

## Medication Eligibility Spreadsheet Information Overview

The Medication Eligibility **“form/spreadsheet”** replaces VA Form 10-0460 *Request for Prescription Drugs for Veteran in a State Home* for residents of State Veterans Homes (SVH) requesting medications per title 38 C Regulations (C.F.R) Part §51.43 (a)-€ Drugs and medicines for certain veterans.

This **“form/spreadsheet”** is to be completed monthly and submitted to the VA Medical Center of Jurisdiction SVHs with a valid VA Sharing Agreement under Pharmaceutical Prime Vendor (PPV) 1 and PPV 2 that are to provide medications for eligible Veterans through reimbursement of either the SVH or McKesson.

This **“form/spreadsheet”** is also to be completed monthly and submitted to the VAMC for those SVHs that are to be provided by the VAMC Pharmacy directly to the SVH for eligible Veterans.

There is no requirement for SVHs to complete this form if they are not seeking medications or reimbursement from the VAMC for eligible Veterans.

VAMC Pharmacy may require the physician order, prescription, and Medication Administration Record (MAR). Veterans' award benefits letter(s) should be kept on file at the SVH and eligibility validated prior to receiving reimbursement for medications from the VAMC.

### Instructions for completion of the **“form/spreadsheet”** for State Veterans Homes (SVHs):

The SVH will enter the Veteran's Last Name, First Name, and Last Four (4) of their Social Security Number (SSN). The SVH will identify the Veteran's eligibility by category. Information specific to each eligibility category is listed in the Eligibility Categories.

When there is a valid VA Sharing Agreement in place, the SVH will enter the Prescription Number (RX #), NDC, Drug Name, Strength, Form, Posting Date, Quantity, Unit Cost, Total Cost for each. Please use the form to complete the form.

Prescription Number (RX #) - Is a number that the pharmacy gives each prescription they receive.

National Drug Code (NDC) - The NDC is reported in an 11-digit format, which is divided into three sections: the first four digits indicate the manufacturer or the labeler, the next four digits indicate the ingredient, strength, dosage form; and the last two digits indicate the packaging.

Drug Name - The chemical name of a drug. A term referring to the chemical makeup of a drug rather than the brand name under which the drug is sold.

Strength - The amount of drug in the dosage form or a unit of the dosage form (e.g. 500 mg capsule, 250 mg tablet).  
Form - Tablet (TAB), capsule (CAP), solution (SOLN), inhalation (INH), injection, liquid, syrup, intravenous, intramuscular (IM), subcutaneous (SQ), other not listed

Posting Date - The date of the prescription.

Quantity - The amount or number of medication/s ordered.

Unit Cost - The cost of each drug.

Total Cost - Quantity multiplied by the Unit Cost.

Note: When there is no VA Sharing Agreement in place, the RX #, National Drug Code (NDC), Posting Date, and Total Cost will be completed by the VA.

### Eligibility Categories

#### Eligibility (1) & (2):

(1) a veteran in receipt of increased VA compensation, or increased VA pension due to being permanently and totally disabled in need of regular aid and attendance.

(2) a veteran in need of regular aid and attendance who was formerly in receipt of increased pension but whose pension has been discontinued solely by reason of excess income, and whose annual income does not exceed the maximum limitation by more than \$1,000.

For Veterans who are eligible based on categories 1 & 2, the SVH will enter the Veteran's information on the spreadsheet titled “Eligibility 1) & 2).”

Column D: Select the level of care in which the Veteran currently resides. This will be Domiciliary or Nursing Home.

Column E: Select the appropriate Eligibility type.

Column F: Enter the date of award from the Veterans Benefits Administration (VBA). The Award benefits letter(s) should be kept on file at the SVH and validated prior to receiving medications or requesting reimbursement for medications.

Column G: Select whether the Veteran is eligible. If Yes, the Veteran is eligible to receive all medications from the VAMC. If No, the Veteran is ineligible to receive any medications or medication reimbursements from the VA.

#### Eligibility (3):

(3) a veteran who (i) Has a singular or combined rating of 50 percent or 60 percent based on one or more service-connected conditions.

(3) a veteran who (i) has a singular or combined rating of 50 percent or 50 percent based on one or more disabilities or unemployability and is in need of such drugs and medicines; and (ii) Is in need of **nursing home care** that do not include care for a VA adjudicated service-connected disability.

For Veterans who are eligible based on category 3, the SVH will enter the Veteran's information on the tab titled "Eligibility 3)." This eligibility category applies to the **Nursing Home level of care only**.

Column D: Select the level of care in which the Veteran currently resides. This eligibility criteria applies to level of care only.

Column E: Enter the Service-Connected Percentage.

Column F: Enter the Service-Connected Condition.

Column G: Enter the date of award from the Veterans Benefits Administration (VBA). The Award benefits must be on file at the SVH and validated prior to receiving medications or requesting reimbursement for medications.

Column H: Select whether the Veteran is being paid VA per diem at the basic rate or prevailing rate. **\*\*Please note Veterans in this category are eligible only for medications related to Service-Connected conditions. Veterans who are not receiving per diem at the prevailing rate are not eligible for VA Medications provided directly by the pharmacy reimbursements\*\***.

Column I: Select yes or no to determine if Veteran is eligible to receive medications. If Yes, the Veteran is eligible to receive medications from the VA. If No, the Veteran is ineligible to receive medications.

#### **Eligibility (4):**

(4) a veteran who (i) Has a singular or combined rating of less than 50 percent, based on one or more service-connected disabilities, and is in need of such drugs and medicines for a service-connected disability, and (ii) Is in need of **care** for reasons that do not include care for a VA adjudicated service-connected disability.

For Veterans who are eligible based on category 4, the SVH will enter the Veteran's information on the tab titled "Eligibility 4) SC Less than 50%." This eligibility category applies to the **Nursing Home level of care or medications related to a Veteran's Service-Connected condition**.

Column D: Select the level of care in which the Veteran currently resides. This eligibility criteria applies to level of care only.

Column E: Enter in column E the Service-Connected Percentage.

Column F: Enter the Service-Connected Condition.

Column G: Enter the date of award from the Veterans Benefits Administration (VBA). The Award benefits must be on file at the SVH and validated prior to receiving medications or requesting reimbursement for medications.

Column H: List all eligible Service-Connected medications for Veterans the SVH is seeking the VA to provide. **\*\*Please note Veterans in this category are eligible only for medications related to Service-Connected conditions. Veterans who are not receiving per diem at the prevailing rate are not eligible for VA Medications provided directly by the pharmacy reimbursements\*\***.

Column I: Select whether the Veteran is being paid VA per diem at the basic rate or prevailing rate. **\*\*Please note Veterans in this category are eligible only for medications related to Service-Connected conditions. Veterans who are not receiving per diem at the prevailing rate are not eligible for VA Medications provided directly by the pharmacy reimbursements\*\***.

Column J: Select yes or no to determine if the Veteran is eligible to receive medications. If Yes, the Veteran is eligible to receive medications from the VA for their service-connected condition/s. If No, the Veteran is ineligible to receive medications.

#### **Eligibility (5):**

(5) The veteran is receiving **nursing home care or domiciliary care** and has been determined to be catastrophic defined by § 17.36(e) of this chapter.

For Veterans who are eligible based on category 5, the SVH will enter the Veteran's information on the tab titled "Eligibility 5) Cat Disability."

Column D: Select the level of care in which the Veteran currently resides. This will be Domiciliary or Nursing Home level of care only.

Column E: Select the appropriate Eligibility type.

Column F: Enter the date the Veteran was granted Catastrophic Disability by the VA Medical Center (VAMC). The Catastrophic Disability letter should be kept on file at the SVH and validated prior to receiving medications or requesting reimbursement for medications from the VA.

Column G: Select whether the Veteran is eligible. If Yes, the Veteran is eligible to receive all medications from the VA. If No, the Veteran is ineligible to receive medications.

#### **Ineligible Residents:**

Veterans who are ineligible for VA Medications provided directly by the pharmacy or through reimbursement from the VA should be documented on the "Ineligible Residents" tab. Veterans for whom the SVH is not seeking medications from the VAMC should be documented on the "Ineligible Residents" tab.

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The purpose of including ineligible Veterans is to account for all residents admitted to the SVH for the given

Column D: Select the level of care in which the Veteran currently resides. This will be Domiciliary or Nursing

Column E: Select the reason for ineligibility which include:

The SVH is being paid the prevailing rate per diem for the Veteran;

The Veteran is Non-Service Connected;

The Veteran is Service Connected Less than 50% and no medications are prescribed for any Service-Connected

The Veteran/resident is private pay and not receiving VA per diem.

**Instructions for VA Medical Center of Jurisdiction Staff:**

VAMC will designate appropriate staff to validate Veteran eligibility as indicated by SVH.

VAMC will designate appropriate pharmacy staff to review orders, MAR, and progress notes as needed once verified.

VAMC will communicate with SVH in the event there is a Non-Formulary Drug that has been rejected by Patient. If a Veteran is found to be ineligible.

VAMC will maintain a copy of the submitted form monthly and communicate accordingly with VA Fiscal for



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**The Paperwork Reduction Act** of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. We may not conduct or sponsor, and the respondent is not required to respond to, a collection unless it displays an OMB Control Number. The public reporting burden for this collection of information is estimated to average 60 minutes per response, including reviewing instructions, gather the necessary facts and fill out the form. This information is collected under the authority of Title 38 CFR 1.58 and 58. It is being collected under the medical benefits in the State Homes Program and will be used for that purpose.

**Privacy Act Information:** It is being collected to enable us to determine your eligibility for medical benefits and will be used for that purpose. Your income and eligibility you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Part 1, Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary; however, the information is required in order for us to determine your eligibility for the medical benefit for which you have applied. Failure to furnish the information may have an adverse affect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are requested under the authority of Title 38, U.S.C., and is mandatory. Social Security numbers will be used in the administration of veterans' benefits, the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

**Eligibility Criteria**

(1) a veteran in receipt of increased VA compensation, or increased VA pension due to being permanently housebound or in need of regular aid and attendance.
(2) a veteran in need of regular aid and attendance who was formerly in receipt of increased pension but whose pension has been discontinued solely by reason of excess income, and whose annual income does not exceed the maximum annual income limit of more than \$1,000.
(3) a veteran who (i) Has a singular or combined rating of 50 percent or 60 percent based on one or more service-connected disabilities or unemployability and is in need of such drugs and medicines; and (ii) Is in need of nursing home care for reasons that do not include care for a VA adjudicated service-connected disability.
(4) a veteran who (i) Has a singular or combined rating of less than 50 percent, based on one or more service-connected disabilities and is in need of such drugs and medicines for a service-connected disability, and (ii) Is in need of nursing home care for reasons that do not include care for a VA adjudicated service-connected disability.
(5) The veteran is receiving nursing home care or domiciliary care and has been determined to be catastrophically disabled as defined in § 17.36(e) of this chapter.

\*\*SVH may be asked to provide evidence of eligibility during survey\*\*

Last Name	First Name	Last Four SSN	Level of Care (Nursing Home or Domiciliary)	Eligibility Type	Date of Award from Veterans Benefits Administration (VBA)
Doe	Bob	xxxx	NH	A&A	10/1/2021
Doe	Jane	xxxx	DOM	Housebound	12/15/2007
Doe	John	xxxx	NH	A&A discontinued so	3/15/2023
Doe	John	xxxx	NH	A&A discontinued so	3/15/2023
Doe	John	xxxx	NH	A&A discontinued so	3/15/2023

Eligible (Y/N)	RX #	National Drug Code (NDC)	Drug Name	Strength	Form
Y	123-456	51407-0079-05	Atorvastatin	20	TAB
Y	123-4567	51407-0032-10	Clopidogrel	75	CAP
Y	123-45678	57896-0303-01	Docusate /Sennosides A d	1	LIQ
Y	123-458	69315-0117-10	Furosemide	40	CAP
Y	123-457	45963-0556-11	Gabapentin	300	SYR

<b>Posting Date</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
20210601	31	0.03	\$0.93
20210601	31	0.05	\$1.55
20210601	28	0.02	\$0.56
20210601	31	0.04	\$1.24
20210601	72	0.07	\$5.04
		<b>Total</b>	\$9.32

Last Name	First Name	Last Four SSN	Level of Care (Nursing Home Only)	Service Connected Percentage (SC %)
Doe	Bob	xxxx	NH	60%
Doe	John	xxxx	NH	50%
Doe	John	xxxx	NH	50%

Service Connected Condition/s	Date of Award from Veterans Benefits Administration (VBA)	Veteran Approved Per Diem Rate
Arthrosclerotic Cardiovascular Disease	6/1/2020	Prevailing
Post Traumatic Stress Disorder	12/1/2008	Basic
Post Traumatic Stress Disorder	12/1/2008	Basic

Eligible (Y/N)	RX #	National Drug Co	Drug Name	Form	Strength
N	123-456	16729-0216-16	Sertraline Hydrochloride	CAP	50
Y	123-4567	00904-6401-80	Tamsulosin	INJ	0.4
Y	123-45678	57896-0160-16	Acetaminophen	TAB	32

Posting Date	Quantity	Unit Cost	Total Cost
1/15/2022	11	\$1.10	\$ 12.10
1/15/2022	6	\$3.72	\$ 22.32
1/15/2022	1	\$8.40	\$ 8.40
		<b>Total</b>	\$ 30.72



Last Name	First Name	Last Four SSN	Level of Care (Nursing Home Only)	Service Connected Percentage (SC %)
Doe	Bob	xxxx		40%
Doe	Bob	xxxx		40%

Service Connected Condition/s	Date of Award from Veterans Benefits Administration (VBA)	Eligible Medications	Veteran Approved Per Diem Rate	Eligible (Y/N)
Diabetes Mellitus	10/31/2012	Lantus	Prevailing	N
Diabetes Mellitus	10/31/2012	Metformin	Basic	Y

RX #	National Drug Code (NDC)	Drug Name	Strength	Form	Posting Date	Quantity
123-456	00002-8715-01	Insulin Human Isophane (NPH)/Insulin Human Regular		INJ	2/15/2022	2
123-4567	60429-0111-10	Metformin Hydrochloride	500	TAB	2/15/2023	125

Unit Cost	Total Cost
13.64	\$27.28
0.02	\$2.50
<b>Total</b>	<b>\$ 2.50</b>

Last Name	First Name	Last Four SSN	Level of Care (Nursing Home or Domiciliary)	Eligibility
Doe	Bob	xxxx	NH	Catastrophic Disability
Doe	Jane	xxxx	DOM	Catastrophic Disability
Doe	Fred	xxxx	NH	Catastrophic Disability

Date of Award by VAMC	Eligible (Y/N)	RX #	National Drug Code	Drug Name
11/18/2020		123-456	51407-0079-05	Atorvastatin
1/15/2021		123-4567	51407-0032-10	Clopidogrel
2/10/2023		123-45678	57896-0303-01	Docusate /Sennosides A and B

<b>Strength</b>	<b>Form</b>	<b>Posting Date</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
20		20210601	31	0.03	\$0.93
75		20210601	31	0.05	\$1.55
1		20210601	28	0.02	\$0.56
				<b>Total</b>	<b>\$3.04</b>

Last Name	First Name	Last Four SSN	Level of Care (Nursing Home or Domiciliary)
Doe	Bob	xxxx	NH
Doe	Fred	xxxx	DOM
Zzduck	Frank	xxxx	NH
Doe	Velma	xxxx	NH
Doe	Joe	xxxx	NH



<b>Reason for Ineligibility</b>
Prevailing Rate
Non-Service Connected
Service-Connected (SC) Less than 50% and no meds prescribed for SC condition
Private Pay
Other