

Wyoming Department of Health: Veterans' Home of Wyoming

Management Audit Committee
November 16, 2011

Management Audit Committee

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Wyoming Legislative Service Office

EXECUTIVE SUMMARY

Veterans' Home of Wyoming

Program Evaluation Section

November 16, 2011

Purpose

The Management Audit Committee requested an audit of the Veterans' Home of Wyoming (VHW). Specifically, it requested that auditors conduct an analysis of the type and level of services provided to Wyoming veterans at the VHW. The Committee also requested information related to the level of services available to veterans through other entities in Wyoming.

Wyoming Statute 25-1-201(a)(vii) establishes the VHW as an institution of the State. The following topics related to VHW are addressed in W.S. 25-9-101 through 106: purpose; admission criteria; acceptance of donations; medical care and burial of residents; monies received from the National Home for Disabled Volunteer Soldiers; and chaplain services.

As an assisted living facility, the VHW is governed by Wyoming Department of Health (WDH) licensure rules related to assisted living facilities. In particular, rules promulgated by two WDH divisions are applicable to VHW. Within the Health Quality Division, Chapter 4 annotates requirements for assisted living facility licensing, while Chapter 12 under the Division of Aging sets out rules for program administration of assisted living facilities.

VHW also falls under U.S. Department of Veterans Affairs (VA) domiciliary care licensing requirements, which are used to meet state licensure requirements. Annual

surveys or on-site evaluations are conducted by Veterans Affairs to determine compliance with domiciliary care requirements.

The Committee's request was based on concerns that there is a new generation of soldiers returning from war with different types of physical and mental issues than seen in previous service member populations. In addition, there is an increase in the numbers of younger veterans needing care in facilities such as VHW.

In light of these trends, the Committee questioned whether or not the VHW, given its current mission as an assisted living facility, is providing the appropriate types and levels of services to address the changing needs of the incoming generation of veterans.

Background

The VHW is currently licensed in Wyoming as an assisted living (domiciliary for federal purposes) facility. Pursuant to W.S. 35-2-901 (a) (xxii) an assisted living facility is defined as

"a dwelling operated by any person, firm or corporation engaged in providing limited nursing care, personal care and boarding home care, but not habilitative care, for persons not related to the owner of the facility. This definition may include facilities with secured units and facilities dedicated to the special care and services for people with Alzheimer's disease or other dementia conditions."

The VHW, while subject to licensure surveys by the Wyoming Healthcare Licensing & Survey Division (OHLS) of WDH, is required to submit to federal VA inspection guidelines for domiciliary care. Federal surveys also meet the intent of W.S. 35-2-907 (a), which requires periodic inspections to ensure compliance with WDH rules. In lieu of OHLS licensure surveys, WDH acknowledges use of the federal survey to satisfy state licensure requirements.

During the most recent federal survey conducted on June 28-29, 2011, the VHW received high marks related to resident satisfaction, fiscal and life safety issues. In addition, it met all of the standards, excluding the medical care standard (#4), which requires a “*comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.*”

Although VHW meets Wyoming ALF standards, some issues unrelated to ALF licensure were identified during this audit. They are discussed in Chapter 2 of the report and include the following areas: lack of background checks; lack of appropriate accommodations for female veterans; dietary concerns related to diabetic residents; lack of direct access to the VA computerized record system; mediocre website; and, difficulty for active duty and retired veterans to receive cognitive rehabilitation therapy (CRT).

Results in Brief

Chapter 2: The Wyoming Veterans’ Home is meeting Wyoming assisted living facility requirements through federal domiciliary care reviews. It met all of the standards, excluding the medical care standard (#4), which requires a “*comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.*”

Currently, the VHW is negotiating a formal sharing agreement with the Sheridan VA Medical Center to continue providing specialty care and primary medical care to

residents. In its August 17, 2011 response to the federal survey, the Interim Superintendent stated the following:

“The Veterans’ Home of Wyoming is in the process of working with the Sheridan V.A. Medical Center on a sharing agreement to remedy the above provisionally met standards. It continues to be the desire of the Veterans’ Home of Wyoming to continue the continuity of care for our residents by entering into this sharing agreement that will continue the association with the staff at the Sheridan V.A. Medical Center to provide primary care. We look forward to discussing this agreement in the very near future with you and your staff.”

Although the VHW meets the majority of requirements, it could make improvements by taking the following actions: require background checks of potential residents; develop more suitable accommodations for female veterans; develop specialized diabetic menus; improve access to VA data; and improve its website.

Also, Wyoming veterans may not be receiving the best therapy possible for traumatic brain injury (TBI).

Chapter 3: Wyoming is one of two states that do not have a state-funded nursing home for veterans. Instead, veterans in need of skilled nursing services in Wyoming receive those services from the Department of Veterans’ Affairs (VA) in Sheridan, Cheyenne, the Wyoming Retirement Center in Basin, Wyoming (which also services non-veterans), or from private providers.

Currently, Wyoming has 38 licensed skilled nursing facilities, including the Wyoming Retirement Center, which is overseen by the Wyoming Department of Health. These facilities contain over 2,951 beds with a current occupancy rate of roughly 81% (2,376 beds in use) statewide (as of September 1,

2011). It should be noted that the Veterans' Home of Wyoming (VHW) does not provide skilled nursing care to its residents; it is licensed as an assisted living facility in Wyoming.

Chapter 4: Wyoming neither has an integrated data base to provide information, referrals and subsequently track veterans seeking services, nor a system to ensure continuity between the VA and non-VA continuum of care.

Although there are different entry points to the continuum of care for veterans, there is no comprehensive system to track veterans as they apply for Medicaid waivers or other types of services provided through the VA and non-VA continuum of care system. Even within the other state institutions – Wyoming Retirement Center, Pioneer Home, Wyoming Life Resource Center, and Wyoming State Hospital – residents who are veterans are not identified by their veteran status.

As veterans are denied services there should be a system in place to refer them to alternate service provisions. Without such a system, efforts to connect veterans with needed services are compromised, which places them at risk for homelessness, suicide, and familial problems.

Currently, the WDH has various databases that could be used and/or integrated to track veterans as they seek services, as well as various treatments.

Chapter 5: Other states offer context for Wyoming's unique situation.

As the Legislature and WDH work through the process of how best to provide nursing home care for veterans, it is important to provide context on how other states are approaching nursing home care for veterans. A number of states have elected to move toward alternative approaches to providing nursing home services, but others have

retained a more traditional medical model for care.

Based on the research conducted, trends are moving toward alternative patient-centered care regardless of whether the actual structure is built like a residential house, a traditional nursing home setting, or a hybrid.

Of the eight comparator states we selected for review, seven provide skilled nursing as well as domiciliary beds. Several states provide additional levels of care.

Chapter 6: The State of Wyoming is at a crossroads concerning how it will treat future generations of veterans. Simply relying on the Department of Veterans' Affairs (VA) to provide long-term care and other specialized services may not be an adequate approach for the future.

Wyoming is only one of two states that do not have a state-funded nursing home for veterans. This obvious fact is often overlooked from a policy standpoint. Although the Veterans' Home of Wyoming (VHW) has been providing assisted living or domiciliary care to veterans for years and working with the VA to broker primary and specialty care, current and future generations of veterans may need a different approach.

Wyoming has an opportunity to utilize VA construction and other funds to build or expand a combination of traditional and alternative services. Across the United States efforts are occurring to provide long term care and other services in a more therapeutic and homelike environment. In addition, the federal government and the states are beginning to understand the need for more adequate databases to track veterans as they seek services within both the VA and the non-VA continuum of care.

Principal Findings

There are three significant finding areas discussed in more detail throughout the report:

1. Although the VHW meets ALF licensure standards via federal reviews, evaluators identified other issues not related to federal or state licensure standards that could be improved at the VHW and in Wyoming for veterans suffering with traumatic brain injuries (TBI). (Chapter 2);
2. Wyoming does not have a state-funded nursing home for veterans. Various options exist for Wyoming's future. (Chapter 3);
3. Wyoming neither has an integrated data base to provide information, referrals and subsequently track veterans seeking services, nor a system to ensure continuity between the VA and non-VA continuum of care. (Chapter 4); and
4. Various states provide guidance (Chapter 5).

Report Recommendations

See *Recommendation Locator* on the following page for detailed information on the report's 13 recommendations.

Agency Comments

The Wyoming Department of Health agrees with all 13 audit recommendations.

Copies of the full report are available from the Wyoming Legislative Service Office. If you would like to receive the full report, please fill out the enclosed response card or phone 307-777-7881. The report is also available on the Wyoming Legislature's website at <http://legisweb.state.wy.us>

Recommendation Locator

Chapter Number	Recommendation Number	Recommendation Summary	Page Number	Party Addressed	Agency Response
2	1	The VHW should conduct background checks on potential residents prior to or during the admission screening process.	31	VHW	Agree
2	2	The VHW should work with the Sheridan VA to develop a process where all professional staff who interacts with residents can directly access CPRS.	33	VHW	Agree
2	3	The VHW should begin making necessary changes to the facility in order to accommodate the increase in female veteran residents expected in future years.	35	VHW	Agree
2	4	The VHW should enhance its website to clearly provide detailed information about programs, services, and benefits for Wyoming veterans. It should also study the other states' websites discussed in the finding, especially the State of Maine.	38	VHW	Agree
2	5	The VHW should work with its contract and food service personnel to create specialized meal plans for use by diabetic residents. Until then, staff should continue to work with residents to develop acceptable individualized meal plans based on physician orders. Finally, food service and dietary staff should be informed of budget decisions with respect to monthly food purchases.	42	VHW	Agree
2	6	The VHW should encourage the growing of produce and vegetables as a therapeutic activity for residents, and use what is grown for meals at the facility. Home-grown vegetables and fruits	42	VHW	Agree

Chapter Number	Recommendation Number	Recommendation Summary	Page Number	Party Addressed	Agency Response
		should be an option for resident meals.			
2	7	The Legislature may wish to consider establishing a stop-gap fund for Wyoming veterans to access in order to receive CRT.	45	Matter for Legislative Consideration	N/A
2	8	The WDH should develop a proposal for providing CRT to Wyoming veterans if the Legislature funds such an initiative.	45	WDH	Agree
3	9	WDH and the VHW should formally request an opinion from the Attorney General's Office to determine if the practice of allowing residents to drive other residents to appointments at the Sheridan VA facility creates a safety issue for residents or a liability for the State.	65	WDH and VHW	Agree
3	10	<p>WDH should work with VHW and the Wyoming Veterans' Commission to develop formal and complete proposals for the Legislature to consider as follows:</p> <ol style="list-style-type: none"> 1. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in less populated counties where long-term care capacity is reaching its maximum. 2. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in more populated counties where long-term care capacity is reaching its maximum. 3. Approach for expanding the mission and role of the VHW to provide additional services such as skilled nursing and medical care, which would create more of a continuum of care for residents. 	65-66	WDH and VHW	Agree

Chapter Number	Recommendation Number	Recommendation Summary	Page Number	Party Addressed	Agency Response
		4. Approach for constructing a more traditional type nursing home facility centrally located within the State.			
4	11	The Legislature may wish to consider providing funds for expanding the WyARDC database or may wish to consider providing funds for the creation of a similar database within WDH (Outreach and Advocacy Program).	79	Matter for Legislative Consideration	N/A
4	12	The WDH, Division of Health Care Financing should continue moving forward with the proposed Health Insurance Eligibility and Enrollment System, and ensure it will be able to track Medicaid services to veterans.	79	WDH	Agree
4	13	The WDH should develop a proposal for the Legislature to consider that studies the possibility of using existing databases discussed in this chapter as a vehicle(s) to track veterans as they seek medical or other services, as well as actual services they receive.	79	WDH	Agree



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List of Acronyms

Veterans' Home of Wyoming

ABI:	Acquired Brain Injury
Adult DD Waiver:	Adult Developmental Disability Medicaid Waiver
ALF:	Assisted Living Facility
ALF Waiver	Assisted Living Facility Medicaid Waiver
CMS:	Centers for Medicaid Services
CPRS:	Computerized Patient Record System
CRT:	Cognitive Rehabilitation Therapy
DDS:	Disability Determination System
EPICS:	Eligibility Payment Information Computer System
LTC Waiver:	Long Term Care Medicaid Waiver
MMIS:	Medicaid Management Information System
PTSD:	Post-Traumatic Stress Disorder
SW-WRAP:	Southwest Wyoming Recovery Access Program
TBI:	Traumatic Brain Injury
TRICARE:	Health care program for the Department of Defense, Military Health System
VA:	Department of Veterans' Affairs
VWH:	Veterans' Home of Wyoming
WDH:	Wyoming Department of Health
WRC:	Wyoming Retirement Center
WyARDC:	Wyoming Aging and Disability Resource Center



INTRODUCTION

Objective, Scope, and Methodology

Introduction

The Management Audit Committee requested an audit of the Veterans' Home of Wyoming (VHW). Specifically, it requested that auditors conduct an analysis of the type and level of services provided to Wyoming veterans at the VHW. The Committee also requested information related to the level of services available to veterans through other entities in Wyoming.

Wyoming Statute 25-1-201(a)(vii) establishes the VHW as an institution of the State. The following topics related to VHW are addressed in W.S. 25-9-101 through 106: purpose; admission criteria; acceptance of donations; medical care and burial of residents; monies received from the National Home for Disabled Volunteer Soldiers; and chaplain services.

As an assisted living facility, the VHW is governed by Wyoming Department of Health (WDH) licensure rules related to assisted living facilities. In particular, rules promulgated by two WDH divisions are applicable to VHW. Within the Health Quality Division, Chapter 4 annotates requirements for assisted living facility licensing, while Chapter 12 under the Division of Aging sets out rules for program administration of assisted living facilities.

VHW also falls under U.S. Department of Veterans Affairs (VA) domiciliary care licensing requirements, which are used to meet state licensure requirements. Annual surveys or on-site evaluations are conducted by Veterans Affairs to determine compliance with domiciliary care requirements.

These surveys are in compliance with W.S. 35-2-907 (c), which requires state licensure of assisted living facilities. The VA uses domiciliary care standards provided in *Guide for Inspection of State Veterans Homes: Domiciliary Care Standards* to meet this requirement. Also, state veteran homes must be approved by Veterans Affairs, pursuant to Title 38 U.S.C. 1741-1745. Once

approved, the VA provides per diem funding to state veteran homes in order to provide care and services to veterans.

Legislative Concerns

The Committee's request was based on concerns that there is a new generation of soldiers returning from war with different types of physical and mental issues than seen in previous service member populations. In addition, there is an increase in the numbers of younger veterans needing care in facilities such as VHW.

In light of these trends, the Committee questioned whether or not the VHW, given its current mission as an assisted living facility, is providing the appropriate types and levels of services to address the changing needs of the incoming generation of veterans.

Objective

W.S. 28-8-107(b) authorizes the Legislative Service Office to conduct program evaluations, performance audits, and analyses of policy alternatives. Generally, the purpose of such research is to provide a base of knowledge from which policymakers can make informed decisions.

On December 15, 2010, the Management Audit Committee directed staff to conduct an audit of the Veterans' Home of Wyoming.

More specifically, the report addresses the following questions approved by the Management Audit Committee:

- 1) What actions have the Department of Health taken to implement the recommendations of the 2005 report entitled *An Examination of the Long-Term Care Infrastructure for Veterans in Wyoming*?
- 2) Given the concerns related to a lack of coordinated efforts to provide VA and non-VA long-term care to Wyoming residents, is the mission of the VHW appropriate? In other words, should it be providing services in addition to domiciliary care, possibly through the construction of medical and nursing home wings?

- 3) Is the VHW providing domiciliary care in the most efficient, effective, and cost effective manner? Also, are patients who receive psychotropic medications and suffer from post-traumatic stress syndrome treated capably outside of visits to the VA Medical Center in Sheridan?
- 4) Is the VHW coordinating primary medical and specialty care in a manner that is least stressful to the residents? More specifically, is the current arrangement of transporting residents to Sheridan twice per week (sometimes using residents to drive their own vehicles), the safest and most desirable manner in which to arrange services?
- 5) What other options exist for providing primary medical, specialty, and nursing home care for residents? Do other states have model programs which could be replicated?
- 6) Are the Department of Health and VHW providing services as required by Wyoming statute and Department rules? Also, is the management of trust and agency accounts ensuring fiduciary responsibility and protecting the interest of the residents?

Scope and Methodology

This audit was conducted according to statutory requirements and professional standards and methods for governmental audits. The research was performed from December 2010 through September 2011. The general time frame for which we included information for this report is BFY 2007 through BFY 2011 (unless otherwise noted).

Our research methods included:

Interviews and Tours

- 1) Interviewed various WDH officials, including the Office of Healthcare Financing and Public Health Nursing officials.
- 2) Interviewed officials from the Wyoming Veterans' Commission.

- 3) Interviewed WDH officials related to Department of Family Services eligibility processes.
- 4) Interviewed officials with the Wyoming Attorney General's Office.
- 5) Interviewed federal officials at the Department of Veterans Affairs.
- 6) Toured the Veterans' Home of Wyoming and interviewed the previous and interim superintendent, the nurse manager, social work manager, food service manager, grounds and maintenance manager, housekeeping manager, and activities manager. We also interviewed the resident representative and allowed time for other residents to talk with us.
- 7) Toured the federal Veterans Hospitals in Sheridan and Cheyenne and interviewed directors and programmatic staff related to general issues as well as issues related to computerized records, treatment of female veterans, and the use of cognitive rehabilitation therapy.
- 8) Toured the Sheridan Greenhouse cottages (under construction) and interviewed founders.
- 9) Toured Greenhouse cottages in Billings, Montana administered by St. John's Lutheran Ministries.
- 10) Toured various long term care, assisted living, adult day care, and boarding home facilities in Wyoming.

Research and Analysis

- 11) Reviewed state and federal statutes, rules and regulations.
- 12) Reviewed budget, appropriation, and expenditure and revenue information.
- 13) Reviewed articles and publications related to veterans' needs and services including the use of cognitive rehabilitation therapy for acquired brain injury and post-traumatic stress syndrome.

- 14) Reviewed previous studies related to veterans' homes and services and identified legislative committee minutes related to topics of the VHW and veterans' services.
- 15) Reviewed information provided by the VHW pursuant to information requests on September 28, 2010 and February 25, 2011.
- 16) Reviewed information provided by the VHW during our tour of the VHW in Buffalo in March 2011.
- 17) Conducted initial internet research related to state veterans' home, national associations, Wyoming Department of Health webpage related to non-VA services, VA webpages for the Sheridan and Cheyenne VA.
- 18) Reviewed information and websites related to state funded veterans' homes in surrounding and comparator states.
- 19) Reviewed and analyzed internal controls at the VHW with respect to trust and agency accounts. We also interviewed an official with the Wyoming State Auditor's Office to identify workflow and approvals re: processing transactions within various funds.
- 20) Reviewed and analyzed data related to grazing leases on approximately 800 acres at the VHW.
- 21) Reviewed and analyzed data fields of computerized systems utilized by the Wyoming Department of Health to track veteran services.

Scope Exception

As part of its audit request, the Management Audit Committee expressed interest in the manner by which trust and agency accounts are managed to ensure fiduciary responsibility and to protect the interests of the residents.

W.S. 25-9-101 (d) creates an account used to deposit monies from canteen sales (Fund E11). Also, W.S. 25-9-103 allows the VHW

to accept donations, which are deposited into a donation account (Fund 578). Finally, the VHW offers residents the opportunity to use the Resident Trust Account for their financial needs. The account allows residents to receive their Social Security payments and/or VA pension benefits via the account that is set up with the First National Bank in Buffalo. Residents have separate subaccounts where they can review account activity.

Because of adequate internal controls, workflows, and a previous audit conducted by the Department of Audits, LSO satisfied itself that the VHW is handling trust and agency accounts in a responsible manner. As a result, LSO did not conduct additional audit steps.

It should be noted that the VHW addressed general recommendations in the 2005 audit, which applied to eleven state institutions. It also implemented a specific recommendation to begin sending a monthly report of account(s) activity to the State Auditor pursuant to W.S. 9-4-206 (e).

Finally, LSO identified a statute that should be amended with respect to disposition of monies received from the National Home for Disabled Volunteer Soldiers (W.S. 25-9-105).

The National Home for Disabled Volunteer Soldiers was abolished on July 21, 1930, after President Hoover signed Executive Order 5398. That executive order created the Veterans' Administration. That statute should be amended to reflect the current name of the United States Department of Veterans Affairs.

Acknowledgements

The Legislative Service Office expresses appreciation to the Veterans' Home of Wyoming, as well as the Wyoming Department of Health for their continued cooperation throughout this audit.

We would also like to express appreciation to the United States Department of Veterans Affairs, more specifically the VA hospitals located in Sheridan and Cheyenne. We would also like to thank the Wyoming Veterans' Commission and St. John's

Lutheran Ministry for their willingness to discuss the Green House concept.



CHAPTER 1

Background

Wyoming Veterans' Home was established to care for honorably discharged veterans

According to W.S. 25-9-101, the purpose of the Veterans' Home of Wyoming (VHW) is "*for the care and treatment*" of honorably discharged U.S. veterans and members of the state national guard (disabled while on duty). It should be noted, however, that W.S. 9-2-106 (d) authorizes the director of the Wyoming Department of Health (WDH) to place others in the VHW for treatment with conditions other than those discussed above. The director can also admit dependents of soldiers, sailors or disabled members of the National Guard.

VHW was originally located in Cheyenne and moved to Buffalo in 1903. It is located on 920 acres of land at the base of the Big Horn Mountains, providing a peaceful and scenic landscape. Most of the acreage is leased primarily for grazing purposes.

The VHW is one of five facilities organized in WDH under the Division of Aging. The other facilities include: Wyoming Retirement Center (provides nursing home care); Wyoming Pioneer Home (provides assisted living services); Wyoming State Hospital (provides psychiatric and other services); and the Wyoming Life Resource Center (provides services to those with developmental disabilities or brain injury). They are located in Basin, Thermopolis, Evanston, and Lander, respectively.

Under direction from WDH, all five facilities coordinate services for patients based on the best treatment or services available. However, some residents may make individual decisions to transfer to the Wyoming Pioneer Home. Also, the Wyoming Retirement Center has a contract with the Department of Veterans Affairs (VA) to provide nursing home services to veterans, while VHW residents who require and request nursing home care are transferred to the Wyoming Retirement Center.

VHW offers several services to its residents

Residents in the VHW have several services available to them. Although a person cannot reside within the home if they cannot maintain their activities of daily living, there is 24-hour nursing staff. Staff provides social activities for residents, including fishing trips, bowling, bingo, shopping and ice cream socials. The barber shop is open every Saturday and church services take place on Sundays. In addition, residents have the opportunity to go to the YMCA every Monday, Wednesday, and Friday free of charge.

The VHW provides social work to residents through an on-site counselor. Benefit services such as bank account management are available for residents. Dietary and nutrition services are offered by a team of kitchen staff who manage all dietary needs and doctor orders for residents. Housekeeping is available for community and resident rooms.

VHW requires a two-day trial prior to formal admission to one of its three separate wings

The VHW is comprised of three separate wings that can house a total of 116 residents. The two smaller wings can house 30 residents each and the larger wing provides residence to 56 veterans. There are also options for married couples choosing to live within the facility. As of 10/24/11, the VHW has 91 residents, including four females.

VHW receives referrals primarily from the Sheridan VA Medical Center, but also from the Cheyenne VA Center and community-based outreach clinics located throughout Wyoming. The VHW Superintendent also stated that the facility works with the VA to determine the number of veterans who may need services in the future. The facility provides information as requested by the Wyoming Veterans' Commission (Commission) with respect to the needs of veterans.

Potential residents complete an admissions application, which requests basic information, financial information, and mortician instructions. The application also requests copies of the honorable discharge form (DD-214), legal documents, and a living will. After completing the application, the social worker and nurse manager screen potential residents to determine whether a two-day trial is appropriate.

The two-day trial is the next step towards admission into the facility after completion of the application. During the trial period the potential resident is interviewed more thoroughly based on the following criteria: 1) ability to follow established rules; 2) ability

to live and socialize in a group setting; 3) compliance with medication regime; 4) alcohol or drug abuse problems; 5) criminal background or documented violence; and, 6) discussion of individual goals. The trial assists the facility staff to determine whether the individual is suitable for domiciliary care within the VHW.

If the potential resident is admitted after the two-day trial, a 60-day conditional status period begins to ensure appropriate placement within the facility. The resident will move into the VHW, but could be released if they do not follow the required criteria: 1) ability to complete activities of daily living; 2) adaptation and acceptance to domiciliary living; 3) conformance to housekeeping and other rules; 4) limited nursing supervision; 5) compliance with medication regime; and, 6) practicing abstinence and involvement with outside programs for those with substance abuse.

After the 60-day conditional status period, the health care team will make a decision on continued residency. Inquiry tracking forms for the two-day trials are maintained in the Administration Office and medical records of declined individuals are turned over for storage and destruction via protocol. Any decision related to admission may be appealed by the potential resident. From CY 2005-2010, there were 226 residents approved for admission, and 37 denied. In that same timeframe, three individuals appealed their denial decision; all decisions were upheld by the VHW.

*The VHW is licensed
as an assisted living
facility*

The VHW is currently licensed in Wyoming as an assisted living (domiciliary for federal purposes) facility. Pursuant to W.S. 35-2-901 (a) (xxii) an assisted living facility is defined as

“a dwelling operated by any person, firm or corporation engaged in providing limited nursing care, personal care and boarding home care, but not habilitative care, for persons not related to the owner of the facility. This definition may include facilities with secured units and facilities dedicated to the special care and services for people with Alzheimer’s disease or other dementia conditions.”

The VHW, while subject to licensure surveys by the Wyoming Healthcare Licensing & Survey Division (OHLS) of WDH, is required to submit to federal VA inspection guidelines for domiciliary care. Federal surveys also meet the intent of W.S. 35-

2-907 (a), which requires periodic inspections to ensure compliance with WDH rules. In lieu of OHLS licensure surveys, WDH acknowledges use of the federal survey to satisfy state licensure requirements.

The following table provides additional information related to functional area services provided to the residents of VHW.

Table 1.1
Veterans' Home of Wyoming
Domiciliary Care Functional Areas

Functional Area	Description
Nursing Care	Nursing Services provides the highest level of nursing care possible to the residents on a twenty-four hour a day, seven day a week basis. Approximately 70% of the resident population has a primary psychiatric diagnosis, 36% have psychiatric with moderate to severe medical diagnosis, 41% have moderate medical diagnosis and approximately 42% of the population use wheelchairs, walkers or Canadian crutches for ambulation. Ninety-five percent (95%) of the residents must be supervised for medication administration due to the volume of prescriptions and the high incidence of psychotropic medications. Nursing Services presently administers more than 35,000 doses of medication per month. Nursing Services also coordinates medical appointments for primary and specialty care at the Sheridan VA Medical Center which occurs no less than three days a week.
Social and Recreational Services	The two professionals in this area provide the residents with opportunities and means for socialization, recreation, creativity, personal growth and entertainment. Our Social Worker is a Licensed Clinical Social Worker and provides individual counseling sessions on a scheduled basis with the residents. The monthly activities schedule, coordinated by the Recreational Specialist provides numerous recreational opportunities for the residents.
Physical Fitness and/or Wellness	Each resident is encouraged to be active. A group of residents assemble daily to exercise. A walking program has been established by individuals and an organized group have walking activities monitored by the Nursing Department. Stationary bikes, a treadmill, and weight lifting equipment are available for use on site. The residents have access to the Johnson County YMCA three times a week. The YMCA provides a diabetic class two days a week. The fee for the YMCA is provided by the Marna M. Kuehne Foundation.
Dietary Services	Dietary Services provide high quality meals that are individualized by the residents' specific dietary needs. Many of our residents have diabetes and require specific diet choices and portions for management of their disease. The VHW contracts a registered dietitian to review the menus and individual resident's diets to assure high quality and nutritional meals. Currently, there are

Functional Area	Description
	74 of 86 residents who require special diets.
Financial Counseling	The VHW provides a Resident Trust Account, which is similar to a mini branch bank. Seventy-four of our residents utilize this Trust Account for their financial needs. We are able to deposit their Social Security and VA Pension monthly benefits into their individual account. The Veterans' Home staff assists the residents in their individual spending needs. Some residents need very specific spending budgets and we are able to assist them in meeting such budget. The Resident Trust Account posts interest each month to the individual accounts with many of the residents accumulating savings.
Support Services	The Housekeeping Department maintains the cleanliness of the VHW. Their effective cleaning methods maintain a healthy environment free of infections. The Veterans' Home provides personal laundry services for the residents. The Maintenance Department staff cares for twelve structures on the grounds, which resides on more than 20 acres. Total area of responsibility is 960 acres, and includes maintaining the buildings, grounds and equipment in a safe and well-kept manner. The attractive appearance of the buildings and grounds raises the spirits of the residents, as well as provides the general public a positive feeling about the Veterans' Home of Wyoming.
Chaplain Services	The VHW contracts with a local minister to provide spiritual support to the veterans. Services are conducted two Sundays per month and bible study discussion is led two times a month. He also provides memorial services and attends to the spiritual needs of individual residents upon request.

Source: Legislative Service Office from information provided by the Veterans' Home of Wyoming.

Areas for Improvement

During the most recent federal survey conducted on June 28-29, 2011, the VHW received high marks related to resident satisfaction, fiscal and life safety issues. In addition, it met all of the standards, excluding the medical care standard (#4), which requires a *"comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients."*

Although VHW meets Wyoming ALF standards, some issues unrelated to ALF licensure were identified during this audit. They are discussed in Chapter 2 of the report and include the following areas: lack of background checks; lack of appropriate accommodations for female veterans; dietary concerns related to diabetic residents; lack of direct access to the VA computerized record system; mediocre website; and, difficulty for active duty and retired veterans to receive cognitive rehabilitation therapy (CRT).

VHW Budget and Personnel

Although state veteran homes are owned by states, the VA provides a shared responsibility for participating in a percentage of costs related to construction, as well as providing per-diem based on the number of eligible veterans and veteran care days (\$38.90 per veteran care day). Essentially, it provides 1/3 of the average national cost to care for veterans.

Generally, states and residents (via monthly maintenance) are each responsible for 1/3 of total costs related to provided services. In Wyoming, revenue from federal per diem, maintenance fees, and other sources (e.g. resident drug charges and providing meals to Johnson County Jail) is deposited back into the General Fund. The General Fund provides 1/3 of the total operating costs of the facility.

The veteran's monthly maintenance or share is based on a formula established by the Wyoming Department of Health. The formula for calculating the residents' share is: $(\text{monthly income} - \$65.00) \times .85$. As an example, a veteran who earns \$1,000 monthly would end up paying \$795 per month $(935 \times .85)$.

The maximum yearly maintenance fee is established annually. As of November 2010, it is \$1,075 for veterans and \$1,600 for non-veterans. Veterans with assets above \$10,000, or a monthly income greater than \$1,330 pay the maximum rate. Non-veterans with assets above \$10,000 or a monthly income greater than \$1,950 pay the maximum rate. The residents who do not meet these criteria will pay monthly maintenance based on the established formula.

It should be noted however, that the VA only allows 25% of the residents to be non-veterans (usually spouses or dependents). Title 38 USC 8131-8137 states that 25% of the bed occupants at any one time may be veteran-related family members. Should the percentage go above 25%, the VHW would no longer receive federal assistance. W.S. 25-9-102 does allow for the admittance of non-veterans, if the facility is not at or above 90% of capacity and there are no pending applications of veterans or their dependents.

The priority order for admittance to the VHW is **1)** veterans; **2)** veterans' dependents; and **3)** qualified non-veterans that include veterans' widows and widowers.

The following table provides additional information on the VHW's budget request and expenditures.

***Table 1.2**
Veterans' Home of Wyoming Biennial Budget Requests
BFY2007--BFY 2011(through September 30)

Biennial Fiscal Year (BFY)	Positions	Governor's Budget Recommendation	**Expenditures
2007	45	\$5,320,303	\$5,697,630
2009	46	\$6,654,494	\$6,319,438
2011	46	\$6,797,999	\$4,040,876
Total	N/A	\$22,980,481	\$16,057,944

Source: Legislative Service Office from biennial budgets.

*For budgetary purposes, the VHW is a budget unit within the Department of Health, Division of Aging.

**Includes expenditures from separate appropriations via donations through Trust and Agency Accounts, which includes the veterans' canteen fund (E11) and the donation fund (578): BFY2007-\$282,764; BFY2009-\$503,308; and BFY2011-\$125,352.

Receipt of Revenue:

VA Per Diem Payments: Payments are received by direct deposit into the VHW special account at First National Bank in Buffalo. The cashier prepares the daily Received on Account (ROA) summary indicating the amount of the deposit into Fund 001-Revenue Code W303. The VHW accountant prepares the Cash Receipt (CR) WOLFS document applying the revenue to Fund 001-Revenue code W303. The accountant then prepares a check from the special account at First National Bank for deposit through the Wyoming State Treasurer's Office into the General Fund.

Maintenance Payments: Payments are collected in primarily two ways. Residents may participate in the Resident Trust Account, from which VHW is authorized by participating residents to draw monthly maintenance payments. Other residents pay by check, money order, or cash. These transactions are completed at the cashier's window and residents receive a receipt for the transaction. The cashier processes these payments between the fifth and tenth business day of the month.

The cashier enters the payments on the ROA indicating payment for maintenance Fund 001-Revenue-code W301. The amount on the ROA is deposited daily into the special account at First National Bank. The VHW accountant prepares the CR-WOLFS applying the amount to Fund 001-Revenue code W301 for veterans' payments and W302 for non-veterans' payments. The accountant then prepares a check from the special account at First National Bank for deposit through the Wyoming State Treasurer's Office into the General Fund.

The VHW's Trust and Agency Accounts: Accounts provide additional income to the VHW. The standard budget for the T&A accounts for BFY 2011 was \$713,213. Revenues generated from maintenance fees and federal per diem payments are returned to the General Fund.

The Canteen Fund (E-11), established by W.S. 25-9-101(d) provides additional revenue through the sale of commodities through the VHW Canteen. Items are sold in vending machines and by the Cashier during regular business hours at the Call Station. Daily sales are entered on the ROA indicating that the payment is Canteen fund revenue. Each Thursday, cash in all the vending machines is collected and included on that day's ROA for the Canteen fund. The ROA is then deposited into a special account at First National Bank. The CR-WOLFS document is prepared by the VHW accountant and those funds are applied to the Canteen Fund revenue code. The accountant then prepares a check from the special account at First National Bank to be deposited through the Wyoming State Treasurer's Office.

All revenue generated by the Canteen is used to benefit the veterans. As of October 14, 2011, the balance for the Canteen Fund was \$270,062.13.

The Donation Fund (578) receives donations mainly through various veterans groups such as the American Legion, American Legion Auxiliary, Disabled American Veterans and DAV Auxiliary, Veterans of Foreign Wars, and VFW Auxiliary, and through the Marna M. Kuehne Foundation.

The Kuehne Foundation provides grants to the VHW for funding monthly fees to the YMCA, weekly bowling, and transportation for residents into the community. Grant funds from the Foundation also provide for special projects and Christmas gifts

for the residents and funds the Veterans' Benefits Coordinator position.

For receipt of donations, the cashier enters each donation on the daily ROA indicating payment for the Donation Fund (578) and deposited into a special account with First National Bank. The CR-WOLFS document is prepared and applies the amount to the Donation Fund revenue code. The accountant at First National Bank then prepares a check from the special account to be deposited through the Wyoming State Treasurer's Office. As of October 14, 2011, the Donation Fund balance was \$319,715.69.

Current Issues

2005 Veterans' Long-term Care Study: In 2005, the Veterans' Long-term Care Study Group conducted a report titled, "*An Examination of the Long-term Care Infrastructure for Veterans in Wyoming.*" The results indicated that although there are two systems available to veterans (VA services and non-VA services), the two do not coordinate or communicate with one another. In addition, the two differ in their focus. The VA programs are more "*facility based,*" while the non-VA programs are in-home and community-based. Due to the communication gap between the two programs, veterans are not fully aware of the services available to them.

The 2005 report lists several action items necessary to address closing the gap of services for veterans. Action items included improving coordination and communication between the VA and non-VA service delivery systems, and determining whether or not expanding or building a veteran's nursing home would be appropriate. Six years after the release of the report, neither of these concerns has been sufficiently addressed.

The following table provides additional information on Wyoming's continuum of care options for Wyoming veterans.

Table 1.3
Wyoming Continuum of Care for Wyoming Veterans

Levels of Need	Providers
VA In-home and out-patient services	<ul style="list-style-type: none"> • VA medical centers and clinics*
Non-VA Adult Day Care	<ul style="list-style-type: none"> • State Licensed Adult Day Care Program**
VA Boarding Homes	<ul style="list-style-type: none"> • Cheyenne VA Medical Center (15 beds in various facilities) • Sheridan VA Medical Center (40 bed facility for veterans who are preparing to enter back into their communities)
Non-VA Boarding Homes	<ul style="list-style-type: none"> • State Licensed Boarding Homes (16 in Wyoming with 299 beds)
Non-VA In-home and out-patient services	<ul style="list-style-type: none"> • Long Term Care (LTC) Waiver • State Community-Based In-Home Services Program (CBIHS) • National Family Caregiver Support Program • Local home health agencies • Nursing Facility Transition Services Program • Senior Companion Program • Public Health Offices***
VA Assisted Living	<ul style="list-style-type: none"> • Sheridan VA Medical Center (40 bed facility for veterans who are preparing to enter back into their communities) • Sheridan VA Residential Mental Health Program (20 beds available for veterans as they receive treatment)
Non-VA Assisted Living	<ul style="list-style-type: none"> • Wyoming Veterans' Home • Assisted Living Facility (ALF) Waiver (146 bed capped Medicaid Waiver to pay for "some" assisted living costs)****
VA Nursing Homes	<ul style="list-style-type: none"> • Cheyenne VA Medical Center (50 bed nursing home unit) • Sheridan VA Medical Center (50 bed nursing home unit) • VA Contract Nursing Home Program (Cheyenne and Sheridan VA Medical Centers contract with private nursing homes to provide services to veterans outside of the medical centers)
Non-VA Nursing Homes	<ul style="list-style-type: none"> • Medicaid Nursing Home Program (approximately 2/3 of Wyoming Nursing Home residences use this program) • State License Shelter Care Program (assists two dozen people per year waiting for Medicaid approval and for those with slightly higher incomes than allowed by Medicaid)+
VA Hospices	<ul style="list-style-type: none"> • Cheyenne VA Medical Center • Sheridan VA Medical Center
Non-VA Hospices	<ul style="list-style-type: none"> • There are 18 licensed non-VA hospice providers in Wyoming

Source: Legislative Service Office from the Wyoming Department of Health.

*Clinics are located in Casper, Gillette, Powell, Riverton, Rock Springs, and New Castle.

**There are nine (9) such facilities located in Sheridan, Gillette, Casper, Douglas, Wheatland, Evanston (2), Lyman, and Thayne.

***Includes Bureau of Primary Health Care (BPHC) clinics located in Casper, Dubois, and Cheyenne.

****There are 19 licensed assisted living facilities in Wyoming.

+In Wyoming, there are 38 licensed nursing homes.

The U.S. Department of Veterans Affairs (VA): The VA Administers two grant-in-aid programs for states. It may provide up to 65% of the cost of construction or acquisition of nursing homes or domiciliaries, or for renovations to existing state veterans' homes. This construction program is covered by Title 38 U.S.C. Sections 8131-8137. The VA also provides per-diem payments to states for the care of eligible veterans in state veterans' homes. This per diem program is covered by Title 38 U.S.C. 1741-1745. In order for state veterans' homes to receive federal money for per diem or construction, they must be approved by the VA.

Currently, state veteran homes provide an economical alternative to building additional federal facilities. The VA essentially provides 1/3 of states' costs for providing domiciliary and nursing home care. This match encourages states to continue building and modifying state facilities to maintain a safe, productive, and healthy environment for returning veterans. The VA also conducts annual inspections, audits, and reconciliation of records to assure certain federal standards are met.

It should be noted, however, that Wyoming is one of two states that does not have a state-funded nursing home for veterans. Federal funding for construction of a nursing home or nursing home alternative could be used by Wyoming to share the burden of building additional facilities. Currently, veterans in need of nursing care must receive those services from the Department of Veterans' Affairs (VA) in Sheridan, Cheyenne, the Wyoming Retirement Center in Basin (which also services non-veterans), or from private providers.

Currently, the Commission is proposing the construction of two Green House cottages built in Sheridan to serve as a state-run veterans' nursing home. The Green House concept is an alternative way to provide nursing care for the elderly and offers a homelike environment for its residents. Each cottage is designed for 12 residents and includes a central dining area, kitchen, and living space. The resident rooms are single occupancy rooms with private bathrooms. At this time, the construction cost is estimated at \$2 million per cottage.

Interestingly, what has not been examined thus far is the potential to build a traditional "*brick and mortar*" veterans' nursing facility. Based on research conducted during this audit, a 50 bed

traditional nursing facility would cost around \$3 million to build and would not preclude patient-driven wrap-around services from being provided. The VA is currently implementing a cultural change for providing nursing care to veterans called the Patient Centered Medical Home model. The concept is being implemented in traditional and alternative nursing care settings throughout the VA system.

Veterans' Tracking System: In terms of addressing the gaps in communication and coordination between the two delivery systems, better database integration will go a long way in correcting this major obstacle to veterans receiving appropriate services. Currently, there is no comprehensive tracking system for veterans as they go through the continuum of care, thus allowing them to fall through the cracks. There is no way to identify where a veteran is within the health care system if he or she has been denied services or referred to another provider. This failure to communicate puts veterans at risk for homelessness, severe mental health problems, deteriorating family life, and a general decreased quality of life.

There are several individual databases that track individual clients, but not the status of veterans seeking social services in the state. The Eligibility Payment Information Computerized System (EPICS) is operated by the Department of Family Services (DFS) to determine eligibility for Medicaid and other social services. The Medicaid Management Information System (MMIS) tracks individuals determined eligible through the EPICS system as they receive Medicaid services and tracks provider payments.

In addition to EPICS and MMIS, during the 2011 Legislative Session, Senate File 25 (2011 Session Laws, Chapter 188 Long Term Services and Support) was passed creating the Wyoming Aging & Disability Resource Center (WyADRC) as mandated by the federal government through the Administration on Aging (AOA), Centers for Medicare and Medicaid (CMS), and the VA.

Initial federal funding was awarded to Wyoming for this purpose in 2009 for a three year grant. The WyADRC database was developed and is operated by a state contractor, Southwest Wyoming Recovery Access Program (SW-WRAP), through the WDH. The database is a relational, web-based database intended to link individuals with the service providers to receive needed

care. This database is operational and is capable of tracking veterans by veteran status, but still has some components under development.

There is another database associated with the Outreach and Advocacy Program for Veterans Program housed in the WDH. This program was established in 2007, tasked with using regional veteran advocates to make contact with veterans across the state to ensure needed services are being provided. The program did not have the funds to create a web-based database built to satisfy their program needs. As such, an in-house Access database was developed for purposes of tracking veterans and available services. Advocates in the field may access the database through a Citrix link for purposes of entering and pulling data from the regions they serve. However, program staff indicates this setup is not ideal for the program's purposes.

With the exception of limited data sharing between the EPICS and MMIS databases, none of these systems are completely interfaced. The 2005 Veterans' Long Term Care Report recommended that social services applications include the question "*Are you a veteran?*" to initially identify veterans. The EPICS and MMIS systems either have or will have this question included in the future. The WyADRC database also includes this question. Even though the question is beginning to be asked, there is no comprehensive tracking of veterans at this point. As a result, needed services may be elusive for veterans seeking treatment.

Cognitive Rehabilitation Therapy: The most common injury for soldiers returning from the current military campaigns is the traumatic brain injury. A traumatic brain injury (TBI) is "*a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.*" Not all blows or jolts to the head result in a TBI, and the severity ranges from mild to severe. TBI may lead to permanent or temporary impairment of cognitive, physical, and psychosocial functions. TBI varies among patients by age, site of wound, extent of damage, and length of time.

A beneficial treatment for TBI identified during this audit is cognitive rehabilitation therapy (CRT). CRT is defined as, "*a systematic, functionally-oriented service of therapeutic cognitive activities, based on an assessment and understanding of the person's brain-behavior deficits.*" In addition, "*services are*

directed to achieve functional changes by reinforcing, strengthening, or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems.”

CRT programs are typically provided by a multidisciplinary team of professionals that may include the following: psychiatrists; neuropsychiatrists; psychologists; physical, occupational and speech/language therapists; and social workers.

The efficacy of CRT used for combat veterans suffering from TBIs or PTSD is controversial. Several professional organizations and studies have found CRT to be exceptionally successful. Individuals, such as Arizona Representative Gabrielle Giffords, have received specialized CRT treatments. Rep. Gifford’s doctors report that she is vocalizing more and is able to mouth the words of songs due to physical, cognitive, and speech rehabilitation. Other studies, (those contracted by TRICARE), have determined that “*evidence is insufficient*” to draw a conclusion. TRICARE provides insurance for nearly 4 million active and retired military personnel.

There are several studies underway intended to identify the effectiveness of CRT for service members in the military health system. For example, the Department of Defense requested that the Institutes of Medicine (IOM) of the National Academies conduct a study to further examine whether CRT is effective. The study was released October 11, 2011. It concluded that there is a need for “*an investment in research to further define, standardize, and assess the outcomes of CRT interventions. CRT interventions are promising approaches, but further development of this therapy is required.*”

A review by the Defense and Veterans Brain Injury Center (DVBIC) will provide further determinations on whether CRT is a worthwhile tool for service member returning from combat. This particular study began in June 2010, and is anticipated to be completed in November 2013.

A separate study conducted by the National Institutes of Medicine also has an anticipated completion date of November 2013. The results of this study will further determine whether CRT is an effective therapy to assist combat veterans with TBI. The study

will also pinpoint what types of cognitive rehabilitation work best and what kind of civilian doctors and clinicians are best qualified to provide those services.

We discuss this issue further in Chapter 2.



CHAPTER 2

The Wyoming Veterans' Home meets Wyoming licensure requirements through federal reviews

Finding 2.1: The Wyoming Veterans' Home is meeting Wyoming assisted living facility requirements through federal domiciliary care reviews.

The Wyoming Veterans' Home (VHW) is licensed in Wyoming as an assisted living facility (ALF). The Wyoming Department of Health (WDH) typically conducts surveys of ALFs to determine whether state licensure should be granted based on criteria annotated in its Chapter 4 rules for Assisted Living Facilities.

However, VHW, as part of the Department of Veterans' Affairs (VA), State Veterans' Homes Program, is surveyed annually by the VA using its *Guide for Inspection of State Veterans' Homes: Domiciliary Care Standards*. In order to participate in the State Veterans Home Program, federal surveys are required to formally recognize and certify that facilities meet VA standards. Federal surveys also meet the intent of W.S. 35-2-907 (a), which requires periodic inspections using WDH rules.

WDH acknowledges this arrangement in a July 1, 2011 letter to the VHW. It states “...*the annual survey and inspection performed by the VA survey team, which also includes a review for compliance with the Life Safety Codes, will service as the inspection to license the Veterans' Home of Wyoming as an Assisted Living Facility.*”

According to the BFY 2011 VHW budget request, domiciliary care “*provides food, shelter, and other care on an ambulatory, self-care basis to assist eligible individuals who are suffering from disability, disease or defect of such a degree that incapacitates them from earning a living, but who are in need of limited nursing care services including medication administration and supervision, mental and physical monitoring to attain mental, physical and social wellbeing, and supervision of special*

rehabilitation programs designed to restore residents to their highest level of functioning.”

The VHW passed the most recent federal survey with the exception of the medical care standard (#4)

The VA inspectors conduct their surveys to ensure compliance with the following standards:

- Governance and administration (includes six subcategories);
- Safety (includes nine subcategories);
- Physical environment (includes three subcategories);
- Medical care (includes eleven subcategories);
- Nursing care (includes five subcategories);
- Rehabilitation (includes three subcategories);
- Social services (includes four subcategories);
- Dietetics (includes seven subcategories);
- Patient activities (includes six subcategories);
- Pharmacy (includes six subcategories);
- Medical records (includes three subcategories);
- Quality assurance (includes four subcategories); and,
- Quality of life (includes six subcategories).

In its most recent VA survey conducted June 28-29, 2011, VHW received high marks related to resident satisfaction, fiscal issues, and life safety issues.

It met all of the standards, excluding the medical care standard (#4), which requires a *“comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.”*

The following table provides additional information related to the provisionally met medical standard.

Table 2.1
2011 Veterans Administration Annual Survey
Veterans’ Home of Wyoming

Medical Care Standard	Description	Status
Standard #177-4 (A)	<i>“The facility ensures the provision of professional medical services for the patients.”</i>	“Provisionally Met: <i>A contract exists for professional medical services, however, the primary care provider currently is VA staff. The intent of the standard is that the State Veterans</i>

Medical Care Standard	Description	Status
		<i>Home will have their own primary care provider or a Sharing Agreement with the VA if you choose to continue with VA for primary care.</i>
Standard #178-4 (B)	<i>"Each patient has a primary physician responsible for the patient's medical care."</i>	"Provisionally Met: <i>The Primary Care provider is VA staff vs. the use of your contract for these services. See 4 (A)."</i>
Standard #181-4 (E)	<i>"Primary Care medical services are provided for domiciliary patients as needed."</i>	"Provisionally Met: <i>The Primary Care provider is VA staff vs. the use of your contract for these services. See 4 (A)."</i>
Standard #182-4 (F)	<i>"Each patient has a complete medical re-evaluation annually and as needed."</i>	"Provisionally Met: <i>The Primary Care provider is VA staff vs. the use of your contract for these services. See 4 (A)."</i>
Standard #210-8 (D)	<i>"Each patient's activity plan is part of the overall treatment plan."</i>	"Not Met: <i>Based on interviews and record reviews, the facility failed to provide resident activity plans that are based on the needs and interests of the residents, and were not coordinated with the residents' treatment plans for all twelve (Resident #1 through #12) records reviewed during the annual survey."</i>

Source: Wyoming Legislative Service Office from information provided by the Veterans' Home of Wyoming.

VHW is addressing the provisionally met subcategories related to primary care and is addressing the "not met" subcategory related to patient activity plans

Currently, the VHW is negotiating a formal sharing agreement with the Sheridan VA Medical Center to continue providing specialty care and primary medical care to residents. In its August 17, 2011 response to the federal survey, the Interim Superintendent stated the following:

"The Veterans' Home of Wyoming is in the process of working with the Sheridan V.A. Medical Center on a sharing agreement to remedy the above provisionally met standards. It continues to be the desire of the Veterans' Home of Wyoming to continue the continuity of care for our residents by entering into this sharing agreement that will continue the association with the staff at the Sheridan V.A. Medical Center to provide primary care. We look forward to discussing this agreement in the very near future with you and your staff."

According to Wyoming Attorney General's Office personnel, the sharing agreement has been drafted and sent to the Sheridan VA Medical Center for review. The VA said they will be making "*significant changes*" to the agreement. A representative from the Wyoming Attorney General's Office stated the process has been lengthy and they are waiting for the VA's response.

The VHW also stated in its formal response to the federal survey that the facility is now completing activity assessments for all residents and incorporating the assessments into resident treatment plans.

The VHW requested and received additional appropriations to pay the VA for the provision of primary care

The VA recently determined, through a reinterpretation of federal rules, that the VHW must be responsible for providing the primary care for the residents. For thirty years prior to the reinterpretation, the VA provided and paid for the primary care.

As a result, the VHW requested and received an additional \$90,000 during the BFY 2011 Supplemental Budget Session. The additional funds will be used to pay the Sheridan VA Medical Center for continuation of primary care to residents.

The additional \$90,000 per year is generated through an increase in the per diem rate for each resident. On October 1, 2010, the per diem for each resident increased \$3.06 from \$35.84 to \$38.90. The increase in the federal per diem generates additional monthly revenue of \$7,800 ($\$3.06 \times 30 \text{ days} \times 85 \text{ veterans}$) or \$93,600 per year. Additional funds are deposited to the General Fund, which will offset the funds requested for primary care.

The VHW estimates that it will cost no more than \$7,500 per month (\$90,000 per year) to provide primary care to residents. As mentioned previously, it is negotiating a sharing agreement with the VA to provide specialty and primary care services. The \$90,000 estimate to pay for primary care is currently being considered by the VA.

Other Areas of Concern Not Related to Federal or State Licensure Reviews

Although the VHW meets ALF licensure standards via federal reviews, evaluators identified other issues not related to federal or state licensure standards that could be improved at the VHW and in Wyoming for veterans suffering with traumatic brain injuries (TBI).

VHW does not conduct background checks on residents prior to admission to the facility

Currently, the VHW conducts background checks on employees and volunteers, but not on VHW applicants. Staff informed us that having a previous felony does not preclude potential residents from being admitted to the facility. However, being aware of a potential resident's criminal record could provide additional information to staff when making admissions decisions with respect to other residents' safety and wellbeing.

Applicants are asked if they have been convicted of felonies during their two-day trial period. This same question is included on the VHW Psycho-Social Assessment which is completed during the two-day trial period. Staff indicated that most applicants are forthcoming about answering this question. Applicants who are not honest typically end up telling another resident. Staff then learns through other discussions with residents and may act upon this information.

As discussed previously, potential employees or volunteers are subject to such checks.

WDH policy states, "*Criminal background checks are initiated for all state facility and public health nursing employees who may have access to minors or to persons suffering mental illness, infirmities of old age, or developmental disabilities before employment or transfer to a position where access is acquired; i.e., new hires, rehires, promotions, lateral transfers, and reappointments.*"

WDH rules for ALFs also provide for safety of residents, but do not require background checks of potential residents. For example, Chapter 12, Section 7 of the rules states that "*the facility must assure that all residents are protected from abuse.*" As an assisted living facility, VHW is responsible by rule for the safety and protection of its residents. Additional information provided

by background checks could help staff plan for the applicant's care and allow staff to determine case-by-case whether or not accepting an applicant is appropriate.

Other Facilities Conduct Checks: Through information obtained from the Eligibility Center in Atlanta, VA medical centers are aware of veterans who have felony records. These veterans are flagged within the Computerized Patient Record System (CPRS) so that staff is aware of a resident's history. This approach appears to be logical, allowing for as much information to be gathered as possible before a veteran enters the system.

Other state veteran homes, such as the one in North Dakota, do not admit applicants who have been convicted of a felony or crime involving moral turpitude unless an applicant can produce sufficient evidence of subsequent good conduct and reformation of character to be considered as a resident. The North Dakota Board of Admissions makes the final decision on those cases.

Problems at VHW: According to VHW staff, there have been isolated incidents involving residents who were either accused or convicted felons. As discussed previously, WDH policy addresses the possibility of resident abuse by staff. However, the potential for resident-on-resident abuse is equally important.

For example, VHW staff discussed recent incidences where the safety of a resident was a concern due to a felon resident. One incident involved an intimate relationship that developed between a predatory male resident and an elderly female resident who was cognitively impaired. Prior to the incident, staff did not know about the individual's sexual abuse history. If a background check had been required, however, staff could have denied his application. It should be noted, though, that VHW ultimately discharged this individual after allegations of abuse were made.

Staff working in situations where they are unaware of a resident's criminal background is another concern. Staff should be aware of situations that may trigger a resident's PTSD or other mental illness. Furthermore, female staff members have admitted to feeling uncomfortable and unsafe around certain male residents. Evaluators also observed young female interns interacting with the resident population; interns could also be at risk. Conducting background checks would provide additional information for staff when interacting with residents. Results of checks should be

shared with staff and volunteers who interact with residents.

LSO evaluators determined there was a misunderstanding among VHW officials who believed an Attorney General opinion existed that precludes conducting background checks on potential residents. After investigating the matter, this opinion appears to not apply. According to VHW officials, they plan to address this issue more fully with the Wyoming Office of the Attorney General.

The Division of Criminal Investigation (DCI) is responsible for conducting background checks for state agencies. State background checks costs \$15 per individual. If the DCI conducts fingerprinting, it is an additional \$5 fee. According to DCI staff, some agencies require both a state and federal background check; the cost is \$39 for a state and FBI background check.

Recommendation: The VHW should conduct background checks on potential residents prior to or during the admission screening process.

Direct access to a computerized records database is not provided to all VHW staff that interact with residents

The VHW has access to the VA's Computerized Patient Record System (CPRS), which provides medical and behavioral information on potential residents being referred from a VA Medical Center. Health and felony status issues are often flagged in a client's record. However, not all professional staff has direct access.

Non-medical professional staff (e.g. social workers and counselors) do not have direct access to the CPRS and must rely on nursing staff with access to the system to pull patient records. The process can be time consuming and problematic. It is logical that all staff needing access to the CPRS should have it directly available in their offices.

The CPRS was originally a federal pilot project for which the Sheridan VA was chosen as one of the sites. A sharing agreement is required between the VA and providers with access to the system; the VHW is included as a provider. VHW staff stated when the CPRS is accessed, it registers at the VA and if the access is questionable, someone from the VA will call VHW and inquire why those records were accessed.

VA Officials State VHW Staff Should Have Access: VA officials stated that all VHW staff that need to view a medical record of a resident have the right to database access. According to VA officials, access to the CPRS data system is on a “*need to know*” basis; if an employee deals with clients, that employee may review the CPRS files. VA officials provided examples of various employees who may have access: providers, nurses, counselors, and social workers. In fact, social workers and other staff at the VA Medical Centers have personal access to these databases. Sheridan VA Medical Center staff recommended that all non-medical professional staff at the VHW needing access to the CPRS have direct access.

According to VHW officials, since the VHW became a provider of CPRS, the only secure location for access to records was in the nursing station. This limited access for other VHW professional staff can be difficult when making admissions decisions. Health records and other data are reviewed prior to scheduling a two-day trial. If data is not reviewed by all staff involved, there could be mistakes or disagreements about resident eligibility based on medical and behavioral issues.

If nursing staff are out of the office, other non-medical professional staff may not be able to directly access the system, which could cause problems in cases of emergency. In addition, it is time consuming for non-medical professional staff to discuss residents with the VA staff. For example, if the VA Center calls and refers to a specific individual’s circumstance, non-medical professional staff would have to hang up, review the file in the nursing station, and then call back to finish the discussion.

All non-medical professional staff needing access to a medical record should have access to the CPRS database in their personal offices so that files can be reviewed quickly and confidentially. Access to the data by those who conduct assessments in preparation for the two-day and 60-day trials for applicants serves as a protective measure. First, it assists staff to identify specific needs of potential residents for better care planning. Second, it increases the safety of the residents of VHW from those who may have specific behavioral issues.

Recommendation: The VHW should work with the Sheridan VA to develop a process where all professional staff who interacts with residents can directly access CPRS.

VHW should improve conditions for female residents

Currently, there are four female residents housed in the same wings with males without any areas set aside specifically for women. The residential area is set up with two rooms sharing a bathroom, which does not offer enough security or privacy for female residents. In addition, the bathrooms lock from the outside, as opposed to inside of the bathroom. Officials stated this measure prevents residents from using the bathrooms to enter other residents' rooms.

Female residents are housed next to the nurses' station so that nurses can keep a close watch on them. Coincidentally, this location is the same hallway where two sex offender residents are housed. Staff has stated that female residents are not at risk from the two sex offenders. However, it appears there is some concern, given the women's placement next to the nurse's stations.

There is another wing apart from the main area; however, the rooms are dorm-like and the bathroom facilities are similar to public bathrooms. On those floors, there are bathrooms for men and women. Staff discussed the possibility of designating one of the hallways as a women-only hall in the event that there is an increase in female residents.

In its early days as the Soldiers' and Sailors' Home (prior to VHW), women were not common in the military; therefore, women's needs within the facility were not always considered. This situation has drastically changed over the years with more women enlisting and gaining veteran status. Although VHW staff indicated female veteran referrals are currently rare, they do occur.

For example, the number of female veterans (including combat veterans) is substantial. According to an October 2010 fact sheet from the VA, the total number of female veterans is 1,840,380. A 2009 report from the Government Accountability Office report suggests that by 2033, that number will increase by 17% to 2,153,245.

Wyoming's female veteran population is 4,495 (2010). According to the VA, the female veteran population in Wyoming will increase from 4,495 to 5,900 (31%) increase in 2035.

Women veterans with disabilities or health care needs may require a facility to reside within as they age. The VHW should be prepared for these women as they begin seeking living arrangements.

Lack of Accommodations Could Deter Female Veterans: By not providing more female-friendly housing at the VHW, female veterans who need domiciliary care may not apply for admission. According to VHW staff, although female referrals to VHW tend to be rare, the increase in female veterans could lead to more females applying for admission in the future. Having a separate wing may cause potential female residents to feel more secure at the facility and therefore more likely to seek placement within the VHW.

Currently, the WDH Aging Division, Health Quality Division, and VHW rules and regulations do not require separate areas for male and female residents. However, keeping males and females in such close proximity may increase the possibility of undesirable outcomes and decrease the possibility of females seeking placement at VHW.

One item addressed in the VHW policies and procedures is the basic sexual needs of residents. In addition, the VHW clearly identifies what types of relationships will be tolerated. Allowing males and females to reside in such close proximity may increase the risk of undesirable interactions between male and female residents. During conversations with staff, we learned about instances where female residents were put in uncomfortable and potentially dangerous situations by male residents.

VA and Other Facilities Accommodate Female Residents: During our tour of the Sheridan VA, we visited an area set aside specifically for women with increased security keypad locks on each female resident's door. Only the resident, VA staff, or others with whom the resident shares the code have access to those rooms. Staff also has keys that open the doors to the female residents' rooms in the event they need to get inside. There is a completely separate TV and sitting area where the female

residents are housed. The Cheyenne VA facility has a separate women's clinic for female veterans and active duty personnel with separate entrance on the outside of the facility.

Evaluators also determined that state facilities make accommodations for female residents. For example, the Wyoming Retirement Center (WRC) houses males and females in separate wings. In addition, there is a locked area for men who need extra supervision. The WRC also has a closed-door female area for women with Alzheimer's and dementia.

Other co-ed living facilities, such as universities and colleges, situate male and female residents separately. According to the University of Wyoming's Housing office, males and females are housed on separate sides of a dorm floor. Laramie County Community College housing staff stated their residence halls are "*set up in a suite style with a self-contained bathroom and shower. The suites are single sex; however, the wings and halls are co-ed.*" Casper College housing staff stated the new residence hall "*does not split males and females into separate wings,*" but they do not place males and females in the same room.

By taking steps to ensure the safety and security of female veterans, the likelihood of this population seeking placement in the VHW will increase. The VHW has several options, such as building a new women's wing, dedicating a separate building, or modifying the existing facility to further accommodate women. For example, if the VHW modeled the Sheridan VA Center with its room security, separate wings, and private entertainment areas, additional female veterans may seek residency.

Recommendation: The VHW should begin making necessary changes to the facility in order to accommodate the increase in female veteran residents expected in future years.

The VHW website is not a good resource to gain knowledge about the facility and its features

The VHW does not communicate its services effectively through its website. The facility provides a community where residents can socialize and interact; however, the website does not emphasize those essential services. With more appealing updates to its website, those factors could easily be communicated to potential residents and family.

In addition, the website is not a good one-stop-shop for individuals seeking information about services, facilities, and requirements. The website is located within WDH's website rather than having a separate location. It is a simple and unattractive one-page sheet on a white background. Rather than having links to features within the home and additional materials, the reader has to scroll down to read the text.

The webpage contains only the most basic facts about the facility, including a brief background, lifestyle explanations, admission criteria, departments, and monthly fee expenses. Furthermore, the picture quality is poor and there are several lighting issues which require retouching. The photos are insignificant to the text. Website photos could potentially showcase the benefits of living in a state veterans' home; however, the few that were chosen look unexciting and inconsequential.

Overall the website is not welcoming to a veteran or a loved one. It does not emphasize the sense of community nor the friendships that can be shared among residents. The website does not illustrate the degree of services that are available to residents. These features could potentially appeal to a family member or potential resident, when applying for residency to the VHW.

Rather than having a one-page data sheet online, the VHW should have an individual homepage with links to services and additional information. The enhanced website could provide links to activities, brochures, videos, virtual tours, events, testimonials, admission processes, and applications. It could also link to the WDH, Medicaid services, the LT101 (assessment for identifying cognitive disability), and other continuum of care facilities. All of these features are offered on other state websites.

With the internet becoming the most common source of information, it is important to have all needed materials available at one location. If the VHW wants to attract future residents and family members, it will need to update and improve the availability and functionality of its website.

2005 Veterans' Long-Term Care Report: One of the recommendations within the 2005 "*Long-term Care Infrastructure for Veterans in Wyoming*" was to improve the availability of information about veteran programs and services by

enhancing its website. Veterans were not fully aware of the services available to them. The recommendations provided specificity with respect to developing and enhancing an internet site with detailed information about program policies and eligibility requirements. In addition, it suggested preparing brochures summarizing care information and producing a DVD explaining services. WDH stated this recommendation was completed; however, the website remains out-of-date and unappealing.

Other States Have Better Websites: Several other comparison state veteran home websites (Alaska, Montana, North Dakota, South Dakota, Vermont, Utah, New Mexico, and Maine) were analyzed for the purpose of comparing them to Wyoming. Many state websites were creative, inviting, and innovative. They had the same layout as other state programs which made the data clear and the page easy to navigate. This common design provides for consistency and simplicity for the reader.

There were creative features within several state web pages. Some examples include newsletters, virtual tours, event calendars, text size options, staff biographies, resident activities, and an application form to begin the submissions process. All state pages had links to other services and information. Wyoming's website was the only state that did not include these options.

Maine created a high-quality website for its six state veteran homes. It can be reviewed on the following link: <http://www.maineveteranshomes.org/>. It is easy to navigate between each individual home webpage through uniformed links. Explanations about the home's mission, values, and Board of Trustees are provided. In addition, the website contains features such as a blog for residents, family, and the media to share personal experiences. There are two statewide commercials available for online viewing.

The website provides an area to log on to a personalized account where a resident or family member can view additional information. A veteran or family member can look at the state of Maine's website and understand eligibility requirements, the admission process, and residency priority. In addition, the website provides volunteer and employment opportunities. Employing a better website for the VHW would provide an attractive yet

uncomplicated location for a potential resident to gain information about lifestyles available in the Home.

Recommendation: The VHW should enhance its website to clearly provide detailed information about programs, services, and benefits for Wyoming veterans. It should also study the other states' websites discussed in the finding, especially the State of Maine.

Residents at the VHW may not receive the best possible diet for their individual needs Through interviews and observations, evaluators learned that healthy options may not always be available for VHW residents with specific dietary conditions. For example, if a resident is underweight, milkshakes are provided rather than high-protein options to increase their weight. For residents with diabetes, the VHW will limit salt and decrease portion sizes. Other state and private facilities, however, offer separate meal choices for health-specific needs.

Due to the meals and lack of activity, the health of residents often decreases as they live at the facility, according to some of the residents. One resident stated that the facility does not have an individual meal plan for diabetics. The resident questioned why everyone receives the same meals even when a physician requires diet restrictions for specific individuals. Another resident noted that residents “*sit around and get fat*” at the VHW.

Staff agrees that more attention needs to be placed on doctor's orders related to dietary concerns. An official admitted that complying with doctor recommendations is an ongoing problem. One official expressed concern that people come into the environment at a healthy weight, but later develop diabetes.

In addition, some residents expressed frustration that vegetables grown within the facility are not prepared and consumed during meal times. Although some residents grow vegetables as a leisure activity, it does not appear that home-grown produce is served by food service staff during meals.

According to staff, the VHW used to prepare meals with vegetables, fruits, and fish that were cultivated on the 900 acres of campus land. Staff also stated that for the most part, the facility

was self-sufficient and did not have to purchase much produce. However, according to WDH officials, times have changed and state facilities no longer rely on the cultivation of vegetables, fruits, etc., for subsistence. Such pursuits are now considered to be hobbies or leisure activities.

Currently produce is purchased from the lowest bid between Cisco and Food Services of America (FSA). There is no longer a variety of produce grown on-site. However, community volunteers, staff, and residents could begin growing more as a way to encourage outdoor activities. For example, the activities director could partner with selected food service staff to set up a therapeutic gardening activity for residents. This would allow interested residents an opportunity to set up a garden(s) and then share their efforts with others during meal times. Another idea is to encourage a community garden at the facility, where residents and community volunteers can grow produce together for consumption at VHW.

According to staff from the Wyoming Department of Agriculture, there is no rule that would preclude home-grown produce or fruits from being used at VHW prior to processing. The Department only inspects produce and other foods after processing for commercial consumption.

Diabetes Rate is High at VHW: The rate of diabetes is extremely high for residents at the VHW. According to the VHW's dietician, 75% of the resident population has diabetes or heart problems. In most assisted living facilities only about 30% of the residents are diabetic, also according to VHW's contract dietician. Due to the high percentage of diabetics at VHW, there are 30 or more individual diet plans with respect to calculating portion control. VHW staff has to know each person's diet and memorize what and how much they are allowed to consume.

Even without special diets, dietary personnel at the facility have been working on ways to cut back fats and calories during meals. Dietary meals are between 1,200-2,400 calories per day for diabetics. Selections include an optional diabetic salad and diabetic desert that is made with skim milk or water. Whole wheat flour has been implemented in some meals. Staff has had to tell residents that they cannot get second servings if they are on a doctor-recommended diet plan. In addition, the VHW has begun offering low-fat salad dressings. They have also taken sugar off

of tables where diabetics eat.

In the past, the resident was in charge of their dietary options and food consumption. Now the kitchen staff has the responsibility of monitoring the resident's diet. These changes have not been popular with residents, who have become extremely vocal and disrespectful about their dietary restrictions.

When a doctor orders a resident to have an individual meal plan, that plan should be followed thoroughly. Separate meals should be given to those individuals so they can maintain a healthy lifestyle within the VHW. Rather than simply removing salt, a person should have a completely different option that fits their specific needs during a meal.

Several health care facilities across the country offer separate meal options for residents who have specific diet requirements. An assisted living facility in Montana offers a full selection of meals for specific dietary needs. Another assisted living facility in Casper provided a main course, an alternate course, and an iced salad bar for each meal. The Wyoming Medical Center offers a restricted menu for each resident. Only meals that are appropriate with a person's specific health needs will be available for residents; they will then be able to choose a meal from the listed options. The Wyoming Retirement Center uses portion control and develops specialized deserts.

According to VHW staff, creating specialized diets would increase the cost of operations. The superintendent approves or modifies food purchases for the facility each month, based on an annual budget. He stated that the annual budget is shared with the Food Service Supervisor. However, this process may not be formalized enough to provide monthly costs to food service personnel and the contract dietician to assist them with developing special menus. An additional problem is created for food service staff that is expected to modify diets without full knowledge of how much money can be spent on serving appropriate meals for residents. Food service and dietary staff should be familiar with budgets and their constraints in order to appropriately plan meals for residents, including those with special dietary needs.

The food service budget for VHW over the last five years is as follows: FY 2007 (\$158,600); FY 2008 (\$146,076); FY 2009 (\$158,865); FY 2010 (\$139,307); and FY 2011 (\$152,646).

VHW Dietician: The VHW contracts its nutritional services through a dietician in Montana. The dietician visits the facility on a monthly basis to conduct charting for diet orders, conduct in-service training, and to work on nutrition assessments for each resident. In addition, he works with the dietary services manager to create menus for each season. He also reviews menu implementation and looks at portion control for residents with nutritional concerns.

During visits to the VHW, the dietician creates a report that evaluates whether the kitchen is meeting its requirements. The report covers several aspects of meal quality, menus, diet orders, and sanitation. The dietician will offer recommendations for each area that needs correction. Recommendations from the dietician's monthly visits are self-monitored by the VHW with internal auditing. The dietician monitors meals and serving sizes, but does not require follow-up with each recommendation.

The dietician's main concern with the VHW is residents with diabetes. He stated that the facility has a problem with diabetic residents because they are independent and have access to junk foods at local grocery stores and on-site vending machines. The facility controls what is served at meals, but many residents will purchase other types of food elsewhere. The dietician acknowledged that the VHW has improved their monitoring of carbohydrate intake.

Additionally, the Wyoming Dieticians Board was created on July 1, 2011. Currently the Board will be staffed by the Department of Administration and Information's Professional Licensing Boards Division. The Board has been appointed, but has not met or implemented regulations. At this point the Dieticians Board is unsure how its presence may impact state institutions such as the VHW, other than implementing potential additional expenses to hire licensed dieticians. According to the Department however, contracting with a Montana dietician should not be a problem, because the rule on reciprocity will most likely be flexible.

Recommendation: The VHW should work with its contract and food service personnel to create specialized meal plans for use by diabetic residents. Until then, staff should continue to work with residents to develop acceptable individualized meal plans based on physician orders. Finally, food service and dietary staff should be informed of budget decisions with respect to monthly food purchases.

Recommendation: The VHW should encourage the growing of produce and vegetables as a therapeutic activity for residents, and use what is grown for meals at the facility. Home-grown vegetables and fruits should be an option for resident meals.

Wyoming veterans may not be receiving cognitive rehabilitation therapy for traumatic brain or acquired brain injuries

Wyoming active duty or retired veterans who have Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI) may not be able to receive cognitive rehabilitation therapy (CRT) for their injuries. CRT focuses on remediating cognitive deficits by achieving functional changes in the brain. More specifically, CRT can reestablish and strengthen previously learned patterns of behavior or establish new patterns. CRT is estimated to cost anywhere from \$15,000 to \$50,000 per soldier suffering from TBI.

Because TRICARE (a federal health care insurance program for four million active duty and retired personnel) does not provide reimbursement for CRT, veterans are often left to pay for treatment themselves or go without treatment. As a result, Wyoming veterans may be living with a TBI-related disability without the possibility of CRT.

TRICARE officials stated there is not sufficient evidence to support the efficacy of CRT, based on two studies published by ECRI Institute in 2007 and 2009. TRICARE contracted with ECRI Institute for both studies to address why such treatment is not covered for active duty or retired veterans suffering from TBI.

The reports indicate that the quality of the studies were moderate due to the subjective nature of outcomes and a lack of comparability between the study groups and attrition. The reports also stated that the strength of evidence supporting the conclusions is weak; definitive conclusions about the effectiveness of CRT were unable to be drawn. It appears a general lack of the evidence base was the primary reason for inconclusive results.

There is some disagreement, however, about the accuracy and objectivity of the ECRI studies. For example, according to a February 4, 2011 NPR article, a bipartisan group of 74 lawmakers issued a letter to Secretary Robert Gates demanding that TRICARE reimburse veterans for CRT. The letter cited an investigation by ProPublica and NPR, *“which found that TRICARE...had relied on a controversial study to avoid paying for the intensive and often expensive treatment.”*

Subsequently, the Department of Defense requested that the Institutes of Medicine (IOM) of the National Academies conduct a study to further examine whether CRT is effective. That study was released October 11, 2011. It concluded that *“...an investment in research to further define, standardize, and assess the outcomes of CRT interventions. CRT interventions are promising approaches, but further development of this therapy is required.”*

Medicaid Reimburses for CRT: Through Medicaid waivers, a Wyoming veteran can receive CRT treatments only if he or she qualifies for Medicaid. Qualifying for Medicaid is not likely for active duty or retired veterans since these individuals are receiving salaries or pensions.

Rather, veterans who qualify for Medicaid services more than likely are discharged from military service without pensions or other sources of revenue. This inconsistency may lead many to wonder why a discharged veteran not receiving a pension can receive CRT paid by a federal program, but an active duty or retired veteran cannot receive the same treatment through TRICARE.

Evaluators also determined that the VA provides similar treatment to veterans in the system. Private insurance companies appear to be divided on the issue. Five of the twelve major carriers,

including Aetna, United Healthcare, and Humana pay for CRT for head trauma. Also, the federal Centers for Medicare and Medicaid Services (CMS) do not have a policy on CRT. Instead decisions are left up to local providers. Providers are able to offer therapy case-by-case as long as they determine that treatment is warranted.

TBI Impacts Over One Million Individuals: According to the Centers for Disease Control and Prevention, as many as 1.4 million Americans sustain a TBI each year. The number is most likely higher because many patients with mild TBIs may not seek medical attention.

Among reported patients, 50,000 die, 230,000 are hospitalized, and between 80,000 and 90,000 experience the onset of a long-term disability. An estimated 2.5 to 6.5 million Americans live with a TBI-related disability. A September 2010 report to Congress determined that TBI is the leading cause of death and disability in the United States. According to the Brain Injury Alliance of Wyoming, approximately 500 people in Wyoming have had TBI.

Possible State Funding for TBI: It is evident that controversy surrounds CRT as an effective treatment for TBI. Given the time it takes to determine the effectiveness of CRT and whether TRICARE will reimburse for such therapy, veterans who need such treatment may ultimately be denied beneficial treatment.

In the meantime, the Wyoming State Legislature could consider options to create a CRT Fund that would reimburse CRT for active duty and retired military personnel suffering from a TBI. Such a fund could be created as a stop-gap measure until more definitive research is completed.

According to the Wyoming Veterans' Commission, Wyoming has 5,000 Operation Enduring/Iraqi Freedom (OEF & OIF) veterans who served in Iraq and/or Afghanistan. The Iraq and Afghanistan Veterans of America estimates that between 10% and 20% of these veterans have suffered a TBI (500 to 1,000 veterans).

According to TRICARE, it can cost anywhere from \$15,000 to \$50,000 to provide CRT to those with TBI. Using these numbers, total costs could run from \$7.5 million to \$25 million for 500 veterans with TBI to \$15 million to \$50 million for 1,000 veterans

with TBI.

If the Legislature decides to fund such a stop-gap measure, a time limit may be warranted so that unused funds are reverted to funding sources. In addition, the Legislature may wish to provide incremental appropriations into the fund, to determine how many Wyoming veterans actually qualify for CRT.

Matter for
Legislative
Consideration:

The Legislature may wish to consider establishing a stop-gap fund for Wyoming veterans to access in order to receive CRT.

Recommendation:

The WDH should develop a proposal for providing CRT to Wyoming veterans if the Legislature funds such an initiative.



CHAPTER 3

Wyoming does not have a state-funded nursing home for veterans. Various options exist for Wyoming's future.

Finding 3.1: Wyoming does not have a state-funded nursing home for veterans.

Wyoming is one of two states that do not have a state-funded nursing home for veterans. Instead, veterans in need of skilled nursing services in Wyoming receive those services from the Department of Veterans' Affairs (VA) in Sheridan, Cheyenne, the Wyoming Retirement Center in Basin, Wyoming (which also services non-veterans), or from private providers.

In addition, veterans can receive services through the Acquired Brain Injury (ABI) or Long Term Care (LTC) waivers, although those waivers are typically capped (215 and 1,750 respectively) and have waiting lists (73 and 97 respectively). As a result, veterans may not be receiving the best and most progressive care possible as they age.

Currently, Wyoming has 38 licensed skilled nursing facilities, including the Wyoming Retirement Center, which is overseen by the Wyoming Department of Health. These facilities contain over 2,951 beds with a current occupancy rate of roughly 81% (2,376 beds in use) statewide (as of September 1, 2011). It should be noted that the Veterans' Home of Wyoming (VHW) does not provide skilled nursing care to its residents; it is licensed as an assisted living facility in Wyoming.

According to the VA, as of September 30, 2011, Wyoming's veteran population is 55,510. Of that amount, 21,793 (39%) are over the age of 65. It is also anticipated that by the year 2026, 22,247 veterans in Wyoming will be 65 years old or older, which is a 2% increase.

Wyoming veterans in more populated counties make up the

Currently, the highest number of veterans over the age of 65 reside in the following counties:

- Laramie County (3,636 or 17%);

largest percentage of those over the age of 65

- Natrona County (2,778 or 13%);
- Park County (1,649 or 8%);
- Sweetwater County (1,547 or 7%);
- Sheridan County (1,448 or 7%); and,
- Fremont County (1,417 or 7%).

In these counties, there are 1,659 beds at licensed skilled nursing care facilities of which 1,389 (84%) are occupied. Although not all veterans over the age of 65 require skilled nursing services, it is likely they will at some point in their lives.

The following table shows current nursing home and skilled nursing care capacity for each county.

Table 3.1
***Urban County Nursing Home Capacity for Veterans over Age 65**

County	City	Beds	Beds in Use	Occupancy
Laramie				
Life Care Center of Cheyenne	Cheyenne	160	142	89%
Memorial Hospital of Laramie County	Cheyenne	16	12	75%
Mountain Towers Healthcare and Rehabilitation Center	Cheyenne	146	130	89%
SSC Cheyenne Operating Co LLC	Cheyenne	105	89	85%
Subtotal	N/A	427	373	87%
Natrona				
Life Care Center of Casper	Casper	120	114	95%
Shepard of the Valley Healthcare Center	Casper	192	171	89%
SSC Casper Operating Company LLC	Casper	120	112	93%
Wyoming Medical Center Transitional Care	Casper	15	10	67%

County	City	Beds	Beds in Use	Occupancy
Unit				
Subtotal	N/A	447	407	91%
Park				
West Park Long Term Care Center	Cody	128	74	58%
Powell Valley Care Center	Powell	100	92	92%
Subtotal	N/A	228	166	73%
Sweetwater				
Castle Rock Convalescent Center	Green River	59	54	92%
Sage View Care Center	Rocksprings	82	65	79%
Subtotal	N/A	141	119	84%
Sheridan				
SSC Sheridan Operating Company LLC	Sheridan	128	88	69%
Westview Health Care Center	Sheridan	102	82	80%
Subtotal	N/A	230	170	74%
Fremont				
Morning Star Care Center	Fort Washakie	45	36	80%
Westward Heights Care Center	Lander	60	48	80
Wind River Healthcare and Rehabilitation Center	Riverton	81	70	86%
Subtotal	N/A	186	154	83%
Total	N/A	1,659	1,389	84%

Source: Legislative Service Office from information provided by Wyoming Department of Health Licensing and Surveys.

*Federal VA medical centers are located in the cities of Cheyenne and Sheridan. Each center has the capacity to provide long-term care services to 50 veterans.

Wyoming rural veterans also make up a large percentage of those over the age of 65 It should be noted that although 12,475 or 57% of veterans in the larger counties (Laramie, Natrona, Park, Sweetwater, Sheridan, and Fremont) are over the age of 65, the remaining 9,318 or 43% are collectively from less populated counties in Wyoming. Rural counties may encounter challenges to provide skilled nursing care services to veterans not encountered in more urban areas.

Occupancy rates for state licensed skilled nursing care facilities are slightly lower for the collective rural counties. In these counties, there are 1,292 beds, of which 987 (76%) are occupied.

The following table provides additional information by county.

Table 3.2
Rural County Nursing Home Capacity for Veterans over Age 65

County	City	Beds	Beds in Use	Occupancy
Albany				
Albany County Hospital District	Laramie	10	5	50%
Laramie Care Center	Laramie	105	70	67%
Subtotal	N/A	115	75	65%
Carbon				
South Central Wyoming Healthcare and Rehabilitation Center	Rawlins	62	29	47%
Peak Medical Montana Operations Inc.	Saratoga	46	29	63%
Subtotal	N/A	108	58	54%
Teton				
St. John's Nursing Home	Jackson	60	47	78%
Subtotal	N/A	60	47	78%
Campbell				
Pioneer Manor Nursing Home	Gillette	150	119	79%
Subtotal	N/A	150	119	79%
Lincoln				
Star Valley Care Center	Afton	24	23	96%
South Lincoln Nursing Center	Kemmerer	24	22	92%
Subtotal	N/A	48	45	94%
Platte				
Platte County Memorial Nursing Home	Wheatland	43	35	81%
Subtotal	N/A	43	35	81%

County	City	Beds	Beds in Use	Occupancy
Goshen				
Goshen Care Center	Torrington	103	93	90%
Subtotal	N/A	103	93	90%
Converse				
Douglas Care Center LLC	Douglas	60	41	68%
Subtotal	N/A	60	41	68%
Big Horn				
Bonnie Bluejacket Memorial Nursing Home	Basin	37	30	81%
Wyoming Retirement Center	Basin	90	54	60%
New Horizons Care Center	Lovell	85	75	88%
Subtotal	N/A	212	159	75%
Uinta				
Rocky Mountain Care	Evanston	60	37	62%
Subtotal	N/A	60	37	62%
Sublette				
Weston County Health Services	Newcastle	54	52	96%
Sublette Center	Pinedale	50	33	66%
Subtotal	N/A	104	85	82%
Hot Springs				
Thermopolis Rehabilitation and Care Center	Thermopolis	60	55	92%
Subtotal	N/A	60	55	92%
Johnson				
Amie Holt Care Center	Buffalo	50	44	88%
Subtotal	N/A	50	44	88%
Washakie				
Worland Healthcare and Rehabilitation Center	Worland	87	64	74%
Subtotal	N/A	87	64	74%
Crook				
Crook County Medical Service	Sundance	32	30	94%

County	City	Beds	Beds in Use	Occupancy
District Long Term Care				
Subtotal	N/A	32	30	94%
Total	N/A	1,292	987	76%

Source: Legislative Service Office from information provided by Wyoming Department of Health Licensing and Surveys.

A 2005 Wyoming Veterans' Long-Term Care Report Examined Options for Wyoming to Provide Skilled Nursing Care to Veterans

In the 2005 report entitled *An Examination of the Long-Term Care Infrastructure for Veterans in Wyoming*, the Veterans Long-Term Care Study Group made four (4) recommendations to expand the availability of skilled nursing home services in Wyoming.

The recommendations are as follows:

- *“Expand the cap on the Medicaid Long-Term Care Waiver so that more veterans can access these services. The cap currently stands at 1,150 with a nine-month waiting list.”*
- *“Seek authorization from the State Veterans’ Nursing Home Construction Grant program in Washington, DC to initiate a pilot project whereby Wyoming would utilize a State Nursing Home Construction grant to contract for nursing home services rather than construct a state-run nursing home facility. The limitation of a facility is that it can only be constructed at one location. A contract program could serve many locations.”*
- *“Encourage the Cheyenne VA and the Sheridan VA to greatly expand their Contract Nursing Home programs.”*
- *“Apply for funds to construct a State Veterans’ Nursing Home at a yet to be determined location.”*

According to Wyoming Department of Health (WDH), the Medicaid Long-Term Care waiver cap has been expanded to 1,750 with a three-month waiting list. Officials also stated that a federal pilot project was initiated that would have awarded federal construction grants for contractual skilled nursing services. However, according to WDH officials, that effort died when federal rules were not promulgated for the pilot program.

Officials also said that the VA stated funds for their Contract Nursing Home programs have dwindled; expansion is not likely.

However, WDH officials stated there are proposals to build a 12-bed or 24-bed skilled nursing care facility for veterans, which is unlike a traditional nursing home. Rather, it is envisioned as an alternative approach to providing long-term care in more of a residential setting, with the focus on allowing the elderly or disabled residents to continue to grow and live independently as long as possible by providing support services. This concept is called the *Green House Concept*.

The Wyoming Veterans' Commission (Commission) has moved forward with investigating the construction of Green House cottages, as opposed to the traditional "*brick and mortar*" approach. However, it has been six years since the Veterans' Long Term Care report, with no definitive actions taken to fund a nursing home for veterans. It should be noted, though, that during the August 30th and 31st Joint Transportation, Highways, and Military Affairs Interim Committee, the Commission did provide background on a proposal to construct two state and federally funded cottages in Sheridan, where four independently funded cottages are already being constructed in the community. According to WDH officials, the department has not been an active partner with the Commission's proposal, but remains neutral on the approach. Officials also stated that WDH has not developed formal proposals itself, with respect to providing nursing home care for veterans, since the 2005 Veterans' Long Term Care report.

Interestingly, Wyoming ranked 20th in a recent AARP report for its level of long-term care services. The report recommended opening Wyoming's Medicaid Program to provide coverage for 1,403 additional low or moderate income adults and criticized Wyoming for providing services to 338 new Medicaid recipients who should have been cared for at home instead.

An AARP official did state that had the report considered the current construction of four 12-bed Green House cottages in Sheridan, the State may have scored higher. Two facilities are scheduled to open towards the end of 2011 and two will open at the beginning of 2012. These cottages are primarily funded through a non-profit entity and are not state-funded facilities.

Wyoming's Green House Cottage and Nursing Home Construction Options

Green House cottages proposed to the Joint Transportation, Highways, and Military Affairs Interim Committee

During the August 30th and August 31st, 2011 Joint Transportation, Highways, and Military Affairs Interim Committee meeting, the Commission took formal action to propose an alternative to traditional nursing home care. As discussed previously, it proposed expanding the construction in Sheridan, Wyoming to include two veterans-only cottages that would be funded with federal and state monies.

The proposal is to construct two additional cottages next to the four cottages currently under construction. Funding could come from a combination of state, federal, and privately donated funds. Eventually, federal per-diem from the Department of Veterans' Affairs (VA) would be needed in order to keep the cottages operating. The current per diem is \$95.00 per veteran. In addition, Medicaid (including state matching funds) or private pay would provide additional revenue to meet the average \$190 per day (per resident) operating costs.

The owner of the adjacent land (approximately 3 acres) for the proposed site (as of the writing of this report) is not interested in selling, swapping, or donating the land to the state. In addition, at the time of the Joint Transportation Committee meeting, the Commission had not completed a pre-application to the VA for construction fund grant monies. From information in the 2005 Wyoming Veterans' Long-Term Care study, however, it is likely that Wyoming would be listed as a high priority state for such funding, since it does not currently have a state-funded nursing home facility.

There are also other obstacles to consider, such as challenges in creating a new state institution or expanding an existing facility (such as the VHW) in order to provide skilled nursing care. Such action will more than likely require legislative action, as opposed to a footnote in the budget. Given these constraints, it may be a better option to expand the mission of the VHW in Buffalo to include skilled nursing care. This option would not require purchase or a swap of private land for State land.

The VHW has over 900 acres, which could

As discussed previously, the VHW is a licensed assisted living facility that provides a place of residence and services to

be used to expand the types of services to existing residents

approximately 85 veterans; four of them are women. The residents are spread out over three buildings and various wings. According to VHW officials, the facility will be able to accommodate approximately 30 additional individuals after modifications and additional construction is completed.

According to the Office of State Lands & Investments (OSLI), the VHW campus is located on 920 acres of state land. Officials stated that the majority (871 acres) of the VHW land is under a grazing lease. The lease was let on March 1, 2009 and will terminate on March 1, 2019. The land has been leased consistently since 1985. The following illustrations show available land on the VHW campus.

Illustration 3.1
Open Range on the VHW Campus



Source: Legislative Service Office.

Illustration 3.2 Open Range on the VHW Campus



Source: Legislative Service Office.

Revenue from the leased land is based on a calculation pursuant to W.S. 36-5-101 (b) and Board of Land Commissioner Chapter 4 Rules (Section 6). According to OSLI, the lease produced the following amount of revenue: 2009 (\$6,679); 2010 (\$6,314); 2011 (\$6,041.28); and 2012 (\$5,885.04).

Revenue generated from grazing leases is deposited into the Omnibus Land Income Fund (N05) and General Fund from Revenue Code (RSRC 4108). W.S. 9-4-307 (a) states 75% of the income shall be deposited into the General Fund and 25% of the income shall be deposited into the Omnibus Land Income Fund.

VHW Care is Limited: As previously discussed, the VHW does not provide skilled nursing or specialized medical care. Rather, it

provides living arrangements, basic nursing services, social services, rehabilitation services, dietetics, patient activities, pharmacy, and other services. For primary or basic medical services, the VHW is currently negotiating a contract with the Sheridan VA to continue providing medical services to residents. The VA also provides residents with specialty medical services such as orthopedics and cardiovascular issues.

It should be noted that the VHW provides transportation to the Sheridan VA for primary medical care. The van typically leaves early in the morning for the drive. Once residents check in with the VA hospital upon arrival, they wait for their appointments. The van does not leave the hospital until all residents have completed their appointments and treatments.

The van rides to the Sheridan facility cause stress for the residents. Evaluators accompanied residents on one trip and found the van to be crowded. As a result, it was difficult for residents to handle their medical necessities such as oxygen and leg braces. Once they arrived at the VA facility, the accommodations were modern and comfortable, which takes away from the boredom of waiting for others to complete their appointments and treatments.

Because of the stress involved with taking the van to the Sheridan facility, some residents offer to drive individuals or small groups to the hospital at other times during the week. According to VHW officials, this practice is not encouraged. However, because residents are allowed to have their own vehicles and move about freely on and off the campus, it is difficult to enforce and monitor such use of personal vehicles.

While the level of flexibility in an assisted living facility is understood, there is cause for concern when a resident takes others residents to and from appointments. This practice could be construed as a driver acting as an agent for the State, which could be a safety issue for residents as well as a liability issue for the State.

VHW Mission Expansion: Evaluators asked VHW officials about the pros and cons of expanding the current mission for the VHW to include skilled nursing and medical care, which would provide more of a continuum of care for veterans. In addition, it could reduce the number of stressful trips to Sheridan for residents

if medical care was provided on campus.

Officials stated that the facility is fortunate to have a large campus on which construction could occur to provide these services. For example, medical and skilled nursing facilities, if approved by the Legislature, could easily be constructed on available acreage on the campus.

Officials also stated that if other levels of care were added to the facility's mission, additional staff would be required, with additions to the physical plant as well. According to a January 2011 primary care professional shortage area map updated by the Wyoming Office of Rural Health, Buffalo is not designated as a primary care professional care shortage area, which could make it easier to professionally staff additional facilities. VHW officials also stated that management, fiscal, and human resource functions could be absorbed under the current organizational structure with little need for change.

Green House cottages currently being constructed in Sheridan, Wyoming

In order to more fully understand the direction that the WDH and the Commission is moving with respect to providing skilled nursing care to Wyoming veterans, evaluators learned more about the Green House activities in Sheridan, Wyoming. If the Legislature believes such an approach is warranted, these types of cottages could be constructed on the VHW campus.

According to the Green House Project, there are currently 40 projects across the United States that are either open (19), under construction (6), or under development (15), which translates to 26 states with 58 homes (operating), 30 homes under construction and 98 homes in development. Green House cottages are essentially licensed nursing homes, which accept private pay, insurance, and Medicaid and Medicare reimbursements.

Green House cottages focus on the residents, who do not have to comply with strict routines. Residents in cottages receive the same type of skilled nursing care as provided in more traditional facilities. Each resident also has a private bedroom and full bath. There are no nursing stations, medication carts, regimented activity calendars, or mass produced meals from a centralized kitchen. All food is prepared fresh daily in the kitchen of each cottage.

The Green House Living for Sheridan is completing construction on four (4) 12-bed cottages. Two of the cottages are slated for completion in December 2011, while two other cottages will be completed in February 2012, according to the President of the Green House Living for Sheridan.

The Wyoming Legislature provided seed money as part of SF 089, which passed in 2007; this amount totaled \$85,000 in initial funding for the Green House Living for Sheridan. Sheridan was one of three communities that received the seed money and pilot status to investigate new and innovative ways to care for elders. The effort to construct the cottages was a grassroots effort where the local community provided support prior to initiation of the project.

Final expenditures for building the four cottages are estimated at \$8,259,973, which is a little over \$2 million for each cottage. However, total funding was \$8,026,599. Efforts are underway to generate additional revenue to address the funding gap of \$233,374.

The following table provides more specific information.

Table 3.3
Completed Project Funding & Expenditures

Funding	Amount
RWJ Loan	\$125,000
State of Wyoming Grants	\$85,000
Foundations & Donors	\$2,576,599
USDA Long Term Loan	\$5,240,000
Total Funding	\$8,026,599
Expenditures	Amount
Architecture & Engineering	\$445,012
Site Development	\$73,884
Buildings	\$5,395,390
Owner FF&E Technology	\$1,066,279
Administrative Expenses	\$316,200
RWJ Loan Payoff	\$142,471
Staffing & Start-Up	\$624,325
Construction Loan Costs	\$196,412
*Total Expenditures	**\$8,259,973

Source: Legislative Service Office from information provided by the Green House Living for Sheridan.

*According to Green House Living for Sheridan official, the group is currently looking for donations for the additional \$233,374.

**LSO was told that future operations of the cottages would pay off all debt and enable the cottages to become cash positive.

After touring the cottages in Sheridan and speaking with the President of the Green House Living for Sheridan, it was evident that the cottages look much different than traditional nursing homes. Although the construction was not completed, evaluators observed fairly large individual rooms, full baths, sitting areas, a central kitchen, and back porches. The views were wonderful from inside the cottages.

The following picture provides additional detail.

Illustration 3.3
Green House Living for Sheridan Construction



Source: Legislative Service Office.

Illustration 3.4 Green House Living for Sheridan Construction



Source: Legislative Service Office.

Green House cottages currently operating in Billings, Montana

In order to view Green House cottages that are operational, evaluators also visited the campus of St. John's Lutheran Ministries in Billings, Montana. The campus includes four (4) long-term care cottages and three (3) assisted living facility cottages. Each cottage has the capacity to serve 12 residents.

The campus also includes a traditional long-term care facility, hospice, transitional care cottage, and independent living facility. All medical services are provided on the campus. The campus is an example of a facility providing a complete continuum of care.

According to St. John's officials, the Green House cottages have been operating since 2006. The Vice President of Management & Outreach stated each cottage cost approximately \$1.6 million to build in 2006. He said that the cost of approximately \$2 million to

build the cottages in Sheridan appears reasonable. He also stated that average operating costs per day is \$183.58 per resident, which is comparable to operating costs per day of \$190.66 per resident for their nursing home.

The following pictures provide additional detail on the cottages in Billings, Montana.

Illustration 3.5
Green House Cottage at St. John's Lutheran Ministries



Source: Legislative Service Office.

Illustration 3.6
Green House Cottage at St. John's Lutheran Ministries



Source: Legislative Service Office.

Traditional nursing home construction is not been considered as an option for Wyoming

After discussing possible future plans for providing skilled nursing care to Wyoming veterans, it became evident that considering the construction of a state-funded traditional nursing home is not being pursued. Although the 2005 Veterans' Long-Term Care report was tasked specifically with analyzing the need for a more traditional facility, it focused more on concerns with respect to continuum of care issues. It did not conduct a strict analysis of the pros and cons of constructing a traditional nursing home facility.

Section 1 of House Bill 0189 passed during the 2005 General Session states specifically that "*The study shall determine whether or not an additional veterans' nursing home should be*

established.” Although the 2005 report only touched briefly on traditional nursing home facilities, it did provide valuable context with respect to demographic information as well as issues related to lack of coordination between service providers on the VA continuum of care and non-VA continuum of care.

Although this report discusses alternatives to traditional nursing home care that WDH and the Commission are pursuing, context on overall cost to construct a more traditional nursing home facility will be helpful. Although nursing homes may appear more like traditional “*brick and mortar*” facilities, the inside, and outdoor areas can also be homelike and therapeutic.

Assuming basic components of a proposed two-story nursing home facility (e.g. face brick with concrete block back-up and steel joists and 25,000 square feet), construction costs will vary. According to information from RSMeans, Reed Construction Data, cost per square foot to construct a nursing home for selected Wyoming cities and towns are as follows: Newcastle (\$101.05 for a total of \$2,526,335); Casper (\$102.36 for a total of \$2,559,085); Sheridan (\$104.30 for a total of \$2,607,555); and Cheyenne (\$106.40 for a total of \$2,659,955).

In comparison, the cost to construct a 12-bed Green House cottage is approximately \$2 million.

During the visit to St. John’s Lutheran Ministries, LSO staff toured a traditional nursing home that had homelike and therapeutic appearances inside and outside. The outdoor areas had a decorative courtyard and mature landscape. In addition, the inside area had wide open spaces where residents could move freely throughout the facility. The facility also has full baths. Residents appeared to be happy and comfortable.

Evaluators also determined that some residents, when provided the opportunity to move to the Green House cottages as they were constructed, chose to stay in the more traditional setting. Many of these residents liked the open areas as well as structured activities.

The following illustration shows the traditional nursing home facility, as well as mature landscapes.

Illustration 3.7
Traditional Nursing Home at St. John's Lutheran Ministries



Recommendation: WDH and the VHW should formally request an opinion from the Attorney General's Office to determine if the practice of allowing residents to drive other residents to appointments at the Sheridan VA facility creates a safety issue for residents or a liability for the State.

Recommendation: WDH should work with VHW and the Wyoming Veterans' Commission to develop formal and complete proposals for the Legislature to consider as follows:

1. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in less populated counties where long-term care capacity is reaching its maximum.
2. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in more populated counties where long-term care capacity is reaching its maximum.
3. Approach for expanding the mission and role of the VHW to provide additional services such as skilled nursing and medical care, which would create more of a continuum of care for residents.
4. Approach for constructing a more traditional type nursing home facility centrally located within the State.

CHAPTER 4

Wyoming neither has an integrated data base to provide information, referrals and subsequently track veterans seeking services, nor a system to ensure continuity between the VA and non-VA continuum of care.

Finding 4.1: As veterans enter the continuum of care system there is no way to track the services they receive.

Although there are different entry points to the continuum of care for veterans, there is no comprehensive system to track veterans as they apply for Medicaid waivers or other types of services provided through the VA and non-VA continuum of care system. Even within the other state institutions – Wyoming Retirement Center, Pioneer Home, Wyoming Life Resource Center, and Wyoming State Hospital – residents who are veterans are not identified by their veteran status.

As veterans are denied services there should be a system in place to refer them to alternate service provisions. Without such a system, efforts to connect veterans with needed services are compromised, which places them at risk for homelessness, suicide, and familial problems.

As stated earlier, the 2005 report, *An Examination of the Long-Term Care Infrastructure for Veterans in Wyoming* identified two separate service delivery systems for veterans. However, it did not specifically address Wyoming's need for an integrated database to track veterans as they seek services within the VA and non-VA continuum of care, or services received.

The report did find that the systems lacked coordination related to directing veterans to appropriate services. As veterans were determined ineligible for services through one system, referral to services provided by the other did not typically occur. This lack of coordination and inability to track veterans as they seek services increases their risk of not obtaining needed services, also

increasing the possibility of other problems.

The report recommended the two systems coordinate to close gaps in services to veterans. As an initial action, the report recommended the question “*Are you a veteran?*” be added to all applications for non-VA services so veterans may be directed to appropriate services either within VA services or non-VA services. Six years after the release of this report, coordination between these two systems still has not occurred.

Wyoming’s Medicaid office and other WDH programs are now beginning to include a veteran status question on program applications. However, merely asking the question does not translate into veterans receiving the services they need. Identifying veterans is only the first step to getting them connected to needed services.

Tracking veterans could be accomplished through database integration or interactive software programs across the VA and non-VA systems. However, even non-VA service databases within WDH do not interface with each other. As such, attempts to track veterans’ movements and access to services across the larger continuum of care are problematic.

Seven database exist but are not coordinated Seven databases within state agencies are used for identifying, tracking and reporting on services provided to clients.

Table 4.1 below identifies each database, description, and agency location.

Table 4.1
Social Service Databases

Database	Location	Description
ServicePoint	WDH-WyADRC	<ul style="list-style-type: none"> • Developed by Bowman Systems especially for social services • Web-based relational database • Single point (web-base) of entry for data input • 17 levels of security • Add any field of data desired for better reporting • Any level of tracking possible • Connectivity with other databases • Asks “Are you a veteran?”

Database	Location	Description
		<ul style="list-style-type: none"> • Can track by veteran status
Outreach & Advocacy Program for Veterans in-house database	WDH-Mental Health and Substance Abuse Division	<ul style="list-style-type: none"> • Specific to veterans' services • Access database • Regional advocates enter data by accessing database through Citrix (web-based portal) • Specific to veterans • Limited access for confidentiality • Can track spending, veterans served by advocate, program notes, goals, etc. • Does not interface with MMIS or EPICS
MMIS (Medicaid Management Information System)	WDH-Division on Aging	<ul style="list-style-type: none"> • Currently asks "Are you a veteran?" • Tracks Medicaid programs clients enrolled in • Providers access through web-based portal • Clients entered once determined eligible via DFS • Does not track by veteran status • <i>New system is being developed</i> – will be able to track by veteran status
EPICS (Eligibility Payment Information Computer System)	DFS	<ul style="list-style-type: none"> • Does not ask "Are you a veteran?" • Mainframe database • Eligibility determined by hand in DFS field offices then entered into EPICS • 30 year old system, little ability for modification • Slated to be replaced--business case plan to ITD in July 2011
PARIS (federal-Public Assistance Reporting Information System)	WDH	<ul style="list-style-type: none"> • Conducts three matches, including one for VA benefits • Federally required as of October 2009 • State sends electronic file with reporting elements on client receiving benefits and feds send it back matching those elements (and potentially others) for same client they have enrolled and what benefits receiving
Medicaid waivers database	WDH-Office of Healthcare Financing	<ul style="list-style-type: none"> • Does not ask "Are you a veteran?" • In the process of transitioning to a new waiver system that is automated beginning November 1, 2011 • Will be able to track across all six waivers: LTC, ALF, DD, ABI, Child-DD, and HCBS

Database	Location	Description
DDS (Disability Determination System)	DWS (workforce services)	<ul style="list-style-type: none"> Processes disability claims under Social Security Disability Insurance and Supplemental Security Income Disability Programs

Source: Wyoming Legislative Service Office from information provided by WDH.

Currently, two of the databases illustrated above track or have the ability to track veterans as they receive services and one is in the process of being modified to include veterans' status.

1) The first is an in-house Access database developed by the Outreach and Advocacy Program for Veterans to provide some method of tracking and reporting on the programmatic level. Five regional veterans' advocates access the database through web-based Citrix to enter data on veterans with whom they have interacted and provide program notes.

This database also tracks expenses related to assisting veterans with mileage and child care costs associated with going to doctors' appointments and other costs approved by the program. While it contains valuable information related to veterans and service providers around the state, it is not linked to any other database and does not share data. Program staff cites confidentiality concerns as the main reason they do not link to other databases. If these concerns were adequately addressed, program staff stated they would be willing to share data.

2) The second database with the ability to track veterans (and at-risk individuals seeking services) is maintained by Southwest Wyoming Recovery Access Program (SW-WRAP), a contractor with the Wyoming Department of Health (WDH), to link at-risk (elderly and disabled) clients with service providers across the state. The specific program is called Wyoming Aging and Disability Resource Center (WyARDC).

The database (ServicePoint) was developed by Bowman Systems, Inc. It is in the process of being built with certain modules currently in operation and has the ability to track veterans as they access continuum of care services through participating service providers. ServicePoint is a web-based relational database that has 17 levels of security protecting the system. With the exception of the two databases discussed above, none of the other databases contain information about veteran status as

recommended by the 2005 report.

Although both of these databases can track veterans, they are not interfaced and do not share data. One reason they are not interfaced is the focused nature of the two programs. Specifically, the veterans outreach program is a state program focused on veterans, regardless of age or level of disability.

SW-WRAP/WyADRC staff indicated that linking with the Outreach and Advocacy for Veterans Program database would enrich their database by allowing them to include service providers to specifically serve veterans. Linkage would also allow the programs to identify veterans they may both be serving. Although the program is not specifically designed for veterans, it likely has clients who are.

3) The Wyoming Department of Health (WDH), Division of Health Care Financing, is currently in the process of removing the Medicaid component from the integrated EPICS, which is managed by the Department of Family Service (DFS) via a newly proposed Health Insurance Eligibility and Enrollment System. The new web-based system will track veterans who are receiving Medicaid services, according to WDH officials.

Other Related Systems: The Medicaid Management Information System (MMIS) identifies which Medicaid programs clients are enrolled in and provides basic information such as LT101 assessment scores, client address, and a history of programs in which clients have participated.

This database also processes electronic claims and issues payments to providers. Clients are entered into the MMIS after they are determined eligible by a DFS eligibility officer and entered into EPICS. This system contains client information related to eligibility status for Medicaid services. Once a client's information has been entered into EPICS, it remains in the system regardless of eligibility status. Client information for those who are approved for services are automatically downloaded to the MMIS from EPICS.

Although not designed to track veterans, these databases can provide initial identification of veteran status upon which referrals may be made for veterans to begin receiving needed services. MMIS and EPICS are slated to be either upgraded or replaced in

the next few years and both replacement systems will include questions related to veteran status.

The Medicaid waiver database is also in the process of being replaced. Set to begin operations on November 1, 2011, the management system that will track clients and services received across all six waivers. The system will track waiver enrollment through a staggered approach beginning with the Acquired Brain Injury (ABI) and Adult Developmental Disability (DD) waivers in November and followed by the Long Term Care (LTC), Assisted Living Facility (ALF), and Juvenile Developmental Disability (DD) waiver after the first of the year.

According to WDH staff, this database will be able to interface with the MMIS and EPICS data systems once they are upgraded. Connecting these three databases will allow easier referral for veterans who qualify for services provided through these waivers, such as long-term nursing care, assisted living, or services for acquired brain injury.

*Various information
not shared*

As with any social services applicants, veterans are required to complete initial applications providing basic information which is then entered into databases of respective programs. For example, to apply for Medicaid services the application process begins with DFS to determine eligibility. DFS field office staff manually determines eligibility and then enter the information into EPICS. The EPICS system then transfers the information for applicants who are determined eligible to MMIS so applicants may begin receiving services. Additionally, as clients apply for, or are transferred to, one of the state institutions, veteran status questions could be included in the application or transfer process.

A veteran status question was added to the MMIS last year, but not EPICS. Neither MMIS nor EPICS can pull information by veteran status. However, DFS field staff asks if applicants are veterans and refer them to other services if they are not eligible for Medicaid. The Commission provided training to DFS field office staff related to services they provide.

Veterans must also provide initial information as they seek services through other programs. The Outreach and Advocacy for Veterans Program requires an initial contact form be completed, typically over the phone. Information such as name, date of birth, rank and current unit, deployments, social security number, and

contact information is gathered and entered into the program's in-house database. Regional veteran advocates are able to access this information as they work with veterans in their regions.

Initial information is also gathered on potential clients, including veterans, when they contact the Wyoming Aging and Disability Resource Center.

History of ADRC

The establishment of Aging and Disability Resource Centers are required by the Administration on Aging, Centers for Medicare and Medicaid, and the Veterans Administration. In 2009, the federal government awarded the Wyoming Department of Health, Senior Services/Aging Division three annual grants totaling \$550,000.

Table 4.2 illustrates the release of these funds is as follows.

Table 4.2
Federal Grant Funding Installments
WyARDC

Federal Fiscal Year	*Funding Released	Purpose
2009-2010	\$50,000	Planning the ADRC system
2010-2011	\$250,000	Implementation of the ADRC
2011-2012	\$221,954	Continued implementation of the ADRC
Total	\$521,954	

Source: Legislative Service Office from information provided by WDH.

*Administrative costs for 2010-2011 were \$50,000 leaving \$200,000 for actual implementation and maintenance of the WyADRC system. The federal government made across-the-board cuts to the ADRC awards for FFY 2011-2012 decreasing Wyoming's awarded administrative costs by roughly \$28,000 leaving \$21,954 for that purpose.

As of September 30, 2011, the federal grant payment funds released for implementation of the WyADRC for the 2010-2011 federal fiscal year have been completely expended. Administrative costs for this period have an ending balance of \$7,610. For the 2011-2012 payment, the last installment of this grant, \$55,143, remains unexpended. The following table provides additional information.

Table 4.3
WyADRC 2011-2012 Federal Grant Payment (less administrative costs)

Biennium	Installment	Expended	Ending Balance
2011-2012	\$200,000*	\$144,856	\$55,143

Source: LSO summary of WOLFS information provided by WDH re: WyADRC.

*Reflects only WyADRC operational funding. Administrative funding of \$21,954 is excluded.

According to WDH officials, the federal government has not released any additional grant monies for the ADRC, but WDH Aging Division will apply for any funding that becomes available.

The WyADRC was established during the 2011 Wyoming Legislative Session by Senate Enrolled Act No. 91 (Senate File 25), which included a one-time appropriation in the amount of \$200,000 from the general fund for the period of July 1, 2011 through June 30, 2012. Table 4.4 below illustrates the state funding appropriated and the remaining balance.

Table 4.4
WyADRC Senate File 25 Appropriation Funding

Biennium	State Funding	Expended	*Ending Balance
2010-2011	\$200,000	\$31,375	\$168,625

Source: LSO summary of WOLFS information provided by WDH re: WyADRC.

*Amount does not account for \$10,754.89 in unpaid invoices.

As discussed earlier, the WyADRC is operated by the Wyoming non-profit organization SW-WRAP, which was selected by WDH through the state RFP process to develop and operate the WyADRC pursuant to federal and state requirements.

During FY2010-2011, the WyADRC contractor, SW-WRAP, provided over 15% match (in-kind) to supplement the WyADRC. According to WDH officials, this amount since the WyADRC became operational on March 14, 2011 totals \$68,476.50. These types of matches are not required, according to WDH officials.

WDH officials indicated \$1 million per biennia is preferred to operate the WyADRC, but at this time the Center is in the process of establishing a line item in the Governor's budget in the amount of \$400,000 per biennium to maintain the WyADRC.

The WyADRC's main function is to conduct information and referral services for callers seeking services; face-to-face meetings may also be arranged. It also provides "options counseling" to assist clients in finding the most appropriate service options for their needs, including nursing care services across the state. The target populations are adults over 55 and people living with a disability over the age of 18, as well as their families, caregivers and healthcare professionals. In short, the database links people, including veterans, with those who can provide the needed services.

The WyADRC database, some components of which are still in development, is a web-based relational database called ServicePoint, developed by Bowman Systems. ServicePoint has 17 levels of security built into the system. There are multiple points through which clients may be entered into the system, typically through the call-center, First Call 4 Help (FC4H) or by walking in to the WyADRC office. Other points of entry include interactions with a WyADRC qualified provider or a case manager.

Each client entered into the system has a file in the database where his or her information is stored. Any WyADRC qualified service provider to whom a client is referred can have access to client information regardless of where the provider is located. A client may see providers in different areas of the state and those providers can access the same information on the client. This type of system is well-suited for tracking clients as they seek, receive, or are denied services.

For purposes of tracking veterans, the current WyADRC system, while not specific to veterans, would likely capture clients who are veterans. A database similar to this system could be established to focus on veterans' services and providers serving as an information and referral option to get veterans to needed services with the ability to track them through the system. The establishment of a veteran-specific database could also include information and referrals for the state institutions and allow for identification of the number of veterans housed in those

institutions.

The database developed for WyADRC is one consideration for use as a model for a potential veteran tracking system in the state. According to SW-WRAP, a new veteran tracking system could cost up to \$1.3 million. It should be noted however, that WDH officials stated this cost estimate has not been fully vetted with the department.

Another potential model for linking veterans and their families with needed services is The Network of Care Systems. These systems were developed by Trilogy Integrated Resources, LLC, and focus on *“improving information and communication in the health and social service fields at the community level.”* Improvement is accomplished through interactive community-based web sites aimed at providing access to comprehensive *“information, advocacy and other resources”* to assist individuals and their families in making the best possible decisions about care and services.

The Network of Care also focuses on closing gaps in service delivery and to coordinate services. It’s important to note that communities in California, Colorado, Maryland, Oregon, Texas, and Washington have set up Network of Care systems for service members, veterans and their families. Officials in Snohomish County Washington stated that start-up costs for the database are around \$40,000, as well as yearly maintenance costs of \$40,000. A system similar to the Network of Care could resolve the lack of coordination between VA and non-VA services as identified in the 2005 veterans’ services study.

History of Veterans’ Outreach and Advocacy Program

As discussed earlier, another database housed in WDH specific to veterans’ services and currently in operation is maintained by the Outreach and Advocacy Program for Veterans. Program staff indicated that when the program was initially established in 2007, it was a collaborative effort between the WDH Mental Health and Substance Abuse Division and the Wyoming Military Department.

In 2008, the program was moved from the Military Department to the Mental Health and Substance Abuse Division of WDH. BFY 2009-2010 and 2011-2012 program budget information is identified in Table 4.5 below.

Table 4.5
Veterans Outreach and Advocacy Program budget

Biennium	State Funding
2009-2010	\$363,645
2011-2012	\$353,723
Total	\$717,668

Source: LSO summary of information provided by WDH.

WDH staff stated when the program was moved to the WDH from the Military Department there was no database within WDH for it. In addition, the program did not have the funding to build a database outside of the agency. As such, program staff opted to develop their own database, using Access to store and analyze the data received from the program's regional veteran advocates. The database is on a WDH server and may be accessed by the regional advocates through Citrix, although program staff indicated broad access is not ideal, because sometimes internet connections can be problematic and the database can be inaccessible for maintenance or other reasons.

Because the Veterans' Outreach Program and its database are specific to veterans, there is a wealth of information related to needs and services requested by, and available to, the veteran population. Program staff stated the program's advocates go where the veterans are and have been able to connect many veterans with proper services. A number of reports can be prepared from information entered into the database, including the number of veterans helped in each region, their diagnoses, military conflict, other veteran concerns, and follow-up with each veteran by region.

We discussed with program staff if linking the program's database with other databases would be an option to better serve veterans. Program staff expressed concerns about confidentiality of veterans' personal information. Some veterans have concerns

about the military having access to their information due to potentially losing promotions or negative outcomes for other military work-related situations. In addition, general distrust of the VA system is prevalent among many of the veterans, according to program staff.

Other WDH Options

After further discussions with WDH, two additional options for consideration presented themselves. These options are part of a greater effort by Wyoming to address the development of a statewide health information exchange (HIE).

WDH provided the following options as potential vehicles that could be used to track medical services received by veterans, particularly service provided by physicians and hospitals:

- 1. The Department of Health and the Medicaid program are in the process of implementing the THR (Total Health Record) project. Part of that project includes an HIE and electronic health record (EHR) for use by Medicaid providers for their Medicaid patients”*
- 2. The e-Health Partnership, Inc. (the Partnership) is the entity designated by the Governor to implement a statewide HIE. Partnering with the State of Wyoming and Nebraska’s NeHII in a shared services arrangement, the Partnership will be responsible for securely transporting patient electronic health information between appropriate providers. This exchange will connect private physicians, hospitals, and the Veterans Administration (VA) to facilitate coordinated health care services for Wyoming’s veterans.*

Both of these systems would provide the ability to track medical services provided to veterans, at least for those physician providers who implement EHR’s in their practices and hospitals which implement hospital-wide EHR’s.

**Matter for
Legislative
Consideration:**

The Legislature may wish to consider providing funds for expanding the WyARDC database or may wish to consider providing funds for the creation of a similar database within WDH (Outreach and Advocacy Program).

The creation of a database system similar to WyADRC's could be housed with the Outreach and Advocacy for Veterans Program, pulling in the data from that program, as well as, including service providers from the WyADRC that are appropriate to veterans' needs. Furthermore, linkage with the new versions of the MMIS, EPICS, and Medicaid waiver databases would provide an initial source of contact and information when veterans enter the system.

Information related to veterans housed in the Wyoming Retirement Center, the Pioneer Home, the Wyoming Life Resource Center, and the Wyoming State Hospital should be included for tracking purposes. Information and referral services for these institutions should also be included in any veterans tracking database.

Recommendation:

The WDH, Division of Health Care Financing should continue moving forward with the proposed Health Insurance Eligibility and Enrollment System, and ensure it will be able to track Medicaid services to veterans.

Recommendation:

The WDH should develop a proposal for the Legislature to consider that studies the possibility of using existing databases discussed in this chapter as a vehicle(s) to track veterans as they seek medical or other services, as well as actual services they receive.



CHAPTER 5

Other States Offer Ideas.

Finding 5.1: Other states offer context for Wyoming’s unique situation.

As the Legislature and WDH work through the process of how best to provide nursing home care for veterans, it is important to provide context on how other states are approaching nursing home care for veterans. A number of states have elected to move toward alternative approaches to providing nursing home services, but others have retained a more traditional medical model for care. Based on the research conducted, trends are moving toward alternative patient-centered care regardless of whether the actual structure is built like a residential house, a traditional nursing home setting, or a hybrid.

Of the eight comparator states we selected for review, seven provide skilled nursing as well as domiciliary beds. Several states provide additional levels of care.

Table 5.1 below identifies care provisions available at the eight selected states’ veterans’ homes.

**Table 5.1
Other States’ Veteran Nursing Home Provisions**

State	Level of Care	Medical Care on Campus	Comments
Alaska	Domiciliary	Not identified	<ul style="list-style-type: none">Registered Eden Alternative (similar to Green House)
Maine	All levels	Yes	<ul style="list-style-type: none">Six separate homes in Augusta, Bangor, Caribou, Machias, Scarborough, & South Paris.Augusta is a medical training facility
Montana	Skilled nursing & domiciliary; Alzheimer’s	Yes	<ul style="list-style-type: none">Two homes in Columbia Falls and Glendive.Glendive provides Alzheimer’s careMontana residents given preference
New Mexico	Skilled nursing;	Yes	<ul style="list-style-type: none">Nursing home setting

State	Level of Care	Medical Care on Campus	Comments
	assisted living; independent living		<ul style="list-style-type: none"> • Aquatic therapy rehabilitation
North Dakota	Skilled nursing & domiciliary	Yes	<ul style="list-style-type: none"> • Medical staff come to the facility weekly and are available by phone • Psychiatrist visits monthly for those not under VA mental health services • Provide transportation to VA in Fargo (73 miles). • No veteran admitted if convicted of a felony or crime involving "moral turpitude" unless sufficient proof provided of good conduct and reformation of character to satisfy Board of Admissions.
South Dakota	Skilled nursing & special care; independent living	Yes	<ul style="list-style-type: none"> • Medical staff come to the home and available by phone • Transportation provided to local community activities
Utah	Skilled nursing	Not identified	<ul style="list-style-type: none"> • One traditional home and one based on VA's Cultural Change concept • Two additional homes planned based on VA Cultural Change concept
Vermont	All levels	Yes	<ul style="list-style-type: none"> • Five "neighborhood" wings • Medical staff come to the home weekly and are on-call

Source: Legislative Service Office from information identified from various states' web pages.

Wyoming is in a unique position to carefully consider how to best serve the needs of Wyoming's veterans in a nursing home setting, whether that is through a traditional setting, alternative concepts such as the Green House concept, or a combination of traditional and alternative models.

The selected states provide examples of operating traditional and alternative models, as well as operating a hybrid of both. Some also benefit from actions taken by the Department of Veterans' Affairs (VA) to provide more therapeutic and homelike environments.

Alaska's website identifies its home as using an alternative care model – the Eden Alternative approach, which was developed by the same founder as the Green House concept.

An example of a combination of traditional and alternative approaches is found in Utah, which maintains a traditional nursing home setting, but has recently selected to base three (one in operation, two additional planned) nursing homes on the VA Cultural Change concept for nursing care provision. The VA Cultural Change concept is similar to the Green House concept in that it is patient-centered and focuses on a team-based approach (including the patient) for providing the most appropriate care for the patient.

The VA Cultural Change concept indicates a move on the part of the Veterans' Administration toward alternative care provision for veterans. The Tuscaloosa Veterans Affairs Medical Center in Alabama recently transformed its traditional model in favor of an alternative approach. A May 18, 2009 press release indicated the VA's intention to spend \$19 million to modernize two community living centers in one of its existing buildings and to build 12 private home-like cottages. Each cottage will be 10,000 square feet and will have 10 bedrooms, a central living room, and kitchen. The bid for the first two cottages was awarded on September 27, 2010. The groundbreaking ceremony was held for what will be known as The Cottages of Tuscaloosa VA Medical Center on December 7, 2010.

Vermont and Maine: In terms of providing continuum of care services, Vermont and Maine appear to offer the most comprehensive levels of care at their state veterans' homes. Vermont's facility is licensed for all levels of care, but is focused on skilled nursing care. Other levels of care include rehabilitation services, short-term care, dementia care, and palliative care. The Vermont home has five neighborhood wings: American Way, Brandon Boulevard, Cardinal Point, East Haven, and North Village, each with dedicated nurse managers, and two wings dedicated to the dementia population programs below:

- "The Club" is for early to middle stage dementia
- "The Living Room" is for middle state dementia
- "Namaste" is for advanced dementia
- "Freedom Village" is the dementia special care community focused on best practices.

Maine has six state veterans' homes, four which received the 2010 Bronze-Commitment to Quality, National Quality Award

presented by the American Health Care Association and National Center for Assisted Living. A review of the homes' websites did not reveal whether or not any of the homes are operated under traditional nursing home or alternative philosophies. Based on the fact that the Augusta and Scarborough homes are medical training facilities, it would be reasonable to speculate that these two homes operate as traditional nursing home settings. It does appear, however, that the services provided at each home encompass several levels on the continuum of care.

Table 5.2 below illustrates the services available at each of the Maine homes.

Table 5.2
Maine Veteran Homes' Levels of Care, by Home Location

Location	Available Services
Augusta	<ul style="list-style-type: none"> • Oldest of the homes - opened in 1983 • 40 bed rehabilitation and skilled nursing unit • 40 bed long-term care unit • 40 bed secured long-term care unit specific to Alzheimer's and dementia residents • Medical teaching facility for training medical students, social workers, CNAs, therapists, and dietary technicians • Affiliations with hospitals, schools of medicine, universities, community colleges, and vocational schools
Bangor	<ul style="list-style-type: none"> • Opened October 1995 • 40 bed rehabilitation and skilled nursing unit • 40 bed long-term care unit • 40 bed secured long-term care unit specific to Alzheimer's and dementia residents • 30 bed residential care unit for residents with early stages of dementia
Caribou	<ul style="list-style-type: none"> • Opened in January 1990 • 70 beds providing skilled nursing, rehabilitation, and Alzheimer's and dementia care (specific break-out of number of beds for each service was not provided)
Machias	<ul style="list-style-type: none"> • 30 bed residential facility for early stages of Alzheimer's and dementia
Scarborough	<ul style="list-style-type: none"> • Opened July 1990 • 40 bed rehabilitation and skilled nursing care unit • 40 bed long-term unit • 40 bed secured long-term care unit specific to Alzheimer's and dementia residents • 30 bed residential care unit for residents with early stages of

Location	Available Services
	dementia <ul style="list-style-type: none"> • Medical teaching facility for training medical students, social workers, CNAs, therapists, and dietary technicians • Affiliations with hospitals, schools of medicine, universities, community colleges, and vocational schools
South Paris	<ul style="list-style-type: none"> • Opened July 1995 • 90 beds providing skilled nursing, rehabilitation, and Alzheimer's and dementia care • 28 of the 90 are specific to skilled nursing care (specific break-out of number of beds for each service was not provided)

Source: Legislative Service Office summary of information found on Maine Veterans' Home website.

Medical States: Six of the eight comparator states provide medical care on campus. North Dakota transports its veterans to the VA if they are required to have medical care at that facility. While Wyoming's veterans must travel 45 miles or 90 miles round trip to the VA facility in Sheridan, North Dakota veterans must travel 150 miles round trip to reach their VA facility. Although both facilities transport residents an extensive distance for VA care, the major difference between Wyoming and North Dakota is that veterans who are not required to use the VA for their care have the option of medical staff coming to the facility.

There are options Wyoming may study to determine the best way to provide nursing home care for veterans. Whether the Legislature elects to construct a nursing home facility that approaches care in an alternative fashion, traditional, or combination of both, the above-referenced states provide a nice snapshot of the options available.



CHAPTER 6

Conclusion.

The State of Wyoming is at a crossroads concerning how it will treat future generations of veterans. Simply relying on the Department of Veterans' Affairs (VA) to provide long-term care and other specialized services may not be an adequate approach for the future.

Wyoming is only one of two states that do not have a state-funded nursing home for veterans. This obvious fact is often overlooked from a policy standpoint. Although the Veterans' Home of Wyoming (VHW) has been providing assisted living or domiciliary care to veterans for years and working with the VA to broker primary and specialty care, current and future generations of veterans may need a different approach.

Wyoming has an opportunity to utilize VA construction and other funds to build or expand a combination of traditional and alternative services. Across the United States efforts are occurring to provide long term care and other services in a more therapeutic and homelike environment. In addition, the federal government and the states are beginning to understand the need for more adequate databases to track veterans as they seek services within both the VA and the non-VA continuum of care.

The 2005 Veterans' Long-term Care Study Group study entitled, "*An Examination of the Long-term Care Infrastructure for Veterans in Wyoming*," identified challenges to overcome in order to provide better services to our veterans. Since 2005, however, many of the report's recommendations have not been fully implemented. Concerns related to how best to provide long-term care services, how best to track veterans who are seeking services through the VA and the non-VA continuum of care, as well basic concerns related to the VHW's website still present challenges.

Newer challenges are also presenting themselves for states like Wyoming, whose veterans are not receiving consistent therapies and services related to traumatic brain injury (TBI). While TRICARE and other groups continue to debate the effectiveness of cognitive rehabilitation therapy (CRT), veterans in Wyoming

may not be receiving the best and most innovative care. In addition, challenges related to providing services to female veterans at VHW will continue to present themselves unless addressed.

By following the recommendations in this audit report, WDH and VHW will be able to continue addressing the challenges Wyoming faces with respect to services provided to veterans. More importantly, they will be able to take advantage of Wyoming's unique situation and take definitive action to improve services that are provided to veterans in our state.



Thomas O. Forslund, Director

Governor Matthew H. Mead

MEMORANDUM

Date: November 1, 2011

To: Gerald W. Hoppmann
Wyoming Legislative Service Office

From: Thomas O. Forslund, Director *TOF*
Wyoming Department of Health

Subject: Program Evaluation of the Veterans' Home of Wyoming

Ref: F-2011-660

Please find attached the Department of Health's response to the Management Audit Committee and Legislative Service Office Program Evaluation Section's analysis of the Veterans' Home of Wyoming.

If you have any questions, please contact April D. Getchius, A.I.C.P., Senior Administrator, Aging Division, at (307) 777-7995.

Thank you.

TF/adg/dmg

c: Lee Clabots, M.P.H., Deputy Director
April D. Getchius, A.I.C.P., Senior Administrator, Aging Division
Thomas McClain, Interim Superintendent, Veterans' Home of Wyoming

**Wyoming Department of Health, Veterans' Home of Wyoming
Response to
Management Audit Committee and Legislative Service Office Program
Evaluation Section**

November 1, 2011

Recommendation #1: The VHW should conduct background checks on potential residents prior to or during the admission screening process.

Response:

Agree. The Wyoming Department of Health/Veterans' Home of Wyoming will investigate a method of obtaining this information regarding potential residents. The Division of Criminal Investigation (DCI) requires the fingerprinting of the potential resident and the background check takes from two to four weeks to complete. Other computer background checks may not be as complete as necessary to identify potential offenders but receiving information may take less time. The VHW will request assistance from the Wyoming Office of the Attorney General in determining which background check process would be most appropriate. A background check will at least provide VHW staff insights to residents' potential behavior.

Recommendation #2. The VHW should work with the Sheridan VA to develop a process where all professional staff who interact with residents can directly access CPRS.

Response:

Agree. The Wyoming Department of Health/Veterans' Home of Wyoming agrees with this recommendation and the Staff of the VHW will work with the Sheridan VA Medical Center to develop this process. The CPRS system is a Federal Government/Department of Veterans Affairs technology product. The Veterans' Home of Wyoming has only one computer connected to the CPRS system and it belongs to the Federal Government. It is located in the nurses' station. We will investigate adding computers with the VA.

Recommendation #3. The VHW should begin making necessary changes to the facility in order to accommodate an increase in female veteran residents expected in future years.

Response:

Agree. It is true that there will be a potential for more female applicants to the Veterans' Home of Wyoming, but the age and configuration of the facility will limit our flexibility. Further study will be needed to determine the best way to accommodate female veterans. Further evaluation will be needed to determine the best solution. WDH staff will report back to the LSO on options.

Recommendation #4. The VHW should enhance its website to clearly provide detailed information about programs, services, and benefits for Wyoming veterans. It should also study the other states' websites we discussed in the finding, especially the State of Maine.

Response:

Agree. The website is lacking important information and references for potential residents and their families. The Wyoming Department of Health will work to upgrade the website.

Recommendation #5. The VHW should work with its contract and food service personnel to create specialized meal plans for use by diabetic residents. Until then, staff should continue to work with residents to develop acceptable individualized meal plans based on physician orders. Finally, food service and dietary staff should be informed of budget decisions with respect to monthly food purchases.

Response:

Agree. The Dietary Department has worked on menus with the contracted dietician and has developed a process to serve the individual resident his/her doctor's ordered diet. The food service and dietary staff will continue to serve a nutritional product in a cost effective manner and will be provided the necessary budget information to make decisions. Staff will explore the opportunity to offer residents greater variety targeted to their dietary needs.

Recommendation #6. The VHW should encourage the growing of produce and vegetables as a therapeutic activity for residents, and use what is grown for meals at the facility. Home-grown vegetables and fruits should be an option for resident meals.

Response:

Agree. The WDH agrees that it should provide the opportunity for residents to pursue gardening if they choose, and will work with dietary staff to incorporate the produce into meals.

Recommendation #7. The Legislature may wish to consider establishing a stop-gap fund for Wyoming veterans to access in order to receive CRT.

Response:

Addressed to Legislature.

Recommendation #8. The WDH should develop a proposal for providing CRT to Wyoming veterans if the Legislature funds such an initiative.

Response:

Agree. The LSO report acknowledges that this is a somewhat controversial treatment strategy. The WDH needs additional time to investigate the CRT option.

Recommendation #9. The WDH and the VHW should formally request an opinion from the Attorney General's Office to determine if the practice of allowing residents to drive other residents to appointments at the Sheridan VA facility creates a safety issue for residents or a liability for the State.

Response:

Agree. The Wyoming Health Department/Veterans' Home of Wyoming will request an opinion from the Attorney General's Office.

Recommendation #10. The WDH should work with the VHW and the Wyoming Veterans' Commission to develop formal and complete proposals for the Legislature to consider as follows:

- 1. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in less populated counties where long-term care capacity is reaching its maximum.**

Response:

Agree. By statute, new nursing home construction is prohibited if nursing homes in the area do not have an occupancy rate of 85% or greater. This recommendation will have to be evaluated against this standard or the regulations will need to be amended. The WDH does not want to encourage the construction of nursing homes at the expense of the sustainability of existing homes.

- 2. Approach for constructing alternatives to nursing home care (such as the Green House Concept) in more populated counties where long-term care capacity is reaching its maximum.**

Response:

Agree. Capacity will have to be evaluated as described above, but the WHD agrees that innovative approaches to elder care must be pursued.

- 3. Approach for expanding the mission and role of the VHW to provide additional services, such as skilled nursing and medical care, which would create more of a continuum of care for residents.**

Response:

Agree. This will take additional study and facility evaluation to be sure that compliance with licensing standards and budgetary implications are fully vetted.

- 4. Approach for constructing a more traditional type nursing home facility centrally located within the state.**

Response:

Agree. Evidence indicates that some type of skilled nursing facility will be warranted for veterans. Staff will further investigate the need for such a facility and its programmatic

structure – whether it is “traditional” or alternative. The WDH will report back to LSO with recommendations.

Recommendation #11. The Legislature may wish to consider providing funds for expanding the WyARDC database or may wish to consider providing funds for the creation of a similar database within the WDH (Outreach and Advocacy Program).

Response:

Addressed to the Legislature.

Recommendation #12. The WDH, Division of Health Care Financing, should continue moving forward with the proposed Health Insurance Eligibility and Enrollment System and ensure it will be able to track Medicaid services to veterans.

Response:

Agree. The WDH recommends this be further explored. There are a number of opportunities for this tracking and a number of on-the-ground challenges (getting providers involved and registered, cooperation with the VA, etc.).

Recommendation #13. The WDH should develop a proposal for the Legislature to consider that studies the possibility of using existing databases discussed in this chapter as a vehicle(s) to track veterans as they seek medical or other services, as well as actual services they receive.

Response:

Agree. As stated above, additional study by the WDH will be needed in order to determine the most appropriate methodology and database structure for accomplishing this goal.



APPENDICES

Veterans' Home of Wyoming



APPENDIX A

Selected Statutes and Rules: Veterans' Home of Wyoming

TITLE 25 INSTITUTIONS OF THE STATE

CHAPTER 1 GENERAL PROVISIONS

ARTICLE 2 - STATE INSTITUTIONS

25-1-201. Establishment of state institutions.

(a) The following state institutions are established:

(vii) The veterans' home of Wyoming at Buffalo, Wyoming;

TITLE 25 INSTITUTIONS OF THE STATE

CHAPTER 9 VETERANS' HOME OF WYOMING

25-9-101. Purpose; admission of veterans and veterans' dependents.

(a) Except as otherwise authorized by rules and regulations promulgated in accordance with W.S. 9-2-106(d), the veterans' home of Wyoming is for the care and treatment of:

(i) Honorably discharged veterans of the armed forces of the United States; and

(ii) Members of the state national guard disabled while on duty.

(b) Persons qualifying under subsection (a) of this section shall also be persons who:

(i) By reason of wounds, disease, old age or other infirmities are unable to earn their living and have no adequate means of support; and

(ii) Have been domiciled in this state for at least five (5) years next preceding their application for admission to the home.

(c) The department of health may admit dependents of soldiers, sailors or disabled members of the national guard, if it deems admission proper.

(d) There is created an account for use by the veterans' home of Wyoming for the general benefit of residents of the veterans' home. Profits from the sale of commodities at the veterans' home canteen after provision for increased inventories and servicing of the canteen facility and the interest earned from those profits shall be transferred to the account created by this subsection and are continuously appropriated to the department of health to be expended solely for the benefit of the veterans' home.

25-9-102. When nonveterans permitted admission; preference to veterans and veterans' dependents.

(a) The department of health may admit persons who are not veterans or dependents of veterans for care and treatment at the veterans' home of Wyoming if:

(i) The home is not filled to ninety percent (90%) of capacity and there are pending no applications of veterans or veterans' dependents;

(ii) The applicants are unable to earn their living and have no adequate means of support because of disease, old age or other infirmities;

(iii) The applicants have been domiciled in this state for at least five (5) years next preceding their application for admission to the home;

(iv) The persons are admitted pursuant to rules and regulations promulgated in accordance with W.S. 9-2-106(d).

(b) In all cases veterans and dependents of veterans shall be given preference of admission.

25-9-103. Acceptance of donations.

The department of health on behalf of the state may accept donations of lands, money or other property.

25-9-104. Medical care of residents; burial of deceased residents.

(a) The department of health shall:

(i) Furnish medical care for all residents of the home;

(ii) Provide a place of burial; and

(iii) Bury deceased residents.

25-9-105. Disposition of monies received from national home for disabled volunteer soldiers.

Money received from the board of managers of the national home for disabled volunteer soldiers shall be deposited in a separate account. The money shall be expended by the department of health for the veterans' home of Wyoming.

25-9-106. Chaplain; appointment; term; duties.

The department of health may appoint a chaplain of the veterans' home of Wyoming who shall hold his office for a period of one (1) year from date of his appointment unless removed for cause. He shall have charge of the moral and intellectual welfare of the residents of the home. He shall visit the home at least twice a month and provide services therein as he desires.

TITLE 35: PUBLIC HEALTH AND SAFETY**CHAPTER 2: HOSPITALS, HEALTH CARE FACILITIES, AND HEALTH SERVICES****ARTICLE 9: LICENSING AND OPERATIONS**35-2-907. Inspection of licensed establishments; exceptions; assisted living facility inspection procedure.

(a) Except as otherwise provided in this section every licensed health care facility shall be periodically inspected by the division under rules and regulations promulgated by the department. A licensed health care facility which has been accredited by a nationally recognized accrediting body approved by federal regulations shall be granted a license renewal without further inspection. Inspection reports shall be prepared on forms prescribed by the division. Licensees accredited by the nationally recognized accrediting body shall submit the inspection report pursuant to its accreditation. If the standards of the nationally recognized accrediting body fail to meet or exceed the state standards for licensure, the division may inspect the licensed facility with regard to those matters which did not meet state standards.

(b) Except as required in administrative and judicial proceedings, information obtained from licensees under this act is subject to public disclosure only after deletion of information which reveals the identity of patients, persons who file complaints with the division and employees of the health care facility.

(c) The division shall:

(i) Provide for the selection of an inspector to inspect and evaluate an applicant for an assisted living facility;

(ii) Approve and establish a fee to be paid by the applicant to the selected inspector. The division shall notify the applicant of the inspection fee prior to the inspection and evaluation;

(iii) Act on the application within thirty (30) days after receiving a report from the selected inspector on the inspection and evaluation of the applicant.

WYOMING DEPARTMENT OF HEALTH RULES VETERANS' HOME OF WYOMING

CHAPTER I GENERAL PROVISIONS

Section 1. Authority. The State of Wyoming pursuant to W.S. 25-1-106 shall provide for the care and maintenance of residents in the Veterans' Home of Wyoming.

Section 2. Purpose. These rules and regulations are adopted to implement the authority of the Veterans' Home of Wyoming, pursuant to W.S. 25-9-101 to provide for the care and treatment of honorably discharged veterans, including their spouses, and disabled members of the state national guard, who are domiciled in Wyoming.

Section 3. Definitions.

- (a) "Agency" means the department which is administratively responsible for the Veterans' Home of Wyoming.
- (b) "Care and treatment" means those general health care services necessary in a residential institution.
- (c) "Discharge" means full release of a resident from the home.
- (d) "Home" means the Veterans' Home of Wyoming.
- (e) "Institution" means any state facility or institution established by statute, a federal institution or a private facility in the community.
- (f) "Medical reasons" means a mental or physical condition which requires care and treatment, not available in a residential facility as the Veterans' Home of Wyoming.
- (g) "Resident" means a person admitted to the home as a veteran of the armed forces, a disabled member of the state national guard, a dependent of a veteran or other nonveterans.
- (h) "Superintendent" means the person appointed by the agency to supervise, administer and manage the home for day-today operation.
- (i) "Transfer" means full release of a resident from the home to another institution.
- (j) "Veteran" means a person honorably discharged from the armed forces of the United States

CHAPTER II
GENERAL OPERATION

Section 1. Administration.

- (a) The home is under the direction of the agency and is supervised by the superintendent. All programs and activities within the home shall be consistent with the agency's direction.
- (b) Administrative priority is to assure a comfortable and pleasant environment for the residents while effectively operating the home under the direction of the agency.
- (c) The some shall work closely with the Veterans' Administration, various community hospitals, and various state agencies in providing and coordinating services for residents.
- (d) Services provided by the home shall comply with applicable state standards governing this institution and shall include the following areas:
- (i) Health and rehabilitative services including nursing and medical care, emergency procedures, administration of medications and therapy;
 - (ii) Supportive services including food service, laundry, housekeeping, sanitation, building and grounds maintenance, and beauty/barber shop services;
 - (iii) Social and recreational activities including nondenominational chapel services, and transportation;
 - (iv) Fire and safety program including fire protection, emergency and disaster plan, infection control measures, designation of restricted area and storage procedures; and
 - (v) Quality assurance program for the evaluation and improvement of services.
- (e) The superintendent shall establish policies and procedures for all services and programs provided at the home. All policies and procedures shall be consistent with applicable state standards governing the operation of the home.
- (f) The superintendent shall provide for adequate staffing to assure that all services are consistently provided to residents in the home.
- (g) Written records for each resident shall be maintained and made available to the resident
- (h) The superintendent shall establish a system for investigating and reporting incidents, accidents or injuries occurring after admission to the home. Written records shall be completed for each occurrence. The system shall also address suspected incidents of resident neglect or abuse. The superintendent shall report any unusual deaths, serious incidents or accidents to the agency immediately.

- (i) The superintendent shall establish a system for investigating and discussing resident grievances. The agency shall have final authority for any necessary action relating to the grievance.

Section 2. Admission Requirements.

(a) Pursuant to W.S. 25-9-101, qualifications for admission shall include:

- (i) Inability to earn a living by reason of wounds, disease, old age or other infirmities;
- (ii) No adequate means of support; and
- (iii) Domiciled in this state.

(b) The agency may admit dependents of qualified veterans if admission is deemed proper.

(c) Criteria which may be considered by the superintendent in determining qualifications for admission may include:

- (i) Valid in-state residence at the time of application;
- (ii) Intent to permanently reside in the state if less than one (1) year residence in the state;
- (iii) Not in transit, or temporary or seasonal residency;
- (iv) Compliance with application procedures;
- (v) Ability to maintain activities of daily living;
- (vi) A preliminary health assessment documenting the health status of the prospective resident;
and
- (vii) An evaluation and recommendation by the nursing department after a conference with the prospective resident.

(d) Pursuant to W.S. 25-9-102, persons who are not veterans or dependents of veterans may be admitted if:

- (i) Less than ninety percent (90%) of the home's capacity is occupied;
- (ii) A veteran or veteran's dependent application is not pending;
- (iii) Inability to earn a living;

(iv) No adequate means of support; and

(v) Domiciled in this state.

(e) In all admission decisions, the agency and superintendent shall give preference to veterans first and their accompanying dependents second.

(f) The superintendent may initially approve or disapprove an application for admission and shall inform the agency of any actions taken in a timely manner. The agency shall have final authority for approving and disapproving all applications.

(g) Agency policies for admission of residents shall be in writing and on file at the home.

Section 3. Care and Treatment of Residents.

(a) The home shall provide any health care services to residents necessary in a residential facility, including emotional, physical, supportive therapeutic or preventative services.

(b) All medical care shall be under the direction of a licensed physician.

(c) All information concerning the care and treatment of a resident shall be confidential. The resident shall complete a written consent for releasing any information to persons not otherwise authorized to receive it.

(d) The nursing and medical staff shall establish a program for the safe acquisition, control, storage, and distribution of all drugs in accordance with professional practices and legal requirements.

Section 4. Resident Rights. The superintendent and staff shall establish policies and procedures addressing Resident's Rights and shall make the policies available to the resident, and/or legal representative and the public.

Section 5. Transfer or Discharge of Residents.

(a) A resident may be voluntarily transferred to another institution or discharged for the home. The resident shall be responsible for all voluntary transfers or discharges. The home shall be responsible for:

(i) Records, including a transfer summary, to accompany the resident at the time of transfer; and

(ii) Instructions for care of the resident to be given to the institution receiving the resident.

(b) A resident may be involuntarily discharged from the home for medical reasons as determined by the nursing and medical staff at the home and approved by the superintendent and agency. If a decision is made to involuntarily discharge a resident, the home shall:

(i) Comply with applicable agency policies and procedures pertaining to the specific circumstances of the resident situation; the policies shall be made available to the resident, and/or legal representative:

(ii) Make any necessary arrangements with the full knowledge of the resident; and

(iii) Inform the resident a petition for review of the involuntary discharge may be filed with the agency.

(c) A resident being transferred to the home from another institution shall be processed according to agency policies and procedures. The nursing and medical staff may conduct a conference to assure that the resident does not have a mental or physical condition requiring care not available at the home.

CHAPTER III DONATIONS

Section 1. Acceptance of Donations. Pursuant to W.S. 259-103, the agency may accept donations of land, money or other property. The superintendent shall acknowledge and document all donations accepted by the agency for the Veterans' Home of Wyoming.

WYOMING DEPARTMENT OF HEALTH RULES LICENSURE OF ASSISTED LIVING FACILITIES

CHAPTER 4

Section 1. Authority. These rules are promulgated by the Department of Health pursuant to the Health Facilities Act at W.S. 35-2-901 et seq. and the Wyoming Administrative Act at W.S. 16-3-101 et seq.

Section 2. Purpose. These rules have been adopted to protect the health, safety, and welfare of residents and employees in Assisted Living Facilities.

Section 3. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

Section 4. Definitions.

(a) “Acceptable Plan of Correction” means the Licensing Division approved the plan to correct the deficiencies identified during an on-site survey conducted by the Survey Division’s designated representative. The plan of correction shall be a written document and shall provide:

- (i) Who is responsible for the correction;
- (ii) What was done to correct the problem;
- (iii) Who will monitor to ensure that the situation does not reoccur,
- (iv) An appropriate date, not to exceed sixty (60) days after the last day of survey, for the correction of deficiencies.

(b) “Assisted Living Facility” means a non-institutional dwelling operated by a person, firm, or corporation engaged in providing limited nursing care, personal care and boarding home care, but not habilitative care, for persons not related to the owner of the facility.

(c) “Bed” means a piece of furniture on or in which a resident or two residents lie and sleep. Single-bed means one piece of furniture in which to lie and sleep. Multiple-beds means two or more pieces of furniture in a sleeping room in which to lie and sleep.

(d) “Boarding Home” means a non-institutional dwelling or rooming house operated by any person, firm, or corporation engaged in the business of operating a home for the purpose of letting rooms for rent and providing meals and personal daily living care, but not habilitative, or nursing care, for persons not related to the owner. Boarding home does not include a lodging facility or an apartment in which only room and board is provided.

- (e) "Chief Administrative Officer" means the Director, Department of Health per W.S.9-2-101(e), or the designated licensure representative.
- (f) "Complaint Investigations" means those investigations required to be performed by the State Long Term Care Ombudsman per W.S. 9-2-1301 through 9-2-1309.
- (g) "License" means the authority granted by the Licensing Division to operate an Assisted Living Facility.
- (h) "Licensee" means any person, association, partnership, or corporation to whom an Assisted Living Facility license is issued.
- (i) "Licensed Beds" means the pieces of furniture on or in which residents lie and sleep that the authority is granted by the Licensing Division to operate an Assisted Living facility.
- (j) "Licensing Division" means the Wyoming Department of Health, Office of Health Quality.
- (k) "Life Safety Code (LSC)" means NFPA 101 Life Safety Code.
- (l) "NFPA" means the National Fire Protection Association.
- (m) "Ombudsman" means the State Long Term Care Ombudsman as established in W.S. 9-2-1301 through 9-2-1309.
- (n) "Program Administration" means the rules and regulations promulgated by the Department of Health and developed by the Program Division for the day-to-day operation of an Assisted Living Facility per W.S. § 9-2-1204.
- (o) "Program Division" means the Wyoming Department of Health, Aging Division.
- (p) "Survey" means an on-site evaluation conducted by the Survey Division's designated representative, in accordance with W.S. 35-2-907(c) to determine compliance with State rules and regulations for Assisted Living Facilities.
- (q) "Survey Division" means the Department of Health, Office of Health Quality.
- (r) "Survey Fee" means the fee charged to do an inspection of the Assisted Living Facility as authorized in Wyoming Statute 35-2-907(c).

Section 5. Licensure. Applicants must demonstrate full compliance with paragraphs (a) and (b) of this section.

(a) Licensing Procedure.

(i) A provisional license may be issued when:

(A) a facility is in the process of becoming licensed; and/or

(B) the facility is not in compliance with the Licensure and Program Administration Rules and Regulations for Assisted Living Facilities; and/or

(C) no acceptable plan of correction is developed; and/or

(D) at the discretion of the Licensing Division.

(ii) The period of a provisional license shall be for no longer than sixty (60) days.

(iii) A provisional license may be renewed at the discretion of the Licensing Division.

(iv) For an initial license to be issued, the Licensing Division shall receive:

(A) A completed application form as supplied by the Licensing Division.

(B) Each completed application shall be accompanied by the required licensure fee identified in Chapter 1, Rules and Regulations for Health Care Facilities Licensure Fees. The check or money order shall be made payable to the Treasurer, State of Wyoming.

(C) Applicant shall demonstrate full compliance with the licensure requirements in paragraph (b) of this section.

(v) For renewal of a full license for one year beginning July 1st, and unless suspended or revoked, expiring on June 30th of the following year, the Licensing Division shall receive:

(A) A completed application form by the date stated in the application cover letter supplied by the Licensing Division; and

(B) The license fee as required in paragraph (a)(i)(B) of this section.

(b) Requirements for Licensure. The Licensing Division shall consider:

(i) Initial and periodic renewal licensure survey deficiencies cited by the Survey Division;

(ii) Life Safety Code deficiencies cited by the Survey Division;

(iii) Complaint investigations and resolutions per W.S. 9-2-1306; and

(iv) Compliance with all laws and standards relating to communicable and reportable diseases as required by the Department of Health, State Health Officer and Public Health Division.

(c) Transfer of License.

(i) No license granted shall be assigned or transferred by the licensee without prior approval of the Licensing Division.

(A) Requests to assign or transfer an Assisted Living Facility license shall be submitted in writing by the licensee to the Licensing Division at least thirty (30) days prior to the planned date of assignment or transfer.

(B) Any license approved for assignment or transfer by the Licensing Division shall be subject to the plan of correction for licensure submitted by the previous owner.

(ii) If the Assisted Living Facility's name is changed, the Licensing Division shall be advised in writing by the current licensee and a new license will be issued upon the receipt of an application and licensure fee.

(d) Change in License Status.

(i) If the Assisted Living Facility has a change in license status, such as, but not limited to, change in facility name, change in number of beds, etc. the Licensing Division shall be advised in writing by the current licensee and a new license will be issued upon the receipt of an application and license fee.

(e) Conditions for Denying, Revoking, or Suspending a License.

(i) Denial, revocation, or suspension of a license may occur for noncompliance with any provisions of these licensure rules.

(f) Suspension of Admissions.

(i) The Licensing Division may suspend new admissions or re-admissions to the Assisted Living Facility when conditions are such that resident needs cannot be met. Conditions in an Assisted Living Facility shall not jeopardize the residents' health and safety.

(g) Monitor.

(i) The Licensing Division may place a Departmental approved monitor at the owner's expense when conditions are such that residents' needs are not being met by the Assisted Living Facility. The monitor shall insure that the health or the safety of the residents is not in jeopardy.

(h) Hearings.

(i) Any Assisted Living Facility aggrieved by a decision of the Licensure Division may submit a written request within ten (10) days of receipt of the adverse action to the Licensure Division.

(ii) Except in matters concerned with the spread of communicable disease, the Licensure Division (Nurse I or designated representative) shall review the information submitted and provide a written response and reasons for the decision to the parties concerned within ten (10) days of receipt of the request.

(iii) In matters concerned with the spread of communicable disease, the Wyoming State Health Officer or designated representative shall review the information submitted and provide a written response to the Licensing Division with ten (10) days of receipt of the request. The Licensing Division will then notify the parties concerned within ten (10) days of the Wyoming State Health Officer or designated representative response.

(iv) Any Assisted Living Facility still aggrieved by a decision of the Licensure Division may submit a written request a hearing within ten (10) days of receipt of the Licensing Division response in paragraphs (h)(ii) and (h)(iii) of this section

(v) Hearings requested under the terms of these licensure rules shall be held in accordance with the provisions of the Wyoming Administrative Procedures Act and the contested rules and regulations of the Wyoming Department of Health.

(i) Posting of License.

(i) The current license issued by the Licensing Division shall be displayed in a public area within the Assisted Living Facility.

(j) Surveys for Licensure.

(i) The Survey Division's designated representative shall perform initial and periodic surveys for the renewal of licensure.

(A) These surveys shall be based on the current Licensure and Program Administration Rules and Regulations for Assisted Living Facilities as promulgated by the Wyoming Department of Health. If there are conflicts between the Licensure and Program Administration Rules, the Licensure Rules take precedence.

(B) The Survey Division shall provide, within ten (10) working days after the last day of survey, copies of its cited deficiencies to the Assisted Living Facility and Program Division.

(C) The Assisted Living Facility shall provide an acceptable plan of correction for all cited deficiencies, within ten (10) calendar days after receipt of the deficiencies, to the Licensing Division.

(D) If the facility fails to provide an acceptable plan of correction, license revocation proceedings may ensue.

(E) The Assisted Living Facility shall post the survey results in a manner conducive for public review.

(k) Voluntary Closure.

(i) If an Assisted Living Facility voluntarily ceases to operate, it shall notify the Licensing Division in writing at least thirty (30) working days prior to the closure.

(ii) The first working day after closure, the Assisted Living Facility's license shall be hand carried to or sent by certified mail to the Office of Health Quality; 2020 Carey Avenue, Eighth Floor; Cheyenne, WY 82002.

(iii) Personnel, financial and client medical records shall be maintained by the licensee for a minimum of six (6) years after the month of closure.

(iv) The Assisted Living Facility shall take appropriate discharge action to ensure each resident is properly placed in an alternate and proper care setting prior to closure.

Section 6. Furnishings, Building, Physical Plant.

(a) Sleeping room size shall not be less than one hundred twenty (120) square feet in single-bed rooms and eighty (80) square feet per bed in multiple-bed rooms, exclusive of toilets, closets, wardrobes, alcoves, or vestibules, in both cases.

(b) Multiple-bed sleeping rooms shall not be occupied by more than two (2) residents regardless of the size.

(c) Single-bed sleeping rooms shall have a minimum dimension of eight (8) feet. Multiple-bed sleeping rooms shall have a minimum of dimension of ten (10) feet.

(d) Each sleeping room shall be an outside room, provided with windows operable from the inside without the use of tools. The bottom of the opening shall not be more than forty-four (44) inches above the floor.

(e) Sleeping rooms shall not be in an attic, basement, stairwell, hall, or any room commonly used for other than bedroom purposes.

(f) Ceiling heights in sleeping rooms shall not be less than seven feet, six inches (7'6").

- (g) No room shall be used for a resident's sleeping room which can only be reached by passing through another resident's sleeping room.
- (h) One half of the licensed beds shall be private rooms.
- (i) All drapery and curtains shall be flame retardant.
- (j) Every bathroom door lock shall be designed to allow the opening of the locked door from the outside in an emergency.
- (k) Site requirements - The building location shall be:
- (i) In a lawfully constituted fire district;
 - (ii) Serviced by an all-weather road kept open to motor vehicles at all times of the year; and
 - (iii) Accessible to physician and/or emergency medical services (ambulance service) within thirty (30) minutes driving time.
- (l) Occupancy approval - Any building proposed for conversion to a facility shall be approved by the Licensing Division before issuance of a license. Any items of noncompliance shall be corrected before issuance of the license.
- (m) All facilities exceeding one story in height shall be equipped with an automatic elevator.
- (o) Multi-storied wood frame buildings shall be protected by an automatic sprinkler system.

Section 7. Physical Environment.

- (a) At least one (1) flush toilet shall be provided for every two (2) beds.
- (b) At least one (1) tub or shower shall be provided for every ten (10) beds.
- (c) At least one (1) lavatory and mirror shall be provided for every two (2) beds.
- (d) All toilet-lavatory, shower and tub areas shall have floors and walls of impermeable, cleanable, and easily sanitized materials.
- (e) Every resident shall have access to toilet, hand washing and bathing facilities without having to pass through another resident's sleeping room.
- (f) The floor of the tub and shower shall have non-skid surfaces. Handrails and grab bars shall be appropriately installed in or adjacent to the tubs, toilets and showers.
- (g) All bathrooms and toilet facilities shall be properly lighted, and shall be mechanically vented.

Section 8. Mobile Homes. Mobile homes shall not be permitted for use as Assisted Living Facilities or additions to existing Assisted Living Facilities.

Section 9. Construction/remodeling. Department of Health Chapter III, Construction Rules for Health Facilities apply.

Section 10. Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.

(i) Boarding homes operating prior to the effective date of these rules and converting to an Assisted Living Facility shall have written verification from a certified electrician that all wiring in the facility meets code.

(ii) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.



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Evaluation reports can be obtained from:

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