VA Disability Benefits: Compensation and Pension

VA disability compensation and pension are two different monthly tax-free financial benefits paid by the U.S. Department of Veterans Affairs. Disability compensation and pension are meant to make up for veterans’ lost wages due to long-lasting injury or disease. A veteran may only receive either compensation or pension, not both. The benefits are discussed further below. The benefit is paid by direct deposit to the veteran’s bank account, or to a payee if the veteran cannot handle his or her own money, also called a fiduciary. [This should become a link to the ABA section on fiduciaries]

Disability compensation or disability pension will benefit the veteran by providing tax-free benefits to replace the income the veteran could have been earning if he or she were not disabled. Additionally, obtaining compensation or pension may mean the veteran now qualifies for VA health care. VA does not have the capacity to provide health care to every American veteran. VA health care enrollment is based on factors such as POW status, catastrophic disability, service-connected status, and financial need. Many disabled veterans may be eligible for VA health care, TRICARE, or both. See the Veterans Health Administration webpage to apply for VA health care and find out more about the wide range of services offered.

Service-connected Disability Compensation

Service-connected disability compensation is paid to veterans whose injury or disease is due to military service. A veteran is any person who served in the armed forces of the United States and left the service on good terms, usually this means he or she received an “honorable” or “general” discharge. A reservist or guard member, who never served full-time in the military, may qualify as a veteran if he or she was injured while performing duties at drill or training, since there is no “worker’s compensation” in the military – instead there is VA health care and compensation.

The connection to military service is important: this is what makes disability compensation “service-connected” versus other VA benefits that are “non-service-connected”. There are five main ways that disabilities due to injury or disease may be service-connected: incurred in military service (unless due to willful misconduct), aggravated by military service, related to service by presumption (event occurs in military service and disease develops later, link is proven by law), related or caused by another service-connected injury (also called secondary disability), or caused by VA medical negligence or while engaging in VA compensated work therapy or vocational rehabilitation.

Service-connected disability covers more types of injuries and diseases than you might think. It covers not only obvious combat wounds and PTSD, but also disabilities such as hearing loss due to weapons training, or cancer due to exposure to toxic chemicals. Research studies by the Institutes of Medicine, the Air Force, and many others have shown a “nexus” or relationship of certain conditions to military service. The Department of Veterans Affairs and Congress have established “presumptions” of eligibility for service-connected disability for many of these conditions, which means a veteran needs only to show that he or she currently has the disability, and had the required military service, and the link between military service and the disability will be “presumed” or proven by law. The required military service may mean service near a nuclear bomb test site, for conditions caused by radiation exposure, or service
in an area where Agent Orange was used, for conditions caused by herbicide exposure. Amyotrophic Lateral Sclerosis, “ALS”, or “Lou Gehrig’s Disease”, is presumptively service-connected for all veterans with over 90 days of active service. For a list of presumptive medical conditions, see the guide “Federal Benefits for Veterans, Dependents, and Survivors” published by the Department of Veterans Affairs and visit the VA’s “War-related Illness and Injury Study Center” for more information.

What is the difference between a VA disability rating and a military medical evaluation rating?

Both the military medical board process and the VA disability rating process now use the same evaluation system for disabilities, the VA’s Schedule for Rating Disabilities or the “VASRD”. A service member who is undergoing the military medical evaluation board and physical evaluation board process can also file a VA claim and go through the “Integrated Disability Evaluation System”, or “IDES”, where all the service members disabilities are evaluated according to the VA’s Schedule for Rating Disabilities.

There is a difference between the VA disability rating and the military service’s disability rating: for purposes of military medical retirement or separation, only the “unfitting conditions” that render a service member unable to continue in military service are considered in the rating, whereas in the VA disability rating, all medical conditions that were incurred in or aggravated by military service are considered in the rating. Rarely, a condition that is considered by the military service is not considered by VA (if it is something that pre-existed service and was not aggravated by service), but most often, the VA disability rating will cover more. A service member may receive disability compensation from the VA but not be eligible for medical retirement or separation because the disability does not interfere enough with the service member’s military duties.

If a service member goes through a medical evaluation board and physical evaluation board to determine his or her fitness for continued military service, there are many potential outcomes. He or she may be found fit to return to duty, or found unfit. If found unfit, the service member may be medically retired or medically separated from service, or the service member may be released from active duty but continued on in the active Guard or Reserve. If found unfit, the service member may request to be “continued on active duty” with a limited duty profile, or re-trained, or placed in a suitable alternative role. Many service members with fifteen to twenty years of service or with high-demand skills may be continued on active duty. Advice on the military medical evaluation process and integrated disability evaluation system should be coordinated between the physical evaluation board liaison officers (referred to as PEBLOs), Judge Advocate General Corps attorneys, federal recovery coordinators, and veteran service officers.

What is the average VA disability payment?

For purposes of VA disability compensation, unlike for Social Security Disability Insurance, a veteran does not need to be totally disabled or unable to work to receive compensation. Instead of an all-or-nothing benefit, each disability is evaluated based on the veteran’s symptoms and functional impairment, using the VA Schedule for Rating Disabilities, or the “VASRD”.

The VASRD is a guide in the evaluation of disabilities for purposes of assigning a monetary payment for the disability from the VA and/or military service. The VASRD is (administrative) law. It can be found in the Code of Federal Regulations Title 38 part 4. The percentage ratings range from 0% to 100% in ten percent increments, and each ten percent rating higher than zero (10%, 20%, etc.) is assigned a monthly monetary compensation value from $129 per month for a ten percent rating to over $2600 per month for a one hundred percent rating (and there are ratings above one hundred percent for very severely injured veterans called “special monthly compensation”). A veteran who receives a 20% rating for a knee disability receives the same compensation as a veteran who receives a 20% rating for diabetes.

The percentage ratings and the monthly payments represent the average loss of earning capacity in civilian occupations resulting from diseases and injuries incurred during military service. This “average loss of earning capacity” measure means disabilities are rated according to the “average man or woman” standard: if a veteran has a severe disability but is able to overcome it and work to a high capacity, he or she will still be rated according to the schedule, not by how much his or her earnings decreased. For example, a piano player does not receive more compensation for a finger injury, than a telephone operator, even though it may have a bigger impact on the piano player’s ability to work. However, the impact on the individual person’s job will be looked at if the disability causes inability to work. Please see VA’s website for current pay tables and information about how VA comes up with an overall rating if a veteran has multiple disabilities.

How is a Disability Evaluation or Rating Assigned?

Ratings are assigned based on symptoms and impairment; the rating criteria in the VASRD range from very objective measures such as area of a burn in square inches, to subjective measures such as “incapacitating episodes”. In some cases, observable symptoms like a veteran’s mood or gait can be reported by the veteran or veteran’s friends and family. In most cases, doctors’ reports are required to determine the level of disability. The VA rating specialist must interpret reports of examination (by military, civilian, and VA doctors) and put together the various reports into a consistent picture so that the rating reflects the elements of disability present.

The VA publishes checklists called “disability benefit questionnaires” or “DBQs” that mirror the VASRD, so that private doctors can fill them out for veterans to speed up the evaluation process. Service members going through the “integrated disability evaluation system” or “IDES” will receive an exam during military service that uses these “DBQs” and provides the information that both the military and VA use to assign a rating.

Often, VA will require an exam to determine the level of disability. These exams are not performed by the veteran’s usual physician who treats and attempts to improve his or her disability: they are performed by specialists who ask questions and perform tests to assist VA in deciding whether a veteran is entitled to compensation. For some types of exams, you can have the veteran’s regular doctor fill out the same exam worksheet that a VA doctor would fill out, and avoid waiting for an appointment with a VA doctor. To find those worksheets, see VA’s website on “disability benefit questionnaires” or “DBQs”. Some exams require special knowledge of VA law and the rating chart, and you will need to wait for VA
to schedule the exam, but if you can fill out some of the DBQs, do. A veteran service officer can recommend which DBQs the veteran’s doctor should complete.

**What if the veteran’s disabilities prevent work, but the veteran does not have a 100% rating?**

A veteran may have symptoms not described in the rating chart or may be unable to work due to the disability even though the average person would be able to work. In this case, the VA may assign a higher rating, called an “extraschedular” rating because it is not in the rating chart. The most common rating of this type is called “TDIU” or “IU” which stands for total disability based on individual unemployability. In this case, the veteran would still be rated according to the rating chart, but paid at the 100% rate.

A 100% rating may be “total and permanent and static in nature” or “temporary”. If a rating is “total and permanent” it is not likely that the disability will improve. In this case, the veteran will be entitled to all the benefits that come with a 100% rating, such as eligibility for dental care, dependents educational assistance, and more. If a rating is “temporary”, this means VA thinks the disability may improve, and will schedule a follow-up exam sometime in the future to re-evaluate the disability. In fact, all ratings may be lowered at any time if the veteran actually shows improvement, but there are rules VA must go by to reduce a rating. If a disability has been at a certain level of severity for 20 years, the rating cannot be lowered below that level unless there was a clear error or fraud.

**Vocational Rehabilitation**

A veteran with a disability that interferes with work may be eligible for vocational rehabilitation benefits to allow him or her to train for a new career. A veteran may qualify for vocational rehabilitation with a disability rating of 20% or higher; or 10% if the disability severely interferes with work (in this case, the disability rating should usually be appealed). If a veteran is severely disabled and a vocational rehabilitation counselor determines he or she is unable to work, the veteran may be put in an independent living program ("ILP"). The ILP program gives veterans the ability to use vocational rehabilitation even if not able to immediately pursue employment. Participation in the ILP program gives service members and veterans tools to live as independently as possible, preserve their dignity and quality of life, and reorient and adapt to their disability to pursue education or work in the future. For more information about Vocational Rehabilitation (sometimes called “Voc Rehab”) and the Independent Living Program, check out VA’s Vocational Rehabilitation and Employment Service webpage. For service members still on active duty, the service’s warrior transition unit will coordinate a transition plan that helps the veteran return to duty or transition to civilian life. This transition plan may include using VA education programs, vocational rehabilitation and counseling, and other VA services.

**Special Monthly Compensation**

Special Monthly Compensation is an amount paid in addition to or instead of a VASRD rating for severe injuries or combinations of disabilities, such as the loss of use of a limb, or the need for trained medical care to deal with service-connected injuries, or a temporary or permanent homebound status. The guidelines for Special Monthly Compensation are located in the VASRD at Title 38 Code of Federal
Regulations, Part 4, §§ 4.63 – 4.64, and payment rates are found at Title 38, United States Code, §1114. Special monthly compensation rates are designated by the letters “k” through “t” (with the exception of “q”, which is not currently used) because of their reference in the law at 38 USC §1114(k) through (t). The percentage rates for the VASRD are found at letters (a) through (j). Most service members or veterans who require a caregiver should be eligible for special monthly compensation or special monthly pension (also called aid and attendance or housebound), so consult with a trained representative on applying for this benefit. When deciding a claim for service connected disability compensation, the VA must consider a veteran for special monthly compensation. This means that if a veteran provides evidence of qualifying disabilities and the VA overlooks special monthly compensation, no special appeal is necessary: ask the VA to grant special monthly compensation back to the effective date of the claim.

VA Disability Pension

VA may also pay disability pension to veterans of war time who are unable to work, even if the disability is not related to military service. Even though it is called pension, this benefit has no relation to years of service. It is based on inability to work, with no likely improvement, and financial need. Many lawyers are now informing caregivers of this benefit, because of its interaction with medical expenses. Disability pension is a set amount per year for any veteran who receives it (it is not a high benefit – it is around the annual poverty line), but is reduced by most income the veteran and spouse earn. Now, disability pension means the veteran cannot work, but retirement pension, help from family and friends, and spouse’s income all count as income. Welfare benefits, supplemental security income, and certain wages earned by the veteran’s children do not count, but other agencies may count VA disability pension as income and reduce other benefits.

If the veteran’s medical expenses are more than 5% of his or her income, the medical expenses are subtracted from total income for the limited purpose of the VA’s determination of financial need in eligibility for VA disability pension. After subtracting medical expenses, many veterans may find this benefit worthwhile, especially if their disabilities are not service-connected. Medical expenses may offset income entirely for veterans who need constant care.

Disability compensation may result in a higher benefit, depending on the severity of disability, and comes with other benefits such as copayment free health care for the service-connected disability. For this reason, eligibility for both disability compensation and pension should be considered when assisting a veteran with a disability claim.

Aid and Attendance and Housebound

A higher amount of disability compensation or disability pension is awarded if a veteran needs the “aid and attendance” of another person to do activities like grooming, bathing, eating, and toileting. Aid and attendance benefits apply to any veteran who qualifies for disability compensation or pension. The veteran will need to provide medical evidence that aid and attendance is necessary, preferably from a physician. There is a form that a doctor can use to certify need for aid and attendance.
Residence in a nursing home which provides medical care is also proof of a need for aid and attendance. This provision has been abused by some nursing homes which promise a veteran that they will be eligible for disability pension with aid and attendance, but coordination with other benefits is essential, because a veteran who qualifies for pension with aid and attendance may not qualify for Medicaid. This may result in a veteran no longer being able to afford the nursing home or other programs such as rehabilitation programs that depend on Medicaid eligibility. Also, a small but growing number of insurance salesmen promise to qualify a disabled veteran for the disability pension with aid and attendance benefit, if they move their money into a financial product that cannot be touched. Because disability pension is means-tested, the veteran may qualify for the pension with aid and attendance after income or assets are hidden in the financial product, but then may find themselves without enough resources, or with a useless financial product.

So how can a veteran or caregiver protect themselves? Use caution and consider whether a representative has a conflict of interest in filing your claim, and consider applying for non-means-tested benefits if eligible. Veterans with a service-connected disability who are applying for aid and attendance will actually be applying for special monthly compensation, which does not depend on income and is required to be considered by the VA. The relationship of a disability to military service may not be immediately recognizable, especially for veterans with a radiation related or Agent Orange related disability, so service-connected disability compensation should always be considered if a veteran has been encouraged to apply for aid and attendance.

Housebound benefits may be awarded as part of disability compensation or pension rating if a veteran is confined to the home due to disability. Housebound benefits may be awarded on a temporary basis for hospitalizations or recoveries from surgeries (there is a length of hospitalization requirement).

A veteran may only receive either aid and attendance or housebound benefits, but VA will automatically pay the higher benefit if you apply for both. For more information, see the VA website on Aid and Attendance.

How do I apply for Disability Compensation for the veteran for whom I care?

A veteran must apply for disability compensation, it is not automatic. If a veteran is still on active duty, he or she can go through the “IDES” process, or “integrated disability evaluation system”. This process puts together the military medical retirement board process and VA disability application and rating process. If the veteran you care for is no longer in the military, you will have to file an application at the VA Regional Office nearest the veteran – there is at least one office for each state.

You should consider getting the help of a “veteran service officer representative” or “VSO” to file a claim – VSOs will fill out the paperwork and often have the ability to follow up and check on the status of your claim, all at no cost. You should consider filing a “fully developed claim”, using VA Form 526-EZ: this means you provide VA with all the information they need to research and decide on the claim.

How can I help the claim move through the process quickly?
One of the most effective ways you can help a claim move through the VA process quickly is to provide all the evidence up front in a well-organized manner. To be able to do this, we suggest you read up on the benefits the veteran you care for may qualify for, and make an appointment to take the veteran you care for to see a local veteran service officer, or in certain cases, for the veteran service officer to come to you. You can see a listing of all accredited service officers published by VA’s Office of General Counsel (central law office for the VA). VSO representatives will never charge a fee for services: agents and attorneys may charge a fee and usually handle appeals rather than initial claims. If there is not a VSO near you, VA employs “public contact representatives” or “veteran service representatives” who can help you file the paperwork.

The VA is encouraging veterans and representatives to present “fully developed claims” by expediting the process. If the VA does not need to obtain private medical records to decide your claim, and you do not send in any evidence after your fully developed claim package, the period that VA takes to request records and wait for you to provide more evidence is not needed. The claim can then go to the next phase of the development process. Fully developed claims are filed on “EZ” forms, which provide a notice on the form of the types of evidence that should be submitted to decide the claim. However, exactly what evidence the VA is looking for is not necessarily noted on the notice form. For example, the VA Schedule of Rating Disabilities (“VASRD”) is not listed on the notice form, so you may not know which test results or symptoms are relevant unless you read the VASRD. VA Form 526-EZ is the form to file a fully developed claim for service connected disability compensation.

One issue with filing a fully developed claim is that benefits cannot be paid before a claim is filed, and it can take some time to gather the paperwork to file a fully developed claim. The date benefits start is called the “effective date” and is usually the first day of the month after a claim is filed (or if a claim is filed during military service, the day after military separation or retirement). So the time that it takes to find documentation can result in a lower overall amount of benefits paid. The advantage to the fully developed claim program is a law that provides for up to one year of retroactive benefits for claims filed between August 2013 and August 2015 in the fully developed claim program. For initial claims (the first claim a veteran files), the effective date of the claim can go back up to a year prior to the date of filing1. This eliminates the incentive to file a piece of paper to “lock in” a claim date without having all the evidence ready, and preserves the veteran’s entitlement to benefits.

What should I prepare before meeting with a claims representative?

Doing some legwork upfront to find and organize the veteran’s records will go a long way toward filing a fully developed claim and receiving all earned benefits. MOAA’s Claims Checklist has some suggestions for preparing and tracking a compensation and pension claim. It is much easier to track a claim when you know what has been filed, where it was filed, and when it was filed.

Bring copies of the veteran’s military records (especially the discharge papers or “DD-214” that show he or she left the service on good terms – see the National Personnel Records Center website for

information on how to send for military records). Bring copies of all relevant medical records. Try to organize these records by facility and by ailment; it makes it faster for the representative and VA to find important words. It is very important to give VA copies of the veteran's medical records from private doctors, since it takes VA a long time to get those records. If you absolutely cannot get them, write down the doctors seen, addresses and dates of treatment. Also, write down the dates of treatment and address for each military hospital and VA clinic or hospital so that VA can get those records. Although VA medical records are now electronic, not all are in the centralized database. A VSO can help you to file a fully developed claim.

Bring legal documents such as power of attorney or guardianship, marriage and divorce decrees, and birth certificates for any dependents. A veteran with a 30% or higher disability rating, or disability pension, receives an additional amount of compensation if he or she has a spouse and/or children to support.

What is a veteran service officer and how do I find one?

Veteran service organizations, or “VSOs”, are veterans associations that help service members on terminal leave, veterans, and their families apply for VA benefits. VSOs are not part of the federal government. In fact, federal government employees and active duty military members may not be VSOs. VSOs may be not-for-profit veterans associations, or they may be state governments. 47 states are recognized as VSOs to provide claims help. Also, local county governments may appoint and employ veteran service officers.

These associations and states are listed on the VA Form 21-22. This is the form that a veteran signs to allow a veteran service officer representative to help them prepare a VA claim and receive information about the claim from the VA. There is a slightly different form called the VA Form 21-22a for attorneys and agents, who may charge a fee for their services. No one can obtain information on your claim without one of these completed forms (or another form called a “third party authorization form”) and your consent.

VSOs can help you file for a range of VA benefits, and state veterans benefits. VSOs may represent you in an upgrade of your discharge (for example, from other than honorable to honorable) before the Board for Correction of Military Records or Discharge Review Board. You can also get assistance with this through some legal clinics and attorneys. VSOs cannot help veterans with a dishonorable discharge because the veteran will not be eligible for any VA benefits until the discharge is upgraded. Some VSOs and law school clinics will help with medical evaluation boards and physical evaluation boards. VSOs cannot help you in legal matters such as family law or criminal law because they are not qualified attorneys, although some attorneys may also be VSOs.

VSOs do not receive any federal funding. VSOs do have some access to VA facilities, however. VA offers free office space to VSOs so that veteran service officers may meet with clients, review claims files, and receive updates on claims status without compromising the security of the veterans’ private information. VSOs can also receive access for veteran service officers to VA computer databases to
check on the status of a claim and submit evidence for a claim. Veteran service officers can view this information, but do not have the authority to update any official records.

A veteran service officer representative, or “VSO representative” for short, can be found through VA’s official list, prepared by the Office of General Counsel, of all accredited veteran service officer representatives, agents, and attorneys. Each VSO has certain rules and policies their service officers must follow, and most will have client responsibilities as well. Some of these rules for representatives and clients were made by Congress can be found, with all VA laws, at Title 38 of the United States Code. The U.S. Code can easily be found on the internet at the Government Printing Office website.

Some county employees and members of veterans associations may provide information and advice about VA benefits even if they are not accredited. If a “post service officer” helps you with your claim, and says they will send it on to “headquarters” or another service officer, you should ask who to contact to follow up with your claim. In most cases, you will need to follow up with a veteran service officer at or near the closest VA regional office. To find this information on your own, you can search the organization’s website for their offices and see if one matches the VA regional office, contact the “chief service representative” or “national service officer” nearest you, or simply call the headquarters office and ask for the name of the representative who is in charge of your state’s claims.

If a member of a veteran service organization, or county or state employee helped you file your claim, you will want to check with him or her about the status of your claim. If the representative you spoke with is unavailable, the representative at the regional office may have more information for you. First try your local representative, if you are unable to get an answer from him or her, call the headquarters office. They should have up-to-date information on another representative who can help.

Do not be afraid to ask questions – veteran service officers may use a lot of abbreviations: for example, “S-C” for service connected disability compensation. Always ask for copies of what was sent to VA. A good representative will be able to get you a copy – if it is a lot of documentation it may take some time to copy or scan since the representative may want to hold on to an office copy.

Once you have filed your claim, the process moves slowly. You can help by organizing the documents, having a basic understanding of benefits, and following up about once a month or whenever you receive a letter from VA. Also, be sure to tell your service officer if the veteran you care for becomes severely or terminally ill, turns 75 years old, or was a prisoner of war or veteran who served in Iraq or Afghanistan after September 11, 2001. These veterans’ claims may be expedited by VA. If you are unable to reach your VSO after a reasonable period of time (2 to 3 weeks), notify the VSO’s headquarters office. Even if your VSO becomes sick or is unable to continue with your claim, another representative can immediately take over, but the organization needs to know in order to help you.

**A few words about a VA power of attorney:**

If a veteran is receiving help in filing his or her claim, through a veteran service officer, agent, or attorney, the veteran will need to sign what VA calls a “power of attorney”. This is also called a “21-22”, the form number on the authorization. It is limited to VA claims representation, so it has no effect on
the veteran’s legal or financial situation apart from VA benefits. Without a power of attorney, the
service officer or attorney won’t be able to receive any information about your claim. A state issued
general or durable power of attorney has no effect in VA claims. However, a guardian may sign for a
veteran. For more information about VA power of attorney, please see VA’s Compensation and Pension
and pension manual has almost all the information you could want to know about how VA processes
claims, but it has a lot of jargon in some places. It is a good resource.

If you are not the veteran’s guardian, it is best for the veteran to sign and participate in his or her claim.
However, if the veteran you care for is so disabled that he or she cannot sign the power of attorney
form, certain people can sign that document for him or her. The best thing to do in that situation would
be for the spouse, parent, or next of kin to sign the “power of attorney” form and select a veteran
service officer to represent the veteran.

What happens once I’ve filed a claim?

The claims process will differ depending on when you’ve filed a claim: while the veteran you are caring
for is in a wounded warrior transition unit still on active duty, soon after discharge from active duty, or
many years after separation of retirement. Even if you begin a claim and receive a decision on the day
the veteran you care for becomes a civilian, you may need to continue with the process of payments,
increases, or management of a program of educational or vocational rehabilitation long after separation
or retirement from the military.

The VA, Department of Defense, and Department of Labor teamed up to provide a secure electronic
portal called “eBenefits”. The eBenefits website allows veterans to access many benefits online instead
of through the mail or a long telephone tree. A veteran can file a claim, view a claim status, change
contact information, add a spouse or child to their compensation award, get a home loan certificate,
and request copies of their DD-214 and personnel records.

Generally, the VA will review the paperwork you send in, search for federal records such as records from
the Social Security Administration and military hospitals, schedule any necessary exams, and make a
decision on the claim. After a decision is made, another team must “authorize” the payment by asking
the U.S. Treasury to start paying the veteran. For more information on the VA claims process, please
see MOAA’s claims process article, “I’ve Submitted a Claim, Now What?”

What should I do if I do not think a decision is correct?

If you receive a decision on a benefit that you think is not correct, or if the VA did not take into account
some evidence, you can either file an appeal or reconsideration of the claim. Generally, an appeal is
more appropriate when you disagree with the VA’s application of the law to your claim. Filing a claim for
reconsideration is more appropriate when some new evidence became available while the claim was
pending. There are deadlines that must be met to file an appeal, the most important and strict deadline
is the “notice of disagreement”, which lets the VA know that you disagree with their decision and want
to appeal to the Board of Veterans Appeals. A notice of disagreement must be filed within one year of
an initial decision. VA now has a notice of disagreement form that you can file, although a notice of disagreement may be filed in any letter to the VA. VSO representatives, as well as agents and attorneys, can help with appeals, although once an appeal is filed, they may be more hesitant to get involved due to deadlines and a need to review the evidence to see what was already done in the claim. If you went it alone for your claim, you may want to get the help of a representative before filing an appeal. Agents and attorneys may charge a fee to represent you, while VSO representatives’ services are free. You can request a hearing where you present your case to a VA adjudicator or a Veterans Law Judge. The veteran you care for must be present at the hearing and the hearing may help if the veteran’s testimony would better explain his or her disabilities. However, a hearing may not be as useful in a case that is dependent on specific law and pieces of evidence, such as a claim for an earlier effective date.

Am I eligible for any VA benefits as a caregiver of a veteran?

The VA has always provided some support services for caregivers of veterans, including respite care and home health services for disabled veterans. In 2010, Congress recognized the sacrifice family caregivers make in giving up their career and personal time to care for veterans. Family caregivers of veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, and who are not already paid for their services, are eligible for caregiver training, a monthly stipend, and health insurance from VA through CHAMPVA. For more information about the caregiver program, please see: [Link to content about the caregiver program]. The military has a similar program for severely injured service members called “Special Compensation for Assistance with Activities of Daily Living”, or “SCAADL”, which you have to apply for and also provides a caregiver with training and a stipend. The military benefits expire 90 days after separation from military service, or when VA benefits start or the service member recovers, so it is important to apply for the VA caregiver program and VA benefits well before transition.

Even if you do not qualify for the caregiver training and stipend, you still may qualify for CHAMPVA. Spouses and dependent children of veterans who are rated as “permanently and totally disabled” by the VA due to a service-connected condition are also eligible for CHAMPVA. Some survivors are also eligible for CHAMPVA. CHAMPVA allows caregivers to access VA health care services and private doctors who contract through CHAMPVA. It is an insurance program, so you will have to pay some co-pays. CHAMPVA is a second payer to other health insurance programs, including Medicare, which means your existing insurance has to pay first. Then, CHAMPVA may pick up remaining costs. To enroll in CHAMPVA, fill out VA Form 10-10d.

For the most part, you will be looking for an outside medical provider who takes CHAMPVA, but some participating VA clinics have extra capacity and can provide cost-free medical services to CHAMPVA enrollees under the CHAMPVA Inhouse Treatment Initiative, or “CITI”. Those enrolled in both Medicare

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and CHAMPVA cannot take advantage of this program because Medicare must be the first payer, and will not pay for services provided by a VA medical center.4

Caregivers are also eligible for mental health, training, and counseling services from the VA that relate to a veteran’s treatment for service-connected disabilities, as specified in Title 38, United States Code, §1782(c).5 If you as a caregiver become eligible for Medicare due to age, you will need to pay for Medicare Part B insurance to remain on CHAMPVA. If you become disabled and unable to continue service as a family caregiver of a veteran, you may lose CHAMPVA coverage, but as described above, you may still be eligible for CHAMPVA as a spouse of a permanently and totally disabled veteran. If you are eligible for TRICARE, you are not eligible for CHAMPVA, but if you would be eligible for both, and lose eligibility for TRICARE, you can enroll in CHAMPVA.

If you do not qualify for CHAMPVA or TRICARE, you still may receive counseling from VA Vet Centers. Vet Centers are community-based treatment centers for mental health issues associated with deployment for veterans and their families. Any veteran who was deployed to a combat zone is eligible for counseling at a Vet Center, along with family members and partners.

See the Veterans Health Administration Caregiver page or call the VA Caregiver Hotline at 855-260-3274 to speak with a Caregiver Coordinator near you about benefits for caregivers. There is a good basic overview of the family caregiver program for caregivers of veterans who served on active duty after September 11, 2001 provided in this video by the VA Maryland Health Care System (scroll to Episode 84).

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4 Department of Veterans Affairs Health Administration Center, http://www.va.gov/hac/forbeneficiaries/champva/faqs.asp (Last viewed October 1, 2013).