

TRAINING MODULE 19
Study Plan
SPECIAL BENEFITS

Objective:

To learn about the additional special benefits available to disabled veterans and their families.

References:

Title 38, U.S. Code, Chapters 11, 17, 18, 21, and 39.

38 Code of Federal Regulations Part 3, §§ 3.808–3.815; Part 17, §§ 17.149–17.159

and §§ 17.900–17.905; Part 21, §§ 21.8010-21.8410

Adjudication Manual M21-1 Part I, Appendix B

Adjudication Manual M21-1MR, Part 9, Subpart I, Chapters 2-7

VA Pamphlet 26-69-1, *Questions and Answers on Specially Adapted Housing and Special*

Housing Adaptations for Veterans

80-05-1, *Federal Benefits for Veterans and Dependents*

Instructions:

Study the assigned reference materials to learn the various prosthetic and assistive appliances and devices available as well as various monetary grants and special allowances, and how to assist a veteran or other eligible person to apply for them.

Summary:

I. General:

A wide range of special services and benefits are available for disabled veterans. These may include prosthetic devices, medical accessories and similar appliances, or monetary grants for alteration and/or adaptation of a home or automobile to accommodate the particular disability. The qualifying disability need not necessarily be service-connected, although the eligibility requirements may differ for service-connected disabilities and nonservice-connected ones.

Appliances and devices available include, but are not limited to, artificial limbs, braces, orthopedic shoes, hearing aids, and wheelchairs. These may all be furnished as a necessary part of any medical care, whether inpatient or outpatient, which the veteran is eligible to receive and is receiving. Once issued, such appliances or devices may be repaired or replaced by VA, as necessary. In addition, if wearing of special clothing is made necessary by such appliances, the clothing may be purchased, made, or repaired by VA or at VA expense. All such items are provided by the Prosthetics and Sensory Aids Service at the VA Medical Center having jurisdiction for the veteran's area of residence, upon application and determination of feasibility and need. This will usually be based upon a written order or request from the veteran's treating physician. VA will also provide necessary training in the use of the appliances and devices.

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VA will provide invalid lifts for certain veterans who have been determined to be in need of regular aid and attendance, whether service-connected or for special monthly pension. The qualifying disability on which such need is based is anatomical loss or loss of use of both lower extremities plus the loss or loss of use of at least one upper extremity, together with a medical determination that as a result, the veteran is incapable of transferring from the bed to a wheelchair or back without the aid of an attendant, and a lift is a feasible means for accomplishing such transfers. In addition, the veteran may be furnished other therapeutic and rehabilitative devices, including medical equipment and supplies (but not medications), which are determined to be medically necessary.

Veterans who are service-connected for hearing loss, and who are rated 80% or more for such hearing loss, may be furnished assistive devices including telecaptioning decoders to help overcome their hearing handicap.

Blind veterans who are entitled to compensation for any service-connected disability (the blindness need not be service-connected) may be furnished a trained guide dog and/or mechanical or electronic blind aid equipment as appropriate. VA will furnish the training, and will also provide for the period of adjustment to the guide dog, including the expenses of travel, food and lodging if the veteran is required to be away from his or her usual place of residence during this period of adjustment.

II. Clothing allowance:

In addition to the goods and services listed above, VA also provides certain monetary benefits to qualified disabled veterans: If a veteran has a service-connected condition which requires the wearing or use of an orthopedic or prosthetic appliance (including a wheelchair) which tends to tear or wear out clothing, or has a service-connected skin condition and uses medication for it that tends to stain or otherwise damage the clothing, an annual clothing allowance is payable upon application to the VA Regional Office. If the veteran is service-connected for anatomical loss or loss of use of one or more extremities, the allowance is automatically authorized after the initial application. In all other cases, the Prosthetics and Sensory Aids Service at the VA Medical Center must certify whether the veteran has a qualifying disability, and if so, whether the need for the orthopedic or prosthetic device or the medication for the skin condition is permanent. If the Prosthetics and Sensory Aids Service determines that the need is permanent, the allowance is automatically paid thereafter; if the need is not shown to be permanent, the veteran must reapply for the clothing allowance each year. Clothing allowance is paid during the month of August.

III. Automobile and Special Adaptive Equipment:

IF A VETERAN IS ENTITLED TO COMPENSATION (INCLUDING COMPENSATION UNDER 38 USC 1151) because of anatomical loss or loss of use of one or both hands, or one or both feet, or because of defective vision in both eyes, with best vision in the better eye no better than 20/200, VA will pay up to \$11,000 towards the purchase of an automobile or other conveyance plus any necessary special adaptive equipment which will allow the veteran to safely and effectively operate the automobile or other conveyance. *This is a one-time payment only.* The Prosthetics and Sensory Aids Service at the VA Medical Center may also authorize special adaptive equipment for veterans who are entitled to compensation for complete ankylosis of one or both hips or one or both knees, as well as authorizing adaptive equipment for subsequent vehicles for any veteran who has any of the above disabilities.

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The special adaptive equipment may be repaired, reinstalled, or replaced as necessary; however, a veteran may not be authorized adaptive equipment for more than two vehicles at a time or during any four-year period, except for unusual circumstances beyond the veteran's control.

IV. Special Housing Assistance:

Beginning June 15, 2006 A Veteran may qualify for up to three Special Adapted Housing grants not to exceed \$50,000 in the aggregate, under Public Law 109-233, if he or she is entitled to compensation (including compensation under 38 USC 1151) and rated permanently totally disabled based on any of the following disabilities or combinations:

- Anatomical loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair;
- Blindness of both eyes, having only light perception, plus anatomical loss or loss of use of one lower extremity;
- Anatomical loss or loss of use of one lower extremity plus residuals of organic disease or Injury which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair;
- Anatomical loss or loss of use of one lower extremity plus anatomical loss or loss of use of one upper extremity which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair; or
- Anatomical loss or loss of use of both upper extremities such as to preclude use of the arms at or above the elbows.

These grants may be used to buy, build, or alter and adapt a home for the purpose of making it wheelchair-accessible under applicable guidelines. If the veteran has Loan Guaranty entitlement available and meets credit-worthiness and other criteria, VA may also authorize an additional direct loan of up to \$33,000 to help defray the costs of buying, building, or modifying the home.

If the veteran does not qualify for Special Adapted Housing, beginning June 15, 2006 up to three Special Home Adaptation grants not to exceed \$10,000 in the aggregate are available for veterans who are entitled to compensation for permanent total disability based either on blindness in both eyes, with vision of 5/200 or less, or anatomical loss or loss of use of both hands. If the veteran has been previously found eligible for Special Adapted Housing, the Special Home Adaptation grant may not be authorized; however, a veteran who is eligible for a Special Home Adaptation grant may later be authorized Special Adapted Housing if additional qualifying disability arises, but the number of grants are limited to three altogether and the total combined amounts may not exceed \$50,000 in the aggregate. If the veteran qualifies for both types of grants, only Special Adapted Housing may be authorized. In any event, no particular type of adaptation, improvement, or structural alteration may be provided the veteran beyond the specified limits.

This grant may be used to buy, build, or alter and adapt a home for the purpose of making it wheelchair-accessible under applicable guidelines. *This is a one-time grant, except as noted below.* If the veteran also has Loan Guaranty entitlement available and meets credit-worthiness and other criteria, an additional direct loan of up to \$33,000 may be authorized by VA to help defray the costs of buying, building, or modifying the home.

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V. Health Care Coverage for Dependents:

In addition to the special benefits for veterans, VA will also provide health care insurance coverage for the dependents or survivors of certain totally disabled (whether rated 100% or by reason of individual unemployability) veterans under the Civilian Health and Medical Program, VA (CHAMPVA). For eligibility under this program, the veteran-sponsor must:

- Be rated permanently totally disabled from service-connected disability; or
- Have died on active duty, in line of duty; or
- Have died from a service-connected disability; or
- Have been rated service-connected and permanently totally disabled at the time of death from any cause not willful misconduct.

Eligible persons include the veteran's spouse or surviving spouse, minor children under age 18, children between the ages of 18 and 23 who are attending an approved school, and children over age 18 who have been determined to be permanently incapable of self-support ("helpless"). Dependents of retired or other military personnel who are eligible for health care coverage under CHAMPUS/TRICARE are not eligible for coverage under CHAMPVA.

Public Law 107-330, the Veterans Benefits Act of 2002, provides that beginning February 4, 2003 an eligible surviving spouse who is over age 55 and who remarries will not lose eligibility for health care coverage under CHAMPVA. Additionally, a former surviving spouse who had remarried before December 6, 2002 and who was over age 55 at the time of the remarriage may restore eligibility for health care coverage under CHAMPVA by reapplying for such coverage before February 4, 2004.

Beginning June 5, 2001, persons over age 65 who are eligible for hospital insurance under Medicare Part A will continue to also be eligible for health care coverage under CHAMPVA. Persons under age 65 who are entitled to both Medicare Part A and Part B may still be eligible for CHAMPVA as a secondary payer (Medicare supplement).

CHAMPVA will cover most health care services and supplies that are considered medically or psychologically necessary. In general, a person covered under CHAMPVA may seek treatment from any licensed health care provider or at any licensed medical facility, including many VA medical facilities. CHAMPVA administration, including applications and claims processing, is centralized to the VA Health Administration Center, Denver, Colorado **Health Care Coverage for Dependents of Totally Disabled Veterans:**

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VI. Spina Bifida Allowance:

VA will pay a special monthly allowance to or for a natural child of a Vietnam veteran, conceived after the date the veteran first served in Vietnam or the waters offshore, or child of a Korean War veteran that served at the DMZ during 1968 and 1969 if the child is suffering from spina bifida. This allowance is the first time VA has authorized disability benefits for a dependent who has been disabled by the veteran's service. The current age or marital status of the child is not relevant to this allowance, and receipt of this allowance has no bearing on any other VA benefit payable to or for the child based on the child's relationship to the veteran. For purposes of this benefit, the term "spina bifida" means all forms and manifestations of spina bifida except spina bifida occulta. If both of the natural parents are Vietnam veterans, only one allowance is payable to or for the affected child. However, multiple allowances may be paid if a Vietnam or Korean veteran has more than one natural child, each of whom was conceived after the veteran served in Vietnam or the waters offshore, or at the DMZ during 1968 and 1969, who suffers from spina bifida.

Application for the allowance is made by submitting a completed VA Form 21-0304, *Application for Spina Bifida Benefits*, together with appropriate supporting medical evidence to show that the child has spina bifida and the severity of the condition. Child will be assigned own VA File Number, separate from Veteran. Payment will be based on three levels of disability, from Level I (able to ambulate unassisted, with minimal to mild impairment of functioning or intellect) to Level III (grossly impaired, nonambulatory, severely mentally retarded, and/or completely incontinent of bladder and bowel). The rates of payment are: Level I, \$244; Level II, \$844; Level III, \$1440. If the supporting medical evidence is not adequate to show the child's level of disability, a rating of Level I will be assigned and a VA examination scheduled for a definitive assessment. Infants under one year of age at time of application will be rated as Level I unless the medical evidence shows neurological deficits of such severity as to warrant an immediate rating at Level III. In either event, the level of disability will be reassessed when the child is one year of age. Children between the ages of 5 and 21 will be periodically reassessed, at intervals not greater than five years, until they reach age 21. After age 21, VA will not further reassess the level of disability unless there is evidence of material change in the severity of the child's condition, or evidence that the current rating may be incorrect.

In addition to payment of the special monthly allowance to or for an eligible child suffering from spina bifida, VA will also provide all necessary treatment for the spina bifida and any conditions directly arising from or because of it. Treatment will be furnished by VA, either directly or under contract with an approved health care provider. Other arrangements for the child's spina bifida-related care may also be honored, provided they are authorized in advance. In these cases, the authorization is issued by the Health Administration Center in Denver, Colorado; claims for payment are handled on the same basis as claims under the CHAMPVA program.

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VII. Monetary Allowance for Children of Women Vietnam Veterans Born with Certain Birth Defects.

In addition to the allowance described above for spina bifida in a child of any Vietnam veteran, male or female, beginning December 1, 2000 Public Law 106-419, the Veterans Benefits and Health Care Improvement Act of 2000, authorized payment of a monetary allowance for each biological child of a woman Vietnam veteran, conceived after the date the veteran first served in the Republic of Vietnam, who suffers from any of contain identified birth defects. All birth defects are included unless specifically excluded. The classes of birth defects excluded (not covered) are:

- Familial disorders including hereditary genetic conditions, such as cystic fibrosis or sickle cell disease;
- Congenital malignant neoplasm's, such as neuroblastoma;
- Chromosomal disorders, such as Down's syndrome;
- Conditions due to birth-related injuries, such as cerebral palsy;
- Conditions due to fetal or neonatal infirmity with well-established causes, such as hyaline membrane disease or maternal-infant blood incompatibility;
- Conditions that are developmental disorders, such as autism or learning disorders; or
- Conditions that do not result in permanent mental or physical disability, including conditions that are rendered non-disabling through surgical or other treatment.

As with the spina bifida allowance, the current age or marital status of the covered child in not relevant, and receipt of this allowance has no bearing on any other VA benefit payable to or for the child based on the child's relationship to the veteran. In addition, payment of this allowance may not be counted as income or assets for the purpose of establishing or denying eligibility for any other Federal or federally-assisted program.

VA Form 21-0304 has been revised and re-titled *Application for Benefits for Certain Children with Disabilities Born of Vietnam Veterans*, and is used to apply both for the spina bifida allowance and for the allowance under this program. VARO Denver, Colorado, has exclusive jurisdiction over both programs. The evidentiary requirements for this allowance are essentially the same as for the spina bifida allowance. Five levels of disability have been established, from Level 0 (no current disability) to Level IV (physical or mental defects that prevent age-appropriate self care; or, behavior, communication, intellectual functioning, or social interaction are grossly inappropriate for age; or, disfigurement or scarring of the head, face, or neck with either gross distortion or gross asymmetry of features). The monetary rates payable for each level are listed in Adjudication Manual M21-1, Part 1, Appendix B.

If an eligible child's only covered birth defect is spina bifida, the child may only be paid the spina bifida allowance. If the child has any other covered birth defect in addition to spina bifida, then only the allowance under this program may be authorized; however, the allowance paid may not be less than the amount of the allowance that would have been payable if the child's only covered birth defect was spina bifida.

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As with the spina bifida allowance, VA will provide an eligible child with appropriate vocational rehabilitation and training, with similar limitations. In addition, VA will provide any and all necessary treatment for the covered birth defect(s) and resulting conditions, either at a VA medical facility or by contract with an approved local health care provider. Health care claim and authorization requirements are similar to those for the spina bifida allowance.

VIII. Restored Entitlement Program for Survivors (REPS):

The REPS program is one of the least-known VA programs for survivors of deceased veterans. Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, eliminated Social Security benefits for certain surviving spouses with children "in care" when the youngest child reached age 16. Most student benefits for children over age 18 were also eliminated. Section 156 of Public Law 97-377 restored benefits for the veteran's surviving spouse until the youngest child reached age 18, and for unmarried post-secondary school students between ages 18 and 22. REPS is a unique hybrid program—it is funded by the Department of Defense, but is administered by VA using a mixture of VA and Social Security Administration (SSA) eligibility criteria.

Qualifying eligibility for REPS requires that:

- The veteran died in service before August 13, 1981.
- If the veteran died in service after August 12, 1981, the condition which caused or contributed to death must have had its onset before August 13, 1981. (This includes persons listed as missing in action prior to August 13, 1981, for whom a casualty report shows a date of (presumed) death after August 12, 1981.)
- If the veteran died after service, the service-connected condition which caused or contributed to death must have had its onset before August 12, 1981, and must have been incurred or aggravated in line of duty. The character of discharge from service is *not* a factor for purposes of REPS eligibility. Any disease which may be presumptively connected to service prior to August 12, 1981 (to specifically include presumptively herbicide-related diseases for veterans who served in Vietnam during the Vietnam Era, or near the Korean DMZ between 1968 and 1971) will establish eligibility. DIC under either 38 USC 1318 or 38 USC 1151 does not establish eligibility.

Survivors of deceased members of the Philippine Commonwealth Army (including guerilla forces), the Philippine Scouts, the commissioned corps of the Public Health Service, and the National Oceanic and Atmospheric Administration are specifically excluded from this program.

The rules and criteria for establishing relationship to the veteran are specified by SSA. Those rules are similar, but not identical, to the corresponding VA rules. The surviving spouse is eligible for REPS benefits if the youngest child of the veteran in the spouse's care is at least 16 years old but younger than 18. Under certain circumstances, the veteran's grandchild may be recognized as a "child" for REPS purposes. A surviving spouse who remarries may re-establish eligibility if the remarriage is subsequently terminated.

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A child who is over age 18 but under age 22 must be attending post-secondary school full-time. A schoolchild who marries after REPS eligibility has been established loses eligibility. The child may re-establish REPS eligibility if the marriage is voided or annulled, but not if the marriage is terminated by death or divorce.

Application for REPS benefits is made by submitting a completed VA form 21-8924.1, *Application for Benefit Under Provisions of Section 156, Public Law 97-377 (REPS)*, plus appropriate proof of the veteran's service, acceptable proof of death, and proof of relationship (if not previously submitted) to the VA Regional Office, St. Louis, Missouri, which has exclusive jurisdiction of REPS claims. There is no time limit for applying—if eligibility is established, benefits will be paid from the earliest date eligibility is shown (but not earlier than January 1, 1983). If VARO St. Louis needs additional evidence or a rating or other determination to establish basic eligibility, it will be requested from the VA Regional Office having jurisdiction of the claims file.

Although both benefits require a service-connected death, eligibility for REPS benefits independent of receipt (or denial) of DIC. Further, there is no requirement that the claimant must have previously applied for Social Security, and failure to file an application for Social Security benefits does not preclude awarding REPS benefits. A schoolchild may be paid benefits for periods of non-attendance of four months or less (such as a vacation periods), providing that the child was attending school full-time immediately before the break and resumes full-time attendance immediately after the break. Periodic certification of continued attendance is required.

Rates payable under the REPS program are based on the deceased veteran's Social Security earnings record and the number of eligible beneficiaries (or potential beneficiaries). In addition there are limitations on wages and earned income for all beneficiaries, and periodic reporting of income is required. If the earned income limits are exceeded, the REPS rates otherwise payable will be reduced by \$1 for each \$2 the income is over the annual limits.

IX. Informal Claims

When the Budget Reconciliation Act of 1982 (Public Law 97-253) was enacted the informal claim procedure now in use was begun. The informal claim procedure is designed to protect a date of claim. Thereby, protecting one month's benefits, for those formal claims in the mail or courier system, which would not arrive in the VA Regional Office for a date stamp until after the first of the month.

38 CFR 3.155 (a) (b) is the governing regulation for informal claims. The date that the informal claim was filed will be considered the file date if the formal claim is then received by the Department of Veterans Affairs within 1 year. However, "a communication received from a service organization, an attorney, or agent may not be accepted as an informal claim if a power of attorney was not executed at the time the communication was written."

As Veteran Service Officers it is our job to insure we identify what are the issues and to clarify what benefit the claimant may be seeking. Submitting informal claims, which are not issue or benefit specific or multiple informal claims on the same claimant will only confuse the VA and possibly the claimant. Additional research and discussion with the claimant may be necessary to perfect a claim, which will serve the claimants best interest.

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Protecting a date of claim is important, but protecting the claimant's best interest may be more important and will require thought and consideration. Claimant has one year from date of receipt of Informal Claim by VA to provide the appropriate formal application forms, otherwise the claim is considered dropped by the VA.

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Suggestions for Submitting an Informal Claim:

1. Informal Claims may be submitted through out the month.
2. Informal Claims must be made in writing identifying the specific benefit or benefits sought and the issues pertaining to those benefits.
3. Identify File Location if known.
4. If VA file number is not known provide additional identifying information; Social Security Number, Service Serial Number, Branch of Service and Date of Birth of the veteran.
5. Provide a signed VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative).

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Study Questions: Special Benefits

Using the assigned references and reading materials, answer the following questions:

1. To qualify for issuance of a prosthetic appliance from VA, the veteran must be service-connected for the disability for which the appliance is required.
 - a. True
 - b. False

2. The Department of Veterans Affairs will issue an invalid lift for a veteran's use provided:
 - a. The veteran has anatomical loss or loss of use of both lower extremities and at least one upper extremity.
 - b. The veteran is entitled to additional rates of special monthly compensation or special monthly pension because of being in need of regular aid and attendance.
 - c. The veteran is unable to transfer from bed to a wheelchair and back again without the aid of an attendant.
 - d. All of the above.

3. The Department of Veterans Affairs will issue hearing aids as needed to a veteran who is service-connected for hearing loss, regardless of the rated percentage of disability. To qualify for other assistive devices to help overcome deafness, the service-connected hearing loss must be rated:
 - a. 40% or more.
 - b. 60% or more.
 - c. 80% or more.
 - d. 100%

4. To qualify for payment of the annual clothing allowance, the Prosthetics and Sensory Aids Service at the VA Medical Center must in all cases recertify each year that the veteran is required to use or wear a prosthetic or orthopedic appliance or device that wears out the veteran's clothing.
 - a. True
 - b. False

5. VA will provide monetary assistance for a veteran to purchase a specially adapted automobile or other conveyance only one time.
 - a. True
 - b. False

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6. How many autos or other conveyances will VA provide special adaptive equipment for an eligible veteran?
 - a. One
 - b. Four
 - c. There is no limit to the number of vehicles VA will equip.
 - d. There is no limit to the number of vehicles VA will equip, but VA will not authorize adaptive equipment for more than two vehicles at any one time.

7. If a veteran qualifies for both the Special Adapted Housing grant and the Special Home Adaptation grant, only the Special Adapted Housing grant will be authorized.
 - a. True
 - b. False

8. To be eligible for a grant under the Home Improvement and Structural Alteration (HISA) program, the disability, which causes the need for alteration of the veteran's home, must be service-connected.
 - a. True
 - b. False

9. If the veteran retired from service based on longevity (length of service) and later establishes a service-connected disability ratable at 100%, is the veteran's spouse eligible for health care insurance coverage under both TRICARE and CHAMPVA?
 - a. True
 - b. False

10. Beneficiaries who have health care coverage under CHAMPVA may be furnished treatment at a VA medical facility, provided that space and the type of care required are both available at that facility.
 - a. True
 - b. False

11. The special allowance for spina bifida shall only be paid to the Natural child of a Vietnam Veteran.
 - a. True
 - b. False

12. A veteran rated at 10% service connected for hypertension is entitled to hearing aids and glasses.
 - a. True
 - b. False

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13. The Department of Veterans Affairs is responsible for providing, or providing for, all necessary health care as required for spina bifida and associated disabilities in a child of a Vietnam veteran.
 - a. True
 - b. False

14. If a female Vietnam veteran has a child with spina bifida, either the spina bifida allowance or the allowance for birth defects, whichever is more, may be paid
 - a. True
 - b. False

15. Which of the following birth defects are not covered under the allowance for birth defects in children of female Vietnam veterans?
 - a. Cystic fibrosis
 - b. Cerebral palsy
 - c. Autism
 - d. All of the above

16. A covered disabled child of a Vietnam veteran may receive appropriate Vocational Rehabilitation programs and services from VA similar to a disabled veteran, except that A subsistence allowance may not be paid to the child.
 - a. True
 - b. False

17. The veteran served in Vietnam during the Vietnam Era and died in 1991, from prostate Cancer. Are the requirements for REPS eligibility satisfied?
 - a. True
 - b. False

18. REPS benefits for a schoolchild are only payable while the school the child is attending is actually in session.
 - a. True
 - b. False

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19. The definition of a “child” for REPS benefits purposes is the same as for any other VA program.
- a. True
 - b. False
20. There is no time limit for filing a claim for REPS benefits, and if eligibility is established, benefits may be paid retroactively.
- a. True
 - b. False