Compensation Service Quality Call March 2021  
  
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This is important. After completing the evaluation in TMS, it will look like the course is still open and not completed. When you complete all items in TMS and finish the evaluation, there is any indicator that it is submitted. The screen will not show evaluation as completed. There won't be a green checkmark. That is okay. Don't complete the evaluation more than once. TMS completions art instant because it takes about 15 minutes so after completing and submitting the of vibration, you are done, simply close TMS. You can have the bulletin open on one screen and watch the video on the other screen. Please know the bulletin is sometimes a word by word transcript. Of what the presenter says. If you cannot open the bulletin in TMS, or the video won't open or gets stuck in a hold of your training manager for help.

Hi, everybody and thank you for watching our presentation today.

This is Robert Johnson with quality assurance and welcome to the March Compensation Service Quality Call.

Here is today's agenda. We have part one of a two-part series on routine exams. We have had many requests asking for information on how to understand the key changes document and how to use it. We will do a live demo. Justin Bore cover changes to the manual. Jennifer will present another demo on favorable findings. She did a demo in January on hearing loss and a demo using standard data practice. We continue to have demos each month this year covering other favorable findings. We have a few exam related topics covering tract items, reminders and the ace process but finally we will have FAQs regarding conversion guidance on the 5 to 6 easy. At first is just a part one of the routine future exam serious. Jessica?

Thank you Robert and thank you. My name is Jessica Flannery I'm an operations analyst with the program staff and quality assurance. Today I am going to talk about some reminders for routine future exams. In April of 2019, BB MSR was updated to limit exam diaries created from when they are not wanted. Cup attention conducted a review of all pending future exam diaries and if I 20 and identified scenarios where unnecessary RFE diaries were being created in July 2020, we put out some reminders on the, service quality call. We did another review in November of 2020 in conjunction with assistance from the transit a SCMs with a review exams from offices and use those to determine compliance of East requested those results revealed a 65.4% compliance rate where the RFE was actually warranted. 49%, almost 50%, of the unwarranted RVs were because they were static without material improvement over five years, or permanent and character and of such nature there is no likelihood of improvement. So with those updated findings, we determined we wanted to put out some RFE diaries reminders. First, keep in mind, when determining if a RFE is necessary , the rating activities should exercise prudent judgment and refer to 38 CFR 3.327 why when determining the need for a review examination. Number 2, it is policy to request future examinations only when absolutely necessary and every effort should be made to limit cases where future exams are requested. I want to go over the scenarios that are clearly outlined and N 21-one when you should not establish RFE diaries. Routine future exam diaries. The first it scenario is when the disability is static without material improvement over five years when deciding if a disability is static, only order a future examination if there is objective evidence stating clearly a disability is likely to improve. Second, the second scenario is if the disability is permanent and character and as such nature there is absolutely no likelihood of improvement. The third scenario where you should not order a routine future exam is if the veteran is over 55 years of age, except in unusual circumstances or required by regulation. Note, if the decision-maker determines there are unusual circumstances to warrant a routine future exam for a veteran over 55 years of age, the manual actually requires the claims processor to identify and document the nature of the unusual facts found in a permanent DBMS note or on the profile screen and BB MS run, hide, or fight. There has to be a note for veterans over 55 years of age. The next scenario is the evaluation is the prescribed scheduler minimum within the diagnostic code. This refers exclusively to instances in which the rating schedule requires specific, minimum evaluation. For example, diagnostic code 7019, requires the residuals of cardiac transplant we assigned a minimum rating of 30%. That is an example of the prescribed schedule minimum. X scenario for you would not establish an RFE diaries when the evaluation is already set at 10% or less. Lastly, do not schedule a routine future exam diary when the combined valuation would not change, even if the re-examination resulted in a reduced evaluation for one or more disabilities. As mentioned, VBMSR has limited RFEs because the system provides you with a notice or warning at the time you are trying to input a routine future exam, you should only override the system if you have specific evidence, objective evidence, clearly stating the disability is likely to improve, the disability is not static and you have clear objective evidence of material improvement over the last five years. By VBA or court mandate or that is an unusual circumstance is a veteran is over the age of 55 and is documented in the VBS note. The last note to remind everyone, remember to check the RFE date you key in to ensure you are entering the correct year. Continue to see routine future exams well into the future to the year 2030, 2036, 2040 even 2099. Please double check the date you are using and ensure it is the proper year for the routine, future exam. Concludes my exam and I will take it over to Leah Maiser to go over key changes and navigation tips.

Thanks, Jessica. Hello, everyone my name is a Leah Maiser and I am the minimal change coordinator for the procedures maintenance manual. Today we will talk about the key changes document. The key changes document or Casey is one of two documents you will find in the attachments area at the bottom of each chapter or section of M21-1 content in the compensation and pension knowledge management portal. To access the specific Casey, left click on the Leah Maiser you wish to view if you use Internet Explorer or at you will get a pop-up at the bottom of the screen that you choose to open the document or save it. In chrome you will be prompted to save the document. I recommend using Internet Explorer or edge when you plan to view attachments. What is the KC? The summary document that accompanies each publication of M21-1 content gives an overview and a brief clinician of changes made and includes a copy of the edited M21-1 content showing all the changes made in that revision. Let's dig deeper. The Leah Maiser contains several key bits of information. First is the date of publication. There are multiple locations in the KC indicating the date the content was published including the document name, at the top of the first page, and in the edited M21-1 content and appropriate change date logs. The KC always begins with notes applicable to that particular publication. Sometimes the notes are simple as acknowledgment of better with various changes may be made described large content low relocations. Following the notes, there's typically one or two tables that provide a description and location of each significant or not minor editorial change. Substantive changes to policies or procedures are captured in a reasons for double change table. Changes not updates to policy or procedures, but generally more significant than a minor editorial change, are captured in a reasons for change table. Lastly, the KC includes a complete copy of the edited version of the M21-1 content. With all deleted text showing track changes and all-new text highlighted in yellow. Let's take a look at an actual KC. Can navigate to the KC by navigating to the particular chapter or section of M21-1 content you are interested in viewing. There are variety of ways you might navigate to specific content. You might follow a link in the weekly email blasts. Or, you might follow a link from the changes date page. Or, you might navigate directly to the content as we will here. Once you navigate to the content, you can quickly jump to the bottom of the page where the attachments are found by hitting the end button on your keyboard. Remember to wait a moment before hitting the end button for the page to fully load, otherwise you will bounce back to the top of the page. Let's look at the KC for content published February 8th, 2021. We can see here this content published February 28th, 2021, had some general notes about terminology applicability and a note about a few minor editorial changes. It also has one change in a reasons for notable change table which you remember after sustained changes to policies and procedures put this change was made in topic five lot C to update a temporary evaluation period. If we click on the hyperlink citation by clicking the control key and the left mouse button, we are moved to the 23rd page of the KC en bloc C of topic 5. The indication a change was made to updated temporary evaluation period. Attracting to show us one year was replaced with four months. Let's take a look at another KC. We are going to look at content in 34 three a. Let's take a look at the KC for content published January 19th, 2021. This change also has general notes about terminology applicability and a few more notes about editorial changes. It also has two notable changes. The first table entry was the addition of a new blog. If we click on the hyperlink citation, we are jumped down to the eight-page of the KC which is a new block L found in topic 1. You might have noticed as I was scrolling to the start of topic 1 I scrolled past other track changes. Remember the KC includes a can the copy of the content for the given section or chapter with all deletions and additions shown. This a changed the description and location of a cross reference. The edits seen in lot C does not appear in the table on page 1. Which means those edits fall under one of the categories mentioned in the notes. This particular edit with a minor editorial change to update the reference. Let's look at another KC. Let's look at content for 336 C. Here, we believe the key changes document for content published September 28, 2020. Like in previous changes, this change has general notes about general knowledge applicability and some editorial changes. It also has both types of tables, a reasons for notable change table and a reasons for change table. Let's look at the entry in the notable change table. As you can see, we identified three notable changes that took place in this block. Let's click on the hyperlink citation. We jump down to page 10, which is in block why and topic 2. Here you can see the various edits that remain. Let's take a look at the reasons for change table. Remember, this table catches changes for more than editorial in nature but did not rise to the level of being substantially changes to policies and procedures. For example, the edits to three A were primarily to remove or revise outdated verbiage or information. Sometimes a block might be a mix of edits that appear in the table and up edits as part of the notes. For example, here it 3 A we have the edits listed in the change table. But we also have small edits made to the cross reference. Those edits are captured in the notes. As updated references and bring into conformance with M21-1 standards. Sometimes a table might contain an entry that indicates nonsubstantive changes were made like this one here in 3 C. An entry like this is intended to inform readers that while visually it may appear notable changes have been made, the edits are in fact, nonsubstantive and made for the sake of clarity or readability. In this instance, the phrase, from the date the I.T. was discontinued, was replaced with the phrase, effective the same date. There was no procedural changes, only wording changes to more clearly and concisely identified the date in question.

Overall, by using notes and table entries, along with including a complete copy of the edited content, the KC is intended to allow users to see every change made from procedural once to simply adding a,. Comma and to help them understand why those changes were made. General information about the KC, including some of the things we talked about today, along with additional information about historical attachments, can be found in the M21-1 prologue. We would go to the prologue now.

In the prologue you can find information about the KC under the topic, changes to the M21-1. Brief summary of information we talked about today is mentioned here, along with additional information about the historical document that the other attachment you will find that the prologue also contains general information about the M21-1's purchase, its structure and tips for searching more effectively.

Next step, Justin Williams has information about what is new in the M21-1. Dustin?

Thank you so much, Leah. Hello, everyone. This is Dustin Williams also from procedures maintenance to give you the quick scoop on recent updates to M21-1. During last months quality call announced as of March 1st, 2021, the medical disability exam program office had reintroduced public use DBQs for medical officers. We published Compensation Service Quality Call March 2021 displayed for Uranus but we are part one, checked it one,,, 3.2 11 C. Before three C and 34 three D this is representing how significant the changes are or are those that are green are minor. Those that are red are slightly more involved. The March 1st 2021 changes to 11 C and 343 A are comparatively minimal and basically just acknowledge the renewed availability of public use Tran 19 and eliminate the implications DBQs are no longer accessible to public audiences. The changes are slightly more expensive and the other two 343 CAs a little more involved in that includes renewed guidance on handling VA cancellations based on veterans election to submit a privately prepared DBQ in the written examination. That I should look familiar to most as the ultimate is the basic resurrection of guns that existed prior to edits of May 2020 when the Trinity were initially removed from public view. 343 D is amended to add guidance on signature requirements for privately prepared DBQs, assessing all the intensity of DBQs provided by non-VA providers and acting and accepting 17 prepared by non-VA providers via telehealth of that last telehealth examination provided by providers specifically 2343 UI topic 2 C represents a significant change in procedural position. Prior to March 1st, 2021, our guidance had prohibited claims processors from using a privately prepared 526EZ DBQs by telehealth for rating purposes. The newly revised current guidance allows use of DBQs for rating purposes if the facts of the individual case indicate the DBQ is generally sufficient , credible and compatible with other directives and rules concerning the use of telehealth for exam purposes. In addition to the other changes we mentioned, the March 1st, 2021 updates to these five sections also included a hodgepodge of other new and noteworthy principles totally unrelated to public use DBQ availability. The potential note, 343 A seven A updated to specify request for medical opinions based on MSD are considered complex and must be prepared by rating activity. At 343C 2 D we removed irrelevant references to the 810 series or item claim labels. 631 A at R diary codes. We also clarified control guidance on when a veterans claim claim pending under EP 310. And 343 D five D the updated a note for effective date as that is inconsistent with other directives under AMA and presidential core holdings in red versus Nicholson. That is all I have for you this month. Next we will hear from Jennifer with tips on favorable planning documentation.

Thanks, Dustin. Hello. I'm Jennifer Vermontville are two RS in the national office. Today is part three in the ongoing life demonstration series. Today, we will provide a step-by-step tutorial to include proper favorable findings for denial of SMC aid and attendance also known as SMC A&A. In order to rent SMC A&A, the evidence must show the veteran meets the legal requirements for ANA 38 CFR 3.52 in the need is because of conditions for which the veteran is receiving VA compensation. In this case, the veteran is service-connected for left ankle sprain and it is only. It shows the veteran does need the ANA another person but that it is due to the postservice motor vehicle accident. Therefore we must deny SMC A&A. The input must reflect what element of the claim he has met and the decision narrative must advise the veteran of what element of the claim is not met. At this point, I will share my screen. The issue of SMC A&A has already been created. To enter the decision, we will select the enter decision but we selected the SMC code tab. In the supplementary decision drop-down box, select no SMC entitlement shown and hit except. Selected SMC A&A denial , add, and except. Access the favorable findings tab which is required for completion with any claim denial excluding C&C evaluations. Select, add premade finding. Under the claim type, service connection, drop down and select SMC. Four premade findings will populate for different SMC. Let's take a quick look at the favorable finding premade selections available to users for SMC decisions. There's a selection veteran is shown as housebound. To go selections that cover anatomical loss or loss of use. And a selection for aid and attendance. In this case, the only overcome event applicable to the A&A denial is you require aid and attendance finding. Let's select that option and hit, finding. Edit the you require aid and attendance favorable finding to include the necessary pretext of discussing the evidence that overcomes that element in this case we will add the statement completed on two/13-slightly a Dr. Smith that the LaCenter shows you require the aid and attendance of another person. Hit the save button to the right of the favorable finding box. Hit the save button in the right hand corner of the favorable findings tab. Again, the second phase is necessary to capture the information input on the favorable findings tab. Toggle back to the analysis tab. And the reason for decision area, hit the append. Let's use the advanced editor function to briefly look at the regulations and associated text that are auto populated. 38 CFR 3.350 and 38 CFR 3.352 have been provided. We determined those two regulations and associated text, adequately cover the necessary elements and regulations required to establish entitlement to the benefits sought. However, the specific reasons for denial must also be discussed in the rating narrative. In this case, the fact the veteran needs aid and attendance due to non-service-connected conditions, is the main denial reason. There is no transient fragment that covers the scenario. Instead, we must add a bit of free text to advise the veteran of what element is missing in order to substantiate his claim. In this case we move the cursor to where we want the text. We will add the need for aid and attendance is due to non-service-connected disabilities that were a result of a post active-duty motor vehicle accident. There's no against the your service-connected conditions is left ankle sprain cost need for aid and attendance. Therefore, entitlement to this must be denied, as the impairment is nonservice related. This additional free text is the veteran a clear explanation of why the benefit cannot be granted the rating narrative is sufficient and complete. We also reviewed the favorable findings to ensure it is accurate and complete. We had told the veteran he does require aid and attendance, whichever comes one element of the client and have added free text identifying the piece of evidence that overcame that element. Favorable finding is complete and sustained. As our editing is now complete, we select, then. Done. After one more quick review of the narrative, we determined the issue is complete we select okay. I hope this short demonstration assists decision-makers in the proper use of the SMC code tab 29 SMC A&A also provided familiarity with the favorable finding options for SMC denial decisions that in upcoming months, we will provide VBMS-R tutorials on preparation and denials of presumptive referral connection. Stated. Now will turn it over to Erin Hawkins who will be discussing far tracked procedures. Take it away, Erin.

Thank you. Good morning. My name is Erin Hawkins and I'm a consult in Nashville with advisory and special team and quality assurance. I will be discussing secondary action required procedures and give some examples of proper usage. So the purpose of the secondary action required track item is to prevent a claim from automatically moving ready to work or ready for decision status in the last open tract item when completed. If the claim has not been fully developed, we do not want it routed to a decision-maker so we use it as a stop when review of the evidence or additional actions necessary before a decision can be made on the claim. One of the most common times we see it used is during the examination review process. An exam review process, as a reminder, is when we are reviewing the file determining if an element 1 evidence of current condition, Allman 2, and event service, and element 3, Nexus are all present for the decision to determine if a exam is warranted for each condition. But, if development is required before we can conduct the full exam review for each condition, we will use the secondary action required tract item and we will establish it with a suspense date that correlates to the pending development. Here is a simple example. We have a veteran who submits a claim for/feet that includes private treatment records with a diagnosis of pes planus the MTR's are not of record. We submit a request with the submits date of May, 1820 21. We cannot do the final exam without the FTR. We establish a secondary action tract item and we have a request of May 18th of, 2021. This shows you the price request for the 050 and the secondary action required with the matching suspense date.A nother example of tract item is due process for nonreading claims. If the claim requires a period of development or due process, prior to rating action, we will use the secondary action required tract item we are going to establish it, again with the suspense date that correlates to the ousting development for the due process. The final example for today is with herbicide exposure claims. For herbicide exposure claims that require centralized processing, but they don't have the veterans DD form 214, or in tile personnel records that we will first request the missing records using development procedures but we were at the secondary action required tract item with the suspense date that correlates to development in step 1. For these claims we also must at the Bluewater agent orange special issue to all herbicide related contentions. Just a reminder for today, the secondary action required track item should only be used for its intended purpose to serve as a stop to prevent the claims from going to auto ready to work or auto ready for decision status. Use it properly, not only do we provide excellent customer service to veteran W so to each other by the claim delays and rework. Thank you, everyone. With that, I will pass it now to Denise Cumbee.

Hello. My name is Denise Cumbee. I work for the medical examination policy and program management staff. I am presenting the topic up exam request reminders. Exam requests are input appropriately, the results should be fewer exams return for clarification. Veterans will receive their rating decisions in a more timely manner if this is done properly. Is very important to identify, tab and label all relevant evidence in every exam request. This ensures the examiner looks at all of the appropriate evidence and discusses it in their exam report. If the ACE process is permitted for examination, please explain why it is appropriate and use the appropriate wording on exam request. Robert well discussed this further in the next presentation. Gulf War claims are more complex than many other types of claims. Please clearly identify each condition and insert appropriate language in the exam request. Mental health and psychiatric exams can also be very complex carefully thought the type of mental health examination needed and identify all of the relevant evidence in the exam request. Muscle skeletal claims have challenges as well. Identified the side of the body and each condition claimed. If this is an initial claim, for service connection, identify the event service record or veteran is claiming cause their creditability. Disability. When ordering exam for cancer claims, the initial diagnosis must already be of record. Do not order an exam if the veteran thinks they have cancer or if the evidence uses words like possible or suspected cancer. Most cancer diagnoses are conformed confirmed with a biopsy. Follow claims for cancer visits must be scheduled on or after the period stated in the ready schedule for each cancer type. General medical examinations are routinely the type of exams needed for an initial claim within one year of discharge. Be careful to avoid adding specialty exams unless required for specific claimed disabilities. All vision, hearing, dental and psychiatric exams must be conducted by a specialist. Up next is Robert Johnson presenting the topic of adding ACE language to examination requests.

Thank you, Denise. Said today I have a reminder to be sure to at the ACE language to exam requests when it applies. That has been a noticeable Aptech uptake with the ACE language not included in exam requests. I want to share this reminder with everybody. Emmanuel has a list of exam categories that don't apply. If the exam request you are doing is not one of those listed exceptions, you need to make sure the ACE language is included in it., Exam request is incorrect. This type of error will be cited under task 5 on the VS are checklist of the ACE process allows exams to be conducted by interview or even just have the examiner review medical evidence. Along the veteran to remain home and not report in person has always been important, revealed the today's events make it even more importance. Here I have included the options you will see when inputting exam request using MS and the ERD two over take a bit of time to make sure you are selecting the right option that applies to the exam you are entering. This time you take on this step means a lot to the veteran. Allowed them to stay safe. The incorrect selection will lead to delays, improper actions and an error citation. Thank you, everybody for your attention to detail of using the ACE language when appropriate. Up next is Amy Bryant with some answers to the questions submitted on the new update. Amy?

Thank you and hello. I met Amy Bryant policy analyst on the VASRD implementation team along with the other elements of the VASRD program office, we are responsible for updating ready schedule. Major update just occurred in February when the revised muscle skeletal criteria became criteria some questions have arisen in today we will answer several of those. The first includes better fasciitis. What is nonsurgical treatment and how should we use it to evaluate plantar fasciitis? Nonsurgical treatment is a blanket statement for any treatment not surgical in nature which includes orthotics, appliances and build up shoes and also rest, ice, strapping, taping, NSAID medication, etc. when this criteria was established for plan hundred planter fasciitis, it was assumed every suburban undergo some form of nonsurgical treatment at every stage of their treatment. Therefore, evaluations higher than 10% require lack of relief of symptoms. Many symptoms have not been eliminated after surgical and nonsurgical treatment. Surgery conducted and it fails to eliminate the symptoms, but nonsurgical treatment now eliminates the symptoms, the veteran would warrant only 10%. Question to ask, when we apply note 2 for plantar fasciitis? Note 2 talks about when a veteran has been recommended for surgery but is not a surgical candidate for no 2 to apply, a veteran must first be recommended for surgical intervention, meeting a medical professional prescribed surgery or opines surgery is necessary to to the plantar fasciitis. But the veteran is unable to undergo that surgery. If the veteran has not recommended for surgery, regardless if he or she is a surgical candidate or not, and you cannot design the 20% or 30% evaluation. The next three questions in regards shinsplints. Question three ask, can you assign separate evaluations for each lower extremity for papal ocean freight in the right affected joints such as the ankle or knee, due to shinsplints? We are talking about 4.5 painful motion. When we think about 4.59 to think about what is the minimum rating for the joint. The shinsplints criteria found in 5262 provides the vibrations for both unilateral and bilateral shinsplints, and the 10% evaluation considers the impact of shinsplints on both legs without consideration of impairment to the ankle or knee. Therefore, the minimum compensable rating for the joint for either unilateral or bilateral shinsplints, is 10%. It would be inappropriate to assign separate 10% evaluation for painful motion occurring in the right affected joints such as ankle or knee, due to shinsplints in each leg. I remind you, there is excellent guidance in the manual regarding this 3.4.4.8.6.8 is entitled evaluating pain associated with shinsplints. It mentions when painful motion is shown and shinsplints are otherwise noncompensable. That might will is available to you.

Question number four ask, are separate evaluations warranted for 50 to 60 and 5262? The answer is yes to separate evaluations can be assigned for any and/or ankle disabilities and shinsplints. 5002 62 encompasses not union of the tibia and fibula 40% malunion evaluated under 5056, 5257, 50 to 60, or 5261 for the or and corporate servers highest and shinsplints 0 to 30%. May not union and shinsplints of the same late be separately evaluated under 5262? No. The malunion and shinsplints of the same late be separately evaluated with malunion rated using one of the knee or ankle codes and shinsplints rated with 5262? Yes. We have one more shinsplints question. It is, are we required to ask you about examiner whether shinsplints affect the range of motion of any/ankle? The answer is no. As we discussed on the previous slide, shinsplints have its own separate criteria under 5262 from malunion. Which evaluates based on the or ankle disability. Therefore, it is not necessary to ascertain knee or ankle range of motion when evaluating shinsplints.

Question number six asked, is proof of a prescription needed to assign evaluations under 5257? Yes. A veteran testimony to the manner he or she has been prescribed amatory device are raising is not enough to warrant a higher valuation. Similarly, a veteran who goes out and purchases and was worried by servicing without a prescription will not be entitled to a higher evaluation. Evidence in the claims record demonstrating a prescription for android device and/or raising is necessary to warrant the higher evaluation. Question number seven. Our last question also regards the new 5257 criteria. And asked if a veteran has instability due to arthritis, which instability criteria is used? When there is persistent instability, but the medical record or examiner does not identify it as related to either eliminate tariffs, a sprain or diagnosed condition involving the patella for more complex, for example instability due to osteoarthritis or are sterile arthrosis, they use the patellar instability criteria evaluate based on a number of assistive devices or bracing that have been prescribed. With that, I will turn it over to Casey White to talk about the 526EZ.

Thank you. My name is Casey White. I am the comp service forms manager and I will be discussing the version guns on the 526EZ today. Last April, several VBA forms received nonsubstituted formatting changes to improve readability of the male automation system. The 526EZ was one of the unfortunately, it was erroneously updated to state the incorrect version date of April, 2020 was uploaded to the form website. Shortly thereafter, the 526EZ was updated with the official version date of September, 2019. Comp service has provided notice to VSO's and through the bulletin of this are and how mistakes. The official first date of September 2019 is available on portals. Effective immediately, please purge any version, paper or electronic of the 526EZ that is not the September 2019 version. In general, comp service recommends not stockpiling or using outdated form versions or the use of any VA forms from other web portals, associated with the Department of Veterans Affairs or our stakeholders. While the September 2019 526EZ is the only official version to accommodate veterans who might downloaded the erroneously updated form, service allowed all April 2020 version uploaded prior to February 14, 2021, to be processed normally. However, as of February 15th, any April 2020 version submitted or uploaded to E folder will no longer be processed. The shoes the procedures on handling outdated forms if any April 2020 persons are received on or after that date. Next slide, please. Something you may not know, nonsubstantive changes such as formatting, or clarifying submission changes do not change version dates. With that in mind, formatting changes that last April did not qualify as changing the version dates. However, if a version date does change in the future, for the comp service form, a notice will be published announcing a new version has occurred and when it is available for use. Since not steps and save changes can happen from time to time, there may be slight differences in forms of the same version date. As such, since April 2020, several additional edits have occurred on the September 2019 version of the 526EZ. These are, and new entitlement factors were added to the specially adopted housing or special home adaptation evidence table due to passage of legislation. All Thanks references were removed. The update was made to section 7, drug deposit. All three of these nonsubstituted changes are available the September 2019 version of the 526EZ on our form website. Additional note for the edit made in section 7 direct deposit, to accommodate the slight differences in forms with the same version date, claim processors will process and accept direct deposit information from the veteran if everything requested on the submitted 526EZ is provided. Thank you. I will turn it back over to Robert Johnson for closing.

Thank you, Casey. At this time I would like to show you how you can be a presenter on a future call. How to submit topics and when the next recording and quality call will be recorded.

Jennifer who presented today, you can also be a presenter on the quality call. If you really believe here's speaking to peers is a great way of sharing information. We will help support you with the topic, your slides and your presentation. If you volunteered to be a presenter, you will not be alone. We will be there to help. If you're interested, please discuss with your coach. If it's okay, please have your coach submit your name and topic to the internal QRS email address Sloan shown on the slide here.

If you have any suggestions for quality call topics, use the same email address and be sure to copy your local management by email. An example of suggestions for quality call topics which are today with the presentation on key changes documents. With a lot of requests for that. We are happy to be able to provide that on the call today for URL. Remember the Quality Call Bulletin's themselves are always located on the STAR homepage along with the rate search function. If you just want to look bulletin or your beverage topic, and are sure what bulletin is diffused website, use the search function and you have the molten there you do not need to log into TMS or the VA learning catalog if you want to just look on the bulletin. If you want to use training credit, that's when you use TMS. So bulletins, PowerPoint slides and recordings are in TMS. All claims processors receive an email showing the quality call material on your to do list. If you don't get the email, please contact your training manager. If you do the email and think why am I getting this? Why is it assigned to me? Again, reach out to your local training manager.

So we recorded quality call each method except September we will record the next call April 12 has always, we know your time is valuable. Thank you for listening today. We look forward to having you join us next month. Take care, everybody and goodbye.

[ Event Concluded ]