



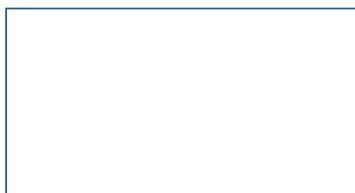
Connecticut Care Planning Council



November 2010 Newsletter

Volume 2, Issue 11

Featured Board Member: [Henry C Weatherby](#)



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In This Issue

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Hospital Delirium

Wisdom from the Web

The Connecticut Care Planning Council (CTCPC) lists companies and individual providers on our website who help families deal with the crisis and burden of long term care.

One purpose of the CTCPC is to educate the public on the need for care planning *before* a crisis occurs. A second purpose is to provide, in one place, all of the available government and private services for eldercare.

Finally, our ultimate mission is to offer a trusted listing service that the public will recognize and turn to for expert help in dealing with the challenges of long term care.

Call us at 860-769-6938

or click [here](#) to send an e-mail

Legal Issues with Veterans Benefits

Accreditation

Federal law dictates that no one may help a veteran in the preparation, presentation and prosecution of an initial claim for VA benefits unless that person is accredited

VA recognizes 3 types of individuals for purposes of accreditation.

- (1) Accredited attorneys
- (2) Accredited agents and
- (3) Accredited representatives of service organizations. (Veterans Service Officers)



Dan Fisher



Elaine Pavasaris



John Carmon



**Doug and Ken
Henricksen**

In order to be accredited to help veterans with new claims, an individual desiring this certification from VA must submit a formal application, must meet certain character requirements and work history requirements and -- except for attorneys -- must pass a comprehensive test relating to veterans claims and benefits. There are also requirements for ongoing continuing education.

Without accreditation no one may help a veteran with a claim.

What Does It Mean to Help a Veteran with a Claim?

VA interprets its prohibition on preparing, presenting and prosecuting a claim to mean that talking to a veteran or a veteran's qualifying spouse or dependent after that person has indicated intent to file a specific claim for benefits requires accreditation. Anyone can talk about veteran's benefits in general with any veteran and need not be accredited. The point at which discussion narrows down to specific information about the veteran's service record, medical conditions, financial situation including income and assets and other issues relating to a claim specific to a veteran or dependent triggers accreditation. According to VA, discussing the specifics of the claim means that the veteran has expressed intent to file an application for veteran's benefits, and at this point, the consultant helping the veteran must be accredited.

An individual cannot advise a veteran or other eligible beneficiary about that person's specific claim for VA benefits unless that individual is accredited.

It does not matter whether physical help with filing the claim is provided or not. The need for accreditation occurs at a much earlier stage than becoming physically involved in the claim.

Working under the Umbrella of an Accredited Attorney or Accredited Claims Agent

Many individuals or organizations who are not accredited and who are promoting and helping veterans obtain their benefits are often attempting to work under someone who is accredited. Most of these individuals are doing it incorrectly and not complying with the law.

These individuals make sure that the application is done by an accredited attorney or an accredited agent. In some cases, non-accredited individuals will refer veteran households to a local veteran's service officer (an accredited representative of a service organization).

Unfortunately, most individuals who are not accredited and who are operating with someone who is accredited are still illegal. This is because the non-accredited individuals become involved in the claim by providing advice after intent to file and in many cases they help gather documents and other pertinent information. As mentioned above, *these activities require accreditation*. The only way that a non-accredited individual can operate legally to assist someone who is accredited is to immediately refer a veteran or dependent to an accredited person when first understanding intent to file a claim. No additional help or advice may be given after the intent to file has been recognized.

Many accredited attorneys are also not operating legally. *Only an accredited attorney -- one-on-one with the client -- may be involved with a claim. Anyone else, inside or outside of the office, cannot assist with the claim except under certain limiting conditions*. Specifically, in order to work under an attorney, a non-accredited assistant must either be another attorney in the office, a certified paralegal in the attorney's office or an office law student or an intern. The client must also sign a consent letter allowing this arrangement. This consent must be filed with the

Event Calendar:

11/19/10

**Location:
Hamilton Heights**

**Topic:
IRA Planning**

11/12

**Location:
Hebron Senior Center**

**Topic:
Va Benefits**

Contact Us:
34 Jerome Avenue,
Suite 310
Bloomfield, CT 06002

(860)769-6938

Offers & Info:
[Veteran's Aid Benefit](#)

original application. No other arrangement is allowed. Please see 38 CFR § 14.629 for an explanation of this requirement.

Charging a Fee for Help with Filing a Claim

Generally, no individual or organization may charge a fee for help with filing an initial application for benefits.

We are seeing various financial arrangements for filing claims that are disguised fees in one way or another. As a general rule, anyone who would directly benefit financially from helping a veteran file a claim -- whether a direct fee is charged or not -- is in essence charging a fee. We know from numerous discussions with representatives, this is the way VA General Counsel treats these arrangements.

If you are working with someone who is not operating legally as outlined above, you should stop using that person's services. If you yourself are operating in a manner that is not in accord with the conditions outlined above, you must stop doing that. You're not legal. Not only could unauthorized individuals get a notice to cease and desist but in some cases there could be fines or legal action involved as well. It's not worth it. For help with accreditation issues you can contact the [National Care Planning Council](#) at info@longtermcarelink.net



Weatherby & Associates, PC
 Counselors at Law

Helping Families Preserve and Protect Assets and Values

Hospital Delirium

The older we get, the greater the chance that we may need to be admitted the hospital. Hospital stays can be taxing on anyone but especially on older adults.

Delirium is a risk for about one third of patients over the age of 70. Delirium is defined a "serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking."

When older adults experience delirium during a hospital stay, it could delay their recovery or even be the catalyst for nursing home placement. They may often develop dementia in the future, unlike their delirium-free counterparts. Delirium may even cause an earlier death.

What should family members do to help lower their loved one's risk of delirium while hospitalized?

1. Hospitals often don't screen for delirium and consequently, 75 percent of cases are missed. People may think that delirium is associated only with aggressiveness, or being disruptive or incoherent, it also can present in a much different way. The individual appears disconnected or withdrawn. Family, who know their loved one's behavior better than hospital staff, may first notice slight changes. It's important to notify hospital staff if the older adult experiences changes in personality, confusion, or problems with memory.

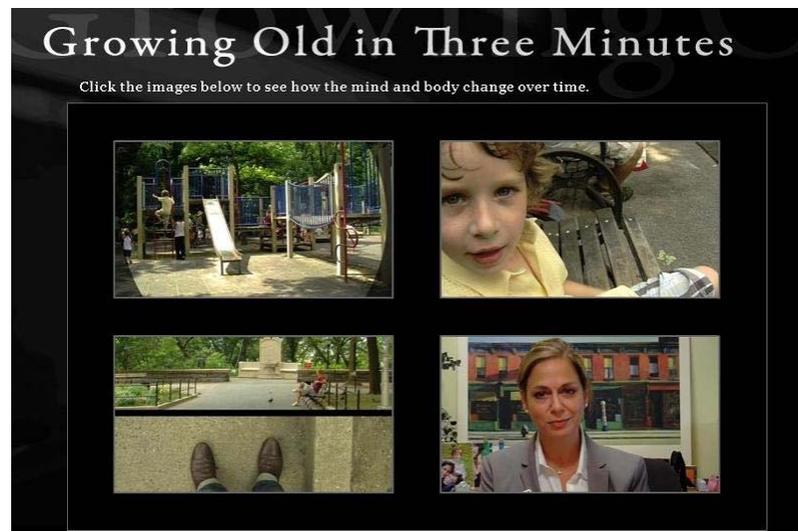
2. Be sure that an older adult with delirium has one or more family members stay at the bedside to help with reorientation. Patients should also be hydrated and up and walking, as long as the situation is appropriate. If the hospital is using restraints, ask if they can safely be removed, lest the patient feel trapped or paranoid.
3. The hospital staff can unwittingly cause a patient to become disoriented by not keeping their eyeglasses within reach, or being in a dark room, making it difficult to distinguish between day and time. Having some small, but familiar objects in the room will also help.
4. Ask if your loved one will be left to sleep through the night or if they might be administered medical tests. Ask if there is a way to monitor the noise level.
5. Catheter or IV insertion is common during a hospitalization. Try to have these removed as soon as possible, as they contribute to delirium by making the patient feel trapped.
6. And finally, be sure that the hospital has a complete list of all medications and over-the-counter drugs, allergies, physician names and phone numbers and medical conditions and surgeries, with dates. Be sure the attending doctor (the doctor who will be responsible for caring for your loved one) has been forwarded the medical records.

Source: NY Times
Six Questions to Protect Elderly Patients
Pam Belluck

mayoclinic.com/health/delirium/DS01064
Delirium
Mayo Clinic staff

Wisdom from the Web

This site is so well done we've decided to feature it for a third (and last) month. (Click on the picture for the link).



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