

RESOURCES A TO Z

RESOURCES A TO Z was designed to add detailed information to the previous sections on long-term care options in Virginia and as a directory to information sources you may need for such things as applications, other publications and local assistance. **RESOURCES A TO Z** is arranged alphabetically to allow you to use it much as you would a dictionary or encyclopedia. An index to all of the primary topics in both the text and resource sections is included at the end of the book. With the index are special lists of associations, organizations and the Action Checklists included throughout the book. The Action Checklists were designed to help you gather and organize special information you may need to make quality care decisions.

STATE AND FEDERAL LISTINGS — Virginia departments and administrative entities are listed together under **Virginia, State of**. Federal listings — such as Social Security — are grouped together under **United States Government**. Some state and federal listings are also cross referenced. **Exception: Because of their importance in long-term care, Medicare and Medicaid are listed separately under M.**

KEY TO SYMBOLS: ❖ 📍 📞 ➔ ✓

- ❖ This symbol denotes major subjects.
- 📍 Tells you to see **RESOURCES A to Z** for additional related information to expand your knowledge on a subject. It is also used to indicate a cross reference.
- 📞 The phone has been used in those listings in which calling first is emphasized OR when the preferred contact method is by phone OR when a toll-free phone number is available.
- ➔ is used to help those who wish to work through some of the language in the Code of Virginia to find important single elements of the law that pertain to some of the more routine long-term care considerations such as having medical records transferred, patient rights or privacy matters.
- ✓ Indicates an action checklist has been provided for your use.

A

❖ ABUSE, ELDER AND/OR DISABLED

- SEE LEGAL ASSISTANCE
VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF
ADULT PROTECTIVE SERVICES

❖ ACTIVITIES OF DAILY LIVING (ADLs)

- SEE LONG TERM CARE INSURANCE
WHEN IT COVERS YOU

ACTIVITY HELPERS — Those recovering from an illness or injury, the elderly and disabled often need “helpers” to accomplish routine activities on their own. Many of these activities can be facilitated with homemade devices, inexpensive-to-purchase specialty items (see vendor listing that follows checklist) or by replacing one material with another for safety — for example plastic instead of glass. Using some of these devices and options may increase the person’s independence and self confidence and can ultimately add to their safety if living alone.



CHECKLIST OF HELPERS

Choose devices that meet the good 4C’s Rule:

NOT...

Conspicuous — ones that almost look like the regular counterpart

Complicated — only a few moving parts

Cumbersome — ones that are easy, light weight

Cosmetically unappealing — If only a few dollars is the difference in an unattractive device and an attractive one, spend the money if you can.

EATING:

- Rocker Knife, Fork and/or Spoon
- Pizza roller cutter instead of knife
- Wrap silverware handles with padding and tape fitted to comfortable grasp

- Velcro tape to help hold utensils to a weakened hand
- Bowl with Handles
- Divided Dinner Plates with high rims

FOOD:

- Buy easy-open packages of prepared foods
- Eliminate foods that require extensive cutting, chopping or mixing

KEEP HANDY:

- Rubber mats to prevent slipping
- A board with spikes to hold meats while cutting
- Sponges
- Electric Can Opener
- Blender
- Rubber jar Openers

COOKING:

Use the following as much as possible instead of a standard oven:

- Crock-Pots to slow cook food
- Coffee makers with thermal plastic containers (not glass)
- Microwave oven
- Electric Skillet
- Toaster Oven

OTHER ASSISTIVE DEVICES:

- | | |
|--|---|
| <input type="checkbox"/> Raised toilet seats | <input type="checkbox"/> Tub transfer benches |
| <input type="checkbox"/> Soap on a rope | <input type="checkbox"/> Tub rails |
| <input type="checkbox"/> Long-handled sponge | <input type="checkbox"/> Wash mitts |
| <input type="checkbox"/> Buttonhook | <input type="checkbox"/> Zipper pull |
| <input type="checkbox"/> Shoes w/velcro closure | <input type="checkbox"/> Dressing stick |
| <input type="checkbox"/> Reaching, grasping aids | |
| <input type="checkbox"/> Cheval mirror (free-standing on the floor) | |
| <input type="checkbox"/> Comb, brush with wrapped handles | |
| <input type="checkbox"/> Stabilized cooking and work tables at height appropriate to disabled (wheelchair-accessible, low) | |

NOTE: This list was compiled from information presented in the American Geriatric Society's COMPLETE GUIDE TO AGING & HEALTH, Mark E. Williams, M.D. The book is recommended reading by the Virginia Department for the Aging.

❖ ADMINISTRATION ON AGING (AOA)

- SEE UNITED STATES GOVERNMENT

❖ ADULT DAY CARE CENTERS

TO LOCATE

- SEE VHI LONG-TERM CARE PROVIDER DIRECTORY
- ALSO SEE VIRGINIA, CODE OF
- ADULT DAY CARE CENTER DEFINED
 - PARTICIPANT RIGHTS

AMBULATORY REQUIREMENTS

For adult day care program purposes, ambulatory means that participants must be able to leave the center (or other buildings that might be visited) in an emergency without the assistance of another person or device. They must be able to accomplish this both mentally and physically. Facilities with ramped entrances at ground level and doors sufficient for wheelchair operation may be licensed to accept non-ambulatory or physically handicapped participants. A facility's certificate of occupancy provided by the Department of Housing and Community Development will identify what accessibility codes have been met.

PARTICIPANTS' RIGHTS AND RESPONSIBILITIES

Adult Day Care facilities are responsible for making sure that their participants are

- given encouragement and support in maintaining their independence
- encouraged to take an active role in planning for their care
- granted dignity and treated with courtesy and respect
- granted full respect for their personal privacy
- protected from abuse and exploitation and never punished, coerced or threatened in any way and
- protected from solicitation, harassment and unwanted visitors

STATE REGULATIONS SUMMARIZED

All centers are required

- to keep staff with current certifications in first aid and cardiovascular pulmonary resuscitation (CPR) on premises during open hours

- to maintain liability insurance at levels prescribed by the Department of Social Services
- to perform police and criminal record checks on all employees (NOTE: known offenders in the areas of abuse, neglect or exploitation cannot be employed in a licensed adult day care center)
- to perform health tests and checks on all employees
- to have a sufficient number of qualified staff present to meet not only nutritional needs but health supervision, maintenance and personal care needs as well and
- to exercise adult day care patient's rights standards as stipulated in the Code of Virginia.

FOR MORE INFORMATION

- SEE VIRGINIA, STATE OF:
AGING, DEPARTMENT FOR THE
AGING, AREA AGENCIES ON (AAAs)
SOCIAL SERVICES, DEPARTMENT OF

THE NATIONAL COUNCIL ON THE AGING NATIONAL ADULT DAY SERVICES ASSOCIATION (NADSA)

On the web: www.ncoa.org/nadsa

Promotes adult day care services as a viable community-based option for disabled older persons; collects and distributes information on adult day care services. Acts as advocate for the provision of adult day services for low-income persons.

THE NATIONAL COUNCIL ON THE AGING
409 3rd Street, SW, Suite 200
Washington, D.C. 20024
Phone: 1-202-479-1200

✓ ADULT DAY CARE SERVICES/FACILITIES CHECKLIST

Note: Not all items in the following checklist are required by regulations or standards.

IS IT SAFE, CARING?

THE STAFF

- registered nurse on duty at all times
- supervisor/director has CPR training
- director has health/medical background
- social worker on staff

AIDES

- aides are CNAs/Certified Nursing Aides
- all aides have CPR training
- aides have been trained by the center
- number of participants per aide
 - 1-4 per aide
 - 5-10 per aide
 - over 10 per aide
- full time staff activities director
- aides have strong network of volunteers

SPECIAL PERSONAL CARE/HEALTH CARE SERVICES

- provides some preventive medical care
 - flu shots
 - other vaccinations
- podiatry care offered
- rehabilitation therapies conducted on site
- personal care service available that includes assistance with
 - toileting
 - eating
 - moving about
 - getting up, sitting down
 - handling steps if required
- provides social isolation counseling
- offers caregiver counsel and support

MEALS AND SNACKS

Provides nourishing and tasty

- morning snack
- afternoon snack
- breakfast
- lunch
- dinner

Makes special food accommodations for participants with food allergies/sensitivities? yes no

RECREATION

Activities offered include:

- pet therapy exercise cooking
 music therapy field trips games
 gardening reminiscing parties

Will accommodate individual interests yes no

Hint: Ask for a copy of current activities schedule as well as a schedule for a past holiday period.

HOURS

Weekday: Opens Closes

Weekends:

 Saturday Opens Closes

 Sunday Opens Closes

Has evening hours after 5 p.m. yes no

 If yes, _____ p.m. to _____ p.m.

SPECIAL SERVICES AND EQUIPMENT

CHARGE	INCLUDED IN DAY FEE	EXTRA FEE
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Specialized vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair ready	<input type="checkbox"/>	<input type="checkbox"/>
Automated lift	<input type="checkbox"/>	<input type="checkbox"/>
Special diets	<input type="checkbox"/>	<input type="checkbox"/>
Special on-site equipment (for example, oxygen)	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT THE COST

Has Day Fee arrangement? yes no

Amount charged per 8 hour day: \$ _____

Charges overtime for hours

weekdays after _____ p.m.

weekends after _____ p.m.

Charges full day rate for extra hours if they exceed standard full-day hours (late pick-up for example).

Charges extra fee for personal care/health services?

yes no

If yes, has extra fee for personal care:

Service _____ Amount _____

Service _____ Amount _____

Service _____ Amount _____

for health services:

Service _____ Amount _____

Service _____ Amount _____

Service _____ Amount _____

Has minimum hourly requirement per week (you pay for or must use a minimum number of hours per week) yes no

Has minimum days requirement per week per month
 both

Has financial aid/assistance available for participants

yes no

state funds federal funds scholarships

Sliding scale options available yes no

Helps participant find sources for payment

yes no

Day Care Center/Service will process claims for

Medicare Medigap plans Medicaid

VA benefits Private insurance

Bills for or files claims for:

• weekly yes no

• monthly; i.e., total days for month plus any add on charges yes no

Is licensed by State of Virginia

Is certified by federal government (accepts):

Medicare

Medicaid

Approved by my private insurance company

yes no

VISITATION RATINGS

OVERALL OBSERVATIONS RATING

- Poor Good Average
 Above Average Excellent

SPECIFIC STRENGTHS AND/OR WEAKNESSES OBSERVED

- Friendly, warm environment and staff
- Interested in my questions
- Knowledgeable director/supervisor
- Helpful staff
- Staff showed interest in current participants
- Too busy, noisy
- Staff tense, unfriendly
- Participants relaxed, appeared happy
- Staff relaxed; appeared to enjoy helping
- Allowed supervised independence
- Provided structured, organized environment

❖ AGING, DEPARTMENT FOR THE

➤ SEE VIRGINIA, STATE OF

❖ ALZHEIMER'S DISEASE

ALZHEIMER'S ASSOCIATION

National organization On the web: www.alz.org

Virginia Chapters provide support for patients and their families, educate public and professional segments on Alzheimer's disease and related disorders and provide support for research.

BLUE RIDGE OF VIRGINIA CHAPTER

2728 Colonial Ave., SW, Suite 2

Roanoke, VA 24015

☎ Toll Free 1-877-345-7500

CHARLOTTESVILLE/PIEDMONT CHAPTER

490 Westfield Rd., Suite 102

Charlottesville, VA 22905

☎ Toll Free 1-888-809-7383

CENTRAL VIRGINIA/LYNCHBURG CHAPTER

P. O. Box 823
Lynchburg, VA 24505
Phone: 1-804-845-8540

GREATER RICHMOND CHAPTER

4600 Cox Rd., Suite 130
Glen Allen, VA 23060
☎ Toll Free 1-800-598-4673

HAMPTON ROADS CHAPTER

Interstate Corporate Center
Building 20, Suite 233
Norfolk, VA 23502
☎ Toll Free: 1-800-755-1129

Williamsburg Branch Office
Phone: 1-757-221-7272

Franklin Branch Office
Phone: 1-757-569-1650

NORTHERN VIRGINIA CHAPTER

10201 Lee Highway, Suite 210
Fairfax, VA 22030
☎ Toll Free: 1-800-207-8679

SHENANDOAH VALLEY CHAPTER

284 East Water St.
Harrisonburg VA 22801-4034
☎ Toll Free 1-888-432-9061

SOUTHSIDE VIRGINIA CHAPTER

South Hill, VA 23970
☎ Toll Free 1-800-758-8318

✦ SEE LONG-TERM CARE INSURANCE

❖ AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)

On the web: www.aarp.org

The AARP offers membership benefits to people age 50 and older. Membership allows you to access a wide variety of programs and benefits: travel services and discounts and financial services, including health and life insurance products. Community service programs may include driver education, health and medical

advocacy and counseling services, legal counseling and social outreach and support programs.

To write for membership information:

AARP MEMBERSHIP COMMUNICATIONS

601 E Street, NW

Washington, DC 20049

☎ Toll Free 1-800-424-3410

➤ SEE COMMUNITY SERVICES
STATE AND LOCAL AARP LISTINGS

❖ APARTMENT LIFESTYLE OPTIONS

Apartment living usually helps you manage better by

- removing yard and exterior house maintenance
- eliminating large unexpected replacement expenses
- providing routine maintenance and emergency repair of major appliances; heating/cooling systems
- providing new friendships and nearby neighbors and
- reducing costs.

APARTMENTS GENERALLY AVAILABLE IN VIRGINIA

STANDARD APARTMENTS Generally available in most larger towns and metropolitan areas. You pay fixed amount each month; may include some or all utilities in monthly fee. May be only two apartments in a building (duplex) or multi-building groups of four+ units in each building. First floor apartments should be strong consideration.

ACCESSORY APARTMENTS Usually additions to existing house or area created within a house dedicated to a retired person as their primary living area. Accessory apartment should provide separate bath and meal preparation area. Usually offers more privacy than sharing a home.

ECHO HOUSING A dwelling that shares property boundaries with another dwelling and may share a water supply or in some other ways echo the primary dwelling. Places elder parents or ill or disabled relatives within proximity to the family, reduces maintenance load, provides a more secure environment and decreases the distance that caretakers must go when help is needed. You may hear echo housing also referred to as elder cottages.

SHARED HOUSING Some homeowners share a home to reduce costs, to provide companionship or to provide assistance in exchange for the use of a room.

FINANCIALLY ASSISTED APARTMENTS for the ELDERLY AND/OR DISABLED In Virginia, the Virginia Housing Development Authority (VHDA) oversees the Section 8 certificate and voucher programs for the federal government. VHDA's role includes paying the owner each month, verifying tenant eligibility and training apartment managers, owners and local public housing authorities. In some areas not covered by the local housing authorities, VHDA may also administer the program. Rental assistance programs are not available in all localities.

LEASES/RENTAL AGREEMENTS Rental agreements or leases are standard for most apartments. Read the agreement or lease carefully before you sign. If you are unclear about the terms of the agreement, ask a relative or friend to read it or obtain legal assistance through several public and private assistance sources.

➤ SEE LEGAL ASSISTANCE

FOR MORE INFORMATION

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

On the web: www.hud.gov

Housing Counseling for Homebuyers and Renters:

➤ Toll Free 1-800-569-4287

VIRGINIA HOUSING DEVELOPMENT AUTHORITY (VHDA)

On the web: www.vhda.com

For Section 8 Certificate and Voucher Programs:

Phone: 1-804-783-6731

FOR THE NAME OF A LICENSED REALTOR

or for a special housing management company call:

VIRGINIA REAL ESTATE COMMISSION

Phone: 1-804-367-8526

❖ ASSESSMENT OPTIONS

LOCAL AGING AND SOCIAL SERVICE AGENCIES

You are eligible for an assessment through your area's agency on aging if you are 60 or older. Preference is given to those with the greatest economic and social need. Agencies on aging and local departments of social services can also direct you to other assessment professionals in your area. In addition to their service to seniors, assessment services are available to those with diagnoses of

- mental illness
- mental retardation
- functional/central nervous system (CNS) disabilities
- other substantial limitations to normal activities and in some cases
- substance abuse.

PRIVATE ASSESSMENT AND PLACEMENT COMPANIES

Assessment and care management services are available from private providers. Fees may be established on an hourly basis or as a fixed fee. If you choose to work through a private care management company, ask for a credentials statement or proof of licensing before agreeing to use their services. You can verify any information you receive by calling the bureau responsible for health care professional licensing.

COMMUNITY AND TEACHING HOSPITALS

Comprehensive geriatric assessments by interdisciplinary health care teams are available through many community hospitals. Though the charges may be an uncovered expense to you, relying on interdisciplinary health care team planning can be a very direct and successful route to satisfactory long-term care. The team will usually include your physicians as well as nurses, a social worker, your dentist and physical or occupational therapists, if appropriate. Many interdisciplinary health care teams will want a psychiatric or psychological evaluation performed and may also believe that the plan's success could be enhanced by planning assistance from a registered pharmacist and/or a nutritionist.

LONG-TERM CARE FACILITIES AND SERVICE PROVIDERS

Most licensed or certified long-term care facilities and service providers will assess your needs prior to providing services.

However, should you choose to rely on such an assessment and should the assessment find that you do not require services that would be covered under most insurance providers plans, you could incur an uncovered charge for the assessment. Ask before the assessment what the service provider's practice is in these circumstances. For low income individuals, a public human services agency must complete an assessment prior to admission and eligibility criteria must be met.

- SEE VIRGINIA, STATE OF
AGING, DEPARTMENT FOR THE AREA AGENCIES ON
SOCIAL SERVICES, DEPARTMENT OF
REHABILITATION, DEPARTMENT OF
OTHER RESOURCES:
YOUR LOCAL COMMUNITY OR TEACHING
HOSPITAL SOCIAL SERVICES DEPARTMENT
SEE PHONE DIRECTORY YELLOW PAGES:
HEALTH CARE MANAGEMENT

FOR MORE INFORMATION

AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

901 E St. NW, Suite 500
Washington, DC 20004-2011
Phone: 1-202-783-2242

❖ ASSISTED LIVING FACILITIES

TO LOCATE:

- SEE VHI LONG-TERM CARE PROVIDER DIRECTORY

REQUIREMENTS OF ASSISTED LIVING FACILITIES

Summarized from the Virginia Administrative Code

A RESIDENT

- must be encouraged to exercise his/her rights and must be informed of rights as a resident and a citizen
- has the right to voice or file grievances, or both, with the facility and to make recommendations for changes in the policies and services
- shall be protected by the licensee or administrator, or both, from any form of coercion, discrimination, threats

- or reprisal for having voiced or filed a grievance
- has rights and responsibilities as provided in §63.1-182.1 of the Code of Virginia and this chapter

OPERATORS/ADMINISTRATORS OF ASSISTED LIVING FACILITIES MUST

- review rights and responsibilities with all residents annually
- make available in an easily accessible place a copy of the rights and responsibilities of residents and
- post the name, title, address and telephone number of the appropriate regional licensing supervisor of the Department of Social Services, the toll-free telephone number of the Virginia Long-Term Care Ombudsman Program and any local ombudsman program serving the area and the toll-free number of the Department for the Rights of Virginians with Disabilities and
- provide the toll free number for Adult Protective Services.

• ALSO SEE

LICENSING

LONG-TERM CARE INSURANCE

MEDICARE

MEDICAID

SOCIAL SECURITY AND SSI

VIRGINIA, CODE OF

ASSISTED LIVING FACILITIES: RIGHTS AND

RESPONSIBILITIES OF RESIDENTS §63.1-182.1

VIRGINIA, STATE OF

HEALTH, DEPARTMENT OF

SOCIAL SERVICES, DEPARTMENT OF

ALSO: ADULT PROTECTIVE SERVICES

FOR MORE INFORMATION

VIRGINIA ADULT HOME ASSOCIATION (VAHA)

1004 North Thompson St., Suite 305

Richmond, VA 23230

Phone: 1-804-355-2684

VIRGINIA ASSOCIATION OF NONPROFIT HOMES
FOR THE AGING (VANHA)

On the web: www.vanha.org

4401 Dominion Boulevard, Suite 200

Glen Allen, VA 23060

Phone: 1-804-965-5500

VIRGINIA CENTER FOR ASSISTED LIVING (VCAL)

An arm of the VIRGINIA HEALTH CARE ASSOCIATION (VHCA)

On the web: www.vhca.org

2112 West Laburnum Ave., Suite 206

Richmond, VA 23227

Phone: 1-804-353-3098

The following pages give you and/or your family and caregivers an opportunity to evaluate systematically the assisted living facilities you are considering. You may want to make copies of the checklist so that you will have a copy for each facility being considered and be able to compare what you have learned.



ASSISTED LIVING FACILITY CHECKLIST

FACILITY BEING CONSIDERED: _____

LOCATION: _____

PHONE: _____

HAS WAITING LIST

VACANCY/NOW AVAILABLE

NOT AVAILABLE UNTIL

DATE: _____

APPEAL FACTORS

- Residents appear happy and well cared for
- Overall atmosphere is clean and comfortable
- Home and living units are in good repair
- Grounds are attractive, well kept
- All grounds areas are accessible to residents
- Dining room is appealing, comfortable
- Meals appear to match menus
- Food is served attractively
- Staff is courteous, eager to help residents

- Common areas are well decorated
- Books, games, common area televisions
- Computers, internet access available
- There is ample natural daylight and lighting
- Free of unpleasant odors
- No insects, rodents; no insecticide odors
- Common areas air conditioned/central heat
- Private areas have temperature controls
- Worship areas provided; accessible
- Private unit areas open onto pleasant hall
- Private area open, window light available
- Shared rooms are limited to two beds per room
- Infirmary area are limited to two beds per room
- Reading lights are provided in bedrooms
- Clothes closet and drawer space Acceptable Excellent

FOOD PREPARATION CHECKLIST

- Kitchen area removes food preparation from dishwashing, disposal functions
- Food put away, refrigerated appropriately
- Appears clean; free of garbage odors

PERSONAL SAFETY FACTORS

- Personal assistance services available
- Personal assistance services included in monthly fee/rental
- Special personal services available for confused or dementia-affected residents
- Rooms and halls well lit
- Furniture sturdy, not easily tipped over
- Walkways, halls free of floor hazards
- Handrails on all stairways, hall areas
- Exit doors clearly marked, unlocked
- Emergency exit plan posted for easy visibility
- Monthly or more frequent exit drills
- Sprinkler system throughout public areas
- Fire extinguishers in halls
- Room smoke alarms/sprinkler system
- Bathrooms have hand grips near toilet

- At least one staff member certified for CPR is on duty 24 hours a day
- Bathrooms have hand grips, railing in bath tubs and showers
- Bathtubs and showers have non-slip surfaces

PERSONAL CONSIDERATIONS

- Family thinks this facility a good choice
- Convenient to family's home, work
- Convenient to friend's home, work
- Convenient to physician's offices
- Convenient to specialist's offices
- Facility provides transportation for medical purposes
- Facility provides transportation for shopping needs
- Facility located in area of town I like
- Facility in area of town with good evening safety factors
- Visiting hours accommodate relatives
- Married couples may share room/apartment

RECREATIONAL CONSIDERATIONS

- One interesting activity scheduled daily
- Group activities interesting, scheduled regularly
- Residents encouraged to participate in activities
- Excursions available for everyone
- Good to excellent volunteer support for recreational programs
- Worship programs available regularly
- Personal religious considerations respected

LICENSING AND APPROVALS

Facility

- has current license from Department of Social Services,
- is licensed to accept non-ambulatory residents,
- is **not** licensed for non-ambulatory residents,
- is active member of state and/or national quality assurance
 - assisted living facility association
 - adult home association
 - health care association

CONTRACT AND BILLING CONSIDERATIONS

- Contract clearly defines services included in monthly fee
- Management provides assistance in obtaining financial aid
- Monthly fees/rentals are prorated in case of medically required discharge or at death
- Monthly statement shows all incurred expenses, special fees

VISITATION RATINGS

OVERALL OBSERVATIONS RATING

- Poor Good Average
- Above Average Excellent

SPECIFIC STRENGTHS AND/OR WEAKNESSES OBSERVED

- Friendly, warm environment and staff
- Interested in my questions
- Knowledgeable director/supervisor
- Helpful staff
- Staff showed interest in current residents
- Too busy, noisy
- Staff tense, unfriendly
- Participants relaxed, appeared happy
- Staff relaxed; appeared to enjoy helping

B

❖ BLIND

- SEE DOGS, GUIDE AND SEEING EYE
VIRGINIA, STATE OF
VISUALLY HANDICAPPED, DEPARTMENT FOR THE

C

❖ CAREGIVERS

VIRGINIA CAREGIVERS GRANT FUND

Code of Virginia §63.1-333 Provides for payments of up to \$500 to eligible caregivers who apply with the Virginia Department of Social Services for a grant. Applications are accepted February 1 to May 1 of each year.

- SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF

NATIONAL FAMILY CAREGIVERS ASSOCIATION (NFCA)

On the web: www.nfcacares.org
10400 Connecticut Ave., Suite 500
Kensington, Maryland 20895-3944
➤ Toll Free: 1-800-896-3650

RICHMOND FRIENDS AND RELATIVES

1426 Claremont Ave.
Richmond, VA 23227
Phone: 1-804-264-2730

❖ COMMUNITY SERVICES

AARP VA/DC/MD STATE OFFICE

PHONE:	1-703-739-9220
PHARMACY SERVICES	1-800-456-2277
SENIOR EMPLOYMENT SERVICES	1-804-355-3600
WIDOWED PERSONS SERVICES	1-804-288-4474

- SEE AARP • NATIONAL RESOURCES

COMMUNITY SERVICES • REGIONAL REFERRAL CENTERS

Community-supported Regional Referral Centers provide referral services for long-term care services for seniors and the disabled.

HUMAN SERVICE INFORMATION PROJECT
NORTHERN VIRGINIA PLANNING DISTRICT COMMISSION
7535 Little River Turnpike, Suite 100
Annandale, VA 22003
Phone: 1-703-642-0700

UNITED WAY OF CENTRAL VIRGINIA
1010 Miller Park Square
Lynchburg, VA 24501
☎ Toll Free: 1-800-230-6977

UNITED WAY/RICHMOND REGION
P.O. Box 12209
Richmond, VA 23241-0209
Phone: 1-804-275-2000

❖ COMPLAINTS

If problems occur, it is up to us or our caretakers to sort out the facts, present them and resolve them. Because resolution of a complaint is about the facts as they occurred, it is important for you to follow certain routine procedures. Most state agencies, private service providers and health and long-term care insurance companies have procedures — and people — specifically designated for handling disagreements or grievances. Many of these specially trained people are called *ombudsmen*.

The following checklist could help you with what information you will need and how to proceed with a provider's customer service representative or with an ombudsman.



PROBLEMS AND COMPLAINTS CHECKLIST

INFORMATION TO OBTAIN AND KEEP

- Make and keep copies of all correspondence including bills and claim forms.
- Keep a record of conversations you have had with staff where you have a problem. Include the date, the name of the person with whom you spoke and the details of the conversation.
- Get copies of any medical information about yourself from a provider. Because it takes paper and time to provide documents, there may be a charge for obtaining the ones you need. If you are correct in a billing dispute, you can ask the provider to credit you with the costs when it is resolved.

WHEN YOU ASK FOR HELP

Make sure you give the reviewers all the information they will need to investigate your complaint. Here's a checklist to help you organize the information that may be needed.

- Your name
- A phone number where you can be reached on week days during the day
- Your home mailing address with city, state and ZIP code

If the matter is about someone for whom you act as caregiver, include:

- The name of the person who was agrieved
- Any policy, billing, individual or group identification numbers
- The nature or description of the problem or complaint
- The date of the service or incident
- The person/institution with whom you have a problem

HOW AND WHERE TO GET HELP

- First, make your complaint known. Provide the facts in a logical manner. Remember, your problem may be the result of a human error. Let your provider know there is a problem quietly and calmly.

- ❑ If your actions do not result in a **satisfactory resolution** and you believe your concerns are valid, ask for a second review of your complaint. If you're not clear on the resolution, ask a friend or family member to look at the facts with you. Sometimes this helps clarify meaning or intent.
- ❑ If you are **still dissatisfied**, you can take your concerns to a regulatory office, to an ombudsman trained in dispute settlement or to an attorney.

INSURANCE ISSUES

- STATE CORPORATION COMMISSION'S BUREAU OF INSURANCE OMBUDSMAN

HEALTH ISSUES

- VIRGINIA DEPARTMENT OF HEALTH'S CENTER FOR QUALITY HEALTH CARE SERVICES AND CONSUMER PROTECTION

ABUSE OR NEGLECT

- DEPARTMENT OF SOCIAL SERVICES

UNRESOLVED DISPUTES

- SEE LEGAL ASSISTANCE

❖ CONSERVATOR

- SEE GUARDIANSHIP

❖ CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)

TO LOCATE:

- VHI LONG-TERM CARE PROVIDER DIRECTORY

CCRC CONTRACTS

TYPE A: COMPREHENSIVE OR EXTENSIVE • ENTRANCE FEE REQUIRED — A lifecare contract that provides living accommodations, meals, residential/personal care services and access to unlimited long-term nursing care at little-to-no additional cost for the remainder of a resident's life.

Primary Contract Benefits: Allows residents to ensure themselves of housing stability. Permits cost of personal and nursing care services

to be spread out over time. Provides “built-in coverage” against catastrophic health care costs through shared-risk arrangement with CCRC.

TYPE B: MODIFIED • ENTRANCE FEE REQUIRED — A contract that provides living accommodations, meals, residential and personal care services and lifetime access to long-term nursing care, however limits the time that nursing care is covered under entrance fees and monthly charges (typically 60, 90 or 180 days). Resident is expected to pay for nursing care needed beyond pre-specified limits; nursing care services that exceed contract limits are paid by resident and/or resident’s health insurance plan on a monthly or per-day basis.

Primary Contract Benefits: Entrance and monthly fees are usually lower.

TYPE C: FEE-FOR-SERVICE • ENTRANCE FEE REQUIRED — This contract provides living accommodations, access to residential, personal care and nursing services and typically emergency and short-term nursing care in the basic fees. However, under a TYPE C contract, a resident is responsible for all long-term nursing care costs as well as the costs for laundry, housekeeping, general health and wellness services, meals and personal transportation services.

Primary Contract Benefits: Entrance and monthly fees substantially lower than TYPE A and TYPE B contracts.

TYPE D or OPTION TO TYPE C: FEE-FOR-SERVICE • NO ENTRANCE FEE — Provides living accommodations on a short-term basis, e.g., month-to-month. Service access and fee arrangement as stipulated in contract terms. **Primary Contract Benefits:** Flexibility in terms of time and service costs.

CCRC ENTRANCE AND MONTHLY FEES

CCRC ENTRANCE FEE RANGES — Based on most recently reported national figures, the average CCRC entrance fee can be expected to be in the \$63,000 to \$143,000. Keep in mind that some CCRC’s entrance fees may be higher and you may find some to be some lower.

CCRC NO ENTRANCE FEE OPTION — Some CCRCs offer a *no entrance fee option* that requires instead a higher monthly fee. Read your contract carefully if this is the arrangement being offered. Be aware that this is not a true CCRC arrangement and may eliminate the security of lifecare or guaranteed long-term care services.

In addition to an entrance fee, CCRCs require a monthly fee that can range from \$250 to \$1,900 for a single person. These fees under some contracts may include all personal care and health services or they may not include certain services. Your contract should stipulate which fees are covered in your monthly payment and which are not. In many CCRCs a second person's monthly fee (family member) will be less than the first fee. Ask about this provision if you are to share CCRC space and services with a spouse or primary family member.

FOR MORE INFORMATION

VIRGINIA ASSOCIATION OF NONPROFIT HOMES FOR THE AGING (VANHA)

On the web: www.vanha.org
4401 Dominion Boulevard, Suite 200
Glen Allen, Virginia 23060
Phone: 1-804-965-5500

- SEE LONG-TERM CARE INSURANCE
 - MEDICAID
 - MEDICARE
 - STATE CORPORATION COMMISSION
 - VIRGINIA, CODE OF
 - CCRC ENTRANCE FEES DEFINED
 - CCRC FACILITIES AND SERVICES DEFINED
 - VIRGINIA, STATE OF
 - AGING, DEPARTMENT FOR THE
 - SOCIAL SERVICES, DEPARTMENT OF

❖ COSTS: COVERING LONG-TERM CARE

The following list has been developed as a guide to funding options. It can be used as a retirement planning work sheet and as a checklist of funding sources you need to evaluate. You might find it's a good idea to make copies to write on and keep the printed version as your master copy should you need more.



A FINANCIAL RESOURCES CHECKLIST

MONTHLY INCOME SOURCES From

- Pension/Retirement _____
 - Disability Income _____
 - Social Security _____
 - Wages (if any) _____
- \$ _____

INVESTMENT SOURCES From

- Savings _____
 - Stocks _____
 - Bonds _____
 - Real Estate _____
 - Other Investments _____
- \$ _____

LIFE INSURANCE SOURCES From

- Whole Life Insurance Plan _____
 - Term Life Insurance Plan _____
 - Annuities _____
 - Accelerated Pay Outs _____
 - Cash Values _____
 - Loan Values _____
- \$ _____

HEALTH INSURANCE SOURCES From

- Personal Health Plan _____
 - Employer's Health Plan _____
 - Medigap Plan _____
 - Medicare Part A _____
 - Medicare Part B _____
 - Medicaid _____
 - Auxiliary Grant _____
- \$ _____

SPECIAL INSURANCE SOURCES From

- Specific Disease Insurance _____
 - Long-Term Care Insurance _____
 - Medical Savings Account _____
- \$ _____

PRIVATE ASSISTANCE SOURCES From

- CCRC Grant In Aid _____
 - Nonprofit Assisted Living Facility _____
 - Nonprofit, Private Adult Day Care _____
 - Church or Synagogue Assistance _____
 - American Red Cross _____
- \$ _____

FEDERAL, STATE OR COMMUNITY SOURCES

- Special Funds _____
 - Community Services _____
 - Free _____
 - Sliding Scale _____
 - United Way _____
 - Caregiver Grants _____
 - Special Assistance Funds _____
 - Last Recourse Funds _____
- \$ _____

D

❖ DEAF

➤ SEE VIRGINIA, STATE OF
REHABILITATIVE SERVICES, DEPARTMENT OF

❖ DOGS, GUIDE AND SEEING EYE

GUIDE DOG FOUNDATION FOR THE BLIND, INC.

Free dogs, training and placement paid for through private donations.

On the web: www.guidedog.org 1-800-548-4337

GUIDING EYES FOR THE BLIND, INC.

Trains people with multiple handicaps. 1-914-245-4024

SOUTHEASTERN GUIDE DOGS INC. - OUTREACH OFFICE

On the web: www.segdn.org 1-704-921-4000

➤ SEE VIRGINIA, STATE OF
VISUALLY HANDICAPPED, DEPARTMENT FOR THE
REHABILITATIVE SERVICES, DEPARTMENT OF

E

❖ ENERGYSHARE

EnergyShare is a program underwritten by DominionSM Virginia Power and public contributions to assist Virginians who need financial aid with any home heating bill — oil, coal, wood, gas, kerosene or electricity.

FOR THE NAME OF THE ENERGYSHARE
SCREENING AGENCY NEAREST YOU, CALL

♦ Toll Free: 1-888-667-3000

F

❖ FAMILY SERVICES

♦ SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF
DIVISION OF FAMILY SERVICES
ADULT SERVICES PROGRAM

G

❖ GUARDIANSHIP, ADULT

Only a circuit court judge can rule on whether or not a person needs a guardian. The decision is based on information provided from various sources, family members and caregivers as well as professional evaluations. The court may appoint a family member, close friend, an attorney or a volunteer. In Virginia, if no other person is available, an officer of the court may be appointed as guardian. Persons who have a guardian are known as wards.

It may be difficult under some circumstances as a family member or primary caregiver to know when someone for whom you care may need to be protected by a guardianship. The following checklist was

developed to help you measure the functions that would be considered by state social services and the courts. If you can answer yes to some of these critical statements about the person for whom you are concerned — especially the ones that concern his/hers or others personal safety — it may be appropriate for you to seek the advice of an attorney, ask for professional assistance from your local social services office and/or speak with your family’s physician. You may wish to show him or her your completed CHECKLIST FOR GUARDIANSHIP to help demonstrate your concerns.



CHECKLIST FOR GUARDIANSHIP

- Person makes decisions that could harm him/her
- Person creates frequent safety hazards for self or others; for example, cooking, driving, taking medications
- Person refuses or is unwilling to accept assistance, support services or medical treatment that would be in his/her best interest
- Current assistance is insufficient to needs
- Person has not chosen someone to act in his/her behalf (that is, power of attorney, representative payee)
- Person’s health and general well being are often in imminent danger
- Decisions about medical treatment, placement, are required; person uncooperative
- Person is suffering from malnutrition or does not eat properly on regular basis
- Person is unable to care for basic hygiene and health needs
- Person is being exploited financially or has been subjected to real attempts to do so
- Person appears unable to manage personal funds; household bills are not being paid on time or at all

FOR MORE INFORMATION

- SEE VIRGINIA, CODE OF VIRGINIA, STATE OF SOCIAL SERVICES, DEPARTMENT OF AGING, DEPARTMENT FOR THE AREA AGENCIES ON AGING

LEGAL AID OF CENTRAL VIRGINIA

101 West Broad Street
Richmond, VA 23220
Phone: 1-804-648-1012

VIRGINIA COALITION FOR THE PREVENTION OF ELDER ABUSE (VCPEA)

730 East Broad Street
Richmond, VA 23219
Phone: 1-804-692-1260

NATIONAL SENIOR CITIZENS LAW CENTER (NSCLC)

On the web: www.nslc.org

NSCLC analyzes ADA requirements affecting older clients and traditional procedures governing the creation of guardianships and conservatorships. Emphasizes due process protections for persons who are subjects of such proceedings and least restrictive alternatives available to achieve necessary results.

H

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

On the web: www.hcfa.gov

The federal agency that administers the Medicare and Medicaid programs. Also performs a number of quality-of-care-related activities, including certification.

HCFA

Office of Information Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: 1-410-786-3000

❖ HOME CARE

TO LOCATE FACILITIES AND SERVICES:

➤ SEE VHI'S LONG-TERM CARE PROVIDER DIRECTORY



HOME CARE CHECKLIST

PROVIDER BEING CONSIDERED: _____

LOCATION _____

PHONE _____

SPACE AVAILABLE SPACE NOT AVAILABLE

SPACE AVAILABLE ON _____

WAITING LIST _____

ABOUT THE PROVIDER

Obtain a written statement outlining the home care provider's

- services fees
 licensing payment procedures

Ask about employee qualifications and qualifications of personnel who will be entering home

What are facility's limitations (procedures they can't perform)

Provider carries malpractice liability insurance

Only limited services are available. Other home/community care services if needed are the responsibility of

- patient primary home care service provider caregiver

If second provider becomes necessary, will secondary provider's charges be

- billed to patient through primary provider
 separate billings from each sub-contract provider

- Obtained three references from provider
 Called each reference

Reference one:

- No Some Many problems.

Reference two:

- No Some Many problems.

Reference three:

- No Some Many problems.

ABOUT THE ASSESSMENT AND CARE PLAN

- Can perform a patient assessment
- Can develop a care plan from previous assessment
- Can update a previous assessment
- Cannot update previous assessment

Plan of care to be developed with

- patient caregiver family members
- primary physician specialists therapists
- pharmacist other

Care plan is written out with copies given to

- patient responsible family member/caregiver
- personal physician all medical specialists
- local pharmacy where patient/family is known/has account

- Plan includes all medications and dosage schedules to eliminate any cross-medication problems or drug-related allergic reactions

Medication changes are provided in writing on order sheet:

- Yes No

and a copy is given

- to supervisor to aides to family/caregiver
- to all physicians treating patient

- Charges for assessment Does not charge for assessment
- Charges Does not charge for assessment updates
- Charges for care plan development
- Does not charge for care plan development

ABOUT THE HOME CARE SERVICES PERSONNEL

References are required by the agency or provider and on file for all personnel Yes No

Training is is not required for aides who are not licensed or certified.

If training is required, it is provided by provider
 by technical educational source by medical/nursing school

Aides are supervised in the home
 Weekly Monthly Other
 not supervised
 Substitute aides provided if aide is absent

Supervisor can be reached by patient or family caregiver
 directly on cell phone through paging system
 through answering service/home care services main office
 during fixed daytime hours
 24 hours a day 7 days a week

All holidays billed at standard rate higher rate

ABOUT CHARGES AND PAYMENT

Home care provider bills services

weekly bi-weekly monthly

Home care provider files claims with

Medicare Medicaid
 Medigap plans Public funding
 Private insurer Other

Some services/charges are covered by a

federal state local program

Obtained printed hourly fee schedule on/in service provider's stationery/brochure

Has an hours-per-week minimum overall minimum charge

Home Care Service workers operate as

independent agents hourly salaried employees

A travel time fee is is not charged.

Mileage costs (¢ per mile) are are not billed to care recipient.

Has 30 day 60 day 90 day account

Charges interest rate fee of _____% on all costs not paid after

15 days 30 days 60 days 90 days

Accepts credit cards

MasterCard® American Express® VISA®
 Optima® Discover® Other _____

ABOUT THE SERVICES CONTRACT

Requires written agreement that includes

schedule of costs payment arrangements
as well as expectations about time allowed for
 full partial payments

Discounted rates available if contracted on

weekly monthly basis

FOR MORE INFORMATION

NATIONAL ASSOCIATION FOR HOME CARE

228 7th St., SE

Washington, DC 20003

Phone: 1-202-547-7424

HOME CARE — MEDICATION SERVICES

➤ SEE VIRGINIA, CODE OF
REQUIRED QUALIFICATIONS FOR
ADMINISTRATION OF MEDICATIONS IN VIRGINIA

OTHER RESOURCES

➤ SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF
AGING, DEPARTMENT FOR THE
➤ SEE MEDICARE
MEDICAID
SOCIAL SECURITY
LONG-TERM CARE INSURANCE
CAREGIVER GRANTS

❖ HOSPITALS

AMERICAN HOSPITAL ASSOCIATION'S PATIENT'S BILL OF RIGHTS

In 1973 AHA member hospitals voted to adopt a Patient's Bill of Rights. Revised in 1992, this pledge is a commitment by AHA hospitals to provide quality health care that respects the patient's human needs as well as medical needs.

In turn the patient accepts the responsibility to provide information needed for quality care and to behave in a way that supports the hospital's professional efforts in their behalf. These mutual responsibilities are summarized on the following pages*. To obtain a copy of the complete document as drafted by the AHA, ask for one at an AHA hospital near you.

HOSPITAL'S RESPONSIBILITIES TO PATIENT

- Considerate and respectful care
- Current, complete, and understandable information about the diagnosis, treatment, prognosis, specific procedures and any risks and identity of the caregivers
- The financial implications of your treatment
- Protect patient's right to refusal of treatment as well as inform patient of medical consequences of refusal as well as any policies that might affect patient choice
- Allow patient to have any advance directives honored to the extent permitted by law

- Maintain privacy and confidentiality, including medical records; allow patient to review his or her records and have the information explained
- Provide example and explanation of financial charges
- Respond to patient's medically indicated care and service requests
- Provide information on other institutions involved in the patient's care; gain patient's approval (when capable) of a transfer to another facility

*By permission of the American Hospital Association, Copyright 1992.

- Provide information concerning any business relationship between the hospital and other entities that might affect his or her care
- Protect patient's right to accept/refuse participation in a research project
- Provide continuity of care, including information concerning care options available following hospital care
- Provide information on hospital policies and practices concerning patient care and charges
- Provide resources for grievance resolution

PATIENT'S RESPONSIBILITIES TO HOSPITAL

- Provide information about past illnesses, hospitalizations, medications and any other information important to proper treatment
- Take responsibility for requesting clarification of condition or treatment
- Provide health care facility with any written advance directives
- Inform health care facility staff about any problems concerning ability to follow prescribed treatments
- Be aware of need to share hospital staff with others in the hospital and community and make an effort to keep service demands reasonable
- Provide all information necessary to insurance claim process and make appropriate payment arrangements
- Take responsibility for personal behaviors that affect his/her health

FOR MORE INFORMATION

AMERICAN HOSPITAL ASSOCIATION (AHA)

On the web: www.aha.org

The national organization that represents and serves all types of hospitals, health care networks, their patients and communities.

AMERICAN HOSPITAL ASSOCIATION

Chicago Headquarters
 One North Franklin, 27th Floor
 Chicago, Illinois 60606
 ☎ Toll Free: 1-800-424-4301

ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC)

On the web: www.aamc.org

A nonprofit association comprised of course-accredited medical schools/teaching hospitals.

AAMC

2450 N Street, NW

Washington, DC 20037-1126

Phone: 1-202-828-0400

VIRGINIA HOSPITAL AND HEALTHCARE ASSOCIATION (VHHA)

On the web: www.vhha.com

The VHHA represents Virginia hospitals and publishes information on health care providers in Virginia.

VIRGINIA HOSPITAL AND HEALTHCARE ASSN.

4200 Innslake Drive

Glen Allen, VA 23060

Phone: 1-804-965-1210

Mailing Address:

P.O. Box 31394

Richmond, VA 23294-1394

❖ INSURANCE, HEALTH • TYPES OF

BASIC PLANS, ALSO CALLED INDEMNITY OR FEE-FOR-SERVICE PLANS, offer hospital-surgical coverage, major medical coverage and, as a combination of these two under one plan, comprehensive coverage. Benefits offered under each type of coverage vary. Comprehensive plans will more typically offer a wider range of benefits. Any of these plans may be offered as group coverage or as individual coverage. These plans are designed primarily to help cover costs related to illnesses that require hospital inpatient and outpatient care.

DISEASE-SPECIFIC INSURANCE is designed to provide benefits for the costs associated with medical care relative only to the disease named in the policy — for example, cancer. Benefits are usually limited to

per-day amounts or to a one-time payment and are intended only to supplement, not replace, other medical insurance.

HEALTH MAINTENANCE ORGANIZATION PLANS (HMOs) have two recognizable features. First, a provision usually exists for you to select a primary care physician from the plan's list of medical service providers. This physician usually coordinates your care, and, therefore, will see you first. If necessary, your primary care physician will refer you to a specialist. There is usually no deductible when this provision is followed. Secondly, in an HMO, emphasis is usually placed by the plan on preventive care through routine check-ups and health screenings. These may be available for a flat out-of-pocket fee, also referred to as a co-payment.

MANAGED CARE health insurance plans involve a group of medical providers that offer comprehensive medical services. In some managed care plans a primary care physician, or gatekeeper, is chosen by the patient from a list provided by the plan. There is no primary care physician requirement in some managed care plans.

There are basically three managed care options:

- a Health Maintenance Organization or HMO
- a Preferred Provider Organization or PPO and a
- Point of Service feature or POS.

Insurance companies give their own brand names to these various programs. If you are not sure whether you are covered under a managed care program, ask your employer or insurance agent or broker for a careful explanation of your coverage as it pertains to HMOs, PPOs and POS plans and features.

POS HEALTH PLAN FEATURES — Some HMO plans offer a feature called point of service or POS. A POS may allow you to select a non-network provider and/or to receive coverage for some preventive care services. Typically, however, using this option could result in higher costs.

PPO PLANS — PPOs are formed to provide a large medical care network that offers its services to insured members for a set fee — an allowable charge. PPO members receive a list from which they choose medical care providers. A gatekeeper is usually not required. A PPO generally allows its members to receive care outside its network of providers, although usually at a somewhat higher cost.

FOR MORE INFORMATION

- See LONG-TERM CARE INSURANCE
MEDICAID
MEDICARE

VIRGINIA ASSOCIATION OF HEALTH PLANS

On the web: www.vahp.org

Represents Virginia's Managed Care Health Plans. Publishes Directory of Virginia Health Maintenance Organizations. Profiles Virginia's HMO plans.

VIRGINIA ASSOCIATION OF HEALTH PLANS

118 North Eighth Street
Richmond, VA 23219
Phone: 1-804-648-8466

VIRGINIA HEALTH INFORMATION (VHI)

On the web: www.vhi.org

Represents all health care stakeholders including businesses, consumers, providers and the state. Makes health care information available to assist businesses and consumers make better informed health care decisions. Call for your free HEALTH INSURANCE OPTIONS: A CONSUMER'S GUIDE, a 32-page full-color booklet.

VIRGINIA HEALTH INFORMATION

1108 E. Main Street, Suite 1201
Richmond, VA 23219
Phone: 1-804-643-5573

- Toll Free: 1-877-844-4636 (1-877-VHI-INFO)

J

JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO)

On the web: www.jcaho.org

Accredits hospitals/health care organizations for administrative, medical, facility and quality of care issues. Has active complaint department to assist consumers.

JCAHO

One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone: 1-630-792-5000

JCAHO

Office of Quality Monitoring/Complaint Operations Unit:
Phone: 1-630-792-5642

K

❖ KIDNEY DIALYSIS, TRANSPLANTATION

(ALSO OTHER VITAL ORGANS)

➤ SEE MEDICAID
MEDICARE

L

❖ LEGAL ASSISTANCE

LEGAL AID OF CENTRAL VIRGINIA

101 West Broad Street
Richmond, VA 23220
Phone: 1-804-648-1012

➤ SEE VIRGINIA, CODE OF

NATIONAL SENIOR CITIZENS LAW CENTER (NSCLC)

On the web: www.nsclc.org

NSCLC analyzes American Disabilities Act requirements and traditional procedures governing the creation of guardianships and conservatorships. It studies and can source contacts needed for due process protections for persons who are subjects of such proceedings. Provides guidance on least restrictive alternatives available to achieve necessary protection for them.

❖ LICENSING/REGULATION AUTHORITIES

HEALTH, DEPARTMENT OF

On the web: www.vdh.state.va.us

OFFICE OF HEALTH FACILITIES REGULATION

Licenses hospitals and other health care facilities, conducts routine compliance inspections, provides information on licensed health care facilities and investigates consumer complaints and grievances.

Phone: 1-804-367-2100

☎ Toll Free: 1-800-955-1819

also

CENTER FOR QUALITY HEALTH CARE SERVICES

CONSUMER PROTECTION

CERTIFICATE OF QUALITY ASSURANCE

On the web: www.vdh.state.va.us/quality

Regulates quality of health care services provided by managed care health insurance plans in Virginia. Beginning July 2000, managed care health insurance plans are required to maintain a Department of Health Certificate of Quality Assurance. Consumers can address their concerns with the Center.

Phone: 1-804-367-2102

☎ Toll Free: 1-800-955-1819

For services listed above:

VIRGINIA DEPARTMENT OF HEALTH

3600 West Broad Street, Suite 216

Richmond, VA 23230-4920

☎ Toll Free: 1-800-955-1819

FOR PROFESSIONAL LICENSING:

☛ SEE VIRGINIA, STATE OF
LICENSING BOARD, STATE

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

On the web: www.hcfa.gov

Federal agency that administers Medicare, Medicaid and Child Health Insurance programs. Also administers regulations for Medicare and Medicaid facilities; provides certification of facilities. Oversees quality improvement activities.

HCFA

7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: 1-410-786-3000

➤ SEE UNITED STATES GOVERNMENT

SOCIAL SERVICES, DEPARTMENT OF (DSS)

On the web: www.dss.state.va.us

Has responsibility for regulation and oversight of licensed or agency-approved adult day care facilities and assisted living services provided in Virginia.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Division of Licensing Programs
730 E. Broad Street
Richmond, VA 23219
Phone: 1-804-692-1787

Division of Family/Adult Services
Phone: 1-804-692-1299

FOR LICENSING OF

- NURSING HOME ADMINISTRATORS
- NURSES
- PHYSICIANS

STATE BOARD OF EXAMINERS:

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

6606 W. Broad Street, 4th Floor
Richmond, VA 23230-1717

☎ Toll Free: 1-800-533-1560

STATE CORPORATION COMMISSION (SCC) BUREAU OF INSURANCE

On the web: www.state.va.us/scc

Licenses all health insurance companies, HMOs and health services plans that wish to operate (sell insurance) in Virginia. Also assists consumers in resolving disputes with insurance companies or underwriters, plans and agents who sell insurance in Virginia. Also provides addresses and telephone numbers of companies licensed to sell insurance in Virginia.

SCC BUREAU OF INSURANCE

Life and Health Division

Consumer Services Section

P.O. Box 1157

Richmond, VA 23218

☎ Toll Free: 1-800-552-7945

OFFICE OF MANAGED CARE OMBUDSMAN

☎ Toll Free: 1-877-310-6560

e-mail: ombudsman@scc.state.va.us

❖ LONG-TERM CARE INSURANCE

HOW IT'S DIFFERENT

Long-term care insurance is a relatively new insurance product to many people. Other forms of health insurance are designed to pay for the services that help keep you well and, when ill or injured, to pay for the facilities and services you need to return to health. Long-term care insurance is designed to provide coverage for the services you may need if you become chronically ill or disabled.

WHAT IT COVERS

Most long-term care insurance policies are designed to cover the *large expenses that are not covered by*

- standard health insurance plans
- Medicare or
- medigap plans
- or when personal asset levels do not meet Medicaid qualification requirements

and to cover *two primary types of care*

- skilled care — for example professional therapists or registered nurses ordered by a physician and
- personal assistance and custodial care which includes help with such Activities of Daily Living (ADLs) as toileting, eating, dressing, etc.

WHEN IT COVERS YOU

Typically, benefits are payable

- when a pre-specified number of Activities of Daily Living (ADLs) — eating, dressing, toileting, transferring or continence — are no longer possible without assistance
- if your cognitive impairment requires substantial supervision or
- if a level of disability is reached that affects your ability to perform ADLs without assistance.

SERVICES AND FACILITIES

Coverage may include long-term care services provided

- in a nursing home
- in an assisted living facility
- through a hospice center or counselors
- in an adult day care center
- through community adult services and/or
- in your home by home care professionals or by personal care aides.

Coverage is something you want to compare carefully.

Where and *When* vary from policy to policy.

COVERAGE

ABOUT TIME AND/OR DOLLAR LIMITS — Long-term care insurance plans are available that provide coverage

- for a set number of years or a maximum dollar amount or
- for as long as you live or an unlimited dollar amount.

ABOUT ALZHEIMER'S DISEASE — Typically, insurance companies do not pay benefits for care that may involve issues such as attempted suicide, intentional self-wounding, alcohol or drug addiction, injuries related to acts of war and treatments previously covered by state or federal insurance coverage. And, many long-term insurance

policies along with other forms of health insurance may exclude mental or nervous disorders or diseases such as Alzheimer's disease.

Long-term care insurance offered in Virginia must include coverage for Alzheimer's; however, the coverage offered may vary within the limits of the policy. Check any policies you are considering for coverage limitations.

ABOUT FACILITIES AND PROVIDERS — Much like Medicare and Medicaid, the positive effect of owning a long-term care insurance policy depends not only on what services are covered by the plan you choose but also on what type of facility or providers are covered. For example, long-term care policies often exclude rest homes, personal care homes — some even exclude assisted living facilities unless licensed by the state to provide personal care services. Some plans specify a limit to the coverage by size of facility. And some even specify special types of nursing supervision.

WHAT IT COSTS, WHAT IT CAN HELP PROTECT

According to most reported national averages, home care for a year — assuming a skilled care nurse three times a week and a licensed practical nurse three times a week for two hours — costs well in excess of \$12,000. That's an average of \$1,000 a month. A home health aide for 6 hours a week has been estimated to cost in excess of \$8,000 a year. And a skilled care nursing facility is estimated to cost over \$38,000 a year. These are the expenses that most long-term insurance is designed to cover.

WHO SELLS LONG-TERM CARE INSURANCE

Most long-term care insurance is underwritten and sold by large insurance companies. You may recognize many of the names as companies associated with health and life insurance plans. It can be offered as individual or group coverage. Long-term care insurance can be sold in Virginia

- in person by an insurance agent or broker or
- from an insurance company by direct mail to you or
- through a third party marketer (for example, an association, a residential facility or an employer).

Regardless of how insurance is offered — in person, by direct mail or through a third-party marketer — any insurance company offering insurance to Virginians is required to be licensed to do so by the State Corporation Commission. If you have questions about an offeror of insurance in Virginia, you can contact the SCC Bureau of Insurance about your questions.

IMPORTANT: Check your residential care contract and/or seek legal advice should you be offered long-term care insurance by a facility in which you already reside — an Assisted Living facility or CCRC for instance — or by an independent outside source. If you already have a contract for lifetime health care with a CCRC — that is, you have paid a lifecare entrance fee to a CCRC — you already have a form of long-term care “insurance” in place. Assisted Living services in other types of facilities may or may not be covered. Because coverages and facilities vary, you would want to understand totally how the policy being offered would help you financially.

LONG-TERM CARE INSURANCE QUALIFIED PLANS

QUALIFIED VS. NON-QUALIFIED PLANS — Some long-term care insurance policies allow tax deductibility of premiums and/or have benefit payments that are can be received by the policy holder as non-taxable income. The companies offering these policies must meet certain federal guidelines under the IRS code. When they have been approved by the IRS they can be sold as qualified plans.

Because qualified policy terms vary and prove beneficial to some people but are not necessarily beneficial to others, it is wise to have knowledgeable assistance when comparing qualified policies and when comparing qualified policies with non-qualified policies. Your tax advisor and/or a financial planner should be consulted to help you decide what is best for you as well as answer questions about medical necessity requirement issues.

SWITCH AND REVERSE SWITCH

Ask your agent/financial planner about the possibility to switch from non-qualified to qualified, and/or the reverse, and back again. Some companies offer this option and you may want to ascertain that the

policy you are considering lets you reserve the right to do so. If you purchased a LTC policy prior to January 1, 1997, that policy is probably a qualified policy. You may also want to examine the advantages and disadvantages of trading a “grandfathered” policy for a new policy.

PARTNERSHIP PROGRAMS

A few states* have enacted or have pending special long-term care insurance programs that form a cooperative partnership in that state with the state’s Medicaid program. At the time of this publication, Virginia does not participate in a program of this type; therefore, at publication no program-related long-term care insurance is offered in Virginia. Even though Virginia is not a Partnership Program state, under the federal Omnibus Reconciliation Act of 1993 (see Sec 1917(b) ¶ 1, sub ¶ C; , Sec 1917(b) ¶ 3; and Sec 1917(b) ¶ 4, sub ¶ B for details and definitions) your assets, brought with you to Virginia from a Partnership Program state where you purchased long-term care insurance, might be affected. Here’s why: If you move to another state (Virginia, for example) and your long-term care policy benefits and personal assets become exhausted, and you must apply for Medicaid, you may be required to apply for Medicaid in the state in which your partnership policy was written. Obtain advice from a legal counsel 🗣️ or financial advisor prior to making any decisions.

IMPORTANT: If you have a parent or relative who currently lives in a partnership program state and has purchased long-term care insurance in that state some understanding of partnership programs could be important to you and your parent. You also need to understand some of the qualifications that could apply to his/her coverage at a later date. Contact your insurance company, the department of aging and the insurance commission in the partnership state you are leaving well before making a decision.

Some states are exempted from Omnibus requirements. Again, seek advice from your home state and/or Virginia regulatory agencies before you make a final decision.

*NOTE: At publication date the following states have in place or have pending enabling Long-Term Care Participating Programs: Colorado, Maryland, Massachusetts, Michigan, Illinois, Iowa, and Washington state.

ACCELERATED BENEFITS LIFE INSURANCE AS LONG-TERM CARE COVERAGE

You may be offered long-term care coverage by your life insurance agent as an accelerated benefit provision of a life insurance policy — that is, the insurance company is willing to write a life policy that allows the death benefit bought to be paid out to you by the insurance company before your death to cover long-term care needs. The cash value of the life insurance will have been used off to pay for long-term care. However, if you have multiple life policies and one includes this feature option or you wish to add a policy that provides this feature, you may wish to explore it as your answer to long-term care cost protection.

A CHECKLIST OF LTC INSURANCE GUIDELINES

- ❑ **READ THE FINE PRINT** — Get assistance in reviewing a long-term care policy — before you sign. In all likelihood, the company is being forthright; the goal is to determine whether or not the coverage will meet your objectives for financial protection. VICAP personnel, a lawyer or trusted tax specialist or financial advisor can help you read and decide.
- ❑ **TAKE ADVANTAGE OF *FREE-LOOK PERIODS*** — Virginia requires all licensed insurance companies to provide a 30-day “free look” period to a potential insurance buyer. That means, you get to study the actual policy for 30 days to decide if it’s right for you. If not, you get back any money you have sent the insurance company. If you request a change in degree of coverage, you may receive a partial refund or be asked to ante-up the difference.
- ❑ **ALWAYS USE A CHECK OR MONEY ORDER; NEVER USE CASH** — even when a receipt is offered. These special reminders do not apply only to long-term care insurance. Every insurance policy or plan you consider deserves the same careful attention and payment procedure.
- ❑ **LOOK CLOSELY AT FINANCIAL STABILITY AND REPUTATION** when comparing Long-Term Care insurance companies and plans. Over the next 10-20 years, long-term care insurers will feel

ABOUT THE UNDERWRITER...

How long has the insurance company been in business?

COMPANY: _____ YEARS MONTHS

COMPANY: _____ YEARS MONTHS

COMPANY: _____ YEARS MONTHS

How do their reserves compare to the minimum reserves required for licensing in Virginia? _____

How are they rated with national financial analysts? Ask for highest rating; lowest rating with each call you make — not all insurance analysts use the same rating systems. If you’re not sure how to compare the rating you receive, ask the analyst who answers your call to give you a comparison of his rating system with competitive ratings you have obtained (list them for him/her).

COMPANY: _____ HIGHEST RATING LOWEST RATING

COMPANY: _____ HIGHEST RATING LOWEST RATING

COMPANY: _____ HIGHEST RATING LOWEST RATING

AGENT/BROKER...

How many long-term care policies have they written in Virginia in the last 2 years? _____ 4 years? _____

What are the broker’s professional credentials?

What is the broker’s background for selling long-term care insurance? _____

Do they have prior experience selling
health insurance Yes No
life insurance Yes No
long-term care insurance? Yes No

the financial crunch created by a growth in claims. Selecting a policy on price and discounting an insurance company’s financial reserves — an important stability factor — may not be a wise dollar-saver over the long term. There are over 100 companies

selling long-term care insurance in the U.S. Most of them have built their reputations on life insurance related products. Less than 20 of them control the market share. Some very reliable health care insurers are also getting into the market. As long-term insurance grows in popularity, your options will increase. So will competitive offers. Weigh the differences when you shop.

- ❑ **EARLY SHOPPING** — If you are considering buying long-term care insurance as an early measure (in your 40s or 50s), look at the companies you are considering as they might predictably be in 10 to 20 years. Check out their track record to date with other types of insurance they have offered. You may also find that your premium is considerably lower when you buy coverage in your 40s or 50s. Many companies feature early programs with no increase in premium as you age unless you add coverage for inflation.
- ❑ **YOUR INSURANCE COMPANY AND YOUR TAX ADVISOR**
Inclusion as an offerer of qualified insurance is **not** promissory to any offeror's qualification for tax deductibility. Questions concerning these products relative to annual or estate tax considerations should be directed to the insurance company offering the product and to your personal tax advisor.
- ❑ **ASK QUESTIONS ABOUT THE INSURANCE COMPANY AND THE BROKER OFFERING THE INSURANCE**
Look at the facts about the company before you decide. Then look at the facts about the insurance policy or program they have to offer.
- ❑ **COMPARE PLAN BENEFITS**
As you shop long-term care policies you may note that some benefit categories will be covered up to a stipulated percentage of the highest monthly or daily benefit you can receive under the policy.
Maximum Monthly Benefits as Base for Calculating Other Benefit Amounts — For example: The policy you are considering pays \$2,000 a month in benefits for as long as you need care.
 - In a nursing home, it pays 100% of this amount.
 - In an assisted living facility it pays 100% of this amount.
 - However, for home care and adult day care it pays up to 50% per month of the \$2,000 monthly benefit.

Therefore, in long-term care insurance, nursing home care — or your maximum monthly benefit — is your **100% base benefit** for calculating your home care benefit levels and any other care costs that are payable by the insurance as a percentage.

Informal Care An exception in calculating benefits against your 100% base benefit occurs in plans that cover informal care — the care you receive from a friend or relative. Typically, this coverage has a benefit payment that is a percentage of your standard home care benefit. **For example:** a policy may pay 30% of the home care monthly benefit for informal care expenses.

❑ **CALCULATE YOUR LTC INSURANCE COVERAGE NEEDS**

The percentage of payment typically involved in long-term care insurance is not like traditional health insurance plans that pay a portion of each expense. Long-term care insurance pays all of or a percentage of the total services received for a certain period of time, such as a month or a day, depending on the policy terms. Therefore, in a way, you can control how much you pay out of your personal assets for long-term care with the selection of the monthly or daily amount you elect for coverage. All policies must provide at least 12 months of coverage. **For example:** You have \$1,500 a month in income. You cannot afford to spend any of your monthly income on long-term care costs. Your medigap plan and Medicare will pay for some medical expense, but only for a limited number of days. Therefore, if you wish to be covered totally for nursing home care — assuming \$3,000 per month for that cost — you might elect a policy that pays \$3,000 per month for your care in a residential care facility.

- ❑ **COMPARE PAYMENT STRUCTURES OF LTC PLANS**— You will also find that long-term care policies vary in how they structure their payment arrangements for different types of services. **For example:** Some policies may pay benefits on a per day basis for nursing home care but pay home care benefits on a weekly basis. These variations require that you seek good advice since some service providers have minimum hour or day requirements that might not necessarily fit with the insurance you are considering.

	POLICY 1	POLICY 2	POLICY 3
Person One: MONTHLY PREMIUM			
Person Two: MONTHLY PREMIUM			
DISCOUNT (%) for 2 People/Household			
MONTHLY BENEFIT			
DAILY BENEFIT			
LIFETIME MAXIMUMS In Dollars	\$	\$	\$
In Years			
No Dollar Limit			
No Time Limit			
COVERED SERVICES Nursing Home % of Benefit			
Assisted Living % of Benefit			
Home Care % of Benefit			
Pays Family/Friend for Informal Care? Y/N			
If so, based on which Base Benefit?			
% of Benefit Paid			
NUMBER OF ADLs To Trigger Benefits			
WAITING PERIOD? Y/N			
If so, how long?			
One time only? Y/N			
OTHER BENEFITS:			
CARE PLANNING VISIT			
TRANSITION EXPENSE			
HOSPICE SERVICES			
RESPIRE SERVICES			

If you have providers in mind, it might be worth your time to check on how some of them charge and wish to be paid as you consider various long-term care insurance products.

✓ LONG-TERM CARE INSURANCE POLICY COMPARISON CHECKLIST

◀ This work sheet may be helpful to you in comparing long-term care insurance policies. Making copies of this form before you begin will allow you to keep a fresh copy in the book for future use.

FOR MORE INFORMATION

FOR FINANCIAL RATINGS:

A.M. Best Company	1-908-439-2200
For ratings on the web: www.ambest.com	
Fitch Investors Service, Inc.	1-312-368-3198
Moody's Investor Service	1-212-553-1653
Standard & Poor's	1-212-438-7200
For ratings on the web: www.sandp.com	
◆ Weiss Research, Inc.	1-800-289-9222

For more information on LTC insurance in Virginia and other states:
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS (NAIC)

On the web: www.naic.org

NAIC

P. O. Box 220

Royal Oak, MI 48068

◆ Toll Free: 1-877-ASK-NAIC (1-877-275-6242)

For information on insurance companies licensed to sell non-qualified or qualified plans in Virginia or to ask for *A Shopper's Guide to Long-Term Care Insurance*, contact :

STATE CORPORATION COMMISSION (SCC)

On the web: www.state.va.us/scc

SCC Bureau of Insurance, Life and Health Division

Consumer Services Section

P.O. Box 1157

Richmond, VA 23218

◆ Toll Free: 1-800-552-7945

◆ SEE LEGAL ASSISTANCE

❖ MEDICAID

Medicaid is a program mandated by Title XIX of the Social Security Act. It became law in 1965. It is jointly funded by our federal and state governments. Medicaid is the largest program currently providing health care to eligible Americans and is the largest insurer of long-term care. The federal program paid approximately 57 percent of the annual national expenses covered by Medicaid in the last reporting year, leaving 43 percent for the states to pay. Medicaid is shifting its support with other insurers to home care services and to community-based services.

Medicaid benefits are divided into two categories:

THOSE MANDATED BY THE FEDERAL GOVERNMENT

- Inpatient, Outpatient and Emergency Hospital Services
- Nursing Facility Care
- Rural Health Clinic Services
- Federally Qualified Health Center Clinic Services
- Laboratory and X-ray Services
- Physician Services
- Home Health Services (Nurse, Aide, Supplies and Treatment Services)
- Family Planning, Supplies and Nurse-Midwife Services
- Medicare Premiums/Hospital Insurance Part A and
- Supplemental Medical Insurance Part B for the Categorically Needy
- Transportation Services

and those that are optional, left up to each state.

Under Title XIX Virginia is allowed to establish eligibility requirements, the type and duration of services, the rate of payment for those services and to operate its program. Optional services may include prescription drugs, hospice care, personal care services, skilled nursing facility care, intermediate care facilities for the developmentally disabled and home and community-based services. Freedom-of-choice waivers allow States to enroll Medicaid beneficiaries in cost-effective managed care programs.

CURRENT SERVICES UNDER VIRGINIA MEDICAID INCLUDE:

- Clinic Services such as Rehabilitation Agencies, Ambulatory Surgical Centers, Renal Dialysis Clinics and Local Health Departments
- Skilled Nursing Facility Services for Persons Under 21 Years of Age
- Professionally licensed services such as Podiatrist, Optometrist and Clinical Psychologist Services
- Certified Pediatric Nurse and Family Nurse Practitioner Services
- Home Health Services including Physical, Occupational and Speech Therapy and Related Services
- Dental Services for Persons Under 21 Years of Age
- Prescribed Drugs
- Case Management Services
- Prosthetic Devices
- Mental Health and Mental Health Clinic Services
- Home and Community-Based Waiver Services including Personal Care, Respite Care, Adult Day Health Care and Private Duty Nursing Services.
- Hospice Services
- Medicare Premiums: Supplemental Medical Insurance Part B for the Medically Needy

Services for which Virginia has elected to provide partial coverage or to provide services for specially identified populations:

chiropractor services, private duty nursing for AIDS/ARC patients and technology-assisted children, dentures, diagnostic services, screening services (mammograms are covered for women over age 35), preventive services for children, inpatient psychiatric facility services for children under 21, ambulatory prenatal care, respiratory care services, personal care services.

➤ SEE VIRGINIA, STATE OF
SOCIAL SERVICES
REGIONAL OFFICES LISTINGS

FOR MORE INFORMATION

TO APPLY FOR MEDICAID:

- **To apply for Medicaid and you are not in a nursing facility**, contact the Virginia Department of Social Services in the county or city in which you currently reside.

- *To apply for Medicaid and you are currently in a nursing facility,* contact the Virginia Department of Social Services in the county or city in which you were a resident before entering the nursing home.

• SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF

For updated information on federal and Virginia Medicaid services, contact the Virginia Department of Medical Assistance Services.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)

On the web: www.cns.state.va.us/dmas

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219
Phone: 1-804-786-7933

• SEE ALSO VIRGINIA, STATE OF
MEDICAL ASSISTANCE SERVICES, DEPARTMENT OF

❖ MEDICARE

Medicare is a federal health insurance program for

- qualified people age 65 and over and
- certain disabled people under age 65.

The program is offered in two parts. **Medicare Part A** is premium-free hospital insurance for those who qualify. **Medicare Part B** is medical insurance for which there is a monthly premium. The premium is usually deducted from the enrollee's monthly Social Security or railroad retirement* check.

Because much of today's medical care is administered on an outpatient basis — and to ensure adequate coverage for all of your health needs — it is important to give strong consideration to enrollment in both Medicare Part A and Part B. Part B enrollment is also required if you want to elect a managed care program.

NOTE: To ascertain the portion of expense paid by Medicare Parts A and B and special qualifying conditions for the listed services that follow, contact Medicare 📞 for a copy of the most recently published *Medicare & You* handbook.

MEDICARE PART A: HOSPITAL INSURANCE

Generally, Medicare Part A is designed to cover medically necessary inpatient care in a hospital, skilled nursing facility, psychiatric hospital or hospice care facility.

When qualified, Part A provides coverage for:

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Home Health Care Services Including
- Durable medical equipment
- Hospice Care
- Blood

*If you are a retired railroad worker, it is also appropriate to contact the Railroad Retirement Board 📞.

MEDICARE PART B: MEDICAL INSURANCE

Medicare Part B typically co-pays or pays all of a broad range of medical services that generally include

- Doctors' services
- Inpatient and outpatient medical and physical
- Diagnostic tests
- Durable medical equipment
- Blood as an outpatient
- Home Health Care

NOTE: Generally, there is no outpatient prescription drug coverage; however, there are allowances for certain physician-administered drugs.

Medicare Part B also helps pay for

- X-rays
- Artificial limbs and eyes
- Arm, leg, back and neck braces
- Kidney dialysis and kidney transplants
- Limited: Heart, lung, and liver transplants in a Medicare-approved facility
- Preventive services such as Screening Mammogram, Pap Smear, Pelvic Examination, Colorectal Cancer Screening, Diabetes Monitoring, Bone Mass Measurements and Vaccinations
- Emergency Care
- Some chiropractic services
- Medical supplies
- Breast Prostheses
- Ambulance services
- Services of clinical psychologists, clinical social workers and nurse practitioners
- Eyeglasses after cataract surgery with intraocular lens (one pair)

OTHER OPTIONS: MEDICARE MANAGED CARE


To make managed care plans available, the federal government contracts with managed care providers to expand the coverage choices such as diagnostic testing and preventive care. Any Medicare Part B enrollee, regardless of health, can sign up in their area for a managed care program that is enrolling new members as long as the enrollee: lives in the area served by the area's managed care plan or program and continues to pay Part B monthly premiums.

IMPORTANT: *Medicare participants retain the right to return to fee-for-service Medicare after trying another Medicare plan.*

PERSONAL MEDICARE SUPPLEMENTAL INSURANCE: MEDIGAP PLANS

Medicare supplemental insurance is specifically designed to supplement Medicare coverage by filling benefit "gaps" inherent in Medicare coverage. These supplemental policies are generally referred to as medigap plans and are offered through private insurance companies, a retiree's prior employer's plan, or union health plans. There are currently ten standard policies which vary in the benefits offered and in their premium costs. All insurance companies, if they choose to offer medigap-type insurance coverage in most states, must include certain benefits.

In addition to standardizing benefits for all medigap plans of the same type, state and federal laws provide the right to persons age 65 or older who are enrolled in Medicare Part B to be covered by a medigap policy. Enrollees may have the policy of their choice regardless of health problems, provided they join during an open medigap enrollment period.

Contact the State Corporation Commission, Bureau of Insurance , to verify which standard policies are offered in your area or to obtain their *Guide to Health Insurance for People with Medicare*, which lists medigap, select and Medicare HMOs.

MEDICARE SELECT is a special type of medigap policy that must comply with one of the 10 standard supplemental policies. To be eligible for full benefits, it may require you to use providers within a network. Since it has limitations, you may find the premium for this coverage to be lower than other medigap coverage.

FOR MORE INFORMATION

FOR MEDICARE HANDBOOK, FAQs and other information:

☎ Toll Free: 1-800-633-4227

➤ SEE UNITED STATES GOVERNMENT
SOCIAL SECURITY ADMINISTRATION

VIRGINIA HEALTH QUALITY CENTER (VHQC)

On the web: vhqc.org

Investigates Medicare quality of care facility complaints concerning Medicare patients.

VIRGINIA HEALTH QUALITY CENTER

1604 Santa Rosa Road, Suite 200

Richmond, VA 23229

Mailing Address:

P.O. Box K-70

Richmond, VA 23288-0070

☎ Toll Free: 1-800-545-3814

N

❖ NATIVE AMERICANS

NATIONAL INDIAN COUNCIL ON AGING (NICOA)

On the web: www.nicoa.org

NICOA works to bring about improved, comprehensive services to American Indian and Alaska Native elders to enhance communication and cooperation with service provider agencies, disseminate information on available resources to the Indian community and work with appropriate state agencies to ensure that elders have access to needed resources. Under federal grants, NICOA obtains Indian-specific health data from the Health Care Financing Administration (HCFA). The Indian Health Service (IHS) analyzes the data and provides summaries to Indian tribes, Indian health care providers and urban Indian health programs.

For Membership: NICOA's voting membership consists of American Indian and Alaska Native elders age 55 and over, who are members of federally-recognized tribes.

For NICOA Publication: *Long-Term Health Care*

e-mail: dave@nicoa.org

- ✦ SEE UNITED STATES GOVERNMENT,
SOCIAL SECURITY SSI ASSISTANCE
- ✦ SEE VIRGINIA
HEALTH, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF

❖ NURSING FACILITIES

TO LOCATE:

- ✦ SEE VHI'S *Long-Term Care Provider Directory*
- ✦ SEE THIS SECTION
NURSING FACILITY FEATURES AND OPTIONS CHECKLIST

To obtain a copy of the Virginia Department for the Aging's

Checklist For Choosing A Nursing Facility

☛ Toll Free 1-800-552-3402

LICENSING AND CERTIFICATION


To operate in the state of Virginia a nursing facility must be *licensed* by the Virginia Department of Health. Certification is also the responsibility of the Virginia Department of Health. Under the federal Nursing Home Reform Act — OBRA '87/effective in 1990 — nursing homes are certified by the Virginia Department of Health as

- **nursing facilities**, those certified to accept Medicaid funds, and/or as
- **skilled nursing facilities**, those certified to accept Medicare funds.

NOTE: A nursing facility may be certified to accept Medicare funds, Medicaid funds, or both Medicare and Medicaid funds. The certification status of a skilled nursing facility (one certified to accept Medicare funds) is not altered by the fact that it is also certified to accept Medicaid funds; that is, if the facility is certified to accept Medicare funds, it is a skilled nursing facility.

Nursing facilities that accept neither Medicaid nor Medicare (they *do not participate* in federal or state plans) are referred to as

- non-participating facilities.

Even though they are non-participating facilities (not certified to accept Medicaid or Medicare funds), to operate in Virginia, they must be licensed by the Virginia Department of Health. You may contact the Licensing Section of the Virginia Department of Health  for current information on the certification status of a Virginia facility you are considering.

COVERING THE COST OF NURSING FACILITY CARE

Most nursing homes in Virginia charge a day rate. The amount per day charged is affected by the intensity and type of care you receive. Some services and supplies are typically not included in the room rate. For example, additional charges may include but are not limited to:

- medications
- therapy services and supplies
- other special equipment and
- some specialized nursing services.


WHEN MEDICARE COVERAGE MAY APPLY

For your Medicare coverage to pay some of your costs in a nursing facility, the facility

- must be certified to accept Medicare payments and
- must be certified as a skilled nursing facility (often referred to as an SNF).

You must

- have been hospitalized for at least three days prior to admission to the skilled nursing facility (not including the day of discharge)
- and those three days must be within 30 days of the last day (from discharge date) of the hospitalization and
- have the need for continuous skilled nursing care or skilled rehabilitative services as certified by a physician.

If qualified, Medicare A pays the full cost of the first 20 covered days and a stipulated amount for days 21-100. Medicare A does not cover days beyond the 100th day in any one benefit period. See FOR MORE INFORMATION at the end of this section .

WHEN MEDICAID COVERAGE MAY APPLY

About two-thirds of the residents in nursing facilities in Virginia are helped by the Medicaid program. If eligible for Medicaid assistance with nursing facility costs:

- residents must first apply all or some portion of their income from Social Security and retirement to facility fees; however,
- residents can retain or reserve (from those payments or assets) funds for spousal or other dependents' overhead and as a personal needs monthly allowance.
- Retroactive Medicaid benefits may be available to applicant.
- Pre-admission screening is required by Screening Team if Medicaid to pay for care.

PRIVATE HEALTH INSURANCE OPTIONS

Medigap Health Insurance Policies — Medigap policies are designed to pay some of those charges unpaid by Medicare Parts A and B. Medigap policies also usually cover some of the deductibles and co-payments not covered by Medicare. Medigap policies may only cover services and supplies provided by a certified Medicare skilled nursing facility.

Long-Term Care Insurance Policies — Long-term care insurance policies are specifically designed to cover the kinds of care provided in a nursing facility. Policies vary on requirements of Medicare and/or Medicaid certification.

NURSING FACILITIES PATIENTS' RIGHTS

The federal Nursing Home Reform Act — OBRA 1987, effective October 1, 1990 — put increased emphasis on the rights of nursing home residents. The right to dignity, choice and self-determination was also emphasized. A summary of the rights as outlined by OBRA and the Virginia Department for the Aging follow:

Personal Choice/Freedom/Privacy To

- choose a personal attending physician
- be fully informed/participate in advance of care/treatment and of changes in care or treatment; make decision regarding own medical care including the right to accept or refuse treatment and to be informed of this right on admission; refuse treatment involved with experimental research
- be fully informed in a language that you understand of your total health status, including your medical condition

- choose activities/schedules/care of personal importance
- self-administer medications unless unsafe to do so
- keep/use personal property as space allows
- manage personal financial affairs
- be free from chemical/physical restraints 🚫 used for punishment or discipline, involuntary seclusion and/or staff convenience
- to be free from psychopharmacologic drugs except on physician order and with annual review, when included in annual care plan and when medically needed to eliminate or change symptoms
- be treated with dignity, individuality, privacy 🚫 including privacy in your room, privacy where care/treatment being provided, when using telephone, when receiving visitors, when family or groups of nursing facility residents meet
- have personal and medical records treated with confidentiality
- have individual needs/preferences accommodated (within reason)
- receive notice before being moved to another room
- receive notice before roommate is changed
- share a room with your spouse in same facility
- organize and take part in resident groups
- meet and talk with persons in the community in or out of facility, participate in social, religious and community activities
- receive visits from your immediate family/other relative you wish to see; have family meet families of other residents
- receive visits with your consent from personal physician, representatives of state and federal agencies, state Ombudsman, organizations and individuals who provide health, social, legal or other services and any other visitors you wish to see
- receive a written description of how the facility will protect your personal funds

ADVANCE DIRECTIVES AS PERSONAL CHOICE TO

- receive information at admission on Virginia's law regarding advance directives (living wills, medical power of attorney)
- execute an advance directive but not be required to execute an advance directive as a condition of admission

FREEDOM FROM ABUSE/RIGHTS TO PRIVACY, GRIEVANCES TO

- have access to stationery, postage and writing implements
- receive mail that has not been opened
- be free from mental, verbal, sexual, or physical abuse and physical punishment
- not be required to perform services for the facility

- receive a requested copy of your medical record and have an Ombudsman review medical record with your written consent

RIGHT TO COMPLAIN/FILE GRIEVANCE/REVIEW RECORDS TO

- voice complaints regarding care or treatment without discrimination or retaliation
- be informed in writing by the facility about how to file a complaint with the facility
- be informed in writing by the facility that you may file a complaint with the Virginia Department of Health regarding abuse and/or neglect; mishandling and/or theft of property
- be informed in writing how to file a complaint with the Long Term Care Ombudsman
- receive prompt action by the facility to resolve the complaints
- review/purchase photocopies of all your nursing facility records within 2 working day of your request
- review report of most recent federal/state survey of the facility and review facility's plan of correction if one required

ADMISSION RIGHTS TO

- have equal access to quality care regardless of race, color or national origin in all nursing homes
- have equal access to quality care, regardless of payment source
- not be required to have a responsible/third party guarantor of payment as a condition of admission/expedited admission or continued stay in the facility
- receive information about the facility's admissions policies including disclosure of any preferences given/made by facility
- disclosure by facility of number of persons on the waiting list, applicant's status in relation to admission preferences of the facility and dates persons were placed on the waiting list

NOTIFICATION OF RIGHTS & TRANSFER-DISCHARGE RIGHTS TO

- be informed orally and in writing in a language you understand prior or at the time you are admitted to the facility of your legal rights during your stay at the facility
- receive a written statement of your rights
- be informed in writing before or at the time you are admitted and periodically during your stay of services available in the facility and of the charges for services

And if you have **lived at the facility for at least 30 days** be allowed to remain in the facility and not be transferred or discharged unless:

- transfer/discharge necessary to meet your or others' welfare
- health has improved so that you no longer need the services provided by the facility
- health or safety of other residents is in danger
- with reasonable time allowances, you have failed to pay or Medicaid/Medicare has failed to pay for your stay in the facility
- the facility ceases to operate
- you have received at least a 30-day notice in advance of transfer/discharge telling you and a family member and/or your legal representative of the transfer/discharge and reasons for it
- your improved health allows an earlier transfer/discharge
- your medical needs require an urgent transfer/discharge

REGARDLESS OF REASON FOR TRANSFER OR DISCHARGE THE REASONS MUST BE DOCUMENTED IN YOUR MEDICAL RECORDS

- in writing
- reason for transfer/discharge
- effective date of transfer/discharge
- location to which you are being/were transferred/discharged
- a statement of your rights to appeal
- name, mailing address and telephone number of State Long-Term Care Ombudsman
- if appropriate, name, mailing address and telephone number of the Protection and Advocacy Program for Developmentally Disabled or Mentally Ill Individuals

RIGHTS RELATED TO MEDICAID-ELIGIBLE RESIDENTS TO

- be informed at admission (or no later than at Medicaid eligibility) of the items/services that are paid by Medicaid and included in the rate charged by the facility
- be informed of items/services facility offers which are not covered by Medicaid and the amount of the charges for those items and services for which you will be required to pay
- be informed of any changes in items/services/charges
- not be charged or asked to give any gift, money, donation or other financially-related consideration in addition to Medicaid as a precondition of admission/expedited admission/continued stay in the facility
- apply for and receive Medicaid (if eligible) without restriction
- not be required to fulfill a specified period of residency in the facility before applying for Medicaid

- not be presented with or expected to negotiate a contract or agreement that requires a deposit/prepayment by Medicaid recipients
 - not exclude retroactive (3 months) Medicaid benefits/payment
 - have Medicaid pay the nursing facility to hold your bed for up to 18 overnights a year for therapeutic leave for visits with family or friends or admission to a rehabilitation facility for an evaluation.
- Exception:** If you want your bed held for hospitalization leave, you must pay the private room rate with your own money. The nursing facility is required to readmit you to the first available semi-private room bed even if you do not pay to hold your bed.

PROTECTION OF RESIDENT'S PERSONAL FUNDS

You may choose to have the nursing facility staff manage your personal funds. If you do, the facility must:

- keep funds over \$50 in an interest bearing account, separate from the facility's account
- keep funds under \$50 in a separate account/petty cash fund
- establish/maintain full/complete/separate accounting of your funds
- make your financial records available to you/to your legal representative when asked
- purchase a surety bond to secure resident funds in its keeping
- not combine your funds with any other funds

IF YOU ARE A MEDICAID RESIDENT, THE FACILITY MUST

- notify you when your balance comes within \$200 of the Medicaid resource limit
- advise you of any effect this balance may have on your Medicaid continued eligibility
- turn over any funds in their keeping to your trustee if you die

RIGHTS OF LEGALLY INCOMPETENT RESIDENTS

You have the right to have your rights executed by your legally appointed guardian 🗝️ and to have your guardian act in your behalf.

🗝️ SEE GUARDIANSHIP, ADULT
VIRGINIA, CODE OF
PATIENT RESTRAINT
PATIENT RECORD PRIVACY



NURSING FACILITY FEATURES AND OPTIONS CHECKLIST

The following Nursing Facility Checklist has been compiled from information provided by the U.S. Department of Health and Human Services, Health Care Financing Administration, by Virginia's Department for the Aging and from information generally available in books on aging and disability. The checklist is general since everyone's needs are different. You may want to copy this checklist so that you may make comparison checklists as you work through nursing home options. You may also find it helpful to present these checklists to assessors and care planners and managers as a first step in assessment and planning.

Prepare a list of three to five nursing facilities from VHI's LONG-TERM CARE PROVIDER DIRECTORY or other source. Fill out one of these checklists for each in advance of information search.

Facility Name _____
Address _____
City _____
Phone _____

BEFORE YOU VISIT

LICENSED Yes No
 Checked Guide Verified w/Dept of Health

Date of Last License _____

Licensed Facility Administrator
 Yes No

CERTIFIED Medicare Medicaid Other

AVAILABILITY

Has Vacancy Has Waiting List
First Availability Date: _____

ETHNIC CONSIDERATIONS

- Provides for Language Barriers Yes No
Provides for Special Ethnic/Religious Factors
 Special Menus Holy Day Services
Married couples Can Cannot share room
Alzheimer's Unit Yes No

LOCATION

- Convenient for family friends
Convenient to personal physician specialists/dentist

CORPORATE BACKGROUND

- Owned/Operated
 by large corporation by nonprofit organization
 has religious affiliation has no religious affiliation

LTC OMBUDSMAN INFORMATION

- Latest survey report on this facility passed failed
 noted: _____

Complaints against this nursing facility?

- No Yes If yes, what: _____

Number and nature of complaints for the past year

- None 1-5 more than 5

Results and conclusions of the investigation into complaints

- Resolved Not Resolved Investigation Pending

Requested most recent Virginia Department of Health
*Yearly Performance Report on Medicare/Medicaid
Certified Nursing Facilities*

- Received report Reviewed this facility in report
Findings: Excellent Good Fair

OTHERS CONTACTED FOR OPINION/RATING

Friends have used and consider it

- Excellent Good Fair

Contacted local community/teaching hospital social services

Excellent Good Fair

Made suggestion of other option

Contacted Family Physician

Excellent Good Fair

Made suggestion of other option

Contacted Church/Synagogue Seniors Program Coordinator

Excellent Good Fair

Made suggestion of other option

CONTACTED VOLUNTEER ORGANIZATION

(Meals on Wheels, American Red Cross, etc.)

Excellent Good Fair

Made suggestion of other option

CONTACTED VIRGINIA DEPARTMENT OF HEALTH CENTER FOR QUALITY HEALTH CARE SERVICES AND CONSUMER PROTECTION

Excellent Good Fair

Made suggestion of other option

FACILITY VISIT FINDINGS

visited Family member/friend visited

Family member/friend and I visited together

Made one scheduled visit Made second, drop-in visit

Visited on one day only two different days

Met with Facility Administrator Admissions Director

Visited in the morning at lunch early evening

Morning findings:

residents out of bed

residents having breakfast

they liked didn't like meal

Lunchtime findings:

had late morning activities

had balanced lunch

general mood content, happy

moved to afternoon activities

food preparation/serving staff helpful

offered help in feeding

Evening findings:

- activities planned
- residents left to TV viewing
- evening meal nutritious
- bedtime relaxed
- residents transitioned well

Overall:

- Balanced ethnic population in facility
- Open, friendly attitude generally
- Staff and residents appear happy, relaxed
- No overwhelming odors or unpleasant odors
- Many Some No patients physically restrained

STAFF BEHAVIOR

- Nursing assistants spoke slowly, clearly
- Nursing assistants moved in front of resident so that resident could see assistant while talking
- Inappropriate behavior corrected in caring but firm manner; handled smoothly
- Staff trained to deal effectively, caringly with
 - Alzheimer's patients
 - Speech impaired
 - Deaf/hard of hearing
 - Thought, expression impaired
- Overall, staff showed active interest in residents
- Staff showed affection for residents
- There were signs that real connections had been formed between certain staffers, their patients
- Appeared to be sufficient total staffing to allow staff to help with individual needs
- Assistants/Aides offered one-on-one encouragement to residents to participate in activities
- Staff courteous, helpful toward families and visitors

NURSING STAFF

How many residents is each

- nurse aide/assistant/CNA assigned? _____
- licensed practical nurse/LPN assigned? _____
- registered nurse/RN assigned? _____
- certified/licensed specialty nurse or certified nurse practitioner/NP-C assigned? _____

- Registered nurse/RN on duty 24 hours a day
- Registered nurse/RN works one 8-hour shift every 24-hours
- Licensed practical nurse/LPN on duty 24 hours a day
- Only has nurses aides on duty 24 hours a day

All aides are CNAs (Certified Nursing Aides)? Yes No
 Registered nurse/RN supervises all nursing staff

ADMINISTRATOR

- Licensed Nursing Facility Administrator available to residents and families during all weekday business hours
- Licensed Nursing Facility Administrator available to residents and families evenings weekends
 - by staff request only has emergency paging service
 - has answering service for emergencies
- Licensed Nursing Facility Administrator takes calls directly from residents' families in emergencies

OTHER STAFF

- Has Medical Director Director of Nursing Services
 Met Did not meet Medical Director
 Met Did not meet Director of Nursing Services
- Provides physician if resident's physician unavailable
 Social Worker is consultant part-time staff full-time staff

PHYSICAL AMENITIES/SAFETY FEATURES

COMMON AREAS: DAYROOM, DINING ROOM, GROUNDS

- Rooms and hall well lighted
- Free of hazards on floors
- Chairs sturdy, not easily tipped
- Non-slip surfacing on halls bath floors
- Handrails in hallways
- Grab bars in bathroom toilet tubs showers
- Fire detection sprinkler system
- Easily understood postings for emergency escape

- Exit doors clearly marked
- Stairways enclosed
- Doors to stairways closed
- Doors not blocked or locked if emergency exit
- Toilet facilities easy to use for disabled
 - wheelchair accessible
- Nurse call bells in halls, toilets, bedrooms
- Comfortable chairs and tables for activities, games
- Snack area clean, comfortable
- Areas attractive; freshly painted, clean and bright
- Grounds well kept
- Secure outside area for residents with dementia
- Has special infirmary for residents with contagious illnesses
- Rooms and common area are air conditioned
- Large, well-designed signs for residents and visitors

PRIVATE AREAS/BEDROOMS

- Open into hall
- Drinking water by bed
- Have windows
- Visitors' chairs in room
- Are bright, airy
- Reading light by bed
- Bed easily accessible
- Private closet area
- Bed has day coverlet
- Personal chest of drawers
- Nurse call bell by bed
- Wheelchair accessible

ABOUT NURSING CREDENTIALS

There was a day when most of us could quickly identify the degree of training a nurse had completed by two or three typical credentialing initials — RN or LPN for example. The nursing profession has become much more committed in recent years to providing expanded levels of training for nurses and nurse aides. Some of the special educational certification credentials you may see today are:

Clinical Nurse Specialist (requires at least a master’s degree)	CNP
Family and Adult Nurse Practitioners (requires at least a master’s degree)	NP-C
Registered Nurse (graduate of accredited nursing program)	RN
Licensed Practical Nurse	LPN
Certified Nurse Aide	CNA

General duty, private duty, scrub and wet nurse are descriptive of the nurse’s function. They are not educational or licensing certifications.

FOR MORE INFORMATION

VIRGINIA NURSES ASSOCIATION

On the web: www.virginianurses.com

7113 Three Chopt Road, Suite 204

Richmond, VA 23226

Phone: 1-804-282-1808



❖ OMBUDSMAN PROGRAMS

- SEE VIRGINIA, STATE OF
LONG-TERM CARE OMBUDSMAN,
OFFICE OF THE STATE
STATE CORPORATION COMMISSION
OMBUDSMAN
- SEE MEDICAID
MEDICARE
MEDIGAP
LONG-TERM CARE INSURANCE
INSURANCE, HEALTH
- SEE *VHI's Health Insurance Options: A Consumer's Guide
For a Free Copy:* Call VHI at 1-877-VHI-INFO

❖ PATIENT RECORDS/PRIVACY CONCERNS

REQUEST FOR RELEASE OF PATIENT'S RECORDS

The following sample is a copy of a release suggested in the Code of Virginia. You may alter this example for your use; however, it has been designed to meet the requirements delineated under the Code. Use of this form as a guide does not necessarily guarantee release of patient records nor does it preclude debate of the release. If you do plan to use this release, you may want to make a copy of the form from the guide so that you will have a clean original for future use.

CONSENT TO RELEASE OF CONFIDENTIAL HEALTH CARE INFORMATION

Patient Name _____

Provider Name _____

Person/agency/provider to whom disclosure to be made:

Information or Records to be disclosed:

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This consent expires on (date) _____

Signature of Patient

Date

FOR MORE INFORMATION

- SEE VIRGINIA, CODE OF
PRIVACY OF PATIENT HEALTH RECORDS

❖ PATIENT RESTRAINTS

- SEE VIRGINIA, CODE OF
NURSING FACILITIES PATIENTS' RIGHTS

FOR MORE INFORMATION

VIRGINIA COALITION FOR THE PREVENTION OF ELDER ABUSE

730 E. Broad St.
Richmond, VA 23219
Phone: 1-804-692-1260

❖ PHYSICIANS (ALSO DOCTORS)

AMERICAN BOARD OF MEDICAL SPECIALTIES®

On the web: certifieddoctor.org

The Certified Doctor Locator and Verification Service allows public to verify the board certification status of any physician who is certified by one or more of the 24 member boards of the ABMS and who has subscribed to be listed. This service also allows the public to locate a board certified physician in his or her area (by zip code).

Or questions may be directed to:

THE ABMS PUBLIC EDUCATION PROGRAM
47 Perimeter Center East, Suite 500
Atlanta, GA 30346
• Toll Free: 1-800-776-2378



NO LISTINGS

❖ RAILROAD RETIREMENT BOARD

The Railroad Retirement Board helps the Health Care Financing Administration ➤ administer Medicare for railroad retirement beneficiaries. **LOCATE YOUR NEAREST OFFICE BY CALLING**

☎ Toll Free: 1-800-808-0772

❖ RESIDENTIAL CARE

- SEE ASSISTED LIVING FACILITIES
- CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)
- NURSING FACILITIES

FOR MORE INFORMATION

AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA)

On the web: www.aahsa.org

Represents not-for-profit organizations that provide health care, housing and services to the elderly. Its membership includes 5,000 not-for-profit nursing homes, continuing care retirement communities, senior housing facilities, assisted living and community services. It strives to enhance the professionalism of practitioners and facilities through the Certification Program for Retirement Housing Professionals and the Continuing Care Accreditation Commission.

AMERICAN ASSOCIATION OF HOMES AND SERVICES
FOR THE AGING

901 E St. NW, Suite 500
Washington, DC 20004-2011
Phone: 1-202-783-2242

❖ SOCIAL SECURITY ADMINISTRATION

On the web: www.ssa.gov

- SEE UNITED STATES GOVERNMENT
- SOCIAL SECURITY ADMINISTRATION

T

❖ TAX RELIEF

- SEE VIRGINIA, STATE OF
TAXATION, DEPARTMENT OF

❖ TRANSPORTATION, SPECIALIZED

- SEE VIRGINIA, STATE OF
MEDICAL ASSISTANCE SERVICES, DEPARTMENT OF
REHABILITATIVE SERVICES, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF
TRANSPORTATION, DEPARTMENT OF RAIL AND PUBLIC

U

❖ UNITED STATES GOVERNMENT

ADMINISTRATIVE SERVICES AND PROGRAMS

❖ ADMINISTRATION ON AGING (AoA)

On the web: www.aoa.dhhs.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

330 Independence Ave., SW

Washington, D.C. 20201

Phone: 1-202-619-0724

- SEE VIRGINIA, STATE OF
AGING, DEPARTMENT FOR THE
AREA AGENCIES ON AGING - AAAs

HEALTH CARE FINANCING ADMINISTRATION

On the web: www.hcfa.gov

HCFA is the federal agency that administers the Medicare and Medicaid programs. HCFA also performs a number of quality-of-care-related activities, including certification.

HCFA

7500 Security Boulevard

Baltimore, MD 21244-1850

Phone: 1-410-786-3000

❖ HEALTH AND HUMAN SERVICES

330 Independence Ave., SW
Washington, D.C. 20201
Phone: 1-202-619-0724

❖ MEDICAID

❖ SEE M Listings: Medicaid

❖ MEDICARE

❖ SEE M Listings: Medicare

❖ SOCIAL SECURITY ADMINISTRATION (SSA)

On the web: www.ssa.gov

FOR SOCIAL SECURITY BENEFITS:

You may receive answers needed by phone or call to locate the SSA Regional Office nearest you.

❖ Toll Free: 1-800-772-1213 24 hours a day

SUPPLEMENTAL SECURITY INCOME (SSI)

For persons age 65 or older, blind or disabled with limited income and resources, apply at the SOCIAL SECURITY OFFICE NEAREST YOU.

❖ VETERANS ADMINISTRATION AND MEDICAL CENTERS (VA)

On the web: www.va.gov

VA MEDICAL CENTERS — Veterans and their families may receive financial assistance for care in the Veterans Administration Medical Centers in Hampton, Salem, Richmond and in Virginia nursing facilities under contract with the VA. For VA Medical Center Information and other benefits within Virginia, call:

❖ Toll Free: 1-800-733-8387 (must have an access code)

VA HEALTH INSURANCE

TRICARE is a program of health care insurance benefits and options managed by the Department of Defense for active duty service members, their families, retirees and their families or survivors (see CHAMPVA below). TRICARE is a blend of the military's direct care

system of hospitals and clinics, a system of managed care providers and the original CHAMPUS program.

TRICARE offers the following options

- TRICARE Standard, the unchanged CHAMPUS program with all its benefits and costs
- TRICARE Extra, a network provider program with covered services the same as TRICARE Standard but having some cost benefits and
- TRICARE Prime, an HMO product offering preventive care benefits.

CHAMPVA: A VA Health Care Benefits Program for Dependents and Survivors of Veterans

- Spouse or child of veteran who has been rated by VA as having a total and permanent disability
- Surviving spouse or child of veteran who died from VA service-connected conditions
- Surviving spouse or child of veteran who at the time of his/her death was permanently and totally disabled from a VA service-connected condition
- Surviving spouse or child of persons who died honorably in the line of duty

CHAMPVA is separate from TRICARE; there are distinct differences between them. CHAMPVA is a secondary payer to Medicare. Medicare Parts A and B are required for eligibility in CHAMPVA program.

IMPORTANT: Individuals 65 or older once covered by Medicare should re-establish CHAMPVA eligibility.

For an Application for CHAMPVA Benefits (VA Form 10-10D) or CHAMPVA HANDBOOK

☎ Phone: 1-800-733-8387

Note: The call center is open Monday through Friday 9:30 a.m. to 1:30 p.m. and 2:30 p.m. to 5:30 p.m. EST.

FOR MORE INFORMATION

NATIONAL INSTITUTE ON AGING (NIA)

On the web: www.nih.gov/nia

One of the National Institutes of Health (NIH), the NIA is the principal biomedical research agency of the United States

Government. The NIA promotes healthy aging by conducting and supporting biomedical, social and behavioral research and public education.

NATIONAL INSTITUTE ON AGING

Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892
Phone: 1-301-496-1752



❖ VIRGINIA, CODE OF

On the web: www.leg1.state.va.us

The Code of Virginia is a public record and statement of the statutes as passed by the Virginia General Assembly to be put into law for the Commonwealth of Virginia. Since the Code is a public record that must be accessed regularly, and with ease, it is divided into Titles. Each Title deals with a specific subject — health, insurance, etc. Within each Title there are specific subjects that record the law as passed. These subjects are treated as sub-sections or Chapters and are noted with the sign §.

In learning about long-term care and some of the surrounding issues such as patients' rights and guardianship, the Code of Virginia states the facts most simply and clearly. In handling these subjects by directing you to the Code itself or a synopsis of its statements, you have the opportunity to read the law exactly as or summarized in a manner to help you understand how it is stated in the Code at this printing date. Also, many references presented include definitions you may find helpful in understanding some of the terms you will hear or see used when exploring long-term care options.

We urge you to use these references *only as an informational guide*. They are not presented as a legal tool. If your concerns or questions are of a specific legal nature — whether addressed here or not — we suggest that you seek legal counsel or contact the appropriate ombudsman who is specific to your question or problem.

The Code references included here were chosen because they were not easily placed in other locations of the guide but are subjects about which people generally have expressed serious concerns — patients' rights for example. The topics are arranged alphabetically.

The Code of Virginia and the Administrative Code are available as published documents in many Virginia libraries and are also presented on the World Wide Web.

Remember:

The Code of Virginia is subject to interpretation and to change.

→ **ADULT DAY CARE CENTER DEFINED**

§63.1-172C

Adult day care center means a facility which is either operated for profit or which desires licensure for four or more aged, infirm or disabled adults which is operated during a part of the day only, which provides supplementary care and protection of individuals who reside elsewhere except (i) a facility or portion of a facility licensed by the State Board of Health or the State Board of Mental Health and Mental Retardation, and (ii) the home or residence of an individual who cares for only persons related to him by blood or marriage."

→ **ASSISTED LIVING FACILITIES
RIGHTS AND RESPONSIBILITIES OF RESIDENT**

(READER NOTE: Minor edits have been made in the interest of space.)
§63.1-182.1

A. Any resident of an adult care residence has the rights and responsibilities enumerated in this section. The operator or administrator of an adult care residence shall establish written policies and procedures to ensure that, at the minimum, each person who becomes a resident of the adult care residence:1. Is fully informed, prior to or at the time of admission and during the resident's stay, of rights and of all rules and expectations governing the resident's conduct, responsibilities, and the terms of the admission agreement; evidence of this shall be the resident's written acknowledgment of having been so informed, which shall be filed with records;2. Is fully informed, prior to or at the time of admission and during the resident's stay, of services available in the residence and of any related charges; this shall be reflected by the resident's signature on current resident's agreement retained in the resident's file;3. Unless a committee or conservator has been appointed,

is free to manage personal finances and funds regardless of source; is entitled to access to personal account statements reflecting financial transactions made on his behalf by the residence; and is given at least a quarterly accounting of financial transactions made on his behalf when a written delegation of responsibility to manage his financial affairs is made to the residence for any period of time in conformance with state law; 4. Is afforded confidential treatment of personal affairs and records and may approve or refuse their release to any individual outside the residence except as otherwise provided in law and except in case of transfer to another facility; 5. Is transferred or discharged only when provided with a statement of reasons, or for nonpayment for stay, and is given reasonable advance notice; upon notice of discharge or upon giving reasonable advance notice of desire to move, shall be afforded reasonable assistance to ensure orderly transfer or discharge; actions shall be documented 6. In the event a medical condition should arise while he is residing in the residence, is afforded the opportunity to participate in the planning of his program of care and medical treatment at the residence and the right to refuse treatment; 7. Is not required to perform services for the residence except as voluntarily contracted pursuant to a voluntary agreement for services which states the terms of consideration or remuneration and is documented in writing and retained in his record; 8. Is free to select health care services from reasonable available resources; 9. Is free to refuse to participate in human subject experimentation or to be party to research in which his identity may be ascertained; 10. Is free from mental, emotional, physical, sexual, and economic abuse or exploitation; is free from forced isolation, threats or other degrading or demeaning acts; known needs are not neglected or ignored by personnel of the residence; 11. Is treated with courtesy, respect, and consideration as a person of worth, sensitivity, and dignity; 12. Is encouraged, and informed of appropriate means as necessary, throughout the period of stay to exercise his rights as a resident and a citizen; to this end, he is free to voice grievances and recommend changes in policies and services, free of coercion, discrimination, threats or reprisal; 13. Is permitted to retain and use personal clothing and possessions as space permits unless to do so would infringe upon right of other residents; 14. Is encouraged to function at his highest mental, emotional, physical and social potential; 15. Is free of physical or mechanical restraint except in the following situations and with appropriate safeguards: a. As necessary for the residence to respond to unmanageable behavior in an emergency situation which threatens the immediate

safety of the resident or others; b. As medically necessary, as authorized in writing by a physician, to provide physical support to a weakened resident; 16. Is free of prescription drugs except where medically necessary, specifically prescribed, and supervised by the attending physician; 17. Is accorded respect for ordinary privacy in every aspect of daily living, including but not limited to the following: a. In the case of his personal needs except as assistance may be needed; b. In medical examinations or health related consultations the resident may have at the residence; c. In communications, in writing or by telephone; d. During visitations with other persons; e. In the resident's room or portion thereof; residents shall be permitted to have guests or other residents in their rooms unless to do so would infringe upon the rights of other residents; staff may not enter a resident's room without making their presence known except in an emergency or in accordance with safety oversight requirements (see regulations of the State Board/Social Services); f. In visits with his spouse; if both are residents of the residence they are permitted but not required to share a room unless otherwise provided in the residents' agreements; 18. Is permitted to meet with and participate in activities of social, religious, and community groups at his discretion unless medically contraindicated as documented by his physician in his medical record. B. If the resident is unable to fully understand and exercise the rights and responsibilities contained in this section, the residence shall require that a responsible individual, of the resident's choice when possible, designated in writing in the resident's record, be made aware of each item in this section and the decisions which affect the resident or relate to specific items in this section; a resident shall be assumed capable of understanding and exercising these rights unless a physician determines otherwise and documents the reasons for such determination in the resident's record. C. The residence shall make available in an easily place a copy of these rights and responsibilities and shall include in them the name and telephone number of the regional licensing supervisor of the Department of Social Services as well as the toll-free telephone number for the Virginia Long-Term Care Ombudsman Program, any sub-state ombudsman program serving the area and the toll-free number of the Department for the Rights of Virginians With Disabilities. D. The residence shall make its policies and procedures for implementing this section available and accessible to residents, relatives, agencies. and the general public. E. The provisions of this section shall not be construed to restrict or abridge any right which any resident has under law. F. Each residence shall provide appropriate

staff training to implement each resident's rights included in this section. G. The State Board of Social Services shall promulgate regulations as necessary to carry out the full intent of this section. H. It shall be the responsibility of the Commissioner of Social Services to ensure that the provisions of this section are observed and implemented by adult care residences as a condition to the issuance, renewal, or continuation of the license required by this article.

→ CONTINUING CARE RETIREMENT COMMUNITIES FACILITY DEFINED

Virginia's Continuing Care Provider Registration and Disclosure Act (Code of Virginia 38.2-4900 et seq.) defines a continuing care retirement community as a place in which a person undertakes to provide continuing care to an individual by "...providing or committing to provide board, lodging and nursing services to an individual, other than an individual related by blood or marriage, (i) pursuant to an agreement effective for the life of an individual or for a period in excess of one year, including mutually terminable contracts, and (ii) in consideration of the payment of an entrance fee..." and continues to include "...(iii) where board and nursing services are made available to the resident by the provider, either directly or indirectly through affiliated persons, or through contractual arrangements, whether or not such services are specifically offered in the agreement for lodging."

→ CCRC ENTRANCE FEE DEFINED

A CCRC entrance fee as defined by the Code of Virginia "... means an initial or deferred transfer to a provider of a sum of money or other property made or promised to be made in advance or at some future time as full or partial consideration for acceptance of a specified individual as a resident in a facility." The Code also defines the fee within the parameters that if the fee "...in the aggregate is less than the sum of the regular periodic charges for one year of residency (then the charge) shall not be considered to be an entrance fee..."

→ GUARDIAN OR CONSERVATOR: ON ELIGIBILITY

§ 37.1-134.14:1

The circuit court may appoint a local or regional program authorized by the Department for the Aging pursuant to Article 2 (§2.1-373.10 et seq.) of Chapter 24 of Title 2.1 as the guardian or conservator for any resident of the Commonwealth who is found to be incapacitated if the

court finds that (i) the incapacitated person's resources are insufficient to fully compensate a private guardian and pay court costs and fees associated with the appointment proceeding and (ii) there is no other proper and suitable person willing and able to serve in such capacity. The guidelines for determining indigency set forth in §19.2-159 shall be used by the court in determining the sufficiency of the respondent's estate. If the respondent would be eligible for the appointment of counsel pursuant to §19.2-159, he shall be eligible for the appointment of a public guardian or conservator pursuant to this section.

→ HOUSING FOR THE DISABLED,
INTERAGENCY COORDINATING COUNCIL

§ 2.1-703.1

There shall be an Interagency Coordinating Council on Housing for the Disabled, ..." The Council shall provide and promote ...leadership for comprehensive planning and coordinated implementation of proposals to increase and maximize use of existing low-income housing for the disabled and to ensure development of accompanying community support services..."

→ MEDICATION (Prescribed Drugs)
ADMINISTRATION PERSONNEL QUALIFICATIONS

§54-524.65

states that only people authorized by state law may administer drugs. People authorized to administer medication include • licensed physicians, • registered nurses, • licensed practical nurses, • physician's assistants, and • other individuals who meet the requirements of the law. In addition to these persons designated in the law, a physician may choose to designate, in writing, a person who does not meet the requirements of the law to be his/her authorized agent. This permits the person to administer medication legally to that physician's designated patients, in accordance with such a physician's instructions.

→ PATIENT HEALTH RECORDS, ON THE PRIVACY OF
§ 32.1-127.1:03

A. There is hereby recognized a patient's right of privacy in the content of a patient's medical record. Patient records are the property of the provider maintaining them, and, except when permitted by this section or by another provision of state or federal law, no provider, or other person working in a health care setting, may disclose the records of a patient. Patient records shall not be removed from the

premises where they are maintained without the approval of the provider, except in accordance with a court order or subpoena consistent with §8.01-413 C or with this section or in accordance with the regulations relating to change of ownership of patient records promulgated by a health regulatory board established in Title 54.1. No person to whom disclosure of patient records was made by a patient or a provider shall redisclose or otherwise reveal the records of a patient, beyond the purpose for which such disclosure was made, without first obtaining the patient's specific consent to such redisclosure. This redisclosure prohibition shall not, however, prevent (i) any provider who receives records from another provider from making subsequent disclosures as permitted under this section or (ii) any provider from furnishing records and aggregate or other data, from which patient-identifying prescription information has been removed, encoded or encrypted, to qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health services research.

B. As used in this section:

“Agent” means a person who has been appointed as a patient's agent under a power of attorney for health care or an advance directive under the Health Care Decisions Act (§54.1-2981 et seq.).

“Guardian” means a court-appointed guardian of the person.

“Health services” includes, but is not limited to, examination, diagnosis, evaluation, treatment, pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind.

“Parent” means a biological, adoptive or foster parent.

“Patient” means a person who is receiving or has received health services from a provider.

“Patient-identifying prescription information” means all prescriptions, drug orders or any other prescription information that specifically identifies an individual patient.

“Provider” shall have the same meaning as set forth in the definition of **“health care provider”** in §8.01-581.1, except that state-operated facilities shall also be considered providers for the purposes of this section. Provider shall also include all persons who are licensed, certified, registered or permitted by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

“Record” means any written, printed or electronically recorded

material maintained by a provider in the course of providing health services to a patient concerning the patient and the services provided. "Record" also includes the substance of any communication made by a patient to a provider in confidence during or in connection with the provision of health services to a patient or information otherwise acquired by the provider about a patient in confidence and in connection with the provision of health services to the patient.

C. The provisions of this section shall not apply to any of the following:

1. The status of and release of information governed by §§65.2-604 and 65.2-607 of the Virginia Workers' Compensation Act; or 2. Except where specifically provided herein, the records of minor patients. NOTE: The following excerpt from the Code has been highlighted in red to assist the reader in identifying those instances under the law when health records may be disclosed.

D. Providers may disclose the records of a patient:

1. As set forth in subsection E of this section, pursuant to the written consent of the patient or in the case of a minor patient, his custodial parent, guardian or other person authorized to consent to treatment of minors pursuant to § 54.1-2969; also, in emergency cases or situations where it is impractical to obtain the patient's written consent, pursuant to the patient's oral consent for a provider to discuss the patient's records with a third party specified by the patient; 2. In compliance with a subpoena issued in accord with subsection H of this section, pursuant to court order upon good cause shown or in compliance with a subpoena issued pursuant to subsection C of § 8.01-413; 3. In accord with subsection F of §8.01-399 including, but not limited to, situations where disclosure is reasonably necessary to establish or collect a fee or to defend a provider or the provider's employees or staff against any accusation of wrongful conduct; also as required in the course of an investigation, audit, review or proceedings regarding a provider's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; 4. In testimony in accordance with §§8.01-399 and 8.01-400.2; 5. In compliance with the provisions of § 8.01-413; 6. As required or authorized by any other provision of law including contagious disease, public safety, and suspected child or adult abuse reporting requirements, including, but not limited to, those contained in §§32.1-36, 32.1-36.1, 32.1-40, 32.1-41, 32.1-276.5, 32.1-283, 32.1-283.1, 37.1-98.2, 53.1-40.10, 54.1-2403.3, 54.1-2906, 54.1-2907, 54.1-2966, 54.1-2966.1, 54.1-2967, 54.1-2968, 63.1-55.3 and 63.1-

248.11; 7. Where necessary in connection with the care of the patient; 8. In the normal course of business in accordance with accepted standards of practice within the health services setting; however, the maintenance, storage, and disclosure of the mass of prescription dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be accomplished in compliance with §§54.1-3410, 54.1-3411 and 54.1-3412; 9. When the patient has waived his right to the privacy of the medical records; 10. When examination and evaluation of a patient are undertaken pursuant to judicial or administrative law order, but only to the extent as required by such;

11. To the guardian ad litem in the course of a guardianship proceeding of an adult patient authorized under §§37.1-128.1, 37.1-128.2 and 37.1-132; 12. To the attorney appointed by the court to represent a patient in a civil commitment proceeding under § 37.1-67.3; 13. To the attorney and/or guardian ad litem of a minor patient who represents such minor in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad litem presents evidence to the provider of such order; 14. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's records in accord with § 9-173.12; 15. To an agent appointed under a patient's power of attorney or to an agent or decision maker designated in a patient's advance directive for health care or to any other person consistent with the provisions of the Health Care Decisions Act (§54.1-2981 et seq.);

16. To third-party payors and their agents for purposes of reimbursement; 17. As is necessary to support an application for receipt of health care benefits from a governmental agency or as required by an authorized governmental agency reviewing such application or reviewing benefits already provided; 18. Upon the sale of a medical practice as provided in § 54.1-2405; or upon a change of ownership or closing of a pharmacy pursuant to regulations of the Board of Pharmacy; 19. In accord with §54.1-2400.1 B, to communicate a patient's specific and immediate threat to cause serious bodily injury or death of an identified or readily identifiable person; 20. To the patient, except as provided in subsections E and F of this section and subsection B of § 8.01-413; 21. In the case of substance abuse records, when permitted by and in conformity with requirements of federal law found in 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2; 22. In connection with the work of any entity established as set forth in

§8.01-581.16 to evaluate the adequacy or quality of professional services or the competency and qualifications for professional staff privileges; 23. If the records are those of a deceased or mentally incapacitated patient to the personal representative or executor of the deceased patient or the legal guardian or committee of the incompetent or incapacitated patient or if there is no personal representative, executor, legal guardian or committee appointed, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased patient in order of blood relationship; and 24. For the purpose of conducting record reviews of inpatient hospital deaths to promote identification of all potential organ, eye, and tissue donors in conformance with the requirements of applicable federal law and regulations, including 42 C. F.R. § 482.45, (i) to the provider's designated organ procurement organization certified by the United States Health Care Financing Administration and (ii) to any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks.

For an Example of a Patient Records Request Letter and Form

➤ SEE PATIENT REQUEST FOR HEALTH RECORDS

➔ PATIENT HEALTH RECORDS

REQUESTS FOR COPIES OF MEDICAL RECORDS SHALL

(i) be in writing, dated and signed by the requester; (ii) identify the nature of the information requested; and (iii) include evidence of the authority of the requester to receive such copies and identification of the person to whom the information is to be disclosed. Within fifteen days of receipt of a request for copies of medical records, the provider shall do one of the following: (i) furnish such copies to any requester authorized to receive them; (ii) inform the requester if the information does not exist or cannot be found; (iii) if the provider does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the provider who maintains the record; or (iv) deny the request (a) under subsection F, (b) on the grounds that the requester has not established his authority to receive such records or proof of his identity, or (c) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for records not specifically governed by other provisions of this Code, federal law or state or federal regulation. F. Except as provided in subsection B of §8.01-413, copies of a patient's records shall not be fur-

nished to such patient or anyone authorized to act on the patient's behalf where the patient's attending physician or the patient's clinical psychologist has made a part of the patient's record a written statement that, in his opinion, the furnishing to or review by the patient of such records would be injurious to the patient's health or well-being. If any custodian of medical records denies a request for copies of records based on such statement, the custodian shall permit examination and copying of the medical record by another such physician or clinical psychologist selected by the patient, whose licensure, training and experience relative to the patient's condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based. The person or entity denying the request shall inform the patient of the patient's right to select another reviewing physician or clinical psychologist under this subsection who shall make a judgment as to whether to make the record available to the patient. Any record copied for review by the physician or clinical psychologist selected by the patient shall be accompanied by a statement from the custodian of the record that the patient's attending physician or clinical psychologist determined that the patient's review of his record would be injurious to the patient's health or well-being.

→ PATIENT RESTRAINT

§63.1-182.1

as physical/mechanical restraint applies to Adult Care Residences/Residents:

"...15. Is free of physical or mechanical restraint except in the following situations and with appropriate safeguards:

- a. As necessary for the residence to respond to unmanageable behavior in an emergency situation which threatens the immediate safety of the resident or others;
- b. As medically necessary, as authorized in writing by a physician, to provide physical support to a weakened resident;..."

❖ VIRGINIA, STATE OF ADMINISTRATIVE DEPARTMENTS OF THE STATE OF VIRGINIA

❖ AGING, DEPARTMENT FOR THE

Virginia's Department for the Aging is responsible for planning, coordinating, funding and evaluating programs for Virginians age 60 and over as required by the Older Americans Act and related Virginia statutes (the Code of Virginia). These programs include a full range of health, education, nutrition, in-home care, transportation and other supportive services designed to improve the quality of life for older Virginians.

HELPING YOU REMAIN INDEPENDENT

In 1965 the United States Department of Health was directed under the Older Americans Act to create the Administration on Aging (AoA). Its job was to become a focal point for programs that would ensure over the long-term every older American's ability to remain independent. Under the act, all states were required to constitute an arm of state government to utilize and manage federal appropriations provided by the act and to join with the federal government in providing older Americans with services they need to maintain independence and health.

In response, the Virginia General Assembly created a Commission on Aging to study the facilities and services available to older Virginians and to create the Division of State Planning and Community Affairs, which was given the responsibility of developing and coordinating programs for older Virginians in accordance with the Older Americans Act. Under the study and to provide the structure for services and facilities in Virginia, the Virginia Office on Aging was created and placed within the Secretariat of Health and Human Resources.

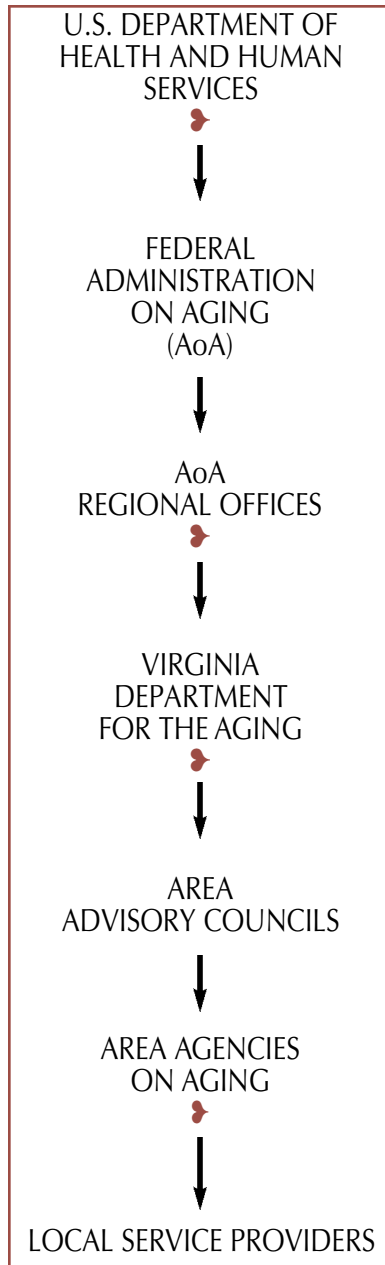
HOW AoA PROGRAMS COME TO YOUR COMMUNITY

Virginia's Area Agencies on Aging provide a wide range of services to Virginia's elderly and disabled through agency arrangements with providers, through the services of volunteers or in some cases by providing the service with internal staff. Each AAA may vary in the services offered, tailoring their program to their community's needs.

The 1982 General Assembly passed legislation that created the Virginia Department for the Aging. Area Agencies on Aging were selected to serve defined geographic areas. Each of the Area Agencies on Aging has the sanction of the jurisdiction within its service area.

Virginia has augmented the AoA-requisite agencies with its own more localized network of agencies. The Area Agencies utilize federal Older Americans Act funds, state funds, appropriations from local government and a wide variety of funds from other public and private sources.

The current local area agencies are listed under **VIRGINIA'S AREA AGENCIES ON AGING AND AREAS SERVED**.



TYPICAL SERVICES PROVIDED BY YOUR AAAs IN VIRGINIA

ACCESS SERVICES

- Identifying and Locating
Specific Services and Programs
- Case Management
- Escort and Transportation Services

COMMUNITY BASED SERVICES

- Senior Centers
- Congregate Meals and Nutrition Disease
Prevention and Health Promotion
Education
- Adult Day Care Programs
- Ombudsmen Program
- Elder Abuse Prevention

IN-HOME SERVICES

- Homemaker Helpers
- Personal Care Aides
- Home Delivered Meals
- Home Repair
- Home Adaptation to
Special Equipment Needs
- Rehabilitation Services

INSTITUTIONAL SERVICES

- Placement Counseling
and Assessment

CAREGIVER SERVICES

- Respite Care
- Counseling
- Education Programs

INSURANCE AND LEGAL COUNSELING SERVICES

VIRGINIA'S DEPARTMENT FOR THE AGING

seeks to educate older people and their caregivers about the benefits and services available to them.

It is the combined goal of federal, state and local agencies to ensure that older persons, through appropriate supportive services, can remain in their own homes whenever possible.

Health enhancing programs are also part of the services offered in the hope that the aging and disabled can sustain active participation in family and community activities.

FOR MORE INFORMATION

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING
330 Independence Ave., SW
Washington, D.C. 20201
Phone: 1-202-619-0724

VIRGINIA DEPARTMENT FOR THE AGING

1600 Forest Ave., Suite 102
Richmond, VA 23229
☎ Toll Free: 1-800-552-3402

FOR MORE INFORMATION

To obtain a copy of the Virginia Department for the Aging's
Checklist For Choosing A Nursing Facility
☎ Toll Free: 1-800-552-3402

❖ VIRGINIA'S AREA AGENCIES ON AGING AND AREAS SERVED

ALEXANDRIA AGENCY ON AGING

2525 Mt. Vernon Ave.
Alexandria, VA 22301
Phone: 1-703-838-0920

AREA SERVED: CITY of Alexandria

APPALACHIAN AREA AGENCY ON AGING

ALSO KNOWN AS:

APPALACHIAN AGENCY FOR SENIOR CITIZENS

P. O. Box 765
Cedar Bluff, VA 24609
Phone: 1-540-963-0400

AREAS SERVED: COUNTIES of Dickenson, Buchanan, Tazewell,
Russell

ARLINGTON AGENCY ON AGING

3033 Wilson Blvd., Suite 700B
Arlington, VA 22201
Phone: 1-703-228-1700

AREA SERVED: COUNTY of Arlington

CAPITAL AREA AGENCY ON AGING

24 E. Cary St.
Richmond, VA 23219-3796
☎Toll Free: 1-800-989-2286

AREAS SERVED: COUNTIES of Goochland, Powhatan, Henrico, Chesterfield, Charles City, Hanover, New Kent CITY of Richmond

CENTRAL VIRGINIA AREA AGENCY ON AGING

3225 Old Forest Rd.
Lynchburg, VA 24501
Phone: 1-804-385-9070

AREAS SERVED: COUNTIES of Bedford, Amherst, Campbell, Appomattox CITIES of Bedford, Lynchburg

CRATER DISTRICT AREA AGENCY ON AGING

23 Seyler Dr.
Petersburg, VA 23805
Phone: 1-804-732-7020

AREAS SERVED: COUNTIES of Dinwiddie, Sussex, Greensville, Surry, Prince George CITIES of Petersburg, Hopewell, Emporia, Colonial Heights

DISTRICT THREE GOVERNMENTAL COOPERATIVE

4453 Lee Highway
Marion, VA 24354-4270
☎Toll Free: 1-800-541-0933

AREAS SERVED: COUNTIES of Washington, Smyth, Wythe, Bland, Grayson, Carroll CITIES of Galax, Bristol

EASTERN SHORE AREA AGENCY ON AGING COMMUNITY ACTION AGENCY

P. O. Box 8
Onancock, VA 23417
Phone: 1-757-787-3532

49 Market St.
Onancock, VA 23417

AREAS SERVED: COUNTIES of Accomack, Northampton

FAIRFAX AREA AGENCY ON AGING

12011 Government Center Pkwy, Suite 708
Fairfax, VA 22035-1104
Phone: 1-703-324-5411

AREAS SERVED: COUNTY of Fairfax CITIES of Fairfax, Falls Church

JEFFERSON AREA BOARD ON AGING

674 Hillsdale Dr.
Charlottesville, VA 22901
Phone: 1-804-978-3644

AREAS SERVED: COUNTIES of Nelson, Albemarle, Louisa, Fluvanna, Greene CITY of Charlottesville

LAKE COUNTRY AREA AGENCY ON AGING

1105 West Danville St.
South Hill, VA 23970
☎Toll Free: 1-800-252-4464

AREAS SERVED: COUNTIES of Halifax, Mecklenburg, Brunswick CITY of South Boston

LOA AREA AGENCY ON AGING

P. O. Box 14205
Roanoke, VA 24038-4205
Phone: 1-540-345-0451

AREAS SERVED: COUNTIES of Roanoke, Craig, Botetourt, & Alleghany CITIES of Roanoke, Salem, Clifton Forge, Covington

LOUDOUN COUNTY AREA AGENCY ON AGING

102 Heritage Way, NE, Suite 102
Leesburg, VA 20176
Phone: 1-703-777-0257

AREA SERVED: COUNTY of Loudoun

MOUNTAIN EMPIRE OLDER CITIZENS

P. O. Box 888
Big Stone Gap, VA 24219
Phone: 1-540-523-4202

AREAS SERVED: COUNTIES of Lee, Wise, Scott CITY of Norton

NEW RIVER VALLEY AGENCY ON AGING

141 E. Main St.
Pulaski, VA 24301
Phone: 1-540-980-7720 or 1-540-639-9677

AREAS SERVED: COUNTIES of Giles, Floyd, Pulaski, Montgomery CITY of Radford

NORTHERN NECK-MIDDLE PENINSULA AGENCY ON AGING

P. O. Box 610
Urbanna, VA 23175
Phone: 1-804-758-2386

AREAS SERVED: COUNTIES of Westmoreland, Northumberland, Richmond, Lancaster, Essex, Middlesex, Mathews, King & Queen, King William, Gloucester

PENINSULA AGENCY ON AGING

739 Thimble Shoals Blvd., Suite 1006
Newport News, VA 23606-3585
Phone: 1-757-873-0541

AREAS SERVED: COUNTIES of James City, York
CITIES of Williamsburg, Newport News, Hampton, Poquoson

PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING

P. O. Box 398
Burkeville, VA 23922-0398
Phone: 1-804-767-5588

AREAS SERVED: COUNTIES of Nottoway, Prince Edward, Charlotte, Lunenburg, Cumberland, Buckingham, Amelia

PRINCE WILLIAM AREA AGENCY ON AGING

7987 Ashton Ave., Suite 231
Manassas, VA 20109
Phone: 1-703-792-6400

AREAS SERVED: COUNTIES of Prince William CITIES of Manassas, Manassas Park

RAPPAHANNOCK AREA AGENCY ON AGING

Bowman Center
11915 Main St.
Fredericksburg, VA 22408
Phone: 1-540-371-3375

AREAS SERVED: COUNTIES of Caroline, Spotsylvania, Stafford, King George CITY of Fredricksburg

RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES BOARD

P. O. Box 1568
Culpeper, VA 22701
Phone: 1-540-825-3100

AREAS SERVED: COUNTIES of Orange, Madison, Culpeper, Rappahannock, Fauquier

SHENANDOAH AREA AGENCY ON AGING

207 Mosby Lane
Front Royal, VA 22630

☎ Toll Free: 1-800-883-4122

AREAS SERVED: COUNTIES of Page, Shenandoah, Warren, Clarke, Frederick CITY of Winchester

SOUTHEASTERN VIRGINIA AREAWIDE MODEL PROGRAM

6340 Center Drive, Bldg. 7, Suite 100

Norfolk, VA 23502

Phone: 1-757-461-9481

AREAS SERVED: COUNTIES of Southampton, Isle of Wight
CITIES of Franklin, Suffolk, Portsmouth, Chesapeake, Virginia Beach, Norfolk

SOUTHERN AREA AGENCY ON AGING

433 Commonwealth Blvd.

Martinsville, VA 24112

☎ Toll Free: 1-800-468-4571

AREAS SERVED: COUNTIES of Patrick, Henry, Franklin, Pittsylvania
CITIES of Martinsville, Danville

VALLEY PROGRAM FOR AGING SERVICES

P. O. Box 817

Waynesboro, VA 22980

☎ Toll Free: 1-800-868-8727

325 Pine Avenue

Waynesboro, VA 22980

AREAS SERVED: COUNTIES of Rockingham, Rockbridge, Augusta, Highland, Bath
CITIES of Buena Vista, Lexington, Staunton, Waynesboro, Harrisonburg

❖ DEAF AND HARD-OF-HEARING, DEPARTMENT FOR THE

ALL NUMBERS VOICE-TDD ACCESSIBLE
FOR PROGRAM INFORMATION:

Phone: 1-804-662-9502

❖ FAMILY SERVICES

- SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES,
DEPARTMENT OF

❖ HEALTH, DEPARTMENT OF

VIRGINIA DEPARTMENT OF HEALTH (VDH)

On the web: vdh.state.va.us

The VDH licenses hospitals and other health care facilities, conducts routine inspections for compliance and improvement measures, provides information on licensed health care facilities and services and investigates consumer complaints and grievances.

VIRGINIA DEPARTMENT OF HEALTH

Center for Quality Healthcare
Services/Consumer Protection
3600 West Broad Street, Suite 216
Richmond, VA 23230
☎ Toll Free: 1-800-955-1819

❖ HEALTH PROFESSIONS, DEPARTMENT OF

Regulates Licensing, Certification and Registration of Nursing Facility Administrators, Nurses, Nurse Aides, Physicians

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

6606 W. Broad Street, 4th Floor
Richmond, VA 23230-1717
Phone: 1-804-662-9900

- SEE LICENSING BOARD, STATE
PROFESSIONAL LICENSING

❖ HOUSING AND COMMUNITY DEVELOPMENT, DEPARTMENT OF

VIRGINIA HOUSING DEVELOPMENT AUTHORITY (VHDA)

On the web: www.vhda.com

For General Information:

Phone: 1-804-782-1986

For Section 8 Certificate and Voucher Programs:

Phone: 1-804-783-6731

➤ SEE APARTMENTS

❖ LICENSING BOARD, STATE PROFESSIONAL LICENSING

On the web: www.dhp.state.va.us

NURSE AIDE REGISTRY

Phone: 1-804-662-7310

NURSING FACILITY ADMINISTRATORS

Phone: 1-804-662-7457

PRACTITIONER AND FACILITY LICENSE
CERTIFICATE OR REGISTRATION VERIFICATION

Phone: 1-804-662-7636

❖ LONG-TERM CARE OMBUDSMAN, OFFICE OF THE STATE

The OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN is a state administered and managed program. In addition to the state office located in Richmond and shown below, there are nine district agencies to serve Virginia.

NOTE: If you do not find your county or city listed with any of the area offices, then your locality is served by the Office of the State Ombudsman and you should call that location for assistance. All other area agencies are listed for your convenience as LOCAL OMBUDSMAN PROGRAMS.

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
VIRGINIA ASSOCIATION OF AREA AGENCIES ON AGING (V4A)

530 East Main Street, Suite 428
Richmond, VA 23219

☎Toll-Free: 1-800-552-3402

AREAS SERVED: COUNTIES AND CITIES OF
ALL AREAS NOT SERVED BY AN AREA AGENCY

LOCAL OMBUDSMAN PROGRAMS

APPALACHIAN AGENCY FOR SENIOR CITIZENS

P.O. Box 765
Cedar Bluff, VA 24609-0765

☎Toll Free: 1-800-656-2272

PLANNING SERVICE AREA 2-AREAS SERVED: COUNTIES of
Dickenson, Buchanan, Tazewell, Russell

CAPITAL AREA AGENCY ON AGING

24 East Cary Street
Richmond, VA 23219-3796

☎Toll Free: 1-800-989-2286

PLANNING SERVICE AREA 15-AREAS SERVED: COUNTIES of Charles
City, Chesterfield, Goochland, Hanover, Henrico, Powhatan;
CITY of Richmond

CENTRAL VIRGINIA AREA AGENCY ON AGING, INC.

3225 Old Forest Road
Lynchburg, VA 24501
Phone: 1-804-385-9070

PLANNING SERVICE AREA 11-AREAS SERVED: COUNTIES of
Bedford, Amherst, Campbell, Appomattox; CITIES of Bedford,
Lynchburg

CHESAPEAKE BAY AGENCY ON AGING, INC

P. O. Box 610
Urbanna, VA 23175
Phone: 1-804-758-2386

PLANNING SERVICE AREAS 17/18-AREAS SERVED: COUNTIES of
Westmoreland, Northumberland, Richmond, Lancaster, Essex,
Middlesex, Mathews, King & Queen, King William, Gloucester

CRATER DISTRICT AREA AGENCY ON AGING

23 Seyler Drive
Petersburg, VA 23805
Phone: 1-804-732-7020

PLANNING SERVICE AREA 19-AREAS SERVED: COUNTIES of Dinwiddie, Sussex, Greensville, Surry, Prince George; CITIES of Petersburg, Hopewell, Emporia & Colonial Heights

DISTRICT THREE GOVERNMENTAL COOPERATIVE

4453 Lee Highway
Marion, VA 24354-4270
☎Toll Free: 1-800-541-0933

PLANNING SERVICE AREA 3-AREAS SERVED: COUNTIES of Washington, Smyth, Wythe, Bland, Grayson, Carroll; CITIES of Galax, Bristol

EASTERN SHORE AREA AGENCY ON AGING - COMMUNITY ACTION AGENCY, INC.

MAILING ADDRESS:
P. O. Box 8
Onancock, VA 23417
Phone: 1-757-787-3532

OFFICES:
49 Market St.
Onancock, VA 23417

PLANNING SERVICE AREA 22-AREAS SERVED: COUNTIES of Accomack, Northampton

HAMPTON ROADS LONG-TERM CARE SENIOR SERVICES OF SOUTHEASTERN VA.

6340 Center Drive
Building 7, Suite 100
Norfolk, VA 23502
☎Toll Free: 1-800-766-8059

PLANNING SERVICE AREAS 20/21-AREAS SERVED: COUNTIES of Southampton, Isle of Wight; CITIES of Franklin, Suffolk, Portsmouth, Chesapeake, Virginia Beach, Norfolk, Williamsburg, Newport News, Hampton, Poquoson

JEFFERSON AREA BOARD FOR AGING

674 Hillsdale Drive, Suite 9
Charlottesville, Virginia 22901
Phone: 1-804-817-5222

PLANNING SERVICE AREA 10-AREAS SERVED: COUNTIES of Nelson, Albemarle, Louisa, Fluvanna, Greene; CITY of Charlottesville

LAKE COUNTRY AREA AGENCY ON AGING

1105 West Danville St.
South Hill, VA 23970

☎Toll Free: 1-800-252-4464

PLANNING SERVICE AREA 13-AREAS SERVED: COUNTIES of Halifax, Mecklenburg, Brunswick; CITY of South Boston

LOA AREA AGENCY ON AGING/NEW RIVER AGENCY ON AGING

P. O. Box 14205
Roanoke, VA 24038-4205
Phone: 1-540-345-0451

PLANNING SERVICE AREA 5-AREAS SERVED: COUNTIES of Roanoke, Craig, Botetourt, Alleghany, Giles, Floyd, Pulaski, Montgomery; CITIES of Roanoke, Salem, Clifton Forge, Covington, Radford

MOUNTAIN EMPIRE OLDER CITIZENS, INC

P. O. Box 888
Big Stone Gap, VA 24219-0888
☎Toll Free: 1-800-252-6362

PLANNING SERVICE AREA 1-AREAS SERVED: COUNTIES of Lee, Wise, Scott; CITY of Norton

NORTHERN VIRGINIA LONG-TERM CARE

Government Center Parkway, Suite 708
Fairfax, Va 22035
Phone: 1-703-324-5411

PLANNING SERVICE AREA 8-AREAS SERVED: COUNTIES of Arlington, Fairfax, Loudoun, Prince William; CITIES of Alexandria, Fairfax, Falls Church, Manassas, Manassas Park

PIEDMONT SENIOR RESOURCES AREA AGENCY OF AGING, INC.

P. O. Box 398
Burkeville, VA 23922
Phone: 1-804-767-5588

PLANNING SERVICE AREA 14-AREAS SERVED: COUNTIES of Nottoway, Prince Edward, Charlotte, Lunenburg, Cumberland, Buckingham, Amelia

RAPPAHANNOCK AREA AGENCY ON AGING, INC.

11915 Main St., The Bowman Center
Fredericksburg, VA 22408

☎Toll Free: 1-800-262-4012

PLANNING SERVICE AREA 16-AREAS SERVED: COUNTIES of Caroline, Spotsylvania, Stafford, King George; CITY of Fredericksburg

RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES BOARD

P. O. Box 1568
Culpeper, VA 22701
Phone: 1-540-825-3100

PLANNING SERVICE AREA 9-AREAS SERVED: COUNTIES of Orange, Madison, Culpeper, Rappahannock, Fauquier

SHENANDOAH AREA AGENCY ON AGING, INC.

207 Mosby Lane
Front Royal, VA 22630-2611

☎Toll Free: 1-800-883-4122

PLANNING SERVICE AREA 7-AREAS SERVED: COUNTIES of Page, Shenandoah, Warren, Clarke, Frederick; CITY of Winchester

SOUTHERN AREA AGENCY ON AGING

433 Commonwealth Boulevard
Martinsville, VA 24112

☎Toll Free: 1-800-468-4571

PLANNING SERVICE AREA 12-AREAS SERVED: COUNTIES of Patrick, Henry, Franklin, Pittsylvania; CITIES of Martinsville, Danville

VALLEY PROGRAM FOR AGING SERVICES, INC.

P. O. Box 817
Waynesboro, VA 22980-0603

☎Toll Free: 1-800-868-8727

PLANNING SERVICE AREA 6-AREAS SERVED: COUNTIES of Rockingham, Rockbridge, Augusta, Highland, Bath; CITIES of Buena Vista, Lexington, Staunton, Waynesboro, Harrisonburg

❖ MEDICAL ASSISTANCE SERVICES, DEPARTMENT OF (DMAS)

On the web: www.cns.state.va.us/dmas

The Department of Medical Assistance Services — DMAS — provides a system of high-quality comprehensive health services to members of Virginia’s low-income population. DMAS is responsible for administering four major medical assistance programs

- the Virginia State Plan for Medical Assistance, Medicaid
- the State/Local Hospitalization Program
- the Indigent Care Trust Fund and
- Title XXI - Children’s Health.

DMAS coordinates these programs with other state and federal programs that provide health care financial assistance. DMAS is responsible for payment of medical services when all other resources are exhausted and for ensuring that the services received are medically necessary and of acceptable quality.

FOR MORE INFORMATION

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Ste. 1300

Richmond, VA 23219

In Richmond: 1-804-786-7933

❖ Recipients Only: 1-804-786-6145

❖ TO APPLY FOR MEDICAID, SEE
VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF

❖ MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES, DEPARTMENT OF (DMHMRSAS)

On the web: www.dmhmrsas.state.va.us

DMHMRSAS provides services to mentally challenged persons who may benefit from state-provided medical care. Senior persons are instructed to call their local Area Agency on Aging for more information on mental health services.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION
AND SUBSTANCE ABUSE SERVICES

P. O. Box 1797
Richmond, VA 23218-1797
Phone: 1-804-786-3921

❖ PSYCHOGERIATRIC FACILITIES

A psychogeriatric facility is designed to meet the special mental health needs of the geriatric population. The following facilities are operated by DMHMRSAS:

CATAWBA HOSPITAL

P.O. Box 200
Catawba, VA 24070-0200
Phone: 1-540-375-4200

EASTERN STATE HOSPITAL

HANCOCK GERIATRIC TREATMENT CENTER

P. O. Box 8791
Williamsburg, VA 23187-8791
Phone: 1-757-253-5161

or 4601 Ironbound Road
Williamsburg, VA 23187

PIEDMONT GERIATRIC HOSPITAL

5001 E. Patrick Henry Highway
Burkeville, VA 23922
Phone: 1-804-767-4401

SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE

340 Bagley Circle
Marion, VA 24354
Phone: 1-540-783-1200

WESTERN STATE HOSPITAL

P. O. Box 2500
Staunton, VA 24402-2500
Phone: 1-540-332-8000

❖ REHABILITATIVE SERVICES, DEPARTMENT OF (DRS)

On the web: www.vdrs.org

In partnership with people with disabilities, the Virginia Department of Rehabilitative Services (DRS) provides and advocates for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society. DRS offers assistance to persons with physical or mental disabilities through the following programs and services.

Vocational Rehabilitation Services — Vocational Rehabilitation counselors help consumers reach and maintain their employment goals. These services may include, but are not limited to vocational evaluation/career exploration, equipment/assistive technology, situational assessment/job development/job coaching, training and job placement.

Specialized Programs and Services — Recognizing that individuals come to the agency with varying needs, DRS also offers expertise in deaf and hard of hearing, brain injury, substance abuse, school-to-work transition and long-term mental illness services.

Partnerships in the Community — DRS works in partnership with many other businesses and organizations in an effort to assist individuals with disabilities to achieve employment and/or independence. DRS partners in the community include employment services organizations, centers for independent living, disability services boards and Virginia's Career Connect. DRS also works in partnership with members of the community through its advisory councils: Board of Rehabilitative Services; State Rehabilitation Council; State Independent Living Council.

Community Based Programs — Individuals who do not have an immediate goal of employment may be eligible for services through the following special programs: Long-Term Rehabilitation Case Management Program; Cognitive Rehabilitation Program; Personal Assistance Services Program; Nursing Home Outreach Program; Consumer Services Fund.

Assistive Technology — DRS assists persons with disabilities to reach their full potential with the use of adaptive equipment, accommodations and other assistive technology resources. The agency provides the following technology services and programs: Virginia Assistive Technology Systems; Assistive Technology Loan Fund; Rehabilitation Engineering; computer accommodations.

Woodrow Wilson Rehabilitation Center — WWRC, located in Fishersville, Virginia, takes a creative and innovative approach to providing proper assessment and vocational training in a campus-style facility. Students at the WWRC have access to the services on a residential or outpatient basis.

☎ Toll Free: 1-800-345-9972

Disability Determination Services — DDS processes disability claims for benefits under the Social Security Disability Insurance and Supplemental Security Income Disability Programs. Following federal regulations, DDS commits to making accurate and prompt decisions on disability based on medical criteria, medical and psychological evidence, vocational criteria, consultative evaluation and continuing disability review.

DEPARTMENT OF REHABILITATIVE SERVICES

Mailing Address:

P. O. Box K-300
Richmond, VA 23288-0300

☎ Toll Free: 1-800-552-5019

TTY: 1-800-464-9950

Location:

8004 Franklin Farms Drive

❖ RIGHTS OF VIRGINIANS WITH DISABILITIES, DEPARTMENT OF

Phone: 1-804-225-2042

☎ Toll Free: 1-800-552-3962

❖ SOCIAL SERVICES, DEPARTMENT OF (DSS)

On the web: www.dss.state.va.us

Adult Services Program This program of services provides family-related preventive and protective services to persons 60 years of age and over and persons with disabilities who are 18 years of age and over.

Services for seniors and disabled adults include:

- home based services for the maintenance of independence in the home
- adult foster/family care placement services
- nursing home placement services
- nursing home pre-admission screenings and
- assessment for adult care residence placement.

DEPARTMENT OF SOCIAL SERVICES

Division of Family Services/Adult Services Program

Theatre Row Building

730 E. Broad Street

Richmond, VA 23219

Phone: 1-804-692-1299

The **Adult Protective Services (APS)** program receives and investigates reports of suspected abuse, neglect or exploitation of adults who are 60 years of age and older and adults with disabilities without regard to their age. Reports of suspected adult abuse, neglect or exploitation may be reported to local departments of social services or to the 24-hour Hotline. Investigations into reports of suspected abuse, neglect or exploitation are conducted to determine whether the person needs protective services and what services are needed to assure safety. A wide variety of health, housing, social and legal services may be provided to stop the abuse and prevent future mistreatment.

❖ **24-HOUR ADULT PROTECTIVE SERVICES HOTLINE:**

1-888-83-ADULT

Auxiliary Grants Financial payments that supplement other income are available through Social Services' Auxiliary Grant program. They are available to persons who

- receive Supplemental Security Income (SSI) payments
- qualify and are aged, blind or otherwise disabled and
- live in a licensed Assisted Living Facility or an Adult Family Care Home.

Eligibility is determined by the local department of social services.

General Relief This program is optional. If a locality chooses to provide general relief, it is centered in a local jurisdiction with the purpose of meeting identified needs in that particular area. If funded, General Relief can be awarded for maintenance or emergency needs that cannot be met through other means. It can also include medical or dental care and burial expense.

REGIONAL OFFICES/LICENSING PROGRAMS

DEPARTMENT OF SOCIAL SERVICES

Division of Licensing
 Theatre Row Building
 730 E. Broad St.
 Richmond, VA 23219-1849
 Phone: 1-804-692-1776

ABINGDON REGIONAL LICENSING OFFICE

190 Patton Street
 Abingdon, VA 24210
 Phone: 1-504-676-5490

AREAS SERVED: COUNTIES of Bland, Buchanan, Carroll, Dickenson, Floyd, Grayson, Lee, Patrick, Russel, Scott, Smyth, Tazewell, Washington, Wise & Wythe CITIES of Bristol, Galax & Norton

CENTRAL REGIONAL OFFICE

1604 Santa Rosa Road
 Wythe Building, Suite 130
 Richmond, VA 23229-5008
 Phone: 1- 804-662-9743

AREAS SERVED: COUNTIES of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Essex, Fluvanna, Goochland, Halifax, Hanover, Henrico, King & Queen, King William, Lancaster, Louisa, Lunenburg, Mecklenburg, New Kent, Northumberland, Nottaway, Powhatan, Prince Edward, Prince George, Richmond & Westmoreland CITIES of Colonial Heights, Hopewell, Petersburg, Richmond & South Boston

EASTERN REGIONAL LICENSING OFFICE

Pembroke Office Park, Pembroke IV, Suite 300
Virginia Beach, VA 23462
Phone: 1-757-491-3990

AREAS SERVED: COUNTIES of Accomack, Northampton & Southampton CITIES of Chesapeake, Emporia, Franklin, Norfolk, Portsmouth, Suffolk & Virginia Beach

FAIRFAX REGIONAL LICENSING OFFICE

3959 Pender Drive, Suite 320
Fairfax, VA 22030
Phone: 1-703-934-1505

AREAS SERVED: COUNTIES of Arlington, Loudoun & Fairfax CITIES of Alexandria, Fairfax & Falls Church

NORTHERN REGIONAL OFFICE

320 Hospital Drive, Suite 23
Warrenton, VA 20186
Phone: 1-540-347-6345

AREAS SERVED: COUNTIES of Caroline, Culpeper, Fauquier, King George, Prince William, Rappahannock, Spotsylvania & Stafford CITIES of Fredericksburg, Manassas, & Manassas Park

PENINSULA REGIONAL OFFICE

729 Thimble Shale Blvd, Suite 6B
Newport News, VA 23606
Phone: 1-757-594-7594

AREAS SERVED: COUNTIES of Gloucester, Isle of Wight, James City, Mathews, Middlesex, Surry, Sussex & York CITIES of Hampton, Newport News, Poquoson & Williamsburg

PIEDMONT REGIONAL OFFICE

210 Church Avenue, S.W., Suite 100
Roanoke, VA 24011-1524
Phone: 1-540-857-7971

AREAS SERVED: COUNTIES OF Alleghany, Amherst, Appomattox, Bath, Bedford, Botetourt, Campbell, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Nelson, Pittsylvania, Pulaski, Roanoke & Rockbrigde CITIES OF Bedford, Buena Vista, Clifton-Forge, Danville, Lexington, Lynchburg, Martinsville, Radford, Raonoke & Salem

VERONA REGIONAL LICENSING OFFICE

P.O. Box 350

Verona, VA 24482-0350

Phone: 1-540-248-9345

AREAS SERVED: COUNTIES OF Albemarle, Augusta, Clarke, Frederick, Greene, Highland, Madison, Orange, Page, Rockingham, Shenandoah, & Warren CITIES OF Charlottesville, Harrisonburg, Staunton, Waynesboro & Winchester

❖ STATE CORPORATION COMMISSION (SCC)

On the web: www.state.va.us/scc

SCC Bureau of Insurance, Life and Health Division

Consumer Services Section

P.O. Box 1157

Richmond, VA 23218

☎ Toll Free: 1-800-552-7945

❖ TAXATION, DEPARTMENT OF

TAX RELIEF FOR THE ELDERLY AND DISABLED

Virginia Income Tax Age Exemption

The state of Virginia reduces the Virginia Income Tax for all Virginians age 65 and over by allowing, in addition to the standard personal exemption for all taxpayers, an additional exemption. If blind (under federal IRS rules) you may also qualify for an additional personal exemption on your Virginia tax return.

Age Deductions

For individuals 62 to 64 and for those 65 and older, Virginia grants an age deduction each year. The amounts step up each year under the law. Contact the Department of Taxation for the amount allowed in the upcoming year for your age.

IMPORTANT:

If you were unaware of the state age exemption or deduction for a prior year and believe you were qualified to receive relief, you may ask for assistance from the Department of Taxation or seek the advice of your tax advisor.

Local Tax Relief

Many cities and counties of Virginia offer personal property tax relief programs to those age 65 years old or older and the disabled regardless of age.

Property Taxes

If you

- own your own home, including manufactured housing,
- have a combined gross household income of not more than \$30,000
- with a combined net worth of not more than \$75,000 (not counting the value of the dwelling and one acre of land) you may qualify for local property tax relief.

In some localities these limits are lower and in some the limits are higher. Limits do vary by locality. Property tax relief may be granted in the form of

- a tax exemption (annual qualifying reduction)
- a tax deferral (postponed annual reduction)
- or a combination of both.

YOU MUST APPLY

All localities require that you apply for relief. And all localities have an annual deadline date for filing. Many of the deadlines are in the months of March or April; however, months vary.

Important:

Contact the Commissioner of the Revenue in your locality for your deadline date and to verify the program's current financial requirements.

FOR MORE INFORMATION

VIRGINIA DEPARTMENT OF TAXATION
FOR GENERAL INFORMATION

Phone: 1-804-367-8031

COUNTIES, CITIES AND TOWNS THAT OFFER TAX RELIEF
(AS OF PUBLICATION DATE)

COUNTIES

Accomack
Albemarle
Alleghany
Amherst
Appomattox
Arlington
Augusta
Bath
Bland
Botetourt
Buchanan
Campbell
Caroline
Carroll
Charles City
Chesterfield
Clarke
Culpeper
Dickenson
Dinwiddie
Fairfax
Fauquier
Floyd
Fluvanna
Franklin
Frederick
Giles
Gloucester
Goochland
Grayson
Greene
Hanover
Henrico
Henry
Isle of Wight
James City
King George

Lee
Loudoun
Louisa
Mathews
Middlesex
Montgomery
Nelson
Northampton
Orange
Page
Pittsylvania
Powhatan
Prince George
Prince William
Pulaski
Rappahannock
Roanoke
Rockbridge
Rockingham
Russell
Scott
Shenandoah
Symth
Southampton
Spotsylvania
Stafford
Surry
Tazewell
Warren
Washington
Wise
Wythe
York

TOWNS

Abingdon
Ashland
Berryville
Big Stone Gap
Blacksburg
Bluefield
Broadway
Brookneal
Coburn
Colonial Beach
Crewe
Dublin
Dumfries
Front Royal
Glasgow
Gordonsville
Herndon
Hillsville
Hurt
Independence
Lebanon
Leesburg
Luray
Marion
Middlesburg
Mt. Jackson
Occoquan
Stephens City
Strasburg
The Plains
Vienna
Vinton
Warrenton
Wise
Wytheville

See next page for
CITIES

COUNTIES, CITIES
AND TOWNS THAT
OFFER TAX RELIEF

CONTINUED...

CITIES

Alexandria	Roanoke
Bedford	Salem
Bristol	Staunton
Buena Vista	Suffolk
Charlottesville	Stephens City
Chesapeake	Strasburg
Clifton Forge	The Plains
Colonial Heights	Vienna
Covington	Vinton
Danville	Virginia Beach
Fairfax City	Warrenton
Falls Church	Waynesboro
Franklin	Williamsburg
Fredericksburg	Winchester
Galax	Wise
Hampton	Wytheville
Harrisonburg	
Hopewell	
Lexington	
Luray	
Lynchburg	
Manassas	
Manassas Park	
Marion	
Martinsville	
Middleburg	
Mt. Jackson	
Newport News	
Norfolk	
Norton	
Occoquan	
Petersburg	
Poquoson	
Portsmouth	
Radford	
Richmond	

❖ TRANSPORTATION, DEPARTMENT OF RAIL AND PUBLIC

The Department of Rail and Public Transportation serves all populations and areas in Virginia. Check your telephone book for public transportation numbers to determine if public transportation is available in your area.

Contact your local Area Agency on Aging 🗝 or one of the following state departments for more specialized services such as medically equipped vans.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Phone: 1-804-786-7933

Recipients Only: 1-804-786-6145

DEPARTMENT OF SOCIAL SERVICES

Phone: 1-804-692-1299

DEPARTMENT OF REHABILITATIVE SERVICES

📞 Toll Free: 1-800-552-5019

❖ VETERANS' AFFAIRS, DEPARTMENT OF 🗝 SEE UNITED STATES Veterans Administration Benefits

❖ VIRGINIA INSURANCE COUNSELING AND ASSISTANCE PROGRAM

The Health Care Financing Administration (HCFA) provides funding to the Virginia Department for the Aging (VDA) for the insurance counseling and assistance program, VICAP. The Virginia Insurance Counseling and Assistance Program (VICAP) is a joint effort between VDA and the state Bureau of Insurance to assist persons 60 and older with insurance issues. VICAP counselors are volunteers who receive special training on Medicare, Medicaid, Long-term care Insurance and Social Security. VICAP counseling is free and is provided through the Area Agencies on Aging.

To reach the VICAP counselor in your area, contact the Department for the Aging toll-free at 1-800-552-3402.

❖ VISUALLY HANDICAPPED, DEPARTMENT FOR THE

On the web: www.cns.state.va.us/dvh

The Department for the Visually Handicapped (DVH) provides services designed to maximize independence to visually disabled Virginians of all ages. Such services include vocational rehabilitation, education, rehabilitation teaching (RT)/independent living (IL), low vision and deaf-blind orientation and mobility, the Azalea Avenue library and resource center and intake and referral. DVH also provides services through the Virginia Rehabilitation Center for the Blind and the Virginia Industries for the Blind-HUD properties. Contact the DVH headquarters office for information about a regional office in your area.

DEPARTMENT FOR THE VISUALLY HANDICAPPED

HEADQUARTERS OFFICE

397 Azalea Ave.

Richmond, VA 23227

In Richmond: 371-3140

☎ Toll Free: 1-800-622-2155

LIBRARY AND RESOURCE CENTER

395 Azalea Ave.

Richmond, VA 23227

☎ Toll Free: 1-800-552-7015

VIRGINIA INDUSTRIES FOR THE BLIND

1102 Monticello Road

Charlottesville, VA 22902

Phone: 1-804-295-5168

and

1535 High Street

Richmond, VA 23220

Phone: 1-804-786-2056

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LONG-TERM CARE: A CONSUMER'S GUIDE

is intended to serve only as a general guide to Virginia services and facilities. Descriptions of services and facilities are presented as they are available to the public generally and/or as they have reported in current data or by reliable sources and made available to VIRGINIA HEALTH INFORMATION. Information herein is not legally descriptive or promissory.

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1. When you used the guide were you involved in a long-term care decision?
 Yes No
2. If you answered yes to above, who was the focus of the decision process?
 yourself spouse parent child another close relative friend
3. If the answer to 1 and 2 above is **no**, have you ever been involved in making a long-term care decision?
 Yes No
4. What portions of the guide *fit your individual needs best*?
(You may check more than one)
 General Information
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 Resources Section
 Provider (Facilities/Services) Directory
 Legal Information, Resources, Code of Virginia
 Patients' Rights
 State Agencies
 Other _____
5. How would you describe the amount of information you gained from this guide?
 A lot More than I expected Less than I expected Not much
6. Is there anything we could do to make the guide more useful, easier to use or read?
 Size of the type More detailed index More detailed resources
 Different types of information Simpler language
 Other (please explain, give us your ideas) _____

over please...

7. What information did you find *suited your particular needs or interests the least?*

(You may check more than one)

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- Resources Section
- Provider (Facilities/Services) Directory
- Legal Information, Legal Resources, Code of Virginia
- Patients' Rights
- State Agencies
- Other _____

8. Check the statements that best describe your *positive thoughts* about the guide.

(You may check more than one)

- Increases knowledge
- Useful
- Handy reference
- Increases personal confidence
- Reduces concerns
- Helps to simplify a complicated issue
- Helps decision-making
- No positive thoughts to share
- Other _____

9. Check the statements that best describe any *negative thoughts* about the guide.

(You may check more than one)

- Not specific enough
- Too detailed
- Hard to find resources
- Didn't answer my needs
- Didn't help decision-making process
- Not enough about each facility or type of facility
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