Please stand by for realtime captions.

If you experience any problems watching the recording or opening documents, check with your local training manager for help. After completing this training and evaluation able to up immediately on your learning history put it will appear in about 15 minutes so you don't have to take the evaluation more than once. Welcome to the June 2021 compensation service quality call.

This is Bonnie Kubrick -- Kirby, senior quality review specialist in Nashville. We have a cross-section of topics and several demonstrations so let's look at the topics. We have an update from the M21 staff covering the reorganization followed by information about the three new herbicide presumptive conditions. We have Kelly Kennedy from quality assurance talk about how to handle the issues of SMC S&P after previous denials. Jennifer will continue the series with the demo of preparing and evaluation hundred 38 see a 4.30. We will highlight one of our teams in quality assurance. We will have the Albuquerque regional office with helpful information regarding this specially adaptive housing and -- process. Adding on to the presentation that was done in February. Rating from quality assurance will -- issues when a claim is received.

With that I will turn it over to Dustin and thank you for joining us. Thank you Bonnie and hello everyone. This is Dustin Williams, the lead program analyst for the procedures maintenance just to discuss the status of the M21 1 reorganization project. During the last months quality call I discussed our staff initiative to systematically reorganize M21 procedural content. The effort was covered in a memorandum of major change dated May 10th 2021 you may have seen the procedures maintenance staff have successfully completed the first of six planned phases of the reorganization. In phase 1 of the content SIU hit a couple of milestones. On May 21st we would beast the new part port matching programs that contains relocated guidance from former M21 part 10. On June 1st we published a new part 13, eligibility determinations and information sharing for other benefits comprised of select content previously in parts three and nine.

You may ask how can you recognize when the content you are looking at has been affected by reorganization. Each article impacted by the reorganization includes a brief attachment titled reorganization guide as well as the key changes document that details for the content originated and where it was relocated. Attachments as you can expect to find them are on the right of the slide.

Throughout the course of the organization you will have a few places to count on to keep you up to speed up what is going on. The first is going to be the breaking news header featured on the landing page. There is an article titled FY 21 reorganization announcements that will give you a dates about what we have accomplished in the reorganization. If you visit that now there is an entry with a May 21st publication of part 14 and another June 1st publication of part 13 that will be updated throughout the course of the reorganization. We have got the FY 21 reorganization guide. That provides a comprehensive synchronous updated reorganization matrix that accounts for the content that has been reorganized to date it gives you old and new citations for the content you are trying to find. Also as usual we are going to continue issuing weekly calendar announcements and that dates about the reorganization and you will get the separate from the reorganization related updates related to M21-1 and that will be a separate calendar release and separate Amy a notification. It is one thing to hear about these movements in the abstract but to better understand the features, resources and process for tracking down material this would be good opportunity to do some screen sharing and give you a feel for how this plays out impact this so I will share my screen and walked through some of this with you.

Let's look at the FY 21 reorganization guide I mentioned earlier in the various ways you can find and access that. We are on the landing page and you can see within the breaking news we have the FY 21 reorganization announcements article. If we click on that that gives information I was talking about earlier. The announcements about what has been accomplished thus far. We have also got the hyperlink up to the FY 21 reorganization guide. This is the heartbeat of a lot of this in terms of locating reorganized guidance. I want to show you one other way to access this before we get into the bones of what this looks like. Another way to access the reorganization guide is to use your browse topics minute and navigate to M21-1 and go to the prologue and resources selection. You can see you can get to the reorganization guide there and that brings us back to the same article. We are going to be used in the reorganization guide to locate reorganized content a little later in the demo but just to give you a feel this provides background information about the reorganization process itself and includes with a couple hyperlinks the reorganization matrix. This area is going to be ever-expanding as we continue through the reorganization process but it tells you what content we have reorganize thus far, where came from, where the old content used to live and where it lives now with the new citation so we will return to this a little bit later.

Next let's look at the visual impacts reorganization is having and will continue to have. We discussed the initial phases of reorganization had involved the creation of a new part port consisting of everything that used to live in part 10 of matching programs and set up a new part 13 consisting of content relocated from part nine. Let's look at the remnants of part 10. I'm going to navigate their using the browse topics menu. You can see all that remains is a historical folder where you can find all chapters and sections that discuss matching programs. By clicking on any of these individual articles, you can view the attachments until they were impacted by the FY 21 relocation because they have the features including the reorganization guide attachment. It is important to note all relocated articles will house attachments bearing a historical prefix that will show what content look like and how read the date was relocated to a new area. We can open up this historical document for part 10 chapter 1. Even though this has been moved into new territory, we can see the way it read as of May 21st when it was relocated. Another thing to note is while all the content that was in part 10 has been marked historical you a note the part itself is labeled reserved. That is because of a later point in the M21-1 reorganization we have plans for other content to be moved and Houston part 10. We will see more of that in a moment when we look at some content that used to reside in part nine. Without further ado let's use M21-1 to investigate content that has been relocated. Let's say we want to look up information on ratings for dental treatment purposes which is to exist in part nine sub part two chapter 2 topic two.

As you can see everything in 922 accept topic five was relocated in the course of phase 1. The other topics have been marked as reserved because we have intent to build those areas with other different content future stages in the relocation effort. When those areas are field such as the reserved bookmark is no longer necessary you can see those labels go away. Let's focus on the need to know to be here which was to figure out where the guidance on rating dental issues for treatment purposes has gone. It is no longer featured in 922 as it used to be so this piece together where we find it now. Let's go to the key changes document associated with this article. The key change with the June 1st publication date. One important way to get information about where content has gone is to consult the key changes document associated with the reorganization. We can look here and there is a lot of useful information included in the notes section so let's look where the content where the content was located. We can see topic rating for dental treatment purposes. The former top portion of the key changes document should give information about where the content was relocated so we can see in the introductory notes because this was a topic relocated without any changes it is covered in the notes at the top of the document so this tells us 922 topic 2 was date -- section C so that gives us the first indication of how we could potentially access this information that is the sex you will need to go to now. The other relevant and important way to orient yourself to the position of reorganized content is to use the reorganization guide I showed you earlier. I can't recommend strongly enough. Knowing what we know now that this was content, let's go to the reorganization guide and see what it tells us. It will give us the same information and just a different means of accessing it probably the easiest way to get to the reorganization guide is going to be to use the prologue and resources area from the browse topics menu. Utilize the handy-dandy reorganization matrix. These are all of your citations that have been relocated with all citation in new citation where they live now and these are chronological in the order the M21-1 flows . The first one we have reorganize so far isn't part three sub part 2. Part nine is significantly further down the table. We can scroll down but remember this is an Internet article so we can use control F to search. There we have it. Was formerly in -- rating for dental treatment purposes. To fact check that let's navigate back to see what we see there. That section as you can see is a single topic section so a lot more condensed in nature and has all the content that used to be found in 922. That is an example but that process will consistently work for whatever relocated content you are trying to find in the new climate of the reorganized M21-1 .

I think that pretty much concludes my need for demonstration so we can go back to the PowerPoint presentation at this point.

Our next phase of content moves it's expected to be completed on or around June 30th and it will involve the creation of a few new parts. We will have part two on intake, claims establishment, jurisdiction and file maintenance based on stuff that comes from parts one and three. We will have part 11, notice of death benefits payable invariable benefits on existing content and the new part 12 on DIC and other survivors benefits based on relocated content from parts four, five and nine. As the reorganization progresses comp service will provide updates on the changes and movements in these met the quality calls. We will be on here consistently to let you know what is new but also the reorganization guide I mentioned and showed you will continue to be up dated to show the new content movements. Also the landing page article under breaking news we looked at earlier, you can expect to see the dates and nature of the changes updated continually on that. We will also be insuring to include information and compensation service bulletins and also you can expect to see the regular periodic weekly calendar updates and emu notifications. With that I'm going to wrap up my topic and next we will hear from Devon about the three new presumptive.

Thank you. As always, a tough act to follow. And Avis Devon Johnston and I'm the lead for the new national training staff. On January 1st, 2021 them William Thornberry Defense authorization act for fiscal year 2021 was passed into law. You heard this referred to as NDAA. The new law as three diseases to the list of those presumptively associated with exposure to herbicide agents such as agent orange. The new conditions are bladder cancer, hypothyroidism and parkinsonism or Parkinson like symptoms. The a is committed to implementing the change in law and efforts are underway to develop and procedures on the appropriate processing. In the interim for cases impacted by the change in law claims adjudicators should refrain from granting service connection based on herbicide exposure for any of the three new presumptive conditions until further guidance is provided. -- Established for all veterans identified in the population base on Vietnam service and prior decisions for one of the new presumptive conditions. Guidance will be provided at a later date in regards -- did not have one batch established. The special issue was used as an interim solution to track and control these claims. The FY 21 NDAA AO presumptive issue will be used for these claims. Claims processors should ensure the three new presumptive disabilities are properly included in relative correspondence until the systems are updated to include the three new conditions in agent orange specific text. That is all have up next is Kelly Kennedy.

Thank you Devon. I'm Kelly Kennedy, the senior quality review specialist with quality assurance. Today am going to discuss subsequent consideration of entitlement to special monthly compensation or special monthly pension after it has been previously considered and denied. This topic goes hand-in-hand with our presentation in the October 2020 quality call regarding subsequent consideration of entitlement after a denial. A claim for SMC or S&P is a type of claiming for increase and therefore a previous denial can be followed by either a supplemental claim using -- or a new initial claim. And initial claim is any complete claim other than a supplemental claim or benefit on a form prescribed by the secretary in this definition can be found in 38 CFR 3.1 P one. 38 CFR 3.1 P.1 tells us a claim for increase is a type of initial claim that request an increase in a disability evaluation or the rate of a benefit being paid based on a change or worsening in a condition or circumstance since the last decision issued by the Department of Veterans Affairs for the benefit. M21-1 part three -- contains a list of different types of claims considered claims for increase. This list includes SMC and SNP as well as IU. Under 38 CFR 3.20 500 the claimant may submit a request for review of a prior evaluation or rate being paid. In a request filed on the appropriate form within the appropriate time limit under these review options should be handled under the specific review selected by the claimant and not under the claim for increased provisions. Just like with the claim regarding the evaluation of a disability claims for SMC or S&P can be submitted as either a claim for increase which is a type of initial claim or as a supplemental claim or one of the other decision review options. M21-1 part three, sub part 2, chapter 2 E 3 provides information on distinguishing claims for increase from requests for decision reviews and screening submissions for increased compensation to determine whether the claim should be handled as a claim for increase or supplemental claim. In M21-1, part 3, subpart 2, chapter 2 we find specific instructions regarding claims for SMC or S&P. In one of the rows in the table in the spot, you will find these instructions. If a prior claim for SMC or S&P has been denied and VA form is submitted with a VA form -- as a supplemental claim. When a prior claim for SMC or S&P has been denied but VA form 2126 80 is not accompanied -- expect a submission as an initial claim for SMC or S&P only if there is a running award or pending pension claim. There are additional instructions for how to handle initial claims for those issues. In this scenario where SMC or S&P can be inferred and granted but was previously denied, there is no need to develop VA form -- additionally the ability to consider a claim reasonably based or within scope is essentially unchanged by the regulations and procedures pertaining to supplemental claims if prior to February 19, 2019 we could consider an issue reasonably raised or within scope, we are to continue to do so per the gardens. This guidance can be found in the compensation service AMA FAQ dated September 24, 2019 under the miscellaneous topic.

Please remember the applicable effective date rules will depend on whether a subsequent SMC or S&P claim is found as a claim for increase, a type of initial claim as a supplemental claim. For effective dates for claims for increase 38 CFR 3.400 O -- for effective days for supplemental claims [ Indiscernible ]. Now I will turn it over to Jen for another great demonstration this time on paragraph 30 rating.

Thank you for that information. Hello and welcome to the June 2021 quality call. To date is the sixth installment of our ongoing VBMS-R tutorial serious. Last month was pretty intense so we will bring it down a notch and prepare a straightforward rating. Today I will deny entitlement to a temporary total evaluation under 38 CFR 4.30 based on convalescence. The veteran is service-connected for a right shoulder strain with partial labral tear. He underwent arthroscopic surgery to repair the terror on June 1st, 2021. The veteran on the express acclaimed entitlement to a temporary total evaluation based on convalescence for the surgery. However his surgery did not required 30 days of convalescence. Immobilization of the joint and did not result in severe postoperative residuals. He was released to full duty with no restrictions 20 days after surgery. Therefore we must deny entitlement to 4.30. At this point I will share my screen.

To create the issue to either grant or deny entitlement to 4.30, the user must select evaluation as the category and then select the associate acclaimed disability. Since the veteran is claiming 4.30 based on his shoulder surgery I select the right shoulder strain with partial labral tear and establish my issue. I continue to enter a decision. Because I am denying 4.30 and want to bypass the evaluation builder I select the disability decision information manual entry selection and hit okay. From here I select next and then I choose edit to reveal the diagnosis information card. Under supplementary decision, I select the paragraph 30 entitlement not shown in the drop-down. Select save changes. From here I select next and next again. Then accept. I reviewed the reminder screen and select okay. Let's briefly review the issue and decision language generated by VBMS-R. While the language is legally sufficient are preferred a modified the decision line to identify the actual condition we are considering identifying the exact disability makes it clear for the veteran and for future the be employees what disability were considering for 4.30 entitlement. I modified the decision line to read entitlement to a temporary total evaluation because of treatment for right shoulder strain is denied. This is not mandatory but recommended for ease of reading. Because the veteran did have surgery for service-connected condition we note there will be at least one favorable finding so I moved to the favorable findings tab were favorable findings are input in VBMS-R. VBMS-R has premade favorable findings available for temporary total evaluations so I select add a premade finding. As I'm considering convalescence I select that type of claim in the drop-down. From here we can see there are four premade favorable findings. The first selection is for when the veterans surgery necessitated at least one month of convalescence. As the surgery did not require at least one month of convalescence we did not select the choice. The second choice discussed the severe postoperative residuals again this element has not been overcome so we bypass the selection as well. The third choice is relevant when treatment required immobilization by cast without surgery as this element is not pertinent to our situation the favorable finding is not selected. The fourth favorable finding is relevant. The veteran did undergo surgical care therefore this element of the claim is overcome and this favorable finding is highlighted. We select add finding. Now we need to edit the premade favorable finding to include free text identifying the evidence we used to overcome that element of the claim. We use the edit button to the right of the favorable finding box and add this, the VA Houston records show you had arthroscopic surgery for your service-connected right shoulder tear on June 1st 2021. I hit the save button to the right of the text box. Then hit the save button at the bottom right of the favorable findings tab. Remember you must at the second save button or you favorable finding won't populate the rating narrative. See my changes have been saved, I now return to the analysis tab and hit append to place the narrative in the reasons for decision second box. Now is a good time to remind users it is the second box and only the second box that populates the rating narrative. I use the advanced editor function to see a better view. The first thing I notice is VBMS-R automatically dropped into evaluation criteria for the shoulder. Because I'm not addressing the evaluation of the shoulder and only denying entitlement to convalescence under four point 30 I removed the evaluation criteria paragraph. Now that I have removed the irrelevant evaluation criteria I look at what is left. While VBMS-R populates with the evidence must show to establish entitlement as well as including the numerical citation, there is no discussion of the denial reason to provide a specific reason we cannot grant the benefit. I need to tell the veteran his surgery which was for his service-connected conditions not require convalescence of at least one month. I wonder if there is a glossary fragment that covers this scenario. Let's use the brown light all. I use the keyword search function to look for any fragments that include 4.30. This search results in two possible fragments. I look at them both, one is for a grant and one is for denial and decide the first one which denies entitlement best fits my situation. I select P 30 and return to the advanced editor view. The paragraph 30 glossary fragment populates the rating narrative. Since the numerical 4.30 has populated twice I can remove the duplicate parenthetical if I choose to do so. While I like the language I decide to add a bit more free text to really discuss the fact that the case and the clear reason for denial. I include one more paragraph that says the evidence shows you did have surgery for your service-connected shoulder tear on June 1st 2021 however you did not require at least a month of convalescence. You were able to return to work with full duty after 20 days with full use of your arm. There is no evidence of any severe postoperative residuals therefore entitlement to a temporary total evaluation is denied. I reviewed the narrative for completeness. I have included the legal requirements to establish entitlement to the benefit which is outlined in the first paragraph to include the pertinent numerical regulatory citation of 30 CFR point -- four point 30. The second and third paragraphs provide the veteran with specific reasons that we cannot grant the benefit. The only overcome element of the claim is he did have surgery for his service-connected condition. This is identified in the favorable findings section of the rating narrative. I am pleased with the reasons for decision so I select done to exit the advanced editor. I review my issue line. My decision line in reasons for decision in the second box one more time and determine the rating is proper, accurate and legally sufficient. I select okay to complete the issue. This concludes the tutorial for this month. Thank you for your ongoing attention and support with these demonstrations. We hope you are finding them helpful. Tuna next month when we will cover a denial of compensation under 30 CFR 3.324. Now I will turn it over to Aaron Hawkins who will cover some authorization and nonbreaching team topics for us.

Thank you for that excellent demonstration. My name is Erin Hawkins and I'm a consultant here at the quality assurance in Nashville and today I will introduce our new team, the authorization in -- team. We were formed on April 12, 2021 and designated as to 14 C. We have a three-pronged mission. We conduct authorizations and reviews, we complete authorization related special focus reviews and we work with senior quality review specialists to collaborate. We have a team event box displayed on the side and it is also included in your bulletin. We invite the field to send questions or inquiries related to authorization or non-rating topics however, inquiries must first be routed through your local QRT and from there a -- and send the question however we ask coaches or copy to each female. For each inquiry we receive, the following criteria must be met. One, we have to ask what is the question or information? What are the applicable references. What is your recommendation for this area? Have you requested guidance for this issue from any other staff? If so what was their response? Please note do not include any personal identifiable information or PII in the emailed. Please use the benefit claim ID for any claim specific inquiries so we can utilize VBMS to check the claim. Again, we are the authorization team and we are here to help. That is all I have today and I'm going to pass it over.

Thank you for that information. February we talked about special adapted housing or special home adaptation. I'm a service representative in the Albuquerque regional office. We will be reviewing steps of how to process these claims based on the following references. We was a claim is filed with the original homes center, claims filed with the VMC on a 4555 or other prescribed form and how to determine basic eligibility determination process. When a claim is filed with the regional Center, the regional Center staff will determine if the rating from the veterans service Center has previously established basic eligibility. If so the regional center will process their determination on entitlement following their procedures and policies. And EP 290 is automatically generated in this scenario and the veterans service centers will review the EP 290 once it is determined eligibility has been established. If not the EP 290 -- by the veteran service center as provided in section [ Indiscernible ] and we will talk about that in a bit.

When he 4555 you submitted, they are able to send it directly to the veterans service Center. We will forward the application directly to the regional center of jurisdiction by sending an encrypted mail to the appropriate regional center mailbox as referenced. Then we checked to see if basic eligibility has been previously established. If it has, no pending control is needed or further action by the veterans service Center. The regional center will make a determination of entitlement. The DSR will need to [ Indiscernible ] pending EP. If basic eligibility has not been previously addressed by rating, we are going to make a basic eligibility determination provided on the following references. We should always enter -- veterans benefit management system indicating the form 4555 was sent to the original center. Although not required, you can always upload a screenshot of your emu as further proof you sent the E mail. Now we have the mailbox. The table shows encrypted mailbox to use when corresponding with the loan center jurisdiction. We can see the web address. If you click on that you can go to each regional loan center of jurisdiction to see which states fall under that jurisdiction. If you click on Atlanta it will show you the different states Atlanta is in charge of. When a 4555 [ Indiscernible ] a claim can be received to the VMC on other prescribed forms. If basic eligibility has been established by rating, no EP control or further action is required. The regional center will make a determination based on analysis and procedures. If a claim is the only contention and EP 290 is pending we will [ Indiscernible ]. If other contentions are listed the -- and continue processing. They list several contentions and eligibility has been established, we would only clear out the contention. If it has not been previously established or previously denied, we will follow the reference to meet basic eligibility determination. How do we make basic eligibility determination? First we reviewed the appropriate claim Maple [ Indiscernible ] established. If they have we will issue a section 51 notice if required and we have the reference their to indicate if we need a notice. Then we will refer the claim to RFD either after all development is completed or if no development is required say Mac has expired.

Some final reminders. When reviewing the claim and the see a previously denied SAH SHA claim we would need to have a form 09 55 to continue processing the claim. If we do not see an attached -- we will need to send a review letter to the veteran. Per the CSB of April 2020, the 4555 submitted will not generate a signature or electronic signature step. -- Should not cancel these pending EPs. Per the reference when eligibility is determined, the form 4555 or 4555 C is not required in the claims folder. Also but the evidence must show

Has been updated to match the new criteria set out in the recent law changes on which a veteran can qualify for SAH SHA. That is it for me but we are not done addressing SAH SHA. Next -- will talk about claims addressing all issues.

Thanks Angel for the special adapted housing is special adaptation claims. That is good information to remember. That goes well with the next topic I'm going to talk about which is the reminder that we need to address all claims for specially adaptive housing is special home adaptation claims. To begin with we need to remember the VA form 26 455 is a claim for both special adaptive housing and special home adaptation. The grant of special adaptive housing renders the issue -- a grant especially adaptive housing renders the issue of special home adaptation moved since specially adaptive housing is considered the greater benefit. In this case we do not need to address special home adaptation however, if we are denying specially adaptive housing the rating decision must address both specially at active housing and special home adaptation. The reference that covers this is M21-1, part three met, section 2 Mac 2 B 1 B. That is all I have and I will turn it back for closing comments.

Thank you. We have reached the end of our presentations. Let's talk about how to suggest topics or be presenter on the calls. If you have a topic you would like to present run it by you coach and sent in the mail at our internal box listed here. We love having guest presenters as we did today and we can help you prepare.

If you have a suggestion for a topic sending emu to the same box -- includes suggested received from the field so if you notice a trend or have an idea let us know. You can find bulletins on the comp service intranet in the training with audio recordings and PowerPoint is available in TMS and the learning catalog. Thank you for joining us today. The next call will be recorded the week of July 12th. Have a great day and we will see you next month.

[ Event Concluded ]

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