

State of Arkansas Department of Veterans Affairs

Needs Assessment for Replacement Facility Arkansas State Veterans Home at Fayetteville



"Proudly Serving Veterans from the"



Army



Marines



Navy



Air Force



Coast Guard

Table of Contents

EXECUTIVE SUMMARY	ES1-ES7
INTRODUCTION	1
Purpose, Scope & preparation	1
DEMOGRAPHIC CHARACTERISTICS OF THE VETERAN POPULATION NATIONALLY, STATE OF ARKANSAS AND THE PROPOSED CATCHMENT AREA	
NATIONALLY	2
Age of Veterans Nationally	2
Female Veterans	3
Minority Veterans	3
Long-Term Health Care	3
Veteran Population Demographic Trends	4
ARKANSAS	5
Arkansas Veteran Population Areas of Concentration	5
Catchments Areas of Veteran Population in Arkansas	5
Arkansas Veteran Population Demographic Trends	6
Map of Arkansas Denoting County Locations of State Veterans Homes, VA Hospitals and CBOC's	7
Veteran Population by County-10 Year Projection	8-9
Fayetteville Catchment Area	10-11
North Little Rock Catchment Area	12-13
Northeast Catchment Area	14-15
Southwest Catchment Area	16-17
Catchments Areas Summary	18-19

Arkansas State Veterans Homes.....	20
Arkansas Community-Based Certified Nursing Homes and Occupancy Level.....	21-27
Female Veterans.....	27
Minority Veterans.....	28
DIFFERENCES BETWEEN VA SUPPORT OF STATE VETERANS HOMES AND CONTRACTED COMMUNITY-BASED NURSING HOMES	28
State Veterans Home.....	28-29
Community-Based Nursing Homes with VA Contracts.....	30
STATE VETERANS HOMES PER DIEM STRUCTURE	32-33
DEPARTMENT OF VETERANS AFFAIRS CONSTRUCTION GRANT PROGRAM	34
Program Overview.....	34
Maximum Beds.....	34-35
Prioritization of Funding Requests.....	35
Construction Grant Backlog.....	36
Recent State Veterans Home Construction.....	36
Construction Cost & Cost per Bed.....	37
Projected Cost of Replacement Veterans Home in Fayetteville.....	38
Sources of Matching Funds.....	38
MISCELLANEOUS FACTORS REGARDING A STATE VETERANS HOME	39
General Requirements for All State Home Facilities.....	39-40
Infection Control.....	40

Potential Location Factors.....41

SUMMARY AND CONCLUSIONS.....41

Facility Need.....41-42

Facility Location.....42-43

Facility Admission Policies and Services Provided.....43

Facility Design Considerations.....43-45

Facility Financing and Operations.....45-46

14	Period Covered
16	SUMMARY AND CONCLUSIONS
24-25	Entity Form
24-27	Entity Location
28	Entity Address (Mailing and Service Address)
28-29	Entity Designation
29-30	Entity Formation and Operation

EXECUTIVE SUMMARY

Arkansas, as with the rest of the country, is dealing with an aging population filled with challenges on how to best manage their health care needs. Likewise, the United States military is also facing the largest aging veteran population in history and their demand for quality health care is great. The State Veterans Homes Program sponsored by the U.S. Department of Veterans Affairs (VA) is assisting in fulfilling this increasing need. This system has become the VA's primary source of long-term care services for veterans.

This study focuses on the need, feasibility, and advantages of replacing the current building that the Arkansas State Veterans Home at Fayetteville is located in to one that more meets the changing and challenging care needs of veterans in today's healthcare environment. It reviews demographic trends as well as long-term health care services for both the general and veteran populations. The VA's Construction Grant Program is outlined with challenges and successes of the program described. There are also costs projected for replacing the current facility with a new one within the Fayetteville catchment area as well as possible location factors and design considerations.

GENERAL POPULATION: DEMOGRAPHIC CHARACTERISTICS & TRENDS

An understanding of the general population and demographic trends can give insight into the health care system and how it must evolve to meet the needs of the population it serves. Factors such as population growth, age, gender, race, family structure, individuals and persons with disabilities all have effects on health care trends and can aid in forecasting future challenges.

In the United States, the 2010 Census revealed that the general population has increased 9.7 percent since the last Census in 2010 (data for the 2020 census will not be available until September 2021). This growth is expected to continue with the population becoming older and more diverse by 2060, though at a slower rate than in previous decades. The population of Arkansas is currently estimated to be 3,017,804 by the U.S. Census Bureau. Of this number 195,685 are veterans of the armed forces.

The nation is increasingly becoming a "minority" population, where those reporting being a race other than non-Hispanic White alone increased by 29 percent and an increasing number reported being Hispanic or Latino. The Asian population also grew at a faster rate than any other race, increasing by 43 percent.

The 2010 Census studied families and households, finding that various relationship types formed households in the United States. Nonfamily households grew twice as fast as family households from 2000 to 2010. For the first time in the nation, less than half of all households were husband and wife. The average number of people per household was 2.58 and the average family size was 3.14.

People with disabilities are influencing the health care system as well as the economy. In 2018, it was estimated the 12 percent of total federal outlays were spent on programs for the working-age disabled. The term "disabled" has varied definitions depending on the context it is being used and different organizations define it differently. In general, it is an impairment, activity limitation, or restriction that an individual experiences to which the degree of functioning varies. There are three types of disabilities: communicative, mental, and physical. For the majority of the people in the nation, the most common type of disability is ambulatory in the physical domain. It was also found that age contributed to the prevalence

of disability, increasing successively as individuals get older. Severe disability tended to affect 25 percent of people ages 65 to 69, while affecting only 5 percent of those ages 15 to 24.

GENERAL POPULATION: LONG-TERM HEALTH CARE

Long-term health care is described as support and services that assist individuals with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and other activities needed to live independently. It also includes supervision to preserve health and safety as well as services to improve physical and mental functioning. In the United States about 69 percent of individuals age 65 and over will need long-term care. Long-term support can be provided by a wide variety of services that are categorized into four groups: Nursing Home Care, Residential and Adult Care Homes, Home and Community-Based Services, and Voluntary Care.

Nursing home facilities provide health care services in a residential setting and include beds for skilled nursing and intermediate care. Approximately 3.1 percent of the total population age 65 and older resides in skilled nursing facilities. Cognitive and functional impairments are common among nursing home residents and the majority (76 percent) have 4 or more ADL impairments.

Per the Centers for Medicare and Medicaid Services (CMS) as of February 1, 2021 there are 222 Community-Based Nursing Homes in Arkansas with 62 of those being in the Fayetteville catchment area. The average occupancy rate at State nursing homes averaged 85.07% on February 1, 2021 while the privately held facilities averaged 67.31%.

Home and community-based services have become an emerging, less expensive option to nursing home care, especially with over 90 percent of seniors today wanting to age in place. These services usually accompany voluntary care provided by family and friends. They cover a wide variety of needs including case management, nurse aides, adult day care and adult day health centers, and personal care aides. Adult day care centers assist disabled adults by promoting functioning to a level that allows them to remain in their home. They receive personal care, supervision, social services, therapy, and leisure activities. Adult day health care centers are similar, but with a higher level of medical care offered. Home-based services allow patients assistance with ADLs and IADLs in the comfort of their own home.

While these varied services offer many options for long-term care, it also puts a strain on the workforce available. It is projected that by 2030, potential family caregivers will be reduced from four younger adults per every older adult down to two, meaning that the demand for health care workers will continue to increase.

VETERAN POPULATION: DEMOGRAPHIC CHARACTERISTICS & TRENDS

A veteran is described as someone 18 or older who is not currently on active duty, but has once served in a branch of the military. This group of Americans is decreasing, but is becoming increasingly diverse, and this may have an impact on how veteran's services and benefits are being utilized and delivered. There are an estimated 19.16 million veterans in the United States. This population has been progressively decreasing over the years, as those serving in the Korean and World Wars have passed on. It is expected that the total number of veterans will shrink to about 16.17 million people by 2030. In Arkansas, the estimated veteran population in 2021 is about 195,685. The vast majority of these veterans reside within the Counties of Pulaski, Benton and Washington. The veteran population is aging as well, with 45.39% percent being age 65 or older and 26.80% percent of veterans ages 50-64. The majority of women veterans is in the 30-49 year old range, but will shift to the older bracket in the next few decades. The number of veterans in Arkansas are predominantly male. Both of these characteristics are expected to change in the coming years. Women are increasingly becoming a large part of the veteran population, with females expected to comprise about 24.71% of the veteran population in the next 10 years. Arkansas has 18,484

women veterans. The Department of Veterans Affairs (VA) has formed task forces to address the needs of women veterans.

This population that had also been predominantly White is becoming more and more ethnically diverse and accordingly, the degree of diversity seems to decrease with age. Older veterans are mostly non-Hispanic White, while the ethnicities of younger veterans are much more varied. Not surprisingly, Arkansas veterans demonstrated an even greater amount of diversity than the rest of the nation. As of 2021, about 46 percent were White, 20 percent Japanese, 13 percent Filipino, and 11 percent Native Hawaiian.

There were an estimated 2.3 million veterans, ages 21 to 64, that reported having a service-connected disability in 2018. This is one where the disease or injury was determined to have occurred in or have been aggravated by military service. The VA evaluates this disability on a rating scale and depending on the severity of the injury, determines the amount of compensation that is ES-5 owed.

The VA strives to be a “forward-looking” organization and in order to accomplish this they must gain an understanding of the trends that impact the population they serve. A few trends that are affecting the health care system are the types of injuries that veterans now have to endure and the mobile society we are living in. Technological advances in weaponry and protective gear are allowing servicemembers to survive injuries that in the past would have been fatal. In addition, the prevalence of Post-Traumatic Stress Disorder (PTSD) and other injuries caused by a different type of conflict than the VA has ever had to experience is presenting challenges. Living in a mobile society has also brought forth the challenge of interacting with their population in a new and different way.

VETERAN POPULATION: LONG-TERM HEALTH CARE

The benefits provided to American veterans are boasted as being the most comprehensive in the world. The long-term health care system has been evolving since the Civil War, when state veterans homes were first established. The VA now operates the largest integrated health care delivery system in the nation. Long-term care is provided to veterans through the VA’s Geriatrics and Extended Care (GEC) Program, whose goal is to maximize functional independence in order to lessen the burden of disability on the veteran and their caregivers.

The Arkansas Department of Veterans Affairs serves to provide assistance to veterans and their beneficiaries with claims, burials and appeals in addition to acting as an advocate for veterans in legislative initiatives and providing oversight to the two Arkansas veterans homes. VA Health care for Arkansas veterans is available through the Veterans Health Care System of the Ozarks in Fayetteville, the Central Arkansas Veterans Healthcare System in Little Rock and North Little Rock as well as 16 community Based Outpatient Clinics throughout the State.

For the VA, the primary source of long-term care for their veterans is provided through the state veterans home program. There are now 160 state veterans homes in operation in the United States and Puerto Rico that are said to be the “model of cost-efficient partnership between federal and state governments”. State veterans homes are open to eligible veterans and certain veteran-related family members. Admission requirements vary by state, but there is a high demand for entry with some states maintaining long waiting lists. Veterans are attracted to state homes because they like the camaraderie and the idea of living amongst other veterans, in addition to the financial benefits. Residents of these homes are granted a per diem and may be eligible for additional entitlements to defray the costs of nursing home care. State veterans homes are also allowed to accept Medicaid and Medicare reimbursements to further assist their residents. These homes are owned and operated by the state, however the VA does maintain oversight through their construction grant program, per diem program, nurse recruitment and retention program, and clinical and survey oversight program. The services state veterans homes are authorized to provide are nursing home care, domiciliary support, and adult day health care. Per diems are reimbursed

based on the type of service provided to the resident. Many state homes are currently facing serious resource shortfalls, but increases in per diem rates are being requested of Congress to assist with operations.

The State of Arkansas through the Arkansas Department of Veterans Affairs owns and operates a total of 186 VA recognized/Medicaid/Medicare skilled certified beds located between two facilities. 90 of these beds are at the Arkansas State Veterans Home at Fayetteville and the remaining 96 beds are located at the Arkansas Veterans Home at North Little Rock. They provide skilled nursing care, rehabilitation therapies, long term care, hospice care, geriatric mental health as well as other healthcare needs of Veterans. The average occupancy of the Arkansas State Veterans Home at North Little Rock was 94.69% as of February 1, 2021. The average occupancy of the Arkansas State Veterans Home at Fayetteville was at 75.44% occupancy for the same time period.

DEPARTMENT OF VETERANS AFFAIRS CONSTRUCTION GRANT PROGRAM

The U.S. Department of Veterans Affairs offers the State Veterans Home Construction Grant Program in an effort to assist states in building nursing care facilities across the country. They provide federal funding to either construct or acquire new facilities or to renovate existing ones by contributing up to 65 percent of the total cost of construction. The state is then responsible to match funds for the remaining 35 percent. In order to receive consideration, the state must submit an application that demonstrates a need for the facility and that the proposed site is in the vicinity of a sufficient concentration of veterans age 65 and older. It must also document that upon completion, the state veterans home will likely be fully occupied. Applications are accepted annually by April 15th in order to request funds for the following fiscal year. A letter certifying the state's ability to produce the matching funds is due by August 1st of that year to receive a higher priority ranking. Federal regulations require that the land the facility is built on be supplied by a non-federal entity, but does allow the VA to contribute funds towards items such as architectural and engineering fees, contingency monies, and equipment. There are also strict guidelines in place for the design and operation of these state veterans homes in order for them to qualify for per diem payments.

The Veterans Millennium Health Care and Benefits Act of 1999 required that the VA develop regulations to establish the maximum number of nursing home and domiciliary beds each state would need based on projected demand. The number of existing state home beds subtracted from the maximum allowed would determine a state's unmet need. This would determine the number of beds that would qualify for federal matching funds. It is required that the projections be reviewed no fewer than every four years, with the number of maximum beds being recalculated every ten years. The forecast to the year 2020 shows Arkansas having a maximum bed allowance of 653 beds. Minus the 186 beds between the current Fayetteville and North Little Rock Homes, the remainder of unused maximum allowable beds is 467.

It was also required that the VA create a system to prioritize applications for the construction of a state veterans home. Priority group 1 projects have all certified that matching funds from the state are available. Within this first priority group are seven subpriorities, which rank projects by the level of need. Priority Groups 2 through 8 are for applications where matching funds have not been confirmed. They do not reflect priority; instead they are linked to the subpriorities in Group 1. Based on the number of unmet beds, an application from Arkansas would be placed in Group 8 (limited need) and promoted to Group 1, Subpriority 7 once the state attested to match the federal funding.

Since 1977 the requests for state home construction grants have surpassed the amount appropriated to fund these grants. This has caused a backlog of eligible applications. Once the threshold for funds is reached, projects left unfunded are tabled for the following year. From FY 2013 to FY 2014 the number of Priority List Group 1 projects has nearly doubled to about \$489 million, and The VA's share has since increased to over \$992 million with the amount appropriated remaining at \$85 million for the past four years. The National Association of State Directors of Veterans Affairs recently requested that Congress

reserve \$250 million in order to keep the program at a manageable level, but these appropriations will remain at \$85 million for FY 2021 and will be set at this amount through 2040.

Recent state veterans homes have typically been between 110,000 to 135,000 square feet and held about 120 to 160 beds. Though no longer enforced, the VA endorses the Community Living Center (CLC) concept, where the resident is the central focus of the environment of care. There are specific guidelines for spaces within the facility, but there is some room for flexibility in design and in the amenities provided. Many facilities also offer additional services, such as assisted living units and dementia care. State homes commonly occupy large tracts of land and recent homes have used a variety of sources to acquire that land since it is necessary for the site be provided outside of the federal monies.

The construction costs of recent projects vary greatly, but the average cost per bed is about \$471,613 based on the cost per bed applications submitted on FY 2020 priority list. There are a number of factors that may contribute to the wide range of construction costs, including geographic location, project amenities, material costs, and labor rates. The most common size for recent facilities has been 120 beds, which may be appropriate for a Fayetteville replacement facility. Should a hypothetical 90-bed replacement facility be built in Fayetteville, the construction cost may total just over \$42.44 million. The VA's share would be \$27.58 million with the State's contribution being \$14.86 million. Note that these numbers represent construction costs for the facility only and do not take into account site considerations and conditions of the construction market.

Operational expenses can include everything from utilities, licenses, maintenance services, medical equipment, supplies & services, and laundry services. The currently constructed facilities have the advantage of being located adjacent to the VA Medical Centers in Arkansas and should be able to share some of their services if the facilities don't already. Other factors that can affect operating costs may be personnel expenses, energy costs, and federal and state health care program reimbursement rates. Subsidies provided by the VA do allow for state veterans homes to charge less than private facilities and their ability to compound Medicaid and VA reimbursements are all added income to the facility. Initially the veterans home may need assistance from the State, but it is projected that the endeavor would soon be a profitable one.

Arkansas could provide matching funds through its regular appropriations process or it could finance the construction as part of a capital improvements bond issue. Other states have used many strategies in obtaining their funds. Some appropriations have been supplemented with private donations, while others have relied on county governments for funding.

A VETERANS HOME REPLACEMENT FACILITY: POTENTIAL LOCATION FACTORS

The only requirement made by the VA in regards to site selection is that the facility be located in a residential-type area that has access to medical facilities, community activities, and transportation facilities. While future analysis will examine specific sites, there are a number of factors that may influence potential locations, including being situated in the vicinity of a concentration of veterans, proximity to VA medical facilities, access to public transportation, overnight accommodations for visitors, and workforce availability.

Most importantly, a potential replacement state veterans home should be located where a concentration of veterans age 65 and older resides. The Current location of the Fayetteville facility in Washington County has the third highest concentration of veterans in the State next to Benton County (which borders Washington County) and Pulaski County.

Close proximity to VA medical facilities is significant because all residents will be a part of the VA's health care network. This will allow for improved medical care for residents in addition to increasing efficiency of transport.

The availability of public transportation at a state veterans home provides greater access to the facility by allowing further transportation options to staff and visitors. It has been shown that residents gain emotional and physical benefits from family and friends, so increased access also contributes to the overall well-being of the resident.

A state veterans home may employ several hundred workers, not only health care professionals, but also dietary staff, therapists, housekeeping personnel, and administrative workers. All of these employees are vital to the success of the facility and should be located in an area that can support the types of workforce it needs. In this regard, it may be advantageous for the facility to be near educational institutions that offer relevant professional licenses and certifications. This can allow for a symbiotic relationship to be formed between the two organizations where the veterans home could provide training opportunities and the educational facility can offer events for staff to increase their knowledge.

SUMMARY & CONCLUSIONS

The topics of this study are meant to lead to significant points of consideration in terms of need, location, admission policies, services provided, design, and operation of a new replacement state veterans home in Fayetteville, Arkansas. Given the inevitable increase in demand for nursing care services of both the general public and veterans alike. The care of these veterans in a state home allows the VA to cover many more expenses than federal regulations would allow for a private facility. This alleviates some of the burden that has fallen onto Medicaid and allows for these monies to be diverted to the care of others in need.

The size of a new facility is another item to consider. Arkansas has an unmet bed need of 467 beds, according to the VA's projections. The most common and efficient size in recent state veterans home construction is 120-128 beds. A facility of this size in Fayetteville would still leave a shortfall of 437-429 beds for the remaining counties.

Siting of the facility will be an involved process, but it may be a valuable exercise to develop criteria for selecting a suitable location. Some items for consideration may be its availability to serve the greatest number of elderly veterans, accessibility to emergency health care facilities, proximity to educational institutions offering health care programs, and that the site is appropriate for its intended use. The VA considers a driving time of up to two hours as an acceptable travel time to a state veterans home.

It may also be appropriate to evaluate the admissions policies and services that a new state veterans home will offer. The VA does not require that the policies or services provided be the same as the North Little Rock facility, though their policies and procedures may be a good starting point. It is anticipated that a new replacement state home in Fayetteville will likely be in great demand and additional requirements and services may be warranted to assure that the home is being used to the greatest extent for those that need it the most.

Federal regulations encourage following but does not enforce the VA Community Living Center (CLC) guidelines, which contains both general principles for the design of a state veterans homes as well as specific square footage allowances for every room in the building, but does allow for some latitude. Attributes of good nursing home design include providing a home-like atmosphere, efficiency, cleanliness, attention to way finding, accessibility, security, and aesthetics. Recent state veterans homes are also embracing the VA community living center model. These centers consist of "households" and "neighborhoods" where private resident rooms are grouped together and share kitchen, dining, and living spaces. These "houses" further share support services to become a "neighborhood". Institutional elements

are eliminated and the focus is on the comfort of the residents. Recent state veterans homes have also been designed to provide various levels of care. A common solution is to incorporate a typical design that is repeated for all sections of the facility so that the areas can be adaptable if the demand for types of care change.

Making a new state veterans home a reality may require that planners and designers be resourceful. There are many possibilities for funding and land donation that are worth exploring, especially given that the Department of Veterans Affairs would essentially be paying almost 2/3 of the cost to the State's 1/3. Operationally it is important to understand that the construction and transition to full occupancy may take time, but it is expected that a new state veterans home would soon become a self-sufficient operation.

are identified and the level of the threat is on the basis of the severity of the incident. It is not clear what criteria are used to determine the level of the threat. It is also not clear what criteria are used to determine the level of the threat. It is also not clear what criteria are used to determine the level of the threat.

It is not clear what criteria are used to determine the level of the threat. It is also not clear what criteria are used to determine the level of the threat. It is also not clear what criteria are used to determine the level of the threat. It is also not clear what criteria are used to determine the level of the threat.

INTRODUCTION

The Arkansas Veterans Home at Fayetteville has been ranked as one of the best long-term healthcare facilities in Arkansas and the best in Northwest Arkansas for 2019-2020 having received 5/5 star rating by CMS in 2019 and a 4/5 star rating by CMS in 2020 according to the US News and World Report.¹ On any given day, over 15,000 nursing facilities in the U.S. care for over 1.3 million people, most of them elderly. One of every ten Americans over the age of 85 is a nursing-home resident, and nearly one-third of older Americans spend time in a nursing home in their final months of life.²

Among those groups following this trend is U.S. military veterans. According to the Armed Forces Veterans Home Foundation, “the demand for quality long-term care is growing at an astounding rate. Our nation faces the largest aging veteran population in its history”. Today roughly 10 million Americans are age 65 and older, about 39% of all veterans in America. This proportion will remain unchanged for the next 20 years. The number of veterans aged 85 and older have increased by 600% from 1990 to 2020 and now total nearly 2 million.³ The U.S. Department of Veterans Affairs (VA) whom operates the largest direct health care delivery system in the nation, has designated the state veteran’s home system as its primary provider of long-term care service. There are a number of state veteran’s homes in operation throughout the United States and Puerto Rico, including two in Arkansas. Aggressive development of these homes is being undertaken with several new state veteran’s home slated to be built in the next 10 years, but it is estimated that even so, the demands for service will continue to exceed the supply.

PURPOSE, SCOPE & PREPARATION

The purpose of this “Needs Assessment” is to examine the feasibility of replacing the Arkansas Veterans Home at Fayetteville with a facility that more critically meets the health care, as well as psychological, mental, social and privacy needs of today’s veterans with an enhanced review regarding the female veteran and their specific needs, as well as the coordination of special disease control such as the current COVID pandemic. This assessment will also examine the financial aspects of the construction of a replacement facility and the potential benefits to the State.

The focus will be on the demographic climate of the population as a whole as well as a detailed analysis of current veterans in the State as well as within the catchment area. We will look at future demographic projections, characteristics and trends and an overview of the U.S. Department of Veterans Affairs Construction Grant Program will be described as a means of assistance to the State along with possible design considerations being determined to provide an aesthetic homelike environment, yet providing skilled nursing and rehabilitative services for both short-term and long-term healthcare needs of the veteran resident following the Community Living Center concept..

¹ Best 1 Nursing Homes in Arkansas | US News Health – Accessed February 21, 2021
<http://health.usnews.com/best-nursing-homes/area/ar>

² Calculated from the July 2019 CMS Provider Info file.

³ State Veterans Homes. Senior Veterans Service Alliance, 2013. Accessed February 21, 2021
<http://www.veteransaidbenefit.org>

DEMOGRAPHIC CHARACTERISTICS OF THE VETERAN POPULATION NATIONALLY, STATE OF ARKANSAS, AND THE PROPOSED CATCHMENT AREA

The United States Census Bureau defines a civilian veteran as, “someone 18 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marines during World War II”.⁴ The U.S. Department of Veterans Affairs (USDVA) goes on to describe the veterans that they serve to include the Public Health Service, Commissioned Officer Corps of the National Oceanic and Atmospheric Administration as well as eligible members of the Reserve and National Guard components and select members of the Philippine Armed Forces. In addition, the USDVA provides services and benefits to eligible survivors, spouses, dependents, and parents of veterans, as well as caregivers of certain disabled veterans.

The U.S. veterans is a group that is shrinking in numbers while becoming increasingly diverse. This diversity can have an effect on how veteran’s services and benefits are being utilized and delivered. This, in turn, can serve to impact the country as a whole in areas ranging from health care, education and employment to disability, homelessness and retirement.

NATIONALLY:

On September 30, 2021, there are anticipated to be an estimated 19,162,515 veterans in the United States with 78.07% of this population having served during a war or conflict. The service of these veterans ranges from World War II, Korea, and Viet Nam Era to the Gulf War Era, which includes Operation Enduring Freedom/Operation Iraqi Freedom/Operation/Operation New Dawn, and the intervening peacetime operations. The majority of the veteran population is comprised from the Gulf War Era with 42.85%, followed by the Viet Nam Era with an additional 31.59%.

Over the past few decades, the number of veterans has decreased as older veterans, particularly those having served in World War I, World War II, Korea and now Viet Nam Era have passed on. These numbers reached their peak in 1979 when there were 30.1 million veterans nationwide, but have progressively decreased over the years, unlike the general population that has seen an increase annually.⁵ It is expected that the veteran population will shrink by -15.53% to about 16.18 million over the next decade and continue to decline in numbers to 12.24 million, undergoing a -36.14% decline between now and 2048.⁶ Even though the overall veteran population is shrinking, the female veteran population is anticipated to increase by 5.28% by 2030 to 2,156,946, an increase of 111,562. 35.86% of the female veteran increase is anticipated to be 65 years of age and older.

AGE OF VETERANS NATIONALLY:

Along with the rest of the country, the veteran population is aging as well. Veterans age 65 and older made up 46.28% of the veteran population, followed by those ages 50-64 with 26.91%. This age distribution is expected to remain the same over the next decade. Female veterans, the majority of whom are currently in the 30-49-year-old range, will experience a shift to the older age brackets over the next decade, as shown in Exhibit 1-1.

⁴U.S. Census Bureau, U.S. Department of Commerce, Economic and Statistics Administration. *Veterans 2000*

⁵U.S. Department of Veterans Affairs. *FY2018-2024 Strategic Plan*

⁶National Center for Veterans Analysis and Statistics, *Vet Pop 2018-Living Veterans by Period of Service, Gender, 2018-2048* Accessed February 27, 2021 <https://www.va.gov/vetdata/Report.asp>

FEMALE VETERANS:

In 2016, women represented 56% of the general population but only 10% (approximately 2 million) of the Veteran population.

Most women Veterans (56.5%) served from 1990 to present (Gulf War I and II eras), 24.9% served during peacetime, and 18.6% served during WWII, Korea, and Vietnam. Women Veterans are more racially diverse than men Veterans, approximately 34.1% of women Veterans are minorities compared to 21.9% minority men Veterans, and even though women Veterans have attained higher education levels than men they have lower median incomes, and a higher percentage of women live in poverty and without income and/or health insurance than men Veterans.⁷

For women who do not use VA health care, nearly half reported that they were not able to determine their eligibility for VA benefits with information available, 47% prefer clinics specific for women, and 30% reported the lack of childcare was a significant barrier to VA health care.

Despite these challenges, the number of women using VA services has increased by over 45% since 2007 even though the number of women Veterans has increased less than 8%.⁸

MINORITY VETERANS:

According to data from the 2016 Veterans Population Model, minorities represented 23.7% of the Veteran population (approximately 4.7 million as of September 30, 2017); 52.2% are Black, 31.2% are Hispanic, 6.7% are Asian, and the remainder are American Indian/Alaskan Native, Hawaiian/Pacific Islander and other races.⁹

More than 43% served in the military since the Gulf War (1990 – 1991). Like the Veteran population in general, minority Veterans are older than the U.S. population; they have a median age of 55 years compared to non-Veterans (median age of 39). Approximately 2 million minority Veterans are enrolled in VA health care; 1.3 million used VA for health care, and about 6.2% live without health insurance. Poverty rates for minority Veterans are highest for those age 17 – 24 (15.5%) and 55 – 64 (13.5%), and 10.9% of all minority Veterans live in poverty.

LONG-TERM HEALTH CARE

The benefits provided to American veterans are boasted as being the most comprehensive in the world. The long-term health care system has been evolving since the Civil War, when state veterans homes were first established. The VA now operates the largest integrated health care delivery system in the nation. Long-term care is provided to veterans through the VA's Geriatrics and Extended Care (GEC) Program, whose goal is to maximize functional independence in order to lessen the burden of disability on the veteran and their caregivers.

⁷U.S. Department of Veterans Affairs, Profile of Women Veterans, (2016) pg. 4, 7, 9, 11, 13.

⁸U.S. Department of Veterans Affairs, Study of Barriers for Women Veterans to VA Health Care, (2015) pg. 30, 58, 73, 111 U.S.

⁹Department of Veterans Affairs, VA Utilization Profile FY 2016, (2017) pg. 7.

Exhibit 1-1: U.S. Veteran Population Demographic Trends

Total Veteran Population		2021	2023	2025	2027	2030	% Change
		19,162,515	18,433,480	17,749,571	17,102,073	16,186,967	-15.53%
Period of Service	WWII	240,329	124,341	59,873	26,787	6,979	-97.10%
	Korean Conflict	954,032	694,418	477,061	306,681	138,308	-85.51%
	Viet Nam Era	6,054,194	5,620,874	5,162,101	4,680,257	3,918,832	-35.28%
	Gulf War Era	8,211,348	8,518,277	8,780,042	8,935,283	8,940,245	8.20%
	Peacetime	4,203,099	3,921,024	3,666,202	3,503,785	3,472,899	-17.38%
Period of Service as a Percent of Veteran Population	WWII	1.25%	0.67%	0.34%	0.16%	0.04%	-
	Korean Conflict	4.98%	3.77%	2.69%	1.79%	0.85%	-
	Viet Nam Era	31.59%	30.49%	29.08%	27.37%	24.21%	-
	Gulf War Era	42.85%	46.21%	49.47%	52.25%	55.23%	-
	Peacetime	21.93%	21.27%	20.66%	20.49%	21.45%	-
Race/Ethnicity	White	15,369,034	14,667,988	14,011,861	13,392,100	12,519,478	-20.89%
	Black	2,456,905	2,421,259	2,383,390	2,342,903	2,276,898	-7.33%
	All Others	1,336,575	1,344,234	1,354,320	1,367,070	1,390,591	4.04%
Race/Ethnicity as a Percent of Veteran Population	White	80.20%	79.57%	78.94%	78.31%	77.34%	-
	Black	12.82%	13.14%	13.43%	13.70%	14.07%	-
	All Others	6.97%	7.29%	7.63%	7.99%	8.59%	-
Gender	Male	17,117,131	16,359,473	15,648,613	14,976,525	14,030,021	-18.04%
	Female	2,045,384	2,074,007	2,100,958	2,125,548	2,156,946	5.28%
Gender as a Percent of Veteran Population	Male	89.33%	88.75%	88.16%	87.57%	86.67%	-
	Female	10.67%	11.25%	11.84%	12.43%	13.33%	-
Age Segments	<20-29	889,162	886,735	893,554	892,216	876,682	-1.41%
	30-49	4,247,799	4,135,260	4,047,138	3,978,046	3,839,920	-9.61%
	50-64	5,157,173	4,836,470	4,496,622	4,149,485	3,775,977	-26.79%
	65+	8,868,380	8,575,016	8,312,257	8,082,327	7,694,388	-13.24%
Age Segments as a Percent of Veteran Population	<20-29	4.64%	4.81%	5.03%	5.22%	5.42%	-
	30-49	22.17%	22.43%	22.80%	23.26%	23.72%	-
	50-64	26.91%	26.24%	25.33%	24.26%	23.33%	-
	65+	46.28%	46.52%	46.83%	47.26%	47.53%	-
Female Age Segments	<20-29	173,973	172,913	173,438	170,142	165,926	-4.63%
	30-49	771,560	765,622	756,196	746,381	718,069	-6.94%
	50-64	670,976	656,731	634,320	610,851	604,260	-9.95%
	65+	428,875	478,741	537,003	598,175	668,691	35.86%
Female Age Segments as a Percent of Veteran Population	<20-29	0.91%	0.94%	0.98%	0.99%	1.03%	-
	30-49	4.03%	4.15%	4.26%	4.36%	4.44%	-
	50-64	3.50%	3.56%	3.57%	3.57%	3.73%	-
	65+	2.24%	2.60%	3.03%	3.50%	4.13%	-
Male Age Segments	<20-29	715,189	713,822	720,116	722,074	710,756	-0.62%
	30-49	3,476,240	3,369,637	3,290,942	3,231,665	3,121,851	-10.19%
	50-64	4,486,197	4,179,739	3,862,302	3,538,634	3,171,717	-29.30%
	65+	8,439,505	8,098,275	7,775,253	7,484,152	7,025,698	-16.75%
Male Age Segments as a Percent of Veteran Population	<20-29	3.73%	3.87%	4.06%	4.22%	4.39%	-
	30-49	18.14%	18.28%	18.54%	18.90%	19.29%	-
	50-64	23.41%	22.67%	21.76%	20.69%	19.59%	-
	65+	44.04%	43.93%	43.81%	43.76%	43.40%	-

Department of Veterans Affairs, FY 2018-2024 Strategic Plan

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

ARKANSAS:

According to the U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics 2021-2030 data, the veteran population in Arkansas projection for 2021 is 195,685 and comprises less than 1% of the nationwide veteran population. In line with the rest of the nation, the majority of Arkansas veterans served during the still ongoing Gulf War Era (44.09%), followed by the Viet Nam Era (33.30%). The overall Veteran population in Arkansas is expected to decline to 144,490 by the year 2030, a decrease of -26.16% as shown in Exhibit 2-1.

Arkansas currently operates two state veteran's homes located in Fayetteville and North Little Rock. The Veterans Home at North Little Rock has 96 private rooms each with a private bathroom that are officially recognized by the U.S. Department of Veterans Affairs. All beds are also certified for the State's Medicaid program as a "Homestyle Facility Operation" with a classification as a "Nursing Facility with Medicaid Beds".¹⁰ The Veterans Home at Fayetteville has 90 beds that are officially recognized by the U.S. Department of Veterans Affairs that are also licensed and certified by the State of Arkansas for participation in the Medicare (Title XVIII) and Medicaid (Title XIX) programs and is classified as a "Skilled Nursing Facility with Dual Certified Beds (Medicaid/Medicare)."¹¹

ARKANSAS VETERAN POPULATION AREAS OF CONCENTRATION:

Pulaski County has the highest concentration of veterans in the state with a current total of 29,536 of which 25,638 (86.80%) are male and 3,898 are female (13.20%). Of these veterans there are 10,655 age 65 and older and make up (41.6%) of the veteran population in this county. The breakdown of male and female veterans age 65 and older is 10,248 male (96.18%) and 407 are female (3.82%). Benton County has the next highest number of veterans at 15,793 of which 14,589 (92.38%) are male and 1,205 (7.62%) are female. There are 7,496 veterans in Benton County who are age 65 and older that comprise 47.46% of the veteran population in this county. Male veteran population is 7,343 (97.96%) and the female veteran population is 153 (2.04%). These two counties are followed by Washington County that has 12,509 veterans of which 11,350 (90.74%) are male and 1,159 are female (9.26%). Of the 12,509 veterans residing in Washington County, 5,011 are age 65 and older or 40.1% of which 4,886 (97.51%) are male and 124 are female (2.49%).

Benton and Washington Counties adjoin each other and thus are part of the same catchment area. The combined veteran population of these two counties is 28,302 with 25,939 (91.65%) being male and 2,364 (8.35%) being female. Of the 12,507 veterans ages 65 and older in these two counties 12,229 (97.78%) are males and 277 (2.22%) are female.

CATCHMENT AREAS OF VETERAN POPULATION IN ARKANSAS:

Based on the current locations of the two veteran's homes and the veteran population in which these facilities are located, both facilities are currently placed in the areas that have the most veteran population in the State of Arkansas. See Exhibit 3-1 that outlines a map of Arkansas that reflects the different catchment areas within the State. Also see the following exhibits regarding the veteran population Exhibits 3-2A & 3-2B regarding total veteran population in Arkansas with 10 year trend, Exhibits 3-3A & 3-3B regarding all veteran population in Fayetteville catchment as well as age 65 and older with 10 year trend, Exhibits 3-4A & 3-4B regarding all veteran population in North Little Rock catchment as well as age 65 and older with 10 year trend, Exhibits 3-5A & 3-5B regarding all veteran population in the Northeast catchment as well as age 65 and older with 10 year trend, Exhibits 3-6A & 3-6B regarding all veteran population in the Southwest catchment as well as age 65 and older with 10 year trend.

¹⁰State of Arkansas, Department of Human Services-Accessed March 2, 2021.

<https://humanservices.arkansas.gov/facilities/arkansas-state-veterans-home-at-north-little-rock/>

¹¹State of Arkansas, Department of Human Services-Accessed March 2, 2021.

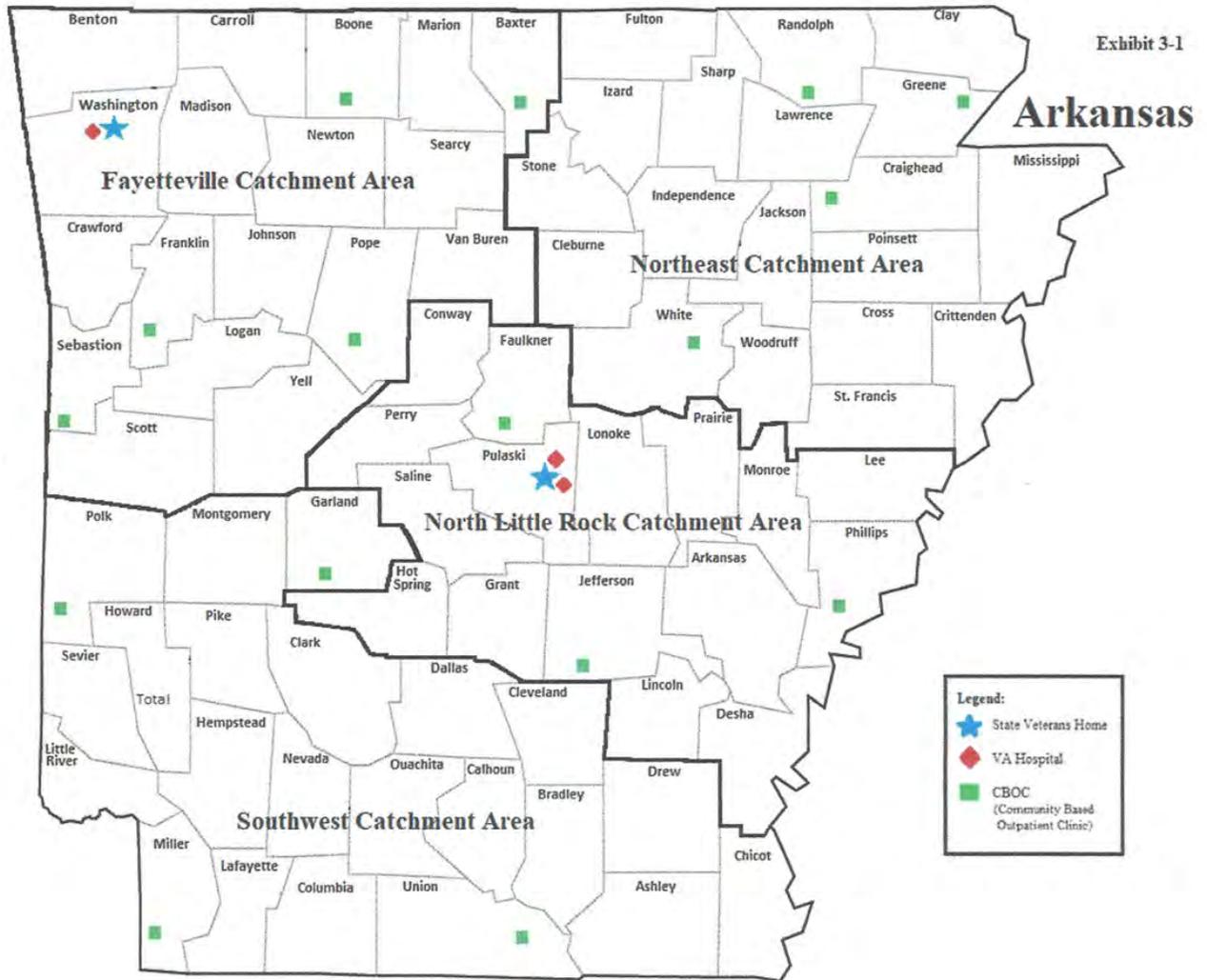
<https://humanservices.arkansas.gov/facilities/arkansas-veterans-home-at-fayetteville/>

Exhibit 2-1: Arkansas Veteran Population Demographic Trends

Total Veteran Population		2021	2023	2025	2027	2030	% Change
		195,685	182,658	170,664	159,590	144,490	-26.16%
Period of Service	WWII	2,093	1,041	482	207	50	-76.11%
	Korean Conflict	9,006	6,348	4,214	2,611	1,110	-87.67%
	Viet Nam Era	65,170	58,385	51,731	45,252	35,931	-44.87%
	Gulf War Era	86,272	86,423	85,984	84,291	79,737	-7.57%
	Peacetime	39,557	35,897	32,837	31,080	30,611	-22.61%
Period of Service as a Percent of Veteran Population	WWII	1.07%	0.57%	0.28%	0.13%	0.03%	-
	Korean Conflict	4.60%	3.48%	2.47%	1.64%	0.77%	-
	Viet Nam Era	33.30%	31.96%	30.31%	28.36%	24.87%	-
	Gulf War Era	44.09%	47.31%	50.38%	52.82%	55.19%	-
	Peacetime	20.21%	19.65%	19.24%	19.47%	21.19%	-
Race/Ethnicity	White	161,750	150,491	140,288	131,001	118,567	-26.70%
	Black	24,655	23,261	21,844	20,426	18,296	-25.79%
	All Others	9,280	8,906	8,532	8,163	7,627	-17.81%
Race/Ethnicity as a Percent of Veteran Population	White	82.66%	82.39%	82.20%	82.09%	82.06%	-
	Black	12.60%	12.73%	12.80%	12.80%	12.66%	-
	All Others	4.74%	4.88%	5.00%	5.11%	5.28%	-
Gender	Male	177,201	164,705	153,188	142,556	128,089	-27.71%
	Female	18,484	17,954	17,476	17,034	16,401	-11.27%
Gender as a Percent of Veteran Population	Male	90.55%	90.17%	89.76%	89.33%	88.65%	-
	Female	9.45%	9.83%	10.24%	10.67%	11.35%	-
Age Segments	<20-29	10,741	10,704	10,819	10,661	10,545	-1.83%
	30-49	43,690	40,878	38,820	37,475	35,193	-19.45%
	50-64	52,434	47,435	42,134	37,095	31,662	-39.62%
	65+	88,820	83,642	78,892	74,359	67,089	-24.47%
Age Segments as a Percent of Veteran Population	<20-29	5.49%	5.86%	6.34%	6.68%	7.30%	-
	30-49	22.33%	22.38%	22.75%	23.48%	24.36%	-
	50-64	26.80%	25.97%	24.69%	23.24%	21.91%	-
	65+	45.39%	45.79%	46.23%	46.59%	46.43%	-
Female Age Segments	<20-29	2,039	2,078	2,149	2,098	2,101	2.96%
	30-49	6,905	6,451	6,115	5,897	5,496	-20.41%
	50-64	6,042	5,628	5,074	4,605	4,158	-31.21%
	65+	3,498	3,796	4,139	4,434	4,646	24.71%
Female Age Segments as a Percent of Veteran Population	<20-29	1.04%	1.14%	1.26%	1.31%	1.45%	-
	30-49	3.53%	3.53%	3.58%	3.70%	3.80%	-
	50-64	3.09%	3.08%	2.97%	2.89%	2.88%	-
	65+	1.79%	2.08%	2.43%	2.78%	3.22%	-
Male Age Segments	<20-29	8,701	8,626	8,670	8,563	8,444	-2.95%
	30-49	36,785	34,426	32,705	31,579	29,698	-19.27%
	50-64	46,393	41,807	37,060	32,490	27,504	-40.72%
	65+	85,322	79,845	74,753	69,925	62,443	-26.81%
Male Age Segments as a Percent of Veteran Population	<20-29	4.45%	4.72%	5.08%	5.37%	5.84%	-
	30-49	18.80%	18.85%	19.16%	19.79%	20.55%	-
	50-64	23.71%	22.89%	21.72%	20.36%	19.04%	-
	65+	43.60%	43.71%	43.80%	43.82%	43.22%	-

Department of Veterans Affairs, FY 2018-2024 Strategic Plan

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)



Location Sources:
 VA Hospitals - <https://www.gov/directry/Guide/state.asp?dnum=ALL&STATE=AR>
 Community Based Outpatient Clinics (CBOC) - - <https://www.gov/directry/Guide/state.asp?dnum=ALL&STATE=AR>
 State Veterans Homes - www.veterans.arkansas.gov

Exhibit: 3-2A

Arkansas
All Veterans Population by County
10 Year Projection

County	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas	1,094	1,055	1,016	972	929	893	853	815	776	737
Ashley	1,109	1,053	1,002	955	912	876	836	800	765	729
Baxter	4,193	4,016	3,848	3,694	3,564	3,430	3,302	3,172	3,050	2,944
Benton	15,793	15,642	15,471	15,291	15,093	14,844	14,625	14,427	14,248	14,079
Boone	2,597	2,504	2,413	2,325	2,243	2,168	2,097	2,028	1,954	1,885
Bradley	595	563	533	508	485	464	441	421	401	382
Calhoun	341	335	326	314	306	294	283	271	261	254
Carroll	2,028	1,944	1,867	1,793	1,722	1,653	1,592	1,528	1,468	1,406
Chicot	591	565	536	509	482	459	437	418	397	377
Clark	1,329	1,294	1,249	1,198	1,150	1,104	1,063	1,024	978	936
Clay	859	822	785	750	717	683	652	622	594	566
Cleburne	2,263	2,187	2,118	2,035	1,961	1,889	1,827	1,761	1,694	1,639
Cleveland	484	468	460	439	426	410	395	383	370	358
Columbia	1,289	1,242	1,195	1,147	1,104	1,066	1,030	988	952	915
Conway	1,380	1,338	1,294	1,252	1,208	1,169	1,131	1,094	1,058	1,022
Craighead	5,287	5,111	4,942	4,768	4,604	4,439	4,286	4,130	3,981	3,846
Crawford	4,177	4,015	3,874	3,745	3,615	3,484	3,359	3,250	3,139	3,028
Crittenden	2,624	2,503	2,391	2,287	2,187	2,095	2,007	1,928	1,853	1,784
Cross	818	784	758	728	699	676	649	624	599	576
Dallas	476	458	436	416	400	385	369	353	335	320
Desha	527	502	479	454	432	414	394	375	357	339
Drew	1,030	989	951	918	885	859	829	801	773	747
Faulkner	7,241	7,092	6,962	6,847	6,719	6,594	6,478	6,362	6,251	6,139
Franklin	1,113	1,072	1,033	992	953	914	879	848	815	784
Fulton	988	956	927	896	870	830	802	770	744	719
Garland	8,319	8,066	7,798	7,549	7,299	7,043	6,817	6,569	6,345	6,134
Grant	1,143	1,107	1,069	1,034	1,006	978	949	922	892	861
Greene	2,759	2,643	2,532	2,428	2,330	2,238	2,143	2,062	1,980	1,905
Hempstead	1,038	982	935	892	850	815	782	747	717	687
Hot Spring	2,175	2,102	2,036	1,965	1,903	1,841	1,784	1,728	1,671	1,612
Howard	722	695	671	646	617	586	561	540	515	493
Independence	2,244	2,156	2,073	1,993	1,912	1,842	1,771	1,707	1,639	1,571
Izard	1,164	1,118	1,080	1,043	1,010	980	945	913	882	852
Jackson	965	928	892	857	822	791	761	731	700	666
Jefferson	4,609	4,436	4,273	4,118	3,959	3,816	3,667	3,528	3,389	3,253

Exhibit: 3-2B

Arkansas
All Veterans Population by County
10 Year Projection

County	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Johnson	1,626	1,556	1,487	1,421	1,362	1,307	1,255	1,202	1,152	1,102
Lafayette	370	353	337	321	306	292	277	266	253	242
Lawrence	1,012	963	919	879	842	806	772	736	701	668
Lee	329	313	298	285	273	262	250	239	228	218
Lincoln	555	529	513	496	478	459	443	427	412	397
Little River	762	723	689	661	634	609	582	558	533	508
Logan	1,519	1,459	1,404	1,347	1,297	1,247	1,198	1,149	1,104	1,061
Lonoke	6,157	5,995	5,827	5,673	5,517	5,388	5,244	5,104	4,969	4,848
Madison	762	731	705	680	659	637	612	588	566	545
Marion	1,516	1,451	1,385	1,324	1,272	1,227	1,180	1,127	1,083	1,040
Miller	2,660	2,548	2,441	2,349	2,260	2,177	2,089	2,010	1,933	1,859
Mississippi	2,345	2,234	2,129	2,036	1,948	1,865	1,786	1,707	1,630	1,564
Monroe	428	406	385	365	346	328	308	289	274	257
Montgomery	772	734	702	671	643	616	593	571	550	530
Nevada	491	468	447	427	408	387	367	350	338	325
Newton	622	593	567	543	520	500	478	457	439	418
Ouachita	1,602	1,530	1,465	1,401	1,341	1,287	1,230	1,177	1,126	1,076
Perry	750	723	700	676	656	637	620	600	577	557
Phillips	996	942	895	849	807	768	731	696	662	628
Pike	680	658	633	614	590	566	546	530	510	490
Poinsett	1,130	1,074	1,023	974	929	884	844	807	771	734
Polk	1,724	1,649	1,579	1,509	1,437	1,382	1,321	1,268	1,211	1,164
Pope	4,152	4,007	3,874	3,742	3,614	3,491	3,371	3,262	3,149	3,037
Prairie	514	490	467	444	423	402	384	367	350	335
Pulaski	29,536	28,393	27,304	26,289	25,293	24,343	23,435	22,552	21,739	20,949
Randolph	1,101	1,054	1,012	971	932	894	857	824	790	759
Saint Francis	1,082	1,037	994	954	919	887	856	826	798	768
Saline	9,338	9,144	8,941	8,729	8,527	8,353	8,199	8,043	7,887	7,729
Scott	678	643	614	582	557	530	504	482	464	441
Searcy	623	590	564	535	508	483	460	440	417	398
Sebastian	8,553	8,216	7,896	7,595	7,311	7,039	6,775	6,522	6,286	6,070
Sevier	743	709	680	651	625	603	578	557	537	518
Sharp	1,549	1,481	1,410	1,350	1,298	1,252	1,198	1,154	1,098	1,052
Stone	977	930	888	847	815	783	753	720	690	661
Union	2,301	2,206	2,116	2,024	1,935	1,849	1,773	1,698	1,624	1,554
Van Buren	1,370	1,323	1,278	1,228	1,181	1,139	1,095	1,056	1,018	984
Washington	12,509	12,190	11,835	11,522	11,203	10,890	10,579	10,291	10,024	9,734
White	4,847	4,692	4,543	4,401	4,266	4,136	4,005	3,877	3,755	3,638
Woodruff	378	359	344	327	311	293	279	267	254	239
Yell	1,265	1,203	1,143	1,092	1,047	1,003	964	925	886	848
Total	195,685	189,042	182,658	176,543	170,664	165,019	159,590	154,361	149,328	144,490

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-3A

Fayetteville Catchment Area - All Veterans

All Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	4,193	4,016	3,848	3,694	3,564	3,430	3,302	3,172	3,050	2,944
Benton,AR	15,793	15,642	15,471	15,291	15,093	14,844	14,625	14,427	14,248	14,079
Boone,AR	2,597	2,504	2,413	2,325	2,243	2,168	2,097	2,028	1,954	1,885
Carroll,AR	2,028	1,944	1,867	1,793	1,722	1,653	1,592	1,528	1,468	1,406
Crawford,AR	4,177	4,015	3,874	3,745	3,615	3,484	3,359	3,250	3,139	3,028
Franklin,AR	1,113	1,072	1,033	992	953	914	879	848	815	784
Johnson,AR	1,626	1,556	1,487	1,421	1,362	1,307	1,255	1,202	1,152	1,102
Logan,AR	1,519	1,459	1,404	1,347	1,297	1,247	1,198	1,149	1,104	1,061
Madison,AR	762	731	705	680	659	637	612	588	566	545
Marion,AR	1,516	1,451	1,385	1,324	1,272	1,227	1,180	1,127	1,083	1,040
Newton,AR	622	593	567	543	520	500	478	457	439	418
Pope,AR	4,152	4,007	3,874	3,742	3,614	3,491	3,371	3,262	3,149	3,037
Scott,AR	678	643	614	582	557	530	504	482	464	441
Searcy,AR	623	590	564	535	508	483	460	440	417	398
Sebastian,AR	8,553	8,216	7,896	7,595	7,311	7,039	6,775	6,522	6,286	6,070
Van Buren,AR	1,370	1,323	1,278	1,228	1,181	1,139	1,095	1,056	1,018	984
Washington,AR	12,509	12,190	11,835	11,522	11,203	10,890	10,579	10,291	10,024	9,734
Yell,AR	1,265	1,203	1,143	1,092	1,047	1,003	964	925	886	848
TOTAL	65,094	63,155	61,259	59,451	57,720	55,986	54,325	52,755	51,259	49,804

All Male Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	3,882	3,708	3,543	3,393	3,263	3,133	3,005	2,879	2,761	2,659
Benton,AR	14,589	14,434	14,261	14,075	13,874	13,621	13,400	13,197	13,010	12,838
Boone,AR	2,353	2,263	2,173	2,089	2,008	1,934	1,865	1,799	1,728	1,663
Carroll,AR	1,856	1,775	1,699	1,627	1,558	1,492	1,432	1,370	1,314	1,255
Crawford,AR	3,869	3,713	3,579	3,456	3,332	3,206	3,087	2,982	2,875	2,767
Franklin,AR	1,031	993	956	916	879	842	809	778	746	715
Johnson,AR	1,527	1,460	1,392	1,328	1,270	1,217	1,166	1,115	1,066	1,018
Logan,AR	1,393	1,334	1,280	1,226	1,178	1,130	1,083	1,035	993	951
Madison,AR	714	684	659	635	614	593	569	546	525	505
Marion,AR	1,402	1,338	1,272	1,212	1,161	1,118	1,072	1,020	978	937
Newton,AR	592	563	538	513	490	470	447	426	407	386
Pope,AR	3,773	3,631	3,499	3,371	3,246	3,128	3,014	2,912	2,805	2,700
Scott,AR	632	597	569	539	515	490	465	444	427	404
Searcy,AR	580	549	523	495	469	445	422	403	381	363
Sebastian,AR	7,713	7,396	7,095	6,816	6,551	6,297	6,051	5,815	5,594	5,394
Van Buren,AR	1,274	1,229	1,186	1,137	1,091	1,049	1,007	968	931	898
Washington,AR	11,350	11,046	10,716	10,418	10,118	9,818	9,518	9,236	8,970	8,684
Yell,AR	1,184	1,125	1,068	1,019	977	935	897	860	822	786
TOTAL	59,713	57,838	56,010	54,264	52,595	50,917	49,310	47,786	46,333	44,924

All Female Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	310	308	304	301	300	298	296	293	289	285
Benton,AR	1,205	1,209	1,210	1,216	1,219	1,223	1,225	1,231	1,237	1,240
Boone,AR	244	241	240	237	235	234	232	229	225	222
Carroll,AR	172	170	168	166	164	161	159	157	154	151
Crawford,AR	308	302	295	289	283	278	272	268	264	261
Franklin,AR	81	80	77	75	74	72	70	69	69	69
Johnson,AR	98	97	95	93	92	90	88	87	86	84
Logan,AR	126	125	123	121	119	118	116	114	111	110
Madison,AR	48	47	46	45	44	43	43	42	41	40
Marion,AR	114	113	113	112	111	109	108	107	105	103
Newton,AR	30	30	30	30	30	30	31	31	32	32
Pope,AR	379	376	375	371	368	363	357	351	343	337
Scott,AR	47	46	45	43	42	40	39	38	38	37
Searcy,AR	43	42	41	40	39	38	38	37	36	35
Sebastian,AR	841	820	801	780	760	742	724	707	692	676
Van Buren,AR	95	94	92	91	90	89	88	87	87	86
Washington,AR	1,159	1,144	1,118	1,104	1,085	1,072	1,061	1,055	1,054	1,050
Yell,AR	81	78	75	73	70	68	67	65	63	62
TOTAL	5,382	5,322	5,249	5,187	5,125	5,069	5,015	4,969	4,927	4,880

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-3B

Fayetteville Catchment Area - Veterans Age 65 and Older

All Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	2,610	2,498	2,391	2,296	2,226	2,151	2,077	1,996	1,918	1,855
Benton,AR	7,496	7,509	7,484	7,446	7,400	7,305	7,236	7,162	7,087	7,016
Boone,AR	1,229	1,184	1,139	1,101	1,067	1,037	1,008	978	937	899
Carroll,AR	1,196	1,152	1,113	1,072	1,037	1,004	972	933	899	864
Crawford,AR	1,806	1,736	1,684	1,644	1,601	1,547	1,498	1,459	1,416	1,368
Franklin,AR	557	540	524	506	490	473	457	442	426	408
Johnson,AR	785	752	719	686	659	633	608	582	554	526
Logan,AR	717	690	667	642	626	608	588	567	551	535
Madison,AR	373	359	347	338	334	326	315	304	294	284
Marion,AR	935	895	848	809	783	764	739	706	681	656
Newton,AR	427	408	391	376	360	348	332	318	306	291
Pope,AR	1,814	1,748	1,697	1,648	1,602	1,554	1,502	1,455	1,397	1,337
Scott,AR	355	336	322	307	297	282	269	257	250	237
Searcy,AR	366	350	337	320	307	295	281	270	253	239
Sebastian,AR	3,226	3,118	3,013	2,910	2,817	2,726	2,632	2,534	2,439	2,344
Van Buren,AR	773	751	725	700	677	655	630	611	594	573
Washington,AR	5,011	4,924	4,786	4,689	4,583	4,474	4,357	4,236	4,104	3,948
Yell,AR	662	629	594	567	546	524	507	485	462	438
TOTAL	30,339	29,571	28,781	28,055	27,409	26,707	26,008	25,295	24,568	23,820

Male Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	2,500	2,383	2,272	2,173	2,098	2,020	1,940	1,857	1,778	1,715
Benton,AR	7,343	7,344	7,310	7,261	7,202	7,097	7,015	6,930	6,847	6,769
Boone,AR	1,160	1,113	1,064	1,023	985	953	921	890	849	812
Carroll,AR	1,134	1,088	1,046	1,004	967	933	899	859	826	791
Crawford,AR	1,765	1,693	1,639	1,597	1,551	1,496	1,445	1,405	1,360	1,311
Franklin,AR	546	529	513	494	477	460	443	426	410	391
Johnson,AR	770	736	702	669	641	616	591	564	536	509
Logan,AR	686	658	633	607	589	570	548	526	510	493
Madison,AR	367	352	340	330	325	318	306	295	285	275
Marion,AR	888	846	797	756	728	708	682	649	623	599
Newton,AR	415	394	378	362	346	332	315	301	288	271
Pope,AR	1,714	1,645	1,588	1,536	1,485	1,435	1,380	1,332	1,275	1,215
Scott,AR	346	326	312	297	286	271	258	245	238	226
Searcy,AR	348	331	319	302	288	276	262	252	235	222
Sebastian,AR	3,128	3,017	2,908	2,804	2,707	2,615	2,519	2,422	2,328	2,238
Van Buren,AR	753	729	703	676	652	629	603	582	565	543
Washington,AR	4,886	4,791	4,655	4,547	4,432	4,315	4,186	4,052	3,907	3,741
Yell,AR	659	625	591	563	542	520	503	480	458	433
TOTAL	29,408	28,600	27,769	27,000	26,302	25,562	24,816	24,068	23,317	22,554

Female Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Baxter,AR	111	115	118	122	128	131	136	139	140	141
Benton,AR	153	165	174	185	197	208	221	232	240	247
Boone,AR	69	71	76	78	81	84	87	88	88	88
Carroll,AR	62	64	67	68	70	71	72	73	73	73
Crawford,AR	41	43	45	47	49	51	53	54	56	57
Franklin,AR	11	11	11	12	13	13	14	15	16	17
Johnson,AR	15	16	17	17	17	17	18	18	17	17
Logan,AR	31	32	34	36	37	39	40	41	41	42
Madison,AR	7	7	7	8	8	9	9	9	9	9
Marion,AR	47	49	51	53	55	56	57	57	58	57
Newton,AR	12	13	13	14	15	15	16	18	18	20
Pope,AR	100	103	109	112	117	120	122	123	122	122
Scott,AR	9	10	10	10	11	11	11	12	12	12
Searcy,AR	18	18	18	18	18	18	19	18	18	18
Sebastian,AR	98	101	105	106	110	111	113	112	110	106
Van Buren,AR	20	22	22	24	25	26	27	28	29	30
Washington,AR	124	133	131	142	151	159	172	184	197	208
Yell,AR	3	3	4	4	4	4	4	5	5	5
TOTAL	931	976	1,013	1,055	1,107	1,144	1,192	1,227	1,251	1,266

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-4A

North Little Rock Catchment Area - All Veterans

All Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	1,094	1,055	1,016	972	929	893	853	815	776	737
Conway,AR	1,380	1,338	1,294	1,252	1,208	1,169	1,131	1,094	1,058	1,022
Desha,AR	527	502	479	454	432	414	394	375	357	339
Faulkner,AR	7,241	7,092	6,962	6,847	6,719	6,594	6,478	6,362	6,251	6,139
Grant,AR	1,143	1,107	1,069	1,034	1,006	978	949	922	892	861
Hot Spring,AR	2,175	2,102	2,036	1,965	1,903	1,841	1,784	1,728	1,671	1,612
Jefferson,AR	4,609	4,436	4,273	4,118	3,959	3,816	3,667	3,528	3,389	3,253
Lee,AR	329	313	298	285	273	262	250	239	228	218
Lincoln,AR	555	529	513	496	478	459	443	427	412	397
Lonoke,AR	6,157	5,995	5,827	5,673	5,517	5,388	5,244	5,104	4,969	4,848
Monroe,AR	428	406	385	365	346	328	308	289	274	257
Perry,AR	750	723	700	676	656	637	620	600	577	557
Phillips,AR	996	942	895	849	807	768	731	696	662	628
Prairie,AR	514	490	467	444	423	402	384	367	350	335
Pulaski,AR	29,536	28,393	27,304	26,289	25,293	24,343	23,435	22,552	21,739	20,949
Saline,AR	9,338	9,144	8,941	8,729	8,527	8,353	8,199	8,043	7,887	7,729
TOTAL	66,774	64,567	62,459	60,450	58,476	56,644	54,870	53,142	51,491	49,882

All Male Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	1,002	964	925	882	839	804	766	731	694	656
Conway,AR	1,220	1,177	1,133	1,089	1,043	1,003	963	924	887	852
Desha,AR	455	431	407	384	363	346	327	310	292	276
Faulkner,AR	6,451	6,302	6,176	6,062	5,935	5,811	5,695	5,578	5,468	5,356
Grant,AR	1,020	984	946	910	882	855	826	799	768	737
Hot Spring,AR	1,936	1,864	1,796	1,726	1,664	1,604	1,548	1,497	1,443	1,390
Jefferson,AR	4,002	3,832	3,667	3,513	3,354	3,213	3,067	2,932	2,798	2,667
Lee,AR	297	281	267	255	243	233	222	212	203	194
Lincoln,AR	516	491	475	459	442	423	408	394	379	365
Lonoke,AR	5,359	5,203	5,039	4,894	4,745	4,622	4,485	4,353	4,228	4,116
Monroe,AR	402	380	360	340	322	304	285	266	252	236
Perry,AR	695	669	647	625	607	589	572	554	532	514
Phillips,AR	906	855	811	769	729	692	658	625	594	562
Prairie,AR	482	458	436	413	393	373	356	340	324	309
Pulaski,AR	25,638	24,589	23,594	22,661	21,750	20,878	20,051	19,240	18,496	17,768
Saline,AR	8,696	8,502	8,308	8,095	7,895	7,719	7,561	7,400	7,237	7,072
TOTAL	59,075	56,982	54,987	53,079	51,206	49,470	47,790	46,154	44,594	43,068

All Female Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	93	91	91	90	90	89	87	85	83	81
Conway,AR	160	160	161	163	165	165	168	170	171	171
Desha,AR	72	71	71	70	69	68	67	65	64	63
Faulkner,AR	790	790	787	785	784	783	783	784	783	783
Grant,AR	123	123	123	124	124	123	123	123	124	124
Hot Spring,AR	239	237	240	239	238	237	236	232	228	223
Jefferson,AR	607	604	607	605	605	603	601	597	591	587
Lee,AR	33	32	31	30	30	29	28	27	25	24
Lincoln,AR	39	38	37	37	37	36	35	34	33	32
Lonoke,AR	798	792	788	778	771	765	759	751	741	733
Monroe,AR	26	26	25	24	24	24	23	22	22	21
Perry,AR	55	54	52	51	50	49	47	46	45	43
Phillips,AR	90	87	84	81	78	75	73	71	69	66
Prairie,AR	32	31	31	31	30	29	28	27	27	26
Pulaski,AR	3,898	3,804	3,710	3,628	3,543	3,465	3,384	3,312	3,243	3,181
Saline,AR	643	642	634	635	633	634	638	643	650	657
TOTAL	7,698	7,582	7,472	7,371	7,270	7,174	7,080	6,988	6,897	6,814

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-4B

North Little Rock Catchment Area - Veterans Age 65 and Older

All Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	574	565	553	534	512	498	477	458	435	410
Conway,AR	671	659	646	633	618	607	595	584	572	555
Desha,AR	233	226	218	207	197	191	182	172	163	153
Faulkner,AR	2,695	2,644	2,597	2,569	2,530	2,487	2,455	2,405	2,355	2,298
Grant,AR	556	542	524	509	502	494	483	471	457	439
Hot Spring,AR	1,017	986	963	940	916	890	876	857	831	798
Jefferson,AR	2,214	2,152	2,085	2,024	1,961	1,903	1,837	1,773	1,706	1,636
Lee,AR	158	149	142	135	130	126	119	113	107	103
Lincoln,AR	261	244	239	233	226	217	212	207	201	194
Lonoke,AR	2,053	2,012	1,954	1,915	1,867	1,842	1,801	1,750	1,696	1,645
Monroe,AR	234	223	214	205	195	186	175	163	156	145
Perry,AR	371	361	353	346	339	334	327	317	305	294
Phillips,AR	478	456	438	419	403	386	369	354	335	315
Prairie,AR	281	269	258	244	233	224	215	206	195	185
Pulaski,AR	10,655	10,312	9,956	9,631	9,286	8,943	8,612	8,238	7,895	7,521
Saline,AR	5,242	5,164	5,068	4,961	4,861	4,779	4,711	4,637	4,563	4,472
TOTAL	27,691	26,964	26,206	25,505	24,777	24,108	23,446	22,706	21,972	21,162

Male Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	540	530	516	496	473	458	437	418	396	371
Conway,AR	588	572	555	537	518	503	486	471	457	439
Desha,AR	209	201	192	182	171	165	155	146	137	127
Faulkner,AR	2,585	2,526	2,473	2,436	2,388	2,338	2,297	2,239	2,182	2,119
Grant,AR	518	502	482	465	454	444	431	417	400	381
Hot Spring,AR	905	872	841	816	788	760	744	726	700	669
Jefferson,AR	1,971	1,898	1,816	1,744	1,669	1,602	1,528	1,458	1,387	1,314
Lee,AR	155	146	139	132	127	122	115	109	103	99
Lincoln,AR	257	241	235	230	222	213	208	203	196	190
Lonoke,AR	1,932	1,884	1,816	1,773	1,717	1,685	1,639	1,586	1,533	1,483
Monroe,AR	231	220	211	202	192	182	171	159	152	141
Perry,AR	364	353	344	336	330	324	317	307	295	284
Phillips,AR	463	441	423	403	387	370	353	338	320	299
Prairie,AR	275	263	252	238	228	218	209	200	189	179
Pulaski,AR	10,248	9,888	9,521	9,178	8,813	8,457	8,110	7,727	7,382	7,009
Saline,AR	5,140	5,053	4,956	4,838	4,730	4,640	4,558	4,471	4,384	4,281
TOTAL	26,382	25,590	24,772	24,007	23,204	22,482	21,759	20,974	20,212	19,385

Female Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Arkansas,AR	34	35	37	38	39	40	40	40	39	39
Conway,AR	83	87	91	96	101	104	108	113	115	116
Desha,AR	24	24	26	25	26	26	26	26	26	26
Faulkner,AR	110	118	123	132	142	149	158	166	173	179
Grant,AR	38	40	42	45	48	50	52	54	57	58
Hot Spring,AR	111	114	121	124	128	130	132	132	131	129
Jefferson,AR	243	254	269	280	292	301	310	315	318	322
Lee,AR	3	3	3	3	3	4	4	4	4	4
Lincoln,AR	3	3	3	4	4	4	4	4	5	5
Lonoke,AR	121	128	138	142	151	157	162	164	163	162
Monroe,AR	3	3	3	3	3	4	4	4	4	4
Perry,AR	8	8	8	9	10	10	10	10	10	10
Phillips,AR	14	15	15	16	16	16	16	16	16	15
Prairie,AR	6	6	6	6	6	6	6	6	6	6
Pulaski,AR	407	424	435	453	473	487	502	511	513	513
Saline,AR	102	111	112	123	131	140	153	166	179	191
TOTAL	1,310	1,373	1,433	1,498	1,573	1,626	1,688	1,732	1,760	1,778

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-5A

Northeast Catchment Area - All Veterans

All Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	859	822	785	750	717	683	652	622	594	566
Cleburne,AR	2,263	2,187	2,118	2,035	1,961	1,889	1,827	1,761	1,694	1,639
Craighead,AR	5,287	5,111	4,942	4,768	4,604	4,439	4,286	4,130	3,981	3,846
Crittenden,AR	2,624	2,503	2,391	2,287	2,187	2,095	2,007	1,928	1,853	1,784
Cross,AR	818	784	758	728	699	676	649	624	599	576
Fulton,AR	988	956	927	896	870	830	802	770	744	719
Greene,AR	2,759	2,643	2,532	2,428	2,330	2,238	2,143	2,062	1,980	1,905
Independence,AR	2,244	2,156	2,073	1,993	1,912	1,842	1,771	1,707	1,639	1,571
Izard,AR	1,164	1,118	1,080	1,043	1,010	980	945	913	882	852
Jackson,AR	965	928	892	857	822	791	761	731	700	666
Lawrence,AR	1,012	963	919	879	842	806	772	736	701	668
Mississippi,AR	2,345	2,234	2,129	2,036	1,948	1,865	1,786	1,707	1,630	1,564
Poinsett,AR	1,130	1,074	1,023	974	929	884	844	807	771	734
Randolph,AR	1,101	1,054	1,012	971	932	894	857	824	790	759
Saint Francis,AR	1,082	1,037	994	954	919	887	856	826	798	768
Sharp,AR	1,549	1,481	1,410	1,350	1,298	1,252	1,198	1,154	1,098	1,052
Stone,AR	977	930	888	847	815	783	753	720	690	661
White,AR	4,847	4,692	4,543	4,401	4,266	4,136	4,005	3,877	3,755	3,638
Woodruff,AR	378	359	344	327	311	293	279	267	254	239
TOTAL	34,391	33,033	31,760	30,523	29,371	28,261	27,195	26,163	25,152	24,207

All Male Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	806	769	733	698	667	633	603	574	547	520
Cleburne,AR	2,083	2,009	1,941	1,860	1,788	1,717	1,657	1,592	1,528	1,475
Craighead,AR	4,916	4,749	4,589	4,422	4,266	4,111	3,966	3,818	3,677	3,549
Crittenden,AR	2,303	2,188	2,084	1,984	1,889	1,803	1,719	1,644	1,571	1,505
Cross,AR	703	670	644	617	588	566	540	517	494	474
Fulton,AR	931	901	872	843	818	779	752	721	696	673
Greene,AR	2,578	2,465	2,357	2,257	2,162	2,073	1,981	1,902	1,823	1,751
Independence,AR	2,072	1,986	1,904	1,824	1,743	1,674	1,604	1,541	1,476	1,411
Izard,AR	1,058	1,013	973	936	904	873	839	809	779	750
Jackson,AR	871	836	800	767	733	703	675	646	618	586
Lawrence,AR	969	921	879	840	804	769	736	702	667	635
Mississippi,AR	2,155	2,049	1,949	1,857	1,771	1,690	1,614	1,536	1,461	1,397
Poinsett,AR	1,058	1,003	954	906	862	820	782	746	711	676
Randolph,AR	1,031	987	946	907	870	833	798	766	734	705
Saint Francis,AR	978	936	897	859	825	795	765	736	707	678
Sharp,AR	1,455	1,389	1,320	1,263	1,213	1,168	1,117	1,076	1,023	978
Stone,AR	899	855	814	775	744	714	686	653	626	597
White,AR	4,282	4,126	3,976	3,832	3,691	3,558	3,422	3,291	3,168	3,050
Woodruff,AR	356	338	324	307	292	275	262	250	237	223
TOTAL	31,504	30,190	28,956	27,753	26,632	25,554	24,517	23,519	22,543	21,633

All Female Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	54	53	52	51	51	50	49	48	47	46
Cleburne,AR	179	178	177	175	173	172	170	169	167	164
Craighead,AR	371	362	354	346	338	329	320	312	304	297
Crittenden,AR	321	315	307	303	297	291	288	284	282	278
Cross,AR	116	114	113	111	111	110	109	107	105	102
Fulton,AR	57	56	54	53	52	51	50	49	48	46
Greene,AR	181	178	174	171	168	165	162	159	157	154
Independence,AR	172	170	170	169	168	168	167	165	163	160
Izard,AR	106	105	107	106	107	106	106	105	103	102
Jackson,AR	94	92	92	90	89	88	86	85	82	80
Lawrence,AR	43	42	41	40	38	37	36	35	34	33
Mississippi,AR	189	185	180	179	177	175	172	170	169	167
Poinsett,AR	73	71	69	68	66	64	63	61	60	58
Randolph,AR	70	68	66	64	62	60	59	57	56	55
Saint Francis,AR	104	101	97	96	93	91	91	90	90	90
Sharp,AR	94	92	90	88	85	83	81	78	75	73
Stone,AR	77	75	74	72	71	69	68	66	65	63
White,AR	565	566	567	569	574	578	583	586	586	588
Woodruff,AR	22	21	20	19	19	18	18	17	17	16
TOTAL	2,887	2,843	2,804	2,770	2,739	2,707	2,678	2,644	2,609	2,573

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-5B

Northeast Catchment Area - Veterans Age 65 and Older

All Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	360	343	330	313	301	286	274	263	252	241
Cleburne,AR	1,331	1,291	1,260	1,216	1,174	1,130	1,104	1,067	1,030	1,000
Craighead,AR	2,152	2,097	2,037	1,964	1,903	1,838	1,779	1,710	1,645	1,581
Crittenden,AR	889	853	819	787	762	740	720	697	672	647
Cross,AR	296	287	282	273	265	262	254	246	237	228
Fulton,AR	592	579	569	556	543	517	502	481	468	455
Greene,AR	1,288	1,228	1,172	1,121	1,080	1,041	995	961	919	881
Independence,AR	1,116	1,084	1,045	1,005	964	930	894	860	824	785
Izard,AR	700	673	652	631	614	599	581	566	551	534
Jackson,AR	496	481	466	451	435	420	407	393	378	356
Lawrence,AR	491	464	440	420	403	386	372	358	340	320
Mississippi,AR	954	921	881	850	822	794	766	739	713	693
Poinsett,AR	446	423	403	380	363	347	334	321	307	289
Randolph,AR	537	516	496	478	460	442	424	406	390	377
Saint Francis,AR	463	445	425	407	392	380	369	358	347	334
Sharp,AR	871	827	779	745	720	698	667	644	607	577
Stone,AR	590	561	535	510	494	479	464	441	423	403
White,AR	2,072	2,023	1,977	1,936	1,902	1,864	1,817	1,770	1,718	1,661
Woodruff,AR	206	197	190	182	174	165	158	152	145	136
TOTAL	15,852	15,293	14,757	14,226	13,770	13,317	12,883	12,433	11,966	11,499

Male Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	345	328	314	298	284	269	257	246	235	224
Cleburne,AR	1,268	1,226	1,192	1,147	1,102	1,057	1,027	988	950	919
Craighead,AR	2,128	2,073	2,012	1,939	1,878	1,813	1,754	1,685	1,621	1,558
Crittenden,AR	836	797	763	726	699	675	650	624	594	566
Cross,AR	253	244	236	227	217	212	201	194	186	177
Fulton,AR	577	564	553	540	528	501	485	465	452	439
Greene,AR	1,250	1,188	1,131	1,078	1,035	995	948	911	870	831
Independence,AR	1,055	1,021	979	937	893	858	819	786	750	711
Izard,AR	648	620	595	573	553	537	518	502	488	471
Jackson,AR	462	446	428	413	396	380	366	352	337	316
Lawrence,AR	487	459	435	415	398	381	367	353	335	316
Mississippi,AR	920	884	843	809	777	746	717	687	658	635
Poinsett,AR	432	409	388	365	348	332	319	305	291	275
Randolph,AR	533	511	491	473	454	436	419	400	384	371
Saint Francis,AR	447	427	408	388	372	359	345	332	319	305
Sharp,AR	857	813	764	730	704	682	651	627	591	562
Stone,AR	570	541	515	489	472	457	442	419	402	382
White,AR	1,856	1,796	1,739	1,688	1,639	1,590	1,530	1,473	1,414	1,350
Woodruff,AR	204	195	188	179	171	162	154	148	141	132
TOTAL	15,128	14,540	13,975	13,414	12,920	12,439	11,970	11,499	11,017	10,540

Female Veterans-Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Clay,AR	15	15	16	16	16	17	17	17	17	17
Cleburne,AR	63	65	67	69	72	74	77	79	80	81
Craighead,AR	24	25	25	25	25	25	25	25	24	23
Crittenden,AR	54	57	56	60	63	65	69	73	78	81
Cross,AR	43	43	46	47	49	51	52	52	51	51
Fulton,AR	14	15	15	15	16	16	17	16	16	15
Greene,AR	38	40	42	43	45	46	48	49	50	50
Independence,AR	61	63	66	68	71	73	75	75	74	73
Izard,AR	52	53	57	58	61	62	63	64	63	63
Jackson,AR	34	35	38	38	39	40	41	41	41	40
Lawrence,AR	4	5	5	5	5	5	5	5	5	5
Mississippi,AR	35	37	38	41	45	47	50	52	55	58
Poinsett,AR	14	14	15	15	15	16	16	16	15	15
Randolph,AR	4	5	5	5	5	6	6	6	6	6
Saint Francis,AR	16	17	17	19	20	21	23	25	27	29
Sharp,AR	14	15	15	15	16	16	16	16	16	16
Stone,AR	20	20	21	21	22	22	22	22	22	21
White,AR	216	227	238	248	263	275	288	297	304	311
Woodruff,AR	3	3	3	3	3	3	3	4	4	4
TOTAL	724	753	782	812	850	878	913	935	949	959

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-6A

Southwest Catchment Area - All Veterans

All Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	1,109	1,053	1,002	955	912	876	836	800	765	729
Bradley,AR	595	563	533	508	485	464	441	421	401	382
Calhoun,AR	341	335	326	314	306	294	283	271	261	254
Chicot,AR	591	565	536	509	482	459	437	418	397	377
Clark,AR	1,329	1,294	1,249	1,198	1,150	1,104	1,063	1,024	978	936
Cleveland,AR	484	468	460	439	426	410	395	383	370	358
Columbia,AR	1,289	1,242	1,195	1,147	1,104	1,066	1,030	988	952	915
Dallas,AR	476	458	436	416	400	385	369	353	335	320
Drew,AR	1,030	989	951	918	885	859	829	801	773	747
Garland,AR	8,319	8,066	7,798	7,549	7,299	7,043	6,817	6,569	6,345	6,134
Hempstead,AR	1,038	982	935	892	850	815	782	747	717	687
Howard,AR	722	695	671	646	617	586	561	540	515	493
Lafayette,AR	370	353	337	321	306	292	277	266	253	242
Little River,AR	762	723	689	661	634	609	582	558	533	508
Miller,AR	2,660	2,548	2,441	2,349	2,260	2,177	2,089	2,010	1,933	1,859
Montgomery,AR	772	734	702	671	643	616	593	571	550	530
Nevada,AR	491	468	447	427	408	387	367	350	338	325
Ouachita,AR	1,602	1,530	1,465	1,401	1,341	1,287	1,230	1,177	1,126	1,076
Pike,AR	680	658	633	614	590	566	546	530	510	490
Polk,AR	1,724	1,649	1,579	1,509	1,437	1,382	1,321	1,268	1,211	1,164
Sevier,AR	743	709	680	651	625	603	578	557	537	518
Union,AR	2,301	2,206	2,116	2,024	1,935	1,849	1,773	1,698	1,624	1,554
TOTAL	29,426	28,288	27,180	26,119	25,097	24,128	23,200	22,301	21,426	20,597

All Male Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	1,017	962	912	866	824	788	750	715	681	647
Bradley,AR	536	507	477	453	430	410	388	369	349	332
Calhoun,AR	312	307	299	287	281	269	258	247	238	231
Chicot,AR	539	515	488	462	437	415	395	376	357	338
Clark,AR	1,214	1,182	1,139	1,091	1,045	1,001	962	926	883	844
Cleveland,AR	458	441	434	412	400	383	368	355	341	328
Columbia,AR	1,150	1,104	1,057	1,011	969	933	898	858	824	788
Dallas,AR	416	398	376	357	341	326	311	297	279	265
Drew,AR	928	889	853	820	789	763	732	705	678	653
Garland,AR	7,669	7,430	7,170	6,935	6,697	6,453	6,239	6,004	5,795	5,596
Hempstead,AR	943	890	845	804	763	730	698	664	634	605
Howard,AR	679	653	630	605	578	548	524	504	480	458
Lafayette,AR	335	320	304	290	276	263	248	237	226	215
Little River,AR	689	652	620	593	566	543	518	495	472	449
Miller,AR	2,386	2,278	2,174	2,086	2,000	1,919	1,835	1,761	1,688	1,619
Montgomery,AR	715	678	646	616	588	562	538	517	496	477
Nevada,AR	448	425	404	385	366	345	326	311	299	287
Ouachita,AR	1,461	1,395	1,334	1,274	1,218	1,167	1,114	1,065	1,018	971
Pike,AR	638	616	592	573	550	525	505	489	468	448
Polk,AR	1,601	1,528	1,461	1,396	1,329	1,277	1,219	1,170	1,113	1,067
Sevier,AR	674	641	613	585	560	539	515	495	476	458
Union,AR	2,101	2,010	1,924	1,835	1,751	1,668	1,595	1,524	1,456	1,389
TOTAL	26,909	25,821	24,752	23,738	22,755	21,826	20,939	20,083	19,251	18,464

All Female Veterans

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	93	91	90	89	88	87	86	85	84	83
Bradley,AR	58	56	56	55	55	54	53	52	51	50
Calhoun,AR	29	28	27	26	26	25	25	24	23	23
Chicot,AR	51	50	48	47	45	44	43	41	40	39
Clark,AR	114	113	111	108	105	103	101	98	95	92
Cleveland,AR	26	27	26	26	26	27	27	28	29	30
Columbia,AR	139	138	138	136	134	133	132	130	128	126
Dallas,AR	60	59	59	59	59	58	57	56	56	55
Drew,AR	101	100	98	98	97	96	96	96	95	94
Garland,AR	650	636	628	614	602	590	578	565	551	538
Hempstead,AR	95	93	90	88	87	85	85	84	83	82
Howard,AR	43	42	41	40	39	38	37	36	36	35
Lafayette,AR	35	34	32	31	30	29	29	28	27	27
Little River,AR	73	71	69	68	67	66	65	63	62	60
Miller,AR	274	269	267	263	260	258	254	250	245	240
Montgomery,AR	57	56	56	55	55	55	54	54	54	53
Nevada,AR	43	43	43	42	42	41	40	39	39	38
Ouachita,AR	141	135	131	127	123	120	116	112	108	105
Pike,AR	42	42	41	41	41	41	41	42	42	42
Polk,AR	123	121	118	113	109	105	101	99	98	97
Sevier,AR	69	68	67	66	65	65	63	62	61	60
Union,AR	200	196	193	188	185	181	177	174	169	165
TOTAL	2,518	2,468	2,428	2,382	2,341	2,302	2,261	2,218	2,174	2,133

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit: 3-6B

Southwest Catchment Area - Veterans Age 65 and Older

All Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	520	492	466	445	427	411	392	374	356	336
Bradley,AR	312	296	276	262	252	240	226	215	202	191
Calhoun,AR	177	177	176	171	170	165	160	155	149	146
Chicot,AR	282	272	260	247	235	226	215	206	195	183
Clark,AR	644	633	613	586	560	537	518	499	473	448
Cleveland,AR	266	258	260	248	242	232	224	217	209	202
Columbia,AR	589	572	552	530	512	496	482	458	443	423
Dallas,AR	248	243	232	225	218	211	203	194	183	175
Drew,AR	498	479	459	442	426	415	399	385	371	357
Garland,AR	4,547	4,438	4,306	4,195	4,076	3,940	3,824	3,679	3,554	3,425
Hempstead,AR	475	444	422	404	385	371	358	340	324	306
Howard,AR	385	374	365	355	339	321	306	297	283	269
Lafayette,AR	188	183	175	168	160	155	147	141	136	129
Little River,AR	402	379	359	344	330	317	301	289	274	259
Miller,AR	1,125	1,074	1,029	995	959	929	893	860	830	797
Montgomery,AR	488	465	446	429	413	397	381	367	351	337
Nevada,AR	225	214	204	198	192	183	174	166	160	153
Ouachita,AR	757	728	702	676	652	633	610	589	565	537
Pike,AR	377	368	354	347	336	321	310	302	289	276
Polk,AR	945	899	859	819	780	755	721	690	651	621
Sevier,AR	360	343	327	311	299	290	278	268	258	247
Union,AR	1,129	1,092	1,055	1,014	974	933	899	865	829	789
TOTAL	14,938	14,425	13,897	13,411	12,936	12,479	12,022	11,554	11,084	10,608

Male Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	494	465	439	416	396	380	359	341	323	303
Bradley,AR	294	278	257	243	232	220	205	194	181	170
Calhoun,AR	174	175	173	168	166	161	156	150	145	142
Chicot,AR	276	267	255	242	229	220	209	199	188	176
Clark,AR	628	616	595	568	542	518	499	479	453	429
Cleveland,AR	261	252	254	241	234	224	215	207	198	190
Columbia,AR	546	527	505	482	461	444	429	404	388	368
Dallas,AR	222	217	206	198	190	182	174	166	155	147
Drew,AR	480	459	440	421	403	390	372	356	339	324
Garland,AR	4,420	4,309	4,172	4,058	3,935	3,798	3,681	3,536	3,415	3,290
Hempstead,AR	454	422	399	381	361	347	332	314	297	279
Howard,AR	383	371	363	352	336	317	303	293	279	265
Lafayette,AR	186	181	172	165	157	152	143	138	132	125
Little River,AR	384	361	341	325	310	297	282	269	254	239
Miller,AR	1,068	1,015	967	931	892	860	822	789	759	727
Montgomery,AR	459	436	415	398	382	365	350	335	319	306
Nevada,AR	214	203	192	186	180	171	162	155	149	142
Ouachita,AR	744	715	689	662	637	617	594	572	549	521
Pike,AR	365	356	342	334	321	305	292	283	270	257
Polk,AR	930	885	843	804	764	739	704	674	635	606
Sevier,AR	336	318	302	286	272	262	250	240	230	220
Union,AR	1,088	1,049	1,009	967	925	882	847	813	778	738
TOTAL	14,405	13,878	13,329	12,826	12,326	11,852	11,380	10,908	10,437	9,964

Female Veterans Age 65 and Older

County, St	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
Ashley,AR	26	27	28	29	31	32	33	33	34	34
Bradley,AR	18	18	19	20	20	21	21	21	21	21
Calhoun,AR	3	3	3	3	3	4	4	4	4	4
Chicot,AR	5	6	6	6	6	6	7	7	7	7
Clark,AR	16	16	17	18	19	19	20	20	20	19
Cleveland,AR	5	6	6	7	8	8	9	10	10	11
Columbia,AR	43	45	47	49	51	52	54	54	54	54
Dallas,AR	26	26	27	27	28	28	28	28	28	28
Drew,AR	18	19	19	21	23	25	27	30	31	33
Garland,AR	127	129	134	136	140	142	143	143	139	135
Hempstead,AR	21	22	22	23	24	24	25	26	27	27
Howard,AR	3	3	3	3	3	4	4	4	4	4
Lafayette,AR	2	3	3	3	3	3	3	4	4	4
Little River,AR	18	18	19	19	19	19	19	20	20	19
Miller,AR	57	59	62	64	67	69	71	71	71	71
Montgomery,AR	29	30	31	31	32	32	32	31	32	31
Nevada,AR	11	11	11	11	12	12	12	11	11	11
Ouachita,AR	12	13	14	14	15	16	16	16	16	17
Pike,AR	12	13	12	14	15	16	17	18	19	20
Polk,AR	14	15	15	15	16	16	16	16	16	16
Sevier,AR	24	24	25	25	27	27	28	28	28	27
Union,AR	42	43	45	47	49	51	52	52	51	51
TOTAL	533	547	568	585	610	627	641	647	647	643

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

Exhibit 3-7 shows the summary of veteran's demographics within the State of Arkansas by catchment area as identified in detail by county in Exhibits 3-3A through 3-6B.

Exhibit: 3-7

**Arkansas
Catchment Areas Summary
10 Year Projection**

Fayetteville Catchment Area:	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
All Male Veterans	59,713	57,838	56,010	54,264	52,595	50,917	49,310	47,786	46,333	44,924
All Female Veterans	5,382	5,322	5,249	5,187	5,125	5,069	5,015	4,969	4,927	4,880
ALL Veterans	65,094	63,155	61,259	59,451	57,720	55,986	54,325	52,755	51,259	49,804
All Male Veterans Age 65 & Older	29,408	28,600	27,769	27,000	26,302	25,562	24,816	24,068	23,317	22,554
All Female Veterans Age 65 & Older	931	976	1,013	1,055	1,107	1,144	1,192	1,227	1,251	1,266
ALL Veterans Age 65 & Older	30,339	29,571	28,781	28,055	27,409	26,707	26,008	25,295	24,568	23,820

North Little Rock Catchment Area:	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
All Male Veterans	59,075	56,982	54,987	53,079	51,206	49,470	47,790	46,154	44,594	43,068
All Female Veterans	7,698	7,582	7,472	7,371	7,270	7,174	7,080	6,988	6,897	6,814
ALL Veterans	66,774	64,567	62,459	60,450	58,476	56,644	54,870	53,142	51,491	49,882
All Male Veterans Age 65 & Older	26,382	25,590	24,772	24,007	23,204	22,482	21,759	20,974	20,212	19,385
All Female Veterans Age 65 & Older	1,310	1,373	1,433	1,498	1,573	1,626	1,688	1,732	1,760	1,778
ALL Veterans Age 65 & Older	27,691	26,964	26,206	25,505	24,777	24,108	23,446	22,706	21,972	21,162

Northeast Catchment Area:	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
All Male Veterans	31,504	30,190	28,956	27,753	26,632	25,554	24,517	23,519	22,543	21,633
All Female Veterans	2,887	2,843	2,804	2,770	2,739	2,707	2,678	2,644	2,609	2,573
ALL Veterans	34,391	33,033	31,760	30,523	29,371	28,261	27,195	26,163	25,152	24,207
All Male Veterans Age 65 & Older	15,128	14,540	13,975	13,414	12,920	12,439	11,970	11,499	11,017	10,540
All Female Veterans Age 65 & Older	724	753	782	812	850	878	913	935	949	959
ALL Veterans Age 65 & Older	15,852	15,293	14,757	14,226	13,770	13,317	12,883	12,433	11,966	11,499

Southwest Catchment Area:	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
All Male Veterans	26,909	25,821	24,752	23,738	22,755	21,826	20,939	20,083	19,251	18,464
All Female Veterans	2,158	2,468	2,428	2,382	2,341	2,302	2,261	2,218	2,174	2,133
ALL Veterans	29,426	28,288	27,180	26,119	25,097	24,128	23,200	22,301	21,426	20,597
All Male Veterans Age 65 & Older	14,405	13,878	13,329	12,826	12,326	11,852	11,380	10,908	10,437	9,964
All Female Veterans Age 65 & Older	533	547	568	585	610	627	641	647	647	643
ALL Veterans Age 65 & Older	14,938	14,425	13,897	13,411	12,936	12,479	12,022	11,554	11,084	10,608

State of Arkansas:	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
All Male Veterans	177,201	170,831	164,705	158,833	153,188	147,768	142,556	137,542	132,720	128,089
All Female Veterans	18,484	18,211	17,954	17,710	17,476	17,251	17,034	16,819	16,608	16,401
ALL Veterans	195,685	189,042	182,658	176,543	170,664	165,019	159,590	154,361	149,328	144,490
All Male Veterans Age 65 & Older	85,322	82,609	79,845	77,247	74,753	72,335	69,925	67,449	64,984	62,443
All Female Veterans Age 65 & Older	3,498	3,651	3,796	3,950	4,139	4,275	4,434	4,540	4,606	4,646
ALL Veterans Age 65 & Older	88,820	86,261	83,642	81,197	78,892	76,610	74,359	71,988	69,590	67,089

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)

STATE OF ARKANSAS CATCHMENTS AREAS:

The 75 counties within the State of Arkansas have been subdivided into 4 catchment areas based on the current locations of the two existing state veteran's homes that have already been constructed as well as concentration of veteran population and distance of travel to not exceed two hours of travel time to the facilities as much as possible. These catchments are identified as shown in Exhibit 3-1 and are also as equally divided as can be determined by the land layout of the State.

FAYETTEVILLE CATCHMENT AREA:

There are 18 counties within the Fayetteville catchment area as indicated in Exhibits 3-1, 3-3A and 3-3B. These counties have a combined total of 65,094 veterans of which 59,713 are male and 5,382 are female. Of the total number of veteran population in this catchment area, there are 30,339 that are age 65 and older of which 29,408 are male and 931 are female. All of these counties furthest boundaries are within a two-hour driving distance from Fayetteville, Arkansas which is the current location of the existing Arkansas State Veterans Home at Fayetteville. These counties have the second highest overall veteran population concentration population in the State and the highest concentration of veteran population who are age 65 and older.

NORTH LITTLE ROCK CATCHMENT AREA:

There are 16 counties within the North Little Rock catchment area as indicated in Exhibits 3-1, 3-4A and 3-4B. These counties have a combined total of 66,774 veterans of which 59,075 are male and 7,698 are female. Of the total number of veteran population in this catchment area, there are 27,691 that are age 65 and older of which 26,382 are male and 1,310 are female. All of these counties furthest boundaries are within a two-hour driving distance from North Little Rock which is the current location of the existing Arkansas State Veterans Home at North Little Rock. These counties have the highest concentration of the overall veteran population in the State and the second highest concentration of veteran population who are age 65 and older.

NORTHEAST CATCHMENT AREA:

Even though there is currently not a state veterans home in this catchment area there may be a future opportunity to place one somewhere around Batesville in Independence County or possibly around Newport in Jackson County (suggested), as these potential areas would satisfy the Federal VA guideline of not having to inconvenience any Veteran's family members from having to travel more than two hours to visit. There are 19 counties within the Northeast catchment area as indicated in Exhibits 3-1, 3-5A and 3-5B. These counties have a combined total of 34,391 veterans of which 31,504 are male and 2,887 are female. Of the total number of veterans population in this catchment area, there are 15,852 that are age 65 and older of which 15,128 are male and 724 are female. These counties have the third highest number of concentrated veterans in the State in both the overall number of veterans as well as those that are age 65 and older.

SOUTHWEST CATCHMENT AREA:

Even though there is currently not a state veteran's home in this catchment area there may be a future opportunity to place one somewhere around Arkadelphia in Clark County or possibly around Fordyce in Dallas County (suggested), as these potential areas would satisfy the Federal VA guideline of not having to inconvenience any Veteran's family members from having to travel more than two hours to visit. There are 22 counties within the Southwest catchment area as indicated in Exhibits 3-1, 3-6A and 3-6B. These counties have a combined total of 29,426 veterans of which 26,909 are male and 2,518 are female. Of the total number of veterans population in this catchment area, there are 14,938 that are age 65 and older of which 14,405 are male and 533 are female. These counties have the least number of concentrated veterans in the State in both the overall number of veterans as well as those that are age 65 and older.

ARKANSAS STATE VETERANS HOMES

The State of Arkansas operates a total of 186 VA recognized/Medicaid/Medicare skilled certified beds located between two facilities. 90 of these beds are at the Arkansas State Veterans Home at Fayetteville and the remaining 96 beds are located at the Arkansas Veterans Home at North Little Rock.



Arkansas State Veterans Home at Fayetteville
 1179 N. College Ave.
 Fayetteville, AR 72703
 Phone: (479) 444-7001
 Fax: (479) 695-0184
 Beds: 90
 Average Occupancy: 75.44%⁽¹²⁾
 VA Recognized/Medicaid/Medicare Certified

Officials broke ground for the Arkansas State Veterans Home at Fayetteville on Sept. 3, 2004 and welcomed the first resident on June 21, 2006. This licensed and certified Medicaid/Medicare 90-bed skilled nursing care and rehabilitation facility, provides a comfortable and supportive atmosphere for the Veterans. The facility operates under the direction of the Arkansas Department of Veterans Affairs and has been approved and recognized by the Federal Veterans Administration as a qualified State Veterans Home.



Arkansas State Veterans Home at North Little Rock
 2401 John Ashley Dr.
 North Little Rock, AR 72114
 Phone: (501) 683-1406
 Fax: (None Listed)
 Beds: 96
 Average Occupancy: 94.69%⁽¹³⁾
 VA Recognized/Medicaid/Medicare Certified

Officials broke ground for the Arkansas State Veterans Home at Little Rock (ASVH-NLR) on July 29, 2015. It is the first Veterans home in Arkansas developed from the ground-up for the sole purpose of long-term care for our Veterans. Each resident has a private room and private bathroom and seeks to de-institutionalize care and provide a warm, home-like environment in a setting that encourages social activity.

¹²Source: FY 2021 SNF VBP Facility-Level Dataset. Last updated 2/1/2021. Accessed 3/7/2021
<https://data.cms.gov/provider-data/dataset/284v-j9fz>

¹³Source: FY 2021 SNF VBP Facility-Level Dataset. Last updated 2/1/2021. Accessed 3/7/2021
<https://data.cms.gov/provider-data/dataset/284v-j9fz>

COMMUNITY-BASED CERTIFIED NURSING HOMES & OCCUPANCY RATES

Per CMS, FY 2021 Skilled Nursing Facility- level dataset. In addition to the 2 state veterans homes, there are 222 licensed and certified Community-Based Nursing Homes in Arkansas.¹⁴ 62 of these facilities are located within the 18 county Fayetteville catchment area. Following is the listing of the facilities along with the most current census level and occupancy percentage (updated February 1, 2021) at each facility. This list reflects the occupancy rate of each facility for the last fiscal year and must authorize appropriate levels of care to allow veteran placement in those facilities as required by the Federal VA form 10-0388-1, Section 3 (e).

Baxter County

Care Manor Nursing and Rehab

804 Burnett Drive
Mountain Home, AR 72653
Phone: 870-424-5030
Fax: 870 424-5040
Beds: 104
Average Occupancy: 69.2
Percent Occupied: 66.54%

Gassville Therapy and Living

203 Cotter Road
Gassville, AR 72635
Phone: 870-435-2588
Fax: 870-435-2588
Beds: 105
Average Occupancy: 64.9
Percent Occupied: 61.81%

Good Samaritan Society - Mountain Home

300 Good Samaritan Drive
Mountain Home, AR 72653
Phone: 870-425-2494
Fax: 870-424-2036
Beds: 70
Average Occupancy: 41
Percent Occupied: 58.57%

Hiram Shaddox Health and Rehab

1100 Pine Tree Lane
Mountain Home, AR 72653
Phone: 870-232-0320
Fax: 870-424-2227
Beds: 140
Average Occupancy: 43.1
Percent Occupied: 30.79%

Benton County

Apple Creek Health and Rehab

1570 W Centerton Blvd
Centerton, AR 72719
Phone: 479-224-4817
Fax:
Beds: 114
Average Occupancy: 95.3
Percent Occupied: 83.60%

Ashley Health and Rehabilitation

2600 N 22nd Street
Rogers, AR 72756
Phone: 479-899-6778
Fax: 479-845-8129
Beds: 100
Average Occupancy: 66.9
Percent Occupied: 66.90%

Bradford House Nursing and Rehab, LLC

1202 S. E. 30th Street
Bentonville, AR 72712
Phone: 479-273-3430
Fax: 479-273-3578
Beds: 98
Average Occupancy: 79.4
Percent Occupied: 81.02%

Concordia Nursing and Rehab, LLC

7 Professional Drive
Bella Vista, AR 72714
Phone: 479-855-3735
Fax: 479-855-4697
Beds: 102
Average Occupancy: 45.6
Percent Occupied: 44.71%

Highland Healthcare and Rehabilitation Center

670 Rogers Road
 Bella Vista, AR 72715
 Phone: 479-876-1847
 Fax: 479-876-1847
 Beds: 90
 Average Occupancy: 43.7
 Percent Occupied: 48.56%

Innisfree Health and Rehab, LLC

301 S 24th Street
 Rogers, AR 72758
 Phone: 479-636-5545
 Fax: 479-636-0216
 Beds: 80
 Average Occupancy: 60.4
 Percent Occupied: 75.50%

Jamestown Nursing and Rehab, LLC

2001 Hampton Place
 Rogers, AR 72758
 Phone: 479-986-9945
 Fax: 479-636-1184
 Beds: 140
 Average Occupancy: 110.5
 Percent Occupied: 78.93%

Promenade Health and Rehabilitation

1101 S Promenade Boulevard
 Rogers, AR 72758
 Phone: 479-268-3989
 Fax: None Listed
 Beds: 114
 Average Occupancy: 74.4
 Percent Occupied: 65.26%

Rogers Health and Rehabilitation Center

1149 West New Hope Road
 Rogers, AR 72758
 Phone: 479-636-6290
 Fax: 479-631-1505
 Beds: 140
 Average Occupancy: 71.4
 Percent Occupied: 51.00%

Siloam Healthcare, LLC

811 West Elgin Street
 Siloam Springs, AR 72761
 Phone: 479-524-3128
 Fax: 479-524-2296
 Beds: 125
 Average Occupancy: 93.7
 Percent Occupied: 74.96%

The Waters of Rogers, LLC

1513 South Dixieland Road
 Rogers, AR 72758
 Phone: 479-636-5841
 Fax: None Listed
 Beds: 110
 Average Occupancy: 77.1
 Percent Occupied: 70.09%

Boone County**Hillcrest Home**

1111 Maplewood Rd
 Harrison, AR 72601
 Phone: 870-741-5001
 Fax: 870-741-3741
 Beds: 103
 Average Occupancy: 93.1
 Percent Occupied: 90.39%

Somerset Senior Living at Harrison

115 Orendorff Avenue
 Harrison, AR 72601
 Phone: 870-741-3438
 Fax: None Listed
 Beds: 90
 Average Occupancy: 61.3
 Percent Occupied: 68.11%

Somerset Senior Living at Mount Vista

202 Tims Avenue
 Harrison, AR 72601
 Phone: 870-741-7667
 Fax: None Listed
 Beds: 154
 Average Occupancy: 74.9
 Percent Occupied: 48.64%

Carroll County**Autumn Hill**

500 Hammond Avenue
 Berryville, AR 72616
 Phone: 870-423-6966
 Fax: 870-423-6105
 Beds: 114
 Average Occupancy: 55.9
 Percent Occupied: 49.04%

Brighton Ridge

235 Huntsville Road
 Eureka Springs, AR 72632
 Phone: 479-253-7038
 Fax: 479-253-5325
 Beds: 100
 Average Occupancy: 28
 Percent Occupied: 28.00%

Crawford County**Alma Healthcare and Rehabilitation Center**

401 Heather Lane
 Alma, AR 72921
 Phone: 479-632-4343
 Fax: 479-632-5599
 Beds: 80
 Average Occupancy: 63
 Percent Occupied: 78.75%

Crawford Healthcare and Rehabilitation Center

2010 Main Street
 Van Buren, AR 72956
 Phone: 479-474-6885
 Fax: 479-474-9523
 Beds: 129
 Average Occupancy: 89.5
 Percent Occupied: 69.38%

Valley Springs Rehabilitation and Health Center

228 Pointer Trail West
 Van Buren, AR 72956
 Phone: 479-474-5276
 Fax: None Listed
 Beds: 105
 Average Occupancy: 87.9
 Percent Occupied: 83.71%

Van Buren Healthcare and Rehabilitation Center

1404 North 28th Street
 Van Buren, AR 72956
 Phone: 479-474-8021
 Fax: 479-474-8021
 Beds: 140
 Average Occupancy: 100.6
 Percent Occupied: 71.86%

Franklin County**Greenhurst Nursing Center**

226 Skyler Drive
 Charleston, AR 72933
 Phone: 479-965-7373
 Fax: 479-965-0340
 Beds: 102
 Average Occupancy: 96.8
 Percent Occupied: 94.90%

Ozark Nursing Home, Inc.

600 North 12th St
 Ozark, AR 72949
 Phone: 479-667-4791
 Fax: 479-667-5791
 Beds: 135
 Average Occupancy: 91.3
 Percent Occupied: 67.63%

Johnson County**Johnson County Health and Rehab, LLC**

1451 E Poplar Street
 Clarksville, AR 72830
 Phone: 479-754-2052
 Fax: 479-754-5745
 Beds: 140
 Average Occupancy: 103.1
 Percent Occupied: 73.64%

Logan County**Oak Manor Nursing and Rehabilitation Center, Inc.**

150 Morton Ave
 Booneville, AR 72927
 Phone: 479-675-3763
 Fax: 479-675-2943
 Beds: 120
 Average Occupancy: 56.1
 Percent Occupied: 46.75%

Paris Health and Rehabilitation Center

1414 S. Elm St.
 Paris, AR 72855
 Phone: 479-963-6151
 Fax: 479-963-6773
 Beds: 140
 Average Occupancy: 96.4
 Percent Occupied: 68.86%

Madison County**Meadowview Healthcare and Rehab**

825 North Gaskill
 Huntsville, AR 72740
 Phone: 479-738-2021
 Fax: 479-738-1515
 Beds: 105
 Average Occupancy: 46.6
 Percent Occupied: 44.38%

Marion County**Community Compassion Center of Yellville**

620 North Panther Avenue
 Yellville, AR 72687
 Phone: 870-449-4201
 Fax: None Listed
 Beds: 96
 Average Occupancy: 55.3
 Percent Occupied: 57.60%

Twin Lakes Therapy and Living

6152 Hwy 202 East
 Flippin, AR 72634
 Phone: 870-453-4603
 Fax: 870-453-1900
 Beds: 80
 Average Occupancy: 61.6
 Percent Occupied: 77.00%

Newton County**Newton County Nursing Home**

610 E Court Street
 Jasper, AR 72641
 Phone: 870-446-2333
 Fax: 870-446-5133
 Beds: 70
 Average Occupancy: 44.5
 Percent Occupied: 63.57%

Pope County**Atkins Nursing and Rehabilitation Center**

605 Northwest 7th Street
 Atkins, AR 72823
 Phone: 479-641-7100
 Fax: 479-641-1285
 Beds: 90
 Average Occupancy: 60.7
 Percent Occupied: 67.44%

Legacy Heights Nursing and Rehab, LLC

900 West 12th St
 Russellville, AR 72801
 Phone: 479-968-5858
 Fax: 479-890-6013
 Beds: 122
 Average Occupancy: 63.1
 Percent Occupied: 51.72%

Russellville Nursing and Rehabilitation Center

215 South Portland Avenue
 Russellville, AR 72801
 Phone: 479-968-5256
 Fax: 479-968-5964
 Beds: 100
 Average Occupancy: 73
 Percent Occupied: 73.00%

Stella Manor Nursing and Rehabilitation Center

400 North Vancouver Avenue
 Russellville, AR 72801
 Phone: 479-968-4141
 Fax: 479-968-4146
 Beds: 124
 Average Occupancy: 73
 Percent Occupied: 58.87%

Scott County**Waldron Nursing Center, Inc.**

1369 West 6th Street
 Waldron, AR 72958
 Phone: 479-637-3171
 Fax: 479-637-1046
 Beds: 105
 Average Occupancy: 61.3
 Percent Occupied: 58.38%

Searcy County**Highland Court, A Rehabilitation and Resident Care Facility**

942 Highway 65 N
 Marshall, AR 72650
 Phone: 870-448-3577
 Fax: 870-448-4884
 Beds: 78
 Average Occupancy: 48.8
 Percent Occupied: 62.56%

Sebastian County**Ashton Place Health and Rehab, LLC**

318 Strozier Lane
 Barling, AR 72923
 Phone: 479-452-8181
 Fax: 479-452-8183
 Beds: 122
 Average Occupancy: 90.7
 Percent Occupied: 74.34%

Chapel Ridge Health and Rehab

4623 Rogers Avenue
 Fort Smith, AR 72903
 Phone: 479-452-1541
 Fax: 479-452-2589
 Beds: 157
 Average Occupancy: 78.3
 Percent Occupied: 49.87%

Covington Court Health and Rehabilitation Center

4500 Old Greenwood Rd
 Fort Smith, AR 72903
 Phone: 479-646-5700
 Fax: 479-646-5956
 Beds: 140
 Average Occupancy: 109.7
 Percent Occupied: 78.36%

Fianna Hills Nursing and Rehabilitation Center

8411 South 28th Street
 Fort Smith, AR 72908
 Phone: 479-648-9600
 Fax: 479-648-9673
 Beds: 102
 Average Occupancy: 77.5
 Percent Occupied: 75.98%

Legacy Health and Rehabilitation Center

3310 North 50th Street
 Fort Smith, AR 72904
 Phone: 479-783-3101
 Fax: 479-784-9072
 Beds: 115
 Average Occupancy: 75.2
 Percent Occupied: 65.39%

Methodist Health and Rehab

7425 Euper Lane
 Fort Smith, AR 72903
 Phone: 479-452-1611
 Fax: 479-452-1619
 Beds: 145
 Average Occupancy: 114
 Percent Occupied: 78.62%

Pink Bud Home for The Golden Years

400 So Coker
 Greenwood, AR 72936
 Phone: 479-996-4125
 Fax: 479-996-4023
 Beds: 110
 Average Occupancy: 73.4
 Percent Occupied: 66.73%

The Waters of Fort Smith

5301 Wheeler Avenue
 Fort Smith, AR 72901
 Phone: 479-646-3454
 Fax: None Listed
 Beds: 117
 Average Occupancy: 107.9
 Percent Occupied: 92.22%

Van Buren County**Indian Rock Village Health Center**

265 Dave Creek Parkway
 Fairfield Bay, AR 72088
 Phone: 501-884-3210
 Fax: None Listed
 Beds: 55
 Average Occupancy: 24.3
 Percent Occupied: 44.18%

Ozark Health Nursing and Rehab Center

2500 Highway 65 South
Clinton, AR 72031
Phone: 501-745-7000
Fax: 501-745-7097
Beds: 118
Average Occupancy: 77.5
Percent Occupied: 65.68%

North Hills Life Care and Rehab

27 E Appleby Rd
Fayetteville, AR 72703
Phone: 479-444-9000
Fax: 479-444-9090
Beds: 92
Average Occupancy: 56.1
Percent Occupied: 60.98%

Washington County**Butterfield Trail Village**

1923 East Joyce Blvd.
Fayetteville, AR 72703
Phone: 479-695-8065
Fax: 479-442-2019
Beds: 87
Average Occupancy: 51.1
Percent Occupied: 58.74%

Prairie Grove Health and Rehabilitation, LLC

621 South Mock Street
Prairie Grove, AR 72753
Phone: 479-846-2169
Fax: 479-846-4665
Beds: 70
Average Occupancy: 57
Percent Occupied: 81.43%

Edgewood Health and Rehab

1393 E Don Tyson Parkway
Springdale, AR 72764
Phone: 479-751-2390
Fax: None Listed
Beds: 102
Average Occupancy: 76.1
Percent Occupied: 74.61%

Shiloh Nursing and Rehab, LLC

1092 West Stultz Road
Springdale, AR 72764
Phone: 479-750-3800
Fax: None Listed
Beds: 80
Average Occupancy: 65.5
Percent Occupied: 81.88%

Fayetteville Health and Rehabilitation Center

3100 Old Missouri Rd
Fayetteville, AR 72703
Phone: 479-521-4353
Fax: 479-442-3032
Beds: 140
Average Occupancy: 92.6
Percent Occupied: 66.14%

Springdale Health and Rehabilitation Center

102 North Gutensohn
Springdale, AR 72762
Phone: 479-756-0330
Fax: 479-872-1502
Beds: 140
Average Occupancy: 104.3
Percent Occupied: 74.50%

Katherine's Place at Wedington

4405 W Persimmon St.
Fayetteville, AR 72704
Phone: 479-444-6108
Fax: 479-444-1403
Beds: 119
Average Occupancy: 101.4
Percent Occupied: 85.21%

The Maples at Har-Ber Meadows

6456 Lynchs Prairie Cove
Springdale, AR 72762
Phone: 479-361-4669
Fax: 479-361-5785
Beds: 140
Average Occupancy: 109.1
Percent Occupied: 77.93%

Westwood Health and Rehab, Inc.

802 S. West End St.
 Springdale, AR 72764
 Phone: 479-756-1600
 Fax: 479-750-9999
 Beds: 85
 Average Occupancy: 60.2
 Percent Occupied: 70.82%

Windcrest Health and Rehab, Inc.

2455 Lowell Road
 Springdale, AR 72764
 Phone: 479-756-9000
 Fax: 479-751-1111
 Beds: 70
 Average Occupancy: 59.5
 Percent Occupied: 85.00%

Yell County**Dardanelle Nursing and Rehabilitation Center**

2199 State Hwy 7 North
 Dardanelle, AR 72834
 Phone: 479-229-4884
 Fax: 479-229-2481
 Beds: 110
 Average Occupancy: 97
 Percent Occupied: 88.18%

Mitchell's Nursing Home, Inc.

501 W 10th
 Danville, AR 72833
 Phone: 479-495-2914
 Fax: 479-495-3685
 Beds: 105
 Average Occupancy: 79.6
 Percent Occupied: 75.81%

The total number of licensed and certified beds in Community-Based nursing facilities, in addition to the 90 VA recognized/Medicaid/Medicare certified beds at the Arkansas State Veterans Home at Fayetteville, is 6,775 certified beds amongst the 62 community-based nursing facilities within the 18 county Fayetteville catchment area and has had a daily average of 4,560.4 of those beds occupied (67.31%).

FEMALE VETERANS:

According to the US Census Bureau, in 2019 there were an estimated 3,017,804 people in the State of Arkansas of which 1,536,062 (50.9%) are females.¹⁵ Currently, there are 18,484 female veterans in Arkansas which represents 9.45% of the Veteran population in Arkansas. While the overall veteran population is declining in Arkansas, the female veterans who are age 65 and older is anticipated to increase by 24.71% by year 2030 as shown in Exhibit 2-1.

The US Department of Veterans Affairs Office of Research and Development has completed studies that show female veterans have higher health concerns than male veterans in the areas of eating disorders, anxiety, depression, mental health and suicide as well as military sexual trauma (MST). Also, female veterans have a higher prevalence of PTSD than civilian females or male veterans.¹⁶ Despite these challenges, the number of women using VA services has increased by over 30% over the past five years. The number of female veterans using VA health care services nationally has tripled since 2000, growing from about 160,000 to over 500,000 in April 2019.¹⁷

¹⁴Source: FY 2021 SNF VBP Facility-Level Dataset. Last updated 2/1/2021. Accessed 3/9/2021
<https://data.cms.gov/provider-data/dataset/284v-j9fz>

¹⁵Source: US Census Bureau
<https://www.census.gov/quickfacts/fact/table/AR/SEX255219#SEX255219>

¹⁶VA Office of Research and Development
https://www.research.va.gov/topics/womens_health.cfm

¹⁷Association of the United States Army. Accessed 3/12/2021
<https://www.ausa.org/articles/va-seeks-serve-female-veterans>

MINORITY VETERANS:

According to data from the 2018-2048 Veterans Population Model, minorities currently represent 17.34% of the veteran population in Arkansas (approximately 33,935 as of September 30, 2021); 12.60% are Black, 2.79% are Hispanic, .35% are Asian, and the remainder (1.60%) are American Indian/Alaskan Native, Hawaiian/Pacific Islander and other races¹⁸.

The US Department of Veterans Affairs Center for Minority Veterans has completed a study on minority veterans that show heart disease, chronic lower respiratory diseases, stroke, diabetes, chronic liver disease, kidney disease, hypertension and Alzheimer's disease were among the top ten leading causes of death in 2017.

The number of minority Veterans enrolled in VA health care has been increasing over time. This is likely due to several factors, such as the increasing number of minorities serving in the military and VA outreach and initiatives targeted to minority Veterans. From 2005 to 2017, the number of minority Veterans enrolled in VA health care increased by 51.8%, from 1.64 million to 2.49 million. To put this in perspective, about 34.2% of all minority Veterans in 2005 were enrolled in VA health care compared with 52.0% of all minority Veterans in 2017. During this same time period, the number of non-minority Veterans enrolled in VA health care increased only 19.8%¹⁹.

DIFFERENCE BETWEEN VA SUPPORT OF STATE VETERANS HOMES AND VA CONTRACTED COMMUNITY-BASED NURSING HOMES

The VA does support two types of Veterans' long-term health care needs through State Veterans Homes and Community-Based Nursing Homes. The differences are as follows:

STATE VETERANS HOMES

According to the National Association of State Directors of Veterans Affairs (NASDVA), state veterans homes are "a critical component of long-term healthcare for veterans and a model of cost-efficient partnership between federal and state governments." State veterans homes were established to serve veterans who are described as "disabled by age, disease, or otherwise who by reason of such disability are incapable of earning a living."²⁰ There are now 160 operational state veterans homes in all 50 states and Puerto Rico with over 31,162 beds.²¹ Veterans homes are the largest providers of long-term care for America's veterans. They supply 52 percent of all VA authorized long-term care, including nursing, domiciliary, and adult day health care services.²²

¹⁸Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop 2018-2048)
<https://www.va.gov/vetdata/Veteran-Population.asp>

¹⁹VA Center for Minority Veterans (CMV). Accessed 3/12/2021
https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report_Final.pdf

²⁰U.S. Department of Veterans Affairs, Veterans Health Administration. State Veterans Home (SVH) Per Diem Payment Program. VHA Handbook 1601SH.01.

²¹National Association of State Veterans Homes. Accessed 3/13/2021

²²Marsh, Clyde. Joint Hearing of the House and Senate Veterans' Affairs Committees. National Association of State Directors of Veterans Affairs.

Every state has at least one veterans home with some states like California and Texas having 8 each. Most are licensed within the state for the skilled nursing or intermediate care services they are providing. State veterans homes are generally available to active duty veterans and in some cases to people who have served with the Reserves or National Guard as well as spouses of veterans and Gold Star parents (parents of veterans who have died in service). There is a high demand for veterans homes. Some states have waiting lists with applicants waiting months for beds to become available. Eligibility requirements vary per state and an application process is required.

Veterans tend to find state homes appealing because they like the camaraderie of living amongst other veterans. In addition, most private sector nursing homes tend to be populated by older women who are in fairly poor health. Activities and the social atmosphere are likely centered on this demographic, making men feel less comfortable in their surroundings. Veterans homes, on the other hand, are almost exclusively populated by men who are generally younger and healthier. This provides for an environment that has a wider variety of activities and allows for events where residents can be out in the community. In some veterans homes, residents participate in regularly scheduled fishing trips and outings to sporting events – unlikely occurrences at other private nursing facilities.

Financial reasons are another big incentive for them to utilize State Veterans Homes. State Veterans Homes are granted per diems, in addition to construction monies, as part of the VA State Veterans Home Program. Basic per diems are the approved daily rate established by the VA to reimburse veterans homes for providing specified levels of care to residents.²³ Veterans will receive these per diems regardless of whether their service was during wartime or peacetime. This allows veterans homes to charge less for their services than a private nursing facility would.

Not only is the resident granted a per diem, but he may also be eligible for additional entitlements as shown in Exhibit 4-1. In addition, a state veterans home will apply for the pension benefit on behalf of a veteran if eligible. This benefit is open to veterans whether they reside in a state veterans home or not. However federal law prohibits the VA from paying more than \$90 per month to single veterans who are eligible for Medicaid in a non-veteran nursing home. Veterans who reside in state veterans homes are exempt from this rule and can receive the entire pension amount, though most of it will have to be applied to the cost of care. In addition, federal legislation effective 2007 allows the government to substantially subsidize the cost of long-term care for veterans with service-connected disabilities in state veterans homes. Other benefits are also available to veterans who are low-income and require long-term care, such as the Aid and Attendance Allowance, but this cannot be used toward care at a state veterans home.

Facilities are not entirely free to veterans who have an income. They must pay their share of the cost and are subject to an income test to determine whether it is sufficient to cover the cost of care. If a veteran owns a home or possesses other assets, Medicaid would require them to spend down those assets or impose a gifting penalty if they chose to leave it to family. State Veterans Homes will allow the resident to gift the assets without penalty. State veterans homes can also accept Medicaid or Medicare to help defray the out-of-pocket costs that veterans or their family members may be responsible for. This, however, requires that the facility be certified for Medicaid, Medicare, or both. Approximately 30 percent of all state veterans home are CMS certified. The eligibility requirements for veterans to be admitted into these homes must follow the VA's general guidelines; however, each state establishes its own eligibility requirements beyond that. These requirements can even vary within the same state when there is more than one facility based on the demand for care.²⁴ State veterans homes are not open to the general public and are restricted to veterans and certain veteran-related family members. They must be at least 75 percent veteran occupied, particularly when a state accepts grant assistance for the construction of the project.

²³U.S. Department of Veterans Affairs. State Veterans Home (SVH) Per Diem Payment Program

²⁴State Veterans Homes. Senior Veterans Service Alliance. Accessed 3/13/202

If a facility is constructed or renovated with only non-VA funds, then only 50 percent of occupants need be veterans.²⁵ The remainder can be veteran-related family members, but they will not be entitled to VA aid. Other factors for eligibility may be a veteran's disability status, medical need, age, financial eligibility, insurance coverage, and the availability of services in the area.²⁶

EXHIBIT: 4-1			
VA Benefits Available to Veterans for Geriatrics & Extended Care			
ENTITLEMENT	DESCRIPTION	ELIGIBILITY REQUIREMENTS	REMARKS
VA Disability Compensation	A monthly tax-free monetary payment to veterans who have a service connected disability	Must have a disability that is related to active military service.	A greater disability warrants a higher rating and a higher rating results in higher monthly payments
Special Monthly Compensation	Additional monthly compensation if VA Disability Compensation received and additional eligibility requirements are met	Must also: <ul style="list-style-type: none"> • Require significant help with personal care needs by another person because of disability; or • Be bedridden because of disability 	Can be used to help pay for services needed
Veterans Pension	A tax-free monetary benefit paid to low-income wartime veterans	Must be either: <ul style="list-style-type: none"> • 65 or older; or • Totally & permanently disabled; or • Living in a nursing home receiving skilled nursing care; or • Receiving Social Security Disability Insurance; or • Receiving Supplemental Security Income 	If living in a non-veterans nursing facility, only allowed a payment of \$90 per month
Aid and Attendance Allowance	An additional monthly monetary benefit if a VA pension is received and additional eligibility requirements are met	Must either: <ul style="list-style-type: none"> • Require the help of another person for everyday personal care needs (such as bathing, dressing, toileting); or • Are bedridden; or • Living in a nursing home and are physically or mentally incapacitated; or • Have poor eyesight (5/200 corrected visual acuity or less in both eyes) 	
Housebound Allowance	An additional monthly monetary benefit if a VA pension is received and additional eligibility requirements are met	Must be significantly restricted to their residence because of a permanent disability.	Can be used to help pay for services needed
<i>Source: U.S. Department of Veterans Affairs, Paying for Long-Term Care - Geriatrics & Extended Care</i>			

²⁵U.S. Department of Veterans Affairs, Veterans Health Administration. State Veterans Home (SVH) Per Diem Payment Program.

²⁶State Veterans Homes. Senior Veterans Service Alliance.

State veterans homes are owned and operated by the states. The VA has no legal authority over the control of the veterans home, but instead maintains oversight of the State Veterans Home Program through four major components:

- 1) The State Veterans Home construction grant program;
- 2) The State Veterans Home per diem program;
- 3) The State Veterans Home nurse recruitment and retention program; and
- 4) The State Veterans Home clinical and survey oversight program, to ensure standards of care are maintained.

The Department of Veterans Affairs provides support to state veterans homes in all aspects by funding a percentage of the cost of construction of the facility, paying per diem costs for the care of the residents, and maintaining a high quality of care through surveys, audits, and reconciliation of records. Veterans homes provide three types of services: nursing home, domiciliary, and adult day health care (ADHC).²⁷ The VA provides per diems for each of these programs. For FY 2020 the basic state home rates are: \$89.52 per day for adult day health care, \$48.50 per day for domiciliary, and \$112.36 per resident per day for nursing homes. The nursing home per diem represents a 2.35% increase from the prior year.²⁸

COMMUNITY-BASED NURSING HOMES WITH VA CONTRACTS

Contracts between the VA and Community-Based Nursing Homes are governed by the local VA of jurisdictions contracting department in which the Community-Based Nursing Home is located. These contracts are also entered into on the local level.

Community Nursing Home is a place where Veterans can live and receive skilled nursing care any time of day or night.

VA contracts with community nursing homes to care for Veterans:

The Community Nursing Home program is offered in many communities so Veterans can receive care near their homes and families.

Eligibility for a Community Nursing Home is based on clinical need and setting availability. The VA and the Community-Based Nursing Home negotiate on an individual basis when a veteran prefers to go to a community-based facility.

The VA will only pay for Community Nursing Home care if you meet certain eligibility criteria involving your service-connected status, level of disability, and income and is usually only for a 30-, 60-, or 90-day period that the VA will pay for the care depending on the acuity care needs of the Veteran.

If you do not meet these requirements, you will need to use your own resources to pay for nursing home care, which may include paying privately, using Medicare benefits, applying for Medicaid assistance, private insurance, or another 3rd party payor source if you cannot afford to pay.

²⁷U.S. Department of Veterans Affairs, Veterans Health Administration. State Veterans Home (SVH) Per Diem Payment Program.

²⁸State Home Per Diem Rate Information-Community Care
https://www.va.gov/COMMUNITYCARE/providers/SH_Payment_Rate.asp

The VA will determine eligibility for placement in a Community-Based Nursing Home only after other methods of care have been exhausted, such as VA Home Health or VA Caregiver).

Community Nursing Home care always provides:

- 24-hour skilled nursing care (such as wound care or help with IV medication)
- Occupational and physical therapy
- Access to social work services Some Community Nursing Homes also provide:
- Short term rehab services
- Hospice and palliative care for the end of life
- Special care for dementia

Veterans with a combined service-connected disability rating of 70 percent or more and veterans who have retired from a branch of military service have priority.²⁹

STATE VETERANS HOMES PER DIEM STRUCTURE

State Veterans Homes are governed by the Federal VA's Office of Geriatrics and Extended Care in Washington, DC and is supported in the construction of the facility by a shared financial agreement between the Federal VA and the State. Also, daily per diem payments are paid to the facility by the Federal VA on a provider-based system for the long-term health care needs of all eligible Veterans as outlined below.

VA will pay per diem for each day that the veteran is receiving nursing home care and has an overnight stay at the State home. Per diem also will be paid for a day when there is no overnight stay if the State home nursing home care program has an occupancy rate of 90 percent or greater on that day. However, these payments will be made only for the first 10 consecutive days during which the veteran is admitted as a patient for any stay in a VA or other hospital (a hospital stay could occur more than once in a calendar year once there is an overnight stay in the State home between hospital stays) and only for the first 12 days in a calendar year during which the veteran is absent for purposes other than receiving hospital care.

Occupancy rate is calculated by dividing the total number of residents (including nonveterans) in the nursing home on that day by the total recognized nursing home capacity in that State home.

Contracts and State home care agreements for certain veterans with service-connected disabilities:

(a) *Contract or State home care agreement required.* VA and State homes may enter into both contracts and State home care agreements. VA will pay for each eligible veteran's care through either a contract or a "State home care agreement." Eligible veterans are those who:

- (1) Are in need of nursing home care for a VA adjudicated service-connected disability, or
- (2) Have a singular or combined rating of 70 percent or more based on one or more service connected disabilities or a rating of total disability based on individual unemployability and are in need of nursing home care.

²⁹Extracted from VA Geriatrics Community Nursing Home
https://www.va.gov/GERIATRICS/docs/Community_Nursing_Home.pdf

(b) *Payments under contracts.* Contracts under this section will be subject to this part to the extent provided for in the contract and will be governed by federal acquisition law and regulation. Contracts for payment under this section will provide for payment either:

- (1) At a rate or rates negotiated between VA and the State home; or
- (2) On request from a State home that provided nursing home care for which the State home was eligible for payment at a rate that reflects the overall methodology of reimbursement.

(c) *Payments under State home care agreements.*

- (1) State homes must sign an agreement to receive payment from VA for providing care to certain eligible veterans under a State home care agreement. State home care agreements under this section will provide for payments at the rate determined by the following formula. For State homes in a metropolitan statistical area, use the most recently published CMS Resource Utilization Groups (RUG) case-mix levels for the applicable metropolitan statistical area. For State homes in a rural area, use the most recently published CMS Skilled Nursing Prospective Payment System case-mix levels for the applicable rural area. To compute the daily rate for each State home, multiply the labor component by the State home wage index for each of the applicable case-mix levels; then add to that amount the non-labor component. Divide the sum of the results of these calculations by the number of applicable case-mix levels. Finally, add to this quotient the amount based on the CMS payment schedule for physician services. The amount for physician services, based on information published by CMS, is the average hourly rate for all physicians, with the rate modified by the applicable urban or rural geographic index for physician work, then multiplied by 12, then divided by the number of days in the year.

Note to paragraph (c)(1):

The amount calculated under this formula reflects the prevailing rate payable in the geographic area in which the State home is located for nursing home care furnished in a non-Department nursing home (a public or private institution not under the direct jurisdiction of VA which furnishes nursing home care). Further, the formula for establishing these rates includes CMS information that is published in the FEDERAL REGISTER every year and is effective beginning October 1 for the entire fiscal year. Accordingly, VA will adjust the rates annually.

- (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a State home care agreement. Also, as a condition of receiving payments under paragraph (c), the State home must agree not to accept drugs and medicines from VA provided under this paragraph (c) includes payment for drugs and medicines).³⁰

Current per diem rates VA pays to the State Veterans Homes in Arkansas:

	Basic Per Diem	Per Diem Rate for 70% SCD Veterans
Arkansas State Veterans Home at Fayetteville	\$112.36 p/day	\$389.54 p/day
Arkansas State Veterans Home at North Little Rock	\$112.36 p/day	\$380.14 p/day

³⁰Extracted from ecf 38 cfr part 51 updated 3/8/2021. Accessed 3/13/2021

DEPARTMENT OF VETERANS AFFAIRS CONSTRUCTION GRANT PROGRAM

PROGRAM OVERVIEW

The U.S. Department of Veterans Affairs sponsors the State Veterans Home Program that provides assistance to individual states by participating in a percentage of the cost of construction as well as paying a per diem for the facility to provide care to eligible veterans.³¹ The construction grant portion of the program allows states to take advantage of the program in two ways. First, they can use the federal funding to construct or acquire new facilities to be state veterans homes that provides domiciliary or nursing home care. Or second, they can expand, remodel, or alter existing buildings for furnishing domiciliary, nursing home, adult day health, or hospital care to veterans in state homes. A state must pay 35 percent of the cost of renovations or new construction and the VA will fund up to 65 percent of the total construction cost, with the total cost of the project not being less than \$260,000. Payments are made as a reimbursement to the state in installments as construction progresses. The program will also assist with the purchase of the initial equipment needed to make the facility operable.

In order to receive consideration for placement on the construction grant priority list, states must submit an application. Submittals must express a need for the facility and document that the proposed site is in the vicinity of a sufficient concentration of veterans age 65 and older. There must also be reasonable basis to conclude that upon completion of the state veterans home, it will be fully occupied. Applications from states are accepted annually with the initial application due by April 15. If a state certifies the availability of matching funds by August 1, a project will receive a higher priority ranking for the following fiscal year.

For new construction, the VA will not compensate for the acquisition of the land that the facility rests on. This requires that the land be donated or purchased by a non-federal entity, such as a state or local government, nonprofit organization, private company, or individual. Federal regulations also include stipulations in regards to the design and operation of the facility. Specific requisites for the physical design include standards for resident bedrooms, dining areas, and toilet facilities. It also outlines explicit guidelines of square footage allowances for every area of the facility. Once in operation, the regulations also delineate a series of measures that management must meet in order for them to receive per diem payments from the VA.³²

MAXIMUM BEDS

In 1999 the Veterans Millennium Health Care and Benefits Act (Public Law 106-117) was created. Section 207 outlined the State Home Grant Program and the VA's requirements to develop regulations to establish the number of nursing home and domiciliary beds each state would need based on projected demand. This number minus the number of existing state home beds plus those currently under construction would determine a state's unmet need and therefore limit the number of beds for which federal matching funds could be provided. The Act further required that the VA review these projections no fewer than every four years with the maximum number of beds being recalculated every ten years. States can seek an exception to the maximum number of beds if travel distances between existing state homes and a sufficient veteran population center for a proposed state home exceed two hours, by land transportation or other usual mode. The Secretary of the U.S. Department of Veterans Affairs makes the determination for these requests.

³¹U.S. Department of Veterans Affairs. State Veterans Home (SVH) Per Diem Payment Program

³²U.S. Government Printing Office, Electronic Code of Federal Regulations. 38 CFR Part 59 – Grants to States for Construction or Acquisition of State Homes.

http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=ecfrbrowse/Title38/38cfr59_main_02.tpl

The latest numbers projected the demand of veterans age 65 or older to the year 2048. Despite the growing elderly veteran population, the VA decided that due to emerging alternatives to institutional long-term care and advancing medical technologies, the demand for nursing home beds might be unchanged. The VA's philosophy is that extended care services shall be provided in the least restrictive environment that is safe for the veteran. The wide variety of non-institutional extended care services being offered to veterans supports this idea, presenting more options for individuals to age in place. Using the methodology described, Arkansas' maximum bed allowance 653. With 186 beds being utilized between the Fayetteville veterans home (90 beds) and the North Little Rock veterans home (96 beds), this leaves the State with a shortfall of 467 beds.³³

PRIORITIZATION OF FUNDING REQUESTS

The 1999 Veterans Millennium Health Care and Benefits Act (Public Law 106-117) also required the VA to develop a system for prioritizing applications for state home construction and rehabilitation projects. Applications are ranked from the highest to the lowest based on their priority level as described below. Priority Group 1 applications have all been certified as having their state matching funds available.

Within this priority group, there are sub-priorities:

- 1) Remedies for life/safety, with further priorities;
- 2) A state that has not previously applied for a construction or acquisition grant for a state nursing home;
- 3) "Great need" for new beds in a state (unmet bed need of 2,000 or more beds);
- 4) Renovation other than sub-priority 1, with further priorities;
- 5) "Significant need" for new beds in a state (unmet bed need of 1,000-1,999 beds);
- 6) A state that has not demonstrated that state funds are being used to rectify conditions that protect the lives or safety of the residents and program participants of the facility as identified by the VA, State or local government, or another accrediting institution; and
- 7) "Limited need" for new beds in a state (unmet bed need of 999 beds or less).

Applications are further evaluated beyond these sub-priorities based on the order the VA received them. Priority groups 2 thru 8 are applications for states that have not certified the availability of matching funds. These designations do not reflect priority order, but instead correlate to a sub-priority listed in Group 1. Based on the maximum number of state home beds allotted, an application from Arkansas would automatically fall into Group 8 (limited need) and be promoted to Group 1, Sub-priority 7 when the state matching funds became available.³⁴

³³eCFR Title 38 Part 59.40

<https://ecfr.federalregister.gov/current/title-38/chapter-1/part-59/section-59.40>

³⁴eCFR Title 38 Part 59.50 (a) – (i)

<https://ecfr.federalregister.gov/current/title-38/chapter-1/part-59/section-59.50>

CONSTRUCTION GRANT BACKLOG

Beginning in 1977, state home grant applications began to exceed the annual appropriations for construction funds and a backlog of eligible applications has been maintained ever since. Over the past year the number of Priority List Group 1 projects has increased from \$257 million in FY 2013 to nearly \$1 Billion \$334 Million in FY 2020, nearly quadrupling the demand for federal funding. An additional \$122 million \$494 thousand also remains on the list of conditionally approved projects, of which were carried over from the previous year's priority list. Awards are granted based on their ranking on the priority list and funds available. The VA will go down the list until the threshold is reached, leaving many projects unfunded and left to wait another year.

While demand for state veterans home construction grants is on the rise, federal funding has continued to remain at \$85 million over the past 11 years, falling from \$165 million in FY 2008 and \$175 million in FY 2009. This had created an even greater backlog of projects, delaying needed repairs and upgrades to facilities as well as putting new construction projects on hold. The American Recovery and Reinvestment Act of 2009 attempted to help address the issue by providing an additional one-time expenditure of \$150 million that funded 49 projects in 23 states. However, the increased demand along with the stagnant flow of funds since has left a substantial deficit. In March 2014, the National Association of State Directors of Veterans Affairs requested that Congress furnish sufficient funding to keep the program at a manageable level, estimating a minimum need of \$250 million to fund worthy projects.³⁵ Appropriations for FY 2021 will remain at \$85 million and is expected to continue at that rate until 2040.³⁶

RECENT STATE VETERANS HOME CONSTRUCTION

Current state veterans homes all follow the Community Living Center (CLC) concept. The guidelines, as set forth by the VA, describe the creation of an environment of care that focuses on the resident. Most facilities range from 110,000 to 135,000 square feet and house 120 to 160 beds. Although the VA Construction Grant Program has specific standards for spaces within the facility, there is some flexibility in design and in the amenities provided. Some facilities are also offering additional services, such as Alzheimer's/dementia care.

Facilities commonly occupy large tracts of land due to the spreading design of the facility, sizable parking area for staff and visitors, and the desire to have unobstructed views from rooms and common areas as well as open spaces for gardens and walking paths. The U.S. Department of Veterans Affairs will not compensate for the acquisition of land, meaning that the parcel will need to somehow be obtained by some other means. Recent construction projects have utilized a variety of sources for land acquisition, including adding the state veterans' home onto a larger, existing veterans home campus or developing onto state or county land, or donation of land from private landowners.

The construction costs of recently requested funding for projects vary greatly, particularly in the costs per bed, as shown in Exhibit: 5-1. These costs range from about \$286,245 per bed in Massachusetts to \$1,220,204 in California, with the average being about \$505,518 per bed. Without including the cost per bed in California, the cost per bed average would have been substantially lower, bringing the average down to \$471,613 per bed. The average number of beds per facility is just over 124. There are a number of factors that may contribute to the wide range of construction costs, some of which may be geographic location, project amenities, material costs, and labor rates.

³⁵Marsh, Clyde. Joint Hearing of the House and Senate Veterans' Affairs Committees. NASDVA, 06 March 2014.

³⁶Grants.gov. Grant Opportunities. CFDA 64.005.

EXHIBIT: 5-1								
FY 2020 PRIORITY LIST								
NEW AND REPLACEMENT STATE VETERANS HOMES								
CONSTRUCTION COST & COST PER BED								
FAI #	LOCATION	# OF BEDS	PRIORITY LIST RATING	NEW CONSTRUCTION/ BED REPLACEMENT	ESTIMATED STATE SHARE 35%	ESTIMATED VA SHARE 65%	ESTIMATED TOTAL COST	COST PER BED
APPLICATIONS WITH STATE MATCHING FUNDS								
25-081	CHELSEA, MA	154	1.4B	BED REPLACEMENT	15,428,604	28,653,122	44,081,726	286,245
56-007	BUFFALO, WY	36	1.2	NEW CONSTRUCTION	6,919,390	12,850,295	19,769,685	549,158
48-033	DALLAS, TX	120	1.3	NEW CONSTRUCTION	10,809,867	20,075,467	30,885,335	257,378
21-022	BOWLING GREEN, KY	90	1.7	NEW CONSTRUCTION	10,500,000	19,500,000	30,000,000	333,333
45-009	COLUMBIA, SC	108	1.7	NEW CONSTRUCTION	14,103,658	26,192,507	40,296,165	373,113
47-018	ARLINGTON, TX	126	1.7	NEW CONSTRUCTION	19,180,371	35,620,690	54,801,061	434,929
28-010	BILOXI, MS	100	1.7	NEW CONSTRUCTION	15,823,500	29,386,500	45,210,000	452,100
27-051	BEMIDJI, MN	72	1.7	NEW CONSTRUCTION	14,485,159	26,901,009	41,386,168	574,808
27-052	MONTEVIDEO, MN	72	1.7	NEW CONSTRUCTION	16,804,327	31,208,036	48,012,363	666,838
27-053	PRESTON, MN	54	1.7	NEW CONSTRUCTION	11,277,491	20,943,911	32,221,402	596,693
01-013	SOUTHEAST, AL	174	1.7	NEW CONSTRUCTION	21,000,000	39,000,000	60,000,000	344,828
	TOTAL	1,106			156,332,367	290,331,538	446,663,905	
APPLICATIONS WITH NO STATE MATCHING FUNDS								
12-027	WEST FLORIDA, FL	112	4	NEW CONSTRUCTION	22,914,452	42,555,412	65,469,864	584,552
26-029	MARQUETTE, MI	140	5B	BED REPLACEMENT	31,025,772	57,619,291	88,645,063	633,179
26-030	FLINT/SAGINAW, MI	140	5B	BED REPLACEMENT	26,139,103	48,544,048	74,683,150	533,451
26-031	194 CORRIDOR, MI	140	5B	BED REPLACEMENT	28,146,799	52,272,626	80,419,425	574,424
26-032	N LOWER PENINSULA, MI	126	5B	BED REPLACEMENT	31,651,716	58,781,759	90,433,475	717,726
26-033	DETROIT, MI	140	5B	BED REPLACEMENT	37,485,503	69,615,935	107,101,438	765,010
06-071	YOUNTVILLE, CA	240	5B	BED REPLACEMENT	102,497,150	190,351,850	292,849,000	1,220,204
40-064	ARDMORE, OK	200	5B	BED REPLACEMENT	23,973,300	44,521,844	68,495,144	342,476
41-006	ROSEBURG, OR	154	8	NEW CONSTRUCTION	12,893,783	23,945,598	36,839,381	239,217
24-008	FORT HOWARD, MD	120	8	NEW CONSTRUCTION	21,852,888	40,583,935	62,436,823	520,307
	TOTAL	1,512			338,580,467	628,792,296	967,372,763	
VA PRIORITY LIST CARRYOVER FROM FY 2019 WITH CONDITIONAL APPROVAL								
16-008	POST FALLS, ID	64	1.7	NEW CONSTRUCTION	15,058,187	27,965,205	43,023,392	672,240
40-062	TALIHINA, OK	175	1.4B	BED REPLACEMENT	24,500,000	45,500,000	70,000,000	400,000
	TOTAL	239			39,558,187	73,465,205	113,023,392	
TOTAL BEDS		2,857		ESTIMATED STATE SHARE	534,471,021			
TOTAL FACILITIES		23		ESTIMATED VA SHARE		992,589,038		
				ESTIMATED TOTAL COST			1,527,060,060	
AVERAGE NUMBER OF BEDS					124.22			
AVERAGE COST PER BED					505,518			
AVERAGE COST PER BED (minus California)					471,613			

Source: Extracted from VA State Home Construction Grants Priority List FY 2020

PROJECTED COSTS OF REPLACEMENT VETERANS HOME IN FAYETTEVILLE

Using the cost of construction from recent projects and taking the average cost per bed, we can determine what a state veterans homes replacement cost in Arkansas might cost. The economy of scale for this type of facility is said to be 100 to 120 beds and as shown in Exhibit: 5-1. All of the recent construction projects request averaged 122 beds per facility. This should be a sufficient size for the City of Fayetteville and the Counties of Benton and Washington specifically, as they are the two counties in the catchment area where there is the most veteran's population as shown in Exhibits 3-3A and 3-3B on pages 10 and 11 of this study. As this is a replacement facility, there would no change in unmet usage of beds allocated for Arkansas. There would still be a shortfall of 467 beds. This would be the remainder of the maximum allowable beds for future state veterans homes in the rest of the State.

Should a hypothetical 90 bed facility be built at \$471,613 per bed (California estimate not included) as shown in Exhibit 5-1, construction of a replacement facility in the Fayetteville catchment area may total somewhere around \$42,445,170. The VA's share would be about \$27,589,361 (65%) with the State's contribution being approximately \$14,855,809 (35%). Note that these numbers represent construction costs for the facility only based on the VA's requirement for the land to be donated. Other factors may include site considerations and the construction market at the time the project goes out to bid.

Operating costs include everything from utilities, licenses, maintenance services, medical equipment, supplies & services, laundry services, etc. At the current State Veterans Home in Fayetteville facility operating costs should be greatly reduced because of its location adjacent to the Veterans Health Care System of the Ozarks. This might allow them access to medical services, laundry facilities, and food service areas. Additionally, operational costs may be greatly affected by personnel costs, energy costs, and federal and state health care program reimbursement rates. The per diem program and construction subsidies provided by the VA do, however, allow state veteran homes to charge less for their services than private facilities. Their ability to collect the entire pension benefit amount from residents rather than being limited to \$90 per month as well as being able to compound Medicaid and VA reimbursements are all additional income that private facilities aren't able to take advantage of. Startup costs of the facility may need assistance from the State, but it can be assumed that by the third year when they are able to build their census up to capacity, the operation should be a profitable one.

SOURCES OF MATCHING FUNDS

Arkansas could provide the matching funds through its regular appropriations process or it could finance the construction as part of a capital improvements bond issue as well as a number of other avenues states have used to come up with their 35 percent matching funds. In Tennessee, their Knoxville facility was funded entirely by the county government and in Virginia, their last two facilities (one in Vint Hill and one in Virginia Beach respectively) were built entirely with funding coming through their legislative process.

Besides the matching funds, it is important to note that additional costs may be incurred for items not allowable under the construction grant program. This may include infrastructure and offsite improvements, maintenance or repair work, and other consumable goods. The VA does however allow for payment of design fees, equipment, and contingencies to be included in the total grant amount. Though any costs incurred prior to the application being approved by the VA shall be excluded and cannot be reimbursed.³⁷

³⁷eCFR Title 38, Part 59.80(c)

<https://ecfr.federalregister.gov/current/title38/chapter-1/part-59>

MISCELLANEOUS FACTORS REGARDING A STATE VETERANS HOME

GENERAL REQUIEREMENTS FOR ALL STATE HOME FACILITIES

As a condition for receiving a grant and grant funds under this part, States must comply with the requirements of this section.

(a) The physical environment of a State home must be designed, constructed, equipped, and maintained to protect the health and safety of participants, personnel and the public.

(b) A State home must meet the general conditions of the American Institute of Architects, or other general conditions required by the State, for awarding contracts for State home grant projects. Facilities must meet all Federal, State, and local requirements, including the Uniform Federal Accessibility Standards (UFAS) (24 CFR part 40, appendix A), during the design and construction of projects subject to this part. If the State or local requirements are different from the Federal requirements, compliance with the most stringent provisions is required. A State must design and construct the project to provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by this part and as identified in each resident's plan of care.

(c) State homes should be planned to approximate the home atmosphere as closely as possible. The interior and exterior should provide an attractive and home-like environment for elderly residents. The site will be located in a safe, secure, residential-type area that is accessible to acute medical care facilities, community activities and amenities, and transportation facilities typical of the area.

(d) (1) State homes must meet the applicable provisions of NFPA 101, Life Safety Code, except that the NFPA requirement in paragraph 19.3.5.1 for all buildings containing nursing homes to have an automatic sprinkler system is not applicable until February 24, 2016 for "existing buildings" with nursing home facilities as of June 25, 2001 (paragraph 3.3.36.5 in the NFPA 101 defines an "[e]xisting [b]uilding" as "[a] building erected or officially authorized prior to the effective date of the adoption of this edition of the Code by the agency or jurisdiction"), and NFPA 99, Health Care Facilities Code.

(2) Facilities must also meet the State and local fire codes.

(e) State homes must have an emergency electrical power system to supply power adequate to operate all exit signs and lighting for means of egress, fire and medical gas alarms, and emergency communication systems. The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources.

(f) The nurse's station must be equipped to receive resident calls through a communication system from resident rooms, toilet and bathing facilities, dining areas, and activity areas.

(g) The State home must have one or more rooms designated for resident dining and activities.

These rooms must be:

(1) Well lighted;

- (2) Well ventilated; and
- (3) Adequately furnished.

(h) The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must:

- (1) Ensure that water is available to essential areas when there is a loss of normal water supply;
- (2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;
- (3) Equip corridors with firmly secured handrails on each side; and
- (4) Maintain an effective pest control program so that the facility is free of pests and rodents.

- (i) (1) Incorporation by reference of these materials was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. These materials, incorporated by reference, are available for inspection at the Department of Veterans Affairs, Office of Regulation Policy and Management (02REG), 810 Vermont Avenue NW., Room 1068, Washington, DC 20420, call 202-461-4902, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030 or go to
 - i. http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

(2) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. (For ordering information, call toll-free 1-800-344-3555.)

NFPA 99, Health Care Facilities Code, Including all Gas & Vacuum System Requirements, (2012 Edition).

- i. NFPA 101, Life Safety Code (2012 edition).
(Authority: 38 U.S.C. 101, 501, 1710, 1742, 8105, 8131-8137)
[66 FR 33847, June 26, 2001, as amended at 76 FR 10249, Feb. 24, 2011; 80 FR 44862, July 28, 2015]³⁸

INFECTION CONTROL

Over the past 13 months the State Veterans Homes, as well as the Community-Based nursing home industry across the nation, have experienced unprecedented issues regarding the COVID pandemic in which we are still gradually pulling out of. One of the things to carefully consider is the known fact that any new construction should be developed so that the veteran can have a private room with a full bath as well as generous sized communal spaces so that when groups have gathered, the veteran can enjoy these events much more than they have been able to recently and yet have adequate space to maintain social distancing. Those facilities that have already been constructed in this manner have experienced much fewer issues during the COVID outbreak.³⁹

³⁸38 CFR Part 59.130

³⁹ Source – New York Times. COVID 1 Year Later, 3/14/2021. Accessed 3/14/2021

POTENTIAL LOCATION FACTORS

As far as site selection, the only requirement made by the VA is that “the site will be located in a safe, secure, residential-type area that is accessible to acute medical care facilities, community activities and amenities, and transportation facilities typical of the area”⁴⁰. A facility like this will most likely require a minimum of 90,000 square foot site and the availability of land will have a great impact on its location. While future analysis will examine specific sites, there are a number of factors that may influence potential locations. These might include being in a central location where the concentrations of veterans live, proximity to VA medical facilities, access to public transportation, overnight accommodations for visitors, and workforce availability.

Future project development reports and environmental assessments will delve further into items such as parking, utilities, zoning issues, development of the land, and other socioeconomic impacts once specific sites are identified.

SUMMARY & CONCLUSIONS

There are many important points to consider when contemplating the prospect of replacing a state veterans home. Examination of the demographics for both the general population and veterans, as well as a study of the health care system in Arkansas and of the U.S. Department of Veterans Affairs all add insight into the need and feasibility to replace this type of facility. Additionally, an understanding of the process involved with the VA State Home Construction Grant Program and their recent successes allow the State to review the advantages of participating in this program and evaluate potential costs involved. These all lead to significant points to consider in terms of need, location, admissions policies, services provided, design, and operations.

FACILITY NEED

With Arkansas’ growing elderly population and the longevity of its residents, there is no doubt that the demand for long-term care will continue to increase over the next 20 years. And while it may be preferential for the elderly to utilize home and community-based services when possible, it can be expected that the demands for nursing home care will likely escalate, or at the very least, remain steady.

Veterans, as is the rest of the population, are aging and are in high demand for long-term care. They are fortunate to receive a number of health care benefits from the U.S. Department of Veterans Affairs as compensation for their years of service, but the Arkansas State Veterans Home at Fayetteville’s physical structure is lacking in providing the complex needs of healthcare for Veterans in today’s environment. Besides that, the VA must contract with private nursing facilities for the care of their veterans which does not cover all of the costs of care to the veteran as a state veterans home does, thereby causing more out of pocket expenses to the veteran, or the enhanced dependency on other payors such as Medicare, Medicaid, private insurance, etc. To replace the current state veteran home in Fayetteville with a building that offers more amenities and specialized health care services to veterans would be beneficial not only to the veterans who would be well taken care of amongst their comrades, but for the Arkansas health care system as a whole. The care of these veterans in a state veterans home allows the VA to cover many more expenses than federal regulations would allow for a private facility. This alleviates some of the costs that fall onto Medicaid and therefore these monies can be diverted to the care of others who are in need.

⁴⁰ eCFR Title 38 Part 59.130 (c)

The size of a new state veterans home is another significant item to consider. The anticipated need must be balanced with cost-efficiency as well as the number of beds remaining for future facilities in Arkansas. If we consider that current trends in Arkansas show only about 1.6 percent of the population age 65 or older residing in nursing homes and there is anticipated to be 30,339 veterans aged 65 and older in the 18 county catchment area on 9/30/2021 (Exhibit 3-3B), then the number of beds to fulfill this need for veterans would be more than double the amount of current beds, but with the other 62 private community-based nursing homes in the catchment area that have an accumulative occupancy level at 67.31%, it would not be feasible to construct more than a 120 bed facility when considering the replacement of the current 90 bed facility in operation. The average size for requested facilities on the VA's 2020 priority list is 124.22 beds (Exhibit 5-1). Designers say that an efficient size is 100-120 beds, which sounds appropriate for the Fayetteville catchment area. This would leave 437 beds available for use by the rest of the State. 2021 projections of elderly veterans in the Northeast and Southwest catchments areas are 15,852 and 14,938 respectively. Whether the remaining beds are considered necessary to be constructed to support these populations requires further study of the needs of these counties. The VA recognizes that travel distances of more than two hours, by land transportation or any other common mode, may be excessive and is authorized to grant an exception to the rule.

FACILITY LOCATION

Arkansas veterans would be best served by locating the replacement facility of the current Arkansas State Veterans Home at Fayetteville in or near the location of the current facility given that this location is near the VA Medical Center in Fayetteville, is within the VA guideline of the two-hour driving time from the furthest point in the catchment area, has the second highest overall concentration of veterans in the State and the highest number of veterans age 65 and older. Siting the facility will be an involved process, but development of criteria that establishes certain requirements and adjacencies to a potential replacement for the state veterans home might be a worthwhile exercise. Some items to consider for facility location may be:

- Available to the greatest number of elderly veterans within a reasonable distance of the facility
- Access to emergency health care facilities that can provide rapid response to emergency situations and accommodate acute conditions
- Proximity to accredited educational institutions offering health care programs that can provide a source for labor force, and in turn, where staff can take advantage of educational programs to assist in advancing their training and career growth
- Areas where support from local organizations are available. Groups, such as veterans organizations, churches, and volunteer organizations, may be able to contribute to state veterans home programs.
- Availability of public lodging for family members and friends visiting the home
- Suitability of site:
 - o Should be at least 7-10 acres
 - o Shall be appropriate for a building, roads, and parking as necessary
 - o Intended construction of a multi-bed nursing facility must be consistent with all state and local land use laws, rules, and regulations
 - o Availability of roads and utility infrastructure services to the site^{41, 42}

⁴¹ Cuyahoga County Planning Commission. Northeast Ohio Veterans Home Feasibility Study.

⁴² Florida Department of Veterans Affairs, State Veterans Homes Program. Site Selection Criteria for a State Veterans Home.

Although the U.S. Department of Veterans Affairs considers a driving time of up to two hours as an acceptable travel time to a state veterans home, not taking traffic into consideration, there should be no location in the catchment area where travel times are in excess of two hours.

FACILITY ADMISSION POLICIES & SERVICES PROVIDED

A new replacement veterans home in Arkansas also offers an opportunity to review operational procedures such as admissions policies and services provided. As in other states, a unilateral admissions policy throughout the state is not required and a new replacement home can have different requirements than the State Veterans Home at North Little Rock facility. They can also offer different services than in North Little Rock depending on the needs of potential residents. It is anticipated that a new replacement state veterans home in the Fayetteville catchment area that is built with all private rooms and bathrooms may be in great demand and additional requirements and services may be warranted to assure that the home is being used to the greatest extent for those that need its services the most.

All 50 states have residency requirements in order to be eligible for entry into a state veterans home, however some are stricter than others. Many states with multiple veterans homes and high occupancy rates require 3-5 years of residency, though states like Missouri only require that the veteran has resided in the state for 180 days during their lifetime. Others like Tennessee require that the veteran be born in the state and Louisiana has a 30 day residency requirement which can be waived for veterans that live in bordering states where it is further to go to a state veterans home in their state of residency than it is to a facility in Louisiana. That being said, Arkansas has many options in this regard for determining residency requirements.

The VA also allows for great flexibility in permitting relatives of veterans to be admitted to state veterans homes as well. As of 2020, 60 percent of states allowed the spouse of a veteran to reside in the state veterans home and in 28 of these states surviving spouses were also accepted. In 25 percent of states Gold Star parents were extended eligibility as well. In some instances, states even allowed for mothers, fathers, and dependent children.⁴³ Yet, payment for monthly costs by non-veterans is higher than for veterans as they are unable to receive per diem payments from the VA. A new facility should evaluate their admission policies as well as their priority list criteria and determine whether more restrictive guidelines are advantageous from an operational standpoint.

A new replacement state veterans home may want to also explore options in terms of the services they provide. Potential demand may lead to the need for specialized care. For example, dementia care has become a common part of new facilities and certain wings have been dedicated to this specific type of care. In some cases, such as in New Mexico, the entire proposed facility focuses on Alzheimer's care. An assessment of care being offered, whether it encompasses an extensive range or focuses on specific types, should be conducted to determine the scope of services of the veterans home and impacts it may have on the work force.

FACILITY DESIGN CONSIDERATIONS

Even though no longer enforced by the Federal VA they still endorse the Community Living Center (CLC) concept and guidelines and describe the design of a state veterans home in both broad strokes and fine detail. They call for the physical environment to be "designed, constructed, equipped, and maintained to protect the health and safety of participants, personnel and the public." They request that the facility have a home-like atmosphere, that it be well lit, well ventilated, adequately furnished, and meet all applicable codes (38 CFR 59.130). The guidelines also lay out specific square footages for every room in the building. Beyond this, the rest is up for interpretation. A good design can have a great influence on everything from

⁴³Cuyahoga County Planning Commission. Northeast Ohio Veterans Home Feasibility Study.

efficient operations to promoting a healing environment for residents.⁴⁴ According to the Community Living Centers (CLC) Design Guide, “the profile of today’s CLC is a residential environment serving the needs of the resident. The facility is designed to be an environment of healing that allows the building itself to be part of the therapy.” This model focuses primarily on the needs of the resident rather than operating on “medical mode”

The guide further states that, “among the most important aspects of nursing care is instilling and maintaining within the resident a sense of importance, empowerment, and control. In order to achieve this goal, the CLC and has to remain an environment of life and optimism. While treatment is a component of the CLC, caring for the resident must remain at the forefront of a resident centered setting.”⁴⁵

Some important attributes in good nursing home design are:

- **A Home-Like and Therapeutic Environment:** Provide spaces that emphasize a warm, reassuring atmosphere rather than an institutional one. Promote residential qualities like privacy, individualization, and control of one’s environment. Offer a variety of spatial experiences and allow for natural light and views of the outdoors wherever possible.
- **Efficiency and Cost-Effectiveness:** Encourage staff efficiency by minimizing travel distances between frequently used spaces and allowing for a well-organized design where support spaces can be shared and where multi-purpose spaces are practical. Plans should also allow staff easy visual supervision of patients.
- **Cleanliness and Sanitation:** Facilities should be well ventilated and odor free with adequate toilet rooms and housekeeping spaces in key locations. Finishes utilized should be durable and details such as doorframes and floor transitions should be designed to inhibit dust collection.
- **Attention to Way Finding:** Design a consistent system that helps residents navigate through the facility without feeling disoriented. Cue from building elements like color and texture, in addition to signage, aid in helping residents understand where they are. Use clear and simple lettering in signage and noticeably identify commonly used spaces.
- **Accessibility:** Accommodate both ambulatory residents and those needing assistance by complying with the guidelines of the American with Disabilities Act (ADA) and the Architectural Barriers Act (ABA) Accessibility Standards. Assure that residents in wheelchairs can easily use all spaces, furniture, and equipment and provide grab bars in appropriate locations. If possible, propose a one-story scheme, preferably at grade, however if multiple stories are necessary, distribute dining areas among floors rather than having a centralized space.
- **Security and Safety:** Address safety and security concerns by controlling exits to avoid departure of resident. Utilize non-reflective, non-slip flooring to avoid falls and provide secure spaces to safeguards supplies and personal belongings.
- **Aesthetics:** Create bright, open public areas paired with intimate, therapeutic resident rooms and offices by utilizing natural light and materials. Exterior should have a residential appearance and blend in with its surroundings.⁴⁶

⁴⁴Carr, Robert. Nursing Home. Whole Building Design Guide.
http://www.wbdg.org/design/nursing_home.php

⁴⁵Department of Veterans Affairs, Office of Construction & Facilities Management. Community Living Centers design guide.

⁴⁶Carr, Robert. Nursing Home. Whole Building Design Guide.

Community living centers focus on a residential care environment that consists of “households” and “neighborhoods”. Each “house” is made up of smaller groupings of resident rooms and bathrooms with co-located kitchen, dining, and living areas with access to the outdoors. These “homes” accommodate 10-12 residents. Clusters of “households” share support services and together become a “neighborhood”. Administrative areas are then centralized between neighborhoods. This idea eliminates institutional elements and provides treatment and support services in a home-like setting. The design incorporates features that facilitate activities of daily living and offers spaces for resident interaction as well as areas for privacy. There is access to the outdoors for passive and active therapeutic activities and all resident areas are accessible, both inside and out.

This model also encourages the use of private resident rooms.⁴⁷ This is a trend that has been occurring amongst hospitals and nursing homes alike. Studies have shown that single rooms are advantageous, producing benefits for infection control, privacy, and confidentiality. Individual units may also assist in accommodating the growing demographic of female veterans. Previously state veterans homes had consisted of predominantly male residents, but as the number of elderly female veterans in Arkansas grows, so will their need for nursing home care.

Recent state veterans homes have also been designed to provide various levels of care, distinguishing beds for services like dementia care. A common solution for this is to incorporate a single overall design that is repeated for all sections of the facility. This offers flexibility if the demand for types of care changes. Conversions may simply require operational adjustments and minor renovations if necessary.⁴⁸

Another important aspect that may influence the design is efforts for the facility to be sustainable. For example, Arizona requires a minimum LEED level of silver in all state buildings (Leadership in Energy and Environmental Design). LEED is an internationally recognized green building certification system that provides verification that the design and construction of buildings, and sometimes communities, are using strategies aimed at improving performance. Using a point system, they are rated in five environmental categories: Sustainable Sites, Water Efficiency, Energy & Atmosphere, Materials & Resources, and Indoor Environmental Quality. Based on the number of points achieved, they are categorized into four levels of certification: Certified, Silver, Gold, and Platinum. This can be attained by incorporating strategies like utilizing recycled materials, reducing water consumption, and maximizing outdoor views and natural lighting.

FACILITY FINANCING & OPERATIONS

Creative thinking, careful design, and patience may be necessary in order for a new state veterans home to become a reality. The VA does not allow for the cost share of land in the 65% of dollars provided by them and that 35 percent of the project by funded by nonfederal monies. This may mean the State will need to be imaginative in exploring various avenues for sources of possible sites and funds. Other states have employed a variety of options and there are many possibilities for the State to consider. An exchange of land could take place amongst state agencies. Areas that are currently underutilized could be renewed to incorporate a new facility. In terms of funding, the State’s matching funds could be subsidized by private donations. The county could contribute to the cause. The monies could be appropriated or general obligation bonds issued.

⁴⁷Department of Veterans Affairs. Chapter 106: Veterans Health Administration – Community Living Center (CLC) (formerly Nursing Home Care Unit). VA Space Planning Criteria (106), March 2008 (SEPS Version 1.6)

⁴⁸Cuyahoga County Planning. Commission. Northeast Ohio Veterans Home Feasibility Study.

Operationally, it is also important that the facility be carefully designed to meet VA standards. A state veterans home is only acknowledged as one when it is formally recognized by the VA as meeting the standards as set forth in 38 CFR 51.30 for nursing home and domiciliary care.⁴⁹ Only then is it qualified to receive per diem reimbursements. Certifications must be renewed annually with strict guidelines to follow in terms of resident rights, quality of life, services offered, administration, infection control, and physical environment. The VA monitors compliance through surveys, audits, and reconciliations of records. Facilities must be designed to meet net square footage areas as set forth by the VA with a deviation of no more than 10 percent. If it is found to be in excess, the VA will not consider these costs in the total cost of construction for their 65 percent contribution.

There are stringent standards for the physical design of resident rooms as well. It is also advantageous for the facility to be dually certified by Medicare and Medicaid, whose requirements are equally as firm as that of the VA.

A realistic timeframe for construction and a transition to full occupancy must be established. The construction phase on recent state veterans homes has ranged anywhere from 20 to 28 months. After the formal dedication it is typical for facilities to commence operations in stages, gradually increasing the number of residents to have an orderly operational growth. This also helps assure that residents are receiving quality care. A phased approach means that per diems may not be received from the VA for the first few months in a newly established State Veterans Home since they will not commence with a recognition survey until there are a minimum of 21 residents. This may also mean that it could take a couple of years for the facility to reach full occupancy in the case of a new state veterans home just starting up. These factors should be taken into account for all revenue and expense projections during the transition period. The State may need to assist with start-up costs and operational expenses for the first year, but it is expected that thereafter the state veterans home will become a self-sufficient operation.

⁴⁹38 CFR Part 51, Subpart D

