nursing education opportunities pose a potential risk for being able to staff a new state veterans home at this time.
7. *Establish Transportation Services* - Lack of transportation options for many veterans poses individual hardships however, direct provision of transportation services is beyond IDVS' scope and mission. Expanding transportation options for the state's veterans is an opportunity for local veteran organizations and non-profits to partner with the veteran community to address this need.
8. *Status Quo* - The *Statewide Facilities Assessment* study provides IDVS an opportunity to improve and expand the services offered Idaho veterans. "Status quo" was deemed a missed opportunity for improvement.

The study continued the evaluation of the remaining five alternatives. A single, preferred solution was not necessarily the answer. The study process sought to prioritize what is most appropriate and cost-effective for IDVS and the veterans of the State of Idaho.

6.2 Potential New Community Living Center for Idaho

A potential new community living center anywhere in the State of Idaho should be designed based on the *CLC Design Guidelines*, lessons learned from the existing Idaho state veteran homes and best practices garnered from the case studies included in Chapter 5.6. The following assumptions here define a potential new CLC in Idaho:

- 12-resident homes, based on CLC recommendation for 10-12 residents per home and IDVS home administrator recommendation to staff homes at a maximum of 1 certified nurse assistant (CNA) for every 6 residents and 1 licensed practical nurse (LPN) for every 24 residents (equates to 1 RN per neighborhood)
- 96-bed maximum facility size, given 12-resident homes in pairs and 95-bed remaining capacity as identified by USDVA FY11 analysis ("extra" bed beyond 95 is not considered significant reason to change assumptions); 80-bed minimum facility size
- each home offers private bedroom/bathroom for each resident around a shared family room, full kitchen and dining area with nursing staff office space in/near the kitchen
- pairs of homes form a 24-bed "neighborhood" which provides shared support spaces including laundry facilities, bath suite, mechanical & electrical equipment rooms and storage space
- community center provides multi-purpose gathering space, centralized amenities such as physical/occupational therapy and barber shop, shipping/receiving and administrative offices
- maintenance area (or separate support building)
- 1-story development to allow for ease of resident movement without stairs or elevators, maximum staffing efficiencies and simplified emergency evacuation procedures
- residential garden and courtyard areas, walking paths and on-site parking
- 10-12 acre site needed, with few development limitations

Preliminary space programming for a new, 96-bed community living center identified the potential size of a new facility as summarized in Table 6.1. The aggregate total of all interior room areas for each building or function is converted to the gross areas using the conversion factors provided by the USDVA grant application form. The numbers listed below are rounded to the nearest 100 feet; the detailed space program form is included in the Appendix.

Table 6.1 Potential 96-Bed CLC Program Summary

Building Function	Number Proposed	Net Square Feet (NSF) Each	Total NSF	Total Gross Square Feet (GSF) per Grant Form Calculations
12-Resident Home	8	5,900	47,200	63,400
Shared Neighborhoods per Home Pairs	4	3,200	12,800	17,100
Community Center	1	9,100	9,100	12,200
Service/ Support Building	1	4,300	4,300	5,800
		Total	**73,400**	**98,500**

Minimal architectural design can be completed for a potential new facility until a site is identified and either donated or acquired by the state.

6.3 Staffing a New CLC

In 2013, DHR, Administration, and PERSI (Public Employees Retirement System Idaho) contracted with HayGroup to analyze the State's total employee compensation. Their analysis indicate:

- Idaho's total compensation program is below market average when compared to both private and public sector markets.
- The State's total benefits program is at the 75th percentile compared to the private sector and at the 50th percentile (median) when compared to the public sector.
- Wages for State employees lag the private sector by an average of 29% and trail the surrounding states by an average of 10%.
- The higher benefits program value does not offset the below market wages, and therefore results in a total compensation program below the market average in both the private and public sectors.
- The State provides a full range of benefit programs to its employees that is market competitive in aggregate.

Compared to 8 nearby western states:

- Average actual pay for State employees (not weighted by incumbent) is approximately 29% below the private sector market average
- The State's market rate is 20% below the private sector market average
- Average actual pay for State employees is approximately 10% below the public sector market average

Attracting and retaining staff at the existing state veterans homes is a primary concern of the home administrators and IDVS leadership. Of particular import is the competition of state salaries and benefits with the private sector, especially in counties bordering adjacent states where higher salaries may be accessible with a short commute. Figures 6.2 and 6.3 illustrate that average salaries for both registered nurses and certified nursing assistants are significantly lower across Idaho. Table 6.2 below shows average salaries for RN and CNAs statewide for Idaho, Washington, Oregon, and Montana. The panhandle's proximity to higher paid nursing employment in Washington and Montana presents a staffing concern: a new veterans home in Region 1 may have trouble attracting and retaining skilled nursing staff.

Table 6.2 Average CNA & RN Salaries

	Idaho	Washington	Oregon	Montana
CNA	$15,000	$21,000	$21,000	$23,000
RN	$43,000	$61,000	$61,000	$68,000

Source: Data was provided by www.indeed.com, 2014.

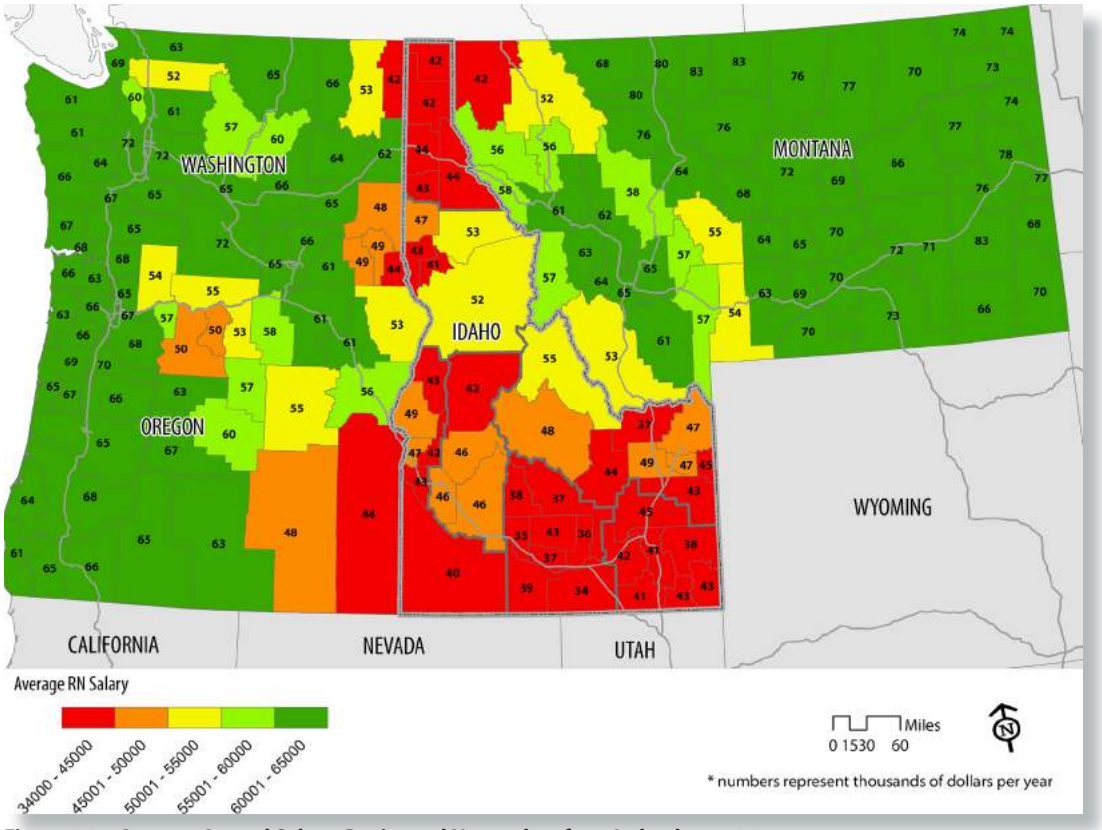


Figure 6.2 Average Annual Salary: Registered Nurse, data from Indeed.com, 2014

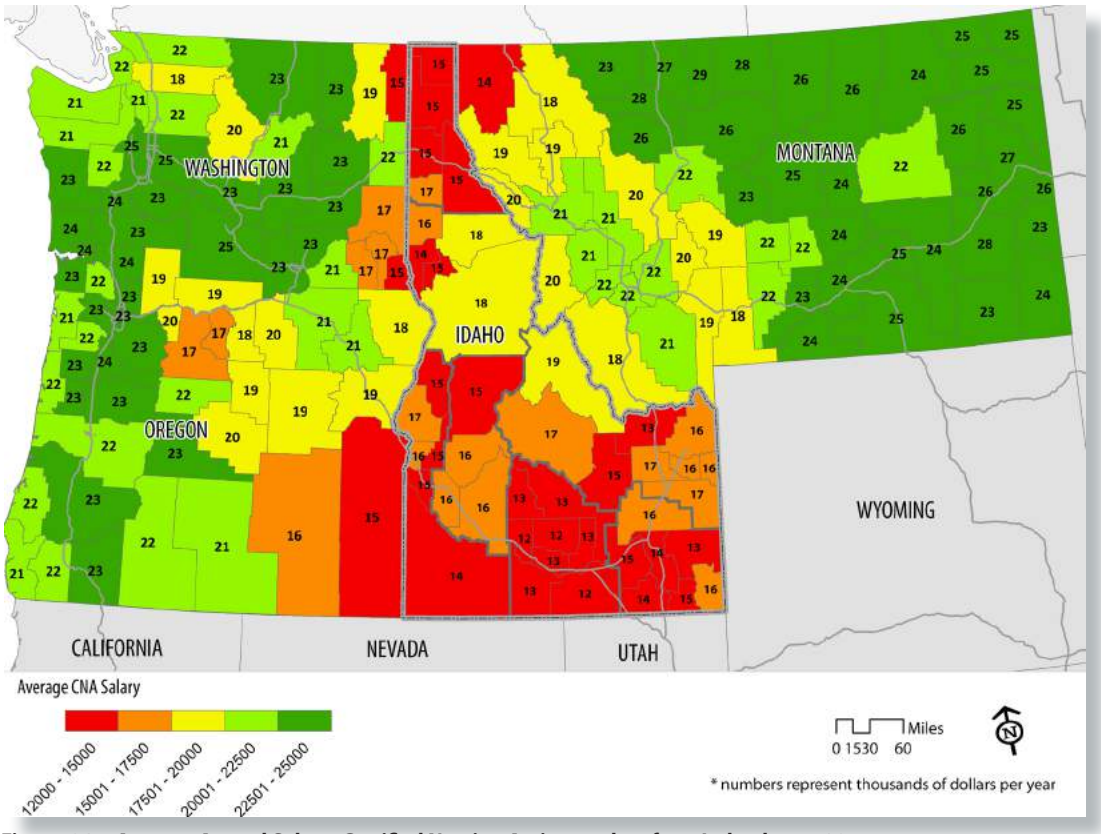


Figure 6.3 Average Annual Salary: Certified Nursing Assistant, data from Indeed.com, 2014

6.4 Potential Operating Costs

The Community Living Center model of care depends on staff working broader job descriptions than are typical of traditional SNF nursing staff. The true CLC model requires certified nursing assistants to be involved in their regular nursing duties as well as food preparation, food service and light cleaning. This new job description has been defined as a "shabahzim" by the Green House®, a "universal worker" or a "nursing assistant - residential living" in the State of Washington. This position has been submitted to the Washington State government with following definition:

> "The Washington Department of Veterans Affairs mission is *"Serving Those Who Served"*. Under the supervision of a Registered Nurse, this position will help the organization achieve its mission by providing services to vulnerable "Veteran" adults in need of skilled nursing care in a home-like setting following the federal guidelines of small house model of care, meeting the needs of each resident. Specific services include assisting residents with activities of daily living, meal planning and preparation, leading therapeutic activities, completing light housekeeping tasks, doing residents personal laundry and providing medical assistance. Care provided to the residents is patterned after the residents' needs rather than a set schedule and all care must be accomplished during the scheduled shift."

The CLCs help with food preparation in each home's kitchen. Ideally, per the *Guidelines*, there is no central kitchen preparing meals and carting them to individual homes. The Green House® model relies on the universal worker to help cook meals in full home kitchens. Hybrid designs in some new homes combine a home kitchen with a central preparation kitchen where vegetables are washed and chopped for all homes and then distributed to each kitchen for final cooking. At this point in the planning, a potential new community living center in Idaho is assumed to follow the home kitchen model without relying on a centralized kitchen.

Staffing Model

A model of the potential staffing of a 96-bed facility was prepared using current State of Idaho regulations and the assumptions listed below:

- 8-hour shifts for all staff
- 12 residents per house; houses grouped in pairs
- 8 total houses, providing a total capacity of 96 residents
- typical census of 90+ residents, which requires an RN on duty at all times
- Maximum staffing ratio of 1 certified nursing assistant for every 6 residents during the day and afternoon shifts (1 per 12 overnight)
- Maximum staffing ratio of 1 registered nurse for every 48 residents during the day and afternoong shifts (1 per 24 overnight)
- 1 restorative CNA floats to support 2 (paired) houses during the day and afternoong shifts
- goal of 4.0 hours direct care per resident per 24 hours
- Salary estimates based on maximum resident capacity of 8 paired houses
- LPN nurse & CNA assumes average of salary/benefits provided
- RN (super) assumes "Nurse Regular, Manager" salary/benefits provided

Table 6.3 summarizes the direct care staffing requirements of a 96-bed facility with the aforementioned assumptions. Both registered nurses (RNs) and licensed practical nurses are listed

in the staffing model based on skilled nursing facility requirements. The IDVS State Veterans Homes have typically had difficulty recruiting and retaining RNs because of the higher salaries available elsewhere. As a result, the IDVS State Veterans Homes frequently rely on LPNs to staff the homes. The RNs combined salaries and benefits are generally greater than those for the LPNs and are assumed for the potential nursing staffing model to identify the greatest potential operating costs that should be considered in the planning for a new CLC in Idaho.

Table 6.3 Potential Nursing Staffing Model

Nursing Position, Shift	Full Time Equivalents (FTEs) per shift	FTEs / House	Hours / House	Total FTEs, per 8 Houses
RN, AM Shift	0.25	0.35	14	2.8
LPN, AM Shift	0.5	0.7	28	5.6
RN, PM Shift	0.25	0.35	14	2.8
LPN, PM Shift	0.5	0.7	28	5.6
RN, Nocturnal Shift	0.5	0.7	28	5.6
RN / LPN Subtotal	**2.0**	**2.8**	**112**	**22.4**
CNA, AM Shift	2	2.8	112	22.4
CNA, AM Shift Restorative Aide	0.5	0.7	28	5.6
CNA, PM Shift	2	2.8	112	22.4
CNA, PM Shift Restorative Aide	0.5	0.7	28	5.6
CNA, Nocturnal Shift	1	1.4	56	11.2
CNA Subtotal	**6.0**	**8.4**	**336**	**67.2**
Subtotal Direct Care Staff	**8.0**	**11.2**	**448**	**89.6**
RN, AM Shift Administrative (not direct care)	1	1.4	5	1
RN, PM Shift - not required Administrative (not direct care)	0	0	0	0
RN, Nocturnal Shift - not required; Administrative (not direct care)	0	0	0	0
RN Subtotal	**1.0**	**1.4**	**5.0**	**1.0**
Total	**9.0**	**12.6**	**453**	**90.6**

In addition to the 91 nursing staff full time equivalents (FTEs), administrative personnel, medical records/admissions staff, therapists, dietary staff, activities personnel and facilities staff would also be necessary to run a new community living center. Table 6.4 on the following page details the total state staffing requirements and those services that would likely be contracted, as occurs at the existing IDVS State Veterans Homes.

Table 6.4 Potential 96-bed Staffing Model

Position	Full Time Equivalents (FTEs)
Activities	
Recreation Assistant	1
Volunteer Services Coordinator	1
Administration	
Administration Assistant 2	1
Human Resource Associate	0.8
Religious Activities Coordinator	0.5
Social Worker	1
Social Worker (Admissions Coordinator)	0.6
Veterans Home Administrator, Regional	1
Dietary	
Cook	3
Cook, Senior	1
Dietary Aide, Senior	4
Food Services Operations Manager	1
Fiscal	
Financial Specialist	1
Financial Technician	2
Storekeeper	1
Technical Records Specialist 1	1
Maintenance	
Building Facilities Foreman	1
Maintenance Craftsman Senior	1
Medical Records	
Health Information Specifier	1
Office Specialist 2	1
Nursing	
Total from Table 6.3	90.6
Total	**111.5**

Potential Operating Costs

Employee salaries and benefits comprise the majority of the operating costs of a state veterans home. Existing staff salaries and benefits for the Lewiston Veterans Home were assumed to calculate staff costs for a new 96-bed facility. (Lewiston was used given its relative proximity to the potential alternative that would locate a new CLC in Region 1.) Table 6.5 on the following page summarizes the staff salaries and benefits and contracted services by category as well as estimates for the utility costs to run a 98,500 GSF community living center. In 2014 dollars, annual operating costs for the proposed 96-bed community living center is estimated at $3.0 million.

Table 6.5 Potential Annual Operating Costs (2014 $s)

Staff / Expense Category	Salaries & Benefits Subtotal	Direct Costs
Staff:	**$1,510,207**	
Administration	$412,063	
Business Office	$213,372	
Facilities	$114,337	
Medical Records	$93,081	
Activities	$74,332	
Therapy (may be contract service)	$40,471	
Dietary	$189,854	
Clinical	$372,697	
Contracted Services:[1]		**$1,298,880**
Therapy Services		$424,320
Medical Director		$52,800
Psychiatric Services		$960
Dental Services (on-call)		$0
Podiatry Services		$960
Laboratory Services		$6,720
Pharmacy Services		$431,040
Dietitian Services		$43,200
Housekeeping & Laundry Services		$322,560
Grounds & Building Maintenance		$13,440
Medical Waste Disposal		$2,880
Utility Costs:		**$218,700**
Electrical		$135,700
Water		$30,500
Natural Gas		$52,500
Total Operating Costs		**$3,027,787**

1. Contracted services were estimated based on 2014 Lewiston Home costs per resident and applied to the proposed 96-bed capacity of the new community living center.

6.5 Potential Construction Costs

The potential new CLC has yet to be designed. Nor has an exact site been identified, with its unique development conditions and infrastructure costs. There will be slight regional differences as well, should alternative 1 (Region 1, northern Idaho) be constructed versus a new CLC in Region 3 or 4 (southwestern Idaho). Yet to understand the potential grant application and state commitment to the 35% of the construction costs, several assumptions were made to identify the potential cost of a new 96-bed CLC, somewhere in Idaho:

- no site acquisition costs included

- 1-story construction
- 50-year building life, steel stud construction
- designed to meet LEED™ Silver standard, sustainable design construction
- "shovel-ready", developable site with available infrastructure at parcel boundaries
- on-site parking provided at minimum standards for local zoning code
- 6.6% sales tax included

Given these assumptions, the preliminary project cost for a new 96-bed community living center of 98,500 GSF is estimated at $37.4 million, including both construction and project costs, in 2014 dollars. (The full cost to design and construct any facility is considered "project costs" which adds approximately 8-10% to the construction cost to account for design fees, furnishings, equipment, permits and taxes.) The State of Idaho would need to commit to 35% of this cost in order to apply for the USDVA State Home Construction Grant program, or $13.1 million, in 2014 dollars.

6.6 Comparative Evaluation of the Alternatives

IDVS leadership and the study team comparatively evaluated the five remaining alternatives to understand the future priorities. Evaluation criteria were first developed based on the agency's goals, mission and objectives as well as the visioning effort undertaken at the beginning of the study. The following comparative evaluation criteria were used to assess the study alternatives:

1. *Responsiveness to Current Need* - Does the alternative meet the needs of today's veterans and their families?
2. *Responsiveness to Future Need* - Does the alternative meet the projected needs of future veterans and their families?
3. *Order of Magnitude Capital Costs* - Is the estimated cost to design, build and implement the alternative an efficient use of resources? Could the same budget be spent elsewhere and achieve more significant results?
4. *Order of Magnitude Operating Costs* - Is the estimated operating cost an efficient use of resources? Could the same budget be spent elsewhere and achieve more significant results?
5. *Feasibility of Implementation (e.g., political, phasing, disposition of assets)* - How likely is the alternative going to prove successful? Is there political support? Can the project be phased and/or would it improve the feasibility of the alternative's success? Does the alternative require disposition of assets that is reasonable or does it jeopardize the feasibility of the alternative and/or its success?
6. *Availability of Land / Facilities* - Is sufficient property available at little/no cost to the State? Is it development ready or does it add significant cost to the project (as opposed to another location)?
7. *Ability to Operate (Attract / Retain Staff)* - What is the likelihood that IDVS will be able to attract and retain qualified staff to implement the alternative? If a new or replacement CLC facility, will the State approve a new staff category and sufficiently fund the position to prevent talented employees from seeking easier, higher paid employment elsewhere?

4	highest priority
3	secondary importance
2	fair-middling importance
1	least important

The seven criteria were deemed important in the evaluation of the alternatives however, they were not considered equal. Some criteria were assigned a higher priority than others, based on a 4-point scale, where the highest priority was given 4 points and the least important was given 1 point.

Highest Priority (4 points)

2. *Responsiveness to Future Need*
4. *Order of Magnitude Operating Costs*

Responsiveness to future need and order of magnitude operating costs were assigned the highest priority, or 4 points each because these criteria focused on the long-term. These criteria are biased toward the most appropriate, long-term solution(s) for IDVS provision of services. Future needs, including what the study identified in terms of the projected veteran demographics and/or healthcare trends, were determined a more strategic priority than the current needs. Similarly, the ability of the State to operate each alternative was considered of higher priority than the one-time costs to construct a new facility.

Secondary Importance (3 points)

1. *Responsiveness to Current Need*
5. *Feasibility of Implementation*

Responsiveness to current need and the feasibility of implementation were deemed of secondary importance, for 3 points. Both these criteria were considered near-term conditions, which are important but shorter in duration.

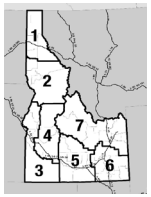
Fair-Middling Importance (2 points)

3. *Order of Magnitude Capital Costs*
6. *Availability of Land / Facilities*
7. *Ability to Operate (Attract / Retain Staff)*

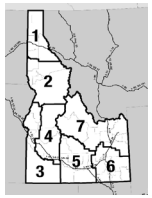
The remaining criteria were designated as fair-middling importance, or 2 points each: order of magnitude capital costs, availability of land / facilities and ability to operate (attract / retain staff). These three criteria were deemed important to the success of the project, but limited by time and/or information. The capital costs are a one-time expense. Availability of sufficient, developable property at this time is largely speculative. The ability to operate the facility and address potential staffing concerns is valid but warrants additional study and planning in order to fully resolve the future operating issues.

1	Fails to meet criteria
2	Mostly achieves criteria
3	Achieves criteria
4	Significantly achieves criteria

Each alternative was then evaluated by IDVS leadership and the study team on a scale of 1-4 points. The points reflect how well each alternative strategy was expected to perform, in comparison to the other options. The 4-point rating scale assigned points to the qualitative, non-cost criteria based on the perceived ability to achieve each criteria.



	Comparative Evaluation Criteria	Priority Level	New CLC in Northern Idaho	Replacement / Growth CLC in Southwestern Idaho	Renovate / Redefine Lewiston Home
1	Responsive to Current Need	3	4 — 12	4 — 12	2 — 6
2	Responsive to Future Need	4	4 — 16	4 — 16	2 — 8
3	Order of Magnitude Capital Costs	2	2 — 4	3 — 6	2 — 4
4	Order of Magnitude Operating Costs	4	3 — 12	3 — 12	3 — 12
5	Feasibility of Implementation	3	4 — 12	2 — 6	2 — 6
6	Availability of Land / Facilities	2	2 — 4	2 — 4	2 — 4
7	Ability to Operate / Staff	2	2 — 4	3 — 6	2 — 4
	Total Points Possible	80	64	62	44



	Comparative Evaluation Criteria	Priority Level	Renovate / Redefine Pocatello Home	Establish Respite / Day Care at Existing Facility(ies)
1	Responsive to Current Need	3	2 — 6	4 — 12
2	Responsive to Future Need	4	2 — 8	4 — 16
3	Order of Magnitude Capital Costs	2	2 — 4	3 — 6
4	Order of Magnitude Operating Costs	4	2 — 8	1 — 4
5	Feasibility of Implementation	3	2 — 6	1 — 3
6	Availability of Land / Facilities	2	2 — 4	2 — 4
7	Ability to Operate / Staff	2	2 — 4	3 — 6
	Total Points Possible	80	40	51

Figure 6.4 Comparative Evaluation Matrix

The order of magnitude capital and operating costs were comparatively ranked. The alternatives started with 3 points for "achieving" the project and 1 point was deducted for the more expensive option.

Figure 6.4 presents the final comparative evaluation matrix. The objective was not necessarily to identify a singular outcome for this *Statewide Facility Assessment*, but to prioritize the projects. There may be more than one "right" answer for IDVS and Idaho veterans.

6.7 Preferred Alternatives

Comparative evaluation of the study alternatives clearly prioritized two key strategies for the Idaho Division of Veterans Affairs to pursue in the near future:. Eighty points was the maximum total point score for any alternative given the assigned priority levels and the four-point scoring range. The alternatives that would provide a new (or replacement / growth) community living center achieved approximately eighty percent of the possible score and are therefore recommended to IDVS and elected officials for further consideration and planning.

New CLC in Northern Idaho

This alternative would construct a new facility in Region 1, assumed to be a 96-bed community living center, to address the current and projected bed shortage. The new veterans home would adhere to the physical and operational model defined by the USDVA's *CLC Design Guidelines*. A state veterans home in the northern panhandle would address both current and projected needs, since the region's projected 20,068 veterans (in 2023) live more than two hours north of the closest IDVS home in Lewiston. The local community is very outspoken in favor of the project and a 10-acre site may be available for the construction of the facility, although the cost to acquire the land is not yet known.

The feasibility and costs of operating a CLC in northern Idaho temper slightly the local enthusiasm for this alternative. Concerns remain regarding the ability to attract and retain nursing staff in this region, as higher paying nursing positions for both LPNs and CNAs are available in Washington State. Local health care employers may be able to provide insights on what the region's private sector may be doing in order to compete. Given the staffing concerns, a potential strategy for this alternative could be the consideration to contract this facility rather than operate it directly as part of the state agency. IDVS operates its existing three state veterans homes, as do many other states such as neighboring Washington. On the other hand, Oregon and Texas both contract the operation of their state veterans homes, including their new CLCs. Contracting the operation of a new CLC in northern Idaho could prove to be a test case for IDVS or simply a distinction between the traditional skilled nursing facility environments offered at Boise, Lewiston and Pocatello and the new or future community living centers.

Replacement / Growth CLC in Southwestern Idaho

The Southwestern Idaho alternative identifies a proactive need to plan for and invest in the eventual replacement of the Boise Veterans Home. IDVS has continually invested in the existing structure over the years, taking good care to maintain the facility however, the building is approaching 50-years of service. The facility has generally expended its useful life; no significant capital costs should be made beyond the basic maintenance and life safety needs. The home offers 131 beds in a very traditional, double room skilled nursing environment. The building's institutional layout and the constraints of the property preclude expansion or renovation to the current CLC model of care.

This alternative would either replace the 49-year old Boise Veterans Home with a larger facility or define a strategy to provide additional skilled nursing beds in a second facility somewhere in Region 3 or 4, in the greater Treasure Valley area. For comparison purposes, this alternative assumes the construction of a 96-bed facility, just like the Northern Idaho alternative. A 96-bed CLC would provide most of the 80-102 projected beds identified as the future need for southwestern Idaho, in addition to the existing 131 beds at the Boise Veterans Home. Further analysis would test whether this alternative involves:

1. **Full replacement of the existing Boise Veterans Home** - How would IDVS phase out of the original facility? Would USDVA or another state agency be interested in purchasing the facility (or site)?

   A new, 96-bed CLC facility developed in the greater Treasure Valley area would augment the continued use of the existing Boise Veterans Facility. IDVS would need to carefully define which services and/or specialty care units would be provided at each facility in order to simplify the admission of veterans to either campus based on individual need and/or residential origin. A new growth facility could delay the disposition of the existing facility and delay replacement of those 131-beds. Or,

2. **Operation of two homes in Regions 3 and 4: Boise Veterans Home and new CLC** - Would IDVS operate two distinct homes in this region? Which care units would be provided at each location? For how long, i.e., what is the exit strategy for the Boise Veterans Home if the new CLC accommodates only the growth?

   Planning and design should begin for the replacement of the 131 skilled nursing and 36 domiciliary beds available in the current Boise Veterans Home, either as the first or second phase of providing the 233 total beds projected for Regions 3 and 4. Replacement of the existing facility begs the question what to do with the building once the beds are moved elsewhere. Would the Boise VAMC benefit from the structure, or the site, for another purpose? The VAMC medical staff currently provide services to Boise residents needing mental health care. This partnership could continue and/or IDVS could transfer the property to the USDVA who could provide mental health services to their own patients there.

   A variation on this alternative would ultimately involve operation of two new CLCs in the Treasure Valley. IDVS could replace the existing 131-beds in the Boise Veterans Home somewhere else in Region 2 or 3 in order to vacate and demolish the existing building. The existing home site could then be used to construct a modern, 2- or 3-story community living center facility to accommodate the additional 80-102 projected bed need. [Note that the construction cost estimate completed for this alternative was limited to 96-beds.]

It is assumed that a 10-12 acre site may be available somewhere in the region for the construction of a 96-bed facility, or larger if a single campus was determined as a replacement plus growth option.

Further planning and analysis of this alternative is needed although it is clear that the Boise Veterans Home is providing significant bed capacity in this, the most populated region in the state. IDVS should craft both near-term and long-term plans for residential care in the greater Treasure Valley area.

Future Priorities

The next priority would consider how to implement **respite or day care** at an existing state veterans home in order to provide short-term relief for caregivers. Funding for such services is very limited and may prove cost-prohibitive however, this service was repeatedly identified as a need for Idaho veterans and their families. Providing day care for veterans to spend up to 8 hours at an existing facility would theoretically be overseen by existing staff if the facility was not fully occupied and had the capacity to care for additional veterans. Procedurally, the day care veterans would need to be kept separate from residents for activities and meals, although the visitors could occupy a separate table in one of the existing dining halls. Respite care, or short-term residents, can be admitted for the days necessary and then discharged back to their care givers. It is an administrative process as long as the veteran can meet the per diem costs for the short-term admission. (The Central Utah Veterans Home in Payson offers respite care through this mechanism.)

Redefinition of either the Lewiston or Pocatello Veterans Homes was determined to be unnecessary as both facilities are operating well. New services are not currently in sufficient demand to change what is being offered however IDVS should continue to periodically review all three existing state veterans homes to confirm the available services are meeting the community's needs.

6.8 Next Steps

This report will be submitted to the Governor and State Legislature for their consideration and approval to move forward. Subsequent to their approvals, IDVS and the study team will complete the grant application for a new 96-bed community living center in northern Idaho. The State Legislature will need to commit the funding for 35% of the project cost, or approximately $13.1 million (in 2014 dollars). By submitting the application to the USDVA State Home Construction Grant program, Idaho and its veterans will "get in the queue" for funding of a new home. IDVS must continue the planning and complete the paperwork to prove its case for additional skilled nursing beds.