

Decennial Montana Veterans' Long-Term Care Needs Assessment

Legislative Report



Delivered by: Montana Department of Public Health and Human Services (DPHHS)

September 2024



Table of Contents

Executive Summary 3

Background 5

Methodology..... 8

Veteran Demographics..... 13

Overview of Current Services and Resources..... 32

Assessment Observations..... 47

Appendix A. The Veterans’ Survey Tool..... 62

Appendix B: Stakeholders and Partners..... 79

Appendix C. Veteran Community Outreach Materials 80

Appendix D: Veterans’ Long-Term Care Needs Study Budget..... 83

Appendix E. Montana Veteran Population Age Distribution and Mapping..... 84

Appendix F. Health Considerations for Montana Veterans..... 92

Appendix G: Grants for Construction and Acquisition of State Home Facilities..... 104

Appendix H. Montana Health Care Service Sites 106

Appendix I. Legislative Initiatives and Future Funding 114

Appendix J. Long-Term Care Options in Montana 118

Appendix K: Nursing Home Bed Need Projections 119



Executive Summary

The Montana State Legislature passed House Bill 264 (HB 264) during the 2023 legislative session. HB 264 directs the Montana Department of Public Health and Human Services (DPHHS) to conduct a decennial Veterans' Long-Term Care Needs Study to evaluate and address the unique needs of Montana's veterans.

At a high-level, HB 264 requires the following:

- Determining key demographics and long-term needs of the Montana veteran population;
- Conducting a survey of the Montana veteran population;
- Evaluating existing veterans' home services; and
- Analyzing the need for additional state veterans' cemeteries.

DPHHS collected data to inform this study using focus groups, interviews, and surveys. The Veteran Survey was the primary data collection tool. By the end of the survey period, 3,579 Montana veterans responded to the survey with a return rate of approximately 4%. Veterans had the option of completing the survey online or through a print version. To encourage veterans across Montana to take the survey, including those in rural areas of the state, DPHHS used a combination of print and digital marketing and community engagement.

Veteran Demographics

As of September 2023, 85,247 veterans call Montana home. This represents 8% of the state's total population. According to United States Census data, 89% of Montana veterans identify as male and 47% are 65 years or older. Although Montana's overall population is growing, the veteran population has declined from 108,476 in 2000. In 2020, Montana's veteran population was predominantly concentrated in seven counties (Cascade, Flathead, Gallatin, Lewis and Clark, Missoula, Ravalli, and Yellowstone), which together housed 65% of the state's veterans.

Current Services and Resources

Montana has three intermediate and skilled nursing facilities for honorably discharged veterans who have served in the armed forces: the Montana Veterans' Home in Columbia Falls, the Southwestern Montana Veterans' Home in Butte, and the Eastern Montana Veterans' Home in Glendive. The Montana VA Health Care System maintains a VA presence in every major city in the state through a network of community-based clinics, a community living center, and an acute care medical center. Other veterans' services include, but are not limited to, home and community-based services, mental health counseling, physical therapy, and infectious disease treatment.

Assessment Observations

The survey data and assessment found the following key observations:

- **Veterans are using a variety of long-term care services and supports.** A significant percentage of veterans (66.36%) are currently using long-term care services, indicating the available services are reaching a substantial portion of the population.
- **Available services and resources are not widely known to veterans.** Only 25.09% of survey respondents were familiar with the services provided by Area Agencies on Aging



and even fewer aware of other key resources like Alzheimer's and dementia organizations (6.54%).

- **In-home services provide needed support for veterans to complement services provided in facilities.** Survey data indicates veterans highly value these services, yet opportunities for improvement exist, especially in rural regions.
- **Alzheimer's and dementia services are an area of opportunity to improve veterans' care.** Significant gaps remain that affect the overall effectiveness of these services, with 82% of counties lacking access to neurologists and only nine geriatricians statewide.
- **Nursing facility capacity varies by region in Montana.** The demand for nursing facility beds is largely being met across the state. However, availability in certain rural areas is more limited.
- **Veterans in Montana have a significant demand for long-term care services, which will need to be addressed as veterans age.** Survey data indicate that 19.31% of respondents anticipate needing long-term care services in the near future, with many expecting to require such services within the next 1 to 10 years.
- **Appropriate care settings for veterans vary based on region and preference.** A notable finding from the survey is the strong preference among veterans for state veterans' facilities and VA health care facilities for long-term care, with 33.94% and 36.08% of respondents, respectively, indicating they would most likely turn to these options if unable to care for themselves at home.
- **The need for Alzheimer's/dementia facilities is apparent and will grow as veterans age.** The survey indicates 16.07% of respondents currently need care for Alzheimer's or other dementias, and this need is likely to increase as the population ages.
- **Future service growth for veterans in Montana should include in-home care.** The survey reveals a strong preference among veterans for aging in place, with 71.23% of respondents identifying it as an important factor in their long-term care decisions.
- **Montana has three state cemeteries, two national cemeteries, and one tribal cemetery.** Montana veterans responding to the survey indicated various preferences for how they wish to be laid to rest. Many thought they would be buried in a VA national or state veterans' cemetery, understanding the criteria for being buried in these cemeteries.

The complete decennial assessment provides further detail on veterans' services in Montana.



Background

The Directive: HB 264

The Montana Department of Public Health and Human Services, in partnership with the Montana Veteran Affairs Division, aims to fully understand and address the complex long-term care needs of the state's veterans, especially in rural areas. House Bill 264,¹ passed in the 2023 Montana legislative session, mandates the Veterans' Long-Term Care Needs Study every 10 years, focusing on the living conditions and support systems essential for the well-being of Montana's veteran community.

Specifically, HB 264 requires:

- determining the demographics of the Montana veteran population, including the number and age of veterans in each county and the type of long-term care needs. The long-term care assessment for veterans must include evaluation of the need for nursing home, domiciliary, and Alzheimer's disease support services, as well as various types of community and in-home care;
- conducting a personal survey of the Montana veteran population, including online and paper options, in collaboration with veterans' outreach organizations and local groups working directly with the Montana veteran population;
- evaluating existing veterans' home services and their configuration concerning the identified needs; and
- analyzing the need for additional state veterans' cemeteries, including their placement within the state.

The last decennial survey took place in 2006.

The 2024 decennial report analyzes the demographics of Montana's veteran population, assesses the effectiveness of existing long-term care services, forecasts future care needs, and evaluates the need for additional state veterans' cemeteries — all while adhering to the mandates of House Bill 264.

The federal MISSION Act of 2018² underscores the importance of this research by emphasizing the need to enhance access and quality of care for veterans. Aligning this study with the 2020 Census and the MISSION Act aims to provide guidance for creating and improving policies and programs that address the immediate and evolving needs of Montana's veterans.

At its core, this study grappled with understanding social determinants of health — such as access to health care, economic stability, physical well-being, reliable transportation, and community engagement — that enable or impede a veteran's ability to age in place successfully. It's not just about health care services; it's about the fabric of daily life that allows veterans to live fully, independently, and with dignity for as long as possible. Such a complex system of factors demanded a holistic approach for gathering information, requiring time and careful consideration.

¹ House Bill No. 264, 68th Leg., Reg. Sess. (Mont. 2023). Retrieved from: leg.mt.gov/bills/2023/billpdf/HB0264.pdf

² Veterans Access, Choice, and Accountability Act of 2014, Public Law No. 115-182, 132 Stat. 1393 (2018). Retrieved from: [www.congress.gov/bill/115th-congress/senate-bill/2372/text](https://www.congress.gov/bills/115th-congress/senate-bill/2372/text)



The 2024 veterans survey, entitled, “Your Future Long-Term Independence: Let’s Plan on It!” was made available online and in hard copy from January 5, 2024 to July 15, 2024 (see *Appendix A*). The department received a total of 3,579 responses.

The sections of the following report detail strategies used to fulfill House Bill 264’s mandates, intended to enhance the quality of long-term care and community supports available to Montana veterans. These sections include information on social determinants of health, demographics, veteran long-term care homes and facilities, Federal VA long-term care services and programs, support resources for veterans and caregivers, gaps in services, long-term-care options, information access, and veterans’ cemetery needs.

Assessment Components

The study aimed to identify key challenges and issues related to long-term care for Montana veterans and to provide options for measurable, next-step objectives to address these challenges. This approach was intended to inform future initiatives and provide guidance for improving long-term care services for veterans in Montana.

Demographic Analysis

A comprehensive examination of Montana’s veteran population demographics quantified the veteran population, analyzed age distribution across counties, and identified specific long-term care needs, including disability assistance, rehabilitation services, and mental health support. Sources included 2020 Census data, 2022 Health and Behavioral Risk Factor Surveillance Survey data from the DPHHS Public Health and Safety Division, and the latest nursing home data from the Centers for Medicare & Medicaid Services, to name a few.

Holistic Services Assessment and Analysis

Combining survey responses, a focus group discussion, individual interviews, and analysis of existing services provided a comprehensive overview of the state of long-term care needs for Montana’s veterans. The survey was adapted from the 2010 National Survey of Veterans³ and made available to take online or in print format. The services analysis assessed the demand for different types of long-term care, from nursing homes to in-home support, across both the state’s urban and rural areas. Data security measures complied with HIPAA standards.

Collaborative Outreach

The project team collaborated with 15 stakeholders and 25 partner organizations — including veteran outreach organizations, community groups, Area Agencies on Aging, among others — to engage with the Montana veteran population and understand their unique needs (see *Appendix B for a comprehensive list of stakeholders and partners*).

Targeted Marketing

The project team developed messaging strategies for encouraging veterans to participate in the survey. Using target personas, the team crafted language to better resonate with different segments of Montana’s veteran population. The strategy encompassed organic and paid digital

³ Department of Veterans Affairs, “The 2010 National Survey of Veterans,” Retrieved from: va.gov/vetdata/docs/SurveysAndStudies/AppendixAQuestionnaires.pdf

The NSV is the sixth in a series of nationwide surveys to help the VA plan its future programs and services for Veterans, providing a snapshot profile of the Veteran population.



outreach, print advertising, direct mailing, printed info cards, posters, earned media, and word of mouth (*see Appendix C*).

Cemetery Needs Analysis

Assessing the need for additional state veteran cemeteries in Montana involved examining the specific challenges faced in rural areas. The project team partnered with the MTVA Cemetery Bureau to compile existing data, which was considered alongside survey responses. The objective was to ensure all veterans, regardless of their location, have equitable access to burial facilities and to provide a basis for future planning as Montana's veteran population continues to age.



Methodology

The planning and outreach strategies for the veteran long-term care needs assessment aimed to evaluate and address the unique needs of Montana's veterans. This section details the methodologies and approaches applied in an effort to create an inclusive and effective assessment process.

Project Proposal

The project team presented a comprehensive framework for the veteran long-term care needs assessment to stakeholders. This framework included clear goals, objectives, and benchmark rubrics to measure progress and success. The primary goal focused on identifying and evaluating the long-term care needs of Montana veterans. Objectives encompassed data collection on veteran demographics, current long-term care usage, unmet needs, and future care preferences. The team established benchmarks to ensure timely progress and accountability throughout the project's duration.

Target Audience

Detailed veteran personas were developed to represent various segments within Montana's veteran community. These personas highlighted characteristics such as age, service era, health status, and geographic location, and they were tailored to address the specific needs and preferences of a diverse veteran demographic. This approach helped align outreach materials more effectively with the target audience, with the intent of encouraging participation from those who might otherwise be unwilling to engage with the survey.

Marketing and Outreach Strategy

The marketing and outreach strategy aimed to effectively reach veterans statewide, especially those individuals living in rural areas.

Key Messaging

Customized messaging was designed to resonate with different veteran groups, emphasizing the benefits and importance of participating in the needs assessment. These messages highlighted the importance of giving veterans a voice in shaping the future of Montana's long-term care services and supports network — so they can live how and where they want, with dignity, for as long as possible.

Methods of Outreach

A combination of print and digital marketing, along with community engagement through partnerships with veteran, health, and tribal organizations, helped achieve a broader and more inclusive reach.

Strategic Partnerships for Greater Community Engagement

Strategic partnerships were formed with key stakeholders, including state veteran organizations, local community groups, and Area Agencies on Aging, to enhance community engagement. These partnerships facilitated wider reach and deeper connections within the veteran community, ensuring diverse voices were heard and included in the assessment.



Area Agencies on Aging and Veteran Service Organization (VSO) partners helped host events to encourage veterans to participate in the survey online and/or in print.

Focus Groups

Despite multiple requests for stakeholders to help lead in-person focus groups, no one responded. Senior Long Term Care Division (SLTCD) staff posted a focus group registration form on the DPHHS veteran survey webpage and directed people to register through outreach via Facebook. Consequently, SLTCD staff held only one Zoom focus group session, inviting caregivers, providers, and spouses. Nine individuals from various counties signed up, but only three participated: a family member from Yellowstone and two spouses from Silver Bow and Jefferson counties, all caregivers for veterans.

The Zoom session faced challenges, as attendees were only comfortable using the chat function, which caused delays and less effective communication. Many attendees expressed disappointment about the lack of compensation or incentives, something to consider for the next decennial LTC needs assessment, as their time and input are valuable.

Key issues identified included lack of transportation, need for financial support for caregivers, and high housing costs. Additional needs noted were emotional support services, education and training, workshops, financial assistance, respite care, and housing services. Most challenges stemmed from lack of information and support for balancing work and family responsibilities.

Interviews

SLTCD interviewed staff of the Veterans Navigation Network, who provided valuable insights for the purposes of this study. One member highlighted the disparity between the number of veterans over 65 and the limited capacity of the state's community living centers. With only 14 beds available in a single VA facility and three state veteran homes, many veterans are forced to relocate far from their communities. A voucher system enabling veterans to access care closer to home was suggested as a more feasible solution than expanding veteran homes, which are costly and have staffing challenges.

Another member emphasized the importance of in-home care and the holistic approach to health, including occupational therapy and non-medication therapies like recreational and music therapy. Occupational therapy plays a crucial role in keeping veterans active and connected to their communities. Programs at institutions like Rocky Mountain College are instrumental in improving veterans' quality of life. The VA's Whole Health Program promotes a holistic approach to health, emphasizing root causes over medication and including therapies like recreational and music therapy to improve overall well-being.

They also mentioned the need for better awareness of benefits, such as the VA's caregiver support program and in-home care services, despite existing issues with these programs, like long approval times and lack of transparency. Ensuring connectivity and building capacity within the state plan is essential as the veteran population ages. Caregivers, whether family members or friends, require robust support systems. Caregiver support groups provide crucial assistance, offering opportunities for caregivers to share experiences and receive emotional support. While the VA offers a virtual mentor program, local support is often more effective.



The Aid and Attendance program and other VA grants support modifications to homes and vehicles, helping veterans stay in their current homes. However, many veterans are unaware of these benefits, underscoring the need for better communication and support from the state. Interviewees said state and federal resources should focus on filling gaps left by smaller groups, which often lack funding. Indiana and Arizona provide models of state-funded support for veteran services, which could be beneficial if adopted in Montana. Using tax revenue from sources such as casinos or cannabis sales could also provide additional funding.

The Veterans Navigation Network (VNN) is entirely grant- and donation-funded, serving more than 500 veterans annually. Expanding this network and improving resources like the 211 system can enhance support for veterans, particularly in rural areas where services are scarce. Telemedicine and virtual support can supplement in-person care, ensuring veterans receive the help they need regardless of location.

Long-term strategic planning would benefit from considering these factors to improve the quality of life and long-term care for Montana's veterans.

The Veteran Survey

A non-scientific statewide survey assessed the long-term care needs and desires of veterans across Montana, focusing on reaching rural areas where health care access is challenging. The survey, intended exclusively for veterans, was available both online and in print, and offered assistance in completing it.

The Senior and Long Term Care Division, in collaboration with a contractor, developed the survey tool with a holistic approach, factoring in many social determinants of health. Stakeholders expressed concerns the survey's length might deter veterans from participating. Despite these concerns, most stakeholders agreed a comprehensive set of questions was necessary in order to accurately assess gaps in Montana's long-term care services and supports. Some also argued veterans are often hesitant to take surveys, particularly those involving questions about mental health and substance use. To address these concerns, the questions remained but were flagged as optional, with language added assuring respondents that incomplete surveys would still be accepted.

In an effort to further address concerns about the survey's length, SLTCD removed questions regarding cemetery needs, as staff determined the requirements of HB 264 could be met with data provided by the MTVA Cemetery Bureau. After passing through the approval process, the survey went live February 8, 2024; however, after the survey launched, stakeholders noticed the omission of the cemetery questions and requested they be reinserted. SLTCD staff complied, but as a result, some respondents did not submit answers to these questions because they were not included at the outset.

Respondents completing the printed survey could either mail it directly to SLTCD or hand it to any VSO or other partner organization for delivery to SLTCD.

SLTCD partnered with MTVA to notify veterans about the survey by sending mailer cards to 25,750 verified veteran addresses using the MTVA mailing list. SLTCD significantly reduced mailing costs using MTVA's printer, which offered a substantially lower quote than DPHHS vendors. Outreach efforts included print advertising, poster dissemination, info card distribution at partner organizations, press releases, and video and audio PSAs. VSOs actively distributed



print surveys and assisted veterans in completing the assessment. Additionally, Area Agencies on Aging held events to encourage veterans to participate.

SLTCD staff faced challenges with procurement for printing marketing materials and managing logistics for the mailing, causing delays in delivering the messaging. This frustrated stakeholders, who were concerned about having inadequate time to achieve the desired survey response rate. The original closing date in April was printed on the mailer and info cards. To address concerns, the deadline was extended to May. After distributing all mailers and info cards with the original closing date, SLTCD staff printed a new run of info cards reflecting the extended deadline. As the May deadline approached, stakeholders remained concerned about the response rate. With the American Legion's statewide conference scheduled for late June, stakeholders saw an opportunity to gather more completed surveys. Consequently, the deadline was extended again to July, and SLTCD staff conducted another print run of info cards to reflect the new closing date.

In total, 3,579 veterans participated in the survey, with 3,341 completing it online and 238 submitting paper responses. Acceptable return rates for surveys typically range between 5% and 30%, but the return rate for Montana's veterans long-term care needs assessment was slightly above 4%. Several factors contributed to the lower-than-expected response rate: a significant portion of the demographic residing in rural, hard-to-access areas, and elders, who may struggle with navigating online surveys or completing lengthy surveys.

Survey Administration

The survey was available online, with a print version for respondents preferring to mail in their responses. Veteran points of contact (POCs) helped distribute print surveys at their posts and member meetings. Respondents were not required to complete all answers, and the entire survey was multiple-choice, to simplify the data collection and data-cleaning process.

Additional efforts were made to reach out to rural and remote areas. The project team aimed for survey respondent distributions across Montana counties to mirror the distribution of veterans living in each county.

Data Collection and Analysis

Data was collected through online and print surveys, personal interviews, and an in-person focus group. Existing data from DPHHS, the US Census, Montana VA, and the Montana VA Cemetery Bureau, among others, supplemented the analysis. The project team spot-checked the survey county data periodically and made outreach adjustments as needed, in order to increase the likelihood of matching the distribution of survey respondents to the distribution of veterans living across the state.

Challenges and Solutions

Conducting a comprehensive assessment of Montana veterans' long-term care needs presented several significant challenges. The project faced constraints in budget, time, and staffing, all of which required strategic problem-solving and efficient resource management. The following sections detail these challenges and the solutions implemented to overcome them.



Budget Constraints

The project operated on a \$40,000 budget, which was not sufficient to cover the full scope of the project. This budget was intended to support various activities, including planning, development, marketing, print costs, fulfillment, data collection, and analysis, as well as contracted staff hours required to maintain project momentum. The budget did not account for in-house staff hours, which further constrained SLTCD resources. Engaging a marketing firm to assist with outreach efforts would have likely consumed a significant portion of the budget. Additionally, an unforeseen factor arose when the survey close date was extended to mid-July. To meet the legislative report deadline, SLTCD contracted with Guidehouse, a consulting firm, to ensure the report was completed and submitted on time. These challenges required strategic allocation of resources (see *Appendix D*).

Time Constraints

Navigating the lengthy processes inherent in state government presented significant challenges. The need for multiple review stages, awaiting approvals, procurement, and coordinating cross-departmental logistics impacted the timeline and the project's overall efficiency.

Staffing Limitations

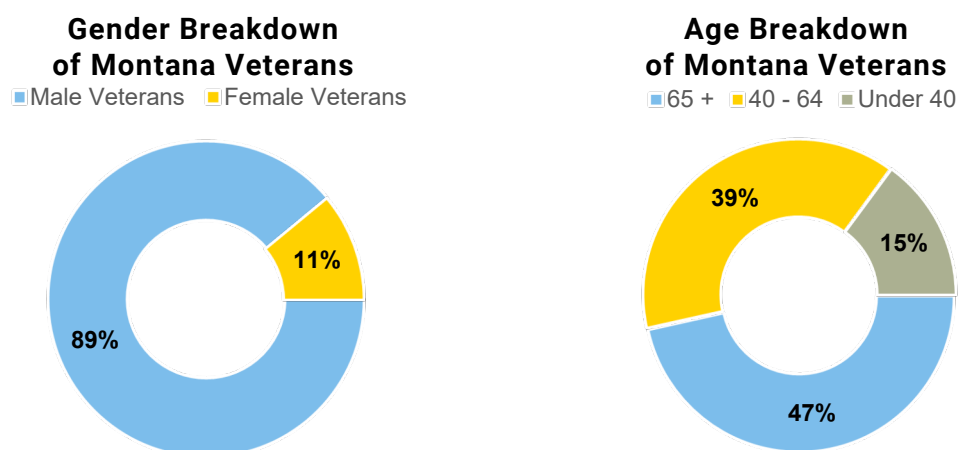
Staffing constraints posed another major challenge. Only one staff member from the Senior and Long-Term Care Division (SLTCD) was designated to manage all aspects of the project. Responsibilities included writing the proposal, creating the marketing strategy, working with a contractor to develop the survey, handling graphic design tasks, web page development, procurement, printing and distribution of on-demand posters, and shipping of all marketing materials to partners. Additionally, this staff member handled boots-on-the-ground distribution of materials in rural areas with low survey turnout. These duties were managed alongside other job responsibilities that fell outside the scope of this project.

Despite these challenges, the project team implemented solutions to mitigate their impact. These included leveraging partnerships, employing a multi-faceted outreach strategy, and optimizing resource use. By doing so, the team aimed to ensure a comprehensive and effective assessment of Montana veterans' long-term care needs.

Veteran Demographics

As of September 30, 2023, Montana is home to 85,247 veterans, representing 8% of the state's population (U.S. Census estimate, total population of 1,132,812). Of these veterans, 89% (75,822) are male and 11% (9,425) are female (see *Figure 1*). The age distribution reveals 47% (39,655) of Montana veterans are 65 years or older, 39% (32,851) are between 40 and 64 years old, and 15% (12,737) are under 40 (see *Figure 1*).⁴

Figure 1: High-Level Veteran Demographics



Women Veterans

While the overall veteran population is declining, the number of female veterans is rising and represents the fastest-growing group. The 2006 Montana Veterans' Long-Term Care Needs Study did not include the words "woman," "women," or "female," underscoring the importance of addressing their unique needs now. Nationally, women made up about 9% of all veterans in 2018, and this number is expected to increase to 17% by 2040. In Montana, female veterans comprise 11% of the veteran population, highlighting the importance of addressing their unique health care needs, which range from preventative health to maternity and reproductive care. Only 44% of female veterans are enrolled in VA health care, and one in four has experienced harassment, according to a 2015 VA study.⁵

Diversity in Montana's Veteran Population

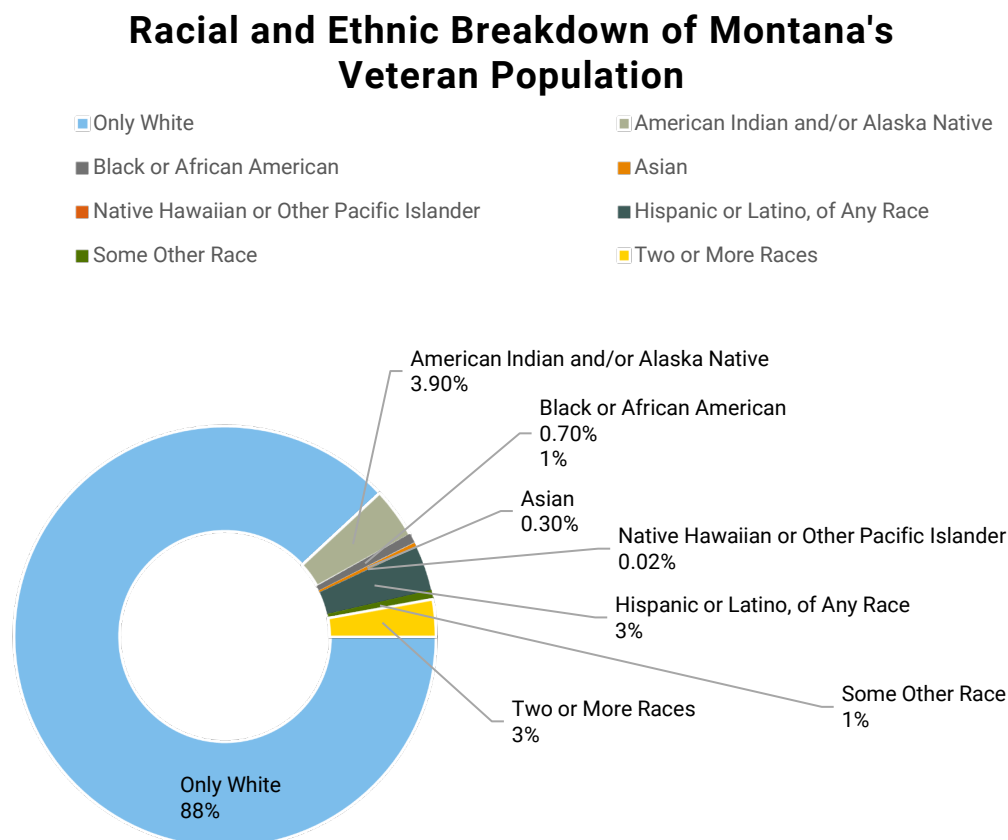
Of Montana's veterans, 91% (77,577) identify as White, while 88% (75,853) identify as only White. Other groups include 3.9% (3,366) American Indian and/or Alaska Native, 0.7% (637) Black or African American, 0.3% (300) Asian, 0.02% (19) Native Hawaiian or other Pacific Islander, 1% (598) from some other race, and 3% (2,449) identifying as two or more races. Additionally, 3.5% (2,985) of veterans are Hispanic or Latino of any race (see *Figure 2*). In a

⁴ U.S. Census Bureau. (2023). QuickFacts: Montana. Retrieved from: census.gov/quickfacts/fact/table/MT/PST045222

⁵ Department of Veterans Affairs. (2015). VA Women's Health Care. Retrieved from: va.gov/womenvet/

state with eight tribal territories/reservations, acknowledging diversity is essential to ensuring equity in long-term care services. Addressing the unique needs of these communities is key to developing effective health care strategies in this rural state.

Figure 2: Racial and Ethnic Breakdown of Montana's Veteran Population



Montana's Veteran Population Trend

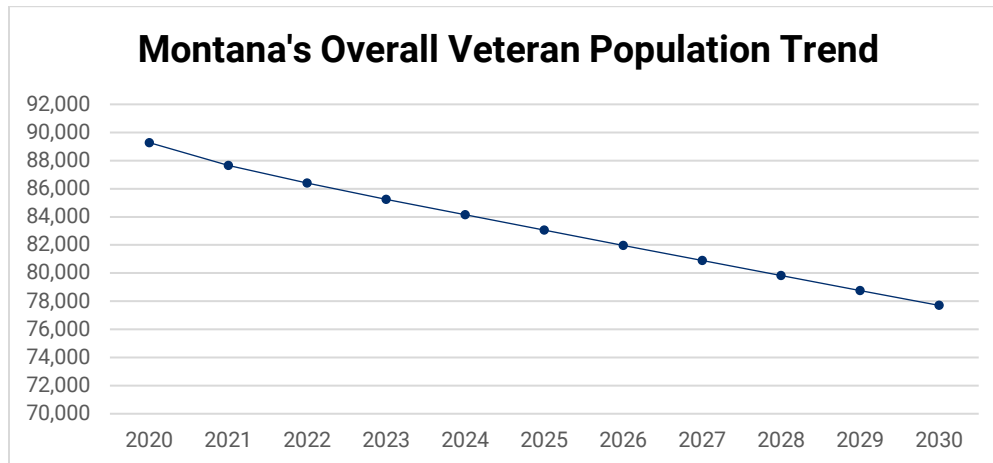
Veterans make up a significant portion of Montana's population, and understanding their demographics is crucial for planning health care, housing, and community support services. Montana has the second-highest percentage of veterans in the U.S., just behind Alaska. Although Montana's overall population is growing, the veteran population has declined from 108,476 in 2000 to 85,247 in 2023. This decline is due to an aging veteran population, lower enlistment rates, and fewer veterans from older service eras. By 2030, Montana is projected to be one of 10 states with more people over 65 than under 18, and the veteran population is expected to further decline to an estimated 77,703 veterans (*see Figure 3*).⁶

⁶ U.S. Department of Veterans Affairs, *Table 9L: VetPop2020 County-Level Veteran Population by State, Age Group, Gender, 2020-2050* (Washington, D.C.: U.S. Department of Veterans Affairs, 2020). Retrieved from: data.va.gov/dataset/VetPop2020-County-Data-9L/da7e-gv3k/



These demographic shifts reflect broader trends, including aging cohorts, variations in enlistment rates, and the natural progression of life stages. Understanding these trends is crucial for anticipating the needs and challenges faced by veterans in different age brackets.

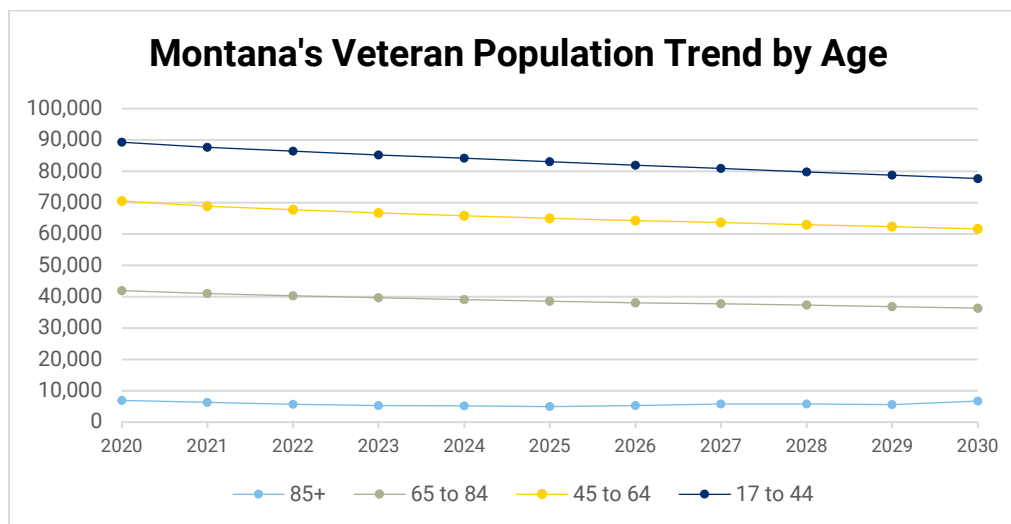
Figure 3: Montana's Overall Veteran Population Trend



Population Trends by Age Group

The average age of veterans served by Montana Veterans Affairs is 64, slightly older than the national average of 62. This older demographic may require more age-related health care and support services. The aging veteran population presents unique challenges as demand for geriatric care and long-term support grows. These trends represent the dynamic nature of Montana's veteran population and the importance of adaptive planning to meet the evolving needs of veterans across different age groups and the need for tailored health care strategies and resource allocation to meet the needs of this community.⁷

Figure 4: Montana's Veteran Population Trend by Age



⁷ RAND Corporation. (2023). A Summary of Veteran-Related Statistics. Retrieved from: rand.org/pubs/research_reports/RRA1363-5.html



Ages 17-44

The population of younger veterans (aged 17-44) shows a gradual decline from 2020 to 2030. This pattern might reflect changing recruitment and enlistment trends as well as demographic shifts in the general population (see *Figure 4*).

Ages 45-64

Veterans aged 45-64 will experience a gradual decline in numbers from 2020 to 2030. This trend might be influenced by fewer individuals from this age group entering military service in past decades, leading to a smaller pool of veterans transitioning into older age brackets (see *Figure 4*).

Ages 65-84

The number of veterans in the 65-84 age group shows a gradual decline from 2020 to 2025, followed by a more dramatic drop heading into 2030. This trend could be due to the aging and passing of the Vietnam War and earlier cohorts, combined with lower numbers of new veterans reaching this age range (see *Figure 4*).

Ages 85+

From 2020 to 2025, the population of Montana veterans aged 85 and older declines steadily, likely due to the natural aging process and mortality rates. However, there is a noticeable uptick expected from 2026 onwards, which may be attributed to aging baby boomers, who will begin to enter this age bracket (see *Figure 4*).

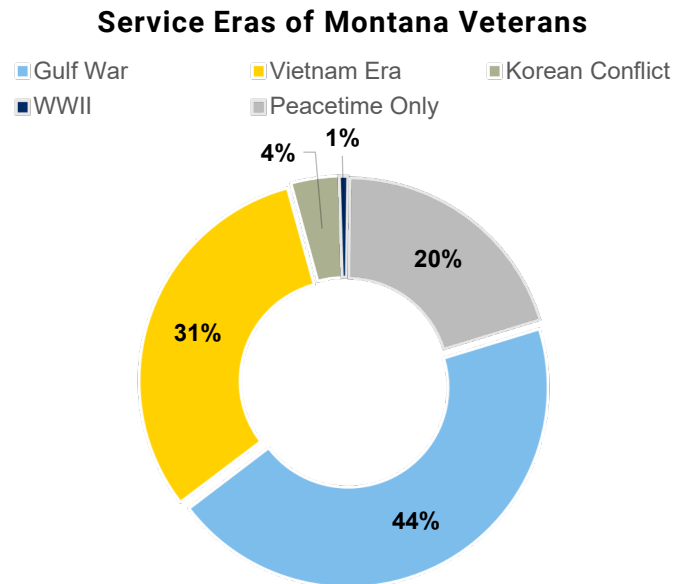
Service Eras and Their Health Challenges

Montana's veteran population primarily consists of individuals who served during the Vietnam Era and the Gulf War, with smaller groups from the Korean Conflict and World War II. Nationally, there is a similar trend with a growing number of veterans from more recent conflicts (see *Figure 5*).⁸

According to a 2020 U.S. Census Bureau report, post-9/11 veterans have the highest rate of service-connected disabilities compared to other groups, underscoring the unique needs of newer veterans. Veterans from recent service periods also tend to have higher levels of education, with more than three-quarters of post-9/11 and Gulf War veterans having some college experience.⁹

⁸ U.S. Census Bureau. "VETERAN STATUS." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2101, 2020. Retrieved from: data.census.gov/table/ACSST5Y2020.S2101?q=veteran&g=040XX00US30&y=2020

⁹ American Community Survey Report. (2020). Retrieved from: census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf

**Figure 5: Service Eras of Montana Veterans**

Vietnam era veterans often face health issues related to age and exposure to Agent Orange, while Gulf War veterans may be more likely to report needs relating to post-traumatic stress or traumatic brain injury. Addressing these challenges requires targeted support and resources tailored to the distinct experiences and needs of veterans from each conflict. The median age of Vietnam Era veterans is about 71, while post-9/11 veterans are significantly younger, with a median age of approximately 37.¹⁰

Veterans face distinctive health issues related to their military service, such as trauma-related injuries, substance abuse, and mental health disorders. Approximately 33% of Montana veterans have service-connected disabilities. Of these, 17% are rated as 100% disabled, while another 17% are rated at 10%. The remaining 66% have disability ratings ranging from 20% to 90%. Nationally, about 25% of all veterans have a service-connected disability.¹¹

According to the 2020 American Community Survey Report, post-9/11 veterans are more likely to have a high service-connected disability rating, with over 39% having a disability rating of 70% or more. The likelihood of having a high disability rating is also higher among Gulf War and Vietnam veterans.¹²

¹⁰ American Community Survey Report. (2020). Retrieved from: census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf

¹¹ Olenick, M., Flowers, M., & Diaz, V. J. (2015). U.S. Veterans and Their Unique Issues: Enhancing Health Care Professional Awareness. *Advances in Medical Education and Practice*, 6, 635-639

¹² American Community Survey Report. (2020). Retrieved from: census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf

Distribution of Montana Veterans

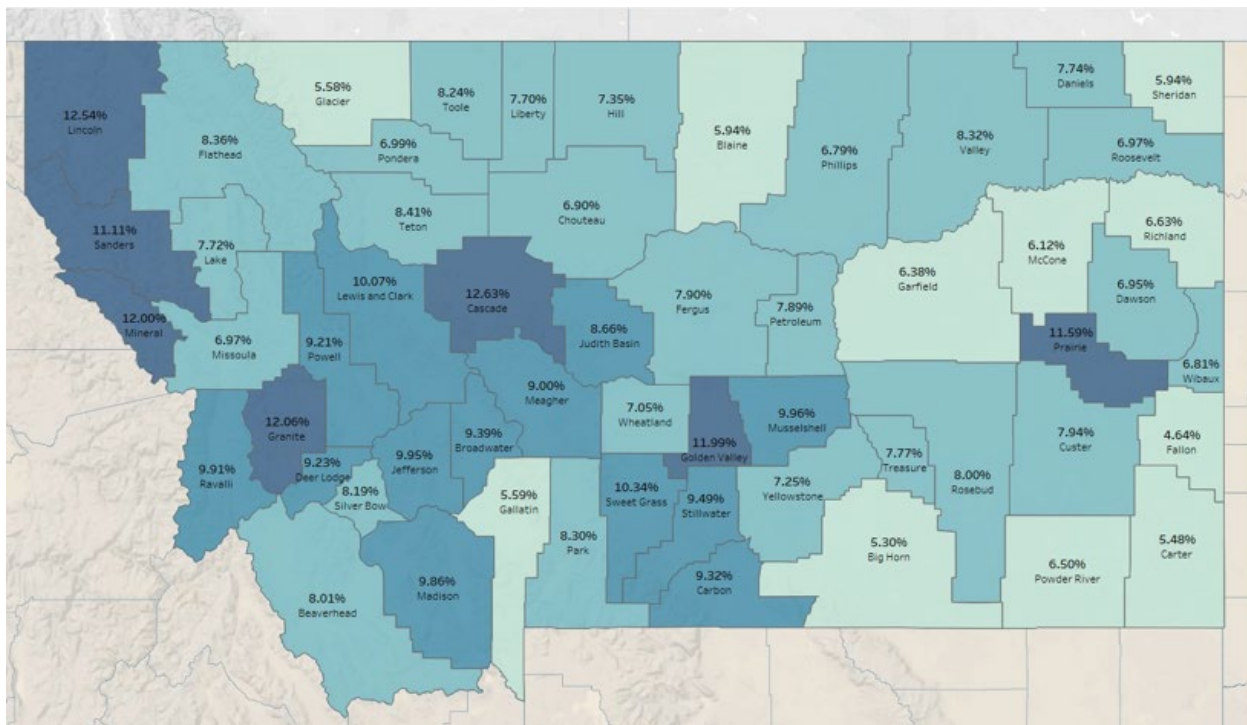
Distribution of Montana's Veteran Population by County 2020

In 2020, veterans made up 11% to 12.63% of the population in Cascade, Lincoln, Granite, Mineral, Golden Valley, Prairie, and Sanders counties, placing these areas well above the national average for veterans per capita, which hovers around 7%. This substantial veteran presence in certain Montana counties likely drives higher demand for veteran-specific services, such as health care, housing assistance, and employment programs.

Eleven other counties had between 9% and 10% veterans within their populations, still above the national average, while 27 counties saw veterans comprising 6% to 9% of their populations, aligning more closely with national figures. The remaining 11 counties had less than 6% veterans in their populations, which may pose challenges in ensuring that veterans receive adequate support and are not overlooked in community planning.

Understanding these per-capita distributions compared to national trends is crucial for effectively targeting resources. In counties with higher veteran populations, tailored services and support systems become even more essential to meet the distinct needs of this demographic. Meanwhile, counties with lower veteran concentrations need to ensure that veterans are not overlooked in broader community planning, balancing the distribution of resources across the state (see Figure 6).

Figure 6: Distribution of Montana's Veteran Population by County 2020

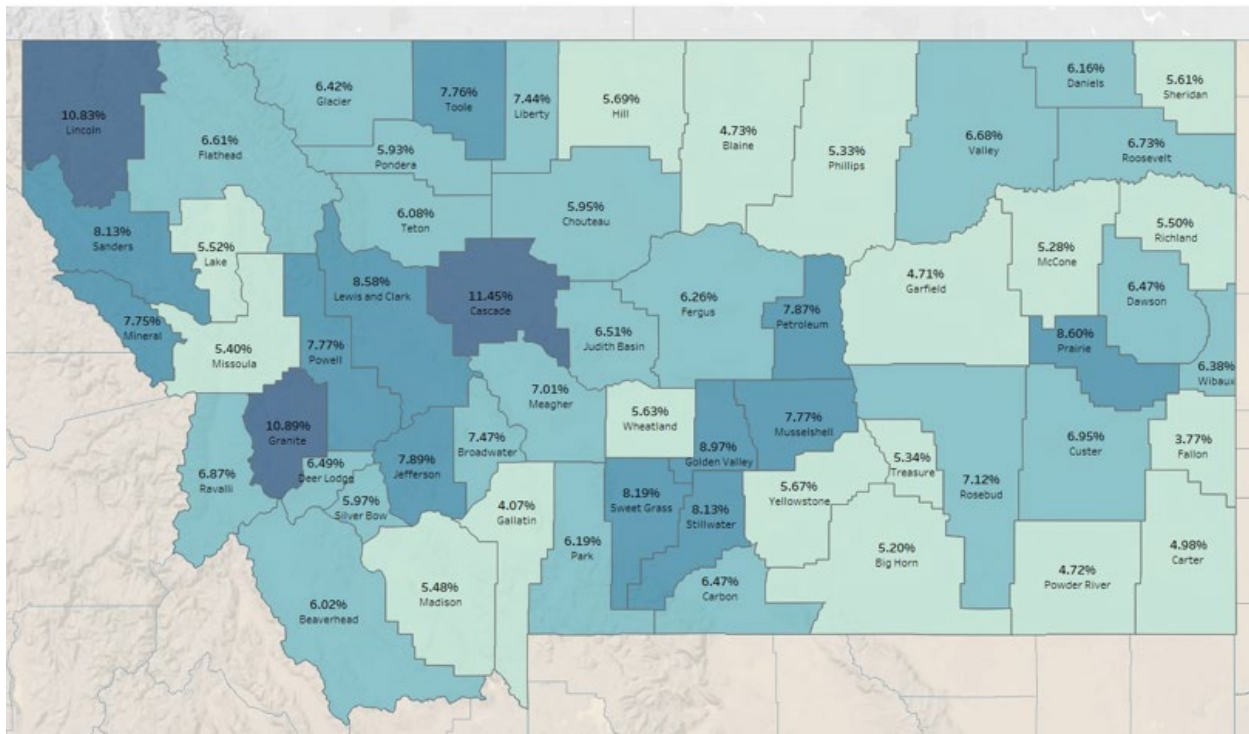


Distribution of Montana's Veteran Population by County 2030

By 2030, Montana's veteran population is expected to shift, with only three counties — Cascade, Lincoln, and Granite — maintaining a veteran population between 10% and 11.45%. Previously higher concentrations in counties like Mineral, Golden Valley, Prairie, and Sanders are projected to drop below 10%. This decline can be attributed to several factors, including the aging of veterans from older conflicts, such as Vietnam, which leads to a natural decrease in their numbers. Additionally, lower recruitment and retention rates in the military mean fewer veterans transitioning to civilian life.

Twelve counties are anticipated to have veteran populations between 9% and 10%, while 23 counties will have between 6% and 9%. The remaining 18 counties are expected to see veterans comprising less than 6% of their populations. Migration patterns also play a role, as veterans may relocate to urban areas for better access to services, reducing their presence in more rural counties. Moreover, as Montana's overall population grows and diversifies, the percentage of veterans could decrease even further, despite a stable or only slightly declining absolute number of veterans. These trends suggest a gradual but significant shift in the distribution and concentration of veterans across the state by 2030, requiring adjustments in resource allocation to meet the changing needs of this community (*see Figure 7*).

Figure 7: Distribution of Montana's Veteran Population by County 2030

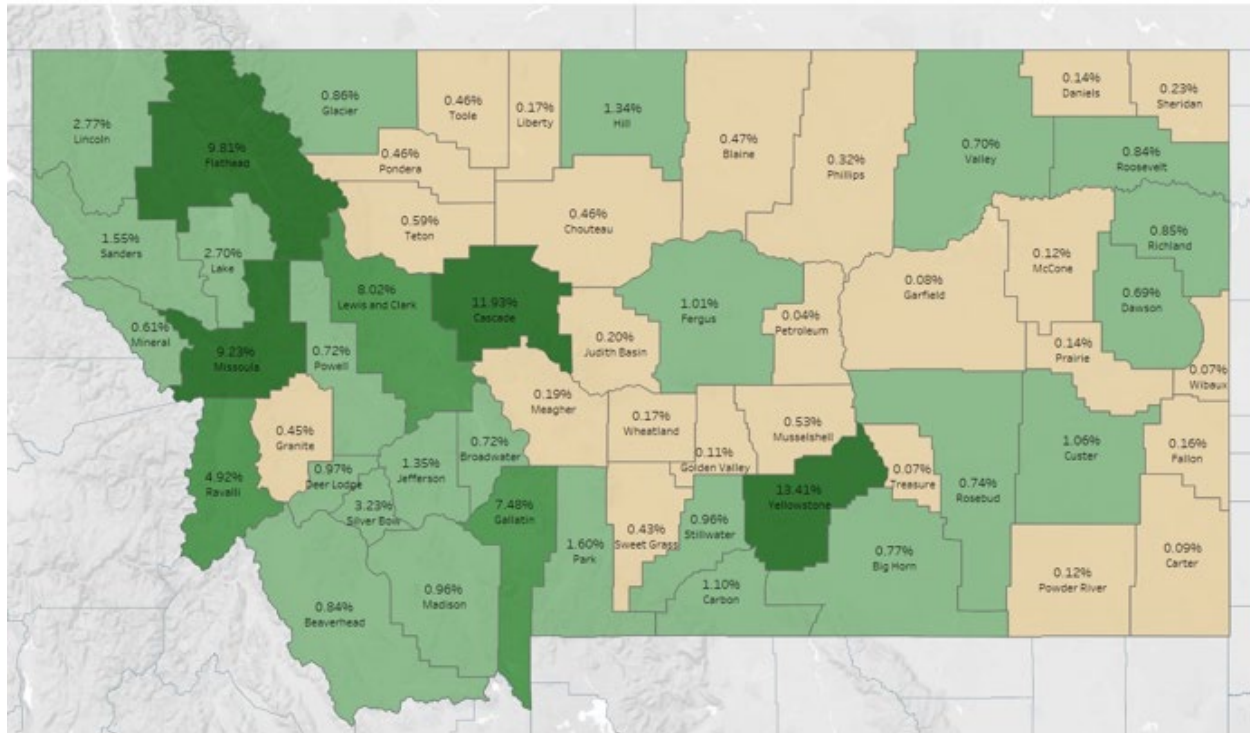


Percentage of Montana's Veteran Population by County 2020

In 2020, Montana's veteran population was predominantly concentrated in seven counties, which together housed 65% of the state's veterans. Yellowstone, Cascade, Flathead, Missoula, Lewis and Clark, Gallatin, and Ravalli led in veteran residency, reflecting the state's broader demographic patterns. The remaining 35% of Montana's veterans were spread across 49 of the

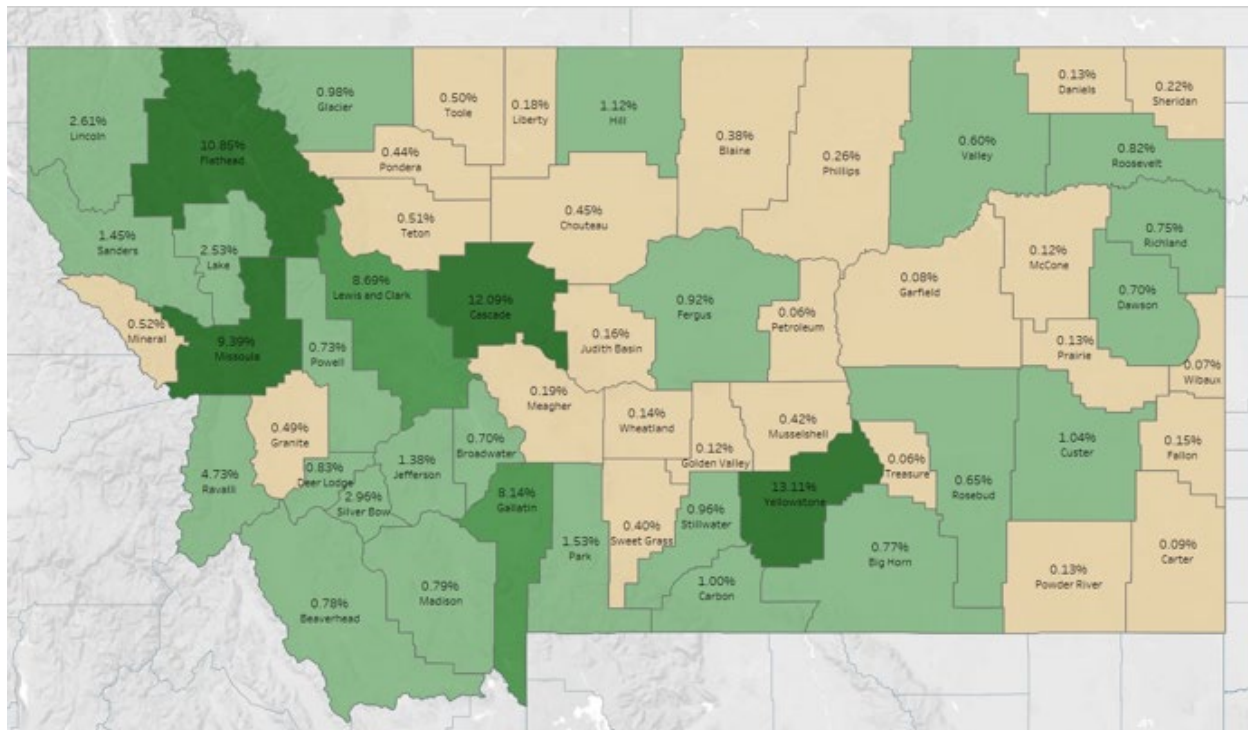
state's 56 counties, highlighting the rural nature of much of Montana. Notably, 10 counties, including Silver Bow, Lincoln, and Lake, each contributed between 1% and 3% to the veteran population, while the other 39 counties each had less than 1% of the state's veterans (see *Figure 8*). This distribution underscores both the concentration of veterans in certain areas and the relative sparsity in others, painting a clear picture of where veteran services might be most needed.

Figure 8: Percentage of Montana Veterans Population by County 2020



Percentage of Montana's Veteran Population by County 2030

By 2030, 67% of Montana's veteran population will concentrate in the same seven counties as in 2020: Yellowstone, Cascade, Flathead, Missoula, Lewis and Clark, Gallatin, and Ravalli. This marks a slight increase from 2020, reflecting ongoing trends in veteran settlement patterns. The remaining 33% of veterans will live across 49 of the state's 56 counties, continuing the rural distribution seen a decade earlier. Ten counties, including Silver Bow, Lincoln, and Lake, will retain between 1% and 3% of the veteran population, though numbers within this range may slightly decrease. Additionally, the other 39 counties will each hold less than 1% of the state's veterans, with these numbers likely shrinking even further, highlighting a gradual decline in veteran presence in these more rural areas (see *Figure 9*).

Figure 9: Percentage of Montana Veterans Population by County 2030

Age Distributions

For further background information and maps of Montana veteran populations by age group, see Appendix E.

Data Gaps

A key factor to consider for the purpose of this study is Montana had the highest omission rate of any state in the 2020 Census. Omission rates refer to the percentage of individuals not counted in the official population figures. High omission rates can lead to inaccuracies in demographic data, affecting resource allocation, policy planning, and representation. In 2020, Montana had an omission rate of 11.1%, up from 6.1% in 2010, when it ranked as having the 16th highest omission rate. Such high omission rates have significant implications for Montana veterans, potentially resulting in underrepresentation in federal funding and support for veteran services, health care, and long-term care facilities. Accurate census data is essential to understanding the size and needs of the veteran population, ensuring that Montana veterans receive adequate resources and support. Additionally, with female veterans being the fastest-growing demographic among veterans, undercounting may lead to insufficient services addressing their unique health care needs, further exacerbating existing disparities.¹³

¹³ Jacobsen, Linda A. "How Accurate Was the 2020 Census — and Why Should You Care?" *Population Reference Bureau* (February 10, 2023). Retrieved from: <https://www.prb.org/resources/how-accurate-was-the-2020-census-and-why-should-you-care>

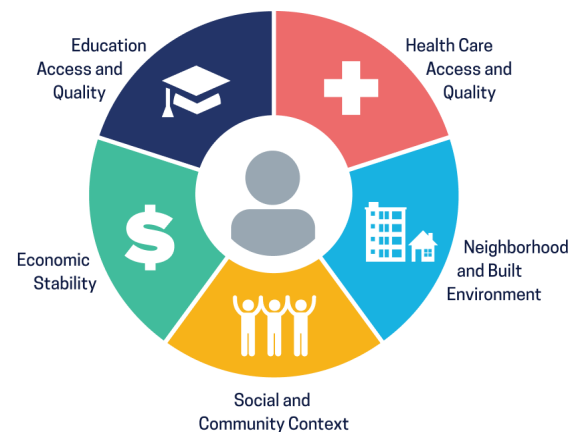
Impact of Social Determinants of Health on Veterans

Social determinants of health (SDOH) are the different aspects of our surroundings and daily lives that can impact our health and well-being. This includes where we are born, where we live, go to school, work, play, practice our religion, and grow older. All these factors can influence how healthy we are and how well we function in our daily lives.

As Montana veterans age, their needs change. Each service member's unique experiences influence their longevity, support needs, and overall health as they age. Addressing SDOH can enhance health and lead to better outcomes.

Addressing positive SDOH for Montana veterans during their working years can significantly reduce the "care" burden when they turn 65 and beyond, requiring long-term care and supports. Of course, this depends on the individual's overall health. Maintaining or improving overall health keeps individuals living independently for as long as possible. The SDOH can be grouped into five domains (see *Figure 10*):

Figure 10: Social Determinants of Health



1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

These factors significantly affect one's chances of staying healthy as they age. For example:

- Older adults with lower incomes are more likely to have disabilities and die younger.¹⁴ Disability is likely to start earlier in life for people with lower incomes, further raising the risk of early mortality;¹⁵
- Social isolation and loneliness are associated with a higher risk of dementia and other serious health problems in older adults. Positive social relationships can help people live longer, healthier lives;¹⁶
- About 8 in 10 older adults struggle with medical documents like forms or charts, which can make it harder for them to make well-informed health decisions;¹⁷

¹⁴ Mode, N. A., Evans, M. K., & Zonderman, A. B. (2016). Race, neighborhood economic status, income inequality and mortality. PLoS ONE, 11(5), e0154535. Retrieved from: doi.org/10.1371/journal.pone.0154535

¹⁵ Brady, D., Kohler, U., Zheng, H. (2023). Novel Estimates of Mortality Associated With Poverty in the US. JAMA Intern Med, 183(6):618–619. Retrieved from: jamanetwork.com/journals/jamainternalmedicine/article-abstract/2804032

¹⁶ National Academies of Sciences, Engineering, and Medicine. (2020). Social isolation and loneliness in older adults: Opportunities for the health care system. Washington, DC: The National Academies Press. Retrieved from: doi.org/10.17226/25663

¹⁷ National Center for Education Statistics. (2006). The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy. Retrieved from: nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483



- Most older adults in the United States have at least one chronic health condition, making access to affordable, quality health care a priority.¹⁸ Factors like a lack of health care options in rural areas, high out-of-pocket costs, and transitions from private insurance to Medicare often complicate care; and
- As mobility decreases with age, having accessible neighborhoods with convenient access to grocery stores and safe places to be active becomes increasingly important.¹⁹

Older adults' health and well-being also have broader implications for society. People 65 years and older made up 16% of the U.S. population in 2020.²⁰ By 2040, that number is expected to grow to 22%.²¹ An aging population means higher use of health care services and a greater need for family and professional caregivers. Projections suggest that, by 2030, Montana will be among the 10 states in the nation to have more people over the age of 65 than under the age of 18, and it will be one of only six states to have 25% of its population aged 65 and older, which could impact future growth.²²

This demographic shift also emphasizes the need for a lifespan approach to healthy aging, which involves promoting health and well-being at every stage of life, from childhood through old age. Improving SDOH for people of all ages — having different backgrounds and abilities — can positively affect health and well-being later in life. Public health organizations, health care providers, policymakers, and partners in the public and private sector all play a role in achieving that goal.

Economic Stability

Economic stability plays an important role in determining health outcomes for Montana veterans. Factors such as employment status, income levels, and financial assistance programs significantly influence their ability to access necessary health care and maintain overall well-being. Ensuring veterans have stable economic conditions is essential for reducing health disparities. Key findings on the national level show:

- Veterans exhibit slightly higher labor force participation rates than nonveterans;
- Veterans experience significantly different unemployment rates and labor force participation rates based on their race and ethnicity and compared with nonveterans;
- Veterans less frequently possess college and advanced degrees than nonveterans;
- Veterans are overrepresented in public administration, transportation and warehousing, and manufacturing industries and underrepresented in educational services, health care and social assistance, and accommodation and food service industries compared with nonveterans; and

¹⁸ Administration for Community Living. (2022). 2021 profile of older Americans. Retrieved from: [acl.gov/sites/default/files/Profile of OA/2021 Profile of OA/2021ProfileOlderAmericans_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf)

¹⁹ Ibid.

²⁰ U.S. Census Bureau. "AGE AND SEX." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2020. Retrieved from: data.census.gov/table/ACSST5Y2020.S0101

²¹ Administration for Community Living. (2022). 2021 profile of older Americans. Retrieved from: [acl.gov/sites/default/files/Profile of OA/2021 Profile of OA/2021ProfileOlderAmericans_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf)

²² Montana Department of Public Health and Human Services. "Montana State Plan on Aging 2023." Montana Health Alert Network. Retrieved July 24, 2024, from: dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf



- Working-age veterans are more heavily concentrated in mid- to upper-family income brackets than nonveterans.²³

Employment and Income

Montana veterans experience diverse employment statuses, ranging from employed, self-employed, and retired to unable to work due to disabilities. The Montana Department of Labor and Industry reported that veterans have a labor force participation rate of 76.2%. This rate is slightly lower than that of nonveterans, primarily due to higher disability rates and a larger proportion of retirees among veterans. Nationally, as of June 2024, the overall unemployment rate stood at 4.1%, with Montana's overall unemployment at 3.1%.²⁴ The national veteran unemployment rates as of June of 2024 was 2.9%, while, in Montana, the veteran rate of unemployment was 2.7%.²⁵ Veterans often earn higher wages due to their age and skills gained from military service.

In the 2022 Behavior Risk Factor Surveillance Survey, Montana veterans self-reported their employment status as follows: 37.9% were employed for wages, 9.8% were self-employed, 4% were out of work, and 2.1% were either homemakers or students. Additionally, 42.3% of veterans were retired, and 4% were unable to work.²⁶ This data indicates a significant portion of Montana veterans are either retired or unable to work, emphasizing the need for supportive services and programs that cater to their unique economic and health needs.

Financial Assistance Programs

Financial assistance programs play a significant role in economic stability for Montana veterans. Programs such as the Supplemental Nutrition Assistance Program (SNAP)²⁷ and Low-Income Home Energy Assistance Program (LIHEAP),²⁸ administered through the Human and Community Services Division within DPHHS, provide support. SNAP ensures veterans have access to nutritious food, which is important for maintaining health and preventing chronic diseases. LIHEAP helps veterans manage energy costs, ensuring their homes remain safe and comfortable, particularly during extreme weather conditions.

These types of financial assistance programs reduce economic stressors that negatively impact health, contributing to better health outcomes and reducing health disparities among Montana veterans.

²³ Robinson, Eric, Justin W. Lee, Teague Ruder, Megan S. Schuler, Gilad Wenig, Carrie M. Farmer, Jessica Phillips, and Rejeev Ramchand. A Summary of Veteran-Related Statistics. RAND Research Report, 2023. Retrieved from: rand.org/pubs/research_reports/RRA1363-5.html

²⁴ Bureau of Labor Statistics. "Local Area Unemployment Statistics Summary." U.S. Bureau of Labor Statistics, July 19, 2024. Retrieved from: bls.gov/news.release/archives/laus_07192024.pdf

²⁵ U.S. Department of Labor. "Annual Employment Situation of Veterans – 2023." Retrieved July 24, 2024, from: dol.gov/agencies/vets/latest-numbers#:~:text=Annual%20Employment%20Situation%20of%20Veterans%20%E2%80%93%202023%20In,2023%20for%20veteran%2C%20unchanged%20from%20the%20prior%20year

²⁶ Montana Department of Public Health and Human Services. (2022). Behavioral Risk Factor Surveillance Survey. Retrieved from: dphhs.mt.gov/publichealth/brfss

²⁷ U.S. Department of Agriculture. "Supplemental Nutrition Assistance Program (SNAP)." Retrieved from: fns.usda.gov/snap/supplemental-nutrition-assistance-program

²⁸ Benefits.gov. "Low-Income Home Energy Assistance Program (LIHEAP)." Retrieved from: benefits.gov/benefit/623



Housing and Homelessness

Many older veterans may become homebound and isolated due to physical health challenges, including disabilities related to their service. Good, affordable housing contributes to their overall well-being.

Homelessness among veterans is a pressing issue in Montana, where veterans constitute approximately 10% of the homeless population. According to the 2023 Homeless Population Point in Time Count, 207 homeless veterans were identified across several communities in Montana, including Billings, Bozeman/Livingston, Butte, Great Falls, Hamilton, Helena, Kalispell/Ronan, and Missoula.²⁹ Homelessness is a persistent issue requiring targeted intervention and support.

The Pathways Community Network Institute maintains a dashboard that tracks homeless veteran rates in Montana. Over a five-year period (2019-2023), service providers reported 1,541 entries for 1,234 unique individuals, with 1,340 veterans exiting the homelessness services system. However, 142 veterans remain active cases, indicating chronic homelessness.³⁰

To address these challenges, Montana DPHHS Human and Community Services Division offers the Emergency Solutions Grant (ESG) program.³¹ Established by the McKinney-Vento Homeless Assistance Act,³² the ESG program is a resource for veterans at risk of or experiencing homelessness. The program provides safe, decent, and sanitary housing for homeless individuals and those at risk of becoming homeless, connecting them with supportive services to improve their situation and maintain permanent housing.

Education Access and Quality

Approximately 29.6% Montana veterans have graduated college and about 40.3% have some college education.³³ These trends align with national statistics showing veterans possess varying levels of education and job skills.³⁴

Education plays an important role in economic stability and health outcomes. Higher levels of education often lead to better job opportunities, higher income, and improved access to health care.

Veterans who attain higher education levels are more likely to secure stable employment, which in turn provides them with health insurance and other benefits. This stability helps reduce stress and supports mental health. Conversely, those with lower education levels may face challenges

²⁹ Pathways Community Network Institute. "Montana Homelessness Dashboard." Retrieved from: lookerstudio.google.com/reporting/1f8702e9-08dd-4ef1-b5d0-e8f166e067c4/page/ZDTIC

³⁰ Pathways Community Network Institute. "Montana Homelessness Dashboard." Retrieved from: lookerstudio.google.com/reporting/1f8702e9-08dd-4ef1-b5d0-e8f166e067c4/page/ZDTIC

³¹ U.S. Department of Housing and Urban Development. "Emergency Solutions Grants (ESG) Program." Retrieved from: hud.gov/program_offices/comm_planning/esg

³² U.S. Department of Housing and Urban Development. "The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act." Retrieved from: hud.gov/sites/documents/HAAA_HEARTH.PDF

³³ Montana Department of Public Health and Human Services. (2022). Behavioral Risk Factor Surveillance Survey. Retrieved from: dphhs.mt.gov/publichealth/brfss

³⁴ U.S. Bureau of Labor Statistics. "Table 3. Employment status of persons 18 years and over by veteran status, age, and period of service, not seasonally adjusted." Retrieved July 24, 2024, from: bls.gov/news.release/vet.t03.htm



in finding well-paying jobs, leading to financial instability and limited access to necessary health care services.

Educational programs and support services tailored for veterans, such as the GI Bill³⁵ or the MT Department of Labor and Industry's Veteran Services³⁶ have significantly impacted veterans' ability to pursue higher education and vocational training. These programs help veterans transition to civilian life and equip them with skills that are valuable in the workforce. Additionally, access to continuous learning and skill development can help veterans stay competitive in the job market, further supporting their economic stability and health.

Educated veterans are more likely to live in neighborhoods with better resources such as health care facilities, recreational areas, and social services. They are also more likely to engage in healthy behaviors and use preventive health care services, which can lead to better health outcomes and reduced health care costs in the long term.

Investing in veterans' education benefits not only the individuals but also their families and communities, fostering a healthier, more prosperous society. Public health initiatives and policies should continue to support and expand educational opportunities for veterans.

Health Care Access and Quality

Health care access and quality are central to maintaining and improving the health of Montana veterans. Consistent access to medical services, insurance coverage, and effective disease management programs is essential for preventing and treating chronic conditions. Addressing barriers to health care access ensures veterans receive the care they need.

Overall Health and Well-Being

Montana veterans' overall health status and behaviors provide a comprehensive picture of their well-being (*see Figure 11*).

Figure 11: 2022 Behavioral Risk Factor Surveillance Survey (BRFSS) Key Health Status Outcomes ^{37,38,39,40}

Indicator	Montana Veterans' Outcomes
Health Insurance Status	96.7% have insurance
	3.3% do not have insurance
Primary Care	82.6% had an annual routine checkup
	16.8% have gone a year without a routine checkup

³⁵ U.S. Department of Veterans Affairs. "About GI Bill Benefits." Retrieved from: va.gov/education/about-gi-bill-benefits/

³⁶ Montana Department of Labor & Industry. "Veteran Services." Retrieved from: wsd.dli.mt.gov/job-seeker/veteran-services/

³⁷ Montana Department of Public Health and Human Services. (2022). Behavioral Risk Factor Surveillance Survey. Retrieved from: dphhs.mt.gov/publichealth/brfss

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.



Indicator	Montana Veterans' Outcomes
	16.7% do not have a primary care provider
	6.2% skipped health care due to cost
Economic Stability	84.1% live above 138% of the poverty line 15.9% live at or below 138% of the poverty line
Disability	44.9% have at least one disability, including: <ul style="list-style-type: none"> • 26.3% have hearing impairment • 19.0% have mobility impairment • 15.5% have cognitive impairment • 6.9% have independent living impairment • 5.2% have vision impairment • 4.5% have self-care impairment
Alcohol Use	60% reported alcohol use in the past 30 days
	18.6% participated in binge drinking
	8.8% engaged in heavy drinking
Smoking Prevalence	14.7% are current smokers
	14.3% reported marijuana use in the past 30 days
	5.5% use e-cigarettes
General Health	18.9% rate their general health as fair or poor
	15.7% report 14 or more days of poor physical health
	12.5% report 14 or more days of poor mental health
Chronic Health Conditions	41.9% were diagnosed with arthritis
	24.39% were diagnosed with depression
	21.4% were diagnosed with cancer (excluding non-melanoma skin cancer)
	14.1% were diagnosed with diabetes
	13.9% were diagnosed with heart attack or coronary heart disease
	10.1% were diagnosed with COPD
	8.2% were diagnosed with asthma
	5.6% were diagnosed with stroke
	3.6% were diagnosed with chronic kidney disease



Indicator	Montana Veterans' Outcomes
Multiple Chronic Conditions	94.19% reported having one or more conditions
	81.95% reported having two or more conditions
	66.36% reported having three or more conditions
	50.35% reported having four or more conditions
	36.6% reported having five or more conditions
	25.17% reported having six or more conditions

The 2023 RAND Research Report further explores mental health and substance use among veterans. It found 6.9% of veterans met the criteria for past-year serious psychological distress, with higher rates among female, LGBTQ+, and post-9/11 veterans. Veterans of all age groups exhibited higher rates of binge drinking and alcohol use disorder compared to nonveterans, with veterans aged 65+ having double the rate of alcohol use disorder compared to their nonveteran peers. Marijuana use rates were similar between veterans and nonveterans, though higher for veterans aged 50 to 64. Veterans also had comparable rates of opioid misuse and illicit drug use to nonveterans.⁴¹

Mental health and substance use treatment rates among veterans showed younger veterans (under age 65) were more likely to seek mental health treatment than their nonveteran peers, while older veterans (aged 65+) were less likely. Veterans were also more likely to receive alcohol and drug treatment compared to nonveterans.⁴²

Given the changing demographics of Montana veterans and their evolving needs for long-term care services and supports, it is necessary to consider information about substance use treatment and mental health supports. The HEART Initiative (Healing and Ending Addiction Through Recovery and Treatment) and the HEART Waiver, approved by CMS in 2022, enhance access to substance use disorder services for eligible veterans aged 18 to 64.⁴³ Additional initiatives, such as the Contingency Management,⁴⁴ Tenancy Support Services,⁴⁵ and Justice Involved Re-entry Services,⁴⁶ are being implemented to support veterans with substance use disorders and mental health needs.

⁴¹ Robinson, Eric, Justin W. Lee, Teague Ruder, Megan S. Schuler, Gilad Wenig, Carrie M. Farmer, Jessica Phillips, and Rejeev Ramchand. A Summary of Veteran-Related Statistics. RAND Research Report, 2023. Retrieved from: rand.org/pubs/research_reports/RRA1363-5.html

⁴² Ibid.

⁴³ Montana Department of Public Health and Human Services. "The HEART Initiative." Retrieved from: dphhs.mt.gov/heartinitiative/

⁴⁴ U.S. Department of Health and Human Services. "Contingency Management for Substance Use Treatment." Retrieved from: aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf

⁴⁵ Manatt, Phelps & Phillips, LLP. "CMS Approves Montana's Reentry Services Contingency Management Initiative." Retrieved from: manatt.com/insights/newsletters/health-highlights/cms-approves-montanas-reentry-services-contingen

⁴⁶ Montana Department of Public Health and Human Services. "Justice Involved." Retrieved from: dphhs.mt.gov/HeartInitiative/JusticeInvolved



Montana's efforts to address veteran suicides have shown progress, with a 20% decrease in suicides from 2020 to 2021.⁴⁷ Initiatives such as the 988/Veterans Crisis Line,⁴⁸ suicide prevention training, and partnerships with local organizations aim to further reduce suicides among Montana veterans. Programs like Horses Spirits Healing⁴⁹ and Dog Tag Buddies,⁵⁰ along with QPR Pathfinder⁵¹ training and LivingWorks ASIST,⁵² are being implemented to provide additional support.

Improving the overall well-being of Montana veterans requires addressing their physical, mental, and social health needs through comprehensive, coordinated efforts (*see Appendix F for health considerations for Montana veterans*).

Neighborhood and Built Environment

Neighborhood and built environment refer to the physical surroundings in which veterans live, including their housing, transportation systems, and access to essential services. Safe and accessible housing, reliable transportation, and close proximity to health care, grocery stores, and recreational facilities are critical components of a supportive environment. These factors significantly impact the health and well-being of veterans by reducing health disparities and promoting healthier, more active lifestyles. Enhancing the built environment can lead to better health outcomes and improved quality of life for veterans.

Home Comfort and Safety

Ensuring home comfort and safety is crucial for aging veterans, especially those with disabilities or mobility challenges. According to the Montana Department of Public Health and Human Services (DPHHS) Fall Prevention Program, nearly one out of three Montanans over the age of 65 fall each year. Falls are the leading cause of fatal and non-fatal injuries in older adults, often resulting in hip fractures, broken bones, and head injuries. In Montana, unintentional falls are the third most common cause of injury-related deaths.⁵³

Programs like Stepping On and Staying Active and Independent for Life (SAIL) offer fall prevention and fitness classes designed to improve mobility and reduce fall risks among older adults. These programs help elders maintain independence and prevent injuries. Stepping On is a seven-week course covering balance and strength exercises, identifying home hazards, safe footwear, the link between vision and falling, community mobility, safety in public places, and coping after a fall.⁵⁴ SAIL is a 12-week fitness program for older adults that focuses on strength,

⁴⁷ Montana Department of Public Health and Human Services. (2022). Behavioral Risk Factor Surveillance Survey. Retrieved from: dphhs.mt.gov/publichealth/brfss

⁴⁸ Veterans Crisis Line. "What Is 988?" Retrieved from: veteranscrisisline.net/about/what-is-988/

⁴⁹ Horses Spirits Healing, Inc. "Horses Spirits Healing, Inc." Retrieved from: horsesspiritshealing.org

⁵⁰ Dog Tag Buddies. "Home." Retrieved from: dogtagbuddies.org/

⁵¹ QPR Institute. "QPR Pathfinder Training: Veterans Edition." Retrieved from: qprinstitute.com/qpr-pathfinder-training-veterans-edition

⁵² LivingWorks. "LivingWorks ASIST." Retrieved from: livingworks.net/training/livingworks-asist/

⁵³ Montana Department of Public Health and Human Services. "Falls Prevention." Retrieved from: dphhs.mt.gov/publichealth/EMSTS/Prevention/FallPrevention/index

⁵⁴ Stepping On. "Stepping On – Training Workshops" Retrieved from: steppingon.com



balance, and mobility, which reduces the risk of falls and improves overall quality of life. Exercises in SAIL can be done sitting or standing and are suited for all fitness levels.⁵⁵

Falls should not be a normal part of aging, and most can be prevented through lifestyle modifications. The Falls Prevention Program website offers tools and resources to reduce falls and helps caregivers gain awareness of fall prevention, reducing their risk of injury while caring for their loved ones.⁵⁶

Montana veterans can find classes and additional fall prevention resources through the Department of Public Health and Human Services (DPHHS) Community Maps program, which shows local programs hosting these trainings.⁵⁷

The State of Montana, through the DPHHS, offers two programs aimed at helping eligible Montanans, including eligible veterans. The Low Income Home Energy Assistance Program (LIHEAP) pays part of winter energy bills and may assist with furnace emergencies for eligible people. The Weatherization Assistance Program helps participants improve the heating efficiency of their homes and thus reduce their energy consumption. Eligibility and application can be made for these resources at any time during the year by contacting the local eligibility office or Tribal LIHEAP office.⁵⁸

Transportation

Transportation can significantly impact veterans' access to health care, especially in Montana. Limited transportation options may not always meet individual veterans' needs, making it challenging to get to and from health care facilities. Montana veterans might have to wait to get transportation and/or may ride for a long time in a van to attend an appointment.

The Veterans Transportation Service (VTS)⁵⁹ provides qualifying veterans with free transportation services to and from participating VA medical centers (VAMCs) in a multi-passenger van. This service ensures veterans lacking access to transportation due to financial, medical, or other reasons can still travel to VA medical facilities or authorized non-VA appointments to receive care. Each VA facility has specific ridership guidelines based on its capabilities. Additionally, VTS is working to establish mobility managers at each local VA facility to help veterans meet their transportation needs. Veterans can manage their trips using the VetRide app.

Montana veterans can also access transportation services through the Highly Rural Transportation Grants (HRTG). This grant-based program helps veterans in highly rural areas travel to VA or VA-authorized health care facilities. HRTG provides funding to veteran service organizations and state veterans service agencies to offer transportation services in eligible counties having fewer than seven people per square mile. In Montana, the American Legion,

⁵⁵ Staying Active and Independent for Life (SAIL). "Stay Active and Independent for Life." Retrieved from: sailfitness.org

⁵⁶ Montana Department of Public Health and Human Services. "Falls Prevention." Retrieved from: dphhs.mt.gov/publichealth/EMSTS/Prevention/FallPrevention/index

⁵⁷ Montana Department of Public Health and Human Services. "Community Programs Map." Retrieved from: storymaps.arcgis.com/stories/b972f7ba066c497e8614ad9c855321ff

⁵⁸ Montana Department of Public Health and Human Services. "Montana Low Income Home: Energy and Weatherization Assistance Programs." Retrieved from: dphhs.mt.gov/HCS/energyassistance/index

⁵⁹ U.S. Department of Veterans Affairs. "Veterans Transportation Services (VTS)." Retrieved from: va.gov/healthbenefits/vtp/veterans_transportation_service.asp



Rocky Boy Post 67, administers this program. Eligible counties include Big Horn, Blaine, Broadwater, Carbon, Chouteau, Daniels, Fergus, Garfield, Glacier, Golden Valley, Hill, Judith Basin, Liberty, Meagher, Musselshell, Park, Petroleum, Phillips, Pondera, Roosevelt, Rosebud, Sheridan, Stillwater, Sweet Grass, Teton, Toole, Treasure, Valley, and Wheatland. Veterans in these areas can call 1-877-385-5250 for transportation services.⁶⁰

Additionally, Montana veterans may be eligible for beneficiary travel reimbursement, which can help cover transportation costs to and from health care appointments.⁶¹ The Disabled American Veterans (DAV) organization provides free van rides to and from Fort Harrison VA Medical Center for veterans lacking other transportation options.

The GoGo Grandparents Project, in partnership with the Area Agencies on Aging (AAAs), is not specifically for veterans, but it aims to expand transportation options in rural planning and service areas. Currently, Area Agencies 2, 4, and 5 are contracted to provide these services. Funded through utility ARPA workforce investment funding, the program not only offers transportation but also includes grocery and prescription-drug delivery services. Each area provides recipients with a set number of rides per month. Once these allotments are used, individuals can continue using the service with a subscription. Additionally, as part of the grant requirements, recipients will receive public health care information.

These services are essential for ensuring Montana veterans can access the health care they need, regardless of their location or financial situation.

Interconnected Social Determinants of Health Domains

The social determinants of health (SDOH) — economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context — are closely linked and influence one another. Economic stability, for example, affects access to quality education and health care, which impacts employment opportunities and income. The neighborhood and built environment influence the availability of resources such as grocery stores and safe spaces for physical activity, which are important for maintaining health, especially as mobility declines with age. Social and community context, including social support networks, plays a role in either alleviating or worsening challenges related to other SDOH. Addressing factors like economic stability and homelessness can therefore lead to positive outcomes across all SDOH domains, enhancing overall health and well-being for Montana's veterans.

⁶⁰ U.S. Department of Veterans Affairs. "Veterans Transportation Service: Highly Rural Transportation Grants." Retrieved from: va.gov/healthbenefits/vtp/highly_rural_transportation_grants.asp

⁶¹ U.S. Department of Veterans Affairs. "Beneficiary Travel Self Service System (BTSSS)." Retrieved from: va.gov/montana-health-care/programs/beneficiary-travel-self-service-system-btsss



Overview of Current Services and Resources

State Veterans' Homes

Overview

The State Home Program is a partnership between the U.S. Department of Veterans Affairs (VA) and the states to construct or acquire nursing home, domiciliary, and/or adult day health care facilities. Hospital care may be included when provided in conjunction with nursing home or domiciliary care. The VA may participate in up to 65% of the cost of construction or acquisition of state nursing homes or domiciliary care facilities or for renovations to existing state homes. The VA also provides per-diem payments to states for the care of eligible veterans in state homes. State homes are owned and operated by a state. The VA assures Congress that state homes provide quality care through inspections, audits, and reconciliation of records conducted by the VA medical center of jurisdiction (*see Appendix G for information on grants for the construction and acquisition of state home facilities*).

Montana has three intermediate/skilled nursing facilities for honorably discharged veterans who have served in the armed forces of the United States. These are located in Columbia Falls, Butte, and Glendive, Montana. The total number of intermediate/skilled beds across all three facilities is 257.

Eligibility for admission requires an honorably discharged veteran who has served at least one day of active service or the spouse of such a veteran. Additional eligibility criteria include:

- Age;
- Physical and mental status;
- Ability or inability to locate suitable alternative accommodations;
- Term of residence in Montana;
- Gender as it relates to availability of appropriate living space;
- Ability of the Montana veterans' home to meet the person's needs; and
- Other admission requirements established by the department.

Montana's state veterans' homes are supplemented by a nursing home care per diem from the Department of Veterans Affairs, funded in part with money from the state cigarette tax and third-party payments. As is the case with most nursing homes, Montana's state veterans' homes participate in the Medicaid and Medicare programs. In addition, they have historically been funded by charging residents for their care at the facility based on their ability to pay. The federal Department of Veterans Affairs also contributes a per diem for each day of nursing home care and domiciliary care provided to a veteran. Until 1992, the state general fund provided the remaining funding necessary to provide care. Since 1992, cigarette tax revenue has offset expenses for veterans who cannot pay full cost.

Montana Veterans' Homes

Montana Veterans' Home – Columbia Falls

The Montana Veterans' Home (MVH) is a Medicare/Medicaid and Veterans Administration certified facility with 105 intermediate/skilled-care beds and 12 domiciliary beds. The nursing facility includes a 15-bed Alzheimer's unit. MVH has been providing services to veterans since



1896. Most rooms are double-occupancy, and, as of August 2024, there is no waitlist for admission.

Admission to MVH is for honorably discharged veterans who qualify for skilled/intermediate nursing care or domiciliary self-care living. Spouses of veterans will be admitted on a space-available basis. A veteran and spouse may be admitted together if they both qualify for nursing-home care or domiciliary living.

Residents pay based on their ability to pay. The Veterans Administration contributes to the cost of care for each veteran; spouses do not qualify for this benefit. The cost per day is less than what is charged in most private or nonprofit nursing homes.

Southwestern Montana Veterans' Home - Butte

The Southwestern Montana Veterans Home (SWMVH) features five skilled nursing cottages, each with 12 bedrooms and enclosed walkways currently under construction to connect the cottages. Each cottage is designed to be homelike with private bedrooms and bathrooms, a central kitchen, dining and living rooms, and a spa/bathroom. As of August 2024, there is no working waitlist for the facility.

Admission to SWMVH is for honorably discharged veterans, veterans' spouses (actively married/widowed), or Gold Star Family members in need of care.

The cost of care at SWMVH varies. For example, the full cost of care per day is \$325, which includes a VA contribution of \$129.97 per day, leaving an out-of-pocket cost of \$195.03 per day. Additional charges for medications and physician or therapy services are not included in the daily rate.

Veterans qualified for skilled care do not receive the VA contribution. Medicare and other health insurance should cover skilled services, with veterans responsible for any co-insurance not paid by Medicare or other health insurance. The VA contribution is reinstated when the resident leaves skilled care.

- Veterans with 70%-100% service-connected disabilities: The VA covers all costs for a nursing home stay, with no out-of-pocket costs.
- Veterans below 70% service-connected disabilities: Veterans must either pay privately or obtain Long-Term Care Medicaid coverage to cover for the full cost of a nursing home stay.

Eastern Montana Veteran's Home - Glendive

The Eastern Montana Veteran's Home (EMVH) is an 80-bed intermediate/skilled-care facility, including a 16-bed Special Care Unit. Accommodations are semi-private rooms, and, as of August 2024, there is no working waiting list for admission.

Admissions to EMVH are for honorably discharged veterans, their spouses, or the surviving spouses of U.S. veterans.

Residents pay based on their ability to pay. The Veterans Administration contributes toward the cost of care for each veteran; spouses do not qualify for this benefit.



The VA State Home Program History

In the aftermath of the Civil War, the states established “soldier’s homes” for disabled veterans whose families, if any, were unable to care for them. In 1888, Congress began paying the states a per diem to care for veterans, one of the first acknowledgments of federal responsibility. That partnership continues today, with the VA paying for renovations and about one-third of the cost of care for veterans’ homes still owned and operated by the states. The State Home Program represents a longstanding successful partnership between the VA, the states, and the veterans in meeting a significant portion of the long-term care needs of the nation’s veterans. A State Veterans Home (SVH) may furnish domiciliary, nursing home, and hospital levels of care, as well as adult daycare. The establishment, location, controls, and administration of an SVH are the responsibility of the state. Prior to requesting state home construction funds, the state must secure funds for construction. The state must also assure that state operational funds are available to support quality care in each level of care provided.

Two regulations govern state home construction and federal VA per diem payments to state homes:

- A final regulation entitled, “Per Diem for Nursing Home Care of Veterans in State Homes,” published in the Federal Register on January 6, 2000, governs the per diem payment to state homes providing nursing home care to eligible veterans; and
- An interim final rule entitled, “Grants to States for Construction and Acquisition of State Home Facilities,” published on June 26, 2001, in the Federal Register governs the state home construction program.

Per Diem for Nursing Home Care of Veterans in State Homes

Through the VA Per Diem Program, federal funds contribute to the operation of an SVH. Public Law 100-322, Section 134(a) provides for an increase in per diem rates for all programs in the State Veteran Per Diem Program.

FY 2023 to 2024 per diems (basic) are as follows for all three Montana state veterans’ homes:

- Domiciliary care: Up to one half of the cost of care, not to exceed \$59.69 per diem
- Nursing home care: Up to one half of the cost of care, not to exceed \$138.29 per diem
- Adult daycare: Up to one half of the cost of care, not to exceed \$110.18 per diem

The 2023-2024 prevailing rates for all three Montana state veterans’ homes are as follows:

- FY 2023 Per Diem Rate: \$459.29
- FY 2024 Per Diem with 6.4% increase: \$488.69

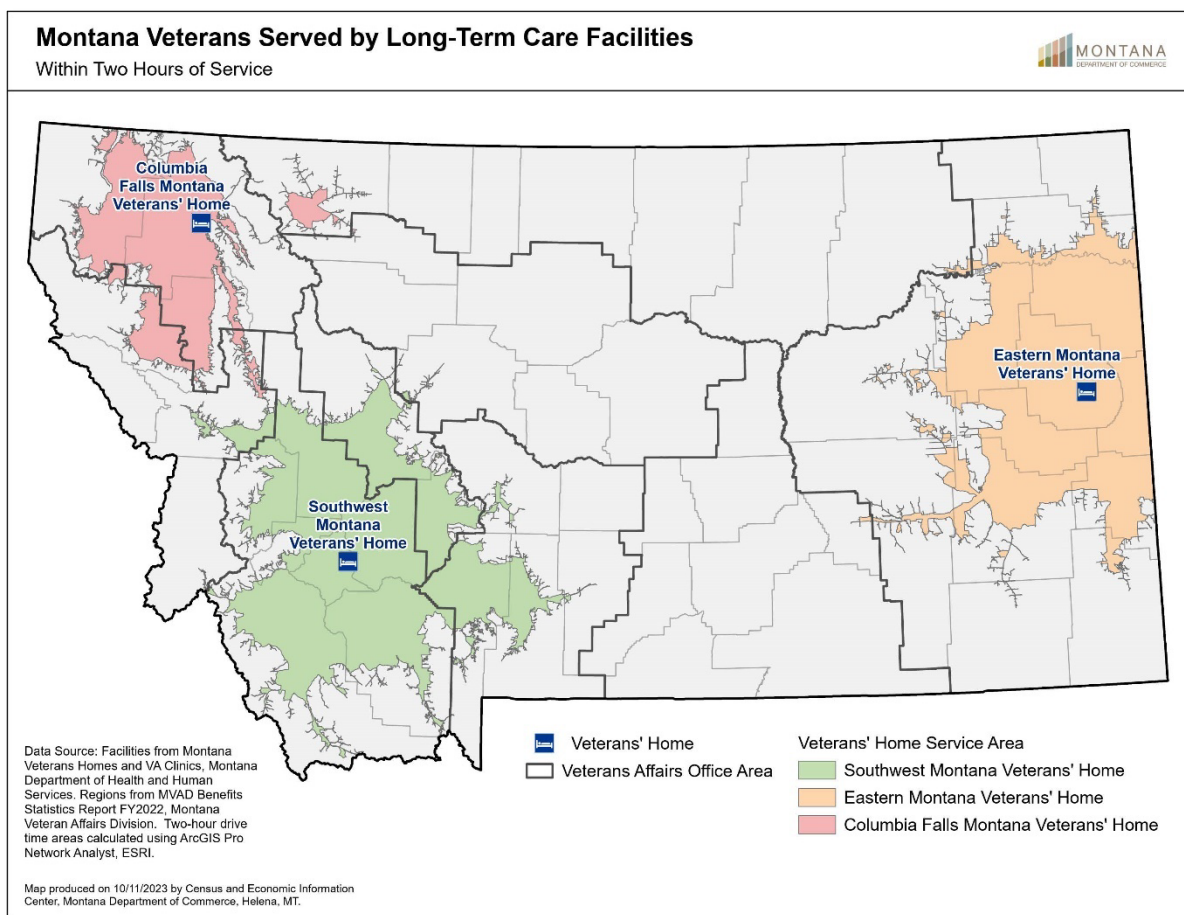
In addition to federal per diem payments, the state can collect VA aid payments — such as veterans’ pension, compensation, or other income — to cover SVH costs. However, VA aid payments cannot exceed one half of the aggregate cost of maintaining a veteran in an SVH.

Veterans Served by Montana State Veteran Facilities Within a Two-Hour Service Radius

Montana has an expansive region in the center of the state that falls outside of the two-hour catchment areas of the three state veterans’ homes in Butte, Glendive, and Columbia Falls (see *Figure 12*). This is particularly concerning given that Cascade and Golden Valley counties have some of the highest concentrations of the state’s veterans. The lack of nearby facilities means many veterans in and around those areas face significant travel times to access the care they

need, which can lead to delays in receiving essential services. Ensuring closer access to state veterans' homes could improve health outcomes and overall well-being for these substantial veteran populations.

Figure 12: Montana Veterans Served by Long-Term Care Facilities



Veterans Affairs Services

Nationwide, the Department of Veterans Affairs (VA) offers a wide variety of programs and services for the nation's approximate 16.2 million veterans.⁶² The VA is shifting from a hospital-based system to one primarily focused on outpatient care, with an emphasis on home-based and community care for long-term services and supports (see *Appendix H* for a full list of VA facilities and *Appendix I* for relevant legislative initiatives).

VA Clinics

The Montana VA Health Care System (MVAHCS) maintains a VA presence in every major city in the state through a network of community-based clinics, a community living center, and an acute care medical center. Montana ranks as the fourth largest state geographically and has

⁶² USAFacts. "Veterans." 2024. Retrieved from: usafacts.org/topics/veterans/



one of the highest per-capita veteran populations. VA clinics are located in the following communities:

- Benjamin Charles Steele VA Clinic – Billings
- Browning VA Clinic
- Butte VA Clinic
- Cut Bank VA Clinic
- David J Thatcher VA Clinic – Missoula
- Dr. Joseph Medicine Crow VA Clinic – Billings
- Ft. Harrison - Helena
- Glasgow VA Clinic
- Glendive VA Clinic
- Great Falls VA Clinic
- Hamilton VA Clinic
- Kalispell VA Clinic
- Lewistown VA Clinic
- Libby Rural Health Clinic
- Merrill Lundman Dept of Veterans Affairs Outpatient Clinic – Havre
- Miles City VA Clinic and Community Living Center
- Missoula VA Clinic
- Plentywood VA Clinic
- Travis W Atkins Dept of Veterans Affairs Clinic – Bozeman

Other Facilities

Fort Harrison in Helena is a 34-bed acute care medical-surgical facility offering a broad range of services, including a 24-bed inpatient mental health unit for PTSD and substance abuse treatment. Miles City is home to a 14-bed Community Living Center (CLC) providing general and ventilator-dependent care. Specialists visit these clinics regularly to provide access to specialized care as needed.

In 2019, MVAHCS reported 754,159 outpatient visits, 10,022 unique patients, and an annual budget of \$313.7 million.⁶³ MVAHCS is part of the Rocky Mountain Veterans Integrated Service Network (VISN 19), which includes facilities in Colorado, Oklahoma, Montana, Utah, and Wyoming.

Telehealth

Seventy-two percent of veterans served by MVAHCS live in rural areas. Nearly half of the 47,000 enrolled veterans served during Vietnam. MVAHCS leverages telehealth to connect veterans on tribal reservations and in rural areas with health care services. The system's six foundational services include primary care, mental health, primary care-mental health integration, telehealth, pain management, and prosthetics and sensory aids.⁶⁴

⁶³ U.S. Department of Veterans Affairs. Veterans Integrated Service Network (VISN) 19 Annual Report. 2019. Retrieved from: va.gov/files/2020-07/VISN%2019%20Annual%20Report.pdf

⁶⁴ U.S. Department of Veterans Affairs. 2019 Fact Sheet: VA Montana Health Care System. Retrieved from: va.gov/files/2020-07/Montana_Fact_Sheet.pdf



Home and Community-Based Services

As the U.S. veteran population ages, long-term care will constitute an increasingly large share of VA health care expenditures.⁶⁵ Home and community-based services (HCBS) allow veterans to age in place while receiving necessary care and support, offering significant cost savings over institutional care facilities like nursing homes. Ensuring these programs meet veterans' and caregivers' needs and are accessible to all eligible veterans is crucial.

Many older adults, including veterans, lack access to HCBS due to financial barriers and insufficient availability of local providers, especially in rural areas. Medicaid and VA benefits typically cover limited service hours, and many veterans do not qualify for public benefits. Although Medicare covers post-acute care services, this coverage is usually limited in duration and not intended as a primary source of long-term support.⁶⁶

The VA provides HCBS through various programs, including Adult Day Health Care, Home-Based Primary Care, Home Respite Care, Purchased Skilled Home Care, Home Hospice Care, Homemaker and Home Health Aide programs, and Home Telehealth. These programs enable veterans to receive assistance with activities of daily living while they remain in their homes and communities. For example, the VA Adult Day Health Care and Community Adult Day Health Care programs offer structured day programs that include health services, socialization, and therapeutic activities.⁶⁷

Veterans receive HCBS through VA-provided care and services purchased from community providers. While institutional care still accounts for most VA spending on LTSS, enrollment in HCBS programs is growing quickly. However, older adults with cognitive decline may not qualify for HCBS programs based on activities of daily living performance.⁶⁸

VA's HCBS programs include:

- VA Adult Day Health Care;
- Community Adult Day Health Care;
- Home-Based Primary Care;
- Home Respite Care;
- Purchased Skilled Home Care;
- Home Hospice Care;
- Homemaker and Home Health Aide programs;
- Spinal Cord Injury and Disorders Home Care;
- Community Residential Care; and
- Home Telehealth⁶⁹

⁶⁵ RAND Corporation. "Home and Community-Based Services: Veterans' Issues in Focus." Retrieved from: rand.org/pubs/perspectives/PEA1363-9.html

⁶⁶ Ibid.

⁶⁷ U.S. Department of Veterans Affairs. "Home and Community-Based Services." Retrieved from: va.gov/geriatrics/pages/Home_and_Community_Based_Services.asp

⁶⁸ RAND Corporation. "Home and Community-Based Services: Veterans' Issues in Focus." Retrieved from: rand.org/pubs/perspectives/PEA1363-9.html

⁶⁹ Ibid.



Many individuals are caught in a gap where they do not qualify for public benefits yet cannot afford to pay for these services out of pocket. Medicaid and VA benefits typically provide only a limited number of service hours. Consequently, most veterans enrolled in VA health care, who do not receive Medicaid benefits, are without access to additional non-VA services or supports.⁷⁰

State Medicaid programs primarily fund long-term services and supports (LTSS). Aside from VA coverage, Medicaid is often the only option for funding many HCBS, as private insurance and Medicare typically do not cover these services. To qualify for Medicaid-funded LTSS, older adults often must deplete their financial resources.⁷¹

Montana offers several HCBS programs, including the Big Sky Waiver (BSW), the Serious Disabling Mental Illness (SDMI) Waiver, the Healing and Ending Addiction Through Recovery and Treatment (HEART) Waiver, and Community First Choice (CFC) and Personal Assistance Services (PAS). Both the Big Sky and SDMI Waivers currently serve eligible veterans, providing a cost-effective alternative to institutional care facilities like nursing homes. A key partner to these waivers is the Money Follows the Person (MFP) grant, designed to help Medicaid recipients transition from institutional settings back into the community.

MFP assists participants in their transition by offering the following services:

- First month's rent and deposit, if needed
- Help with past-due rent and utility bills or deposits
- Household goods and basic furnishings, such as bedding and kitchenware
- Environmental and vehicle modifications
- Peer support
- Information technology assistance
- Overnight supports
- Medication management technology

To qualify for the Big Sky Waiver and Community First Choice, individuals must be eligible for Medicaid and require a nursing home level of care, as determined through an assessment by Mountain Pacific Quality Health.

Montana's CFC and PAS programs are Medicaid options that provide in-home assistance to seniors and people with disabilities, promoting independent living. These programs offer help with daily living activities, such as bathing, dressing, toileting, ambulation, and meal preparation. Additional services, like personal emergency response systems, are available through CFC.

Program participants can live in their own homes or with a loved one, but they cannot reside in assisted living residences or adult foster care homes. While CFC and PAS services can be provided by licensed agencies, participants also have the option to self-direct their care. This allows them to hire, manage, and dismiss the personal care attendants of their choosing. Although they can hire a friend or family member, a spouse or parent of a minor child cannot be

⁷⁰ RAND Corporation. "Home and Community-Based Services: Veterans' Issues in Focus." Retrieved from: rand.org/pubs/perspectives/PEA1363-9.html

⁷¹ Ibid.



hired. In the self-direction model, a provider agency manages employment responsibilities, including tax withholding and caregiver payments.⁷²

Montana's CFC Program is a 1915(k) Medicaid State Plan Option, and the PAS Program is part of the Regular State Plan Medicaid program. Both are entitlement programs, meaning that anyone who meets the eligibility requirements can access the benefits without being placed on a waiting list.

The BSW Medicaid program offers a wide range of home and community-based services to prevent premature nursing home admissions. Services include home modifications, personal emergency response systems, homemaker services, adult foster care, assisted living services, respite care, and personal care assistance. Unlike the CFC/PAS Programs, the Big Sky Waiver allows a spouse to be hired and paid as a caregiver by Medicaid.

CFC, PAS, and BSW programs are available to eligible veterans. To qualify for CFC and PAS, individuals must meet residency, financial (income, assets, and homeownership), and medical (functional need) criteria.

Once eligible for BSW, case management teams, consisting of a nurse and social worker, provide a holistic approach to care planning. They assess each individual's medical and psychosocial needs to develop a personalized care plan. Each team has a set number of individuals they can serve annually. Examples of services include adult residential living, adult day health, case management, chemical dependency counseling, dietician services, environmental adaptations, habilitation services, homemaker services, nutrition, personal assistance, personal emergency response systems, private duty nursing, psychosocial consultation, respiratory therapy, respite care, special child care, transportation, therapies (occupational, physical, speech), specially trained attendants, specialized medical equipment and supplies, and services for individuals with traumatic brain injury.

The number of veterans served by CFC, PAS, and BSW is not tracked. Currently, CFC and PAS do not have formal wait lists, but BSW does. Some CFC agencies have developed their own internal wait lists due to staffing shortages.

The SDMI Waiver may also include veterans among its participants, but veteran status is not tracked. Veterans applying for the SDMI program must meet the standard program criteria, including Medicaid eligibility and a nursing home level of care, as determined through an assessment.

The HEART Waiver, approved by the Centers for Medicare and Medicaid Services (CMS) in 2022, requires beneficiaries to be Medicaid-eligible, ages 18 to 64, and primarily receiving treatment and withdrawal management services for substance use disorder (SUD) while residing in residential and inpatient settings that qualify as institutions for mental diseases (IMD). The HEART waiver allows Montana to enhance access to SUD services and continue to improve the delivery system to provide more coordinated and comprehensive treatment for beneficiaries with SUD. Veterans may qualify for this waiver, although veteran status is not tracked. Access to treatment options for individuals with substance use disorders is an

⁷² Montana's Community First Choice & Personal Assistance Services Programs. Helping Americans obtain the Medicaid long-termcare they require. Retrieved from: medicaidplanningassistance.org



important factor in maintaining independence. Eligible Montana veterans may benefit from this waiver as part of their long-term care planning.

Regardless of veteran status, many older adults face barriers to accessing HCBS. Many do not qualify for public benefits but lack the financial resources to pay out-of-pocket for these services. Medicaid and VA benefits typically cover only a limited number of service hours. Most veterans enrolled in VA health care do not receive Medicaid benefits and therefore lack access to non-VA supplemental services or supports. Notably, older adults with cognitive decline may not qualify for HCBS programs that use activities of daily living performance to determine service eligibility. Another common barrier to HCBS placement is the insufficient availability of local HCBS providers, particularly in rural areas.⁷³

Both VA and non-VA HCBS providers face challenges in hiring and retaining sufficient direct care staff, contributing to program waitlists. For most community-dwelling older adults with cognitive or functional limitations, informal (unpaid) assistance from family or friends remains the predominant source of support.⁷⁴

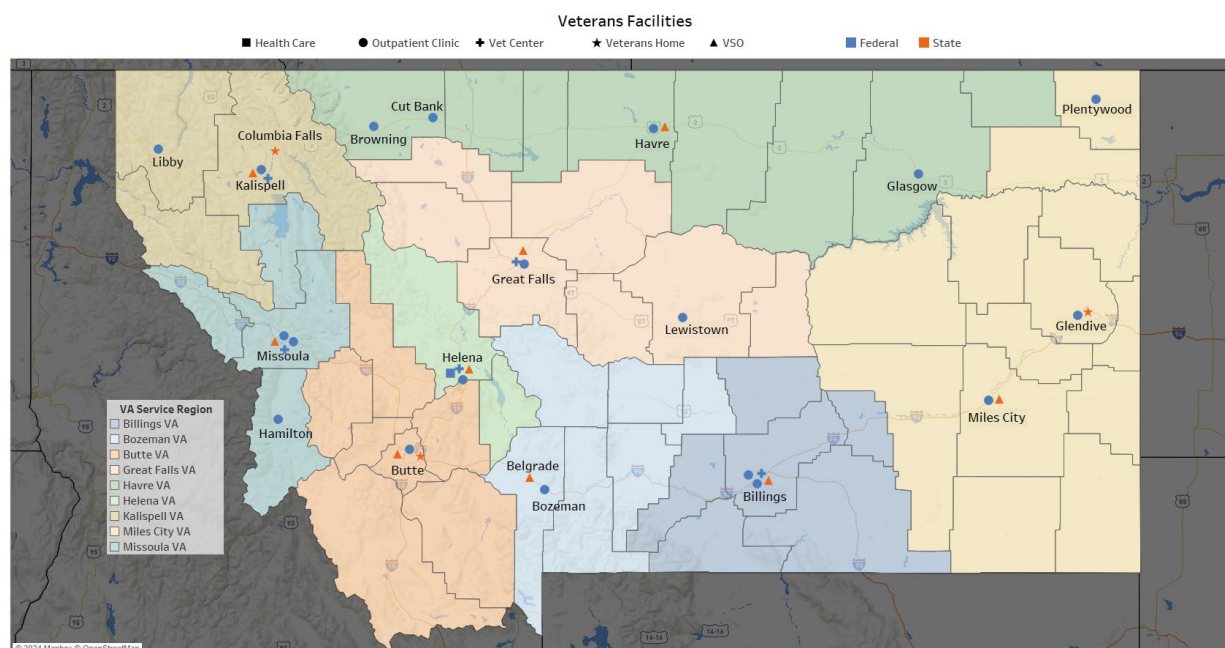
Other Health Care Services

MVAHCS offers a comprehensive range of health care services, including internal medicine, family practice, dermatology, general surgery, ENT, orthopedics, ophthalmology, podiatry, urology, rheumatology, neurology, medical oncology, gastroenterology, palliative care, gynecology, coronary angiography, psychiatry, mental health counseling, substance abuse treatment, radiology (CT, MRI, nuclear medicine, and ultrasound), physical therapy, dietetics, and consultations in neurosurgery, infectious disease, cardiology, and sleep medicine.

According to the Montana VA, 25,522 Montana veterans aged 65 and older received outpatient medical care from the VA in 2023. Continuing education for VA staff focuses on geriatric health care, preventive health for the elderly, and issues specific to older veterans. VA's Fort Harrison Medical and Regional Office Center (VAMROC) serves Montana veterans and their survivors seeking VA financial benefits. In fiscal year 2023, the Fort Harrison VAMROC processed 18,780 disability compensation claims. Figure 13 shows how Montana's veteran facilities are distributed throughout the state's nine VA service regions.

⁷³ Wang, Emily, Melissa Miller, Jeremy Miles, Laura Werber, and Esther M. Friedman. "Home and Community-Based Services: Veterans' Issues in Focus." RAND Corporation, June 26, 2022. Retrieved from: www.rand.org/pubs/perspectives/PEA1363-9.html

⁷⁴ Ibid.

Figure 13: Montana's Veterans Facilities

Challenges

The VA health system faces challenges in keeping pace with the growing need for long-term care among aging veterans. According to Pew Research, veterans who served within the last 30 years now make up the largest segment of living veterans, with the number of Gulf War veterans surpassing Vietnam veterans. The number of living veterans is expected to decline by about 34% over the next 25 years, but the share of female veterans, as well as veterans from Hispanic and Black populations, will increase. Nationally, 28% of veterans are younger than 50 years old, though the proportion of older Americans is expected to grow.⁷⁵

⁷⁵ Parker, Kim. "The Changing Face of America's Veteran Population." Pew Research Center, November 8, 2023. Retrieved from: [pewresearch.org/short-reads/2023/11/08/the-changing-face-of-americas-veteran-population/](https://www.pewresearch.org/short-reads/2023/11/08/the-changing-face-of-americas-veteran-population/)



Additional Veterans' Services

Social and Community Context

Social and community context encompasses the relationships and networks that support veterans' health and well-being. Strong social connections, community involvement, and access to supportive services are crucial for mental and emotional health. Building robust social networks and community resources helps veterans navigate challenges and enhances their overall quality of life.

Volunteering

Volunteering has been shown to improve psychological well-being and emotional health. Studies indicate volunteers often have better psychological health and lower levels of anxiety and depressive symptoms. This is partly due to the increased social resources that come with volunteering, such as having friends to call on.⁷⁶ Additionally, volunteering can reduce stress levels, as evidenced by lower cortisol levels, and may help reduce the risk of cognitive impairment in older adults.⁷⁷

Civic participation and community engagement provide veterans with a sense of purpose and belonging, which is essential for their overall health. Veterans who actively participate in their communities can experience enhanced mental health and resilience against stress. Encouraging veterans to engage in community activities and volunteer work can significantly improve their social and emotional well-being.

Adult Protective Services

Montana's Adult Protective Services (APS) helps to protect vulnerable adults from abuse, neglect, and exploitation. They help end abuse by matching the needs of the person, with community partners in their area — partners like mental health, public health, law enforcement, the courts, the aging network, community groups and the public. APS has made a significant impact by serving 788 veterans since 2007, demonstrating its essential role in protecting vulnerable individuals. While the number of cases fluctuates, APS continues to adapt and provide necessary support to veterans. Ongoing efforts to expand resources and services will help address the needs of veterans and ensure their continued safety and well-being.⁷⁸

Aging Services

The Aging Services Bureau is located within the Montana Department of Public Health and Human Services' (DPHHS) Senior and Long Term Care Division (SLTC). It works to ensure older adults and individuals with disabilities can live and thrive in the community of their choice by administering programs and services funded by the state and the Older Americans Act. As they age, Montana veterans may benefit from the resources available through Aging Services.

⁷⁶ Healthy People 2030. "Civic Participation." Health.gov. Retrieved from: health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/civic-participation

⁷⁷ Infurna, F. J., Okun, M. A., & Grimm, K. J. (2016). Volunteering is associated with lower risk of cognitive impairment. *Journal of the American Geriatrics Society*, 64(11), 2263–2269.

⁷⁸ Tangen, Trevor, Bureau Chief, Adult Protective Services, Department of Public Health and Human Services - Senior and Long Term Care Division. August 2024. Tangen, Trevor, Bureau Chief, Adult Protective Services, Department of Public Health and Human Services - Senior and Long Term Care Division. August 2024.



Aging Services publishes Montana's State Plan on Aging, which focuses on five goals to support the vision of advancing dignity and independence through quality long-term care services and supports:

- Promoting innovation and quality in the delivery of core Older Americans Act programs to meet the unique and diverse needs of older Montanans and their family caregivers;
- Collaborating with Area Agencies on Aging (AAAs) and senior centers across the state to ensure quality emergency preparedness plans are established;
- Ensuring services are provided to vulnerable older individuals with the greatest economic and social need by improving quality and equity in service delivery;
- Providing person-centered home and community-based services that are meaningful to older individuals and their family caregivers; and
- Strengthening services and supports for family caregivers.⁷⁹

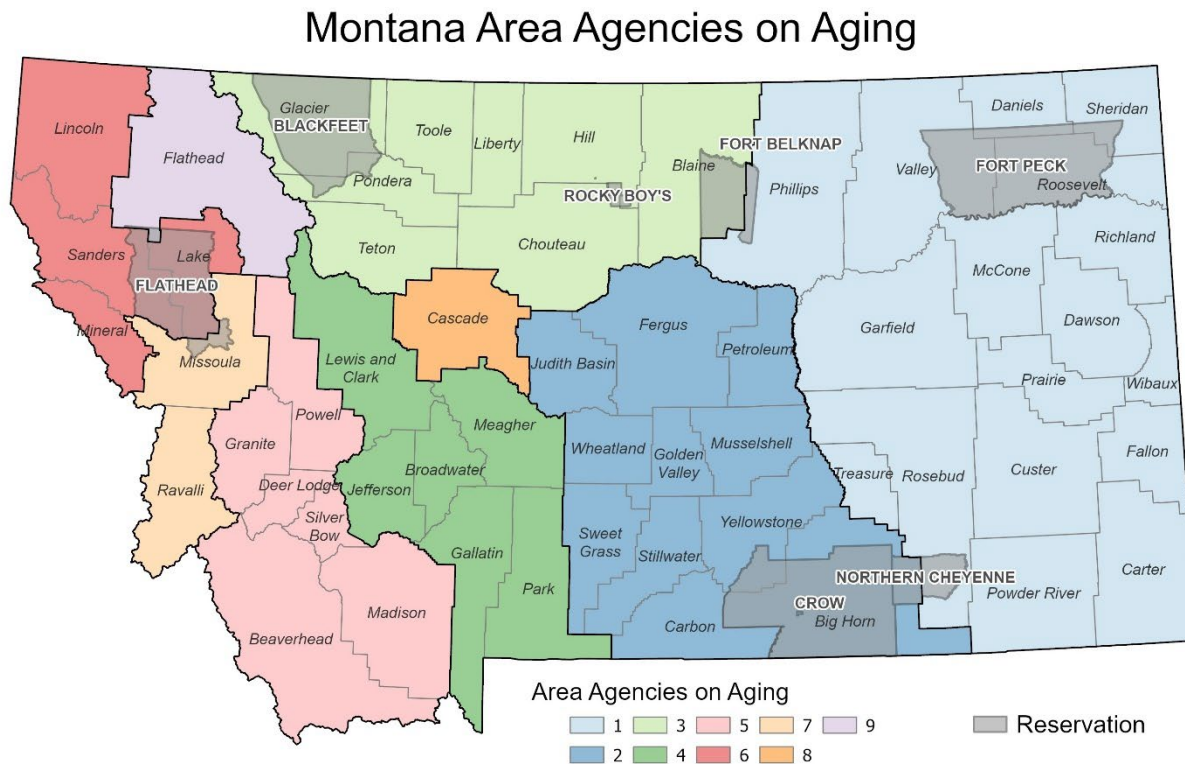
Aging Service is responsible for distributing funding to and overseeing nine local Area Agencies on Aging (AAA), which in turn provide funding to local service providers offering services to individuals aged 60 and older. The program prioritizes services for older adults with the greatest social and economic needs, specifically focusing on low-income and minority individuals as well as those who are frail, homebound, or otherwise isolated. Aging Montana veterans can access these AAA services as well.

Areas Agencies on Aging

Montana's AAAs work with Aging Services to plan and coordinate services for older adults and caregivers at the local level. These nine agencies advocate for older adults and provide information on programs and community support.

Area Agencies may provide direct services through their staff or subcontract with local service providers. Services include information and assistance, personal care, homemaker services, chore services, congregate and home-delivered meals, nutrition counseling and education, transportation, assisted transportation, legal assistance, outreach, and caregiver support services. Additionally, AAAs engage in advocacy, planning, service coordination, information sharing, and collaboration with local agencies to maximize the impact of available funds (see *Figure 14*).

⁷⁹ Montana Department of Public Health and Human Services. "Montana State Plan on Aging." Retrieved from: dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf

Figure 14: Montana Area Agencies on Aging

Aging and Disability Resource Center

The Aging and Disability Resource Center (ADRC) was developed through a partnership between the Administration on Aging (AOA)/Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The overall goal of the ADRC program is to empower individuals to effectively navigate their long-term services and support options to make informed choices, streamline access to these services, and organize the long-term support system.⁸⁰

The ADRC is a resource for both public and private-pay individuals, including Montana veterans. Providing information and counseling to private-pay individuals is a central element of the AOA/ACL/CMS Resource Center vision. Reaching people before they become Medicaid-eligible and helping them learn about low-cost options and programs, such as private long-term support insurance, can help individuals make better use of their own resources and prevent or delay the need for Medicaid. The resource serves adults aged 60 and older and people with disabilities over the age of 18.

In addition, ARDC maintains a comprehensive directory of Montana and national resources, covering topics such as advocacy, brain/memory, respite services, care giving, disability-specific resources, food/nutrition, legal services, housing, utility supports/resources, transportation,

⁸⁰ Montana Department of Public Health and Human Services. "Aging and Disability Resource Center." Retrieved from: dphhs.mt.gov/SLTC/aging/adrc/



mental health, public health, and safety. It also provides a tab specifically for veterans, which provides links to many comprehensive resources in Montana for veterans, such as mental health services, veteran support, advocacy, and health clinics.

Legal Services

The Montana Legal Services Developer Program in the Office on Aging provides elder law training and resources for older adults, family members, and social outreach workers. The program also develops pro-bono and local legal services referrals, creates training materials, and provides telephone assistance to older adults on related matters. Montana veterans aged 60+ can access this resource. The program offers training to interested individuals and community groups on legal documents, and the website has many links to online tools and resources, such as Montana Pro-Bono Programs, the Montana End of Life Registry, and the MontGuides.⁸¹

Also, Disability Rights Montana advocates on behalf of individuals with disabilities to insure their rights to employment, education, health care, transportation, housing, and other services.⁸²

The program works closely with the Montana Legal Services Association⁸³ and the State Bar of Montana.⁸⁴ Individuals under 60, including Montana veterans, are encouraged to directly reach out to these services.

Additionally, as citizens age or become disabled, they sometimes fall victim to exploitation and/or abuse. Adult Protective Services (APS) is another resource that helps to protect vulnerable adults from abuse, neglect, and exploitation. They help end abuse by matching the needs of the person, with community partners in their area.⁸⁵

Food and Nutrition

Food and Nutrition Programs for Montana's elder populations are delivered through the Aging Network. Federal Older Americans Act and USDA funds, state and local dollars, and client contributions provide funding for these programs.

The main goal of these programs is to enable older adults to remain healthy and independent, living in their homes and communities. Additional benefits include:

- Promoting health and preventing disease;
- Reducing malnutrition risk and improving nutritional status;
- Reducing social isolation; and
- Linking older adults to community services.

Individuals eligible for services include those aged 60 years or older, a spouse of any age living with the eligible senior, and disabled persons residing with a person aged 60 or older. Additionally, disabled individuals residing in housing facilities for the elderly where a congregate

⁸¹ Montana Department of Public Health and Human Services. "Legal Services Developer Program." Retrieved from: dphhs.mt.gov/sltc/aging/legal-services-developer/

⁸² Disability Rights Montana. "Disability Rights Montana." 2024. Retrieved from: disabilityrightsmt.org

⁸³ Montana Legal Services Association. "Fighting Poverty. Achieving Justice. Improving Lives." Retrieved from: mtlsa.org

⁸⁴ State Bar of Montana. Retrieved from: montanabar.org

⁸⁵ Montana Department of Public Health and Human Services. "Adult Protective Services." Retrieved from: dphhs.mt.gov/SLTC/aps/



site exists are eligible for congregate meals. Others may participate in the program but must pay the full cost of the meal.

Area Agencies on Aging can provide assistance and guidance on food and nutrition programs such as the Congregate Meal Programs (170 sites throughout Montana by the way of senior centers and other community based organizations), the Home Delivered Meal Programs, Nutrition Education and USDA Commodity Supplemental Food Programs, and the Seniors Farmers Market Nutrition Programs.⁸⁶

DPHHS administers the Supplemental Nutrition Assistance Program (SNAP). Eligibility is based on household size, income, and other factors. A full list of eligibility requirements and how to apply can be found on the website.⁸⁷ (*See Appendix J for discussions on long-term care options in Montana.*)

⁸⁶ Montana Department of Public Health and Human Services. "Nutrition Services." Retrieved from: dphhs.mt.gov/SLTC/aging/NutritionServices

⁸⁷ Montana Department of Public Health and Human Services. "State of Montana SNAP Program Overview." Retrieved from: dphhs.mt.gov/hcsd/SNAP



Assessment Observations

Evaluation of Effectiveness of Current Services

The survey data provides a glimpse of the effectiveness of current services available to Montana's veterans, particularly in terms of how well these services are meeting aging veterans' needs. A key insight from the survey is that, while a significant portion of veterans are accessing long-term care services, gaps remain in the coverage and awareness of these services, particularly in rural areas.

Observation: Veterans are currently using a variety of long-term care services and supports

A significant percentage of veterans (66.36%) are currently using long-term care services, indicating the available services are reaching a substantial portion of the population. The most used services, such as physical therapy, mental health support, and personal care, reflect the effectiveness of these offerings in addressing some of the primary health concerns of Montana's veterans. However, the reliance on personal vehicles for transportation — reported by 93.13% of respondents — highlights a potential limitation in service accessibility, particularly in rural areas where alternative transportation options are scarce (see *Figure 15*). This reliance on personal vehicles suggests that the current infrastructure may not fully support veterans who lack reliable transportation, potentially limiting their access to essential care.

Figure 15: Montana Veterans' Survey Responses on Transportation

What is your primary method of transportation?		
Transportation Type	# of Respondents	% of Respondents
My own vehicle	3,278	93.13%
My family and friends	142	4.03%
Other	28	0.8%
VA van	24	0.68%
Walk	24	0.68%
Bicycle	9	0.26%
Public transportation such as a bus	9	0.26%
Paid local transportation such as taxi, Uber, Lyft	8	0.23%
Opted not to respond	59	1.65%

The survey data also reveals 20.76% of respondents receive help with daily activities, such as cooking, household chores, and managing medications. This indicates the support systems in place are effectively assisting veterans in maintaining their independence; however, the fact that a portion of veterans rely on informal support networks, such as family and friends, alongside formal services, suggests existing services might not be comprehensive enough to fully meet their needs (see *Figure 16*).

**Figure 16: Montana Veterans' Survey Responses on Daily Activities Help**

Survey Respondents Who Receive Help		
# of Activities	# of Respondents	% of Respondents
Receive help with 1 activity	259	7.24%
Receive help with 2 activities	155	4.33%
Receive help with 3 activities	91	2.54%
Receive help with 4 activities	69	1.93%
Receive help with 5 activities	50	1.4%
Receive help with 6 or more activities	115	3.21%

Observation: Available services and resources are not widely known to veterans

One of the critical issues impacting the effectiveness of current services is the level of awareness among veterans regarding the available resources. The survey data indicates awareness of community-based services is limited, with only 25.09% of respondents familiar with the services provided by Area Agencies on Aging and even fewer aware of other key resources like Alzheimer's and dementia organizations (6.54%). This lack of awareness could significantly hinder the effectiveness of existing programs, as veterans may not be using available services simply because they are unaware of them (see Figure 17).

Figure 17: Montana Veterans' Survey Responses on Awareness of Available Services

Are you familiar with the services that community-based organizations provide in your community?		
Service	# of Respondents	% of Respondents
Hospitals	2,365	66.08%
Senior centers	1,861	52.00%
Federal Veterans Administration and its programs	1,833	51.22%
Food insecurity supports	1,109	30.99%
Opportunities to volunteer	1,072	29.95%
Area Agencies on Aging	898	25.09%
Mental health organizations	687	19.20%
Suicide prevention programs	687	19.20%
Advocacy organizations	492	13.75%
Mental health service authorities	463	12.94%
My community lacks many or most of these community supports	437	12.21%
Aging and disability resource centers	413	11.54%
Substance use treatment and recovery supports	408	11.40%



Alzheimer's disease and related dementia organizations	234	6.54%
Specific topic support groups	218	6.09%
Regional housing coalitions	162	4.53%
Traumatic brain injury organizations	150	4.19%
Other	119	3.32%
SHIP counselors	117	3.27%
Transition coalitions	74	2.07%

Additionally, 38.69% of respondents expressed uncertainty about where they would go to access long-term care services if they could no longer care for themselves at home. This uncertainty points to a potential gap in service visibility and suggests more robust outreach and education efforts are needed to ensure veterans are informed about their options. Improving the visibility and accessibility of these services is crucial for enhancing their effectiveness and ensuring that all veterans can benefit from the support available to them.

Observation: In-home services provide needed support for veterans to complement services provided in facilities

Veterans' strong preference to age in place (70.69% of survey respondents) underscores the importance of community-based and in-home care services. Survey data indicates veterans highly value these services, yet opportunities for improvement exist, especially in rural regions. Veterans in rural areas face unique challenges, including limited access to transportation and fewer local service providers, which diminish the effectiveness of their care. To maintain the effectiveness of these services, the state must ensure they are not only available but also easily accessible to veterans across all regions.

The survey data suggests that, while many veterans rely on services provided by medical facilities (36.47%) and care providers/agencies (28.38%), a portion of the veteran population still feels underserved. Notably, 7.74% of respondents reported they do not have access to the long-term care services they need, and those who do often rely on a mix of informal and formal support systems, which suggests that, while the services are effective for some, they are not reaching everyone. The reliance on a mix of informal and formal support systems indicates the current configuration of services may need to be adjusted to better address the needs of the veteran population, particularly in areas where veterans report feeling underserved (see Figure 18).

Figure 18: Montana Veterans' Survey Responses on Service Providers

If you are receiving any services, who is providing those services to you?			
Provider	# of Respondents	% of Responses	% of Total
Medical facility	397	36.47%	11.09%
Spouse or partner	351	32.23%	9.81%
Care provider/agency	309	28.38%	8.63%



Other	175	3.37%	2.24%
Other family member	149	13.68%	4.16%
Community organization	80	7.35%	2.24%
Friends/neighbors	67	6.15%	1.87%
Hired care attendant	53	4.96%	1.51%
Other disease/dementia	47	16.07%	43.89%

Observation: Alzheimer's and dementia services are an area of opportunity to improve veterans' care

While Montana's current services for Alzheimer's and related dementias (ARD) are reaching some of the population in need, significant gaps remain that affect the overall effectiveness of these services. In 2022, Montana Medicaid provided nearly 387,102 service units to 1,170 individuals diagnosed with ARD, demonstrating a structured support system exists. However, the geographic and professional disparities in health care access significantly limit the reach and impact of these services, particularly in rural and frontier regions.⁸⁸

The shortage of specialized health care providers is a major barrier to effective care. With 82% of counties lacking access to neurologists and only nine geriatricians statewide, the quality of care for individuals with ARD can vary dramatically based on location. This shortage is not just a rural problem; even urban areas struggle with inadequate numbers of specialists, including psychiatrists, psychologists, and social workers. These shortages lead to delayed diagnoses, suboptimal management of symptoms, and increased stress on both patients and their caregivers.

The existing infrastructure for ARD care is further strained by a dwindling caregiver workforce. This workforce shortage not only impacts the quality of care but also the ability of families to manage the extensive needs of individuals with ARD at home. The state would need to see a 26.5% increase in this workforce by 2028 to adequately meet the growing demand.⁸⁹

Telehealth has emerged as a valuable tool in extending care to remote areas, but it is not a panacea. While it offers some relief, particularly for those in rural areas far from urban centers, telehealth cannot fully replace the need for in-person care, especially for complex conditions like ARD. The uneven availability of broadband and technology access in some regions further limits the effectiveness of telehealth as a solution.

Montana's efforts to support individuals with ARD and their caregivers through Medicaid and partnerships with community organizations like the Alzheimer's Association are commendable, but more is needed. The current configuration of services shows effectiveness where resources are available, but significant disparities persist. Addressing these gaps — particularly by expanding the workforce, increasing specialist availability, and improving access to both in-

⁸⁸ Kelly, Patrick. Interview, August 2024. Program Specialist for Aging Services, Department of Public Health and Human Services - Senior and Long Term Care Division.

⁸⁹ Montana Department of Public Health and Human Services. *Montana Vital Records 2021 Data*.



person and telehealth services — will be crucial in enhancing the effectiveness of ADRD care across the state.

Observation: Nursing facility capacity varies by region in Montana

The data shows that, as of June 2024, the average monthly occupancy for nursing homes in Montana was approximately 62%, indicating the demand for nursing home beds is largely being met across the state. However, availability in certain rural areas is more limited, as seen in communities like Dillon and Chinook, where occupancy rates are over 100%, suggesting a need for additional beds or facilities, as shown in Appendix K.⁹⁰

Medicaid remains the predominant payer source, accounting for 60% of all facility stays, although this is a slight decrease from the previous year. This could indicate a trend toward fewer Medicaid-supported long-term care admissions, possibly due to changes in policy or availability of alternative care options. The slight decline in bed days across all payer sources, including Medicare and long-term care insurance, might reflect an overall shift in how and where veterans and other patients are receiving care.⁹¹

The slight decrease in the use of contracted staff from June 2023 to June 2024 suggests some improvement in the workforce availability for nursing homes, which is crucial for maintaining the quality and continuity of care. While the reduction in contract hours helps lower expenses for providers, the continued use of contracted CNAs at a higher rate than RNs indicates ongoing challenges in staffing, particularly in rural areas where attracting and retaining skilled health care workers remains difficult.⁹²

Despite the overall satisfactory occupancy rates, the data highlights specific areas, particularly small rural towns, where the demand for nursing home beds is outpacing supply. This discrepancy underscores the need for targeted efforts to ensure that nursing homes in these regions are adequately resourced and staffed to meet the needs of the aging population. Furthermore, while the reliance on Medicaid suggests a stable source of funding for many residents, the slight decline in its role may signal future challenges in funding and access to care.

In sum, the effectiveness of nursing home services in Montana largely depends on addressing the disparities in bed availability and staffing across different regions. By focusing on these areas, particularly in rural communities with unmet needs, Montana can improve the overall efficacy of its long-term care system.

Evaluation of Current Service Needs and Forecasting for Future Needs

Observation: Veterans in Montana have a significant demand for long-term care services, which will need to be addressed as veterans age

⁹⁰ Montana Office of Inspector General. *Nursing Home Bed Need Projections August 2024*. Montana Department of Public Health and Human Services. dphhs.mt.gov/assets/oig/LicensureBureau/HealthCareFacilityLicensing/CertificateofNeed/NursingHomeBedNeedProjectionsAugust2024.pdf

⁹¹ Goetz, Stephanie. Interview, August 2024. Program Specialist for Community Services, Department of Public Health and Human Services - Senior and Long Term Care Division.

⁹² Ibid.



The survey reveals substantial long-term care needs among Montana's veterans, with 66.36% of respondents currently using long-term care services and supports. The most accessed services include physical therapy (20.04%), mental health services (17.74%), and personal care (8.88%), indicating a significant demand for health care tailored to veterans (see *Figure 19*).

Figure 19: Montana Veterans' Survey Responses on LTC Services and Supports

Are you currently using any of the following LTC services and supports?			
LTC Services and Supports	# of Respondents	% of Responses	% of Total
Physical therapy	476	20.04%	13.30%
Mental health	421	17.74%	11.76%
Personal care	211	8.88%	5.90%
Transportation	182	7.66%	5.09%
Assistance with medications	147	6.18%	4.11%
Other	126	5.30%	3.52%
Meals	103	4.34%	2.88%
Home health/private nurse	80	3.37%	2.24%
Other disease/dementia	47	1.98%	1.31%
Speech/language	27	1.14%	0.75%

The distribution of these needs aligns with the findings from the 2020 and projected 2030 map summaries. In 2020, veterans aged 65-84 were concentrated in counties like Yellowstone, Cascade, and Flathead, which also saw the highest use of long-term care services. As the veteran population ages, the demand for these services is expected to intensify, especially in these counties where the concentration of older veterans is projected to remain high or, in some cases even increase, by 2030 (see *Appendix D*).

Furthermore, 19.31% of respondents anticipate needing long-term care services in the near future, with many expecting to require such services within the next 1 to 10 years. This expectation coincides with the projected demographic shifts where the 65-84 age group, which is currently the most likely to use long-term care, will begin transitioning into the 85+ category by 2030. This shift highlights the urgency of preparing for an increased demand for long-term care services, particularly in the counties that are projected to see a rise in their elderly veteran population, such as Flathead, Lincoln, and Glacier (see *Appendix D*).

Overall, the survey data and map projections together suggest a growing and geographically concentrated demand for long-term care services in Montana. This underscores the need for strategic planning and resource allocation to ensure that the most impacted counties can adequately support their aging veteran populations, especially as chronic health conditions become more prevalent.



Observation: Appropriate care settings for veterans vary based on region and preference

A notable finding from the survey is the strong preference among veterans for state veterans' facilities and VA health care facilities for long-term care, with 33.94% and 36.08% of respondents, respectively, indicating they would most likely turn to these options if unable to care for themselves at home. Additionally, 24.48% of respondents would consider a nursing facility within their community, and 27.05% would consider one in another community. These preferences point to an ongoing need for nursing home services that are both accessible and specifically tailored to veterans (see *Figure 20*).

Figure 20: Montana Veterans' Survey Responses on LTC Facility Preferences

If you were unable to care for yourself at home, where would you most likely expect to go to access long-term care support and services?			
LTC Location	# of Respondents	% of Responses	% of Total
Not sure	1,371	38.69%	38.31%
VA health care facility	1,278	36.08%	35.71%
State veterans' facility	1,202	33.94%	33.59%
Assisted living/personal care/habilitation facility/setting	1,082	30.54%	30.23%
Nursing facility in another community	958	27.05%	26.77%
Nursing facility in community	867	24.48%	24.23%
Retirement housing	719	20.3%	20.1%
Family or friend's home	713	20.13%	19.93%
Other	82	2.31%	2.29%
Opted not to respond	37	-	1.03%

This need is particularly pressing in counties such as Yellowstone, Cascade, and Flathead, which not only had the highest concentrations of older veterans in 2020, but are also projected to remain key areas for veteran populations by 2030. The map summaries indicate these counties will continue to house a significant proportion of Montana's aging veterans, many of whom may require nursing home care as they move into the 85+ age group.

The survey data further supports this, showing 27.38% of respondents expect to need long-term care services within the next 11-20 years. This aligns with the anticipated demographic shifts, as a large portion of the current 65-84 age group transitions into the 85+ category, where the need for nursing home care typically increases. The combination of current preferences and future demographic trends underscores the necessity of ensuring nursing facilities are capable of accommodating the growing needs of Montana's veteran population, particularly in the counties that are expected to see the greatest demand, for example Cascade and Yellowstone (see *Figure 21*).

**Figure 21: Montana Veterans' Survey Responses on Timing of LTC Needs**

When thinking about your future long-term care needs, how soon would you expect that you might need access to long-term care services and supports?			
Time Frame	# of Respondents	% of Responses	% of Total
Within 6 months	124	3.65%	3.46%
6 months to a year	100	2.95%	2.79%
1-5 years	693	20.42%	19.37%
6-10 years	895	26.37%	25.01%
11-20 years	929	27.38%	25.96%
21-30 years	435	12.82%	12.15%
More than 30 years	217	6.39%	6.07%
Opted not to answer	186	5.48%	5.2%

Domiciliary care services, which provide residential care for veterans who do not require nursing home care but cannot live independently, are clearly in demand. The survey shows that 20.76% of respondents currently receive help with daily activities, such as cooking (11.12%), household chores (11.01%), and managing medications (8.41%). This suggests a strong need for domiciliary services that support veterans in maintaining their independence while providing the assistance they require (see *Figure 22*).

Figure 22: Montana Veterans' Survey Responses on Type of Daily Activity Help Received

In your daily life, do you receive help for any of the following activities?			
Activity	# of Respondents	% of Responses	% of Total
Cooking or meal prep	398	53.57%	11.12%
Household chores	394	53.03%	11.01%
Assistance with medications	301	40.51%	8.41%
Managing money	228	30.69%	6.37%
Other assistance	205	27.59%	5.73%

The map summaries from 2020 and projections for 2030 indicate that counties with higher concentrations of older veterans, such as Yellowstone, Cascade, and Ravalli, will continue to see significant demand for domiciliary care services. These counties, already notable for their larger elderly veteran populations, are expected to maintain or increase their veteran demographics, particularly among those aged 65 and older. This demographic is more likely to need assistance with daily activities, further emphasizing the importance of expanding domiciliary care options in these areas.



Moreover, 30.54% of survey respondents indicated they would consider assisted living or personal care facilities if they could no longer care for themselves at home. This highlights the necessity for domiciliary care options that balance independence with necessary support, especially in counties where a significant portion of the veteran population is receiving assistance with daily activities. As the veteran population continues to age, ensuring the availability and accessibility of these services in key counties will be critical to meeting the needs of Montana's veterans.

Observation: The need for Alzheimer's/dementia facilities is apparent and will grow as veterans age

As Montana's veteran population continues to age, particularly those in the 65-84 age group, the demand for specialized Alzheimer's and dementia care facilities is expected to grow. The survey reveals 16.07% of respondents currently need care for Alzheimer's or other dementias, and this need is likely to increase as the population ages. With 55.14% of veterans identifying pain control and 38.14% prioritizing trauma-informed care as important factors in their long-term care decisions, it's clear Alzheimer's and dementia care facilities must be equipped to handle both cognitive and broader physical and psychological needs (see Figure 23).

Figure 23: Montana Veterans' Survey Responses on Priority Considerations for LTC

As you think about your future long-term care needs, how important are the following when weighing your decisions about care?		
Factors	# of Respondents	% of Respondents
Opportunity to age in place	2,530	71.23%
Financial considerations	2,144	60.34%
Controlling pain	1,959	55.14%
Opportunities for socialization and recreation	1,521	42.82%
Receiving trauma-informed care that recognizes the signs and symptoms of trauma and doesn't cause re-traumatization	1,355	38.14%
Religious/spiritual beliefs	1,118	31.47%
Cultural, racial, or ethnic background	257	7.23%

As of 2023, approximately 46.5% of veterans in Montana were aged 65 or older, equating to around 39,640 veterans. This percentage is slightly above the national average of 46%. Considering that Montana's veterans in this age group make up 0.47% of the national total, and with an estimated 217,393 veterans nationwide diagnosed with Alzheimer's dementia, Montana could have as many as 1,026 veterans with this condition.⁹³ The absence of an in-house geriatrician and the limited availability of geriatric psychiatric providers present significant challenges for VA Montana.

⁹³ National Center for Veterans Analysis and Statistics. "National Center for Veterans Analysis and Statistics." U.S. Department of Veterans Affairs. Retrieved from: va.gov/vetdata



The map summaries from 2020 and projections for 2030 highlight the critical areas where these services will be most needed. Yellowstone, Cascade, and Flathead counties, which currently have the highest concentrations of veterans aged 65-84, are projected to maintain significant elderly veteran populations into 2030. However, many counties are expected to see a decline in this age group by 2030, underscoring the need to strategically allocate resources and expand specialized facilities in the counties that will continue to have higher concentrations of older veterans (see *Appendix D*). This is, however, not to negate the importance of having Alzheimer's disease and related dementia supports available to Montana veterans regardless of where they reside.

Given the anticipated shifts in veteran demographics, prioritizing the expansion of Alzheimer's and dementia care services in key counties like Yellowstone and Cascade is essential. These areas are likely to experience the greatest demand as their veteran populations age, making it necessary to ensure adequate care is available to address the complex needs of veterans facing cognitive decline.

Observation: Future service growth for veterans in Montana should include in-home care

The survey reveals a strong preference among veterans for aging in place, with 71.23% of respondents identifying it as an important factor in their long-term care decisions. This preference underscores the need for robust community and in-home care services that can support veterans in maintaining their independence. However, nearly 8% of respondents reported unmet long-term care needs in their communities, particularly in mental health services (20.04%), physical/occupational therapy (28.89%), and transportation (22.59%) (see *Figure 24*).

Figure 24: Montana Veterans' Survey Responses on Unmet Long-Term Care Needs

If you are in need of services and supports that are not available near where you live, which service or services do you need?			
Services and Supports	# of Respondents	% of Responses	% of Total
Mental health	163	20.04%	13.30%
Other	162	17.74%	11.76%
Physical/occupational therapy	156	28.89%	4.36%
Transportation	122	22.59%	3.41%
Personal care	110	20.37%	3.07%

The 2020 and projected 2030 map summaries highlight where these community and in-home care services will be most needed. In counties such as Yellowstone, Cascade, and Gallatin, which have higher concentrations of veterans, particularly those aged 65 and older, the demand for these services is likely to be significant (see *Appendix D*).

Transportation emerges as an important issue, with 93.13% of veterans relying on their own vehicles for mobility and 0.17% reporting unreliable transportation.

While only a small percentage reported unreliable transportation, the availability and reliability of transportation become more crucial in rural areas, where alternative options are limited.



Ensuring reliable transportation services are available in these regions is key to helping veterans access the community and in-home care services they need.

Additionally, 38.69% of respondents were unsure about where they would go to access long-term care services if they could no longer care for themselves at home. This uncertainty suggests a potential gap in the availability or awareness of services, especially in rural or underserved areas. The map data further supports this, showing many rural counties have lower concentrations of veterans, which could correlate with fewer available services. Addressing these gaps by expanding and promoting community-based services will be critical to supporting veterans as they age, particularly in ensuring they can maintain their independence while receiving necessary care.

Conclusion

To better address the needs identified in the survey, existing veteran home services may need to be reconfigured to offer more comprehensive and accessible care. The map summaries from 2020 and projections for 2030 indicate certain counties, particularly those with higher concentrations of elderly veterans such as Yellowstone, Cascade, Missoula, and Flathead, may experience increased demand for services (*see Appendix D*). These areas should be prioritized for expanding domiciliary and nursing home capacity, as well as for enhancing specialized care services for conditions like Alzheimer's and dementia.

Additionally, many rural counties, where access to services may already be limited, are projected to see a decline in their veteran populations aged 65-84 by 2030. This underscores the importance of enhancing community-based services that support aging in place, particularly in these rural areas where veterans might face greater challenges in accessing care.

Improving transportation options is also critical, especially in rural areas where veterans may struggle with reliable access to care. Expanding transportation services can help bridge the gap in service accessibility, ensuring that all veterans, regardless of location, are able to access the care they need.

By strategically reconfiguring and expanding existing veteran home services in high-demand areas and addressing the specific needs of rural veterans, Montana can better meet the long-term care needs of its aging veteran population.⁹⁴

Evaluation of Veteran Cemeteries

Montana has multiple VA-funded state cemeteries and two national cemeteries. The State Veterans Cemetery Program consists of the Eastern Montana State Veterans Cemetery located in Miles City, the Montana State Veterans Cemetery located at Fort Harrison, and the Western State Veterans Cemetery in Missoula.

To be interred at one of the Montana state veterans' cemeteries, a person must be a veteran with an honorable discharge. If they joined the service after 1980, the servicemember must

⁹⁴ Refer to Appendix I: Legislative Initiatives and Future Funding, to see what's happening in Montana to enhance long-term care services for veterans



have 24 consecutive months of service. An eligible veteran's spouse as well as dependent children are also eligible to be interred at any of the state veterans' cemeteries.⁹⁵

Montana's State Veterans' Cemeteries

Montana has three state veterans' cemeteries: the Eastern Montana State Veterans Cemetery, the Montana State Veterans Cemetery, and the Western Montana State Veterans Cemetery. Each cemetery serves as a dignified final resting place for veterans, their spouses, and eligible dependent children.

Two of the three state veterans' cemeteries are undergoing expansion or are in the process of being approved for expansion.

Eastern Montana State Veterans Cemetery

Established in 2002 and located in Miles City, Montana, this cemetery honors veterans and their families. As of Aug 2024, approximately 870 veterans and spouses are interred here.

Montana State Veterans Cemetery

Founded in 1988 and located at Fort Harrison, this cemetery is the oldest of the three. Currently, there are over 5,600 veterans and spouses interred as of August 2024. The cemetery is in the process of a \$2M expansion to accommodate the growing number of interments.

Western Montana State Veterans Cemetery

Created in 2008 and located in Missoula, this cemetery provides a dignified burial option for veterans and their families in the western part of the state. As of Aug 2024, there are approximately 2,400 veterans and spouses interred. The cemetery is scheduled for a \$2M expansion for fiscal year 2025 or 2026 to address future needs.

The annual interment trend for the three Montana state veterans' cemeteries since 2009 has ranged from a low of 304 total interments in state fiscal year 2012 to a high of 499 in state fiscal year 2022 (post-pandemic). From state fiscal years 2013 to 2024, the Montana State Veterans Cemetery at Fort Harrison averages 209 interments per year, the Western Montana State Veterans Cemetery averages 157 interments per year, and the Eastern Montana State Veterans Cemetery averages 42 interments per year.

Montana's National Veteran Cemeteries

Montana has two national veteran cemeteries: the Yellowstone National Cemetery and the Custer National Cemetery. Both cemeteries play a significant role in honoring and providing final resting places for the nation's veterans and their eligible family members.

Montana also has the Apsaalooke Veterans Cemetery (Tribal) in Crow Agency. Furthermore, Montana has two tribal cemeteries listed as requesting a federal grant to be established. Roosevelt County has requested \$2.13M; they are approved and awaiting funding. Browning, which is currently non-compliant with the required documentation, is working toward document compliance.

⁹⁵ Montana Department of Military Affairs. Montana Veterans Affairs Division Biennial Report 2022. 2022. Accessed August 15, 2024. dma.mt.gov/MVAD/biennial-report-2022.pdf



The State Veterans Cemetery Program is working to establish a new veterans' cemetery in Columbia Falls with a \$20M grant request. It has met documentation compliance and is pending National Cemetery Administration (NCA) authorization.

Yellowstone National Cemetery

Established in 2014, the Yellowstone National Cemetery is located in Laurel, Montana. This cemetery serves as a dignified burial option for veterans, their spouses, and eligible dependent children. As of 2023, there are approximately 1,942 veterans and family members interred here. The cemetery is undergoing expansion to accommodate future needs.

Custer National Cemetery

Located within the boundaries of the Little Bighorn Battlefield National Monument in Crow Agency, Montana, the Custer National Cemetery was established in 1879. This historic cemetery honors those who have served and currently has over 5,000 veterans and family members interred. The cemetery is not only a final resting place but also a site of historical significance and remembrance.

Fort Missoula Post Cemetery

The U.S. Army established Fort Missoula in 1877 to guard the Bitterroot Valley in the Montana Territory after years of petitioning from local citizenry for military presence. The post cemetery in Missoula was established in 1878 and occupies 1.24 acres. The cemetery is closed to burials other than those of veterans or eligible dependents in existing gravesites. Fort Missoula was formally decommissioned in 2001, and the Army transferred the post cemetery to NCA on October 16, 2019. Fort Missoula Post Cemetery was listed on the National Register of Historic Places in 1987 as a contributing feature of a larger Army post district.⁹⁶

Veteran Mortality Trends

From 2013 to 2023, the number of veteran deaths (across the lifespan) in Montana totaled 30,535, with most years averaging 2,600 except for years 2020 and 2021 (the height of the COVID-19 pandemic). In 2020 there were 3,043 veteran deaths, and in 2021, there were 3,205 veteran deaths.⁹⁷

In terms of comparing to overall deaths in Montana, in 2020 there were a total of 12,030 deaths. Montana veterans made up 26% of all deaths in 2020. The highest number of overall deaths were due to heart disease, cancer, and COVID-19.

Burial Preferences

Montana veterans responding to the survey indicated various preferences for how they wish to be laid to rest. Many thought they would be buried in a Veterans Administration national or state veterans' cemetery, understanding the criteria for being buried in these cemeteries.

⁹⁶ Montana Department of Public Health and Human Services. 2020 Montana Vital Statistics Report. Retrieved from: dphhs.mt.gov/assets/publichealth/Epidemiology/VSU/VSU2020AnnualReport.pdf

⁹⁷ Ibid.



Factors Influencing Burial Decisions

Forty percent of responding veterans who choose to be buried in a private cemetery indicated an interest in having their burial place marked by a headstone or marker provided by the VA at no cost.

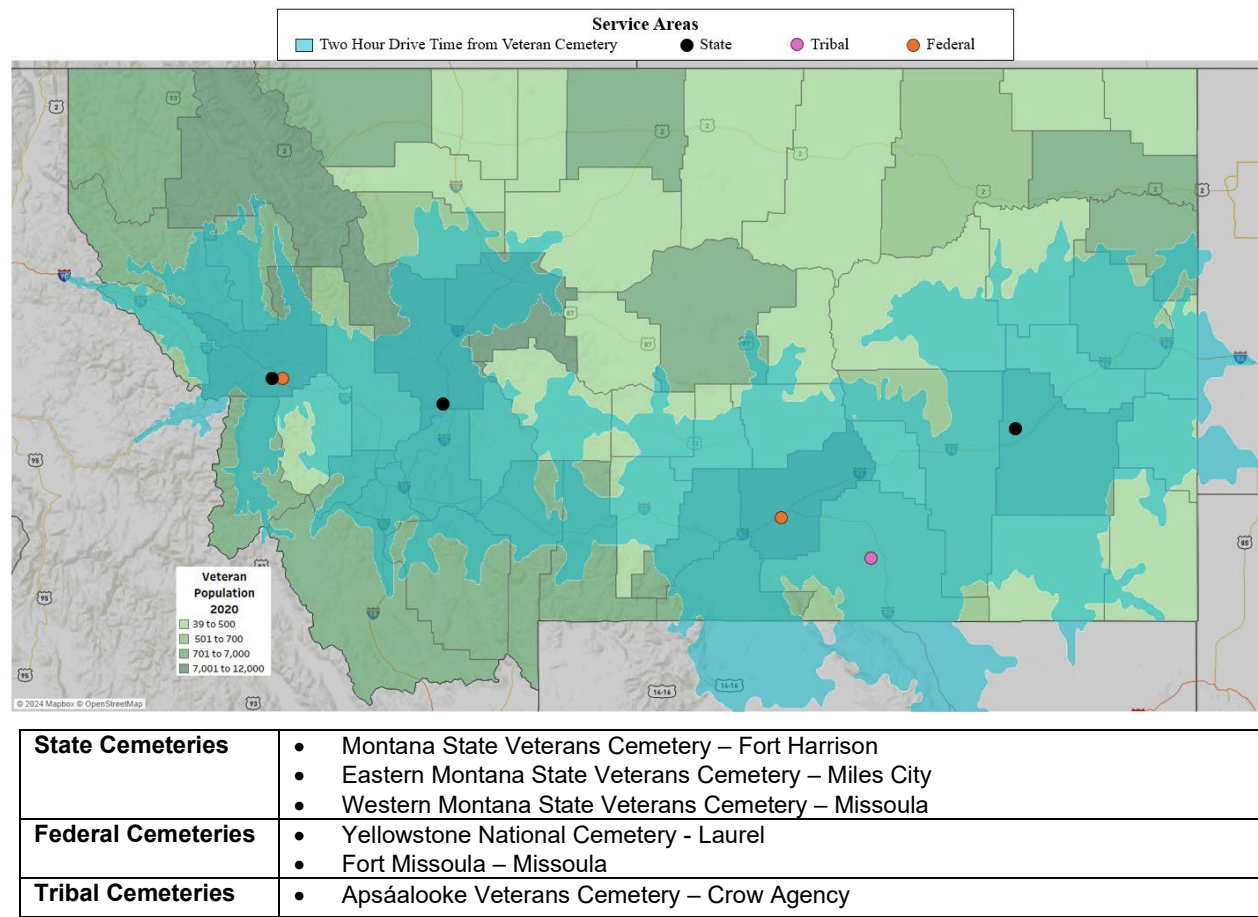
Informed Loved Ones of Burial Desires

Montana veterans were asked if they had communicated their burial desires to their loved ones, specifically regarding their preference to be buried in a national or state veterans' cemetery (see *Figure 25*). The responses highlighted several key points:

- **Informed Loved Ones of VA Burial Benefit:** Many respondents have informed their loved ones about the VA burial benefit, ensuring their families are aware of the options and eligibility criteria.
- **Applied for Pre-Determined Need for Eligibility:** Some veterans have applied for Pre-determined Need for Eligibility for burial in a national veterans' cemetery outside the State of Montana, securing their burial arrangements in advance.
- **Understanding Burial Process in State or Tribal Cemeteries:** Veterans showed an understanding of the process for being buried in a state or tribal cemetery, with some having already applied personally or through their loved ones.
- **Preference for Montana State Veteran Cemetery:** There is a notable preference among respondents to be buried in a Montana state veterans' cemetery if space is available.
- **Impact of Distance on Burial Decisions:** The distance to the nearest state veteran cemetery significantly impacts their decision on whether to choose this option for their final resting place (see *Figure 25*).



Figure 25: Map of Two-Hour Drive Distance from Cemetery



By analyzing the preferences and trends, Montana can better plan for the expansion and improvement of state veterans' cemeteries to honor the service and sacrifices of its veterans and their families.



Appendix A. The Veterans Survey Tool



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Your Long-Term Independence: Let's Plan on It

You answered the call; now help us answer yours. We're focusing on the long-term care needs of Montana's Veterans for the years to come.

What is long-term care? It's not limited to nursing homes or end-of-life planning. Think support groups, in-home care, home maintenance, transportation — essentially anything that enables you to live independently. For as long as possible.

Can you give us approximately 10 minutes in a single sitting, to better help us shape the future of long-term care for Veterans in Montana? Your survey will still be counted if you don't want to answer some questions, preferring to leave them blank; however, fully completed survey responses will help inform how we can best serve Montana Veterans and their long-term care needs in the future.

This survey doesn't evaluate your eligibility for any program; its goal is to steer us in the right direction. Rest assured, your responses will remain confidential.

Questions? Don't hesitate to call us at the DPHHS Senior and Long Term Care Division, (406)444-4077.

Your Future, Our Priority: Help Us Get It Right

Tell Us About You

Montana has a large number of Veterans. We want to understand your needs for future long-term care services. Your age and life stage will help us figure out what's important. (If you're filling this out for a Veteran, please answer as if you were them.) Your survey will still be counted if you don't want to answer some questions.

1. Please indicate who is completing this survey. Mark one.

- ☐ Veteran
- ☐ Spouse or partner of Veteran
- ☐ Friend, caregiver, or service on behalf of a Veteran
- ☐ Relative such as adult child, sibling, or other relative on behalf of a veteran

2. Gender

- ☐ Male
- ☐ Female
- ☐ Do not wish to disclose



3. Age

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-22 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 70-79 |
| <input type="checkbox"/> 23-29 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 80+ |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-69 | |

4. Current marital status

- | | |
|---|--|
| <input type="checkbox"/> Single – never married | <input type="checkbox"/> Widow/widower |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil commitment or union |

5. How many years lived in Montana?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 16-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 11-15 years | <input type="checkbox"/> All of your life |

6. In what Montana COUNTY do you currently live? Write your answer below.

Your Service Matters

We honor the commitment and sacrifices you've made to protect our way of life. Understanding the context of your experiences helps us better tailor long-term care options for Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

7. In which branch(es) of the military did you serve? Mark all that apply. Choose all that apply.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Merchant Marine |
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Space Force |

8. When did you serve in the U.S. Armed Forces? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> September 2001 or later | <input type="checkbox"/> Korean War (July 1950 to January 1955) |
| <input type="checkbox"/> August 1990 to August 2001 (includes Persian Gulf War) | <input type="checkbox"/> January 1947 to June 1950 |
| <input type="checkbox"/> May 1975 to July 1990 | <input type="checkbox"/> World War II (December 1941 to December 1946) |
| <input type="checkbox"/> Vietnam era (August 1964 to April 1975) | <input type="checkbox"/> November 1941 or earlier |
| <input type="checkbox"/> February 1955 to July 1964 | |



Your Living Situation

Good, affordable housing is key to well-being. The questions that follow won't affect your eligibility for any housing services. Instead, they'll help us understand the housing needs of Montana's aging Veterans. Your survey will still be counted if you don't want to answer some questions.

9. Whom do you live with?

- | | |
|--|--|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> With other family members (ie. siblings, adult children, parents, grandparents) |
| <input type="checkbox"/> With spouse or partner | <input type="checkbox"/> With unrelated roommates |
| <input type="checkbox"/> With my spouse or partner and our family (ie. dependent children) | <input type="checkbox"/> Other |

10. Where do you live?

- | | |
|--|---|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Assisted living facility |
| <input type="checkbox"/> Rent an apartment or other rental | <input type="checkbox"/> Long-term skilled nursing facility |
| <input type="checkbox"/> Temporary housing | <input type="checkbox"/> Retirement community |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> With family/friends | <input type="checkbox"/> Other |

Getting Around

How you get from point A to point B matters. These questions won't determine your eligibility for any transportation services. Instead, they'll help us understand the transportation needs of Montana's aging Veterans. Your survey will still be counted if you don't want to answer some questions.

11. Do you drive?

- ☐ Yes
☐ No

12. How reliable is your transportation to get to medical appointments, work, groceries, and to travel about your community?

- ☐ Very reliable
☐ Most of the time reliable
☐ Occasionally reliable
☐ Not reliable at all

13. What is your primary method of transportation?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> My own vehicle | <input type="checkbox"/> VA van |
| <input type="checkbox"/> My family and friends | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Paid local transportation such as a taxi, Uber, LIFT | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Public transportation such as a bus | <input type="checkbox"/> Other |



14. How far do you travel in one direction to access health care services?

To your primary care provider

- | | |
|--|--|
| <input type="checkbox"/> 0 - 10 miles | <input type="checkbox"/> 51 - 100 miles |
| <input type="checkbox"/> 11 - 25 miles | <input type="checkbox"/> 101 - 199 miles |
| <input type="checkbox"/> 26 - 50 miles | <input type="checkbox"/> More than 200 miles |

To any Federal Veterans Administration

- | | |
|--|--|
| <input type="checkbox"/> 0 - 10 miles | <input type="checkbox"/> 51 - 100 miles |
| <input type="checkbox"/> 11 - 25 miles | <input type="checkbox"/> 101 - 199 miles |
| <input type="checkbox"/> 26 - 50 miles | <input type="checkbox"/> More than 200 miles |

Your Work and Community Involvement

Whether you're employed, looking for work, retired, or volunteering, your experiences matter. We aim to understand how these different aspects of life contribute to the health and overall well-being of Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

15. Are you currently employed? Mark the box that best fits your employment.

- | | |
|---|--|
| <input type="checkbox"/> Part time 1-10 hrs/week | <input type="checkbox"/> Full time more than 40 hours per week |
| <input type="checkbox"/> Part time 11-20 hrs/week | <input type="checkbox"/> Not employed |
| <input type="checkbox"/> Part time 21-30 hrs/week | <input type="checkbox"/> Unemployed – looking for work |
| <input type="checkbox"/> Full time 31-40 hrs/week | <input type="checkbox"/> Disabled and unable to work |
| <input type="checkbox"/> Full time 40 hrs/week | <input type="checkbox"/> Retired |

Your Learning Experience

Whether it's through formal schooling, job training, or life lessons, your educational journey informs us. We're keen to understand how these experiences shape the health and well-being of Montana's Veterans. Your survey will still be counted if you don't want to answer some questions.

16. What is your highest level of formal education?

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Professional degrees beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JC) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Doctorate degree (for example, PhD or EdD) |
| <input type="checkbox"/> Some college credit, but less than 1 year of college credit | <input type="checkbox"/> Trade or job skills training/certification outside of formal educational institutions |
| <input type="checkbox"/> Associate's degree (for example, AA or AS) | |
| <input type="checkbox"/> Bachelor's degree (for example, BA or BS) | |
| <input type="checkbox"/> Master's degree (for example MA, MS, MEd, MEd, MSW, MBA) | |



17. Are you currently enrolled in higher education or a job skills training program? Mark the higher education and/or job skills training program currently enrolled.

- | | |
|--|--|
| <input type="checkbox"/> Not currently enrolled in higher education or a job skills training program | <input type="checkbox"/> 4-yr college/university |
| <input type="checkbox"/> 2-yr college/vocational school | <input type="checkbox"/> Apprenticeship |
| | <input type="checkbox"/> On-the-job skill specific |
| | <input type="checkbox"/> Other |

Your Overall Well-Being

We're interested in more than just your physical health; mental and social well-being are equally important. Your answers will guide us in developing long-term care services that best enhance quality of life for Montana's Veterans as they age. Your survey will still be counted if you don't want to answer some questions.

18. How do you rate your overall health?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very poor |

19. How often do you engage in physical exercise for more than 30 minutes per day?

- | | |
|---|--|
| <input type="checkbox"/> 6+ times per week | <input type="checkbox"/> 1-2 times per week |
| <input type="checkbox"/> 3-5 times per week | <input type="checkbox"/> 0 times per week/not at all |

20. Do you have a yearly routine checkup with your primary care provider?

- ☐ Yes ☐ No

21. Do you have any of the following chronic health conditions? Choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Visual impairment – a reduction in vision that cannot be corrected with standard glasses or contacts |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Substance abuse (alcohol, tobacco, marijuana, other drugs) |
| <input type="checkbox"/> Arthritis or gout | <input type="checkbox"/> Long COVID-19 |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> PTSD | |



22. How often do you seek medical treatment for any the health conditions you marked?

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Couple times a week | <input type="checkbox"/> Every couple of years |
| <input type="checkbox"/> Couple times a month | <input type="checkbox"/> Only when the need arises |
| <input type="checkbox"/> Once every three to four months | <input type="checkbox"/> Never |
| <input type="checkbox"/> Every six months | <input type="checkbox"/> Other |

23. Thinking about the past 30 days and your physical and mental health, how many days were good

Physical health good days:

- | | |
|--|--|
| <input type="checkbox"/> Nearly every day | <input type="checkbox"/> Less than half the days |
| <input type="checkbox"/> More than half the days | <input type="checkbox"/> Not at all |

Mental health good days:

- | | |
|--|--|
| <input type="checkbox"/> Nearly every day | <input type="checkbox"/> Less than half the days |
| <input type="checkbox"/> More than half the days | <input type="checkbox"/> Not at all |

24. Thinking about the last 12 months, how much time did you spend in each of the following?

As a patient in a hospital:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3-5 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 6 or more days |

In a long-term care facility, including nursing home or inpatient rehabilitation facility:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3-5 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 6 or more day |

Your Long-Term Care Needs

Long-term care encompasses a range of services to support your health and independence, whether due to age, illness, or disability. Your answers help us understand what you might need now or in the future, taking into account your current age and life stage. Your survey will still be counted if you don't want to answer some questions.

25. In your daily life, do you receive help with any of the following activities? Choose up to 12.

- | | |
|---|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Walking around your home |
| <input type="checkbox"/> Dressing or grooming | <input type="checkbox"/> Doing your household chores |
| <input type="checkbox"/> Assistance using the bathroom | <input type="checkbox"/> Other assistance |
| <input type="checkbox"/> Getting in or out of bed or a wheelchair | <input type="checkbox"/> Managing your money |
| <input type="checkbox"/> Assistance with medications | <input type="checkbox"/> Using the telephone |
| <input type="checkbox"/> Eating | <input type="checkbox"/> I do not require any assistance in my daily activities |
| <input type="checkbox"/> Cooking or meal prep | |



26. Are you currently using any of the following long-term care services and supports? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Physical or occupational therapy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Assisted living facility or habilitation setting such as a group home |
| <input type="checkbox"/> Assistance with taking medication | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Personal care services such as cooking, laundry, bathing, toileting, eating, or dressing | <input type="checkbox"/> Alzheimer's disease and other related dementia-support services |
| <input type="checkbox"/> Home health or private duty nursing | <input type="checkbox"/> Mental health counseling |
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Meals (home-delivered or congregate at senior centers, area agencies on aging, or other locations) | <input type="checkbox"/> I am not currently using any of these service |

27. If you are receiving any of the services listed above, who is providing those services to you? Choose up to 8.

- | | |
|--|---|
| <input type="checkbox"/> I am not receiving services | <input type="checkbox"/> Medical facility |
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Community organization, such as an area agency on aging and/or senior center |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friends/neighbors | |
| <input type="checkbox"/> Hired care attendant | |
| <input type="checkbox"/> Care/provider agency | |

28. Do you need long-term care services and supports that are not currently available where you live?

- ☐ Yes
☐ No
☐ Choose not to answer

29. If you are in need of services and supports that are not available near where you live, which service or services do you need? Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> I am not in need of services | <input type="checkbox"/> Meals (home-delivered or congregate at senior centers, area agencies on aging, or other locations) |
| <input type="checkbox"/> Physical or occupational therapy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Speech or language therapy | <input type="checkbox"/> Assisted living facility or habilitation setting, such as a group home |
| <input type="checkbox"/> Assistance with taking medication | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Personal care services such as cooking, laundry, bathing, toileting, eating, or dressing | <input type="checkbox"/> Alzheimer's disease and other related dementia-support services |
| <input type="checkbox"/> Home health or private-duty nursing | <input type="checkbox"/> Mental health counseling |
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> Other |



30. When thinking about your long-term care service and support needs, do you currently need long-term care services, or might you be needing them in the near future?

- ☐ Yes
- ☐ No
- ☐ I don't know

31. When thinking about your future long-term care needs, how soon would you expect that you might need access to long-term care services and supports?

- ☐ Within 6 months
- ☐ 6 months to 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ More than 30 years

What's Important for Your Long-term Health Care Needs

We want to know more than just your physical health needs; your preferences matter. Your input can help shape long-term care services to enhance the quality of life for Montana's Veterans as they age. Your survey will still be counted if you don't want to answer some questions.

32. As you think about your future long-term care needs, how important are the following when weighing decisions about care?

Religious or spiritual beliefs

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Cultural, racial, or ethnic background

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Controlling pain

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Financial considerations

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Receiving trauma-informed care or care that recognizes the signs and symptoms of trauma and doesn't cause re-traumatization

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Opportunities for socialization and recreation

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

Opportunity to age in place

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important



Your Community Network

Family and organizational support can influence your well-being. We're interested in the local resources that make a difference for you. Your survey will still be counted if you don't want to answer some questions.

33. Are you familiar with the services that community-based organizations provide in your community? Please mark ALL organizations you're familiar with in your community. Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Area agencies on aging | <input type="checkbox"/> Regional housing coalitions |
| <input type="checkbox"/> Senior centers | <input type="checkbox"/> Transition coalitions |
| <input type="checkbox"/> Advocacy organizations | <input type="checkbox"/> Mental health service authorities |
| <input type="checkbox"/> Aging and disability resource centers | <input type="checkbox"/> Suicide prevention programs |
| <input type="checkbox"/> Alzheimer disease and related dementia organizations | <input type="checkbox"/> Food insecurity supports such as food banks |
| <input type="checkbox"/> Traumatic brain injury organizations | <input type="checkbox"/> Opportunities to volunteer |
| <input type="checkbox"/> SHIP (State Health Insurance Program) Counselors | <input type="checkbox"/> Specific topic support groups |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Federal Veterans Administration and its programs |
| <input type="checkbox"/> Mental health organizations | <input type="checkbox"/> My community lacks many or most of these community supports |
| <input type="checkbox"/> Substance use treatment and recovery supports | <input type="checkbox"/> Other |

When Staying at Home Isn't Possible

Distance and limited resources in Montana can make home-based long-term care impractical for some. The following questions focus on your priorities when considering alternative long-term care options. Your survey will still be counted if you don't want to answer some questions.

34. If you were unable to care for yourself at home, where would you most likely expect to go to access long-term care support and services? Choose up to 5.

- | | |
|--|---|
| <input type="checkbox"/> State Veterans facility (located in Columbia Falls, Butte, or Glendive) | <input type="checkbox"/> Assisted living/personal care/habilitation facility or setting |
| <input type="checkbox"/> VA health care facility | <input type="checkbox"/> Retirement housing |
| <input type="checkbox"/> Nursing facility located in your community | <input type="checkbox"/> Family or friend's home |
| <input type="checkbox"/> Nursing facility located in another community | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other |

35. If you had to move away from your community to access long-term care supports and services, what other Montana community(ies) would you most likely relocate to? Choose up to 5.

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Livingston |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Miles City |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Helena | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Columbia Falls | <input type="checkbox"/> Havre | <input type="checkbox"/> Other |
| <input type="checkbox"/> Glendive | <input type="checkbox"/> Kalispell | |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Lewistown | |



36. What are some of the reasons you would select the communities you marked to relocate to? Choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Distance is close to my current home. | <input type="checkbox"/> My health care providers are there. |
| <input type="checkbox"/> Family and friends live there, or closer in proximity to visit. | <input type="checkbox"/> Other |

37. Assuming that both a Veteran-only facility and a facility that serves both Veterans and non-Veterans were available and offered the same level of care at the same cost to you, which would you choose for your own long-term care?

- | | |
|--|--|
| <input type="checkbox"/> Veteran-only | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Facility that serves both Veterans and non-Veterans | <input type="checkbox"/> Don't know |

38. If you needed long-term care and the cost to you were the same, which would you prefer, being in an official state Veterans home or being able to stay close to your community or family?

- | | |
|---|--|
| <input type="checkbox"/> Official state Veterans home | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Close to community/family | <input type="checkbox"/> Don't know |

39. If a state veterans nursing home offered care at half the cost but was located farther from your community and family, which would you prefer: the cost savings or staying close to home?

- | | |
|--|--|
| <input type="checkbox"/> Staying close to home | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Cost savings | <input type="checkbox"/> Don't know |

40. Would you use a state Veterans home if the facility were located within two (2) hours' driving distance from your home?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No preference |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

41. Montana has three state-operated Veterans nursing care facilities: Columbia Falls, Butte, and Glendive. If you were to choose a state Veterans nursing home for your long-term care, which would you be most likely to choose?

- | | |
|---|--|
| <input type="checkbox"/> Columbia Falls | <input type="checkbox"/> I would not choose a state Veterans nursing home for long-term care |
| <input type="checkbox"/> Butte | |
| <input type="checkbox"/> Glendive | |



42. Do you currently qualify for or have any of the following sources of funding for your health care needs? Choose up to 7.

- | | |
|--|--|
| <input type="checkbox"/> Choose not to answer | <input type="checkbox"/> Federal Veterans health care benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Private health Insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> None |
| <input type="checkbox"/> Long-term care insurance | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Federal Veterans aid and attendance | <input type="checkbox"/> Other |

Family Support

We understand family support goes beyond words; it's an important part of many people's lives. Share how family influences your well-being. Your survey will still be counted if you don't want to answer some questions.

43. Are you concerned your family members, spouse, and/or children will be affected by your long-term care needs?

- ☐ Yes
☐ No
☐ Haven't thought about it

44. Have you informed your family and support system of your desires when it comes to long-term care planning?

- ☐ Yes
☐ No

45. How much input from family do you want when making long-term care decisions?

- ☐ None
☐ Very little
☐ Some
☐ A lot
☐ Don't know

46. How would you like your family/support system to provide input to you when making long-term care decisions? Choose up to 5.

- | | |
|---|--|
| <input type="checkbox"/> Listen to my wants and desires through open and honest discussions | <input type="checkbox"/> Help me with the paperwork to apply for benefits (such as Veterans benefits, Medicaid, and Social Security) |
| <input type="checkbox"/> Attend medical and other important appointments with me to assist in advocating for my needs. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Help me arrange documents to prepare for end of life, such as power of attorney (medical and financial), Provider Orders for Life-Sustaining Treatment (POLST), End of Life Registry | <input type="checkbox"/> Prefer no family input |
| | <input type="checkbox"/> Choose not to answer |



State Funding for Veterans and Long-Term Planning

Where should the state allocate its resources to best support Veterans' long-term care needs? Your input can guide the planning and allocation of resources to assist Veterans with these types of services and supports. Your survey will still be counted if you don't want to answer some questions.

47. If additional funding were available for Veterans services and supports for long-term care, which would you view as the best use of state funds? Choose up to 6.

- | | |
|---|---|
| <input type="checkbox"/> Continue to provide funding for care of Veterans in one of the three existing state Veterans homes (Columbia Falls, Butte, and Glendive) | <input type="checkbox"/> Improve or develop more Veteran traumatic brain injury support services at the community level |
| <input type="checkbox"/> Build additional state-operated Veterans homes somewhere else in Montana | <input type="checkbox"/> Improve or develop more Veteran mental and behavioral health services at the community level |
| <input type="checkbox"/> Provide funding to care for Veterans in their own homes and communities | <input type="checkbox"/> Improve or develop local transportation |
| <input type="checkbox"/> Improve or develop assisted living/retirement housing options for Veterans in local communities | <input type="checkbox"/> Expand and improve marketing and distribution of Veteran information and outreach materials |
| <input type="checkbox"/> Improve or develop more Veteran Alzheimer's disease and related dementia-support services in local communities such as activity groups, adult day care, respite care, care-giver support, etc. | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> Other |

Background Questions

We have a few more questions that would help us better understand a bit more about the survey respondents. Your survey will still be counted if you don't want to answer some questions.

48. What is your race?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic, Latino, or Spanish origin |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other |

49. Do you currently volunteer? About how many hours per week?

- | | |
|---|--|
| <input type="checkbox"/> 0 – Do not currently volunteer | <input type="checkbox"/> 16-30 |
| <input type="checkbox"/> Less than 5 | <input type="checkbox"/> 31-40 |
| <input type="checkbox"/> 5-15 | <input type="checkbox"/> More than 40 hours per week |



Accessing Information Preference Questions

Your answers to the following questions will really inform us about the best methods for distributing important information to Veterans. Whether it's mail, internet, social media, TV, or another method, let us know how you access information about long-term care in Montana. Your survey will still be counted if you don't want to answer some questions.

50. How do you get your information? Choose up to 8.

- | | |
|--|---|
| <input type="checkbox"/> Online through websites and list serves | <input type="checkbox"/> Direct mail |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Family and friends |
| <input type="checkbox"/> Newspaper online or paper copy | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> TV | <input type="checkbox"/> Other |
| <input type="checkbox"/> Radio | |

51. How do you get your mail?

- | | |
|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Through a friend or family member address |
| <input type="checkbox"/> Post office box | <input type="checkbox"/> Other |

52. Where would you look for information about long-term care options and resources in Montana? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Online search | <input type="checkbox"/> Local resources and community-based organizations |
| <input type="checkbox"/> Social media inquiry and discussions | <input type="checkbox"/> Other |
| <input type="checkbox"/> VA and/or other Veterans organizations | |
| <input type="checkbox"/> Family and friends | |

53. If you use the internet to research long-term care options and resources, where do you go on-line to use the internet? Choose up to 8.

- | | |
|--|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Someone else's home |
| <input type="checkbox"/> Work | <input type="checkbox"/> Through my phone |
| <input type="checkbox"/> School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public library | <input type="checkbox"/> I do not use the Internet |
| <input type="checkbox"/> Community based organization or resource center | |

54. How willing are you to use the internet for the following activities?

Obtaining news and information on long-term care

- | | |
|---|---|
| <input type="checkbox"/> Very willing | <input type="checkbox"/> Somewhat unwilling |
| <input type="checkbox"/> Somewhat willing | <input type="checkbox"/> Very unwilling |
| <input type="checkbox"/> Neither willing or unwilling | |



Researching long-term care services

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

Purchasing any goods or services

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

Responding to polls or surveys

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

Obtaining information on VA benefits

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

Applying for VA benefits

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

Applying for other state and federal programs (examples: public assistance, Medicaid, Social Security)

- ☐ Very willing
☐ Somewhat willing
☐ Neither willing or unwilling

- ☐ Somewhat unwilling
☐ Very unwilling

55. Would you be interested or willing to receive long-term care information by the following?

Email

- ☐ Yes ☐ No

Text

- ☐ Yes ☐ No

Direct mail

- ☐ Yes ☐ No



Planning for Veteran Cemetery Space

Montana's Legislature recently mandated an assessment of future burial needs for Veterans. We have multiple VA-funded state cemeteries and two national cemeteries. This section seeks your input on these options. Your survey will still be counted if you don't want to answer some questions.

56. How do you intend to be laid to rest?

- | | |
|--|--|
| <input type="checkbox"/> In-ground casket burial | <input type="checkbox"/> Cremation, cremains scattered or kept with family |
| <input type="checkbox"/> Cremation, in-ground burial | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Cremation, columbarium (vault for cremains) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Mausoleum (i.e. tomb within a monument or building) | |

57. Do you think you will be buried in a VA national or state Veterans cemetery?

- ☐ Yes
- ☐ No
- ☐ Don't know

58. Are you familiar with the eligibility criteria to be buried in a VA national or state Veterans cemetery?

- ☐ Yes
- ☐ No

59. What factors would play into your decision whether or not to be buried in a VA national or state Veterans cemetery? Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Religious preference |
| <input type="checkbox"/> Where family or friends are buried | <input type="checkbox"/> Travel distance for loved ones to visit cemetery |
| <input type="checkbox"/> Quality of service and appearance of cemetery grounds | <input type="checkbox"/> Too difficult or unable to make arrangements with the VA |
| <input type="checkbox"/> The honor of burial in a VA national shrine | <input type="checkbox"/> Want services that are not available at a VA cemetery |
| <input type="checkbox"/> My connection to the military and my past service to country | <input type="checkbox"/> Other |
| <input type="checkbox"/> Made other burial arrangements | |

60. If you choose to be buried in a private cemetery, do you think you will have your burial place marked by a headstone or marker provided by VA at no cost to you?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No | <input type="checkbox"/> I am planning to be buried in a VA cemetery |



61. If you do not want a headstone or marker provided by the VA, what are the main reasons for this decision? Choose up to 5.

- | | |
|---|---|
| <input type="checkbox"/> Don't know about headstones and markers for Veterans | <input type="checkbox"/> Don't like VA headstones and markers |
| <input type="checkbox"/> Made other arrangements | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Want a headstone/marker like other family members | <input type="checkbox"/> Other |
| | <input type="checkbox"/> I want a VA headstone or marker |

62. Please mark your answers in the columns provided.

Have you informed your loved ones and support system about your chosen burial option?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

Have you communicated information about your Veterans burial benefits to your loved ones and support system?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

Have you applied for Pre-Need Determination of Eligibility for Burial in a VA national cemetery outside of Montana?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

Do you know the process for being buried in a state or tribal Veterans cemetery?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

Have you, or your loved ones on your behalf, applied for burial in a Montana Veterans or tribal Veterans cemetery?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

If there is room, would you like to be buried in a state Veterans cemetery in Montana?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

When you die, would you prefer to be buried in a cemetery where your loved ones are buried?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|

Does the distance from your home and/or loved ones influence your decision about whether to be buried in a Veterans cemetery?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Choose not to answer |
|------------------------------|-----------------------------|---|



63. If Montana were to expand the number of state or tribal Veteran's cemeteries to meet the burial demand, where would be a good location?

- | | |
|---|--|
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Livingston |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Blackfeet Reservation |
| <input type="checkbox"/> Columbia Falls | <input type="checkbox"/> Crow Reservation |
| <input type="checkbox"/> Glendive | <input type="checkbox"/> Flathead Reservation |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Fort Belknap Reservation |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Fort Peck Reservation |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Little Shell Tribe location |
| <input type="checkbox"/> Havre | <input type="checkbox"/> Northern Cheyenne Reservation |
| <input type="checkbox"/> Kalispell | <input type="checkbox"/> Rocky Boy's Reservation |
| <input type="checkbox"/> Lewistown | |

Thank you again for your commitment and sacrifices.

You are appreciated! Thank you for taking the time to complete this assessment. Complete survey responses will help inform how we can best serve Montana Veterans and their long-term care needs in the future.

Please mail in your completed survey to:

DPHHS – Senior and Long Term Care Division
1100 N Last Chance Gulch, 4th Floor
Helena, MT 59601

If you have questions concerning this survey, please contact the DPHHS Senior and Long Term Care Division at (406)444-4077.



Appendix B: Stakeholders and Partners

Stakeholders

- Representative Marta Bertoglio
- Senator Wendy McKamey
- Kelly Ackerman, MTVA
- Erin Carpenter, American Legion of Montana
- Duane Cunningham, My HealthVet Coordinator
- Roger Hagen, American Legion of Montana
- Keith Kelly, Executive Director MTNGA
- Teresa Parker, US Air National Guard
- Tim Peters, State Adjutant/Quartermaster
- Charles Pugh, Disabled American Veterans
- William White, American Legion of Montana

Partners

- American Department of the American Legion, Montana
- Area I: Action for Eastern Montana
- Area II: Agency on Aging
- Area IV: RMDC
- Area V: Butte
- Area VII: Missoula Aging Services
- Area VIII: Area Agency on Aging Cascade
- Area IX: Flathead County Agency on Aging
- Disabled American Veterans (DAV)
- DPHHS Office of American Indian Health
- Enlisted Association of the National Guard of Montana (EANGMT)
- Governor's Advisory Board on Aging
- Lewis and Clark County Public Health
- Missoula Veterans Service Network
- Montana National Guard Association
- Montana Veteran Affairs Division
- MSU Travis W. Atkins Veteran Support Center
- Poverello Center, Inc
- RiverStone Health
- UM Military and Veteran Services
- UM Western
- Veterans of Foreign Wars (VFW)
- Veteran Support Network
- Veteran Navigation Network
- 1889 Coffee House



Appendix C. Veteran Community Outreach Materials

To effectively engage the veteran community, various outreach materials were developed and strategically distributed statewide.

- **11x17 posters:** Created and displayed in key locations. Variations tailored to different tribes were developed in collaboration with the DPHHS American Indian Health Director to better ensure cultural resonance and inclusivity.
 - 3,036 standard posters distributed across the state
 - 860 tribal posters distributed to Tribal leaders, urban Indian organizations, and Tribal health departments.
- **4x6 direct-mailer cards:** Sent directly to veterans, providing essential information about the survey and how to participate. 25,780 mailed to individuals on the MTVA mailing list.
- **4x6 info cards:** Distributed to partner organizations to stack in their walk-through traffic areas. Initially, 5,000 cards were printed with the original survey closing date. Another 5,000 were printed after the first extension of the survey's closing date, and a final 5,000 were printed following the second extension. In all, 14,780 info cards were distributed across the state, 4,200 of which were sent to Tribal organizations.
- **Montana Senior News:** Placed full-page back cover advertisements in two issues (over the duration of four months) of the statewide paper (distribution 36k, readership 72k), maximizing reach and awareness among Montana's 50+ demographic.
 - March/April 2024
 - Full ad back page, print, 70k+ readership
 - Web banner ad
 - June/July 2024
 - Full ad back page, print, 70k+ readership
 - Web banner ad
- **Montana Broadcasters Association network:**
 - February 2024
 - 1,164, 30-second radio PSA spots
 - 860, 30-second TV PSA spots
 - March 2024
 - 2,799, 30-second radio PSA spots
 - 2,234, 30-second TV PSA spots
 - April 2024



- 1,097, 30-second radio PSA spots
- 1,016, 30-second TV PSA spots
- **Montana Public Radio:**
 - February 2024
 - Web banner ad, 10k impressions
 - E-newsletter ad, 1,626 distributions
 - 18, 15-second radio PSA spots
 - March 2024
 - Web banner ad, 10k impressions
 - 18, 15-second radio PSA spots
 - April 2024
 - 9, 30-second radio PSA spots
- **Northern Ag Network/Northern Broadcasting Network:**
 - Distributed three weekday radio PSA spots within the Northern News FullNetwork for six weeks.
 - Distributed two weekday radio spots within the Northern Ag Network for Montana only.
 - Created and shared a post promoting the survey.
- **Social Media:** Created campaigns and sent to partners and stakeholders for extended distribution.
 - What does long-term care look like for you: aimed to build awareness about the complexities of long-term care.
 - Live independently how and where you want, with dignity, for as long as possible: aimed to motivate veterans to participate in the survey.
 - Call for tribal veteran photos: aimed to collect quality tribal veteran images for posters to distribute to the different reservations across the state. Winning photographers got \$50 gift cards.
- **Owned Media:** used DPHHS channels to maximize visibility and engagement.
 - 30-second PSA video ran for five months on the weekly Aging Horizons show, produced by DPHHS Senior and Long Term Care Division, Aging Services Bureau.
 - Sundays at 10:30 a.m.



- KWYB – ABC Butte/Bozeman
 - KFBB – ABC Great Falls
 - KHBB – ABC Helena
 - KTMF – ABC Missoula/Kalispell
- Saturdays at 9 a.m.
 - SWX and KULR8 – NBC Billings
- Call-to-action banner placed, site-wide, on the DPHHS website for the duration of the campaign.
- Social posts on the main DPHHS Facebook page and the Senior and Long Term Care division's Aging in the 406 Facebook page.
- **Earned Media:** attained additional exposure through non-paid outreach.
 - An initial press release announcing the survey was sent to a DPHHS mailing list of 1,626 state media subscribers. Another updated press release announced the July 15 deadline extension for the survey and was sent to the same list of subscribers.
 - SLTCD sent the video PSA and screen shots of the social campaigns to county, tribal, and veteran clinics to display on their waiting room televisions/screens.
 - A special feature aired on Memorial Day weekend about veteran long-term care, via the Northern Ag Network/Northern Broadcasting NETWORK. Called Voices of Montana, the hour-long show highlighted the complexities and barriers of long-term care, provided details about the survey, and encouraged veteran to participate in the survey.



Appendix D: Veterans' Long-Term Care Needs Study Budget

Veterans' Long-Term Care Needs Study Budget

Item	Cost
Photography/Video Production	\$2,003.30
Contracted Services	\$39,700.26
Advertising	\$19,576.00
Mailing	\$10,494.64
Supplies	\$368.53
Printing	\$1,262.91
TOTAL	\$73,405.64

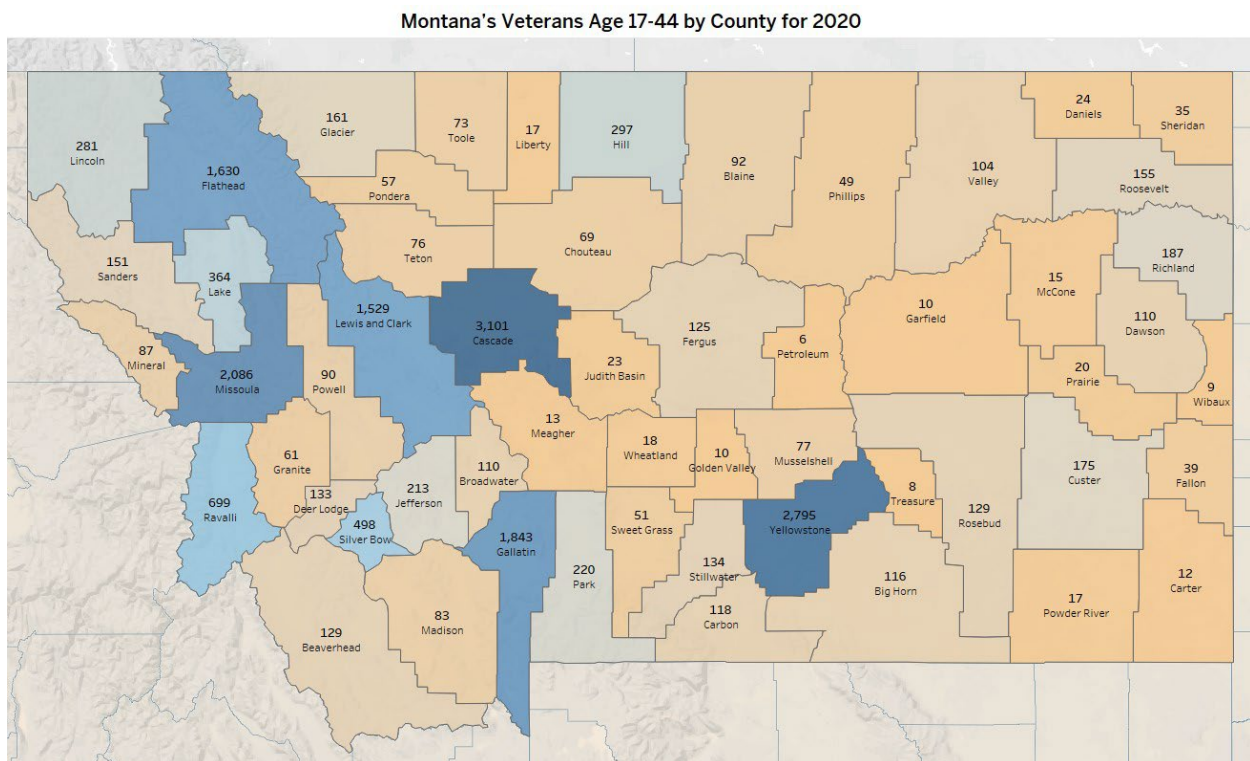
Appendix E. Montana Veteran Population Age Distribution and Mapping

Montana's veteran population is undergoing significant demographic shifts across various age groups, which will have implications for local services and long-term care needs. From 2020 to 2030, most counties are expected to experience a decline in younger veteran populations (ages 17-64), while the oldest age group (85+) may see increases in certain areas. These trends highlight the need for targeted planning and resource allocation to support Montana's aging veteran population, particularly as the demand for long-term care services grows.

Montana's Veterans Age 17-44 by County for 2020

In 2020, veterans aged 17-44 were most concentrated in Cascade, Yellowstone, Missoula, Flathead, Gallatin, and Lewis and Clark counties, which accounted for 11% of the counties with the highest young veteran populations. Conversely, 25% of Montana's counties, primarily in central and eastern regions, had fewer than 25 veterans in this age group. Petroleum, Treasure, and Wibaux counties had less than 10 veterans, reflecting the rural-urban divide in veteran distribution. This age group shows a clear trend of younger veterans gravitating toward more populated areas, likely due to better employment opportunities and access to services.

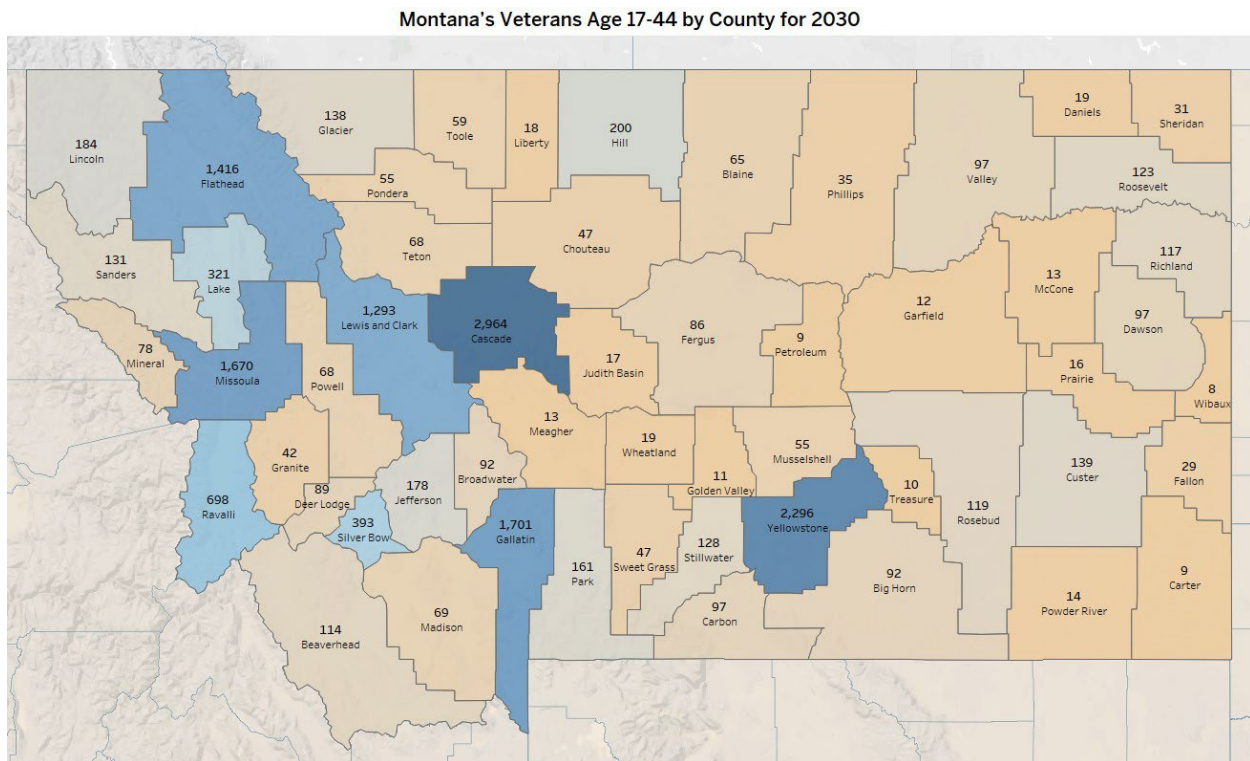
Map of Montana's Veterans Age 17-44 by County for 2020



Montana's Veterans Age 17-44 by County for 2030

By 2030, most Montana counties will see a decline in the number of veterans aged 17-44, with only four counties—Liberty, Wheatland, Golden Valley, and Petroleum—projected to see a slight increase. Cascade, Yellowstone, Gallatin, Missoula, Flathead, and Lewis and Clark counties are expected to remain the most populated for this age group. This decline across most counties may indicate a continued trend of younger veterans leaving rural areas for urban centers with more opportunities.

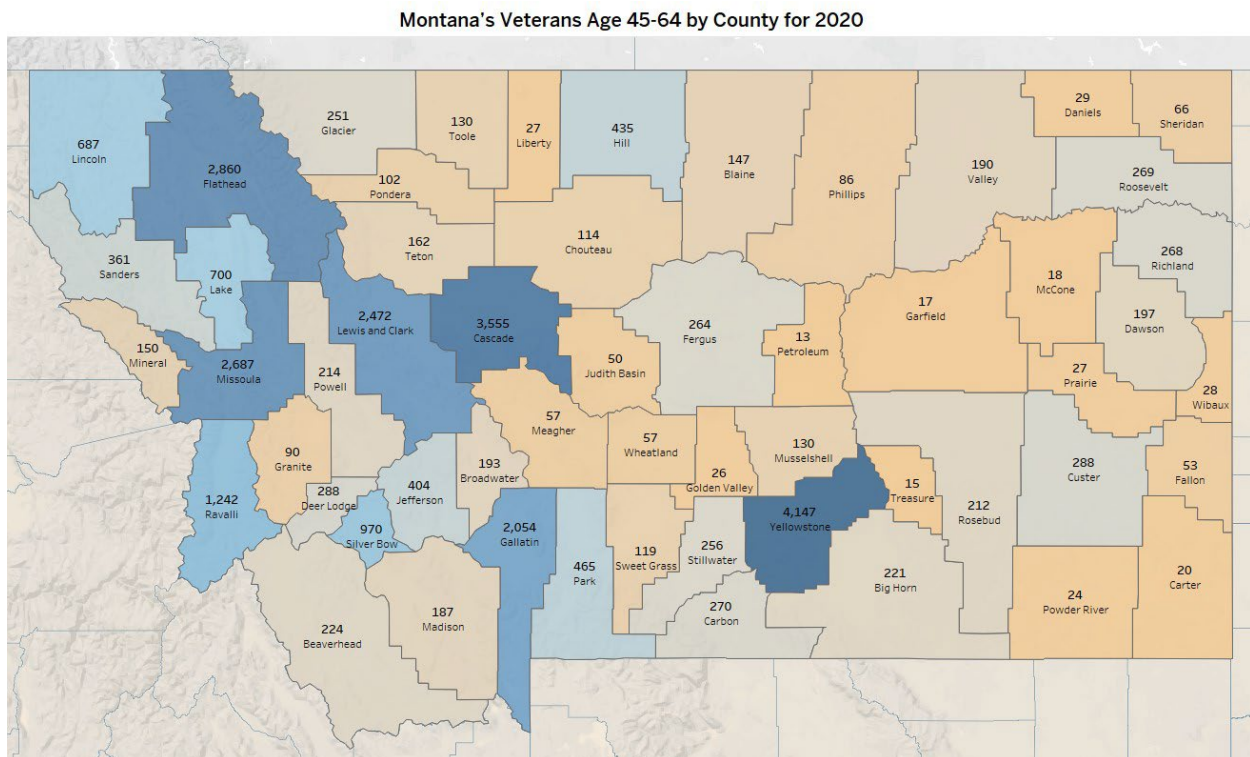
Map of Montana's Veterans Age 17-44 by County for 2030



Montana's Veterans Age 45-64 by County for 2020

The distribution of veterans aged 45-64 in 2020 closely mirrors that of the younger age group. Yellowstone, Cascade, Flathead, Missoula, Lewis and Clark, and Gallatin counties had the highest concentrations, making up 11% of Montana's counties with the largest veteran populations in this age range. On the other end, 20% of counties had fewer than 30 veterans in this age group, again predominantly in central and eastern Montana. The similarity in distribution across these two age groups suggests consistent factors, such as employment opportunities and access to amenities, driving where veterans choose to live.

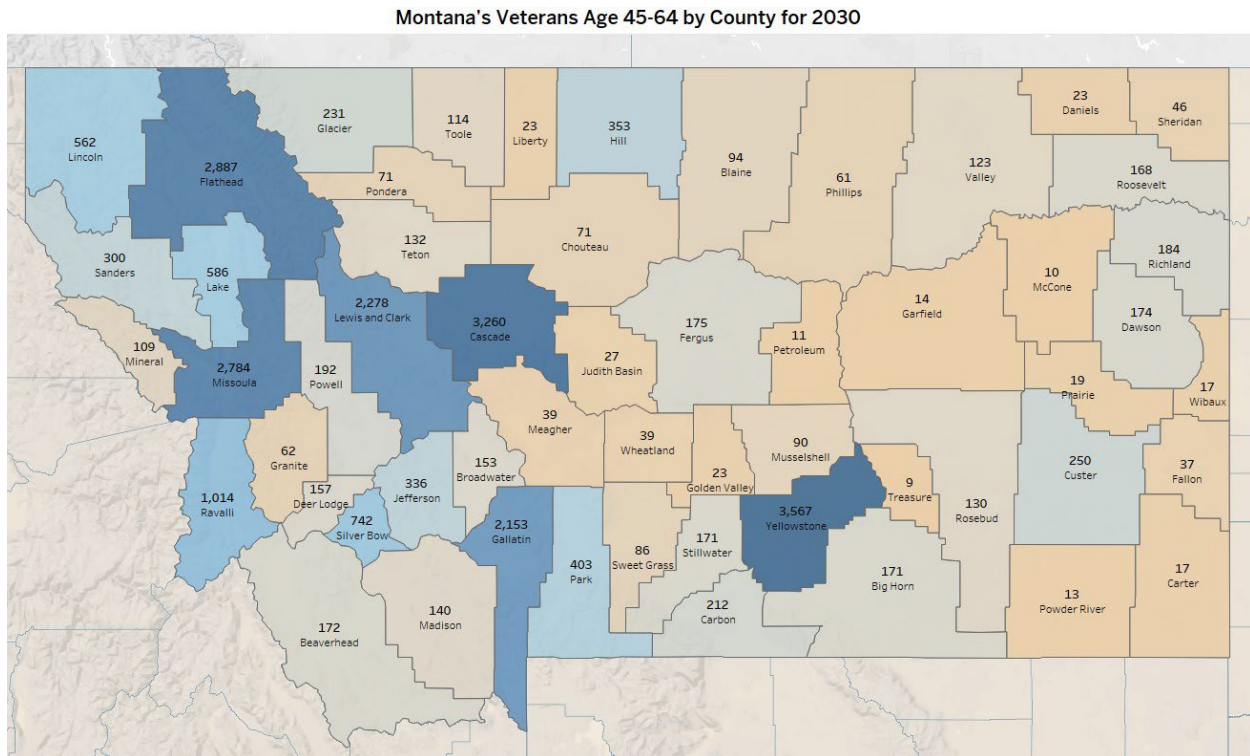
Map of Montana's Veterans Age 45-64 by County for 2020



Montana's Veterans Age 45-64 by County for 2030

The veteran population aged 45-64 is also expected to decline in nearly all Montana counties by 2030, with Flathead and Missoula being the only exceptions. These declines could result from aging cohorts and fewer veterans transitioning into this age group, suggesting potential challenges in sustaining community support systems and veteran services in many areas.

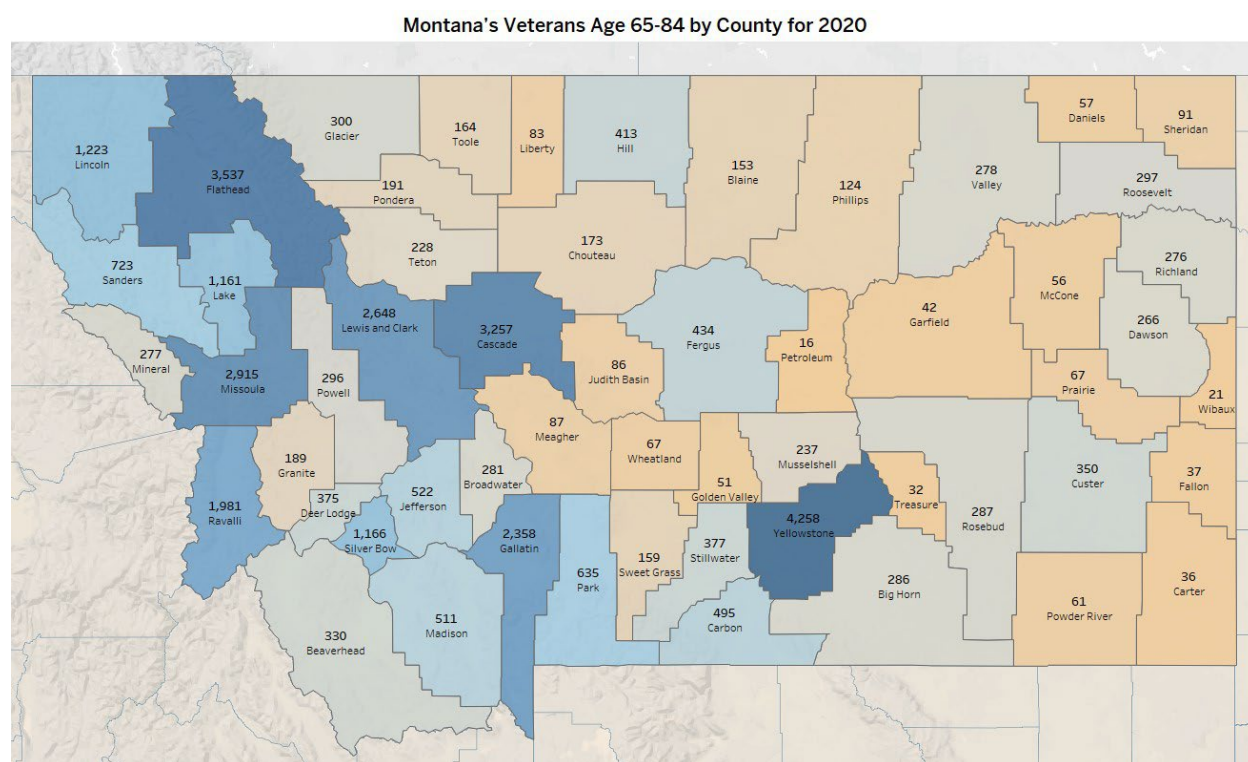
Map of Montana's Veterans Age 45-64 by County for 2030



Montana's Veterans Age 65-84 by County for 2020

Veterans aged 65-84 in 2020 followed a distribution similar to the younger age groups but with notable differences. Yellowstone, Flathead, Cascade, Missoula, Lewis and Clark, Gallatin, Ravalli, Lincoln, Silver Bow, and Lake counties had the highest concentrations. Unlike the younger age groups, this older demographic shows more spread into counties like Ravalli, Lincoln, Silver Bow, and Lake. This spread may indicate a preference for more rural or scenic areas in retirement, as well as a higher need for proximity to health care services. In contrast, 27% of counties had fewer than 100 veterans in this age group, predominantly in less populated areas, which may face challenges in providing adequate services for an aging population.

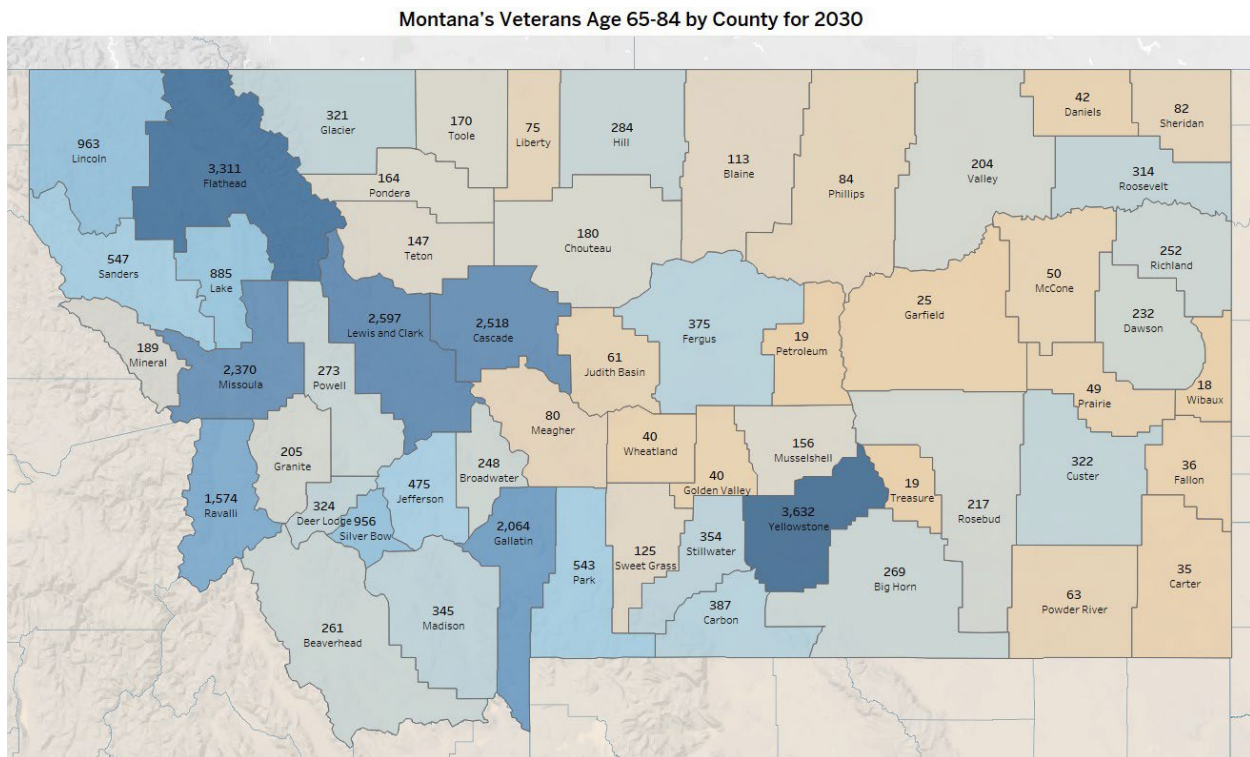
Map of Montana's Veterans Age 65-84 by County for 2020



Montana's Veterans Age 65-84 by County for 2030

By 2030, most counties will see a significant reduction in veterans aged 65-84, with Cascade and Yellowstone expected to lose over 600 veterans each. However, six counties — including Glacier, Toole, Chouteau, Roosevelt, Powder River, and Granite — are projected to see an increase in this age group. These changes suggest a potential shift in where aging veterans choose to reside, possibly due to factors like access to health care or a desire for more peaceful, rural living.

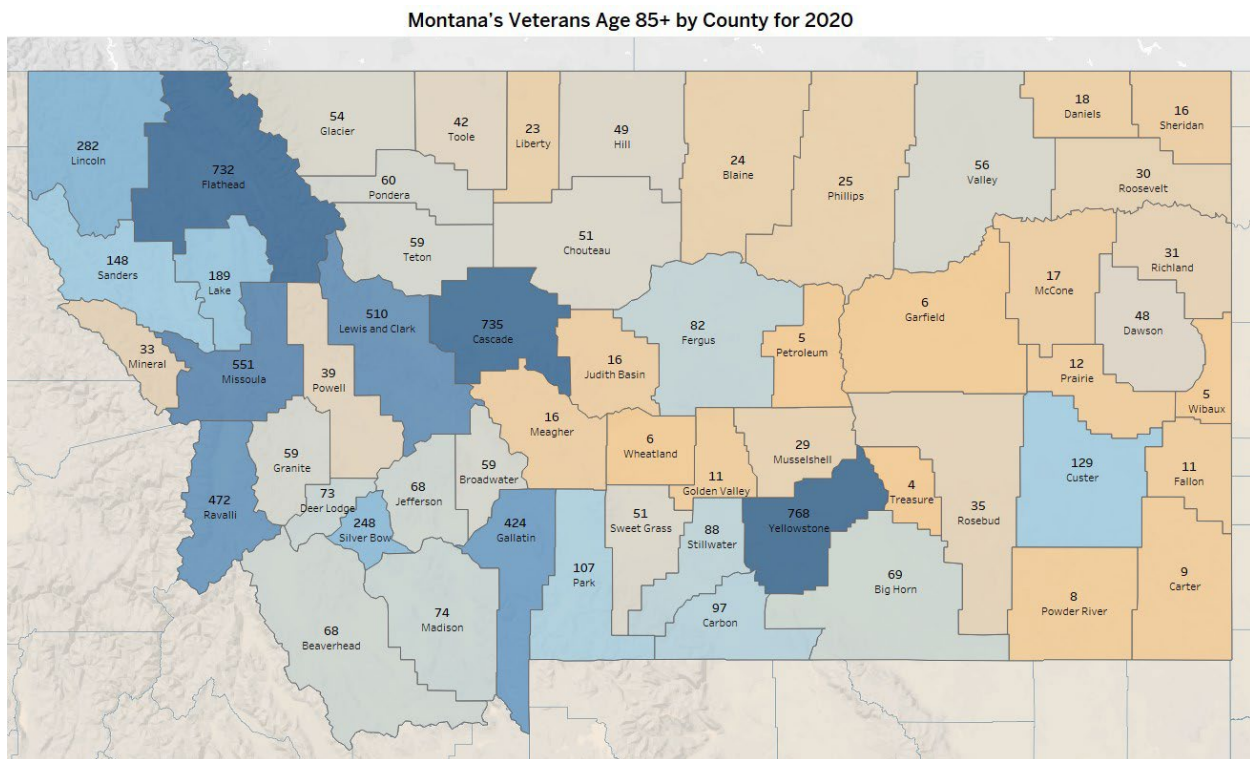
Map of Montana's Veterans Age 65-84 by County for 2030



Montana's Veterans Age 85+ by County for 2020

By 2020, veterans aged 85+ were most concentrated in Yellowstone, Cascade, Flathead, Missoula, Lewis and Clark, Ravalli, and Gallatin counties, representing 13% of Montana's counties with the highest elderly veteran populations. However, 27% of counties had fewer than 20 veterans aged 85+, indicating a significant drop from the 65-84 age group. This decline likely reflects the mortality rate among older veterans, underscoring the need for robust long-term care services, particularly in counties with aging populations.

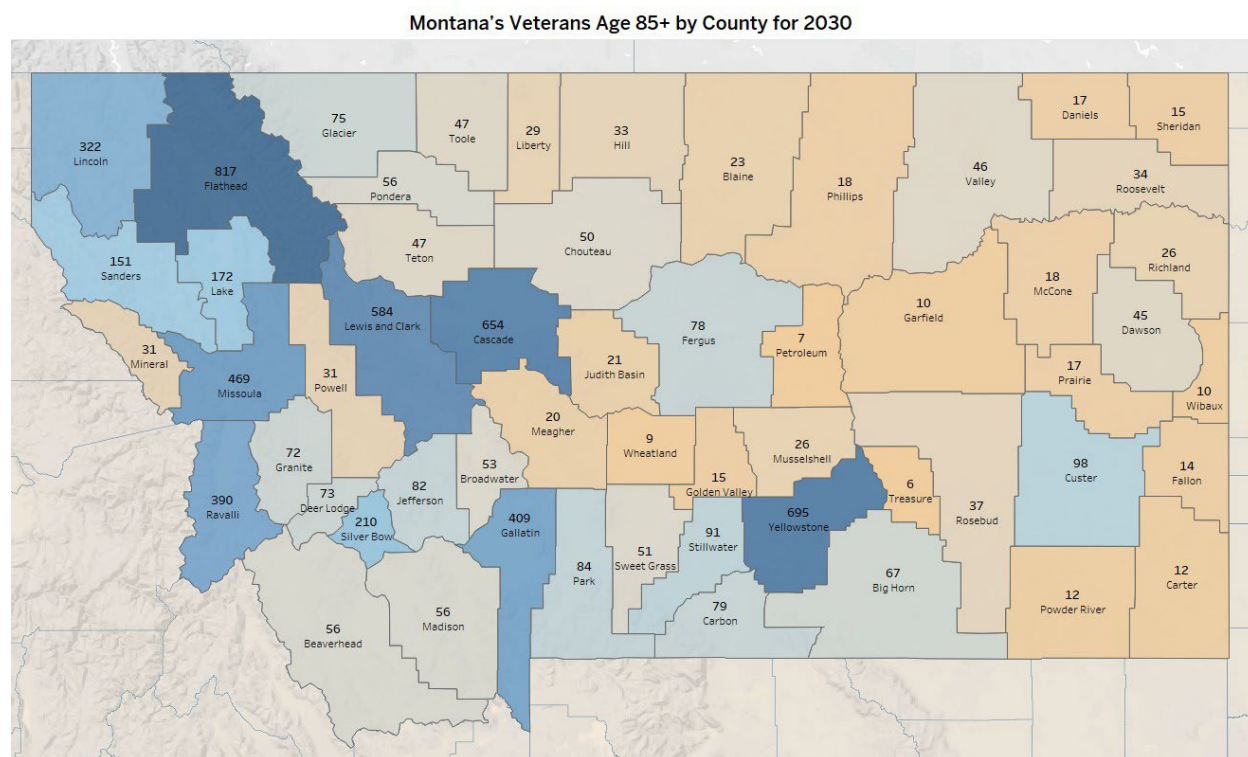
Map of Montana's Veterans Age 85+ by County for 2020



Montana's Veterans Age 85+ by County for 2030

It is anticipated that by 2030, 24 counties will see an increase compared to 2020 in the number of veterans aged 85+. The greatest increase is projected in Flathead County, followed by Lincoln, Glacier, Jefferson, and Granite. The following counties anticipate single digit increases in the number of veterans aged 85+: Toole, Liberty, Roosevelt, McCone, Garfield, Petroleum, Wibaux, Prairie, Fallon, Carter, Powder River, Rosebud, Treasure, Golden Valley, Stillwater, Wheatland, Meagher, Judith Basin, and Sanders. Two counties are expected to remain the same from 2020 to 2030, Sweet Grass and Deer Lodge. The remaining 30 counties all expect to see a decline, compared to 2020.

Map of Montana's Veterans Age 85+ by County for 2030





Appendix F. Health Considerations for Montana Veterans

In an effort to better understand the demographics and needs of the Montana veteran population, a central consideration is Montana veterans' health. More specifically, several health conditions and health care considerations impact the overall health of a veteran. The following table lists the central health conditions and health care considerations relevant to understanding veterans' health, and health needs in Montana.

Health Conditions and Health Care Considerations for Montana Veterans

Health Condition	Considerations for Montana Veterans
Asthma and Respiratory/Pulmonary Conditions	<p>Asthma and other respiratory conditions affect many Montana veterans. More than 100,000 Montanans have asthma.⁹⁸ The Montana Asthma Home Visiting Program (MAP) offers free asthma education to individuals of all ages with uncontrolled asthma. The program, based on guidelines and research from the Centers for Disease Control and Prevention (CDC), covers topics such as understanding asthma, managing symptoms, and avoiding triggers. Participants engage in six interactions with a trained health care provider over a year, during which they receive asthma education, home environmental assessments, and incentives like free spacers, HEPA air purifiers, and replacement filters. This program is available in-person in seven Montana counties and virtually statewide.⁹⁹</p> <p>Montana veterans face additional respiratory health challenges due to potential exposure to hazardous materials during military service. More than 40% of veterans seeking care report concerns about such exposures.¹⁰⁰ Veterans may have encountered various chemical, physical, and environmental hazards, including:</p> <ul style="list-style-type: none"> • Chemicals: Agent Orange, contaminated water; • Radiation: Exposure during military operations; • Air Pollutants: Burn pit smoke, dust; • Occupational Hazards: Asbestos, lead; and • Warfare Agents: Chemical and biological warfare agents <p>These exposures can lead to long-term respiratory conditions such as asthma, sinus issues, and pulmonary diseases,</p>

⁹⁸ Montana Department of Public Health and Human Services. "Montana Asthma Control Program." Retrieved on: dphhs.mt.gov/publichealth/asthma/index

⁹⁹ Montana Department of Public Health and Human Services. "The Montana Asthma Home Visiting Program." Retrieved from: dphhs.mt.gov/publichealth/asthma/astmahomevisiting

¹⁰⁰ American College of Preventive Medicine. "Military Environmental Exposures Certification." Retrieved from: acpm.org/Education-Events/Military-Environmental-Exposures-Certification



Health Condition	Considerations for Montana Veterans
	<p>significantly impacting veterans' overall health and their need for long-term care services and supports.¹⁰¹</p> <p>The Montana Department of Public Health and Human Services offers a comprehensive resource on asthma programs and services through their story map, providing essential information for managing respiratory conditions and improving veterans' quality of life.¹⁰²</p>
Alzheimer's Disease and Related Dementias	<p>Alzheimer's disease and related dementias (ADRD) represent a growing public health crisis in Montana. According to the Alzheimer's Association's 2022 Alzheimer's Disease Facts and Figures, Montana had an estimated 22,000 people aged 65 and older living with Alzheimer's dementia in 2020. This number is expected to increase to 27,000 by 2025, marking a 22.7% increase over five years. This rise is primarily driven by the aging population. It's important to note these figures only represent Alzheimer's diagnoses and do not include other forms of dementia. Women make up two-thirds of Alzheimer's cases due to their longer life expectancies, with advanced age being the greatest risk factor for dementia-related conditions.¹⁰³ While the exact number of Montana veterans with Alzheimer's and other dementias is unknown, it is likely veterans are represented proportionally within the general population figures.¹⁰⁴</p> <p>In 2023, Montana received the Building Our Largest Dementia Infrastructure (BOLD) grant from the Centers for Disease Control and Prevention (CDC). This grant aims to establish an infrastructure and response system for ADRD, to improve the quality of life and care for Montanans affected by these conditions, including caregivers. The grant is administered through the Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (DPHHS). The Aging Services Bureau within the Senior and Long Term Care Division (SLTCD) is a key partner in these efforts.¹⁰⁵</p>

¹⁰¹ VA Public Health. "Public Health: Military Exposures." Retrieved from: publichealth.va.gov/PUBLICHEALTH/exposures/index.asp

¹⁰² Montana Department of Public Health and Human Services. "Asthma Program Story Map." Retrieved from: storymaps.arcgis.com/stories/b972f7ba066c497e8614ad9c855321ff

¹⁰³ Alzheimer's Association. "2022 Alzheimer's Disease Facts and Figures." Retrieved from: alz.org/alzheimers-dementia/facts-figures

¹⁰⁴ Montana Department of Public Health and Human Services. "Montana State Plan on Aging." Retrieved from: dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf

¹⁰⁵ Ibid.



Health Condition	Considerations for Montana Veterans
	Aging Services supports various initiatives, such as training community educators to provide education, organizing Community Cafes, and offering caregiver support through the Alzheimer's Care Navigator program. These efforts are conducted in partnership with multiple Area Agencies on Aging (AAAs) and the Aging and Disability Resource Centers (ADRCs) across Montana. Additional resources, including education materials and links to the Alzheimer's Association, are available on the DPHHS website. ¹⁰⁶
Amputation	The Extremity Trauma and Amputation Center of Excellence (EACE) advances research and clinical practices related to extremity trauma. The EACE was established jointly by the Department of Defense (DoD) and the Department of Veterans Affairs (VA) through the 2009 National Defense Authorization Act. Initially led by the U.S. Army, the EACE was realigned under the Defense Health Agency in October 2022, alongside other Congressionally established Centers of Excellence. The EACE aims to optimize outcomes for service members, veterans, and beneficiaries dealing with extremity trauma. ¹⁰⁷
Arthritis	Arthritis is one of the most common chronic diseases and is the leading cause of disability. The prevalence of arthritis in Montana is consistently higher than the overall U.S. prevalence. The Montana Arthritis Program, through the Public Health and Safety Division of the Montana Department of Public Health and Human Services, is working to improve the quality of life for Montanans affected by arthritis and other rheumatic conditions by increasing awareness of how to prevent and reduce arthritis joint pain through evidence-based programs such as Walk with Ease. ¹⁰⁸
Cancer	Cancer is a significant health issue among Montana veterans, as it is the second-leading cause of death in the state, following diseases of the circulatory system such as heart disease and stroke. Each year, approximately 6,300 new cancer cases are diagnosed among Montanans, and an average of 2,100 Montanans die from the disease. Furthermore, it is estimated that 81,000 Montana adults are cancer survivors. ¹⁰⁹

¹⁰⁶ Montana Department of Public Health and Human Services. "Aging Services – Alzheimer's Disease Resources." Retrieved from: dphhs.mt.gov/SLTC/aging/alzheimers

¹⁰⁷ Health.mil, Military Health System. "Extremity Trauma and Amputation Center of Excellence." Retrieved from: health.mil/Military-Health-Topics/Centers-of-Excellence/EACE

¹⁰⁸ Montana Department of Public Health and Human Services. "Montana Arthritis Program." Retrieved from: dphhs.mt.gov/publichealth/Arthritis/index

¹⁰⁹ Montana Cancer Coalition (MTCC), "Montana Comprehensive Cancer Control State Plan 2022-2026." Retrieved from: mtcancercoalition.org/wp-content/uploads/2022/11/CancerPlans2022_email-1.pdf



Health Condition	Considerations for Montana Veterans
	<p>The Montana Cancer Coalition (MTCC) is dedicated to ensuring a better quality of life and enhancing the odds of survivorship through prevention, early detection, and state-of-the-art cancer care. The Montana Comprehensive Cancer Control State Plan 2022-2026 outlines goals and objectives for surveillance data, programs, services, and resources aimed at addressing cancer-related issues.¹¹⁰</p> <p>To improve access to cancer care for Montana veterans, the Department of Veterans Affairs offers programs like the Close to Me cancer care service and TeleOncology. The VA's Close to Me cancer care service is a visionary initiative designed to bring high-quality cancer care closer to where veterans live. Under this program, VA care teams travel to provide veterans with a full continuum of cancer care at local outpatient clinics, such as community-based outpatient clinics (CBOCs) or other VA facilities, often in rural locations. This service reduces the need for veterans to travel to major, often urban, medical centers, allowing them and their caregivers to focus more on their daily lives and healing.¹¹¹</p> <p>Since its inception in 2021, Close to Me has served nearly 500 veterans nationwide, providing treatments closer to home at over 20 CBOC locations and reducing travel for veterans and their caregivers by more than 200,000 miles. As of early 2024, the program has reported zero medical emergencies during treatment, high levels of patient satisfaction, and a 99% treatment adherence rate. The VA announced an expansion of the Close to Me program on April 25, 2024, which aims to bring new cancer diagnosis, treatment, and surveillance services to an additional 9,000 veterans across 30 locations by the end of October 2025.¹¹²</p> <p>Through a partnership with the Bristol Myers Squibb Foundation, the VA's National Oncology Program (NOP) service is expanding TeleOncology access to veterans nationwide with the National TeleOncology service (NTO). NTO oncologists are affiliated with NCI Designated Cancer Centers and specialize in specific types of oncology. TeleOncology leverages telecommunication technology to connect patients and providers across great distances, providing cancer screenings, diagnostics, and treatment virtually. The VA uses a "hub-and-spoke" model for TeleOncology, with the main hub based in the</p>

¹¹⁰ Montana Cancer Coalition (MTCC), "Montana Comprehensive Cancer Control State Plan 2022-2026." Retrieved from: mtcancercoalition.org/wp-content/uploads/2022/11/CancerPlans2022_email-1.pdf

¹¹¹ VA.gov News, "VA announces expansion of Close to Me cancer program as part of the Cancer Moonshot, bringing cancer diagnosis and treatment closer to thousands of Veterans," April 25, 2024. Retrieved from: news.va.gov/press-room/va-expands-close-to-me-cancer-program/

¹¹² Ibid.



Health Condition	Considerations for Montana Veterans
	Durham VA Medical Center. VA cancer specialists around the country provide care virtually to selected spoke sites, where patients can connect either by traveling to a spoke site for clinical video telehealth (CVT) or from their home using an internet-connected device with VA Video Connect (VVC). ¹¹³
Cardiovascular Disease and Stroke	Cardiovascular disease and stroke are leading causes of death in Montana. The Montana Stroke Initiative collaborates between the DPHHS Cardiovascular Health Program, the American Stroke Association, physicians, nurses, EMS personnel, and hospital administrators to develop a statewide stroke system of care regardless of where they live in Montana. ¹¹⁴ Access to quality health care and preventive measures are essential for veterans to manage these conditions.
Chronic Health Conditions and Disease Management	Montana veterans face various chronic health conditions, including diabetes, cardiovascular disease, and respiratory issues. Programs like the Montana Diabetes Program (MDP) ¹¹⁵ and the Montana Asthma Home Visiting Program (MAP) ¹¹⁶ provide education and resources to help manage these conditions. The Veterans Health Library offers a range of self-care tools for managing diabetes, heart disease, and other chronic conditions. ¹¹⁷
Diabetes	Diabetes affects nearly 25% of the Veterans Affairs (VA) patient population and is the leading cause of blindness, end-stage renal disease, and amputation among VA patients. Many veterans have diabetes due to factors such as age, obesity, and exposure to herbicides like Agent Orange during their service in Vietnam. ¹¹⁸ The risk of developing diabetes increases with age and is more prevalent in men. One in four VA patients has diabetes, compared to one in 10 in the nonveteran population. ¹¹⁹

¹¹³ VA.gov News, "VA's National Oncology Program: Providing Equitable Cancer Care for Veterans," May 2, 2022. Retrieved from: <https://news.va.gov/102922/vas-national-oncology-program-providing-equitable-cancer-care-for-veterans/>

¹¹⁴ Montana Stroke Initiative, "Montana Stroke," Retrieved from: montanastroke.org

¹¹⁵ Montana Department of Public Health and Human Services. "Montana Diabetes Program (MDP)." Retrieved from: dphhs.mt.gov/publichealth/Diabetes/index

¹¹⁶ Montana Department of Public Health and Human Services. "Montana Asthma Home Visiting Program (MAP)." Retrieved from: dphhs.mt.gov/publichealth/asthma/astmahomevisiting

¹¹⁷ U.S. Department of Veterans Affairs. "Veterans Health Library." Retrieved from: veteranshealthlibrary.va.gov

¹¹⁸ U.S. Department of Veterans Affairs, Office of Research & Development. "VA Research on Diabetes." VA Office of Research & Development. Retrieved from: research.va.gov/topics/diabetes.cfm

¹¹⁹ Federal Practitioner. "Data Trends in the U.S. Veteran Population." Retrieved from: fedprac-digital.com/federalpractitioner/data_trends_2017?pg=20#pg20



Health Condition	Considerations for Montana Veterans
	<p>In Montana, approximately 8% of adults reported having been diagnosed with diabetes in 2019. With more than one in 12 adults living with diabetes, 42% require insulin therapy.¹²⁰ Common complications for aging veterans include foot damage (due to peripheral neuropathy) and eye damage (retinopathy). The Centers for Disease Control and Prevention (CDC) recommends daily foot checks and annual professional examinations for sores or irritations.¹²¹ However, in Montana, only 63% of individuals with diabetes reported daily foot checks, and 7% never checked their feet. Additionally, 22% reported not having their feet examined by a health care professional within the past year. Regular eye exams are also necessary, yet 28% of Montanans with diabetes have not had a dilated eye exam in the past year.¹²²</p> <p>Montana's Diabetes Prevention Program, in partnership with the National Diabetes Prevention Program, offer 12-month lifestyle change programs for individuals at high risk for type-2 diabetes. The programs cover 84% of Montana counties through on-site, satellite, and distance learning locations.¹²³ Additional resources and tools for managing diabetes can be found in the Veterans Health Library¹²⁴ and through local programs detailed in various story maps and online hubs, for example Joy in Healthy Living: Active Lives and Healthy Food for All Montanans¹²⁵ and Diabetes Self-Management and Support: Find a DSMES Site.¹²⁶</p> <p>By addressing these issues through effective prevention and management programs, we can significantly improve the health outcomes of veterans with diabetes.</p>
Health Insurance	According to the 2022 Behavior Risk Factor Surveillance Survey, 96.7% of Montana veterans have health insurance, and 82.6% had a routine checkup in the past year. However, 16.7%

¹²⁰ Montana Department of Public Health and Human Services. "Public Health in the 406: Diabetes Care and Self-Management in Montana, 2019." Retrieved from: dphhs.mt.gov/assets/publichealth/Diabetes/Data/MTDSMESQuickStat.pdf

¹²¹ Centers for Disease Control and Prevention. "Prevalence of and Trends in Diabetes Among Veterans ... Preventing Chronic Disease," 2017. Retrieved from: cdc.gov/pcd/issues/2017/17_0230.htm

¹²² Montana Department of Public Health and Human Services. "Diabetes Care and Self-Management in Montana, 2019." Retrieved from: dphhs.mt.gov/assets/publichealth/Diabetes/Data/MTDSMESQuickStat.pdf

¹²³ Montana Department of Public Health and Human Services. "Montana Diabetes Program." Retrieved from: phhs.mt.gov/publichealth/Diabetes/index

¹²⁴ Veterans Health Administration. "Welcome to the Veterans Health Library." Retrieved from: veteranshealthlibrary.va.gov

¹²⁵ "Connect with Your Local Diabetes Prevention Program." Story Maps. Retrieved from: storymaps.arcgis.com/stories/fabf4f259884448e9a41c15d96dbc5fc

¹²⁶ Montana Department of Public Health and Human Services, "Montana Diabetes Program," Story Map Collection. Retrieved from: storymaps.arcgis.com/collections/6eec2bcd6bff428ba6527f72387c945f?item=1



Health Condition	Considerations for Montana Veterans
	<p>reported not having a primary care provider, and 6.2% skipped health care due to cost concerns.¹²⁷</p> <p>In addition, Area Agencies on Aging are responsible for implementing the Senior Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP). These programs serve all older Montanans, including veterans.</p>
Hearing Loss	<p>The VA Health Care, Rehabilitation, and Prosthetic Services provide numerous resources for veterans experiencing hearing loss, vision impairment, or limb loss. Comprehensive information and fact sheets are available to support these veterans.</p> <p>The Hearing Center of Excellence promotes the prevention, diagnosis, treatment, rehabilitation, and research of hearing loss and auditory injuries. This center aims to reduce the impact of hearing-related issues among military personnel and veterans.¹²⁸</p>
Mental Health	<p>Mental health services are essential, especially in addressing serious issues such as depression, trauma, and PTSD, which are highly treatable. The VA offers various options for veterans seeking mental health treatment, depending on eligibility. The Montana Suicide Prevention Strategic Plan 2022-2023 implements programs aimed at reducing suicides among veterans.¹²⁹</p>
PTSD and Trauma	<p>Trauma can impact older veteran adults in a number of ways.</p> <p>Trauma can have significant effects on older veterans, impacting both their physical and mental health in unique ways. Veterans in Montana may have encountered different traumatic experiences compared to civilians, including combat zones, deployments, training incidents, and military sexual trauma (MST), which can lead to post-traumatic stress disorder (PTSD). Both trauma and PTSD can negatively affect overall health and increase mortality risk.</p> <p>PTSD is slightly more prevalent among veterans than in the general population. About 7% of veterans will experience PTSD at some point in their lives, compared to 6% of adults in the broader population. The condition is also more common among female veterans, affecting 13% compared to 6% of male</p>

¹²⁷ Montana Department of Public Health and Human Services. (2022). Behavioral Risk Factor Surveillance Survey. Retrieved from: dphhs.mt.gov/publichealth/brfss

¹²⁸ Department of Defense. "Hearing Center of Excellence." Retrieved from: hearing.health.mil/

¹²⁹ Suicide Prevention Resource Center. "2023 State Strategic Suicide Prevention Plan." Retrieved from: sprc.org/wp-content/uploads/2022/11/2023-State-Strategic-Suicide-Prevention-Plan.pdf



Health Condition	Considerations for Montana Veterans
	<p>veterans. Research is ongoing to better understand PTSD among transgender and non-binary veterans.¹³⁰</p> <p>Studies indicate deployment increases the likelihood of developing PTSD. In some cases, veterans who have been deployed are three times more likely to develop PTSD, compared to those who did not deploy, even within the same service era. Various factors, such as military role, the nature of the conflict, the location of the war, and the type of enemy, can all contribute to the risk of PTSD and other mental health challenges.¹³¹</p> <p>Military sexual trauma (MST) is another significant cause of PTSD among service members. MST includes any form of sexual harassment or assault that occurs during military service, whether in peacetime, training, or war. This type of trauma can happen to anyone in the military.¹³²</p> <p>Interestingly, veterans who receive care through the VA are more likely to report experiencing PTSD, particularly related to MST. The VA offers PTSD treatment at all its medical centers and many clinics, with some facilities having specialized programs for PTSD.</p> <p>The VA Health Care website offers a variety of resources and tools through the National Center for PTSD, including mobile apps like PTSD Coach and PTSD Family Coach, which are designed to support veterans and their families.</p> <p>For older adults in nursing facilities or those receiving other long-term care services, living with PTSD can be challenging. Additional trauma, such as relocating to a facility or facing involuntary discharge due to a facility closure, can exacerbate the need for trauma-informed care practices.</p> <p>People with PTSD often experience intense, distressing thoughts and emotions related to their trauma that persist long after the event. They might relive the trauma through flashbacks or nightmares, feel isolated from others, or avoid situations that trigger memories of the event. Even everyday occurrences like loud noises or unexpected touches can provoke strong negative reactions, as described by the American Psychiatric Association.</p> <p>The Center of Excellence for Behavioral Health in Nursing Facilities offers various online resources and training for</p>

¹³⁰ U.S. Department of Veteran Affairs. "PTSD: National Center for PTSD." Retrieved from: ptsd.va.gov/understand/common/common_veterans.asp

¹³¹ Ibid.

¹³² Ibid.



Health Condition	Considerations for Montana Veterans
	caregivers in nursing homes, particularly those working with individuals dealing with PTSD, trauma, and crisis intervention for suicidal behaviors.
Substance Use	Montana is addressing the increased need for substance misuse disorder treatment through the HEART Waiver ¹³³ and various initiatives like the Contingency Management initiative ¹³⁴ and the Justice-Involved Reentry initiative. ¹³⁵ The VA offers a range of options for veterans seeking treatment for substance use problems, from unhealthy alcohol use to life-threatening addiction. These services, which depend on specific needs and VA health care eligibility, can include medication-assisted treatment, counseling, and both in-patient and out-patient treatment. ¹³⁶
Tobacco Use	<p>Use of tobacco products is higher among service members and military than civilians. Tobacco use, including smoking, vaping, and smokeless tobacco, remains a significant health concern for Montana veterans, particularly as they age. Many service members start using tobacco during their military service, with cigarette smoking more prevalent among those who have been deployed overseas. This leads to an increased risk of developing Chronic Obstructive Pulmonary Disease (COPD), a long-term health condition frequently caused by smoking.¹³⁷</p> <p>Between 2010 and 2015, over 21% of veterans in the United States (or 1 in 5) reported smoking cigarettes. By 2018, this figure was 14.6% among veterans enrolled for care. The widespread use of tobacco among military and veteran populations adversely impacts their health and significantly increases health care costs over their lifetimes.¹³⁸</p> <p>Since March 8, 2024, the VA has been broadening its smoking cessation services for veterans. Key initiatives include the 1-855-QUIT-VET tobacco quitline and the SmokefreeVET text message program. Over the years, Quit VET has managed more than 62,000 calls, while the SmokefreeVET text program</p>

¹³³ Montana Department of Public Health and Human Services. "The HEART Initiative." Retrieved from: dphhs.mt.gov/heartinitiative/

¹³⁴ Montana Department of Public Health and Human Services. "Contingency Management." Retrieved from: dphhs.mt.gov/HeartInitiative/ContingencyManagement

¹³⁵ Montana Department of Public Health and Human Services. "Justice-Involved Reentry Initiative." Retrieved from: dphhs.mt.gov/HeartInitiative/JusticeInvolved

¹³⁶ U.S. Department of Veterans Affairs. "Substance Use Treatment for Veterans." Retrieved from: va.gov/health-care/health-needs-conditions/substance-use-problems

¹³⁷ Centers for Disease Control and Prevention. "Tips from Former Smokers: Military Service Members and Veterans." Retrieved from: cdc.gov/tobacco/campaign/tips/groups/military.html

¹³⁸ Ibid.



Health Condition	Considerations for Montana Veterans
	<p>has supported over 48,000 veterans in attempts to quit.¹³⁹ In 2023 alone, more than 5,100 veterans joined the SmokefreeVET text program, and Quit VET saw a 23% increase in incoming calls compared to the previous year. Moreover, direct referrals from VA facilities rose by 34%, with 40 VA programs now implementing a patient referral program.¹⁴⁰</p> <p>Furthermore, the VA has recently launched a pilot program to integrate smoking cessation services into lung cancer screening, recognizing the inherent connection between smoking and lung cancer risk. By the end of 2024, the VA plans to add at least six more sites to the Quit VET eReferral program and expand the lung cancer screening pilot program to at least five additional sites by 2025. These initiatives aim to offer veteran-specific, tailored tobacco-use treatment to veterans, thereby enhancing their overall health and well-being.¹⁴¹</p>
Traumatic Brain Injury	<p>Traumatic Brain Injury (TBI) is a significant concern for veterans, with conditions ranging from mild to severe. The former Defense and Veterans Brain Injury Center, now known as the Traumatic Brain Injury Center of Excellence (TBUCoE), reported nearly 414,000 TBIs among U.S. service members worldwide between 2000 and late 2019. More than 185,000 Veterans who use the VA for their health care have been diagnosed with at least one TBI, the majority of which were classified as mild.¹⁴²</p> <p>TBI is caused by a sudden bump, blow, or jolt to the head or by a sharp object that pierces the brain. Symptoms can range from headaches, irritability, and sleep disorders to memory problems, slower thinking, and depression. These conditions often lead to long-term mental and physical health problems that can impair veterans' employment, family relationships, reintegration into home communities, and long-term service and supports as they age.</p> <p>People who serve in the military have a higher risk of experiencing TBI, particularly those exposed to blasts or explosions. Other high-risk groups include people ages 15 to 19, those 65 and older, and individuals who use alcohol or</p>

¹³⁹ U.S. Department of Veterans Affairs. "Quit VET: Tobacco Quitline." Retrieved from: mentalhealth.va.gov/quit-tobacco/quit-vet.asp

¹⁴⁰ U.S. Department of Veterans Affairs. "VA Expands Tobacco Cessation Services for Veterans," April 25, 2024. Retrieved from: news.va.gov/press-room/va-expands-close-to-me-cancer-program/

¹⁴¹ Centers for Disease Control and Prevention. "Tips from Former Smokers: Military Service Members and Veterans." Retrieved from: cdc.gov/tobacco/campaign/tips/groups/military.htm

¹⁴² Traumatic Brain Injury Center of Excellence. Health.mil. Retrieved from: health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence



Health Condition	Considerations for Montana Veterans
	<p>drugs. Men are at least twice as likely as women to suffer from TBI.¹⁴³</p> <p>The VA Health Care system has created the Brain Rehabilitation and Research Center to understand how neuroplasticity works. Neuroplasticity is the brain's ability to form new connections, which can restore function. Even a single impairment in motor control, cognition, sleep, or emotional expression can significantly diminish a veteran's quality of life and health, also impacting their finances and family.¹⁴⁴</p> <p>Building on work developed by the Chronic Effects of Neurotrauma Consortium (CENC), the Long-term Impact of Military Relevant Brain Injury (LIMBIC) study aims to better understand the long-term impact of TBI in veterans. This five-year longitudinal study began in 2019.¹⁴⁵</p> <p>The TBUCoE provides clinical tools for the assessment and management of TBI, provider training, patient resources, and research information. It supports, trains, and monitors service members, veterans, family members, and providers affected by TBI. TBUCoE develops educational materials for military and civilian providers, service members, veterans, and their families.¹⁴⁶</p> <p>The DoD has further solidified TBUCoE's role by naming it the Office of Responsibility for the following tasks:</p> <ul style="list-style-type: none"> • Creation and maintenance of a TBI surveillance database; • Creation and distribution of the Family Caregiver Guide; and • Design and execution of a 15-year longitudinal study of the effects of TBI in Operations Enduring and Iraqi Freedom service members and their families.¹⁴⁷ <p>Resources for providers, patients, and family/caregivers can be found on the TBUCoE website, including clinical</p>

¹⁴³ Centers for Disease Control and Prevention. "Traumatic Brain Injury & Concussion: TBI Data." CDC.gov. Retrieved from: cdc.gov/traumatic-brain-injury/data-research/index.html

¹⁴⁴ U.S. Department of Veterans Affairs. "RR&D Brain Rehabilitation Research Center (BRRC)." VA.gov. Retrieved from: brrc.research.va.gov

¹⁴⁵ Long-term Impact of Military Relevant Brain Injury Consortium (LIMBIC-CENC). "Long-term Impact of Military Relevant Brain Injury Consortium Chronic Effects of Neurotrauma Consortium." Retrieved from: limbic-cenc.org

¹⁴⁶ Traumatic Brain Injury Center of Excellence. Health.mil. Retrieved from: health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence

¹⁴⁷ Ibid.



Health Condition	Considerations for Montana Veterans
	recommendations, support tools, educational materials, patient guides for recovery, and family and caregiver guides.
Vision Loss	Established through the National Defense Authorization Act for Fiscal Year 2008, the Vision Center of Excellence addresses military eye care. It focuses on preventing, diagnosing, treating, and researching eye injuries and visual system disorders, including those linked to traumatic brain injury. The center also maintains the Defense and Veterans Eye Injury and Vision Registry, which tracks eye injury data from DoD and VA medical records. ¹⁴⁸
Whole Health	Access to quality health care is crucial for veterans, impacting their overall well-being and long-term health outcomes. Holistic health approaches, such as the Veteran Whole Health program, can significantly improve health care quality by addressing veterans' physical, psychological, and social needs. Whole Health is the VA's approach to care that supports health and well-being, focusing on "what matters to you, not what is the matter with you." This personalized approach helps veterans develop health plans based on their values, needs, and goals, in an effort to enhance their overall quality of life. ¹⁴⁹

¹⁴⁸ Health.mil, Military Health System. "Vision Center of Excellence." Retrieved from: health.mil/Military-Health-Topics/Centers-of-Excellence/VCE

¹⁴⁹ U.S. Department of Veterans Affairs. "Whole Health." Retrieved from: va.gov/wholehealth



Appendix G: Grants for Construction and Acquisition of State Home Facilities

Through the state home construction program, the VA can participate in up to 65% of the cost of acquisition and construction of new domiciliary or nursing home buildings, and/or the expansion, remodeling, or alteration of existing domiciliary, nursing, or hospital care buildings, provided VA standards and regulations are met. Acquisition and renovation costs may not exceed the cost of construction of an equivalent new facility.

Criteria

The VA has a priority list and a current methodology for determining the number of nursing home beds and domiciliary beds needed by veterans in each state. The VA has provided the maximum number of Montana's nursing home and domiciliary beds at 281 based on 2020 projections. Montana's veteran homes provide 257 beds of the 281 allotment, leaving 9 beds for future placement. Construction grants can be requested for qualifying projects that are at least \$400,000.

The Code of Federal Regulations requires an application for a grant for construction or acquisition of a nursing home or domiciliary facility to include the following:

- Documentation that the site of the project is in reasonable proximity to a sufficient concentration and population of veterans who are 65 years of age and older, and there is a reasonable basis to conclude the facility, when complete, will be fully occupied;
- A financial plan for the first three years of operation of such facility; and
- A five-year capital plan for the state home program for that state

A building or buildings in an existing facility may qualify as an SVH, as long as they are operated as a separate entity.

The Code of Federal Regulations also outlines criteria for determining the order of priority for construction projects. A state without a State Home is in a very high priority category for receiving state construction funds (Priority 1- 48 sub priority 2). For a state's application to be in the Priority 1 category, a state must provide the VA with a letter from an authorized state official certifying state funds are available for the project without further state action. The state will make a list of applications received by August 15th of the year. The award of grant applications is dependent upon the availability of federal funds for this program.

Exceptions

A state may request an exception for additional beds if there is adequate documentation that travel distances will exceed two hours between a veteran population center and a state veterans' home (SVH). Montana currently has 272 beds of the 281-bed allotment, and, according to regulations (38 CFR Part 59) based on the VA methodology for determining the number of nursing home beds and domiciliary beds needed by veterans in each state, Montana is eligible to add just nine more beds to be eligible for per diem for each bed. This methodology also determines eligibility for the state home construction program, and Montana would not qualify for a construction grant under this methodology. The only exception to the maximum bed limit is if there is greater than a 2-hour travel time (normal land travel time) from a current state veterans' home and the proposed new location.



Previously Approved Montana Projects

The 1989 legislature passed HB 202, which increased the cigarette tax by 2 cents to generate the \$1,991,897 needed in state funds to secure the State Home grant from the Department of Veterans Affairs for \$3,699,237.

The 1991 legislature passed HB 547, which reappropriated the state funds and federal funds to build the Eastern Montana Veterans Home (EMVH) in Glendive. Construction began on EMVH in 1994, and the facility opened its doors for admissions on July 17, 1995.

In 2001, the Department of Veterans Affairs awarded \$820,142 in federal match to the State of Montana (state match was \$441,615) for constructing a new 15-bed Special Care Unit (SCU) at MVH.

In February 2002, the SCU was completed, providing the facility with a safe and enriched environment to provide nursing facility services to veterans with various forms of dementia, especially Alzheimer's disease.

In 2019, the Montana Legislature appropriated \$5 million in Long Range Planning, coupled with the \$9.7 million approved by Congress in 2018, to ensure the Southwestern Montana Veterans Home in Butte had sufficient funds to complete the project. Groundbreaking occurred on July 2, 2019, and the five, twelve-bedroom cottage facility was completed in 2022.

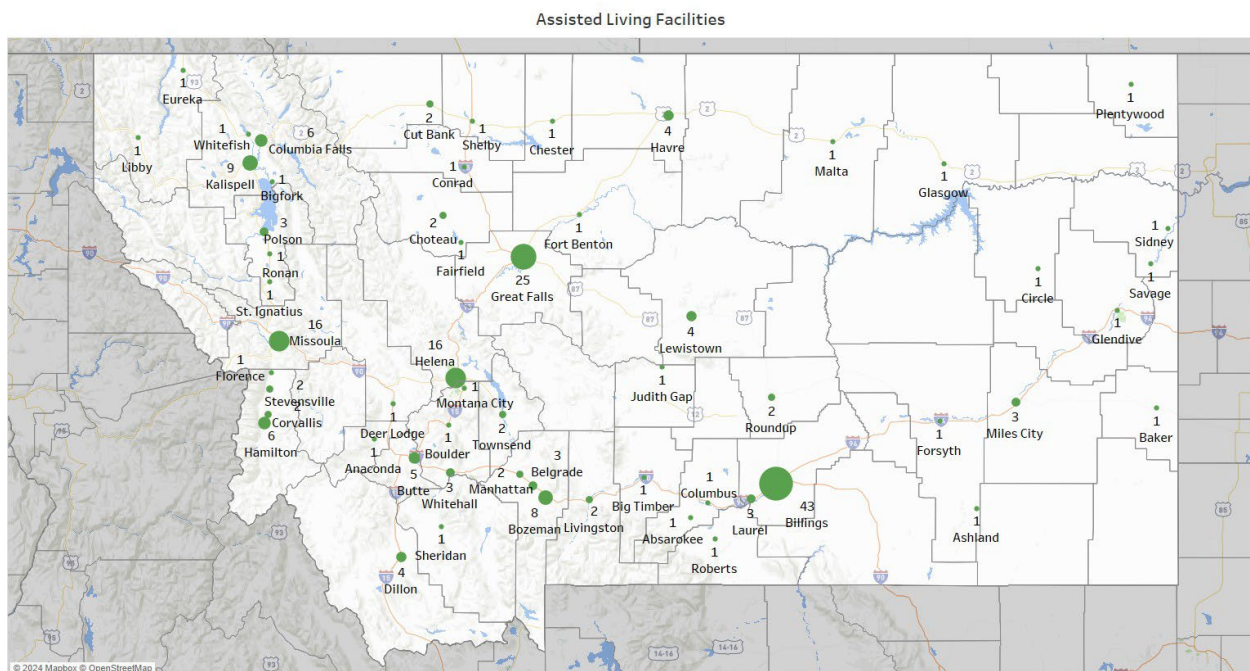
Appendix H. Montana Health Care Service Sites

In consideration of the continuum of health care services available to veterans living in Montana, several health care service sites are relevant. Please consider the following health care service sites and mapping of their statewide availability as part of the larger picture of statewide services present for the veteran community in Montana.

Assisted Living Facilities

Residential settings that provide personal care, support services, and limited health care to individuals who need assistance with daily activities but do not require full-time medical care

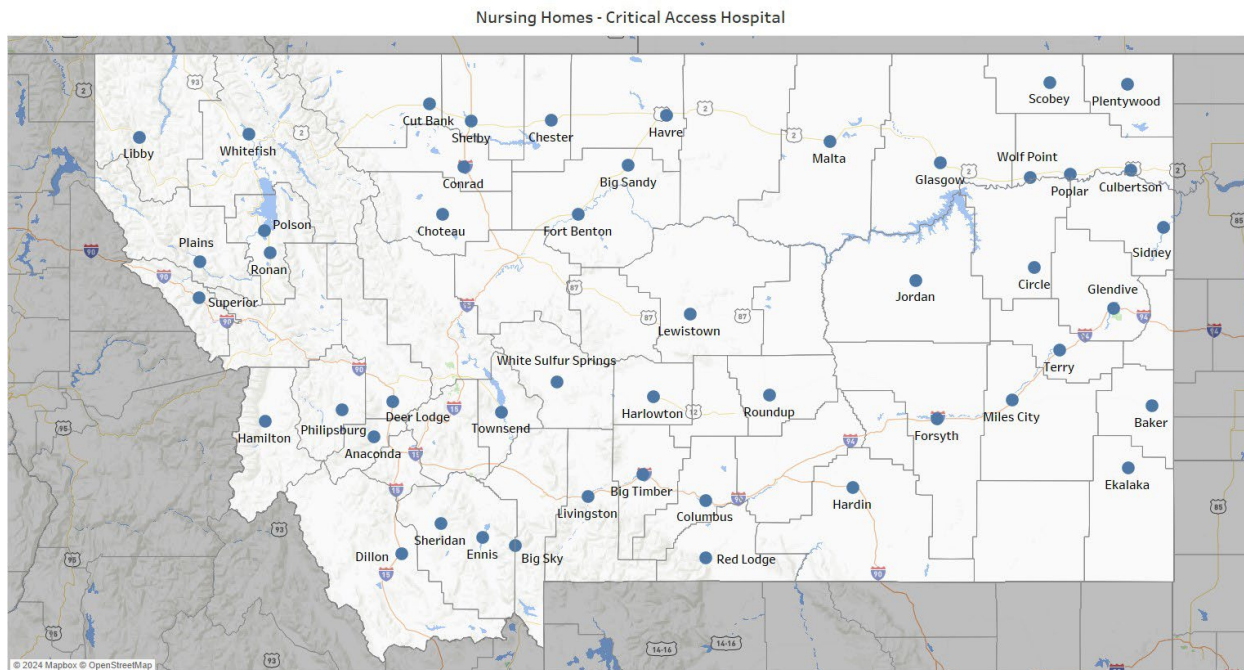
Map of Assisted Living Facilities in Montana



Critical Access Hospitals

Nursing home services provided within rural hospitals, offering long-term care in areas with limited access to larger health care facilities.

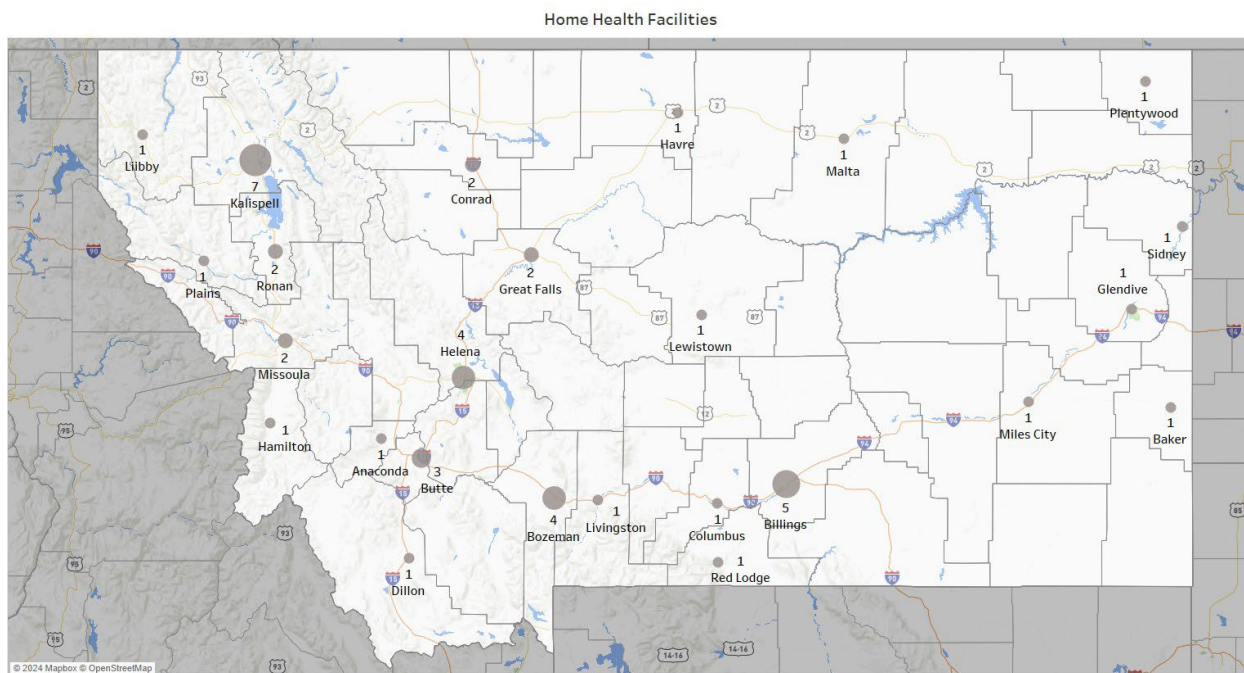
Map of Critical Access Hospitals in Montana



Home Health Facilities

Agencies that provide medical care and supportive services to individuals in their homes, including nursing care, physical therapy, and assistance with daily living activities.

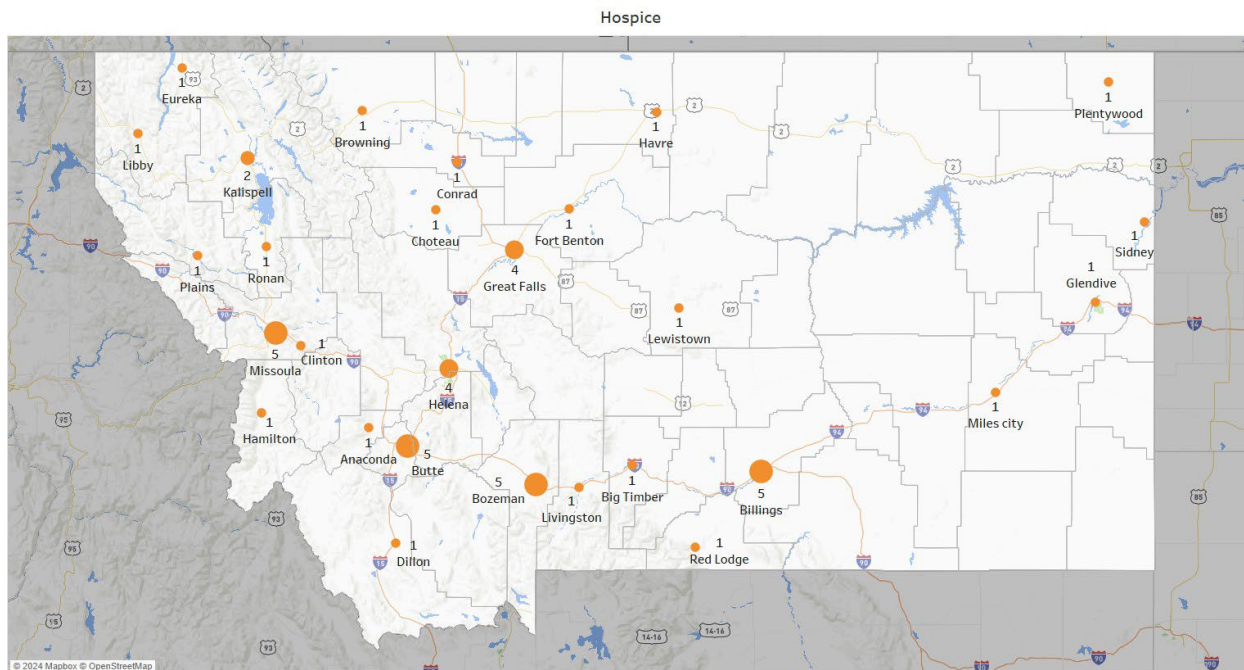
Map of Home Health Facilities in Montana



Hospice Facilities

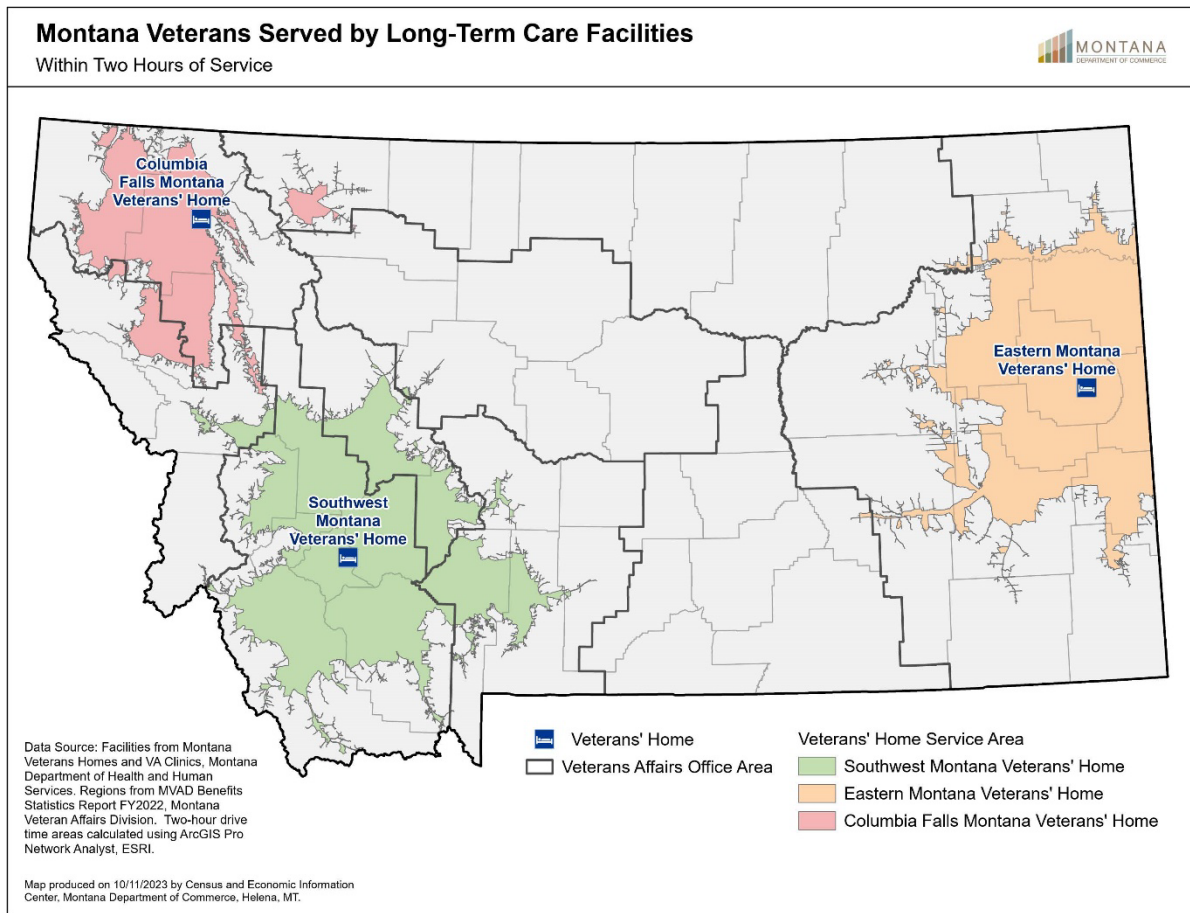
Facilities or services that offer palliative care and support for individuals with terminal illnesses, focusing on comfort and quality of life rather than curative treatment.

Map of Hospice Facilities in Montana



Montana Veterans Served by Long-Term Care Facilities

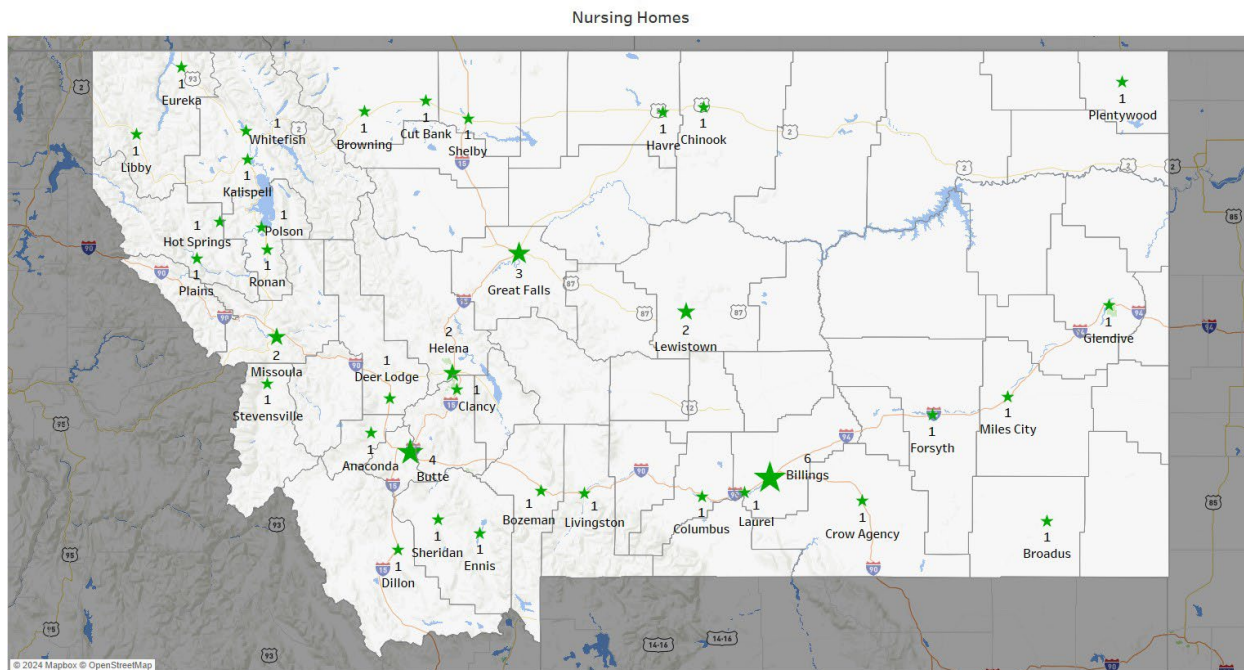
Map of Veteran's Homes and Service Areas in Montana



Nursing Homes

Facilities that offer 24-hour skilled nursing care, rehabilitation services, and assistance with daily activities for individuals with chronic illnesses or disabilities.

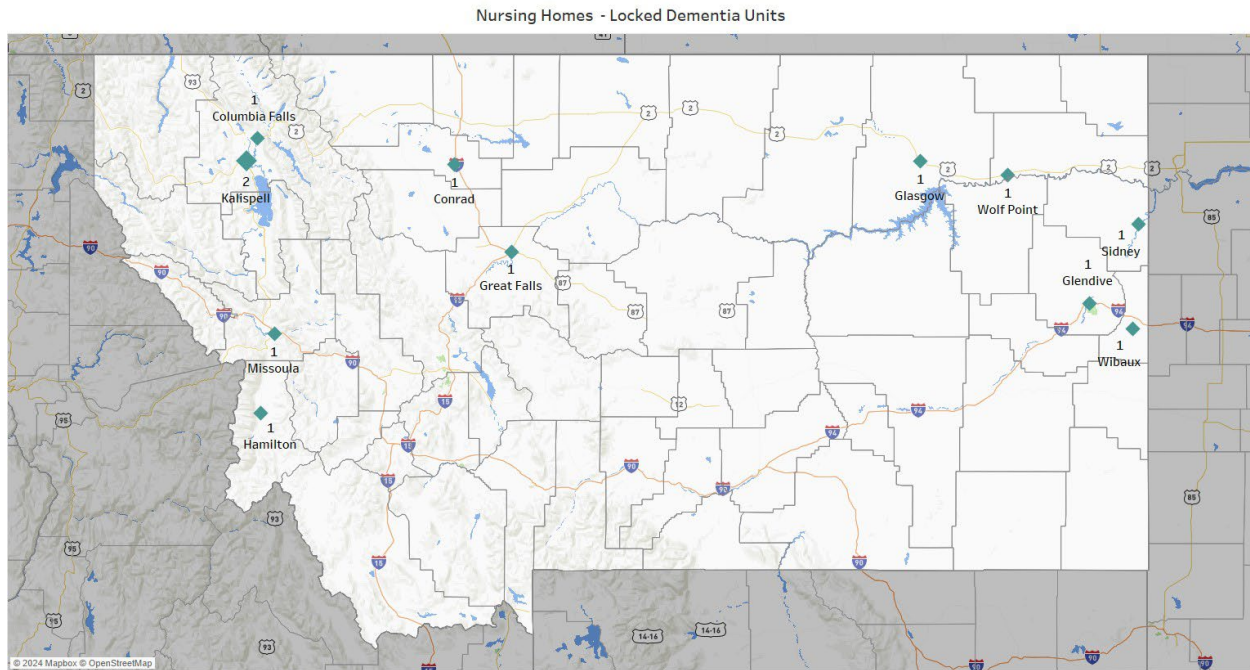
Map of Nursing Homes in Montana



Nursing Home Locked Dementia Units

Specialized units within nursing homes designed to care for residents with Alzheimer's disease and other forms of dementia, offering a secure environment and tailored care.

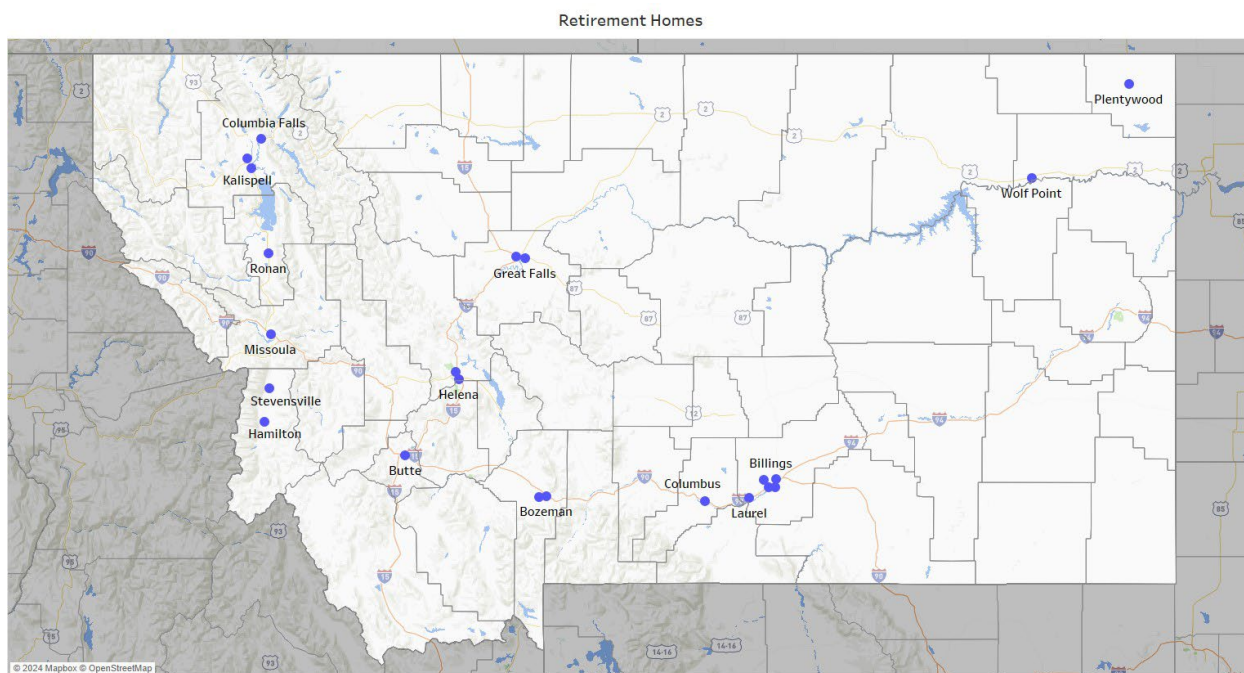
Map of Locked Dementia Units in Montana



Retirement Homes

Residential communities designed for older adults who are generally independent but may require minimal assistance or services, focusing on social engagement and a supportive living environment.

Map of Retirement Homes in Montana





Appendix I. Legislative Initiatives and Future Funding

Recent federal and state legislative initiatives, funding allocations, and innovative programs are enhancing long-term care services and supports for Montana veterans. Significant federal legislation, such as the PACT Act, alongside proposed bills, aim to expand veterans' health care and community services. State-level initiatives include potential legislative actions for the 2025 Montana session, addressing the unique needs of women veterans and family caregivers. Emphasizing future planning, resource allocation, and innovative approaches ensures veterans can age in place with the necessary support and services.

Recently Approved Federal Legislation

PACT Act (Promise to Address Comprehensive Toxins)

The PACT Act went into effect with March 5, 2024, as the beginning date for veterans to file claims. The PACT Act is a law that expands VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. It does the following:

- Expands and extends eligibility for VA health care for veterans with toxic exposures and veterans of the Vietnam, Gulf War, and post-9/11 eras;
- Adds 20+ more presumptive conditions for burn pits, Agent Orange, and other toxic exposures;
- Adds more presumptive-exposure locations for Agent Orange and radiation;
- Requires the VA to provide a toxic exposure screening to every veteran enrolled in VA health care; and helps improve research, staff education, and treatment related to toxic exposures.

Elizabeth Dole Home Care Act (S141, 2023)

Introduced to expand support for veteran caregivers in two programs: Program of General Caregiver Support Services and Program of Comprehensive Family Caregivers. This legislation is currently sitting with the Senate Committee on Veterans' Affairs as of 2/16/2023.

Executive Order – Veteran Directed Care Program Expansion

Signed on 4/18/2023, President Biden's executive order calls for the Veteran-Directed Care Program's expansion to all VA medical centers by the end of fiscal year 2024. This program is designed to increase access to high-quality care and support for caregivers.

CAREERS Act

The VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 (S. 10) proposes modifications to VA policies to improve health care workforce recruitment and retention by modernizing the VA pay system for physicians and other health care providers. This includes the following:

- Authorizing recruitment and retention bonuses for health care professionals;
- Expanding the VA's rural interdisciplinary team training program;
- Allowing the VA to waive pay limitations if necessary in order to recruit and retain critical health care personnel;
- Increasing the VA workforce data reporting requirements for greater public transparency; and



- Studying barriers and facilitators for hiring and retaining long-term care staff. This legislation is currently sitting with the Senate Committee on Veterans' Affairs as of 2/16/2023.

[Expanding Veterans' Options for Long Term Care Act \(S.B. 495, 2023\)](#)

This act requires the VA to implement a pilot program to provide assisted living services to eligible veterans and evaluate the quality and cost of that care. The pilot program would include six geographically diverse Veterans Integrated Service Networks (VISNs) with at least two sites located in rural areas and two being state veterans homes. Currently, the VA does not pay for assisted living services for veterans. This legislation is currently sitting with the Senate Committee on Veterans' Affairs as of 7/12/2023.

[Current Additional Federal Legislation Impacting Veterans](#)

SB 622: A bill to improve services provided by the Department of Veterans Affairs for veteran families and for other purposes.

SB 1745: A bill to expand access to the Veterans Community Care Program to include certain veterans seeking mental health or substance-use services and for other purposes. This would expand community-related services for veterans.

SB 1792: A bill to modify the program of comprehensive assistance for family caregivers of veterans and for other purposes.

SB 1952: A bill to expand eligibility for care from the Department of Veterans Affairs, to include members of the reserve components of the Armed Forces and for other purposes. This would expand eligibility for veteran health care.

SB 2649: A bill to improve community care provided by the Department of Veterans Affairs and for other purposes. This would expand community-related services for veterans.

SB 3282: A bill to authorize the Secretary of Veterans Affairs to waive the requirement of certain veterans to make copayments for hospital care and medical services in the case of an error by the Department of Veterans Affairs.

SB 3284: A bill to modify the limitation on reimbursement for emergency treatment of amounts owed to a third party or for which the veteran is responsible under a health-plan contract. This could potentially reduce some out-of-pocket expenses.

SB 3287: A bill to expand eligibility for supportive services for very low-income veterans' families, to include former members of the reserve components of the Armed Forces and for other purposes. This would expand eligibility for veteran health care.

SB 3546: A bill to require a study on the quality of care difference between mental health and addiction therapy care provided by health care providers of the Department of Veterans Affairs, compared to non-Department providers and for other purposes.

SB 3598: A bill to require the Secretary of Veterans Affairs to establish a comprehensive standard for timing between referrals and appointments for care from the Department of Veterans Affairs and to submit a report with respect to that standard and for other purposes.



SB 3751: A bill to expand and modify the grant program of the Department of Veterans Affairs to provide innovative transportation options to veterans in highly rural areas and for other purposes.

SB 3841: A bill to require the Secretary of Veterans Affairs to submit a report on the impact of a proposed rule submitted by the Centers for Medicare & Medicaid Services on access of veterans to long-term care facilities. This would improve coordinated services.

SB 3885: A bill to expand medical, employment, and other benefits for individuals serving as family caregivers for certain veterans and for other purposes.

SB 4437: A bill to require the Secretary of Veterans Affairs to carry out a pilot program to coordinate, navigate, and manage care and benefits for veterans enrolled in both the Medicare program and the system of annual patient enrollment of the Department of Veterans Affairs. This would improve coordinated services.

HB 3848: A bill to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to homelessness and for other purposes.

HB 3581: A bill to modify the family caregiver program of the Department of Veterans Affairs to include services related to mental health and neurological disorders and for other purposes.

Connectivity – Internet/Cell Service

ConnectMT Act 2023: The Montana Department of Administration (DOA) is working to enhance broadband access and quality through the ConnectMT program, which aims to expand internet connectivity across the state. With nearly 24% of Montanans lacking any internet subscription, improving broadband infrastructure is essential to reducing the digital divide and enabling residents to access critical services, stay connected with loved ones, and participate in remote work and education. For veterans, especially those in rural areas, these efforts are key to ensuring they can access long-term care services and telehealth options.¹⁵⁰

ConnectMT, Montana's first broadband program established under SB 297, awards grants to internet service providers to enhance broadband access statewide. To date, Montana has received significant funding for these initiatives, including \$270 million from the American Rescue Plan Act in 2021 and \$629 million from the Infrastructure Investment and Jobs Act's Broadband Equity, Access, and Deployment (BEAD) program. These investments will be necessary for addressing the connectivity needs of Montana's veterans and supporting their access to essential long-term care services, particularly in rural areas with limited internet and cell service.¹⁵¹

Blackfoot Communications: In 2023, Blackfoot Communications, in partnership with Southern Montana Telephone, received \$11.75 million from the NTIA Middle Mile Grant Program to improve fiber infrastructure in remote areas of Western Montana. The project will add 137 miles of new 'middle mile' fiber, which serves as the backbone for broadband networks but does not connect directly to end-users. The \$17 million project, supported by more than \$5 million in matching funds from Blackfoot and Southern Montana Telephone, aims to expand high-speed,

¹⁵⁰ ConnectMT. "ConnectMT Program." Montana Department of Administration, 2023. Retrieved from: connectmt.mt.gov

¹⁵¹ Ibid.



reliable internet access to underserved and unserved communities, including those with significant veteran populations in the Missoula, Bitterroot, and Big Hole Valleys.¹⁵²

Expanding broadband access is essential for helping veterans age in place, especially in rural communities where services are often limited. The network will reach more than 9,600 locations, including 5,810 currently unserved and 3,822 underserved sites, as well as more than 70 anchor institutions such as schools, hospitals, and libraries. This improved connectivity will enable veterans to access telehealth services, connect with health care providers, and stay in touch with family and social networks, supporting their ability to remain in their homes as they age.¹⁵³

Additionally, the project will strengthen the network's resilience against environmental challenges, ensuring continued access to services during natural disasters. Construction began in the summer of 2023 and is expected to be completed by the end of 2025, enhancing connectivity and support for veterans in Montana's rural areas.¹⁵⁴

¹⁵² Blackfoot Communications. "Blackfoot Communications Announces Grant Award for High-Speed Fiber Internet Project in Western Montana." Blackfoot Communications, 2023. Retrieved from: blackfootcommunications.com/news/blackfoot-communications-announces-grant-award-for-high-speed-fiber-internet-project-in-western-montana/

¹⁵³ Ibid.

¹⁵⁴ Ibid.



Appendix J. Long-Term Care Options in Montana

Finding the right services can be daunting for veterans and their family members. Different eligibility criteria and application processes to access funding streams and programs at the federal, state, and local levels, and the complexity of each, is often an exercise in perseverance. In 2012, a partnership between the Administration on Community Living, Center for Medicaid and Medicare Services, and Veterans Health Administration began implementing grants to states to develop and streamline Long-Term Services and Supports (LTSS). Early in the process, one of the major learnings from grantees in other states was that no one agency or network could successfully implement an LTSS access system for all populations and all payers without having multiple agencies and organizations at the state and local level formally involved in the system's operations. Many different agencies and organizations that serve or represent the interests of different LTSS populations need to be involved. Thus, a concept called "No Wrong Door" was established. Since 2014, through various discretionary grants, states have been making progress toward implementing "No Wrong Door."

The landscape and realities for aging Montanans and the approaches and services available are shifting to a more person-centered approach. In 2019, Montana's Senior and Long Term Care Division received a federal technical assistance grant to explore ways in which to improve "Person-Centered Thinking, Planning, and Practice," focusing on long-term services and supports for aging individuals and individuals with disabilities.

Person-centered planning (PCP) is a process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community. Most important, it is a process that is directed by the person who receives the support.

- Person-centered thinking focuses language, values, and actions toward respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice.
- Person-centered planning is directed by the person with helpers they choose. It is a way to learn about the choices and interests that make up a good life and identify supports (paid and unpaid) needed to achieve it.
- Person-centered practices are present when people have the full benefit of community living and supports that are designed to assist people as they work toward their desired life goals.

Long-term care services and supports in Montana may include medical, social, housekeeping, or rehabilitation services a person needs over months, and sometimes years, to improve or maintain function or health. Such services are provided in skilled nursing homes, in resident homes, or in community-based settings such as assisted living facilities and retirement homes.

In Montana, alternatives to nursing home care are available. Both medical and non-medical care may be received at home or in residential settings. Veterans may be eligible for these services or programs. The Veterans Administration may provide some assistance with per diem payments toward the daily costs of inpatient residential programs such as at the three Montana veteran homes.

Montana Medicaid is health care coverage for some low-income Montanans and is administered by the Department of Public Health and Human Services (DPHHS).



Appendix K: Nursing Home Bed Need Projections

Nursing Home Bed Need Projections – August 2024¹⁵⁵

Community	Current Licensed Beds	Total Patient Days	Average Daily Census	Percent Occupancy	Projected Bed Need	Unmet Need	CAH Swing Bed Days
Anaconda	62	7001	19	31%	23	-39	1491
Baker	0	-	-	-	-	*	5597
Big Sandy	0	-	-	-	-	-	432
Big Sky	0	-	-	-	-	-	354
Big Timber	0	-	-	-	-	*	7477
Billings	815	127793	350	43%	412	-403	0
Bozeman	69	15081	41	60%	49	-20	0
Broadus	41	7022	19	47%	23	-18	0
Browning	47	730	2	4%	2	-45	0
Butte	449	77736	213	47%	251	-198	0
Chester	0	-	-	-	-	*	6836
Chinook	42	13540	37	88%	44	2	0
Choteau	0	-	-	-	-	*	7154
Circle	0	-	-	-	-	-	458
Clancy	70	23341	64	91%	75	5	0
Columbia Falls	105	21180	58	55%	68	-37	-
Conrad	59	14853	41	69%	48	-11	339
Crow Agency	40	7685	21	53%	25	-15	0
Culbertson	0	-	-	-	-	*	7895
Cut Bank	41	5474	15	37%	18	-23	549
Deer Lodge	60	16818	46	77%	54	-6	718
Dillon	87	33065	91	104%	107	20	600
Ekalaka	0	-	-	-	-	-	402
Ennis	32	6810	19	58%	22	-10	494
Eureka	49	10384	28	58%	33	-16	0
Forsyth	20	5470	15	75%	18	-2	6336
Fort Benton	0	-	-	-	-	-	585
Glasgow	96	19983	55	57%	64	-32	569
Glendive	116	31130	85	74%	100	-16	2111
Great Falls	613	64306	176	29%	207	-406	0
Hamilton	101	20709	57	56%	67	-34	0
Hardin	-	-	-	-	-	-	3619
Harlowton	0	-	-	-	-	*	0
Havre	135	26320	72	53%	85	-50	0

¹⁵⁵ Montana Office of Inspector General. Nursing Home Bed Need Projections August 2024. Montana Department of Public Health and Human Services. Retrieved from: dphhs.mt.gov/assets/oig/LicensureBureau/HealthCareFacilityLicensing/CertificateofNeed/NursingHomeBedNeedProjectionsAugust2024.pdf



Community	Current Licensed Beds	Total Patient Days	Average Daily Census	Percent Occupancy	Projected Bed Need	Unmet Need	CAH Swing Bed Days
Helena	198	58740	161	81%	189	-9	0
Hot Springs	40	3751	10	26%	12	-28	0
Jordan	0	-	-	-	-	-	30
Kalispell	405	130194	357	88%	420	15	0
Laurel	79	6924	19	24%	22	-57	0
Lewistown	186	42509	116	63%	137	-49	761
Libby	101	28169	77	76%	91	-10	0
Livingston	115	4471	12	11%	14	-101	181
Malta	0	-	-	-	-	-	127
Miles City	84	22026	60	72%	71	-13	2203
Missoula	317	76349	209	66%	246	-71	0
Phillipsburg	0	-	-	-	-	-	177
Plains	28	9630	26	94%	31	3	696
Plentywood	35	11016	30	86%	36	1	1078
Polson	70	5354	15	21%	17	-53	365
Poplar	0	-	-	-	-	-	487
Red Lodge	-	-	-	-	-	-	1179
Ronan	75	13692	38	50%	44	-31	1624
Roundup	0	-	-	-	-	*	7215
Scobey	0	-	-	-	-	-	451
Shelby	32	7486	21	64%	24	-8	235
Sheridan	39	8772	24	62%	28	-11	1121
Sidney	60	16242	44	74%	52	-8	1509
Stevensville	50	12738	35	70%	41	-9	0
Superior	0	-	-	-	-	-	1004
Terry	0	-	-	-	-	*	8064
Townsend	0	-	-	-	-	*	6398
White Sulphur Springs	0	-	-	-	-	*	795
Whitefish	100	23204	64	64%	75	-25	3814
Wibaux	40	10571	29	72%	34	-6	0
Wolf Point	60	16073	44	73%	52	-8	35

*Critical Access Hospital (CAH) swing bed usage exceeding 1825 days (5 beds x 365 days) should indicate nursing home beds are needed in the community.