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## FISCAL SUMMARY

		<u>Seek Another Use for the Campus</u>		
		<u>Standard</u>	<u>Minimum</u>	<u>Demolition</u>
	<u>Add Campus to Veterans Home</u>	<u>Preservation</u>	<u>Preservation</u>	
Initial Cost				
State	\$ 904,800	-0-	-0-	-0-
Federal	1,680,200	-0-	-0-	-0-
Total	\$2,585,000			
May 1978-June 1979				
State	\$ 973,700	\$608,500	\$149,000	\$570,000
Federal	632,600			
Resident	831,600			
Total	\$2,437,900			
State Appropriation	\$1,878,500	\$608,500	\$149,000	\$570,000

MEMORANDUM

TO : Fred C. Norton, Chairman  
House Appropriations Committee

DATE: March 2, 1978

FROM : Joe Reid *Joe*

SUBJECT: Report on Hastings State Hospital Property

This report identifies some options and issues for the division to consider as it makes a decision about Hastings State Hospital property. A decision to transfer responsibility for the property to the Department of Veterans Affairs or to the Department of Administration should be made this session.

Closing of Hastings State Hospital

One decision has already been made. "On May 1, 1978, the Hastings state hospital shall be closed." (Chapter 453, Section 17 of Laws of Minnesota for 1977.) The Department of Welfare is making arrangements to close the hospital. The 90 patients will return to their homes, or transfer to a group home or another state institution by April 15. The department has surveyed the 160 employees of the hospital for information about future employment plans. About 8 are near retirement (by August 1978) and they will remain on the payroll of the Department of Welfare or the Department of Administration until that time. About 90 are expected to transfer to other state institutions or agencies (as many as 60 may go to Cambridge). Another 35 are expected to leave state service. The final 35 have indicated that their first preference is to transfer to the Department of Veterans Affairs and work for a State Veterans Home in Hastings. By today the hospital director will give notice to about 30 of those who plan to leave state service. The Commissioner of Personnel is using the provisions of MS 246.60 to provide hospital employees with special assistance in finding employment with other state agencies.

I have not tried to estimate what effect the closing of the hospital will have on the economy of the region. Because of the desirable location of the property, the long range economic effects should be positive rather than negative. Obviously, if the property is not put to some immediate use there may be some temporary negative results--especially for those state employees who wish to stay in Hastings.

### Future Uses for the Hastings State Hospital Property

My review divides future uses into two categories. One category is a single specific option. The choice of this category transfers the property to the Department of Veterans Affairs so that the Minnesota State Veterans Home can increase its capacity and decentralize some of its services. The other category includes a number of options that are less clearly identified. The choice of this category requires a further choice of one of three options for the interim management of the property. The state must preserve the buildings in their current condition, or preserve them at a less desirable level or have them demolished. If a willing buyer were present, the state could also sell the property as it is. However, since it is unlikely that a buyer who is willing to pay an acceptable price will be found immediately, a choice of one of the three preceding options seems more plausible. Once this choice has been made then, within the flexibility allowed by it, a decision about the future use of the property can be made. The responsibility for carrying out the decision of the legislature would be given to the Department of Administration.

### Transfer Buildings and Property to the Department of Administration

Unless the legislature makes other arrangements, on May 1 management responsibility for the hospital will pass from the Department of Welfare to the Department of Administration. The Department of Administration has prepared estimates of the cost to the state for three approaches to managing the property in the near future. The cost of preserving the facility in its present condition until a future use can be found will be about \$600,000 a year. If one assumes that no future development will make use of the existing buildings or will require major modifications to them, the cost for a minimum level of preservation (control and security) will be about \$150,000. This option assumes that deterioration will occur. The cost of bulldozing and removing all existing structures, tunnels and mechanical apparatus would be about \$570,000. This figure is based on Department of Transportation criteria for building removal.

I have talked with some people about the feasibility of a private developer purchasing the hospital and using it for some type of health care facility. While this appears to be a possibility, the cost of improvements will be so great that the state will not be able to obtain an acceptable purchase price. It might also take a marketing program and a fairly long period of time to reach an agreement with a developer. Purchase would also be contingent on the developer's ability to obtain a certificate of need. For these reasons the high preservation cost option does not appear to be a particularly appealing one.

On the other hand, the location appears to be ideal for other types of development. Because of this the minimum preservation or bulldozing options may be more economical.

In either case, although the state owns 271.6 acres of highly desirable land at Hastings, I am not aware of a prospective buyer for either type of development--health care or non-health care (for the sake of comparison the Mankato campus was appraised at \$6 million and sold for \$700,000).

Transfer Buildings and Property to the Department of Veterans Affairs

The governor has recommended that the best immediate use of the property is to transfer the land and facility to the Department of Veterans Affairs so that the State Veterans Home can expand. This possibility has been proposed since at least the 1975 session when the legislature authorized the use of Hastings for other purposes than a state hospital. In January 1976 the U.S. Veterans Administration approved of the addition of certain buildings at Hastings to the State Veterans Home. In September 1976 the Legislative Advisory Commission approved a request to transfer 40 residents to Hastings (for April 1977). Because the veterans were to share hospital services, the decision to close the hospital stopped the department from making the transfer.

The new proposal is for the State Veterans Home to take over the entire facility. "The veterans affairs department may establish a veterans home on that campus upon the approval of the 1978 legislature." (Chapter 453, Section 17, Laws of Minnesota for 1977.) The improved facility will accommodate 300 domiciliary (able to perform activities of daily living, but disabled by virtue of age or disease) residents. Extensive improvements will be required before the full 300 residents can be located at Hastings. In the beginning 150 will be placed there. About 60 of these will come from the St. Cloud and Minneapolis V.A. Hospitals and the rest will come from the referrals of veterans service officers in the 87 counties. There will be no reduction of residents or staff at the Minneapolis Veterans Home. 74 employees will be hired to operate the Hastings Veterans Home.

The cost of improving Hastings and the cost of operating it are shown below.

	<u>Improvements</u>	<u>Operations</u> <u>FY 1978-1979</u>
State	\$ 904,800 (35%)	\$ 973,700
Federal	1,680,200 (65%)	632,600
Resident	<u>-0-</u>	<u>831,600</u>
Total	\$2,585,000	\$2,437,900

The improvements figure includes \$545,000 for improving access for the handicapped. The other items are listed on page 9. Acceptance of the federal money for improvements will commit the state to operating a veterans home at Hastings for seven years. The state pays 35 percent of the improvement cost and the Veterans Administration pays 65 percent. The Veterans Administration pays \$5.50 per day for each veteran resident, the resident pays an average of \$6.50 per day and the state pays the difference--about \$7.00 per day at Hastings. The amounts assume that all residents are veterans, that the average population is 270 and the Department of Veterans Affairs pays 100 percent for the fixed inventory purchased from the Department of Welfare.

Need for Additional State Operated Facilities  
for Veterans and Other Eligible Persons

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During the past ten years health care at the veterans home has changed from the limited care domiciliary character of the home begun in 1887 to a mixture of nursing and domiciliary care. With the construction in 1979 of the new nursing facility at the Minnesota Veterans Home, the care will be 50 percent nursing and 50 percent domiciliary. Many of the residents who are registered as domiciliary will be eligible for the new nursing unit. Although the proposal for Hastings is domiciliary care only, health care professionals recommend a multiple care capability. A transition in that direction should be expected.

The federal government will provide per diem payments for veterans in state operated veterans homes. The per diem is not available to veterans in private homes nor to nonveterans in state operated veterans homes. This federal policy promotes a certain level of special care for veterans as long as it is in a state operated facility. The per diem is \$10.50 for a veteran in a nursing care unit and \$5.50 for one in a domiciliary unit.

The eligibility requirements for veterans, spouses, surviving spouses and parents are listed in MS 198.01-198.03. Veterans with assets worth more than \$15,000 are not eligible. Financial need is an important factor in determining who is admitted to the home and who is not. However, because the number of beds is limited, some eligible veterans must seek care in private facilities. For some veterans this means that they must eventually liquidate most of their assets--a problem they share with many nonveterans of limited means. For other veterans there is no financial hardship involved because they do qualify for county, state and federal medical or general assistance.

The Veterans Home has a waiting list of 150-200. Many of the persons on the list have indicated a willingness to go to Hastings (Frank Adams letter survey, Summer 1977). Although there are about 550,000 veterans in Minnesota, many of these veterans would not meet the financial eligibility criteria established for the home. However, because of the financial benefits for those who qualify, I believe that there would be sufficient applicants. Furthermore, advocates of the State Veterans Home argue that the real incentive is the social benefit obtained from being with other veterans and receiving the volunteer attention of many veterans service organizations.

A representative of operators of health care facilities has indicated that there is a shortage of nursing care beds in the metropolitan area and, to a lesser degree, a shortage of domiciliary beds. He would prefer to have private operators provide these services. He also reports that although the veteran payment mechanism used by the U.S. Veterans Administration has been poor in the past, it is improving. Most operators are pleased to take veterans. Sometimes alcohol problems do make veterans problem residents.

The variety of health care facility types leaves a comparison between the costs of a Hastings domiciliary unit and those of a private facility open to several outcomes depending on the assumptions that are made. A Department of Public Welfare analysis concluded that an Intermediate Care Facility II most nearly approximated the type of care provided in a veterans home.

domiciliary unit. The department's figures assume that there would be 270 veterans at Hastings.

ICF II	<u>Per Diems</u>					
	<u>Urban</u>			<u>Rural</u>		
	<u>Minimum</u>	<u>Median</u>	<u>Maximum</u>	<u>Minimum</u>	<u>Median</u>	<u>Maximum</u>
	\$8.79	\$15.26	\$21.72	\$8.75	\$13.99	\$19.23

#### Hastings Veterans

Home

Fiscal Year 1978 - \$19.07

Fiscal Year 1979 - 19.66

The state funds 33 percent of the Veterans' Home per diem and 40 percent of ICF II's per diem.

The department concluded that it would not be more costly to place veterans in a domiciliary care unit at Hastings State Hospital than in comparable community adult residential care facilities.

As already mentioned, the addition of the Hastings campus will have very little effect on the Minneapolis campus. After the initial period of development most of the staff and residents will remain in Minneapolis. The only site for expansion at the Minneapolis location is occupied by buildings that may have historic value. These buildings, even if improved, will not meet state and federal life safety requirements.

The information presented above can be used to justify the need for additional facilities for Minnesota veterans. The local Hastings community, for short range economic and employment reasons, can establish a good case for the creation of a veterans home on the Hastings campus of the state hospital system. Nevertheless, I recommend that the legislature proceed cautiously with the expansion and development of separate facilities for veterans. Because of the financial investment involved and the absence of a thorough needs assessment, I recommend that the legislature not approve the transfer of the property to the Department of Veterans Affairs. I recommend that the Department of Administration dispose of the property as soon as possible. In the meantime the department should inventory the buildings on the campus, demolish those that are not suitable for multiple purposes and take steps to preserve the other buildings.

Appropriations Related to Future Uses  
of Hastings State Hospital Property

Two sections of Chapter 453, Laws of Minnesota for 1977, were designed to provide for the closing of the state hospital, Section 21 states:

"There is appropriated to the department of public welfare the sum of \$300,000 for the biennium ending June 30, 1979, to be expended in Ramsey, Washington and Dakota counties for the cost of care of mentally ill persons who were in-patients of Hastings State Hospital on May 20, 1977, who may be placed in community facilities as a result of the closing of Hastings state hospital."

As already mentioned the department is making an effort to make the closing as smooth a transition as possible for hospital patients.

Section 17 provides for the closing of the hospital and states that:

"There is available from the general contingent account the sum of \$1,000,000 which may be expended under the provision of Minnesota Statutes, Section 3.30, if an alternative is established for the Hastings campus."

A sum of \$1,000,000 was not added to the contingency. Therefore, if the money were used for this purpose it would reduce the amount available for general contingencies by \$1,000,000. Of the \$4,000,000 appropriated to the general contingency in 1975 \$917,681.84 was cancelled at the end of the biennium.

Other Issues Related to the Decision  
About the Future Use of Hastings State Hospital Property

Two bills have been introduced that are awaiting a decision on the Department of Veterans Affairs use of the property. S.F. 2302 has been referred to the Agriculture and Natural Resources Committee of the Senate. It provides for the transfer of all hospital lands (271.6 acres) that are not used by a state department or agency for a state facility to the city of Hastings for one dollar. A similar bill is being introduced in the House. H.F. 1735 and S.F. 1597 provide additional rights to Hastings State Hospital employees. The bill gives these employees the absolute right of immediate tenure to any job for which they are qualified. They have 24 months in which to exercise the right, but may do so only once.

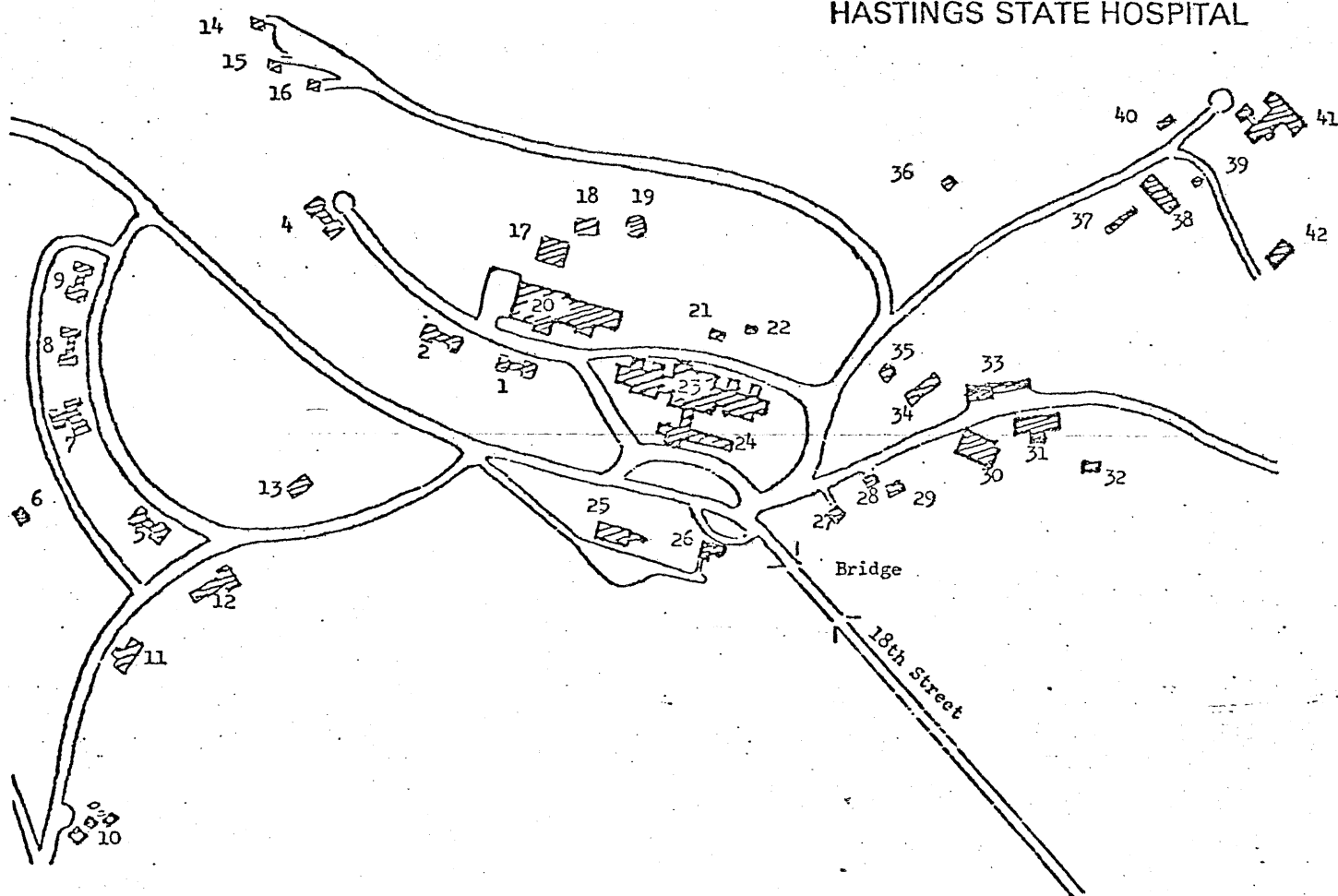
A System of Veterans Homes

The 1977 session passed Chapter 329 which mandated a study of the need for a veterans home in Development Region 4 (Fergus Falls). This study by the West Central Regional Development Commission and similar studies by the Department of Veterans Affairs have relied on general population data to demonstrate the need for new facilities. They have not studied adequately, in my opinion, other issues such as the availability of existing private health care facilities, the separation (desired or not) of veterans and members of their families from the facilities used by other citizens, and the total benefits and costs of the state facility versus the private one. A bill has been introduced that would establish a system of veterans homes in Minnesota to anticipate the entry of many servicemen from the Second World War into public living quarters. It also states that the first additional veterans home shall be established at Fergus Falls.

JR:na



# HASTINGS STATE HOSPITAL



- |    |  |        |   |        |  |
|----|--|--------|---|--------|--|
| 1  | Building 1 (offices)   | 13     | Toilet building in park                           | 26, 27 | Staff Houses                                   |
| 2  | Ward 2   | 14     | Staff House 4                                     | 28     | Staff House Garage                             |
| 3  | Ward 3   | 15     | Staff House 3                                     | 29     | Staff House                                    |
| 4  | Ward 4   | 16     | Staff House 2                                     | 30     | Powerhouse                                     |
| 5  | Building 5 (offices, sewing, and clothing rooms)                             | 17, 18 | Root Cellars (to be demolished)                   | 31     | Laundry  |
| 6  | Fire House   | 19     | Water Tank  | 32     | Well Pump House                                |
| 7  | Ward 7 (vacant)  | 20     | Service Building (kitchen, bakery, and warehouse) | 33, 34 | Garages  |
| 8  | Ward 8 (vacant)  | 21     | Storage   | 35     | Staff House (to be demolished)                 |
| 9  | Social Rehabilitation Center   | 22     | Toilet building in park                           | 36     | Altrusa House (independent living unit, women) |
| 10 | Sewage Disposal Plant  | 23     | Main Building                                     | 37     | Machine Shed                                   |
| 11 | Paint Shop   | 24     | Administration Building                           | 38     | Storage  |
| 12 | Industrial Therapy Enterprises Bldg. (sheltered workshop and carpenter shop) | 25     | Building 25 (alcohol and drug addiction unit)     | 39     | Fire House                                     |
|    |  |        |   | 40     | Corn Crib                                      |
|    |  |        |   | 41, 42 | Storage  |

SUMMARY OF CONSTRUCTION OR PRESERVATION  
COSTS FOR BUILDINGS AT HASTINGS STATE HOSPITAL

	<u>Improvements</u>	<u>Preservation Standard Level</u>	<u>Preservation Minimum Level</u>	<u>Demolition</u>
Connection for Electrical Service	\$ 20,000	\$	\$	\$
Connection to Municipal Sewer Service	345,000			
Demolition 10, 11, 12, 27, 28, 29, 32, 34, 37, 38, 41, 21 and 22	50,000			
Roof and Road Repair	40,000			
Improvements 1, 2, 4, 20, 23, 24, 25 and 26	1,155,000			
Access to the Handicapped 1, 2, 4, 23, 24, 25 and 31	545,000			
Subtotal	2,155,000			
Fees (10%)	215,000			
Contingencies (10%)	215,000			
Salaries		231,900	33,900	
Rentals		500	700	
Repairs		70,000	10,000	
Insurance		200		
Printing		200		
Professional Services		500		
Purchased Services		48,000	49,700	
Communications		2,000	600	
Travel		2,500	3,000	
Utilities		48,000	33,400	
Freight		200		
Supplies		152,000	18,000	
Equipment		2,500		
Building Improvements		50,000		
TOTAL	\$2,585,000	\$608,500	\$149,300	
State Share	904,800	608,500	149,300	
Federal Share	1,680,200	-0-	-0-	
Operations (1978 - 2 months)	313,200			
Operations (1979)	1,937,700			
Fixed Inventory	187,000			
State Share	786,700			
Resident Share (300 average attendance)	831,600			
Federal Share (270 average attendance)	632,600			
TOTAL STATE SHARE (FY 1979)	\$1,878,500	\$608,500	\$149,300	\$570,000
Joe Reid - 2/28/78				

Veterans Care Facilities  
in Minnesota

STATE VETERANS HOME

VETERANS ADMINISTRATION

	<u>Minneapolis</u> <u>Current</u>	<u>Minneapolis</u> <u>Authorized</u>	<u>Hastings</u> <u>Proposed</u>	<u>St. Cloud</u> <u>Current</u>	<u>Mpls.</u> <u>Current</u>	<u>Mpls.</u> <u>Proposed</u>
Nursing	85	165	0	44	0	120
Domiciliary	494	(165)	300	0	0	0
Hospital	<u>0</u>	<u>0</u>	<u>0</u>	<u>845</u>	<u>862</u>	<u>(120)</u>
TOTAL	579	0	300	889	862	0

STATE TOTAL

	<u>NURSING</u>	<u>DOMICILIARY</u>	<u>TOTAL</u>
CURRENT	250	329	579
PROPOSED	<u>0</u>	<u>300</u>	<u>300</u>
TOTAL	250	629	879

Joe Reid  
2/28/78

Dates for Development or Expansion of Services at Minnesota Veterans Home

- 1887 - Home for veterans of civil war, wives, widows and mothers also eligible--all of these who were no longer able be provide for total needs.
- 1890 - Construction of majority of buildings on site.
- 1930 - Creation of U.S. Veterans Administration.  
(There are 33 state veterans homes).
- 1936 - Infirmary built by Works Progress Administration (WPA). Now licensed for 85 nursing care beds (1971).
- 1958 - Chapel-Auditorium built.
- 1968 - EBS Management Consultants Incorporated Study (resulted in construction of new building ).
- 1972 - Restorative Services Domiciliary completed, William Gregg, Administrator. Average number of residents-400. Waiting list-34.
- 1975 - Responsibility for Home transferred from Board of Trustees to Department of Veterans Affairs.
- 1976 - Chapter 348 appropriated money for nursing care facility (250 beds).
- 1976 - Legislative Advisory Commission in September approved transfer of 40 vets to Hastings for Spring of 1977 (U.S. Veterans Administration approved in January, 1976).
- 1977 - Chapter 453 made establishment of a veterans home at Hastings conditional on approval by 1978 legislature.

## NATIONAL ASSOCIATION OF STATE VETERANS HOMES

The period covered for this study was the fiscal year July 1, 1976 to June 30, 1977. The purpose was to obtain expenditure and admission data for the 42 Veterans Homes. The Home in Arkansas was not in operation and no statistical information was available from the Home in Norman, Oklahoma for this fiscal year.

The total operating expenditure for the 40 Veterans Homes reporting was \$120,798,272 with California having the highest and Idaho having the lowest individual expenditures. The median expenditure was most nearly represented by the Home in Retsil, Washington. Of these funds, 53.53% or \$64,675,198 was contributed by the individual states. The Home in Florence, Colorado received no state funds. Vineland, New Jersey was the Home that most nearly represented the median as to percentage and total amount received.

Contributions from the Veterans Administration were 24.32% of the total amount expended for a total of \$29,381,175. Information received from Indiana and Ohio indicated no VA funds were expended in their respective Homes. Basing the median strictly on the percentage, the Home in Wisconsin was the most representative.

Contributions from the members of the individual members amounted to 20.21% of the total or \$24,416,987 was expended. Again, basing our information on what was received, it would appear that the Homes in Georgia, North Dakota, Ohio and South Carolina received no funds from their members. The Home in Scottsbluff, Nebraska represented the "average" or "typical" Home in percentage of funds received from their members.

Although not requested the 3 Homes in Nebraska and the Home in Wisconsin noted that \$2,056,865 was received from miscellaneous sources.

No admission data was received from the Homes in Connecticut, Indiana, and Ohio. The 37 Homes reporting, admitted 9,621 members of which 12.26% or 1,180 were admitted from VA Hospitals and 3.27% or 315 were admitted from VA Contract nursing homes. The largest percentage (54.43%) or 5,238 were admitted from private residences. Admissions from other sources were 29.84% of the total or 2,871 members.

Future cohort studies possibly could include such things as average census, patient days, personnel staffing in direct relationship to types of care, percentage of budget expended for personnel, ages of members admitted, monthly income and total assets of members being admitted, etc.

NASVI COHORT STUDY  
FISCAL YEAR 1977

(JULY 1, 1976 - JUNE 30, 1977)

	TOTAL OPERATING BUDGET	FURNISHED BY STATE	AMOUNT	FURNISHED BY VA	AMOUNT	FURNISHED BY MEMBERS	AMOUNT	FURNISHED BY MISC.	AMOUNT		TOTAL PEOPLE ADMITTED	% FROM VA HOSPITAL	NUMBER	% FROM VA CONTRACT	NUMBER	% RES
Arkansas	NOT IN OPERATION															
California	14,335,675.00	48.30	7,068,908.00	29.33	4,292,819.00	22.37	3,273,948.00				434	4.0	17	-0-	-0-	
Colorado - Florence	745,507.00	-0-	-0-	49.0	365,808.00	51.0	379,699.00				130	11.5	15	-0-	-0-	
Colorado - Homelake	868,561.00	49.4	428,769.00	21.3	185,266.00	29.3	254,526.00				40	15.0	6	-0-	-0-	
Connecticut	4546,028.00	36.0	3,636,282.00	37.0	2,457,995.00	7.0	451,751.00					5.0		-0-		
District of Columbia	2,214,000.00	85.0	1,878,500.00	14.0	308,300.00	1.0	27,200.00				1,848	-0-	-0-	-0-	-0-	
Georgia	5,836,371.00	65.0	3,773,115.00	35.0	2,063,236.00	-0-	-0-				835	12.0	103	3.0	24	
Iaho.	336,774.00	29.7	100,000.00	45.9	154,469.00	24.4	82,305.00				140	50.0	70	-0-	-0-	
Illinois	6,417,800.00	52.4	3,360,900.00	25.3	1,622,000.00	22.3	1,434,900.00				134	15.7	21	-0-	-0-	
Indiana	4,563,652.00	85.0	3,845,650.00	-0-	-0-	15.0	720,000.00									
Iowa	3,275,869.00	48.0	2,529,722.00	24.0	1,266,050.00	28.0	1,480,097.00				67	16.0	11	-0-	-0-	
Kansas	1,681,911.00	46.0	764,696.00	20.0	347,819.00	34.0	569,396.00				60	8.0	5	-0-	-0-	
Louisiana	460,872.00	52.08	239,195.00	35.50	161,072.00	12.42	57,081.00				143	2.0	3			
Massachusetts - Chelsea	8200,000.00	58.0	4,748,750.00	16.0	1,310,000.00	26.0	2,141,250.00				1,892	2.0	46	-0-	-0-	
Massachusetts - Holyoke	3,991,488.00	63.6	2,538,183.00	24.0	956,785.00	2.5	101,011.00				485	2.7	13	-0-	-0-	
Michigan	7,095,362.00	36.7	2,606,040.00	29.8	2,109,597.00	33.5	2,379,725.00				242	20.0	48	-0-	-0-	
Minnesota	2,336,185.00	15.0	358,918.00	42.0	981,893.00	43.0	995,374.00				303	45.0	137	46.0	139	
Missouri	919,145.00	14.0	128,680.00	21.0	193,020.00	65.0	597,445.00				77	15.0	11	8.0	6	
Montana	722,945.00	44.0	319,997.00	29.0	210,000.00	27.0	192,948.00				62	62.0	39	12.0	7	
Nebraska - Scottsbluff	480,692.00	69.54	334,227.00	7.91	38,037.00	20.35	97,839.00	2.20	10,589.00		37	5.4	2	-0-	-0-	
Nebraska - Norfolk	1,362,292.00	43.20	588,513.00	19.45	265,019.00	36.86	502,028.00	.49	6,732.00		42	45.3	19	7.1	3	
Nebraska - Grand Island	3,764,747.00	43.19	1,626,082.00	19.11	719,594.00	36.05	1,356,804.00	1.65	62,267.00		154	47.4	73	5.2	8	
New Hampshire	502,382.00	20.69	103,951.00	35.78	179,624.00	43.55	218,789.00				63	51.0	32	16.0	10	
New Jersey - Edison	2,942,124.00	58.0	1,706,432.00	29.5	867,927.00	12.5	367,765.00				.62	50.0	31	26.0	16	
New Jersey - Vineland	3,162,568.00	53.0	1,677,186.00	33.6	1,062,545.00	13.4	422,833.00				69	20.0	14	20.0	14	
New York	2,181,482.00	69.1	1,507,051.00	5.9	129,061.00	25.0	545,370.00				30	13.3	4	-0-	-0-	
North Dakota	475,669.00	57.0	271,856.00	43.0	203,813.00	-0-	-0-				33	48.5	16	-0-	-0-	
Ohio	5,771,647.00	100.0	5,771,647.00	-0-	-0-	-0-	-0-									
Oklahoma - Ardmore	1,324,455.00	41.0	543,577.00	31.0	404,941.00	28.0	375,937.00				366	20.0	73	3.0	11	
Oklahoma - Clinton	1,851,373.00	44.0	814,604.00	29.0	536,898.00	27.0	499,871.00				327	46.0	150	14.0	46	
Oklahoma - Norman	NO FIGURES AVAILABLE															
Oklahoma - Sulfar	1,888,087.00	52.7	994,405.00	30.7	580,207.00	23.4	442,405.00				789	5.7	45	-0-	-0-	
Oklahoma - Tallihina	1,803,822.00	67.34	1,214,730.00	17.89	322,646.00	14.77	266,446.00				185	25.4	47	-0-	-0-	
Pennsylvania	1,393,403.00	61.0	851,000.00	37.0	517,000.00	2.0	25,403.00				50	20.0	10	24.0	12	
Rhode Island	2,476,461.00	58.0	1,443,980.00	35.0	854,478.00	7.0	178,003.00				77	19.0	14	-0-	-0-	
South Carolina - Columbia	1,100,298.00	73.0	803,883.00	27.0	296,415.00	-0-	-0-				59	54.3	32	-0-	-0-	
South Dakota	1,197,141.00	61.76	739,356.00	22.43	260,509.00	15.81	189,276.00				76	19.5	7	14.0	5	
Texas	979,985.00	56.0	549,199.00	35.2	345,353.00	8.8	85,433.00				89	35.0	31	15.0	13	
Utah - Ogden	1,688,971.00	53.5	904,421.00	28.8	486,415.00	17.7	298,135.00				60	25.0	15	-0-	-0-	
Utah - Retail	3,073,834.00	89.8	2,760,275.00	7.4	225,993.00	2.8	87,366.00				66	8.0	5	1.0	1	
Vermont	8046,775.00	11.67	938,936.00	24.06	1,983,937.00	39.10	3,146,625.00	25.27	1,977,277.00		113	8.0	9	-0-	-0-	
Virginia	480,119.00	42.0	203,582.00	22.0	104,534.00	36.0	172,003.00				22	27.3	6	-0-	-0-	
Washington	12,0798,272.00	53.53	6,475,198.00	24.32	3,381,175.00	20.21	4,416,987.00	1.70	2,056,865.00		9,621	12.26	1,180	3.27	315	
Wisconsin	3,019,957.00		1,658,338.00		773,189.00		678,250.00				260					

# CHAPTER 198

## MINNESOTA VETERANS HOME

Sec.	
198.001	Definitions.
198.01	Veterans home; eligibility of veterans.
198.022	Eligibility of spouses, surviving spouses, parents.
198.03	Maintenance charges.
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198.23	Personal property of residents; wills.
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198.265	Depository accounts.

NOTE: See sections 137.20 and 137.21.

198.001 DEFINITIONS. Subdivision 1. For the purposes of this chapter, the terms defined in this section have the meanings given them.

Subd. 2. "Resident" means a person admitted to the Minnesota veterans home.

Subd. 3. [ Repealed, 1975 c 61 s 26 ]

Subd. 4. "Administrator" means the administrator of the Minnesota veterans home.

Subd. 5. "Commissioner" means the commissioner of veterans' affairs.  
[ 1965 c 643 s 1; 1967 c 148 s 2; 1971 c 619 s 1; 1975 c 61 s 14,15 ]

198.01 VETERANS HOME; ELIGIBILITY OF VETERANS. The Minnesota veterans home shall provide a home for veterans of all wars, and their spouses, surviving spouses, and parents, who meet eligibility and admission requirements, and who comply with the rules and regulations of the home. Persons who served in the armed forces of the United States during a period of war, and who were discharged or released therefrom under conditions other than dishonorable, and who did not receive a bad conduct discharge, shall be eligible for admission to the Minnesota veterans home. Persons who received bad conduct or dishonorable discharges from the armed forces of the United States as a result of drug dependency or abuse shall be eligible for admission to the Minnesota veterans home. "Period of war," as it refers to eligibility, is defined as follows:

(1) Civil War, or war between the states.

(2) Mexican War.

(3) Spanish-American War, April 21, 1898 through July 4, 1902.

(a) Includes Philippine Insurrection and Boxer rebellion.

(b) Includes service in Moro Province, April 21, 1898 through July 15, 1903.

(4) World War I, April 6, 1917 through April 1, 1920.

(a) Includes service in Russia, April 16, 1917 through April 1, 1920.

(b) Service through July 2, 1921 if active duty performed during basic war period.

(5) World War II, December 7, 1941 through December 31, 1946.

(a) Through July 25, 1947 if continuous duty began on or before December 31, 1946.

(6) Korean Conflict, June 27, 1950 through January 31, 1955.

(7) Vietnam era, August 5, 1964 through July 27, 1973.

[ RL s 1835; 1931 c 176 s 1; 1943 c 54 s 1; 1951 c 71 s 1; 1957 c 150 s 1; 1967 c 52 s 1; 1967 c 148 s 1; 1971 c 619 s 2; 1973 c 572 s 11; 1975 c 61 s 16 ] (4344)

198.02 [ Repealed, 1953 c 117 s 2 ]

198.021 [ Repealed, 1971 c 619 s 17 ]

198.022 ELIGIBILITY OF SPOUSES, SURVIVING SPOUSES, PARENTS. The commissioner is hereby authorized to admit eligible spouses accompanying veterans, or to admit spouses, surviving spouses and parents of those veterans who are or if living would be, eligible for admission to the home.

(1) All applicants for admission to the Minnesota veterans home must be without adequate means of support and unable by reason of wounds, disease, old age, or infirmity to properly maintain themselves.

(2) Veterans must have served in a Minnesota regiment or have been credited to the state of Minnesota, or have been a resident of the state preceding the date of application for admission.

(3) Spouses, surviving spouses, and parents of eligible veterans must be at least 5 years of age, and have been residents of the state of Minnesota preceding the date of application for admission.

(4) A surviving spouse, eligible for admission except that the veteran did not serve in a Minnesota regiment or was not a resident of Minnesota at the time of his death may be eligible for admission provided he has resided in the state not less than 5 years next preceding the date of application for admission.

(5) A spouse, surviving spouse or parent of the veteran who has previously been a resident of Minnesota for not less than ten years and who lost his residency in the state by moving therefrom for the benefit of his health or the health of his spouse or child, and who has returned to the state for the purpose of making it his home is eligible for admission to the veterans home provided he is otherwise eligible.

(6) A spouse or surviving spouse of a veteran of the Civil War shall be eligible for admission if he was married to the veteran prior to the year 1905. A spouse or surviving spouse of a veteran of the Spanish-American War, the Philippine Insurrection or the Boxer rebellion shall be eligible for admission if he was married to the veteran prior to December 31, 1937.

[ 1971 c 619 s 3; 1975 c 61 s 17 ]

198.03 MAINTENANCE CHARGES. Any person otherwise eligible for admission to the Minnesota veterans home, except that he has means of support, may, at the discretion of the commissioner of veterans affairs, be admitted to the Minnesota veterans home upon entering into and complying with the terms of a contract made by him with the commissioner, providing for reasonable compensation to be paid by such person to the state of Minnesota for his care, support, and maintenance in the home.

[ 1923 c 13; 1967 c 148 s 2; 1971 c 619 s 4; 1975 c 61 s 18 ] (4346)

198.04 [ Repealed, 1967 c 52 s 11 ]

198.05 NEW BUILDINGS. The department of administration shall have and exercise full authority in the erection and construction of new buildings at the veteran home. When new buildings are to be erected and constructed by authority of the state or old buildings to be remodeled it shall be the duty of the department of administration to cause to be prepared plans and specifications for the same, but in so doing shall consult with the commissioner in respect to these plans and specifications and shall adopt and carry out, so far as it deems practicable, their requests and desires in the matter.

[ 1913 c 88 s 1; 1967 c 148 s 2; 1975 c 61 s 19 ] (4348)

198.055 VETERANS ADVISORY COMMITTEE. Subdivision 1. Creation; members. The veterans advisory committee is hereby established. The committee shall consist of eleven members appointed by the commissioner. Organizations of veterans in this state may submit to the commissioner names of possible appointees to the committee, and the commissioner shall give consideration to such names. The commissioner shall also give consideration for appointment to persons having experience in the fields of mental and physical health services, education, vocational rehabilitation, and other fields of activity of the department of veterans affairs. The committee shall select a chairman and a secretary. The committee shall meet at such times as is called by its chairman or three of its members. Six of the initial appointments to the committee shall be for terms ending with the expiration of the term of the governor elected in 1974; the remaining five members shall serve for a term ending one year after that date. The committee shall expire, and the terms, compensation and removal of members shall be as provided in section 15.059. The commissioner of veterans affairs may attend any meeting of the committee and consult with the members on matters of policy relating to the department of veterans affairs and furnish such information as may be necessary to the committee.

Subd. 2. The commissioner of public welfare by direction of the governor after consulting with the legislative advisory commission may transfer unobligated appropriation balances and positions between the various subdivisions.

Subd. 3. The commissioner of corrections may transfer appropriations and authorized positions among all subdivisions of section 4 in the best interest of the security and rehabilitation programs and for more efficient utilization of personnel and facilities. Transfers shall be made with the written approval of the governor after consulting with the legislative advisory commission.

Sec. 14. APPROVED COMPLEMENT. Except as otherwise provided, whenever an appropriation made in this act to any institution or agency discloses an approved complement, the institution or agency is limited in the employment of the number of full-time equivalent persons indicated by the approved complement. Part-time and summer student help may be employed with the advance approval of the commissioner of finance and shall not be included in the approved complement. The approved complement does not include employees engaged in repair or construction projects who may be employed only with the advance approval of the commissioner of finance.

Additional employees over the number of the approved complement may be employed on the basis of public necessity or emergency with the written approval of the governor, but the governor shall not approve the additional personnel until he has consulted with the legislative advisory commission. Any requests for increases in the approved complement shall be forwarded to the appropriate committees on finance of the legislature not less than 30 days prior to the legislative advisory commission meeting.

Sec. 15. STAFF HOUSING. The commissioner of corrections shall reduce staff housing as soon as possible.

Sec. 16. FISCAL NOTES. Notwithstanding any other law to the contrary, the departments of health, public welfare, vocational rehabilitation, corrections and the health related boards shall not put into effect any rule, regulation, or standard, which has a fiscal impact in excess of \$100,000 annually without first providing the house appropriations and the senate finance committees with fiscal notes.

Sec. 17. On May 1, 1978, the Hastings state hospital shall be closed. The veterans affairs department may establish a veterans home on that campus upon the approval of the 1978 legislature. The finance committee of the senate and the appropriations committee of the house shall jointly study the feasibility of any other alternative for that campus and report their findings to the legislature on or before January 16, 1978. The commissioner of public welfare shall provide for the transfer of patients and patient records to other hospitals operated by the department of public welfare or provide for alternate care. The commissioner shall, to the extent possible, provide at least 30 days notice of the transfer and allow patients and their parents, spouse or guardian input regarding the institution to which the patient is to be transferred. All affected employees of the Hastings state hospital shall continue employment in the department of public welfare or they may voluntarily accept employment in another state department, with no reduction in salary or other benefits. The commissioner of personnel shall reimburse

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employees who relocate for all legitimate expenses incurred in relocation.

Notwithstanding any other law an employee who waives his right to transfer to a hospital other than Hastings state hospital or other state employment shall be entitled to severance pay in the amount equal to 5 percent of the employee's base salary or wage, not to exceed \$500, multiplied by the number of years of state service, but in no case shall the total amount exceed \$3,000.

There is available from the general contingent account the sum of \$1,000,000 which may be expended under the provision of Minnesota Statutes, Section 3.30, if an alternative is established for the Hastings campus.

Sec. 18. For the Oak Terrace state nursing home, the commissioner of public welfare shall assist a joint committee of the finance committee of the senate and the appropriations committee of the house to develop in detail a plan for the future use and care of patients. The report shall include, but not be limited to, where patients would be located, how affected employees would be accommodated and maintenance and disposition of the physical plant. The report and their findings shall be submitted to the legislature on or before January 16, 1978.

Sec. 19. FATHER MILLER MEMORIAL CHAPEL. Subdivision 1. There is hereby appropriated to the department of corrections the sum of \$63,295.76 as interest earned on and reinstatement of moneys expended from the \$156,624.41 gift to the state from the Reverend Francis J. Miller Memorial Foundation, Inc. for the construction of an interdenominational chapel at the prison at Stillwater for the period April 10, 1972 to December 31, 1976. The commissioner shall deposit this amount directly to the account containing the principal sum.

Subd. 2. The remaining principal plus accrued interest shall, in accordance with section 11.10, subdivision 1, be certified to the state board of investment as money not currently needed, and, notwithstanding the provision of section 11.10, subdivision 3, all interest and profits accruing from the investment shall be credited to and become a part of the principal sum of the investment. Any loss incurred in the principal sum of the investment shall be deducted therefrom.

Sec. 20. COMPUTER SYSTEM DEVELOPMENT. In all cases where an appropriation made in this act includes money for computer system development, development shall not proceed beyond PRIDE phase I until the project has been reviewed and approved by the commissioners of administration and finance. All approved projects shall be reported to the chairmen of the house appropriation committee and senate finance committee to receive their recommendation on the project. A recommendation is advisory only. In the case of rejected projects, the commissioner of finance shall cancel the unencumbered balance of the appropriation allotted for development of the project.

Sec. 21. There is appropriated to the department of public welfare the sum of \$300,000 for the biennium ending June 30, 1979, to be expended in Ramsey, Washington and Dakota counties for the cost of care of mentally ill persons who were in-patients of Hastings State Hospital on May 20, 1977, who may be placed in community facilities as a result of the closing of Hastings state hospital.

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