



## Legislative Fiscal Bureau

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May 9, 2013

Joint Committee on Finance

Paper #701

### **Staffing at the Veterans Home at Union Grove (Veterans Affairs -- Veterans Homes, Cemeteries, and Memorials)**

[LFB 2013-15 Budget Summary: Page 495, #2]

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#### **CURRENT LAW**

The Veterans Home at Union Grove (VH-UG) consists of two separately licensed skilled nursing facilities (SNFs), Boland Hall (120 beds) and Gates Hall (38 beds), and a 40-bed community based residential facility (CBRF), Fairchild Hall. Gates Hall was originally constructed as a residential care apartment complex, but was closed in July, 2011, because insufficient demand for these types of beds prevented DVA from operating the facility near its occupational capacity. In October, 2012, construction began to convert Gates Hall into a SNF. According to the Department of Veterans Affairs (DVA), Gates Hall could begin operating as a nursing home as early as June, 2013.

Shemanske Hall, another 41-bed CBRF at VH-UG, was closed in February, 2012. DVA expects to lease this facility to the U.S. Department of Veterans Affairs (USDVA) for the operation of a community-based outpatient clinic. The veterans homes are funded with a combination of medical assistance (MA) payments, per diem and service-connected disability payments from the U.S. Department of Veterans Affairs, member contributions, and several other sources.

Base funding for VH-UG operations is \$16,013,400 in program revenue (PR) funds, which supports 193.83 PR positions. Under the bill, funding and positions for the veterans homes, including VH-UG, would be converted from PR to SEG, and revenues to the homes would be deposited to the veterans trust fund (VTF), rather than credited to a PR appropriation that supports the operations of the veterans homes, to address a projected shortfall in the VTF. On April 30, the Committee adopted a motion that will delete this provision from the bill, so that the veterans homes will continue to be funded from the program revenues they generate.

## **GOVERNOR**

Provide \$1,749,100 PR in 2013-14 and \$2,315,700 PR in 2014-15 to support 40.00 additional PR positions, beginning in 2013-14, for VH-UG. This item includes 38.00 positions for the operation of Gates Hall as a skilled nursing facility (SNF), including: 19.50 certified nursing assistants, 5.50 registered nurses, 6.00 licensed practicing nurses, 4.00 housekeepers, 1.00 laundry position, 1.00 minimum data set coordinator, and 1.00 dietitian. In addition, the bill would provide funding to support 1.00 security supervisor and 2.00 half-time security officers to patrol the campus and operate the front desk after normal business hours.

## **DISCUSSION POINTS**

1. Attachment 1 shows the monthly resident population, total number of authorized full time equivalent (FTE) direct care workers at VH-UG, the number of filled direct care positions, the number of vacancies, and direct care staff- to- resident ratios based on authorized and filled FTE from July, 2010, through March, 2013.

The first section of Attachment 1 shows this information for Boland Hall, the SNF at VH-UG, and the second table shows the information for the assisted living facilities. For the purposes of this paper, direct care staff includes RNs, LPNs, CNAs, nurse practitioner management positions, nursing supervisors, and resident care technicians. Over this period, the resident population at Boland Hall, has remained near full capacity, with members occupying between 118 and 120 of the 120 beds at the facility.

The second section of Attachment 1 shows that the number of residents in the assisted living (AL) units decreased for most of 2010-11 and 2011-12 before increasing slightly beginning in December, 2012. Direct care staff at both the SNF and AL facilities decreased in 2010-11 through the middle of 2011-12 before increasing to the present. Authorized positions for Boland Hall remained between 91.3 positions and 94.3 positions over this period, while the number of authorized positions at the assisted living facilities remained between 35.8 positions and 39.8 positions.

2. This office presented the most recent staffing report to DVA, showing 4.50 "pool code" direct care positions were vacant and 17.5 standard FTE direct care positions were vacant. Pool code positions are funded from surplus funding available in the agency's salary budget and may be created by agencies with the approval of the Department of Administration. They are most commonly created for positions that require significant training or that have high turnover. DVA indicated that of these non-pool code positions, 3.50 standard FTE positions were transfers, 8.50 standard FTE were recently filled, and DVA was currently recruiting for 5.50 FTE positions.

3. However, even as DVA hires new staff each month, some current staff leave their positions. In March, 2013, there were 16.50 vacant direct care positions based on the statewide personnel report. Of these, 3.50 FTE had been vacant for nine months. The other 13.00 positions that were vacant in March had been filled for some period of time in the previous nine months. Of the positions that had been vacant for at least nine months, 3.00 positions, were CNA positions. The

other 0.50 position was a RN position.

4. Table 1 shows the number of total vacant direct care positions, positions filled, positions vacated, and net change in vacancies from one personnel report to the next from the reports available for the past nine months. While DVA has filled on average 6.60 direct care positions per month during this period, on average 4.90 positions have also been vacated each month. This report does not indicate whether these position changes were a result of transfers, terminations, or new hires.

**TABLE 1**

**Vacant Direct Care FTE at the Veterans Home at Union Grove and Recent Staff Changes**

	<u>July</u> <u>2012</u>	<u>Aug</u> <u>2012</u>	<u>Sept</u> <u>2012</u>	<u>Oct</u> <u>2012</u>	<u>Nov</u> <u>2012</u>	<u>Feb</u> <u>2013</u>	<u>Mar</u> <u>2013</u>	<u>Average</u>
Total Vacant FTE	27.0	27.0	23.5	21.5	25.5	16.5	16.5	22.5
Positions Filled	5.0	2.5	11.5	5.5	0.0	17.0	4.5	6.6
Positions Vacated	-3.5	-2.5	-8.0	-3.5	-4.0	-8.0	-4.5	-4.9
Net Change to Filled Positions	1.5	0.0	3.5	2.0	-4.0	9.0	0.0	1.7

5. Attachment 2 shows monthly overtime costs at the VH-UG from June, 2010, through March, 2013. Monthly overtime costs have decreased significantly in 2012-13, compared to the two previous years. This may be due to the staff reallocations from the assisted living facilities to Boland Hall, made possible by the closure of the two assisted living facilities.

6. Table 2 shows costs DVA incurred to purchase contracted direct care staff from July, 2010, through March, 2013. When DVA cannot fill a shift with part-time staff or find employees willing to work overtime, the Department purchases contracted nursing staff services to staff units on a temporary basis. The costs of these contracted services increased beginning in July 2011, but, similar to overtime costs, have decreased in the current year.

**TABLE 2****Costs of Contracted Nursing Staffing, by Month  
Fiscal Years 2010-11 Through 2012-13**

<u>Month</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>
July	\$300	\$18,800	\$6,400
August	1,600	57,500	10,700
September	5,900	55,200	1,200
October	2,900	34,100	3,600
November	7,800	64,100	5,600
December	2,800	31,700	5,300
January	1,700	75,500	7,100
February	1,800	36,400	9,400
March	4,100	30,500	4,700
April	4,200	43,600	2,900
May	6,800	19,000	0
June	43,700	21,600	0
Thirteenth Pay Period	<u>26,600</u>	<u>19,600</u>	<u>0</u>
Total	\$110,200	\$507,600	\$56,900

7. Table 3 shows how DVA would use 35.1 positions of the additional 40.00 positions recommended by the Governor. First, DVA would allocate 19.6 CNA positions to have between five and four CNAs on each shift and the 5.5 RN positions to have one RN on each shift. DVA would place two LPNs on the day and evening shifts with the 6.00 positions that would be provided in the bill. The 4.00 additional housekeeper positions would allow DVA to have one housekeeping position on the day and evening shifts.

**TABLE 3****Number of Positions, by Classification and Shift**

<u>Position</u>	<u>A.M.</u>	<u>P.M.</u>	<u>Night</u>	<u>Staffed Days</u>	<u>Shifts per Week</u>	<u>Shifts per FTE</u>	<u>FTE Needed</u>	<u>Additional FTE For Vacation, Sick Days, &amp; Leaves of Absence</u>	<u>Total FTE AB 40</u>
CNA	5	5	4	7	98	5	19.6	0	19.6
RN	1	1	1	7	21	5	4.2	1.3	5.5
LPN	2	2	0	7	28	5	5.6	0.4	6
Housekeeping	1	1	0	7	14	5	2.8	1.2	<u>4</u>
Total									35.1

8. In addition to the positions shown in Table 3, the bill would authorize 1.00 additional laundry position, 1.0 minimum data set (MDS) coordinator position, 1.00 dietitian position, and 2.00 FTE security officers. The MDS coordinator completes the MDS evaluations for each resident. The MDS is a federally required evaluation of each resident's physical and mental condition which must be completed when members are admitted under Medicare, then again five, 30, 60, and 90 days after admission, and annually thereafter. DVA indicates the MDS takes approximately two hours to complete per resident. The MDS coordinator would also act as the infection control monitor for Gates and Boland Halls.

9. VH-UG's 2010 federal accreditation survey showed that it was not providing appropriate registered dietitian services to residents of VH-UG's AL facilities. Current staff positions were used to meet this additional need, but DVA indicates these staff would not be able to cover an additional 38-bed unit. The dietitians meet with each member monthly.

10. The 2.00 FTE security officers include one full-time security supervisor and two 0.50 FTE security officers. DVA indicates the security officers are needed to patrol the VH-UG campus and to provide receptionist services to residents and staff in the evening. The VH-UG campus is not a closed campus and individuals not affiliated with the veterans home can access the premises. VH-UG also does not have a monitoring system to make sure residents have not wandered into an unsafe situation.

11. In addition to the staffing increase in this item, the bill would transfer 31.0 base positions that are currently budgeted at VH-UG's AL facilities to instead staff the SNF at VH-UG. (This item is included in a standard budget adjustment "minor transfers within appropriations.")

DVA indicates 29.00 of these positions would be used to increase staff at Boland Hall, the SNF that is currently operating, and the other 2.00 positions would be transferred to Gates Hall. These transferred positions include 16.0 CNAs, 2.0 LPNs, 1.50 RNs, and 2.25 nurse supervisor positions. Another 7.25 positions were also reallocated to increase staff at Boland Hall. These positions became available due to the closure of CBRF operations at Gates Hall in July, 2011, and of Shemanske Hall, in February, 2012. DVA indicates that some of these positions are currently working at either Boland Hall or Fairchild Hall, the only remaining AL facility. DVA also indicates that some of the positions were held vacant so that positions and funding would be available to staff Gates Hall when it opens as an SNF in spring, 2013. However, it could be argued that some of the position savings that resulted from the recent closure of the two assisted living units could have been used to staff the new skilled nursing facility (Gates Hall), rather than to increase staffing at Boland Hall.

12. As shown in Attachment 1, although the combined SNF and AL resident population at Union Grove decreased from an average of 193 residents per month in 2010-11 to an average of 154 residents per month in 2012-13 (to date), the average number of direct care staff at Union Grove only decreased from 111 positions in 2010-11 to 109 positions in 2011-12. The average did fall to 100 in 2011-12. In particular, the resident population at the SNF was between 118 and 120 every month over this time period, but the resident population at the AL facilities fell by 51.4%, from an average of 74 residents per day to an average of 36 residents per day.

13. Rather than provide additional staffing for operations of Gates Hall under this item (and the higher staffing that would be provided for Boland Hall due to the standard budget adjustment staff transfer), the Committee could require DVA to use half of the positions (15.50) from the AL facilities to operate Gates Hall. The Committee could then provide only an additional 22.50 FTE positions to provide the Department the 38.00 FTE it indicates is necessary for Gates Hall (Alternative 2). This alternative would reduce position and funding authority in the bill by \$873,000 annually and 15.50 FTE positions. Under this option, DVA would have to use pool code positions, contracted services staff, and overtime to meet its staffing needs.

14. Another alternative available to the Committee would be to delete all of the non-direct care staff recommended by the Governor (Alternative 3). The Governor recommended 7.00 positions and \$499,700 PR in 2013-14 and \$649,900 PR in 2014-15 to provide VH-UG with 3.00 FTE to create one additional laundry position, an MDS coordinator position, a dietitian position, and 2.00 FTE security officers. These positions are described in greater detail above. This alternative would reduce expenditures and position authority for VH-UG, but would not reduce the staff to resident ratio recommended by the Governor. Although these are not direct care staff, eliminating them, especially the MDS coordinator and dietitian, may still have a negative impact on residents.

15. The Committee could also delete all 40.00 positions added in the bill (Alternative 4). If this alternative is approved, DVA would have to use the 31.00 positions from the closed AL facilities to staff Gates Hall at a lower level. DVA would have to use pool coded positions, contracted nursing staff, and overtime to fill staffing needs. If DVA is unable to reallocate base positions and funding, it may not open Gates Hall.

16. DVA cites the CMS 5-Star rating system as one indicator of the level of care it is providing at the Veterans Homes. Boland Hall at VH-UG has star ratings of four stars for both its overall and staffing specific star ratings. On average, residents at Boland Hall received an hour and 41 minutes of licensed nurse care per day and an hour and 39 minutes of CNA care per day. By comparison, the state average for Wisconsin nursing homes was an hour and 32 minutes of licensed nursing care and two hours and 35 minutes of CNA care per day. As the number and acuity of residents at VH-UG increases, DVA is concerned that its staff to resident ratio will decrease and as a result the CMS star rating of the facility will decline.

17. The Department of Health Services (DHS) calculates the case mix index (CMI) of each nursing home in the state to determine the payments each nursing home will receive for their Medicaid eligible residents. Whenever a new resident is admitted to a nursing home, the nursing home is required by the Centers for Medicare and Medicaid Services (CMS) to assess and report the needs of the resident using the minimum data set (MDS). CMS uses the reported MDS data to determine the average cost of providing services to residents needing a specific level and type of care. This information is used to create 48 Resource Utilization Groupings (RUGs). The RUGs correspond to a level and type of care and each RUG is given a value that is plus or minus 1.00 based on the relative cost of care for these individuals when compared to the average cost of care for an individual. The CMI for a facility is the weighted average of the RUGs scores for the residents at the facility.

18. Table 4 shows the composite CMI score for Boland Hall from December, 2010,

through September, 2012, the most recent data available. As seen in the table, the CMI for Boland Hall increased and decreased approximately the same amount every other three months from December, 2010, to December, 2011, and then started to increase from March, 2012, through September, 2012. There was approximately a 10% increase from March, 2012, through September, 2012.

**TABLE 4**

**Case Mix Index for Boland Hall  
December, 2010 through September, 2012**

	<u>Dec.</u> <u>2010</u>	<u>March</u> <u>2011</u>	<u>June</u> <u>2011</u>	<u>Sept.</u> <u>2011</u>	<u>Dec.</u> <u>2011</u>	<u>Mar.</u> <u>2012</u>	<u>June</u> <u>2012</u>	<u>Sept.</u> <u>2012</u>	Total Change Dec. 2010 Through Sept. 2012
CMI	0.911	0.920	0.884	0.914	0.884	0.929	0.947	0.972	0.061
Change		0.009	-0.036	0.030	-0.030	0.045	0.018	0.025	

19. Most nursing homes provide short-term rehabilitative care to Medicare recipients that were recently in the hospital. These residents tend to have higher care needs than other long-term care residents. For this reason, DVA has in the past indicated that it may not be appropriate to compare the CMI scores for VH-UG to those of other nursing homes in the state.

20. DHS also surveys every nursing home for care and safety violations. Boland Hall was last surveyed in 2011. Boland Hall had staff retention rates well above the Wisconsin state average for RNs, LPNs, and CNAs. In many cases the retention rate for Boland Hall was over 10 percentage points higher than the state average. Boland Hall received seven citations for federal violations in 2011. All of the violations were no more serious than "corrections," the second lowest of the four deficiency levels. Corrections are deficiencies that "exist when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental or psychosocial well-being."

21. As shown in Attachments 1 and Table 3, even after DVA closed Gates Hall in July 2011, VH-UG continued to have high costs of overtime and contracted nursing services, relative to 2010-11. These overtime and staffing costs appear to begin to decrease after February, 2012, when Shemanske Hall was closed. DVA indicates the reduction in overtime and agency staffing was the result of aggressive recruitment to fill vacant positions and the transfer of positions from the AL facilities to Boland Hall. Reducing or deleting the Governor's recommendation to increase direct care staff at VH-UG could lead to another substantial increase in overtime and agency staffing costs.

22. DVA indicates that while Gates Hall's operational expenses are expected to cost \$2,212,100 PR annually, it is expected to generate revenue of \$4,819,400 in 2013-14 and of \$4,830,900 in 2014-15. Under the bill, the administration estimated that the facility would begin

generating revenue on July 1, 2013. However, all of the additional staff positions recommended by the Governor are assumed to begin on October 1, 2013, so that only nine months of funding is budgeted for these positions in the bill. If the Committee approves the bill without modification, revenues to the VH-UG would be reduced by approximately \$1,204,900 in 2013-14, compared to previous DVA estimates.

23. Under the 16.515/505 request DVA submitted to the Committee on April 15, 2013, DVA requested funding and position authority to begin operating Gates Hall as an SNF immediately. The request would increase expenditures in 2012-13 by \$525,000 PR and authorize 38.0 PR positions in that year. DVA estimates that if the Committee approves the request by May 6<sup>th</sup>, DVA would be able to open the facility in the middle of June, 2013. The VTF condition statement in Issue Paper #690 "Transfers to the Veterans Trust Fund" assumes that the Department's 16.515/505 request for Gates Hall would be approved, and that these revenues would be credited to the VTF. Based on the Committee's April 30 actions, revenue generated by VH-UG will be credited to the PR appropriation that supports the veterans homes.

24. DVA indicates it has recently hired 7.5 FTE CNA positions starting May 6<sup>th</sup> for the opening of Gates Hall as a SNF. These new positions are expected to cost approximately \$50,000 (\$33,000 salary and \$17,000 fringe) in 2012-13.

25. Considering the Department indicates that Gates Hall will be ready to accept residents so near the end of fiscal year 2012-13, the Committee could object to the Department's 16.515/505 request but vote to move up the opening date of the facility to the start of fiscal year 2013-14 on July 1, 2013 (Alternative 4). The bill currently provides funding for DVA to open Gates Hall on or near October 1, 2013. This alternative would increase expenditures relative to the bill by \$541,700 in 2013-14.

26. Rejecting the 16.515/505 request would reduce program revenues generated from Gates Hall by approximately \$1,204,900 PR, but would also eliminate the need to increase funding in the bill by \$525,100 in 2012-13 and \$541,700 in 2013-14 to fund the positions for the period from July 1, 2013 through September 31, 2013.

**ALTERNATIVES**

1. Approve the Governor's recommendation to provide staffing for Gates Hall, based on an October 1, 2013, assumed start date for the positions.

2. Reduce funding in the bill by \$873,000 PR and 15.50 PR positions annually, which would require DVA to allocate half of the additional positions that became available following the closure of the assisted living units to staff Gates Hall, rather than to increase staffing for Boland Hall.

ALT 2	Change to Bill	
	Funding	Positions
PR	- \$1,746,000	- 15.50

3. Reduce funding in the bill by 7.00 FTE and \$499,700 PR in 2013-14 and \$649,900 PR in 2014-15 to delete all non-direct care staff that would be provided in the bill for operations of Gates Hall at the Veterans Home at Union Grove.

<b>ALT 3</b>	<b>Change to Bill</b>	
	Funding	Positions
PR	- \$1,149,600	- 7.00

4. Increase funding in the bill by \$541,700 PR in 2013-14 to fund positions for the operations at Gates Hall beginning July 1, 2013, rather than beginning October 1, 2013, as budgeted in the bill.

<b>ALT 4</b>	<b>Change to Bill</b>
	Funding
PR	\$541,700

5. Delete the provision. Reduce funding by \$1,749,100 PR in 2013-14 and by \$2,315,700 PR in 2014-15 and delete 40.00 PR positions beginning in 2013-14.

<b>ALT 5</b>	<b>Change to Bill</b>	
	Funding	Positions
PR	- \$4,064,800	- 40.00

Prepared by: Grant Cummings  
Attachments



## ATTACHMENT 1

### Comparison of Skilled Nursing Resident Populations and Direct Care Staff

<u>Month</u>	<u>Resident Population</u>	<u>Direct Care Staff</u>		<u>Vacant</u>	<u>Staff-to-Resident Ratio</u>	
		<u>Authorized</u>	<u>Filled</u>		<u>Authorized Direct Care Staff</u>	<u>Filled Direct Care Staff</u>
<b>Fiscal Year 2010-11</b>						
July	119	94.3	84.8	9.5	0.79	0.71
August	120	94.3	84.3	10.0	0.79	0.70
September	118	94.3	85.8	8.5	0.80	0.73
October	119	94.3	84.3	10.0	0.79	0.71
November	119	94.3	82.3	12.0	0.79	0.69
December	119	94.3	82.8	11.5	0.79	0.70
January	119	94.3	82.3	12.0	0.79	0.69
February	118	94.3	78.8	15.5	0.80	0.66
March	119	94.3	77.3	17.0	0.79	0.65
April	119	94.3	74.8	19.5	0.79	0.63
May	118	94.3	74.3	20.0	0.80	0.63
June	119	94.3	72.3	22.0	0.80	0.61
Average	119	94.3	80.3	14.0	0.79	0.68
<b>Fiscal Year 2011-12</b>						
July	120	93.3	70.3	23.0	0.78	0.59
August	120	93.3	70.3	23.0	0.78	0.59
September	120	93.3	70.3	23.0	0.78	0.59
October	119	92.8	66.8	26.0	0.78	0.56
November	118	92.3	67.3	25.0	0.78	0.57
December	119	92.3	68.8	23.5	0.77	0.58
January	118	92.3	72.3	20.0	0.78	0.61
February	118	91.3	68.3	23.0	0.77	0.58
March	119	91.3	73.8	17.5	0.77	0.62
April	119	91.3	73.8	17.5	0.77	0.62
May	119	91.3	74.3	17.0	0.77	0.62
June	119	91.3	75.3	16.0	0.77	0.63
Average	119	92.1	70.9	21.2	0.77	0.60
<b>Fiscal Year 2012-13 (through March)</b>						
July	118	91.8	76.3	15.5	0.78	0.65
August	119	91.8	77.3	14.5	0.77	0.65
September	118	91.8	74.3	17.5	0.78	0.63
October	119	91.8	77.3	14.5	0.77	0.65
November	119	91.8	73.8	18.0	0.77	0.62
December	118	91.8	77.3	14.5	0.78	0.65
January	117	91.8	78.8	13.0	0.78	0.67
February	118	91.8	79.3	12.5	0.78	0.67
March	119	91.8	82.3	9.5	0.77	0.69
Average	118	91.8	77.4	14.4	0.78	0.65

## Comparison of Assisted Living Resident Populations and Direct Care Staff

<u>Month</u>	<u>Resident Population</u>	<u>Direct Care Staff</u>		<u>Vacant</u>	<u>Staff-to-Resident Ratio</u>	
		<u>Authorized</u>	<u>Filled</u>		<u>Authorized Direct Care Staff</u>	<u>Filled Direct Care Staff</u>
<b>Fiscal Year 2010-11</b>						
July	80	35.8	32.3	3.5	0.45	0.40
August	79	35.8	33.3	2.5	0.45	0.42
September	80	35.8	33.3	2.5	0.45	0.41
October	80	35.8	33.3	2.50	0.45	0.42
November	76	35.8	33.8	2.0	0.47	0.44
December	75	35.8	33.3	2.5	0.48	0.45
January	74	35.8	33.3	2.5	0.49	0.45
February	73	35.8	30.3	5.5	0.49	0.41
March	72	35.8	28.3	7.5	0.49	0.39
April	70	35.8	27.8	8.0	0.51	0.40
May	67	35.8	26.8	9.0	0.53	0.40
June	62	35.8	26.8	9.0	0.58	0.43
Average	74	35.8	31.0	4.8	0.49	0.42
<b>Fiscal Year 2011-12</b>						
July	58	35.8	26.8	9.0	0.62	0.46
August	57	35.8	26.8	9.0	0.63	0.47
September	53	35.8	26.8	9.0	0.67	0.50
October	50	35.8	25.25	10.5	0.72	0.51
November	48	38.3	25.3	13.0	0.80	0.53
December	44	38.3	29.3	9.0	0.88	0.67
January	42	38.3	31.3	7.0	0.92	0.75
February	40	39.3	31.8	7.5	0.98	0.79
March	38	39.3	30.8	8.5	1.03	0.81
April	37	39.3	29.75	9.5	1.06	0.80
May	36	39.3	29.3	10.0	1.09	0.81
June	35	39.3	27.3	12.0	1.12	0.78
Average	45	37.8	28.3	9.5	0.88	0.66
<b>Fiscal Year 2012-13 (through March)</b>						
July	33	38.8	26.8	12.0	1.17	0.81
August	33	38.8	26.8	12.0	1.17	0.81
September	34	38.8	33.3	5.5	1.14	0.98
October	35	38.8	32.3	6.5	1.11	0.92
November	34	38.8	31.8	7.0	1.14	0.93
December	37	38.8	30.75	8.0	1.05	0.83
January	39	39.8	32.3	7.5	1.02	0.83
February	39	39.8	35.8	4.0	1.02	0.92
March	39	39.8	32.8	7.0	1.02	0.84
Average	36	39.1	31.4	7.7	1.09	0.87

## ATTACHMENT 2

### Bi-Weekly Overtime Expenditures for the Veterans Home at Union Grove, From 2009-10 through March 2012-13

<u>Pay Period</u>	<u>2009-10</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>
1	\$34,200	\$44,600	\$18,600	\$9,000
2	11,600	20,400	28,000	13,500
3	15,600	26,100	18,900	14,200
4	12,900	27,900	17,100	14,200
5	13,500	23,300	23,500	14,200
6	12,000	19,600	28,500	13,100
7	10,200	15,400	21,000	12,200
8	15,000	18,400	27,000	12,600
9	13,300	13,300	28,100	15,700
10	15,100	16,200	25,100	14,700
11	13,600	14,300	21,700	18,600
12	19,800	19,900	27,700	24,400
13	13,800	14,600	23,000	23,100
14	30,000	21,800	40,700	17,400
15	21,100	28,300	26,500	10,000
16	22,000	20,500	27,300	10,800
17	17,400	19,200	17,800	12,500
18	15,300	20,000	17,200	9,300
19	18,700	26,400	17,600	9,400
20	15,500	22,600	12,400	
21	12,400	21,700	10,400	
22	12,500	14,800	11,700	
23	14,900	17,000	12,600	
24	12,800	19,100	12,300	
25	16,600	22,800	15,500	
26	11,500	19,900	11,700	
27			9,400	
Total	\$421,300	\$548,100	\$551,300	
Totals Through March of Each Year	\$325,100	\$410,200	\$455,300	\$268,900