

VETERANS ADMINISTRATION BENEFITS

Pension with Aid and Attendance

This guide is brought to you as a service of

Victoria L. Collier, J.D.

&

J. RobRoy Platt, J.D.

Platt Law, P.C.

3300 N. Running Creek Way, Ste. E-100

Lehi, UT 84043

(801) 769-1313

www.PlattLawPC.com

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I. Introduction

“America’s veterans deserve the best health care and compensation system we can provide.” (Anthony Principi, Secretary of Veterans Affairs, News Release, February 3, 2003). While there are several different commonly known types of VA benefits available to veterans or widow(er)s of veterans, most people are unaware of the benefits available to our senior citizens who need health care assistance. Incorporating VA benefits planning into a traditional elder law or estate planning practice is essential, especially in light of the Deficit Reduction Act of 2005. Not knowing the issues and benefits a veteran or a widow(er) of a veteran can receive can result in malpractice.

II. Veterans Administrations’ Two Branches

A. Veteran’s Health Administration. Its primary purpose is to provide health care for prior service members.

Programs include:

- VA Hospitals
- VA Nursing Homes
- prescription benefits
- outpatient dental services
- services for Blind and Vision impaired Veterans
- prosthetic services
- Alcohol and Drug-Dependence Treatment

All veterans who served in the military and received a discharge other than

dishonorable can take advantage of the veterans health care services. Certain time requirements with regard to length of service may apply. However, the veteran must be enrolled in the health care system and submit to a physical. Due to the large numbers of veterans, there is typically a long waiting list to receive the physical. Moreover, the veterans health care system ranks veterans with an hierarchy of preference based on whether the veteran has service connected disabilities, is a POW, is in need of aid and attendance, etc.

Generally, only veterans with a service connected disability rating of at least 70% or whose service connected illness caused the need for skilled nursing care will be able to reside in a VA nursing home. If a veteran meets this criteria, then they will be able to stay in the nursing facility at no cost. If the VA has space in the nursing home, it may permit veterans who do not meet the service connected disability standards to live in the nursing home as well. When this is the case, the veteran must either pay privately for the care, or be receiving Medicaid services.

In addition to VA Federal nursing homes, the VA has a contract with many private nursing homes. A veteran who meets the criteria for a VA Federal nursing home would be eligible for a slot in a private nursing home with a VA contract. The contracts are renewable every six months.

Lastly, some states have State owned and operated nursing homes specifically for veterans. Each state may have different eligibility criteria. Generally, the veteran does not have to have a service connected disability. Rather, the home may require that the veteran have served during a war time period and be a resident of that state for a

particular number of years immediately preceding the nursing home admission.

To receive health care services through a health care clinic, the veteran may need to meet certain income eligibility criteria. Thus, the VA will require the veteran to complete an income verification form each year proving the exact amount of income the veteran made for the previous year. Some veterans may have to pay a co-pay for certain services if income is found to be excessive.

Once the veteran has “entered” the system, he will be assigned to a priority group based on his military service, condition, and financial need.

B. Veteran’s Benefits Administration This branch administers monetary benefits programs for eligible veterans.

Programs include:

- Compensation for Service-Connected Disabilities
- vocational rehabilitation and employment
- education and training
- home loan guaranties
- Disability and Indemnity Compensation for Surviving Spouses and dependents
- Special Monthly Pension: House Bound & A&A
- specially adapted housing
- life insurance benefits
- burial benefits

III. Service Connected vs. Non-Service Connected Disabilities

Eligibility for the different types of benefits largely depends on whether the veteran has a service connected disability or non-service connected disabilities. Other

factors also include the veteran's service record, length of time in the service, whether the veteran was disabled in the service or after discharge, and whether the veteran served during a war time period.

A. Service Connected Disabilities

A veteran who obtained an injury or disease while on active duty, and the injury was the result of his service or was exacerbated by service, may be entitled to a monthly income called "compensation." The veteran must have a service connected disability rating in order to receive income compensation. The level of the rating will determine the amount of monthly income received. A veteran can request an increase in the disability rating if the condition worsens.

If a veteran is rated 100% disabled and is in need of the aid and attendance of another person to assist with the activities of daily living, the veteran can receive, in addition to regular compensation, a special monthly compensation (SMC). In these cases, the injuries must be very severe.

B. Non-Service Connected Disabilities

There is one type of financial benefit that most veterans know nothing about. Yet, it is the primary source of income that elder care attorneys can help them receive.

Veterans or widow(er)s of veterans are entitled to an Improved Pension which will provide a Special Monthly Pension (SMP) to offset the cost of necessary health care. The three types of SMP available are called "**Low Income Pension**", "**Housebound**" benefits and "**Aid and Attendance**" benefits. The VA offered two previous versions of this program, called "Old-Law Pension" (veterans receiving pension

benefits prior to July 1, 1960) and “Section 306 Pension” (veterans receiving pension benefits between July 1, 1960 and December 31, 1978). A person must meet certain criteria to be eligible for the different pension benefit options.

IV. Basic Eligibility Criteria for Improved Pension, Housebound and Aid and Attendance

All of the following criteria must be met before a veteran or widow(er) of a veteran can receive Improved Pension benefits:

1. The veteran must have served at least 90 days of consecutive active duty service, one day of which must have been during a war-time period¹;

In general, wartime is:

- World War I
- World War II - Dec. 7, 1941 - Dec. 31, 1946
- Korean War - June 27, 1950 - Jan. 31, 1955
- Vietnam War - Aug. 5, 1964 - May 7, 1975
- Gulf War - August 2, 1990 through date to be set by law by Presidential Proclamation

2. the veteran must have received a discharge other than dishonorable;
3. the claimant must have limited income² and assets available³;
4. the claimant must have a permanent and total disability at the time of application⁴;

¹ 38 U.S.C.S. § 1521(j).

² 38 U.S.C.S § 1521.

³ 38 U.S.C.S § 1522.

⁴ 38 U.S.C.S § 1521(a).

5. the disability was caused without willful misconduct of the claimant⁵; and
6. The veteran or widow signs an application and provides the application to the Veteran's Administration.

A. Low Income Pension

Low income pension is the VA's equivalent of SSI. The claimant must meet all the criteria above.

Permissible family income limits for 2009 to receive Low Income Pension:		
(1) Veteran with no dependents	\$985/month;	\$11,830/year
(2) Veteran with one dependent	\$1,291/month;	\$15,493/year
(3) Widow(er) with no dependents	\$661/month;	\$7,933/year

B. Housebound Benefits

Housebound benefits are available to a veteran or widow(er) of a veteran who is determined to be disabled and is essentially confined to the home.⁶ The two ways to prove entitlement include:

- (1) a single permanent disability rated as 100% disabling under the VA schedule and confined to the dwelling⁷, or
- (2) a 100% disability with another 60% disability, regardless of whether or not the person is confined to the dwelling.⁸

A disability rating is not required for people aged 65 or older. People aged 65 or older are presumed to be disabled; however, the VA will require a physician's affidavit

⁵ 38 U.S.C.S § 1502(a).

⁶ 38 U.S.C.S §§ 1502(c).

⁷ 38 U.S.C.S § 1521(e).

⁸ 38 U.S.C.S §§ 1502(c).

regarding the claimant's condition.⁹

Permissible family income limits for 2009 to receive housebound benefits are:		
(1) Housebound veteran with no dependents	\$1,204/month;	\$14,459/year ¹⁰
(2) Housebound veteran with one dependent	\$1,510/month;	\$18,120/year ¹¹
(3) Housebound widow(er) with no dependents	\$808/month;	\$9,696/year

C. Aid & Attendance

Aid and Attendance benefits are available to a veteran or widow(er) of a veteran who meets one of the following conditions:

- (1) Claimant is blind;
- (2) Claimant is living in a nursing home; OR
- (3) Claimant is unable to:
 - (a) dress/undress or keep self clean and presentable;
 - (b) unable to attend the wants of nature; OR
 - (c) has a physical or mental incapacity that requires assistance on a regular basis to protect Claimant from daily environmental hazards.¹²

The permissible family income limits for 2009 to receive aid and attendance benefits are:		
(1) Veteran with no dependents	\$1,644/month;	\$19,736/year ¹³
(2) Veteran with one dependent	\$1,949/month;	\$23,396/year ¹⁴
(3) Widow(er) with no dependents	\$1,056/month;	\$12,681/year

⁹ See U.S. Department of Veterans Affairs, *VA Pension Benefits*, <http://www.vba.va.gov/bln/21/pension/vetpen.htm> (accessed Feb. 26, 2009).

¹⁰ See U.S. Department of Veterans Affairs, *VA Compensation and Pension Payment Rates*, <http://www.vba.va.gov/bln/21/Rates/pen01.htm> (Accessed Feb. 26, 2009).

¹¹ Id.

¹² 38 U.S.C.S. § 1502(b).

¹³ Id.

¹⁴ Id.

V. Determining Eligibility Based on Income and Assets

A. Assets

The VA considers the net worth of the individual seeking benefits, excluding the value of the person's home. The standard as to whether a person will be eligible for benefits is **whether the person has “sufficient means” to pay for their own care**. The VA has begun instructing caseworkers to perform an “age analysis” to determine financial need. Thus, there is no specified limit on the amount of resources a person may or may not have; however, *a commonly used measure, and an amount specifically listed in the M21-1, is to **\$80,000** or less in assets, whether married or single*. This figure used to be \$50,000, and some advisors are still using the more conservative figure. Due to the age analysis, a person who is 98 years of age who has \$75,000 may not be eligible; whereas, a person who is 78 years of age who has \$75,000 may be considered eligible.

Assets that are counted toward the “sufficient means” fluid figure of \$80,000 include bank accounts, certificates of deposit, money market accounts, investment accounts, annuities, retirement accounts, life insurance cash surrender values, etc.

Planning Tip #1

If an asset has a joint owner who does not live in the same household, then the asset will be divided by the number of joint owners and only the applicant's fractional

share will be counted toward the resource limit. This is a very easy way to immediately reduce the value of the estate without the necessity of transferring assets. If assets are “owned” jointly by another who is not the spouse and not living in the same household, you should highlight the joint owner’s name on the financial statement and write out to the side, “Jointly owned. Veteran’s portion is \$_____ pursuant to M-21,16.40.”

Planning Tip #2

Personal residences are frequently sold after a person moves into assisted living or other types of alternative living arrangements. If an individual has applied for and is receiving aid and attendance benefits (or expects to in the near future), then the sale of the house can cause the benefits to terminate for up to one year if the net proceeds make the person’s assets exceed \$80,000. To try and avoid losing the benefits for up to a year, the person may want to add another person’s name to the title of the residence BEFORE it is sold, then at closing a check should be made directly to all joint owners, minimizing the amount received by the VA benefits recipient. In the alternative, a claimant may wish to wait and apply for VA benefits after the sale of the house is complete and the assets have been reduced. See planning tip #3.

Planning Tip #3

The VA does not (yet) penalize people for transfers of assets. Thus, many people will “gift” all assets exceeding \$80,000 to another person. The VA has NO look-back period. Obviously, this arrangement can allow a person to be eligible for VA benefits almost over night. The only limiting factors are: how the assets are held; how quickly can the assets be transferred to another person; and whether the person is either

competent to direct the transfers or has a power of attorney that permits large gifts (often to the agent). A common scenario is that the veteran transfers his assets to a person outright and then the donee subsequently transfers the money into a trust.

CAUTIONARY NOTE

Transfers discussed in Planning Tips #2 and #3 may have a very negative consequence for a person who needs skilled nursing care in the future and plans to rely on, or needs to rely on Medicaid to assist with the payment of that level of care. Pursuant to the Deficit Reduction Act of 2005, signed by President Bush on February 8, 2006, there is a FIVE year look-back period for transfers for less than fair market value (increased from a 3 year look-back). Additionally, if a person needs Medicaid within the 5 year look-back period, the period of ineligibility due to the transfer of assets will not even begin until the person is living in the nursing home and would qualify for Medicaid but for the transfer. Therefore, any transfer you advise to do for VA benefit purposes could negatively affect future Medicaid benefits. Being able to explain the benefits and the consequences are essential before advising a client to transfer assets.

B. Income Limits

With regard to income requirements, the applicant will be denied benefits if the veteran's or widow(er)'s countable income exceeds the maximum permissible family income limits. Countable income is all income attributable to the applicant, the applicant's spouse, and the applicant's dependent children.¹⁵

¹⁵ 38 U.S.C.S. § 1521(c),(h).

Although most veterans have income that exceeds the permissible family income limits, **unreimbursed medical expenses paid by the claimant may be used to reduce the claimant's countable income.**¹⁶ Unreimbursed medical expenses that may reduce income include: doctor's fees, dentist's fees, prescription glasses, Medicare premium deductions and co-payments, prescription medications, health insurance premiums, transportation to physician offices, therapy, and funeral expenses. ***The most beneficial unreimbursed expenses that may reduce countable income are the costs of home health care, assisted living facilities, or skilled nursing homes.***

Planning Tip #4

Another unreimbursed expense that is permissible to reduce income is payment made to a family member pursuant to a "family services contract" or an "independent contractors" contract, for the payment of services to care for the person. The VA is scrutinizing these contracts now, thus, it is important to be able to verify the actual payments made to the caregiver.

Planning Tip #5

The goal is to obtain the greatest amount of assistance from VA aid and attendance possible. To do so, the individual's income must be reduced to \$0 after deducting all health care expenses. Thus, when determining how much home health care services are needed, or how much to pay, consider how much income must still be reduced to receive the full benefit and increase the home health care or the payment by

¹⁶ 38 U.S.C.S. § 1521.

that amount.

VI. Helpful Hints

When applying for Improved Pension benefits, either Housebound or Aid and Attendance, be aware that Aid and Attendance provides a greater income benefit to the eligible applicant; however, the standards of qualification are higher.

Although a person is presumed to need Aid and Attendance if living in an assisted living facility, Form VSO-3 is a document that a primary physician completes outlining the applicant's current condition and health care needs. If a person lives at home and is homebound, that person will need the VSO-3 form completed by their physician to bolster the applicant's claim for benefits.

When presenting the application to the VA, give the VA a copy of any medical bills or expenses the claimant pays on a regular basis, including the cost of home health aides, or assisted living facility charges. Moreover, it may be helpful to detail all non-medical expenses as well. Providing this information at the time of the application will increase the likelihood of increased monthly benefits.

IV. Application Process

To file for VA Improved Pension benefits, an applicant must present an application to the Veterans Affairs Office. Applications are now available on-line; however, the supporting documentation must be sent separately to the VA. Each state has a Regional Office and satellite service offices. For information on the different offices, go to the websites, www.vetsresource.com, www.vba.va.gov/benefits/address.

Helpful Tip #6

The VA applicant must personally sign the form. The VA does not and will not recognize a traditional power of attorney. It does not matter to the VA whether the person is competent to sign the form or has any idea what the form is. They, nevertheless, require the applicant to sign the form.

Helpful Tip #7

The VA does have their own form wherein a person can be designated as representative agent for the VA applicant. If this form is completed and signed by the VA applicant, the VA will discuss the application with only the designated representative. The form is a 21-22 (or 21-22a for lawyers to act as representative).

A. Who can represent a VA claimant when filing for or appealing claims?

1. The Claimant can represent himself directly.

2. A Veteran Service Organization that is accredited through the VA.

Examples of such are the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, or State VA offices, etc. 38 CFR 14.628.

3. An individual who has been accredited by the VA. Generally this is an individual person who has received training by the VA and has passed a test provided by the VA. The agent must agree not to charge for services rendered in assisting with the claim. 38 USC 3903; 38 CFR 14.630.

4. A “one-time” power of attorney person. This person is usually a child or relative of the claimant. 38 CFR 14.631.

5. An ATTORNEY who is a member in good standing with a State Bar AND has been accredited by the VA, as of June 23, 2008.

Legal Authority:

USC Title 38, chapter 59, sections 5901-5904 (Not yet updated to reflect the new laws)

5901 – No person can act unless recognized by VA secretary, unless exempt by section 500 of the Administrative Code

Section 500 – Administrative Practice – an individual attorney in good standing before the highest bar in the state where they practice may represent people before the “agency” – upon filing a written declaration

5902 – Attorney Fees (not updated with current law)

5903 – Individual representation case-by-case

5904 – Recognition of agents and attorneys; and fees

CFR Title 38, sections 14.629 et. Seq. (Updated sections!!)

14.629 – attorney and staff members

14.630 – Individuals – one-time basis

14.631 – POAs – VA Form 21-22a

B. Attorney’s Fees:

Veterans may obtain free assistance with filling out an application for benefits from accredited veteran services organizations. Only accredited agents and attorneys

may receive fees from claimants or appellants for their services provided in connection with representation. **However, no organization nor individual, including lawyers, can charge for the preparation, presentation, and prosecution of a claim (completing and filing applications).** FR Vol. 73, No. 100, page 29866.

But, if a claimant is denied or approved for fewer benefits than what is expected, a claimant may hire a paid representative to assist with an appeal after a Notice of Disagreement has been filed (for appeals filed on or after June 20, 2007. 38 CFR 14.636).

History of the Current Laws Regarding Attorneys Fees:

Senate Bill 3421 Veterans Benefits, Health Care, and Information Technology Act of 2006 Title I; see www.thomas.loc.gov

Public Law 109-461 (See letter dated June 6, 2007)

Attorneys may charge fees for service **after a notice of disagreement** has been filed with respect to the case. The NOD must have been filed on or after **June 20, 2007**. Fee agreements must be in writing and signed by both the claimant and attorney. 38 CFR 14.636(g). **Fee agreements must include the following information:** name of veteran, name of claimant (if different from the veteran), name of any third party disinterested payor, applicable VA file number, specific terms under which the amount to be paid for services of the attorney will be determined, and they must also clearly specify if VA is to pay the attorney directly out of past due benefits. 38 CFR 14.636 (g)(1)-(2).

Two types of agreements:

1. Payment from past due benefits.
2. Payment from claimant from whatever source.

Attorneys fees must be reasonable, but there is no limit. Fees can be based on flat fee arrangements, hourly, a percentage of benefits recovered, or a combination of these. 38 CFR 14.636(f). If fees are limited by the agreement to 20% of past due benefits, then they are presumed to be reasonable and VA will pay them without question. 38 CFR 14.636(f). If fees are for more than 33 1/3 of past due benefits, then the fees are presumed to be unreasonable, which is a presumption that can be rebutted.

Pre-Filing Consultative Services

The laws and regulations focus primarily on representation before the VA for appellate purposes. There is not much discussion on whether an attorney can charge for pre-filing consultations. However, elder care attorneys and estate planning attorneys who advise clients on planning options for long-term care need clear guidance on this issue. Below are the points of interest to assist in determining when and when you should not charge a veteran for your assistance.

1. A “Claimant” is a person who has filed **or has expressed to a representative, agent, or attorney an intention to file a written application** for determination of entitlement to benefits provided under title 38, United States Code. 38 CFR 14.627.

2. “Proceedings” before the VA include the “preparation, presentation, and prosecution of claims.” In FR Vol. 73, No. 100, page 29866, the drafters state that “... the law is clear that VA’s authority to regulate is limited to accreditation for purposes of preparation, presentation, and prosecution of claims...”

3. “Claims” are “application(s) made under 38 USC....for entitlement to

VA benefits, reinstatement continuation, or increase of benefits, or the defense of proposed agency adverse action concerning benefits.” 38 CFR 14.627.

4. Letter to Honorable Lane Evans from OGC, May 24, 2004. Presents a legal conclusion that attorneys may charge for pre-filing consultative services, which include meeting with a veteran, reviewing records, doing research, and providing counseling and any other assistance that a “potential” VA claimant might need “short of actually preparing and presenting a specific claim for benefits.” However, once the veteran expresses a desire to file a claim, then no other fees can be charged.

5. “Representation” of a “claimant” may include “**counseling on veterans benefits, gathering information necessary to file a claim for benefits**, preparing claims forms, submitting information to VA, and communicating with VA for a claimant.” OGC letter, dated November 21, 2006.

In summation:

A. “No individual may act as an agent or attorney in the preparation, presentation, or prosecution of any claim...” (OGC Letter, November 21, 2006) unless accredited by the VA. 38 CFR 14.629.

B. You become an “agent/representative” when the veteran/claimant expresses an intent to file a claim for benefits.

C. Prior to the expression to file a claim, you are not an agent and therefore are not “before the Department.”

D. Prior to the expression to file a claim, you can charge for consultative services, research, counseling, etc. Letter to Lane Evans, 2004.

E. After the expressed intention to file a claim, you become a representative and representation includes counseling, gathering information necessary to file a claim for benefits, etc. and at this point you cannot charge for services. OGC letter, 2006.

What is the key? Do not allow your clients to express their intention to file a VA claim for benefits until after you have discussed all options, assessed whether they are eligible, have gathered all necessary information to determine eligibility, and performed all necessary actions to ensure eligibility.

VII. Supporting Documentation for VA Special Monthly Pension Applications

It is imperative that the applicant obtain copies of certain information to present to the VA along with their application. Documents that should always be included are:

- Income statements, Social Security New Benefit Amount Letters, pension statements, copies of pay checks/stubs, all other verification of any other type of income (interest on securities, rental income, etc.)
- Latest bank statements from all financial institutions
- Retirement account statements
- Life insurance policies
- marriage licenses, divorce decrees, and/or death certificates **for all prior and current spouses of the applicant and the dependent spouse**
- printout from the pharmacy for all medication of applicant and spouse (and other household members)
- all other medical expenses paid on behalf of applicant and spouse, including the fees for home health care, assisted living, and skilled nursing facilities
- military discharge papers (DD 214)
- birth certificate

Helpful Tip #8

The VA will want to see the “original” document for certain verification. These items include: the birth certificates, Military Discharge papers, and marriage licenses. If these documents are mailed to the VA, they will likely never be returned. Thus, it is better practice to hand deliver the application with the documents to the nearest VA office. When there, have copies of the originals so the veteran claims adjuster can date stamp and verify the copies after having seen the originals. Then take the originals back with you. This can reduce the application processing time by several months.

After the applicant has submitted for review and approval, it may take several months to receive an award letter. The VA will either approve the claim for full VA benefits, partial benefits, or deny the claim. If you feel the applicant was not awarded the appropriate amount of benefits, the applicant can appeal.

VIII. Appealing a VA Decision

After the Regional Office issues a determination, the applicant can request an evidentiary hearing at the Regional Office in front of a hearing officer. To do so, the applicant files a notice of disagreement to the **Regional Office**, which is typically in letter form. The VA then issues a statement of the case. The applicant must file a substantive appeal within 60 days of mailing the statement of the case or within one year of filing the claim, whichever is later. Currently, attorney’s fees are not permitted at this level of appeal. Most veterans are represented by service organizations (i.e. PVA, DAV, VFW). A law was passed to permit attorneys to charge at this level; however, the interpreting laws have not yet been added to the CFR.

If the appeal to the Regional Office is not successful (and it usually isn't), the applicant can appeal to the **Board of Veteran's Appeals (BVA)**. The Board of Veterans Appeals is the highest tier in the VA adjudication system. The review is de novo and new evidence can be presented.

If the applicant is still not satisfied with the result of the adjudication by the BVA, the applicant can appeal to the **U.S. Court of Appeals for Veterans Claims (CAVC)**. The Court of Veterans Appeals for Veterans Claims is an appellate court in Washington D.C. Very few cases are taken to the CAVC. The CAVC review is of the administrative record created at the BVA, therefore, no new evidence may be presented. At this level, the attorney is mainly drafting briefs and motions. There is a relatively high success rate at the CAVC level.

United States Court of Appeals for the Federal Circuit; <http://www.fedcir.gov/>

The United States Court of Appeals for the Federal Circuit was established under Article III of the Constitution on October 1, 1982. The court was formed by the merger of the United States Court of Customs and Patent Appeals and the appellate division of the United States Court of Claims. The court is located in the Howard T. Markey National Courts Building on historic Lafayette Square in Washington, D.C.

<http://www.cafc.uscourts.gov/about.html>.

The Federal Circuit has nationwide jurisdiction in a variety of subject including veterans benefits. Frequently VA cases before the Federal Circuit become precedent for future VA claims, cases, and appeals. To research recently published opinions, go to: <http://www.cafc.uscourts.gov/dailylog.html>. Look at the column of origin from the

CAVC. Current cases will have the Veteran's name vs. Peake.

IX. Helpful Resources

1. Veterans Benefits Manual, published by LexisNexis
2. M21-1 and M21-MR, Adjudication Manual; published by LexisNexis, and available on-line at http://www.warms.vba.gov/m21_1.html;
http://www.warms.vba.va.gov/M21_1MR.html
3. *VisPro*, created by Veterans Information Services, Inc. And co-authored by Victoria L. Collier, Attorney; go to www.info4vets.com for more information
4. General Counsel Opinions; also available by LexisNexis; go to <http://www.va.gov/OGC/>
5. Court of Appeals for Veterans Claims Bar Association:
<http://www.cavcbar.net/> :
6. National Organization of Veterans Advocates (NOVA):
<http://www.vetadvocates.com>
7. National Veterans Legal Services Program: <http://nvlsp.com/>
8. VA blogs and listservs
 - A. www.vawatchdog.org
 - B. Listserv@www.listserv.va.gov
 - C. [Www.vetaid.org](http://www.vetaid.org)
9. Other Helpful Resources
 - U. S. Court of Appeals for Veterans Claims:**
<http://www.vetapp.uscourts.gov/>
 - U. S. Court of Appeals for the Federal Circuit:**
<http://www.fedcir.gov/>
 - Department of Veterans Affairs:** <http://www.va.gov/>
 - Board of Veterans' Appeals :** <http://www.va.gov/vbs/bva/>
 - Veterans Benefits Administration-VA Forms:**
<http://www.vba.va.gov/pubs/forms1.htm>

Conclusion

A veteran or widow(er) of a veteran who needs additional health care assistance at home, in an assisted living facility, or in a skilled nursing home should seek all VA

benefits which may be available. Often times the additional income received by the VA will allow the person to stay at home or in assisted living longer and avoid going to a nursing home before it is medically necessary. Moreover, the additional income may help the person preserve life savings which can then be used to supplement a spouse's income so the spouse can maintain the same standard of living and quality of life.

Assisting a client in receiving these types of benefits can be extremely rewarding. Due to the changing face of Medicaid planning, VA Benefits Planning is becoming much more relevant to elderly clients. Moreover, not being knowledgeable about the issues and benefits of these clients could amount to malpractice.