



Department of

**Veterans Services**

# Quarterly Webinar December 2017



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# VetraSpec Announcement

# Upgrade

- Unavailable from 8pm, December 22 to 8pm, December 29
- While the system is down, the process to submit claims and documents will be temporarily modified:
  1. Access VA Forms at this link  
[https://www.va.gov/vaforms/search\\_action.asp?FormNo=10](https://www.va.gov/vaforms/search_action.asp?FormNo=10)
  2. You fill out the fillable VA forms, print and fax them to the Appeals Division.
  3. Fill out the forms completely, include any supporting documents/evidence, include the attached cover form and fax to the Appeals Division- Fax Number: 615-741-6231.
  4. The Appeals Division will contact Service Officers regarding any questions.
  5. The Appeals Division will review, document and submit the claim/forms to the VA.
  6. Once VetraSpec is accessible, the Appeals Division will upload received claims, forms and evidence into VetraSpec.

# Upgrade

- Urgent note: Please begin using the temporary process on December 22 to ensure electronically filed packages are not in the queue when the VetraSpec system is shut down for the upgrade. The intent is to have everything filed before VetraSpec goes off-line.
- Keep in mind, you will still have access to all VA Applications such as Veterans Benefits Management System (VBMS), SHARES and eBenefits. Please continue to use these VA Applications to serve customers.
- One more note, the VetraSpec upgrade will be housed on a new IP address. We are going to consult with Strategic Technology Solutions (STS) which is the agency that handles the State of Tennessee's technology support. STS will share any guidance in regards to the IP address changes and we will share that guidance with you.
- We will send you any updates generated by VetraSpec.



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# Aid & Attendance

# Authority & Forms

- Authority:
  - 38 CFR 3.352
- Form:
  - VA Form 21-2680
  - VA Form 21-0779

Respondent Burden: 30 minutes  
Expiration Date: 5-31-2018

Department of Veterans Affairs		EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE		
1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		2. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT		3. RELATIONSHIP OF CLAIMANT TO VETERAN
4A. VETERAN'S SOCIAL SECURITY NUMBER	4B. CLAIMANT'S SOCIAL SECURITY NUMBER	5. CLAIM NUMBER		
6. DATE OF EXAMINATION		7. HOME ADDRESS		
8A. IS CLAIMANT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete items 8B and 9)		8B. DATE ADMITTED	9. NAME AND ADDRESS OF HOSPITAL	
NOTE: EXAMINER PLEASE READ CAREFULLY The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.				
10. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 20 through 24)				
11A. AGE	11B. SEX	12. WEIGHT ACTUAL: LBS.      ESTIMATED: LBS.	13. HEIGHT FEET:      INCHES:	
14. NUTRITION				15. GAIT
16. BLOOD PRESSURE	17. PULSE RATE	18. RESPIRATORY RATE	19. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS?	
20. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED From 9 PM to 9 AM:      From 9 AM to 9 PM:				
21. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (If "No," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
22. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
23. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
24A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation)			24B. CORRECTED VISION	
<input type="checkbox"/> YES <input type="checkbox"/> NO			LEFT EYE	RIGHT EYE
25. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
26. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
27. DOES THE CLAIMANT HAVE THE ABILITY TO MANAGE HIS/HER OWN FINANCIAL AFFAIRS? (If "No," provide explanation)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

VA FORM 21-2680  
MAY 2015

SUPERSEDES VA FORM 21-2680, JUN 2008,  
WHICH WILL NOT BE USED.

# What is it?

- Aid & Attendance is a benefit paid by the VA to veterans or surviving spouses. Aid & Attendance is an additional monetary award for veterans who meet eligibility criteria.



# What is it?

- A Veteran who is determined by VA to be in need of the regular aid and attendance of another person, or a Veteran who is permanently housebound, may be entitled to additional disability compensation or pension payments. A Veteran evaluated at 30 percent or more disabled is entitled to receive an additional payment for a spouse who is in need of the aid and attendance of another person.



# Summary of Requirements

- Service Requirements: the veteran must have served in active military service (90 days or more), including at least one day during a period of war, and receive a discharge other than dishonorable.
- Care Requirements: must either reside in a nursing home or require regular help of another person to perform functions of daily living (bathing, feeding, dressing, toileting, etc.).

# Special Monthly Compensation - Housebound

- Housebound benefits are payable when the claimant is substantially confined, due to service connected disability(ies), to their dwelling and the immediate premises or, if institutionalized, to the ward or clinical areas, and it is reasonably certain that this is permanent.

# Summary of Requirements

- Age/Disability: the applicant must either be over age 65 or disabled.
- Income Requirements: To qualify, the applicant's family income, less 95% of the recipient's unreimbursed medical expenses, must not exceed the VA threshold (changes annually and vary depending on marital status and dependents).

# Summary of Requirements

- Net Worth Requirements: there is no fixed asset limit; eligibility determination is at the discretion of the VA. Guidance issued by the VA indicates that it will not require a formal determination of applicant's net worth if the estate is less than \$80k (excludes home and household personal property).
- Unlike Medicaid, the VA does not have a "look-back" period for making a determination of the applicant's net worth.

# Summary of Requirements

- Assets in a trust that effectively relinquishes all control of assets would not be countable income for VA purposes. That's sufficient for purposes of the work we do, so we don't mistakenly offer advice that causes someone to take action that potentially limits the availability of other benefits.

# Summary of Requirements

If you are a veteran...	Your yearly income must be less than...
Without Spouse or Child	\$13,166
	<i>To be deducted, medical expenses must exceed 5% of MAPR, or, \$ 659</i>
With One Dependent	\$17,241
	<i>To be deducted, medical expenses must exceed 5% of MAPR, or, \$ 863</i>
Housebound Without Dependents	\$16,089
Housebound With One Dependent	\$20,166
A&A Without Dependents	\$21,962
A&A With One Dependent	\$26,036
Two Vets Married to Each Other	\$17,241
Two Vets Married to Each Other One H/B	\$20,166
Two Vets Married to Each Other Both H/B	\$23,087
Two Vets Married to Each Other One A/A	\$26,036
Two Vets Married to Each Other One A/A One H/B	\$28,953
Two Vets Married to Each Other Both A/A	\$34,837
<b>Add for Early War Veteran (Mexican Border Period or WW1) to any category above</b>	<b>\$2,991</b>
<b>Add for Each Additional Child to any category above</b>	<b>\$2,250</b>

# Family Members as Caregivers

- Many veterans are unaware that VA Pensions can be used to pay a family member who is the caregiver of a veteran or survivor (with the exception of spouses). As mentioned, care expenses can be deducted from their income, including payments made to family members, such as children or grandchildren. Beneficiaries can then receive an increased pension benefit equal to the amount they have paid to their family member for care.

# Family Members as Caregivers

- Unfortunately, this method does not work for the veteran's spouse since joint income is calculated as household income, therefore any salary the spouse received would be included as part of their household income, and would not be considered a deductible care expense.



# Application Process

- Appropriate form and evidence.
- Details that help show what kind of illness, injury, or mental or physical disability affects the veteran's ability to do things, like take a bath, on your own

Response duration: 30 minutes  
Expiration Date: 5-31-2018

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<input type="checkbox"/> YES <input type="checkbox"/> NO			
22. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

# Approval Timeline

- It depends. The VA processes claims in the order they receive them, unless a claim requires priority processing.



# Recap – 5 Questions about A&A

- Video will be placed here:
- [https://www.youtube.com/watch?v=H\\_tvRSnt\\_18](https://www.youtube.com/watch?v=H_tvRSnt_18)

# Quiz

- What form is utilized to request aid and attendance?
  - A. VA Form 21-2678
  - B. VA Form 21-2679
  - C. VA Form 21-2680
  - D. VA Form 21-2681

# Answer

- The answer is “**C**” VA Form 21-2680

# Quiz

- VA Pensions can be used to pay a family member including spouses who is the caregiver of a veteran or survivor.
  - A. True
  - B. False

# Answer

- The answer is “**B**” false.
- Unfortunately, this method does not work for the veteran’s spouse since joint income is calculated as household income, therefore any salary the spouse received would be included as part of their household income, and would not be considered a deductible care expense.



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# Dependency and Indemnity Compensation



# Authority & Forms

- Authority:
  - 38 CFR, Part 3
- Forms:
  - VA Form 21-534EZ
  - VA Form 21P-534a
  - VA Form 21-535

Department of Veterans Affairs		Expiration Date: 1/31/2015
<b>APPLICATION FOR DIC, DEATH PENSION, AND/OR ACCRUED BENEFITS</b>		<b>VA DATE STAMP (DO NOT WRITE IN THIS SPACE)</b>
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.		
<b>SECTION I: PERSONAL INFORMATION (MUST COMPLETE)</b>		
1. VETERAN'S NAME (Last, first, middle)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
4. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide the file number in Item 6)	6. VA FILE NUMBER
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)	
9. WHAT IS YOUR NAME? (First, middle, last name)	10. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one) <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> CUSTODIAN FILING FOR CHILD	
11. WHAT IS YOUR SOCIAL SECURITY NUMBER?	12. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)	13. ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
14A. WHAT IS YOUR ADDRESS? Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country		14B. YOUR TELEPHONE NUMBER(S) (include Area Code) DAYTIME ( ) EVENING ( ) CELL PHONE ( )
15A. YOUR PREFERRED E-MAIL ADDRESS (if applicable)		15B. YOUR ALTERNATE E-MAIL ADDRESS (if applicable)
16. WHAT ARE YOU CLAIMING? (Check all that apply) <input type="checkbox"/> DEPENDENCY AND INDEMNITY COMPENSATION (DIC) <input type="checkbox"/> DEATH PENSION <input type="checkbox"/> ACCRUED BENEFITS		
<b>SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)</b> <i>(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)</i>		
17A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 17B) (If "No," skip to Item 18A)	17B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:	
18A. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)	18B. BRANCH OF SERVICE	18C. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)
18D. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO	18E. PLACE OF LAST SEPARATION	
19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," answer Items 19B, 19C and 19D)		19B. DATE OF ACTIVATION (MM,DD,YYYY)
19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?		19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code) ( )
20A. WAS THE VETERAN EVER A PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 20B) (If "No," skip to Section III)		20B. DATES OF CONFINEMENT FROM: TO:

VA FORM JUN 2014 **21-534EZ** SUPERSEDES VA FORM 21-534EZ, DEC 2012, WHICH WILL NOT BE USED. Page 6

# Introduction

- Video will be placed here:
- <https://www.youtube.com/watch?v=w1qrUihXEUM>

# Introduction

- Dependency and Indemnity Compensation (DIC) is a tax free monetary benefit paid to eligible survivors of military Servicemembers who died in the line of duty or eligible survivors of Veterans whose death resulted from a service-related injury or disease

# Eligibility (Surviving Spouse)

To qualify for DIC, a surviving spouse must meet the requirements below.

The surviving spouse was:

- Married to a Servicemember who died on active duty, active duty for training, or inactive duty training, OR
- Validly married the Veteran before January 1, 1957, OR

# Eligibility (Surviving Spouse)

- Married the Veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the Veteran's death began or was aggravated, OR
- Was married to the Veteran for at least one year, OR

# Eligibility (Surviving Spouse)

- Had a child with the Veteran, AND
- Cohabited with the Veteran continuously until the Veteran's death or, if separated, was not at fault for the separation, AND
- Is not currently remarried.

# Eligibility (Surviving Spouse)

- Note: A surviving spouse who remarries on or after December 16, 2003, and on or after attaining age 57, is entitled to continue to receive DIC.

# Eligibility (Surviving Child)

- Not included on the surviving spouse's DIC, AND
- Unmarried, AND
- Under age 18, or between the ages of 18 and 23 and attending school.



# Eligibility (Surviving Child)

- Note: A child adopted out of the Veteran's family may be eligible for DIC if all other eligibility criteria are met.

# Evidence Required

- Listed below are the evidence requirements for this benefit:
  - The Servicemember died while on active duty, active duty for training, or inactive duty training, OR
  - The Veteran died from an injury or disease deemed to be related to military service, OR

# Evidence Required

- The Veteran died from a non service-related injury or disease, but was receiving, OR was entitled to receive, VA Compensation for service-connected disability that was rated as totally disabling
  - For at least 10 years immediately before death, OR
  - Since the Veteran's release from active duty and for at least five years immediately preceding death, OR
  - For at least one year before death if the Veteran was a former prisoner of war who died after September 30, 1999

# How to Apply

- Complete VA Form 21P-534ez, "Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits by a Surviving Spouse or Child and submit to the Pension Management Center, OR

# How to Apply

- If the death was in service, the Military Casualty Assistance Officer will assist surviving family members in completing VA Form 21P-534a, "Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits by a Surviving Spouse or Child" and mail to the Philadelphia Regional Office



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# Medical Expenses VA Form 21p-8416



# Medical Expenses

- The VA may be able to pay you at a higher rate if you identify expenses VA considers allowable.
- Medical and dental expenses paid by you may be deductible from the income VA counts when determining your benefit entitlement.



# Medical Expenses

- Utilizing a VA Form 21p-8416 identify any medical or dental expenses that you paid for a member of your household (self, spouse, child, etc.) for which you were not reimbursed.

# Medical Expenses

- The following are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/Non-Prescription drug costs
- Vision care costs
- Medical insurance premiums

- Nursing home costs
- Hearing aid costs
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility
- Monthly Medicare deduction



# Medical Expenses

There are two types of deductible expenses:

- Those that are allowed as deductions from total countable income, and
- Those that are allowed only as deductions from specific income.

*Reference: For information about deductions from specific income, see M21-1MR, Part V, Subpart iii, 1.G.51.*

# Rules for Deductibility of Unreimbursed Medical Expenses

- Expenses actually paid by beneficiary or beneficiary's spouse.
- Expenses are unreimbursed.
- Expenses for beneficiary or relative who is a member of household.
- Paid on or after date of pension entitlement or date of Veteran's death (if after date of pension entitlement).
- Expenses exceed five percent deductible.



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# RAMP Announcement

# Rapid Appeals Modernization Program (RAMP)

- RAMP is a VA initiative to provide some benefits of the new appellate process.
- Went into effect on November 1, new law fully implemented no earlier than February, 2019.
- VA has not published any proposed regulations, but fact sheet will be distributed after the webinar.
- Be aware: Although RAMP offers an opportunity for a quicker decision, the Veteran would lose certain procedural protections when they opt-in to RAMP.

# Rapid Appeals Modernization Program (RAMP)

## Eligibility:

- Eligible claimants will receive a letter from the VA.
- Electing to participate is voluntary.
- Claimants must be invited by the VA to participate.
- Claimant must personally sign the opt-in form.

# Rapid Appeals Modernization Program (RAMP)

Share with customers:

- Decision to opt-in to RAMP is final, client will stay in the new appellate system.
- All of claimant's appeals that have not been certified by Board of Veterans Appeals (BVA) will automatically opt in.
- Board will not process the Veteran's appeal under the new streamlined process no earlier than February 2019.
- There is a potential the Veteran could wait longer than if they remained in the traditional appeals process.



# Rapid Appeals Modernization Program (RAMP)

- Fact Sheet
- TDVS Guidance
- VA Opt-In Notice