



Aging Resources for Veterans

Summarized below are the major income support, health care, and home and community based supports for older adult Veterans. State programs may be used in combination with traditional Veterans' programs to provide a holistic care package.

VETERANS PENSION PROGRAM

VA Basic Pensions: Wartime Veterans can receive a monthly pension if they have limited income and they are permanently and totally disabled or at least 65 years old.

- Must have been discharged from service under other than dishonorable conditions, and
- Served 90 days or more of active duty with at least 1 day during a period of war time, and
- Have countable family income below a yearly limit.

Aid and Attendance is an amount awarded in addition to the basic pension. This benefit may not be paid without being eligible for a pension. This benefit takes into account a person's unreimbursed (out-of-pocket) medical expenses. These medical expenses are subtracted from a person's gross income to determine eligibility. A Veteran may be eligible for A&A when he or she:

1. Requires the regular aid of another person to perform everyday functions (bathing, eating, dressing, etc.), or
2. Is bedridden, or
3. Is a patient in a nursing home due to mental or physical incapacity, or
4. Is blind or nearly blind

Housebound is paid in addition to a monthly pension. Like A&A, Housebound benefits may not be paid without being eligible for a pension. A Veteran may be eligible for Housebound benefits when:

1. Has a single, permanent disability that results in the Veteran's confinement to his or her immediate premise (disability does not need to be connected to military service), or
2. Has a single, permanent disability rated as 100% disabling and a secondary disability rated as being 60% disabling.

May apply in person, online at <http://vabenefits.vba.va.gov/vonapp/> or call 800-827-1000 for more information.

VETERANS HEALTH CARE SYSTEM

All Veterans are encouraged to enroll in the VA Health Care System. To begin the process, you must complete an Application for Health Care Benefits that can be found at www.vets.gov/healthcare/apply/. The form may be submitted online, mailed to the local VA Medical Center, or brought in person to the Medical Center.

For a list of local facilities, please see: va.gov/directory/guide/state.asp?STATE=IL

ILLINOIS VETERANS HOMES

Each Illinois Veterans Home provides long-term care and services to each resident member. These homes provide a full range of activities for members, both inside and outside of the facility. There are a limited number of beds available so there is often a waiting list.

Eligibility requirements:

- Illinois Veterans with military service of one day or more during WWII, the Korean, Vietnam, or Persian Gulf conflicts, or during any period of time now, or in the future recognized by the U.S. Department of Veterans Affairs as a period of war.
- Veterans must have either entered service from Illinois, or had been a resident of Illinois for one year preceding application, for admittance into a Veterans Home.
- Peacetime Veterans with one year of honorable military service may also be eligible for admission after the waiting list of eligible veterans is exhausted.
- Spouses, or surviving spouses, may also qualify for admittance in cases where Veteran wait-lists have been exhausted
- All applying must meet with an assigned IDVA Veteran Service Officer (VSO) for a benefits screening

Cost: Members (residents) help pay for their care by paying a monthly maintenance fee. This fee is based on the individual's income (not assets). The ability-to-pay-plan has a maximum charge, currently \$1,429 per month. Some costs of care are not covered. **No Veteran will be turned away because of ability to pay**

For a listing of Illinois Veterans Homes: illinois.gov/veterans/homes/Pages/default.aspx

MEDICAID WAIVER SERVICES

This program allows individuals to remain in their own home or live in a community setting. In Illinois, there are two waivers that the elderly can use:

Community Care Program (CCP) - people over age 60

The Illinois Department on Aging's Community Care Program helps older adults, who might otherwise need nursing home care, to remain in their own homes by providing in-home and community-based services.

Eligibility requirements:

- Are 60 years old or older;
- Have non-exempt assets of \$17,500 or less (non-exempt assets do not include home, car, or personal furnishings);

- You are determined physically in need of service, meaning you are at least moderately impaired (scoring 29 points or higher on the “Determination of Need” form); and
- You are a resident of the state of Illinois.

Services include:

- Adult Day Service
- Comprehensive Care Coordination
- Emergency Home Response Service
- In-Home Service
- Flexible Senior Services
- Senior Companion

For more information, call the **Senior HelpLine**: Toll-free within IL: (800) 252-8966 or (888) 206-1327 (TTY); Outside IL: (217) 524-6911.

HOME SERVICES PROGRAM (HSP) - persons under age 60

Illinois Department of Human Services, Division of Rehabilitation Services – Home Services Program provides services to individuals with severe disabilities, age 18 - 60, who are at risk of moving into a nursing home or other facility. The program provides help with daily living activities so they can remain in their homes and be as independent as possible.

Eligibility requirements:

- Be under age 60 at the time of application unless in the AIDS or Brain Injury Medicaid Waiver Program.
- Have a severe disability lasting 12 months or longer, or for the duration of life.
- Be at imminent risk of nursing home placement.
- Have applied, cooperated and obtained a decision on Medicaid eligibility unless already on Medicaid or spend-down.
- Require services in the home costing the same or less than nursing home costs.
- Be a State of Illinois resident with U.S. citizenship or show proof of legal entry into the United States.
- Have assets under the asset limit which is different for individuals under age 18 and those 18 and older.
- Have a physician’s approval of the initial plan of care.
- Score a minimum of 29 points on the Determination of Need (DON).

HSP services include:

- *Personal Assistant (PA)*: Assistance with household tasks, personal care, and some health care procedures. You are able to make all hiring decisions about who is hired as your PA and they are paid by the state. **[Note: This is a very popular service that is not offered by CCP.]**

- *Maintenance Home Health*: Can include nursing care and physical, occupational, and speech therapy.
- *Home Delivered Meals*
- *Adult Day Care*
- *Assistive Equipment*: Devices or equipment either purchased or rented to increase an individual's independence and capability to perform household and personal care tasks.
- *Home Modification*
- *Respite Services*

NOTE: If a person is eligible for HSP services prior to age 60, they can be allowed to keep those services after age 60.

- Fill out the referral form online: <https://wr.dhs.illinois.gov/wrpublic/wr/dynamic/referral.jsf>
- For more information see <http://www.dhs.state.il.us/page.aspx?item=29738> or call 800-843-6154.

SOCIAL SECURITY RETIREMENT

Once a person reaches full retirement age the Social Security Administration provides a cash benefit based on the amount the worker has paid into the system. Eligibility for Medicare health insurance begins at age 65.

Early Retirement: Benefits can be paid starting at age 62; however the monthly payments differ substantially based on when you start receiving benefits. You will receive less per month if you opt to retire earlier than if you had waited until you reached full retirement age. Early Retirees are not eligible for Medicare until they reach age 65.

- For more information on applying for benefits, visit secure.ssa.gov/iClaim/rib or call:
Toll-free: 800-772-1213, 7 AM -7 PM, Monday-Friday. TTY: **-800-325-0778**.

***Receipt of Social Security Retirement will affect eligibility for VA pension.**

MEDICARE

Medicare is a health insurance program for:

- People age 65 or older, or
- People over the age 20 and under age 65 with disabilities who have received Social Security Disability Insurance for more than 24 months.

Medicare has four parts:

- **Part A (Hospital Insurance)** usually has no premium but there is cost sharing.
- **Part B (Medical Insurance)** most people pay \$112.80 monthly (or higher dependent on income) for Part B.
- **Part C (Private Plans)**
- **Part D (Prescription Drug Coverage)**

Administered through private plans and premiums, costs, and coverage differ. Help paying costs is available for low-income persons through Extra Help. To apply, see [ssa.gov](https://www.ssa.gov).

Eligibility:

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment, you are 65 years or older, and a citizen or permanent resident of the United States. If you are not yet 65, you might also qualify for Social Security Disability Income (SSDI) coverage if you have a disability and meet the 24 month waiting period.

Visit [medicare.gov/eligibilitypremiumcalc](https://www.medicare.gov/eligibilitypremiumcalc) for more information on premium costs and eligibility.

Assistance with Medicare Costs (including premium): The State of Illinois administers Medicare Savings Programs and Illinois Cares Rx Prescription Drug Program which are based on income and can pay some of the Medicare costs. **For more information**, contact either the Department of Aging 1-800-252-8966 or the Department of Human Services 1-800-843-6154.

ELDER CARE RESOURCES

Senior Centers:

There are senior centers throughout Illinois dedicated to serving older adults, offering a wide range of programs and activities, which may include congregate meals, transportation, education, counseling, legal assistance and health screening.

For more information,

- Visit state.il.us/aging/1athome/sr-centers.htm or
- Call the **Senior HelpLine** toll-free within IL at (800) 252-8966 or (888) 206-1327 (TTY) or outside IL at (217) 524-6911 or
- Email aging.ilsenior@illinois.gov

The **Nursing Home Comparisons Tool** provides detailed information about the performance of every Medicare and Medicaid certified nursing home in the country. See [medicare.gov](https://www.medicare.gov) and select the 'Doctors and Facilities' link under 'Sign Up/Change Plans' tab on the top left side of the webpage to get to the nursing home comparison tool.

The **Home Care or Hospice Agency Locator** contains a comprehensive database of more than 20,000 home care and hospice agencies. Use this resource to find all the agencies in any particular area of the country: nahc.org/resources-services/home-care-and-hospice-locator

The **Eldercare Community Assistance Locator** is a public service of the U.S. Administration on Aging. The service links those who need assistance with state and local area agencies on aging and community-based organizations that serve older adults and their caregivers: [eldercare.gov](https://www.eldercare.gov)