## BOCEPHIS, Henry - eCase Automatic Feedback

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

TMS# for objectives: XXXXXXXXXX

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| **Date of Receipt**  Page Number: 010  Identify the date of receipt you used for each of these documents in /\* firstmiddlelastsuffix \*/’s eCase.  *VA Form 21-686c* Date Received: /\* receivedon \*/(09/14/2021)  *VA Form 21-22* Date Received: /\* receivedon \*/09/14/2021)  **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**.  **Incorrect Answer Feedback**:  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**. |  |
| Any answer, continue to 020 |  |
| **Representation**  Page Number: 020  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.2.A - General Information on Power of Attorney (POA)  **Incorrect Answer Feedback**:  Sorry, that is 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.2.A - General Information on Power of Attorney (POA) |  |
| Correct answer, go to 025 | Incorrect answer, jump to 030 |
| **Representation**  Page Number: 025  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 s🡪 M21-1 I.i.2.E -System Updates for Power of Attorney (POA)  **Incorrect Answer Feedback**:  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) |  |
| Any answer, continue to 030. |  |
| **Substantially Complete Claim**  Page Number: 030  Is the claim substantially complete?   * Yes * No   **Correct Answer Feedback:**  Great job! This claim meets the substantially complete criteria found in M21-1 II.iii.1.C.1.a Reviewing for Substantially Complete Applications.  **Incorrect Answer Feedback:**  Incorrect. This claim meets the substantially complete criteria found in M21-1 II.iii.1.C.1.a Reviewing for Substantially Complete Applications. |  |
| Any answer, continue to 040 |  |
| **Application Version**  Page Number: 040  Is the version of the form(s) submitted acceptable?   * Yes * No   **Correct Answer Feedback:**  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 *VA Form 21-686c* 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  **Incorrect Answer Feedback:**  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 *VA Form 21-686c* 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 |  |
| Any answer, continue to 050 |  |
| **Claims Establishment**  Page Number: 050  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.   * 020CPHLP – Helpless child * 130APTNMT – Apportionment * 130DPNDCY – Dependency * 130DPV0538 – Dependency Verification – 0538 * 130DRASDP – DRAS Dependency * 130RD – Removal of Dependent * 400CORRC – Correspondence * 400IA – Incomplete Application * 400RA – Request for Application   **Correct Answer Feedback**:  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.  **Incorrect Answer Feedback**:  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 |  |
| Any answer, continue to 060. |  |
| **Date of Claim**  Page Number: 060  What is the Date of Claim (DOC)?   * /\* receivedon \*/ (09/14/2021)   **Correct Answer Feedback**:  Correct. The date of claim is the date VA received the *VA Form 21-686c*. 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 /\* receivedon \*/, which is the date VA received the *VA Form 21-686c*. 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 070. |  |
| **Entering Claimed Contentions into VBMS**  Page Number: 070  Select the contention(s) you added to VBMS for the /\* firstmiddlelastsuffix \*/ eCase. (Select all that apply.)   * Add dependents * Add spouse and child * Dependency claim * Dependency claim for Christopher * Dependency claim for Joseph * Dependency claim for Henry   **Correct Answer Feedback**:  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  **Incorrect Answer Feedback**:  Incorrect. Create separate contentions for each dependent, as shown in M21-1 III.i.2.F.2.a Identifying Contentions  The dependents that the Veteran claimed on /\* hisher \*/ *VA Form 21-686c* are:   * Dependency claim for Christopher * Dependency claim for Joseph |  |
| Any answer, continue to 075. |  |
| **Entering Claimed Contentions into VBMS**  Page Number: 075  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.  Dependency claim for Christopher  Classification: Administrative Issue  Date: /\* receivedon \*/ (09/14/2021)  Type: New  Medical?: No  Special Issue Indicators: Local Mentor Review  Dependency claim for Joseph  Classification: Administrative Issue  Date: /\* receivedon \*/ (09/14/2021)  Type: New  Medical?: No  Special Issue Indicators: N/A  **Correct Answer Feedback**:  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 Appendix E: Index of Corporate Flashes and Special Issues  **Incorrect Answer Feedback**:  Incorrect. The classification, type, and medical fields for dependency claims are required components when entering a contention. Additionally, apply the Local Mentor Review special issue indicator when a draft letter is completed and requires mentor review. M21-4 Appendix E: Index of Corporate Flashes and Special Issues  You should have made the following selections for each contention:  Dependency claim for Christopher  Classification: Administrative Issue  Date: /\* receivedon \*/ (09/14/2021)  Type: New  Medical?: No  Special Issue Indicators: Local Mentor Review  Dependency claim for Joseph  Classification: Administrative Issue  Date: /\* receivedon \*/ (09/14/2021)  Type: New  Medical?: No  Special Issue Indicators: N/A |  |

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| Any answer, continue to 080. |  |
| **Eligibility to Dependency**  Page Number: 080  Is /\* firstmiddlelastsuffix \*/ eligible to receive additional compensation for /\*hisher\*/ dependents based on /\*hisher\*/ disability evaluation?   * Yes * No   **Correct Answer Feedback**:  Great Job! The claim documents show /\* firstmiddlelastsuffix \*/ has a combined disability rating of at least 30 percent. 38 CFR 3.4(b)(2)  **Incorrect Answer Feedback**:  Incorrect. The claim documents show /\* firstmiddlelastsuffix \*/ has a combined disability rating of at least 30 percent. 38 CFR 3.4(b)(2) |  |
| Any answer, continue to 090. |  |

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| **Evidence Sufficient to Determine Dependency**  Page Number: 090  Is the evidence of record (form and/or additional documentation) sufficient proof to establish dependency for the claimed dependent(s)?   * Yes * 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:   * Claimant – date of current marriage needed * Dependent Social Security Number SSN needed |  |
| If correct, continue to 110. | If incorrect, continue to 140. |
| **Required Development Actions**  Page Number: 110  What development action(s) is/are required on the /\* firstmiddlelastsuffix \*/ eCase? (Select all that apply.)   * Send the Veteran a Request For Application (RFA) letter * Send the Veteran an Incomplete Application letter * Call the Veteran to obtain the incomplete information * VBMS note regarding unsuccessful telephone contact * Send the Veteran a Subsequent Development letter to request the incomplete information * N/A – no development is required   **Correct Answer Feedback**:  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  **Incorrect Answer Feedback**:  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 sennding 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 |  |
| Any answer, continue to 120. |  |
| **Telephone Development**  Page Number: 120  For the /\* firstmiddlelastsuffix \*/ case, how should the attempted telephone contact be documented?   * *VA Form 27-0820* * *VA Form 21-686c* * Permanent note in VBMS * N/A – documentation not required   **Correct Answer Feedback**:  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  **Incorrect Answer Feedback**:  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 |  |
| Any answer, continue to 130. |  |
| **Subsequent Development Letter/Tracked Items**  Page Number: 130  Which VBMS Development Action(s) would you select to create your subsequent development letter and generate tracked items? (Select all that apply.)   * Claimant - date of current marriage needed * Dependent Social Security Number (SSN) needed * Evidence of adoption needed * Claimant – date of divorce needed * Stepchild – proof of marriage to parent needed * Married child – proof of termination needed * Dependent date of birth needed * School – VA Form 21-674 needed * Address of dependent needed * Claimant – location of current marriage needed * Claimant marital history inconsistent – need 21-686c * Helpless – chld mbr household before 18 needed   **Correct Answer Feedback**:  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  **Incorrect Answer Feedback**:  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  You should have determined the following development actions/tracked items are required:   * Claimant - date of current marriage needed * Dependent Social Security Number (SSN) needed | Correct answer(s) + 5 distractors |
| Any answer, continue to 140. |  |
| **Claim Status**  Page Number: 140  What is the claim status?   * Ready for Decision * Rating Decision Complete * Secondary Ready for Decision * Ready to Work * Open   **Correct Answer Feedback**:  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  **Incorrect Answer Feedback**:  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 |  |
| End of test | End of test |