



Compensation Service Bulletin

September 2013

Table of Contents

Service Connection for Baldness	3
Pain on Palpation of a Joint	3
New Guidance for Assigning an Evaluation for Mental Health Disabilities Using the Evaluation Builder	3
Measurement of Eye Muscle Function	3
Service Connection for Hypertension	4
Evaluation of Peripheral Neuropathy	4
Evaluation of Bronchial Asthma	5
Regulatory Action - Automobile Allowance and Severe Burn Injuries	6
Total Disability due to Individual Unemployability (TDIU) and Volunteering	6
Procedures for Submitting Veterans Benefits Management System (VBMS) Cases to Compensation Service	7
Revision of VA Form 21-526EZ, <i>Application for Disability Compensation and Compensation Related Benefits</i>	7
Dependency Claims Based on Definitions in 38 USC 101(3), (31) as Related to DOMA	8
Response to Fully Developed Claim Question Regarding Special Circumstances	8
Fast Letter (FL) and Training Letter (TL) Rescissions and Revisions	8
New Personnel Information Exchange System (PIES) Request Codes for Claims Processed in VBMS	10
Use of Microsoft OneNote: Uploading VistA Imaging Documents to VBMS	10
When Telephone Development is Warranted for Dependency Issues	11
New Automobile Allowance Rate	11
Revised Procedures for Completion of SSA Form L1103	11
New Instructions for Rebuilding Missing or Lost Claims Folders	12
Suicide Prevention Guidelines	12
National Training Curriculum for FY14	12
Challenge Training	13
Military Sexual Trauma (MST) Training Requirement	13
Skills Certification	14
Common Findings – Routine Future Exams	14

Commendable.....	14
M21-4	15
Common Findings – Suspense Dates and Reasons.....	15
One-Year Old Claims Pending STAR Review	15
Reviews Completed by VA Office of Inspector General (OIG).....	15
New Open Compensation and Pension (C&P) Examination Request Reports.....	16
Updates to Acceptable Clinical Evidence (ACE)	16
Systems Compliance Errors (S1) for VSR Individual Quality Reviews (IQRs).....	17
IQRs in VBMS	17
Contract Medical Exams	17

[Service Connection for Baldness](#)

[Target Audience:](#) Rating Veterans Service Representatives (RVSRs)

Service connection may not be granted for male pattern baldness or androgenetic alopecia. The Department of Veterans Affairs (VA) classifies these conditions as congenital or developmental abnormalities that are not recognized as disabilities under VA law. See [38 C.F.R. 3.303\(c\)](#), and [38 C.F.R. 4.9](#).

VA only recognizes two types of hair loss, scarring alopecia and alopecia areata, under Diagnostic Codes (DCs) 7830 and 7831, as disabilities for which compensation may be paid under the law.

[Pain on Palpation of a Joint](#)

[Target Audience:](#) RVSRs

[38 C.F.R. 4.59](#) provides that a minimal compensable evaluation is to be assigned for painful motion of a joint. Palpation is a part of the clinical examination in which the examining health care professional applies pressure of the hand or fingers to the surface of the body especially to determine the size, shape, or firmness of an underlying part or organ. In applying pressure to the body part, the examiner may document tenderness or pain to palpation of the body part.

Pain on palpation of a joint does **not** warrant a compensable evaluation under 38 C.F.R. 4.59 for the affected joint as pain on motion has not been demonstrated. Pain on palpation of the joint may be considered in determining the evaluation to be assigned for the joint; however, the mere presence of pain on palpation of a joint does not trigger the application of 38 C.F.R. 4.59 for assignment of a compensable evaluation.

[New Guidance for Assigning an Evaluation for Mental Health Disabilities Using the Evaluation Builder](#)

[Target Audience:](#) RVSRs

The mental disorders calculator produces a suggested evaluation, based upon the data entered by the user. The suggested evaluation does **not** replace the judgment of the adjudicator, as the decision maker is still expected to review and weigh the evidence in assigning an evaluation. However, the mental disorders calculator will not allow an evaluation of more than one level up or below the suggested evaluation. For example, if the user input generates a suggested evaluation of 50 percent for post-traumatic stress disorder (PTSD), the adjudicator is not bound by this suggested evaluation, but is precluded from assigning a rating lower than a 30 percent or higher than a 70 percent as the ultimate evaluation.

[Measurement of Eye Muscle Function](#)

[Target Audience:](#) RVSRs

[38 C.F.R. 4.78\(a\)](#) directs that in examining muscle function of the eye the examiner must use a Goldmann perimeter chart. However, since the Veterans Health Administration (VHA) is having increasing difficulty in acquiring and repairing Goldmann perimeter charts, we have sought substitutes that are adequate for rating muscle function.

An acceptable substitute is the use of the Tangent Screen. This must be performed at a distance of one meter with a 7.5 mm diameter round white test target to evaluate the central 30 degrees and/or a 3.75 mm diameter round white test target at a distance of one-half meter to evaluate beyond the central 30 degrees (up to 60 degrees). The light falling on the Tangent screen should be

7 foot candles. (A foot-candle is a standard measurement of light.) This method is adequate for rating purposes since the output is charted on a Goldmann recording sheet. The examination will **not** be acceptable for rating purposes if the results, for whatever reason, are not recorded on a Goldmann perimeter chart.

The decision to use the Goldmann Bowl, approved automated perimetry (as described in the [April 2013 Veterans Service Center Manager \(VSCM\) Conference Call](#)), or Tangent Screen when examining the Veteran will be made by the examining VA facility.

[Service Connection for Hypertension](#)

[Target Audience:](#) RVSRs

VA regulations direct that a diagnosis of hypertension must be confirmed by serial readings on at least three different days. (See [38 C.F.R. 4.104](#), DC 7101, Note (1).) These findings are only required to establish service connection for hypertension. Once service connection is established, future disability evaluations do **not** warrant serial readings on at least three separate days to rate the service-connected disability. The absence of serial readings on separate days contained in the results of an examination provided by VA or submitted by the claimant after service connection has been established does not render the examination inadequate for rating purposes solely on that basis.

Service connection may be granted for hypertension with a noncompensable evaluation if the evidentiary record shows, in conjunction with an initial compensation claim for hypertension, a diagnosis of hypertension on medication, but without the

stipulated history of diastolic pressure predominantly 100 or more.

[Evaluation of Peripheral Neuropathy](#)

[Target Audience:](#) RVSRs

The Peripheral Nerves Condition Disability Benefits Questionnaire (DBQ) directs that the examining physician provide an assessment of the extent of incomplete paralysis in boxes 10 (upper extremity peripheral nerves) and 11 (lower extremity peripheral nerves). In some cases, the examiner's clinical assessment of the extent of incomplete paralysis in box 10 or 11 may be inconsistent with the objective findings concerning the peripheral nerve disability that are documented in other boxes of the DBQ.

For example, an examiner may assess the peripheral nerve disability as consistent with mild incomplete paralysis; however, the DBQ shows muscle weakness, atrophy, and diminished reflexes, which are clearly demonstrative of more than mild incomplete paralysis. Conversely, an examiner may render an assessment of severe incomplete paralysis when the findings are wholly sensory, which, under rating schedule guidance contained in [38 C.F.R. 4.124\(a\)](#), may be rated no higher than moderate incomplete paralysis.

In such circumstances, the Veteran will receive an erroneous disability evaluation if the RVSR inputs the level of incomplete paralysis into the Evaluation Builder (EB) solely on the basis of the assessment provided by the examiner in box 10 or 11 of the DBQ. The level of incomplete paralysis entered into the EB must be based upon the **complete findings** of the DBQ and/or evidentiary record and must not be solely predicated upon the examiner's assessment

of the level of incomplete paralysis. If, after review of the entire evidence of record, it is determined that the level of incomplete paralysis is consistent with a level divergent from the examiner's assessment, the RVSR should enter that level of incomplete paralysis into the EB. It remains the responsibility of the RVSR, not the examining medical professional, to determine, through the rating schedule, the effect of a disability upon the average impairment in earning and assign the appropriate disability evaluation. (See [38 C.F.R. 4.2](#) *Moore v. Nicholson*, 21 Vet.App. 211 (2007).)

Statistical and Technical Accuracy Review (STAR) will not assign an error if an RVSR inputs a level of incomplete paralysis into the EB that is contrary to the examiner's assessment if the inputted level of incomplete paralysis is otherwise reasonably supported by the overall evidence of record.

The general rules in determining the level of incomplete paralysis of the peripheral nerves are as follows:

- Mild – subjective symptoms or diminished sensation
- Moderate – absence of sensation confirmed by objective findings
- Severe – more than sensory findings are demonstrated, such as atrophy, weakness, diminished reflexes, etc...

[38 C.F.R. 4.123](#) and [4.124](#) also contain guidance in determining the level of incomplete paralysis in regards to rating peripheral nerve disabilities that are manifested by neuritis or neuralgia of the peripheral nerve.

Please note that this guidance also applies to radiculopathy, as this condition is rated under a peripheral neuropathy code.

Evaluation of Bronchial Asthma

Target Audience: RVSRs

Bronchial asthma is rated under [38 C.F.R. 4.97](#), DC 6602, which provides for ratings based on pulmonary function test (PFT) results **or** the frequency and type of medication prescribed to treat bronchial asthma. A recent review of cases revealed that RVSRs focused on the PFT results and overlooked the prescribed medications, which resulted in the assignment of erroneously low evaluations.

Be sure to review and consider the medications prescribed to treat bronchial asthma when evaluating and assigning an evaluation for this disability.

As a review, these medications, if prescribed for bronchial asthma, warrant the following evaluations:

Medication/Frequency	Disability Evaluation
Daily use of systemic (oral or parenteral) high dose immuno-suppressive medications	100 percent
Daily use of systemic (oral or parenteral) high dose corticosteroids	100 percent
Intermittent (at least three per year) courses of systemic (oral or parenteral) corticosteroids	60 percent
Inhalational anti-inflammatory medication	30 percent
Daily inhalational or oral bronchodilator therapy	30 percent
Intermittent inhalational or oral bronchodilator therapy	10 percent

Regulatory Action - Automobile Allowance and Severe Burn Injuries

Target Audience: Veterans Service Representatives (VSRs), RVSRs, and management

On or around September 19, 2013, VA will publish a regulation in the Federal Register, titled “Eligibility of Disabled Veterans and Members of the Armed Forces with Severe Burn Injuries for Financial Assistance in the Purchase of an Automobile or Other Conveyance and Adaptive Equipment.” This regulation codifies in [38 C.F.R. 3.808\(b\)\(4\)](#) the provision of section 803 of Public Law 111-275, the Veterans’ Benefits Act of 2010.

The amendment resulting from Section 803 adds “severe burn injury” to the disabilities listed under § 3.808(b) that are eligible for a certificate for financial assistance in the purchase of an automobile or other conveyance and adaptive equipment.

Newly amended § 3.808(b)(4) also defines the term “severe burn injury” as “deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile.”

Section 803 (c) of Public Law 111-275 provides that this provision is effective October 1, 2011, as such it applies to claims received by VA on or after October 1, 2011, and to any claims pending before VA on that date.

VA will identify cases where retroactive review may be necessary. Compensation service will release a fast letter (FL) with additional guidance.

Total Disability due to Individual Unemployability (TDIU) and Volunteering

Target Audience: RVSRs

VA, under the regulatory authority of [38 C.F.R. 4.16](#), may grant TDIU to a Veteran in receipt of a less than total scheduler evaluation if the Veteran is unable to secure or follow substantially gainful employment. Substantially gainful employment is defined as employment at which non-disabled individuals earn their livelihood with earnings comparable to the particular occupation in the community where the Veteran resides. See M21-Manual Rewrite (MR) Part IV, Subpart ii, Chapter 2, Section F, Topic24, Block c ([M21-1MR IV.ii.2.F.24.c](#).)

Some Veterans who are in receipt of compensation on the basis of TDIU participate in volunteer work or activities. Volunteer work alone is **not** sufficient basis to warrant reduction of a TDIU evaluation. However, the TDIU evaluation may be reduced if the volunteer work and/or other evidence demonstrates that the Veteran is actually capable of employability. (See [38 C.F.R. 3.343\(c\)\(1\)](#).)

The Veterans Court, in *Faust v. West*, 13 Vet.App. 342 (2000), provided guidance in defining employability in holding that employment in a substantially gainful occupation that showed actual employability is as follows: “One that provides annual income that exceeds the poverty threshold for one person, irrespective of the number of hours or days that the veteran actually works and without regard to the veteran’s earned annual income prior to his having been awarded a 100 percent rating based on individual unemployability.”

The Veteran's participation in volunteer work must clearly demonstrate that the Veteran can participate in substantially gainful employment. For example, a Veteran that inserts flyers into envelopes for a local charitable organization once or twice a month would not generally be indicative of the capability to secure or follow substantially gainful employment.

However, a Veteran who performs volunteer work that requires marketable abilities or skills that can be utilized over a sustained period to earn a livelihood, may demonstrate ability to secure or follow gainful employment to warrant reduction of a TDIU evaluation under 38 C.F.R. § 3.343(c)(1).

Reduction of a TDIU evaluation must be carefully considered on the basis of all probative evidence of record and in accordance with applicable regulatory authority such as [38 C.F.R. 3.105\(e\)](#) and 3.343(c)(1) regarding reduction of a TDIU evaluation. Please note that 3.343(c)(1) provides special considerations for activities related to vocational rehabilitation, education, training, and VA work therapy programs. To the extent that volunteer work may be involved in any of those programs, the decision to reduce would need to take account of those special considerations.

[Procedures for Submitting Veterans Benefits Management System \(VBMS\) Cases to Compensation Service](#)

Target Audience: VSRs, RVSRs, and management

Please note that a new Transformation Initiative & Pilot (TIP) sheet has been developed for submitting VBMS cases to Compensation Service for advisory opinion or administrative review requests.

Refer to the [TIP sheet](#) for guidance.

[Revision of VA Form 21-526EZ, Application for Disability Compensation and Compensation Related Benefits](#)

Target Audience: VSRs and RVSRs

Compensation Service revised VA Form 21-526EZ, *Application for Disability Compensation and Compensation Related Benefits*. The current 21-526EZ, dated January 2013, lists examples of claimed disabilities displayed in a shaded area. When viewing a printed version of the form the end user can easily differentiate the examples from actual claimed disabilities. However, when the document is scanned into VBMS or Virtual VA (VVA), the shaded area is not visible and the end user may mistakenly view the examples as claimed disabilities.

The significant changes to the form include:

- Moving the examples from the shaded area to the instruction portion of Item #9.
- Numbering the blocks in Item #9 to easily differentiate each claimed disability.

The form is now available online at <http://vaww4.va.gov/vaforms/> and will be programmed into VBMS, Personal Computer Generated Letters (PCGL), and Modern Awards Processing-Development (MAP-D) as soon as possible.

[Dependency Claims Based on Definitions in 38 USC 101\(3\), \(31\) as Related to DOMA](#)

[Target Audience](#): VSRs, Senior VSRs (SVSRs), RVSRs, and management

Recently, the President determined that continued enforcement of [38 U.S.C. sections 101\(3\) and \(31\)](#) that limit the definitions of “spouse” and “surviving spouse” for purposes of the laws governing Veterans’ benefits to couples of the opposite sex is no longer appropriate.

We are awaiting guidance that will give us sufficient information to start administering benefits to claimants. As soon as we receive this clarifying guidance, we will provide instructions for processing.

Please continue to hold **all** processing of dependency claims relating to same-sex marriage until we release new guidance.

[Response to Fully Developed Claim Question Regarding Special Circumstances](#)

[Target Audience](#): VSRs, RVSRs, and management

Any Fully Developed Claim for Compensation filed on a [VA Form 526 EZ, Application for Disability Compensation and Related Compensation Benefits](#), which falls under one of the “Special Circumstances” noted on page one of the form instructions **must** be excluded from the Fully Developed Claim program if filed without a necessary additional form, unless adequate substitute evidence is already of record.

For example, if a claimant files a Fully Developed Claim for PTSD on a [VA Form](#)

[21-526 EZ](#), and does not simultaneously submit a [VA Form 21-0781, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder](#), the claim requires additional development unless the record already contains adequate evidence of a stressor.

[FL 12-25, The Fully Developed Claim Program](#), states on page seven that, should a claim require further development of evidence from the claimant, it must be excluded from the Fully Developed Claim program. Therefore, in this case, exclude the claim and send the claimant a [VA Form 21-0781](#). In addition, if further development of evidence is required from a claimant related to another special issue not included in “Special Circumstances,” the claim should also be excluded from the Fully Developed Claim program.

These special issues include, but are not limited to: herbicide exposure, exposure to Hepatitis C, and exposure to radiation. Send the claimant a development letter explaining why the claim was excluded and what evidence is needed to decide the claim.

[Fast Letter \(FL\) and Training Letter \(TL\) Rescissions and Revisions](#)

[Target Audience](#): VSRs, RVSRs, and management

The Procedures Maintenance Staff continues to review active FLs that it has published and rescinding and revising them as appropriate. The FL document will contain a watermark of “Obsolete,” the rescission reason, and the effective date. These documents will still be accessible on the Compensation Service Intranet FL site for historical purposes.

Below is a list of the FLs/TLs that we have recently rescinded:

- [FL 10-33, Handling Requests for Proof of Non-Payment of the Economic Recovery Payment \(ERP\)](#)
- [FL 10-42, Guidance on Rating Dental Conditions](#)
- [FL 10-44, Special Monthly Compensation \(SMC\) Calculator](#)
- [FL 10-45, Delayed Payment Provision of 38 C.F.R. §3.31 and Certain Dependency and Indemnity Compensation \(DIC\) Awards for Schoolchildren](#)
- [FL 10-48, Hearing Loss Calculator](#)
- [FL 11-05, Specially Adapted Housing and Special Home Adaptation Claims](#)
- [FL 11-07, Disposal of Income Verification Match \(IVM\) Worksheets](#)
- [FL 11-14, Handling Orders for Claims Folders by the Court of Appeals for Veterans Claims](#)
- [FL 11-19, Use of Electronic Applications in Claims Involving Posttraumatic Stress Disorder \(PTSD\) and Personal Trauma](#)
- [FL 11-21, Revised Travel Board Letters](#)
- [FL 11-23, Telemental Health Disability Examinations Sufficient for Rating Purposes](#)
- [FL 11-25, Mandatory Use of Electronic Fund Transfer \(EFT\) System or Direct Express® Debit MasterCard® Program Procedural Guidance](#)
- [FL 11-32, December 1, 2011, Compensation and DIC Cost-of-Living Adjustment](#)
- [FL 11-34, December 1, 2011, Pension and Parents' DIC Cost-of-Living Adjustment](#)
- [FL 12-02, Procedural Change to Expedite PIES Responses On Homeless Veterans Claims](#)

- [FL 12-04, Revised Procedures for Telephone Contact and Development](#)
- [FL 12-05, Procedures for Sharing Information in Support of Temporary Disability Retirement List \(TDRL\) Reevaluations](#)
- [FL 12-06, "Final Rule: Updated Schedule for Rating Disabilities; Evaluation of Amyotrophic Lateral Sclerosis \(ALS\)"](#)
- [FL 12-12, Initiating the Veterans Benefits Management Assistance Program \(VBMAP\)](#)
- [FL 12-16, Revision of VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative](#)
- [TL 03-02, Guidelines on implementing proper Service Disabled Veterans Insurance notification for RH insurance](#)

Manual Rewrite (MR) Changes

Target Audience: VSRs and RVSRs

In the past month, we have published changes to:

- M21-1MR Part III, Subpart i, Chapter 2, Section C ([M21-1MR III.i.2.C](#)), which consists of updates based on changes made by Public Law 112-154 and fast letter (FL) 13-05.
- M21-1MR Part III, Subpart iv, Chapter 2, Section B ([M21-1MR III.iv.2.B](#)), which updated various blocks for clarity and added a number of cross references.

Please see the Web Automated Reference Material System (WARMS) for the most recent MR content.

E-mail questions to the VAVBAWAS/CO/M21MR mailbox.

New Personnel Information Exchange System (PIES) Request Codes for Claims Processed in VBMS

Target Audience: VSRs, RVSRs and management

Nine new request codes have been added to the PIES in order to assist the VA Liaison Office (VALO) determine which records need to be sent to the VA Regional Office (RO) and which records need to be sent to the VBMS scanning contractor. These request codes are for clinical (inpatient records), Surgeon General Office (SGO) records, Morning Reports, Sick Reports, and Affiant "Buddy" records. These new request codes should be used when processing a claim within VBMS.

The new PIES request codes are listed in PIES as follows:

- C01-V Clinical Records for VBMS Cases, Furnish active duty inpatient clinical records for <<alleg>> from <<fd>> to <<td>> at <<clinic/hosp>>.
- C02-V Military Retiree Outpatient for VBMS Cases, Furnish records for <<alleg>> from <<fd>> to <<td>> at <<hosp>>.
- C03-V Inpatient Dependent Medical Records for VBMS Cases, Furnish inpatient dependent medical records for <<alleg>> <<hospital>> from <<mm/dd/yyyy>> to <<mm/dd/yyyy>> <<sponsor name>> <<sponsor ssn/sn>> <<sponsor branch of service>> <<relationship to sponsor>>
- C04-V Outpatient Dependent Medical Records for VBMS Cases, Furnish outpatient dependent medical records for <<alleg>> <<clinic/hospital>> <<date

last year treated at this facility -
<<mm/dd/yyyy>> <<sponsor name>>
<<sponsor ssn/sn>> <<sponsor branch
of service>> <<relationship to
sponsor>>

- M05-V Medical/Dental and SGOs, Furnish medical/dental records and SGOs (Potential Fire-Related Case). If no medical/dental records or SGOs, please search sick/morning reports. Sick/morning reports for <<org>> from <<fd>> to <<td>> for remarks pertaining to <<alleg>>
- M06-V SGO, Furnish any SGO records
- O20-V Morning Reports for VBMS Cases, Search Morning Reports of <<org>> from <<fd>> to <<td>> containing remarks regarding <<rem>> (note: morning reports were rarely created after 1974)
- O38-V Verifying Service of Affiants - Buddy Records
- S02-V Service, Verify All Periods Of Service. The information provided in the pop-up grids is furnished to help in identifying or reconstructing a record that could not be located. Note: before you complete the grids, be sure to verify the: name served under, SSN, and provide SN, if applicable.

Use of Microsoft OneNote: Uploading VistA Imaging Documents to VBMS

Target Audience: Claims Assistants (CAs), VSRs, RVSRs, and management

Compensation Service added a new VBMS TIP Sheet titled "Uploading VETSNET Awards and PCGL Decision Notification Letters into VBMS" on September 6, 2013.

This TIP Sheet provides procedures for saving VETSNET Awards documents using Microsoft OneNote and converting PCGL decision notification letters into Portable Document Format (PDF) in preparation for upload into VBMS. Please see the new TIP Sheet under the VBMS tab on the [TIP Sheet page](#).

Consistent with this TIP Sheet, field users may also use Microsoft OneNote to save documents from the VistA Imaging Advanced Web Image Viewer (AWIV) Web Application, and upload the documents into VBMS.

For complete guidance on uploading documents into VBMS, please refer to “Uploading Documents into VBMS Job Aid” on the [VBMS Resources Page](#). When uploading VistA Imaging documents into VBMS, use the following index values:

Subject: VistA Imaging
Document Category: Medical Records
Document Type: CAPRI
Source: CAPRI
Date of Receipt: Date records are uploaded

The VBMS Program Office is aware of the need to develop an interface with AWIV to easily send images to the VBMS eFolder, and is working on a solution.

E-mail questions to the [VAVBAWAS/CO/212A](#) mailbox.

[When Telephone Development is Warranted for Dependency Issues](#)

Target Audience: VSRs, SVSRs, and management

In **all** cases, when additional information from the claimant is required, claims processors **must** attempt to obtain the

information by telephone. This is the preferred method of communication for confirming dependency information. Please see [M27-1, Part I.3.h](#), for more information on what types of information are suitable for telephone development. Document all information received by telephone from the claimant on [VA Form 27-0820, Report of General Information \(M27-1, Part I.5.8.c\)](#), or equivalent.

[New Automobile Allowance Rate](#)

Target Audience: VSRs, SVSRs, and Management

[38 USC 4303](#) allows for annual increases to the automobile allowance for Veterans. Effective October 1, 2013, the new rate is \$19,817, and any awards processed after that date will receive the new rate. We will officially publish the rate in the forthcoming Cost of Living Adjustment (COLA) fast letter.

[Revised Procedures for Completion of SSA Form L1103](#)

Target Audience: CAs, VSRs, SVSRs, and management

The Social Security Administration (SSA) uses benefit payment data it receives from VA via a computer interface to determine claimants’ entitlement to Supplemental Security Income (SSI). Occasionally, the data it receives via the interface is insufficient to make a determination. In these instances, SSA asks VA to complete SSA Form L1103, *SSI Request for Information*.

SSA recently reviewed VA’s instructions for completing SSA Form L1103 in [M21-1MR, III.iii.3.B](#) and found them to be inaccurate in some cases and inadequate in others. The

Procedures Staff has worked with representatives from the SSA over the past two months to completely rewrite M21-1MR, III.iii.3.B.

Changes to this section will be posted on (WARMS on or about October 1, 2013.)

[New Instructions for Rebuilding Missing or Lost Claims Folders](#)

Target Audience: CAs, VSRs, SVSRs, and management [M21-1MR, III.ii.4.4.d](#) We recently reviewed the instructions for rebuilding a lost or missing claims folder and found them to be incomplete. In addition to the actions described in Step 3 of Block b, employees **must** ask the claimant and his/her power of attorney (if one exists) to provide copies of documents, evidence, and records in their possession that VA would have kept in the claims folder.

We will update M21-1MR to reflect this change.

[Suicide Prevention Guidelines](#)

Target Audience: VSR, SVSR, RVSR, Management



People experience emotional and mental health crises in response to a wide range of situations, from difficulties in their personal relationships to the loss of a job. For Veterans, these crises can be heightened by their experiences during military service.

*If during the review of a claim, there is evidence or a statement from a Veteran/Claimant indicating suicidal ideations, claims processors **must** follow the guidelines below:*

Take all suicidal threats seriously and please be aware of the fact that this is a very sensitive matter. The general approach and philosophy when dealing with this type of statement is to:

- be caring and empathetic,
- express genuine concern,
- recognize and acknowledge the Veteran/Claimant's pain and despair
- call The Veterans Crisis Line, and
- focus on the fact that the Veteran/Claimant has communicated that they are feeling this way and therefore recognizes that something is wrong and he/she is seeking help.

[The Veterans Crisis Line](#) is a toll-free, confidential resource that connects Veterans/Claimants in crisis and their families and friends with qualified and caring VA responders. Call the toll-free number, at 1-800-273-8255 and Press 1 to speak with a trained VA responder and get connected to services that can make a difference. The Veteran/Claimant does not need to be registered with VA or enrolled in VA health care to use this resource.

If, you are speaking with a Veteran/Claimant on the telephone and they start talking about or alluding to committing suicide, use the procedures in the [M27-1, Part I.3.11](#) for more information on how to proceed with the call.

[National Training Curriculum for FY14](#)

Target Audience: VSRs, RVSRs, and management

On August 21, 2013, Compensation Service released [FL 13-20, Compensation Service National Training Curriculum for Fiscal Year 2014](#). The Compensation Service Training Staff, in coordination with the

Quality Assurance (QA) Staff and RO participants, developed a curriculum that includes technical and developmental training specific to the employee position and level of experience.

ROs should take steps to establish training plans for FY 2014 in accordance with FL 13-20 and the standard operating procedure (SOP) to ensure that employees complete the designated number of national curricula hours. ROs can use the online VBA Learning Catalog to develop training plans and search for appropriate courses for employees. The VBA Learning Catalog can be accessed at <http://hvnc.gdit.com/lc/> and a link is also available from the Compensation Service Training homepage.

As a reminder, ROs are required to submit a Training Plan for each target audience. Training Managers must upload the RO Training Plans to the Compensation Service Training Staff SharePoint site within 45 work days of the release of this FL. This is a change from calendar days as shown in the Fast Letter. This change has been announced to the Training Managers.

Challenge Training

Target Audience: VSRs, RVSRs, and management

Challenge Session 2013-5 began on Monday, August 27, 2013, for 42 VSRs from various ROs. VSRs are in the residency training in Baltimore currently completing the Pre portion of their training. Challenge for the VSR's will conclude on Thursday, September 26, 2013, with students and instructors traveling on Friday, September 27, 2013.

Challenge 2014-1 Instructor-led, Web-based Training (IWT) for RVSR will begin on

Monday, September 16, 2013, and end on Friday, October 25, 2013. On Monday, October 28, 2013, the RVSR students will travel to Baltimore to attend the four-week resident portion of Challenge training.

VSR Challenge IWT will begin on Monday, September 16, 2013. The IWT portion of training will end on Friday, October 11, 2013. On Tuesday, October 15, 2013, the VSR students will travel to Baltimore to attend the six-week resident portion of Challenge training. With the new IWT format, ROs will not conduct any prerequisite training prior to the start of Challenge training.

Military Sexual Trauma (MST) Training Requirement

Target Audience: VSRs, RVSRs, Decision Review Officers (DROs) and management

Stations are reminded that all VSRs, RVSRs, and DROs are required to complete **Military Sexual Trauma (TMS #1371104)** and **Military Sexual Trauma VHA Sensitivity Training (TMS #1688383)**. This is a one-time mandated training item. All current VSRs, RVSRs and DROs are required to complete these courses if they were not previously completed. Anyone hired in the future for one of these positions will be required to take these courses if they did not complete them in their prior position.

All personnel dedicated to processing Military Sexual Trauma claims must also complete **MST Live Meeting: Markers and Claim Development (TMS #2162964)**.

Skills Certification

Target Audience: VSRs, RVSRs, and management

The following upcoming Skills Certification events will require field support:

- Senior Veterans Service Representative (SVSR), Item Writing Workshop, will be held in Milwaukee from October 22 - 31, 2013.
- SVSR, Item Review Questionnaire (IRQ), will be held online October 23, 2013.
- Coach, Cut Score Workshop, will be held in Orlando from October 22 -24, 2013.
- JRVSR, Item Writing Workshop, will be held in Orlando from October 22 -24, 2013.

Common Findings – Routine Future Exams

Target Audience: CAs, VSRs, and Management

On June 12, 2013 Compensation Service rescinded [FL 10-23, Discontinuance of Sequential End Products \(EPs\)](#). Therefore, unless specifically authorized, more than one EP should not be taken for the same contention(s). For example, if there is an EP 020 pending for PTSD and Hearing Loss and a routine future examination comes due for PTSD, the RO should ensure all actions are worked under the EP 020.

While conducting site visits, the Compensation Service site visit staff has found ROs improperly establishing an EP 310 in addition to a rating EP for same contention. ROs should **only** establish an EP 310 if there is no other rating EP pending for the same contention.

Commendable

Target Audience: CAs, Intake Analysts (IAs), VSRs, RVSRs, Quality Review Teams (QRTs) Coaches, and Assistant Coaches

In an effort to track and forecast mail workload being sent to each of the lanes, the Muskogee RO uses a daily mail count spreadsheet, which consists of a main summary tab and individual tabs for each of the CAs. The CAs are responsible for entering the number of pieces of mail established, processed, and pending action on their individual tab. The CAs' information is tallied on the main summary page and the summary page is sent out daily to management to help them know what kind of mail was processed, what is expected to come to their lane, and what is still pending.

[An example of the main summary page spreadsheet is included at the end of the bulletin.](#)

The Togus RO has implemented a mail workload process where the IA places all mail needing to be established in bins labeled by each day of the week. The CAs are responsible for zeroing out the current day before starting on the next day. If they are not able to zero out, they will finish processing the mail the following day. This practice ensures timely control of mail based on date of claim.

In an effort to improve station quality and transparency with both the local and national quality review process, the Jackson RO created a QRT SharePoint (SP) site and made it available to all employees. Error trends are tracked and training is provided via the SP site. The site also contains recently released training letters, FLs and

processing tips. Jackson's rating accuracy at the end of FY11 was 79.8 percent. The RO has met or been within 10 percent of the station target for rating accuracy each month of FY12 and FY13.

M21-4

Target Audience: All claims processors

Compensation Service is in the process of reviewing options to update the M21-4. There are no tentative dates for completion at this time.

Common Findings – Suspense Dates and Reasons

Target Audience: CAs, VSRs, RVSRs, and management

The Office of Field Operations (OFO) provided guidance regarding the need to update MAP-D with the appropriate suspense dates and suspense reasons in June 2012. However, during site visits we have found rating and non-rating EPs missing the suspense dates and suspense reasons which should be updated in MAP-D at the time of claims establishment. In some instances, up to 90 percent of certain EP groups were missing suspense dates and suspense reasons. These two items serve as a reminder to ROs that these actions **must** be taken in the processing of the claim and are vital for workload management purposes.

Without effective management of suspense dates and suspense reasons, there is a risk of claims pending longer than necessary and may potentially lead to inaccurate payment benefits. ROs should ensure that suspense dates and suspense reasons are being set when a claim is established and updated during the various cycle times. To ensure compliance, ROs should provide reminders

and/or training to CAs and other employees who are placing EPs under.

One-Year Old Claims Pending STAR Review

Target Audience: CAs, VSRs, RVSRs, QRTs, and management

In an effort to support the One-year old claim initiative, the QA Office in Nashville provides the following guidance.

If an RO has files included in the one-year old claim initiative that have been requested by the QA Staff, please hold the file until the pending one year old claim is processed.

The RO should promptly notify the QA Office which files are delayed due to the initiative. The RO should send the QA Office a follow-up report every month with the status of the delayed files. As soon as the one year old claim is complete, the RO should immediately send the file to the QA Office for review.

Reviews Completed by VA Office of Inspector General (OIG)

Target Audience: CAs, VSRs, RVSRs, QRT, and management

OIG routinely conducts site visits at RO around the country. In some reviews OIG cited errors on cases that the RO felt were correct and in line with current guidance.

If during an OIG site visit, an error is cited in which the RO does not agree, please contact the QA staff to make arrangements for the files to be reviewed by the STAR staff. STAR has already conducted a review for one office and disagreed with errors that OIG cited.

[New Open Compensation and Pension \(C&P\) Examination Request Reports](#)

Target Audience: CAs, VSRs, RVSRs, and management

The Disability Examination Management staff of Compensation Service, in collaboration with our partners in the VHA Office of Disability and Medical Assessment, is now generating and publishing Excel reports on open C&P exam requests to our secure SP site. We first made this announcement at the August 2013 VSCM and QRT Continuing Education Program in Marietta, GA.

A separate Excel report is generated for each requesting office that has open requests in Compensation and Pension Records Interchange (CAPRI), to include Individual Disability Evaluation System (IDES) sites, satellite offices, and other substations.

(Please see the guide [Requesting Substation Codes in CAPRI for the Purpose of Batch Printing Examination Results](#) published on our [CAPRI page](#) for more information on substations.)

Please note that substations **will** have their own reports independent of their parent stations (for example, records for VBA SUB WEST PALM BEACH will not show in the report for ST. PETERSBURG-RO, and vice versa). Additionally, since a small handful of RO are still set up as Veterans Affairs Medical & Regional Office Centers (VAMROCs) in CAPRI, you may have to look for the name of your local VAMC to find your VARO's report (for example, Honolulu VARO is set as VA PACIFIC ISLANDS HCS in CAPRI).

This data is updated as VHA corporate data is refreshed, which is currently twice per

week. The Excel reports are accessible from the [DEMO Secure SharePoint Reports Library](#) in the [OpenExamRequests](#) folder. A link to the secure library can be found on the [Compensation Service C&P Examination Process \(DEMO\) page](#).

If you have questions or need assistance, please e-mail VAVBAWAS/CO/CAPRI.

[Updates to Acceptable Clinical Evidence \(ACE\)](#)

Target Audience: CAs, VSRs, and RVSRs

Compensation Service revised FL 12-22, Using Acceptable Clinical Evidence (ACE) <http://vbaw.vba.va.gov/bl/21/publicat/Letters/FL12/FL12-022.doc> on August 27, 2013. Among the revisions is the inclusion of pension claims as eligible for ACE and notice that all of the DBQs have been modified with check boxes for the rationale of using ACE and identify the evidence reviewed. These checkboxes are for the clinician completing the DBQ/Evaluation.

VBA maintains the responsibility for determining if an in-person examination is required. When there is no requirement for an in-person examination, VBA's responsibility is to communicate to VHA that if it chooses to use the ACE process, it must explain why it chose not to examine the Veteran and what materials it reviewed. If allowed by VBA, it becomes the individual clinician's determination as to the use of ACE.

VSR's and RVSR's should not routinely rule-out the use of ACE for particular types of examination requests. Unless the case fits one of the enumerated exclusions, or there is a compelling reason why an in-person examination must be conducted, we should not prohibit ACE from being used. Any

evaluation conducted via the ACE process provides the required information back to VBA just as if the Veteran were physically examined. Therefore, there is no need to routinely exclude the use of ACE.

Direct questions to [VAVBWAS/CO/DBQCOMMENTS](#).

Systems Compliance Errors (S1) for VSR Individual Quality Reviews (IQRs)

Target Audience: VSRs, QRTs, and management

VSR systems compliance is integral in our effort to make sure that all systems correctly reflect claim status. The current VSR performance standards are in line with the ASPEN programming which notes S1 as a critical error. There has been no change to the instructions or policy on calling the S1 error.

IQRs in VBMS

Target Audience: QRTs and management

VBMS does not have functionality to identify cases for selection of IQR or to lock the file during quality reviews. We are developing future modifications to VBMS that will assist the field with the quality review process.

Please note that there is no change to the current process for selecting cases for IQR completed in VBMS. Cases for review should be identified through the current ASPEN process to obtain a random sample for each employee. Once cases are identified, the Quality Review Specialist (QRS) should complete a review of the case utilizing the electronic file information and enter it into the ASPEN database.

Follow local procedures or the QRT SOP attached to [FL 13-18, Overview of Quality Review Teams](#) for any needed corrective action. Also see [QRT FAQ for VBMS](#)

Contract Medical Exams

Target Audience: All

VBA and VHA have contracts in place to complete medical disability examinations.

VBA has three Medical Disability Exam Contracts: QTC, VetFed and Veterans Evaluation Services (VES).

The major differences in the three contracts are the source of funding and which facilities can utilize the contracts. QTC and VetFed are funded with mandatory funds via Public Law 104-275. VES is funded with general operating expenses (GOE) funds via Public Law 108-183.

Ten ROs are authorized to use the QTC/VetFed contract: Atlanta, Roanoke, Muskogee, Los Angeles, San Diego, Winston Salem, Houston, Seattle, Providence, and Salt Lake City. QTC also performs Benefits Delivery at Discharge (BDD)/IDES exams in the jurisdiction of the 10 ROs on the QTC/VetFed contract.

Eight ROs are authorized to use the VES contract: Cleveland, Denver, Des Moines, Honolulu, Indianapolis, Lincoln, St Louis, and Waco.

VHA has a separate Medical Disability Exam Contract. If the VA medical center (VAMC) cannot complete the exam request in a timely manner, the VAMC may elect to use one of the five providers on their contract. QTC and VES are also providers on the VHA contract. This sometimes leads

to confusion because QTC and VES are on both the VBA and VHA contract.

If an exam request is submitted to a VAMC via CAPRI , all follow up requests should be directed to the VAMC, even if the VAMC forwards the exam request to a contractor to complete.



Muskogee Mail Count Spreadsheet

Date	Rating EPs		Non-rating EPs		MAPD Mail		NODs		DIBC Mail		Files - report on Thursdays			Control Time	
	Cested previous workday	Pending Cest	Cested previous workday	Pending Cest	Processed previous workday	Pending	Processed previous workday	Pending	Processed previous workday	Pending	Match Mail Pending	File mail pending	Sequence Check	Files pulled or reviewed for relocation	Average Control Time - pending cases
08/01/13															
08/02/13															
08/05/13															
08/06/13															
08/07/13															
08/08/13															
08/09/13															
08/12/13															
08/13/13															
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08/22/13															
08/23/13															
08/26/13															
08/27/13															
08/28/13															
08/29/13															
08/30/13															
Totals	0		0		0		0		0						