

## **New Hampshire Veterans Home**

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## DIVISION III FINANCE COMMITTEE BUDGET HEARING FISCAL YEARS 2022-2023 March 15, 2021

Chair Edwards and Members of the Committee:

Thank you for the opportunity to make this presentation to you.

The New Hampshire Veterans Home was established under RSA:119 in 1890 for the care and treatment of Civil War veterans and has since provided high quality, professional long-term care and treatment services to our state's elderly and disabled veteran population. The Veterans Home is presently a 250-bed long-term care facility. The Veterans Home's budget is supported by revenue from the State of New Hampshire General Fund (50%), the U.S. Department of Veterans Affairs (25%), and from individual resident's payments (25%).

The FY 2022-2023 Veteran Home budget is in compliance with Governor Sununu's Budget Manual guidelines issued by the Department of Administrative Services and also reflects the Veterans Home's goals, priorities, and needs for the upcoming biennium.

This budget has been prepared and is being submitted upon the planning assumption of having a resident census of 225.

Qualified staffing, particularly in Nursing, continues to be a challenge in terms of recruitment and retention in order to meet the increased resident census and care needs. Vacancies remain in these direct care positions and we will continue to fill them. The trend towards increased home care, assisted living and other alternative care programs has impacted the typical profile of our veterans being admitted at the New Hampshire Veterans Home – they are generally older, frailer and more disabled.

VA regulations mandate that qualified nursing staff is available on a daily basis to meet needs for nursing care in a manner and in an environment which promotes each resident's physical, mental and psychological well-being, thus enhancing their quality of care and quality of life.

The Home has requested a footnote due to the following:

The New Hampshire Veterans Home 53590000 Professional Services has three funding sources.

## Two of the sources are solely dependent on resident census.

The Federal revenue  $\frac{\# 404410}{400}$  is Veterans Affairs Administration (VA) per diem that is given to the Home on a monthly basis based on the number of residents residing at the Home. The current per diem is \$115.62 and the higher per diem received for those residents who are 70% or higher service connected disability are \$453.84. The Home currently has ten (10) 70% or higher service connected disability residents. Currently the Home receives from the VA for each higher per diem eligible veteran \$13,615.20 per month or \$163,382.40 per year. The Home estimates the number based on application and average admission numbers. The Home cannot determine when a resident will pass and as such can only estimate the census of these higher per diem residents.

The Agency Income  $\frac{\#}{2}$  407072 is also based on the resident census. As residents are admitted, they are charged room and board based on two scenarios: one is full room and board based on their assets: This is reviewed on a yearly basis and recommendations are made to the Board of Managers to either stay with the current price per day or increase the daily rate. This year I recommended no increase to the \$ 320 per day. The Home currently has three (3) full pay residents. These residents are paying \$9,600 per month or \$115,200 per year as well as the regular per diem received on their behalf. The second is based on their monthly

income because their assets are below a set amount, which is currently \$ 30,000. The residents are charge 90% of their monthly income.

The third funding source is the general funds, which is vital to the operations of the Home because the other two funding sources are calculated on estimates of residents and their assets or service connected disability.

During the upcoming biennium, additional new and replacement equipment, beds and overhead lifts will also be required to keep up with the greater care needs of our residents. Additional challenges with women's health care, bariatric care, hospice care, dementia with behavior disturbances, as well as the specialized care of our Vietnam veterans, must also be addressed.

The New Hampshire Veterans Home has a tradition of providing high quality care and cost-effective operations in serving the disabled and elderly veteran population in New Hampshire. With the continuing support of Governor Sununu and this Committee, the Veterans Home will be able to continue in this tradition.

Respectfully submitted: Margaret D. LaBrecque, Commandant