## STEVENS, Gordan eCase Automatic Feedback

TMS# for objectives: 4488228

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| **Date of Receipt**  Page Number: 015  Identify the date of receipt you used for each of these documents in /\* firstmiddlelastsuffix \*/’s eCase.  VA Form 21-8940 Date Received:  /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  VA Form 21-22 Date Received:  /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  **Correct Answer Feedback**:  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** and 38 CFR 3.1(r)  **Incorrect Answer Feedback**:  That is incorrect. The date of receipt for both forms is /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/. 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** and 38 CFR 3.1(r) |  |
| Any answer, continue to 040. |  |
| **Representation**  Page Number: 040  Did the Veteran appoint a Power of Attorney (POA)?   * Yes * No   **Correct Answer Feedback**:  Good job! A properly completed and executed VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, shows the service organization as representative.  M21-1 I.3.A - General Information on Power of Attorney (POA)  **Incorrect Answer Feedback**:  Sorry, that is incorrect. This case has a properly completed and executed VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, that shows Disabled American Veterans is the appointed representative, has access to VBMS and authorization to change the Veteran’s mailing address.  M21-1 I.3.A - General Information on Power of Attorney (POA) |  |
| Correct answer, go to 045 | Incorrect answer, jump to 048 |
| **Representation**  Page Number: 045  What organization did /\* firstmiddlelastsuffix \*/ select as /\* hisher \*/ POA?   * Disabled American Veterans (083) * Vietnam Veterans of America (070) * American Legion (074) * Military Order of the Purple Heart (089) * Veterans of Foreign Wars (097)   Does the organization have access to VBMS?   * Yes * No   Did /\* firstmiddlelastsuffix \*/ authorize /\* hisher \*/ representative to change /\* hisher \*/ mailing address?   * Yes * No   **Correct Answer Feedback**:  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.   M21-1 III.ii.3.C.5.b **Updating the POA and POA Permissions in VBMS**  **Incorrect Answer Feedback**:  Incorrect. According to the VA Form 21-22, Disabled American Veterans 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 III.ii.3.C.5.b **Updating the POA and POA Permissions in VBMS** |  |
| Any answer, continue to 048. |  |

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| **Electronic Funds Transfer**  Page Number: 048  Did you verify and update (if needed) the correct electronic funds transfer (EFT) information for this Veteran?   * Yes * No   **Correct Answer Feedback**:  Great Job! We did not receive any information that changes this information for the Veteran.  M21-1 II.iii.3.B – System Updates at Intake  **Incorrect Answer Feedback**:  Incorrect. We did not receive any information that changes this information for the Veteran.   M21-1 II.iii.3.B – System Updates at Intake. |  |
| Any answer, continue to 050. |  |
| **Military Service**  Page Number: 050  Based on the scenario, provide details of the Veteran’s service.  Enter(ed) on Duty (EOD) Date   * /\* dateadd(d,0,serviceentrydate,MM/d/yyyy) \*/ (10/01/1982)   Released from Active Duty (RAD) Date   * /\* dateadd(d,0,serviceexitdate,MM/d/yyyy) \*/ (09/30/1990)   Branch of Service   * Air Force * Marines * Navy * Army * Coast Guard   Service Verified in VBMS   * Yes * No   **Correct Answer Feedback**:  Good Job! The DD Form 214 states the Veteran was in the United States Navy.   M21-1 II.iii.3.B – System Updates at Intake  **Incorrect Answer Feedback**:  Sorry, that is incorrect. The DD Form 214 states the Veteran served from /\* dateadd(d,0,serviceentrydate,MM/d/yyyy) \*/ to /\* dateadd(d,0,serviceexitdate,MM/d/yyyy) \*/ in the United States /\* service \*/ and service is verified in VBMS. M21-1 II.iii.3.B – System Updates at Intake |  |
| Any answer, continue to 060. |  |
| **Claims Establishment**  Page Number: 060  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.   * 020NI - New/Increase   **Correct Answer Feedback**:  Awesome! Veteran is requesting Individual Unemployability (IU) due to their service-connected conditions. It is a new claim for IU, but also a claim for increased disability evaluation of /\* hisher \*/ cervical strain and lumbosacral strain because the Veteran identified these conditions on /\* hisher \*/ 21-8940. M21-1II.iii.A - Claims for Increase  **Incorrect Answer Feedback**:  Incorrect. The correct answer is 020NI – New/Increase. The Veteran is requesting Individual Unemployability (IU) due to their service-connected conditions. It is a new claim for IU, but also a claim for increased disability evaluation of /\* hisher \*/ cervical strain and lumbosacral strain because the Veteran identified these conditions on /\* hisher \*/ 21-8940. M21-1 II.iii.3.A - Claims for Increase |  |
| Any answer, continue to 070. |  |
| **Date of Claim**  Page Number: 070  What is the Date of Claim (DOC)?   * /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)   **Correct Answer Feedback**:  Correct. The date of claim is the date VA received the VA Form 21-8940, /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/.   M21-1 II.iii.1.A.4.c **Determining the Proper DOC for Claims Establishment Purposes** and 38 CFR 3.155(d)(1)  **Incorrect Answer Feedback**:  Sorry, that is incorrect. The correct date of claim is /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/. The date of claim is the date VA received the VA Form 21-8940.   M21-1 II.iii.1.A.4.c **Determining the Proper DOC for Claims Establishment Purposes** and 38 CFR 3.155(d)(1) |  |
| Any answer, continue to 080. |  |
| **Fully Developed Claim (FDC)**  Page Number: 080  Is this a Fully Developed Claim (FDC)?   * Yes * No   **Correct Answer Feedback**:  Good job! Since the Veteran did not submit a VA Form 21-526EZ, FDC is not at issue.  M21-1 X.i.2.B - Processing Fully Developed Claims (FDCs)  **Incorrect Answer Feedback**:  Incorrect. Since the Veteran did not submit a VA Form 21-526EZ, FDC is not at issue.   X.i.2.B - Processing Fully Developed Claims (FDCs) |  |
| Any answer, continue to 090. |  |
| **Entering Claimed Contentions into VBMS**  Page Number: 090  Select the contentions you added to VBMS for the /\* firstmiddlelastsuffix \*/ eCase. Select all that apply.   * Individual Unemployability * Cervical Strain * Lumbosacral Strain   **Correct Answer Feedback**:  Correct. These are the contentions that the Veteran claimed on /\* hisher \*/ VA Form 21-8940.  **Incorrect Answer Feedback**:  Incorrect. The contentions that the Veteran claimed on /\* hisher \*/ VA Form 21-8940 are: Cervical Strain and Lumbosacral Strain. The form is also a claim for Individual Unemployability. |  |
| Any answer, continue to 095. |  |
| **Entering Claimed Contentions into VBMS**  Page Number: 095  For each of these contentions found in /\* firstmiddlelastsuffix \*/'s claim, identify the classification, contention date and type, whether it is a medical contention, and any applicable special issue indicators. If Fully Developed Claim, FDC Excluded or Local Mentor Review special issue indicators are needed, only answer on the first contention below.  Cervical Strain  Classification: Musculoskeletal – Neck/Upper Back (Cervical Spine)  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  Type: Increase  Medical?: Yes  Special Issues Indicators: Local Mentor Review  Lumbosacral Strain  Classification: Musculoskeletal - Mid/Lower Back (Thoracolumbar Spine)  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  Type: Increase  Medical?: Yes  Special Issues Indicators: N/A  Individual Unemployability due to cervical strain and lumbosacral strain  Classification: Unemployability  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  Type: New  Medical?: Yes  Special Issues Indicators: N/A  **Correct Answer Feedback**:  Good job. The Classification and Medical fields are required components when entering a contention. Each contention must also have the correct claim type associated with it. Additionally, Special Issues must be identified and added/applied when applicable. If a Special Issue exists and applies to the claim, it is required.  M21-1 III.iii.1.F - Record Maintenance During the Development Process, M21-4 Appendix E: Index of Corporate Flashes and Special Issues  **Incorrect Answer Feedback**:  Incorrect. The Classification and Medical fields are required components when entering a contention. Each contention must also have the correct claim type associated with it. Additionally, Special Issues must be identified and added/applied when applicable. If a Special Issue exists and applies to the claim, it is required.  M21-1 III.iii.1.F - Record Maintenance During the Development Process , M21-4, Appendix E: Index of Corporate Flashes and Special Issues  You should have made the following selections for each contention:  Cervical Strain  Classification: Musculoskeletal – Neck/Upper Back (Cervical Spine)  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  Type: Increase  Medical?: Yes  Special Issues Indicators: Local Mentor Review  Lumbosacral Strain  Classification: Musculoskeletal - Mid/Lower Back (Thoracolumbar Spine)  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ 09/13/2021)  Type: Increase  Medical?: Yes  Special Issues Indicators: N/A  Individual Unemployability due to cervical strain and lumbosacral strain  Classification: Unemployability  Date: /\* dateadd(d,0,receivedon,MM/d/yyyy) \*/ (09/13/2021)  Type: New  Medical?: Yes  Special Issues Indicators: N/A |  |
| Any answer, continue to 100. |  |

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| **5103 Requirements**  Page Number: 100  Was a 5103 letter required for this claim?   * Yes * No   **Correct Answer Feedback**:  Great Job!! A 5103 letter was required because the Veteran only submitted a VA Form 21-8940. A Standard 5103 letter dated /\* dateadd(d,3,receivedon,MM/d/yyyy) \*/ was sent to the Veteran.  M21-1 II.iii.1.C - Screening Applications for Substantial Completeness and Notification Requirements and 38 CFR 3.159(c)  **Incorrect Answer Feedback**:  Sorry, that is not correct. A 5103 letter was required because the Veteran only submitted a VA Form 21-8940. A Standard 5103 letter dated /\* dateadd(d,3,receivedon,MM/d/yyyy) \*/ was sent to the Veteran.  M21-1 II.iii.1.C - Screening Applications for Substantial Completeness and Notification Requirements and 38 CFR 3.159(c) |  |
| Any answer, continue to 110. |  |
| **Additional Development to Support the Claim**  Page Number: 110  Does this claim require notification, form development, Federal record, or non-Federal record development? (excluding exams or medical opinions)?   * Yes * No   **Correct Answer Feedback**:  Great Job! The Veteran expressly claimed entitlement to individual unemployability; however, additional information is necessary to adjudicate the claim.   🡪M21-1 VIII.iv.3.A – General Information on Individual Unemployment (IU)  **Incorrect Answer Feedback**:  Incorrect. Since the Veteran did not submit all the required forms, we must develop to the Veteran and employer for the VA Form 21-4192.  🡪M21-1 VIII.iv.3.A – General Information on Individual Unemployment (IU) |  |
| If correct, continue to 115. | If incorrect, jump to 120. |

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| **Additional Development to Support the Claim**  Page Number: 115  What development actions did you take on this claim? Select all that apply.   * Developed for VA Form 21-4192 to Employer/Veteran   **Correct Answer Feedback**:  Correct. Since the Veteran did not submit all the required forms, we must develop for the VA Form 21-4192.   🡪M21-1 VIII.iv.3.A – General Information on Individual Unemployment (IU)  **Incorrect Answer Feedback**:  Incorrect. Since the Veteran did not submit all the required forms, we must develop to the Veteran and employer for the VA Form 21-4192.   🡪M21-1 VIII.iv.3.A – General Information on Individual Unemployment (IU) |  |
| Any answer, continue to 130. |  |
| **Intent to File (ITF)**  Page Number:130  Is an Intent to File (ITF) of record with this claim?   * Yes * No   **Correct Answer Feedback**:  You are correct. There is no evidence of a completed VA Form 21-0966, conversation with the call center or employee, or the initiation of an application for benefits electronically. 🡪 M21-1 II.iii.2.A – Intent to File (ITF).  **Incorrect Answer Feedback**:  That is incorrect. There is no evidence of a completed VA Form 21-0966, conversation with the call center or employee, or the initiation of an application for benefits electronically. 🡪 M21-1 II.iii.2.A – Intent to File (ITF). |  |
| Any answer, continue to 137. |  |
| **Examinations**  Page Number: 137  Is an exam warranted?   * Yes * No   **Correct Answer Feedback**:  You are correct. Exams for the increase conditions, cervical strain and lumbosacral strain, are warranted.  M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion and 38 CFR 3.159(c)(4)  **Incorrect Answer Feedback**:  That is incorrect. Exams for the increase conditions, cervical strain and lumbosacral strain, are warranted.  M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion and 38 CFR 3.159(c)(4) |  |
| Correct answer, continue to 138 | Incorrect answer, jump to 155 |
| **ERRA**  Page Number: 138  Did you use the Examination Request Routing Assistant (ERRA) tool to assist in the routing of exam requests?   * Yes * No   **Correct Answer Feedback**:  Good job! Use of the ERRA is mandatory when determining where to order exams.  M21-1 III.iv.3.A - Examination Requests Overview  **Incorrect Answer Feedback**:  That is incorrect. Use of the ERRA is mandatory when determining where to order exams.  M21-1 III.iv.3.A - Examination Requests Overview |  |
| Any answer, continue to 140 |  |
| **Examinations**  Page Number: 140  Which DBQ(s) did you select in Exam Request Builder? (select all that apply)   * DBQ MUSC Neck (Cervical Spine) * DBQ MUSC Back (Thoracolumbar Spine)   **Correct Answer Feedback**:  Great job! The Veteran is entitled to a DBQ MUSC Back (Thoracolumbar Spine) in order to evaluate /\* hisher \*/ lumbosacral strain and is also entitled to a DBQ MUSC Neck (Cervical Spine) to evaluate /\* hisher \*/ cervical strain. M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion  **Incorrect Answer Feedback**:  Sorry, that is not correct. The Veteran is entitled to a DBQ MUSC Back (Thoracolumbar Spine) in order to evaluate /\* hisher \*/ lumbosacral strain and is also entitled to a DBQ MUSC Neck (Cervical Spine) to evaluate /\* hisher \*/ cervical strain.  M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion |  |
| Any answer, continue to 150 |  |
| **Examinations**  Page Number: 150  Select the appropriate basis for examination and any check block(s) to generate additional exam language required in Exam Request Builder:  Cervical Strain:  Increase  ACE Exam  IU  Lumbosacral Strain  Increase  ACE Exam  IU  **Correct Answer Feedback**:  Great job! You selected the correct basis for examinations and additional check blocks required for this examination request.   M21-1 IV.i.2.A – Examination Request Overview  **Incorrect Answer Feedback**:  Sorry, that is not correct. For the issues of Cervical Strain and Lumbosacral Strain, you should have selected increase, ACE Exam, and IU. The IU check block selection is required to solicit on the Veteran’s ability to function in an occupational environment caused solely by the service-connected disabilities. s M21-1 VIII.iv.3.B – Individual Unemployability (IU) Development and M21-1 IV.i.2.A – Examination Request Overview | **Distractors:**  Service connection w/o MO  Increase  Routine future  Direct (MO)  Secondary (MO)  NSC aggravation (MO)  ACE Exam  GW Notice  Review C-File  IU  Insufficient Exam |
| Any answer, continue to 155 |  |
| **Tracked Items**  Page Number: 155  Which tracked item(s) apply to this claim?   * Employer - 21-4192, Sent To: Tires R Us * Employment info needed – 21-4192 to Veteran * DBQ MUSC Neck (Cervical Spine) * DBQ MUSC Back (thoracolumbar spine)   **Correct Answer Feedback**:  Great job! Tracked items are required for all pending development. The request for the VA Form 21-4192 is tracked in addition to the request for examinations. The examination requests will be tracked by the DBQ MUSC Back (Thoracolumbar Spine) and MUSC Neck (Cervical Spine) tracked items.  M21-1 III.iii.1.F - Record Maintenance During the Development Process  **Incorrect Answer Feedback**:  Sorry, that is not correct. Tracked items are required for all pending development. The request for the VA Form 21-4192 is tracked in addition to the request for examinations. The examination requests will be tracked by the DBQ MUSC Back (Thoracolumbar Spine) and MUSC Neck (Cervical Spine) tracked items.  M21-1 III.iii.1.F - Record Maintenance During the Development Process |  |
| Any answer, continue to 160 |  |
| **Exam Review Note**  Page Number: 160  Select the correct VBMS note for the status of examinations:   * Exam review - complete for all issues. Detailed explanation of actions taken * Exam review – partially complete. Detailed explanation of information required to complete review * Exam review – not yet performed Detailed explanation as to why the exam has yet to be performed   **Correct Answer Feedback**:  Great job! The examination review is complete, as it was determined that exams are warranted for the increase contentions. The VBMS note is required to begin with "Exam Review," with a detailed explanation of actions taken. M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion  **Incorrect Answer Feedback**:  Sorry, that is not correct. The examination review is complete, as it was determined that exams are warranted for the increase contentions. The VBMS note is required to begin with "Exam Review," with a detailed explanation of actions taken.  M21-1 I.1.C - Duty to Assist with Obtaining Records and a Medical Examination or Opinion |  |
| Any answer, continue to 170 |  |
| **Claim Status**  Page Number: 170  What is the claim status?   * Ready for Decision * Rating Decision Complete * Secondary Ready for Decision * Ready to Work * Open   **Correct Answer Feedback**:  Great job! The claim status remains open while the DBQs and VA Form 21-4192 requests are pending.  M21-1 III.iii.1.F - Record Maintenance During the Development Process  **Incorrect Answer Feedback**:  Sorry, that is not correct. The claim status remains open while the DBQs and VA Form 21-4192 requests are pending.  M21-1 III.iii.1.F - Record Maintenance During the Development Process |  |
| End of test | End of test |