**Question**: What if the opinion was initially requested by an RVSR and for some reason we need to re-enter the request. For example, a Veteran FTR and now they are willing to report. The RVSR initially entered the exam an opinion. Can a VSR copy and paste that info into a new request?

**Response:** No, VSRs are not to request or re-enter an examination with medical opinion request for a claim based on military sexual trauma.  Because this type of claim is considered complex in nature, RVSRs are the appropriate personnel to request for MST based claims; this includes claims where the Veteran previously failed to report and indicates a willingness to attend a missed exam. The resubmission of this request will require a new review of evidence as the request is not straightforward in nature. Instead, the case must be reviewed to determine if all sources of evidence adequately identified by the Veteran have been requested and/or obtained and if there are any markers found within the STRs or other personnel records that were not considered and possibly missed, then this evidence would need to be tabbed and annotated or bookmarked and included and identified within the exam request for the examiner’s review.  The RVSR is required to review all evidence in full to ensure the MST medical opinion request, as well as any other applicable opinion based on other claimed or unclaimed theories of service connection and within scope of the MST claim are also requested to avoid insufficient examinations and premature or incorrect decisions.  ​

**Ref: M21-1, IV.i.2. A. 7. a-b and M21-1, VIII.iv.1.C.1.a/c.**

**Question:** I have more of a request as opposed to a question: MST claims rating decisions are to be done in long form narrative [M21-1 V.iv.1.A.7.a,b]. While I understand that each claim is different due to facts/circumstances and evidence that is in the file, as well as evidence that isn’t [ie: records that couldn’t be obtained due to no response, etc], it would be nice if an example of how to do a denial was provided, using glossary fragments and/or free text, so that the RVSRs could have some sort of guidance on what these should look like. I’ve seen several reviews that have cited an incomplete narrative as an error, and it is difficult to mentor/teach RVSRs when there are no examples. The manual does provide guidance on how to do a short form decision, both grant and denial [M21-1 V.iv.1.A.6.d,e], but we have no example of long form.

**Response**: Quality Assurance agrees that there is no example of a long form narrative within the manual. However, when using long-form narratives, a more detailed analysis and explanation of the facts of a case with reference to case-specific elements found in the evidence is required as this will help to more thoroughly and adequately discuss the reason a decision was made on a claim. Quality Assurance’s recommendation would be to consider the specific bullets within the manual on “*Adequate Analysis in a Long-Form Narrative Format*” and use this as a guide or checklist of some sort within the Reasons for Decision section of the rating decision. When rating the claim, in general and citing both favorable and unfavorable evidence, the narrative should:

* address the decision elements noted in
* discuss evidence that is relevant and necessary to the determination, including specific treatment details both during and after service
* clearly explain why that evidence is found to be persuasive or unpersuasive, and
* address all pertinent evidence and all of the claimant’s contentions.

When denying service connection for a type of claim requiring use of a long-form narrative, the denial reason should be key factors related to the statutory and regulatory requirements for the benefit sought and these include:

* the claimant’s stated belief or contentions
* the pertinent facts, to include those that address the condition or circumstances claimed
* what we may have asked for but did not receive, and
* succinct reasoning explaining the elements, not present, which are needed to award the benefit.

**Ref: M21-1, V.iv.1.A.5.b and M21-1, V.iv.1.A.7.b.**

**Question:** The current directions on the development checklist indicate: The claims processor will reference this checklist at initial and supplemental development however it must be complete and uploaded into the eFolder prior to advancing the claim for complex exam review or Ready for Decision (RFD)." The slide said must be completed at initial and supplement development. Can we get together on this?

**Response:** It was a pleasure speaking to you today. The presentation was meant to make claims processors aware that the Personal Trauma Development Checklist and the Personal Trauma Incident/Marker Worksheet should be completed and uploaded in cases where service connection is claimed for a mental condition due to MST and service connection has not been previously established for a mental condition due to MST. So, both of these documents, should be uploaded at least one time for each EP in which service connection for a mental condition due to MST has not been established. This includes initial and supplemental *claims*. When we speak about supplemental claims, we are referring to EP 040s, the reference regarding the checklist and worksheet, does not provide guidance on whether they should be completed during initial or supplemental *development* and as reviewers, we would leave this up to the processors as long as the checklist and worksheet are completed and uploaded, it is sufficient for our review purposes.

**Ref: M21-1, VIII.iv.1.E.1.g and M21-1, III.i.2.F.5.a**

**Question:** This question was submitted by one of our RQRSs: During the MST error trends training we had in May 2022, it was brought up in a scenario regarding claims where the diagnosis was “other specified trauma and stressor related disorder”, which is not an actual PTSD diagnosis, that because the related stressor was a “pre-service event”, the RVSR should have sent the exam back to the examiner to request an aggravation medical opinion based on the noted “markers” in service being potential evidence of in service aggravation of a pre-existing disability. If I heard correctly, the supporting reference for doing this was 38CFR 3.304(f )(5). However, this regulation, allowing for “markers” to be used to support an in service event only applies to a diagnosis of PTSD. So, I don’t understand how we would use this regulation and markers to support requesting an aggravation medical opinion when the diagnosis is something other than PTSD. More guidance on this seems to be needed, or an explanation of how the law applies. When the diagnosis is not PTSD, as the previous training states that if it isn’t a PTSD diagnosis, then the law for direct SC [38CFR 3.303] would apply, and markers would not qualify to support an in-service event.

**Response:** 38 CFR 3.304(f)(5) is an easing standard for service connection of PTSD due to MST based on markers alone. The regulation eases the standard of service connection for PTSD by allowing us to take markers in service, get a determination that the markers are consistent with the MST the Veteran has indicated and ultimately grant PTSD based on that consistency if PTSD is determined related to MST without the in-service documentation that is required for the grant of any other mental condition even if claimed as due to MST. This is similar to the fear based easing standard, in that only PTSD can be granted if a diagnosed mental condition is related to fear. If a non-PTSD diagnosis is provided, in-service documentation or combat medals must be of records to grant service connection.

Our specific recommendation for returning the examination for an aggravation opinion was premised on the case possibly resulting in a change of diagnosis to PTSD on further clinician review. However, an aggravation opinion would not be needed in most cases matching this general scenario unless we have in-service treatment or actual documentation as there is a current examination showing a non-PTSD diagnosis and there would be no basis on which to grant service connection is a non-PTSD diagnosis on marker evidence alone even if a positive aggravation opinion is provided.

**Ref: 38 CFR 3.303 and M21-1, VIII.iv.1.D.2.k.**

**Question**:  We’ve been receiving requests for increases on PTSD due to MST claims.  If checklists weren’t upload in the past, (in this case 2017 we granted PTSD),  are the VSRs to complete and upload them now.  I’m not even certain if the checklist was required back in 2017.   RVSRs are deferring for them.

**Response:**   To ensure accurate claims processing, both the *Personal Trauma Development Checklist* and the *Personal Trauma Incident/Marker Worksheet* are required for completion and uploading into the claims folder, when entitlement to service connection for PTSD has not been previously established.  When working increase claims for PTSD due to MST, there would be no need to use these forms.

**Ref: M21-1, VIII.iv.1.B.1.d.**