**213 VSR eCase Change Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Requestor** | Tessa Koob | | **Date Requested** | | | 2/4/2022 | |
| **eCase POC email** | Larry.Edwards3@va.gov | | **Date Required** | | | Click here to enter a date. | |
| **eCase** | Cornblatt SubDev | |  | | |  | |
| **Priority** | Urgent/Imperative | | Regular/Improvement | | |  | |
| **Please identify which specific eCase requires an update: Choose an item.** | | | | | | | |
| **Please indicate which material(s) require a change:** | | | | | | | |
| eCase Complete Documents | Answer Key | | Trainee Instructions | | | eCase Automatic Feedback | |
| **Please indicate why this change is necessary?** | | | | | | | |
| Manual/Regulation change | Error trend | | Typo | | | Other | |
| **Please identify exactly where the content is located: 21-526EZ** | | | | | | | |
| Page number(s):  5 | Form name(s)/type(s):  526EZ | | Block #’s:  33B | | | Question #/name: | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| The date signed is the DOC of the original claim. Maybe should be adjusted to when the SubDev claim is received. | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
|  | | | | | | | |
| ***Please continue on Page 2 with additional changes needed on the same case.*** Please expand the document as needed to provide specific location of content, identification of issue, and resolution; for each identified issue requiring change. | | | | | | | |
| **Please identify exactly where the content is located: 686c** | | | | | | | |
| Page number(s):  10 | | Form name(s)/type(s):  686c | | Block #’s:  26B | Question #/name: | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| The date signed is the DOC of the original claim. Maybe should be adjusted to when the SubDev claim is received. | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
|  | | | | | | | |
| **Please identify exactly where the content is located: Trainee Instructions** | | | | | | | |
| Page number(s): | | Form name(s)/type(s):  Trainee Instructions | | Block #’s:  Click here to enter text. | Question #/name:  Click here to enter text. | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| This claim involves a 2nd 526EZ claiming PTSD. We only have a DD 214 but should request the full personnel file. A DPRIS request should be done – or add to the Trainee Instructions “You requested the DPRIS records and uploaded the full OMPF to the eFolder.” | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
| M21-1 VIII.iv.1.A.1.d. Responsibility for Stressor Verification  Claims processors must take steps to obtain credible supporting evidence that a claimed in-service stressor occurred, including   * obtaining all military or other medical records and additional stressor information, when needed, as noted in [M21-1, Part VIII, Subpart iv, 1.A.2](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177468/M21-1-Part-VIII-Subpart-iv-Chapter-1-Section-A-General-Information-and-Development-for-Posttraumatic-Stress-Disorder-PTSD-Claims#2) | | | | | | | |

Additional updates:

* On all documents and the Trainee Instructions, edit the file # to include ZZ in place of 00.
* Under Directions on the Trainee Instructions, add mention of using ZZ to Step 4.
* If no longer using ERB, remove all mention of it from Trainee Instructions.