

BENEFITS FOR VETERANS AND THEIR FAMILIES

The United States Department of Veterans Affairs (VA) offers a broad range of services for veterans of all ages. Unfortunately, some services are underused because many older veterans and their families do not realize these services exist or that they may qualify. They don't apply for VA benefits even though factors such as low income, disability, or war-time service may have made them eligible.

Requirements for benefits have changed from time to time. Some benefits today do not require a service-related injury, although they may require copayments for veterans whose family income and assets exceed the annual limit for no-cost service. These and other benefits and may apply:

- *Respite care* to relieve family caregivers of veterans with dementia.
- *Medical care* for eligible veterans who served during war times.
- *Disability compensation* for veterans with service-related injuries.
- *Non-service connected pension* for low-income disabled veterans who served during war times.
- *Aid and Attendance* for eligible veterans in need of the regular aid and attendance of another person.
- *Burial benefits* for eligible veterans.
- *Death pension* for low-income surviving spouse and dependents of veterans who served during war time.

General Eligibility for VA Benefits

Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Honorable and general discharges qualify a veteran for most VA benefits. Dishonorable and bad conduct discharges issued by general courts-martial bar VA benefits. VA regional offices can clarify eligibility of prisoners and parolees. Active service means full-time service as a member of the Army, Navy, Air Force, Coast Guard, or as a commissioned officer of the Public Health Service, the Environmental Services Administration or the National Oceanic and Atmospheric Administration. Women veterans are eligible for the same VA benefits as male veterans. Additional services and benefits for women veterans are gender-specific and include breast and pelvic examinations and other general reproductive health-care services. Preventive health care provided includes counseling,

contraceptive services, menopause management, Pap smears and mammography, Referrals are made for services that VA is unable to provide.

Certain VA benefits including medical care require wartime service. Under the law, VA recognizes these war periods (there are prior periods too, not listed, such as World War I):

- World War II: Dec. 7, 1941, through Dec. 31, 1946.
- Korean War: June 27, 1950, through Jan. 31, 1955.
- Vietnam War: Aug. 5, 1964 (Feb. 28, 1961, for those who served "in country" before Aug. 5, 1964), through May 7, 1975.
- Gulf War: Aug 2, 1990, through a date to be set by law or Presidential Proclamation.

1. Respite Care:

VA medical centers often provide respite care for eligible Alzheimer's or related dementia veterans being cared for by a caregiver in the community. Up to 14 days of custodial care may be provided as often as once every six months. Check with the VA Medical Center. A Facility Locator is found on the Veterans Administration web site, www.va.gov.

2. Medical Care

To receive health care, veterans generally must be enrolled with the VA. A veteran may apply for enrollment at any time. Veterans do not have to be enrolled if they: (1) have a service-connected disability of 50% or more; (2) want care for disability, which the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, during the 12 month period following discharge; or (3) want care for a service-connected disability only.

Veterans will be enrolled to the extent Congressional appropriations allow. If appropriations are limited, enrollment will occur based on the following priorities:

1. Veterans with service-connected conditions rated 50% or more disabled.
2. Veterans with service-connected conditions rated 30 or 40 % disabled.
3. Veterans who are former POWs or were awarded a Purple Heart, veterans with disabilities rated 10 and 20%, and veterans awarded special eligibility for disabilities incurred in treatment.
4. Veterans who are receiving aid and attendance or housebound benefits and veterans who have been determined by VA to be catastrophically disabled.
5. Nonservice-connected veterans and service-connected veterans rated zero percent, noncompensable disabled, who are determined to be unable to defray the expenses of needed care.

6. Nonservice-connected veterans and noncompensable zero percent service-connected veterans who agree to pay copayments.

The Veterans' Millennium Health Care and Benefits Act of 1999 authorized VA to expand long-term care services and to reimburse emergency treatment expenses for certain enrolled veterans.

Veterans who want to enroll in priority group 5 based on their inability to defray the cost of their care must provide VA with information on their annual income and net worth to determine whether they are below the "means test" threshold or agree to copayment requirements. The threshold is adjusted annually and announced in January. In making the assessment, the veteran's household income is considered.

The "means test" eligibility assessment includes income such as Social security, U.S. Civil Service retirement, U.S. Railroad retirement, military retirement, unemployment insurance, any other retirement income, total wages from all employers, interest and dividends, workers' compensation, black lung benefits and any other gross income for the calendar year prior to application for care. Also considered are assets such as the market value of stocks, bonds, notes, individual retirement accounts, bank deposits, savings accounts and cash. The patient may fill out VA form 10-10EZ at the time application for enrollment is made. VA may compare income information provided by the veteran with information obtained from the Social Security Administration and the Internal Revenue Service.

After a veteran completes a financial assessment that determines the veteran's income and assets are above the "means test" threshold, the veteran must agree to pay copayments to be eligible for VA care. VA holds older patients whose income is determined to be above the "means test" threshold responsible for the Medicare deductible for the first 90 days of care during any 365-day period. For each additional 90 days of hospital care, the patient is charged one-half the Medicare deductible. For each additional 90 days of nursing-home care, the patient is again charged the full Medicare deductible. In addition to these charges, the patient is charged copays for hospital care and VA nursing-home care.

VA is authorized to submit claims to health insurance carriers for recovery of VA's reasonable charges in providing medical care to nonservice-connected veterans and to service-connected veterans for nonservice-connected conditions.

All veterans applying for VA medical care will be asked to provide information on their health insurance coverage, including coverage provided under policies of their spouses. Although veterans are not responsible for paying any remaining balance of VA's insurance claim that is not paid or covered by their health insurance, veterans whose income is above the "means test" threshold are responsible for the VA's copayments required by federal law. However, when VA receives payment from the veteran's health insurance company or the care furnished, VA credits that recovery toward the amount of the veteran's copayment obligation.

3. Disability Compensation

VA disability compensation is a monetary benefit paid to veterans who are disabled by injury or disease incurred and aggravated during active military service. The service of the veteran must have been terminated through separation or discharge under conditions that were other than dishonorable. Disability compensation varies with the degree of disability and the number of dependents. It is paid monthly. The benefits are not subject to federal and state income tax. The payment of military retirement pay, disability severance pay and separation incentive payments affects the amount of VA compensation paid.

Former prisoners of war who were incarcerated for at least 30 days are presumed to be eligible for disability compensation if they become at least 10 percent disabled from diseases associated with POW's. These presumptive diseases are avitaminosis, beriberi, heart disease and ischemic heart disease where the prisoner of war experienced localized edema during captivity, chronic dysentery, helminthiasis. Malnutrition including optic atrophy, pellagra and other nutritional deficiencies, psychosis, anxiety states and dysthymic disorder or depressive neurosis, post traumatic osteoarthritis, irritable bowel syndrome, peptic ulcer, and arthritis, neuropathy and skin cancer at the site of the old injury.

4. Nonservice-Connected Disability

Veterans with low incomes who are permanently and totally disabled for reasons other than the veteran's own willful misconduct may be eligible for monetary support if they have 90 days or more of active military service, at least one day of which was during a period of war. The discharge from active must have been under conditions other than dishonorable. Payments are made to qualified veterans to bring their total income, including other retirement or Social Security income, to level set by Congress. Countable income may be reduced by unreimbursed medical expenses.

The payment is reduced by the amount of the countable income of the veteran and the income of the spouse or dependent children. When a veteran without a spouse or a child is being furnished a nursing home or domiciliary care by VA, the pension is reduced to an amount not to exceed \$90 per month after three calendar months of care. The reduction may be delayed if nursing home care is being continued for the primary purpose of providing the veteran with rehabilitation services.

5. Aid and Attendance

Aid and Attendance is a nonservice-connected benefit available to veterans or surviving spouses of veterans whose medical expenses exceed their income, and who need regular help with Activities of Daily Living. The veteran must show a medical need before Aid and Attendance benefits will be paid.

To be eligible for Aid and Attendance Benefits, the veteran or the surviving spouse of a veteran must have:

1. Medical expenses that exceed his/her income. (Medical expenses can include in-home care, prescriptions, nursing home or assisted living costs, and more.)

2. Liquid assets of less than \$50,000. (This does not include the veteran or surviving spouse's home.) See us for additional details.
3. A need for regular aid and attendance, which means the veteran or surviving spouse must need help with the following activities:

- Dressing or undressing, or keeping himself or herself ordinarily clean and presentable;
- Eating;
- Toileting.

If the veteran or surviving spouse is bedridden, or is mentally or physically incapacitated and assistance is required on a regular basis, then the criteria will be met.

For a married veteran, the VA may pay up to almost \$1700/month in Aid and Attendance; a single veteran can receive almost \$1400/month; and the surviving spouse of a veteran almost \$1000/month. These numbers usually change annually.

6. Burial Benefits

Five burial benefits are available for veterans who were honorably discharged:

- United States flag is provided at no cost to drape the casket or accompany the urn of a deceased veteran.
- Families of veterans on VA Disability or Pension at the time of death may receive a burial and funeral allowance.
- Veterans and dependents may be buried in National Cemeteries.
- A Presidential Memorial Certificate expressing the country's thanks is available for families of deceased veterans.
- Upright stones and flat grave markers are available for the veteran regardless of whether internment is in a VA or private cemetery. Spouses and dependents may qualify if burial is in a National Cemetery.

7. Death Pension

Death pension is a benefit paid to eligible spouses and dependent children of deceased veterans who served during war times. Income limits must be below a yearly limit set by law, and Supplemental Security Income (SSI) is not counted as part of income. This benefit can be important to a widow or widower trying to survive on a low income, but they may not be aware that they should apply.

For counseling and help in applying for death pension or other VA benefits, call or visit your local County Veterans Service Office. See *Finding VA Resources and Getting Help in Applying* below.

Finding VA Resources and Getting Help in Applying

Information on VA benefits or a VA Medical Center can be found by calling toll-free 1-800-827-1000 or visiting the national VA Web site, <http://www.va.gov>.

Most Pennsylvania counties have a veterans service officer who assists veterans and their families without charge in identifying VA benefits that might be available to them and in applying for benefits.

Note: Although we are allowed to provide paid counsel to veterans, their spouses, and their families on eligibility for VA benefits, we are prohibited by law from charging a fee to assist them in their application for VA benefits.