



EDUCATION SERVICE

Veterans Appeals Improvement and Modernization Act of 2017

Processing Reconsideration of Supplemental Claims (RSC)
(Refresher Training)





Lesson Objectives

Upon completion of this lesson, you will be able to:

- Understand the three AMA lanes/review options
- Establish appropriate End Products (EPs)
- Review and process an RSC under the AMA





Background



Background

Under the Veterans Appeals Improvement and Modernization Act (AMA) of 2017 ([Public Law 115-55](#)), the Department of Veterans Affairs (VA):

- Modernized the appeal processing technology by replacing Veterans Appeals Control and Locator System (VACOLS) with CaseFlow, a system developed specifically to track new requests for appeals under AMA
- Added resources to address the current workload
- Added processing improvement safeguards



Background

The AMA reformed the appeals process within the VA. Prior to the AMA:

- Appeals took too long
- There was no defined endpoint or timeframe
- Decisions required a Statement of the Case (SOC)
- All requests were sent to Board of Veterans' Appeals (BVA)



Background

The AMA requires RPOs to account for the notice of decision review requests either concurrently or simultaneously in one or more of the following systems:

1. Benefits Delivery Network (BDN)
2. A [tracking spreadsheet](#) available on the Education Service SharePoint site
3. Caseflow, the system developed specifically for tracking AMA claims



Appeals Modernization Act (AMA)



Appeals Modernization Act (AMA)

Claimants who disagree with a decision have three lanes/review options in which their claim can be reviewed:

- 1. Higher-Level Review (HLR)** – De Novo review without a hearing or additional evidence
- 2. Reconsideration Supplemental Claim (RSC)** – Additional documentary evidence can be submitted
- 3. Notice of Disagreement (NOD) to the BVA** – Additional documentary evidence can be submitted, and the claimant may appear in a hearing before a Veterans' Law Judge (VLJ)



AMA Process



AMA Process

A Higher-Level Review (HLR) is a new review of an issue(s) previously decided by VA, based on the evidence in the TIMS record at the time the decision was made.

- Requests for an HLR must be submitted on a VA Form 20-0996
- HLRs should be labeled as 20-0996 in TIMS so that it is routed to the HLR queue
- Education Service has determined Education Quality Training Specialists (EQTS) are the authority to process HLRs.

Higher-Level Review

VA Form 20-0996, Decision Review Request:
Higher-Level Review



AMA Process

VA Form 20-0996, Decision Review Request: Higher-Level

VA FORM 20-0996, FEB 2019
 Respondent Burden: 15 minutes
 Expiration Date: 2/28/2025

Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW		
INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 1 BEFORE COMPLETING THIS FORM.		
PART I - CLAIMANT'S IDENTIFYING INFORMATION		
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.		
1. VETERAN'S NAME (First, Middle Initial, Last)		
<input style="width: 100%; height: 20px;" type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY) Month Day Year
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/>
5. VETERAN'S SERVICE NUMBER (If applicable)	6. INSURANCE POLICY NUMBER (If applicable)	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)		
<input style="width: 100%; height: 20px;" type="text"/>		
8. CLAIMANT TYPE:		
<input type="checkbox"/> VETERAN <input type="checkbox"/> VETERAN'S SPOUSE <input type="checkbox"/> VETERAN'S CHILD <input type="checkbox"/> VETERAN'S PARENT <input type="checkbox"/> OTHER (Specify) <input style="width: 50px;" type="text"/>		
9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)		
No. & Street <input style="width: 100%; height: 20px;" type="text"/>		
Apt./Unit Number <input style="width: 20%; height: 20px;" type="text"/>	City <input style="width: 40%; height: 20px;" type="text"/>	State/Province <input style="width: 10%; height: 20px;" type="text"/>
Country <input style="width: 10%; height: 20px;" type="text"/>	ZIP Code/Postal Code <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/>	
10. TELEPHONE NUMBER (Include Area Code) <input style="width: 80%; height: 20px;" type="text"/>		11. E-MAIL ADDRESS (Optional) <input style="width: 100%; height: 20px;" type="text"/>
12. BENEFIT TYPE: PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)		
<input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION/SURVIVORS BENEFITS <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> EDUCATION <input type="checkbox"/> VETERANS HEALTH ADMINISTRATION <input type="checkbox"/> VOCATIONAL REHABILITATION AND EMPLOYMENT <input type="checkbox"/> LOAN GUARANTY <input type="checkbox"/> INSURANCE <input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION		
PART II - HIGHER-LEVEL REVIEW OPTIONS		
13. IF YOU WOULD LIKE THE SAME OFFICE THAT ISSUED YOUR PRIOR DECISION TO CONDUCT THE REVIEW, YOU CAN MAKE THAT REQUEST BY CHECKING THE BOX BELOW. IF YOU DO NOT CHECK THE BOX, VA WILL TAKE THAT AS A REQUEST TO HAVE A DIFFERENT OFFICE CONDUCT THE REVIEW. (Please note VA may be unable to grant your request.)		
<input type="checkbox"/> If available, I would like HIGHER-LEVEL REVIEW conducted at the same office within the agency of original jurisdiction.		
14. IN ADDITION, YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER. (This is a telephonic communication with the higher level reviewer for the sole purpose of pointing out errors of fact or law in the prior decision. VA will only conduct one informal conference associated with this request for higher-level review. Check the box below to request an informal conference.)		
<input type="checkbox"/> I, or my representative, would like an informal conference . (VA will make up to two attempts to call you between 8:00a.m. and 4:30p.m. Eastern Standard Time at the telephone number and time period you select below to schedule your informal conference. Please select up to two time periods you are available to receive a phone call.)		
<input type="checkbox"/> 8:00a.m. - 10:00a.m. <input type="checkbox"/> 10:00a.m. - 12:30p.m. <input type="checkbox"/> 12:30p.m. - 2:00p.m. <input type="checkbox"/> 2:00p.m. - 4:30p.m.		
If you would like for VA to contact your representative, please provide your representative's name and telephone number where he or she can be reached at the above checked time.		
<input style="width: 100%; height: 20px;" type="text"/>		



AMA Process

A HLR is considered a closed record, therefore, there is:

- No duty to assist
- No new evidence, and
- No formal hearing

NOTE: Claimants can request an informal conference



AMA Process

- The reviewer has the authority to overturn the lower-level decision
- The reviewer can return it to the lower-level for correction of duty to assist errors (quality feedback)

Note: Claimants may not request a Higher-Level Review of a Higher-Level Review decision or of a Board decision issued by VA.



AMA Process

Reconsideration “Supplemental Claim” (RSC) involves:

- Newly submitted evidence
- Preservation of the Pre-decisional hearing option
- Gathering evidence under duty to assist
- Authority to overturn lower-level decision
- Requests for RSCs should be submitted on a VA Form 20-0995:
- RSCs should be labeled as 20-0995 in TIMS so that it is routed to the Priority RSC queue

Supplemental Claim	VA Form 20-0995, Decision Review Request: Supplemental Claim
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AMA Process

VA Form 20-0995, Decision Review Request: Supplemental Claim

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 3/28/2022

**VA DATE STAMP
DO NOT WRITE IN THIS SPACE**

Department of Veterans Affairs
DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (if applicable)

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)
Month Day Year

5. VETERAN'S SERVICE NUMBER (if applicable)

6. INSURANCE POLICY NUMBER (if applicable)

7. CLAIMANT'S NAME (First, Middle Initial, Last) (if other than veteran)

8. CLAIMANT TYPE:
 VETERAN VETERAN'S SPOUSE VETERAN'S CHILD VETERAN'S PARENT OTHER (Specify)

9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)
No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code

10. TELEPHONE NUMBER (Include Area Code)

11. E-MAIL ADDRESS (Optional)

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)
 COMPENSATION PENSION/SURVIVORS BENEFITS FIDUCIARY INSURANCE VETERANS HEALTH ADMINISTRATION
 VOCATIONAL REHABILITATION AND EMPLOYMENT LOAN GUARANTY EDUCATION NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEMENTAL CLAIM. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.)

Check this box if any issue listed below is being withdrawn from the legacy appeals process. OPT-IN from SOC/SSOC

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE

VA FORM
FEB 2019 **20-0995**

Page 3



AMA Process

Notice of Disagreement (NOD) is an appeal to the BVA. It includes:

- Filing NOD directly with BVA
- No duty to assist
- Choice between three separate Board dockets:
 - Direct Review – De Novo review without hearing or additional evidence
 - Evidence Submission – Additional documentary evidence can be submitted
 - Hearing – Additional documentary evidence can be submitted, and claimant may appear in a hearing before a VLJ.
- Allows for remands from BVA to Education Service to correct pre-decisional duty to assist errors



AMA Process

Notice of Disagreement (NOD) is an appeal to the BVA. It:

- Is requested on a VA Form 10182:
- The claimant should send the VA Form 10182 directly to BVA however, if the 10182 is received at the RPO, it will be printed and forwarded to BVA for review

Appeal to the Board of Veterans' Appeals	VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)
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AMA Process

VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)

OMB Approval No. 2900-0674
Respondent Burden: 30 Minutes
Expiration Date: Feb. 28, 2022

Department of Veterans Affairs **DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)**

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME (First, middle initial, last)

2. VETERAN'S SOCIAL SECURITY NUMBER 3. VETERAN'S VA FILE NUMBER (if different than their SSN) 4. VETERAN'S DATE OF BIRTH
CICSS -

5. IF I AM NOT THE VETERAN, MY NAME IS (First, middle initial, last) 6. MY DATE OF BIRTH (if I am not the Veteran)

7. MY PREFERRED MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) I AM HOMELESS

8. MY PREFERRED TELEPHONE NUMBER (Include Area Code) 9. MY PREFERRED E-MAIL ADDRESS 10. MY REPRESENTATIVE'S NAME

PART II - BOARD REVIEW OPTION (Check only one)

11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. (For additional explanation of your options, please see the attached information and instructions.)

11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal. (Choosing this option often results in the Board issuing its decision most quickly.)

11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will provide within the next 90 days, but I do not want a Board hearing. (Choosing this option may add delay to issuance of a Board decision.)

11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. (Choosing this option may add delay to issuance of a Board decision.)

PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD

12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement.

Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social Security number.
Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process. Opt In from SOC/SSOC

A. Specific Issue(s)	B. Date of Decision

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

13. SIGNATURE (Appellant or appointed representative) (ink signature) 14. DATE SIGNED

VA FORM 10182 FEB 2019 PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.



AMA Process

The framework for processing appeals minimizes duplication of effort since:

- Duty to assist does not apply to HLR or NOD
- Claimants **cannot** choose multiple lanes/review options concurrently and may only pursue **one** lane/review option at a time for the same claimed issue
- Effective date is protected if claimant pursues the same claims issue under any of the lanes within one year of original decision



Knowledge Check



Knowledge Check

(Select all that apply) Which lane(s) are processed at the RPO level?

- A. Higher-Level Review
- B. Reconsideration Supplemental Claim
- C. Notice of Disagreement



Knowledge Check

(Select all that apply) Which lane(s) are processed at the RPO level?

A. Higher-Level Review

B. Reconsideration Supplemental Claim

C. Notice of Disagreement



RSC Processing



RSC Processing

Definition:

Reconsideration “Supplemental Claim” (RSC) refers to the receipt of additional evidence that is both New and Relevant to support granting the benefit sought or identification of relevant existing records VA needs to obtain.

- “NEW” evidence refers to information not previously submitted to VA.
- “RELEVANT” evidence refers to information that tends to prove or disapprove a matter at issue.

VA will assist in gathering new and relevant evidence to support an RSC. This is referred to as “Duty to Assist”



RSC Processing

Establishment of an RSC

Upstream should index as VA Form 20-0995 which will route the claim token to the “Priority RSC” queue.

- Document Type Name: 20-0995
- Document Type Description: AMA Supplemental Claim



RSC Processing

Review and Process RSC:

Individuals assigned to process RSCs will:

- Ensure the claim is an RSC request, if not, route claim to appropriate TIMS queue
- Verify a NOD or HLR is not pending in CaseFlow. If another lane/review option is pending, then;
 - Send the PCGL Letter CO Inf-26 (Inappropriate Action Letter)
 - Record in CaseFlow as “Inappropriate action”
 - Record on SharePoint tracking sheet

NOTE If another AMA action is pending for the same issue, Caseflow should be updated to show Inappropriate Action. This is done by recording the HLR request as “dismissed” in Caseflow and using the description of “Inappropriate Action”.



RSC Processing

Review and Process RSC:

Individuals processing RSC claims will:

- Begin processing the RSC within 30 calendar days from the date the VA Form 20-0995 was received by VA
- Establish a Supplemental EP with a third digit modifier of “1”, to designate the claim as an RSC (i.e., 211, 281, 351).
- Verify the RSC request was filed timely and is valid, if not send the PCGL Letter CO DIS-31 (AMA Over One Year Appeal) letter, PCLR EP and finish the claim token.

Reminder: When processing an RSC claims, remember to apply Duty to Assist (DTA) when applicable.



RSC Processing

If Additional Development is Needed:

Individuals assigned to process RSCs must:

- Develop for additional information following DTA
- Diary an EP for 30 days from date development is done using 0-RSC as the disposition code
- Capture development letters into the claimant's TIMS file
- Place in awaiting mail in TIMS for 30 days



RSC Processing

If the RSC request is awarded:

- Process the claim under the correct Supplemental EP with third digit modifier of “1”
- Date of Claim is the date the VA Form 20-0995 was received by VA
- Prepare the PCGL Central-AWD 26 (AMA Full Grant or Partial Grant letter)
- Single sign the AMA award action(s) as appropriate
- Route the claim to the RSC authorization queue for review and approval, if the payment amount authorized exceeds second signature authority.



RSC Processing

If being processed from the Authorization queue, the Authorizer will review the RSC award and:

- Follow the “Big Pay” procedures depending on the amount being paid
- Release LTS or BDN award letter AND mail the PCGL Central-AWD 26 (AMA Full Grant or Partial Grant letter) per office policy regarding the release of correspondence
- Capture LTS WPS, BDN award screens and AMA Full (or Partial) Grant Letter into the claimant’s TIMS folder



RSC Processing

- The Authorizer will also update CaseFlow by entering Full (or Partial) Grant and amount of award payment
- Create a “Flash” in the claimant’s TIMS folder with the message “RSC Full (or Partial) Grant authorized dd-mm-yyyy”
- PCLR Supplemental EP and finish claim token



RSC Processing

Denials

Those processing the RSCs will:

- Send PCGL Letter Central DIS-22 (AMA Disallowance Letter) for RSC claims, if the claimant is not eligible for a Full or Partial Grant Award
- Capture letter in the claimant's TIMS folder
- Print and mail AMA Disallowance Letter to the claimant
- Create a "Flash" in TIMS file to indicate "RSC Claim - Denied on mm-dd-yyyy"



RSC Processing

Denials

- PCLR appropriate Supplemental EP with a third digit modifier of “1” for the disallowance
- Update RSC disallowance in CaseFlow
- Finish claim token



Knowledge Check



Knowledge Check

(True or False) When reviewing an RSC, do not consider any new and relevant evidence the claimant may have submitted.

- A. True
- B. False



Knowledge Check

(True or False) When reviewing an RSC, do not consider any new and relevant evidence the claimant may have submitted.

A. True

B. False

The Answer is B, False. RSCs refer to the receipt of additional evidence that is both new and relevant, to support granting the benefit sought or identification of relevant existing records VA needs to obtain



RSC Example



RSC Example

In this example, the claimant was initially denied Chapter 1606 benefits for not completing IADT training.

A review of the TIMS file showed the MGIB-SR (Chapter 1606) status was eligible effective March 14, 2020.

The claimant submitted a copy of their DD Form 214 that showed IADT training was completed.



RSC Example

Review to verify if this is an RSC for an Education decision

Expiration Date: 1/26/2012

Department of Veterans Affairs
DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM
VA DATE STAMP
DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME (First, Middle Initial, Last)
[REDACTED]

2. VETERAN'S SOCIAL SECURITY NUMBER
[REDACTED]

3. VA FILE NUMBER (If applicable)
[REDACTED]

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)
Month: [REDACTED] Day: [REDACTED] Year: [REDACTED]

5. VETERAN'S SERVICE NUMBER (If applicable)
[REDACTED]

6. INSURANCE POLICY NUMBER (If applicable)
[REDACTED]

7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)
[REDACTED]

8. CLAIMANT TYPE:
 VETERAN VETERAN'S SPOUSE VETERAN'S CHILD VETERAN'S PARENT OTHER (Specify)

9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)
No. & Street: [REDACTED]
Apt./Unit Number: [REDACTED] City: [REDACTED]
State/Province: [REDACTED] Country: [REDACTED] ZIP Code/Postal Code: [REDACTED]

10. TELEPHONE NUMBER (Include Area Code)
[REDACTED]

11. E-MAIL ADDRESS (Optional)
[REDACTED]

12. BENEFIT TYPE: PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)
 COMPENSATION PENSION/SURVIVORS BENEFITS FIDUCIARY INSURANCE VETERANS HEALTH ADMINISTRATION
 VOCATIONAL REHABILITATION AND EMPLOYMENT LOAN GUARANTEE EDUCATION NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

Note: If not, print and forward the documents to the proper business line for review. Also, add a note in TIMS and close Token.



RSC Example

The Date of Claim is the date the RSC was received

Education - Claims Intake Center - 10/02/2020 - Lakeland FL

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

Department of Veterans Affairs
DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME (First, Middle Initial, Last)



RSC Example

Part II: Issue for Supplemental Claim

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM	
13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEMENTAL CLAIM. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.)	
Check this box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> OPT-IN from SOC/SSOC	
13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
SR GIB:K Denied for not completing IET	2020 0917



RSC Example

Part III: New and Relevant Evidence

PART III - NEW AND RELEVANT EVIDENCE	
<p>14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain non-federal records, please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.</p>	
<p>15. DO YOU WANT VA TO GET FEDERAL RECORDS?</p> <p>LIST BELOW ANY VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: <i>You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.</i></p>	
15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS
IET DD214, Attached	20200309



RSC Example

Part IV: Certification and Signature

PART IV - CERTIFICATION AND SIGNATURE	
NOTE: This section is MANDATORY and completion is required to process your claim, any omission may delay claim processing time.	
VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.	
NOTE: A POA's signature <i>will not</i> be accepted unless at the time of submission of this claim a valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , or VA Form 21-22a, <i>Appointment of Individual As Claimant's Representative</i> , indicating the appropriate POA is of record with VA.	
16. I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.	
COMPENSATION BENEFIT CLAIMS ONLY: <input type="checkbox"/> 5103 NOTICE Acknowledgment - I certify I have received the notice to this application titled, <i>Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits</i> as provided at https://www.va.gov/disability/how-to-file-claim/evidence-needed . If the box is not checked, VA will send you this information through an electronic communication or written correspondence sent to the address on file with VA if your application is being submitted more than one year after VA provided notice of our decision for any issue listed in item 13.	
16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE <i>(Sign in ink)</i> [Redacted Signature]	16B. DATE SIGNED [Redacted Date]
16C. NAME OF VA AUTHORIZED REPRESENTATIVE <i>(Please Print)</i> [Redacted Name]	
ALTERNATE SIGNER CERTIFICATION AND SIGNATURE	
17. I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form. I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.	
17A. SIGNATURE OF ALTERNATE SIGNER <i>(Sign in ink)</i> [Redacted Signature]	17B. DATE SIGNED [Redacted Date]
17C. NAME OF ALTERNATE SIGNER <i>(Please Print)</i> [Redacted Name]	
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.	



RSC Example

- A review of TIMS showed the chapter 1606 status was eligible. It appears that the claimant was denied in error. The DD214 submitted by the claimant showed that IADT training was completed.

Note: If the VIS screen had not shown chapter 1606 eligibility, VA's "duty to assist" would have included confirming chapter 1606 eligibility with DoD.

- The previous erroneous denial was reversed, claimant was issued a Certificate of Eligibility for chapter 1606 benefits.
- RSC was granted.



RSC Example

RSC Grant Letter

Dear Mr. [REDACTED]

We have completed our review of your Education claim decision dated September 15, 2020, under the **Reconsideration Supplemental Claim** option.

This review has resulted in a Full Grant of benefits under the Montgomery GI Bill – Selected Reserve (Chapter 1606) and is based on the Department of Defense’s notification that you are eligible for benefits. You will receive a separate letter with more details about your benefits.

If You Have Questions or Need Assistance

Website	www.va.gov
VA Forms	www.va.gov/vaforms
Frequently Asked Questions	https://gibill.custhelp.va.gov/app/answers/list
Ask A Question: <i>Include your full name and VA file number</i>	https://gibill.custhelp.va.gov/app/
Mailing Address: <i>Include your full name and VA file number on the inside of mailed correspondence (not on envelope)</i>	See address at the top of this letter
Education Call Center	1-888-GI-BILL-1 (1-888-442-4551) (inside the U.S) 001-918-781-5678 (outside the U.S.)
TTY, Federal Relay	711
Veterans Crisis Line	1-800-273-8255 and press 1
VA Regional Office Location	www.va.gov/find-locations
GI Bill® Comparison Tool: <i>This tool allows you to get information on a school's value and affordability; and to compare estimated benefits by school.</i>	www.va.gov/gi-bill-comparison-tool

Sincerely yours,
Education Officer



Caseflow



Caseflow

Welcome to Caseflow!

Please select the regional office you are logging in from.

Regional office selector

 ▼

Log in

https://appeals.cf.ds.va.gov/decision_reviews/education



Caseflow



[Search cases](#)

EDU

OO351 (R093)

Built with by the [Digital Service at VA](#)

[Track Caseflow Status](#) | [Send feedback](#)





Education Landing Page

Education

Reviews needing action

[+ Intake new form](#)

Review each issue and select a disposition

[Download completed tasks](#)

[In progress tasks](#)

[Completed tasks](#)

Viewing 1-15 of 39 total

[Previous](#) [1](#) [2](#) [3](#) [Next](#)

Claimant	Veteran Participant Id	Issues	Days Waiting	Type
	4	1	0 days	Supplemental Claim



Caseflow

1. Search in Caseflow

1. Select Form 2. Search 3. Review 4. Add Issues 5. Confirmation

Search for Veteran by ID

Enter the Veteran's ID or SSN

2. From the Education view, click “Intake new form”

Education

Reviews needing action

Review each issue and select a disposition

[+ Intake new form](#)

[Download completed tasks](#)



Caseflow

3. Select “Decision Review Request: Supplemental Claim – VA Form 20-0995 then click “Continue to search”

1. Select Form

2. Search

3. Review

4. Add Issues

5. Confirmation

Welcome to Caseflow Intake!

Which form are you processing?

- Decision Review Request: Board Appeal (Notice of Disagreement) — VA Form 10182
- Decision Review Request: Higher-Level Review — VA Form 20-0996
- Decision Review Request: Supplemental Claim — VA Form 20-0995

[Continue to search](#)



Potential Error:

! Veteran not found

Enter a valid Veteran ID or SSN and search again.

Note: If you are certain the Veteran ID or SSN is correct, the claimant may not exist in the VBA Corporate Database. If you have access, please add claimant to the Corporate Database to continue processing this intake. If you do not have access, please [email](#) for assistance.

Search for Veteran by ID

Enter the Veteran's ID or SSN

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When the above occurs;

- Either email: VACaseflowIntake@va.gov or;
- Follow local procedures for adding Veterans/dependents to Caseflow



Caseflow

4. Fill out the Review form in Caseflow with all information requested:

Review ██████'s Decision Review Request: Supplemental Claim — VA Form 20-0995

What is the Benefit Type?

- Compensation
- Pension & Survivor's Benefits
- Fiduciary
- Insurance
- Education
- Vocational Rehabilitation and Employment
- Loan Guaranty
- Veterans Health Administration
- National Cemetery Administration

What is the Receipt Date of this form?

12/08/2020 

Is the claimant someone other than the Veteran?

- No
- Yes

Did the Veteran check the "OPT-IN from SOC/SSOC" box on the form?

- N/A
- Yes (SOC/SSOC Opt-in)

Cancel intake

Continue to next step



Caseflow

5. Select “Add Issue”

Add / Remove Issues	
Form	Decision Review Request: Supplemental Claim — VA Form 20-0995
Veteran	[REDACTED]
Receipt date of this form	12/08/2020
Benefit type	Education
SOC/SSOC Opt-in	No
Claimant	[REDACTED]
+ Add issue	



Caseflow

6. Add the details of the issue(s)

Add issue 1

If the issue is a rating issue, please select "None of these match, see more options" and add it as an unidentified rating issue.

Does issue 1 match any of these non-rating issue categories?

Issue category

Overpayment | Validity of debt

Decision date

12/08/2020

Issue description

Overpayment caused by Leave of Absence due to Hurricane

Cancel adding this issue [None of these match, see more options](#) [Add this issue](#)



Caseflow

7. Establish Supplemental Claim

Add / Remove Issues

Form	Decision Review Request: Supplemental Claim — VA Form 20-0995
Veteran	[REDACTED]
Receipt date of this form	12/08/2020
Benefit type	Education
SOC/SSOC Opt-in	No
Claimant	[REDACTED]
Requested issues	1. Overpayment Validity of debt - Overpayment caused by Leave of Absence due to Hurricane Decision date: 12/08/2020 Remove
+ Add issue	

Cancel intake

Establish Supplemental Claim

1 issue



Caseflow.

If you are sending for second signature, stop here. The next slides show you how to handle a denial or grant.




Caseflow

1. Search for an RSC by using the search engine (green circle) or, the RSC may be at or near the top of the “In Progress Tasks” if it was recently created.

In progress tasks | Completed tasks

Viewing 1-15 of 65 total

Previous | **1** | 2 | 3 | 4 | 5 | Next

Claimant	Veteran Participant Id	Issues	Days Waiting	Type
		1	0 days	Higher-Level Review
		1	0 days	Supplemental Claim

2. Find and Select your claimant



Caseflow

Form being processed Decision Review Request: Supplemental Claim — VA Form 20-0995

Form receipt date 02/27/2021

Informal conference requested No

Review by same office requested No

Decision

[Edit Issues](#)

Review each issue and assign the appropriate dispositions.

Issue #1

Eligibility | 38 U.S.C. ch. 35 - Denial of Post-911 GI Bill

Prior decision date: 02/05/2021.

Decision description

Optional

Select Disposition	▼
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you for completing your decision in Caseflow. Please indicate the decision date.

mm/dd/yyyy





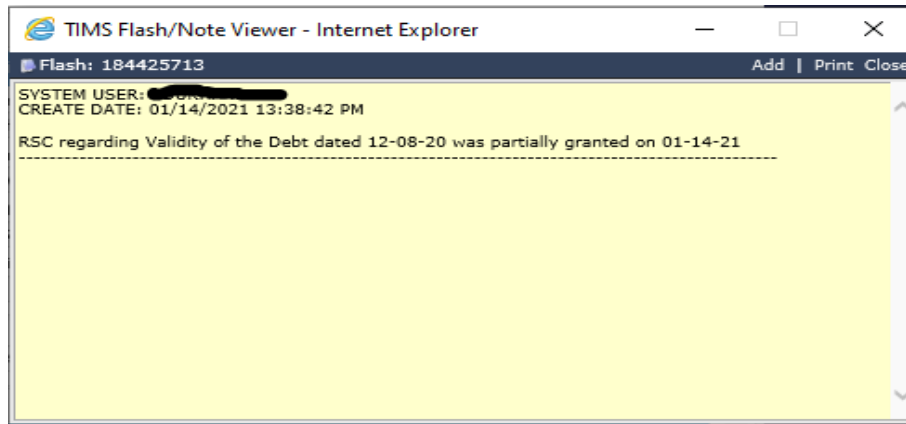
Caseflow

3. Click “Complete” to finish

Thank you for completing your decision in Caseflow. Please indicate the decision date.

Cancel **Complete**

4. Flash the TIMS File



5. PCLR EP, Capture to TIMS and finish the token in TIMS



Lesson References

- [Veterans Appeals Improvement and Modernization Act of 2017](#)
- [M22-4 Part 3: Chapter 2.04 Appeals](#)
- [Veterans Benefits Administration \(Appeals Modernization\)](#)



Summary

Today, you learned how to:

- Differentiate between the three AMA lanes/review options
- Establish appropriate End-Product (EP) for RSCs
- Review and process claim under the RSC appeal options
- Process Full or Partial Grant Award
- Process a Reconsideration Supplemental Claim (RSC) denial



TMS Assessment and Survey

- The assessment and survey have been assigned to you in TMS.
- The assessment is comprised of several questions.
- The questions are based on the information you learned today.
- You should be able to complete the assessment and survey within one hour.
- Be sure to complete both the assessment and the survey in TMS to receive credit for this training.