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HEALTHCARE BENEFITS for Veterans

What Home Care Clinicians Need to Know

As the world prepares for an increasingly aging population with chronic debilitating diseases, the demand for home healthcare services is increasing. As such, home healthcare clinicians face increased pressure to find resources and continuing support for patients. One area that may be underutilized is accessing Veteran benefits. Home healthcare clinicians care for Veterans every day, and knowing what benefits are available and how to access those benefits can help some Veterans who may be struggling with healthcare needs. Home healthcare clinicians may find understanding Veteran's health benefits intimidating and may falsely assume that a Veteran is aware of his or her benefits. Staying current on home healthcare benefits can be challenging and this article is intended to provide an overview of current and relevant information regarding Veteran health benefits.

Background

Currently there are over 21 million Veterans living in the United States (National Center for Veterans Analysis and Statistics, 2016). The Veterans Health Administration (VHA) is the largest healthcare system in the United States, consisting of inpatient hospitals, long-term-care facilities, called Community Living Centers (CLCs), and Community Based Outpatient Clinics (CBOCs). It is a common misperception that all Veterans can use the VHA system for healthcare. Although many Veterans do use the VHA, most do not. In 2014, of the 9 million Veterans enrolled in the VHA, only 65% (5.9 million) have accessed their VHA benefits (Bagalman, 2014). The reasons that Veterans do not use the VHA vary and may include, but are not limited to, having another source of healthcare, Veterans' lack of awareness of healthcare benefits, and a belief that they are not eligible (Tsai et al., 2014). Another possibility is Veterans may have applied for benefits in the past and were denied.

A discussion on Veteran benefits begins with a clarification of terms. The United States Department of Veterans Affairs (VA) is comprised of three administrations. The VHA is a division of the VA, which delivers health benefits. The Veterans Benefit Administration (VBA) is the division of the VA, which manages the nonmedical benefits such as loan guarantees and education benefits. The VBA also manages the compensation and pension program that rates Veterans for service-connected and nonservice-connected status. The National Cemetery Administration is the division of the VA responsible for burial and memorial benefits for Veterans. When referring to Veteran healthcare, the correct terminology is to use the term "VHA," but many Veterans simply use the term "VA" when referring to any type of Veteran benefits.

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Enrollment and Eligibility

It is important for home healthcare clinicians to screen all patients and ask if they are a Veteran. If they are a Veteran, a follow-up question would be "Are you using the VHA or receiving any Veteran benefits?" If they are using the VHA, this means they are enrolled in the VHA. It is quite possible that older Veterans may not have ever accessed the VHA or VBA and may believe they are not eligible for services. Or, some Veterans may have been denied services in the past. Veterans who have been previously denied need to know that the VHA has continued to enhance and increase the service-connected conditions that may qualify the previously denied Veteran for benefits. This means more Veterans are eligible for care than ever before, so if it has been several years since the Veteran was denied, it may be worth resubmitting an application for benefits with the VHA. Each Veteran had their own unique service experience and home healthcare clinicians can best appreciate this by encouraging the Veteran to share his or her story. The Veteran may view their service positively or negatively, and this perception could influence how the Veteran feels regarding benefits.

If Veterans are not enrolled in the VHA, they cannot access any healthcare benefits. It is important for home healthcare clinicians to understand the enrollment process and encourage Veterans to enroll. A Veteran must be enrolled in the VHA to receive healthcare benefits and some benefits and services require that the Veteran has a service-connected disability. A Veteran may have sustained an injury or a disabling condition during his or her military experience and the VBA determines if the disability was incurred or aggravated in the line of active duty. The extent of an injury or disabling condition that has incapacitated a Veteran determines his or her level of service-connected disability. Service-connected disability ranges from zero to 100% allocated in 10% increments (e.g., 10%, 20%, 30%, etc.). A VBA Benefits Specialist rates the Veterans' percentage of service connection and reviews their service history to determine eligibility. Some Veterans who are rated with a service-connected disability may receive a monthly monetary stipend, whereas others may not; however, both are eligible for VHA healthcare and services. Although not all Veterans can use the VHA system, a Veteran who served in active military service and was discharged honorably may qualify for some benefits. Some Veterans with dishonorable discharges may qualify for benefits depending on the determination of benefits made by the VBA. As a home healthcare clinician, you will care for many Veterans, as such it is important to provide basic information to them as some may not know that they can use the VHA.

The Veterans Health Administration (VHA) is the largest healthcare system in the United States, consisting of inpatient hospitals, long-term-care facilities, called Community Living Centers (CLCs), and Community Based Outpatient Clinics (CBOCs).

VA disability expenditures grew 158% from 2000 to 2013 (Rutledge et al., 2016). There are several reasons for this growth that include national attention from Congress and other groups focused on improving the VBA disability claims process (Government Accountability Office [GAO], 2016), decreasing large backlog of claims (Derro, 2016; GAO), the expansion of service-connected conditions, and increased awareness of conditions such as traumatic brain injury (TBI) and post-traumatic stress disorder (Mall, 2013). Examples of expanded benefits include, but are not limited to, amyotrophic lateral sclerosis, added in 2008 (Beard et al., 2016; Bryan et al., 2016) and diseases associated with Agent Orange, a chemical defoliant used in Vietnam, such as Parkinson's disease, diabetes mellitus, ischemic heart disease, and many forms of cancer (National Academies of Sciences, Engineering and Medicine, 2016). To date, there have been 10 updates on Agent Orange, the most recent in 2014. Iraq and Afghanistan Veterans are returning with injuries and exposures that will likely result in new presumptive conditions for current and future Veterans (Mall). As an example, many Vietnam era Veterans who were previously denied by the VBA may now qualify for benefits as evidence has shown a correlation with Agent Orange exposure. In the past, Veterans had to prove their location of Vietnam service to determine eligibility. The requirement to prove location has changed and now any Veteran who served in Vietnam or on a ship near Vietnam is considered exposed to Agent Orange. This is just one example of how benefit eligibility has changed over time and Veterans may not be aware they can now qualify.

The primary author's father James Erickson is a prime example of a Vietnam Veteran accessing benefits after many years of believing he was not eligible for care. James enlisted in the U.S. Army and served in various areas in Vietnam for 15 consecutive months from 1965 to 1966. Because of the stigma and negative perceptions of Vietnam Veterans by the public and other Veterans, James did not go to the VHA for medical care after returning from Vietnam. In 2005, he was informed about the Agent Orange registry and he completed paperwork to register with the VHA. In 2008, he submitted his first claim to the VA for disability and enrollment. His claim was denied. With the help of a Service Officer from an organization called Vietnam Veterans of America (VVA), he resubmitted his claim in 2011 and received a 40% rating. As his health declined from ischemic heart disease and other chronic diseases, in 2014 at the age of 71, he had his rating increased again. He states "I could not have done this without people encouraging me and the help of the VVA Service Officer." (Figure 1 and Figure 2.)

The very first step in obtaining access to VHA benefits is completing an application for enrollment. Certain Veterans may have "Enhanced Eligibility." This means that they have priority and may not have the same general VBA review process that is based on severity of service-connected disability and other factors such as income. Veterans who may have Enhanced Eligibility are listed in Table 1. In addition to Enhanced Eligibility, several groups of Veterans are eligible for "Presumptive Disability Benefits," which are benefits that are presumed to be associated with military service. Table 1 also lists the Veteran eligibility criteria for Presumptive Disability Benefits (Compensation and Pension Service, 2015).

Helping Veterans Enroll

The medical care provided by the VHA is called the VA Medical Benefits Package and all enrolled Veterans are eligible for benefits services if they have the clinical need and the service is available in the geographic location. Home healthcare clinicians can assist Veterans to apply for benefits by phone, or visit the local VHA medical center to complete and submit the Application for Health Benefits form, or enroll online through the VA Web site using the 10-10 EZ form. Because social workers are typically responsible for assisting patients with resources, establishing relationships with the local VHA social workers may facilitate enrollment as they will know the process and availability of services. Veterans will need a copy of their "Certificate of Release or Discharge from

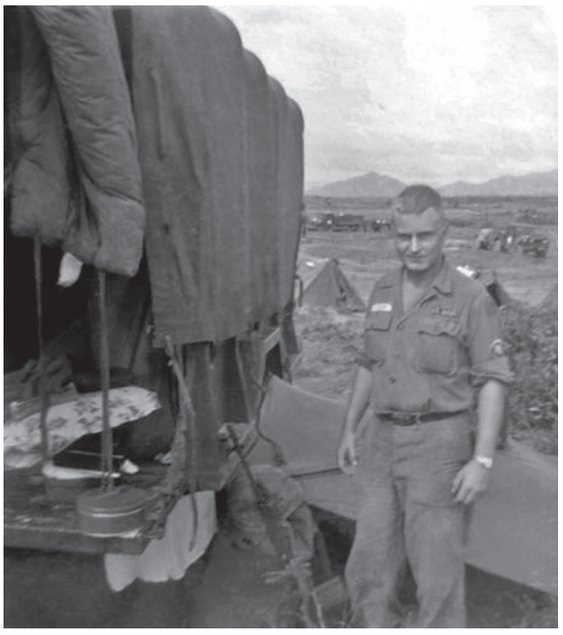

Figure 1. James Erickson in Vietnam, 1966.

Figure 2. James Erickson, 2016.

Active Duty" most commonly known as the "DD 214" to begin the application process. Most Veterans should have their original DD 214 as Veterans are instructed upon discharge from the military to keep the original. Family members though, many not be aware of the importance of the DD 214, and home healthcare clinicians may need to assist family members to retrieve a copy of the DD 214 if they are unable to locate it. The National Archives (https://www.archives.gov/veterans) will provide copies of the DD 214 free of charge but this process may take several weeks.

Table 1. Veteran Criteria for Enhanced Eligibility and Presumptive Disability Benefits

Veterans Eligible for Enhanced Eligibility	Veterans Eligible for Presumptive Disability Benefits
Former Prisoner of War (POW)	Former Prisoner of War (POW)
In receipt of the Purple Heart Medal	Diagnosed with a chronic disease who are within 1 year of release from active duty
Have compensable VBA awarded service-connected disability of 10% or more	Diagnosed with ALS who have at least 90 days of continuous active service
Are receiving a VA pension	Veterans exposed to ionizing radiation
Served in Vietnam from January 9, 1962–May 7, 1975 (this includes U.S. Navy and Coast Guard ships in Vietnam)	Vietnam Veterans exposed to Agent Orange
Served in the Persian Gulf from August 2, 1990–November 11, 1998	Gulf War Veterans with multisystem illness of various symptoms for greater than 6 months
Have a military discharge due to disability (nonpreexisting, early out, or hardship)	
Served in theater of operation for 5 years postdischarge	
Stationed or resided at Camp Lejeune North Carolina for 30 days or more between August 1, 1953 and December 31, 1987	
Are found by the VA to be catastrophically disabled	
The previous years' household income is below the VA's National Income or Geographical-Adjusted Thresholds	

Adapted from the U.S. Department of Veterans Affairs (2016a).
Note. ALS = amyotrophic lateral sclerosis; VA = Veterans Affairs; VBA = Veterans Benefit Administration.

The most convenient way for Veterans to apply for benefits is to use an advocate. Veteran advocacy groups are known as Veteran Service Organizations (VSOs) and they usually have a Veteran's Advocate Service Officer who is trained and may represent and support Veterans on issues related to their Veteran status and applications for benefits. Many of the VSO Service Officers have a thorough understanding of the VBA system and are quite adept at assisting the Veteran with completing the forms. The VSO service officers can also assist Veterans to resubmit claims that were previously denied. The service is free and VSOs are readily available and accessible in nearly all communities including rural areas. Table 2 lists the most common VSOs and their contact information. In addition to the common VSOs listed in the table, there are additional service organizations specific to the branch of service, location of service, and other service-specific criteria that provide varying levels of Veteran support and advocacy. A comprehensive list of the VSOs can be found in the Directory of Veteran Service Organizations on the VA Web site (U.S. Department of Veterans Affairs, 2013). All the VSOs can be good sources of information and support. The VSOs are not part of the VBA or VHA systems; they are nonprofit community-based organizations devoted to serving the interests of Veterans, usually supported by a Veteran membership base. The larger VSOs have national offices with posts or chapters in communities across the United States.

Home healthcare clinicians and agencies should establish relationships and maintain regular communication with the VSOs located in the communities they serve. Coordinated efforts between policy makers (Chokshi & Sommers, 2015), VSOs, and healthcare providers can help ensure Veterans receive the benefits they earned.

Assisting Enrolled Veterans

Once a Veteran is enrolled, they are eligible for the Medical Benefits Package. Enrolled Veterans may have access to the VHA's Medical Benefits Package, yet certain benefits may vary from Veteran to Veteran. Each Veteran's unique eligibility status can determine services. For example, a Veteran must be rated at least 70% to be eligible

for skilled nursing care. In addition, not all care at the VHA is free for an enrolled Veteran and the Veteran may need to pay a copay for certain services. The two main factors that determine whether a Veteran pays a copay are the VBA service-connected disability rating and income eligibility, both of which are determined by the VBA. Even with varying degrees of eligibility and copays, most eligible Veterans may find that the care is very affordable.

Many Veterans may not know what services are covered by the VHA, especially if they are new to the system. It is important that the local home healthcare agency has a working relationship with the closest VHA clinic or VHA medical center to understand local services available as they may vary by geographic location. The following is a list of the common services and benefits available for enrolled Veterans that may be useful to home healthcare clinicians (Table 3).

Home Based Primary Care

Home Based Primary Care (HBPC) is comprehensive longitudinal care delivered in the home by an interdisciplinary team (IDT). This program targets multiple chronic conditions over a longer period of time, not just the short-term or episodic needs normally covered by home healthcare. The program is for Veterans who need skilled services, case management, or help with activities of daily living (ADL) (U.S. Department of Veterans Affairs, 2016b). Care provided by the IDT may include physicians, social workers, nurses, occupational therapists, physical therapists, dietitians, psychologists, and pharmacists. The IDT works under one plan of care and can include interventions such as medication reconciliation, caregiver training, and care provided in the home.

Because HBPC focuses on complex, chronic, disabling medical conditions for which clinic-based care is not practical, it can be an effective way to manage Veterans who are isolated and provide support to caregivers. HBPC can be used in combination with other home and community services (U.S. Department of Veterans Affairs, 2016b). Social workers and case managers at the VHA can assist with application for this benefit and provide information regarding copays.

HBPC originated in 1970 under another name as a demonstration project, but the program has been so successful that now there are over 116 programs nationwide (Cooper et al., 2007).

Table 2. Veterans Service Organizations (VSO)

Name of VSO	National Contact	Local Posts or Chapters in the Community
American Legion	www.legion.org	Yes, contact local post commander
American Veterans (AMVETS)	www.amvets.org	Yes, contact local post commander
Disabled American Veteran (DAV)	www.dav.org	No, contact nearest service office that is usually located in a VA facility
Veterans of Foreign Wars (VFW)	www.vfw.org	Yes, contact local post commander
Vietnam Veterans of America (VVA)	www.vva.org	Yes, contact local chapter

Patients and caregivers have reported benefits of HBPC such as personalized and respectful care, trust, peace of mind, and increased access to care that assisted in avoiding emergency room visits and hospitalizations through better medication management and coordinated care (Edes et al., 2014). If home healthcare clinicians are thinking "This patient is too sick to go to the VHA clinic for visits and they need long term homecare," this is probably the Veteran who should be referred for HBPC.

Skilled Home Health Care

Skilled Home Health Care (SHHC) is short-term healthcare services that can be provided to Veterans if they are homebound or live far away from the VHA agency or facility (U.S. Department of Veterans Affairs, 2016c). The care is delivered by a community-based home healthcare agency that has a contract with VHA. The program is for Veterans who need skilled services, case management, and help with ADL. This program is also for Veterans who are isolated or their caregiver is experiencing burden. SHHC can be used in combination with other home- and community-based services. The Veteran may receive nursing care; physical, occupational, or speech therapy; patient education; a home safety evaluation; and social work support through this program (U.S. Department of Veterans Affairs, 2016c). Home healthcare agencies who have partnerships and regular communication with VHA clinics and medical centers can contract with the VHA to provide these services.

Care Coordination/Home Telehealth

Home Telehealth, also known as Care Coordination/Home Telehealth (CCHT), is a service that allows the Veteran's physician or nurse to monitor the Veteran's medical condition remotely using home monitoring equipment (U.S. Department of Veterans Affairs, 2016d). Veterans can be referred to a care coordinator for enrollment in CCHT services by any member of their care team. Enrollment is approved by a VHA provider for Veterans who meet the clinical need for the service (U.S. Department of Veterans Affairs, 2016d). A care coordinator receives health information that each Veteran provides such as vital signs or weight, and then checks in with the Veteran by phone, and reports information to the physician or nurse. CCHT services are individualized based on the Veteran's needs and may include synchronous or asynchronous communication. Care may be provided using a video screen and camera or video phone provided to the Veteran (U.S. Department of Veterans Affairs, 2016d).

CCHT can be used in combination with other home- and community-based services (U.S. Department of Veterans Affairs, 2016d). Integrating CCHT has been shown to be a cost-effective approach to reach previously underserved Veterans living in rural areas who would not have been eligible for HBPC due to geographical location (Sorocco et al., 2013).

Homemaker/Home Health Aide Services

Homemaker or Home Health Aide (HHA) services are available to go into a Veteran's home and assist with self-care and ADL. The homemakers/HHAs are supervised by a registered nurse who assesses the Veteran's daily living needs. This program is for Veterans who need skilled services, case management, help with ADL, are isolated, or their caregiver is experiencing burden. This service can be used in combination with other home- and community-based services. The homemaker/HHAs work for an organization that has a contract with VHA. This is an excellent option that can enable Veterans to remain at home, or to allow for respite care at home for Veterans and their family caregiver. Services are based on assessed needs, so the HHA may go to the home several times a week or just occasionally. This service is especially useful for Veterans who may have specific needs such as help with eating, dressing, bathing, mobility, shopping, cooking, cleaning, laundry, or medication management (U.S. Department of Veterans Affairs, 2016e).

Table 3. Veterans Health Administration (VHA) Programs

Program	Eligibility	Copayment
Home Based Primary Care (HBPC)	yes	Yes, copay may be charged depending on service-connected rating. May have a basic copay each time a VHA staff member comes to the home.
Skilled Home Health Care	yes	Yes, copay may be charged depending on service-connected rating and financial information.
Home Telehealth	yes	No copay, although there may be a copay for in-home video visits.
Homemaker/Home Health Aide Services	yes	Yes, copay may be charged depending on service-connected rating.
Respite Care	yes	Yes, copay may be charged depending on service-connected rating and financial information.
Medical Foster Home	yes	Yes, copay may be charged depending on service-connected rating. Veteran pays for room and board, HBPC team makes visits.
Palliative Care	yes	Yes, copay may be charged depending on service-connected rating.
Hospice Care	yes	No copay for hospice care whether it is provided by the VA or an organization with a VA contract.
Adult Day Health Care Centers	yes	Yes, copay may be charged depending on service-connected rating and financial information.
Veteran-Directed Care	yes	No copay with this program, but may have a copay if HBPC is used.

Adapted from the U.S. Department of Veterans Affairs (2016b,c,d,e,f,g,h,i,j)
Note. Eligibility: Enrolled Veterans are eligible *if* they meet the clinical need for the service AND it is available in their geographical area.

Respite Care

Respite Care is a service that pays for a person to come to a Veteran's home or for a Veteran to go to a program while the family caregiver takes a break (U.S. Department of Veterans Affairs, 2016f). Veterans can receive Respite Care in an inpatient, outpatient, or home setting. The program is for Veterans of all ages who need skilled services, case management, help with ADL, are isolated, or their caregiver is experiencing burden. Respite Care can be used in combination with other home- and community-based services. There are three different types of Respite Care: (1) a paid HHA who comes to the home, (2) attendance at an Adult Day Health Care Center, and (3) short-term admission to CLC or a VHA medical center for a short inpatient stay (U.S. Department of Veterans Affairs, 2016f). The services may be available up to 30 days each calendar year and the total of 30 days may be divided among the three different types of Respite Care (U.S. Department of Veterans Affairs, 2016f).

Medical Foster Homes

The Medical Foster Home (MFH) program provides a community-based living arrangement for Veterans who cannot live independently (Levy et al., 2016). Veterans live with a caregiver who shares his or her home and provides personal care and supervision for the Veteran. Care is provided in the caregiver's home 24 hours a day, 7 days a week. The Veteran pays for the room and board, but the HBPC team provides medical care coordination and makes random unannounced visits to the home for safety inspections. The program began in 2001 as a pilot program and due to its success, over 100 programs have been established nationwide (Levy et al.). A retrospective study of over 500 MFH patients found that the MFH program did not increase hospitalizations and in some conditions, there were less hospital admissions compared to regular nursing home care (Levy et al.).

Palliative Care and Hospice Care

Palliative Care services are directed toward comfort measures to relieve suffering through pain and symptom management. Palliative Care is available to eligible Veterans at VHA medical centers and can be initiated any time throughout a Veteran's illness. The focus of care is directed toward assisting Veterans to maintain quality of life consistent with the Veteran's goals of care. Services may include specialist consults for symptom issues, support with decision making such as goals of care and Advance Directives, follow up by the healthcare team and referrals, and coordination to access community resources (U.S. Department of Veterans Affairs, 2016g).

The VHA is both provider and a purchaser of hospice care. The VHA is a provider of inpatient hospice care for eligible Veterans in VHA medical centers. As a purchaser of hospice care, the VHA contracts with community hospice agencies to provide home hospice care for eligible Veterans as the VHA does not directly provide home hospice care (U.S. Department of Veterans Affairs, 2016h). It is beneficial for home healthcare clinicians to know there are several options for Veterans regarding hospice care. Veterans under the age of 65 may not be able to use the Medicare Hospice Benefit, due to their age, so it is possible that they could access the VHA hospice if they are enrolled.

Adult Day Health Care

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation (U.S. Department of Veterans Affairs, 2016i). This program is also for Veterans who are isolated or their caregivers are experiencing burden. ADHC can be used in combination with other home- and community-based services. Health services including care from nurses, therapists, social workers, and other disciplines may also be available. ADHC can provide respite care for family caregivers and can also help Veterans and caregivers gain skills to manage the Veteran's care at home. The program may be provided at VHA medical centers, state Veterans homes, or community organizations. State Veteran homes differ from the VHA in that they are not part of the VA system, they are managed individually through each state. ADHC can be a half-day or full-day program and the Veteran may go two to three times per week, but could go up to five times a week based on availability and need (U.S. Department of Veterans Affairs, 2016i).

Veteran-Directed Care

Veteran-Directed Home and Community Based Services gives Veterans of all ages the opportunity to receive the home- and community-based services they need in a consumer-directed way. This care is for Veterans who need skilled services, case management, and assistance with general ADL or instrumental activities of daily living, are isolated, or their

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caregiver is experiencing burden. Veterans in this program are given a flexible budget for services that can be managed by the Veteran or the family caregiver (U.S. Department of Veterans Affairs, 2016j). This program allows Veterans and their caregivers more access, choice, and control over their long-term-care services. This is a new VHA program and is only available in certain locations.

Caregiver Support

In addition to Veteran-specific benefits, the VHA also has a large network of caregiver support services. The VHA Web site offers information on caregiver resources such as caregiver training courses, support hotlines, caregiver toolboxes with numerous resources, and caregiver stories. Wounded Veterans and their caregivers may apply for new benefits under the Caregivers and Veterans Omnibus Health Services Act of 2010. The law directs the VHA to assist caregivers of Veterans needing ongoing personal care services because of serious injury (including TBI, psychological trauma, or other mental illness) incurred or aggravated in the line of duty on or after September 11, 2001 (VA Caregiver Support, 2016). Benefits may include a stipend, travel expenses, access to healthcare insurance, mental health services and counseling, caregiver training, and respite care (VA Caregiver Support).

Conclusion

The eligibility and enrollment process can be challenging but the end rewards can make a significant difference in the Veteran's quality of life. A basic understanding of Veteran benefits and services is essential for the home healthcare clinician. Building relationships with local VHA clinics, hospitals, and VSOs will allow the home healthcare clinician to maximize resources for the patient who is a Veteran. We need to encourage Veterans to apply for benefits through the VBA as they cannot be eligible for services if they have not applied and enrolled in the VHA system. All Veterans should be encouraged to apply for benefits through the VBA even if they believe they are not eligible for care. Changes in eligibility requirements occur regularly and Veterans who may not have been eligible previously, may be eligible now. The VHA offers many community-based programs for Veterans, and many of these programs offer opportunities for partnerships through contracts with home healthcare organizations. Additional information regarding Veterans benefits can be found on the VA Web site www.va.gov. ☗

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DOI:10.1097/NHH.0000000000000538

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Disclosure Statement:

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

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