

Department of Veterans Affairs (VA) Benefits Paralyzed Veterans of America

WHO IS CONSIDERED A VETERAN?

A person who served in the active military, naval, or air service and who was discharge or released under conditions other than dishonorable.

ESTABLISHING PRESUMPTION OF SERVICE CONNECTION FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)

In establishing presumptive service connection for ALS, the evidence must show there is no affirmative evidence that ALS was not incurred during or aggravated by active military, naval, or air service; is due to the veteran's willful misconduct; or the veteran did not have continuous service of 90 days or more.

A copy of the veteran's DD214, complete copy of all medical tests that were performed to provide a final definitive diagnosis for the ALS condition, or a Disability Benefits Questionnaire (DBQ VA FORM 21-0960C-2) are usually sufficient to establish service connection.

How is ALS Rated by VA

■ VA made a recent change to the Diagnostic Code that now establishes the minimum rating for ALS at 100 percent. In other words, VA will assign a total disability rating for any veteran diagnosed with ALS. (\$3,332.06 = 100) plus dependent \$3,517.84

■ VA may consider a veteran for different levels of special monthly compensation (SMC) which is an amount of compensation in addition to the amounts payable for a service connected disability. (\$4,146.13 = SMC- L)

SMC Housebound Status , Aid & Attendance & Higher Level of A&A

The concept of special monthly compensation (SMC) is difficult because of its complexity and the various factors that can affect entitlement. The different rates of SMC are based on the extent of service-connected disabilities involving anatomical loss or loss of use of extremities and In some cases the loss of certain bodily functions.

Three levels of SMC above in which our claims are targeted based on the medical evidence from provider and encounters. Our PVA offices conducts 90 day follow-up with our clients for medical updates/ changes. Veterans can contact the ALS Team anytime based on changes with ADL's, loss of bodily function, or need for licensed healthcare services.

The veteran needs a "higher level of care" (as defined below) than is required to establish entitlement to the regular aid and attendance allowance, and in the absence of the provision of such higher level of care, the veteran would require hospitalization, nursing home care, or other residential institutional care; the veteran's need for a "higher level of care" is determined by a VA physician or, in areas where no VA physician is available, by a physician carrying out such function under VA contract or fee arrangement based on an examination by such physician.

Special Monthly Compensation

- NEED FOR AID AND ATTENDANCE AND PERMANENTLY
- \blacksquare HOUSEBOUND (38 CFR §§ 3.350(b)(3)&(4), 3.352(a)) (\$3,915.10 = SMC- L)

In determining the need for regular aid and attendance, the following factors are considered: inability to dress or undress oneself or to keep oneself ordinarily clean and presentable; frequent need of adjustment of any special prosthetic or orthopedic appliances that by reason of the particular disability cannot be done without aid (this will not include the adjustment of appliances that normal individuals would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.); inability to feed oneself through loss of coordination of upper extremities or through extreme weakness; inability to attend to the wants of nature; or incapacity, physical or mental, which requires care or assistance on a regular basis to protect oneself from hazards or dangers incident to one's daily environment. "Bedridden" will be a proper basis for a determination that the need for aid and attendance exists. "Bedridden" means that the condition (through its essential character) actually requires that the claimant remain in bed. The fact that a claimant has voluntarily taken to bed or that a physician has prescribed rest in bed for the greater or lesser part of the day to promote convalescence or cure will not suffice.

ANCILLARY BENEFITS

■ Due the change of law in 2012, all ALS veterans are now entitled to the special adaptive housing (SAH), special housing adaptation grant (SHA) and the automobile grant(one-time) and automobile adaptive equipment (AAE). This give veterans the ability to live independently in a barrier-free environment and access home and transportation.

The SHA can help the veteran with the loss of use of both hands adapt or purchase a home to accommodate their disability. The SHA grant can be used in one of the following ways:

- Adapt an existing home the veteran or a family member already owns in which the veteran lives
- Adapt a home the veteran or family member intends to purchase in which the veteran will live
- Help a veteran purchase a home already adapted in which the veteran will live.

The amount for the SAH is \$101,754.00 and the SHA is \$20,387.00. Property Tax Exemption eligible

The SAH grant can be used in one of the following ways:

- Construct a special adapted home on land to be acquired
- Build a home on land already owned if it is suitable for specially adaptive housing
- Remodel an existing home if it can be made suitable for specially adapted housing.
- Apply the grant against the unpaid principal mortgage balance of an adapted home already acquired without the assistance of a VA grant.

Also, the recent change in law now enables the ALS veteran to obtain the automobile grant. The amount for the auto grant is \$22,355.72. Although this is a one time grant, this grant is paid directly to the seller and can be considered as a down payment on the vehicle. There is no time limit for the veteran to use this benefit. If the veteran is a driver, there is a possibility the VA may consult driver's training to ensure they are able to drive safely. As a driver, VA will in most cases pay for the wheelchair lift, tie downs or six way power seat, air conditioner, automatic transmission, power steering and power windows. The auto grant can be used for a car or van.

Also, the veteran is entitled to the adaptive equipment. The adaptive equipment for a non driver consists of a wheelchair lift, tie downs to lock the wheelchair into place and an air conditioner. The adaptive equipment can be used by the veteran when purchasing a vehicle once every two years or 2 vehicles every 4 years. When preparing to purchase a vehicle, the veteran must get evaluated/vendor approval from the Prosthetic and Sensory Service at their local VA before the vehicle can be purchased.

Access to VA Healthcare

- Medication & Supplies
- Transportation
- Prosthetics Service & Support/AAE/HISASpecialized Equipment

Dental

- HomecareServices/CaregiverSupport Program
- State Driven BenefitsEducational, TaxExemptions

Home Improvements and Structural Alterations (HISA)

- This grant provides medically necessary improvements and structural alterations to Veterans/Servicemembers' primary residence for the following purposes:
- Allowing entrance to or exit from their homes
- Use of essential lavatory and sanitary facilities (e.g. roll in showers or walk in tubs)
- Allowing accessibility to kitchen or bathroom sinks or counters (e.g. lowering counters/sinks)
- Improving entrance paths or driveways in immediate area of the home to facilitate access to the home through construction of permanent ramping
- Improving plumbing or electrical systems made necessary due to installation of home medical equipment
- HISA will not pay for:
- Walkways to exterior buildings
- Widening of driveways (in excess of a 7ft x 6ft area)
- •Spa, hot tub, or Jacuzzi
- Exterior decking (in excess of 8ft x 8ft)
- HISA Grant Amounts
- Lifetime HISA benefit up to \$6,800 may be provided for:
- Veterans and Servicemembers who have a service connected condition
- Veterans who have a non-service connected condition rated 50% or more service connected
- Lifetime benefit up to \$2,000 may be provided for Veterans who have a non-service connected condition

Aid & Attendance

■ DISCONTINUANCE DURING HOSPITALIZATION AT GOVERNMENT EXPENSE (38 CFR §§ 3.552(a)(1) & 3.552(b)(2))

When a veteran is hospitalized at the expense of the U.S. government, the additional aid and attendance allowance authorized under (r)(1) or (r)(2) will be discontinued effective the last day of the month following the month in which the veteran is admitted for hospitalization. The SMC rate payable during hospitalization is based on the veteran's actual disabilities (discounting the need for aid and attendance while not hospitalized). Respite Care is not counted toward regular admission

ALS and Home Care

- It is important that ALS veterans receive priority for needed home health care.
- When looking at whether or not an ALS veteran is receiving enough care it should be evaluated not just on hours but whether the care is skilled or unskilled.
- It should be noted that VHA Handbook 1140.6 gives veterans no more than 65% of what it would cost for the veteran to be placed in a nursing facility.
- Any care not given between a certain number of hours at a facility and this is due to budgeting constraints and we can further advocate for this veteran case by case.
- In addition VHA Handbook 1101.07 states that ALS veterans are eligible for hospice care.
- f. Respite care is available to enrolled Veterans and is a vital tool in the effective management of these ALS patients (identification of the caregiver's stress and needs by the ALS interdisciplinary care team member is essential to timely provision of those benefits. See ALS VHA Handbook 1140.02 for more information on respite benefits).

DUALITY of SMC

- SMC is essentially a claim for higher evaluation (i.e., an increase claim)
- However, special attention should be paid on whether the specific SMC being sought has been previously denied
- If previously denied, can also view as a supplemental review with new evidence.
- Form submitted drives VA's processing of claim
- (TIP) Effective date considerations between increase versus supplemental claims

VA Form 21-2680 & DBQ Tips

- 2680 MUST be signed by a competent medical provider
- Provider must include contact information, NPI and a non-digital signature
- Ensure the provider includes the explanatory information required on the form
- Ensure any functional limitations described allude to the disability upon which it is based
- When necessary, provide the medical records for the provider completing the 2680 and/or a 4142

SERVICE-DISABLED VETERANS INSURANCE (RH INSURANCE)

- The RH insurance is a \$10,000.00 life insurance policy that is available when a new service connected disability is established. To meet the criteria for this benefit, the veteran must have been released from active service on or after April 25, 1951; released under other than dishonorable conditions; have a service connected disability; and apply within 2 years from the date VA grants the new service connected disability.
- Also, once the veteran has been awarded the RH Insurance, they can apply for the Supplemental RH Insurance. To be eligible for the Supplemental RH Insurance, the veteran must have the following:
- The Supplemental RH Insurance is an additional \$30,000.00 policy.
- This benefit is being revamped.

Representation of Dependents

- Dependency and Indemnity Compensation (DIC) is a tax free monthly benefit paid to eligible survivors of military Servicemembers who died in the line of duty or
- eligible survivors of Veterans whose death resulted from a service-related injury or disease.
- Monthly payments are \$1,437.66
- Housebound allowance \$166.85
- Aid and Attendance \$356.16

Burial Allowance

- □ The VA will pay up to \$2,000.00 toward the burial expenses for service connected death.
- The veteran cause of death must be related to service connected condition to ensure benefits are granted.
- Veterans hospitalized or in a VA-contracted nursing home at the time of death, or died while traveling to VA-authorized care expenses may paid for transportation of Veteran's remains.
- Also, a veteran can be buried in a VA National Cemetery if the veteran was released from service under honorable conditions. To apply for burial benefits, a VA Form 21-530ez must be completed along with providing a certified copy of the death certificate, an itemized printed statement preferable on the funeral home letterhead stating the funeral bill has been paid in full.

PVA will assist veterans and dependents in securing these valuable life changing benefits.

If there are any questions relating to service connection for ALS, please contact Robert Statam Chicago@ 312-980-4278. Winston Woodard III @ 708-202-5623

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QUESTIONS

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