###### November 11, 2018

Dept. of Veteran Affairs

Re: xxxxxxxxx notice of disagreement

To who, it may concern,

My name is xxxxxxxxxx, spouse to xxxxxxxx, and I want to provide a response to your decision to deny aid and attendance to Andrew. I have been married to Andrew for more than 35 years. During the last several years, his memory began to worsen and we sought medical help. He was initially diagnosed with mild impairment, unfortunately he has progressed to major neurocognitive impairment. Because of his memory, concentration, anxiety, and other mental disorders. I must care for him daily to ensure he remains protested from daily hazards. He quit work because he was no longer able to function mentally. He becomes disoriented to time and place. Each day I musty administer his medications and prepare his meals. He forgets to take his medicines as prescribed. He is unable to

Prepare his own meals, because he has routinely left burners on, so he can't use the stove. In his mental

evaluation dated 9/6/2018, the Psychologist wrote" The previously rated "mild cognitive impairment" has progressed: symptoms now meet full criteria for a major neurocognitive disorder with multiple etiologies (COPD, ASTMA, Sleep Apnea) due to severity of memory and concentration impairments and the significant impact that they have on the veterans activities of daily living, An Additional diagnosis of adjustment disorder with mixed anxiety and depressed mood is also provided and is considered a direct progression of the neurocognitive disorder as symptoms developed in response to difficulty adjusting to memory decline and associated functional impairment. In addition, the VA has proposed that Andrew is incompetent to handle finances and but yet deem him capable of taking care of himself and protecting himself from daily dangers. This doesn't seem logical. It seems to me that Andrew meets the following" It is only necessary that the evidence shows the claimant is so helpless as to need regular aid *,* not that there is a constant need". Andrews's mental report also indicated that he has chronic insomnia, and intermittent ability to perform activities of daily living including maintenance of personal hygiene.

Again, this is another area that I must manage as he forgets to bath, brush his teeth or properly groom himself. His judgment is impaired, he forgets close relative names and at times he just stares into space. For all of the above reasons I am must provide his daily care so he can live without incident. I hope you will provide him with the benefit he deserves.

Regards,

xxxxxx

Mental Disorders (other than PTSD and Eating Disorders)- DSM V

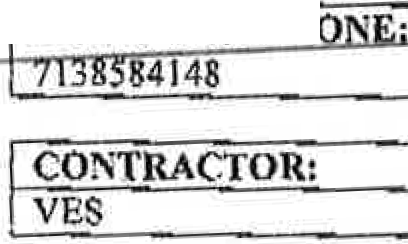
Disability Benefits Questionnaire

|  |  |  |
| --- | --- | --- |
| LAST NAME; FIRST NAME, MJDOLE NAME *(SUFFIX):*  xxxxxxxxxxxx | | SOCIAL SI!.CURITV NUMBER: TOOAV'S DATE:  09/06/20 18 |
|  |  | EXAMINING LOCATION AND ADDRESS: 21613 PROVTNClAL BLVD,  KATY, TX 77450 |

VESNUMBER: VA CLAIM NUMBER:

###### 22618844632

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the infonillltion you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is fot: disability evaluation, not for treatment J)Purposes.



NOTE: If the Veteran e:xperienccs a mentnl health emergency during the interview, please terminate the interview and obtain help, U$ing local resources as uppropriate. You may alSo contact the Veterans Crisis Line at 1-800-273-TALK (8255). Stay on the Crisis Line untilllelp can link the Veteran to emerge11cy care.

NOTE: In order to conduct an initial examination for mental di. orders, the examiner must meet one of the following ,criteria: a board certified or board·ellgible psychiatrist · a licensed doctorate-level p yohologist; a doctorate-level mental health pl'OVider under the close supervision of a board-certified or board-eligible psychiatrist or licen sed doctorate-level psychologist: a psychiatry resident under close supervision of a board-certified o•· board ·-eligible psychialrist or licensed doctorate-level psychologist; or a clinical or counseling psychologi st completing a one-year Internship or residency (for purposes of a doot01-ate-level degree) under close supervision of a board-certified or board"eligible psychiatrist or lictmsed doctorate·level psychologist

ln order to conduct a review examination for mental disorders, the examiner must meet one of the criteria from above, OR be a licensed clinic l social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, lmder close supervision of a board-certified or board-eligible psychiatrist or licen sed doctorate-level psychologist.

'rhis Questionnaire is to be completed for both Initial and review mental disorder(s) claims.

For the Est11blished Compens11tion Condition of· MILD NEl!ROCOGNITfVE IMPAIRMENT

SECTION I

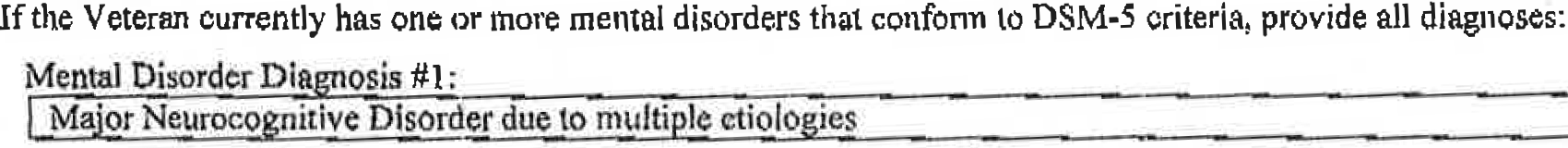
##### 1. Diagnosis

* 1. Does the Veteran now have or has he/she ever be n diagnosed with a mental disorder(s)? [X] Yes (]No

NOTE: If the Veteran has a diagnosis of an e ting disorder, complete the Eating Disorder DBQ in lieu of this DBQ.

NOTE: If the Veteran has a diagnosis of PTSD, the Initial PTSD DBQ must be completed as this DBQ is not sufficient. The Initial

PTSD DBQ must be completed by 11 VHA staff or VA contract examiner.



Comments, if any:

DBQ Mental Disorders (other than PTSD and Eating Disorders)

-DSMV

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VA Claim Number: Contractor: VES

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Etiologic include obstructive sleep apnea, asthma, and COPD. The prcvlolls ly r·atcd mild neurocognitive impairment has

ro ressed and r1ow meets criteria for a rna·or neurooo nitive disorder.



Mental Disorder Dio osls #2:

Adjustment Disorder with Mixed anxiet and depressed mood. Chronic

Comments, if nny:

I None J

Mental Disorder Diag110sis #3:

##### ]

Commenls, ifany:

If a<lditionat diagnoses, list using above fom1a1:

[



Thc e three conditions all contribute to memory and concentration impaiments. J

1. **Differentiation of symptoms**
   1. Does the Veteran have more than one mental disorder diagnosed?

[X) Yes []No

Ifyes, complete the following question (2b):

1. Is it possible to differentiate what syll'lptorn(s) is/are attributable to each diagnosis?

[XJ Yes [)No [J Not applicable (N/A)

Jf no, provide reason that it Is not possible to differentiate what portion of each symptom is attributable to each diagnosis and

discuss whether there is any clinical association between these diagnosis : ·

[

If yes, list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these

###### di oses:

Major Neurocognitive Disorder: severe memory and concentration impairments, difficulty understanding complex commands

Adjustment Disorder: anxiety, depression, and lnsomnia.

The adjustment disorder developed in response to difficulty adjusting to functional limitations caused by the neurocognitive disorder. the adjustment disorder is considered a progression of the neurocognitive disorder.

1. Does the Veteran have a diagnosed traumatic b1'Rin injury (TBT)? [)Yes UNo [X) Not shown in records reviewed

Comments ifany:

Tfyes, complete the following question (2d):

d. Is it possible to differentiate what symptom(s) is/are attributable to each dingnor.is?

*[] Yes* [J No [X] Not applicable (N/A)

If no, provide reason that it is not possible to differentiate whal portion of each sym tom is attributable to each d(a osis:

If\_yc:s, list which symptoms are attributable to each dia osis:

J

--D-B-Q--M-e-n-ta-l -D-is-o-rd-e-r-s -(-ot-h-er-t-h-a-n-f-'T-S-D--an-d--.B-a-tin-g D·-i-so-rd-e-rs-)--wN--am-e-:--

-DSMV

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VA Claim Number:

###### ConLTactor: YES

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0 Military service treatment records O Militmy service personnel records [) Militftl')' enlisllnent examination

[] Military separa1ion examination

[) Military post-deployment questionnaire

[] Depnrtment ofOefense Form 214 Separation Documents

[] Veterans Health Administration medicat,·ecords (VA trea1ment records)

0 Civilian medical records

0 lnterviews with collaterRI witnt:sses (family and others who have known the Veteran before and after military service)

D No records were reviewed

Other:

I 1

;

b. as pertinent information from collateral sources reviewed?

[X) Yes []No

lf es describe: 'the Veteran's wife (who was not present) sent the Veteran with a list that she produced that provided examples of his memory

decline.

#### History

NOTE: lnitial examinations require pre-military, military, and post-military history. lfthis is a review examination only indicate imy

relevant history since prior exam. .. '

. a. Relevant SocialtMaritai/FwniJy hist ry llie·mil,ta.ry, military , anclp\_ost-mililwy):

Pre-military

[X) N/A, this is a review exam and only history since the last C&P exam is required.

Military

[X) N/A, this is a review e.)(arn and only history since the last C&P exam is required.

Post-military

The Veteran has been married for 35 years and has one 33 y<.:ar old daughter who resides out of the home. The Veteran indicated that his relationship with hi:; wife is VCI)' good and thm his wife Is supportive of the memory decline that he has experienced

over the past few years . She has begun to offer significant assistance around the home due to the Veteran's memory problems . He is no longer able to prepare meals, manage his medications, and remember to engage in hygiene practices, 1nanage finances. select his clothes, or manage his medical oare. His wife is now llSsisting with all of these actlvities of daily living to varying degrees. The Veteran indicates that he has fuw fi-iends because he has been finding it increasingly difficult to *oany* a conversation duo to memory decline.

1. Relevant Occupational and Educational history (pre-military, tniliU!.I)", and \_IJ\_O$t -milita!i):

P1·e-milita ry

[X] N/A, this is a review eJ<am and only history since the last C&P exam is required .

Military

[X] N/A, this is a review exam and only history since the last C&P exam is required.

Post-military

The Veteran is currently managing a furniture moving company and has been in this position for about the past 11ve years. fn the time that he has been at this company, he has expt::rienccd signific!Ult memory decline that has negatively impacted his ability to work. In the past couple of years, he has hnd increasing write UI)S and reprimands for forgetting to complete tasks, frequent

error·s on scheduling, order fonns, mld accounting paperwork. The Veteran indicated that he is expecting to get terminated soon due to frequency of reprimands. He also indicates that his doctors have suggested that he not work, mainly due to the fact that they request that he discontinue driving. the Veteran indicates that he realizes that his retirement Is imminent but Is concemed about the flnancial reper C\tssions of leaving his lob.

DBQ Mental Disorders (other than P'fSD and Eating Disorders)

-DSMV

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Name:

VA Claim Number: Contractcr: YES

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##### 3. Occupational and social impairment

1. Which ofthc following best summarizes the Veteran's luvel of occupatiooal and social impairment with •·ee:ards to all mental diagnoses?

(Check only one)

[]No mental disorder di:tgnosh;

0 A mental condition ha. been forn1ally diagnosed, but symptoms are not severe enough either to interfere with occupational and

social functioning or to require continuous medicat.ion

[] Occupational and social lrn)lalrment due to mild or transient symptoms which decrease work efficiency and ability to perform

occupational tasks only during periods of significant stress, or; sy111ptoms controlled by med!clltion

[] Occupational and social impairment with occasional decrease in work efficienc and intermittent pl'u:iods-o£ "naeif.i -to-perfonn -----

-------: ...\_,pationaUasktiraJt.heugh-generatl gsa ts cony. w1th normal routine behavior, self-care and conversation [) Occupational and social impaim1ent with reduced reliubilicy and productivity

(X] Occupational and social impairment with deficiencies in most areas, such as wo•·k, school, family relations, judgment, thinking

and/or mood

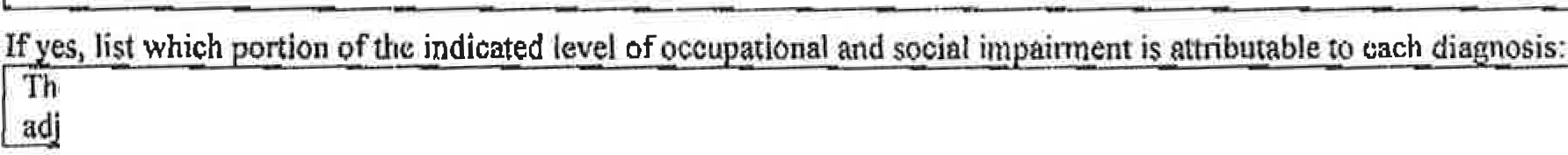
lJ Total occupational and social impainnent

1. For the indicated level of occupational and social intpainnent , is it possible to differentiate what portion ofthe occupational and social impaim1ent indicated ab,:>ve is caused by each mental disorder?

(X] Yes [)No []No other mental disorder has been diagnosed

If no, provide reason that it b not possible to differentiate what portion of the indicated level of occupational and social impainnent

is attributable to each diagnosis:



The vast majority of Impairment is related to the major neurocognitive disorder with a much Jesser por{ion related to the

ad'ustment disorder.

1. Jf a diagnosis ofTBl exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBl?

[]Yes [J No [X) No diagnosis ofTBI

*If* no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impail'ment

is ttributable to eoch diagnosis:

:

[

Ifx\_es, list which portion ofth u indicated level ofocoueMional and social impairment is attributable to each dia :t!lOSis :

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## SECTION II

Clinical findings

### l.Evidence review

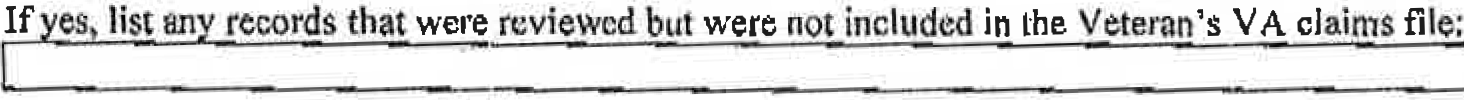
Mediclll record review

Was th : Veteran's VA claims file reviewed?

(X] Yes 0 No

a. Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed? [X) Yes []No

If no, check all records reviewed;



DBQ Mental Disorders (other than PTSD and Eating Oisord¢rs)

-DSMV

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VA Claim Number: Contractor: VES

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1. Relevant Mental Health hi!;tory, to include prescribed medications and family mental health (pre-military, military, llnd po t­ milit

rre-military

[X) N/A, this is a review exam and only history since the last C&P exam is required.

Military

[X] N/ A, this is a review exlllll and only history since the last C&P exam is required.

Post-military

The Veteran indicates onset of memory decline about three years ago with significant worsening over the past year. His neurologist has indicated that the memory decline is related lo obstructive sleep apnea. asthma, and COPD. He is currently treated at VA with mernantarnine and donepezit. The Veteran indl Wltha1,.alongltide-the-developmenrut' ml!Wioi)Tlmpa m1ent,

.,..\_...-......so.b -e-Kf)Orieneing-de , anx1e , an msomnia as he struggled to adjust to the functional impai1·ments that

memory changes caused in his life. He is prescribed ,melatonin and Lexapro to treat the depression, anxiety, and insomnia. There

is no history of suicide attempt or hospitalization .

The Veteran's memory problems appear to have worsened significantly • the Velel'an's VA neurologist and psychiatrist have both recommended thilt he no longer work or drive. The Veternn has fallen asleep at the wheel and driven off the road on multiple occasions . He has also forgotHm to put the car in plil'k before e>dting and has caused damage to his garage on multiple occasions. Me has left the stove on while prt;paring food on multiple occasions !Uld it is no longer recmnmend :d that he use potentially dangerous equipment at home. The Veteran 's wife is assisting with his hygiene needs and medication dispensing. He has been written up at work several tirncs for memory and attention related en'Ors. He is unable to recall names of close family

members including grandchildren and recently forgot his only child's birthday. The Veteran has been getting lost and disoriented while driving. He avoids social engagements becnuse ·he finds it difficult to converse with others, especi tlly new people .The

Veteran is no longer able to man.age his finances and has found himself mAking bad financial decisions (such as taking out a

loan without consultin or notifying his wife) and he no longer manages an1, of the famil flnances.

1. Relevant Le\_ge.l and Behavioral history (pre-military, mili . and post-milit< ry ):

Pre-military

[X) N/A, this is "' review :xaru and only hist()Jy since the last C&P exam is required.

Military

[X] N/A, this is a review exam and only history since the last C&P exam is required.

Post-military

[X] No relevant history based on current exam and review of any available medical records.

e, Relevant Substance Abuse histm·y (ere-mllitarx. military , and post-t::.:n il..it:;...n:::ry:.t-J,.:.) :

Pre--military

-----------------,

[X] N/A, this is a review exam and only history since the last C&P exam is required.

Military

[X) N/A, this is a review exam and only history since the last C&P exam is required.

Post-militar ·

The Veteran indicates that h<: consumes alcohol a few times weekly, I -2 drinks per sitting. He denies any history ofalcohol

ruisusc or dru\_g use.

f. Other, if any :

I None

DBQ Mental Disorders {other than PTSD and eating Disorders)

-DSMV

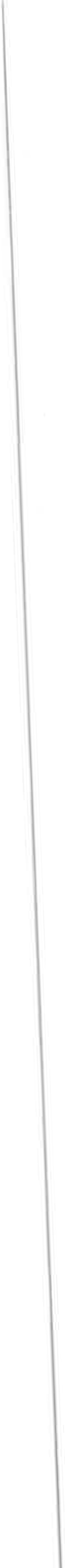
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Name:

VA Claim Number; Contractor; V ES

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1. **Symptoms**

For VA rating purposes, check all symptoms that actively npply to the Vetel'an's diagnoses.

[X] Depressed mood

[X] Anxiety

[] Suspiciousness

[] Panic attacks that occur weekly or less often [] Panic attacks more than ortcc a week

0 Near-continuous panic or depression affecting the ability to function independently, appropriatdy and effectively

* + [X] Chronic sleep impairment

------t-: ltMild-mmnoryicrsr,mrein ,...hfh"'rgmemttmi!!'i;"gl<:-n;:-a::nl:-e:;;:s;,-7dircctJOns or recent even ls

[X] lmpaim1ent of short· and long-term memory, for example, retention of only hi hly learned material, while forgetting to complete tasks

[X] Memory loss for names of close relatives, own occupation, or own name [] Flattened affect

0 Circumstantial, circumlocutory or stereotyped speech

[J Speech intermittently illogical , obscure, or irrelevant

(X) Difficulty in understanding complex commands

[X] lmpairedjudgment

(X] Impaired abstract thinking

[] Gross impairment in thought processes or communication [] Disturbances of motivation and mood

0 :Difficulty in establishing and maintaining effective work and social relationship s

[X] Difficulty in adapting to stressful circumstanc<::s , including work or a work like setting

[)Inability to establish and maintain effective relation. hips

[] Suicidal ideation

[] Obsessional rituals which interfere with routine activities

[] Impaired Impulse c<>ntrol, such as unprovoked irritability with periods of violence

[X] Spatial disorienti\tiO:J

[) Persistent delusions or hallucinations

[] Grossly inappropriate behavior

[) Persistent danger of hurting self m· others

[X] Negleot of personal appearance and hygiene

(X] [ntertnittent inability to pel'fonn activities of daily living, including maintenance of minimal personal hygi tne

0 Disorientation to time or place

Behavioral Observations:

The Veteran presented early to the exam. Against his doctors' advice, he drove himself . Mood was depressed and affect was congruent. The Veteran had some difficulty with long and short term memory and, at times, relied on the notes that his wi{e provided him as she had sent him with an organized packet containing the appointment information, his medications, and examples of his current symptorns (which were found to be consistent with his medical records). The Veteran was fully engaged and cooperative . He denied suicidal or homicidal ideation, plan, m· intent. Given that the Veteran drove himself to this appointment, this provid11:r encouraged him to find an alternative I:Uld safe ride home. This provider offered to assist him with finding him a ride as appropriate, however, the Veteran declined all assistance. He reiterated that his physicians are aware that he is nat yet following their recommendation to refrain from c;lrivlng .

#### Other symptoms

Does the Veteran have any other symptoms attributable to mental disorders that are not listed above?

0 Yes [X] No

If yes, describe:

*DB*-*Q*--M-e-nt-a-l -D-is-o-rd-e-rs-(-o-th-e-r -th-an--P-T-SD--a-nd--E-at-in-g-D-iso-rd-e-rs-) ---N-a-m-e-: - ---------------------

-DSMV

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VA Claim Number: Contractor: YES

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1. **Competency**

Is the Veteran capai;lle of managing his or her financial affairs?

[J Yes [X] No

*lf* no ex lain: The current severity of memory impainnent would prevent the Veteran from effectively m01naging his financial affairs;the Veteran



is aware of this and his wife currently manages all family finances .

1. **Remarks (including any testing results), if any:**

A:.:.d:::d::i:ti:o::.n:::a::l ue::s:!tion:...l:""·"- 1.E.lffi!ER.Ai\J!S-liS B ·BT?\:6N6StSiS1\7J'ltrrNEOlttJCOGNITJVE IMPAIRMENT.

JF YOU .HAVE PROVIDED A fY ADDI TIONAL DIAGNOSES , OR IF THE ESTABL.ISHED DlAGNOSIS BAS CHA 'GEO lN ANY WAY PLEASE SELECT AT LEAST ONE rROM TiiE FOLI..OWJNO:

* 1. THERE IS NO CHANCE THE S81Wl'CB CONNECTED DIAGNOSIS AND NO

ADDITIONAL DIAGNOSES HA V 8 BEEN RENDERED .

* 1. THE 'NEW Dl'AG OS1S lS A CORRECTION OF THE PREVIOUS DlAGNOSIS.
  2. THERE iS A WORSENING Of THE VETERAN'S SYMPTOMS HOWEVER NO

CHANGE TO THE SER VlCE CONl'il"'ECTED D\AGNOSLS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.

* 1. ADDTTlONAL. COl\TOlTlO 15 WERE FOUND WHTCH ARE DIRECTLY DUE TO OR

RELATED TO THE SBRVICE CONNeCTED OIAGNOSlS (I.E. A PROGRESSJO ).

* 1. ADDITJO AL CONDITIONS WERE FOUND WHICH ARE UNRELATED TO THE

S8RVJCB CONNECTED DIAGNOSIS (l.E. A EW AND SEPARATE CONDITION).

11 "'\*F0l OPTION E, PLEASE SPECifY WHICH OF' 'tHE VETERA 'S SYMPTOMS A t iO

f1NDINGS CORRESPOND WiTH EACH DlAGNOS lS, *W* I?EASTSLB.\*\*\*

* 1. THE SERVlCE CO NECTED DIAGNOSlS HAS RESOLVED.

Answer Question I: D

Additional Question 2; FOR OPTTONS OTHER THAN A AND C PLEASE PROVIDE YOUR MEDICAL RATTONALE.

Answer Question 2: The previously rated "mild neurocognitive impllirment" has progressed; symptom s now meet full criteria for a major neurocognitive disorder with multiple etiologies (COPD, Asthma, OSA) due to severity of memory and concentration irnp11im1el\ts and the signiticB.Ot impa.ct that they have on the Vetcran1s activities of daily living. An additional diagnosis of Adjustment Disorder with mixed an tiety and depressed mood is also pt'OVided and is considered a direct progression oftf\e neurocognitive disorder as sym ptoms developed in response to difficulty adjusting to memory decline and associated functional impairments.

Psychiatrist/psychologist signature & title: --- -------------------­