



FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

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*Honoring those who served U.S.*

# FDVA RO Operations October 2017

# Hearings

- Hearings for October
  - Local personal hearings
    - DRO & RVSR ..... 50 – 60 approx
  - BVA (3 VLJ)
    - Travel Board / Video ..... 110 approx
      - Video
        - » West Palm Beach (Tue/Thu)

# FDVA Fax & VSO Email

- Fax- (727) 319-7780
- Email- [VSO@fdva.state.fl.us](mailto:VSO@fdva.state.fl.us)

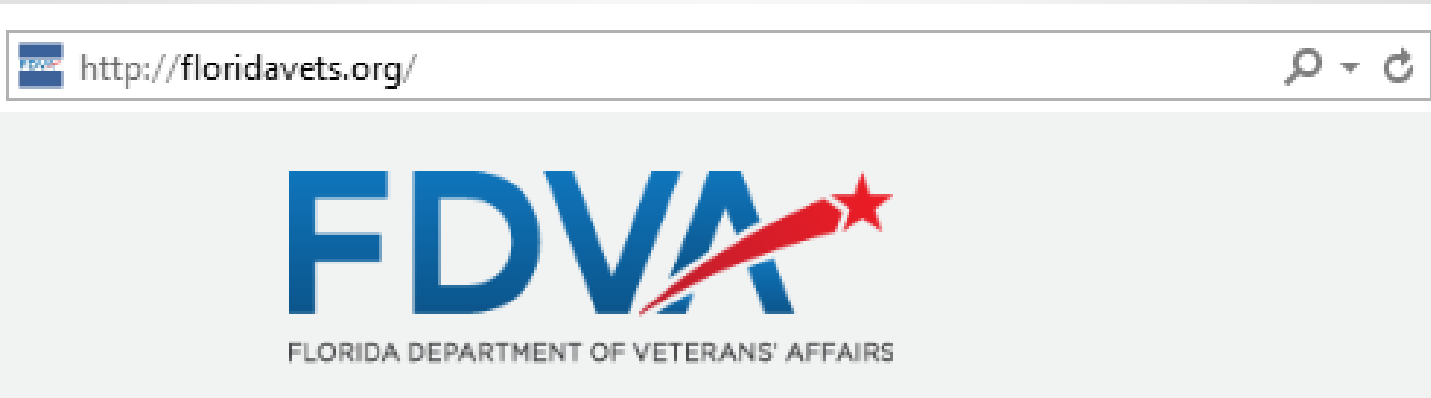
# FDVA Mail

Florida Department of Veteran Affairs

PO Box 31003

St. Petersburg, FL 33731

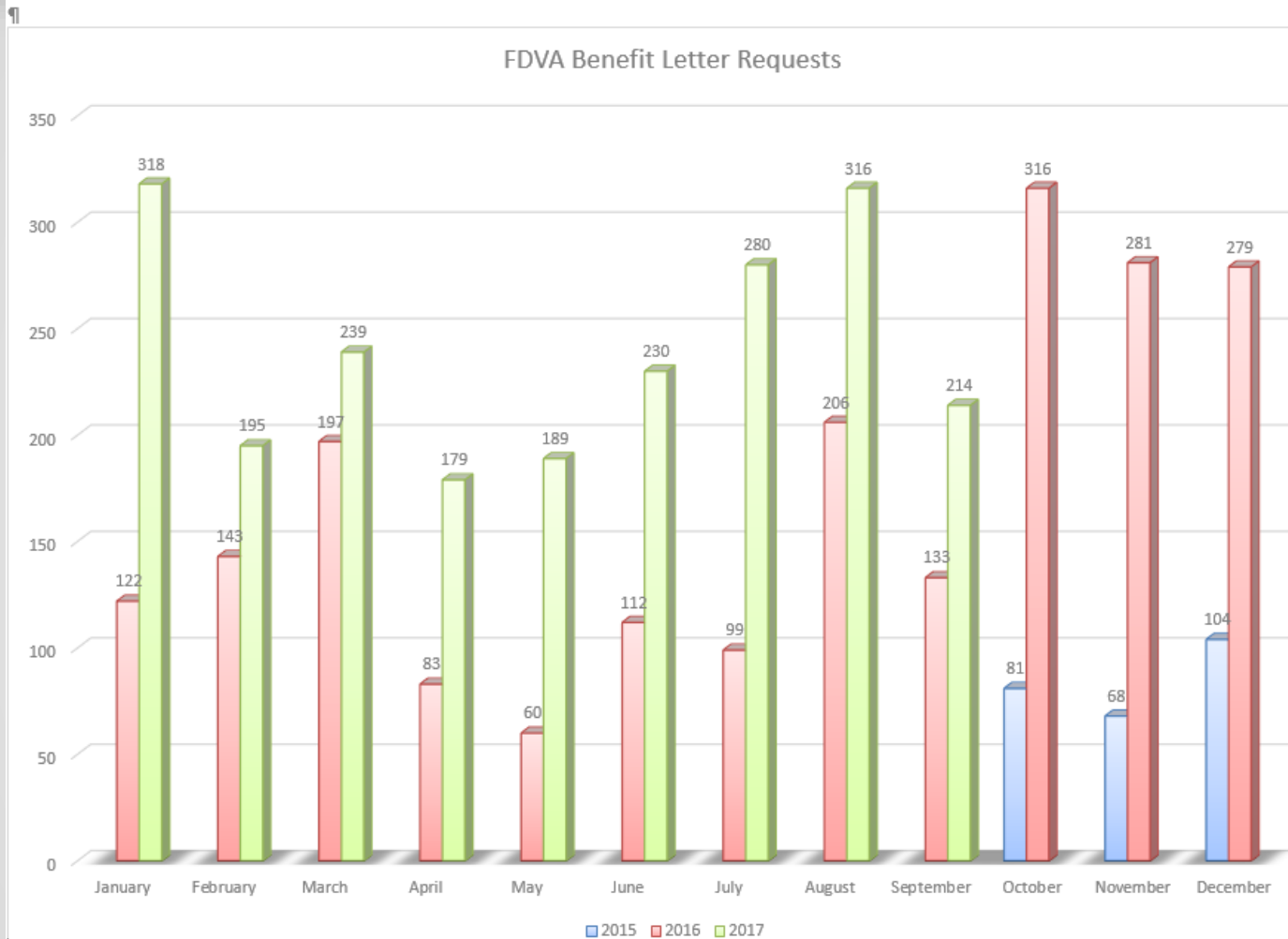
<http://floridavets.org>



# State Benefit Letter Request Form

- Civil Service Employment Preference Letter
- Florida Homestead Exemption Letter (**VAFL 27-125**)
- Florida Homestead Letter for 100% P & T veteran (**VAFL 27-333**)
- Florida Disabled Veteran License Plate (**VAFL 27-323**)
- Widows Homestead Exemption Letter
- Commissary Privilege Letter (**Military Non-Retiree**)
- Florida Amendment 7: Combat Related Disability Age 65 tax exemption letter

# Requests So Far



<http://floridavets.org/>

## Benefits & Services

- ★ HEALTH CARE
- ★ CLAIMS
- ★ EDUCATION
- ★ EMPLOYMENT
- ★ VETERANS' PREFERENCE
- ★ STATE APPROVING AGENCY
- ★ HOUSING
- ★ BURIAL BENEFITS
- ★ FORMS
- ★ VETERAN CERTIFIED BUSINESSES



# <http://floridavets.org/>

## Forms

The following forms are to be filed with an application for Non-Service Connected Pension and Aid & Attendance.

**In-Home Health Care Service (IHHC) 129 Form**

**Assisted Living Facility (ALF) 2040 Form**

**State Benefit Letter Request Form**

# CVSO

## Contact Information

- Comp -CVSO line (855) 225-0709 (8:00-4:30)
- PMC - CVSO line (215) 381-3762 (8:00-4:30)
  - CVSO Email:  
PensionCtrVSO.VBAPHI@va.gov
- Debt Management Center (612) 970-5737

# VA Intake Processing Center

- Mail to:  
Department of Veterans Affairs  
Claims Intake Center  
PO BOX 4444  
Janesville, WI 53547-4444
- or Fax to:  
Toll Free: (844) 531-7818

# FDVA / VetraSpec

- FDVA
  - Alachua
  - Citrus
  - Columbia
  - Escambia
  - Pinellas
  - Polk
  - Sarasota
  - Taylor

# Parkinson's Disease

- Diagnostic Code 8004
- Paralysis agitans

# Definition

- Paralysis agitans is a chronic, slowly progressive, worsening central nervous system (CNS) disorder, characterized by muscular rigidity, a tremor of resting muscles, slow and decreased voluntary movements, and position instability. The condition is also referred to as Parkinson's disease.

# Etiology

- The cause of the condition is unknown. A deficiency of the neurotransmitter dopamine has been identified as preventing affected brain cells from performing their normal inhibitory functions within the CNS. The condition may also result from loss of or interference with the action of the dopamine in the basal ganglia within the brain due to other idiopathic diseases; drugs or external toxins; and ingestion of antipsychotic drugs or tranquilizers. Onset usually occurs in persons over the age of 50, and affects more men than women.

# Signs & Symptoms

- Early signs and symptoms of the condition may include: infrequent blinking; lack of facial expression; decreased movement; and impaired postural reflexes. The condition is characterized by muscle tremors at rest which diminish during movement and are absent during sleep.



# Tremors

- The tremors are enhanced by emotional tension or fatigue and the hands are most affected. Muscle rigidity may be present without tremors. As the muscle rigidity progresses, movement becomes slow (bradykinesia), decreased or diminished (hypokinesia), and difficult to initiate (akinesia).

# Other signs

- Other signs and symptoms may include: muscular aches and fatigue; mask-like expression with open mouth; drooling; stooped posture; gait characterized by involuntary, short, accelerating steps; difficulty in walking; loss of postural reflexes (tendency to fall forward or backward with respective shift in center of gravity);

# Other signs (cont.)

- and low speech volume with stuttering or slurred speech. The voice may have uniformity of tone and be high-pitched. Other manifestations may include dysphagia.

# Tests

- A diagnosis is made based on the person's age, history, and clinical presentation. There are no specific tests for paralysis agitans (Parkinson's disease), although computed tomography (CT) scan or magnetic resonance imaging (MRI) are often performed to rule out alternative causes of similar findings.

# Treatment

- The goal of treatment is to relieve symptoms, and keep the person functional as long as possible. Drug therapy may include: dopaminergic agents; Monoamine oxidase (MAO) inhibitors; anticholinergics; or antiviral agents. Measures are taken to protect the individual with motor impairments from injury, and to help promote performance of the activities of daily living (ADL). Physical therapy is a part of the treatment. Neurosurgery may possibly be instituted to relieve some cases that include disabling tremor.

# Residuals

- Residuals may involve varying degrees of any or all of the signs and symptoms of the condition. There are gradual restrictions in performing ADLs and the disease is slowly progressive over time. In addition, there may be an increased risk to urinary infections and constipation due to inactivity and drugs

# Special Considerations -1

- In those cases where there is severe neurologic deficit, consider entitlement under 38 CFR § 3.350 [Special monthly compensation ratings] and ancillary benefits under 38 CFR § 3.807.

# Special Considerations -2

- It is required for the minimum rating for residuals (signs and symptoms) of paralysis agitans that they be ascertainable. Subjective residuals (symptoms), e.g., muscle aches and fatigue, must be consistent with paralysis agitans, and should be accepted when they are consistent and not more likely attributable to other disease or no disease. "It is of exceptional importance that when ratings in excess of the prescribed minimum ratings are assigned, the Diagnostic Code used as a basis of evaluation be cited, in addition to the code identifying the diagnoses." 38 CFR 4.124a [Neurological conditions and convulsive disorders]



# Special Considerations -3

- This disease shall be granted service connection although not otherwise established as incurred in or aggravated by service if manifested to a compensable degree within the applicable time limits under § 3.307 following service in a period of war or following peacetime service on or after January 1, 1947, provided the rebuttable presumption provisions of § 3.307 are also satisfied [38 CFR Book B § 3.309 [Disease subject to presumptive service connection], § 3.309(a) [chronic disease]].

# Rating

Minimum rating of 30%.

# Secondary

- Bradykinesia
- Postural instability
- Rigidity (muscular, u/l extremities, trunk, neck, face, epiglottal esophageal)
- Tremors (u/l 8514/8515)
- Dysphagia (swallowing – 7203 Or 8210)
- Dysarthria (speech 7203 – 8210)
- Facial muscle paralysis (8207)
- Cognitive do/occ-soc impairment (9310 – 9326)
- Bladder incontinence (7542) and/or Bowel problems (7332)
- PN u/l extremities (8520/8513)
- Radiculopathy u/l extremities

# Secondary (Cont.)

- Parkinson's Disease Dementia
- Depression, due to disease & disease process
- Consideration for SMC – L, L ½, and M

# Presumptive

- Agent Orange
- Camp Lejeune
- TBI

# Keep in mind

- 38 CFR 4.124a
- Neurological conditions are hard to rate
- Worst condition – evaluate base on specific body system affected.
- Must specifically ID secondary in your claim!

# FDVA RO Operations

You can reach us at:  
(727) 319-7405 or 7428