



*February 6, 2023*

# VETERANS

*MONTHLY INFORMATION PACKAGE*

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*Feel free to make copies and distribute throughout your organization.*

## Tricare Will Pay for More Dialysis Services Following COVID-Linked Rise in Kidney Disease



1 Feb 2023

Military.com | By [Amanda Miller](#)

Patients with failing kidneys will have more care charges covered at dialysis clinics under a Tricare rule change triggered by the COVID-19 pandemic.

The kidneys of patients with end-stage renal disease, or ESRD, have stopped functioning well enough to keep them alive, necessitating either three-times-weekly dialysis treatments to filter their blood or a kidney transplant.

Until now, Tricare coverage at ESRD facilities paid for patients to receive certain services, such as the dialysis, formally called hemodialysis, itself. However, Tricare hasn't covered related services typically billed separately, such as nursing care. The new rule, which was effective Jan. 12, permanently extends coverage to those other costs tied to receiving dialysis. The coverage change will not be affected by the ending of the COVID-19 federal public health emergency declaration, due to happen this spring.

Kidney problems are one of the many lingering complications of COVID-19. A study of [Department of Veterans Affairs](#) patients found "increased risk of kidney outcomes" when comparing the records of about 89,000 veterans who had survived COVID-19 for at least 30 days past their infection with 1.6 million who hadn't yet had COVID-19. A separate VA study of patients who had been infected with SARS-CoV-2 multiple times found that kidney risk rose after subsequent

infections, as did that of other "post-acute sequelae" such as heart disease and strokes.

Tricare already expected patients with ESRD to apply for Medicare coverage, which begins in the fourth month of dialysis. Medicare already pays for the services Tricare is adding.

Peter Graves, a spokesperson for the Defense Health Agency, did not provide information after multiple queries starting Jan. 13 about the volume of Tricare ESRD cases; how much case numbers had changed since the start of the pandemic; nor how many beneficiaries had experienced kidney disease from COVID-19.

Issued by Acting Assistant Secretary of Defense for Health Affairs Seileen Mullen, the interim final rule cites the Omicron variant of the SARS-CoV-2 virus continuing to cause "high levels of severe illness, hospitalization, and death, primarily in the unvaccinated and immunocompromised populations." ESRD patients qualify as immunocompromised.

The rule also says that "the pandemic continues to threaten to strain the health care system" and that "new variants of COVID-19 are expected to occur."

Comments on the coverage rule will be accepted through March 13, 2023, after which it becomes permanent. No negative comments are expected, according to the rule posting. Any delay in implementing the rule would have been "contrary to public interest and public health," the rule posting says.

– *Amanda Miller can be reached at [amanda.miller@military.com](mailto:amanda.miller@military.com).*

## Millions of Tricare Users Must Approve Mail-Order Prescription Refills Starting Now



24 Jan 2023

Military.com | By [Amanda Miller](#)

[Tricare](#) users who receive prescriptions by mail now need to confirm their refills before they are sent, a change that could cause disruptions for millions of beneficiaries if they don't immediately respond to the confirmation messages and take the needed steps.

Express Scripts, Tricare's pharmacy benefits manager, [let patients know in December](#) that the [Tricare Mail Order Pharmacy Program](#) would stop sending refills automatically without any confirmation.

The change was in part to "prevent excess waste," a Defense Health Agency spokesperson told Military.com. The federal [government is currently suing](#) Express Scripts for allegedly sending out too much medication. That suit claimed the system sent 90-day refills every 60 days, giving patients 73% more tablets than prescribed over a year.

Now reminders are going out in advance of a prescription's scheduled shipping date via beneficiaries' preferred communication method -- email, text message or phone call. You can log in to your account if you need to change your preferred method, or call customer service for help.

Patients who choose a phone call and miss the refill notification can call back at 877-363-1303 in the U.S. and choose the option for patients who received a call and need to consent to the refill.

If you don't confirm a refill, or if you opt out for a month, that prescription will no longer be part of the auto-refill program, and you'll have to re-opt into automatic refills, according to Express Script's [Military Rx blog](#). However, reminders will keep going out until the prescription expires.

Copayments for mail-order drugs are \$2-\$4 less for generic or brand-name drugs than at retail pharmacies for non-maintenance medications. Maintenance medications, which include prescriptions taken daily for many months at a time such as cholesterol or thyroid medication, must be received by mail or in an on-base pharmacy after the initial fill. Refills of maintenance medications are not covered at retail pharmacies. Specialty medications not in [Tricare's formulary](#) aren't any cheaper by mail.

The steps for approving refills via the Express Scripts website are fairly straightforward, according to a system test by [Military.com](#). Here's what to do for emailed reminders:

- Go to your emailed refill-approval notice sent by Express Scripts.
- Click the "approve refill" button displayed in the email.
- A new browser tab will open requesting that you "login to Tricare" or register for an account.
- Fill in your login details and click the "login" button. Then be patient -- moving to the next page can take several seconds.
- On the new page, you'll see a screen displaying any prescriptions with available medications and a drop-down menu for each. The options in that menu include "approve auto refill," "refill and stop auto refills" and "do not refill." Select the option that best meets your needs.
- If you select "approve auto refill," a new pop-up window will ask you to either "approve" or "cancel." Clicking "approve" loads a new page with a green confirmation check mark and notice of the name of your medication and the date the refill will begin to process. (For example, the medication tested by [Military.com](#) was eligible for refill Feb. 1, but the notice that approval was needed was received by email Jan. 22. Approving the refill resulted in a notice that the prescription "will process on 2/1/2023.")

**VA**U.S. Department  
of Veterans Affairs

# News Release

Office of Public Affairs  
Media RelationsWashington, DC 20420  
(202) 461-7600  
[www.va.gov](http://www.va.gov)FOR IMMEDIATE RELEASE  
Feb. 2, 2023

## VA offers \$30M in grant funding to assist formerly homeless Veterans

**WASHINGTON** — As a part of ongoing efforts to prevent and end Veteran homelessness, the Department of Veterans Affairs is announcing \$30 million in grant funding for organizations to help formerly homeless Veterans maintain their independence and housing stability.

This funding opportunity will give organizations the funding they need to hire case managers, who will help Veterans search for, obtain, and successfully transition to permanent housing; troubleshoot challenges and barriers to maintaining permanent housing; connect with services to address issues such as poor credit history, rent arrears, and legal issues; and more.

VA anticipates awarding 100 Case Management Grants for up to \$300,000 each to support approximately 150 case manager positions nationwide. Awards will fund two years of operations, starting on Oct. 1, 2023, and ending Sept. 30, 2025. The funds are available through VA's [Homeless Providers Grant and Per Diem Program](#).

Ending Veteran homelessness is a top priority of VA and the entire Biden Administration. The number of Veterans experiencing homelessness [has fallen by 11% since early 2020](#) and 55.3% since 2010. Additionally, during 2022, VA placed more than 40,000 homeless Veterans into permanent housing — exceeding VA's goal by more than 6%. In late 2022, the Biden Administration released [All In: The Federal Strategic Plan to Prevent and End Homelessness](#) which lays out the goal of reducing homelessness for all Americans by 25% by 2025.

“For many Veterans experiencing homelessness, moving into permanent housing is the first step toward the stability and independence they deserve,” said **VA Secretary Denis McDonough**. “But our work doesn't stop there — these case managers help ensure that once Veterans become housed, they get the resources they need to stay housed.”

VA's efforts to combat Veteran homelessness are grounded in reaching out to homeless Veterans, understanding their unique needs, and addressing them. These efforts are built upon the [evidence-based “Housing First”](#) approach, which prioritizes getting a Veteran into housing, then provides the Veteran with the wraparound support they need to stay housed — including health care, job training, legal and education assistance and more.

Eligible entities, as described in the Notice of Funding Opportunity, may apply for these Case Management Grants. Grant applications must be received by the GPD Program Office by 4 p.m. ET on Thursday, May 4, 2023. View the [NOFO](#) and [learn more about GPD](#) or email [GPDGrants@va.gov](mailto:GPDGrants@va.gov).

If you are a Veteran or know a Veteran who is experiencing homelessness or at risk for homelessness, call the National Call Center for Homeless Veterans at 877-4AID-VET (877-424-3838). Visit the [VA Homeless Programs website](#) to learn about housing initiatives and other programs for Veterans exiting homelessness.

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## VA Wants Vets to Use Their Benefits When Choosing a Final Resting Place



25 Jan 2023

Military.com | By [Patricia Kime](#)

The [Department of Veterans Affairs](#) is raising awareness of little-used benefits for veterans: burial at a VA, state or tribal veterans cemetery, and headstones or markers for veterans buried in private cemeteries.

According to VA officials, just 20% of eligible veterans who died last year were buried in a VA-managed or -supported cemetery, a benefit that comes at no cost to the veteran's family. And fewer than half who qualified for a burial allowance or headstone used the opportunity, according to Under Secretary for Memorial Affairs Matt Quinn.

As the VA nears the 50th anniversary of assuming management of national cemeteries, the department is spreading the word to veterans and families that vets can apply for eligibility before they die, taking care of the needed paperwork beforehand to ease the financial and emotional burden on their families and make their wishes known.

"I want families to know that they can honor the services of their veteran with a VA-provided headstone, marker or medallion, but I also want every veteran or veteran's family to know they have the option of being interred in a national, state,

territorial or tribal veterans cemetery," Quinn said during a roundtable with reporters Tuesday.

The VA manages 155 cemeteries nationwide and funds an additional 121 state, territorial and tribal veterans cemeteries. Veterans who are eligible for VA burial benefits include all who were discharged under something other than dishonorable conditions; spouses or surviving spouses of eligible veterans; dependent children; and some others.

The VA has a goal to ensure that 95% of the nation's 19 million veterans live within 75 miles of a VA or VA-supported cemetery; currently, the department is "just shy" of 94%, according to Quinn.

"It's that final benefit that the veteran has earned and that the nation can show to that veteran's family appreciation for their sacrifice and service," Quinn said.

During a meeting of the Veterans' Family, Caregiver and Survivor Advisory Committee on Wednesday, VA Secretary Denis McDonough noted that the burial benefits are underutilized and said the department is planning additional outreach to veterans to publicize them, rolling information on their availability into the information provided to those who use the VA's new life insurance program, VALife.

About 85% of eligible veterans use education benefits offered through the VA, while roughly 66% of eligible vets utilize VA health care. But just 15% of veterans are buried in VA-managed cemeteries.

"The uptake on the NCA [National Cemetery Administration] benefit is nowhere near where it should be," McDonough said. "We are meant to be there for you every step of the way."

The department is expanding opportunities for veterans to be buried in VA or supported cemeteries as it closes in on its goal to make them more accessible. The VA plans to open a columbarium-only cemetery in Queens, New York, this year, part of an urban initiative for the NCA that will provide burial sites for cremated remains in cities with few in-ground burial options. A columbarium is a building that holds cremated remains.

Along with another urban columbarium in Indianapolis, Indiana, and two new rural cemeteries in Elko, Nevada, and Cedar City, Utah, the VA plans to add 310,000 sites for interment of cremains in the next several years, for a total of 4.2 million gravesites.



The VA provided roughly 350,000 headstones for veterans' graves and 35,000 medallions to adorn the private gravestones of veterans in 2021. But given that nearly 642,000 veterans die each year, the number is a fraction of those eligible for those benefits and more.

In addition to burial at no cost in VA and VA-supported cemeteries, veterans are eligible for headstones or medallions to place on private headstones as well as burial allowances for veterans who die of service-connected conditions and prefer to be buried in a non-VA cemetery.

Veterans who die in a VA medical facility of a non-service-connected condition also are eligible for limited burial and plot allowances for interment at a private cemetery.

Quinn urged veterans to consider applying for eligibility for burial benefits as part of their estate planning. They can learn about [applying for benefits on the VA's website](#) without any obligation to be buried in a national cemetery or charge, Quinn said.

"This is one of the best ways to ensure a veteran's family knows their loved ones' wishes and that NCA is able to provide the benefits for service to our country. I have done this myself," he said.

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## VA Caregiver Program Needs Better Outreach and Data to Serve Disabled Vets, Panel Says



27 Jan 2023

Military.com | By [Patricia Kime](#)

The [Department of Veterans Affairs](#) needs to step up outreach and coordination to caregivers of disabled veterans to ensure that they are aware of available programs and they understand the eligibility requirements for each, a key VA advisory panel has recommended.

A VA Veterans' Family, Caregiver and Survivor Advisory panel subcommittee says VA does not collect demographics data on caregivers and falls short in explaining programs designed for caregivers and vets who need help at home, leading to a lack of understanding on both sides and missed opportunities for veterans.

During a meeting this week in Washington, D.C., researchers and members of the panel's Families and Caregivers Subcommittee said VA must improve data collection and increase outreach and care coordination to ensure that veterans and caregivers understand the eligibility criteria of programs.

VA should start, panel members said, by collecting information on race, ethnicity, age, gender, language, religion and sexual orientation of veterans' caregivers -- a move they say would help the VA address the "cultural and generational" needs of caregivers and ensure that the VA's caregiver programs are equitable.

"VA is not systematically collecting data on caregivers," Dr. Luci Leykum, the VA director for the Center of Excellence for Veteran and Caregiver Research, told committee members. "We have so little understanding of who these people are."

The VA manages numerous programs to provide support and care for disabled and elderly veterans, the largest being the Program of Comprehensive Assistance for Family Caregivers -- a program that provides health benefits, services and a stipend and other services to individuals who care for veterans in lieu of hiring a home health aide or placing the veteran in a care facility.

In addition to that program, also known as the Family Caregiver Program, the VA runs the Program of General Caregiver Support Services, which provides peer support, mentoring, coaching and referrals for caregivers.

The department's Office of Geriatrics and Extended Care also offers home services, such as health aides, respite care and more.

The VA fails, however, to adequately explain eligibility for these programs and manage caregiver expectations, the subcommittee found.

If VA better explained all available programs and managed expectations of the requirements, this would result in greater understanding of the program among veterans and caregivers and fewer ineligible veterans applying, at least for the Family Caregiver Program, the subcommittee members said.

Subsequently, the number of rejections for the program would decrease, they added.

Subcommittee Chairwoman Melissa Comeau said there is "widespread misunderstanding about eligibility and the 10-step application process" of the Family Caregiver Program.

VA also misses an opportunity to communicate with caregivers when it issues denials for the family program. A rejection should be accompanied with information on general caregiver support services so that caregivers are aware of the benefits that are available outside the family program, the panel recommended.

The subcommittee also recommended that VA improve its management and coordination of programs that may run in conjunction with caregiver programs, such as those offered by the VA Office of Geriatrics and Extended Care, including respite care and home health care.

Because vets, caregivers and even VA staff don't understand the parameters of these programs, vets and caregivers are often left "scrambling" for appropriate clinical support, according to the panel.

The members recommended that VA improve its processes to ensure that veterans eligible for these programs have access to them.

The Veterans' Family, Caregiver and Survivor Advisory Committee advises VA Secretary Denis McDonough on issues related to veterans' family members, caregivers and survivors and makes recommendations on policies, programs and services related to families of former service members.

Business of the committee has been closely watched by veterans and caregivers enrolled in the Family Caregiver Program [since problems first arose in 2017](#) over inconsistencies in application approvals and program participation.

The VA paused discharges from the program last March after a change in eligibility criteria was expected to make up to 90% of participating families ineligible for the program. Following the criteria change, which coincided with expansion of the program to veterans of all eras, caregivers of post-9/11 veterans said they were being unfairly dismissed from the program, saying assessments under the new rules did not account for veterans who require supervision and protection and focused only on severe physical disabilities.

VA is currently reviewing the program and its eligibility criteria and plans to resume eligibility assessments of currently enrolled veterans and caregivers on Oct. 1, 2025.

The committee provided an opportunity at the meeting for public comment, drawing veterans, caregivers and advocates to push for broader recognition of those affected as well as changes to the program.

Caregiver Robin Stitt said the "financial, emotional and physical support [of the Family Caregiver Program] is unmatched" when managed correctly, but she called for VA to install a new senior adviser on families, caregivers and survivors and said medical personnel, not social workers, should conduct eligibility assessments.

She, and others, also criticized the recommendations put forward by the advisory committee to date.

"It's our choice to care for our veterans at home. The program provides some scaffolding to provide that care. You have had ample time to provide

recommendations, but we have not seen any recommendations or any action regarding the erroneous discharges and false notes in our medical records and our veterans' medical records," Stitt said.

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**VA**U.S. Department  
of Veterans Affairs

# News Release

Office of Public Affairs  
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[www.va.gov](http://www.va.gov)FOR IMMEDIATE RELEASE  
Jan. 26, 2023

## VA housed more than 40,000 homeless Veterans in 2022

**WASHINGTON** — During 2022, the Department of Veterans Affairs permanently housed 40,401 homeless Veterans, providing them with the safe, stable homes that they deserve. This exceeded the department's [goal](#) to house 38,000 Veterans in 2022 by 6.3%.

Nationally, the total number of Veterans experiencing homelessness has [decreased by 11% since January 2020](#). In total, the estimated number of Veterans experiencing homelessness in America has declined by 55.3% since 2010.

This success is a result of VA efforts to reach out to every Veteran experiencing homelessness, understand their unique needs, and address them. These efforts are grounded in the [evidence-based "Housing First"](#) approach, which prioritizes getting a Veteran into housing, then provides the Veteran with the wraparound support they need to stay housed — including health care, job training, legal and education assistance and more.

"There are thousands of formerly homeless Veterans who are going to sleep tonight in good, safe, stable homes — and there's nothing more important than that," said **VA Secretary Denis McDonough**. "This is great progress, but it's just the beginning: we at VA will not rest until the phrase 'homeless Veteran' is a thing of the past."

Ending Veteran homelessness is a top priority of VA and the Biden-Harris Administration. Earlier this year, the U.S. Interagency Council on Homelessness released [All In: The Federal Strategic Plan to Prevent and End Homelessness](#), which set forth President Biden's ambitious goal to reduce all homelessness by 25% by 2025. As a part of that effort, the Department of Housing and Urban Development, which closely partners with VA in the fight to end homelessness, announced today that through HUD and USICH's House America initiative, communities have housed over 100,000 households since September 2021.

Throughout 2022, VA staff helped Veterans find permanent housing such as apartments or houses that Veterans could rent or own, often with a subsidy to help make the housing affordable. VA staff also helped some Veterans end their homelessness by reuniting them with family and friends.

VA also continues to focus on combating Veteran homelessness in the Greater Los Angeles area. During 2022, VA provided 1,301 permanent housing placements to formerly homeless Veterans in LA, the most of any city in America.

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If you are a Veteran or know a Veteran who is experiencing homelessness or at risk for homelessness, call the National Call Center for Homeless Veterans at 877-4AID-VET (877-424-3838). Visit the [VA Homeless Programs website](#) to learn about housing initiatives and other programs for Veterans exiting homelessness.

# 2023 VA health care copay rates

Review 2023 copay rates for VA and VA-approved health care.

## Effective January 1, 2023

**Note:** Some Veterans don't have to pay copays (they're "exempt") due to their disability rating, income level, or special eligibility factors.

[Learn how we determine whether you'll pay copays](#)

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## Urgent care copay rates

(Care for minor illnesses and injuries)

There's no limit to how many times you can use urgent care. To be eligible for urgent care benefits, including through our network of approved community providers, both of these must be true:

- You must be enrolled in the VA health care system, **and**
- You must have received care from us within the past 24 months (2 years)

If you're only getting a flu shot at your visit, you won't have to pay any copays, no matter your priority group.

[Learn more about urgent care benefits](#)

### 2023 urgent care copay rates

Priority group	Copay amount for first 3 visits in each calendar year	Copay amount for each additional visit in the same year
1 to 5	\$0 (no copay)	\$30
6	<b>If related to a condition that's covered by a special authority:</b> \$0 (no copay) <b>If not related to a condition covered by a special authority:</b> \$30 each visit	\$30
7 to 8	\$30	\$30

**Note:** Special authorities include conditions related to combat service and exposures (like Agent Orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/Project 112), Southwest Asia Conditions) as well as

military sexual trauma, and presumptions applicable to certain Veterans with psychosis and other mental illness.

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## Outpatient care copay rates

(Primary or specialty care that doesn't require an overnight stay)

### If you have a service-connected disability rating of 10% or higher

You won't need to pay a copay for outpatient care.

### If you don't have a service-connected disability rating of 10% or higher

You may need to pay a copay for outpatient care for conditions not related to your military service, at the rates listed below.

#### 2023 outpatient care copay rates

Type of outpatient care	Copay amount for each visit or test
<b>Primary care services</b> (like a visit to your primary care doctor)	\$15
<b>Specialty care services</b> (like a visit to a hearing specialist, eye doctor, surgeon, or cardiologist)	\$50
<b>Specialty tests</b> (like an MRI or CT scan)	\$50

**Note:** You won't need to pay any copays for X-rays, lab tests, or preventive tests and services like health screenings or immunizations.

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## Inpatient care copay rates

(Care that requires you to stay one or more days in a hospital)

### If you have a service-connected disability rating of 10% or higher

You won't need to pay a copay for inpatient care.

### If you're in priority group 7 or 8



You'll pay either our full copay rate or reduced copay rate. If you live in a high-cost area, you may qualify for a reduced inpatient copay rate no matter what priority group you're in. To find out if you qualify for a reduced inpatient copay rate, call us toll-free at [877-222-8387](tel:877-222-8387) (TTY: [711](tel:711)). We're here Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

## 2023 reduced inpatient care copay rates for priority group 7

Length of stay	Copay amount
First 90 days of care during a 365-day period	\$320 copay + \$2 charge per day
Each additional 90 days of care during a 365-day period	\$160 copay + \$2 charge per day

**Note:** You may be in priority group 7 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, but you have a gross household income below our income limits for where you live and you agree to pay copays.

[Review the current VA national income limits](#)

## 2023 full inpatient care copay rates for priority group 8

Length of stay	Copay amount
First 90 days of care during a 365-day period	\$1,600 copay + \$10 charge per day
Each additional 90 days of care during a 365-day period	\$800 copay + \$10 charge per day

**Note:** You may be in priority group 8 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, and you have a gross household income above our income limits for where you live, agree to pay copays, and meet other specific enrollment and service-connected eligibility criteria.

[Learn more about priority groups](#)

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## Medication copay rates

### If you're in priority group 1

You won't pay a copay for any medications.

**Note:** You may be in priority group 1 if we've rated your service-connected disability at 50% or more disabling, if we've determined that you can't work because of your service-connected disability (called unemployable), or if you've received the Medal of Honor.

[Learn more about priority groups](#)

### If you're in priority groups 2 through 8

You may pay a copay for these types of medications:

- Medications your health care provider prescribes to treat non-service-connected conditions, **and**
- Over-the-counter medications (like aspirin, cough syrup, or vitamins) that you get from a VA pharmacy. You may want to consider buying your over-the-counter medications on your own.

**Note:** The costs for any medications you receive while staying in a VA or other approved hospital or health facility are covered by your inpatient care copay.

The amount you'll pay for these medications will depend on the "tier" of the medication and the amount of medication you're getting, which we determine by days of supply. Once you've been charged \$700 in medication copays within a calendar year (January 1 to December 31), you won't have to pay any more that year—even if you still get more medications. This is called a copay cap.

## 2023 outpatient medication copay amounts

Outpatient medication tier	1-30 day supply	31-60 day supply	61-90 day supply
<b>Tier 0</b> (prescription and over-the-counter medicines with no copay)	\$0	\$0	\$0
<b>Tier 1</b> (preferred generic prescription medicines) <a href="#">Review our list of tier 1 medications</a>	\$5	\$10	\$15
<b>Tier 2</b> (non-preferred generic prescription medicines and some over-the-counter medicines)	\$8	\$16	\$24
<b>Tier 3</b> (brand-name prescription medicines)	\$11	\$22	\$33

**If you have a service-connected rating of 40% or less and your income falls at or below the national income limits for receiving free medications,** you may want to provide your income information to us to determine if you qualify for free medications.

[Review the current VA national income limits](#)

[Find out how we determine your health care costs](#)

[Find a full list of medications in each tier on our pharmacy benefits website](#)

## Geriatric and extended care copay rates

You won't need to pay a copay for geriatric care (also called elder care) or extended care (also called long-term care) for the first 21 days of care in a 12-month period. Starting on the 22nd day of care, we'll base your copays on these 2 factors:

- The level of care you're receiving, **and**
- The financial information you provide on your Application for Extended Care Services (VA Form 10-10EC).

[Get VA Form 10-10EC to download](#)

## 2023 geriatric and extended care copay amounts by level of care

Level of care	Types of care included	Copay amount for each day of care
<b>Inpatient care</b>	<ul style="list-style-type: none"> <li>▪ Short-term or long-term stays in a community living center (formerly called nursing homes)</li> <li>▪ Overnight respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year)</li> <li>▪ Overnight geriatric evaluations (evaluations by a team of health care providers to help you and your family decide on a care plan)</li> </ul>	Up to \$97
<b>Outpatient care</b>	<ul style="list-style-type: none"> <li>▪ Adult day health care (care in your home or at a facility that provides daytime social activities, companionship, recreation, care, and support)</li> <li>▪ Daily respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year)</li> <li>▪ Geriatric evaluations that don't require an overnight stay (evaluations by a team of health care providers to help you and your family decide on a care plan)</li> </ul>	Up to \$15
<b>Domiciliary care for homeless Veterans</b>	<ul style="list-style-type: none"> <li>▪ Short-term rehabilitation</li> <li>▪ Long-term maintenance care</li> </ul>	Up to \$5

[Learn more about long-term care options](#)

## Services that don't require a copay

You won't need to pay a copay for any of the services listed here, no matter what your disability rating is or what priority group you're in.

- [Readjustment counseling and related mental health services](#)
- [Counseling and care for issues related to military sexual trauma](#)
- [Exams to determine your risk of health problems linked to your military service](#)
- [Care that may be related to combat service for Veterans that served in a theater of combat operations after November 11, 1998](#)
- [VA claim exams \(also called compensation and pension, or C&P, exams\)](#)
- [Care related to a VA-rated service-connected disability](#)
- [Care for cancer of head or neck caused by nose or throat radium treatments received while in the military](#)
- [Individual or group programs to help you quit smoking or lose weight](#)

- [Care that's part of a VA research project \(like the Million Veteran Program\)](#)
- Laboratory (lab) tests
- Electrocardiograms (EKGs or ECGs) to check for heart disease or other heart problems
- VA health initiatives that are open to the public (like health fairs)

# Everything You Need to Know About the US Army's 'Buffalo Soldiers'



Military.com | By [Blake Stilwell](#)

Bob Marley first sang about Buffalo Soldiers in 1983, a little less than 120 years after the actual Buffalo Soldiers were formed in the U.S. Army. Marley's song accurately depicts their story as a fight for survival in the prejudiced Army of the time period, but they also fought to survive the harsh conditions of the frontier, conflict with native tribes and Wild West outlaws as they sought to maintain law and order and protect settlers.

The Army units that would come to be known as "Buffalo Soldiers" were created during the post-Civil War Reconstruction Era. On June 28, 1866, Congress passed a legislation that allowed Black men to enlist in the peacetime army. Officially called "An Act to Increase and Fix the Military Peace Establishment of the United States," it created two regiments of all-Black cavalry and four regiments of all-Black infantry, commanded by white officers.



(U.S. Army)

### **What Is a Buffalo Soldier?**

The original Buffalo Soldiers came from these units. The U.S. Army's 9th and 10th Cavalry were the first. Then came the four infantry units. The 38th U.S. (Colored) Infantry Regiment and the 41st U.S. (Colored) Infantry Regiment, were eventually consolidated into the 24th Infantry Regiment. The 39th and 40th (Colored) Infantry Regiments were consolidated into the 25th Infantry Regiment.

They weren't the first Black men to serve in defense of the United States. Black men served in the Continental Army and state militias during the Revolutionary War. Black troops served in the War of 1812, and freedmen and former slaves fought in the Civil War for the Union Army. The 1866 legislation was the first to call for specific units composed of Black troops and recruited from Washington, Louisiana, Kentucky, Kansas and Missouri.

### **Buffalo Soldiers' Service History**

After its formation in New Orleans, the 39th Infantry remained in Louisiana to enforce Reconstruction laws. The 40th was sent to North Carolina for the same occupation duty, before being sent to New Orleans to form the 25th Infantry. The

41st was sent to the U.S. border with Mexico before it was merged to form the 24th Infantry to enforce laws on the Texas frontier.

As the frontier moved west, the 24th was at the vanguard, manning forts and outposts, fighting native tribes in the Plains Wars, which would continue long after the frontier was officially closed in 1890. The 24th Infantry would be the longest-serving infantry unit in the Army.

It fought in the Spanish-American War, notably the Battle of San Juan Hill with future President Theodore Roosevelt's Rough Riders.



Buffalo Soldiers in formation in Cuba, circa 1899. (Library of Congress)  
They also served in the Philippine Insurrection, the Mexican Border clashes and World Wars I and II. It was the last Buffalo Soldier regiment to be integrated, which came when President Harry S. Truman desegregated the armed forces before the Korean War.

The 25th Infantry also fought native tribes on the Great Plains, in the Spanish-American War, the Philippines and in World War II. The 9th and 10th Cavalry would also participate in these same American conflicts, but the 10th Cavalry Regiment would also ship off to the Mexican border during World War I, where it

would clash with a Mexican force led by German advisers in a border skirmish now known as the Battle of Ambos Nogales.

### **Origin of the "Buffalo Soldiers" Nickname**

These soldiers weren't created with the name "Buffalo Soldiers." It was a moniker the units picked up along the way. No one is entirely certain about the origin of the name, but there are two main theories.

The first is that the name was bestowed on the men by Comanche fighters. After fighting the 10th Cavalry in 1871, the theory goes, the Comanches began referring to the Black men as "Buffalo soldiers." It wasn't meant derisively, as the Comanches revered the buffalo and gave the soldiers the name Buffalo for their toughness in combat.



Buffalo Soldiers of the 24th Infantry in the Korean War. (U.S. Army)

Another theory holds that the tribes the Black men encountered believed the soldiers' dark, black, curly hair resembled the hair of the buffalo's. This, too, was meant as a sign of respect, and the cavalrymen adopted the buffalo on their coat of arms as well as the nickname.



## **Famous Buffalo Soldiers**

In 1866, an enlistee by the name of William Cathay joined the 38th Infantry for a three-year term. After a series of illnesses sent Cathay to the hospital, it was discovered that Cathay was actually Cathay Williams, a Black woman. She was honorably discharged after the discovery, but was still the first official Black woman to enlist, and the only female Buffalo Soldier.

Read: [Cathay Williams Was the Army's Only Female Buffalo Soldier and First Black Female Enlistee](#)

Between 1866 and 1918, 27 members of the regiments of Buffalo Soldiers would receive the Medal of Honor for actions in the Plains Wars, law enforcement on the American frontier, the Spanish-American War and World War I. The first three Black graduates of the U.S. Military Academy at West Point were officers with the Buffalo Soldiers. Charles Young, the third graduate, would become the first Black man with the rank of colonel.

Mark Matthews was the last living Buffalo Soldier. He enlisted at age 15 in 1909, joined the Punitive Expedition in Mexico and fought at the Battle of Ambos Nogales. In World War II, Matthews fought at the Battle of Saipan at age 50. He died in 2005, at 111 years old.

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# US Supreme Court Rejects Veteran's Challenge to Disability Claims Filing Deadline



23 Jan 2023

Military.com | By [Patricia Kime](#)

The U.S. Supreme Court unanimously rejected a veteran's argument that his disability compensation should have been made retroactive to his date of discharge because his condition rendered him incapable of filing a claim within the required one-year window after leaving military service.

In a 9-0 opinion announced Monday, the justices rejected the arguments of [Navy](#) veteran Adolfo Arellano, saying that his case and others like it don't meet requirements for an exception from the rule that allows veterans to have their compensation backdated to the date they left service if they file within a year of separation.

The case, [Arellano v. McDonough](#), was tracked closely by veterans and veterans service organizations for its potential to open the door for former service members to petition for backdated compensation under exceptional circumstances.

Read Next: [Court Overturns Ruling That Would Have Given Some Vets Extra GI Bill Money for More School](#).

In an opinion written by Justice Amy Coney Barrett, the justices noted that in writing the law that included the one-year requirement, Congress made some

exceptions, for cases of death and awards to spouses or veterans' children, or if new evidence of disability emerges.

"Despite its attention to fairness, Congress did not throw the door wide open in these circumstances or any other," Barrett wrote. "In all but one instance, Congress capped retroactive benefits at roughly one year."

Arellano served in the U.S. Navy from 1977 to 1981, a period in which he was assigned to an aircraft carrier that experienced a collision that "killed and injured several of his shipmates and nearly swept him overboard," according to court documents.

He developed post-traumatic stress and bipolar schizoaffective disorder and applied for disability benefits 30 years later.

The Department of Veterans Affairs approved his claim and paid him retroactively to 2011, his date of filing.

Arellano appealed, saying he should have received payments retroactive to his discharge, since his service-connected mental health conditions prevented him from filing a claim sooner.

He argued that the statute of limitations should have been waived since he wasn't mentally able to file a claim before the time limit expired -- a legal concept known as "equitable tolling."

The Court of Appeals for Veterans Claims denied Arellano's claim, and he appealed to the U.S. Court of Appeals for the Federal Circuit, which split its decision on the case in a 6-6 opinion, with half the judges arguing that the policy is set by law and the other half arguing that it should be eliminated.

The Supreme Court justices said they took the case because of the split at the federal appeals court level.

Arellano's attorney did not respond to a request for comment by publication. While there are some legal options for Arellano to revisit his case using different legal arguments, the Supreme Court's unanimous decision limits his options.

The Supreme Court receives thousands of petitions on cases and takes roughly 70 to 80 a year. The justices heard Arellano's case on Oct. 4, the second day of the 2022-2023 term. The opinion was the first announced for the year.

-- *Patricia Kime can be reached at [Patricia.Kime@Monster.com](mailto:Patricia.Kime@Monster.com). Follow her on Twitter @patriciakime.*

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## **AARP, others offer free tax prep help to Veterans, military and families**



As we inch closer to the April 15 tax deadline, AARP Foundation's Tax-Aide is among the programs aimed at helping the military community and others file their state and federal tax returns. Tax-Aide is free and available (appointment only) to all Veterans, military personnel and their families regardless of age or whether they are AARP members.

*"In this new environment of COVID, Tax-Aide has instituted a range of tax preparation assistance models that can help Veterans, those currently in the military and others," said Lynnette Lee-Villanueva, vice president and national director of AARP Foundation Tax-Aide. "From safely delivered in-person service, virtual assistance and hybrid options – we are here to help."*

The nationwide tax help program is geared toward people 50 and older or those who have low to moderate incomes, but Tax-Aide is open to anyone free of charge. AARP membership isn't required to take advantage of Tax-Aide's knowledgeable volunteers, nor will there be any sales pitch for other services.

If you'd like to look for an appointment to receive tax filing assistance from AARP Foundation's Tax-Aide, [click here to get started](#).

Due to the pandemic, Tax-Aide availability is limited this year. Other programs offering [free tax help](#) include Tax Counseling for the Elderly (TCE), Volunteer Income Tax Assistance (VITA), IRS Free File and MilTax.

In addition, here is some helpful information specifically for military Veterans from CPA and tax expert Lisa Greene-Lewis of TurboTax. [See the rest of her tax advice for military Veterans on aarp.org here.](#)

**VA payments exempt from federal taxes:**

- VA education benefit payments.
- VA disability payments.
- Interest from VA life insurance policies.
- Benefits under a dependent-care assistance program.
- Money paid to a survivor of a member of the armed forces who died after Sept. 10, 2001.
- Payments made under the compensated work therapy program.
- Any bonus pay from a state, county, city or town because of service in a combat zone.

**Fast facts on state taxes:**

- States typically offer tax benefits only to Veterans who were honorably discharged or released under honorable circumstances from active duty.
- State benefits usually include some form of exemptions on property taxes, according to value.
- Benefits are often transferred over to a spouse or surviving spouse of honorably discharged Veterans.
- Many states include additional benefits for Veterans who are disabled.
- Every state's revenue website outlines state benefits for Veterans and how to apply for them.
- 

**[Bookmark the Veterans, Military and Their Families page on aarp.org](#)** to stay up to date with the latest news and information affecting older Veterans at [aarp.org/veterans](http://aarp.org/veterans). AARP resources for Veterans are free and available to nonmembers.

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*Aaron Kassraie is an associate writer and editor for AARP.*

# VFW POST 8696

## RUMMAGE SALE

VFW POST 8696 AUXILIARY  
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SATURDAY, FEBRUARY 25, 2023

9AM - 2 PM



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FEBRUARY  
DATES:

MONDAY  
6TH & 20TH

VFW  
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MONDAY  
6PM-10PM



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