

Department and Chapter Service Officer Certification Training Program - Level II -



KEEPING OUR PROMISE TO
AMERICA'S VETERANS



Welcome and Introductions



Who Should File a Claim?

DSO-CSO Level II Training

Training Agenda

1. DSO/CSO Mission and Responsibilities
2. Principles of Service Connection
3. Evidence and Effective Dates
4. Standardized Forms and FDC
5. Appeals Modernization Act

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Training Agenda (Continued)

6. DBQs, VA Exams & Combined Ratings
7. Service Connection for PTSD
8. Military Sexual Trauma (MST)
9. Suicide Prevention
10. Mission Act, Community Care
11. Review of Service Officers Guide
(DAV.org Members Only Section)

Mission and Responsibilities



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Mission & Purpose of DSO-CSO

- To gather information to assist in obtaining benefits and services available to veterans, their dependents and survivors.
- To advise and direct claimants
- To ***forward all communication and information*** to the ***DAV National Service Office*** of jurisdiction

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Certification: Scope and Definition

Certification means that DSOs-CSOs are covered by DAV's liability insurance.

- Although expected annually, at least once every 18 months certification training must be completed
- Ensures that claimants receive accurate VA benefits assistance and information

Accredited Representatives (NSOs) have received accreditation by the VA.

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- The Legal Environment of Claims-Related Service Work Publication
- Maintaining Privacy
- Ethics of Conduct
 - You may ***not*** accept gifts, money, or favors for any services provided as a DSO or CSO
 - ***You are personally liable for any misconduct not in compliance with DAV policies and claims-related service standards***

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DAV Representation

- VA Form 21-22: Appointment of Veterans Service Organization as Claimant's Representative(POA)- We will Review the POA in a few slides.
- Proper Completion: The form is consistently changing.
- Parts of VA Form 21-22 are only to be completed by the National Service Officer.

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DAV Representation

- DAV cannot represent a claimant if there are any limitations of consent in block 19.
- If POA is taken and a claim is not filed (Ex. VA Form 21-526EZ) an Intent to File (ITF) VA Form 21-0966 should be completed. **This period affords the claimant ample time to consider seeking benefits as well as to gather evidence to support the claim without losing the effective date.**
- An Intent to File provides one year for the claimant to formalize for **new or previously denied claims including requests for increased evaluations for service connected condition(s).** **This provides protection for the veteran and will not create a liability for the DAV.**



VA Form 21-22 page 2

Complete the form correctly!

Department of Veterans Affairs

OMB Control No. 2900-0021
Respondent Burden: 5 minutes
Expiration Date: 07/28/2022

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**APPOINTMENT OF VETERANS SERVICE ORGANIZATION
AS CLAIMANT'S REPRESENTATIVE**

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, Appointment of Individual as Claimant's Representative. When completed you can mail or fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

3. VA FILE NUMBER (if applicable)

4. VETERAN'S DATE OF BIRTH: Month - Day - Year

5. VETERAN'S SERVICE NUMBER (if applicable)

6. INSURANCE NUMBER(S) (if applicable) (Include letter prefix)

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

8. VETERAN'S TELEPHONE NUMBER (Include Area Code)

9. VETERAN'S EMAIL ADDRESS (Optional)

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME (First, Middle Initial, Last)

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

13. CLAIMANT'S EMAIL ADDRESS (Optional)

14. RELATIONSHIP TO VETERAN

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

VA FORM 21-22 FEB 2019 SUPERSEDES VA FORM 21-22, AUG 2015. Page 1

➤ Leave 15, 16A, 16B and 17 Blank!

➤ Insert today's date in Box 18!

Leave Blank

Leave Blank

Leave Blank

Leave Blank!

Insert Today's date

VA Form 21-22

Complete the form correctly!

VETERAN'S SOCIAL SECURITY NUMBER [] [] [] - [] [] [] []

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATION - By checking the box below, I authorize VA to disclose to the service organization named in Item 15, my records that may be in my file relating to treatment for drug abuse, alcoholism or infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☐ I authorize the service organization named in Item 15 to disclose to the service organization named in Item 15, my records that may be in my file relating to treatment for drug abuse, alcoholism or infection with the human immunodeficiency virus (HIV), or sickle cell anemia. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 15 except:

☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

☐ I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT (Do Not Print)

22B. DATE SIGNED (MM/DD/YYYY)

23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 15A (Do Not Print)

23B. DATE SIGNED (MM/DD/YYYY)

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for the preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with any portion thereof.

VA USE ONLY

COPY OF VA FORM 21-22 SENT TO:

☐ VRSE FILE ☐ EDU FILE

☐ LG FILE ☐ INSURANCE FILE

DATE SENT

ACKNOWLEDGED (Date)

REVOKED (Revision and date)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

VA FORM 21-22, FEB 2019 Page 2

Check
Box!

➤ Check the box in 19!

➤ Leave 23A and 23B Blank!

Leave
Blank!

Principles of Service Connection



Seven Way to Service-Connected Disability

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Direct Service Connection

38 C.F.R. 3.304 Direct Service Connection

Requires 3 elements:

- Injury or disease that was incurred in service that is noted in service treatment records
- A current diagnosis
- A medical opinion (Nexus) linking the current diagnosis to military service

Aggravation of Preservice Disability

38 C.F.R. 3.306 A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

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Aggravation of Preservice Disability

Clarification

Just because an injury or disease worsened during military service, does not mean that it should be service connected.

It has to show that the increase in disability was not due to the natural progression of the disease.

Presumptive Service Connection

The basic requirements and explanations for presumptive service connection can be found at 38 CFR 3.307.

1. 38 CFR 3.309 is a List of Diseases

- Chronic Diseases (within 12 months)
- Tropical Diseases
- Former POWs
- Herbicides (Currently, boots on ground or brown water service)

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Presumptive Service Connection

2. Claims based on exposure to ionizing radiation and diseases. 38 CFR 3.311
3. ***Non-Hodgkin's Lymphoma is a presumptive for Blue Water Navy. 38 CFR 3.313.***
4. Claims based on chronic effects of exposure to mustard gas. 38 CFR 3.316

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Presumptive Service Connection

5. Compensation for certain disabilities occurring in Persian Gulf veterans. (Undiagnosed Illnesses and Infectious Diseases) 38 CFR 3.317
6. Presumptive service connection for amyotrophic lateral sclerosis for all Veterans (ALS or Lou Gehrig's Disease). 38 CFR 3.318
7. NEW, Presumptive service connection for burn pits and other specific environmental hazards. 38 USC 1120

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Presumptive service connection for burn pits and other specific environmental hazards. 38 USC 1120

The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act was signed into law on August 10, 2022. It is perhaps the largest health care and **benefit** expansion in VA history.

The PACT Act brought these changes:

- Expands and extends eligibility for VA health care for Veterans with toxic exposures and Veterans of the Vietnam, Gulf War, and post-9/11 eras.
- Adds 20+ more presumptive conditions for burn pits, Agent Orange, and other toxic exposures.
- Adds more presumptive-exposure locations for Agent Orange and radiation.
- Requires VA to provide a toxic exposure screening to every Veteran enrolled in VA health care.
- Helps VA improve research, staff education, and treatment related to toxic exposures.

If you're helping a Veteran or survivor, be sure to file claims. When in doubt, file anyways...



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For burn pits and other specific environmental hazards, those who performed active military, naval, air, or space service while assigned to a duty station in, including airspace above.

On or after August 2, 1990

Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arabs

On or after September 11, 2001

Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan

Presumptive Conditions

- Cancers of any type of the head, neck, respiratory, gastrointestinal, reproductive, lymphoma, lymphomatic, kidney, brain, or pancreatic.
- Melanoma.
- Chronic bronchitis.
- Chronic obstructive pulmonary disease.
- Constrictive bronchiolitis or obliterative bronchiolitis.
- Emphysema.
- Granulomatous disease.
- Interstitial lung disease.
- Pleuritis.
- Pulmonary fibrosis.
- Sarcoidosis.
- Chronic sinusitis.
- Chronic rhinitis.
- Glioblastoma

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Presumptive Service Connection Basic Requirements:

1. Confirmed exposure to whatever presumptive that the veteran is filing exposure to:
 - VA will confirm the exposure through the veterans Service Personnel Records and through the Branch of Service.
2. Confirmed diagnosis of a presumptive condition that is on the presumptive list for that specific exposure.

Secondary Service- Connected Disabilities

38 CFR 3.310 Disabilities that are proximately due to, or aggravated by, service-connected disease or injury.

- Have a Service Connected Disability
- Current Diagnosis (Condition)
- A medical opinion linking the current diagnosis to the service connected disability

Secondary Service-Connected Disabilities

38 CFR 3.310(c) *Cardiovascular disease.*

Ischemic heart disease or other cardiovascular disease developing in a veteran who has a ***service-connected amputation of one lower extremity at or above the knee or service-connected amputations of both lower extremities at or above the ankles***, shall be held to be the proximate result of the service-connected amputation or amputations.

Secondary Service-Connected Disabilities

38 CFR 3.310(d) (TBI) In a veteran who has a service-connected traumatic brain injury, the following shall be held to be the proximate result of the service-connected traumatic brain injury (TBI), in the absence of clear evidence to the contrary:

- Parkinsonism, including Parkinson's disease, following moderate or severe TBI;
- Unprovoked seizures following moderate or severe TBI;

Secondary Service-Connected Disabilities

38 CFR 3.310(d) (TBI) (continued)

- Dementias, if manifest within 15 years following moderate or severe TBI;
- Depression if manifest within 3 years of moderate or severe TBI, or within 12 months of mild TBI;
- Diseases of hormone deficiency that result from hypothalamo-pituitary changes if manifest within 12 months of moderate or severe TBI.

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Disability Due to VA Hospital Care or VA Treatment (1151)

If it is determined that there is ***additional disability*** resulting from a disease or injury or aggravation of an existing disease or injury suffered as a result of hospitalization, medical or surgical treatment, or examination, compensation will be payable for such additional disability.
38 CFR 3.361

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Disability Due to Training and Rehabilitation Services, or Compensated Work Therapy (CWT) program

To establish that the provision of training and rehabilitation services or a CWT program proximately caused a veteran's additional disability or death, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the disability or death. 38 CFR 3.361

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Paired organs and extremities

Compensation is payable for the combinations of service-connected and nonservice-connected disabilities, as if both disabilities were service-connected, provided the nonservice-connected disability is not the result of the veteran's own willful misconduct. 38 CFR 3.383

- Impairment of vision in one eye as a result of service-connected disability and impairment of vision in the other eye as a result of non-service-connected disability.

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Paired organs and extremities Contd.

- Loss or loss of use of one kidney as a result of service-connected disability and involvement of the other kidney as a result of nonservice-connected disability.
- Hearing impairment in one ear compensable to a degree of 10 percent or more, service-connected, and hearing impairment (NSC) in the other ear, that meets the provisions of § 3.385 in the other ear.

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Paired organs and extremities Contd.

- Loss or loss of use of one hand or one foot as a result of service-connected disability and loss or loss of use of the other hand or foot as a result of nonservice-connected disability.
- Permanent service-connected disability of one lung, rated 50 percent or more disabling, in combination with a nonservice-connected disability of the other lung.

Claims Process Basics

**(Evidence, Effective Dates, Keys
to Service Connection)**





What to Expect After Filing a VA Claim



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Claims Process

- DSO-CSO Meets with Claimant to file Claim (Consider ITFs with all POA's)
- DSO-CSO submits claim to NSO Office
- NSO reviews claims and submits to VA
- VA receives claim and establishes claim in tracking systems
- Development
 - Duty to Assist- 526EZ Contains DTA
 - VA examinations (Not all claims)

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Claims Process

- VA completes all development claim then goes to Rating Veteran Service Representative (RVSR)
- RVSR renders decision and the decision is reviewed by an NSO (In Most Cases)
- VA notifies claimant in writing
- Any monetary benefits are paid to claimant

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Assisting in the Claims Process

Types of Evidence Helpful for Claims

- Medical Treatment Reports
- Disability Questionnaires (DBQ)
- Physician Statements
- Lay Statements
- Service Records

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Effective Dates

Except as otherwise provided, the effective date of an evaluation and award of pension, compensation or dependency and indemnity compensation based on an original claim, a claim reopened after final disallowance, or a claim for increase will be the date of receipt of the claim or the date entitlement arose, whichever is the later. 38 CFR 3.400

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Protection Rules

10 Years – Service Connection 38 CFR 3.957

Service connection for any disability or death granted or continued under title 38 U.S.C., ***which has been in effect for 10 or more years will not be severed*** except upon a showing that the original grant was based on fraud or it is clearly shown from military records that the person concerned did not have the requisite service or character of discharge.



***Cannot be severed after 10 years but can be reduced**

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Protection Rules

20 Years –Evaluation of Disability 38 CFR 3.951

A disability which has been ***continuously rated at or above any evaluation of disability for 20 or more years*** for compensation purposes under laws administered by the Department of Veterans Affairs ***will not be reduced to less than such evaluation*** except upon a showing that such rating was based on fraud.

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Keys to Service Connection

New Evidence (Reopened claim) 38 CFR 3.156

- ✓ A claimant may reopen a finally adjudicated claim by submitting new and relevant evidence.
- ✓ If new and relevant evidence is presented or secured with respect to a supplemental claim, the agency of original jurisdiction will readjudicate the claim taking into consideration all of the evidence of record.

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Keys to Service Connection

New Evidence 38 CFR 3.156 (Continued)

✓ **New:**

- Evidence not previously part of the actual record before agency adjudicators.

✓ **Relevant:**

- Information that tends to prove or disprove a matter at issue in a claim. Relevant evidence *includes* evidence that raises a theory of entitlement that was not previously addressed.

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Keys to Service Connection

Medical Opinions

- Review of private medical and service treatments records must be mentioned
- Nexus or Link (medical opinion)
- Current Diagnosis
- Rationale on how the opinion is justified

Time Frames

- Within 1 year New and Relevant evidence can be used for readjudication
- After one year the claim will be considered “claim to reopen”
- Effective dates (Date of claim to reopen)

Standardized Forms, Fully Developed Claims and Appeals Modernization Act



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Claims must be filed on Standardized Forms:

- ***New Compensation claims (not previously claimed and denied) and or request for increase evaluations for service connected conditions*** are required to be filed on VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*.
- ***Previously claimed and denied, and appeals*** are required to be filed on a VA Form 20-0995, *Decision Review Request: Supplemental Claim*, VA Form 20-0996, *Decision Review Request: Higher-Level Review* and or VA Form 10182 *Decision Review Request: Board Appeal (Notice of Disagreement)*.
- Pension claims must be filed on VA Form 21P-527EZ, *Application for Pension*.
- Survivors claims must be filed on VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*.

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Fully Developed Claims

- Inform Claimants they should only provide information to DAV, ***not*** directly to VA.
- Claimants should obtain all evidence, and then provide it with a completed EZ form.

Fully Developed Claims

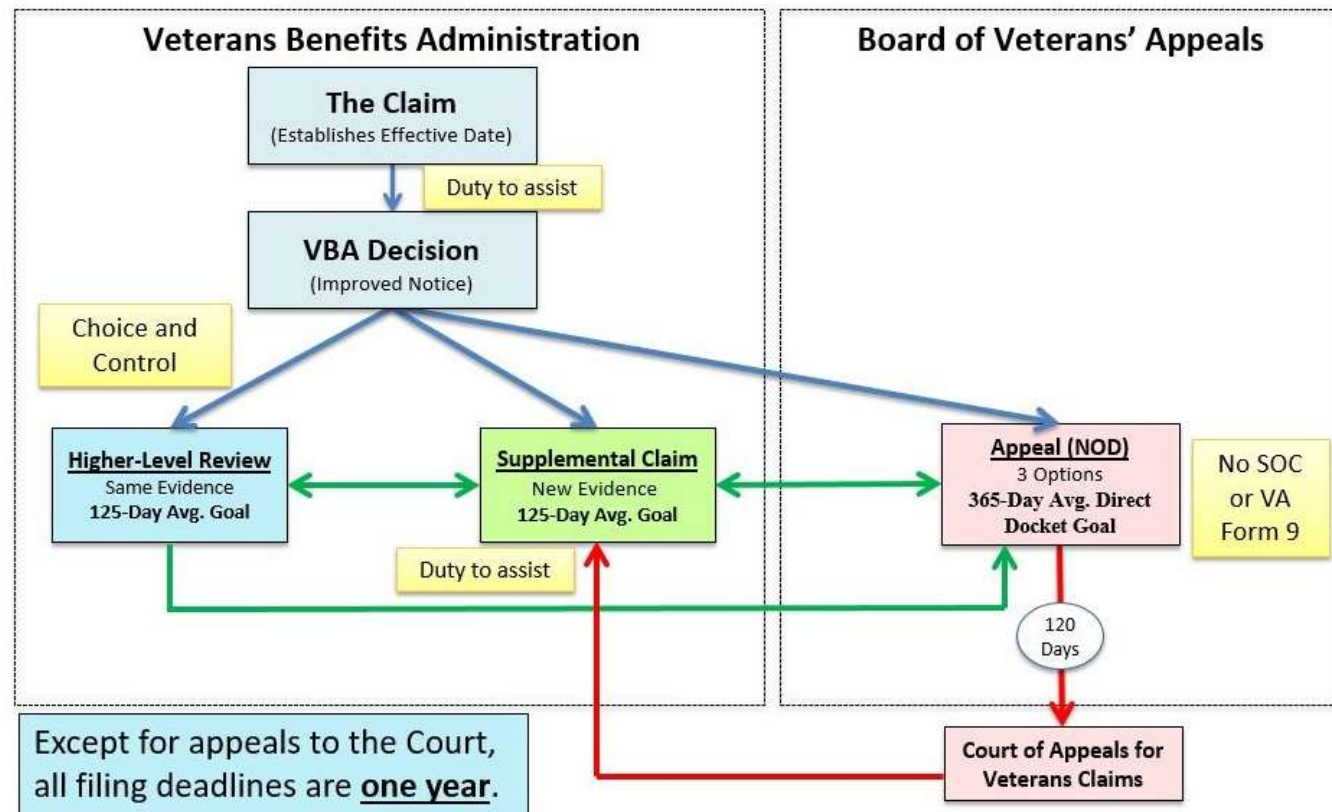
- Once the FDC claim is submitted, it is recommended ***no other evidence*** be submitted or the claim will be removed from FDC Processing.
- Once the formal FDC claim is submitted, Any subsequent claim will remove the original claim from the FDC
- Complete VA Form 21-22 and VA Form [21-0966](#) Intent to File a Claim.

Fully Developed Claims

- The VA Form [21-0966](#) protects an effective date for up to one year for *new or previously denied claims including requests for increased evaluations for service connected conditions.*
- **WHEN IN DOUBT, COMPLETE AN INTENT TO FILE.**

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New Decision Review Process



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- Here are the **three lanes** from which a claimant may choose in seeking review of a decision.
 - **Supplemental Claim** – An opportunity to present a new claim with additional evidence that is new and relevant.
 - **Higher-Level Review** – An entirely new review of the same evidence by a higher-level claims adjudicator in VBA. You can't submit any additional evidence in this lane.
 - **BVA Appeal** – A Notice of Disagreement will be reviewed by a Veterans Law Judge at the Board of Veterans Appeals (BVA).

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- Below are the **Board dockets** which will allow three separate dockets for handling the following categories of appeals:
 - Appeals where the claimant **requests Board review on the same evidence** that was before the VA Regional Office (VARO).
 - Appeals with **no request for a hearing** but where the claimant **elects to submit other forms of evidence**.
 - Appeals where the claimant has **requested a hearing**.

It's important to note, two lanes are local VA Regional Office options commonly referred to as local lanes or VBA lanes. Work in either of the local lanes will be assigned through the National Work Queue. The third lane, the BVA lane is worked directly by the BVA in Washington DC.



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Supplemental Claim

- Claimants may request review of VA's decision by submitting a supplemental claim after a decision by the VBA, the Board, or the Court of Appeals for Veterans Claims.
- The definition of ***“supplemental claim”*** as ***“a claim for benefits under laws administered by the Secretary filed by a claimant who had previously filed a claim for the same or similar benefits on the same or similar basis.”*** The VA is required to readjudicate the claim if new and relevant evidence is presented or secured with respect to a supplemental claim.

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Supplemental Claim cont.

- Supplemental claim is a request by an appellant to have their claim/appeal(s) reviewed by VBA based on ***additional evidence that is new and relevant*** to the benefit(s) sought.
- A supplemental claim must be filed on the appropriate application form with new and relevant evidence or the Veteran must identify new and relevant evidence that VA can assist in gathering, to be a complete application.
- Remember, new evidence means evidence ***not previously submitted*** to agency adjudicators, and relevant evidence means evidence that ***tends to prove or disprove a matter*** in issue in a claim.

Note: An initial election for supplemental claim will be presumed to have new and relevant evidence warranting a decision on the merits.

Note: VA will not decide a claim with incomplete applications.



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Supplemental Claim cont.

- A claimant is required to file a supplemental claim on a form prescribed by the Secretary and that the ***duty to assist*** in gathering new and relevant evidence will be triggered upon the filing of a substantially complete application.
- Claimants should obtain all new and relevant evidence, and then provide it with a completed ***VA Form 20-0995, Decision Review Request: Supplemental Claim***.
- A substantially complete supplemental claim application must identify or include potentially new evidence. An incomplete claim will be considered filed on the date of receipt if the complete application is filed within a year.
- The intent to file does **apply** to supplemental claims.

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Higher-Level Review

- A higher-level review (HLR) will consist of a de novo review of the issue(s) ***based solely on the same evidence*** that was before the initial adjudicator. The higher-level review is conducted by a different more experienced VA employee with the ability to change the initial decision based on difference of opinion authority, subject to the rule that favorable findings are binding absent clear and convincing evidence to the contrary.
- The higher-level review provides the opportunity for resolution of the issue(s) in dispute at VA without having to file an appeal to the Board, or having to submit a supplemental claim with new and relevant evidence.
- A HLR consists of:
 - More experienced VA employee takes a second look at the same evidence (closed record and no duty to assist)
 - De novo review with full difference of opinion authority
 - Duty to assist errors returned to lower-level for correction (quality feedback)

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Higher-Level Review

- A claimant is required to file a Higher-Level Review on a form prescribed by the Secretary
- Claimants must complete a *VA Form 20-0996, Decision Review Request: Higher-Level Review*.
- The intent to file would **not** apply Higher-Level Review.

Claimants ***don't have the option of presenting new and relevant evidence*** outside of a supplemental claim, and the two instances in the BVA lanes. Thus, if any evidence is received outside of those instances, it will **not** be considered or acted upon in any way.

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Supplemental Claim Vs. Higher-Level Review

New Process – VBA Lanes

Supplemental Claim Lane

- VA will readjudicate a claim if “new and relevant” evidence is presented or identified with a supplemental claim (**open record**)
- VA will assist in gathering new and relevant evidence (**duty to assist**).
- Effective date for benefits always protected (submitted within 1 year of decision)
- Replaces “reopening” claims with “new and material” evidence

Higher-Level Review Lane

- More experienced VA employee takes a second look at the same evidence (**closed record and no duty to assist**)
- Option for a one-time telephonic **informal conference** with the higher-level reviewer to discuss the error in the prior decision
- *De novo* review with full difference of opinion authority
- Duty to assist errors returned to lower-level for correction (**quality feedback**)

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Supplemental Claim Vs. Higher-Level Review

Which VBA lane to choose?

	Supplemental Claim	Higher Level Review
When to choose	If your claim needs new evidence .	If you don't need new evidence, but think a mistake was made.
What will happen	VA will help you gather the evidence. A new decision will be made looking at the new evidence.	A higher-trained VBA employee will review your claim and make a new decision. No new evidence will be added.
How long	125 days (on average)	125 days (on average)

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BVA Appeal Lanes

- Once a decision is rendered by VA, and a Notice of Disagreement is filed, appellant has three distinct lanes within BVA lanes to choose from. Each particular lane will have its own docket.
 - **Direct Review** - Receives direct review by the Board of the evidence that was before VA in the decision on appeal. The Board has **365-days** timeliness goal for this docket.
 - **Evidence Only Review Lane** - must submit evidence within the **90-day** window following submission of the NOD. The Board does ***not have a duty to assist*** and the ***record is closed***.
 - **Hearing Lane** - Will be scheduled for a Board hearing. Additionally, the appellant may submit evidence within the **90-day** window following the scheduled hearing. The Board does ***not have a duty to assist*** and the ***record is closed***.

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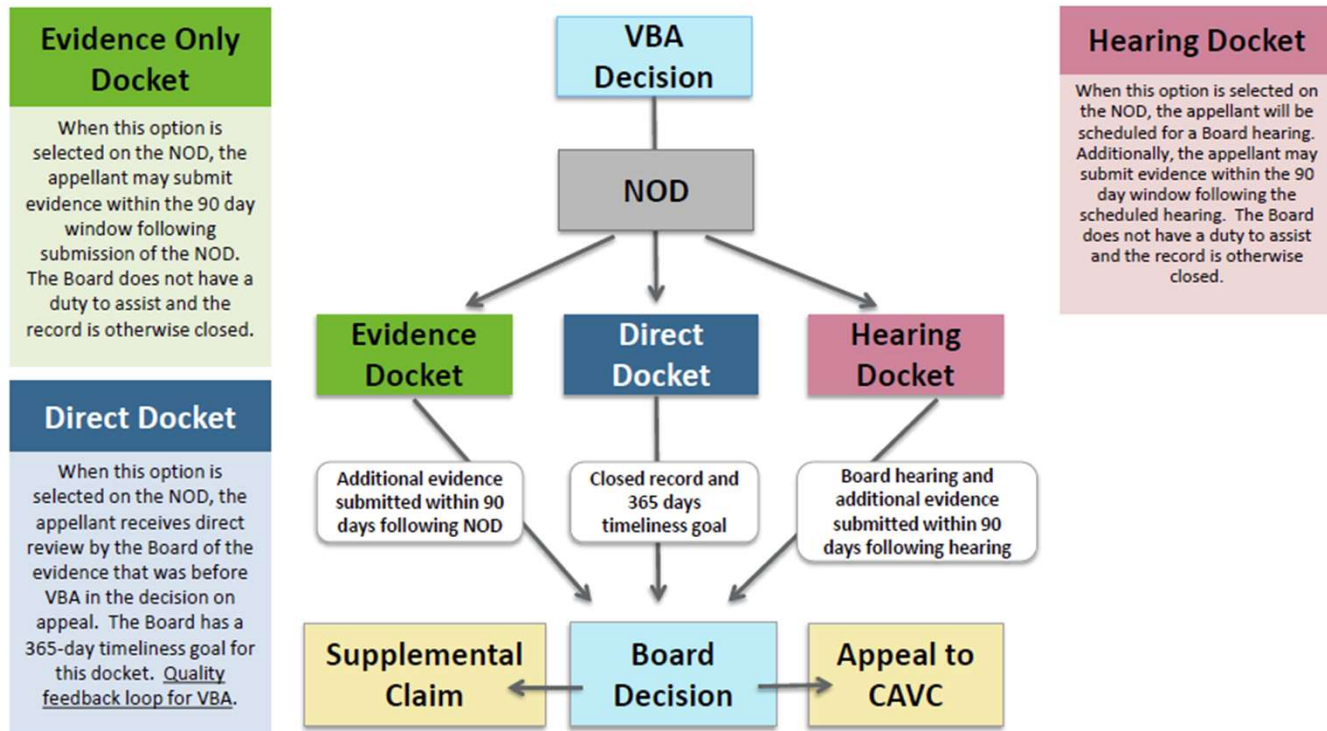
BVA Appeal Lanes

- A claimant is required to file a Appeal on a form prescribed by the Secretary
- Claimants must complete a *VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)*.
- The intent to file would ***not*** apply to BVA appeal

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Appeal Lanes

New Framework – Appeal Lane



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Which Board Docket to choose?

Which Board docket to choose?

	Direct	Evidence	Hearing
When to choose	If you think a mistake was made.	If you have new evidence you want a Judge to consider.	If you want a hearing before a Judge.
What will happen	The Judge will review the same record and make a decision. No new evidence will be added.	You will have 90 days from your NOD to submit any new evidence. The Judge will make a decision considering the evidence you provided.	You will be placed on a list for a hearing before a Judge by videoconference (or in DC). After your hearing you will have 90 days to submit new evidence. The Judge will make decision considering the hearing and the evidence you provided.
How long	365 days (on average)	Over 365 days	Based on availability. Currently the Board has 98 Judges. There are 69,500 Veterans waiting for hearings.

DBQ's, VA Exams, & Combined Ratings



Disability Benefits Questionnaire (DBQ)

Purpose of DBQ is to streamline the collection of necessary medical evidence for the process of a claim and in some cases to eliminate the need for a VA Compensation and Pension examination.

- Who can complete a DBQ?
 - Any competent medical professional, either VA or private.

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Disability Benefits Questionnaire (DBQ)

- Where can DQBs be completed?
 - Veteran's Primary Care Provider
 - VA Compensation and Pension Examination
 - VA Contract Physician
 - DBQ Clinic
- Needed Information
 - Medical Opinion or Nexus to include the physician medical license information



C&P Exam



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VA C&P Examinations

Purpose to determine the severity of a condition and provide an opinion as to service connection for use in the rating process. Examinations are conducted by VA C&P Clinics or VA Contract Doctors.

Things to Consider:

- Adequately describe bad days
- Be detailed and descriptive of symptoms
- Share private medical records
- Proper measurements for levels of severity

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Ratings

VA breaks down disabilities into different categories based off the system of the body impacted

Each level of severity then lists symptoms you must suffer from to qualify for the rating

Body System Category ➡ Diagnosis ➡
Diagnostic Code ➡ VA Reviews Medical
Evidence ➡ Assigns a Rating

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Ratings

VA rates disability from 0% to 100% in 10% increments (e.g. 10%, 20%, 30% etc.).

You may be paid additional amounts, in certain instances, if:

- You have very severe disabilities or loss of limb(s)
- You have a spouse, child(ren), or dependent parent(s)
- You have a seriously disabled spouse



Determining VA Disability Ratings



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Combined Ratings

When there are two or more service-connected compensable disabilities a combined evaluation will be made following the tables and rules prescribed in the 1945 Schedule for Rating Disabilities. See 38 C. F. R. § 4.25.

If VA finds that a Veteran has multiple disabilities, VA uses the Combined Rating Table to calculate a combined disability rating. Disability ratings ***are not additive***, meaning that if a Veteran has one disability rated 60% and a second disability 20%, the combined rating is not 80%.

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Combined Ratings

The disabilities are first arranged in the exact order of their severity, beginning with the greatest disability and then combined with use of the Combined Rating Table.

***If the last combined digit is 5 or higher the disability percent is rounded up, 4 or lower it is rounded down to the nearest increment of 10.**

Example of Combining Two Disabilities

If a Veteran has a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be Rounded up 70 percent to represent the final degree of disability.



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Combined Ratings

Example of Combining Three Disabilities

If there are three disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first two will be found opposite 60 and under 40 and is 76 percent. This 76 will be found in the left column, then the 20 rating in the top row. The intersection of these two ratings is 81. Thus, the final rating will be rounded down to 80%.

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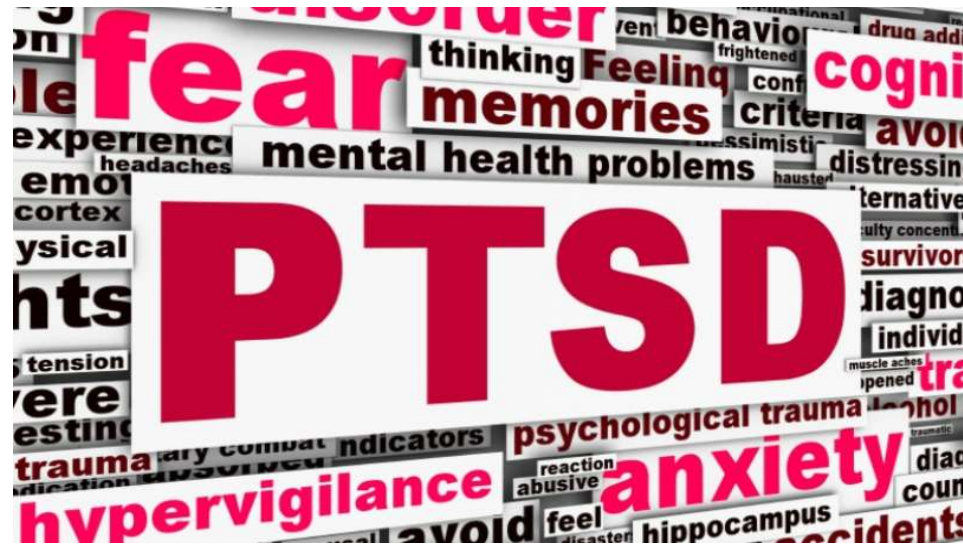
Combined Ratings Table
fm 38 CFR § 4.25

10 Combined with 10 is 19

	10	20	30	40	50	60	70	80	90
19	27	35	43	51	60	68	76	84	92
20	28	36	44	52	60	68	76	84	92
21	29	37	45	53	61	68	76	84	92
22	30	38	45	53	61	69	77	84	92
23	31	38	46	54	62	69	77	85	92
24	32	39	47	54	62	70	77	85	92
25	33	40	48	55	63	70	78	85	93
26	33	41	48	56	63	70	78	85	93
27	34	42	49	56	64	71	78	85	93
28	35	42	50	57	64	71	78	86	93
29	36	43	50	57	65	72	79	86	93
30	37	44	51	58	65	72	79	86	93
31	38	45	52	59	66	72	79	86	93
32	39	46	52	59	66	73	80	86	93
33	40	46	53	60	67	73	80	87	93
34	41	47	54	60	67	74	80	87	93
35	42	48	55	61	68	74	81	87	94
36	42	49	55	62	68	74	81	87	94
37	43	50	56	62	69	75	81	87	94
38	44	50	57	63	69	75	81	88	94
39	45	51	57	63	70	76	82	88	94
40	46	52	58	64	70	76	82	88	94
41	47	53	59	65	71	76	82	88	94
42	48	54	59	65	71	77	83	88	94
43	49	54	60	66	72	77	83	89	94
44	50	55	61	66	72	78	83	89	94
45	51	56	62	67	73	78	84	89	95
46	51	57	62	68	73	78	84	89	95
47	52	58	63	68	74	79	84	89	95
48	53	58	64	69	74	79	84	90	95
49	54	59	64	69	75	80	85	90	95
50	55	60	65	70	75	80	85	90	95
51	56	61	66	71	76	80	85	90	95
52	57	62	66	71	76	81	86	90	95
53	58	62	67	72	77	81	86	91	95
54	59	63	68	72	77	82	86	91	95
55	60	64	69	73	78	82	87	91	96
56	60	65	69	74	78	82	87	91	96

	10	20	30	40	50	60	70	80	90
57	61	66	70	74	79	83	87	91	96
58	62	66	71	75	79	83	87	92	96
59	63	67	71	75	80	84	88	92	96
60	64	68	72	76	80	84	88	92	96
61	65	69	73	77	81	84	88	92	96
62	66	70	73	77	81	85	89	92	96
63	67	70	74	78	82	85	89	93	96
64	68	71	75	78	82	86	89	93	96
65	69	72	76	79	83	86	90	93	97
66	69	73	76	80	83	86	90	93	97
67	70	74	77	80	84	87	90	93	97
68	71	74	78	81	84	87	90	94	97
69	72	75	78	81	85	88	91	94	97
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99

Service Connection for PTSD



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Post Traumatic Stress Disorder (PTSD)

PTSD is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a trauma and stress related disorder caused by exposure to a traumatic or stressful event (stressor).

It is not uncommon to include symptoms of anxiety, depression, fearfulness, externalizing angry or aggressive features, isolation, memory impairment, sleep impairment, and lack of interest in once enjoyed activities.

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Post Traumatic Stress Disorder (PTSD)

PTSD can be service-connected as related to military service. There are currently 5 ways to establish service-connection for PTSD. 38 CFR 3.304(f)(1-5)

1. If the veteran was diagnosed ***while on active duty***, the stressor is related to that service and has a current diagnosis of PTSD.
2. If the veteran was ***engaged in combat with the enemy***, the stressor is related to said combat, and has a current diagnosis of PTSD.

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Post Traumatic Stress Disorder (PTSD)

- Combat with the enemy can be proven with combat awards, Personnel records, and the DD 214.
- If the veteran does not have a combat award, it can still be established if it is proven the veteran was at the location of a combat event.
- If the combat cannot be verified consider establishing it based on a statement of fear as discussed next.

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Post Traumatic Stress Disorder (PTSD)

3. If the veteran has a current diagnosis of PTSD, a statement of fear of hostile military or terrorist activity, and a VA or VA contracted psychiatrist or psychologist confirms the statement of fear is adequate to support a diagnosis of PTSD, to include its relationship to the statement of fear.

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Post Traumatic Stress Disorder (PTSD)

- Fear of hostile military or terrorist activity includes being located within area endemic to those circumstances and was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the veteran or others
- Examples

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Post Traumatic Stress Disorder (PTSD)

4. If the veteran is a confirmed former Prisoner of War, the stressor is related that experience, and has a current diagnosis of PTSD.
5. If the veteran is claiming PTSD based on an in-service personal assault and the assault can be corroborated, has a diagnosis of PTSD and is related to the personal assault.

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Post Traumatic Stress Disorder (PTSD)

- This ***does not require verification*** of the assault, only corroboration.
- This includes any type of personal assault such as rape, sexual harassment, muggings, personal attacks.
- Corroboration can be obtained through lay statements, personnel records, treatment records, hospital records, police records, etc.

Military Sexual Trauma Claims



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Military Sexual Trauma

- MST is a term used by VA to refer to a sexual assault or sexual harassment that occurred during military service. This includes women and men.
- More than 20% of females are sexually assaulted while serving their country.
- A female service member is more likely to be raped than killed in combat.
- The military prosecutes less than 5% of the reported sexual assault cases.

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Military Sexual Trauma

- According to DoD, 86.5% of sexual assaults are not reported, meaning that official documentation of many assaults may not exist.
- PTSD and other mental health conditions such as depression, anxiety, adjustment disorder, dissociative disorders, borderline personality disorder and substance abuse are linked to MST.

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Military Sexual Trauma

- Victims of MST may also have physical health problems like gastrointestinal symptoms, back pain, headaches, sexual dysfunction or chronic fatigue.
- The VA provides free treatment for all conditions (physical and mental) related to MST.
- Even if a veteran is not eligible for VA Healthcare, they can still be eligible for free treatment due to MST.

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Military Sexual Trauma

- Due to the personal and sensitive nature of MST stressors, victims often do not report or document the event when it occurs due to shame, guilt, or fear of reprisal.
- VA has specific regulations and procedures for MST claims that assist in developing evidence to support these claims. Regulations with special liberalizing considerations for claims for PTSD based on MST are found in 38 C.F.R. Section 3.304(f)(5).

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Military Sexual Trauma

DAV has expanded the Service Officer Guide chapter on Compensation to include extensive information about helping veterans file MST claims, including interview techniques for service officers when assisting potential claimants.



Suicide Prevention



DSO-CSO Level II Training

Veteran Suicide has received a lot of attention in the past few years as data revealed that veterans commit suicide at a higher rate than their civilian counterparts. Here is some of what we know.

- Suicide is the 10th leading cause of death in the US
- Every 12.3 minutes someone dies by suicide in the US
- Women attempt suicide 3 times more often than men, men die from suicide 4 times more often than women.
- Veterans account for 18% of adult suicides in the United states but make up about 9% of the population
- Veterans are more likely to use firearms to commit suicide than the general population
- On average, there are 764 suicide attempts per month among Veterans receiving recent VA health care services.
- 25% of Veterans who died by suicide had a history of previous suicide attempts.

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How Can We, the DAV, Join the Fight Against Veteran Suicide?

- As Veterans, Advocates, Service Officers, Support Staff, and Representatives of the DAV we are in contact with veterans every single day.
- Courage is not always going into a burning building, or placing yourself in harms way to assist a fellow veteran, sometimes you can save a life by having the ***guts*** to ask the question, "***Are you thinking about killing yourself?***"
- In the past we have clouded this question with politeness or avoided it all together. As veterans advocates we can no longer allow ourselves to feel uncomfortable asking the hard question and we must train ourselves to ask the question in part of a caring conversation naturally, and be prepared for an honest answer.

REMEMBER: You don't have to be an expert to ask if someone is going through a difficult time or having thoughts of suicide. If you notice changes in a Veteran's behavior or moods and you think they might be in crisis, it's time to respond. The simple act of having a conversation can help save a life.



DSO-CSO Level II Training

Safety Measures to Remember During a Crisis

Your safety is our number one concern so please make sure you and your fellow employees are not in harm's way when making an intervention during a crisis.

REMEMBER

Never Negotiate with someone with a gun, get to safety and **call 911**.

Call 911 immediately if the veteran has taken pills, cut him or herself, or done harm to him or herself.

DSO-CSO Level II Training

S.A.V.E.

The VA has adopted the mnemonic SAVE to assist us in remembering how to identify a veteran in crisis and what steps to take after identification.

- **S**igns
 - There may be several signs in a veteran's thoughts, feelings, and behaviors that a veteran is considering suicide and needs help; they include: Hopelessness, Anxiety, Agitation, Insomnia, Feeling No Reason to Live, Rage, Anger, Increasing Alcohol or Drug use, Withdrawal from family or friends.
- **A**sk
 - If there is any suspicion that a veteran is considering suicide, it is vital to ask the most important question of all "Are you considering killing yourself?" Ask in as natural a way as possible and be comfortable asking the question; it is okay to ask.
- **V**alidate
 - Listen to the veteran and realize that the situation is serious. Don't be judgmental. Talk openly about suicide, listen to the veteran and allow him or her to express themselves. Reassure the veteran that help is available and you will assist him or her in finding it.
- **E**xpedite, **E**ncourage
 - Let the veteran know that there are experts out there that can and want to help them.
 - Don't leave the veteran alone and quickly get them in contact with the veteran crisis line or counselor.

DSO-CSO Level II Training

A.C.E

The VA has created three simple steps that family members, friends and community members can take help the Veteran in need.

- **Ask**
 - Ask the question:
 - Are you thinking about killing yourself?
 - Do you think you might try to hurt yourself?
 - Ask directly
- **Care**
 - Remove any means that could be used for self-injury
 - Stay calm and safe.
 - Actively listen to show understanding and produce relief.
- **Escort**
 - Never leave the Veteran alone.
 - Escort to emergency room or medical clinic.
 - Call VA Suicide Prevention Hotline.

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<http://www.mentalhealth.va.gov>

Ask the Veteran

- Ask the question:
 - Are you thinking about killing yourself?
Do you think you might try to hurt yourself?
- Ask directly

Care for the Veteran

- Remove any means that could be used for self-injury
- Stay calm and safe
- Actively listen to show understanding and produce relief

Escort the Veteran

- Never leave the Veteran alone
- Escort to emergency room or medical clinic
- Call VA Suicide Prevention Hotline

VA Suicide Prevention Hotline - 1-800-273-TALK(8255)
press "1" for Veterans



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Contact and Resources

- Veterans Crisis Line: 1-800-273-**TALK (8255) or 988** and Press 1
- Send a Text: 838255
- Chat Online: VeteransCrisisLine.net/Chat.
- Find Local Resources:
<https://www.veteranscrisisline.net/get-help/local-resources>

Mission Act Community Care



What is the VA MISSION of 2018 Act?

The VA MISSION Act of 2018 is the foundation that will fundamentally transform elements of VA's health care system.

VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 was signed into law by the President on June 6, 2018. (the MISSION Act).

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- *Delivering an excellent experience of care for Veterans, families, and caregivers is at the core of VA's approach to the MISSION Act.*
- *VA is one integrated system with internal and community aspects of care delivery.*
- *The MISSION Act strengthens both aspects of care delivery and empowers Veterans to find the balance in the system that is right for them.*
- *VA is leveraging this opportunity to grow into an optimized, customer-centric network.*

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- Combines multiple community care programs into a unified integrated experience.
- Expands eligibility for caregiver services to all eras of Veterans
- Authorizes ***“Anywhere to Anywhere”*** telehealth provision across State lines
- Establishes a VA Center for Innovation for Care and Payment
- Strengthens VA’s ability to recruit and retain clinicians
- Empowers Veterans with increased access to community care
- Creates ability for VA to match infrastructure to Veteran needs
- Establishes access to urgent care in the community

DSO-CSO Level II Training

Veterans

- Veterans receive new benefits under the Veteran Community Care Program. These benefits include:
 - Access to limited urgent care
 - Enhanced eligibility for community care
 - New scheduling options by the Veteran and VHA

DSO-CSO Level II Training

Community Care Providers

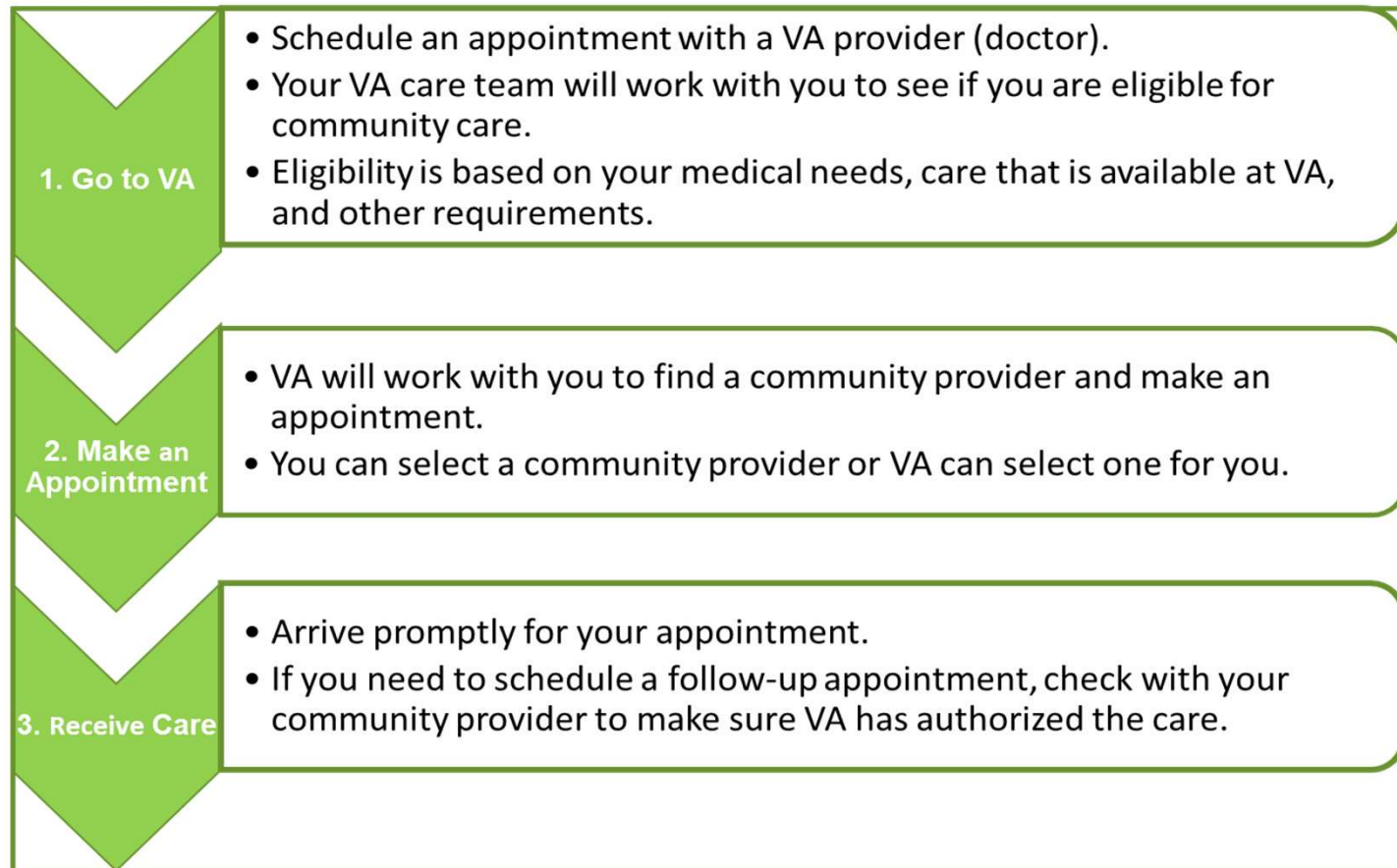
- Establishment of the Community Care Network and Veteran Care Agreements. Community providers must now:
- Undergo an industry standard credentialing process
- Be subject to an exclusionary process
- Complete mandatory training, including opioid safety training
- Use new technology intended to streamline bi-directional communication with VA
- Submit claims within 180 days from date of service

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VA Staff

- Introduction of new and modernized IT systems and business processes intended to result in:
 - Fewer manual process / increased automation
 - Increased availability of performance metrics
 - New options for care coordination
 - More auditable information sharing

DSO-CSO Level II Training



IMPORTANT:

- Make sure VA confirms you are eligible and authorized before proceeding to Step 2.
- The community provider selected must be in VA's network and be willing to accept payment from VA.
- If VA has not authorized follow-up care, your community provider should contact VA to arrange the care you need.

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Community Care Eligibility Criteria

- Veteran Needs a Service Not Available at a VA Medical Facility
- Veteran Lives in a U.S. State or Territory
- Without a Full-Service VA Medical Facility
- Veteran Qualifies under the “Grandfather” Provision Related to Distance Eligibility for the Veterans Choice Program
- VA Cannot Furnish Care within Certain Designated Access Standards
- It Is in the Veteran’s Best Medical Interest
- A VA Service Line Does Not Meet Certain Quality Standards

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Contacts and Resources

- If you have a question about specific health care needs, contact your ***VA medical facility***.
- **VA Community Care:** <https://www.va.gov/communitycare>
- **Fact Sheets:**
<https://www.va.gov/COMMUNITYCARE/pubs/factsheets.asp>
- **Veterans Choice Locator:** <https://www.va.gov/opa/apps/locator>
- **Veterans Choice Program Support Line: (866) 606-8198**
Call for additional information or to speak to one of our service agents.
- **VA Adverse Credit Helpline: (877) 881-7618**
Call for help resolving adverse credit reporting and debt collection issues as a result of using the Veterans Choice Program.
- **Accessing Community Care Handout, 3 steps** and FAQs:
https://www.va.gov/COMMUNITYCARE/docs/programs/Handout_Veterans_Community_Care_Overview.pdf#

Dos & Don'ts & Service Officer Guide



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Do!

- Refer all inquiries to the NSO
- Immediately forward all communications to the NSO
- Submit complete and current claimant information
- Maintain contact with the NSO
- Keep it simple



Don't!

- Don't maintain any claimant files or records
- Don't complete unfamiliar forms or applications
- Don't submit any claimant correspondence or evidence directly to VA
- Don't promise anything



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- Department and Chapter Service Officer Information Resource
- Available as a digital PDF file on the “Members Only” section of DAV.org.



Knowledge Assessment

The Knowledge Assessment consists of:

- 30 Questions
- Open Book Test
- One hour to Complete

Congratulations!

**Thank you for your
attendance and participation!**

- Complete the Instructor and Course Critique
- Sign the Training Acknowledgement Form
- Distribution of Certificates

DAV EMPOWERS VETERANS

RESPECT

ADVOCACY

HONOR

SUPPORT

COMMITMENT