

Information on veterans benefits, updated version April 2013

Thank you for this opportunity. **NOT CLAIMS TRAINING—ONLY BASIC INFORMATION**

-Please note: this is NOT intended as claims training. That is far too complicated to cover in 20 minutes. This is current information to take back to your chapter members and/or to discuss with your own service officer --so that you can ask better questions.

3 ESSENTIAL ITEMS FOR ANY CLAIM

-In order to get ANY claimed condition service connected, there are three MINIMUM, essential Hickson elements---1. documentation of an incident in the military records. 2. Current diagnosis, 3. A medical statement connecting the two together (called a nexus). Sometimes a continuity of treatment and/or a medical rationale is also needed.

If you don't have these three essential components, you will never get a claim through. You could have truck loads of evidence about the conditions, but if there is nothing noted in black and white in the records, nothing will ever come of it.

Keep in mind---The raters are not allowed to draw a conclusion. It is their job to interpret what the doctors have written.

FASTEST—the 21-526EZ

Currently-The fastest way to get a claim through these days is to file a Fully Developed Claim on a form 21-526EZ, (instead of the old 21-526).

It can be used for original claims, to do an increase on an existing service connected condition, add a new condition, file a reopen on a denied condition, or even Individual Unemployability---**as long as all the required information and forms accompany it.**

The key component is that it must be a complete package when you send it in, including actual medical records, not a request that the VA goes and gets it---

but it could be accomplished in as little as 90 days---that is the goal. It may take a month or two more, but it is definitely quicker than the current 1 ½- 2 years it is taking.

All the specific details regarding the Fully Developed Claims are available on the six pages of instructions that come with the *two* page form 21-526EZ.

NATIONWIDE PUSH FOR 2 YEAR OLD CLAIMS

-Surely by now you have read in the news that there is a nationwide push to grant two year old claims, at least provisionally. ---that means --- If a veteran has more evidence that could be added to get a denied part granted, then they have a year to provide it, and the grant will go back to *the original date of the claim*.

We will have to see how that plays out. I know that the Regional Offices have huge banners hanging from the ceilings “Grant When You Can” and “Deny When You Must”. Let’s hope they stick to that train of thought in this process.

DISABILITY BENEFITS QUESTIONNAIRES ---DBQ’s

-The newest form is the DBQ, the Disability Benefits Questionnaire. They were originally only for the 3 additional Nehmer items, but now they cover 17 different *categories* of conditions, including PTSD. The entire list is available on va.gov. The forms are very specific to each condition and are to be filled out by a doctor. When the Regional Office receives the DBQ, they usually don’t need to request an outside exam, so again, hopefully this will expedite the claim process---IF YOU are using the EZ.

TRADITIONAL PROCESS

While a veteran can still use the original form of 21-526 or even the 21-526b for additional items, they will take many months to process and are not recommended. But if you need to gather evidence, or you are not in a hurry. --- that is your decision.

THIS IS COMPLICATED STUFF

-This is exactly why this is NOT claims training. This is a complicated, ever-changing legal process that Congress mandates and the federal government controls. Please find your service officer and get his/her help with your individual process and eligibility.

VRAP, Caregiver, Homemaker Programs

-There are some new programs available to some veterans. Each program has its own criteria for eligibility.

1. *VRAP—Veterans Retraining Assistance Program*---a new training program that pays certain veterans to be retrained in a new job. *Some* of the criteria is that the veteran be unemployed and not eligible for any other education benefit program through the VA. They must also be between the ages of 35 and 60 years old. Further information available at va.gov.
2. *Post 9/11 Caregiver program*---for the new returning disabled veterans that pays someone, often the wife or girlfriend, to help a young veteran stay on top of his medications, appointments, etc. This may include CHAMPVA medical treatment for the caregiver, if they don't have health insurance. This is a program provided by the VA Medical Center.
3. *Homemaker Program*---for frail or sickly veterans that need a hand with basic household duties. The VA Medical Center has a contract with an organization that arranges to come into the veteran's home up to three times a week, up to three hours a visit. They do vacuuming, dishes, mop floors, etc.

TBI, post concussive syndrome

- Post-concussive syndrome, which is the result of TBI. A traumatic brain injury could have happened in Vietnam, Korea, WW II or *anywhere* and have lasting effects. Some of the symptoms overlap PTSD symptoms, such as unprovoked anger and memory issues.

If you know anyone that had a head injury during military service or was blown up and lost consciousness, alert them to request a TBI evaluation from their primary care physician, and if the results are positive, they should add it to their claim. As always, there will have to be some documentation of the incident somewhere. Meanwhile, this could also explain some problems that the veteran has been living with, such as unprovoked anger or memory loss. These symptoms overlap PTSD sometimes.

SECONDARY TO SC PTSD

-Some conditions can be secondary to a service connected conditions might be added to a claim with the appropriate doctor's statements in place. (*"at least as likely as not"*)

For instance, the following could be secondary to service connected PTSD, with a nexus:

GERD—acid reflux, Bruxism---teeth grinding and sleep apnea---weight gain attributed to the depression of PTSD

OTHER POSSIBLE CONDITIONS RELATED TO PTSD

-Heart conditions, cirrhosis or Hepatitis C may also be attributed to sc PTSD, *"as a result of self-medication secondary to the symptoms of PTSD"*. A veteran needs to report to his psychiatrist that he drank or did intravenous drugs in order to avoid the memories of war. These conditions are harder to service connect, but it can be done.

RELAXED STRESSORS FOR PTSD

-While we are on the subject of PTSD, the regulations for stressors have been relaxed and it is helping many veterans get service connected for PTSD. IF your PTSD diagnosis is based on the sheer terror of being in a combat zone, or driving down Highway One in Vietnam, or on a remote guard tower in Afghanistan, you can get service connection for PTSD based on *"fear of possible hostile insurgent or military action"*.

Actually, there are no geographical limitations for this. You still need to fill out a 21-0781 to provide enough information regarding a 60 day time frame and a location that can be verified by the Regional Office as having that potential.

NON-COMBAT PTSD

-Regulations have also been relaxed for PTSD based on a personal assault or rape (MST—Military Sexual Trauma). This applies to men and women. A detailed lay statement from the veteran is very helpful, along with the required 21-0781a form. The veteran's lay statement now is given equal weight as evidence.

COMBAT PTSD

-If you file for combat PTSD, it will be handled in the traditional manner. You need a combat medal on your DD 214, or fill out the 21-0718 with the same info mentioned above.

ACCEPT ALL OPTIONS OFFERED

-ALWAYS accept any and all medications and treatments offered. Otherwise, the Raters figure you must not be that bad off. Besides, they usually work. If you are not comfortable with the medications, ask the doctor to explain things to you. If one thing doesn't seem to work out, after a few weeks, ask for something different, don't just stop. And try PTSD group, it just might help.

- **GETTING AN APPROPRIATE RATING**

- Once a service connection has been established for PTSD, it is up to the veteran to report ALL his symptoms to the psychiatrist, as it is those reported symptoms that establish the amount of percentage.

GETTING AN INCREASE ON PTSD

-That is how you can get an increase on the PTSD---tell the doctor everything, be very truthful. Do the checklist of possible PTSD symptoms and take it with you to the doctor. Usually you guys say, "Well, I'm ok" because you have lived with the symptoms for so long they feel normal. You are not normal compared to a civilian,

completely normal for a combat veteran, but the doctor cannot read your mind. You need to say the words. Maybe keep notes for a day and night of your thoughts and feelings and take that to the psychiatrist.

GETTING AN INCREASE ON ANY RATING

This applies to any existing service connected disability. You need to let the doctor know how bad things really are living with that particular condition. I recommend writing down notes for a 24 hour period of each and every twinge and ache for, say your knee---then take that with you to the doctor.

Once you have reported the worsening problems, then ask your service officer to write up an increase for you, keeping in mind that while it may be worse, it may not be 'worsen' enough to go to the next level in the rating system.

INDIVIDUAL UNEMPLOYABILITY

-Once a veteran has reached a certain level of disability, there is a possibility of getting paid at the 100% amount through a program called TDIU, Total Disability based on Individual Unemployability. The veteran must have one service connected item at 60% or a combined of 70%, 80% or 90% with at least one item at 40% or higher. The veteran must also have a doctor's statement indicating that he is not ABLE to work. The statement is as follows:

"As a result of his combined service connected conditions, and without regards to other factors, he is unable to obtain and maintain substantial employment".

If IU is granted, they will contact you annually to verify that you are still not able to work. The veteran must sign the form and return it or they will be reduced.

INDEPENDENT LIVING

-Once a veteran's total rating is 60% or higher, he is eligible for a program through Vocational Rehabilitation called "Independent Living". It may feel like they are trying to get you a job, but they are interviewing you to find something you might be interested in doing, such as fishing equipment, or woodworking tools or some

such activity. It depends on what they determine might help you socialize into the community.

AID & ATTENDENCE FOR WARTIME VETS AND WIDOWS

Many of us know Korea or World War II era veterans and /or their widows that are struggling with health care costs, especially if they need assisted living or a constant care facility. They could be eligible for Non-Service Connected Pension with the Aid & Assistance program. It only requires one day of war time service to be eligible, but is income contingent. However, the medical expenditures may offset the income so that it all works out. Please spread the word to your older veterans. There is a 21-527EZ available for that process that will expedite the claim. If the veteran is 75 years old or older, someone should note that across the top of the application form.

SC CONDITION AS A RESULT OF TREATMENT FOR A SC CONDITION

-one last thing, any condition that is a result of any *treatment* for a service connected condition can be added, such as tinnitus secondary to chemotherapy.

USE A QUALIFIED SERVICE REPRESENTATIVE

-I strongly advise that you seek the assistance of a qualified service rep when filing a claim. Many veterans will apply for conditions that have nothing to do with their service, perhaps the aging process. This simply clogs up the system, as the VBA is required to pursue each and every item listed.

QUESTIONS?

I will now take any *general questions* about what I covered. If you have specific questions about your own claim, please see me during the breakout here in the lobby.