



Michigan Department of Military & Veterans Affairs  
Michigan Veterans Homes  
GRAND RAPIDS HOME FOR VETERANS  
3000 Monroe Ave. NE, Grand Rapids, MI 49505-3397

## COMPUTATION OF FEES

It is very important for each applicant to understand, before admission, the financial obligations due the Veterans Home. Each resident is assessed a maintenance charge based upon ability to pay. The individual assessments, set by the Board of Managers, range from no charge to the full cost of care. Considered in the assessment amount is marital status, number of dependents, assets, income and expenses.

The Grand Rapids Home for Veterans is a State of Michigan facility operated by the Michigan Department of Military and Veterans Affairs. The cost of care is established annually (October 1<sup>st</sup>) by the Board of Managers of the Michigan Veterans Homes based upon operational costs. Residents having the ability to pay the full cost of care must do so. Our current full cost of care rates are listed below:

<b>Veterans</b>	<b>Member Charge Per Month</b>
<b>Nursing Care</b>	<b>\$3,950</b>
<b>Domiciliary Care</b>	<b>\$2,150</b>
<b>Non-Veterans</b>	
<b>Nursing Care</b>	<b>\$6,400</b>
<b>Domiciliary Care</b>	<b>\$3,220</b>

Those residents determined unable to pay the maximum amounts will be assessed according to their monthly income.

### Overview:

A resident without dependents (single/widowed) is assessed all income over \$100. The member is allowed the first \$100 per month of his/her income. The remainder of the member's income must be applied toward the cost of care each month. At admission \$2,000 in assets is exempted.

A resident with a spouse, and/or dependents, is allowed living expenses to maintain the family homestead such as utilities, medical expenses, court ordered expenses, etc. For married members assets up to \$25,000 are exempted in addition to the homestead. If the married member's assets (excluding the Homestead) are greater than \$25,000, the member will be assessed the full cost of care. If a married member's assets are \$25,000 or below, the family's total income is considered in the evaluation of assessment for care. The dependent's living costs (following a set of pre-established guidelines) are subtracted from the total income, and the remaining balance is charged for the member's care. The spouse is responsible for providing a spending allowance for the member.

The most important aspect relating to the assessment for care is the concept of **"Ability to Pay"**. The Home considers assessments on an individual basis. Care at the Home is not paid for by Medicare/Medicaid or other health insurances. Long-term care insurances may reimburse the resident for costs, however, applicants should inquire with their insurance company prior to admission.

Upon arrival at the Home, the applicant should be prepared to pay the first month's fee. If arrival is after the first day of the month, the monthly fee will be pro-rated.

**For additional information or concerns/questions regarding the assessment for cost of care, please contact the Benefits Coordinator, John Lockett, at (616) 364-5382.**