ORDER OF THE DEPARTMENT
OF VETERANS AFFAIRS
ADOPTING RULES

The Wisconsin Department of Veterans Affairs hereby adopts an order to repeal and recreate VA 2.01, relating to the assistance to needy veterans program.

ANALYSIS PREPARED BY THE
DEPARTMENT OF VETERANS AFFAIRS

Statutory authority:  ss. 45.03 (2) and 45.40 (3m), Stats.

Statute interpreted:  s. 45.40, Stats.

The repeal and recreation of VA 2.01 will implement the legislature’s and governor’s initiative to establish a new program for assistance to needy veterans in 2005 Wisconsin Act 25. The new program replaces the former economic assistance grant program. The statutory citations have also been changed as a result of the enactment of 2005 Wisconsin Act 22.

The new assistance to needy veterans program differs from the prior program in several respects. Assistance is limited to veterans, except under specific circumstances for unremarried surviving spouses and dependents of service members who die in the line of duty and spouses and dependents of deployed service members. The health care aid component is limited to dental care, dentures, hearing care, and vision care. Statutory payment limitations are imposed for each type of care. The subsistence aid component will generally be subject to a strict income limitation, except for the eligible spouses and dependents of deployed members. Finally, assistance payments to an individual veteran are limited to a statutory cumulative amount of $5,000.

There is no current or pending federal regulation that addresses this initiative. There are no similar rules in adjacent states. This rule has no regulatory aspect to it, has no effect upon small businesses, nor any significant fiscal impact upon the private sector.
SECTION 2. VA 2.01 is repealed and recreated to read:

VA 2.01 Assistance to needy veterans program.

(1) DEFINITIONS. In this section:

(a) “Applicant” means an individual who meets the requirements of s.45.40, Stats.

(b) “Applicant’s family” means the applicant’s spouse and dependents or, where the applicant is a dependent, the parents, stepparents, or any custodial guardians of the dependent.

(c) “Approved treatment programs” means treatment programs approved by the United States Department of Veterans Affairs (USDVA) or alcohol and other drug treatment programs certified by the Wisconsin Department of Health and Family Services.

(d) “Available liquid assets” means cash on hand, including cash in checking, savings, money market or similar accounts, cash value of life insurance policies, liquid investments, including stocks and bonds and amounts deposited in any retirement plans, owned, either jointly or solely, by the applicant or the applicant’s family.

(e) “Declaration of aid” means a written determination regarding the availability of county, state, or federal aid administered by the county for an applicant. A declaration of aid must be signed by a county official authorized to determine whether aid is available for an applicant and the applicant’s family and whether the applicant has accepted the aid available.

(f) “Dental care” means any care given to teeth, the supporting natural and artificial structures for teeth, and any replacement or restoration of teeth.

(g) “Denture” means a dental device that replaces one or more teeth and includes all dental preparation and the manufacture and fitting of the device.

(h) “Department” means the Wisconsin department of veterans affairs.

(i) “Description of benefits” means a written determination that an applicant is eligible for health care aid or subsistence aid or both. A description of benefits expires 90 days after the date of eligibility is established and printed by the department unless extended by the department.
(j) “Earned income” means all anticipated family monthly take home earnings from employment including armed forces reserve and national guard pay, and work study payments, after all payroll deductions of the applicant and the applicant’s family except payroll deductions for savings plans and payment of debts.

(k) “Economic emergency” means a natural disaster which damages an applicant’s primary living residence, a medical emergency, the failure of the applicant’s sole means of transportation, or a severe disruption in essential household systems caused by a failure of the applicant’s stove, refrigerator, heating system, ventilating and air conditioning system, plumbing system, or electrical system such that it materially compromises the applicant’s ability to live.

(l) “Health care” means dental care, dentures, hearing care, and vision care.

(m) “Health care aid” means the payment by the department for health care.

(n) “Hearing care” means any care related to hearing, including, but not limited to, hearing exams or hearing aids.

(o) “Illness or injury” means a physical or mental health problem that has been diagnosed by a licensed physician, dentist, optometrist, or audiologist.

(p) “Month” means any consecutive 30-calendar day period.

(q) “Natural disaster” means a catastrophic occurrence over which the applicant or family members living with the applicant has no control, including, but not limited to, a fire, flood, tornado, blizzard, or earthquake.

(r) “Subsistence” means essential living expenses including current rent or mortgage payments on the applicant’s primary residence, food, current medical insurance premiums, current costs for prescribed medications, essential travel, child care required because of employment, educational or medical reasons, and current costs for electricity, heat, and basic telephone service for the applicant’s primary residence. Subsistence also means any repairs or purchases required due to an economic emergency.

(s) “Subsistence aid” means the payment by the department for subsistence.

(t) “Unearned income” means the estimated amount the applicant and the applicant’s family receives in benefits or grants during any month from the USDVA or other federal agencies, scholarships, fellowships, grants, tuition and fee waivers, all other definite awards other than loans, including amounts paid to the applicant or the applicant’s family or to the school on behalf of the applicant or applicant’s family for vocational rehabilitation by the USDVA or any other agency, income from trusts or inheritances, unemployment compensation, worker’s compensation, social security payments, net rentals from real estate, interest or dividend income or other income not included under
earned income. It shall not include death benefits paid by the USDVA or other federal agencies.

(2) GRANT APPLICATION. (a) Forms required. A grant application shall be submitted on a department approved form. It may be submitted through a county veterans service officer, through any other department authorized agent, or directly to the department, either manually or electronically. The application shall specify the type of care being requested. A declaration of aid shall be submitted with the application. The declaration shall state that the applicant has applied for all aid offered through or administered by the county, including aid from the federal or state government. If requested by the department the applicant shall submit evidence establishing that all other available aid has been applied for and accepted. The department may request additional verification of any information provided in the application. The department shall notify the applicant or applicant’s county veterans service officer if any required documentation is missing or if further verification is required to make a decision on the applicant’s eligibility. The department shall terminate an application if such documentation or verification does not arrive at the department’s central office within 30 days of that notification.

Note: Application and declaration of aid forms may be obtained at the Department’s web site at http://dva.state.wi.us.

(b) Eligibility. 1. ‘All applicants.’ Except for applicants who are eligible under subd. (3), the applicant’s income shall not exceed 130% of the federal poverty guidelines, in effect on the date the application arrives at the department’s central office, for the number of family members living in the primary residence. An applicant may apply for subsistence aid, health care aid, or both. Applications approved by the department shall have the balance of the maximum available aid allocated towards each type of aid requested, unless the applicant indicates a lesser amount in writing. Applications shall be denied if no unallocated funds are available at the time of application. The department shall indicate on each description of benefits the type of health care or subsistence aid authorized, the date the department confirmed that the applicant was eligible for the grant, a date 90 calendar days from that date, the unallocated amount available for each type of aid and for the cumulative limits of this section, and the amount of aid being authorized. Authorized applications for health care aid may not be withdrawn without the agreement of the provider of the health care aid.

2. ‘Unremarried surviving spouses and dependents of veterans who die in the line of duty.’ Unremarried surviving spouses and dependents claiming eligibility due to the death of a veteran in the line of duty shall submit evidence from the appropriate military service indicating that the veteran died in the line of duty.

3. ‘Spouses and dependents of activated or deployed members.’ Spouses and dependents of a member of the U.S. armed forces or of the Wisconsin National Guard claiming eligibility shall submit evidence that the service member has been deployed or activated, that due to the activation or deployment a loss of income has occurred, that an economic emergency has
occurred during the activation or deployment, and that the spouse and dependents are residents of the state.

(3) LIMITATIONS. (a) Health care aid. A health care provider may provide health care within 90 days after the department confirms that the applicant is eligible only after a description of benefits has been transmitted to the applicant or the county veterans service officer. The department may accept a second application for the health care listed on the first description of benefits if the department receives a statement from the health care provider, within 7 calendar days before the expiration listed on the first description of benefits, that the health care authorized is still being provided and that the patient will not incur costs.

(b) Subsistence aid. Subsistence aid may be granted for a thirty-day period if an applicant presents evidence of a loss of income due to illness, injury, or a natural disaster. Subsistence aid may also be granted for a 3-month period if the applicant presents evidence that incapacitation will last for 3 or more months. Subsistence aid shall be limited to the difference between the amount of earned and unearned income available before the loss of income and the earned and unearned income being received after the loss of income, subject to the limitations under s.45.40 (1) (b) and (3), Stats. The applicant shall verify the loss of income by submitting verification of income forms, certified public accounting statements or any other evidence as the department deems credible. Illness or injury must be verified in writing on a form approved by the department. When the department has evidence that the incapacitation will cause an income loss for 3 months or longer, subsistence grants will be prorated for each of the 3 months unless the department determines that an alternate distribution of the grant would benefit the applicant. If the loss of income is the result of alcohol or other drug abuse, the applicant shall verify current participation in an approved treatment program.

(c) Restrictions. Aid granted for subsistence or health care under s.45.40, Stats., is subject to a $5,000 cumulative total based on the aid granted to a veteran and his or her spouse and dependents. The maximum amount of aid payable in a consecutive 12-month period is $2,500 for dental care, $1,500 per ear for hearing care, and $500 for vision care. The department may provide a grant only if the provider accepts the grant, available health insurance, third party payments on behalf of the applicant and any department-approved payment from the veteran as payment in full. The department may approve a payment by the veteran when a provider refuses to accept the maximum grant available to the veteran as payment in full if the veteran has sufficient available liquid assets to contribute an amount that will induce the provider to accept the aggregate payment as payment in full.

This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register date as provided in s. 227.22 (2) (intro.), Stats.

Dated at Madison, Wisconsin, October 21, 2005.
STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS

JOHN A. SCOCOS, SECRETARY