

About Massachusetts General Laws (MGL) Chapter 115 Veterans' Benefits

The History of Veterans Benefits in Massachusetts

In the 18th century, towns in the Massachusetts Bay Colony provided assistance to their needy veterans of the French and Indian War (1754-1763), fought between France and Great Britain in North America. The Commonwealth of Massachusetts began providing for its veterans immediately following the Revolutionary War. At the start of the Civil War in 1861, the state legislature formalized the assistance provided to veterans by establishing MGL Chapter 115 and the Department of Veterans Services (DVS).

The Department of Veterans Services and your local Veterans Service Officer

MGL Chapter 115 requires each town or city to provide a Veterans Service Officer (VSO), as well as a Burial Agent and Graves Officer. These town/city employees support the needs of the local veterans within their town/city limits. Larger towns and cities are required to provide a full time VSO, while less populated towns and cities are given the option of having a part time VSO, or joining together with other towns/cities to form a district, which would be serviced by a VSO who would be responsible for serving the multiple towns/cities within the formed district.

Who is eligible to receive MGL Chapter 115 Benefits?

Anyone qualifying as a veteran under the MGL Chapter 4, Section 7, clause 43, as amended by the Acts of 2005, Chapter 130, may be eligible for veterans' benefits from the community in which they reside, provided that they meet the Income and Asset Limits for this need based program. For the year 2012, the maximum monthly income allowed for an individual is \$1,862.00, and for a couple is \$2,522.00. However, applicants whose income is only slightly above these amounts may be eligible for medical benefits at a "spend down" adjustment amount. Asset limits for 2012 are \$3,200.00 for an individual and \$7,000.00 for a couple. Life Insurance that can be turned to cash counts as assets at a predetermined standard amount. Unlike many states, Massachusetts extends the coverage for Veterans' Benefits beyond the veteran to his or her eligible dependents. These eligible dependents may also apply for veterans' benefits. The surviving spouse of a deceased veteran, provided that the spouse was married to the veteran at the time of his or her death, is considered an eligible dependent. Living spouses, children, and parents might also qualify to receive benefits. For more information on program financial limits see *About Income and Assets*.

What kind of Benefits are Available?

Benefits may be available in several forms. The most frequently asked about benefits are provided in the form of financial assistance to aid in meeting the cost of shelter, sustenance, and medical expenses. To determine the eligibility to receive such financial assistance, the VSO will ask the applicant to provide proof of certain expenses, as well as proof of income and assets. The VSO may require other supporting documents such as Marriage, Birth, or Death Certificates, and Discharge papers, depending on the situation. Ceilings are set for income and benefits based on the Federal Poverty Level (FPL) at 200%. Using the documents provided, the VSO will determine an allowable budget as outlined in 108 Code of Massachusetts Regulations (108 CMR). Once the applicant's budget has been established, the VSO will determine if the applicant is eligible for any financial assistance. Other types of benefits may also be available depending on certain qualifying criteria.

How long can I expect to Receive Financial Assistance?

Recipients of financial assistance under MGL Chapter 115 Veterans' Benefits may fall into several categories, which affect the status of their claims. For instance, a recipient who is not totally and permanently disabled or retired, would be expected to seek full time employment, and might expect to receive assistance for a brief period of time while they secure a job. A recipient who is totally and permanently disabled, or who is retired, might find themselves in a financial situation whereby their needs dictate that they continue to receive benefits indefinitely.

What are my responsibilities as a recipient of MGL Chapter 115 Veterans' Benefits?

Full disclosure and timely updates for changes in circumstance are key responsibilities. For starters, during the application process you must **fully disclose** to the VSO the financial information and documentation requested. You must declare **all income** from **all sources**, and **all possessed assets**, to include bank accounts, IRAs, Certificates of Deposit, Whole Life Insurance that may be converted to cash, and available on hand cash. If you generate income from self employment efforts, even if not on a regular basis, you must report this income when it is generated. You may be required to provide forms such as the IRS 1099 or Schedule C Form 1040 tax claim.

Once enrolled you must report any changes in circumstance to the VSO, to include any changes in the amount received from a reported income source, or any new sources of income. You must report any changes in medical or shelter expenses. This includes changes in rent, fees, mortgage, fire insurance, or taxes that are charged to you; or changes in your share of such expense if you begin sharing this cost with another. You must report increases or decreases in medical insurance premiums or other health care costs. These changes must be reported within one month from the change occurring.

When eligible, you must seek alternate sources of income and benefits such as VA Health Care, VA Compensation, VA Pension, Social Security Disability Income, Supplemental Security Income, or benefits from MGL Chapter 118 such as MassHealth and Prescription Advantage.

All recipients of MGL Chapter 115 Veterans' Benefits are eligible to file for medical reimbursement for co-pays associated with doctor visits, hospital visits, and most medication expenses (allowable meds only, e.g. not Viagra). Reimbursement for dental visits and eye care may be available at the Division of Health Care Finance and Policy (DHCFP) allowable levels.

The bottom line is to **keep the VSO in the know**. The VSO can't help you with things he or she doesn't know. Although most recipients do not intentionally attempt to defraud the community and state, failure to disclose information about assets and/or income, or changes in reimbursed expenses can lead to benefits being discontinued, and possible action to recover benefits already paid.

How do I file claims for medical expenses?

One of the most widely used and beneficial aspects of Massachusetts General Laws (MGL) Chapter 115 Veterans Benefits program is the filing of claims for reimbursement of Medical Costs. Most Medical Costs are reimbursed at 100% of the out of pocket expense to the claimant, after all other payers, discounts, deductions, and rebates have been applied (e.g. Insurance, Assistance programs, etc). However, certain items such as Dental and Vision care are reimbursed based on tables created by the Division of Health Care Finance and Policy (DHCFP) of the Commonwealth of Massachusetts. This benefits is not guaranteed for Unemployed/Employable veterans.

Some examples of Medical Cost that are reimbursable are Doctor, Hospital, Dental, and Prescription co-pays. Also reimbursable are Medical Insurance premiums, however, Dental Insurance premiums are **NOT** reimbursable. Medical Insurance premiums include premiums for Medicare Supplemental Insurance. Some plans include Medicare Part B and Part D Supplemental Insurance in a combined premium, while others provide only one or the other; both are reimbursable. Also reimbursable is the premium for Medicare Part B enrollment (\$99.90 in 2012 for a majority of first time enrollees).

No matter what the source of the medical cost, when filing Medical Claims you must provide supporting documentation. The supporting documentation must include certain items, depending on the type medical cost to be reimbursed.

Medical Insurance premiums may be claimed by providing a copy of the paid monthly or quarterly bill, or by providing proof of an auto-debit from a banking account for the premium amount. When providing copies of bills, the bills must include the insured's name, the coverage period, and the amount of the premium after all other payers, discounts, deductions, and rebates have been applied (e.g. assistance by state or federal programs). For more detailed info on filing medical claims see *About Filing Medical Claims*.

QUESTIONS FOR ANY TOPIC NOT COVERED HEREIN SHOULD BE DIRECTED TO YOUR VSO.