

## BOCEPHIS, Henry - eCase Automatic Feedback

Instructions: Please review the eCase provided and determine the following:

TMS# for objectives: XXXXXXXXXX

<p><b>Date of Receipt</b> Page Number: 010</p> <p>Identify the date of receipt you used for each of these documents in /*firstmiddlelastsuffix */'s eCase.</p> <p><i>VA Form 21-686c</i> Date Received: /* receivedon */(09/14/2021)</p> <p><i>VA Form 21-22</i> Date Received: /* receivedon */(09/14/2021)</p> <p><b>Correct Answer Feedback:</b> Correct. The date of receipt is the date the documents were received by a VA facility. M21-1 II.iii.1.A.4.c Determining the Proper DOC for Claims Establishment Purposes.</p> <p><b>Incorrect Answer Feedback:</b> That is incorrect. The date of receipt for these documents is /* receivedon */. The date of receipt is the date the documents were received by a VA facility 21-1 II.iii.1.A.4.c Determining the Proper DOC for Claims Establishment Purposes.</p>	
Any answer, continue to 020	
<p><b>Representation</b> Page Number: 020</p> <p>Did the Veteran appoint a Power of Attorney (POA)?</p> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p><b>Correct Answer Feedback:</b> Good job! A properly completed and executed <i>VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative</i>, shows the service organization as representative. M21-1 I.2.A - General Information on Power of Attorney (POA)</p> <p><b>Incorrect Answer Feedback:</b> Sorry, that is incorrect. According to the <i>VA Form 21-22, American Legion (074)</i> is the appointed representative, has access to VBMS and authorization to change the Veteran's mailing address. Use VBMS to reflect the appointment of a</p>	

<p>POA, as well as the POA's permission to change a claimant's address and/or access to a Veteran's eFolder. M21-1 I.2.A - General Information on Power of Attorney (POA)</p>	
<p>Correct answer, go to 025</p>	<p>Incorrect answer, jump to 030</p>
<p><b>Representation</b> Page Number: 025</p> <p>What organization did /* firstmiddlelastsuffix */ select as /* hisher */ POA?</p> <ul style="list-style-type: none"> <li>• Disabled American Veterans (083)</li> <li>• Vietnam Veterans of America (070)</li> <li>• American Legion (074)</li> <li>• Military Order of the Purple Heart (089)</li> <li>• Veterans of Foreign Wars (097)</li> </ul> <p>Does the organization have access to VBMS?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>Did /* firstmiddlelastsuffix */ authorize /* hisher */ representative to change /* hisher */ mailing address?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Correct Answer Feedback:</b> Awesome! Use VBMS to reflect the appointment of a POA, as well as the POA's permission to change a claimant's address and/or access to a Veteran's eFolder s→ M21-1 I.i.2.E -System Updates for Power of Attorney (POA)</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. According to the VA Form 21-22, American Legion (074) is the appointed representative, has access to VBMS and authorization to change the Veteran's mailing address. Use VBMS to reflect the appointment of a POA, as well as the POA's permission to change a claimant's address and/or access to a Veteran's eFolder. M21-1 I.i.2.E -System Updates for Power of Attorney (POA)</p>	
<p>Any answer, continue to 030.</p>	
<p><b>Substantially Complete Claim</b> Page Number: 030</p> <p>Is the claim substantially complete?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

<p><b>Correct Answer Feedback:</b> Great job! This claim meets the substantially complete criteria found in M21-1 II.iii.1.C.1.a Reviewing for Substantially Complete Applications.</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. This claim meets the substantially complete criteria found in M21-1 II.iii.1.C.1.a Reviewing for Substantially Complete Applications.</p>	
<p>Any answer, continue to 040</p>	
<p><b>Application Version</b> Page Number: 040</p> <p>Is the version of the form(s) submitted acceptable?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Correct Answer Feedback:</b> Great job! This claim was submitted on a prescribed form used for dependents listed in M21-1 II.iii.1.A Applications for Benefits. The JUN 2017 version of <i>VA Form 21-686c</i> may be accepted in this case because it was submitted electronically. M21-1 II.i.2.B.4.a. Accepting Outdated Versions of a VA Form</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. This claim was submitted on a prescribed form used for dependents listed in M21-1 III.ii.2.B.1.b. Requirements for a Complete Claim Received on or After March 24, 2015 M21-1 II.iii.1.A Applications for Benefits. The JUN 2017 version of <i>VA Form 21-686c</i> may be accepted in this case because it was submitted electronically M21-1 II.i.2.B.4.a. Accepting Outdated Versions of a VA Form</p>	
<p>Any answer, continue to 050</p>	
<p><b>Claims Establishment</b> Page Number: 050</p> <p>What EP(s) and claim label(s) did you apply to /* firstmiddlelastsuffix */'s claim at CEST? Select all appropriate End Product(s) (EP) and claim label(s) that you established.</p> <ul style="list-style-type: none"> <li>• 020CPHLP – Helpless child</li> <li>• 130APTNMT – Apportionment</li> <li>• 130DPNDCY – Dependency</li> <li>• 130DPV0538 – Dependency Verification – 0538</li> <li>• 130DRASDP – DRAS Dependency</li> </ul>	

<ul style="list-style-type: none"> <li>• 130RD – Removal of Dependent</li> <li>• 400CORRC – Correspondence</li> <li>• 400IA – Incomplete Application</li> <li>• 400RA – Request for Application</li> </ul> <p><b>Correct Answer Feedback:</b> Awesome! EP 130 – Dependency applies to all actions involving dependency determinations and is the appropriate choice. M21-4 Appendix B End Product Codes and M21-1 II.iii.3.A -Claims Establishment.</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. EP 130 – Dependency applies to all actions involving dependency determinations and is the appropriate choice. M21-4 Appendix B End Product Codes and and M21-1 II.iii.3.A. -Claims Establishment</p>	
Any answer, continue to 060.	
<p><b>Date of Claim</b> Page Number: 060</p> <p>What is the Date of Claim (DOC)?</p> <ul style="list-style-type: none"> <li>• /* receivedon */ (09/14/2021)</li> </ul> <p><b>Correct Answer Feedback:</b> Correct. The date of claim is the date VA received the <i>VA Form 21-686c</i>. M21-1 II.iii.1.A.4.c Determining the Proper DOC for Claims Establishment Purposes and 38 CFR 3.155(d)(1)</p> <p><b>Incorrect Answer Feedback:</b> Sorry, that is incorrect. The correct date of claim is /* receivedon */, which is the date VA received the <i>VA Form 21-686c</i>. M21-1 II.iii.1.A.4.c Determining the Proper DOC for Claims Establishment Purposes and 38 CFR 3.155(d)(1)</p>	
Any answer, continue to 070.	
<p><b>Entering Claimed Contentions into VBMS</b> Page Number: 070</p> <p>Select the contention(s) you added to VBMS for the /* firstmiddlelastsuffix */ eCase. (Select all that apply.)</p> <ul style="list-style-type: none"> <li>• Add dependents</li> <li>• Add spouse and child</li> <li>• Dependency claim</li> <li>• Dependency claim for Christopher</li> <li>• Dependency claim for Joseph</li> </ul>	

<ul style="list-style-type: none"> <li>• Dependency claim for Henry</li> </ul> <p><b>Correct Answer Feedback:</b> Correct. These are the dependents that the Veteran claimed on /* hisher */ VA Form 21-686c. M21-1 III.i.2.F.2.a Identifying Contentions</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. Create separate contentions for each dependent, as shown in M21-1 III.i.2.F.2.a Identifying Contentions</p> <p>The dependents that the Veteran claimed on /* hisher */ VA Form 21-686c are:</p> <ul style="list-style-type: none"> <li>• Dependency claim for Christopher</li> <li>• Dependency claim for Joseph</li> </ul>	
Any answer, continue to 075.	
<p><b>Entering Claimed Contentions into VBMS</b> Page Number: 075</p> <p>For each of the dependents found in /* firstmiddlelastsuffix */'s claim, identify the classification, contention date and type, whether it is a medical contention, and any applicable special issue indicators. For the purposes of training, place any Local Mentor Review special issue indicator on the first issue.</p> <p><u>Dependency claim for Christopher</u> Classification: Administrative Issue Date: /* receivedon */ (09/14/2021) Type: New Medical?: No Special Issue Indicators: Local Mentor Review</p> <p><u>Dependency claim for Joseph</u> Classification: Administrative Issue Date: /* receivedon */ (09/14/2021) Type: New Medical?: No Special Issue Indicators: N/A</p> <p><b>Correct Answer Feedback:</b> Good job. You entered the correct classification, date, type, and medical fields for the contention(s). Additionally, apply the Local Mentor Review special issue indicator when a draft letter is completed and requires mentor review. –M21-4 <a href="#">Appendix E: Index of Corporate Flashes and Special Issues</a></p> <p><b>Incorrect Answer Feedback:</b> Incorrect. The classification, type, and medical fields for dependency claims are required components when entering a contention. Additionally, apply the Local</p>	

<p>Mentor Review special issue indicator when a draft letter is completed and requires mentor review. M21-4 <a href="#">Appendix E: Index of Corporate Flashes and Special Issues</a></p> <p>You should have made the following selections for each contention:</p> <p><u>Dependency claim for Christopher</u>  Classification: <b>Administrative Issue</b>  Date: /* receivedon */ (09/14/2021)  Type: <b>New</b>  Medical?: <b>No</b>  Special Issue Indicators: <b>Local Mentor Review</b></p> <p><u>Dependency claim for Joseph</u>  Classification: <b>Administrative Issue</b>  Date: /* receivedon */ (09/14/2021)  Type: <b>New</b>  Medical?: <b>No</b>  Special Issue Indicators: <b>N/A</b></p>	
Any answer, continue to 080.	
<p><b>Eligibility to Dependency</b>  Page Number: 080</p> <p>Is /* firstmiddlelastsuffix */ eligible to receive additional compensation for /*hisher*/ dependents based on /*hisher*/ disability evaluation?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• No</li> </ul> <p><b>Correct Answer Feedback:</b>  Great Job! The claim documents show /* firstmiddlelastsuffix */ has a combined disability rating of at least 30 percent. 38 CFR 3.4(b)(2)</p> <p><b>Incorrect Answer Feedback:</b>  Incorrect. The claim documents show /* firstmiddlelastsuffix */ has a combined disability rating of at least 30 percent. 38 CFR 3.4(b)(2)</p>	
Any answer, continue to 090.	
<p><b>Evidence Sufficient to Determine Dependency</b>  Page Number: 090</p> <p>Is the evidence of record (form and/or additional documentation) sufficient proof to establish dependency for the claimed dependent(s)?</p> <ul style="list-style-type: none"> <li>• Yes</li> </ul>	

- No

**Correct Answer Feedback:**

Correct. Not all the information requested on the VA Form 21-686c was provided for each dependent claimed and there is no other documentation of record providing the incomplete information. M21-1 VII.i.1.A – General Information on Relationship and Dependency and M21-1 VII.i.1.A.4.b. Handling an Incomplete Form – Disability Compensation or DIC

**Incorrect Answer Feedback:**

Incorrect. Not all the information requested on the VA Form 21-686c was provided for each dependent claimed and there is no other documentation of record providing the incomplete information. M21-1 VII.i.1.A – General Information on Relationship and Dependency and M21-1 VII.i.1.A.4.b. -Handling an Incomplete Form – Disability Compensation or DIC

You should have determined the following information is missing or incomplete:

- Complete Social Security Numbers (SSNs) for Christopher and Joseph
- Complete date of marriage to Christopher

Any answer, continue to 100.

**Determining Whether Development is Required**

Page Number: 100

Is development to the claimant required to obtain any information not provided on the VA Form 21-686c?

- Yes
- No

**Correct Answer Feedback:**

Correct. Since the submitted version of the *VA Form 21-686c* predates the SEP 2018 version, additional development for the incomplete dependent information is necessary. M21-1 VII.i.1.A.4.b. -Handling an Incomplete Form – Disability Compensation or DIC

**Incorrect Answer Feedback:**

Incorrect. Since the submitted version of the *VA Form 21-686c* predates the SEP 2018 version, additional development for the incomplete dependent information is necessary. M21-1 VII.i.1.A.4.b. -Handling an Incomplete Form – Disability Compensation or DIC

Since the /\* firstmiddlelastsuffix \*/ instructions indicate telephone contact was unsuccessful, you should have determined a subsequent development letter is required with the following development actions:

<ul style="list-style-type: none"> <li>• Claimant – date of current marriage needed</li> <li>• Dependent Social Security Number SSN needed</li> </ul>	
If correct, continue to 110.	If incorrect, continue to 140.
<p><b>Required Development Actions</b> Page Number: 110</p> <p>What development action(s) is/are required on the /* firstmiddlelastsuffix */ eCase? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>• Send the Veteran a Request For Application (RFA) letter</li> <li>• Send the Veteran an Incomplete Application letter</li> <li>• Call the Veteran to obtain the incomplete information</li> <li>• VBMS note regarding unsuccessful telephone contact</li> <li>• Send the Veteran a Subsequent Development letter to request the incomplete information</li> <li>• N/A – no development is required</li> </ul> <p><b>Correct Answer Feedback:</b> Great job! Telephone contact should first be attempted and documented before sending the Veteran a letter requesting the incomplete dependent information. M21-1 VII.i.1.A.4.b. Handling an Incomplete Form – Disability Compensation or DIC</p> <p><b>Incorrect Answer Feedback:</b> Sorry, that is not correct. Telephone contact should first be attempted, but as training instructions indicate, any contact is unsuccessful. As a result, the unsuccessful contact should be documented in VBMS notes and followed up by sending the Veteran a letter requesting the incomplete dependent information. M21-1 VII.i.1.A.4.b. Handling an Incomplete Form – Disability Compensation or DIC</p>	
Any answer, continue to 120.	
<p><b>Telephone Development</b> Page Number: 120</p> <p>For the /* firstmiddlelastsuffix */ case, how should the attempted telephone contact be documented?</p> <ul style="list-style-type: none"> <li>• VA Form 27-0820</li> <li>• VA Form 21-686c</li> <li>• Permanent note in VBMS</li> <li>• N/A – documentation not required</li> </ul>	



<p><b>Correct Answer Feedback:</b> Correct. Document unsuccessful attempts to contact a claimant by telephone as a permanent note in VBMS. M21-1 III.iii.1.B.1.e. -Documenting Information Received by Telephone</p> <p><b>Incorrect Answer Feedback:</b> Sorry, that is not correct. Document unsuccessful attempts to contact a claimant by telephone as a permanent note in VBMS. M21-1 III.iii.1.B.1.e. -Documenting Information Received by Telephone</p>	
<p>Any answer, continue to 130.</p>	
<p><b>Subsequent Development Letter/Tracked Items</b> Page Number: 130</p> <p>Which VBMS Development Action(s) would you select to create your subsequent development letter and generate tracked items? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>• Claimant - date of current marriage needed</li> <li>• Dependent Social Security Number (SSN) needed</li> <li>• Evidence of adoption needed</li> <li>• Claimant – date of divorce needed</li> <li>• Stepchild – proof of marriage to parent needed</li> <li>• Married child – proof of termination needed</li> <li>• Dependent date of birth needed</li> <li>• School – VA Form 21-674 needed</li> <li>• Address of dependent needed</li> <li>• Claimant – location of current marriage needed</li> <li>• Claimant marital history inconsistent – need 21-686c</li> <li>• Helpless – chld mbr household before 18 needed</li> </ul> <p><b>Correct Answer Feedback:</b> Awesome! Selecting these specific Development Actions in a Subsequent Development Letter in VBMS will automatically generate the required tracked items when the letter is finalized. M21-1 III.iii.1.F.3 -Utilizing Tracked Items to Document Development and M21-1 VII.i.1.A.4.b.-Handling an Incomplete Form – Disability Compensation or DIC</p> <p><b>Incorrect Answer Feedback:</b> Incorrect. Selecting these specific Development Actions in a Subsequent Development Letter in VBMS will automatically generate the required tracked items when the letter is finalized. M21-1 III.iii.1.F.3 – Utilizing Tracked Items to Document Development and M21-1 VII.i.1.A.4.b. Handling an Incomplete Form – Disability Compensation or DIC</p>	<p>Correct answer(s) + 5 distractors</p>

<p>You should have determined the following development actions/tracked items are required:</p> <ul style="list-style-type: none"> <li>• Claimant - date of current marriage needed</li> <li>• Dependent Social Security Number (SSN) needed</li> </ul>	
Any answer, continue to 140.	
<p><b>Claim Status</b> Page Number: 140</p> <p>What is the claim status?</p> <ul style="list-style-type: none"> <li>• Ready for Decision</li> <li>• Rating Decision Complete</li> <li>• Secondary Ready for Decision</li> <li>• Ready to Work</li> <li>• <b>Open</b></li> </ul> <p><b>Correct Answer Feedback:</b> Correct! The current status of this claim is “Open” due to the currently pending development for incomplete dependent information. M21-4, Appendix D, Index of Claim Stage Indicators and M21-1 III.iii.1.F.4 – Updating Claim Status</p> <p><b>Incorrect Answer Feedback:</b> Sorry, that is not correct. The current status of this claim is “Open” due to the currently pending development for incomplete dependent information. M21-4, Appendix D, Index of Claim Stage Indicators and M21-1 III.iii.1.F. Updating Claim Status</p>	
End of test	End of test