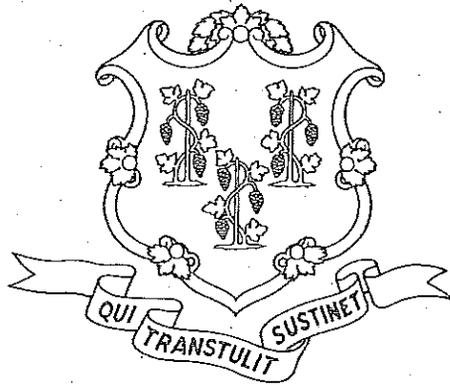


# Connecticut General Assembly



## Legislative Program Review and Investigations Committee

### SUNSET REVIEW

### Veterans Home and Hospital Commission

Vol. II-7

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CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

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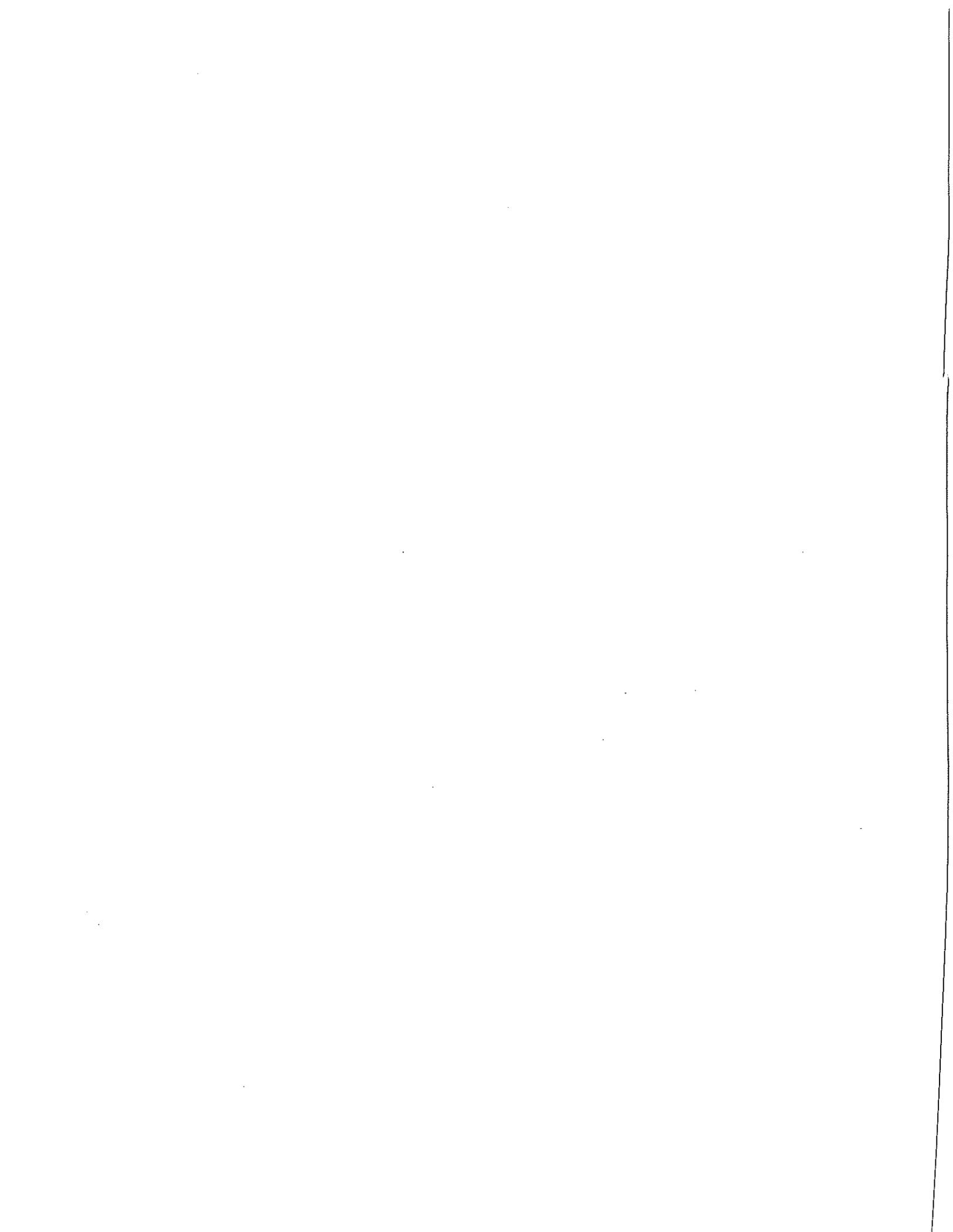
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## SUMMARY

The Connecticut General Assembly passed an act in 1927 which created the Veterans' Home Commission. The commission was composed of eight members, a majority of whom were required to be veterans. The commission was authorized to take over the property and management of the Fitch's Home for Soldiers located in Rocky Hill. In 1935 and again in 1937, the General Assembly passed acts which transferred the administrative responsibility for several veteran benefit programs from the state's adjutant-general to the Veterans' Home Commission. In 1947 the name of the Fitch's Home for Soldiers was changed to the Veterans' Home and Hospital and the commission became the Veterans' Home and Hospital Commission.

The present Veterans' Home and Hospital Commission is located within the Department of Health Services for administrative purposes only. It is composed of eight commissioners, a majority of whom must be veterans. Each member is appointed by the governor with all terms being coterminous. The commissioners receive no compensation for their services but are paid for reasonable expenses incurred in the performance of their duties.

The primary purpose of the Veterans' Home and Hospital Commission is to govern and control the Veterans' Home and Hospital in Rocky Hill. In addition the commission has responsibility for the administration of the programs which provide burial and headstone grants, aid to veterans, their widows and dependents and care and treatment for veterans in hospitals other than the Veterans' Home and Hospital.

To meet these responsibilities the Veterans' Home and Hospital Commission is empowered to:

- develop and review policies and procedures of Veterans' Home and Hospital and the grant aid programs;
- review and approve the budget and expenditures of the Veterans' Home and Hospital and the grant and aid programs;
- appoint such officers and employees as are necessary for the administration of the Veterans' Home and Hospital;
- adopt and enforce the rules of management of the Veterans' Home and Hospital;

- approve the admission and discharge of all veterans to the home and hospital and the sum, if any, to be paid by the veteran; and
- investigate all complaints concerning the conduct or treatment of any veteran at the home or hospital and direct that any offender be prosecuted, disciplined or dismissed.

During the calendar year 1979 the Veterans' Home and Hospital Commission held seven meetings. At a typical meeting the commission accepts the minutes of the previous meeting and in routine fashion approves the record of admissions, discharges and deaths at the home and hospital, financial aid for dependents of veterans and claims against estates of veterans assisted by the commission. The commission then discusses the reports of each standing committee and the commandant. These reports regularly address such matters as a review of expenditures by the home and hospital, the status of hospital activities and proposed settlements in contested estate cases. In addition there is generally a discussion of two or three issues involving major policy considerations. For example, at the March 19, 1980 meeting the commission discussed possible changes in its policy of withholding burial costs from a veteran's account and the type and location of a health care facility for southwestern Connecticut.

The Legislative Program Review and Investigations Committee's sunset review of the Veterans' Home and Hospital Commission identified five issues for consideration. The issues were: 1) continuation/termination of the Veterans' Home and Hospital Commission; 2) composition of the Veterans' Home and Hospital Commission; 3) type of terms served by members of the Veterans' Home and Hospital Commission; 4) applicability of the state's Uniform Administrative Procedure Act to the Veterans' Home and Hospital Commission; and 5) insuring the appropriateness of expenditures from the home and hospital's Institutional General Welfare Fund.

In response to the issues identified, the Legislative Program Review and Investigations Committee made the following recommendations:

*I. The Legislative Program Review and Investigations Committee recommends the continuation of the Veterans' Home and Hospital Commission.*

*II. The Legislative Program Review and Investigations Committee recommends that the membership of the Veterans' Home and Hospital Commission include at least one medical doctor licensed by the State of Connecticut and at least one attorney licensed by the State of Connecticut.*

III. *The Legislative Program Review and Investigations Committee recommends that the terms served by the members of the Veterans' Commission continue to be coterminous with the governor.*

IV. *The Legislative Program Review and Investigations Committee recommends that the Public Health Committee, the Attorney General's Office and the Veterans' Home and Hospital Commission itself be notified of the committee's finding that the commission is not complying with the uniform administrative procedure act.*

V. *The Legislative Program Review and Investigations Committee recommends the commandant of the State Veterans' Home and Hospital be required to submit to the Veterans' Home and Hospital Commission on a bimonthly schedule, an itemized list of all expenditures from the home and hospitals' Institutional General Welfare Fund which occurred during the preceding two months.*

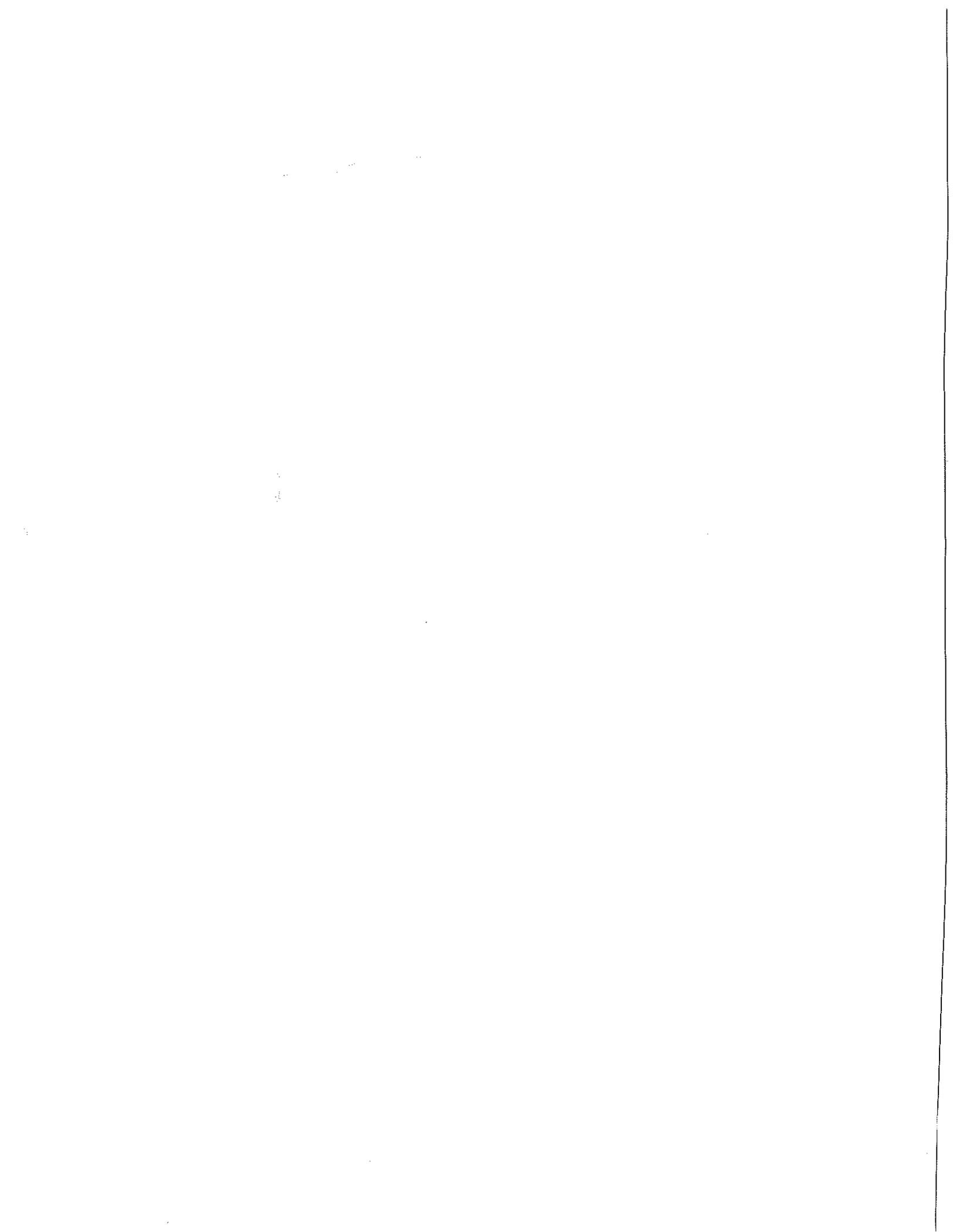
VI. *The Legislative Program Review and Investigations Committee recommends that in presenting its budget to the Appropriations Committee the Veterans' Home and Hospital Commission be required to account for all planned expenditures from the Institutional General Welfare Fund for the new fiscal year.*

VII. *The Legislative Program Review and Investigations Committee recommends that the Veterans' Home and Hospital Commission develop regulations which specify uses and limit expenditures from the Institutional General Welfare Fund to areas which directly benefit veterans.*

The Legislative Program Review and Investigations Committee reviewed the state auditors' allegation of unauthorized and irregular expenditures of state funds in refurbishing the commandant's residence. This examination led the committee to make two recommendations which go beyond the sunset review of the Veterans' Home and Hospital Commission. Both recommendations are aimed at clarifying policies and developing procedures which assure compliance.

VIII. *The Legislative Program Review and Investigations Committee recommends that the Department of Administrative Services review and clarify its housing policy for state employees and that it develop and implement procedures for assuring compliance with this policy.*

IX. *The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management develop and implement procedures to prevent state agencies from circumventing expenditure approvals by issuing multiple checks to a single vendor.*



## INTRODUCTION

### Purpose and Authority for the Sunset Review

Chapter 28 of the Connecticut General Statutes provides for the periodic review of certain governmental entities and programs and for the termination or modification of those which do not significantly benefit the public health, safety, or welfare. This so-called "sunset" law was enacted in response to a legislative finding that there had been a proliferation of governmental entities and programs without sufficient legislative oversight.

The authority for undertaking the initial review in this oversight process is vested in the Legislative Program Review and Investigations Committee. This committee is charged under the provisions of section 2c-3 of chapter 28 with conducting a performance audit of each entity or program scheduled for termination. This audit must take into consideration, but is not limited to, the four criteria set forth in section 2c-7. These criteria include: (1) whether termination of the entity or program would significantly endanger the public health, safety, or welfare; (2) whether the public could be adequately protected by another statute, entity or program or by a less restrictive method of regulation; (3) whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services and, if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and (4) whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

In addition to the criteria just outlined, the Legislative Program Review and Investigations Committee is required, when reviewing regulatory entities or programs, to consider, among other things: (1) the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program; (2) the extent to which the governmental entity involved has complied with federal and state affirmative action requirements; (3) the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated; (4) the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and (5) the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to review.

In accordance with its legislative mandate the Legislative Program Review and Investigations Committee reviewed twelve entities and programs scheduled to terminate July 1, 1981. Contained in this report to the General Assembly is the result of the committee's review of the

### Methodology

The Legislative Program Review and Investigations Committee's sunset review began with the transformation of the general and regulatory specific criteria into an analytical framework consisting of fifteen broadly based research questions. The questions, or areas of inquiry, were directed at uncovering information about the background, purpose, functions and results of each entity or program being reviewed.

Several methods were used by the committee and staff to obtain information. These included: (1) a review of the Connecticut statutes, records, minutes and history related to each entity or program; (2) a review of the relevant policies and statutes of selected states; (3) staff observations of selected meetings held by each entity between January and August of 1980; (4) surveys of persons serving on, staffing, or affected by each entity or program; (5) interviews of selected persons serving on, staffing or affected by each entity or program; and (6) written or oral testimony obtained at public hearings and workshops.

The general sequence adhered to in conducting the review was for the committee staff to collect quantitative and qualitative data from documents (e.g., statutes, records, minutes, etc.), surveys, observations of meetings and interviews. This information, after being organized by the staff, was given to each committee member. Subsequently, it was discussed with the full committee at briefing sessions held prior to public hearings.

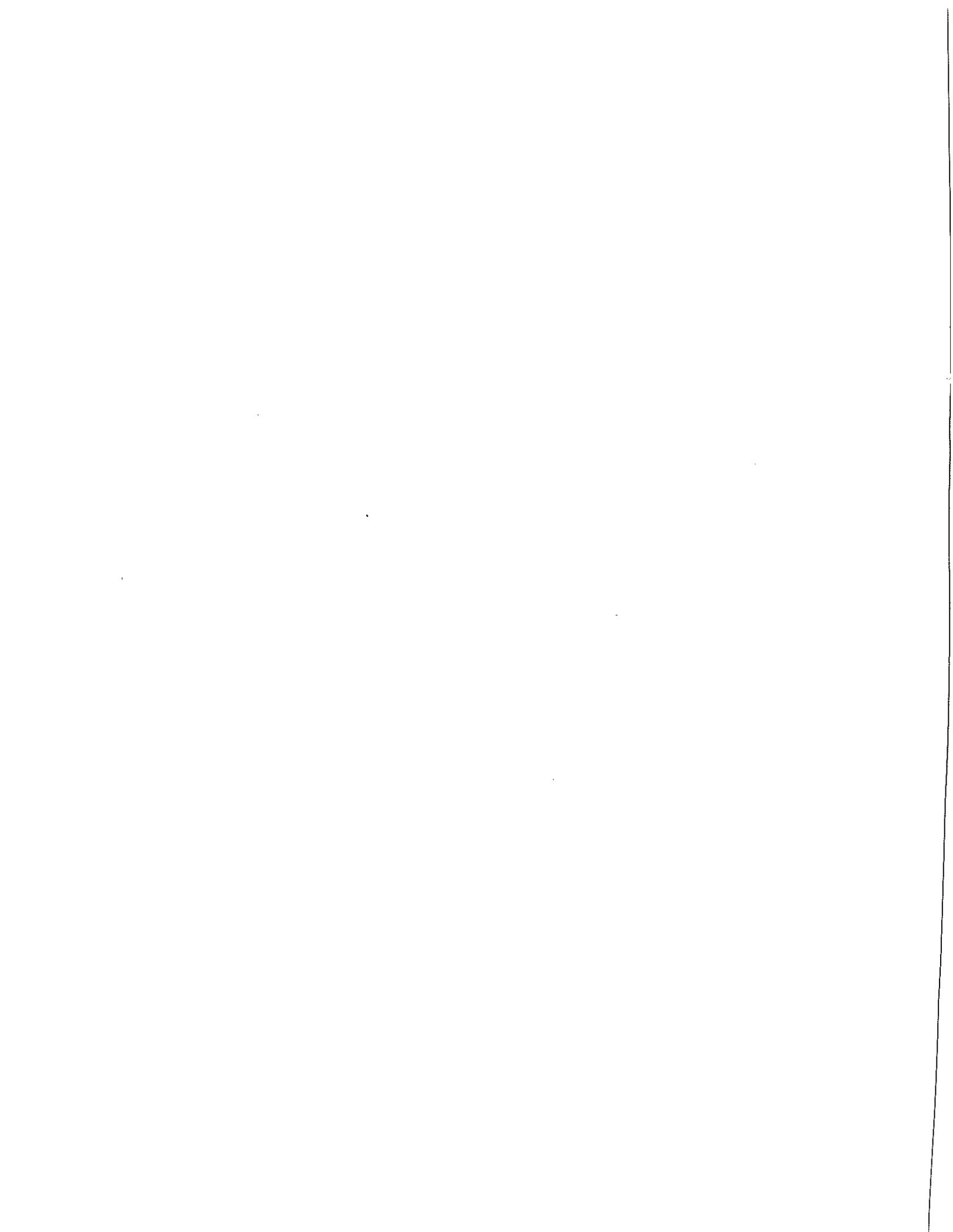
A total of five public hearings were held. Four were confined to specific topics and one was a general session. The hearings gave persons connected with each entity or program being reviewed an opportunity to discuss with committee members the public need for its reestablishment. In two instances, one involving the Commission on Hospitals and Health Care and the other involving the mental health boards, the committee held an additional workshop session with invited individuals. The purpose of these sessions was to obtain information not covered during the two scheduled public hearings.

Each public hearing or workshop was followed by a debriefing session. Here, questions arising from any of the committee's previous meetings were discussed with the staff. The primary focus of these discussions was to identify issues that the committee felt it needed to address.

At the completion of the issue identification stage, the staff researched and developed a range of options related to each issue. The particular option recommended by the staff, along with all the other options, were then given to the committee members for their discussion and action.

### Organization of the Report

This introductory section is designed to give an overview of the scope, methods and organization of the Legislative Program Review and Investigations Committee's sunset report on the Veterans' Home and Hospital Commission. Section II, Entity Profile, describes the background, structure, purpose and major activities of the veterans' commission. Section III, Analysis and Issue Identification, explores the information collected from interviews, records, surveys and testimony at the public hearing. In this section the major sunset review issues identified by the committee are presented. Section III, Findings and Recommendations, restates the issues identified in the previous section and outlines the related options considered by the Legislative Program Review and Investigations Committee. Each issue is followed by the committee's formal recommendation and its accompanying rationale. The appendices to the report make up the final section. This includes the questionnaires used in conducting the performance audit, with the tabulated responses and selected other materials considered by the committee during this sunset review.



## ENTITY PROFILE

### Background

An 1878 act of the Connecticut General Assembly created the Soldiers' Hospital Board. This board was the forerunner of the current Veterans' Home and Hospital Commission. It consisted of the governor, adjutant-general and surgeon-general of the state. The board had the sole power to admit or discharge any soldier, sailor or marine at the General Hospital Society of Connecticut at New Haven or the Hartford Hospital. It also had the authority to make all necessary rules and regulations for the governance of soldiers, sailors, and marines at these hospitals and to fix the sum to be paid by the state for their medical treatment, care and support.

In 1832 the authority of the Soldiers' Hospital Board was extended to cover veterans at the General Hospital for the Insane at Middletown and Fitch's Home for Soldiers at Rocky Hill. The latter continues today as the Connecticut Veterans' Home and Hospital.

In 1886 the composition of the Soldiers' Hospital Board was expanded to include three honorably discharged veterans. They were to be nominated by the commander of the Department of Connecticut Grand Army of the Republic and confirmed by the governor of the state.

The next significant change in the board occurred in 1927 when an act passed by the General Assembly changed the Soldiers' Hospital Board to the Veterans' Home Commission. The commission was to consist of eight members with the only specification being that a majority be veterans. The act also authorized the commission to take over the property and management of the Fitch's Home for Soldiers. The new commission retained all of its predecessor's power with respect to the care and treatment of veterans.

In 1935 and again in 1937 the General Assembly transferred the administrative responsibility for several veterans' benefit programs from the adjutant-general to the Veterans' Home Commission. Among the programs were those providing temporary assistance to veterans' families, burial expenses and headstones to qualifying veterans.

During 1947 the General Assembly changed the name of the Fitch's Home for Soldiers to the Veterans' Home and Hospital.

At the same time it also changed the name of the commission to its present title of Veterans' Home and Hospital Commission.

The last significant legislative change occurred with the passage of the 1977 Executive Reorganization Act (P.A. 614). This act placed the commission within the Department of Health Services, although this placement was for administrative purposes only. Terms served by the commissioner were also made coterminous with the governor. Prior to this all terms had been for a period of eight years with two members being appointed biennially.

The present Veterans' Home and Hospital Commission is responsible for the administration of the Veterans' Home and Hospital at Rocky Hill. It is also charged with administering the programs which provide burial and headstone grants, aid to veterans, their widows and their dependents, and care and treatment for veterans in hospitals other than the state Veterans' Home and Hospital.

The Rocky Hill Veterans' Home and Hospital provides medical treatment and residential care for veterans who meet the statutorily established eligibility requirements. Primary among these requirements are service during time of war and receiving an honorary discharge from the military.

Table 1 shows the capacity and average daily population at the Rocky Hill Veterans' Home and Hospital for both hospitalized veterans and those receiving residential support. The table also illustrates the average daily staff size and the per capita costs for each type of care.

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Table 1. Veterans' Home and Hospital.

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	<u>Capacity</u>	<u>Average Daily Population</u>	<u>Average Daily Staff<sup>1</sup></u>	<u>Daily Costs Per Capita</u>
Hospital	350	332	272	\$60.85
Domiciliary	500	424	159	16.88
TOTAL	800	756	431	N/A

<sup>1</sup> Full-time equivalents

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Eligibility criteria for admission to the state veterans' hospital differs from admission criteria to federal veterans' hospitals. The most significant difference is the Federal Veterans' Administration gives admission priority to service-connected medical problems while the state does not. The result of this policy difference is the state tends to receive those cases involving veterans with non-service-related medical problems.

Other programs administered by the Veterans' Home and Hospital Commission during the 1978/1979 fiscal year provided medical care and treatment in hospitals other than Rocky Hill (336 veterans), burial and headstone aid (3,333 families), and aid to dependents of veterans receiving care (318 dependents).

During the 1978/1979 fiscal year expenditures from the general fund for all programs administered by the commission totaled \$9,058,376. These expenditures were offset by \$2,979,880 in revenues from such sources as the Federal Veterans' Administration, Medicare and others. This resulted in a net operating cost to the general fund of \$6,078,496. A gross breakdown of the expenditures and revenues is contained in Table 2.

Table 2. Expenditures and Revenues 1978/1979.

<u>Expenditures--Appropriations</u>		<u>Revenue Receipts</u>	
<u>General Fund</u>			
Personal Services	\$5,745,863	Telephone	\$ 43
Other Expenses	2,594,373	Federal Aid (VA)	2,242,818
Equipment	89,274	Medicare "A"	185,337
Aid to Dependents	74,172	Medicare "B"	453,180
Widows Aid	5,370	Care & Treatment	74,633
Outside Hospitali- zation	<u>549,324</u>	Dining Room	14,170
		Misc. Receipts	9,172
		Blue Cross	20
		Jury Duty	150
		Sale of Hay	350
		Petty Cash Reimb.	<u>7</u>
Actual Total Expendi- tures General Fund	\$9,058,376	Total Revenue Receipts	\$2,979,880

Source: Veterans' Home and Hospital Commission.

## Structure

The Veterans' Home and Hospital Commission is located within the Department of Health Services for administrative purposes only. It is composed of eight commissioners, a majority of whom must be veterans. Each member is appointed by the governor with all terms being coterminous. The commissioners receive no compensation for their services but are paid for reasonable expenses incurred in the performance of their duties.

The commission is organized into six standing committees which report directly to the full commission. The committees and their chief responsibilities are:

Executive Committee - responsible for acting as the full commission when the latter is not in session

Finance Committee - responsible for preparing budgets and monitoring all financial matters in collaboration with the commandant

Personnel Committee - responsible for the investigation of all matters affecting persons employed by the commission

Building and Grounds - responsible for the general supervision of the grounds and monitoring construction or alterations to the property

Hospital - responsible for the operation of the hospital in collaboration with the commandant and the hospital administrator

Public Relations - responsible for publicity and promoting good public relations

In addition to the six standing committees, there is a Joint Conference Committee consisting of two members from the hospital staff, two members from the commission and the commandant. This committee recommends to the full commission all appointments to the medical staff and the authority to be delegated to the medical staff.

Neither the standing committee nor the full commission have any staff which is independent of the veterans' home and hospital. All personnel and other resources needed by the

commission are provided by the Rocky Hill Veterans' Home and Hospital. The commandant of the home and hospital is the commission's agent and as such is directly responsible for carrying out its will.

#### Purpose and Functions

The primary purpose of the Veterans' Home and Hospital Commission is to govern and control the Veterans' Home and Hospital in Rocky Hill. In addition the commission has responsibility for the administration of the programs which provide burial and headstone grants, aid to veterans, their widows and dependents and care and treatment for veterans in hospitals other than the Veterans' Home and Hospital.

To meet these responsibilities the Veterans' Home and Hospital Commission is empowered to:

- develop and review policies and procedures of Veterans' Home and Hospital and the grant aid programs;
- review and approve the budget and expenditures of the Veterans' Home and Hospital and the grant and aid programs;
- appoint such officers and employees as are necessary for the administration of the Veterans' Home and Hospital;
- adopt and enforce the rules of management of the Veterans' Home and Hospital;
- approve the admission and discharge of all veterans to the home and hospital and the sum, if any, to be paid by the veteran; and
- investigate all complaints concerning the conduct or treatment of any veteran at the home or hospital and direct that any offender be prosecuted, disciplined or dismissed.

#### Activities

During the calendar year 1979 the Veterans' Home and Hospital Commission held seven meetings. The average attendance at these meetings was 6.5 commissioners. In addition to the full commission meetings, each of the six standing committees met on several occasions.

Prior to each regular meeting of the Veterans' Home and Hospital Commission the commissioners receive a package of materials from the commandant. Typically these materials include the agenda for the coming meeting, detailed minutes of the previous meeting, a list of the routine items needing formal approval by the commission, an outline of the items to be discussed by each of the standing committees, brief descriptions of the topics to be reviewed in the commandant's report, and descriptions of nonroutine items scheduled for discussion.

Meetings of the commission last between two and three hours. At a typical meeting the commission accepts the minutes of the previous meeting and in routine fashion approves the record of admissions, discharges and deaths at the home and hospital, financial aid for dependents of veterans and claims against estates of veterans assisted by the commission. The commission then discusses the reports of each standing committee and the commandant's. These reports regularly address such matters as a review of expenditures by the home and hospital, the status of hospital activities and proposed settlements in contested estate cases. In addition there is generally a discussion of two or three issues involving major policy considerations. For example, at the March 19, 1980 meeting the commission discussed possible changes in its policy of withholding burial costs from a veteran's account and the type and location of a health care facility for southwestern Connecticut.

Table 3 contains a classification of the items discussed by the Veterans' Home and Hospital Commission during 1979 meetings. The table was constructed by analyzing all items appearing in commission minutes, and classifying each into one of six categories. The table reveals that nearly 40 percent of all items handled by the commission related to either developing or reviewing policy. This increases to nearly 52 percent when the routine items appearing in the first category are excluded. Further, when the policy and budget categories are collapsed 51 percent of all items and nearly 70 percent of the nonroutine items dealt with by the commission are directly related to oversight of the home and hospital.

Table 3. Classification of Items Reported in the Veterans' Home and Hospital Commission's minutes.

	Approval: minutes, admissions/discharges, aid to dependents, claims against estates	Policy Direction	Policy Review & Oversight	Budget & Expenditure Review	Personnel	Other
January 17, 1979	4	2	1	1	3	-
February 14, 1979	4	1	-	2	1	1
March 21, 1979	4	2	3	2	1	3
May 5, 1979	4	5	4	1	-	-
July 18, 1979	4	5	4	4	2	2
September 19, 1979	3	2	1	2	2	2
November 28, 1979	4	7	2	1	2	4
TOTALS	27	24	15	13	11	12
	26.5%	23.5%	14.7%	12.7%	10.8%	11.8%

Source: LPR&IC staff analysis.



## ANALYSIS AND ISSUE IDENTIFICATION

The Legislative Program Review and Investigations Committee recognizes that the Rocky Hill Veterans' Home and Hospital clearly deals with matters affecting the public (i.e., eligible veterans) health, safety or welfare. Its initial concern was whether these matters were also within the statutory responsibility of the Veterans' Home and Hospital Commission. The committee concluded that the veterans' commission, through its role as the primary oversight body of the home and hospital, does have a responsibility to protect the health, safety, or welfare of eligible veterans.

Further, the committee believes that oversight of the home and hospital is necessary to insure a continued measure of protection to veterans. Once this link between oversight and protection of veterans' health, safety, or welfare was accepted by the Program Review Committee and its need affirmed, the concern became one of determining which entity should exercise primary oversight of the Rocky Hill Veterans' Home and Hospital.

Because the home and hospital is within the Department of Health Services, even though it is for administrative purposes only, that department becomes the logical alternative to the commission for fulfilling the oversight role. However, the committee concluded that because of the Department of Health Services' existing responsibilities, limited resources and, perhaps more important, lack of any special identity with veterans, it would not be considered as a viable alternative unless the veterans' commission was found to be ineffective.

Stated simply, the issue reviewed by the Legislative Program Review and Investigations Committee was whether the Veterans' Home and Hospital Commission should continue to be the primary body for conducting oversight of the Rocky Hill Veterans' Home and Hospital.

The statute setting forth the membership of the Veterans' Home and Hospital Commission requires only that half of the eight commissioners be veterans. The lack of any additional qualifications gave rise to two concerns on the part of the committee. First, does the veterans' commission have the expertise to provide adequate oversight, and second, are all major veterans' organizations represented on it?

In reviewing the operation of the veterans' commission it became apparent that the commission regularly deals with matters involving complex medical questions. It must decide the

need for new equipment, approve appointments to the medical staff, determine the rules and regulations to be followed by the medical staff and delegate authority to that staff. In general, a part of its role is to function as a board of trustees for the hospital.

The Veterans' Home and Hospital Commission currently relies on its Joint Conference Committee for assistance in handling complex medical questions. As noted above, this is one of the standing committees provided for in the commission's bylaws. It is composed of two members of the medical staff of the home and hospital, two members of the commission and the commandant. It reviews medical matters in the areas outlined above and makes recommendations to the full veterans' commission.

The Veterans' Home and Hospital Commission is also frequently involved in matters which have legal overtones. For example, at a meeting observed by staff of the Legislative Program Review and Investigations Committee, two items discussed were found to contain legal questions. One concerned a possible precedent-setting action in the handling of a housing grievance. The other dealt with the procedural problems associated with making exceptions to the commission's burial policy.

The commission's normal method for handling legal issues is to notify the Attorney General's Office. This of course assumes that the issues are identifiable as legal to the veterans' commission. At this point, it should be noted that the two instances cited above were singled out as having legal implications by a commissioner who is an attorney.

An examination of the composition of the veterans' commission revealed that seven of the eight members were veterans. The only nonveteran was the most recent appointee. Coincidentally, the new member, who is a nurse is also the only commissioner with any professional medical expertise. In addition, as previously noted, one commissioner is an attorney.

At one time or another all but the nonveteran members of the commission have been active in at least one veterans' organization. The combined memberships of all commissioners include every major veterans organization active in Connecticut. Also, eight of ten respondents to a survey of the heads of major veterans' groups listed in the 1979 State Register and Manual indicated that they had access to the veterans' commission (see Appendix D, question 4).

When the committee reviewed information concerning individual commissioner's ties to the veterans' community and compiled responses to its survey of veterans' groups, the committee's concern about representation on the veterans' commission was eliminated. However, the committee's concern over the composition of the Veterans' Home and Hospital Commission as it relates to handling complex medical and legal questions remained. As a consequence, the composition of the commission became an issue.

During the public hearing phase of the review of the veterans' commission, two additional issues for consideration by the committee were identified. One was raised by members of the commission and the other by a member of the committee.

The commission members were concerned about the change to coterminous terms brought about by the 1977 Executive Reorganization Act. They argued that this could lead to a breakdown in continuity on the commission due to transitions in the governor's office. They acknowledged that at the moment this was a potential rather than actual problem. This view was reinforced by the survey data which showed that the average length of time on the commission was nearly nine years (8 years, 10 months) when the new appointee was excluded.

The issue raised by the committee members dealt with the procedures followed by the Veterans' Home and Hospital Commission in performing its functions. During the public hearing, the commission acknowledged that it does not adhere to the provisions of the state's Uniform Administrative Procedure Act. (Chapter 54 of the C.G.S.)

The position of the Veterans' Home and Hospital Commission was that Sec. 27-104 of the Connecticut General Statutes exempts it from having to comply with the Uniform Administrative Procedure Act. The committee reviewed the whole matter and concluded that the veterans' commission is within the definition of an agency under the act and therefore subject to its provisions (see Appendix A).

The committee also reviewed all the areas that would be affected by requiring the commission to comply with the act (see Appendix B). It concluded that the present procedures and standards followed by the veterans' commission would in most instances meet the provisions of the act.

The issue facing the Legislative Program Review and Investigations Committee was how to apply the Uniform Administrative Procedure Act to the Veterans' Home and Hospital Commission.

During the Legislative Program Review and Investigations Committee's sunset review of the Veterans' Home and Hospital Commission, the state auditors disclosed that there had been unauthorized and irregular expenditures of state funds in refurbishing the commandant's residence. The total cost of the project exceeded \$50,000. According to the auditors, this figure included \$16,300 for items considered to be in violation of state policy regarding replacements and additions of furniture for staff housing. In addition, they reported the \$1,000 limit on expenditures from the Veterans' Home and Hospital Institutional General Welfare Fund without prior approval of the Office of Policy and Management, and the \$200 limit on purchasing through noncompetitive bidding appeared to have been circumvented by making multiple payments to a single vendor.

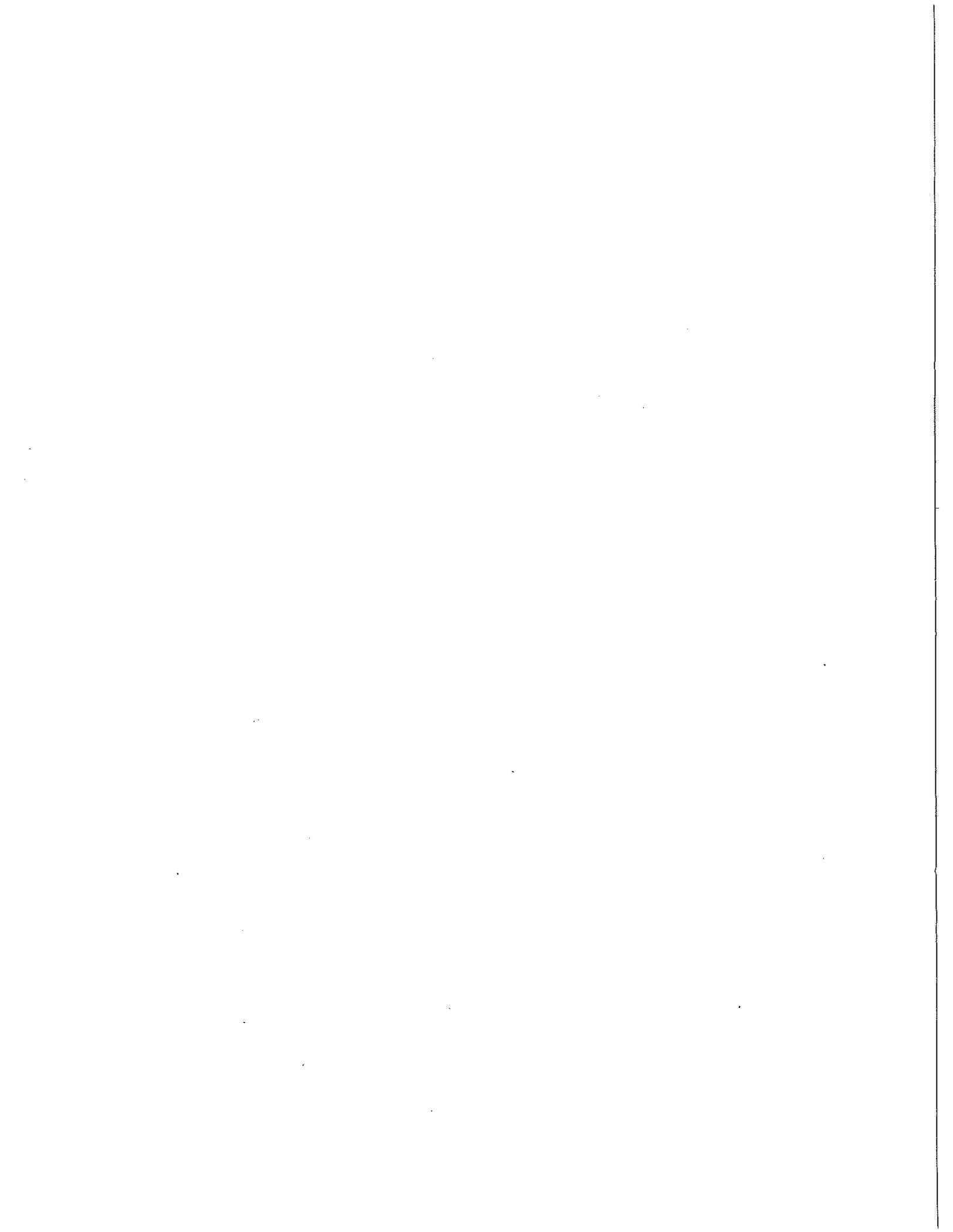
The auditors' statement noted the Veterans' Home and Hospital Commission had approved the expenditure of \$28,886 from the Institutional General Welfare Fund for the residence at a meeting on March 21, 1979. The commission conditioned its approval upon authorization by the Office of Policy and Management. The only subsequent approval obtained from the Office of Policy and Management was for \$11,900 in "standard maintenance expenditures." The auditors reported that expenditures from the fund were approximately \$34,000, which exceeded the amount authorized by the commission and the amount and purpose authorized by the Secretary of the Office of Policy and Management.

Discussion between the committee staff and the chairman of the commission indicated the commission did review a list of items to be purchased with Institutional General Welfare Funds prior to granting its approval. Further, the staff learned the list included some, but not all, of the items found to be improper by the auditors. However, as the auditors noted the commission's approval was conditioned to the subsequent approval of the Office of Policy and Management.

The chairman indicated the veterans' commission did not have any knowledge prior to the auditors' revelation that the expenditures exceeded the amount approved by the Office of Policy and Management. The chairman also stated the commission did not even know the expenditures exceeded the amount it approved. It was the chairman's judgement the commandant's report to the commission on expenditures from the Institutional General Welfare Fund should have contained this information.

The issue confronting the Legislative Program Review and Investigations Committee became one of how to insure that expenditures from the Institutional General Welfare Fund were appropriate for the purpose of the fund.

In summary, the Legislative Program Review and Investigations Committee's sunset review of the Veterans' Home and Hospital Commission identified five issues for consideration. The issues were: 1) continuation/termination of the Veterans' Home and Hospital Commission; 2) composition of the Veterans' Home and Hospital Commission; 3) type of terms served by members of the Veterans' Home and Hospital Commission; 4) applicability of the state's Uniform Administrative Procedure Act to the Veterans' Home and Hospital; and 5) insuring the appropriateness of expenditures from the Institutional General Welfare Fund.



## FINDINGS AND RECOMMENDATIONS

### I. CONTINUATION/TERMINATION OF THE VETERANS' HOME AND HOSPITAL COMMISSION

The Legislative Program Review and Investigations Committee's focus on this issue centered on determining whether the veterans' commission was effectively performing oversight of the Rocky Hill Veterans' Home and Hospital. The options considered by the committee were to continue the commission or to terminate it and have the oversight function revert to the Department of Health Services.

*The Legislative Program Review and Investigations Committee recommends the continuation of the Veterans' Home and Hospital Commission.*

The committee believed that the veterans' commission was actively involved in oversight of the home and hospital. It noted that during the 1979 calendar year the commission held seven meetings with an average attendance exceeding 80 percent. An examination of the minutes of these meetings indicated that 51 percent of the items discussed related to policy or budgetary matters. This figure increased to nearly 70 percent when routine items such as approval of minutes were removed.

Responses to questions contained in a committee survey of commission members revealed their approach to oversight. When asked to rate how important it was to have input on a list of functions defining various roles of the commission, they clearly attached the most importance to those items involving direct oversight at the policy and procedure level (see Question 11, Appendix C). When asked to describe the commission's degree of influence in making the final decision associated with each item, their response pattern indicated that they also feel most influential in the direct oversight of policies and procedures (see Question 12, Appendix C). Both of these views were affirmed by the Commandant of the Rocky Hill Veterans' Home and Hospital in testimony before the committee and during interviews by the staff.

When asked to rank, in order of importance, the recipients of actions taken by the commission, the "commandant" ranked first and "eligible veterans" ranked fourth. The committee concluded that this was an indication that the commission placed its highest value on immediate oversight.

The committee used two indirect measures to evaluate the effectiveness of the veterans' commission. It accepted the fact

that the hospital continues to meet the accreditation standards of the Joint Commission on Accreditations of Hospitals as a positive indicator. In addition, it perceived the 85 percent favorable rating of the home and hospital by heads of those veterans' organizations responding to the committee's survey as yet another indicator of effectiveness.

In summary, the Legislative Program Review and Investigations Committee concluded that the veterans' commission has considerable oversight authority which it actively exercises. Further, the committee found that all measures of effectiveness readily available to it indicated that the commission generally was doing a good job. Based on these conclusions, the committee recommended that the veterans' commission be continued.

## II. COMPOSITION OF THE VETERANS' HOME AND HOSPITAL COMMISSION

The specific concern of the Legislative Program Review and Investigations Committee was whether the statutory composition of the veterans' commission should be changed to provide for some direct expertise in the medical and legal fields. Two options were considered by the committee. One was to simply continue the sole current composition requirement, which is that a majority of the eight commissioners be veterans. The other option was to add to the existing statute the requirement that at least one member of the commission have expertise in the medical field and one have expertise in the legal field.

*The Legislative Program Review and Investigations Committee recommends that the membership of the Veterans' Home and Hospital Commission include at least one medical doctor licensed by the State of Connecticut and at least one attorney licensed by the State of Connecticut.*

The committee concluded that because the veterans' commission is the entity charged with primary oversight and final responsibility for actions taken by the staff of the veterans' home and hospital that it should have some medical expertise which is independent of the staff. The committee was not responding to any recognized failure in this area. It simply believed that this would enhance the commission's ability to exercise oversight in this highly scientific area. The committee also understood that this change in the commission's composition would be helpful and perhaps even necessary if the Rocky Hill Veterans' Home and Hospital were to continue to obtain favorable accreditation reports from the Joint Commission on Accreditation of Hospitals.

The committee recognized the role of the Attorney General's Office in providing legal counsel to the veterans'

commission. Indeed, its recommendation is not intended to alter that role. Rather, it is put forward in response to the fact that the Attorney General's Office is not routinely represented at commission meetings. The committee believes that under these circumstances, if a serious legal issue arose during a meeting, problems could be created. At best there would be a delay, and at worst, the commission might take an action that would be inappropriate.

The committee believes that this problem is currently minimized by the presence on the commission of an attorney. This person was able to identify issues that should be brought to the attention of the attorney general and to suggest methods the commission could follow when confronted with matters having legal implications.

On the basis of all of these factors, the committee concluded that the presence of an attorney on the veterans' commission should be required.

### III. TYPE OF TERMS SERVED BY MEMBERS OF THE VETERANS' HOME AND HOSPITAL COMMISSION

The committee reviewed the nature of the terms served by appointees to the veterans' commission. It considered whether to change the terms from being coterminous with the governor to the staggered terms that were used prior to the executive reorganization act (P.A. 77-614).

*The Legislative Program Review and Investigations Committee recommends that the terms served by the members of the Veterans' Home and Hospital Commission continue to be coterminous with the governor.*

The committee decided that to make the change from coterminous to staggered terms desirable, at least one of two conditions would have to be evident. Either there would have to be a strong need for the veterans' commission to be independent of political changes in the governorship, or there would have to be some indication that changes in governors would disrupt the continuity of the commission.

Regarding the first condition, the committee reasoned that the purpose of the veterans' commission did not necessitate independence from changes in governors. Concerning the second condition, the committee believed that the record did not support the idea that coterminous terms would lead to wholesale changes in the membership of the commission. Therefore, with neither condition evident, the committee chose to recommend no change in the current statutory requirement.

#### IV. APPLICABILITY OF THE UNIFORM ADMINISTRATIVE PROCEDURE ACT TO THE VETERANS' HOME AND HOSPITAL COMMISSION

The committee was primarily concerned with the fact that the veterans' home and hospital commission did not comply with the provisions of the uniform administrative procedure act. It had three options available for consideration. One option was to continue the current practice followed by the commission. Another was to require by statute that the veterans' commission adhere to the provisions of the act. The third option was to simply inform the appropriate bodies that the veterans' commission was not complying with the Uniform Administrative Procedure Act.

*The Legislative Program Review and Investigations Committee recommends that the Public Health Committee, the Attorney General's Office and the Veterans' Home and Hospital Commission be notified of the committee's finding that the commission is not complying with the Uniform Administrative Procedure Act.*

The committee concluded that the veterans' commission meets the definition of a state agency and as such must comply with the uniform administrative procedure act. It rejected the notion that Sec. 27-104 of the Connecticut General Statutes exempts the commission from adhering to the act.

#### V. INSURING THE APPROPRIATENESS OF EXPENDITURES FROM THE INSTITUTIONAL GENERAL WELFARE FUND

The Legislative Program Review and Investigations Committee's concern with the issue centered on appropriateness of the expenditures from the Institutional General Welfare Fund and the fiscal oversight exercised by the commission. The options discussed by the committee focused on requiring greater accountability to the Veterans' Home and Hospital Commission and the General Assembly for expenditures from the fund.

*The Legislative Program Review and Investigations Committee recommends the commandant of the State Veterans' Home and Hospital be required to submit to the Veterans' Home and Hospital Commission, bimonthly, an itemized list of all expenditures from the Institutional General Welfare Fund which occurred during the preceding two months.*

The committee reasoned that by requiring the commandant to submit an itemized report of expenditures from the Institutional General Welfare Fund, the veterans' commission could compare the expenditures it approved with those that actually occurred. It

was the committee's opinion that this approach would not appreciably add to the paper work or record keeping burden because such records are already maintained. However, the committee believed this approach would add significantly to the commission's oversight responsibility and also serve as a check on the actual expenditures from the fund.

*The Legislative Program Review and Investigations Committee recommends that in presenting its budget to the Appropriations Committee the Veterans' Home and Hospital Commission be required to account for all planned expenditures from the Institutional General Welfare Fund for the new fiscal year.*

The committee noted that during the period covered by fiscal 1976 and 1977, approximately \$690,934 was expended from the fund for operating expenses, capital improvements and equipment. There was a strong belief among the committee members that expenditures of this size should be subject to review by the Appropriations Committee.

*The Legislative Program Review and Investigations Committee recommends that the Veterans' Home and Hospital Commission develop regulations which specify uses and limit expenditures from the Institutional General Welfare Fund to areas which directly benefit veterans.*

The committee concluded the discretion available in the use of this fund contributed to the problems reported by the state auditors in September of 1980. The committee believed restricting the use of the fund to those areas directly benefiting veterans would minimize the probability of a recurrence of some of the problems cited by the auditors, while not adversely affecting the purpose of the fund.

#### Related Recommendations

The Legislative Program Review and Investigations Committee reviewed the state auditor's allegation of unauthorized and irregular expenditures of state funds in refurbishing the commandant's residence. This led the committee to make two recommendations which go beyond its sunset review of the Veterans' Home and Hospital Commission. Both recommendations are aimed at clarifying policies and developing procedures which assure compliance.

*The Legislative Program Review and Investigations Committee recommends that the Department of Administrative Services review and clarify its housing policy for state employees and that it develop and implement procedures for assuring compliance with this policy.*

*The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management develop and implement procedures to prevent state agencies from circumventing expenditure approvals by issuing multiple checks to a single vendor.*

The two recommendations reflect the committee's belief that if adequate procedures had been in effect then the problems reported by the state auditors would have been prevented.



LEGISLATIVE PROGRAM REVIEW  
AND INVESTIGATIONS COMMITTEE

LEGISLATIVE OFFICE BUILDING, 18 TRINITY ST., HARTFORD, CT 06115 (203) 566-8480

September 4, 1980

TO: George W. McKee, Sunset Coordinator

FROM: Ken Levine, Staff Attorney

RE: The Applicability of the Uniform Administrative  
Procedure Act (UAPA) to the Veterans' Home and  
Hospital Commission

Conclusion: The VHHC is an "agency" subject to the  
UAPA.

SENATOR  
WILLIAM E. CURRY, JR.  
Co-chairman

REPRESENTATIVE  
ASTRID T. HANZALEK  
Co-chairman

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Director

I.

The VHHC is within the definition of agency in C.G.S. Sec. 4-166(1) and, therefore, is subject to the UAPA. "Agency" is defined as "each state board, commission, department or officer, other than the legislature, courts, judicial review council, governor, lieutenant governor, attorney general or town or regional boards of education authorized by law to make regulations or to determine contested cases." The VHHC is within this definition since it is a commission authorized by C.G.S. Sec. 27-106 to "adopt and enforce rules for the management of the home and hospital and to procure order, enforce discipline and preserve the health and insure the comfort of its patients." Moreover, the VHHC is within the definition of "agency" since it is arguably a commission implicitly authorized to determine contested cases.

Prior to the 1973 amendment of the UAPA, a commission authorized by law to make rules was within the literal definition of "agency." The 1973 amendment (P.A. 73-620), which in part changed the definition of "agency" from boards, commissions, departments or officers authorized to make rules to boards, commissions, departments or officers other than the governor, lieutenant governor or attorney general authorized to make regulations, did not exclude the VHHC from the requirements of the UAPA. If that was the intent of the legislature, the legislature could have specifically excluded the VHHC along with the governor, lieutenant governor and attorney general. Rather, the term "rule" in C.G.S. Sec. 4-166(1) appears to have been changed to "regulation" because "regulation", not "rule", was defined in C.G.S. Sec. 4-166(7).

Moreover, the distinction between a "regulation" and "rule" is largely without substance.

"One may say with reasonable accuracy that 'rules' and 'regulations' are terms that are interchangeable. Yet differences are perceptible. The law enforcement officer who says that 'my rule is to be lenient in such circumstances' would not say 'my regulation is to be lenient'; yet the common term 'rules and regulations' seems redundant." (Administrative Law Treatise, Sec. 7.1, Kenneth Culp Davis.)

As the products of "rule-making" or "regulation-making", both "rules" and "regulations" are part of the administrative process that resembles the legislature's enactment of a statute. Accordingly, the VHHC, as a commission authorized to adopt and enforce rules, is within the definition of an agency for the purposes of the UAPA.

In addition, the VHHC is arguably within the definition of "agency" since it is a commission authorized by law to determine contested cases. In Murphy v. Berlin Board of Education, 167 Conn. 368 (1974), the court held that the board had authority to determine "contested cases", which was implicit "in the broad grant of discretionary power conferred upon boards of education by our legislature in its instructions to such boards to 'employ and dismiss' teachers. General Statutes Sec. 10-220." Similarly, the broad discretionary power in the VHHC to "discipline or dismiss any officer or patient of a home and hospital who disobeys or infringes upon its rules" (C.G.S. Sec. 27-106) is arguably implicit authority to determine contested cases.

## II.

As an arm of the state carrying out programs which are the responsibility of state government, the VHHC is an agency for the purposes of the UAPA. In Murphy v. Berlin Board of Education, 167 Conn. 368 (1974), the Supreme Court held that a town board of education is an agency for the purposes of C.G.S. Sec. 4-166(1) as the delegate of the state to implement statewide educational policy. Similarly, the Supreme Court held the State Employees' Retirement Commission to be an agency under Sec. 4-166(1) because the legislature delegated to the commission the power to administer a state employee program. Rybinski v. State Employees' Retirement Commission, 173 Conn. 462 (1977).

The VHHC, by governing and controlling the Veterans' Home and Hospital for the state, is also an arm of the state. Each commissioner of the VHHC is appointed by the governor, may be removed from office for reasonable cause by the governor, and must annually report to the governor. (C.G.S. Sec. 27-104.) Accordingly, the VHHC is arguably an "agency" for the purposes of the UAPA.

mlg

DECISION PAPER VETERANS' HOME AND HOSPITAL COMMISSION

ISSUE: Applicability of the Uniform Administrative Procedure Act to the Veterans' Commission

STAFF OPINION ON THE APPLICABILITY OF THE UAPA: Staff research of this question concluded that the Veterans' Commission falls within the UAPA definition of an agency and, therefore, is subject to the provisions of the Act. A detailed explanation of this conclusion is contained in an attached memo.

IMPLICATIONS: Applying the UAPA would require the commission to:

1. Adopt as regulation a description of its organization including its methods of operation and methods whereby the public may obtain information about its operation.
2. Adopt as regulation rules of practice setting forth the nature of all formal and informal procedures. In particular, this would require the commission to either develop or formalize the following:
  - procedures and standards for admissions or discharges;
  - procedures and standards for providing support to dependents;
  - procedures and standards for determining reimbursement from discharged veterans or their estates; and
  - procedures and standards for appealing decisions of the Commission.
3. Make available for public inspection all regulations, statements or interpretations of policy, forms, instructions, final orders, decisions and opinions.
4. Follow the procedures of the UAPA when changing procedures and standards previously adopted.

OPTIONS:

1. Make no recommendation and allow the veterans' commission to continue operating under its existing procedures.
2. Make a finding that the veterans' commission is not complying with the UAPA and refer this opinion to the appropriate body.
3. Recommend the enactment of a statute that specifically requires the veterans' commission to comply with the UAPA.

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

1981 SUNSET REVIEW  
of  
VETERANS' HOME AND HOSPITAL COMMISSION

Survey of Commission Members

This questionnaire has been constructed to elicit information about the Veterans' Home and Hospital Commission. Please follow the directions for each question as the results will not be valid unless you do so.

Please feel free to provide additional comment on either a specific question or the medicolegal investigation field in general. Any such comment may be included directly on the questionnaire or in a separate attachment.

1. Approximately how long have you been a member of the Veterans Home and Hospital Commission?
- |       |        |
|-------|--------|
| 8     | 10     |
| Years | Months |

INSTRUCTIONS: For questions 2, 3, 4 and 5, please circle the number to the left of the most appropriate response. Please circle only one number per question.

2. Why did you agree to serve on the Commission? (Circle only one number)

- 5 Interest in Veterans' affairs
- 1 Desire to serve the public
- 0 Position is related to professional concerns
- 0 Other (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. What percentage of the Commission meetings do you attend?

- 7 Almost 100%
- 0 More than 50%
- 0 25% to 50%
- 0 less than 25%

4. On a quarterly basis (3 months), how much time outside of the Commission meetings do you spend on Commission business?

- 0 0-4 hours
- 1 5-8 hours
- 3 9-16 hours
- 3 17 plus hours

5. Other than the agenda, how often do you receive materials prior to a Commission meeting?

- 7 Always
- 0 Generally
- 0 Sometimes
- 0 Never

INSTRUCTIONS: For questions 6 and 7, place the appropriate numbers in the space provided to the left of each statement.

6. Using a scale of 1 = Excellent, 2 = Good, 3 = Fair and 4 = Poor, how would you rate the materials you receive from the staff on each of the following:

- 4 Excellent
- 2 Good, 1 Fair          Timeliness
- 4 Excellent
- 3 Good Clarity
- 4 Excellent
- 3 Good Completeness
- 5 Excellent
- 2 Good Relevancy

7. Using a scale of 1 = Excellent, 2 = Good, 3 = Fair and 4 = Poor, how would you rate the usefulness of the information provided by the staff for taking action in the following areas?

- 3 Excellent  
3 Good, 1 Fair Developing policies and procedures  
4 Excellent  
2 Good, 1 Fair Reviewing existing policies and procedures  
3 Excellent  
2 Good, 1 Poor Preparing the budget and reviewing expenditures  
4 Excellent  
2 Good, 1 Fair Adopting and enforcing rules for the management of the home and hospital  
4 Excellent  
2 Good, 1 Fair Disciplining or dismissing any officer or patient who disobeys or infringes upon the rules  
6 Excellent  
1 Fair Appointing such officers and employees as are necessary for the administration of the home and hospital  
6 Excellent  
1 Good Determining whether a veteran is entitled to admission to the home or to a hospital  
6 Excellent  
1 Poor Approving all discharges from the home or hospital  
6 Excellent  
1 Good Determining the sum to be paid when an applicant is found financially able to make such payments  
5 Excellent  
1 Good, 1 Fair Investigating all complaints made to it respecting the conduct or treatment of any veteran and directing that any offender be prosecuted, disciplined or dismissed  
6 Excellent  
1 Good Administering the programs which provide burial and headstone grants  
6 Excellent  
1 Good Administering the programs which provide aid to veterans, their spouses and their dependents

INSTRUCTIONS: For questions 8 and 9, you may choose more than one response. However, if you do choose more than one, you must number your choices in descending order. (Example: 1 = Most Important, 2 = Less Important, etc.)

8. Who are the recipients of the actions taken by the Commission?

- 1 Commandant  
2 Veterans Home and Hospital staff  
3 Veterans Home and Hospital patients  
4 All eligible veterans

Other (specify) \_\_\_\_\_

9. How does the Commission determine the needs and problems that it must address?

- 1 Information provided by the staff of the Veterans Home and Hospital
- 2 Information provided by veterans' groups
- 3 Information provided by individual veterans
- 4 Information provided by community leaders
- Other (specify) \_\_\_\_\_

INSTRUCTIONS: Questions 10, 11, 12, 13 and 14 include a number of statements. Please circle the number of the most appropriate option to the left of EACH of the statements.

10. What is the Commission's primary role in each of the following?

<u>Initiate Action</u>	<u>React to Staff Proposals</u>	<u>Not Involved</u>	
1	<u>2</u>	3	
7			Developing policies and procedures
4	3		Reviewing existing policies and procedures
3	4		Preparing the budget and reviewing expenditures
5	2		Adopting and enforcing rules for the management of the home and hospital
1	6		Disciplining or dismissing any officer or patient who disobeys or infringes upon the rules
6	1		Appointing such officers and employees as are necessary for the administration of the home and hospital
1	4	2	Determining whether a veteran is entitled to admission to the home or to a hospital
	4	2	Approving all discharges from the home or hospital
3	2	1	Determining the sum to be paid when an applicant is found financially able to make such payments

CHOICES CONTINUED ON NEXT PAGE

<u>Initiate Action</u>	<u>React to Staff Proposals</u>	<u>Not Involved</u>	
5	1	1	Investigating all complaints made to it respecting the conduct or treatment of any veteran and directing that any offender be prosecuted, disciplined or dismissed
1	5	1	Administering the programs which provide burial and headstone grants
1	6		Administering the programs which provide aid to veterans, their spouses and their dependents

11. On a scale from 1 = Very Important to 4 = Not Important, how important is it that the Commission have a significant input into the following?

<u>Very Important</u>		<u>Not Important</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
7				Developing policies and procedures
7				Reviewing existing policies and procedures
4	2	1		Preparing the budget and reviewing expenditures
5	1	1		Adopting and enforcing rules for the management of the home and hospital
4	2	2		Disciplining or dismissing any officer or patient who disobeys or infringes upon the rules
6		1		Appointing such officers and employees as are necessary for the administration of the home and hospital
1	4	2		Determining whether a veteran is entitled to admission to the home or to a hospital
	4	2	1	Approving all discharges from the home or hospital
4	1	1	1	Determining the sum to be paid when an applicant is found financially able to make such payments
5	1			Investigating all complaints made to it respecting the conduct or treatment of any veteran and directing that any offender be prosecuted, disciplined or dismissed
	4	3		Administering the programs which provide burial and headstone grants
1	3	3		Administering the programs which provide aid to veterans, their spouses and their dependents

12. On a scale from 1 = Very Influential to 4 - Not Influential, how influential is the Commission in making the final decision for each of the following?

<u>Very Influential</u>		<u>Not Influential</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
7				Developing policies and procedures
7				Reviewing existing policies and procedures
4	1	2		Preparing the budget and reviewing expenditures
6	1			Adopting and enforcing rules for the management of the home and hospital
4	3			Disciplining or dismissing any officer or patient who disobeys or infringes upon the rules
6	1			Appointing such officers and employees as are necessary for the administration of the home and hospital
1	3	1	2	Determining whether a veteran is entitled to admission to the home or to a hospital
	5		2	Approving all discharges from the home or hospital
3	2	1	1	Determining the sum to be paid when an applicant is found financially able to make such payments
6	1			Investigating all complaints made to it respecting the conduct or treatment of any veteran and directing that any offender be prosecuted, disciplined or dismissed
1	4	2		Administering the programs which provide burial and headstone grants
1	3	3		Administering the programs which provide aid to veterans, their spouses and their dependents

13. Do you feel the effective operation of the Commission is impeded by any of the following?

<u>Yes</u>	<u>No</u>	<u>No Opinion</u>	
<u>1</u>	<u>2</u>	<u>3</u>	
3	3		Existing statutes
2	3	1	Existing regulations
2	3		State budgetary policies
3	3		State personnel policies

14. On a scale from 1 = Very Important to 4 = Not Important, how important do you think the Commission's actions are in protecting each of the following?

<u>Very</u> <u>Important</u>			<u>Not</u> <u>Important</u>	
1	2	3	4	
6	1			Public health
4	2	1		Public safety
5		2		Public welfare

INSTRUCTIONS: For questions 15 and 16, please circle the number to the left of the most appropriate response. Please circle only one number per question.

15. To what degree would greater public participation increase the effectiveness of the Commission?

- Substantially
- 3 Moderately
- 4 Not at all

16. Which of the following is the best reason for continuing the Commission?  
(Circle only one number)

- 3 Continuous review and development of the policies and procedures of the Veterans Home and Hospital
- 1 Insulation of the Veterans Home and Hospital from outside influence
- 1 Need to have an advocate for the Veterans Home and Hospital
- 2 Other (specify) To administer statutory programs.
- To provide quality health care to veterans.

Legislative Program Review and Investigations Committee

1981 SUNSET REVIEW  
of  
VETERANS' HOME AND HOSPITAL COMMISSION

INSTRUCTIONS: For each question, please circle the number to the left of the most appropriate response. Please choose only one response-- choosing more than one will invalidate the entire response.

Please feel free to provide additional comment on either a specific question or the veterans' affairs in general. Such comment may be included directly on the questionnaire or in a separate attachment.

3	2	1		
---	---	---	--	--

1. Which of the following best described your degree of satisfaction with the policies and procedures of the Rocky Hill Veterans' Home and Hospital?

- 4 Very Satisfied
- 7 Satisfied
- 1 Somewhat Satisfied
- Not Satisfied
- 1 No Opinion

2. In your opinion, how important is the role of the Veterans' Home and Hospital Commission in the operation of the Rocky Hill Home and Hospital?

- 7 Very Important
- 5 Important
- Somewhat Important
- Not Important
- 1 No Opinion

3. Do you feel that the Commission is aware of the needs and problems of veterans as they relate to the Rocky Hill Veterans' Home and Hospital?

- 10 Yes
- No
- 1 Do Not Know

4. Do you feel that your organization has access to the Commission for the purpose of developing or changing policies and procedures that impact veterans?

- 8 Yes
- 2 No

5. In your opinion, what should be the major purpose of the Veterans' Home and Hospital Commission? (Please circle only one.)

- 3 Advocate for the Rocky Hill Veterans Home and Hospital
- 3 Shape the policies and procedures of the Rocky Hill Veterans' Home and Hospital
- 1 Review the policies and procedures of the Rocky Hill Veterans' Home and Hospital
- 2 Serve as the citizens' watchdog over the operation of the Rocky Hill Veterans' Home and Hospital
- 1 Insulate the Veterans' Home and Hospital from excessive outside influence
- 1 Other (specify) \_\_\_\_\_

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## APPENDIX E

### Legislative Changes

Section 27-104 of the Connecticut General Statutes should be amended to require that at least one member of the Veterans' Home and Hospital Commission be a licensed medical doctor and one be a licensed attorney.

A provision should be inserted in Chapter 506 of the Connecticut General Statutes which requires the Commandant of the Veterans' Home and Hospital to submit to the Veterans' Home and Hospital Commission on a bimonthly basis, an itemized list of all expenditures from the home and hospital's institutional general welfare fund.

