Hospital Adjustments

Instructor Lesson Plan

Time Required: 2.75 Hours

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| Lesson Description |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. |
| TMS # | 4192997 |
| Prerequisites | Prior to this lesson, the Veteran Service Representatives (VSRs) should have 24 months of experience.  |
| target audience | The target audience for Hospital Adjustments is VSR Intermediate and Journey Level employees.Although this lesson is targeted to teach the VSR Journey Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2.75 hours |
| Materials/TRAINING AIDS | Lesson materials:* Hospital Adjustments PowerPoint Presentation
* Hospital Adjustments Trainee Handout
* Hospital Adjustments Job Aid
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| Training Area/Tools  | The following are required to ensure the trainees can meet the lesson objectives: * Classroom or private area suitable for participatory discussions
* Seating, writing materials, and writing surfaces for trainee note taking and participation
* Handouts, which include a practical exercise
* Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials
* Computer with PowerPoint software to present the lesson material

Trainees require access to the following tools: * VA TMS to complete the assessment
* VSR Assistant Electronic Performance Support System (EPSS)
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| Pre-Planning  | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session.
* Become familiar with the content of the trainee handouts and their association to the Lesson Plan.
* Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson.
* Ensure there are copies of all handouts before the training session.
* When required, reserve the training room.
* Arrange for equipment such as easel charts, an overhead projector, and any other equipment (as needed).
* Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson.
* This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins.
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| Training Day  | * Arrive as early as possible to ensure access to the facility and computers.
* Become familiar with the location of restrooms and other facilities that the trainees will require.
* Test the computer and projector to ensure they are working properly.
* Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly.
* Make sure that a whiteboard or easel chart and the associated markers are available.
* The instructor completes a roll call attendance sheet or provide a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers.
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| Introduction to Hospital Adjustments |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
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| time required | 0.25 hours |
| Purpose of LessonExplain the following: | This lesson increases the student’s understanding of the provisions governing hospital adjustments pertaining to reductions of SMC A&A to the Housebound (most common) or other appropriate hospitalized rate, for hospitalization at VA expense, as well as the methods for processing them. This lesson will contain discussions and exercises that will allow the trainee to gain a better understanding of: * Hospital Adjustment Provisions
* Processing Hospital Adjustments
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| Lesson ObjectivesDiscuss the following:Slide 2Handout 2 | In order to accomplish the purpose of this lesson, the VSR will be required to accomplish the following lesson objectives.The scope of this lesson is how benefits are affected when a beneficiary is receiving Special Monthly Compensation (SMC) Aid and Attendance (A&A) and hospitalized at VA expense. At the end of this lesson, the trainee will be able to:* Describe hospital adjustment provisions
* Determine the dates of reduction and reinstatement of benefits
* Identify 38 CFR §3.552 exceptions
* Explain the requirements to process a hospital adjustment
* Demonstrate the ability to process hospital adjustments
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| Explain the following: | The first three learning objectives are covered in Topic 1 and the last two are covered in Topic 2. At the conclusion of the lesson, the learning objectives will be reviewed.  |
| Motivation | The following excerpts are from the Office of the Inspector General (OIG). The information was derived from the reviews of four Regional Offices.The VA Health Care System identified 1,906 Veterans that were hospitalized at VA expense for over 90 days. When the information was compared with C&P records, the findings suggested that Aid & Attendance (A&A) for 59 of the 1,906 Veterans needed to be reduced. These Veterans had been overpaid a total of $1,063,664 while hospitalized at government expense.Further research defined the primary cause of overcompensation as Veteran Service Center (VSC) personnel overlooking relevant information. With over $1,000,000 overcompensated to Veterans in just four regions, it is likely the same issue occurs nationwide.Completing this lesson on the adjustments process will help reduce the number of hospital adjustments that are overlooked by VSC personnel. This lesson will inform VSRs of the required information to consider during the adjustment process. The goal is to ensure that VSR decisions regarding hospital adjustments are more accurate. |
| STAR Error code(s) | Task 1, 3, 6, 7, 9, 10, 11, 12 |
| ReferencesSlide 3Handout 3 | Explain where these references are located in the workplace. All M21-1 references are found in the [Compensation Pension Knowledge Management (CPKM) portal.](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034) * [38 CFR §3.105(e)](https://www.ecfr.gov/cgi-bin/text-idx?SID=70d4a3d8262d178b211e42a0eb15d0c5&mc=true&node=se38.1.3_1105&rgn=div8), Revision of decisions, Reduction in evaluation – compensation
* [38 CFR §3.350](https://www.ecfr.gov/cgi-bin/text-idx?SID=78c220852fc58a2f609f97a379b7bc83&mc=true&node=se38.1.3_1350&rgn=div8), Special monthly compensation ratings
* [38 CFR §3.551](https://www.ecfr.gov/cgi-bin/text-idx?SID=78c220852fc58a2f609f97a379b7bc83&mc=true&node=se38.1.3_1350&rgn=div8), Reduction because of hospitalization

* [38 CFR §3.552](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=cdd688d342494ff4bb7d90fd5a8c95cd&mc=true&r=SECTION&n=se38.1.3_1552), Adjustment of allowance for aid and attendance
* [38 CFR §3.556](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=cdd688d342494ff4bb7d90fd5a8c95cd&mc=true&r=SECTION&n=se38.1.3_1556), Adjustment on discharge or release

* [M21-1, Part I, 2.A](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014071/M21-1-Part-I-Chapter-2-Section-A-General-Information-on-Due-Process), General Information on Due Process
* [M21-1, Part I, 2.B.3.c](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014072/M21-1-Part-I-Chapter-2-Section-B-Notice-of-Proposed-Adverse-Action#3), Special Procedures for Hospitalized Veterans
* [M21-1, Part III, v.6.A](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014259/M21-1-Part-III-Subpart-v-Chapter-6-Section-A-Information-Exchange-Between-Department-of-Veterans-Affairs-VA-Regional-Offices-ROs-and-Medical-Facilities), Information Exchange Between Department of Veterans Affairs (VA) Regional Offices (ROs) and Medical Facilities

* [M21-1, Part III, v.6.C](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014261/M21-1-Part-III-Subpart-v-Chapter-6-Section-C-Adjusting-Awards-Involving-an-Aid-and-Attendance-AA-Allowance), Adjusting Awards Involving an Aid and Attendance (A&A) Allowance
* [M21-1, Part IV, ii.2.H](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014571/M21-1-Part-IV-Subpart-ii-Chapter-2-Section-H-Special-Monthly-Compensation-SMC), Special Monthly Compensation (SMC)

* [M21-4, Appendix B.2](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000011474/Appendix%20B.%20End%20Product%20Codes), End Products – Compensation, Pension, and Fiduciary Operations
* [VSR Assistant – Electronic Performance Support System](http://epss.vba.va.gov/vsr_assistant/index.html)
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| Topic 1: Hospital Adjustment Provisions |
| Introduction | This topic will allow the student to gain an understanding of the provisions governing hospital adjustments. This understanding will be applied to demonstrating the adjustment process in the next topic. |
| Time Required | 0.75 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Describe hospital adjustment provisions
* Determine the dates of reduction and reinstatement of benefits
* Identify 38 CFR §3.552 exceptions

The following topic teaching points support the topic objectives: * Aid and Attendance
* Hospital Adjustment Requirements
* Notification of Hospitalization
* Benefits Adjustments
* Reduction of Benefits
* Reinstating Benefits
* Hospital Absences of 30 Days or More
* Readmission Following an Irregular Discharge
 |
| Aid and Attendance Slide 4-5Handout 4 | Aid and Attendance (A&A) is an additional allowance that is available to Veterans, as well as their spouses and parents. A&A is awarded to Veterans with mental or physical disabilities that require the regular aid and attendance of another person to perform personal functions required for everyday living. The following are some of the criteria that a Veteran must meet to qualify for A&A: * Inability to dress or undress
* Inability to keep clean and presentable
* Frequent need for adjustment of any special prosthetic or orthopedic appliances
* Inability to feed self through loss of coordination of upper extremities or extreme weakness
* Inability to attend to the wants of nature
* Incapacity, physical or mental, which requires care on a regular basis to protect the Veteran from hazards within the daily environment
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| Hospital Adjustment RequirementSlide 6Handout 4 | When a Veteran becomes hospitalized at VA expense, it may be necessary to adjust the amount of Special Monthly Compensation (SMC).The two provisions under 38 CFR governing hospital adjustments are:* 38 CFR §3.551 – Veterans with no dependents, in receipt of pension, are reduced if they are provided with domiciliary or nursing home care at VA expense.
* 38 CFR §3.552 – Veterans with A&A entitlement are reduced to the Housebound (most common) or other appropriate hospitalized rate when provided care at VA expense.

This lesson is primarily focused on reductions under 38 CFR §3.552, as reductions under 38 CFR §3.551 are handled by the Pension Management Centers (PMCs).**Important: Explain the difference in SMC rates and that the RVSR will include the different rate codes on the Codesheet.** |
| Notification of HospitalizationSlide 7-9Handout 4-5 | The hospital adjustment process begins when a VA Medical Center (VAMC) notifies a Regional Office (RO) of a change in a Veteran’s hospitalization status. There are four possible methods that a VA Medical Center (VAMC) uses for this notification:* VA Form 10-7131, *Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action* (Attachment A)
* VA Form 10-7132, *Status Change* (Attachment B)
* Electronically through the CAPRI/AMIE system
* Centralized, automated reporting informed by Veterans Health Administration (VHA) clinical data

The Veterans Benefits Administration (VBA) currently audits VHA clinical data to centrally automate timely creation and National Work Queue distribution of reports disclosing* admissions and discharges of service-connected (SC) Veterans hospitalized in excess of 21 days, and
* hospital admissions, discharges, and re-admissions of beneficiaries in receipt of aid and attendance (A&A) or pension.

However, ROs must still use CAPRI to manually generate, *on or around the first day of each month*, the* *Contract Nursing Home (CNH) Report of Admissions/Discharges* to ensure benefits do not require adjustment in accordance with procedures found in [M21-1, Part V, Subpart iii, 2.B](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014464/M21-1%2C-Part-V%2C-Subpart-iii%2C-Chapter-2%2C-Section-B---Aid-and-Attendance-%28A%26A%29-Status-for-Beneficiaries-Who-Are-Patients-in-a-Qualified-Nursing-Home), and
* *Discharge Report* to ensure that convalescent ratings under [38 CFR §4.30](http://www.ecfr.gov/cgi-bin/text-idx?SID=c37216171a07b763c786b4d411cd7205&mc=true&node=se38.1.4_130&rgn=div8) are properly applied, if/as warranted, in accordance with procedures found in [M21-1, Part IV, Subpart ii, 2.J.4](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014579/M21-1%2C-Part-IV%2C-Subpart-ii%2C-Chapter-2%2C-Section-J---Compensation-Under-38-CFR-4.28%2C-38-CFR-4.29%2C-and-38-CFR-4.30-and-Other-Temporary-Total-Evaluations).

***Note***:  To access these reports, log into CAPRI, but do not attempt to locate a specific Veteran.  Instead, select* *File* from the tool bar in the top, left-hand corner of the screen, and
* *Reports* from the drop-down box.

*Note:* Notification of hospitalization information can also come through email notification from the hospital coordinator contacts at the VAMC. Often, the VAMC will email an Excel spreadsheet to the nursing home/hospital adjustment coordinator that should be reviewed for possible adjustments.The medical information required to adjust a Veteran’s award based on hospitalization is often retrievable under the Clinical Documents tab in CAPRI. When medical information is unavailable in CAPRI, users must request it under the 7131 tab. |

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| Benefits AdjustmentsSlide 10Handout 5 | 38 CFR §3.552 mandates that Veterans receiving A&A must be reduced to the Housebound or other appropriate hospitalized rate when provided hospital, domiciliary, or nursing home care at VA expense.The VA determined that Veterans would not require A&A because VA- authorized medical care facilities can provide similar services.  |
| Reduction of BenefitsSlide 11-12Handout 6 | According to 38 CFR §3.552 the following criteria must be met in order to reduce A&A SMC:* The Veteran must receive SMC with an A&A allowance
* The Veteran must be hospitalized at VA expense
* The Veteran’s disability may not be paraplegia involving paralysis of both lower extremities together with loss of anal and bladder sphincter control, or Hansen's disease

*If A&A entitlement is established under 38 U.S.C. 1114(r)(1) or 38 U.S.C. 1114(r)(2), then A&A must be discontinued during hospitalization* ***regardless of the disability involved****.*The Veteran receiving institutionalized care at VA expense will have his or her A&A benefits reduced to the Housebound or other appropriate hospitalized rate effective the first day of the second calendar month following admission to the hospital, domiciliary, or nursing home. (Attachment C)*Example:* If the Veteran was admitted into a VA hospital on March 14, 2016, the reduction would be effective on May 1, 2016. |
| Reinstating BenefitsSlide 13Handout 6 | A&A benefits should be reinstated effective on the date of discharge from the hospital, domiciliary, or nursing home. *Example:* If a Veteran was discharged from the VA hospital on February 2, 2020, then February 2, 2020, is also the date A&A would resume. |
| Hospital Absences of 30 days or MoreSlide 14Handout 6 | Adjust benefit payments for authorized absences from the hospital of 30 days or more as follows: * After receiving a report showing an authorized absence of 30 days or more, amend compensation to resume payment at the full A&A rate effective the date the Veteran left the hospital, domiciliary, or nursing home.
* After receiving a report showing hospitalization resumed, reduce A&A to the Housebound or other appropriate hospitalized rate effective the date of resumption of hospitalization at VA expense.
 |
| **Readmission Following an Irregular Discharge**Slide 15Handout 7 | An irregular discharge results when a patient:* Is discharged
	+ Against medical advice, or
	+ For disciplinary reasons, or
* Fails to return from an authorized or unauthorized absence

If notice is received of a Veteran’s readmission for hospitalization* within six months of the date of an irregular discharge, discontinue the allowance for A&A effective the date of readmission, or
* six months or more after the date of an irregular discharge, discontinue the allowance for A&A effective the first day of the second calendar month following the month of readmission.
	+ *Example:* Veteran was discharged on April 3, 2019, then readmitted on December 19, 2019. Discontinue the A&A rate on February 1, 2020.

*Note:* Notice of proposed adverse action procedures must be followed. |
| topic 1 knowledge check*Slide 16**Handout 16* | Refer the trainees to Attachment D of the trainee handout. Allow students 10 minutes to complete the questions and then review the answers, which can be found in the lesson answer key (included in the learning catalog). |

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| Topic 2: Processing Hospital Adjustments |
| Introduction | This topic will build upon the information presented in Topic 1 and it will convey the process for hospital adjustments to the trainees. |
| Time Required | 1.5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Explain the requirements to process a hospital adjustment
* Demonstrate the ability to process hospital adjustments

The following topic teaching points support the topic objectives: * Hospital Adjustment Process
* Determine the Source of A&A
* Determine if a Reduction is Necessary
* If a Reduction is Necessary
* Notice of Proposed Adverse Action
* VBMS-A Steps for Reduction
* Send Final Notice
* If a Reduction is Not Necessary
* VSR Assistant – Electronic Performance Support System (EPSS)
 |
| Hospital Adjustment ProcessSlide 17Handout 8 | **Inform the students we are starting Topic 2.**The hospital adjustment process requires the VSR to:1. Assess the Veteran hospitalization and claim information
2. Make adjustment decisions based on the 38 CFR §3.552 criteria
3. Perform the necessary steps to complete the adjustment
 |
| Determine the Source of A&ASlide 18Handout 8 | Once the hospitalization notice is received, the VSR should determine the source of A&A. The source can be either from SMC or Special Monthly Pension (SMP).* A&A based on SMC – Screen the EP 330 to ensure it has the correct claim label.
* A&A based on SMP – Screen the EP 330 to ensure it has the correct claim label. NWQ will forward to the appropriate PMC.
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| Determine if a Reduction is NecessarySlide 19-20Handout 8-9 | Determine if a reduction is necessary based on the following criteria: * The Veteran must receive SMC with A&A
* The Veteran must be hospitalized at VA expense
* The Veteran disability may not be paraplegia involving paralysis of both lower extremities together with loss of anal and bladder sphincter control, or Hansen’s Disease

The latest Rating Codesheet in a Veteran’s eFolder will indicate if the Veteran is in receipt of A&A as well as his or her service-connected disabilities. Additionally, the latest Rating Codesheet will indicate if the Veteran is in receipt of A&A at the R-1 or R-2 level, where a reduction is necessary regardless of the disabilities involved.*Show the trainees the two Codesheet examples located in both the PowerPoint and Handout.* |
| If a Reduction is Not NecessarySlide 21Handout 9 | If a reduction is not necessary:1. Clear the EP 330
2. Enter a VBMS note explaining why no adjustment was necessary
3. Take no further action
 |
| If a Reduction is Necessary – Notice of Proposed Adverse ActionSlide 22-23Handout 9 | If the reduction is necessary:1. Change the EP 330 to an EP 320 – *Review Due to Hospitalization* and clear the EP 320.
2. Establish an EP 600 – Hospital Adjustment
3. Prepare notice of proposed adverse action (due process) – send one copy to the institution where the Veteran is hospitalized and another copy to the Veteran’s address of record
4. Set suspense for 65 days
5. When due process has expired, reduce the SMC to the Housebound or other appropriate hospitalized rate

All notices of proposed adverse action for hospitalization must include the following statement, either at the bottom of the notice of proposed adverse action, or on an attached *VA Form 21-4138, Statement in Support of Claim*: *I was admitted to the* ***[hospital’s name]*** *on* ***[admission date]****. Please take action without awaiting expiration of the due process period to reduce my payments to the proper rate authorized by law.*Request the Veteran sign and return the notice or form. When either the 65-day due process period has expired or the Veteran has requested action, reduce the compensation to the Housebound or other appropriate hospitalized rate immediately.*Note:* See Attachment E: Due Process Letter – PCGL PP4, for an example letter. |
| VBMS-A Steps for ReductionSlide 24-38Handout 10-11 | *Following along with the screen shots in the PowerPoint presentation, discuss the following steps with the trainees.*From the **Record Decisions** screen, click on the **Institutionalizations** tab.The first screen displayed is the Institutionalizations screen where information regarding the type, location, and date of institutionalization can be recorded.1. Click **Add**
2. Select the **Institution Type/Event**
3. For VA hospitalizations, select the **State** in which the Veteran is hospitalized
4. Select the **VHA Facility**
5. The **Institution** name will be system populated for VHA admission
6. Enter the **From** and **To** dates as necessary
7. Click **Accept** to update the screen
8. Click **Adjust** to open the second screen where the details regarding the decision to adjust benefits are recorded

Upon selection of the Adjust button, the second Institutionalization Adjustments Screen will display. This screen is where the type of adjustment is recorded.1. Note that the details of the institutionalization are shown in the upper part of the screen.
2. Click **Add**
3. Select the **Adjustment Type**
4. The **From** and **To** dates will be system populated based on the begin date and end date of the institutionalization and the adjustment type recorded; verify accuracy
5. Click **Accept** to update the screen
6. Select **Done** to save the decision and close the Institutionalization Adjustments screen (then click Done on the Institutionalizations screen to return to Record Decisions)
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| Send Final NoticeSlide 39Handout 12 | Complete the final notice to inform the Veteran that compensation has been reduced to the Housebound or other appropriate hospitalized rate. See Attachment F: Post Hospital Reduction Letter – PCGL PP5, for an example decision notice.Also:* Be sure to include the new rates as well as the effective dates in the notification letter
* Check CAPRI to see if the Veteran remains hospitalized
	+ If the Veteran has not yet been discharged, request that the Veteran notify the VA upon discharge so A&A benefits can be reinstated
* Include applicable laws and regulations for compensation hospital adjustments: e.g. 38 CFRs §3.105(e), §3.350, §3.552, and §3.556

*Note:* See Attachment F: Hospital Adjustment Decision Notice – PCGL PP5, for an example letter. |
| VSR Assistant – Electronic Performance Support System (EPSS)Slide 40Handout 12 | The VSR Assistant Electronic Performance Support System (EPSS) is a tool that is available to aid in reinforcement as well as just-in-time training of complex claims processes. The advantages of using the EPSS are:* Reduces level of complexity of multi-step claims
* Provides performance support information as a VSR performs a task
* Provides a decision support that enables a VSR to identify the action that is appropriate for a particular set of conditions
* Includes calendars and calculators to assist in certain determinations
1. *Note:* Always verify information within the VSR Assistant with the M21-1, Adjudication Procedures Manual, and M21-4 Manual, as it is constantly being updated.
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| Topic 2 KNowledge check*Handout 25* | Refer the trainees to Attachment G of the trainee handout. Allow them 10 minutes to complete the questions and then review the associated answers. Answers can be found in the lesson answer key ( included in the learning catalog.) |
| Regional Office Specific Topics | At this time add any information pertaining to:* Station quality issues with this lesson
* Additional State specific programs/guidance on this lesson
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| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The Hospital Adjustments lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hours  |
| Lesson Objectives | You have completed the Hospital Adjustments lesson. The trainees should be able to: * Describe hospital adjustment provisions
* Determine the dates of reduction and reinstatement of benefits
* Identify 38 CFR §3.552 exceptions
* Explain the requirements to process a hospital adjustment
* Demonstrate the ability to process hospital adjustments
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| Assessment  | Remind the trainees to complete the on-line evaluation in TMS to receive credit for completion of the course. |