



**DEPARTMENT OF VETERANS AFFAIRS
Veteran's Benefits Administration
Regional Office**

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VA File Number
[REDACTED]

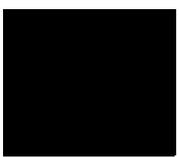
**Represented By:
GORDON A GRAHAM
Rating Decision
04/25/2022**

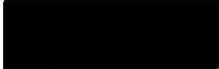
INTRODUCTION

The records reflect that you are a Veteran of the Peacetime and Vietnam Era. You served in the Navy from November 29, 1972 to September 26, 1974 and the Army from September 20, 1976 to April 22, 1979, from April 23, 1979 to February 28, 1980 and from February 29, 1980 to March 31, 1987. You filed a new claim for benefits that was received on July 25, 2021. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Evaluation of Parkinson's disease with **balance impairment** (previously bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity), which is currently **70 percent** disabling, **is decreased to 30 percent**.
2. Evaluation of major depressive disorder with anxious distress, which is currently 30 percent disabling, is increased to 100 percent effective September 18, 2020.
3. Evaluation of constipation, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.





4. Evaluation of difficulty chewing affecting left cranial nerve V, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

5. Evaluation of loss of automatic movement, right side (previously rated as cranial nerve VII impairment with loss of automatic facial movement, right side), which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

6. Evaluation of loss of automatic facial movement, left side, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

7. Service connection for right upper extremity tremors is granted with an evaluation of 30 percent effective September 18, 2020.

8. Evaluation of left upper extremity tremors (previously rated as left upper extremity impairment), which is currently 60 percent disabling, is decreased to 20 percent.

6/14/20 RD
DM.

9. Evaluation of stopped posture (previously rated as DC 5237 stooped posture), which is currently 20 percent disabling, decreased to 0 percent.

10. Evaluation of speech changes affecting left X cranial nerve, which is currently 10 percent disabling, is decreased to 0 percent.

11. Evaluation of speech changes affecting right X cranial nerve, which is currently 10 percent disabling, is decreased to 0 percent.

12. Service connection for sense of smell is granted with an evaluation of 10 percent effective September 18, 2020.

13. Evaluation of left lower extremity diabetic peripheral neuropathy, sciatic nerve, which is currently 40 percent disabling, is decreased to 20 percent.

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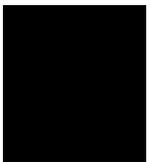
14. Entitlement to special monthly compensation based on anatomical loss or loss of use; special monthly compensation (SMC O); special monthly compensation (SMC R) is denied.

15. Entitlement to special monthly compensation based on loss of use of lower extremities is denied.

16. Entitlement to special monthly compensation based on loss of use of upper extremities is denied.

17. Entitlement to special monthly compensation based on aid and attendance criteria being met is granted from September 18, 2020.

6/9/2020 CIP
IN Person
11/10/2021 ACE



EVIDENCE

- VA Form 21-526EZ, Fully Developed Claim (Compensation), received on July 25, 2021
- VA Form 21-4138 Statement In Support of Claim from spouse, received on July 25, 2021
- Private Treatment records from Pacific Northwest Neurology, Dr. Zolanti, received on July 28, 2021
- Treatment records from Puget Sound VAMC for treatment from November 8, 2021 to December 21, 2021, received December 22, 2021
- Treatment records from Puget Sound VAMC for treatment from August 31, 2021 to November 8, 2021, received November 18, 2021
- VA Form 21-2680 Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, received August 18, 2021
- Correspondence from G. Graham regarding DBQ NEURO Parkinson's Disease, received January 6, 2022
- Disability Benefits Questionnaire (DBQ) - Veteran Provided, received on October 22, 2021
- C&P Exam, received on November 26, 2021
- C&P Exam, received on November 10, 2021
- C&P Exam, received on November 10, 2021
- C&P Exam, received on September 22, 2021
- C&P Exam, received on August 18, 2021
- C&P Exam, received on August 18, 2021

REASONS FOR DECISION

1. Evaluation of Parkinson's disease with balance impairment (previously bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity) currently evaluated as 70 percent disabling.

8004-6204

3.344a

Evaluation of Parkinson's disease with balance impairment (previously bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity), which is currently 70 percent disabling, decreased to 30 percent.

The evaluation of Parkinson's disease with bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity decreased to 30 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. (38 CFR 3.500)

We have assigned a 30 percent evaluation for your Parkinson's disease with balance impairment (previously bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity) based on:

- Dizziness and occasional staggering

This is the highest schedular evaluation allowed under the law for peripheral vestibular disorder. (38 CFR 4.87)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

*Highest
Best*

2. Evaluation of major depressive disorder with anxious distress currently evaluated as 30 percent disabling.

Evaluation of major depressive disorder with anxious distress, which is currently 30 percent disabling, is increased to 100 percent effective September 18, 2020.

The evaluation of major depressive disorder with anxious distress (previously rated as adjustment disorder with depressed mood) is increased to 100 percent disabling effective The effective date of this grant is September 18, 2020. (38 CFR 4.1, 38 CFR 3.400)

The effective date of this grant is September 18, 2020. The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)

The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)
(38 CFR 4.1, 38 CFR 3.400)

We have assigned a 100 percent evaluation for your adjustment disorder with depressed mood based on:

- Anxiety
- Chronic sleep impairment
- Depressed mood
- Difficulty in adapting to a work like setting
- Difficulty in adapting to stressful circumstances
- Difficulty in adapting to work
- Difficulty in establishing and maintaining effective work and social relationships
- Disturbances of motivation and mood
- Flattened affect
- Forgetting directions
- Forgetting names
- Forgetting recent events
- Impaired abstract thinking
- Impaired judgment
- Intermittent inability to perform activities of daily living
- Intermittent inability to perform maintenance of minimal personal hygiene
- Mild memory loss
- Neglect of personal appearance and hygiene
- Obsessional rituals which interfere with routine activities
- Suspiciousness

- Total occupational and social impairment

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 100 percent disability evaluation. (38 CFR 4.7, 38 CFR 4.126)

This is the highest schedular evaluation allowed under the law for major depressive disorder. (38 CFR 4.125, 38 CFR 4.126, 38 CFR 4.130)

There is no evidence of record that shows that you are unable to manage your financial affairs. (38 CFR 3.353)

Per VA examiner, for the VA established diagnosis of adjustment disorder with depressed mood the diagnosis is changed, and it is a progression of the previous diagnosis. The claimant now meets criteria for a diagnosis of major depressive disorder, single episode, severe, with anxious distress, which is a progression of and replaces the diagnosis of adjustment disorder with depressed mood.

3. Evaluation of constipation currently evaluated as 0 percent disabling.

Evaluation of constipation, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

The evaluation of constipation is increased to 10 percent disabling effective September 18, 2020. (38 CFR 4.1, 38 CFR 3.400)

The effective date of this grant is September 18, 2020. The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)

We have assigned a 10 percent evaluation for your constipation based on:

- Moderate symptoms

A higher evaluation of 30 percent is not warranted for irritable bowel syndrome unless the evidence shows:

- Severe symptoms demonstrated by diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress. (38 CFR 4.114, 38 CFR 4.113)

4. Evaluation of difficulty chewing affecting left cranial nerve V currently evaluated as 0 percent disabling.

Evaluation of difficulty chewing affecting left cranial nerve V, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

The evaluation of difficulty chewing affecting left cranial nerve V is increased to 10 percent

disabling effective September 18, 2020. (38 CFR 4.1, 38 CFR 3.400)

The effective date of this grant is September 18, 2020. The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)

We have assigned a 10 percent evaluation for your difficulty chewing affecting left cranial nerve V based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 30 percent is not warranted for paralysis of the 5th cranial nerve unless the evidence shows nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

5. Evaluation of loss of automatic movement, right side (previously rated as cranial nerve VII impairment with loss of automatic facial movement, right side) currently evaluated as 0 percent disabling.

Evaluation of loss of automatic movement, right side (previously rated as cranial nerve VII impairment with loss of automatic facial movement, right side), which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

The evaluation of loss of automatic movement, right side (previously rated as cranial nerve VII impairment with loss of automatic facial movement, right side) is increased to 10 percent disabling effective September 18, 2020. (38 CFR 4.1, 38 CFR 3.400)

The effective date of this grant is September 18, 2020. The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)

We have assigned a 10 percent evaluation for your cranial nerve VII impairment with loss of automatic facial movement, right side based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the 7th cranial nerve unless the evidence shows nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

6. Evaluation of loss of automatic facial movement, left side currently evaluated as 0 percent disabling.

Evaluation of loss of automatic facial movement, left side, which is currently 0 percent disabling, is increased to 10 percent effective September 18, 2020.

The evaluation of loss of automatic facial movement, left side is increased to 10 percent disabling effective September 18, 2020. (38 CFR 4.1, 38 CFR 3.400)

The effective date of this grant is September 18, 2020. The increased evaluation has been established from the day VA received your intent to file (ITF) a claim for compensation. (38 CFR 3.155, 38 CFR 3.400)

We have assigned a 10 percent evaluation for your cranial nerve VII impairment with loss of automatic facial movement, left side based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the 7th cranial nerve unless the evidence shows nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

7. Service connection for right upper extremity tremors as secondary to the service-connected disability of Parkinson's disease w/ balance impairment (previously with bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity).

Service connection for right upper extremity tremors is granted with an evaluation of 30 percent effective September 18, 2020.

Service connection for right upper extremity tremors has been established as related to the service-connected disability of Parkinson's disease w/ balance impairment (previously with bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity). (38 CFR 3.303, 38 CFR 3.310)

An evaluation of 30 percent is assigned from September 18, 2020.

We have assigned a 30 percent evaluation for your right upper extremity tremors based on:

- Moderate incomplete paralysis of the major extremity (38 CFR 4.124a)

A higher evaluation of 50 percent is not warranted for paralysis of the radial nerve unless the evidence shows nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

8. Evaluation of left upper extremity tremors (previously rated as left upper extremity impairment) currently evaluated as 60 percent disabling.

Evaluation of left upper extremity tremors (previously rated as left upper extremity impairment), which is currently 60 percent disabling, is decreased to 20 percent.

The evaluation of left upper extremity tremors (previously rated as left upper extremity impairment) is decreased to 20 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. 38 CFR 3.3500

We have assigned a 20 percent evaluation for your left upper extremity impairment based on:

- Moderate incomplete paralysis of the minor extremity (38 CFR 4.124a)

A higher evaluation of 40 percent is not warranted for paralysis of the radial nerve unless the evidence shows nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

9. Evaluation of stopped posture (previously rated as DC 5237 stooped posture) currently evaluated as 20 percent disabling.

Evaluation of stopped posture (previously rated as DC 5237 stooped posture), which is currently 20 percent disabling decreased to 0 percent.

The evaluation of stopped posture (previously rated as DC 5237 stooped posture) is decreased to 0 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. (38 CFR 3.3500)

We have assigned a noncompensable evaluation for your stopped posture based on:

- Mild incomplete paralysis (38 CFR 4.124a)

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

A higher evaluation of 10 percent is not warranted for paralysis of the 11th cranial nerve unless the evidence shows nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

10. Evaluation of speech changes affecting left X cranial nerve currently evaluated as 10 percent disabling.

Evaluation of speech changes affecting left X cranial nerve, which is currently 10 percent disabling, is decreased to 0 percent.

The evaluation of speech changes affecting left X cranial nerve is proposed to be decreased to 0 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. (38 CFR 3.3500)

We have assigned a noncompensable evaluation for your speech changes affecting left X cranial nerve based on:

- Mild incomplete paralysis (38 CFR 4.124a)

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

A higher evaluation of 10 percent is not warranted for paralysis of the 10th cranial nerve unless the evidence shows nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

11. Evaluation of speech changes affecting right X cranial nerve currently evaluated as 10 percent disabling.

Evaluation of speech changes affecting right X cranial nerve, which is currently 10 percent disabling, is decreased to 0 percent.

The evaluation of speech changes affecting right X cranial nerve is decreased to 0 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. (38 CFR 3.3500)

We have assigned a noncompensable evaluation for your speech changes affecting right X cranial nerve based on:

- Mild incomplete paralysis (38 CFR 4.124a)

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

A higher evaluation of 10 percent is not warranted for paralysis of the 10th cranial nerve unless

the evidence shows nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

12. Service connection for sense of smell as secondary to the service-connected disability of Parkinson's disease w/ balance impairment (previously with bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity).

Service connection for sense of smell is granted with an evaluation of 10 percent effective September 18, 2020.

Service connection for sense of smell has been established as related to the service-connected disability of Parkinson's disease w/ balance impairment (previously with bradykinesia, tremors, muscle rigidity, and stiffness of the right upper extremity). (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is September 18, 2020. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

An evaluation of 10 percent is assigned from September 18, 2020.

We have assigned a 10 percent evaluation for your sense of smell based on:

- Complete loss

This is the highest schedular evaluation allowed under the law for complete loss of sense of smell. (38 CFR 4.87a)

13. Evaluation of left lower extremity diabetic peripheral neuropathy, sciatic nerve currently evaluated as 40 percent disabling.

Evaluation of left lower extremity diabetic peripheral neuropathy, sciatic nerve, which is currently 40 percent disabling, is decreased to 20 percent.

The evaluation of left lower extremity diabetic peripheral neuropathy, sciatic nerve is decreased to 20 percent disabling. (38 CFR 3.105(e))

The effective date of this decrease is November 10, 2021, the date of your recent examination. (38 CFR 3.3500)

We have assigned a 20 percent evaluation for your left lower extremity impairment to include diabetic peripheral neuropathy, sciatic nerve based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 40 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows nerve damage is moderately severe. (38 CFR 4.120, 38 CFR 4.124a)

The evidence upon which this reduction is based is as full and complete as the evidence used to assign the prior evaluation.

Because there will be no change in the level of your combined evaluation, there is no requirement for due process. (38 CFR 3.105, 38 CFR 3.500, 38 CFR 3.501, 38 CFR 3.103)

14. Entitlement to special monthly compensation based on anatomical loss or loss of use; special monthly compensation (SMC O); special monthly compensation (SMC R).

Entitlement to special monthly compensation based on anatomical loss or loss of use; special monthly compensation (SMC O); special monthly compensation (SMC R). is denied.

Entitlement to an additional payment of compensation is established when service-connected impairment imposes a special level of disability.

Special monthly compensation under 38 USC 1114(k) is payable for each anatomical loss or loss of use of one hand, one foot, both buttocks, one or more creative organs, blindness of one eye having only light perception, deafness of both ears, having absence of air and bone conduction, complete organic aphonia with constant inability to communicate by speech or, in the case of a female Veteran, the anatomical loss of 25 percent or more of tissue from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy) or following receipt of radiation treatment of breast tissue. (38 CFR 3.350)

The evidence of record does not support that you have loss of use of upper and lower extremities.

Special monthly compensation under 38 USC 1114(O) is not warranted. The record does not support service connection for paraplegia with loss of bowel and bladder sphincter control. (38 CFR 3.350(e)(2))

This special compensation is payable in addition to the basic rate of compensation otherwise payable on the basis of degree of disability, provided that the combined rate of compensation does not exceed the monthly rate set forth in 38 U.S.C. 1114(l) when authorized in conjunction with any of the provisions of 38 U.S.C. 1114 (a) through (j) or (s). When there is entitlement under 38 U.S.C. 1114 (l) through (n) or an intermediate rate under (p) such additional allowance is payable for each such anatomical loss or loss of use existing in addition to the requirements for the basic rates, provided the total does not exceed the monthly rate set forth in 38 U.S.C. 1114(o). The limitations on the maximum compensation payable under this paragraph are independent of and do not preclude payment of additional compensation for dependents under 38

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U.S.C. 1115, or the special allowance for aid and attendance provided by 38 U.S.C. 1114(r).

Special monthly compensation under 38 USC 1114(R1) is not warranted. Aid and attendance under special monthly compensation (SMC) R1 or R2 is based on factual need. The record does not support service connection for higher level of care or meet the criteria under 38 CFR 3.352.

Need for a higher level of care shall be considered to be need for personal health-care services provided on a daily basis in the veteran's home by a person who is licensed to provide such services or who provides such services under the regular supervision of a licensed health-care professional.

Personal health-care services include (but are not limited to) such services as physical therapy, administration of injections, placement of indwelling catheters, and the changing of sterile dressings, or like functions which require professional health-care training or the regular supervision of a trained health-care professional to perform.

A licensed health-care professional includes (but is not limited to) a doctor of medicine or osteopathy, a registered nurse, a licensed practical nurse, or a physical therapist licensed to practice by a State or political subdivision thereof.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. VA examiner, per VA Form 21-2680, dated August 17, 2021, indicates the need for aid and attendance due to complications of Parkinson's disease.

15. Entitlement to special monthly compensation based on loss of use of lower extremities.

Entitlement to special monthly compensation based on loss of use of lower extremities is denied.

Entitlement to an additional payment of compensation is established when service-connected impairment imposes a special level of disability. Entitlement to special monthly compensation is not warranted in this case because the criteria regarding loss of use have not been met. (38 CFR 3.350)

Special monthly compensation under 38 USC 1114(k) is payable for each anatomical loss or loss of use of one hand, one foot, both buttocks, one or more creative organs, blindness of one eye having only light perception, deafness of both ears, having absence of air and bone conduction, complete organic aphonia with constant inability to communicate by speech or, in the case of a female Veteran, the anatomical loss of 25 percent or more of tissue from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy) or following receipt of radiation treatment of breast tissue. (38 CFR 3.350)

The evidence of record does not support that you have loss of use of lower extremities.

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Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. VA examiner, per VA Form 21-2680, dated August 17, 2021, indicates the need for aid and attendance due to complications of Parkinson's disease.

16. Entitlement to special monthly compensation based on loss of use of upper extremities.

Entitlement to special monthly compensation based on loss of use of upper extremities is denied.

Entitlement to an additional payment of compensation is established when service-connected impairment imposes a special level of disability. Entitlement to special monthly compensation is not warranted in this case because the criteria regarding loss of use have not been met. (38 CFR 3.350)

Special monthly compensation under 38 USC 1114(k) is payable for each anatomical loss or loss of use of one hand, one foot, both buttocks, one or more creative organs, blindness of one eye having only light perception, deafness of both ears, having absence of air and bone conduction, complete organic aphonia with constant inability to communicate by speech or, in the case of a female Veteran, the anatomical loss of 25 percent or more of tissue from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy) or following receipt of radiation treatment of breast tissue. (38 CFR 3.350)

The evidence of record does not support that you have loss of use of upper extremities.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. VA examiner, per VA Form 21-2680, dated August 17, 2021, indicates the need for aid and attendance due to complications of Parkinson's disease.

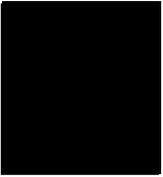
17. Entitlement to special monthly compensation based on aid and attendance.

Entitlement to special monthly compensation based on aid and attendance criteria being met is granted from September 18, 2020.

Entitlement to special monthly compensation is warranted in this case because criteria regarding aid and attendance have been met. (38 CFR 3.350)

We have granted entitlement to special monthly compensation based on the need for aid and attendance, because the evidence shows that you require the assistance of another person with the activities of your daily living.

Aid and attendance may be awarded when the claimant is blind in both eyes having visual acuity



of 5/200 or less, or has contraction of the visual field to 5 degrees or less; is a patient in a nursing home because of mental or physical incapacity; or, when the evidence shows aid and attendance is required to perform routine activities of daily living. The routine activities of daily living are basic self-care tasks which include such things as the ability to dress or undress one's self, to keep one's self ordinarily clean and presentable, ability to feed one's self, the ability to attend to the needs of nature, or the ability to protect one's self from the hazards or dangers incidental to his or her daily environment.

A review of the medical evidence of record revealed that you have disabilities which include Parkinson's Disease.

This medical evidence also revealed that you need the assistance of another person with the activities of daily living to include walking, dressing .

The effective date for your entitlement to special monthly compensation based on the need for aid and attendance is 09/18/2020, the date we received your intent to file. (38 CFR 3.351, 38 CFR 3.400) 38 CFR (3.155)

It is noted your claim for special monthly compensation housebound is under appeal and is not addressed in this rating decision.

Please also note special monthly compensation aid and attendance is a higher benefit than special monthly compensation housebound.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

