



**Virginia Department of Veterans Services**

## **Sitter & Barfoot Veterans Care Center**

# **FREQUENTLY ASKED QUESTIONS**

**Q** – Do you take spouses of veterans?

**A** – No. We can only admit veterans. The spouse would have to be a veteran themselves to be eligible for admission.

**Q** – I just filled out a 10-10EZ for the VA. Do I still need to fill another one out for Sitter & Barfoot Veterans Care Center?

**A** – Yes. The VA requires us to collect a new one at admission.

**Q** – Do you have to have a service-connected disability rating to admit there?

**A** – No. We do not have that requirement.

**Q** – Are you a part of the Veterans Administration?

**A** – No. Sitter & Barfoot is owned and managed by the Commonwealth of Virginia under the Department of Veteran Services.

**Q** – What is the smoking/tobacco/smokeless tobacco/"vaping" policy at SBVCC?

**A** – We are considered a SMOKE FREE facility. Smoking is prohibited within the building or surrounding grounds, by residents, at anytime. No smoking includes smokeless tobacco products such as chewing tobacco and E-Cigarettes/"vaping" products.

Revised 8/23/2023

**Q** – Can I sign myself into the facility?

**A** – We require that a resident be “signed in” by a responsible party. That person must have the legal ability to perform that action by being either a POA or a blood relative. This is a protection for both the resident and the facility to ensure that a person you have designated has the authority to act on your behalf if needed.

**Q** – What are the “basic” requirements for admission?

**A** – The following are the “basic” requirements for admission:

1. The resident must be an honorably discharged veteran from active duty and served for a period not less than 6 months (other than training) from the Armed Forces of the United States.
2. Must be a resident of Virginia or entered service from Virginia.
3. Must medically need nursing home level of care.

This is not a complete list of requirements, many other factors determine if the facility can admit the patient, but this list is the “basic” requirements.

**Q** – What do I need to show that I am a veteran?

**A** – We will need a copy of your military discharge papers. This is usually a DD-214 or in the case of Naval personnel from WWII it is sometimes labeled “Separation from Naval Service”. The easiest way to check if you have the correct document is to look for the following four items:

1. Date of entry into Active Service
2. Date of discharge from Active Service
3. Military Service Number
4. Character of service, i.e., Honorable

If the document has all four items on one page, chances are that that is the correct document.

**Q** – I can’t find my discharge papers. What do I do?

**A** – If you are a WWII veteran and were discharged in Virginia, the Library of Virginia may have a copy. We can help you request that document. For all other veterans you will need to request a copy from the National Archives in St. Louis, Missouri. The web address is:

<http://www.archives.gov/veterans/military-service-records/>

**Q** – Where are you located?

**A** – We are on the grounds of McGuire VA Hospital. Our address is 1601 Broad Rock Blvd, Richmond VA 23224.

**Q** – Do I or can I bring medications from home?

**A** – No. We have a pharmacy onsite and cannot dispense medications filled from other pharmacies. If you were getting your medications filled at the VA, once you are a patient here, our pharmacy will fill your medications and bill your insurance. You will be responsible for any co-pays required by your insurance. The VA will not provide medications to residents of nursing facilities. If you do not have prescription insurance, our pharmacy will be happy to sit down and discuss your options for coverage. If you are here for short term rehabilitation under Medicare or private insurance, medications are typically covered and included, as long as you are receiving care under that insurance.

**Q** – Can I use my electric scooter/wheelchair?

**A** – Yes, but please do not bring it at admission. The devices cannot be used until the Therapy Department has evaluated your safe operation of the device around the Care Center. Safety first!

**Q** – Do you accept Medicare Advantage plans?

**A** – No, we do not accept and cannot admit veterans with these plans. We are not in any Medicare Advantage plan network. In addition, we will not be able to add someone to our wait list until the Medicare Advantage plan is no longer active.

**Sitter & Barfoot Veterans Care Center's Website Address:**

[http://www.dvs.virginia.gov/carecenter\\_sitter-barfoot.shtml](http://www.dvs.virginia.gov/carecenter_sitter-barfoot.shtml)

**Sitter & Barfoot Veterans Care Center's Facebook Page:**

<https://www.facebook.com/SitterandBarfootVeteransCareCenter>

# **ADMISSIONS POLICY ADDENDUM**

JUNE 2017

## **Characteristics and Service limitations of SBVCC**

1. We do not do in house or peritoneal dialysis
2. No ventilators
3. Do not do in house blood transfusions
4. Do not do in house chemotherapy
5. Unable to do some oral chemotherapy
6. No Smoking facility (neither in the building or on the grounds)
7. Unable to do some IV or oral medications (reviewed by nursing / Pharmacist / Physician)
8. Unable to care for some psychiatric needs and aggression
9. Unable to insert PICC lines or central lines
10. Do not do NG tubes
11. Unable to provide frequent deep suctioning
12. No external Defibrillators
13. Motorized wheelchair/scooter (must be assessed by Rehab Department first, do not bring at admission)
14. No Trilogy Machines.
15. After reviewing the medicals, there may be other instances of clinical situations we are unable to provide

## ***UNDERSTANDING MEDICARE, MEDICAID, TRICARE***

You can get the most from your Medicare benefits by learning what Medicare covers and by taking advantage of all that Medicare has to offer. Medicare has the following parts:

**Medicare Part A** (Hospital Insurance) helps cover your inpatient care in hospitals. Part A also helps cover skilled nursing facility, hospice, and home health care if you meet certain conditions.

**Medicare Part B** (Medical Insurance) helps cover medically-necessary services like doctors' services and outpatient care. Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.

**Medicare Part C** (Medicare Advantage Plans) is another way to get your Medicare benefits. It combines Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.

**Medicare Part D** (Medicare Prescription Drug Coverage) helps cover prescription drugs. This coverage may help lower your prescription drug costs and help protect against higher costs in the future.

### **WHAT MEDICARE COVERS IN A SKILLED NURSING FACILITY (SNF)**

**Medicare Part A Coverage** includes rooms, meals, skilled nursing and rehabilitative services, and other services and supplies. This coverage is only after a 3-day qualifying inpatient hospital stay for a related illness or injury. Your stay can be for **up to** 100 days in a benefit period. Days 1-20 are covered at 100%. Days 21-100 have a co-payment amount of **\$200.00/day** for each benefit period. This co-payment may be covered by a secondary health insurance. Medicare doesn't cover long-term care or custodial care.

**Medicare Part B Coverage** helps cover medically-necessary services like doctors' services, outpatient care, and other medical services that Part A doesn't cover. Part B also covers some preventive services.

### **PART B AND TRICARE COVERAGE**

If you have **TRICARE** coverage and Medicare Part A, *you must have Medicare Part B to keep TRICARE coverage*. However, if you are an active-duty service member or the spouse or dependent child of an active-duty service member, the following apply to you:

- You aren't required to have Part B to keep TRICARE.
- When the active-duty service member retires, you must enroll in Part B to keep your TRICARE coverage.
- You can get Part B during a Special Enrollment Period, if you have Medicare because you are 65 or older or you are disabled. In most cases, you won't have to pay a late-enrollment penalty.
- If you have Medicare because you have End-Stage Renal Disease (ESRD), you can only get Part B during the General Enrollment Period and you may have to pay a late-enrollment penalty.

## **MEDICARE & PRESCRIPTION DRUG COVERAGE FROM TRICARE, THE DEPARTMENT OF VETERANS AFFAIRS (VA) OR THE FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHP)**

- Most people keep their TRICARE, VA, or FEHBP prescription drug coverage as long as they still qualify.
- Contact your benefits administrator or your insurer for information about your TRICARE, VA, or FEHBP coverage before making any changes. In most cases, it will be to your advantage to keep your current coverage. However, in some cases, adding Medicare prescription drug coverage can provide you with extra coverage and savings, especially if you qualify for extra help.
- If you lose your TRICARE, VA, or FEHBP coverage, **and** you join a Medicare drug plan, **and** your drug coverage begins within 63 days, in most cases, you won't have to pay a late-enrollment penalty when you join.

### **Military Benefits (TRICARE)**

TRICARE is a health care program for active-duty service members, retirees, and their families. The uniformed services determine who is eligible for TRICARE coverage. TRICARE coverage includes the following:

- TRICARE for Life (TFL)—medical coverage for Medicare-entitled uniformed services retirees, their eligible family members and survivors, and certain former spouses
- TRICARE Prime—a managed care option
- TRICARE Standard—a fee-for-service plan that lets members see any TRICARE certified/authorized provider
- TRICARE Extra—an option for people with TRICARE Standard who want to save on out-of-pocket expenses by making an appointment with a TRICARE network provider (doctor, nurse practitioner, lab, etc.)

All people with TRICARE are eligible for TRICARE pharmacy benefits. Most people keep their TRICARE pharmacy benefits since they're considered creditable prescription drug coverage. You may also add Medicare prescription drug coverage.

If you have Medicare Part A and TRICARE, **you must have Part B to keep your TRICARE benefits.** However, if you are an active-duty service member, or the spouse or dependent child of an active-duty service member, you may not have to get Medicare Part B when you're first eligible.

## **MEDICAID**

**Medicaid** is a joint Federal and state program that helps pay medical costs for some people with limited income and resources. Some people qualify for both Medicare and Medicaid (they are called "dual-eligibles").

- Most of your health care costs are covered if you have Medicare and Medicaid.
- Medicaid programs vary from state to state. They may also be called by different names, such as "Medical Assistance" or "Medi-Cal."
- People with Medicaid may get coverage for services that aren't fully covered by Medicare, such as nursing home and home health care.
- The income limits for Medicaid vary from state to state.

To apply for Medicaid, you must fill out an application which may be found on line at <http://www.dss.state.va.us/localagency/> or you may pick it up in person at the Department of Social Services Office in the county in which you or your loved one currently resides.

Once the application has been received by the Department of Social Services, they have 45 days in which to process it. They may request more paperwork from you such as bank statements, home assessed value, car titles, proof of Social Security Income and VA Pension, etc.

We have provided a list of all Virginia Dept. of Social Service office locations and phone numbers to assist you.

## **Virginia Department of Social Services**

### **Office Locations & Contact Numbers**

#### **Amelia Department of Social Services**

16360 Dunn Street Suite 201  
P.O. Box 136  
Amelia, VA 23002  
(804) 561-2681  
(804) 561-6040 (FAX)

#### **Chesterfield/Colonial Heights Department of Social Services**

9501 Lucy Corr Circle  
P.O. Box 430  
Chesterfield, VA 23832-0430  
(804) 748-1100

#### **Goochland Department of Social Services**

1800 Sandy Hook Road, Suite 200  
P.O. Box 34  
Goochland, VA 23063-0034  
(804) 556-5880

#### **Henrico County Department of Social Services**

8600 Dixon Powers Drive  
P.O. Box 27032  
Richmond, VA 23273  
(804) 501-4001

#### **Hopewell Department of Social Services**

256 E. Cawson St.  
Hopewell, VA 23860  
(804) 541-2330  
(804) 541-2347 (FAX)

#### **Petersburg Department of Social Services**

400 Farmer St.  
P.O. Box 2127  
Petersburg, VA 23804  
(804) 861-4720

**Powhatan County Department of Social Services**

3908 Old Buckingham Road, Suite 2  
Powhatan, VA 23139-0099  
(804) 598-5630

**Richmond City Department of Social Services**

Marshall Plaza Building  
900 E. Marshall St.  
P.O. Box 10129  
Richmond, VA 23240

**Virginia Beach Department of Human Services**

3432 Virginia Beach Blvd.  
Suite 342  
Virginia Beach, VA 23452-4420  
(757) 437-3200  
(757) 437-3466 (FAX)

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7 N. Eighth Street, Richmond, VA 23219

**\*\*SPECIAL MEDICARE INFORMATION\*\***

**SPECIAL ENROLLMENT PERIOD**

Admission to a nursing facility opens a Medicare special enrollment period. Any beneficiary may change their current plan to a traditional Medicare plan or to a Medicare Advantage (managed care) plan. The special enrollment period begins in the month of admission and continues for up to two months following discharge. It is continuous while the person is in the facility, meaning any individual may change plans at any time with new coverage starting the first day of the next month. Residents admitted under skilled benefits may change Medicare plans during their skilled coverage and continue skilled coverage under the new plan without interruption as long as the resident continues to meet Medicare guidelines for continuation of skilled benefits, and as long as there are available skilled days left out of the typical 100-day maximum.



## **LOW-INCOME ASSISTANCE**

There are 2 programs that provide assistance to low-income Medicare beneficiaries:

Extra Help/Low Income Subsidy (LIS)

Medicare Savings Program (MSP)

These programs help with prescription drug plan costs and Medicare premiums. Any Medicaid recipient automatically qualifies, as well as other low income individuals who meet the financial requirements.

## **MAKE REFERRALS TO VIRGINIA INSURANCE COUNSELING & ASSISTANCE PROGRAM (VICAP)**

**(804) 343-3014**

## **MEDICAID/MEDICARE QUESTIONS?**

**Applying for Medicaid and understanding Medicare benefits can be challenging. Please do not hesitate to ask our Business Office, Social Work or Admissions staff for assistance.**

