M21-1, Part X, Subpart i, Chapter 1 - Priority Processing Programs and Special Requirements

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Chapter 01. Priority Processing Programs

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Overview

In This Chapter This chapter contains the following topics:

Topic	Topic Name
1	General Information About Claims That Require Priority Processing
2	Priority Processing of Claims From Homeless Veterans
3	Claims Requiring Priority Processing Because of Extreme Financial Hardship
4	Priority Processing of Claims From Very Seriously Ill or Injured/Seriously Ill or Injured (VSI/SI) Claimants
5	Claims Requiring Priority Processing Because of Terminal Illness
6	Priority Processing of Claims From Former Prisoners of War (FPOWs)
7	Priority Processing of Claims Associated With Award of the Medal of Honor or Purple Heart
8	Special Handling of Claims From the Visually Impaired

1. General Information About Claims That Require Priority Processing

Introduction This topic contains general information about claims that require priority processing, including

- types of claims that require priority processing
- managing claims that require priority processing
- handling claims folders that have not yet been converted into an electronic format, and
- use of *VA Form 20-10207, Priority Processing Request*.

Change Date November 7, 2024

X.i.1.1.a. Types Listed below are the types of claims that require

of Claims That Require Priority Processing

priority processing:

- claims from *any* claimant who is
- homeless
- terminally ill, or
- a survivor of a former prisoner of war (FPOW)
- disability compensation claims from any claimant who is
- experiencing extreme financial hardship, or
- more than 85 years old
- claims from any current or former member of the Armed Forces who
- became very seriously ill or injured/seriously ill or injured (VSI/SI) during service and is *not* already receiving Department of Veterans Affairs (VA) disability benefits
- is diagnosed with Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease
- is an FPOW, or
- received the Medal of Honor, or
- the following types of claims from any current or former member of the Armed Forces or a claimant whose claim is based on the death of a service member or former service member who received the Purple Heart:
- original compensation or pension claims, or
- an original claim for Dependency and Indemnity Compensation (DIC).

Note: Veterans who have appealed a VA decision and have filed a substantive appeal with the Board of Veterans' Appeals (BVA) can request advancement on BVA's docket for good cause. BVA determines whether good cause exists to warrant advancing a case on the docket.

References: For more information on

- advancing a case on the BVA docket, see
- **M21-5, Chapter 7, Section F.6**, and
- **38 CFR 20.902(c)**
- handling claims from
- individuals that are experiencing extreme financial hardship, see **M21-1, Part X, Subpart i, 1.3**
- FPOWs and their survivors, see
- **M21-1, Part X, Subpart i, 1.6**, and
- **M21-1, Part VIII, Subpart iv, 2.C**
- VSI/SI service members and Veterans, see **M21-1, Part X, Subpart i, 1.4**
- homeless Veterans, see
- **M21-1, Part X, Subpart i, 1.2**, and
- **M27-2, Part I, 2**, and
- Veterans or service members who earned the Medal of Honor or Purple Heart, see **M21-1, Part X, Subpart i, 1.7**, and
- claims for Medal of Honor pension, see **M21-1, Part XIII, Subpart i, 6**.

X.i.1.1.b. Managing Claims That Require Priority Processing

Upon receipt or assignment of one of the types of claims identified in **M21-1, Part X, Subpart i, 1.1.a**, regional offices (ROs) must take any action on the claim that is necessary to move it to the next stage in the claims process ***before*** taking action on any other non-priority claim received by or assigned to the RO.

To ensure a claim requiring priority processing is expedited at all stages of the claims process, ROs must also case-manage such claims by

- utilizing appropriate flashes or claim attributes, when indicated

- frequently following up on pending actions
- utilizing issue-specific coordinators, such as Military Records Specialists, when applicable
- using the telephone to
- contact homeless Veterans, and
- conduct development activities with other types of claimants, whenever possible
- collaborating with the Veterans Health Administration and other involved counterparts
- reviewing any available medical evidence early in the claims process to determine its potential adequacy for rating purposes, and
- sympathetically considering the claimant's level of impairment (particularly where evidence is suggestive of terminal illness) including
- developing for and considering available private medical evidence, and/or
- requesting medical opinions based solely on records review when available evidence is otherwise sufficient to assign an evaluation.

Reference: For more information on utilizing and maintaining claim attributes, see

- **M21-1, Part III, Subpart i, 2.F**
- the *Veterans Benefits Management System (VBMS) Core User Guide*, and
- **M21-4, Appendix C** and **E**.

X.i.1.1.c. Handling Claims Folders That Have Not Yet Been Converted Into an Electronic Format

Adjudicate a claim that requires priority processing ***before*** sending any associated documentation to a vendor for conversion into an electronic format (scanning) if

- the claim is in paper form, or
- the claimant still has a traditional claims folder.

Reference: For more information on the scanning process referenced in this block, see **M21-1, Part II, Subpart i, 1.B**.

X.i.1.1.d. Use of VA Form 20-10207

VA Form 20-10207, Priority Processing Request, is available for a claimant, a claimant's authorized third-party representative, or a claimant's authorized power of attorney for use to bring to the VA's attention an assertion that a priority status may apply.

Important: Use of this form is not a requirement to request priority processing.

2. Priority Processing of Claims From Homeless Veterans

Introduction

This topic contains information on handling claims from homeless Veterans, including

- **definition of homelessness**
- **flashing a homeless Veteran's record**
- **handling applications from Veterans that might be homeless**, and
- **Homeless Veterans Coordinators**.

Change Date April 6, 2015

X.i.1.2.a. Definition: Homelessness

The detailed legal definition of ***homelessness*** is found in 42 U.S.C. 11302.

Reference: For more information on determining whether a Veteran is homeless, formerly homeless, or at imminent risk of homelessness, see M27-2, Part I, 2.04.c.

X.i.1.2.b. Flashing a Homeless Veteran's Record

For information on how to appropriately flash a homeless Veteran's record, see M27-2, Part I, 2.04.d.

X.i.1.2.c. Handling Applications From Veterans That Might Be Homeless

Upon receipt of an application for benefits that contains a telephone number but no mailing address, attempt to contact the claimant by telephone to obtain a current mailing address.

If neither a mailing address nor a telephone number are provided on the application, follow the instructions in M21-1, Part II, Subpart i, 2.C.6.m.

Reference: For information on the delivery of benefit payments (including undeliverable checks) and correspondence to homeless Veterans, see

- 38 CFR 1.710(d), and
- M21-1, Part X, Subpart ii, 3.C.1.e.

X.i.1.2.d. Homeless Veterans Coordinators

All ROs are required to have either a Homeless Veterans Claims Coordinator (HVCC) or a Homeless Veterans Outreach Coordinator (HVOC).

Claims from homeless Veterans and from Veterans who are at immediate risk of homelessness are monitored and tracked by the local HVCC or designee.

Reference: For information on the duties of HVCCs/HVOCs, see M27-2, Part I, 2.04.b.

3. Claims Requiring Priority Processing Because of Extreme Financial Hardship

Change Date October 15, 2019

X.i.1.3.a. How a Claimant Establishes Extreme Financial Hardship

If a claimant states that they are experiencing extreme financial hardship and submits documentation to support the assertion, accept the claimant's statement as factual.

Documentation to support the assertion of extreme financial hardship includes, but is not limited to,

- an eviction notice or statement of foreclosure
- notices of past-due utility bills, and/or
- collection notices from creditors.

Important: A Veterans Service Center Manager

(VSCM) may designate that a claim requires priority processing because of extreme financial hardship even though the documentation described in this block does not exist.

Remember: Append the *Hardship* corporate flash to a claimant's record when extreme financial hardship has been adequately demonstrated.

Reference: For more information on appending the *Hardship* flash, see the *VBMS Core User Guide*.

4. Priority Processing of Claims From VSI/SI Claimants

Introduction This topic contains information on handling claims from VSI/SI claimants, including

- **definition of a serious illness or injury**
- **case management of claims from VSI/SI claimants**
- **handling a claim from a VSI/SI service member who is not yet discharged**
- **requesting a VSI/SI claimant's claims folder previously held at VA's Records Management Center (RMC)**, and
- **rating considerations when processing a claim from a VSI/SI claimant**.

Change Date May 31, 2023

X.i.1.4.a. Definition: Serious Illness or Injury

For the purposes of this topic, a ***serious illness or injury*** is defined as a disability that

- occurred as a result of participation in a military operation, and
- will likely result in discharge from military service.

The Department of Defense (DoD) determines whether a service member is:

- VSI
- SI, or
- not seriously ill or injured (NSI).

Notes:

- All service members categorized by DoD as VSI or SI are considered seriously disabled for VA purposes.
- In the absence of an indicator from DoD that a claimant is VSI/SI, a VSI/SI Coordinator may decide whether a claimant has a serious illness or injury.
- Although VSI/SI Coordinators should contact and assist individuals that DoD has categorized as NSI, their claims do not require case management and priority processing unless they are one of the other types of claims identified in **M21-1, Part X, Subpart i, 1.1.a**.

Reference: For more information on VSI/SI Coordinators, see **M21-1, Part X, Subpart i, 1.4.b**.

X.i.1.4.b. Management of Claims From VSI/SI Claimants

All ROs must designate a VSI/SI Coordinator, and VSCMs/Pension Management Center Managers are responsible for ensuring claims from VSI/SI claimants are case-managed by the Special Operations Team.

Duties of the VSI/SI Coordinator include, but are not limited to,

- ensuring the *Seriously Injured/Very Seriously*

Injured corporate flash is appended to the claimant's record
- acting as a liaison with VA medical facilities, military facilities, and other RO divisions, and
- acting as a direct point of contact for VSI/SI claimants and their dependents.

Reference: For more information on adding the *VSI/SI* flash, see the *VBMS Core User Guide*.

X.i.1.4.c. Handling a Claim From a VSI/SI Service Member Who Is Not Yet Discharged

Prior to awarding benefits to a claimant, ensure the individual is discharged from service.

Notes:
- A service member may receive treatment at a VA or DoD medical facility for several months before actual separation from service.
- Pre-discharge sites do ***not*** process claims requiring case management, including claims from VSI/SI claimants.

References: For more information on
- claim types or attributes excluded from the Benefits Delivery at Discharge (BDD) program, see **M21-1, Part X, Subpart i, 6.B.1.b**, and
- processing of claims excluded from the BDD program by the RO of jurisdiction, see **M21-1, Part X, Subpart i, 6.B.1.c**.

X.i.1.4.d. Requesting a VSI/SI Claimant's Claims Folder Previously Held at VA's RMC

If a VSI/SI claimant's claims folder was previously located at VA's Records Management Center (RMC) prior to the File Bank Extraction project, submit an expedited request through the **Source Material Tracking System (SMTS) Portal**.

References: For more information on
- the File Bank Extraction project, see **M21-1, Part III, Subpart ii, 2.A.5.d**, and
- use of the **SMTS Portal**, see
- **M21-1, Part II, Subpart i, 1.B.5**, and
- the ***File Conversion Services Training Manual***.

X.i.1.4.e. Rating Considerations When Processing a Claim From a VSI/SI Claimant

Follow the procedures in the table below if a VSI/SI claimant is released from service while hospitalized or convalescing.

If the ...	**Then prepare a rating decision that grants entitlement to ...**
medical evidence of record shows • the existence of an unstabilized condition with severe disability, and • substantially gainful employment is not feasible or advisable	a prestabilization rating under **38 CFR 4.28**. ***Important***: It is not necessary to request a VA examination or service treatment records, or undertake other routine development, if the evidence of record is sufficient to justify a pre-stabilization rating.
medical evidence of record shows • the existence of an unstabilized	

condition with unhealed or incompletely healed wounds or injuries, and • employability is likely impaired because of the condition	
• claimant was discharged from service while hospitalized for a service-connectable disability, and • the period of hospitalization exceeded 21 days	benefits under 38 CFR 4.29. ***Important***: Do not postpone rating action simply because a claimant is discharged from service while hospitalized.
claimant requires convalescence following a period of hospitalization for a service-connected (SC) disability	benefits under 38 CFR 4.30.

5. Claims Requiring Priority Processing Because of Terminal Illness

Change Date November 7, 2024

X.i.1.5.a. Prioritization of Claims From Terminally Ill Claimants	Upon receipt of medical evidence showing a claimant has an illness that is likely terminal in nature, present the evidence to a coach or assistant coach for a determination as to whether or not priority processing of the associated claim is warranted. When determining whether priority processing is warranted, consider • the likelihood the claimant will pass away before completion of the claims process, and • the probable need for additional benefits, such as the benefits payable based on a claimant's need for aid and attendance (A&A). When priority processing of a claim based on terminal illness is warranted • append the *Terminally Ill* flash to the corporate record using VBMS, and • change the claim priority in VBMS to *High*. ***Reference***: For information on using flashes, see the *VBMS Core User Guide*.

6. Priority Processing of Claims From FPOWs

Introduction	This topic contains information on handling claims from FPOWs, including • definition of FPOW • flashing an FPOW's record, and

- FPOW Coordinators.

Change Date November 9, 2017

X.i.1.6.a. Definition: FPOW

Refer to M21-1, Part VIII, Subpart iv, 2.A.1.a for the definition of ***former prisoner of war*** (FPOW).

Reference: For more information on verifying FPOW status, see
- M21-1, Part VIII, Subpart iv, 2.A.1, and
- M21-1, Part VIII, Subpart iv, 2.C.1.a.

X.i.1.6.b. Flashing an FPOW's Record

FPOW claims require priority processing. Add the *POW* flash (when it is not already present) when a claim is received from a
- Veteran or survivor who claims FPOW status, or
- Veteran whose FPOW status has been previously verified, or the Veteran's survivor.

The FPOW flash will result in prioritization of the FPOW claim within the National Work Queue (NWQ) and cause the claim to be routed to the RO nearest in geographical location to the Veteran or claimant.

Reference: For more information on adding a flash, see the *VBMS Core User Guide*.

X.i.1.6.c. FPOW Coordinators

All ROs are required to have a FPOW Coordinator.

Reference: For more information on the role and duties of the FPOW Coordinator, see M27-2, Part I, 2.03.c-e.

7. Priority Processing of Claims Associated With Award of the Medal of Honor or Purple Heart

Introduction

This topic contains information on handling claims from Veterans who earned the Medal of Honor or Purple Heart, including
- award criteria for the
- Medal of Honor, and
- Purple Heart, and
- flashing a Veteran's record to expedite processing based on receipt of the Medal of Honor or Purple Heart.

Change Date April 1, 2019

X.i.1.7.a. Award Criteria for the Medal of Honor

The Medal of Honor is the highest and most prestigious personal military decoration that may be awarded to recognize Veterans who have distinguished themselves by acts of valor during specifically defined combat or combat-related service. It is awarded by the President of the United States on behalf of Congress.

References: For more information on
- award of the Medal of Honor for members of the
- Army, see 10 U.S.C. 7271
- naval service, including the Navy and Marine Corps, see 10 U.S.C. 8291

- Air Force or Space Force, see **10 U.S.C. 9271**, and
- Coast Guard, see **14 U.S.C. 2732**, and
- handling claims for Medal of Honor pension, see **M21-1, Part XIII, Subpart i, 6**.

X.i.1.7.b. Award Criteria for the Purple Heart

The Purple Heart is awarded in the name of the President of the United States to members of the Armed Forces of the United States who have been wounded, were killed, or who have died or may hereafter die of wounds received during specifically defined combat or combat-related service.

Reference: For more information on award of the Purple Heart, see **10 U.S.C. 1129**.

X.i.1.7.c. Flashing a Veteran's Record to Expedite Based on Receipt of the Medal of Honor or Purple Heart

Priority processing is required for
- all claims for Veterans or service members who have earned the Medal of Honor
- original compensation or pension claims for a Veteran or service member who earned the Purple Heart, and
- original DIC claims based on the death of a Veteran or service member who earned the Purple Heart.

Add the *Medal of Honor* or *Purple Heart* flash (when it is not already present) when a claim is received from a Veteran, service member, or survivor and receipt of the Purple Heart or Medal of Honor is documented.

Notes:
- The *Medal of Honor* or *Purple Heart* flash will result in prioritization of the claim, as described in the categories above, within NWQ.
- When the claimant has a paper claims folder, also add a attach a paper flash to the front of the claims folder that reads *Process Next – Purple Heart/Medal of Honor* and follow the procedures at **M21-1, Part X, Subpart i, 1.1.c**.

References: For more information on
- obtaining and reviewing service records to verify receipt of the Medal of Honor or Purple Heart, see
- **M21-1, Part III, Subpart i, 1.B.3.a**, and
- **M21-1, Part III, Subpart ii, 2.C**
- adding a flash, see the *VBMS Core User Guide*, and
- handling claims for Medal of Honor pension, see **M21-1, Part XIII, Subpart i, 6**.

8. Special Requirements for Visually Impaired Claimants

Introduction

This topic contains information on identifying and providing notification to visually impaired Veterans and survivors, including
- **legal requirements to provide accommodations for visually impaired claimants**
- **definition of visually impaired claimant**
- **requirement to identify visually impaired claimants**

- **enlarged font requirements**, and
- **attempting telephonic contact**.

Change Date May 31, 2023

X.i.1.8.a. Legal Requirements to Provide Accommodations for Visually Impaired Claimants

Federal law requires that visually impaired individuals have "meaningful access" to Federal programs, including benefit programs operated by the Veterans Benefits Administration. Claims processors must provide meaningful access for visually impaired claimants by making communications of benefits-related information accessible. This includes the following required accommodations:

- ensuring all development letters, rating decisions, and decision notices are formatted with enlarged font to enhance visibility, and
- completing the telephonic contact requirements outlined in **M21-1, Part X, Subpart i, 1.8.e**.

X.i.1.8.b. Definition: Visually Impaired Claimant

For the purposes of providing accommodations and accessibility, a ***visually impaired claimant*** includes

- any Veteran
- with visual impairment (SC or non-service-connected) for which VA has assigned a disability rating of at least 70 percent, or
- who has expressly requested that VA accommodate a visual impairment (whether VA has evaluated the disability or not) with modified correspondence and communication methods, and
- any survivor claimant
- with visual impairment that corresponds to a need for A&A, or
- who has expressly requested that VA accommodate a visual impairment (whether VA has evaluated the disability or not) with modified correspondence and communication methods.

X.i.1.8.c. Requirement to Identify Visually Impaired Claimants

Every visually impaired claimant's record must be identified with the following attributes:

- reverse file ***VA Form 21-0178, Visually Impaired Veteran***, in the center section of the Veteran's paper claims folder, if one exists, and/or
- add the *Blind* flash to the Veteran's corporate record.

Important: A claimant may be found via rating decision to qualify for A&A when visual impairment is of such severity as to automatically establish eligibility to A&A, as set forth in **38 CFR 3.351(c)(1)**. Requirements for A&A status are described in **M21-1, Part IX, Subpart ii, 1.A.1.b**.

Reference: For information on adding a flash to a Veteran's record, see

- the ***Share User Guide***
- the *VBMS Core User Guide*, and
- **M21-1, Part III, Subpart i, 2.F.1.b**.

X.i.1.8.d. Enlarged Font Requirements

All communications generated by a claims processor for a visually impaired claimant must include the enlarged 18-point font. This includes all

- development letters
- rating decisions, and
- decision notices.

Use the table below to ensure the relevant claimant communication is generated with the requisite enlarged font.

If generating a ...	Then ...
development letter or decision notice in VBMS	the *Blind* corporate flash will automatically trigger the enlarged font in the generated letter. ***Note***: Text in the right sidebar of letters generated using Redesigned Automated Decision Letter will remain in 8-point font.
development letter or decision notice in any other system, such as Personal Computer Generated Letter	manually enlarge the font to the required size.
rating decision	the VISUALLY IMPAIRED field on the DOCUMENTS tab in VBMS-Rating must be manually selected to generate a rating narrative with enlarged font.

X.i.1.8.e. Attempting Telephonic Contact

Once a development letter or decision notice is finalized and submitted for mailing, a claims processor must make a minimum of three attempts to contact the visually impaired claimant by telephone to explain the substance of the letter.

The claims processor must

- provide to the claimant a general summary of the development letter or decision(s) VA made
- inform the claimant that
- the letter is forthcoming, and
- any additional questions concerning the letter's content may be directed to the National Call Center, and
- document
- successful telephone contact on ***VA Form 27-0820, Report of General Information***, or
- unsuccessful attempts to contact the claimant as a contact note in the appropriate claims processing system.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177939/M21-1-Part-X-Subpart-i-Chapter-1-Priority-Processing-Programs-and-Special-Requirements>

M21-1, Part X, Subpart i, Chapter 2, Section A - General Information

About the Fully Developed Claim (FDC) Program

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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 02. Fully Developed Claims (FDCs)

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Overview of the FDC Program
2	Forms Claimants Must Use When Submitting an FDC

1. Overview of the FDC Program

Introduction This topic contains an overview of the FDC Program, including the
- purpose of the FDC Program, and
- benefits of and criteria for participation in the FDC Program.

Change Date September 12, 2017

X.i.2.A.1.a. Purpose of the FDC Program

The Department of Veterans Affairs (VA) designed the Fully Developed Claim (FDC) Program for the purpose of
- reducing its backlog of pending claims, and
- improving claims-processing timeliness.

X.i.2.A.1.b. Benefits of and Criteria for Participation in the FDC Program

In order to streamline the claims process, the FDC Program requires claimants that choose to participate in this program to
- submit their claim on a specific form that contains language which satisfies the general notice requirements of 38 U.S.C. 5103
- simultaneously submit all private medical treatment records with their claim
- identify any relevant treatment records at a Federal facility, and
- submit any additional forms or treatment records required under special circumstances that support their specific claim.

In addition to reduced claims processing time, FDC claimants who filed an original compensation claim between August 6, 2013, through August 5, 2015, potentially benefit from the retroactive effective date temporarily established by Section 506 of *Public Law 112-154*.

Note: Service members who do not meet the requirements for pre-separation claim processing through the Benefits Delivery at Discharge (BDD) program may file an FDC claim from one to 180 days prior to discharge.

References: For information about
- the forms claimants must use when submitting an FDC,

see M21-1, Part X, Subpart i, 2.A.2.a
- exclusions from the FDC Program, see M21-1, Part X, Subpart i, 2.B.2
- special issue FDCs that require development letters, see M21-1, Part X, Subpart i, 2.B.3.b
- determining an effective date for a grant of benefits under the FDC Program, see M21-1, Part X, Subpart i, 2.B.4, and
- the requirements for processing of pre-separation claims through the BDD program, see M21-1, Part X, Subpart i, 6.B.

2. Forms Claimants Must Use When Submitting an FDC

Introduction This topic contains information about the forms claimants must use when submitting an FDC, including
- list of forms claimants must use to participate in the FDC Program
- use of EZ forms by claimants who do not want to participate in the FDC Program
- unique characteristics of the EZ forms
- notice claimants receive in
- *VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits*
- *VA Form 21P-527EZ, Application for Pension*, and
- *VA Form 21P-534EZ, Application for DIC, Death Pension, and /or Accrued Benefits*
- handling an incomplete EZ form, and
- handling an unsigned EZ form.

Change Date November 9, 2022

X.i.2.A.2.a. List of Forms Claimants Must Use to Participate in the FDC Program

The table below lists the forms claimants ***must*** use in order to participate in the FDC Program.

If the claimant is seeking ...	Then the claimant must use the current version of ...
disability compensation	*VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits*.
Veterans Pension	*VA Form 21P-527EZ, Application for Pension*.
survivors benefits	*VA Form 21P-534EZ, Application for DIC, Survivors Pension, and /or Accrued Benefits*.

Notes:
- Follow the instructions in M21-1, Part X, Subpart i, 2.B.2.d, for excluding a claim from the FDC Program if a claimant
- requests processing of the claim under the FDC Program, using a form other than those listed in the table above, or
- uses an outdated version of an EZ form, as defined in M21-1, Part II, Subpart i, 2.B.4, to apply for benefits.

- A Veteran who simultaneously claims entitlement to both compensation ***and*** pension under the FDC Program must submit both
- ***VA Form 21-526EZ***, ***and***
- ***VA Form 21P-527EZ***.
- The EZ forms identified in this block
- are considered valid forms for submission of an original claim, as defined by **38 CFR 3.160(b)**, but
- *must* be submitted by claimants each time they file a claim for respective benefits under the FDC Program.

X.i.2.A.2.b. Use of EZ Forms by Claimants Who Do Not Want to Participate in the FDC Program

Claimants who do ***not*** want VA to process their claim under the FDC Program may also use the EZ forms listed in **M21-1, Part X, Subpart i, 2.A.2.a**, to apply for benefits. Depending upon the benefit sought and/or form submitted, claimants notify VA of this intent by

- selecting *STANDARD CLAIM PROCESS* as the claim program/process desired, or
- checking the box next to the form's statement that reads: *I DO NOT want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim*.

If the ***VA Form 21-526EZ*** contains selections for *both* the FDC Program and the standard claim process, or *neither*, default to processing the claim through the FDC Program, and follow procedures found in **M21-1, Part X, Subpart i, 2.B.2.d** if exclusion from the FDC Program is or becomes necessary.

X.i.2.A.2.c. Unique Characteristics of the EZ Forms

38 U.S.C. 5103 requires VA to notify claimants of the evidence they must submit in order to establish entitlement to the benefit(s) they are seeking. The forms listed in **M21-1, Part X, Subpart i, 2.A.2.a**, are unique in that they provide this notice along with the application for benefits, thereby eliminating the need for VA to

- provide the notice *after* receiving the application, and/or
- allow time for claimants to respond to the notice.

The forms listed in **M21-1, Part X, Subpart i, 2.A.2.a**, also contain an explanation of the general differences between the FDC process and the standard claim process, to include what the claimant needs to do and when the claimant should submit information and evidence.

References: For more information about the notice VA provides to claimants in

- ***VA Form 21-526EZ***, see **M21-1, Part X, Subpart i, 2.A.2.d**
- ***VA Form 21P-527EZ***, see **M21-1, Part X, Subpart i, 2.A.2.e**, and
- ***VA Form 21P-534EZ***, see **M21-1, Part X, Subpart i, 2.A.2.f**.

X.i.2.A.2.d. Notice Claimants Receive in VA Form 21-526EZ

VA Form 21-526EZ provides claimants with the notice **38 U.S.C. 5103** requires for the following types of disability compensation claims:

- service connection (SC) for disabilities related to the following types of service:
- active duty
- active duty for training, or
- inactive duty training
- secondary SC
- increased disability compensation
- compensation claims submitted prior to discharge
- individual unemployability
- temporary total disability rating due to
- hospitalization, or
- surgical or other treatment
- compensation under **38 U.S.C. 1151**

- special monthly compensation based on the
- need for aid and attendance (A&A), or
- status of being housebound
- additional benefits for a spouse who needs A&A
- specially adapted housing or special home adaptation
- automobile allowance or adaptive equipment, and
- additional compensation for a Veteran with a child incapable of self-support.

Exception: Certain special issue claims require additional notification as outlined in M21-1, Part III, Subpart i, 2.B.1.e. In these cases, follow the procedures outlined in M21-1, Part X, Subpart i, 2.B.3, for providing a subsequent development letter.

X.i.2.A.2.e. Notice Claimants Receive in VA Form 21P-527EZ

VA Form 21P-527EZ provides claimants with the notice 38 U.S.C. 5103 requires for the following types of Veterans Pension claims:

- Veterans Pension
- special monthly pension based on the
- need for A&A, or
- status of being housebound, and
- additional Veterans Pension benefits for a Veteran with a child incapable of self-support.

Note: VA accepts electronically filed versions of *VA Form 21P-527EZ* submitted through on-line applications.

Reference: For more information on processing on-line applications without a signature, see M21-1, Part II, Subpart i, 2.A.2.d.

X.i.2.A.2.f. Notice Claimants Receive in VA Form 21P-534EZ

VA Form 21P-534EZ provides claimants with the notice 38 U.S.C. 5103 requires for claims for the following types of survivors benefits:

- accrued benefits
- Dependency and Indemnity Compensation (DIC) for death related to the following types of service:
- active duty
- active duty for training, or
- inactive duty training
- DIC under 38 U.S.C. 1318
- DIC under 38 U.S.C. 1151
- Survivors Pension and Parents' DIC
- additional survivors benefits based on the
- need for A&A, or
- status of being housebound, and
- benefits for a deceased Veteran's child incapable of self-support.

X.i.2.A.2.g. Handling an Incomplete EZ Form

Follow the instructions in the table below if a claimant who requests processing of the claim under the FDC Program submits an EZ form that is incomplete.

If the EZ form ...	Then ...
does not contain enough information to identify *any* of the claimant's contentions	• treat the EZ form as an incomplete application, and • follow instructions found in M21-1, Part II, Subpart iii, 1.C.1.
contains enough information to identify some, but not all, of the claimant's contentions	• follow the instructions in M21-1, Part X, Subpart i, 2.B.1, and • attempt to obtain clarification from the claimant by telephone. If telephone contact with the claimant is unsuccessful or further attempts to obtain

contentions	unsuccessful or further attempts to obtain clarification would result in a delay of more than one business day, follow the instructions in **M21-1, Part X, Subpart i, 2.B.2.a** for excluding the claim from the FDC Program.
does not contain enough information to identify the claimant	follow the instructions in **M21-1, Part II, Subpart i, 2.C.5** for handling unidentifiable mail.

Reference: For more information on identifying and handling incomplete FDCs filed prior to March 24, 2015, see the attachment, *Historical_M21-1III_i_3_SecA_2-27-19.docx*.

X.i.2.A.2.h. Handling an Unsigned EZ Form

Follow the instructions found in **M21-1, Part II, Subpart iii, 1.C.2.b**, to treat as an incomplete application any EZ form that constitutes a(n)

- *original* claim for benefits, unsigned by the claimant, or
- *non-original* claim for benefits, signed by neither the claimant nor authorized representative.

Important:

- If an EZ form constituting a *non-original* claim for benefits is signed by the authorized representative *only*, send the claimant a Section 5103 notice, and continue processing the claim under the FDC Program.
- VA does ***not*** require a signature on forms claimants submit through VONAPP, VDC, or Vets.gov.

References: For more information on

- the notice requirements of **38 U.S.C. 5103**, see
- **M21-1, Part I, Subpart i, 1.A**, and
- **M21-1, Part III, Subpart i, 2.B**
- processing on-line applications without a signature, see **M21-1, Part II, Subpart i, 2.A.2.d**, and
- handling unsigned EZ forms constituting non-original claims prior to March 24, 2015, see the attachment, *Historical_M21-1III_i_3_SecA_2-27-19.docx*.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177940/M21-1-Part-X-Subpart-i-Chapter-2-Section-A-General-Information-About-the-Fully-Developed-Claim-FDC-Program>

M21-1, Part X, Subpart i, Chapter 2, Section B - Processing Fully Developed Claims (FDCs)

Article ID: 554400000177941
Updated Jun 28, 2024
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 02. Fully Developed Claims (FDCs)

<-- Previous Section Next Section -->

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Intake Process for FDCs
2	Excluding Claims From the FDC Program
3	Development the Department of Veterans Affairs (VA) Undertakes in Connection with FDCs
4	Effective Date Provisions Unique to the FDC Program

1. Intake Process for FDCs

Change Date November 9, 2022

X.i.2.B.1.a. Initial Actions to Take Upon Receipt of an FDC

Identify a fully developed claim (FDC) by attaching the *Fully Developed Claim* special issue indicator to ***at least one contention*** within the FDC claim.

References: For more information on
- choosing an appropriate end product (EP), see M21-4, Appendix B, and
- establishing an EP in the appropriate system, see M21-1, Part II, Subpart iii, 3.A.1.

2. Excluding Claims From the FDC Program

Introduction This topic contains information about excluding claims from the FDC Program, including
- excluding a claim from the FDC Program at claims establishment
- reasons for subsequent exclusion of a claim from the FDC Program
- submission of additional evidence and FDC exclusion
- process for excluding a claim from the FDC Program
- special issue indicators for FDC exclusion
- erroneous exclusion of a claim from the FDC Program
- applicability of FDC guidance changes, and
- handling disputes with exclusion from the FDC Program.

Change Date November 9, 2022

X.i.2.B.2.a. Excluding a Claim From

Even though a claimant submits one of the EZ forms listed in M21-1, Part X, Subpart i, 2.A.2.a, the claim must be reviewed at the claims establishment stage to ensure it qualifies for FDC

the FDC Program at Claims Establishment	processing. Use the table below when establishing a claim submitted on an EZ form to determine if it must be excluded from the FDC Program.

If ...	Then ...
the claimant • indicates they do ***not*** want the Department of Veterans Affairs (VA) to process their claim under the FDC Program (as discussed in **M21-1, Part X, Subpart i, 2.A.2.b**) • has a claim pending at the time VA receives the EZ form • has a legacy appeal, higher-level review (HLR), or notice of disagreement (NOD) with the Board of Veterans' Appeals (BVA) pending at the time VA receives the EZ form, or • fails to ***simultaneously*** submit any of the additional forms required to process the specific claim	exclude the claim from the FDC Program. ***Note***: Required forms are defined as those forms discussed on the EZ form under "Special Circumstances." ***Exception***: If evidence submitted with the FDC is sufficient to concede a stressor in a posttraumatic stress disorder (PTSD) claim, such as fear, combat decoration, etc., a ***VA Form 21-0781, Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)***, is not required. ***Reference***: For more information on PTSD claims, see **M21-1, Part VIII, Subpart iv, 1.A-E**.
the claim requires development for evidence from • the claimant, or • private healthcare provider(s)	exclude the claim from the FDC Program. ***Exception***: Special issue claims, as discussed in **M21-1, Part X, Subpart i, 2.B.3.b**.
a claim for disability compensation requires development for ***VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA)***, and/or ***VA Form 21-4142a, General Release for Medical Provider Information to the Department of Veterans Affairs (VA)***, to obtain Vet Center records	exclude the claim from the FDC Program. ***Rationale***: The current version of ***VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits***, notifies claimants that FDC Program participation requires simultaneous submission of ***VA Form 21-4142*** for Vet Center records. ***Exception***: Exclusion from the FDC Program is *not* required if the development discussed in this row is needed in connection with a claim for Veterans Pension or survivors benefits. ***Reference***: For more information on pension and survivor FDCs and Vet Center records, see **M21-1, Part X, Subpart i, 2.B.3.d**.
the claim requires development	do not exclude the claim from

for Federal records	the FDC Program.
the claim requires development for National Guard or Reserve unit records	do not exclude the claim from the FDC Program.
the claim requires completion of ***NA Form 13055, Request for Information Needed to Reconstruct Medical Data***, (by the claimant) because service treatment records (STRs) were destroyed by a fire at the National Personnel Records Center (NPRC) in 1973	do not exclude the claim from the FDC Program.
the claim requires a character-of-discharge (COD) determination	exclude the claim from the FDC Program.
the claim requires a telephone call to a claimant to clarify information	do not automatically exclude from the FDC Program. ***Reference***: For more information on telephone contact and FDC exclusion, see **M21-1, Part X, Subpart i, 2.B.3.f**.
• VA requires a claimant to simultaneously submit an additional form with the FDC, and • the claimant submits an incomplete form	exclude the claim from the FDC Program. ***Note***: Required forms are defined as those forms discussed on the EZ form under "Special Circumstances."
VA requires independent verification of earned and unearned income from Federal tax information (FTI) received for upfront verification	exclude the claim from the FDC Program.
• a claimant submits a dual claim for compensation and pension on the required EZ forms, and • one of the claims requires further development	the claim that does not require development should still be processed in the FDC Program.

Notes:

- Benefits Delivery at Discharge (BDD) claims are excluded from the FDC Program. However, claims that are excluded from the BDD program (including BDD-excluded claims received from 180 to 1 day prior to discharge, and claims or additional contentions received less than 90 days prior to discharge) can be processed through the FDC Program, subject to FDC Program requirements.
- The steps described in **M21-1, Part X, Subpart i, 2.B.2.d** do not apply when excluding a BDD claim.

References: For more information on the

- only development VA will undertake in connection with an FDC, see **M21-1, Part X, Subpart i, 2.B.3.a**, and
- required procedure for excluding a claim from the FDC Program, see **M21-1, Part X, Subpart i, 2.B.2.d**.

X.i.2.B.2.b. Reasons for Subsequent Exclusion of a Claim From the FDC Program

If at any time during the processing of an FDC, a reason for exclusion is met, the claim ***must*** be excluded from the FDC Program.

See the table below for a description of the reasons for subsequent exclusion of a claim from the FDC Program.

Important: When guidance on excluding an FDC has changed during the processing of the FDC, follow the instructions in **M21-1, Part X, Subpart i, 2.B.2.g**.

Exclude a claim from the FDC Program if the claimant or power of attorney (POA) ...	Except ...
submits additional evidence, *even if it does not require additional development*	as provided in M21-1, Part X, Subpart i, 2.B.2.c.
• fails to report for a VA examination, and • asks VA to reschedule *before* the FDC is decided	if VA is *solely* at fault. ***Example***: VA did not provide the examining facility with the claimant's correct mailing address.
submits an additional claim, *even if it does not require additional development*	• when a survivor's FDC is either preceded or followed by a burial or accrued claim, or • when there is an unclaimed issue that is found to be within the scope of the claim as defined in 38 CFR 3.155(d)(2). Any issue within the scope of the claim will be developed in accordance with current policies and procedures and will not be excluded for any non-Federal records development. ***Reference***: For more information on issues within the scope, see M21-1, Part V, Subpart ii, 3.A.1.c.
submits a(n) • legacy appeal • request for HLR, or • NOD to BVA.	---

X.i.2.B.2.c. Submission of Additional Evidence and FDC Exclusion

In some cases, the submission of additional evidence does not require an automatic exclusion from the FDC Program. Do not exclude a claim from the FDC Program if the claimant or POA submits

- duplicate evidence already of record, including records not in the claims folder but in other VA systems, such as the Compensation and Pension Record Interchange
- a response limited to only the information requested in a required development letter
- status or other inquiries, or
- information received in response to a matching/data transfer program between VA and another government entity.

Reference: For more information on the determination to exclude from the FDC Program after sending a development letter, see M21-1, Part X, Subpart i, 2.B.3.e.

X.i.2.B.2.d. Process for Excluding a Claim From the FDC Program

If it becomes necessary to exclude a claim from the FDC Program, regional offices (ROs) must follow the steps in the table below.

Exception: The steps in the table below do not apply when excluding a BDD claim. These claims do not require an FDC exclusion special issue indicator.

Step	Action

1	Remove the FDC folder flash, if one exists.
2	Replace the *Fully Developed Claim* special issue indicator with the appropriate special issue indicator from the list in M21-1, Part X, Subpart i, 2.B.2.e.
3	Continue processing the claim under standard claims-processing procedures.

Note: After excluding a claim from the FDC Program, provide the claimant with the notice 38 U.S.C. 5103 required ***only if*** VA excluded the claim because the claimant

- did not submit the claim on one of the EZ forms – or the *appropriate* EZ form – listed in M21-1, Part X, Subpart i, 2.A.2
- submitted a ***non-original*** claim on the appropriate EZ form before March 24, 2015, but did not sign the form, or
- submitted another claim ***after*** VA received the FDC ***and*** VA has not provided Section 5103 notice (to include the notice the EZ forms provide) within the last year that covers the issue(s) in the subsequent claim.

Important: An unsigned application for benefits received on or after March 24, 2015, must be handled as an incomplete application as instructed in M21-1, Part II, Subpart iii, 1.C.1.a.

References: For more information on

- the notice 38 U.S.C. 5103 requires, see M21-1, Part III, Subpart i, 2.B
- signatures, see M21-1, Part II, Subpart i, 2.B.2.a, and
- handling unsigned applications, see
- M21-1, Part X, Subpart i, 2.A.2.h, and
- M21-1, Part II, Subpart iii, 1.A.4.e.

X.i.2.B.2.e. Special Issue Indicators for FDC Exclusion

If it is necessary to exclude a claim from the FDC Program, assign the appropriate FDC special issue indicator.
Use the table below to select the appropriate special issue.

Exclusion Reason	Special Issue
Claimant declines FDC processing	*FDC Excluded – Claimant declined FDC processing*
Claim is pending at the time VA receives the FDC	*FDC Excluded – Claim pending*
Legacy appeal, HLR, or NOD to BVA is pending at the time VA receives the FDC	*FDC Excluded – Appeal pending*
Claimant fails to simultaneously submit any of the additional forms required to process the specific claim	*FDC Excluded – All Required Items Not Submitted*
The claim requires • development for evidence, or • a COD determination	*FDC Excluded – Needs Non-Fed Evidence Development*
VA requires independent verification of earned and unearned income from FTI received for upfront verification	*FDC Excluded – Requires INDPT VRFCTN of FTI*
The claimant or POA submits additional evidence	*FDC Excluded – Evidence received after FDC CEST*
The Veteran	*FDC Excluded –*

• fails to report for a VA examination, and • asks VA to reschedule before the FDC is decided	*FTR to exam*
The claimant or POA submits an additional claim	*FDC Excluded – Additional claim submitted*
The claimant or POA submits a(n) • legacy appeal • request for HLR, or • NOD to BVA	*FDC Excluded— Appeal Submitted*

X.i.2.B.2.f. Erroneous Exclusion of a Claim From the FDC Program

When a claim has been erroneously excluded from the FDC Program, VA must

- remove the FDC exclusion special issue indicator
- add the *Fully Developed Claim* special issue indicator back to at least one contention, and
- continue to process the claim in the FDC Program.

Notes:

- If a claim is erroneously excluded from the FDC Program, the rating activity must still apply
- all pertinent effective date rules discussed in **M21-1, Part V, Subpart ii, 4.A**, and
- if appropriate to the case/situation, effective date provisions unique to the FDC Program, as discussed in
- **M21-1, Part X, Subpart i, 2.B.4**, and
- the attachment, *Historical_M21-1III_i_3_SecB_ 2-19-19.docx*.
- Notice to the claimant that the claim was erroneously excluded is not required. Any discussion of the effective date awarded in the rating decision and award notification letter is sufficient.

X.i.2.B.2.g. Applicability of FDC Guidance Changes

Use the table below to determine the appropriate action when changes in guidance occur during the processing of an FDC.

If during the processing of the FDC, the claim ...	**And under new guidance in effect at the time the decision is being made …**	**Then ...**
was excluded from the FDC Program	it would *not* be excluded ***Examples***: • National Guard records not submitted with the claim, or • fire-related STRs.	provided the claim is an original compensation claim, follow the provisions of **M21-1, Part X, Subpart i, 2.B.2.f**, to reinstate the claim into the FDC Program.
did not meet a reason to exclude	the claim *would* be excluded ***Examples***: • Claims processed between March 11, 2015, and August 6, 2015, with additional evidence received that did not require additional development. • Claims processed between December 2014 and August 6, 2015, where additional contentions were received that did not require additional	• leave the claim in the FDC Program, and • apply the new guidance prospectively to claimed issues not previously reviewed/considered.

	development.	

X.i.2.B.2.h. Handling Disputes With Exclusion From the FDC Program

VA may *not* accept as valid a legacy NOD or request for decision review submitted in response to notice that a claim was excluded from the FDC Program. Upon receipt of such communication, send notice to the claimant that the submission is not considered valid, as no final decision had been made at the time the claimant expressed disagreement.

If the claimant timely disagrees with or requests decision review regarding exclusion from the FDC Program *after* receiving the decision notice associated with the underlying, excluded claim,

- accept the submission as a valid legacy NOD or request for decision review, where other procedures allow, and
- address, in the review decision, whether the appropriate effective date was originally assigned.

References: For more information on

- the definition of a legacy NOD, see **M21-5, Chapter 7, Section A.1.d**, and
- legacy NODs, see **M21-5, Chapter 7, Section B**.

3. Development VA Undertakes in Connection with FDCs

Introduction

This topic contains information about development VA undertakes in connection with FDCs, including

- **limitations on the development of FDCs**
- **FDCs and special issue development**
- **military sexual trauma (MST) protocol and FDCs**
- **pension and survivors FDCs and Vet Center Records**
- **determination to exclude from the FDC Program after sending a development letter**, and
- **telephone development and FDC exclusion**.

Change Date November 9, 2022

X.i.2.B.3.a. Limitations on the Development of FDCs

The ***only*** development VA undertakes in connection with an FDC is to request

- Federal records in the custody of the Federal government, including
- FTI as described in **M21-1, Part XIV, 4.A.1**
- records in the custody of VA medical centers
- relevant records at a military treatment facility (MTF)
- records that were destroyed by a fire at NPRC in 1973, and
- records in the custody of a Veteran's Reserve/Guard unit(s)
- ***VA Form 21-4142*** and/or ***VA Form 21-4142a*** when needed to obtain Vet Center records in support of a claim for Veterans Pension or survivors benefits
- information needed for special issue claims
- clarifications by telephone contact with the claimant, and/or
- VA examination(s).

Note: When submitting a request for records from a Federal records custodian in connection with an FDC, do ***not*** concurrently request the same records from

the claimant.
Reference: For more information on requesting records from an MTF, see **M21-1, Part III, Subpart ii, 1.A.3**.

X.i.2.B.3.b. FDCs and Special Issue Development

If an FDC includes one of the special issues that require a subsequent development letter as noted in **M21-1, Part III, Subpart i, 2.B.1.e**, FDC exclusion is ***not*** appropriate at claims establishment, as there was *no prior notice to the claimant* to provide the additional information/evidence necessary to develop and adjudicate the claim.
Exception: Claims falling under one of the "Special Circumstances" noted on ***VA Form 21-526EZ***, such as PTSD or individual unemployability, must be excluded from the FDC Program if filed without the necessary additional form(s) and adequate supporting evidence is not already of record.

Important: Do not send the development letter if the evidence of record
- provides the information the letter solicits, or
- is otherwise sufficient to decide the claim.

Example: If a Veteran claiming service connection for hepatitis C submits medical records that address risk factors for the disease, do not send a letter soliciting hepatitis risk factors, as this information is addressed by the evidence of record.
References: For more information on
- military sexual trauma (MST) protocol and FDCs, see **M21-1, Part X, Subpart i, 2.B.3.c**, and
- exclusion from the FDC Program at claims establishment, see **M21-1, Part X, Subpart i, 2.B.2.a**.

X.i.2.B.3.c. MST Protocol and FDCs

MST claims require special handling and contact with the claimant. Development to a claimant that aligns with MST protocol will not be an exclusion from the FDC Program. Do *not* exclude MST claims from the FDC Program based on
- a telephone call to a claimant to inquire as to whether or not any other claims of the MST have been filed, or
- development to a claimant for an incident report.

Reference: For more information on notification requirements for special issue claims, see **M21-1, Part III, Subpart i, 2.B.1.e**.

X.i.2.B.3.d. Pension and Survivors FDCs and Vet Center Records

Do not exclude an FDC involving Veterans Pension or survivors benefits at claims establishment when a claimant identifies Vet Center records that require completion of a ***VA Form 21-4142*** and/or ***VA Form 21-4142a***, as there is no prior notice to the claimant that these Federal records require a release form.

RO personnel should request that the claimant provide the ***VA Form 21-4142*** and ***VA Form 21-4142a*** for the Vet Center records, when required.

Important:
- If the claimant responds with ***only*** the requested form or the related records, the claim will remain in the FDC Program.
- As noted in **M21-1, Part X, Subpart i, 2.B.2.a**, claims involving ***disability compensation*** must be excluded from the FDC Program if ***VA Form 21-4142*** (and/or ***VA Form 21-4142a***) development is needed to secure Vet Center records.

Reference: For more information on the determination to exclude from the FDC Program after sending a development letter, see **M21-1, Part X, Subpart i, 2.B.3.e**.

X.i.2.B.3.e. Determination to Exclude From the FDC Program After Sending a

Use the table below to determine whether a claim should be excluded from FDC processing after sending the required development letter to the

Development Letter

claimant.

If the claimant ...	Then ...
provides *only* the information requested in the development letter	do not exclude from the FDC Program.
submits additional information/evidence *not* req uested in the development letter	exclude from the FDC Program.
does not respond to the development letter	do not exclude from the FDC Program.

References: For more information on

- notification requirements for special issue claims, see **M21-1, Part III, Subpart i, 2.B.1.f**, and
- steps to take when a claim is excluded from the FDC Program, see **M21-1, Part X, Subpart i, 2.B.2.d**.

X.i.2.B.3.f. Telephone Development and FDC Exclusion

A telephone call to a claimant to clarify information will not require exclusion from the FDC Program if the telephone call can be completed at the time the action is being taken on the claim. Exclusion *would* be appropriate when contact with the claimant is unsuccessful and the need for clarification would require the initiation of additional development.

Example: A claimant submits medical evidence from a physician and attaches a ***VA Form 21-4142*** or ***VA Form 21-4142a***. A claims processor calls the claimant to clarify if the claimant wanted VA to develop for additional records. Provided the claims processor reaches the claimant the same day and the claimant provided a negative response, the claim will *not* be excluded from the FDC Program.

Important: Exclusion would be appropriate if

- the claimant cannot be reached at the time of the action being taken on the claim, and
- VA then had to send a letter to the claimant to request the necessary information.

4. Effective Date Provisions Unique to the FDC Program

Change Date June 6, 2019

X.i.2.B.4.a. Effective Date Provisions Unique to the FDC Program

Existing VA regulations and procedures, including **38 CFR 3.400** and **M21-1, Part V, Subpart ii, 4.A**, apply equally to FDCs and claims submitted through the standard process.

Unique to the FDC Program, however, were provisions implemented in *Public Law (PL) 112-154*, *Section 506*, which permitted the assignment of an effective date prior to date of claim for original compensation FDCs received

- between August 6, 2013, and August 5, 2015, and/or
- within one year of communication of an intent to file received between March 24, 2015, and August 5, 2015.

During the finite timeframe to which *PL 112-154, Section 506*, was applicable, decision makers granting claims under the FDC Program considered its provisions in concert with other regulatory effective date rules and principles in order to

- determine which single, applicable effective date rule was most advantageous to the claimant, per individual issue, and

- use *only* that effective date rule to award benefits for the issue in question.

Notes: The provisions of *PL 112-154, Section 506*,

- did *not* apply to informal claims filed prior to March 24, 2015, under historical **38 CFR 3.155**, and
- characterized an "original claim" as the initial formal (complete) claim filed by a Veteran for disability compensation, such that Veterans who had previously applied for non-service-connected pension retained potential eligibility to the retroactive effective date upon filing an initial compensation FDC.

References: For more information on

- applying provisions of *PL 112-154, Section 506*, generally and as a matter of decision revision, to include examples of proper application, see the attachment, *Historical_M21-1III_i_3_SecB_2-19-19.docx*, and
- additional examples of the interaction of *PL 112-154, Section 506*, provisions with other effective date rules and principles, see the attachment, *Historical_M21-1III_iv_5_SecC_2-19-19.docx*.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177941/M21-1-Part-X-Subpart-i-Chapter-2-Section-B-Processing-Fully-Developed-Claims-FDCs>

M21-1, Part X, Subpart i, Chapter 3, Section A - Jurisdiction for Special Act and Foreign Residency Claims

Article ID: 554400000177942
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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Jurisdiction for Special Act Awards
2	Jurisdiction for Claims Involving Foreign Residency
3	Considerations in Rating and Authorization Action With Foreign Residency Jurisdiction
4	Routing Mail for Claims From Foreign Residents

1. Jurisdiction for Special Act Awards

Introduction This topic contains information on the jurisdiction for special act awards, including

- definition of special act award, and
- determining jurisdiction and authorizing special act awards.

Change Date April 14, 2015

X.i.3.A.1.a. Definition: Special Act Award A ***special act award*** is an award of benefits authorized under a private law.
Reference: For more information on special acts, see 38 CFR 3.801.

X.i.3.A.1.b. Determining Jurisdiction and Authorizing Special Act Awards Use the table below to

- determine jurisdiction of a special act claim, and
- authorize a special act award.

If the special act …	Then the …
predetermines only that the condition for entitlement to compensation or pension has been met ***Example***: Character of discharge or date of claim.	regional office (RO) retains jurisdiction of the case.
• provides for payment of a fixed rate of compensation or pension to designated individuals, and • identifies the act as a special entitlement	Philadelphia Pension Management Center (PMC) retains exclusive jurisdiction of the case.

Note: Regardless of jurisdiction, enter the following notation in the *Remarks* of the award to specify the particular special act under which the award is made:

Benefits authorized under **[enter special act]** *approved* **[date]**.

Reference: For more information on considerations in rating and authorization action with foreign residency jurisdiction, see M21-1, Part X, Subpart i, 3.A.3.

2. Jurisdiction for Claims Involving Foreign Residency

Change Date September 21, 2022

X.i.3.A.2.a. Jurisdiction Over Claims Involving Foreign Residency

Jurisdiction over claims involving foreign residency is divided among the following offices:

- the Pittsburgh RO for live compensation claims and dual claims
- the Philadelphia PMC for all original service-connected (SC) death claims, including claims from the Philippines
- the Milwaukee PMC for supplemental claims received from residents of the Philippines or claims based on Philippine service for Dependency and Indemnity Compensation (DIC) where SC death was already granted, and
- the Milwaukee and St. Paul PMCs for all foreign PMC claims not specified above.

Notes:

- U.S. territories are *not* considered foreign residences.
- All legacy appeals, including those for pension and survivor benefits are the jurisdiction of the appropriate decision review operations center.

References: For more information on

- claim jurisdiction and transfer, see **M21-1, Part II, Subpart ii, 3**, and
- PMC alignment and jurisdiction, see **M21-1, Part I, Subpart ii, 1.C**.

3. Considerations in Rating and Authorization Action With Foreign Residency Jurisdiction

Introduction

This topic contains information on considerations in rating and authorization action with foreign residency jurisdiction, including

- **determining which station takes rating and authorization action**, and
- **authorization and rating action taken by the Pittsburgh RO, Philadelphia PMC, Milwaukee PMC, or St. Paul PMC**.

Change Date July 7, 2022

X.i.3.A.3.a. Determining Which Station Takes Rating and Authorization Action

When additional evidence or information is received the office currently assigned by National Work Queue (NWQ) would generally complete authorization and rating action necessitated by the newly-received evidence.

Exceptions:

- The currently assigned station may *not* take rating or authorization action when the Pittsburgh RO, Philadelphia PMC, Milwaukee PMC, or St. Paul PMC has exclusive jurisdiction over the claim to which the newly-received evidence relates.
- When the Pittsburgh RO, Philadelphia PMC, Milwaukee PMC, or St. Paul PMC is the assigned station, it may *not* take the rating or authorization action necessitated by newly-received evidence only if the immediate reassignment of the claims folder is required.

Reference: For more information on claim jurisdiction and transfer, including the role of NWQ, see **M21-1, Part II, Subpart ii, 3**.

X.i.3.A.3.b. Authorization and Rating Action Taken by the Pittsburgh RO, Philadelphia PMC, Milwaukee PMC, or St. Paul PMC

When it is appropriate for the Pittsburgh RO, Philadelphia PMC, Milwaukee PMC, or St. Paul PMC to take rating and authorization action based on receipt of additional evidence, the station must

- complete the action
- draft and send decision notice to the claimant and any representative (if represented), and
- ensure that the rating decision, decision notice and award are present in the electronic claims folder.

Reference: For more information on decision authorization and claimant notification, see **M21-1, Part VI, Subpart i, 1.A** and **B**.

4. Routing Mail for Claims From Foreign Residents

Introduction

This topic contains policies regarding routing mail for claims from foreign residents, including

- **determining jurisdiction over mail from residents of a foreign country**, and
- **claims from dependents residing in a foreign country**.

Change Date September 21, 2022

X.i.3.A.4.a. Determining Jurisdiction Over Mail From Residents of a Foreign Country

When mail is received for disability compensation, pension, or survivor claims and related legacy appeals for any foreign location, the mail will be processed in the Centralized Mail portal.

Use the table below when determining jurisdiction for mail related to pension or survivor claims processed by PMCs received from residents of foreign countries.

If the mail received is for ...	Then refer the mail to the ...
original SC death or burial claims	Philadelphia PMC.
a supplemental claim for DIC received from residents of the Philippines or claims based on Philippine service when SC death was already granted	Milwaukee PMC.
any PMC claim not covered in the previous rows from residents of a foreign country	Milwaukee or St. Paul PMC.

Exception: For mail related to claims received from dependents residing in a foreign country, see **M21-1, Part X, Subpart i, 3.A.4.b**.

Notes:

- American Samoa, Guam, and the Northern Mariana Islands (Rota, Saipan, and Tinian) are U.S. territories; they are ***not*** foreign countries.
- Activate the *Foreign* corporate flash upon receipt of a claim or legacy appeal that

- is subject to NWQ routing, and
- was submitted by an individual with a foreign address.

References: For more information on

- foreign claim jurisdiction, see **M21-1, Part II, Subpart ii, 3.1.b**, and
- activating a corporate flash, see the ***Share User Guide***.

X.i.3.A.4.b. Claims From Dependents Residing in a Foreign Country

Jurisdiction over claims from dependents residing in a foreign country is based on the primary beneficiary's place of residence and entitlement and not on the dependent's place of residence.

Example: A Veteran living in Salt Lake City, Utah, files a claim for disability compensation. After the Salt Lake City RO awards entitlement based on a 50-percent disability evaluation, the Veteran's dependent, who lives in Seoul, Korea, files a claim for an apportioned share of the Veteran's benefits.

Result: Because the Veteran resides within the jurisdiction of the Salt Lake City RO, this RO – *not the Pittsburgh RO* – is responsible for processing the dependent's claim.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177942/M21-1-Part-X-Subpart-i-Chapter-3-Section-A-Jurisdiction-for-Special-Act-and-Foreign-Residency-Claims>

M21-1, Part X, Subpart i, Chapter 3, Section B - Adjudication Procedures for Foreign Claims

Article ID: 554400000177943
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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 03. Foreign Claims

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Restriction on Benefit Payments to Individuals in Listed Foreign Countries
2	Development and Authorization of Claims by Individuals in Listed Foreign Countries
3	Discontinuing Awards to Beneficiaries in Listed Foreign Countries
4	Releasing Withheld Funds and Resuming Awards for Beneficiaries in Listed Foreign Countries
5	Awards to Individuals That Reside in Enemy Territory
6	Loyalty Clearances
7	Services the Department of State Provides
8	Authentication of Foreign Documents Under 38 CFR 3.202
9	Translation of Foreign Correspondence of Documents

1. Restriction on Benefit Payments to Individuals in Listed Foreign Countries

Introduction This topic contains general information on restriction on benefit payments to individuals in listed foreign countries, including

- prohibition on the release of payments
- apportioning the benefits of a beneficiary that resides in a listed country
- sending correspondence to claimants that reside in a listed country, and
- special account called *Secretary of the Treasury, Proceeds of Withheld Foreign Checks*.

Change Date April 9, 2020

X.i.3.B.1.a. Prohibition on the Release of Payments 31 U.S.C. 3329 prohibits the release of payments to persons who live in a foreign country if the Secretary of the Treasury decides that local conditions in the foreign country do not reasonably ensure that the payee will

- receive the payment, or
- be able to negotiate a payment for full value.

The Department of Treasury maintains a list of the foreign countries where the conditions described in the preceding paragraph exist. Currently, the list consists of only two countries, which will hereafter be referred to as “listed countries”:

- Democratic People’s Republic of Korea (North Korea), and

- Republic of Cuba.
  Exception: 38 CFR 3.653(c)(1) allows for the payment of benefits to an individual residing in a listed country as long as the individual, on his/her own initiative,
- requests that benefit payments show a U.S. Foreign Service post address in a country that is ***not*** on the list referenced in the preceding paragraph
- specifies the U.S. Foreign Service post address to which the payments are to be forwarded, and
- indicates he/she will take delivery at that U.S. Foreign Service post in person.
  Reference: For more information about the principle discussed in this block, see 31 CFR 211.1.

X.i.3.B.1.b. Apportioning the Benefits of a Beneficiary That Resides in a Listed Country

The Department of Veterans Affairs (VA) may apportion the benefits of a beneficiary that resides in a listed country. This differs from the ***payment of benefits*** to dependents under the provisions of 38 CFR 3.653(a), which is discussed in M21-1, Part X, Subpart i, 3.B.5.b.

Important: Restrictions on the development and processing of claims set forth in 38 CFR 3.653(c) (and discussed in M21-1, Part X, Subpart i, 3.B.2.a) apply equally to claims for an apportionment if the ***claimant***

- resides in a listed country, and
- is ***not*** a U.S. citizen.

After deciding to apportion the benefits of a beneficiary that resides in a listed country, claims processors must establish a system diary that will expire one year later (and every year thereafter), at which time they must confirm the continued existence of the primary beneficiary.

Claims processors must follow the steps in the table below if they are ever unable to confirm the continued existence of the primary beneficiary referenced in the preceding paragraph.

Step	Action
1	Has at least one year passed since VA last confirmed the existence of the primary beneficiary? • If *yes*, go to the next step. • If *no*, wait until the annual diary referenced earlier in this block expires before taking further action. If the primary beneficiary's existence is confirmed before the diary expires, • disregard the remaining steps in this table, and • establish a new diary that expires in one year.
2	Did the apportionee notify VA that the primary beneficiary's continued existence cannot be established? • If *yes*, go to Step 5. • If *no*, go to the next step.
3	Prepare and send to the apportionee a notice of proposed adverse action that informs him/her of • VA's intent to discontinue the apportionment because it is unable to establish the continued existence of the primary beneficiary, and • the effective date of the proposed action, which is the first of the month following a 60-day period that begins on the date of the notice of proposed adverse action. ***Reference***: For more information about notices of proposed adverse action, see M21-1, Part X, Subpart ii, 3.A.

4	Did the apportionee respond within 65 days by submitting evidence confirming the existence of the primary beneficiary? • If *yes*, • notify the apportionee that VA will not take the action it proposed, and • disregard the remaining steps in this table. • If *no*, go to the next step. ***Note***: Follow the instructions in **M21-1, Part X, Subpart ii, 3.B.3**, if VA receives a request for a hearing in response to the notice of proposed adverse action.
5	Discontinue the apportionment effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share.
6	Notify the apportionee of the action taken.

References: For more information about
- processing claims for an apportionment, see **M21-1, Part VII, Subpart iii, 1.A**, and
- establishing a system diary, see the ***Veterans Benefits Management System (VBMS) Awards User Guide***.

X.i.3.B.1.c. Sending Correspondence to Claimants That Reside in a Listed Country

Although sending ***payments*** to listed countries is prohibited, correspondence may be sent to claimants living in these countries; however, it is unlikely they will receive it.

In correspondence outside VA, do ***not*** use the term "blocked countries." Instead, use "listed countries."

X.i.3.B.1.d. Special Account Called Secretary of the Treasury, Proceeds of Withheld Foreign Checks

31 U.S.C. 3329(b)(4) provides for a special account called *Secretary of the Treasury, Proceeds of Withheld Foreign Checks*, which was established to preserve the rights of
- persons to whom awards had been made before October 9, 1940 (when the law prohibiting payments to listed countries was enacted), and
- those subsequently taking residence in a listed country.

2. Development and Authorization of Claims by Individuals in Listed Foreign Countries

Introduction

This topic contains information on developing claims filed by and authorizing awards to individuals that reside in a listed country, including
- **deciding whether to develop claims and authorize awards**, and
- **circumstances under which it is appropriate to deny claims without undertaking development**.

Change Date April 9, 2020

X.i.3.B.2.a. Deciding Whether to Develop Claims and Authorize Awards

If a claimant that is ***not*** a U.S. citizen resides in a listed country, do not undertake development on an initial or supplemental claim or authorize a corresponding award to the claimant ***unless*** the claimant, on his/her own

initiative,
- requests that benefit payments show a U.S. Foreign Service post address in a country that is ***not*** on the list referenced in M21-1, Part X, Subpart i, 3.B.1.a
- specifies the U.S. Foreign Service post address to which the payments are to be forwarded, and
- indicates that he/she will take delivery at that U.S. Foreign Service post in person.

Note: Limit claims development in countries without Department of State offices (such as North Korea) to direct correspondence with the claimant.

Reference: For information about the circumstances under which a U.S. citizen loses his/her citizenship, see 8 U.S.C 1481.

X.i.3.B.2.b. Circumstances Under Which it Is Appropriate to Deny Claims Without Undertaking Development

38 CFR 3.653(c) allows claims processors to deny – without undertaking development – initial and supplemental claims filed by claimants that are not U.S. citizens and reside in a listed country when
- the claimant fails to request delivery of payments to a U.S. Foreign Service post address in a country that is ***not*** on the list referenced in M21-1, Part X, Subpart i, 3.B.1.a, and/or
- full development of the case requires the services of the Department of State.

3. Discontinuing Awards to Beneficiaries in Listed Foreign Countries

Introduction

This topic contains information on discontinuing awards to beneficiaries that reside in a listed country, including
- notification by the Department of Treasury
- handling adjustments for returned payments, and
- adjusting
- the rate payable to other individuals when the primary beneficiary's award is discontinued, and
- a beneficiary's award when his/her dependent resides in a listed country.

Change Date April 9, 2020

X.i.3.B.3.a. Notification by the Department of Treasury

The Department of Treasury returns payments for pension, compensation, or Dependency and Indemnity Compensation (DIC) to VA for cancellation when a beneficiary resides in one of the listed countries referenced in M21-1, Part X, Subpart i, 3.B.1.a.
VA Form 20-6560, *Notice of Benefit Payment Transaction,* is received in each case under message code 611, CHECK RETURNED – DEATH OF PERS ENT.

X.i.3.B.3.b. Handling Adjustments for Returned Payments

If the returned payment is a regular monthly payment and
- does ***not*** include adjustments for periods prior to the month for which it was issued, discontinue the award effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share, or
- includes adjustment payments for periods prior to the month of issuance, adjust/reduce and discontinue the award so as to cancel the retroactive adjustment.

X.i.3.B.3.c. Adjusting the Rate Payable to Other Individuals When the

If discontinuation of an award to a primary beneficiary that is residing in a listed country affects the rate payable to another person, such

Primary Beneficiary's Award Is Discontinued	as a dependent or an apportionee, • adjust the award(s) of the other person(s) under end product 130 as if the primary beneficiary were deceased, effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share for the discontinued award, and • annotate the award(s) with *Payee residing in a listed country*. ***Note***: If the award adjustment described in this block is made in VBMS, enter the annotation referenced in the preceding bullet as text in the OTHER PRINT REMARKS field on the PRINT REMARKS screen.

X.i.3.B.3.d. Adjusting a Beneficiary's Award When His/Her Dependent Resides in a Listed Country	If a beneficiary residing in a country that is ***not*** on the list referenced in **M21-1, Part X, Subpart i, 3.B.1.a**, is receiving additional compensation, pension, or increased pension because of a dependent who is or becomes a resident of a listed country, remove the dependent from the beneficiary's award effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share. ***Note***: Provide the beneficiary a notice of proposed adverse action ***before*** removing the dependent unless the ***beneficiary*** notified VA that his/her dependent resides in a listed country.

4. Releasing Withheld Funds and Resuming Awards for Beneficiaries in Listed Foreign Countries

Introduction	This topic contains information on releasing withheld funds and resuming a discontinued award of a beneficiary that resides or resided in a listed country, including • **requirements for releasing withheld funds and resuming discontinued awards** • **releasing withheld funds** • resuming • **a discontinued award**, and • **an award when the existence of the beneficiary could not be established** • **developing for eligibility** • **actions to release withheld funds**, and • **deceased beneficiaries**.

Change Date April 9, 2020

X.i.3.B.4.a. Requirements for Releasing Withheld Funds and Resuming Discontinued Awards	Release withheld funds or resume a discontinued award if • the country in which the beneficiary resides is removed from the list referenced in **M21-1, Part X, Subpart i, 3.B.1.a** • the beneficiary establishes residence in a country that is ***not*** on the referenced list, or • the beneficiary has requested award payments be mailed to him/her in care of a U.S. Foreign Service post in a country that is ***not*** on the referenced list. ***References***: For more information on

- the release of frozen funds, see 38 CFR 3.653, and
- providing awards to residents in listed countries using a U.S. Foreign Service post, see M21-1, Part X, Subpart i, 3.B.4.b.

X.i.3.B.4.b. Releasing Withheld Funds

Release pension and compensation payments formerly deposited in the special account referenced in M21-1, Part X, Subpart i, 3.B.1.d

- when identified as such in the claims folder
- on receipt of a claim, and
- on the furnishing of a loyalty clearance, if required by M21-1, Part X, Subpart i, 3.B.6.

Notes:

- Payment will be made from the Compensation and Pension appropriation, 36XO102.
- There is no time limit for the filing of a claim by the Veteran or dependent beneficiary. However, evidence of continued entitlement must be submitted within one year from the date of request.

Reference: For more information on the payment of withheld funds as accrued benefits, see M21-1, Part XI, Subpart ii, 3.E.11.

X.i.3.B.4.c. Resuming a Discontinued Award

If an award was discontinued for the reason(s) *VA prevented from obtaining necessary evidence* or *Payee residing in a listed country*, pay the amount otherwise payable to the beneficiary effective the date of discontinuance.

Notes:

- Payment is subject to proof of entitlement over the intervening period.
- There is no time limit for the filing of a claim by the Veteran or dependent beneficiary. However, evidence of continued entitlement must be submitted within one year from the date of request.

References: For more information on

- retroactive payments, see 38 CFR 3.653(c)(3), and
- developing for eligibility for the resumed award, see M21-1, Part X, Subpart i, 3.B.4.e.

X.i.3.B.4.d. Resuming an Award When the Existence of the Beneficiary Could Not be Established

If payments were *not* made solely because the continued existence of the beneficiary was not established, apply 38 CFR 3.158(c), concerning whereabouts previously unknown.

The effective date of a resumed award under 38 CFR 3.158(c) is governed by 38 CFR 3.114(a). However, the effective date cannot be prior to December 1, 1962.

X.i.3.B.4.e. Developing for Eligibility

Develop the claim to determine the beneficiary's eligibility, including proof of identity, when releasing withheld funds or resuming a discontinued award. Development includes

- obtaining a loyalty clearance if required by M21-1, Part X, Subpart i, 3.B.6, and
- notifying the beneficiary of his/her right to elect the following:
- Veterans Pension in Section 306 and Old-Law and Survivors Pension cases, or
- DIC in death compensation cases.

Reinstate the benefit when development indicates that eligibility may be reestablished.

Note: Proof of identity must be acceptable to the Department of State authorities in the country removed from the list referenced in M21-1, Part X, Subpart i, 3.B.1.a.

X.i.3.B.4.f. Actions to

To release withheld funds, prepare

Release Withheld Funds

- a one-time payment to release funds for the retroactive part of the award, and
- a second award processed in the normal manner to resume payments from the final date through which payment was withheld.

X.i.3.B.4.g. Deceased Beneficiaries

In some situations, information in the claims folder indicates

- the beneficiary is deceased, and
- a claim for accrued benefits has not been filed within one year after the reported date of death.

In this situation, notify the finance activity stating that the amount withheld is not payable to any living person.

5. Awards to Individuals That Reside in Enemy Territory

Introduction

This topic contains information on awards to individuals that reside in enemy territory, including

- requirement to discontinue a beneficiary's award
- paying benefits to the dependent(s) of a beneficiary whose award VA discontinued under the provisions of 38 CFR 3.653(a), and
- actions former beneficiaries must take before VA will reconsider awarding benefits.

Change Date April 9, 2020

X.i.3.B.5.a. Requirement to Discontinue a Beneficiary's Award

38 CFR 3.653(a) requires VA to discontinue a beneficiary's award if the beneficiary

- is ***not*** a U.S. citizen, and
- resides in the territory of (or under the control of) an enemy of the U.S. or its allies.

Discontinue the award effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share.

Important: There is no territory that currently meets the provisions of 38 CFR 3.653(a).

- Military engagements, or the presence of U.S. military troops within a foreign country, does not necessarily mean said country is an enemy of the U.S. under 38 CFR 3.653(a).
- North Atlantic Treaty Organization or United Nations peacekeeping presence within a country does not, by itself, qualify that country as an enemy of the U.S. or its allies under 38 CFR 3.653(a).

Reference: For more information about the policy expressed in this block, see 38 U.S.C. 5308.

X.i.3.B.5.b. Paying Benefits to the Dependent(s) of a Beneficiary Whose Award VA Discontinued Under the Provisions of 38 CFR 3.653(a)

After VA discontinues benefits under the provisions of 38 CFR 3.653(a), as discussed in M21-1, Part X, Subpart i, 3.B.5.a, VA may pay a portion of those benefits to the former beneficiary's dependent(s), provided the dependent(s)

- submits a completed ***VA Form 21-0788, Information Regarding Apportionment of Beneficiary's Award***, and
- does ***not*** reside in a listed country as a ***non***-U.S. citizen.

Important:

- The amount of benefits VA pays to the dependent(s) may not exceed the amount that would be payable to dependents of the same class if the beneficiary that resides in enemy territory were deceased.

- Payment of the benefit referenced in this block may not be authorized until the continued existence of the former beneficiary is established. If the benefit is disability compensation, the Veteran's continued entitlement to disability compensation must also be established, unless the disabling effects of all of the Veteran's service-connected disabilities are static.
- Although VA requires the dependent(s) referenced in this block to complete ***VA Form 21-0788***,
- payment of the benefits referenced in this block does ***not*** constitute an apportionment, and
- the instructions in **M21-1, Part VII, Subpart iii, 1.A**, are ***not*** for application.
- Follow the steps in the table below if VA
- begins paying benefits to a dependent(s) according to the instructions in this block, and
- is subsequently unable to confirm the continued existence of the former beneficiary.

Step	Action
1	Has at least one year passed since VA last confirmed the existence of the former beneficiary? • If *yes*, go to Step 3. • If *no*, go to the next step.
2	Establish a system diary that will expire one year after the date VA last confirmed the former beneficiary's existence. Disregard the remaining steps in this table if the former beneficiary's existence is confirmed before the diary expires. ***Reference***: For more information about establishing a system diary, see the ***VBMS Awards User Guide***.
3	Did the dependent(s) to whom VA is paying benefits according to the instructions in this block notify VA that the former beneficiary's continued existence cannot be established? • If *yes*, go to Step 6. • If *no*, go to the next step.
4	Prepare and send to the dependent(s) a notice of proposed adverse action that informs the dependent(s) of • VA's intent to discontinue the payment of benefits because it is unable to establish the continued existence of the former beneficiary, and • the effective date of the proposed action, which is the first of the month following a 60-day period that begins on the date of the notice of proposed adverse action. ***Reference***: For more information about notices of proposed adverse action, see **M21-1, Part X, Subpart ii, 3.A**.
5	Did the dependent(s) respond within 65 days by submitting evidence confirming the existence of the former beneficiary? • If *yes*, • notify the dependent(s) that VA will not take the action it proposed, and • disregard the remaining steps in this table. • If *no*, go to the next step. ***Note***: Follow the instructions in **M21-1, Part X, Subpart ii, 3.B.3**, if VA receives a request for a hearing in response to the notice of proposed adverse action.
6	Discontinue the payment of benefits to the

	dependent(s) effective the date in the LAST PAID DATE field on the AWARD INFORMATION tab in Share.
7	Notify the dependent(s) of the action taken.

X.i.3.B.5.c. Actions Former Beneficiaries Must Take Before VA Will Reconsider Awarding Benefits

VA will reconsider awarding benefits to a former beneficiary whose award VA discontinued under the provisions of 38 CFR 3.653(a) if the former beneficiary

- files a supplemental claim, and
- submits credible evidence showing he/she is not guilty of mutiny, treason, sabotage, or rendering assistance to the enemy.

The effective date of an award of benefits under the provisions of this block may be no earlier than the date VA received the supplemental claim.

Reference: For more information about the principle discussed in this block, see 38 U.S.C. 5308(b).

6. Loyalty Clearances

Introduction This topic contains information on loyalty clearances, including

- situations in which VA requires a loyalty clearance
- general guidelines on when to request a loyalty clearance
- circumstances under which VA does not require a loyalty clearance
- enemy territories and the dates hostilities ended
- information
- required from a claimant to obtain a loyalty clearance, and
- to request from the Office of Special Consular Services
- obtaining a loyalty clearance in Philippine cases, and
- action to take when records indicate an investigation is underway.

Change Date June 8, 2018

X.i.3.B.6.a. Situations in Which VA Requires a Loyalty Clearance

Obtain a loyalty clearance if

- VA declares a forfeiture of benefits by reason of a treasonable act under 38 CFR 3.902(d), or
- it is required in connection with payments to an alien under 38 CFR 3.653(b).

X.i.3.B.6.b. General Guidelines on When to Request a Loyalty Clearance

Do *not* routinely request a loyalty clearance merely because the claimant resided in a territory of, or a territory under the control of, an enemy of the U.S. during World War II, *unless* the claimant resided in the Philippines.

With the exception of Philippine cases, only request a loyalty clearance if the evidence of record indicates the claimant may have rendered, or was in a position to render, assistance to an enemy of the U.S.

References: For more information on obtaining loyalty clearances in

- Philippine cases, see M21-1, Part X, Subpart i, 3.B.6.g, and
- all other cases, see M21-1, Part X, Subpart i, 3.B.6.e.

X.i.3.B.6.c. Circumstances Under Which VA Does Not Require a Loyalty Clearance

VA does *not* require a loyalty clearance because of residence in an enemy-occupied territory for

- a claimant who was under age 18 at the time hostilities ended in that area
- a child, regardless of age,
- who is in the custody of a surviving spouse, and
- for whom VA is paying benefits to the surviving spouse
- a claimant who
- resided in Guam during the Japanese occupation, and
- provides evidence of continuing residence in a State, as defined in 38 CFR 3.1(i), precluding forfeiture under 38 CFR 3.902(d)(2)
- a claimant who resided in an enemy-controlled territory and has since become a citizen of the U.S., and/or
- a claimant who first came into a territory under the former control of an enemy of the U.S. after hostilities ended in that area.

Note: Naturalized citizens must provide proof of naturalization. In the absence of evidence to the contrary, presume that the investigation associated with the naturalization proceedings established the loyalty of the claimant.

Reference: For more information on enemy territories and the dates hostilities ended, see M21-1, Part X, Subpart i, 3.B.6.d.

X.i.3.B.6.d. Enemy Territories and the Dates Hostilities Ended

The table below lists enemy territories and the date hostilities ended in each.

Territory	Date Hostilities Ended
North Africa	May 13, 1943
Sicily	August 17, 1943
Continental Europe	May 7, 1945
Middle East	May 7, 1945
Areas occupied by Japanese forces	July 4, 1945

X.i.3.B.6.e. Information Required From a Claimant to Obtain a Loyalty Clearance

For all original claims (*except* Philippine cases) where a loyalty clearance is required under M21-1, Part X, Subpart i, 3.B.6.a-c, ask the claimant for the following information:

- name of the person in question, including
- family name
- first name
- middle name
- maiden name in the case of a married female, and
- any other name or names the person might have used
- date and place of birth
- date and place of all marriages
- former and present nationality, and
- all addresses and dates of residence in foreign countries.

Reference: For information on obtaining loyalty clearances in Philippine cases, see M21-1, Part X, Subpart i, 3.B.6.g.

X.i.3.B.6.f. Information to Request From the Office of Special Consular Services

Through appropriate correspondence with the Office of Special Consular Services, Department of State, request assistance in obtaining any evidence as to whether or not the claimant

- has ever been found guilty of the offenses in 38 U.S.C. 6104, or
- was a member of the Fascist or Nazi parties, including
- information as to whether such membership was discontinued and, if so,
- the date of discontinuation of membership.

X.i.3.B.6.g. Obtaining a Loyalty Clearance in Philippine Cases

If a loyalty clearance is required in a Philippine case

- ask the claimant to complete *VA Form 21-4169, Supplement to VA Forms 21-526EZ, 21P-534EZ, and 21P-535 (For Philippine Claims)*, and
- use the information furnished by the Department of the Army, based on Counterintelligence Corps and other records, as a basis for the loyalty clearance.

Note: A report from these sources that no derogatory information is available relative to the guilt of the claimant or the Veteran will sustain a presumption of innocence for adjudicative purposes or until evidence is received indicating guilt of one of the offenses in 38 U.S.C. 6104.

Reference: For more information on obtaining loyalty information in Philippine cases, see M21-1, Part X, Subpart i, 4.C.1.

X.i.3.B.6.h. Action to Take When Records Indicate an Investigation Is Underway

When records show the Department of State has already initiated an investigation under 38 U.S.C. 6104

- do *not* make a specific request for such investigation, and
- establish local control for receipt of the report.

7. Services the Department of State Provides

Introduction

This topic contains information on services the Department of State provides, including

- expenses associated with services the Department of State provides, and
- services consular officers may provide.

Change Date October 27, 2017

X.i.3.B.7.a. Expenses Associated With Services the Department of State Provides

The Department of State generally provides services through consular officers at American embassies and consulates, including investigation in foreign countries, without cost to VA.

The Department of State informs VA if an expense will be incurred.

X.i.3.B.7.b. Services Consular Officers May Provide

Consular officers may

- furnish general information and assistance, including assistance to claimants, beneficiaries, and apportionees, in the preparation of applications for benefits

- inspect and approve institutions for pursuit of courses of study by children between the ages of 18 and 23
- investigate and develop claims at VA's request and perform other services in connection with a claim
- administer oaths for VA purposes
- take action at the request of the Under Secretary for Benefits or his/her designee on matters involving guardianship, and
- make arrangements for physical examinations.

Reference: For more information on ROs that are responsible for processing foreign claims and contacting the consular officers, see **M21-1, Part X, Subpart i, 3.B.8.c**.

8. Authentication of Foreign Documents Under 38 CFR 3.202

Introduction

This topic contains information about the authentication of foreign documents under 38 CFR 3.202, including

- when authentication of a foreign document
- **is required**, and
- **is not required**
- requesting authentication of foreign documents at
- **the Pittsburgh RO or Philadelphia Pension Management Center (PMC)**, and
- **all other ROs**, and
- **action to take when the Benefits Assistance Service (BAS) is unable to obtain authentication**.

Change Date February 28, 2019

X.i.3.B.8.a. When Authentication of a Foreign Document Is Required

Except as provided in **M21-1, Part X, Subpart i, 3.B.8.b**, if an affidavit or document is executed by or before an official in a foreign country, the signature of that official must be authenticated by

- a U.S. consular officer in that jurisdiction, or
- the Department of State.

X.i.3.B.8.b. When Authentication of a Foreign Document Is Not Required

Authentication of a foreign document is *not* required if

- the Deputy Minister of Veterans Affairs, Veterans Affairs Canada (VAC), submitted and approved the document
- the attesting officer is authorized to administer oaths for general purposes and the document bears that officer's signature and seal
- the document is executed before a VA employee located in a foreign country who is authorized to administer oaths, or
- a copy of a public or church record from any foreign country purports to establish birth, marriage, divorce, or death, provided
- the record bears the signature and seal of the custodian of such record, and
- there is no reason to doubt the correctness of information shown on the record.

X.i.3.B.8.c. Requesting Authentication of Foreign Documents at the Pittsburgh RO or Philadelphia PMC

The Pittsburgh RO and Philadelphia Pension Management Center (PMC) send requests for authentication of foreign documents directly to the embassy or consulate of the country in which the document was created.

Exception: The ROs send requests for authentication of documents that originated in

Canada to VAC.

Notes:
- All foreign claims for compensation will be routed to and worked at the Pittsburgh RO. This includes legacy appeals, work items, and non-rating end products.
- All foreign claims for pension will be routed to and worked by the Philadelphia PMC.
- Send e-mail inquiries concerning the addresses of foreign embassies or consulates and the services they perform to **VAVBAWAS/CO/OUTREACH**.

X.i.3.B.8.d. Requesting Authentication of Foreign Documents at All Other ROs

To request authentication of a foreign document at ROs other than the Pittsburgh RO or Philadelphia PMC
- prepare a request for the signature of the Veterans Service Center Manager (VSCM)
- scan the request and foreign document into a digital format, and
- e-mail the request and foreign document to the Benefits Assistance Service (BAS) at **VAVBAWAS/CO/OUTREACH**.

Notes:
- BAS forwards the request for authentication to the appropriate Foreign Service post.
- E-mail inquiries concerning the services foreign consulates or embassies perform to **VAVBAWAS/CO/OUTREACH**.

X.i.3.B.8.e. Action to Take When the BAS Is Unable to Obtain Authentication

If BAS is unable to obtain authentication of a foreign document
- return the document to the claimant, and
- advise him/her that VA can take no further action on his/her claim until he/she submits acceptable documentation.

9. Translation of Foreign Correspondence and Documents

Introduction

This topic contains information on the translation of foreign correspondence and documents, including
- **referrals for translation of foreign documents within the local RO**, and
- **action to take when translation is not obtainable using local resources**.

Change Date November 13, 2020

X.i.3.B.9.a. Referrals for Translation of Foreign Documents Within the Local RO

A document written in any language other than English shall be referred to an employee in the local RO or an approved translation company who is deemed qualified by the Director and/or VSCM. This includes the following document(s) that could possibly contain foreign language:
- letters or lay statements from a claimant or witness
- medical documents, or
- Social Security Administration documents.

If the RO employee provides translation, the employee

must certify its accuracy by signing and dating a written statement to this effect.
When routing the request to an approved translation company

- make a copy of the document(s) to be translated
- annotate the claims folder to show the document(s) is/are being translated, and
- update the claim level suspense to show the request is pending with translations.

Reference: For more information on how to annotate a document in VBMS, see the ***VBMS Core User Guide***.

X.i.3.B.9.b. Action to Take When Translation Is Not Obtainable Using Local Resources

If local resources do not exist for translation of a document written in a foreign language, follow the steps in the table below to request translation through the Pittsburgh RO.

Step	Action
1	Identify in VBMS each document that requires translation by inserting *Needs Translated* by each document on the NOTES screen.
2	Prepare an encrypted e-mail that contains the following information in the body of the e-mail: • Veteran's name and claim number • name of the language from which translation is required • number of documents requiring translation • the document name(s) and corresponding receipt date(s) as displayed in VBMS, and • an indication as to whether or not priority processing is required.
3	In the subject line of the e-mail, enter *Documents in Need of Translation*.
4	Send the e-mail to **ssd.vbapit@va.gov**.

Notes:

- Normal processing time for a request for translation is 10 days.
- Priority processing time is dependent upon the type of language and the number of documents that require translation.
- When translation is complete, the Pittsburgh RO
- uploads the translated documents into VBMS, and
- marks the tracked item as received to facilitate routing of the claim.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177943/M21-1-Part-X-Subpart-i-Chapter-3-Section-B-Adjudication-Procedures-for-Foreign-Claims>

M21-1, Part X, Subpart i, Chapter 4, Section A - General Information on Philippine Cases

Article ID: 554400000177944
Updated Aug 19, 2021
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 04. Philippine Claims

<-- Previous Section Next Section -->

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Determining Which Regional Office (RO) Has Jurisdiction Over Philippine Cases
2	Exhibit 1: Eligibility for Department of Veterans Affairs (VA) Benefits Based on Service in the Philippines

1. Determining Which RO Has Jurisdiction Over Philippine Cases

Introduction This topic contains information on determining which RO has jurisdiction over Philippine cases, including

- determining jurisdiction based on the type of service
- jurisdiction over accounts payable, and
- jurisdiction over the payment of burial benefits.

Change Date July 29, 2016

X.i.4.A.1.a. Determining Jurisdiction Based on the Type of Service Use the table below to determine which regional office (RO) has jurisdiction over claims that are based on service in the Philippines.

If service was in the …	Then …
• regular or "old" Philippine Scouts (enlisted prior to October 6, 1945) • Insular Forces of the U.S. Navy, or • Armed Forces of the United States	jurisdiction is determined geographically, based on the claimant's current address of record.
• Special or "new" Philippine Scouts enlisted between October 6, 1945 and June 30, 1947, under *Public Law (PL) 79-190* • Commonwealth Army of the Philippines while such forces were included in the Armed Forces of the United States (The United States Armed Forces of the Far East or USAFFE), from July 26, 1941, through June 30, 1946, or • guerrilla groups prior to July 1, 1946	the Manila RO has permanent and exclusive jurisdiction. ***Important***: Add the *Philippine Service* flash to the corresponding corporate record for any claim that falls under the permanent and exclusive jurisdiction of the Manila RO. ***Reference***: For more information about cases over which the Manila RO has permanent and exclusive jurisdiction, see M21-1, Part II, Subpart ii, 3.1.b.

X.i.4.A.1.b. Jurisdiction Over Accounts Payable The Manila RO has jurisdiction over all accounts payable at the

- half-dollar rate, which is $0.50 for each dollar authorized under the applicable law, and
- full-dollar rate under *PL 106-377* and *PL 108-183*.

Reference: For more information on the payment of benefits at the half-dollar rate and full-dollar rate,

see M21-1, Part X, Subpart i, 4.B and D.

X.i.4.A.1.c. Jurisdiction Over the Payment of Burial Benefits The Manila RO has jurisdiction over the payment of burial benefits at the full-dollar rate under *PL 106-377* and *PL 108-183*.

2. Exhibit 1: Eligibility for VA Benefits Based on Service in the Philippines

Change Date April 28, 2015

X.i.4.A.2.a. Eligibility Table Eligibility for Department of Veterans Affairs (VA) benefits based on service in the Philippines is shown below.

	Disability Benefits			**Death Benefits**				
Type of Service	**Compensation**	**Pension**	**Clothing Allowance**	**DIC**	**Pension**	**Burial Allowance**	**Burial Flag**	**Income Limit and Dependency Determination**
Regular or "Old" Philippine Scouts - enlisted prior to 10/6/45 ***or*** Insular Force of the U.S. Navy	Yes, at the full rate	Yes, at the full rate	Yes, at the full rate	Yes, at the full rate	Yes, at the full rate	Yes, at the full rate	Yes	Income: full rate Dependency: half of the full rate
Special or "New" Philippine Scouts - enlisted between 10/6/45 and 6/30/47 under *PL 79-190*	Yes • at *half* of the full rate (since 05/27/46), and • at the full rate for U.S. residents effective 12/16/03	No	Yes, at *half* of the full rate	Yes • at *half* of the full rate (since 05/27/46), and • at the full rate for U.S. residents effective 12/16/03	No	Yes (since 12/16/03), at the full rate	Yes (since 12/16/03)	Half of the full rate
Commonweal	Yes • at *half*	No	Yes, at *half*	Yes • at *half*	No	Yes • at *half*	Yes (since	Half of the full

th Army of the Philippines, while such forces were included in the Armed Forces of the U.S. (USAFFE) from 07/26/41 to 06/20/46	of the full rate (since 02/18/46), and • at the full rate for U.S. residents effective 10/27/00		of the full rate	of the full rate (since 02/18/46), and • at the full rate for U.S. residents effective 12/16/03		of the full rate (since 04/25/51), and • at the full rate for U.S. residents effective 11/1/00	04/25/51)	rate
guerilla service prior to 07/01/46 (Reconstructed Roster closed 06/30/48)	Yes • at *half* of the full rate (since 02/18/46), and • at the full rate for U.S. residents effective 10/27/00	No	Yes, at *half* of the full rate	Yes • at *half* of the full rate (since 02/18/46), and • at the *full rate* for U.S. residents effective 12/16/03	No	Yes • at *half* of the full rate (since 02/18/46), and • at the full rate for U.S. residents effective 11/01/00	Yes (since 04/25/51)	Half of the full rate

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177944/M21-1-Part-X-Subpart-i-Chapter-4-Section-A-General-Information-on-Philippine-Cases>

M21-1, Part X, Subpart i, Chapter 4, Section B - Eligibility for Benefits Based on Philippines Service

Article ID: 554400000177945

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Eligibility for Benefits Based on Service in the United States Army
2	Eligibility for Benefits Based on Service in the Philippine Commonwealth Army
3	Eligibility for Benefits Based on Service in the Philippine Scouts
4	Eligibility for Benefits Based on Guerrilla Service
5	Filipino Veterans Equity Compensation (FVEC)

1. Eligibility for Benefits Based on Service in the United States Army

Introduction This topic contains information on the eligibility for benefits administered by the Department of Veterans Affairs (VA), based on service in the United States Army by citizens of the Republic of the Philippines (Filipinos) during World War II, including

- who is eligible for benefits
- eligibility of Veterans with service in the 14th Infantry, Army of the United States (AUS), and
- benefit rates payable.

Change Date May 11, 2015

X.i.4.B.1.a. Who Is Eligible for Benefits The United States (U.S.) recognizes service of four groups of citizens of the Republic of the Philippines (Filipinos) as qualifying for some Department of Veterans Affairs (VA) benefits

- regular or “old” Philippine Scouts – served as part of the U.S. Army and military service was considered active service in the U.S. Armed Forces throughout its existence
- service in the Commonwealth Army of the Philippines – called into the service of the U.S. Armed Forces of the Far East (USAFFE) on or after July 26, 1941 and June 30, 1946; also known as Philippine Commonwealth Army
- special or “new” Philippine Scouts – served with the U.S. Armed Forces with the consent of the Philippine government between October 6, 1945 and June 30, 1947, and
- guerrilla service – service with the USAFFE in resistance units recognized by and cooperating with U.S. forces between April 20, 1942 and June 30, 1946

Important: Only those who served as regular or “old” Philippine Scouts are

- eligible for all VA benefits and services at full-dollar rates, under the
- eligibility rules applicable to U.S. Veterans.

X.i.4.B.1.b. Eligibility of Veterans With Service in the 14th Infantry, AUS

Veterans who served in the 14th Infantry, Army of the United States (AUS), as distinguished from other 14th Infantry organizations, are recognized *only* if an affirmative recertification dated August 1, 1953, or later is of record.

When a previous certification of 14th Infantry, AUS service, is withdrawn, take action on pending claims and running awards depending on whether the Veteran had other compensable service in the

- Philippine Commonwealth Army
- Philippine Scouts, or
- guerrilla organization.

X.i.4.B.1.c. Benefit Rates Payable

Pay benefits at the full-dollar rate authorized for U.S. Veterans and their dependents.

2. Eligibility for Benefits Based on Service in the Philippine Commonwealth Army

Introduction

This topic contains information on eligibility for VA benefits based on service in the Philippine Commonwealth Army, including

- **service of the Philippine Commonwealth Army in the United States Army**
- **termination of service of the Philippine Commonwealth Army from the United States Army**
- benefit eligibility of
- **Veterans**, and
- **survivors**, and
- **benefit rates payable**.

Change Date August 14, 2006

X.i.4.B.2.a. Service of the Philippine Commonwealth Army in the United States Army

On July 26, 1941, the President of the United States ordered the organized military forces of the government of the Philippines into the service of the Armed Forces of the United States.

This order was not effective from the date of its issuance, but "*From and after the dates and hours, respectively, indicated in orders to be issued from time to time by the General Officer, United States Army, designated by the Secretary of War.*"

Reference: For more information on the authority for the Presidential order, see *Public Law (PL) 73-127.*

X.i.4.B.2.b. Termination of Service of the Philippine Commonwealth Army From the United States Army

On June 30, 1946, service of the Philippine Army in the United States Army was terminated by military order of the President of the United States, dated July 1, 1946.

X.i.4.B.2.c. Benefit Eligibility of Veterans

Veterans with service in the Philippine Commonwealth Army are entitled *only* to service-connected (SC) compensation and clothing allowance benefits. They are *not* entitled to pension.

References: For more information on

- eligibility to VA benefits based on service in the Philippines, see **M21-1, Part X, Subpart i, 4.A.2** and **B**, and

- the Filipino Veterans Equity Compensation (FVEC), see M21-1, Part X, Subpart i, 4.B.5.

X.i.4.B.2.d. Benefit Eligibility of Survivors

Survivors of a recognized Veteran whose sole service was in the Philippine Commonwealth Army are *only* eligible for SC death benefits and burial allowance. They are *not* entitled to Survivors Pension.

Reference: For more information on eligibility to VA benefits based on service in the Philippines, see M21-1, Part X, Subpart i, 4.A.2.

X.i.4.B.2.e. Benefit Rates Payable

Benefits to Veterans and survivors are payable at the half-dollar rate, which is a rate equivalent to $0.50 for each dollar authorized to be paid.

Exceptions:

- Disability compensation and burial benefits may be payable at the full-dollar rate for Veterans who
- are U.S. citizens or permanent resident aliens, and
- reside in the U.S. or resided in the U.S. or its territories at the time of death.
- Dependency and Indemnity Compensation (DIC) may be payable at the full-dollar rate for survivors who
- are U.S. citizens or permanent resident aliens, and
- reside in the U.S or its territories.
- If the service department certifies that Philippine Commonwealth Army service was followed by AUS service and disability or death was the result of the AUS service, benefits are payable at the full-dollar rate and income for dependent parents or Parents' DIC is computed at the full-dollar rate.

References: For more information on

- compensation benefits payable at the full-dollar rate based on U.S. residency, see M21-1, Part X, Supart i, 4.D, and
- burial benefits payable at the full-dollar rate based on U.S. residency, see M21-1, Part X, Supart i, 4.D.

3. Eligibility for Benefits Based on Service in the Philippine Scouts

Introduction This topic contains information on the

- eligibility requirements for Veterans who served as
- Regular or "old" Philippine Scouts, and
- Special or "new" Philippine Scouts, and
- benefit rates payable.

Change Date May 11, 2015

X.i.4.B.3.a. Eligibility Requirements for Veterans Who Served as Regular or "Old" Philippine Scouts

Regular or "old" Philippine Scouts who enlisted prior to October 6, 1945, are entitled to the same benefits as those that United States Army Veterans and their dependents are eligible for under all applicable laws.

X.i.4.B.3.b. Eligibility Requirements for Veterans Who Served as Special or "New" Philippine Scouts

Special or "new" Philippine Scouts whose only service began on or after October 6, 1945, under *PL 79-190*, are entitled *only* to SC compensation and clothing allowance benefits. Their dependents are entitled only to SC death benefits and burial allowance.

Reference: For more information on benefits payable for Philippine service, see M21-1, Part X, Subpart i, 4.A.2 and B.

X.i.4.B.3.c. Benefit Rates Payable

Benefits for

- regular or "old" Philippine Scouts and their dependents are payable at the full-dollar rate authorized by applicable law, and
- special or "new" Philippine Scouts and their dependents are payable at the half-dollar rate, which is a rate equivalent to $0.50 for each dollar authorized to be paid under 38 U.S.C. 107(b).

Exception: Disability compensation, DIC, and burial benefits may be payable at the full-dollar rate for special Philippine Scouts and their dependents who

- are U.S. citizens or permanent resident aliens, and
- reside in the U.S. or resided in the U.S. or its territories at the time of death.

Reference: For more information on benefits payable at the full-dollar rate based on U.S. residency, see M21-1, Part X, Subpart i, 4.D.

4. Eligibility for Benefits Based on Guerrilla Service

Introduction

This topic contains information on the eligibility of guerrilla service for benefits, including

- definition of
- guerrilla, and
- USAFFE guerrilla
- eligibility of Veterans with USAFFE guerrilla service
- guerilla service requirements
- one-day recognition of guerrilla service
- closing of the guerrilla rosters, and
- benefit rates payable.

Change Date August 14, 2006

X.i.4.B.4.a. Definition: Guerrilla

A ***guerrilla*** is a person who served in a unit that resisted the Japanese after capitulation of the Armed Forces. The unit must have been under a commissioned officer of the

- United States Army
- United States Navy
- United States Marine Corps, or
- Philippine Army, that was recognized by, and cooperating with, the Armed Forces of the United States.

X.i.4.B.4.b. Definition: USAFFE Guerrilla

A ***USAFFE guerrilla*** is a guerrilla who also had service in the Armed Forces of the United States, including the Regular Philippine Scouts or the Philippine Commonwealth Army.

X.i.4.B.4.c. Eligibility of Veterans With USAFFE Guerrilla Service

Veterans who provided acceptable guerrilla service as USAFFE guerrillas are eligible to receive SC compensation and clothing allowance benefits. Their dependents are eligible to receive SC death benefits and burial allowance.

Reference: For more information on benefits payable for Philippine service, see M21-1, Part X, Subpart i,

4.A.2 and B.

X.i.4.B.4.d. Guerrilla Service Requirements

The table below describes the three categories of guerrilla service and the corresponding service requirements for benefits.

Category of Guerrilla Service	Description
1	Service recognized by Guerrilla Affairs Division (GAD) as shown on a reconstructed troop roster, casualty roster, or individual letter of recognition. ***Note***: This type of service is • usually certified by the service department as "*Recognized guerrilla service*," and • qualifying service for compensation.
2	Guerrilla service *not* recognized by GAD, but in a guerrilla unit under the command of a commissioned officer of the U.S. Armed Forces (including the Regular Philippine Scouts) or in the Philippine Commonwealth Army. ***Notes***: This type of service • will be certified by the service department as *"Unrecognized guerrilla service under …..."* (naming the officer and, if the officer was a member of the Philippine Commonwealth Army, giving the officer's rank and organization), and • is qualifying service for compensation *only* if the person was a former member of the Armed Forces of the United States, including the Regular Philippine Scouts, or the Philippine Commonwealth Army.
3	Guerrilla service *not* recognized by GAD and not under the command of a commissioned officer of the Armed Forces of the United States or Philippine Commonwealth Army. ***Note***: This type of service is certified as *"Unrecognized anti-Japanese activity"* and is not, in and of itself, qualifying service for compensation. ***Exception***: This type of service may be considered active service for VA benefits under 38 CFR 3.41 if it was performed by a person • who was a former member of the Armed Forces of the United States, including the • Regular or "old" Philippine Scouts, or • Philippine Commonwealth Army, and • whose injury or death is determined to have been inflicted by the Japanese because of unrecognized anti-Japanese guerilla activity.

X.i.4.B.4.e. One-Day Recognition of Guerrilla Service

The service department sometimes gives recognition for one day of guerilla service to a person who is listed on a casualty roster. The date of casualty may have been before the beginning date of recognition or after the terminal date of recognition of the unit.
Accept the certification by the service department in such cases to establish active service for that day.
Reference: For more information on service recognized by GAD, see M21-1, Part X, Subpart i, 4.B.4.d.

X.i.4.B.4.f. Closing of the Guerrilla Rosters

As of June 30, 1948, the reconstructed guerrilla rosters were closed.
On August 9, 1949, the President of the United States informed the President of the Philippines that the Philippine guerrilla rosters would not be reopened.

X.i.4.B.4.g. Benefit Rates Payable

Benefits for guerrilla service are payable at the half-dollar rate, which is a rate equivalent to $0.50 for each dollar authorized to be paid under 38 U.S.C. 107(a).

Exception: Disability compensation, DIC, and burial benefits for Veterans who are U.S. citizens or permanent resident aliens and reside in the U.S., or resided in the U.S. or its territories at the time of death, may be payable at the full-dollar rate.

References: For more information on

- compensation and DIC benefits payable at the full-dollar rate based on U.S. residency, see M21-1, Part X, Subpart i, 4.D, and
- burial benefits payable at the full-dollar rate based on U.S. residency, see M21-1, Part X, Subpart i, 4.D.

5. FVEC

Introduction This topic contains information on FVEC, including

- description of FVEC
- FVEC eligibility
- release clause, and
- time limit.

Change Date May 11, 2015

X.i.4.B.5.a. Description of FVEC

On February 17, 2009, the President of the United States signed the American Recovery and Reinvestment Act of 2009, under *PL 111-5, Section 1002, "*Payments to Eligible Persons Who Served in the United States Armed Forces in the Far East During World War II*"*.

This law authorized a ***one-time*** payment to eligible Filipino Veterans through the FVEC fund

- $9,000 for non-U.S. citizens
- $15,000 for Filipino Veterans with U.S. citizenship.

X.i.4.B.5.b. FVEC Eligibility

Any person who was discharged or released from service under conditions other than dishonorable was eligible, with the following service requirements

- before July 1, 1946, in the organized military forces of the government of the Commonwealth of the Philippines, while such forces were in the service of the Armed Forces of the U.S. pursuant to the military order of the President dated July 26, 1941. This included organized guerilla forces who served under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the U.S., *or*
- in the Philippine Scouts under Section 14 of the Armed Forces Voluntary Recruitment Act of 1945.

FVEC eligibility applied to eligible Veterans only, and did not extend to dependents.

A surviving spouse of an eligible Filipino Veteran was eligible to receive the one-time payment if the Veteran filed an FVEC claim but died prior to receipt of the funds.

X.i.4.B.5.c. Release Clause

Acceptance of payment under section 1002(c) barred the person from coming back later to assert a claim for

- either a larger payment under Section 1002(e) for a person who

later becomes a U.S. citizen, *or*

- payment on some other basis not currently recognized by statute, such as
- entitlement to additional damages for human suffering
- the difference between the compensation actually received and compensation at the full-dollar rate
- reparations
- restitution, or
- payment under some other equitable theory.

Important: In light of Section 1002(h)(2), acceptance of a payment under Section 1002(c) does not prevent Filipinos from continuing to receive any benefits to which they may have been entitled under Title 38 as of the day before the date of enactment of *PL 111-5*.

X.i.4.B.5.d. Time Limit To be eligible for the one-time FVEC payment, VA must have received the FVEC application ***no later than*** February 16, 2010.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177945/M21-1-Part-X-Subpart-i-Chapter-4-Section-B-Eligibility-for-Benefits-Based-on-Philippines-Service>

M21-1, Part X, Subpart i, Chapter 4, Section C - Development of Philippine Claims

Article ID: 554400000177946
Updated Jan 25, 2024
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 04. Philippine Claims

<-- Previous Section Next Section -->

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Service Verification and Loyalty Information in Philippine Claims
2	Certification of Service for Philippine Veterans
3	Field Examinations and Evidentiary Considerations for Philippine Cases
4	Handling Forfeiture of Benefits for Philippine Cases
5	Dependent Claims and Benefits in Philippine Cases
6	Correspondence With the Philippine Embassy and Philippine Department of Foreign Affairs

1. Service Verification and Loyalty Information in Philippine Claims

Introduction This topic contains information on service verification and loyalty information, including

- verifying service
- as a Regular or special Philippine Scout, and
- in the Commonwealth Army of the Philippines or as a United States Armed Forces in the Far East (USAFFE) guerilla
- when a loyalty
- check is not required by regional offices (ROs)
- clearance is not required by the Manila RO, and
- clearance is required
- how to request a loyalty clearance
- Manila RO's review of the microfilm index, and
- how to request
- loyalty information, and
- loyalty and service data on the same case.

Change Date January 25, 2024

X.i.4.C.1.a. Verifying Service as a Regular or Special Philippine Scout

The United States Armed Forces provided Philippine Scouts discharge certificates similar to those issued to members of regular components of the United States Armed Forces.

In the absence of an original or certified copy of *DD Form 214, Certificate of Release or Discharge from Active Duty,*, obtain verification of an individual's service as a Regular or Special Philippine Scout by submitting a request to National Personnel Records Center (NPRC) through the Personnel Information

Exchange System (PIES). Use request code O50 on the ARMY tab of the PIES 3101 – PAGE 2 screen.

Exception: Disregard the instructions in this block if the Department of Veterans Affairs (VA) has *ever* submitted a PIES request for service records under request code O50.
Notes:

- The United States Armed Forces assigned Philippine Scouts service numbers indicative of an overseas enlistment in one of the following ranges of numbers:
- 10,000,000-to-10,999,999, or
- 30,000,000-to-30,999,999.
- Regional offices (ROs) may also request service treatment records (STRs) for Regular and Special Philippine Scouts from NPRC through PIES.

Reference: For more information about PIES, see the ***PIES User Guide***.

X.i.4.C.1.b. Verifying Service in the Commonwealth Army of the Philippines or as a USAFFE Guerrilla

The United States Armed Forces did *not* provide separation or discharge documents to members of the Commonwealth Army of the Philippines or United States Armed Forces in the Far East (USAFFE) guerrillas. To obtain verification of an individual's service in either of these armed forces, follow the steps in the table below.

Step	Action
1	Complete a hard-copy version of *VA Form 3101, Request for Information.*
2	Create a photocopy of the completed form.
3	Scan the photocopy of the completed *VA Form 3101* into the Veterans Benefits Management System (VBMS).
4	Mail the original version of the form to: NPRC-MPR Philippine Army Section 9700 Page Avenue St. Louis, MO 63132

Important: The Armed Forces of the Philippines or the Philippine Veterans Affairs Office (PVAO) typically provides the Manila RO with documentation of an individual's service in the Commonwealth Army of the Philippines or as a USAFFE guerrilla. However, the RO must still obtain verification of service from NPRC.

Notes:

- The Commonwealth Army of the Philippines assigned service numbers to its members that normally contain six digits.
- Many guerrillas do not have a service number.
- STRs for members of the Commonwealth Army of the Philippines or USAFFE guerrillas may be requested from NPRC through PIES.

Reference: For information about submitting a request for STRs through PIES, see the ***PIES User Guide***.

X.i.4.C.1.c. When a Loyalty Check Is Not Required by ROs

Do not make a request for a loyalty check based on the possibility of loyalty board proceedings when no derogatory information is contained in a report previously prepared by the Adjutant General Records Depository, formerly known as the Recovered Personnel Division.

X.i.4.C.1.d. When a Loyalty Clearance Is Not Required by the Manila

In cases processed in the Manila RO, do not request a loyalty clearance when neither the Veteran's nor claimant's name appears in the microfilm file of loyalty

RO board proceedings.

X.i.4.C.1.e. When a Loyalty Clearance Is Required

If claims are processed at ROs other than the Manila RO, a loyalty clearance must always be requested.

Important: All claims involving Philippine Commonwealth Army service, regular guerrilla service, and Special Philippine Scout service must be processed only at the Manila RO.

X.i.4.C.1.f. How to Request a Loyalty Clearance

Follow the steps in the table below to request a loyalty clearance.

Step	Action
1	Request that the claimant complete ***VA Form 21-4169, Supplement to VA Forms 21-526EZ, 21P-534EZ, and 21P-535 (For Philippine Claims)***.
2	Refer the claim (to include the completed ***VA Form 21-4169***) to the Manila RO for review of the microfilm index of loyalty status files.

References: For more information on

- loyalty clearances in Philippine cases, see **M21-1, Part X, Subpart i, 3.B.6.g**, and
- how the Manila RO reviews the microfilm index of loyalty status files, see **M21-1, Part X, Subpart i, 4.C.1.g**.

X.i.4.C.1.g. Manila RO's Review of the Microfilm Index

Upon receipt of a claim requiring a loyalty clearance, the Manila RO

- conducts an index search to determine if the claimant previously forfeited entitlement or should be considered for forfeiture of benefits by reason of fraudulent action in another claim
- annotates positive or negative search data, including any identifying numbers shown in the microfilm index, in the claims record, and
- returns the claim to the requesting RO, if appropriate.

X.i.4.C.1.h. How to Request Loyalty Information

Follow the steps in the table below to request loyalty information.

Step	Action
1	Complete *VA Form 21-3101, Request for Information*. ***Note***: Show any identifying numbers on the microfilm on the *VA Form 21-3101* so that loyalty status files can be located without further search of the alphabetical index.
2	Use the procedures found in **M21-1, Part II, Subpart ii, 2.A.1.b**, to convert *VA Form 21-3101* into a portable document format (PDF).
3	Upload the PDF version of *VA Form 21-3101* to the electronic claims folder.
4	Use the Department of Defense Safe Access File Exchange (DoD SAFE) to upload and transmit the PDF version of *VA Form 21-3101* to the Washington National Records Center.

Reference: For more information on obtaining loyalty information, see **M21-1, Part X, Subpart i, 3.B.6**.

X.i.4.C.1.i. How to Request Loyalty and

If questions concerning loyalty and service are involved in the same case, prepare a separate *VA Form 21-3101* for each request, and submit each via DoD SAFE.

Service Data on the Same Case

In the case of a living Veteran, do *not* routinely request loyalty data when the Armed Forces of the United States certify that the Veteran had recognized service as a "civilian guerrilla" only. In the absence of evidence to the contrary, accept the certification of recognized guerrilla service as a determination of loyalty during the period of service shown.

Reference: For more information on guerrilla service, see **M21-1, Part X, Subpart i, 4.B.4**.

2. Certification of Service for Philippine Veterans

Introduction

This topic contains information on certification of period of service, including

- **acceptable periods of service for Philippine cases**
- **active service for Philippine Veterans detained or interned by the enemy**
- **definition of immediately following a period of active service**
- **developing Philippine cases based on former prisoner of war (FPOW) status**
- **when to take final action on Philippine claims**
- when recertifications of service are
- **required**, and
- **not required**, and
- **handling denial or withdrawal of service recognition**.

Change Date August 19, 2021

X.i.4.C.2.a. Acceptable Periods of Service for Philippine Cases

The following periods of service are acceptable for Philippine cases:

- service with the Philippine Commonwealth Army on or after July 26, 1941, and prior to July 1, 1946, during which period that force was a part of the Army of the United States (AUS) by virtue of the military order of the President, dated July 26, 1941
- service as a Regular Philippine Scout on or after December 7, 1941, but prior to October 6, 1945
- service as a Special Philippine Scout on or after October 6, 1945, but prior to July 1, 1947
- service with guerrilla groups prior to July 1, 1946, and
- service as a Regular Philippine Scout or as a member of the Philippine Commonwealth Army for the period spent as a prisoner of war (POW) immediately following a period of active duty.

References: For more information on

- verifying Philippine service, see **M21-1, Part X, Subpart i, 4.C.1.a** and **b**
- eligibility for benefits based on Philippine service, see **M21-1, Part X, Subpart i, 4.B**, and
- determining jurisdiction based on types of Philippine service, see **M21-1, Part X, Subpart i, 4.A.1.a**.

X.i.4.C.2.b. Active Service for Philippine Veterans Detained or Interned by the Enemy

Active service of a Regular Philippine Scout or a member of the Philippine Commonwealth Army serving with the Armed Forces of the United States will include

- time spent in a POW status immediately following a period of active duty, or
- a period of

- recognized guerrilla service, or
- unrecognized guerrilla service under a recognized commissioned officer.

X.i.4.C.2.c. Definition: Immediately Following a Period of Active Service

In VAOPGCPREC 14-1994, Office of General Counsel (OGC) held that the phrase ***immediately following a period of active service*** may be interpreted to refer to an event following closely after a period of active duty, directly related to that duty, and occurring before the Veteran performed activities not related to active military duty. Below are examples of when the detention or internment referenced in M21-1, Part X, Subpart i, 4.C.4.a and b, may have been so closely related to the period of active duty that it may be considered active service under 38 CFR 3.41(b):

- Due to logistic factors, the Veteran may not have been physically detained or interned until a day or two after capitulation.
- The Veteran may have left his unit and attempted to flee or hide in anticipation of the capitulation and was quickly detained or interned.

Note: Activities that are not related to active military include returning to the civilian population and engaging in private pursuits.

X.i.4.C.2.d. Developing Philippine Cases Based on FPOW Status

When a claimant contends entitlement to benefits on the basis of Philippine service and status as a former prisoner of war (FPOW), development procedures differ slightly from those elsewhere detailed in

- M21-1, Part VIII, Subpart iv, 2.A, and
- M21-1, Part VIII, Subpart iv, 2.C.

Claims processors (in, or in collaboration with, the Manila RO) will follow the steps in the table below to develop Philippine cases based on FPOW status.

Step	Action
1	Conduct a search of the following resources for evidence corroborating FPOW status: • the Manila RO's microfilm index of loyalty status files, and • the National Archives and Records Administration's Access to Archival Databases site.
2	• Complete *VA Form 21-3101, Request for Information* • use the procedures found in M21-1, Part II, Subpart ii, 2.A.1.b to convert the form into a PDF, and • upload the PDF document to both the • electronic claims folder (eFolder), if applicable, and • DoD SAFE.
3	Generate and send to the claimant an approved development letter that • includes, as an attachment, the locally-devised FPOW Questionnaire, and • requests submission of any of the following document types, if available: • guarantor's receipt for a released FPOW • Japanese Parole Certificate for a released FPOW • War Claims Commission records, and/or • Philippine Red Cross records issued prior to 1975.
4	• Generate and send to the NPRC an approved letter requesting FPOW status corroboration, and • address the letter to the attention of Jennifer Benz-Jankowski, Special Liaison for Philippine Cases.

5	When all development outlined in the steps above has been completed, and all associated suspense dates matured, follow the procedures found in M21-1, Part VIII, Subpart iv, 2.A.3, to prepare an administrative decision on the issue of FPOW status and submit it to the Director of Compensation Service for approval.

X.i.4.C.2.e. When to Take Final Action on Philippine Claims

Take final action for an award, denial, or certification of pending legacy appeals on claims based on service in the Philippine Army *only* on the basis of certifications of service made by the Department of the Army on or after February 11, 1950.

X.i.4.C.2.f. When Recertifications of Service Are Required

Recertifications of service are required only for the 14th Infantry, AUS, cases.
Reference: For information on eligibility of service in the 14th Infantry, AUS, see M21-1, Part X, Subpart i, 4.B.1.b.

X.i.4.C.2.g. When Recertifications of Service Are Not Required

Recertifications of service are *not* required for cases involving members of the Navy or Regular Philippine Scouts.

X.i.4.C.2.h. Handling Denial or Withdrawal of Service Recognition

When recognition of alleged service is denied or a prior recognition is withdrawn, then either
- deny the claim, or
- in the case of a running award, follow the due process procedures in M21-1, Part X, Subpart iv, 3.B.2.

3. Field Examinations and Evidentiary Considerations for Philippine Cases

Introduction

This topic contains information on field examinations and evidentiary considerations for Philippine cases, including
- when to request a field examination for Philippine cases
- when a field examination is not required for Philippine cases
- acceptable evidence
- how to handle conflicting information
- required action on letters alleging payee non-entitlement
- when further development is required on alleged non-entitlement
- when development establishes factual basis for award suspension, and
- when further development is not required for letters alleging nonentitlement.

Change Date August 19, 2021

X.i.4.C.3.a. When to Request a Field Examination for Philippine Cases

Request a field examination for
- development of such issues as
- service connection for cause of death
- identity of the claimant
- marital status
- forfeiture
- a claimed dependent's relationship to

a Veteran, and/or
- U.S. residency, citizenship, or permanent resident alien status, and
- further development of the question of loyalty, if
- loyalty status is uncertain, or
- fraud is suspected.

X.i.4.C.3.b. When a Field Examination Is Not Required for Philippine Cases

Do *not* request a field examination in Philippine cases to
- investigate the facts of military service, such as to obtain evidence as to whether the alleged serviceperson was a Veteran within the meaning of laws administered by VA, or
- secure any evidence that can be obtained by using PIES or transmitting *VA Form 21-3101* via DoD SAFE, including
- type of service
- period of service
- interruptions in, and manner of termination of, military service
- clinical records of U.S. or Philippine Army hospitals, and
- arrears in pay claims.

Exceptions: Request a field examination to
- investigate the facts of military service *only* in special cases when the request is approved by the Veterans Service Center Manager (VSCM), Pension Management Center Manager (PMCM), or designee, or
- secure evidence only if the VSCM/PMCM or designee finds that the required evidence cannot be secured by using PIES or transmitting *VA Form 21-3101* via DoD SAFE.

X.i.4.C.3.c. Acceptable Evidence

Mimeographed, photocopied, or printed forms of affidavits, other than those on standard government forms, *are* acceptable as evidence in support of Philippine claims if VA is satisfied that the copies are genuine and free from alteration.

X.i.4.C.3.d. How to Handle Conflicting Information

Use the table below to determine how to handle conflicting information regarding service or date of death.

Important: Do *not* apply the provisions described in the table below if evidence is received that alleges to establish civilian guerrilla service, because guerrilla rosters have been closed and will *not* be reopened.

If …	Then …
VA obtains information deemed reliable which conflicts with information obtained from the service department regarding • service • cause or date of death, or • circumstances of injury in service	bring the conflicting information to the attention of the U.S. Army Reserve Personnel Center for reconsideration at the following address: U.S. Army Reserve Personnel Center (DARP-PAS-EAP) 9700 Page Boulevard St. Louis, Missouri 63132
the service department makes a redetermination	the service department will furnish a statement on a supplemental PIES request indicating that the redetermination supersedes determinations previously submitted.
VA makes a finding of	send a letter to the U.S. Army

death which is not in agreement with that made by the service department for • pension • compensation, or • Dependency and Indemnity Compensation	Reserve Personnel Center at the address noted in the table above to notify them of • the date of death as determined by VA, and • the basis on which the determination was made.

X.i.4.C.3.e. Required Action on Letters Alleging Payee Non-Entitlement

When letters, anonymous or signed, are received alleging that a payee is ***not*** entitled to the benefit being paid, determine if the evidence is sufficient to warrant terminating benefits.

X.i.4.C.3.f. When Further Development Is Required on Alleged Non-Entitlement

If the letter alleging nonentitlement contains specific assertions of fact, ***not*** mere generalities, and it appears that the writer has knowledge of the circumstances, complete any necessary development to include a field examination, if required.

X.i.4.C.3.g. When Development Establishes Factual Basis for Award Suspension

If the developed evidence establishes a factual basis for suspension of the award, then

- in cases subject to forfeiture, follow the due process procedures in **M21-1, Part X, Subpart iv, 3.B.2**, or
- in all other cases, follow the due process procedures in **M21-1, Part X, Subpart ii, 3.A** and **B**.

X.i.4.C.3.h. When Further Development Is Not Required

Use the table below to determine what actions are necessary if the letter alleging nonentitlement contains mere generalities ***not*** requiring development

If the claims folder is ...	Then ...
an eFolder	in VBMS in the SUBJECT field under DOCUMENT PROPERTIES of the letter, add • "*NAN*", for no action necessary • the current date, and • the initials of the person making the entry.
a paper claims folder	• annotate the letter "*NAN*" • date and initial the letter, and • take appropriate steps to add the letter to the record.

Reference: For more information on using VBMS, see

- the *VBMS Core User Guide*, and
- claims folder formats and determining whether scanning is necessary, see **M21-1, Part II, Subpart ii, 1.A.2**.

4. Handling Forfeiture of Benefits for Philippine Cases

Introduction

This topic contains information on how to handle forfeiture of benefits, including

- **when a loyalty clearance is required**
- handling evidence of
- **membership in a pro-Japanese organization**, and

- derogatory reports, and
- considering the evidence of record before accepting derogatory reports.

Change Date August 14, 2006

X.i.4.C.4.a. When a Loyalty Clearance Is Required

A loyalty clearance is always required in the following cases:

- when forfeiture of benefits for treason may be declared under the provisions of 38 U.S.C. 6104, or
- in connection with payments to persons formerly in enemy territory under 38 U.S.C. 5308.

Reference: For more information on the procedure for forfeiture of benefits, see M21-1, Part X, Subpart iv, 3.B.

X.i.4.C.4.b. Handling Evidence of Membership in a Pro-Japanese Organizations

Evidence showing the Veteran's or claimant's membership in a pro-Japanese organization on or after December 7, 1941, is sufficient to justify submission for forfeiture consideration.

X.i.4.C.4.c. Handling Evidence of Derogatory Reports

Use the table below to handle evidence of derogatory reports containing the name of the Veteran or claimant.

If …	Then …
• the name of the Veteran or claimant and the name appearing as the subject of a derogatory report are identical and not common in the Philippines, and • there is nothing of record to disassociate the Veteran or claimant from the subject	• submit the claim to Compensation Service for forfeiture consideration, and • include the following statement: *It appears the Veteran (or claimant) and the subject of the derogatory report are identical.* ***Reference***: For more information on submitting a claim for forfeiture consideration, see M21-1, Part X, Subpart iv, 3.B.2.b.
• the name is common in the Philippines, or • the similarity of names is only because the first name of the subject of the derogatory report is shown by an initial which corresponds to the first letter of the Veteran's or claimant's given name, and • there is no information of record which indicates the probability that the subject and the Veteran or claimant are one and the same	• do not consider them as identical • endorse this fact on the report, and • have the report signed by a coach or supervisor.

X.i.4.C.4.d. Considering the Evidence of Record Before Accepting Derogatory Reports

Before accepting information contained in a derogatory report to make a determination, consider the following in the evidence of record for the Veteran or claimant:

- age
- place of birth
- place of residence
- sex
- education
- normal occupation

- standing in the community, and
- nationality.

Note: Always consider matters of common knowledge, local customs, and other factors. If there is doubt, request a field examination to obtain further information.

Reference: For more information on how to request field examinations, see

- M21-1, Part X, Subpart i, 4.C.3, and
- M21-1, Part X, Subpart v, 1.E.

5. Dependent Claims and Benefits in Philippine Cases

Introduction

This topic contains information on claims for additional benefits for dependents in Philippine cases, including

- reviewing claims for additional benefits for dependents
- considering pension received from the Philippine Veterans Affairs Office (PVAO) as income
- circumstances under which it is appropriate to request a field examination
- reviewing previous determinations
- effective date of an award when entitlement is granted following a prior denial, and
- appointment of fiduciary for a child pending determination of surviving spouse's entitlement.

Change Date August 19, 2021

X.i.4.C.5.a. Reviewing Claims for Additional Benefits for Dependents

To claim additional benefits for a dependent(s), a claimant must

- submit one of the forms listed in the last row of the table in M21-1, Part II, Subpart ii, 2.A.1.b (if VA received the claim on or after March 24, 2015), and
- furnish original or genuine and unaltered copies of
- birth certificates
- marriage certificates, and/or
- divorce decrees.

Notes:

- If the claimant submits genuine and unaltered copies, do not request original versions of the above documents.
- If evidence/information required to add a dependent to a claimant's award is missing, request the evidence/information from the claimant, ***unless***
- the claimant submitted his/her claim on a September 2018 or later version of *VA Form 21-686c, Application Request To Add And/Or Remove Dependents*, and
- the form specifically asks the claimant for the evidence/information that is missing.
- Refer domestic-relations questions that require legal opinions to the OGC.

References: For more information on

- the acceptability of photocopies, see 38 CFR 3.204(c)
- tribal marriages in Philippine cases, see M21-1, Part VII, Subpart i, 2.C.1.a, and
- domestic-relations questions that require legal opinions, see M21-1, Part VII, Subpart i, 1.A.3.d.

X.i.4.C.5.b. Considering Pension Received From PVAO as Income>

Consider pension received from the PVAO as income when determining entitlement to VA pension.

When a spouse or child claimant states they have applied for PVAO pension, the Manila RO must request information on the amount of pension received and the beginning and ending dates of payment.

Note: Service as a Regular Philippine Scout is the ***only*** Philippine service that entitles Veterans and dependents to VA pension.

X.i.4.C.5.c. Circumstances Under Which It Is Appropriate to Request a Field Examination

Request a field examination when the evidence a claimant submits is so conflicting that personal contact is required to explain the discrepancies and ascertain the facts.

Attempts to obtain clarification through multiple available communication methods, to include telephone contact, must be made and documented within the record prior to requesting personal contact through a field examination.

X.i.4.C.5.d. Reviewing Previous Determinations

Review previous determinations regarding entitlement to additional benefits for a dependent *only* when

- there is conflicting information to consider, or
- one of the following is pending that involves a prior denial of a claim for additional benefits for a dependent:
- legacy appeal
- supplemental claim, or
- request for a higher-level review.

X.i.4.C.5.e. Effective Date of an Award When Entitlement Is Granted Following a Prior Denial

If, after the review referenced in **M21-1, Part X, Subpart i, 4.C.5.d**, entitlement to additional benefits for a dependent(s) may be established under existing criteria, prepare an award if otherwise in order.

Use the existing rules to determine the effective date of the award.

Note: If entitlement is established solely by reason of changed criteria (**38 CFR 3.114(a)**) approved by the Secretary, do not make the effective date of the award prior to the date of the change.

X.i.4.C.5.f. Appointment of Fiduciary for a Child Pending Determination of Surviving Spouse's Entitlement

When there is a surviving spouse with a child or children and an award is to be made to the children pending the outcome of a field examination to determine the surviving spouse's entitlement or continued entitlement

- prepare ***VA Form 21-592, Request for Appointment of a Fiduciary, Custodian or Guardian***, for the children, and
- submit the form with the request for field examination to the Fiduciary Activity, or other PMCM or VSCM designee.

Note: Do ***not*** apply these provisions in Veterans Pension cases when children are in the custody of the surviving spouse, as no award for the children may be made without a determination of the surviving spouse's entitlement.

Reference: For more information on preparing

and submittal of ***VA Form 21-592***, see **M21-1, Part X, Subpart ii, 6.C**.

6. Correspondence With the Philippine Embassy and Philippine Department of Foreign Affairs

Introduction

This topic contains information on correspondence, including

- **replying to correspondence received from the Philippine Embassy**, and
- **corresponding with the Philippine Department of Foreign Affairs**.

Change Date December 11, 2020

X.i.4.C.6.a. Replying to Correspondence Received From the Philippine Embassy

Follow the steps in the table below to reply to correspondence received directly from the Philippine Embassy.

Step	Action
1	Prepare replies over the signature of the RO Director.
2	Include the following statement in the replies: *The Philippine Embassy may be informed…*
3	Send the reply to the following address: Bureau of Consular Affairs The Department of State Washington, DC 20520 ATTENTION: Federal Benefits Section

X.i.4.C.6.b. Corresponding With the Philippine Department of Foreign Affairs

When correspondence is received from the Philippine Department of Foreign Affairs, the

- Manila RO may reply directly to the originator, and
- reply may be released locally as provided by U.S. Embassy, Manila, directives.

ROs other than the Manila RO must reply to correspondence received from the Philippine Department of Foreign Affairs, Manila, by following the procedure in **M21-1, Part X, Subpart i, 4.C.6.a**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177946/M21-1-Part-X-Subpart-i-Chapter-4-Section-C-Development-of-Philippine-Claims>

M21-1, Part X, Subpart i, Chapter 4, Section D - Awards and Payments for Benefits Due to Philippine Service

Article ID: 554400000177947
Updated Jan 08, 2025

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Payment of Parents' Dependency and Indemnity Compensation (DIC) in Philippine Cases
2	Payment of Compensation at a Combined Full-Dollar and Half-Dollar Rate in Philippine Cases
3	General Requirements for Payment of Benefits at the Full-Dollar Rate Based on Residency in the U.S.
4	Payment of Compensation and DIC at the Full-Dollar Rate Based on U.S. Residency
5	Payment of Burial Benefits at the Full-Dollar Rate Based on U.S. Residency

1. Payment of Parents' DIC in Philippine Cases

Introduction This topic contains information on the payment of Parents' DIC in Philippine cases, including

- applying the income provisions of 38 CFR 3.251, and
- preparing awards of Parents' DIC.

Change Date May 28, 2015

X.i.4.D.1.a. Applying the Income Provisions of 38 CFR 3.251

Apply the income provisions of 38 CFR 3.251 to claims for Parents' Dependency and Indemnity Compensation (DIC) by parents residing in the Philippines.

X.i.4.D.1.b. Preparing Awards of Parents' DIC

When preparing an award of Parents' DIC, the authorization activity must first verify if the claimant is receiving pension from the Philippine Veterans Affairs Office (PVAO).
If receipt of pension is confirmed, prepare the award with the following statement shown in the REMARKS section: *In receipt of Philippine Veterans Affairs Office pension*.
Note: The Manila Regional Office (RO) will notify PVAO when such awards are made.

2. Payment of Compensation at a Combined Full-Dollar and Half-Dollar Rate in Philippine Cases

Introduction This topic contains information on the payment of compensation at a combined full-dollar and half-dollar rate in Philippine cases, including

- payment of benefits at the half-dollar rate
- payment in a combination of half-dollar and full-dollar rates
- determining the amounts payable at the half-dollar and full-dollar rates
- example 1 for determining the half-dollar and full-dollar rates
- example 2 for determining the half-dollar and full-dollar rates, and
- computing the total amount payable and award input.

Change Date January 8, 2025

X.i.4.D.2.a. Payment of Benefits at the Half-Dollar Rate

Awards at the half-dollar rate are prepared and processed in the regular manner, except that these awards will be paid at a rate equivalent to $0.50 for each dollar authorized under the applicable law.

X.i.4.D.2.b. Payment in a Combination of Half-Dollar and Full-Dollar Rates

If a Veteran has compensable disabilities based on the following service, and compensation will be paid in part on a half-dollar rate basis and in part on a full-dollar rate basis, determine the combined disability evaluation in the standard manner as shown in 38 CFR 4.25.

- Commonwealth Army of the Philippines, Special Philippine Scouts, or guerrilla service, except as provided by 38 CFR 3.40(d)(1), 38 CFR 3.42, and *Public Law (PL) 108-183*.
- service, in wartime or peacetime, in the Armed Forces of the United States or Regular Philippine Scouts.

Reference: For information on payment of compensation at the full-dollar rate based on U.S. residency, see

- M21-1, Part X, Subpart i, 4.D.3
- M21-1, Part X, Subpart i, 4.D.4
- *PL 106-377*, and
- *PL 108-183*.

X.i.4.D.2.c. Determining the Amounts Payable at the Half-Dollar and Full-Dollar Rates

The amount payable to the Veteran is the total of the full-dollar rate (for regular U.S. military service) and 50 percent of the half-dollar rate basis computed as shown below.

Count the amount payable in two ways to determine which will pay the *greater benefit* to the Veteran. This is done by comparing the amount in Step 2 of Method 1 with that of Step 3 in Method 2.

Note: For examples on how to compute the amount payable, see

- M21-1, Part X, Subpart i, 4.D.2.d, and
- M21-1, Part X, Subpart i, 4.D.2.e.

Step	Method 1	Method 2
1	Determine the amount payable at the full-dollar rate for the combined evaluation (for both U.S. and Philippine military service).	Determine the amount payable at the full-dollar rate for the combined evaluation (for both U.S. and Philippine military service).
2	Determine the amount payable at the full-dollar rate for the combined evaluation of the disabilities determined to be due to regular U.S. military service alone. *This is the full-dollar rate payable to the Veteran.*	Compute the percentage ratio between • the combined evaluation of disabilities due to regular U.S. military service alone, and • the total combined evaluation

		determined in Step 1.
3	Compute the difference between the amounts obtained in Step 1 and Step 2. *This is the basis for the half-dollar rate.*	Multiply the full dollar amount obtained in Step 1 by the percentage ratio obtained in Step 2. *This is the full-dollar rate payable to the Veteran.*
4	---	Compute the difference between the amounts obtained in Step 1 and Step 3. *This is the basis for the half-dollar rate.*

X.i.4.D.2.d. Example 1: Determining the Half-Dollar and Full-Dollar Rates

Situation: A married Veteran has a 40-percent disability incurred during service in the Armed Forces of the U.S. and a 20-percent disability incurred during wartime service in the Commonwealth Army of the Philippines, combining to 50 percent at the rate of $917.13 (rate effective 12/01/2014).

Method 1	***Calculations***
$917.13	Rate of combined 50-percent evaluation
-651.36	Rate of combined 40-percent evaluation payable at the full-dollar rate
$65.77	Amount used for computing half-dollar rate
Method 2	***Calculations***
$917.13	Rate of combined 50-percent evaluation
x 80%	Ratio of the combined 40-percent full-dollar evaluation to 50-percent combined evaluation
$733.70	Amount payable at full-dollar rate
$917.13	Rate of combined evaluation
-733.70	Amount payable at full-dollar rate
$183.43	Amount used for computing half-dollar rate

Result: Use Method 2 in this case, because the full-dollar rate payable ($733.70) is greater than that in Method 1 ($651.36).
The amount payable to the Veteran is $825.42 ($733.70 at the full-dollar rate plus $91.72 (half of $183.43) at the half-dollar rate).

X.i.4.D.2.e. Example 2: Determining the Half-Dollar and Full-Dollar Rates

Situation: A Veteran has a 10-percent disability incurred during service in the Armed Forces of the U.S. and a 10-percent disability incurred during wartime service in the Commonwealth Army of the Philippines, combining to the rate of 20 percent at the rate of $263.23 (effective 12/01/2014).

Method 1	***Calculations***
$263.23	Rate of the combined 20-percent evaluation
-133.17	Rate of the combined 10-percent evaluation payable at the full-dollar rate
$130.06	Amount for computing the half-dollar rate
Method 2	***Calculations***
$263.23	Rate of the combined 20-percent evaluation
x 50%	Ratio of the combined 10-percent full-dollar evaluation to 20 percent combined evaluation
$131.62	Amount payable at the full-dollar rate

$263.23	Rate of the combined evaluation
-$131.62	Amount payable at the full-dollar rate
$131.61	Amount for computing the half-dollar rate

Result: Use Method 1 in this case because the amount payable at the full-dollar rate ($133.17) is greater than that in Method 2 ($131.62).
The amount payable is $198.97 ($133.17 at the full-dollar rate, plus $65.80 (half of $131.61) at the half-dollar rate).

X.i.4.D.2.f. Computing the Total Amount Payable and Award Input

Follow the steps in the table below to input the total amount payable using the method that was more beneficial to the Veteran, per **M21-1, Part X, Subpart i, 4.D.2.c**.
Note: Decision notices can only be completed in the Personal Computer Generated Letters application.

Step	Action
1	Determine the amount of the total award at the full-dollar rate, including • combined degree, and • any additional amounts authorized for special monthly compensation and dependents.
2	Determine the amount due for the combined evaluation for the service-connected disabilities payable at the full-dollar rate (regular U.S. service).
3	Compute the difference between the amount in Step 2 and the amount in Step 1. This is the basis for obtaining the amount due at the half-dollar rate per **38 CFR 3.40(e)**.
4	Add *half* of the amount obtained in Step 3 to the full-dollar rate payable in Step 2. *This is the total amount payable to the Veteran*.
5	Manually input the amount computed in Step 4 using the Generate Award Override (GAO) function.

Reference: For information on how to process an award in the Veterans Benefits Management System – Awards (VBMS-A), see *VBMS-Awards User Guide*.

3. General Requirements for Payment of Benefits at the Full-Dollar Rate Based on Residency in the U.S.

Introduction

This topic contains information on general requirements for payment of benefits at the full-dollar rate based on U.S. residency, including information on obtaining
- **proof of U.S. residency**, and
- evidence of
- **U.S. natural-born citizenship**
- **naturalized citizenship**, and
- **permanent resident alien status**.

Change Date February 5, 2016

X.i.4.D.3.a. Obtaining Proof of U.S. Residency

Obtain satisfactory evidence that the claimant resides in the U.S., such as a
- driver's license

- current lease or purchase agreement, or
- utility bill.

Notes:

- A Post Office box mailing address in the Veteran's or survivor's name does *not* constitute evidence of lawful U.S. residency.
- A Veteran who died while outside of the U.S. for less than 61 consecutive days will be considered to have been residing in the U.S. on the date of death.

X.i.4.D.3.b. Obtaining Evidence of U.S Natural-Born Citizenship

An original or genuine and unaltered copy of one of the following documents is required as evidence of natural-born U.S. citizenship

- U.S. passport
- birth certificate showing that the Veteran was born in the U.S., or
- Report of Birth Abroad of a Citizen of the U.S. issued by a U.S. consulate.

Note: If the claimant submits genuine and unaltered copies, do not request original versions of the above documents.

X.i.4.D.3.c. Obtaining Evidence of Naturalized Citizenship

To establish naturalized U.S. citizenship, obtain

- verification from the U.S. Citizenship and Immigration Services (USCIS) (formerly the Immigration and Naturalization Service), or
- an original or genuine and unaltered copy of a U.S. passport.

Reference: For more information on evidence of naturalized citizenship, see

- 38 CFR 3.42(c)(2), and
- 38 CFR 3.43(c)(2).

X.i.4.D.3.d. Obtaining Evidence of Permanent Resident Alien Status

Request verification from the USCIS of evidence of permanent resident alien status.

4. Payment of Compensation and DIC at the Full-Dollar Rate Based on U.S. Residency

Introduction

This topic contains information on payment of compensation and DIC at the full-dollar rate based on U.S. residency, including

- eligibility requirements for
  - payment at the full-dollar rate, and
  - DIC
  - specific residency requirements
  - requirement for reporting changes in residency or citizenship status
- effective date for payment of
  - compensation at the full-dollar rate in running awards, and
  - DIC at the full-dollar rate in running awards
  - effective dates for payment at the full-dollar rate in initial awards of compensation or DIC
  - jurisdiction for payment of compensation and DIC, and
- when to
  - reduce benefits to the half-dollar rate, and
  - restore benefits to the full-dollar rate.

X.i.4.D.4.a. Eligibility Requirements for Payment at the Full-Dollar Rate

Effective October 27, 2000, *PL 106-377* authorized payment of disability compensation benefits at the full-dollar rate to Veterans who

- served before July 1, 1946, in
- the Commonwealth Army of the Philippines, or
- organized guerrilla groups
- reside in the U.S. (States, territories, and possessions, the District of Columbia, and the Commonwealth of Puerto Rico), and
- are either U.S. citizens or permanent resident aliens as determined by the USCIS.

Similarly, the enactment of *PL 108-183* on December 16, 2003, authorized payment of disability compensation benefits at the full-dollar rate to Veterans who

- served in the Special Philippine Scouts
- reside in the U.S. (States, territories, and possessions, the District of Columbia, and the Commonwealth of Puerto Rico), and
- are either U.S. citizens or permanent resident aliens as determined by the USCIS.

Reference: For more information on entitlement to the half-dollar or full-dollar rate, see **M21-1, Part X, Subpart i, 4.A.2** and **B**.

X.i.4.D.4.b. Eligibility Requirements for DIC

PL 108-183 also authorized the payment of DIC benefits at the full-dollar rate to survivors

- whose DIC eligibility is based on the Veteran's service in the
- Commonwealth Army of the Philippines
- Special Philippine Scouts, or
- organized guerrilla groups, and
- who meet the U.S. residency and citizenship requirements shown in **38 CFR 3.42**.

Reference: For more information on the half-dollar, or full dollar rates, see **M21-1, Part X, Subpart i, 4.A.2** and **B**.

X.i.4.D.4.c. Specific Residency Requirements

Per **38 CFR 3.42**, to be eligible for benefits at the full-dollar rate based on U.S. residency, a Veteran or survivor must

- be physically present in the U.S. for at least 183 days of each calendar year, and
- *not* be absent from the U.S. for more than 60 consecutive days.

Notes:

- The Department of Veterans Affairs (VA) may award an exception to the residency requirements stated above on a case-by-case basis, if a beneficiary
- shows good cause, and
- is able to document reasons for failing to meet the requirements.
- If a Veteran or survivor becomes eligible for full-dollar rate benefits on an initial basis, on or after July 1 of any calendar year, the 183-day rule does *not* apply during that calendar year.
- If a Veteran or survivor leaves from, and returns to, the U.S. on the same day (such as on trips to Canada or Mexico), do not consider the beneficiary to have been absent from the U.S.

X.i.4.D.4.d. Requirement for Reporting Changes in

To continue to receive benefits at the full-dollar rate, a beneficiary must

Residency or Citizenship Status

- notify VA within 30 days of
- leaving the U.S., or
- losing either U.S. citizenship or permanent resident alien status
- furnish prompt notice of any change of address, and
- annually verify that residency and citizenship/permanent alien status requirements in 38 CFR 3.42 are met.

Note: *VA Form Letter (FL) 21-914, Residency Verification Report (RVR)-Veterans and Survivors,* is used for annual verification of eligibility.

X.i.4.D.4.e. Effective Date for Payment of Compensation at the Full-Dollar Rate in Running Awards

The effective date of awards of compensation at the full-dollar rate under *PL 106-377* is October 27, 2000, for Veterans already receiving compensation benefits if they

- met the eligibility requirements for the full-dollar rate stated in 38 CFR 3.42 on October 27, 2000, and
- maintained eligibility from that date to the date of an administrative decision of entitlement.

The effective date of awards of compensation at the full-dollar rate under *PL 108-183* is January 1, 2004, for Veterans already receiving compensation benefits if they

- met the eligibility requirements for the full-dollar rate in 38 CFR 3.42 on December 16, 2003, and
- maintained eligibility from that date to the date of an administrative decision of entitlement.

Notes:

- Veterans do not have to specifically request to be paid at the full-dollar rate. VA automatically increases compensation payments if eligibility requirements are met.
- The provisions of 38 CFR 3.31 applies to the effective date of payment of benefits at the full-dollar rate.
- The provisions of 38 CFR 3.114(a) applies to the effective date of an award of benefits at the full-dollar rate.

X.i.4.D.4.f. Effective Date for Payment of DIC at the Full-Dollar Rate in Running Awards

The effective date of awards of DIC at the full-dollar rate under *PL 108-183* is January 1, 2004, for survivors already receiving DIC benefits if they

- met the eligibility requirements for the full-dollar rate stated in 38 CFR 3.42 on December 16, 2003, and
- maintained eligibility from that date to the date of an administrative decision of entitlement.

Notes:

- Survivors do not have to specifically request to be paid at the full-dollar rate. VA automatically increases DIC payments if eligibility requirements are met.
- The provisions of 38 CFR 3.114(a) applies to the effective date of an award of benefits at the full-dollar rate.

X.i.4.D.4.g. Effective Dates for Payment at the Full-Dollar Rate in Initial Awards of Compensation or DIC

For Veterans and survivors not already receiving compensation or DIC benefits, initial awards at the full-dollar rate based on U.S. residency and U.S. citizenship or resident alien status are effective on the latest of the following dates, subject to the provisions

of 38 CFR 3.31 and 38 CFR 3.114(a):

- date on which entitlement arose
- date on which the Veteran or survivor first met the eligibility and citizenship/permanent resident alien status requirements in 38 CFR 3.42, if VA receives evidence of this within one year of that date
- effective date of the rating establishing service connection for disability or death, provided VA receives evidence that the Veteran or survivor meets the requirements in 38 CFR 3.42 within one year of the notification of the rating action
- date the Veteran or survivor returned to the U.S. after an absence of more than 60 consecutive days, or
- first day of the year following the year in which the Veteran or survivor was absent from the U.S. for a total of 183 days or more, or the first day after that date that the Veteran returns to the U.S. per 38 CFR 3.405.

X.i.4.D.4.h. Jurisdiction for Payment of Compensation and DIC

The Manila RO has jurisdiction over payment of disability compensation and DIC benefits at the full-dollar rate under *PL 106-377* or *PL 108-183*.

X.i.4.D.4.i. When to Reduce Benefits to the Half-Dollar Rate

Use the table below to determine when to reduce benefits to the half-dollar rate.

If …	Then …
the beneficiary is physically absent from the U.S. for a total of 183 days or more during any calendar year, unless for a good cause	reduce compensation or DIC to the half-dollar rate effective on the 183rd day of the absence. ***Reference***: For more information on the requirements for U.S. residency, see M21-1, Part X, Subpart i, 4.D.4.c.
the beneficiary is physically absent from the U.S. for more than 60 consecutive days, unless for a good cause	reduce compensation or DIC to the half-dollar rate effective on the 61st day of the absence.
the beneficiary loses either • U.S. citizenship, or • status as a permanent resident alien	reduce compensation or DIC to the half-dollar rate effective on the date one of these criteria is not met.
mail to the beneficiary is returned as undeliverable	make reasonable efforts to identify the correct mailing address. ***Reference***: For more information on mail returned as undeliverable, see M21-1, Part II, Subpart i, 2.C.6.
no current address is found for the beneficiary	reduce compensation or DIC to the half-dollar rate effective on the date of last payment. ***References***: For more information on • lack of current address for the beneficiary, see M21-1, Part II, Subpart i, 2.C.6, and • due process, see M21-1, Part X, Subpart ii, 3.
the beneficiary fails to furnish verification of residency or citizenship/alien status within	reduce compensation or DIC to the half-dollar rate as of the date determined

60 days as requested	under 38 CFR 3.652.

X.i.4.D.4.j. When to Restore Benefits to the Full-Dollar Rate

Use the table below to determine when to restore benefits to the full-dollar rate.

If …	Then …	Example
• a beneficiary whose payments are reduced to the half-dollar rate begins meeting eligibility requirements again, and • VA receives evidence of eligibility within one year of the date the beneficiary began meeting eligibility requirements again	restore benefits to the full-dollar rate effective the first day of the month following the date on which the requirements under 38 CFR 3.42 and 38 CFR 3.405 are met.	***Situation***: A Veteran's payments were reduced to the half-dollar rate on the 61st day of absence from the U.S. on October 14, 2001. Evidence received on March 3, 2002, shows the Veteran returned to the U.S. on November 2, 2001. ***Result***: Restore benefits to the full-dollar rate effective December 1, 2001. ***Situation***: A Veteran's payments were reduced to the half dollar rate on the 61st day of absence from the U.S. on April 3, 2013. Evidence received on March 3, 2014, shows the Veteran returned to the U.S. on September 1, 2013. ***Result***: Restore benefits to the full dollar rate effective January 1, 2014, the first day of the calendar year following the year the Veteran was absent from the U.S. for 183 days or more.
• a beneficiary whose payments are reduced to the half-dollar rate begins meeting eligibility requirements again, and • VA receives the evidence more than one year after the date the beneficiary began meeting eligibility requirements again	restore benefits to the full-dollar rate effective the first day of the month following the date on which the evidence was received.	***Situation***: A surviving spouse's DIC payments were reduced to the half-dollar rate on the 61st day of absence from the U.S. on November 7, 2001. Evidence received on January 14, 2003, shows the spouse returned to the U.S. on December 23, 2001. ***Result***: Award benefits at the full-dollar rate effective February 1, 2003.
evidence which shows continued eligibility for the full-dollar rate is received within one year of VA's request	restore payments to the full-dollar rate in accordance with the facts found, per 38 CFR 3.109.	***Situation***: A Veteran's payments were reduced to the half-dollar rate on May 1, 2002, for failure to return *VA Form Letter (FL) 21-914* mailed in January 2002. Evidence received on August 15, 2002, shows that all eligibility requirements for 2001 were met. ***Result***: Restore benefits to the full-dollar rate

		effective May 1, 2002.

5. Payment of Burial Benefits at the Full-Dollar Rate Based on U.S. Residency

Introduction This topic contains information on the payment of burial benefits at the full-dollar rate based on U.S. residency in Philippine cases, including

- eligibility requirements under
- ***PL 106-419***, and
- ***PL 108-183***
- **determining pension eligibility**
- **obtaining pension eligibility information**, and
- **need to develop for further disability, income, or dependency information**.

Change Date February 7, 2022

X.i.4.D.5.a. Eligibility Requirements Under PL 106-419

PL 106-419 authorizes payment of burial benefits at the full-dollar rate based on service of members of the Commonwealth Army of the Philippines or organized guerrilla groups who died on or after November 1, 2000, and who, on the date of death

- resided in the U.S. (states, territories and possessions, the District of Columbia and the Commonwealth of Puerto Rico)
- were either U.S. citizens or permanent resident aliens (as determined by the USCIS), and
- were either receiving VA compensation benefits or met the disability, income, and net worth requirements for VA pension benefits, and would have been eligible, if service had been deemed to be active military, naval, or air service.

Reference: For more information on eligibility requirements, see **38 CFR 3.43**.

X.i.4.D.5.b. Eligibility Requirements Under PL 108-183

PL 108-183 authorized payment of burial benefits at the full-dollar rate based on service of members of the Special or "new" Philippine Scouts who died on or after December 16, 2003, and who, on the date of death

- resided in the U.S. (states, territories and possessions, the District of Columbia and the Commonwealth of Puerto Rico)
- were either U.S. citizens or permanent resident aliens (as determined by the USCIS), and
- were either receiving VA compensation benefits or met the disability, income, and net worth requirements for VA pension benefits, and would have been eligible, if service had been deemed to be active military, naval, or air service.

X.i.4.D.5.c. Determining Pension Eligibility

If the Veteran was *not* receiving VA compensation benefits on the date of death, request that the claimant provide the following information:

- amount and sources of the Veteran's income and net worth for the month prior to death
- marital status of the Veteran at the time of death and the name and address of the Veteran's surviving spouse, if applicable, and
- names, addresses, and ages of the Veteran's children, if applicable.

X.i.4.D.5.d. Obtaining Pension Eligibility Information	To obtain the Veteran's pension eligibility information, either • prepare and attach ***VA Form 21-4138, Statement in Support of Claim***, to the ***VA Form 21P-530EZ, Application for Burial Benefits (Under 38 U.S.C. Chapter 23)***, or • send the prepared form to the claimant when needed to develop the claim.
X.i.4.D.5.e. Need to Develop for Further Disability, Income, or Dependency Information	Assume, without development, that the Veteran's disability(ies) met the requirements for special monthly pension at the aid and attendance level at the time of death. ***Note***: Develop for further income or dependency information or evidence *only* if • the information received is contradictory, or • additional information would be critical in determining pension eligibility.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177947/M21-1-Part-X-Subpart-i-Chapter-4-Section-D-Awards-and-Payments-for-Benefits-Due-to-Philippine-Service>

M21-1, Part X, Subpart i, Chapter 5, Section A - Establishing Veteran Status Based on Merchant Marine Service

Article ID: 554400000177948
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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 05. Claims Based on Merchant Marine Service

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	General Information on Veteran Status Based on Merchant Marine Service
2	Merchant Marine Service Verification Required for a Department of Veterans Affairs (VA) Claim

1. General Information on Veteran Status Based on Merchant Marine Service

Introduction This topic contains general information on Veteran status based on Merchant Marine service, including

- eligibility for a U.S. Merchant Marine discharge certificate
- merchant mariners who are eligible for all VA benefits under *Public Law (PL) 95-202*
- merchant mariners who are eligible for burial benefits only under *PL 105-368*
- applying for a *DD Form 214, Certificate of Discharge or Release from Active Duty*, or a *DD Form 1300, Report of Casualty*, for Merchant Marine service, and
- determining where to send *DD Form 2168, Application for Discharge of Member or Survivor of Member of Group Certified To Have Performed Active Duty with the Armed Forces of the United States*.

Change Date September 21, 2018

X.i.5.A.1.a. Eligibility for a U.S. Merchant Marine Discharge Certificate

Members of the U.S. Merchant Marine who served under the Coast Guard, Naval Transportation Service, or Army Transport Service in active, oceangoing service during the period from

- December 7, 1941, to August 15, 1945, are eligible to

receive discharge certificates under *Public Law (PL) 95-202*, or

- August 16, 1945, to December 31, 1946, are eligible to receive discharge certificates under *PL 105-368*. Each of these services will issue a *DD Form 214*, *Certificate of Discharge or Release from Active Duty*, or a *DD Form 1300*, *Report of Casualty*, as applicable.
  Important: Claims processors must pay close attention to the law under which the *DD Form 214* or *DD Form 1300* is issued to avoid entitlement errors.
  References: For more information on the eligibility of merchant mariners under
- *PL 95-202*, see **M21-1, Part X, Subpart i, 5.A.1.b**, and
- *PL 105-368*, see **M21-1, Part X, Subpart i, 5.A.1.c**.

X.i.5.A.1.b. Merchant Mariners Who Are Eligible for All VA Benefits Under PL 95-202

On January 19, 1988, in response to Section 401 of *PL 95-202*, the Secretary of the Air Force approved service aboard certain merchant or public vessels in oceangoing or foreign waters as active duty in World War II (WWII).
If the discharge document shows eligibility under *PL 95-202*, the merchant mariner and his/her survivors are eligible for benefits in the same manner as any other Veteran or survivor.
Reference: For more information on the eligibility of merchant mariners under *PL 95-202*, see **38 CFR 3.7(x)(15)**.

X.i.5.A.1.c. Merchant Mariners Who Are Eligible for Burial Benefits Only Under PL 105-368

PL 105-368, Section 402, provides that the qualified service of certain merchant mariners between August 16, 1945, and December 31, 1946, is deemed active duty service for purposes of all Department of Veterans Affairs (VA) burial benefits, including:

- burial flags
- burial, plot, and transportation allowances
- headstones and markers
- interment in national cemeteries, and
- markers in memorial areas of national cemeteries.

Important: Merchant Marine service after August 15, 1945, does *not* establish eligibility for compensation and/or pension.
Reference: For more information on merchant mariner benefits under Section 402 of *PL 105-368*, see **46 U.S.C. 11201-11204**.

X.i.5.A.1.d. Applying for a DD Form 214 or DD Form 1300 for Merchant Marine Service

To apply for a *DD Form 214* or *DD Form 1300*, a claimant must

- complete and sign *DD Form 2168*, *Application for Discharge of Member or Survivor of Member of Group Certified to Have Performed Active Duty with the Armed Forces of the United States*, and
- submit the *DD Form 2168* to the appropriate service department.

Notes:

- The applicant should also submit copies of any documentation of sea service that he or she may have.
- An applicant must resubmit the *DD Form 2168* and supporting documentation to establish periods of duty other than those that are shown in Item 18, *REMARKS*, on the *DD Form 214*.
- If the merchant mariner is deceased, the applicant must submit evidence of death with the *DD Form 2168*. A photocopy of a death certificate, a funeral

obituary, or other evidence showing the date of death is acceptable for this purpose.
- For certification under *PL 105-368*, the applicant must enclose a $30.00 check or money order, payable to the U.S. Treasury.

X.i.5.A.1.e. Determining Where to Send DD Form 2168

Use the information below to determine where the claimant should send the *DD Form 2168*.

If …	Then the claimant sends the *DD Form 2168* to …
the alleged service was employment as a civil servant for the U.S. Army Transport Service (or the U.S. Army Transportation Corps, Water Division)	Commander U.S. Army Human Resources Command Department 420 Ft. Knox, KY 40122-5402 ATTN: AHRC-PDR
the alleged service was employment as a civil servant for the Naval Transportation Service	Commander U.S. Navy Personnel Command (PERS-312) 5720 Integrity Drive Millington, TN 38054-5045
• the alleged service was employment with the War Shipping Administration or Office of Defense Transportation or their agents, and • the U.S. Coast Guard or Department of Commerce acknowledged the employment in a document such as a Merchant Mariner Document/Certificate of Service	Commanding Officer U.S. Coast Guard – National Maritime Center ATTN: Records Management Branch (NMC-41) 100 Forbes Drive Martinsburg, WV 25404 Phone: (888) 427-5662 ***Reference***: For more information about verification of maritime service through the Coast Guard, see the National Maritime Center website at www.uscg.mil/nmc/.

2. Merchant Marine Service Verification Required for a VA Claim

Introduction

This topic contains instructions regarding information required for a claim, including
- forms required for a Merchant Marine claim
- correct voyage entries and release dates on *DD Form 214*
- information required on the *DD Form 1300*
- establishing a Merchant Marine claim
- Veterans Assistance Discharge System (VADS) entries prior to January 1, 2015
- VADS entries beginning January 1, 2015, and
- prior Coast Guard certification of certain Merchant Marine service.

Change Date September 21, 2018

X.i.5.A.2.a. Forms Required for a Merchant Marine Claim

Notify the claimant that benefits may not be paid without a discharge document.
- If there is a Veterans Assistance Discharge System (VADS) record or other evidence of Merchant Marine service, inform

the claimant that VA cannot pay benefits until the claimant provides a *DD Form 214* or *DD Form 1300*. Assist the claimant by developing the claim pending receipt of a discharge document.

- If there is no evidence of Merchant Marine service, inform the claimant that VA cannot initiate development until the claimant provides a *DD Form 214* or *DD Form 1300* or other evidence of Merchant Marine service.

Notes:

- If there is a VADS record or a discharge document, establish a claim. Otherwise, send an information letter under end product 400.
- Although it is ultimately the claimant's responsibility to provide a discharge document, VA is not precluded from accepting the discharge document from any legitimate source such as the service department or power of attorney when warranted.

X.i.5.A.2.b. Correct Voyage Entries and Release Dates on DD Form 214

The *DD Form 214* issued should show the

- entered on date as December 7, 1941, or the date of the earliest voyage, and
- released from active duty (RAD) date as the date of completion of the last voyage or
- August 15, 1945 (for *PL 95-202*), or
- December 31, 1946 (for *PL 105-368*).

Notes:

- The actual voyages and inclusive dates of each voyage will be shown in Item 18, *REMARKS*, on the *DD Form 214*. If all of the voyages cannot be entered in Item 18, an attachment sheet will be provided.
- For computation of service, only the actual dates of each voyage are considered as qualifying active duty for VA purposes.
- Do *not* use the information provided in Item 12, *RECORD OF SERVICE*, to determine an applicant's entitlement to VA benefits.

X.i.5.A.2.c. Information Required on the DD Form 1300

If the death of a merchant mariner occurred during service, *DD Form 1300* is issued in lieu of *DD Form 214*. The *DD Form 1300* should show the equivalent military pay grade. If the pay grade information is necessary but not provided, request pay grade verification by following the instructions in **M21-1, Part III, Subpart ii, 2.H.10**.

Note: A *DD Form 1300* is valid even without pay grade information or a Social Security number (SSN).

X.i.5.A.2.d. Establishing a Merchant Marine Claim

During claims establishment, update the corporate record by entering the beginning and ending dates of the three earliest voyages, unless the claim was established based on a VADS entry and voyage information is not yet available.

If the three earliest voyages do not satisfy the minimum 90-day active duty requirement for pension, enter the three longest voyages.

Reference: For more information on establishing a claim based on a VADS entry, see **M21-1, Part X, Subpart i, 5.A.2.a**.

X.i.5.A.2.e. VADS Entries Prior to January 1, 2015

Prior to January 1, 2015, the Department of Defense (DoD) sent paper copies of *DD Forms 214* to the VADS unit at the Austin Data Processing Center.

When processing paper copies of *DD Forms 214* for certain categories of service members, the VADS unit entered *DEV* as the separation reason into the corporate record. This *DEV* entry ensured that merchant mariners who served during the WWII era did not receive the benefits information package that is intended to be sent only to recently discharged.

Important: For paper copies of *DD Forms 214* sent to the VADS

unit prior to 2015, it is not necessary to clarify the separation reason code if it is *DEV*. Consider the service satisfactory unless other evidence of record reveals otherwise.

If *SAT* is shown in Item 26, *SEPARATION CODE*, on a paper copy of the *DD Form 214*, update the corporate record to reflect the correct entry.

Reference: For more information on the VADS data format field in the corporate record, see the ***Share User Guide***.

X.i.5.A.2.f. VADS Entries Beginning January 1, 2015

Beginning on January 1, 2015, DoD terminated the practice of sending paper copies of *DD Form 214* and began electronically transmitting pertinent discharge data to the VADS unit at the Austin Data Processing Center.
If it is apparent that discharge data for Merchant Marine service was transmitted to VADS on or after January 1, 2015, then proper development for the separation reason code is required if it is ***not*** satisfactory service, or *SAT*.
Note: If using a paper copy of *DD Form 214* to verify service, and *SAT* is shown in Item 26, *SEPARATION CODE*, update the corporate record to reflect the correct entry.
Reference: For more information on the VADS data format field in the corporate record, see the ***Share User Guide***.

X.i.5.A.2.g. Prior Coast Guard Certification of Certain Merchant Marine Service

Previously, the Coast Guard would certify 90 days of service in certain cases, without providing specific periods of service, if there was proof that a mariner sailed on oceangoing vessels, but the records of vessels or dates of voyages were incomplete.
Even if Item 18, *REMARKS*, on *DD Form 214* shows no voyage information, consider a previously issued *DD Form 214* to be valid if it contains the following statements:

- *The above individual falls into a special class of World War II Merchant Mariners. The complete sea service records for these individuals, which indicate specific sailing dates and vessel names, cannot be located due to their no longer being in the Federal records system; were lost with the ship; or the individual served aboard the ship in a capacity for which official records were not kept.*
- *Based on the information available, the Coast Guard certifies that the above individual has at least 90 days of service aboard oceangoing vessels during the period between 7 December 1941 and 15 August 1945.*

Reference: For more information about what a currently issued *DD Form 214* must contain, see **M21-1, Part X, Subpart i, 5.A.2.b**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177948/M21-1-Part-X-Subpart-i-Chapter-5-Section-A-Establishing-Veteran-Status-Based-on-Merchant-Marine-Service>

M21-1, Part X, Subpart i, Chapter 5, Section B - Obtaining Merchant Marine Service Records

Article ID: 554400000178523
Updated Mar 06, 2025
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 05. Claims Based on Merchant Marine Service

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Merchant Marine Service Record Requests
2	Service Treatment Records (STRs) for Merchant Marine Service
3	Merchant Marine Logbook Records
4	Records Available for Combat-Related Injuries
5	Records Available From the Marine Index Bureau (MIB)
6	National Archives and Records Administration (NARA) Regional Archives
7	Exhibit 1: Example of a Merchant Marine STR Development Letter for the Public Health Service (PHS)
8	Exhibit 2: Example of an MIB Letter to a Claimant

1. Merchant Marine Service Record Requests

Introduction This topic contains information on Merchant Marine service record requests, including

- information required when requesting Merchant Marine service records, and
- requesting records for U.S. Maritime Service.

Change Date March 6, 2025

X.i.5.B.1.a. Information Required when Requesting Merchant

When requesting medical records, pay grade data, or other records,

- send a copy of the DD Form 214, *Certificate of*

Marine Service Records

Discharge or Release from Active Duty, with the request, or

- include the following information from Item 18, *REMARKS*, of the *DD Form 214*:
- identification number of the vessel
- name of the vessel
- merchant mariner's Social Security number (SSN) (not included in death cases)
- Z number, if available, and
- merchant mariner's date of birth (DOB).

Notes:

- Develop to the claimant for the *DD Form 214* if one is not provided.
- The names of vessels may not be sufficient for identification of service records, since the names of the vessels could have been changed. However, the identification numbers were always retained.
- The Z number was a number assigned to merchant mariners that is comparable to a service number.

X.i.5.B.1.b. Requesting Records for U.S. Maritime Service

The National Personnel Records Center (NPRC) (address code 13) has records of merchant mariners trained by the U.S. Maritime Service.

Request these records through the Personnel Information Exchange System (PIES), using the ARMY branch of service tab. The following information must be provided in the request:

- the name used by the merchant mariner during training, and
- the merchant mariner's
- DOB, and
- SSN.

Note: The Coast Guard does not use training time with the U.S. Maritime Service as evidence of active, ocean-going service during World War II (WWII) for issuing U.S. Merchant Marine discharge documents.

2. STRs for Merchant Marine Service

Introduction

This topic contains information on STRs for Merchant Marine service, including

- **availability of STRs for merchant mariners**
- **requesting PHS) medical records from the Health Resources and Services Administration (HSRA)**
- **how to request PHS records from HSRA**
- **action to take if unable to provide required information to HSRA**
- **locating records of military or overseas treatment for merchant mariners**
- **information concerning treatment of merchant mariners onboard a ship**, and
- **PHS records for Merchant Marine treatment more than 50 years ago**.

Change Date March 6, 2025

X.i.5.B.2.a. Av It is not possible to request service treatment records (STRs) for

ailability of STRs for Merchant Mariners

merchant mariners because these individuals do not have a medical file as such.
However, merchant mariners were eligible to receive medical treatment at Public Health Service (PHS) hospitals. Microfilm copies of certain medical records are maintained by the Health Resources and Services Administration (HSRA) of the Department of Health and Human Services, at the National Hansen's Disease Center in Baton Rouge, LA.

X.i.5.B.2.b. Requesting PHS Medical Records From HSRA

If the claimant alleges treatment at a U.S. PHS hospital *and* the claimant can furnish the minimum information as required below, send a request to the HSRA.
For the HSRA to conduct a search, the request

- *must* include
- the Veteran's full name and any aliases
- the Veteran's DOB
- the location (state, at a minimum) of the clinic(s)/hospital(s) where the Veteran was treated, and
- the month and year of treatment (provide at least the decade), and
- should include, if available,
- the Veteran's SSN and/or Z number, which is comparable to a service number, and
- any other identifying information.

Important: Do *not* send a request to the HSRA if the Veteran

- is unable to furnish the minimum required information, or
- did not claim treatment at a PHS facility.

Note: Because HSRA searches reels of microfilm to find treatment records, the more specific the information furnished, the greater the likelihood of locating the records.

X.i.5.B.2.c. How to Request PHS Records From HSRA

Prepare a request using the example letter in **M21-1, Part X, Subpart i, 5.B.7**,

- providing the information listed in **M21-1, Part X, Subpart i, 5.B.2.b**, and
- attaching a ***VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs***, that the claimant has completed and signed.

Send the request to:
Public Health Service Health Data Center
National Hansen's Disease Program
1770 Physicians Park Drive
Baton Rouge, LA 70816
Note: Telephone 1-800-642-2477 or 1-225-756-3773 if priority/expedited assistance is required.
Important: All correspondence must include the name and telephone number of the requester.

X.i.5.B.2.d. Action to Take if Unable to Provide Required Information to HSRA

If the information required to submit a request for PHS records to HSRA is not available, review **M21-1, Part X, Subpart i, 5.B.3** and **4** to determine if there is any possibility that records may be available from the National Archives and Records Administration (NARA) or the Maritime Administration Office of Sealift Support.
If there is a possibility that records may be available, send an e-mail to **VAVBAWAS/CO/HAIMS-DPRIS** with the required information described in **M21-1, Part X, Subpart i, 5.B.2.c** and allow 30 days for a response. Once all possible sources for records have been queried and a response is received from the mailbox, route the claim to the rating activity for rating action.
Notes:

- The rating decision must outline the efforts made to obtain the records.
- The decision notice must explain that a search cannot be conducted for medical records without the minimum required information outlined in M21-1, Part X, Subpart i, 5.B.2.b.

X.i.5.B.2.e. Locating Records of Military or Overseas Treatment for Merchant Mariners

The HSRA does not possess records for Veterans treated at military or overseas facilities.
Use the table below to determine how to obtain medical records if the claimant alleges military or overseas treatment.

If a claimant alleges …	Then …
any overseas treatment (military or private)	• obtain as much identifying information about the treatment facility as possible from the claimant, such as the • complete name, address, location, and nation administering the facility • date(s) of treatment, and • conditions treated, and • write to the facility, • enclosing a ***VA Form 21-4142*** that is signed by the claimant, and • explaining what is needed and why.
treatment at a U.S. military facility	send a PIES request to NPRC asking for clinical records, using request code C01-V. ***Reference***: For information on preparing PIES requests for service records, see the ***PIES User Guide***.

X.i.5.B.2.f. Information Concerning Treatment of Merchant Mariners Onboard a Ship

The HSRA does not possess records of medical treatment furnished onboard a ship.
If the claimant alleges treatment for injury or illness onboard a ship, it may be appropriate to undertake the development described in M21-1, Part X, Subpart i, 5.B.3, for information from logbooks.

X.i.5.B.2.g. PHS Records for Merchant Marine Treatment More Than 50 Years Ago

HSRA is authorized to destroy PHS treatment records after 50 years from the date of treatment for merchant mariners serving under the jurisdiction of the Coast Guard. Most merchant mariners who served during WWII are affected by this policy. However, records administrators may choose not to destroy such records, so claims processors should not assume that such records do not exist.
In addition, documentation of the date and treatment was recorded on index cards that are stored indefinitely. If a merchant mariner served under the jurisdiction of the Coast Guard and that service was more than 50 years ago, the index cards may be the only available records.
After initiating the routine development described in M21-1, Part X, Subpart i, 5.B.2.c, if the claimed treatment was more than 50 years ago, send a copy of the request to the National Maritime Center. Ask for any treatment records or copies of treatment index cards if the treatment records were destroyed.
Reference: For the address of the National Maritime Center, see the table in M21-1, Part X, Subpart i, 5.A.1.e.

3. Merchant Marine Logbook Records

Introduction

This topic contains information on Merchant Marine logbook records, including

- purpose of logbook records
- effects of privacy restrictions
- obtaining information on shipboard injuries
- information to include in requests to NARA
- NARA information furnished to claimants, and
- records available
- for vessels with foreign registration, and
- from the U.S. Army Transportation Corps or Naval Transportation Service.

Change Date March 6, 2025

X.i.5.B.3.a. Purpose of Logbook Records

Captains of Merchant Marine vessels employed by the Coast Guard maintained daily logbooks. The logbooks are now in the possession of NARA regional archives.

These logbooks are *not* the traditional ships' logs often referred to as "deck logs," in which masters recorded the daily entries that concerned the position and operation of the ship. The logbooks in the NARA regional archives were issued to masters of vessels in accordance with Federal laws and regulations passed to protect the health and welfare of merchant mariners. Entries were required to

- record offenses and desertions punishable by forfeiture of wages, and
- injuries or illnesses of crewmembers.

X.i.5.B.3.b. Effects of Privacy Restrictions

Since logbooks contain information relating to many individuals that may be of a personal nature, they are subject to privacy restrictions. Therefore, entries that relate to medical or disciplinary matters concerning individuals other than the subject of the inquiry may be deleted by NARA.

X.i.5.B.3.c. Obtaining Information on Shipboard Injuries

Logbooks may contain entries pertaining to injuries suffered by merchant mariners.

If a claimant alleges an injury or illness occurred onboard a ship, send a letter to NARA that requests a logbook search for evidence of the illness or injury. No release of information authorization is required.

Important: The disabilities claimed must have occurred during actual voyages, not just while attached to a vessel.

X.i.5.B.3.d. Information to Include in Requests to NARA

Letters to NARA requesting logbook searches for evidence should be accompanied by a photocopy of the Veteran's *DD Form 214* and should include the following information:

- the full name
- under which the Veteran served, and
- of the vessel on which the incident occurred
- the name of the port where the voyage ended, and
- the approximate dates of the voyage (month and year).

Note: If the voyage started at one port and ended at a different port, write to the NARA regional archives for the

port where the voyage *ended*.
Reference: For information about the addresses of the NARA regional archives, see **M21-1, Part X, Subpart i, 5.B.6**.

X.i.5.B.3.e. NARA Information Furnished to Claimants

NARA will furnish individual merchant mariners or their surviving dependents with one set of copies, free of charge, of the logbook entries needed to verify the mariner's service in the Merchant Marine between December 7, 1941, and August 15, 1945.
Claimants should state in their requests that the information sought is needed to obtain financial benefits from VA.
Note: NARA requires reimbursement for

- extra copies of logbook pages, as well as copies of logbook materials not needed to verify service in the Merchant Marine during WWII, and
- copies of entire logbooks.

X.i.5.B.3.f. Records Available for Vessels With Foreign Registration

Logbook records are not available for vessels registered in foreign countries, such as Panama.
Notes:

- These vessels were not required to maintain and turn in logbooks, even if the vessel was
- owned by a U.S. company, and
- operated under War Shipping Administration control.
- Neither the Coast Guard nor NARA are able to provide crew lists for such vessels.

X.i.5.B.3.g. Records Available From U.S. Army Transportation Corps or Naval Transportation Service

Logbooks are not available for merchant mariners who were employed by the U.S. Army Transportation Corps or the Naval Transportation Service.

4. Records Available for Combat-Related Injuries

Introduction

This topic contains information on records available to confirm the incurrence of combat-related injuries, including

- **obtaining information on combat-related injuries**
- **records maintained at the Maritime Administration Office of Sealift Support**
- **information about the Mariners Medal**
- **where to send requests for evidence of combat-related maritime injuries**, and
- **information to include in requests to the Office of Sealift Support**.

Change Date December 27, 2013

X.i.5.B.4.a. Obtaining Information on Combat-Related Injuries

Logbooks in the NARA regional archives *do not* usually contain descriptions of wartime actions in which the vessel was involved.
Note: If a claimant alleges a combat-related injury, write to the U.S. Department of Transportation, Maritime Administration Office of Sealift Support, before initiating development with NARA for information from logbooks.
Reference: For more information on obtaining information

from the Office of Sealift Support, see M21-1, Part X, Subpart i, 5.B.4.d and e.

X.i.5.B.4.b. Records Maintained at the Maritime Administration Office of Sealift Support

The U.S. Department of Transportation, Maritime Administration Office of Sealift Support, maintains records of citations and medals issued to WWII merchant mariners.

X.i.5.B.4.c. Information About the Mariners Medal

The Mariners Medal was authorized for combat-related injuries and is similar to the Purple Heart. Because the medal was only authorized for combat-related injuries, evidence of award of the medal may be used as supporting evidence of a claimed service-connected injury.
If a Veteran did receive the medal, a copy of the citation should be of record and will contain details of the incident.

X.i.5.B.4.d. Where to Send Requests for Evidence of Combat-Related Maritime Injuries

If a claimant alleges a combat-related injury that cannot otherwise be documented, send a letter to the Maritime Administration Office of Sealift Support at the address shown below, requesting a review of its records for evidence the Veteran received the Mariners Medal.
Address:
Office of Sealift Support
Maritime Administration
Room W25-322
1200 New Jersey Avenue SE
Washington, DC 20590
ATTN: Awards
Notes:
- No release of information authorization is required.
- More information, including medal and contact information, is available on the U.S. Department of Transportation Maritime Administration website.

X.i.5.B.4.e. Information to Include in Requests to the Office of Sealift Support

A photocopy of the Veteran's *DD Form 214* should accompany requests to the Office of Sealift Support. The following information should be provided if not shown on the *DD Form 214*:
- name under which the Veteran served
- Veteran's Z number, and
- Veteran's home address while serving during WWII (city and state).

5. Records Available From MIB

Introduction

This topic contains information on the records available from MIB, including
- types of records available at MIB
- who may request MIB records
- MIB fees
- information required for an MIB request
- address for MIB, and
- notifying the claimant of MIB records.

Change Date September 21, 2018

X.i.5.B.5.a. Types of Records Available at MIB

Some Merchant Marine records may be obtained from the Marine Index Bureau, Inc. (MIB), a private

agency.

X.i.5.B.5.b. Who May Request MIB Records

The *claimant* must request the records directly from MIB.
Regional offices (ROs) may not send requests directly to MIB.

X.i.5.B.5.c. MIB Fees

MIB charges a fee of $25.00 for making the records search, and the fee *must* be paid by the claimant.
Important: MIB cannot guarantee that its records will be acceptable to the Department of Veterans Affairs (VA) as proof of eligibility for VA benefits, nor can MIB guarantee that any records pertaining to the Veteran's wartime service are actually on file.

X.i.5.B.5.d. Information Required for an MIB Request

The claimant should contact MIB directly and request the forms for documentation of sea service that may be on file at MIB.
The claimant will need to provide the Veteran's

- complete name
- DOB
- place of birth
- SSN
- Z or Book (Bk) number
- current mailing address, and
- mailing addresses during the period 1941 to 1946, if known.

X.i.5.B.5.e. Address for MIB

Claimants must send requests for information from MIB to the following address:
Marine Index Bureau, Inc.
67 Scotch Rd.
Ewing, NJ 08628.

X.i.5.B.5.f. Notifying the Claimant of MIB Records

If all other development actions have failed to produce records in support of the claim, deny entitlement and send a decision notice to the claimant that

- incorporates the language of **M21-1, Part X, Subpart i, 5.B.8**, and
- advises the claimant of the option to seek decision review under **38 CFR 3.2500** if the MIB search proves successful.

6. NARA Regional Archives

Introduction

This topic contains information on NARA regional archives, including

- **logbooks contained at NARA regional archives**, and
- **where to send requests for a logbook search**.

Change Date September 21, 2018

X.i.5.B.6.a. Logbooks Contained at NARA Regional Archives

NARA regional archives have logbooks only for individuals whose service was documented by the U.S. Coast Guard or the Department of Commerce.
Important: The NARA regional archives do not have logbooks for individuals who served with the U.S. Army Transportation Corps or the Naval Transportation

Service.

X.i.5.B.6.b. Where to Send Requests for a Logbook Search

The table below provides the addresses of the NARA regional archives to which to send requests for a logbook search.

If a vessel's voyage ended in …	**Then send the request for a logbook search to …**
• Boston, MA, from 1942 through 1953 • Portsmouth, NH, from 1942 through 1955 • Portland, ME, from 1941 through 1955, or • Providence, RI, from 1941 through 1953	National Archives New England Region 380 Trapelo Rd. Waltham, MA 02154 Phone: (781) 663-0144 Fax: (781) 663-0154
New York, NY, from 1942 through 1960 ***Important***: Before submitting a request for a logbook search, obtain the year and logbook number from the U.S. Coast Guard, Marine Inspection Office. This office maintains a card index arranged alphabetically by name of vessel. Its address is U.S. Coast Guard Marine Inspection Office Investigation Section Room 312 Battery Park Building New York, NY 10004-1466	National Archives Northeast Region One Bowling Green New York, NY 10004 Phone: (212) 401-1620 Fax: (212) 401-1638
• Philadelphia, PA, from 1942 through 1956 • Baltimore, MD, from 1942 through 1957, or • Norfolk, VA, from 1940 through 1955	National Archives Mid-Atlantic Region 14700 Townsend Road Philadelphia, PA 19154 Phone: (215) 305-2044 Fax: (215) 305-2038
• Savannah, GA, from 1941 through 1953 • Tampa, FL, from 1942 through 1951 • Miami, FL, from 1943 through 1956 • Charleston, SC, from 1919 through 1958, or • Jacksonville, FL, from 1943 through 1951	National Archives Southeast Region 5780 Jonesboro Road Morrow, GA 30260 Phone: (770) 968-2100 Fax: (770) 968-2547
• Houston, TX, from 1942 through 1973 • New Orleans, LA, from 1942 through 1976 • Corpus Christi, TX, from 1943 through 1972 • Galveston, TX, from 1941 through 1974 • Mobile, AL, from 1942 through 1956, or • Port Arthur, TX, from 1939 through 1970	National Archives Southwest Region 1400 John Burgess Drive Fort Worth,

	TX 76140 Phone: (817) 551-2051
• Los Angeles, CA, from 1941 through 1956, or • Wilmington, Long Beach, San Pedro, Port San Luis, or Port Hueneme, CA, from 1942 through 1954	National Archives Pacific Southwest Region 23123 Cajalco Road Perris, CA 92570 Phone: (951) 956-2000 Fax: (951) 956-2079
San Francisco, CA, from 1927 through 1957	National Archives Pacific Sierra Region 1000 Commodore Drive San Bruno, CA 94066 Phone: (650) 238-3501
• Seattle, WA, from 1940 through 1958, or • Portland, OR, from 1942 through 1958	National Archives Pacific Northwest Region 6125 Sand Point Way NE Seattle, WA 98115 Phone: (206) 336-5115

7. Exhibit 1: Example of a Merchant Marine STR Development Letter for PHS

Change Date December 13, 2005

X.i.5.B.7.a. Example of a Merchant Marine STR Development Letter for PHS

A Merchant Marine STR development letter for PHS is shown below.

Public Health Service Health Data Center

National Hansen's Disease Program

1770 Physician's Park Drive

Baton Rouge, LA 70816

SUBJ: Merchant Marine medical treatment records

We are attempting to locate all medical records for the following Veteran:

NAME: (required)

SSN: (if known)

DATE OF BIRTH: (required)

WHERE THE VETERAN WAS TREATED BY THE USPHS:

(at least the State)

MONTH AND YEAR OF TREATMENT: (at least the decade)

VETERAN'S Z NUMBER: (if available)

OTHER IDENTIFYING INFORMATION:

The Veteran has filed a claim for VA disability compensation based on World War II Merchant Marine service. To process this claim, we need all available medical treatment records for that service.

We have enclosed VA Form 21-4142, "Authorization and Consent to Release Information to the Department of Veterans Affairs," and an additional copy of this letter for you to attach to your response so that we can quickly associate the reply with our records for this Veteran. If you have any questions about this claim, please contact _____ at telephone number _____.

Your assistance in resolving this claim is very much appreciated.

Sincerely yours,

Veterans Service Center Manager

Enclosures

8. Exhibit 2: Example of an MIB Letter to a Claimant

Change Date December 13, 2005

X.i.5.B.8.a. Example of an MIB Letter to a Claimant

An example of an MIB letter to a claimant is shown below.

[date]

[claimant's name] [claimant's address]

[salutation]:

A private agency, MIB (Marine Index Bureau, Inc.), may have records on file pertaining to the Veteran's sea service as a U.S. merchant marine during World War II. You should be aware that there is no guarantee records in the MIB folders will be acceptable to the Department of Veterans Affairs (VA) as proof of eligibility for VA benefits. There is also no guarantee that MIB has any records pertaining to your (the Veteran's) wartime service.

If you wish to request a search of the MIB file system, you should make such a request directly to this agency. There is a fee of $25 for this search, which must be paid by you. Submit a check or money order drawn to Marine Index Bureau, Inc., with your request. Send your request to: Marine Index Bureau, Inc., 67 Scotch Rd., Ewing, NJ 08628.

When submitting your request, you *must* provide: the Veteran's complete name, date of birth, place of birth, Social Security number, Z or Bk number, current mailing address, and any known mailing addresses during the period 1941 to 1946. You must also certify that you are requesting only the Veteran's records, and that they will be used to apply for Veterans benefits and for no other purpose.

Upon receipt of your request, along with any information needed to enable MIB to conduct its search, MIB will perform a search of its record system for any reports concerning service during the World War II period. A document containing the results of the search will then be sent to you.

Sincerely yours,

Veterans Service Center Manager

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000178523/M21-1-Part-X-Subpart-i-Chapter-5-Section-B-Obtaining-Merchant-Marine-Service-Records>

M21-1, Part X, Subpart i, Chapter 6, Section A - Introduction to Pre-Discharge Claims

Article ID: 554400000177949
Updated Mar 07, 2022
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Introduction to Pre-Discharge Claims
2	Handling Previously Denied Issues in Pre-Discharge Claims

1. Introduction to Pre-Discharge Claims

Introduction This topic contains information about pre-discharge claims, including

- general description of a pre-discharge claim
- who may file a pre-discharge claim, and
- form for filing a pre-discharge initial claim.

Change Date March 7, 2022

X.i.6.A.1.a. General Description of a Pre-Discharge Claim

A ***pre-discharge claim*** is a claim accepted from a service member who is still on active duty.

Notes:

- Some pre-discharge claims undergo processing under the Benefits Delivery at Discharge (BDD) program, the goal of which is provide every service member an in-service examination(s) and a decision on the individual's Department of Veterans Affairs (VA) claim 30 days or less following discharge from active duty.
- Another special pre-separation program is the Integrated Disability Evaluation System (IDES), which is covered in

separate sections of this chapter.

- Pre-discharge claims might include the original claim for benefits, another initial claim (such as an additional claim for service connection, a claim for an increased evaluation, a claim for resumption of VA compensation payments after release from active duty), or a supplemental claim.
- For the purposes of M21-1, Part X, Subpart i, 6.B-D, pre-separation claims will be described as either handled under the BDD program or excluded from the BDD program.

References: For more information on

- qualifying for claim processing under the BDD program see, M21-1, Part X, Subpart i, 6.B
- claim types or attributes that are excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.1
- handling previously denied issues in pre-discharge claims, see M21-1, Part X, Subpart 1, 6.A.2, and
- the IDES program, see M21-1, Part X, Subpart i, 6.E-K.

X.i.6.A.1.b. Who May File a Pre-Discharge Claim

Any service member on active duty may file a pre-discharge claim. This includes

- reservists serving on active duty in an Active Guard Reserve (AGR) role under 10 U.S.C.
- full-time National Guard members serving in an AGR role under 32 U.S.C., and
- service members undergoing medical evaluation board or physical evaluation board proceedings who are not currently enrolled in the IDES program.

X.i.6.A.1.c. Form for Filing a Pre-Discharge Initial Claim

The prescribed form a service member must complete to file pre-discharge initial claims is ***VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits***.

References: For more information on

- form requirements for a complete claim received on or after March 24, 2015, see
- M21-1, Part II, Subpart iii, 1.A.1, and
- M21-1, Part II, Subpart i, 2.B
- qualifying for claim processing under the BDD program, see M21-1, Part X, Subpart i, 6.B.1.a, and
- claim types or attributes that are excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.1.b.

2. Handling Previously Denied Issues in Pre-Discharge Claims

Introduction

This topic contains information about handling previously denied issues in pre-discharge claims, including

- **claims for previously denied issues raised by BDD/IDES participants**
- **handling supplemental claim applications from active duty IDES or BDD participants**
- **establishing end product (EP) 040 for supplemental claim issues processed within BDD/IDES**, and
- **rating BDD/IDES claims with supplemental claim issues**.

Change Date March 7, 2022

X.i.6.A.2.a. Claims for Previously Denied

When a BDD/IDES participant expresses an intent to claim a previously denied issue during a meeting with a

Issues Raised by BDD/IDES Participants

VA Military Services Coordinator (MSC), the MSC must explain the available decision review options and associated application requirements.

Previously denied claims are generally handled outside of the BDD or IDES programs.

However, if a ***VA Form 20-0995, Decision Review Request: Supplemental Claim***, is returned from an IDES or BDD participant who is currently serving on active duty, the claim should be handled in accordance with **M21-1, Part X, Subpart i, 6.A.2.b**.

Previously denied conditions listed on a ***VA Form 21-526EZ***, or another potentially applicable VA form, must be handled as a request for application in accordance with **M21-1, Part II, Subpart iii, 2.G.1.a**.

References: For more information on

- supplemental claim procedures, see **M21-1, Part II, Subpart iii, 2.B**
- supplemental claims and new and relevant evidence determinations, see **M21-1, Part X, Subpart ii, 2.A**
- VA appeals and reviews, see **M21-5**, and
- prescribed forms, see **M21-1, Part II, Subpart iii, 1.A.1**.

X.i.6.A.2.b. Handling Supplemental Claim Applications from Active Duty IDES or BDD Participants

Supplemental claims issues will be considered as part of pending BDD/IDES claims if the participant

- is currently serving on active duty, and
- has submitted a complete ***VA Form 20-0995***.

When the conditions above are met, the supplemental claim issues must be

- listed as contentions under the pending BDD diary end product (EP) or IDES EP 689, with the *Supplemental* contention type selected
- developed in accordance with standard IDES/BDD procedures
- controlled by an EP 040 upon the participant's discharge from service in accordance with **M21-1, Part X, Subpart i, 6.A.2.c**, and
- considered within BDD/IDES rating decisions in accordance with **M21-1, Part X, Subpart i, 6.A.2.d**.

X.i.6.A.2.c. EP Control of Supplemental Claim Issues Processed Within IDES/BDD

When supplemental claims from active duty service members are processed as part of IDES and BDD, the issues must be controlled under the BDD/IDES EP while the claimant remains on active duty. In these instances, the EP 040 must not be established until the participant is discharged from active duty.

Upon discharge, an EP 040 must be established in Caseflow, with a date of claim representing the day following the participant's discharge.

Notes:

- In IDES claims, the EP 040 must be established by the disability rating activity site at the time the IDES rating EP is established for the final rating.
- In BDD claims, the EP 040 must be established by the claims processor who first works the claim after the participant's discharge.

X.i.6.A.2.d. Rating IDES and BDD Claims With Supplemental Claims Issues	When IDES/BDD claims include supplemental claim issues, these issue(s) must be addressed in IDES/BDD ratings to the extent possible. If the supplemental claim issue(s) is fully decided in the final IDES or BDD rating, clear EP 040 at the time the BDD/IDES rating is promulgated. If the supplemental claim issues are not resolved in the IDES/BDD rating, the EP 040 must remain pending to be processed in accordance with standard supplemental claim procedures. ***Important***: This guidance is not applicable to a request for higher-level review (HLR) filed on ***VA Form 20-0996, Decision Review Request: Higher Level Review***. HLRs are processed according to standard policies and procedures in **M21-5, Chapter 5**. ***Reference***: For more information on supplemental claims, see **M21-1, Part II, Subpart iii, 2.B**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177949/M21-1-Part-X-Subpart-i-Chapter-6-Section-A-Introduction-to-Pre-Discharge-Claims>

M21-1, Part X, Subpart i, Chapter 6, Section B - Benefits Delivery at Discharge (BDD) and Initial Processing

Article ID: 554400000177950
Updated Dec 04, 2024
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

<-- Previous Section Next Section -->

Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	**Qualifying for BDD Processing and BDD-Excluded Claims**
2	**End Products (EPs) and Dates of Claim (DOCs) for BDD and BDD-Excluded Claims**
3	**BDD Intake and Initial Development**

1. Qualifying for BDD Processing and BDD-Excluded Claims

Introduction

This topic contains information about qualifying for BDD processing and BDD-excluded claims, including

- qualifying for claim processing under the BDD program
- claim types or attributes that are excluded from the BDD program, and
- processing of claims excluded from the BDD program.

Change Date December 4, 2024

X.i.6.B.1.a. Qualifying for Claim Processing Under the BDD Program

For a pre-discharge claim to qualify for processing under the Benefits Delivery at Discharge (BDD) program, all the following requirements must be met:

- the service member must
- have a known date of discharge
- be 180 days to 90 days from discharge at the time of filing
- be available to report for examinations for 45 days from the date the claim was received (***Example***: For a claim received on January 3, 2022, the service member must be available for examination from January 3, 2022, through February 17, 2022.)
- within 180 to 90 days prior to discharge, provide a
- substantially complete copy of the service treatment records (STRs) from the current qualifying period of service, and
- completed Separation Health Assessment - Part A, Self Assessment (SHA, Part A), and
- submit the claim on a prescribed form as provided in M21-1, Part X, Subpart i, 6.A.1.c, and
- the claim must ***not*** be excluded from Veterans Benefits Management System (VBMS) processing.
  Important: Accept an unsigned SHA, Part A as complete. Examiners will evaluate the service member and review the SHA, Part A without a signature.

Exceptions:

- Do ***not*** exclude the claim from the BDD program if a completed SHA, Part A is not of record. Instead, follow the instructions in M21-1, Part X, Subpart i, 6.B.3.k to contact the service member to inform them that Department of Veterans Affairs (VA) examinations will not be requested until a completed SHA, Part A is received.
- Additional contentions received with less than 90 days remaining on active duty will be processed as a BDD-excluded claim as indicated in M21-1, Part X, Subpart i, 6.B.1.b and M21-1, Part X, Subpart i, 6.B.2.i.
- Service members who file a BDD claim might not be able to complete certain types of examinations, such as sleep studies, before discharge. VA does ***not*** penalize these service members (by removing them from the BDD program) under these rare circumstances.
- If the service member is unable to attend required examinations within the prescribed 45-day time period due to a delay on the VA's part, then
- do not remove the claim from the BDD program, and
- do everything possible to attempt to have the examination performed ***prior*** to the service member's discharge, including requesting the appropriate examination at their current location ***prior*** to performing the actions in M21-1,

Part X, Subpart i, 6.C.1.d.

References: For more information on

- claim types or attributes that are excluded from processing under the BDD program, see M21-1, Part X, Subpart i, 6.B.1.b
- service members referred to the Integrated Disability Evaluation System (IDES) that have a pending BDD claim, see M21-1, Part X, Subpart i, 6.G.1.d
- STRs considered substantially complete for records development purposes, see M21-1, Part III, Subpart ii, 2.A.1.f, and
- types of records included in STRs, see M21-1, Part III, Subpart ii, 2.A.1.e.

X.i.6.B.1.b. Claim Types or Attributes That Are Excluded From the BDD Program

Claims of the types, or with the attributes, listed below are excluded from the BDD program, even if service members submit them 180 to 90 days prior to discharge.

- Claims received from service members with less than 90 days remaining on active duty
- additional contentions that were added by the service member with less than 90 days remaining on active duty
- claims where the service member did not provide a copy of STRs for the current period of service with less than 90 days remaining on active duty
- claims where the service member did not provide an SHA, Part A within 180 to 90 days prior to discharge, as specified in M21-1, Part X, Subpart i, 6.B.1.a
- claims from service members who are unable to report for examinations as provided in M21-1, Part X, Subpart i, 6.B.1.a, subject to the exceptions in that block
- claims requiring case management for a service member who is
- very seriously injured/ill (VSI)
- seriously injured/ill (SI)
- a “special category person” (SPC), who has suffered loss of a body part, or
- claims where the service member is actively enrolled into the IDES program
- claims involving a terminally ill service member
- claims involving a service member who is awaiting discharge, while hospitalized in a VA or military treatment facility (MTF), or
- claims requiring a character-of-discharge (COD) determination.

Claims requiring a VA examination that must be completed in a foreign country are generally excluded. However, BDD claims will not be excluded when the examination is requested by VA offices in Landstuhl, Germany or U.S. Army Garrison Humphreys, Korea (Camp Humphreys) as those examinations can be completed in multiple foreign countries.

Note: Claims requiring case management must utilize the *Seriously Injured/Very Seriously Injured* corporate flash and should have an associated ***VA Form 21-0773, Global War on Terrorism Seriously Injured/Ill Servicemember/Veteran Worksheet*** of record.

References: For more information on

- the definition of serious illness or injury, see M21-1 Part X, Subpart i, 1.4.a
- service members categorized as VSI, SI, or SPC, see the Veterans Benefits Administration (VBA) Letters
- 20-05-14, and
- 20-07-04
- use of the *Seriously Injured/Very Seriously Injured* corporate flash, see M21-4, Appendix E, 1
- examinations of pregnant claimants, see
- M21-1, Part IV, Subpart i, 2.E.4, and

- M21-1, Part X, Subpart i, 6.D.5, and
- processing of claims excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.1.c.

X.i.6.B.1.c. Processing of Claims Excluded From the BDD Program

When a claim is excluded from the BDD program, the station of origination (SOO) is responsible for processing it, taking actions corresponding with Steps 1 to 6 (as applicable) in the table in M21-1, Part X, Subpart i, 6.C.1.b. The claims processor must

- check the claim form
- create a system record if needed
- establish the claim in VBMS as provided in M21-1, Part X, Subpart i, 6.B.2
- either
- ensure that electronic evidence is uploaded to VBMS, or
- send paper documents for scanning (following up as needed) or scan locally, and
- return any original paper documents to the service member.

The BDD-excluded claim will be processed under the Fully Developed Claim (FDC) Program, the standard VA claims process, or any other available program unless otherwise noted.

Important: If the service member is available to report to examinations for 45 days from the date the claim was received (as shown in M21-1, Part X, Subpart i, 6.B.1.a) and STRs from the current period of service are available for the examiner to review, request a general medical examination, along with any necessary specialist examinations, within 5 calendar days of the date the documents (to include STRs) are uploaded to VBMS.

If examinations are not requested, enter the applicable *Exam Review* tracked item noted in M21-1, Part IV, Subpart i, 1.A.1.e. Input a suspense date of the

- future date the service member will be available to report for examinations for a 45-day timeframe, *or*
- day following the future discharge date, if the service member will not be available for examinations until after discharge.

References: For more information on

- end products (EPs) for BDD and BDD-excluded claims, see M21-1, Part X, Subpart i, 6.B.2, and
- the FDC Program, see M21-1, Part X, Subpart i, 2.A and B.

2. EPs and DOCs for BDD and BDD-Excluded Claims

Introduction

This topic contains information about EPs and DOCs for claims, including

- placing BDD and BDD-excluded claims under diary EP control
- DOCs for pre-discharge claims, and
- EP and claim label
- for initial establishment of BDD claims
- adjustment following completion of BDD intake site development action
- for BDD claims received electronically with 180 to 90 days remaining on active duty
- for BDD-excluded claims received electronically with less than 90 days remaining on active duty
- received electronically when a claim is already pending
- options for initial establishment of claims excluded from the

BDD program, and
- options for additional contentions by BDD claimants.

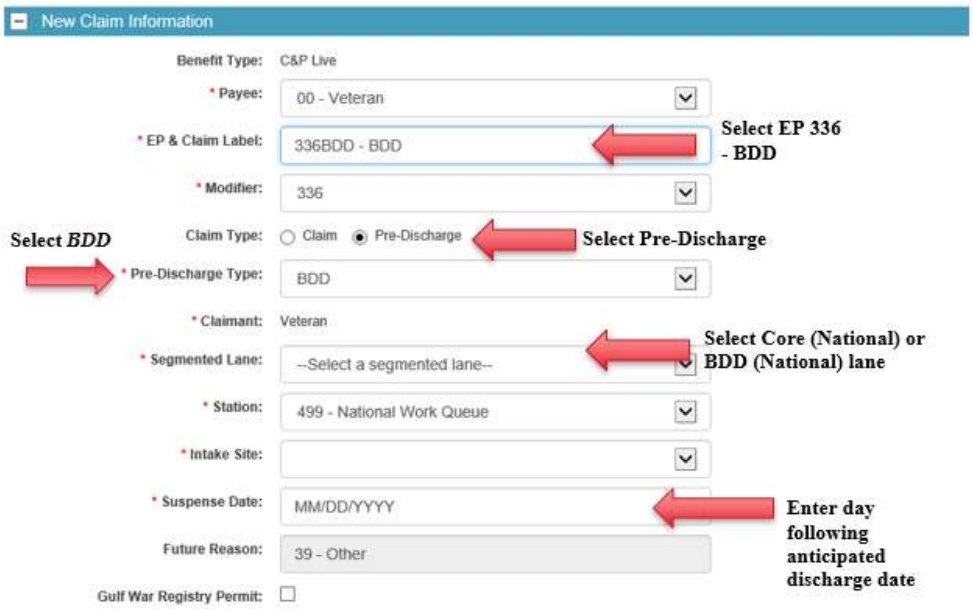
Change Date June 6, 2022

X.i.6.B.2.a. Placing BDD and BDD-Excluded Claims Under Diary EP Control

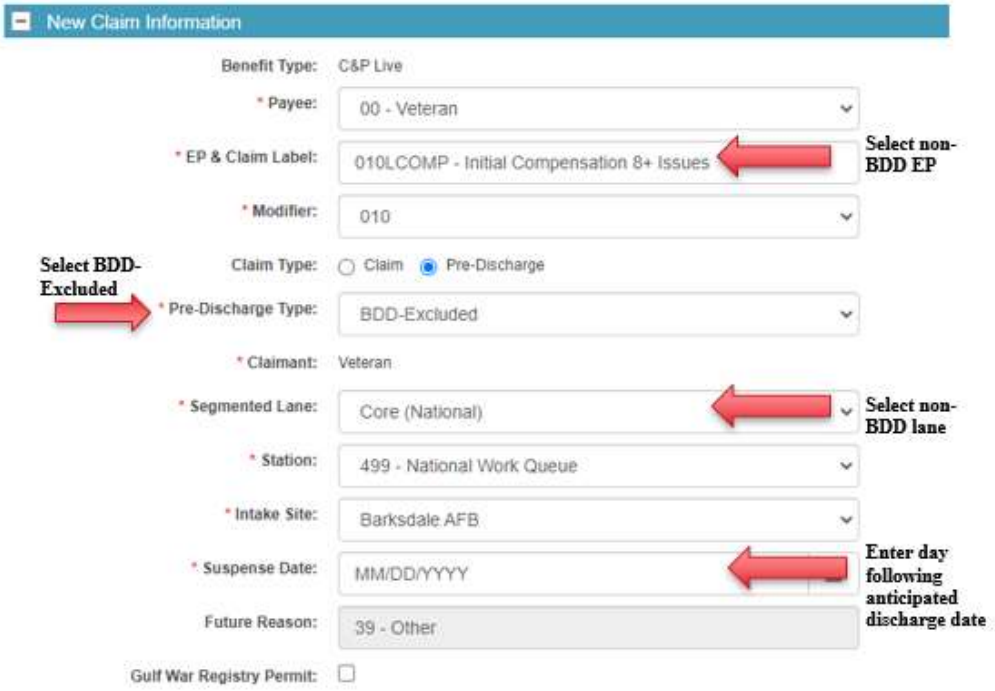
Upon receipt of a BDD or BDD-excluded claim, intake sites ***must*** place the claim under control by establishing the appropriate diary EP in VBMS. As illustrated in the image below, this procedure includes

- selecting *Pre-Discharge* as the CLAIM TYPE
- selecting the proper PRE-DISCHARGE TYPE
- *BDD*, or
- *BDD-Excluded*
- entering the day following the anticipated date of separation from active duty as the SUSPENSE DATE
- checking the ALLOW POA ACCESS TO DOCUMENTS box, if applicable
- selecting the appropriate INTAKE SITE
- an entry in the SEGMENTED LANE field is no longer required; until this field is removed from VBMS or is no longer required in order to establish a claim, enter either CORE (NATIONAL) or BDD (NATIONAL), and
- utilizing the EP and claim label provided in
- M21-1, Part X, Subpart i, 6.B.2.c for BDD claims, or
- M21-1, Part X, Subpart i, 6.B.2.h for BDD-excluded claims.

Example: BDD Claim



Example: BDD-Excluded Claim



Important:

- For BDD claims
- using the pre-discharge type *BDD* for all BDD claims is vital for Notification of Interest and Examination Management System (EMS) examination routing, and
- the suspense date is always the date following the anticipated discharge date.
- For foreign claims in which the service member is remaining overseas, utilize the *Foreign Claim* corporate flash. This is essential for proper National Work Queue (NWQ) routing of foreign claims.

Exceptions:

- Claims excluded from establishment in VBMS must be established in Share.
- BDD claims by a service member with 180 days to 90 days remaining on active duty, that are filed electronically through a VA claims submission service website are automatically established as provided in M21-1, Part X, Subpart i, 6.B.2.e.

References: For more information on

- the date of claim (DOC) to use for pre-discharge claims, see M21-1, Part X, Subpart i, 6.B.2.b
- applications from VA claims submission service websites, see M21-1, Part II, Subpart iii, 4.A and B
- establishing claims in Share, see
- M21-1, Part II, Subpart iii, 3.A.1.e, and
- the *Share User Guide*
- establishing claims in VBMS, see
- M21-1, Part II, Subpart iii, 3.A.1.d, and
- the *VBMS Core User Guide*
- types of claims excluded from establishment in VBMS, see M21-1, Part II, Subpart iii, 3.A.1.a
- processing of claims excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.1.c, and
- use of the *Foreign Claim* corporate flash, see
- M21-4, Appendix E, 1
- M21-1, Part X, Subpart i, 3.A.4.a
- M21-1, Part III, Subpart i, 2.F.1.b, and
- the *NWQ Playbook*.

X.i.6.B.2.b. DOCs for Pre-Discharge Claims The DOC for a pre-discharge claim is the first day following the anticipated date of release from active duty (RAD), regardless of the date VA received the claim.

X.i.6.B.2.c. EP and Claim Label for Initial Establishment of BDD Claims

When initially establishing BDD claims, intake sites must use diary *EP 336 – BDD* (the EP and claim label), to manually place BDD claims under control.

Exception: Restricted access claims center BDD claims must be initially established as BDD rating EPs as listed in the table in **M21-1, Part X, Subpart i, 6.B.2.d**.

References: For more information on

- placing BDD and BDD-excluded claims under diary EP control, see M21-1, see **M21-1, Part X, Subpart i, 6.B.2.a**
- automatic establishment of an EP and claim label for BDD claims filed electronically with 180 to 90 days remaining on active duty, see **M21-1, Part X, Subpart i, 6.B.2.e**
- pre-discharge claims that are excluded from the BDD program, see **M21-1, Part X, Subpart i, 6.B.1.b** and **c**
- EPs and claim label options for initial establishment of claims excluded from the BDD program, see **M21-1, Part X, Subpart i, 6.B.2.h**
- screening and handling restricted access mail, see **M21-1, Part II, Subpart i, 2.D.5**
- the general description of a pre-discharge claim, see **M21-1, Part X, Subpart i, 6.A.1.a**, and
- controlling and processing pre-discharge
- claims received without STRs, see **M21-1, Part X, Subpart i, 6.B.3.k**
- claims for resumption of compensation following RAD, see **M21-1, Part X, Subpart i, 6.D.3**, or
- eligibility determinations for Veteran readiness and employment and/or loan guaranty, see **M21-1, Part X, Subpart i, 6.D.1 and 2**, respectively.

X.i.6.B.2.d. EP and Claim Label Adjustment Following Completion of BDD Intake Site Development Action

The intake site must change the diary EP 336 to the proper EP and claim label for the claim type ***after*** all development actions have been taken.

Claim Type	BDD-EP- Claim Label
original	• 110 – *BDD-Initial* • 010 – *BDD-Initial 8+ Issues*
• new service connection (SC) • increased evaluation	020 – *BDD-Non-Original*

If the diary EP 336 has matured to a pending EP (i.e., the suspense date of the day following discharge from active duty has been reached), the pending EP must also be changed to the proper EP and claim label.

Important: Supplemental claims from a claimant on active duty that are processed under the BDD program remain contentions under the BDD EP. Do not establish EP 040 until the claimant is discharged from active duty.

References: For more information on

- EP use in BDD cases, see **M21-4, Appendix B**
- when supplemental claims can be considered under the BDD program, see **M21-1, Part X, Subpart i, 6.A.2.b**
- EP control of supplemental claim issues processed within BDD, see **M21-1, Part X, Subpart i, 6.A.2.c**, and
- claim label use in BDD cases, see **M21-4, Appendix C, 1.b**.

X.i.6.B.2.e. EP and Claim Label for BDD Claims Received Electronically With 180 to 90 Days Remaining on Active Duty

BDD claims filed electronically will be automatically established by VA electronic claims processing systems using the EP and claim label *336 – BDD* for service members with 180 to 90 days remaining on active duty.

X.i.6.B.2.f. EP and Claim Label for BDD-Excluded Claims Received Electronically With Less Than 90 Days Remaining on Active Duty

BDD-excluded claims filed electronically will be automatically established by VA electronic claims processing systems using a rating EP of 010, 110, or 020 and associated claim label for service members with less than 90 days remaining on active duty.

References: For more information on
- processing of claims excluded from the BDD program, see **M21-1, Part X, Subpart i, 6,B.1.c**, and
- determining the appropriate rating EP, see **M21-4, Appendix B**.

X.i.6.B.2.g. EP and Claim Label for Pre-Discharge Claims Received Electronically When a Claim Is Already Pending

EP 400 pre-discharge claim label combinations are automatically established by VA electronic claims processing systems when a service member's claim is filed electronically and another claim is already pending.

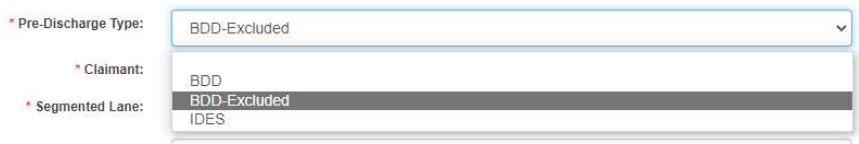
Reference: For more information on current claim labels and associated codes, see **M21-4, Appendix C, 1.b**.

X.i.6.B.2.h. EP and Claim Label Options for Initial Establishment of Claims Excluded From the BDD Program

When initially establishing a pre-discharge claim that is excluded from the BDD program, the SOO must use EPs 010, 110, or 020 as appropriate to the claim type and attach an appropriate non-BDD claim label.
Example: An original claim for SC containing more than eight issues is received prior to discharge. A COD is required. The claim is excluded from the BDD program. The SOO would establish EP 010 and use the claim label *Initial Compensation 8+ Issues*.

Important:
- Excluded BDD claims must also be established as a diary EP as noted in **M21-1, Part X, Subpart i, 6.B.2.a**.
- For all BDD-excluded claims, claims processors must add *BDD-Excluded* special issue indicator under one contention requiring an examination. This is important to ensure the examination request is routed correctly in EMS.
- Enter *BDD-Excluded* in the PRE-DISCHARGE TYPE field (as illustrated in the image below) for a BDD-excluded claim to accurately route the EMS request. If after receipt and establishment, the claim is excluded from BDD processing, the claims processor must update the PRE-DISCHARGE TYPE from *BDD* to *BDD-Excluded* and add the *BDD-Excluded* special issue as noted above.

Example:



References: For more information on:
- EPs 010, 110 and 020, see **M21-4, Appendix B**, and
- claim labels in establishment of claims, see
- **M21-1, Part II, Subpart iii, 3.A**, and
- **M21-4, Appendix C, 1**.

X.i.6.B.2.i. EP When additional contentions are received, review the date

and Claim Label Options for Additional Contentions by BDD Claimants

the contentions were received and the pending EP.
If on the date the additional contentions were received, the service member has 180 to 90 days remaining on active duty, associate the additional contentions with the pending BDD diary EP 336 or proper rating EP (110, 010, or 020).
As noted in **M21-1, Part X, Subpart i, 6.B.1.b**, if on the date the additional contentions are received, the service member has *fewer than 90 days remaining on active duty*, those contentions are excluded from the BDD program. These claims will be established with a rating EP as indicated by the table below.

If the pending BDD EP is a(n) ...	Then ...
336	• review the evidence to determine if the BDD rating EP will be an EP 010, 110, or 020, and • follow the guidance below.
• 110 – *BDD-Initial*, or • 010 – *BDD Initial 8+ issues*	an EP 020 with the appropriate claim label.
020 – *BDD-Non-Original*	an EP 021 with the appropriate claim label.

Notes:
- ***All*** additional contentions that are received for BDD claimants with less than 90 days remaining on active duty will be included and processed under the BDD-excluded EP 020 or 021 as noted above.
- If a new contention is submitted on or after discharge, and the original BDD EP (010, 110, or 020) is still pending, work the additional claim under a separate EP 020 or 021 as noted above, since the service member does not have at least 90 days remaining on active duty at the time the new contention is submitted.
- An EP 336 with a *BDD* claim label and an EP 010 or EP 110 should not be pending together at the same time.

References: For more information on
- EP and claim label options for initial establishment of BDD-excluded claims, see **M21-1, Part X, Subpart i, 6.B.2.h**
- processing additional contentions received from BDD claimants with less than 90 days remaining on active duty, see **M21-1, Part X, Subpart i, 6.C.2.c**, and
- when to combine BDD and BDD-excluded claims, see **M21-1, Part X, Subpart i, 6.C.2.d**.

3. BDD Intake and Initial Development

Introduction

This topic contains information about the responsibilities of intake sites and regional offices (ROs) in handling pre-discharge claims, including
- **definition of intake site**
- **responsibilities of BDD coordinators**
- **paper document handling procedures specific to pre-discharge claims**
- **initial actions upon receipt of a BDD claim**
- **initial development actions in pre-discharge claims**
- **circumstances requiring additional/alternative intake site action(s)**
- **posttraumatic stress disorder (PTSD), including personal trauma and military sexual trauma (MST) development requirements**
- actions to take for claims filed

- more than 180 days prior to discharge, and
- with no known date of discharge
- intake site responsibilities to update VBMS
- actions to take for BDD claims without substantially complete STRs
- handling paper pre-discharge claims folders
- initial actions upon receipt of an electronic pre-discharge claim, and
- handling late-flowing claim documents.

Change Date June 28, 2024

X.i.6.B.3.a. Definition: Intake Site

An ***intake site*** is any location where VA accepts claims. This includes

- all regional offices (ROs)
- demobilization sites with a VA presence
- military installations with a VA presence, and
- VA health care facilities.

A BDD intake site is responsible for conducting outreach efforts, accepting claims, initiating development as appropriate, identifying points of contact for VA examinations, and serving as a general liaison.

Note: Not all intake sites have the staffing or capability to perform the actions described in this topic. Under such circumstances, the parent RO of these sites bears the responsibility for taking these actions.

X.i.6.B.3.b. Responsibilities of BDD Coordinators

Each RO must assign a BDD coordinator to monitor the BDD claims it receives, including BDD claims routed to it from the NWQ, and ensure that tasks, including the following, are performed in a timely and proactive manner:

- soliciting and accepting claims from service members prior to their RAD
- conducting development actions, including requesting all required examinations (including specialist examinations) at the same time
- following up on development actions
- scanning claims locally or transferring claims to designated scanning sites
- determining whether BDD claims with completed examinations are ready for a decision
- completing BDD ratings prior to discharge, and
- authorizing awards as soon as possible after discharge.

Reference: For more information on selecting the appropriate examination for pre-discharge claims, see M21-1, Part IV, Subpart i, 2.E.3.c.

X.i.6.B.3.c. Paper Document Handling Procedures Specific to Pre-Discharge Claims

Intake sites must follow the paper document handling procedures in this block.

Incoming documents

- Screen and place all incoming mail under VBMS control within five calendar days of receipt.
- Date stamp the ***front page*** of all non-medical documents, and the first *and* last pages of all medical documents, received in connection with a BDD claim within 24 hours of receipt.
- When an out-based employee accepts a paper pre-discharge *claim* it must be marked using a special stamp. The stamp must
- be in red ink
- contain the RO name, number, and date received (mm/dd/yyyy), and
- identify the out-based office where the mail was

received.
Exception: If a date stamp meeting the above requirements is not available, annotate the application with the
- employee's initials and title
- date of receipt, and
- location where the claim was received.

Important: Annotation of paper claims received at an out-based facility is intended to be used only as a temporary, emergency measure until the RO requests and receives a stamp meeting the requirements specified above.

Storage and outgoing documents
- All paper documents received in out-based environments must be secured in an approved, lockable container for transporting, then hand-delivered or mailed by secure carrier to the service center with a copy of the register within 72 hours.
- Each piece of physical, paper mail that leaves the intake site should bear an annotation that shows
- the pending EP, and
- a description of any action the employee took, including
- the date of the action
- initials of the employee that took the action, and
- routing instructions.

Reference: For more information on mail handling and related procedures, see
- ***VBA Letter 20-08-63, Enclosure 3***
- ***VBA Letter 20-09-10***, and
- **M21-1, Part II, Subpart i, 2.C**.

X.i.6.B.3.d. Initial Actions Upon Receipt of a BDD Claim

Upon receipt of a BDD claim, intake sites are responsible for taking the initial actions described in the table below.

Step	Action
1	Date-stamp the application with the date of receipt.
2	Review the application to ensure it is substantially complete per **M21-1, Part I, Subpart i, 1.A.4.f**.
3	Confirm the service member's • mobile phone number • e-mail address • forwarding address (refer to the ***VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits***, application), and • anticipated discharge date. ***Notes***: • Check the **Veterans Information Solution** for military service information, including anticipated discharge dates. • Claims processors can also go to the **Service Members Civil Relief Act website** for active-duty status of service members, reservists and National Guard members. ***Important***: BDD claimants must be available for examination as provided in **M21-1, Part X, Subpart i, 6.B.1.a**.
4	Ensure a ***VA Form 21-686c, Application Request to Add and/or Remove Dependents***, is of record if dependents are indicated on the application.
5	Obtain the service member's STRs and SHA, Part A for the current period of service. The following are acceptable formats for the STRs:

- photocopies
- compact disc – read only memory (CD-ROM)
- digital video disc
- flash or thumb drives
- microfiche, and
- digital media files transferred by a secure method.

If the service member hand delivers original STRs, the best practice to minimize the risk of loss of original documents is to copy and return the records to the service member during the office visit.
If the intake site does not have the capacity to copy all the STRs due to workload, make the photocopier available to the service member. If the intake site does not have a photocopier, instruct the service member to make a copy of their STRs and submit those copies with their claim.

Exception: If original STRs cannot be returned during the service member's office visit, return them to the MTF, or one of the addresses below.

Branch of Service	Address to Return STRs
Navy	Bureau of Medicine and Surgery 7700 Arlington Blvd, Suite 5126 Falls Church, VA 22042-5126
Army	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
• Air Force, or • Space Force	Air Force Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
Coast Guard	Commanding Officer HSWL Service Center ATTN: Central Cell 300 E Main St, Suite 1000 Norfolk, VA 23510-9109

References: For more information on
- types of records included in STRs, see **M21-1, Part III, Subpart ii, 2.A.1.e**
- STRs considered substantially complete for records development purposes, see **M21-1, Part III, Subpart ii, 2.A.1.f**
- development for STRs, see **M21-1, Part III, Subpart ii, 2**, and
- processing STRs that do not include a certification of completeness, see **M21-1, Part III, Subpart ii, 2.A.3.d**.

X.i.6.B.3.e. Initial Development Actions in Pre-Discharge Claims

After ensuring a complete pre-discharge claim has been received, use the table below to determine the initial development actions to complete.

If the claim ...	Then follow the guidance in ...
meets the requirements for processing through the BDD program	**M21-1, Part X, Subpart i, 6.C.1.b**.
does not meet the requirements for processing through the BDD program	**M21-1, Part X, Subpart i, 6.C.2.a**.

Reference: For more information on the requirements

for participating in the BDD program, see **M21-1, Part X, Subpart i, 6.B.1.a**.

X.i.6.B.3.f. Circumstances Requiring Additional/ Alternative Intake Site Action(s)

Under certain circumstances, intake sites must take additional and/or alternative action(s) upon receipt of a pre-discharge claim. Use the table below to determine these circumstances and the corresponding action(s) to take.

If a(n) ...	Then the ...
service member claims entitlement to pension	intake site must provide the Section 5103 notice that is unique to claims for pension unless the claim was submitted on a ***VA Form 21P-527EZ, Application for Veterans Pension***.
service member files a claim more than 180 days prior to discharge	intake site must follow the instructions in **M21-1, Part X, Subpart i, 6.B.3.h**.
service member files a claim with no known date of discharge	intake site must follow the instructions in **M21-1, Part X, Subpart i, 6.B.3.i**.
service member submitting a pre-discharge claim will be unable to attend examinations within 45 days of filing the claim	intake site must • process the claim as a BDD-excluded claim, and • follow the instructions in **M21-1, Part X, Subpart i, 6.C.2.e**.
intake site receives a BDD claim without a complete copy of STRs for the current period of service	intake site must follow the instructions in **M21-1, Part X, Subpart i, 6.B.3.k**.
intake site receives a claim that is excluded from the BDD program under **M21-1, Part X, Subpart i, 6.B.1**	intake site must • enter a note in VBMS that explains why the claim cannot be processed as a BDD claim • change the EP and claim label to the proper non-BDD rating EP (110, 010, 020, etc.), and • complete all actions per **M21-1, Part X, Subpart i, 6.C.2.a and b**.
service member's initial examinations for the pre-discharge claim are being requested ***after*** discharge	*General Medical--Compensation Disability Benefits Questionnaire* (DBQ) should always be requested. ***Reference***: For general information on selecting the appropriate examination for pre-discharge claims, see **M21-1, Part IV, Subpart i, 2.E.3.c**.
service member is pregnant	intake site must follow the instructions in **M21-1, Part X, Subpart i, 6.D.5**.

X.i.6.B.3.g. PTSD, Including Personal Trauma and MST, Development Requirements

For claims for posttraumatic stress disorder (PTSD) (including claims involving military sexual trauma (MST)) request completion of the *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* if SC has not been established. Otherwise, request the *Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire*.

As a general principle, completion of ***VA Form 21-0781, Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)***, is

not necessary for BDD and BDD-excluded claims.

In most BDD and BDD-excluded cases, credible supporting evidence is not required because

- the PTSD diagnosis is made in service and the claimant's lay testimony is sufficient to establish the in-service stressor
- an examination shortly after discharge establishes that PTSD existed in service and the claimant's lay testimony is sufficient to establish the in-service stressor, or
- PTSD is not diagnosed.

Important:

- If the examination on a claim for SC for PTSD is not completed until after service, the rating activity will review the evidence and, if necessary to establish SC, order a medical opinion on whether PTSD existed, or had its onset during service.
- The rating activity may require completion of the ***VA Form 21-0781***, in a BDD or BDD-excluded claim for PTSD if
- credible supporting evidence of a claimed in-service stressor is required
- the evidence of record is not sufficient to corroborate the claimed in-service stressor upon which a diagnosis of PTSD was based, and
- the evidence of record is not sufficiently detailed to permit additional stressor research.

References: For more information on

- in-service diagnosis of PTSD, see **M21-1, Part VIII, Subpart iv, 1**
- general information on personal trauma, see **M21-1, Part VIII, Subpart iv, 1.B.1.a**
- the active duty pre-discharge exception to the *Personal Trauma Checklist and Worksheet* requirement, see **M21-1, Part VIII, Subpart iv, 1.B.1.d**
- when requesting credible supporting evidence to establish an in-service stressor is inappropriate, see **M21-1, Part VIII, Subpart iv, 1.A.2.g**, and
- BDD requirements, see **M21-1, Part X, Subpart i, 6.B.1.a**.

X.i.6.B.3.h. Actions to Take for Claims Filed More Than 180 Days Prior to Discharge

If a service member files a claim more than 180 days before discharge, the intake site is responsible for

- establishing a ***non***-BDD EP 400 and processing the claim outside of the BDD program
- denying the service member's claim using the *On Active Duty* drop-down selection on the BASIC ELIGIBILITY tab in VBMS-Awards
- notifying the service member of the reason for the denial by sending the *Non-BDD Claim – Request Resubmission* letter (using the BDD exclusion reason "More than 180 days of remaining service"), and
- clearing the EP.

Exception: Do ***not*** deny the claim if, by the time it is discovered that a claim was filed more than 180 days before discharge, the service member now has 180 or fewer days remaining on active duty. Continue processing the claim.

References: For more information on

- establishing claims, see **M21-1, Part II, Subpart iii, 3.A**, and
- claim labels and other claim attributes, see **M21-4, Appendices B-D**.

X.i.6.B.3.i. Actions to Take for Claims Filed With No Known Date of Discharge

If a service member files a claim with no known date of discharge, the intake site must

- disregard the instructions in **M21-1, Part X, Subpart i, 6.B.3.d** and **e**
- explain to the service member that the claim is

incomplete, and that VA cannot accept a claim from a service member who has no more than 180 days remaining on active duty without a known discharge date, and

- encourage the service member to re-file the claim within 180 days of discharge.

Exception: If the service member is *not* present when the intake site discovers the service member has no known discharge date, the intake site must

- date stamp the application with the date of receipt, and
- follow the instructions provided above through contact with the service member by
- telephone
- e-mail, or (if unsuccessful using these two means)
- letter.

Notes:

- If the intake site contacts the service member by letter, it may clear an EP 400.
- By failing to provide a date of discharge, the service member did not submit a "substantially complete application" under **38 CFR 3.159(a)(3)**. For this reason, the intake site would *not*
- establish EP control, or
- provide appeal rights with any letter sent to the service member.

X.i.6.B.3.j. Intake Site Responsibilities to Update VBMS

Upon receipt of a BDD claim and throughout the time an intake site has custody of it, the intake site is responsible for updating VBMS to show

- all claimed contentions
- all claimed dependents, and
- any development actions taken, to include the
- location(s) where the service member will be examined, and
- date the intake site requested the examinations(s).

Note: Tracked items must be created for all development actions. VBMS notes are important and necessary, but they are not sufficient to track development.

Reference: For more information on record maintenance during the development process, including utilizing contentions and tracked items, see **M21-1, Part III, Subpart i, 2.F**.

X.i.6.B.3.k. Actions to Take for BDD Claims Without Substantially Complete STRs

Upon receipt of a BDD claim ***without*** substantially complete STRs (to include a completed SHA, Part A) for the current period of service the claims processor must

- establish an EP 336 with the *BDD* claim label
- enter a note in VBMS indicating that the claim was received without STRs and/or a completed SHA, Part A, and
- scan any other evidence locally if a scanner with a designated resolution is available or forward for Veterans Claims Intake Program (VCIP) scanning.

After completing these actions, refer to the table below for additional actions to take.

Step	Action
1	Attempt to contact the service member by telephone and/or e-mail to • request the STRs and/or completed SHA, Part A (as applicable), and • inform them that VA examinations cannot be requested until the STRs and/or completed SHA, Part A are received. If a completed SHA, Part A is not of record, also instruct the service member to download the SHA, Part A from the ***Public DBQs VA.gov website*** and to submit the completed form. Encourage the

	service member to upload evidence to VA.gov (as applicable). ***Note***: Leave a message informing the service member of the information above and follow procedures outlined in **M21-1, Part III, Subpart i, 2.D.1.e** to document unsuccessful telephone attempts.
2	Were attempts to contact the service member by telephone and/or e-mail successful? • If *yes*, go to Step 6. • If *no*, go to the next step.
3	• Send a subsequent development letter requesting the STRs and/or a completed SHA, Part A • enter the *Request Service Treatment Records from Veteran* tracked item with a suspense of • 15 days, *or* • day 89 prior to the date of discharge, if there are fewer than 15 days remaining before the anticipated discharge date, *and* • go to the next step at the expiration of the tracked item suspense. ***Important***: If the SHA, Part A is not of record insert the following free text in the *What We Need* section of the letter: *A completed Separation Health Assessment (SHA) – Part A Self-Assessment form is required for all BDD claims.* ***Please note, VA cannot request any examinations for your claim until a completed Part A is received****.* *Please complete the SHA, Part A and upload it to your claim on VA.gov at www.va.gov/disability/upload-supporting-evidence/ or please see the VA contact information below. The SHA, Part A can be accessed at www.benefits.va.gov/compensation/docs/SHA_DBQ_Part_A_Self-Assessment.pdf.*
4	Have STRs and/or a completed SHA, Part A been received? • If *yes*, go to Step 6. • If *no*, and • fewer than 90 days remain prior to discharge, go to Step 6, *or* • 90 or more days remain prior to discharge, go to the next step.
5	Have two attempts to obtain the records (Steps 1-3) been completed? • If *yes*, go to the next step. • If *no*, complete the actions in Steps 1-4, as applicable.
6	Refer to the table below for actions to take based on the results of follow-up efforts.

If ...	**Then the intake site/RO must ...**
• the intake site/RO later obtains STRs and/or the SHA, Part A through follow-up with the service member • at least 90 days remain before the date of discharge, and • the service member is	continue processing the claim as a BDD claim.

	able to attend examinations	
	the intake site/RO later obtains STRs and/or SHA, Part A through follow-up with the service member, but • less than 90 days remain before the discharge date, or • the service member no longer meets the BDD program requirements	• change the EP and claim label initially established to the appropriate non-BDD diary rating EP/claim label, and • process the claim under the FDC Program or any other qualifying program, if applicable.
	the intake site/RO does not receive the service member's STRs and/or completed SHA, Part A on day 89 prior to the anticipated discharge	• change the EP to a non-BDD rating EP/claim label, and • process the claim under the FDC Program or any other qualifying program, if applicable.

Notes:

- Development for ***current*** period of service STRs for service members who have not yet been discharged requires:
- completing the actions described in the table above, and
- assisting the service member in obtaining copies of STRs from the MTF whenever possible.
- A contact list of Military Services Coordinators who can assist in obtaining records from the local MTF can be found on the **pre-discharge website**.
- Do not develop for STRs from the service member if the STRs for the current period of service are obtained through the MTF.
- If the entrance examination is not included in the STRs do ***not*** prepare a final notification letter nor delay requesting VA examinations. Instead, develop for the entrance examination by
- completing Step 1 of the table above
- submitting a request through Defense Personnel Records Information Retrieval System (DPRIS), and
- inputting a permanent VBMS note documenting the actions taken.

References: For more information on

- selecting the appropriate examination for pre-discharge claims, see **M21-1, Part IV, Subpart i, 2.E.3.c**
- developing for STRs for ***prior*** periods of service, see **M21-1, Part X, Subpart i, 6.C.1.b** (Step 13)
- acceptable formats for STR documents, see **M21-1, Part X, Subpart i, 6.B.3.d** (Step 5)
- substantially complete STRs, see **M21-1, Part III, Subpart ii, 2.A.1.f**
- EPs and claim labels for initial establishment of BDD and BDD-excluded claims, see **M21-1, Part X, Subpart i, 6.B.2.c**
- the FDC Program, see **M21-1, Part X, Subpart i, 2.A** and **B**
- final notification to claimants that VA is unable to obtain relevant Federal records, see **M21-1, Part III, Subpart ii, 1.A.1.g**, and
- requesting service personnel records through DPRIS, see **M21-1, Part III, Subpart ii, 2.D.4.a**.

X.i.6.B.3.I. Handling Paper Pre-Discharge Claims Folders

Use the table below to determine the actions intake sites must take if a paper claims folder already exists at another RO or at a records storage facility such as a Federal records center (FRC) for a service member who submits a pre-discharge claim.

If the claim ...	Then the intake must ...

meets BDD program requirements	• manually request the claims folder from its current custodian via e-mail to the corporate mailbox or designated point of contact, and • the current custodian will send the folder for VCIP scanning. ***Note***: All records from the Records Management Center (RMC) (or another RO or records facility) must be received, and all development actions must be completed, before performing the actions in M21-1, Part X, Subpart i, 6.C.1.d.
does not meet BDD program requirements	send a request to the current custodian to send the records for scanning.

Exception: Do not manually request the claims folder when it is located at RMC. As noted in M21-1, Part III, Subpart ii, 2.B.1.a, RMC is automatically notified upon establishment of the EP and will forward records in their possession for scanning. However, if RMC sends paper records erroneously, send those records to the scanning vendor.

Notes:
- FRCs are National Archives and Records Administration facilities. They only send requested claims folders to the requesting SOO.
- RMC is a VBA facility and ships claims folders to scanning vendors, as do all other VBA facilities.

Reference: For more information on paper folders and electronic claims folders, see M21-1, Part II, Subpart ii, 2.A-C

X.i.6.B.3.m. Initial Actions Upon Receipt of an Electronic Pre-Discharge Claim

Upon receipt of an electronic claim, pre-discharge claims processors will follow the instructions in the table below.

Step	Action
1	Did the service member submit STRs for the current period of service? • If *yes*, go to the next step. • If *no*, develop for STRs as noted in M21-1, Part M21-1, Part X, Subpart i, 6.B.3.k.
2	Does the service member meet the other requirements of the BDD program? • If *yes*, go to the next step. • If *no*, • change the EP 336 to the appropriate non-BDD rating EP, and • go to Step 4.
3	Develop the claim as required by M21-1, Part X, Subpart i, 6.C.1.b.
4	Process the claim under the FDC Program (or the standard VA claims process if the service member does not qualify for the FDC Program, or any other qualifying program).

Notes:
- For claim types excluded from the BDD program
- disregard the processing steps in this table, and
- follow the guidance in M21-1, Part X, Subpart i, 6.B.1.c.
- For guidance on how to consolidate incremental 400 EPs that are established by the Veterans Online Application Direct Connect following initial receipt of the claim, see M21-1, Part II, Subpart iii, 4.A.

References: For more information on

- claim types excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.1.b

- BDD and BDD-excluded (to include claims received electronically) EP and claim labels, see **M21-1, Part X, Subpart i, 6.B.2**, and
- the FDC Program, see **M21-1, Part X, Subpart i, 2.A** and **B**.

X.i.6.B.3.n. Handling Late-Flowing Claim Documents

If an intake site receives additional documents after shipping documents to the scanning vendor, the intake site must

- update VBMS notes with
- a description of the documents
- the date of shipment for scanning, and
- any other information of importance to the RO
- enter any newly identified contentions into VBMS
- annotate *pre-discharge* on the outside of the box as appropriate, and
- follow VCIP shipping procedures and local vendor protocols.

References: For more information on

- VCIP shipping procedures, see **M21-1, Part II, Subpart i, 1.B**
- establishing claims for additional contentions received from BDD claimants with less than 90 days remaining on active duty, see **M21-1, Part X, Subpart i, 6.B.2.i**, and
- processing additional contentions received from BDD claimants with less than 90 days remaining on active duty, see **M21-1, Part X, Subpart i, 6.C.2.c and d**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177950/M21-1-Part-X-Subpart-i-Chapter-6-Section-B-Benefits-Delivery-at-Discharge-BDD-and-Initial-Processing>

M21-1, Part X, Subpart i, Chapter 6, Section C - Division of Responsibilities – Benefits Delivery at Discharge (BDD) and BDD-Excluded Claims

Article ID: 554400000177951
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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Intake Site Responsibilities
2	Station of Origination (SOO) and Station of Jurisdiction (SOJ) Responsibilities Unique to BDD-Excluded Claims
3	BDD SOJ Responsibilities

1. Intake Site Responsibilities

Introduction This topic contains information about intake site responsibilities, including

- National Work Queue (NWQ) routing of BDD claims
- special claims-handling procedures for BDD claims
- BDD claims from former Integrated Disability Evaluation System (IDES) participants returned to duty
- actions to take in Veterans Benefits Management System (VBMS) when required development actions are complete, and
- follow-up requirements for Examination Management System (EMS) and Compensation and Pension Record Interchange (CAPRI) examinations.

Change Date December 4, 2024

X.i.6.C.1.a. NWQ Routing of BDD Claims Benefits Delivery at Discharge (BDD) claims in a rating end product (EP) status are routed by the National Work Queue (NWQ) to all regional offices (ROs) for post intake site actions based on available capacity at each RO.

Exception: All restricted-access claims (including Warrior Training Advancement Course claimants) will be routed via NWQ to, and worked by, the restricted access claims center as provided in **M21-1, Part II, Subpart i, 2.D.5**.

Reference: For more information on EP and claim label adjustment from diary EP 336 to a rating EP, see **M21-1, Part X, Subpart i, 6.B.2.d**.

X.i.6.C. 1.b. Special Claims - Handling Procedures for BDD Claims

In addition to the responsibilities described in **M21-1, Part X, Subpart i, 6.B.3**, intake sites are responsible for following the steps in the table below when handling a BDD claim.

Step	Action
1	Did the service member file the claim on the current version of ***VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits***? • If *yes*, go to the next step. • If *no*, follow the guidance in **M21-1, Part II, Subpart i, 2.B.4.a** regarding outdated forms. ***Important***: Ensure that the service member has provided a release from active duty (RAD) date on the ***VA Form 21-526EZ***.
2	Does a Beneficiary Identification and Records Locator Subsystem (BIRLS) record exist? • If *yes*, go to the next step. • If *no*, • establish a BIRLS record, and • go to the next step.
3	Enter military service information in the Veterans Benefits Management System (VBMS), to include branch of service and future RAD as unverified.
4	Establish the BDD claim in VBMS using the correct diary EP and BDD claim label as specified in **M21-1, Part X, Subpart i, 6.B.2**.
5	Ensure all evidence is secured together, including • the completed and signed ***VA Form 21-526EZ*** • service treatment records (STRs) (photocopies, on compact disk, or images received through other electronic avenues such as e-mail or Department of Defense (DoD) Secure Access File Exchange) • a *Separation Health Assessment - Part A Self Assessment* (SHA, Part A), and • any other evidence and information submitted in support of the claim.
6	Ensure that documents are forwarded for Veterans Claims Intake Program (VCIP) scanning or scan the documents locally if the local scanner has a resolution of at least 300 dots per inch (DPI). If forwarding for VCIP scanning the following must be completed ***within five calendar days*** of receipt of the claim: • Follow VCIP shipping procedures and local vendor protocols. • Add the appropriate tracked item and suspense date as specified in **M21-4, Appendix D**. ***Important***: • Do not send documents for scanning or scan the documents locally unless a BDD claim has been established in VBMS. • BDD claims documents *must not* be sent to Centralized Mail (CM). Only BDD-excluded claims documents may be sent to CM. • If the intake site scans claims documents locally, the intake site must scan all claims documents and upload those into the electronic claims folder (eFolder) ***within 10 calendar days*** of receipt of a claim. Once documents have been successfully uploaded into the eFolder, return the original paper documents to the service member. Complete the *Return of Documents* letter and upload a copy to the eFolder. ***Notes***: • It is recommended that the claims processor scan and return the original paper documents the same day as receipt. The *Return of Documents* letter still needs to be generated if the documents are scanned locally, but it can be hand-delivered to the service member during the interview. • STRs received electronically should be uploaded directly to the eFolder. • Electronic signatures are acceptable. ***References***: For more information on • scanning locally and the requirement to return original documents to service members in Integrated Disability Evaluation System (IDES) claims, see **M21-1, Part X, Subpart i, 6.F.1.f and i**, and

	• acceptable electronic or digital signatures, see **M21-1, Part II, Subpart i, 2.B.2.g**.
7	Are the documents available in VBMS within 10 days? • If *yes*, go to Step 9. • If *no*, • extend the suspense for an additional five days, and • go to Step 8.
8	Are the documents present after the five-day extension? • If *yes*, go to Step 9. • If *no*, e-mail the **VCIP Mailbox** for resolution.
9	Ensure the service member is available for examinations at the provided current or forwarding address. Contract examination vendors may schedule examinations as soon as examination requests are received.
10	Determine whether a contract examination or Veterans Health Administration (VHA) examination is required by utilizing the Examination Request Routing Assistant (ERRA) as noted below. • If *a contract examination* is required, go to Step 11. • If a *VHA examination* is required, go to Step 12. Use the **ERRA** tool unless at the BDD intake site there is an existing agreement specifying the provider(s) responsible for local BDD examinations. Within the **ERRA** tool, select the radial button YES next to the text *BDD/IDES Claim?* as shown below: ***Important***: • A SHA, Part A, must be part of the eFolder prior to requesting the examination. • Request the *General Medical - Separation Health Assessment Disability Benefits Questionnaire* (SHA) for all BDD claimants still on active duty at the time of the examination request, along with any necessary specialist examinations. If the examination is requested after the service member is no longer on active duty, request a general medical examination disability benefits questionnaire (DBQ) instead of the SHA. • Be sure to review the ***VA Form 21-526EZ*** for effective dates of any forwarding addresses provided by the service member. This will ensure your request is routed to the service member's current location. This is most critical if the exam request is a re-input of an original request that was rejected via the Examination Management System (EMS) or Compensation and Pension Record Interchange (CAPRI). ***References***: For more information on • mandatory use of ERRA and the exceptions, see **M21-1, Part IV, Subpart i, 2.A.1.c** • examinations requested in VBMS through EMS, see **M21-1, Part IV, Subpart i, 2.A.10** • examinations that must be performed by a specialist, see **M21-1, Part IV, Subpart i, 2.A.6** • the action to take when a service member's initial examinations are requested after discharge, see **M21-1, Part X, Subpart i, 6.B.3.f**, and • the SHA and when to select it versus a general medical examination, see **M21-1, Part IV, Subpart i, 2.E.3.b and c**.
11	Enter an examination scheduling request (ESR) for all required contract examinations at the same time using EMS. Go to Step 13. ***Important***: • Prior to entering the ESR ensure • that SHA, Part A is in the record, and • all of the service member's military service information is entered correctly in VBMS including the anticipated future discharge date. If the anticipated discharge date is not included, it will be rejected by the contract vendor. • Non-military service system modifications in Share, such as adding flashes, may change the MILITARY SERVICE fields in VBMS.

	• An ESR including the SHA and any other necessary specialist examinations ***must be entered within five calendar days*** of claim documents being uploaded into VBMS (see Steps 6 and 7). When examinations are not requested the same day that the BDD claim is established, it is critical to ensure that the EP is 336. If a rating EP (110, 010, or 020) was assigned to a BDD claim before all development actions have been taken, NWQ will pull the EP the evening following claims establishment. • An intake site must have been entered when the claim was established to prevent the ESR from being rejected. • If there is not an intake site shown in the corporate record in Share • change the EP to an EP 400 • cancel the EP 400, and • re-establish the EP in VBMS with the proper intake site. • The intake site location should be indicated on the date stamp on the claim form. If the claims processor is unable to determine an intake site location, the claims processor may enter the RO location nearest to the service member's address for the intake site. • If a basic or straightforward medical opinion is required, it will be ordered as part of the ESR in accordance with **M21-1, Part IV, Subpart i, 2.A.7**. Military Services Coordinators (MSCs) are responsible for requesting opinions on • service connection (SC) • secondary SC, and • in-service aggravation of a pre-service disability. • If a complex medical opinion is required • the MSC will inform the station's rating activity of the condition(s) requiring the complex medical opinion and the reasons why • the rating activity will, within three days • review the evidence of record • draft the required medical opinion • upload the draft opinion to the eFolder, and • notify the MSC by e-mail that the medical opinion request is available, and • the MSC will copy and paste the draft medical opinion into the ESR before submitting it. ***Notes***: • Under EP 336, an *Exam Review* tracked item described in **M21-1, Part IV, Subpart i, 1.A.1.e** is not required for documenting the status of examination review. • If there are claims involving an undiagnosed illness or medically unexplained chronic multi-system illness (MUCMI) due to exposures incurred during Gulf War era service, and an examination is necessary as defined in **M21-1, Part VIII, Subpart ii, 1.B.2.a**, do ***not*** request completion of a Gulf War general medical examination DBQ. Instead, as part of the EMS request for the SHA, ensure to • select *Other* in the IS A MEDICAL OPINION NEEDED? drop-down menu in EMS, and • copy and paste the following examination request language from the **Supplemental Language Matrix** into the ESR: • *Gulf War Claim Definitions*, and • *SHA for a Gulf War contention*. ***References***: For more information on • entering contract ESRs using VBMS and responding to a request for clarification, see • **M21-1, Part IV, Subpart i, 2.A.10**, and • *VBMS Core User Guide* • examinations requiring claims folder review by the examiner, see **M21-1, Part IV, Subpart i, 2.A.8.b** • determining whether an examination or opinion is necessary, see **M21-1, Part IV, Subpart i, 1.B** • the requirement that a disability or symptoms be potentially subject to SC to warrant an examination, see **M21-1, Part IV, Subpart i, 1.B.1.b** • deeming a Gulf War examination unnecessary when the claim is substantiated, see **M21-1, Part VIII, Subpart ii, 1.B.2.i** • how to identify, verify, classify, and associate claimed contentions, see **M21-1, Part III, Subpart i, 2.F.2**, and • documenting the status of examination review, see **M21-1, Part IV, Subpart i, 1.A.1.e**.
12	Enter all necessary requests for VHA examinations at the same time using CAPRI. When the examination or examinations have been requested, upload a copy of the examination request into the eFolder. Go to Step 13. ***Important***: • Ensure that SHA, Part A is in the record. • A request for an examination including the SHA and any other necessary specialist examinations ***must be entered within five calendar days*** of claim documents being uploaded into VBMS (see Steps 6 and 7). When examinations are not requested the same day that the

	BDD claim is established, it is critical to ensure that the EP is 336. If a rating EP (110, 010, or 020) was assigned to a BDD claim before all development actions have been taken, NWQ will pull the EP the evening following claims establishment. • If the service member later submits additional contentions within 90 to 180 days before the anticipated discharge date, and the SHA was already completed, do not request another SHA. Request the individual exams for any contention that was not already examined. • Select the *BDD – DOD SHA* claim type in CAPRI. • If a basic or straightforward medical opinion is required, it will be ordered as part of the exam request in accordance with M21-1, Part IV, Subpart i, 2.A.7. MSCs are responsible for requesting opinions on • SC • secondary SC, and • in-service aggravation of a pre-service disability. • If a complex medical opinion is required • the MSC will inform the station's rating activity of the condition(s) requiring the complex medical opinion and the reasons why • the rating activity will, within three days • review the evidence of record • draft the required medical opinion • upload the draft opinion to the eFolder, and • notify the MSC by e-mail that the medical opinion request is available, and • the MSC will copy and paste the draft medical opinion into the examination request before submitting it. ***Notes***: • Under EP 336, an *Exam Review* tracked item M21-1, Part IV, Subpart i, 1.A.1.e is not required for documenting the status of examination review. • If there are claims involving an undiagnosed illness or MUCMI due to exposures incurred during Gulf War era service, and an examination is necessary as defined in M21-1, Part VIII, Subpart ii, 1.B.2.a, do ***not*** request a Gulf War general medical examination DBQ. Instead, as part of the EMS request for the SHA, ensure to • select *Other* in the IS A MEDICAL OPINION NEEDED? drop-down menu in EMS, and • copy and paste the following examination request language from the Supplemental Language Matrix into the ESR: • *Gulf War Claim Definitions*, and • *SHA for a Gulf War contention*. ***References***: For more information on • completing a CAPRI examination request, see M21-1, Part IV, Subpart i, 2.A.9.b • steps to inputting and uploading examination requests, see M21-1, Part IV, Subpart i, 2.A.9.a • medical opinion requests, see M21-1, Part IV, Subpart i, 2.A.7 • determining whether an examination or opinion is necessary, see M21-1, Part IV, Subpart i, 1.B • the requirement that a disability or symptoms be potentially subject to SC to warrant an examination, see M21-1, Part IV, Subpart i, 1.B.1.b • deeming a Gulf War examination unnecessary when the claim is substantiated, see M21-1, Part VIII, Subpart ii, 1.B.2.i • examinations for undiagnosed illness and MUCMI, see M21-1, Part VIII, Subpart ii, 1.B.2, and • follow-up requirements for CAPRI examinations, see M21-1, Part X, Subpart i, 6.C.1.e.
13	Ensure that all development actions have been performed, including • requesting all evidence identified by the service member, and • if there is more than one period of service, requesting the other period's STRs from the service member, National Personnel Records Center (NPRC), or other necessary location. If records exist at a Federal records center, manually request the records and they will forward for scanning. Go to the next step. ***References***: For more information on • migration of STRs, see M21-1, Part III, Subpart ii, 2.A.3 • procedures for obtaining STRs, see M21-1, Part III, Subpart ii, 2.B, and • NPRC, see M21-1, Part III, Subpart ii, 2.A.4.
14	Go to M21-1, Part X, Subpart i, 6.C.1.d.

Notes:
• The SHA and associated DBQs are provided to the DoD via an electronic exchange process. If contacted by a military treatment facility (MTF) requesting examination results, inform the MTF these results are available in
• DoD's Healthcare Artifacts and Image Management Solution (HAIMS) system for examinations requested through EMS, or
• the Joint Longitudinal Viewer (JLV) for examinations requested through CAPRI.

- The station performing post intake site actions (i.e. ready for decision (RFD) review or rating action) is responsible for obtaining examination results.
- Intake sites
- must ensure VBMS images are available for review by the examining facility under the circumstances described in M21-1, Part IV, Subpart i, 2.A.8.b
- are entitled to credit for an interview if they conduct one in connection with a pre-discharge claim, and
- are responsible for creating tracked items to document completed development actions as indicated in M21-1, Part X, Subpart i, 6.B.3.j.

References: For more information on

- placing BDD claims under EP control, see M21-1, Part X, Subpart i, 6.B.2
- VBMS, see the *VBMS Core User Guide*
- the ERRA tool, see
- M21-1, Part IV, Subpart i, 2.A.1.c, and
- M21-1, Part IV, Subpart i, 2.A.2.c and d
- what the SHA examination covers, see M21-1, Part IV, Subpart i, 2.E.3.b
- selecting the general medical examination vs. the SHA for pre-discharge claims, see M21-1, Part IV, Subpart i, 2.E.3.c, and
- how to verify military service, see M21-1, Part II, Subpart iii, 3.B.3.a and b.

X.i.6.C.1.c. BDD Claims From Former IDES Participants Returned to Duty

If a BDD claim is received from a former IDES participant who was returned to active duty, review any completed examinations, and take any action needed.

If the SHA was previously completed and all claimed conditions were examined, establish the appropriate rating EP with a *BDD* claim label per M21-1, Part X, Subpart i, 6.B.2.d.

If any examinations are required, establish EP 336.

- If an SHA
- was not completed, request the SHA and any necessary specialist examinations, or
- was completed *but any claimed condition was not examined*, request appropriate examinations for the conditions that were not examined.
- After all examinations have been requested and all other development actions have been taken, change the EP 336 to the appropriate rating EP with a BDD claim label per M21-1, Part X, Subpart i, 6.B.2.d.

Important:

- The service member must only receive one SHA regardless of whether additional contentions are claimed or if they were currently or formerly an IDES participant.
- If the EP 689 is not cleared yet, contact the disability rating activity site or station of jurisdiction (SOJ).

Reference: For more information on BDD claims from former IDES participants, see

- M21-1, Part X, Subpart i, 6.I.2.d, and
- M21-1, Part X, Subpart i, 6.I.3.c and d.

X.i.6.C.1.d. Actions to Take in VBMS When Required Development Actions Are Complete

After all development actions are complete, the intake site must

- ensure that the contract examination in VBMS shows a status of *Acknowledgement: Received from Vendor* for all requested examinations
- ensure all pending tracked items have the proper suspense dates
- update tracked items according to M21-1, Part III, Subpart i, 2.F.3
- change the diary EP 336 to the proper rating EP and *BDD* claim label, as noted in M21-1, Part X, Subpart i, 6.B.2.d, and
- ensure the claim is in open status unless the claim has already been determined to be

RFD.
Notes:

- After the above actions have been completed, NWQ will route the claim to the proper location for further processing.
- It is not necessary to wait for evidence to be uploaded into the eFolder prior to performing the above actions if
- examinations do not require an eFolder review, and
- all development actions have been completed.

X.i.6.C.1.e. Follow-up Requirements for EMS and CAPRI Examinations

If an examination is rejected or cancelled, NWQ will route the claim to be corrected. The claims processor must review the clarification request/cancellation reason.

Thereafter

- request the claim from NWQ if necessary
- review the **ERRA** tool to determine where the examination should be re-requested (EMS or CAPRI), and
- take the steps necessary to correct or re-input the examination request, if necessary.

The table provides advice on how to proceed depending on the reason for the examination cancellation.

If the examination cancellation is due to ...	Then ...
the service member's failure to adhere to BDD requirements ***Examples***: • The service member is not available to report for an examination for 45 days following claim submission as specified in **M21-1, Part X, Subpart i, 6.B.1.a**. • The service member fails to report without good cause.	• change the pending EP to a non-BDD rating EP, • enter a note in VBMS indicating why the service member was removed from the BDD program, and • send the appropriate *Non-BDD Claim* letter.
a reason outside of the control of the service member ***Examples***: • The claims processor failed to timely request the examination and now the service member has relocated to their forwarding address. • The claims processor failed to correctly enter the service members address or other contact information and as a result the service member was not notified of the examination.	• take the necessary steps to submit a new examination request, and • continue processing the claim as a BDD claim.

Note: Make every reasonable effort to contact the service member via telephone and/or e-mail to verify why an examination was cancelled or rejected.
Reference: For more information on requesting examinations see **M21-1, Part X, Subpart i, 6.C.1.b**.

2. SOO and SOJ Responsibilities Unique to BDD-Excluded Claims

Introduction

This topic contains information about responsibilities that are unique to BDD-excluded claims, including

- handling claims that do not meet BDD requirements
- SOO/intake site responsibilities for received BDD-excluded claims
- processing additional contentions from BDD claimants
- when to combine BDD and BDD-excluded claims, and
- special considerations on requesting examinations.

Change Date December 4, 2024

X.i.6.C.2.a. Handling Claims That Do Not Meet BDD Requirements

If a claim is excluded from the BDD program as indicated in M21-1, Part X, Subpart i, 6.B.1.b, and notice has not been provided to the claimant

- generate one of the *Non-BDD Claim* letters
- select the appropriate reason for not meeting the BDD requirements, and
- follow the guidance in M21-1, Part X, Subpart i, 6.B.2.h to change the EP to the proper non-BDD EP.

Important: If a station of origination (SOO) or SOJ discovers a claim in its inventory that is excluded from the BDD program under M21-1, Part X, Subpart i, 6.B.1.b, it is responsible for completing this action.

Notes:

- Claims processors may verbally inform the service member of the reasons why their claim was excluded from the BDD program. When doing so, a VBMS note must be entered regarding the verbal notification and reason for exclusion.
- If the service member is informed verbally of the BDD exclusion reason(s) ***and*** a VBMS note is entered, a *Non-BDD* letter does not have to be generated.

References: For more information on

- claims that do not meet the BDD program requirements, see M21-1, Part X, Subpart i, 6.B.1.b
- claims where the service member remains on active duty beyond the anticipated discharge date, see M21-1, Part X, Subpart i, 6.C.3.j, and
- actions to take for
- claims filed more than 180 days prior to discharge, see M21-1, Part X, Subpart i, 6.B.3.h
- claims filed with no known date of discharge, see M21-1, Part X, Subpart i, 6.B.3.i, and
- BDD claims without STRs, see M21-1, Part X, Subpart i, 6.B.3.k.

X.i.6.C.2.b. SOO/Intake Site Responsibilities for Received BDD-Excluded Claims

The SOO/intake site is responsible for establishing the BDD-excluded claims in VBMS and following the guidance in M21-1, Part X, Subpart i, 6.C.1.b, Steps 1-6.

NWQ will route all BDD-excluded claims for additional development depending on available claims workload. The BDD-excluded claim must be processed through the standard claims process, the Fully Developed Claim (FDC) Program, or any other applicable claims process, as indicated on the claim form.

Important: If the BDD-excluded claimant submits a copy of their STRs for their current period of service and is available to report to examinations, request the examinations within five calendar days of the date the documents are uploaded to VBMS.

If examinations are not requested, enter the appropriate *Exam Review* tracked item as noted in M21-1, Part IV, Subpart i, 1.A.1.e.

References: For more information on

- the FDC Program, see M21-1, Part X, Subpart i, 2.A and B
- BDD-excluded claims see M21-1, Part X, Subpart i, 6.B.1.b and c, and

- EPs and claim label options for initial establishment of claims excluded from the BDD program, see M21-1, Part X, Subpart i, 6.B.2.h.

X.i.6.C.2.c. Processing Additional Contentions From BDD Claimants

As noted in M21-1, Part X, Subpart i, 6.B.2.i, BDD claimants with less than 90 days remaining on active duty who submit claims for additional contentions will have those additional contentions processed under a separate EP as a BDD-excluded claim.

Important:

- Concurrently pending BDD and BDD-excluded rating EPs ***are*** allowed and should not be combined unless as noted in M21-1, Part X, Subpart i, 6.C.2.d.
- These claims will be processed in the same manner as other BDD-excluded claims as noted in this section including:
- affording the service member the same opportunity to participate in the FDC Program or any other eligible program, and
- ensuring development actions are undertaken while the service member is still on active duty.

X.i.6.C.2.d. When to Combine BDD and BDD-Excluded Claims

If the claimant has concurrently pending BDD and BDD-excluded EPs, and it is later determined that the BDD claim did not meet BDD program requirements and should have been established as a BDD-excluded claim, follow the guidance below.

Step	Action
1	Ensure both EPs are under the correct station's jurisdiction. Request the other EP from NWQ, if necessary.
2	Change the pending BDD-excluded claim to an EP 400.
3	Change the pending BDD claim to a BDD-excluded EP. ***Reference***: For additional information on the proper EPs and claim labels for BDD-excluded claims, see M21-1, Part X, Subpart i, 6.B.2.h.
4	Add the contentions from the EP 400 to the newly changed BDD-excluded claim.
5	Add a note in VBMS describing • the actions taken to combine the two EPs • why the claimant was not eligible for the BDD program, and • development actions for the added contentions that were previously completed under the EP 400, if applicable.
6	Cancel the EP 400.
7	Continue developing the BDD-excluded claim as noted in this section.

X.i.6.C.2.e. Special Considerations on Requesting Exami

When requesting examinations for BDD-excluded claimants the claims processor must

- verify that the service member will be available for examinations at the provided *current or forwarding address*
- utilize the ERRA tool to determine where the examination should be requested
- select the radial button NO next to the text *BDD/IDES Claim?* in the ERRA tool, and
- complete at least two attempts to contact the service member to verify their *current or forwarding address*.

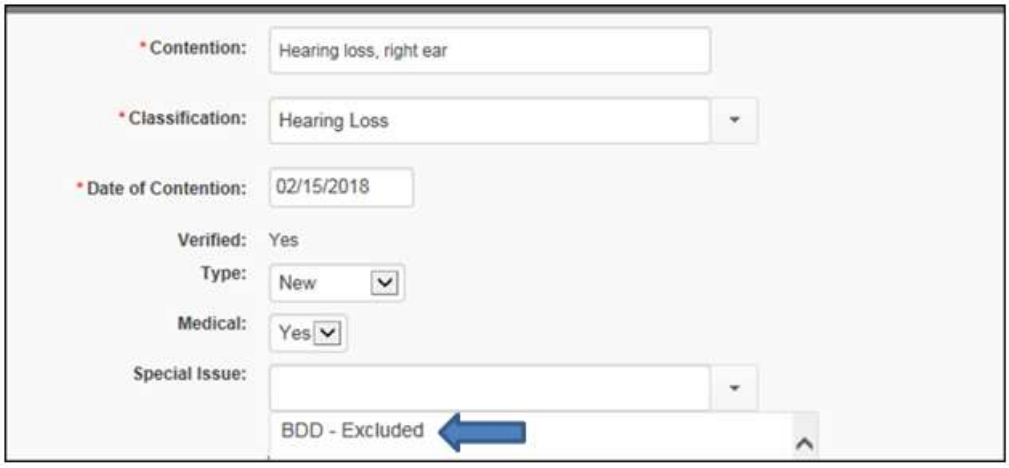
Important:

- If Pre-Discharge claims processors encounter issues with examination providers, or have any

nations

- If Pre-Discharge claims processors encounter issues with examination providers, or have any contract examination questions, send the details of the issue including the claim number to Medical Disability Examination Office at **VAVBAWAS/CO/Contract Examination Inquiries** and copy the pre-discharge mailbox at **VAVBAWAS/CO/PREDISCHARGE**.
- If the claims processor is unable to contact the service member after at least two attempts, request the examination based on the evidence of record.
- Review the ***VA Form 21-526EZ*** for a forwarding address and the date the service member will be located at that forwarding address to ensure the correct examination location.
- For all BDD-excluded claims, claims processors must select *BDD-Excluded* from the SPECIAL ISSUE drop-down menu for one contention requiring an examination as shown in the image below. This is important to ensure the examination request is routed correctly in EMS.

Example:



Note: Claimants who file pre-separation claims that are excluded from the BDD program will receive a general medical examination – not an SHA examination.

References: For more information on

- selecting the general medical examination vs. the SHA, see **M21-1, Part IV, Subpart i, 2.E.3.c**, and
- what the SHA examination covers, see **M21-1, Part IV, Subpart i, 2.E.3.b**.

3. BDD SOJ Responsibilities

Introduction

This topic contains information about BDD SOJ responsibilities, including

- **initial actions upon receipt of a BDD claim at the SOJ**
- **pre-discharge claims for both compensation and pension**
- **SOJ responsibilities in the SHA exchange with DoD**
- **important items to consider when rating BDD claims**
- **rating procedures for BDD claims**
- **automated VBMS STR requests**
- **generating an automated VBMS STR request**
- **requirement for verification of service**
- **handling claims from service members who remain on active duty beyond their anticipated discharge date**, and
- **verifying changes in RAD or receipt of additional evidence prior to promulgation of BDD claims**.

Change Date May 23, 2024

X.i.6.C.3.a. Initial Actions Upon Receipt of a BDD Claim at the SOJ

The ***SOJ*** is the RO where the BDD claim has been routed by NWQ for development or rating action. This station must complete all required development or rating action including initial development if not already completed.

BDD claims must not be brokered.

Upon receipt of a BDD claim at the SOJ, follow the steps in the

table below to ensure all development actions are complete and the claim is RFD.

Step	Action
1	Stations processing BDD claims must ensure all required development actions have been completed in accordance with this section and any generally applicable development guidance in the M21-1. ***Important***: Any outstanding development actions must be completed by the SOJ.
2	Obtain completed examination reports.
3	Are all examinations sufficient for rating purposes? • If *yes*, go to Step 5. • If *no*, go to the next step.
4	If the SOJ determines an examination(s) is insufficient, the claims processor must • report the examination as insufficient in • CAPRI (when VHA conducted the examination), or • EMS (when a Veterans Benefits Administration contractor conducted the examination) • request a corrected examination report or new examination, as necessary (the request should be routed to the provider that completed the initial exam) • upload the exam request to the eFolder, and • add additional tracked items for each type of examination request submitted under the pending EP. ***Important***: If the service member adds a condition after the SHA has been completed or a claimed condition was not properly addressed or examined, submit an examination request for the DBQ corresponding with the additional condition needing examination only. Do not request another SHA.
5	If the service member does not identify treatment at a specific Department of Veterans Affairs (VA) facility, perform the CAPRI enterprise search for VA medical center treatment records as required by **M21-1, Part III, Subpart ii, 1.A.2.a**.
6	Update the claims status to RFD after all required development is complete. ***Important***: Do not request service verification including the *DD Form 214, Certificate of Uniformed Service*, until the day after the anticipated discharge date. ***Note***: RFD BDD claims must be routed by NWQ within five days of discharge.

X.i.6.C.3.b. Pre-Discharge Claims for Both Compensation and Pension

If a service member files a claim for both compensation *and* pension, the SOJ is responsible for determining entitlement to both benefits.

X.i.6.C.3.c. ROJ Responsibilities in the SHA Exchange With DoD

The SHA and associated DBQs are provided to DoD via an electronic exchange process. If contacted by an MTF requesting examination results, inform the MTF these results are available in

- HAIMS for examinations requested through EMS and
- JLV for examinations requested through CAPRI.

Reference: For more information on the SHA examination, see **M21-1, Part IV, Subpart i, 2.E.3.b**.

X.i.6.C.3.d. Important Items to

Rating decisions for BDD claimants will be completed while the service member is still on active duty in order to reduce

Consider When Rating BDD Claims

processing time and ensure that service members receive a decision on their claim the day following discharge from active duty.

The following items are important to consider when rating BDD claims:

- As is emphasized in M21-1, Part III, Subpart i, 1.B.2.a, and M21-1, Part III, Subpart i, 1.A.1.e, BDD claims ***must not be deferred for service verification, including the DD Form 214***. The current period of service for BDD claimants will not be verified until after RAD.
- A BDD claim is submitted by a service member still on active duty; therefore, all current symptoms being reported during the claim period are in-service symptoms/complaints.
- Similarly, the examination conducted in service is demonstrating in service complaints, findings, and diagnoses and/or opinions. A diagnosis of a chronic disability on an in-service VA examination is a diagnosed disability while on active duty.
- When the rating decision is completed while the service member is still on active duty, the effective date entered into VBMS-Rating (VBMS-R) will be a future effective date.
- Take any steps necessary to ensure the service member's reported separation date is accurate in order to reduce the need to rework the claim due to incorrect effective dates.

Notes:

- The SOJ should decide every issue for which sufficient evidence exists to grant SC, including at a non compensable level.
- If an in-service rating decision requires correction, making a different, corrected decision based solely on a difference of opinion or a different interpretation of rating criteria is not permitted. The decision can be changed only if
- a clear and unmistakable error exists, and/or
- VA receives new evidence after completing the rating decision that justifies changing one or more of the decisions set forth in it.

References: For more information on

- partial rating decisions and deferred issues, see M21-1, Part V, Subpart ii, 3.B.1
- changing a decision when there is finality, see
- M21-1, Part X, Subpart ii, 1.A
- M21-1, Part X, Subpart ii, 2, and
- M21-1, Part X, Subpart ii, 5, and
- requirements for verification of service, see M21-1, Part X, Subpart i, 6.C.3.h.

X.i.6.C.3.e. Rating Procedures for BDD Claims

When completing rating decisions for BDD claims, follow the guidance in the table below.

Important:

- Before completing a rating decision, ensure that development has been completed. However, when completing an in-service rating the decision must not be deferred for service verification. The RAD will come from the evidence of record. Ensure that it is accurately entered in VBMS to prevent an inaccurate effective date.
- A partial rating may be completed on issues ready for a decision if
- routed for a decision with 29 or fewer days remaining on active duty, and
- a compensable evaluation is assigned (10 percent or higher and/or special monthly compensation).

Note: In rare cases due to extenuating circumstances outside of the service member's control, a rating decision may not be completed until after discharge. In such cases a partial rating decision, to include granting only non compensable conditions as directed in M21-1, Part V, Subpart ii, 3.B.1.c, is appropriate since the service member is no longer on active duty at the time the rating decision is completed.

Step	Action
1	Replace the language in the introduction paragraph with the text below. *The records reflect that you are a Veteran of the [service era] Era. You served in the [branch of service] from [MM/DD/YYYY] to [MM/DD/YYYY] and for the current period of service beginning on [MM/DD/YYYY]. You filed a disability claim through the Benefits Delivery at Discharge (BDD) Program that was received on [MM/DD/YYYY]. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.* ***Please Note***: *The determination of entitlement to VA benefits is contingent upon your discharge from service and upon having the requisite character of service. We will review all evidence of record upon discharge to ensure the information provided in this decision is accurate. This rating decision will only be corrected, if necessary, based on the final review after your discharge. You provided the VA an anticipated date of release from active duty of [MM/DD/YYYY].*
2	Rate the claim under generally applicable rating guidance. However, given to the fact that the rating decision is being completed while the service member is still on active duty a future effective date must be assigned. ***References***: For more information on • decision making, see **M21-1, Part V, Subpart ii**, and • applying the rating schedule, see **M21-1, Part V, Subpart iii**.
3	Finalize the rating decision. ***Important***: Following finalization of the rating decision, NWQ will pull the claim back into NWQ (499) and reroute the claim for promulgation the day following discharge from active duty.
4	Add a bookmark to the rating decision in the VBMS eFolder stating, "DRAFT: Rating document should not be released until after the award is authorized."
5	Following discharge, verify the Veteran's • discharge date, and • character of discharge (COD) (must be other than dishonorable) The diary maturity date/EP date of claim is one day following separation. ***Reference***: For more information on requirements for verification of service, see **M21-1, Part X, Subpart i, 6.C.3.h**.
6	Ensure the automated VBMS STR request has been generated as noted in **M21-1, Part X, Subpart i, 6.C.3.f** and **g**.

Important:
- The decision maker must follow all standard rating guidance unless superseded by an instruction in the table above.
- The service member will ***not*** receive the rating decision while on active duty. The service member will receive the rating decision after being discharged when service has been verified.

References: For more information on
- service verification, see **M21-1, Part III, Subpart i, 1.B.2 and 3**
- pre-rating review of the claims by the rating activity, see **M21-1,**

Part V, Subpart i, 1.C
- review of evidence, see M21-1, Part V, Subpart ii, 1
- decision making principles, see M21-1, Part V, Subpart ii, 3
- determining SC, see M21-1, Part V, Subpart ii, 2
- completing rating decisions, see M21-1, Part V, Subpart iv, 1
- important items to consider when rating BDD claims, see M21-1, Part X, Subpart i, 6.C.3.d
- the prohibition against review by representatives of rating decisions prior to issuance of a decision notice, see M21-1, Part I, Subpart i, 2.B.2.k, and
- promulgating and authorizing an award, see M21-1, Part VI, Subpart i, 1.A and B.

X.i.6.C.3.f. Automated VBMS STR Requests

For claims established as diaries, automatic STR requests are generated to the HAIMS system on the day following discharge for service members separating or retiring from the Coast Guard on or after September 1, 2014, and all other branches of service on or after January 1, 2014. If the service information is not complete in BIRLS as of close of business on the day following discharge, the automated STR request will not generate.
Pre-discharge claims processors need to ensure this automated request is generated for BDD and BDD-excluded claims on or after the day following discharge.

Important:
- If STRs were received prior to RAD, then do not wait for a response from the HAIMS STRs request to proceed with processing the BDD claim on the day following discharge, including promulgation and authorization of the award.
- Follow established procedures as outlined in M21-1, Part III, Subpart ii, 2 for obtaining STRs for prior periods of service.

Note: Upon establishment of a rating EP (non-diary EP), VBMS submits an automated request to the HAIMS system for service members separating or retiring from the Coast Guard on or after September 1, 2014, and all other branches of service on or after January 1, 2014.

Reference: For more information on generating an automated VBMS STR request for BDD claims, see M21-1, Part X, Subpart i, 6.C.3.g.

X.i.6.C.3.g. Generating an Automated VBMS STR Request

Follow the steps in the table below to ensure an automated VBMS STR request is generated for BDD and BDD-excluded claims after the service member has been discharged.

Step	Action
1	• Verify the status of the automated STR request in VBMS by checking the *Obtain STRs* section of the *Development Plan*. • Determine whether additional action is required using the table below.

If the service member's information …	Then …
was updated prior to the end of the day following discharge (the STR status is not *error* or *warning*)	no additional action is required.
was not updated prior to the end of the day following discharge (the STR status is *error* or *warning*) ***Note***: For pre-discharge claims the message will read *WARNING: This Veteran is not eligible for an Electronic STR Request. Eligibility checked on MM/DD/YYYY at HH:mm. The RAD Date does not*	go to Step 2.

	meet the eligibility criteria.
2	Update the Veteran's service in VBMS to reflect the correct RAD date. For correct RAD on or after January 1, 2014 • update the Veteran's military service • return to the OBTAIN STRS tab in the *Development Plan* section • resubmit the STR request by clicking on *Request STR Again*, and • the status message will be updated immediately to reflect a new status.

Notes:
- The only way to avoid an *error* or *warning* message is to ensure that the service member's period of service in BIRLS is complete ***before*** the end of the day following discharge.
- Clicking on the REQUEST STR AGAIN button without entering a complete period of service in BIRLS will continue to generate the same error message.
- Do not delay other development actions awaiting the certified copies of the STRs.

X.i.6.C.3.h. Requirement for Verification of Service

The day following the service member's discharge from active duty, NWQ will route the BDD claim for promulgation. Before the SOJ promulgates the claim, the SOJ must verify the claimant's
- COD is other than dishonorable, and
- date of discharge.

A *DD Form 214* satisfies the requirement for verification. If a *DD Form 214* is *not* of record, the SOJ must use all available resources to obtain verification. These include the
- Defense Personnel Records Information Retrieval System (DPRIS)
- Veterans Information Solution (VIS)
- Personnel Information Exchange System (PIES), and
- the VETERANS IDENTIFICATION DATA (VID) tab in SHARE.

Important:
- Do not request service verification, including the *DD Form 214* until the day following discharge.
- Once service verification is obtained, update the military service in VBMS as indicated in **M21-1, Part II, Subpart iii, 3.B.3.a**.

Notes:
- If a COD determination is needed, the claim sould be excluded from the BDD program.
- Service departments normally issue a *DD Form 214* to service members at the time of their RAD. Under certain circumstances, however, service departments may issue the form *prior* to separation. VA considers such forms valid for the purpose of verifying service information.

References: For more information on
- denying claims from service members who remain on active duty beyond their anticipated discharge date, see **M21-1, Part X, Subpart i, 6.C.3.i**
- service verification, see **M21-1, Part III, Subpart i, 1.B.2 and 3**
- DPRIS, select the HELP tab on the **DPRIS website** (Registration is required.)
- VIS, see the ***VIS User Guide***
- PIES, see the ***PIES User Guide***, and
- COD determinations, see **M21-1, Part X, Subpart iv, 1.A**.

X.i.6.C.3.i. Handling Claims

If service members remain on active duty beyond their anticipated discharge date, the SOJ must

From Service Members Who Remain on Active Duty Beyond Their Anticipated Discharge Date

- attempt to contact the service member to obtain a new discharge date, and
- follow the instructions in the table below.

If the service member ...	Then the SOJ must ...
• plans to remain on active duty *more* than 180 days from the current date, or • the SOJ is unsuccessful after three attempts to contact the service member	• deny the claim using the *Return to Active Duty* drop-down selection on the BASIC ELIGIBILITY tab in VBMS-Awards (VBMS-A) • dispose of any hard-copy, unpromulgated rating decisions under ***RCS VB-1, Part I, Item number 13-052.200*** • delete unpromulgated rating decisions from VBMS-R and VBMS-Core • retain all other accumulated documentation in the claims folder, and • send the *Non-BDD Claim – Request Resubmission* letter; select the option *More than 180 days of remaining service* for the letter option. ***Notes***: • If the MSC or other claims processor does not have access to VBMS-A, a supervisor will refer the claim to the RO to complete this VBMS-A action. • To remove an unpromulgated rating decision from VBMS-R, select the claims folder number from the work pending queue and select *Return to Files Without Update*.
referred into IDES	• deny the claim using the *Return to Active Duty* drop-down selection on the BASIC ELIGIBILITY tab in VBMS-A • dispose of any hard-copy, unpromulgated rating decisions under ***RCS VB-1, Part I, Item number 13-052.200*** • delete unpromulgated rating decisions from VBMS-R and VBMS-Core • retain all other accumulated documentation in the claims folder, and • send the *Non-BDD Claim – General* letter with the following modifications: • add the following sentences to the letter: *We are not able to process your current claim, because you have been referred to the Integrated Disability Evaluation System (IDES) program. You will have an opportunity to submit a VA claim during the IDES process. You will be contacted and provided further information on the IDES process.* • delete the following sentence from the letter: *Please resubmit your claim when you have a known separation date and have less than 180 days remaining on active duty.* • Follow the instructions in **M21-1, Part X, Subpart i, 6.G.1.d**. ***Note***: If the MSC or other claims processor does not have access to VBMS-A, a supervisor will refer the claim to the RO to complete this VBMS-A action.

provides a discharge date that is 180 days *or fewer* from the current date	• enter a note into VBMS indicating the new discharge date, and • edit the claim detail in VBMS to the proper future date of claim (day following discharge). If VBMS will not allow a change to the proper future date of claim for the current EP • change the pending EP to an EP 400 • cancel the EP 400 • establish a new BDD or BDD-excluded diary EP based on the new discharge date • update any tracked items if necessary, and • return the claim to the rating activity if an in-service rating decision was previously completed.

X.i.6.C.3.j. Verifying Changes in RAD or Receipt of Additional Evidence Prior to Promulgation of BDD Claims

Before promulgation, to reduce the need to rework the claim due to incorrect effective dates, verify that there has not been a change in RAD or receipt of additional evidence following completion of the rating decision using the guidance in the table below.

Step	Action
1	Verify service according to **M21-1, Part X, Subpart i, 6.C.3.h**.
2	Has additional evidence been received? • If *yes*, go to Step 5. • If *no*, go to Step 3.
3	Has RAD changed? • If *yes*, go to the next step. • If *no*, go to Step 6.
4	Refer to the guidance in **M21-1, Part X, Subpart i, 6.C.3.i**. • If the service member *has not* been discharged from active duty, take action as provided in **M21-1, Part X, Subpart i, 6.C.3.i**. • If the service member *has* been discharged from active duty, go to Step 5.
5	Return the rating decision to the decision maker utilizing the VBMS deferral functionality. If the evidence was received after the in-service rating was completed, select the deferral reason *Late flowing documents scanning issues*. If another reason is selected, such as *Wrong effective date / DOC*, this will result in an avoidable deferral which is not applicable to this type of issue. ***Note***: The decision maker will correct the effective date or review the additional evidence received to determine if corrective action is needed. ***Important***: Do not promulgate until corrections are complete or the decision maker determines that corrective action is not necessary.
6	Remove the bookmark stating, “DRAFT: Rating document should not be released until after the award is authorized.”
7	Promulgate the rating decision.

8	• Authorize the corresponding award action, and • send the notification letter and the rating decision to the Veteran.

Important: The goal of the BDD program is to provide a decision to the service member 30 days following their discharge from active duty. In order to ensure this goal is reached

- NWQ must route the claim for promulgation the day following discharge from active duty, and
- the SOJ must ensure the claim is reassigned to another claims processor for action if the claims processor is unavailable to work the claim.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177951/M21-1-Part-X-Subpart-i-Chapter-6-Section-C-Division-of-Responsibilities-Benefits-Delivery-at-Discharge-BDD-and-BDD-Excluded-Claims>

M21-1, Part X, Subpart i, Chapter 6, Section D - Ancillary Benefits and Other Issues Involving Benefits Delivery at Discharge (BDD) or BDD-Excluded Claims

Article ID: 554400000177952
Updated Aug 24, 2023
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In this Section This section contains the following topics:

Topic	Topic Name
1	Vocational Rehabilitation/Employment (VR&E) Claims
2	Loan Guaranty Claims
3	Claims Involving a Resumption of Compensation
4	Requests for Civil Service Preference Letters (CSPL)
5	Handling Cases Involving Pregnant BDD Claimants

1. VR&E Claims

Introduction This topic contains information on the processing of VR&E claims filed prior to separation, including

- handling VR&E claims received from service members, and
- actions intake sites must take upon receipt of *VA Form 28-1900, Application for Veteran Readiness and Employment for Claimants With Service-Connected Disabilities*.

Change Date March 16, 2022

X.i.6.D.1.a. Handling VR&E Claims Received From Service Members Intake sites may receive claims from service members for vocational rehabilitation/employment (VR&E) benefits under 38 U.S.C. Chapter 31 that they may use while on active duty or after separation.

X.i.6.D.1.b. Actions Intake Sites Must Take Upon Receipt of VA Form 28-1900 Follow the steps in the table below within five days of receipt when an intake site receives a *VA Form 28-1900, Application for Veteran Readiness and Employment for Claimants With Service-Connected Disabilities (Chapter 31, Title 38, U.S.C.)*.

Step	Action
1	Establish end product (EP) 095 with the claim label *Pre-D Memo Rating for Ch31 Purposes*.
2	Ensure the claimant's service treatment records (STRs) are available in the Veterans Benefits Management System (VBMS).

3	Add a note in VBMS that states ***VA Form 28-1900*** was received then either • scan and upload the documents locally if the intake site has a scanner with resolution of at least 300 dots per inch (DPI), or • send the documents to the scanning vendor and set a 10-day suspense date with the reason: *Paperless Claims Processing Case, Awaiting: Scanning*.
4	The station of origination that received the VR&E claim is responsible for preparing the memorandum rating decision.

Note: The regional office (RO) should ***not*** delay processing ***VA Form 28-1900*** pending a decision on the Benefits Delivery at Discharge (BDD) and/or BDD excluded claims.

References: For more information on
- EPs, see **M21-4, Appendix B**
- actions to take if the claimant's STRs are unavailable, see
- **M21-1, Part III, Subpart i, 2.C.3.b**, and
- **M21-1, Part III, Subpart ii, 1.A.1.e**
- preparing memorandum rating decisions for the purpose of determining eligibility for Veteran Readiness and Employment (VR&E) benefits, see **M21-1, Part XIII, Subpart i, 5.B**, and
- VR&E contacts by station of jurisdiction (SOJ), to include e-mail addresses, see the **VR&E Officer Directory**.

2. Loan Guaranty Claims

Introduction This topic contains information regarding loan guaranty applications submitted with BDD or BDD-excluded claims, including
- **service members' eligibility for home loan guaranty**
- **intake site responsibilities upon receipt of *VA Form 26-1880, Request for a Certificate of Eligibility***
- **Regional Loan Center (RLC) action upon receipt of *VA Form 26-8937, Verification of VA Benefits*, from a service member**
- **SOJ responsibility for preparing memorandum rating decisions upon receipt of a request for an eligibility determination from an RLC**, and
- **text the SOJ must use when responding to a request for an eligibility determination from an RLC**.

Change Date August 24, 2023

X.i.6.D.2.a. Service Members' Eligibility for Home Loan Guaranty

A Veteran who has a compensable, service-connected (SC) disability and purchases a home using Department of Veterans Affairs' (VA's) home loan guaranty is eligible for a waiver of the VA home loan funding fee.

A service member who is separating from service may be eligible for the funding fee waiver if the evidence of record establishes the service member will be in receipt of VA disability compensation after separation.

X.i.6.D.2.b. Intake Site Responsibilities Upon Receipt of VA Form 26-1880

Upon receipt of ***VA Form 26-1880, Request for a Certificate of Eligibility***, intake sites must
- forward the form to the appropriate Regional

Loan Center (RLC)
- ask if the service member plans to use VA's home loan guaranty to purchase a home prior to separation, and, if so,
- advise the service member to
- ensure the lender knows a claim is pending with VA, and
- timely complete ***VA Form 26-8937, Verification of VA Benefits***.

References: For more information on contacting the RLC of jurisdiction by
- e-mail, see **M21-1, Part II, Subpart i, 2.D.7.a**, and
- physical mail, see ***VA Form 26-1880***.

X.i.6.D.2.c. RLC Action Upon Receipt of VA Form 26-8937 From a Service Member

Upon receipt of ***VA Form 26-8937***, from a service member, RLCs request an eligibility determination from the SOJ by sending an e-mail to a designated point of contact at the appropriate site.

Reference: For more information on the appropriate regional benefit offices, see **the map of regional benefit office websites**.

X.i.6.D.2.d. SOJ Responsibility for Preparing Memorandum Rating Decisions Upon Receipt of a Request for an Eligibility Determination From an RLC

Upon receipt of a request for an eligibility determination from an RLC, the SOJ must prepare a memorandum rating decision for inclusion in the service member's claims folder if
- the service member's BDD or BDD-excluded claim has not yet been decided, and
- the evidence of record shows the service member is at least 10-percent disabled due to SC disability(ies).

X.i.6.D.2.e. Text the SOJ Must Use When Responding to a Request for an Eligibility Determination From an RLC

Use the table below to determine the text that the SOJ must use when responding to a request for an eligibility determination from an RLC.

If …	**Then the SOJ must include the following text in the e-mail response to the RLC …**
a completed rating decision already exists	*The claimant will receive service-connected disability compensation of $[amount] monthly upon discharge from active duty.*
the SOJ prepared a memorandum rating decision	*The claimant will be entitled to service-connected disability compensation of at least [10% rate] upon discharge from active duty.*
the evidence of record is insufficient for rating purposes	*The claimant has a BDD or BDD-excluded claim pending; however, the evidence available is not sufficient to determine whether a compensable service-connected disability exists.*
the evidence of record is adequate for rating purposes but does not show that a compensable, SC disability exists	*The evidence of record does not show the claimant has a service-connected disability that is compensable.*

Note: The SOJ must establish an EP 290 with the claim label *LGY Determination - BDD* to control an RLC's request for an eligibility determination.

References: For more information on
- loan guaranty benefits, see **M21-1, Part XIII, Subpart i, 7.A**
- EPs, see **M21-4, Appendix B**, and
- claim labels, see **M21-4, Appendix C**.

3. Claims Involving a Resumption of Compensation

Introduction This topic contains information on resuming compensation for service members who file BDD or BDD-excluded claims, including
- **handling claims for Veterans returning from active duty**
- **responsibility and EPs for resuming compensation**, and
- **effective date for resuming a service member's compensation**.

Change Date August 24, 2023

X.i.6.D.3.a. Handling Claims for Veterans Returning From Active Duty

When a Veteran in receipt of disability compensation returns to active duty, VA must discontinue disability compensation.

Once the Veteran is released from active duty, VA may resume benefits.

Note: The rating activity must re-evaluate any *non-static* disabilities for which the designated date for the future review examination is ***not*** a future date beyond the service member's separation date. (A disability is considered static ***unless*** the prior rating decision indicates a routine future examination of the disability is necessary).

Reference: For more information on requests for reinstatement and resuming benefits after a Veteran returns from active duty, see **M21-1, Part X, Subpart v, 2.B**.

X.i.6.D.3.b. Responsibility and EPs for Resuming Compensation

Use the table below to determine who is responsible for processing requests for resumption of compensation and the EPs and claim labels used.

If the service member is claiming/requesting ...	Then ...
• ***only*** resumption of compensation for static disabilities, and/or • non-static disabilities with review examination dates beyond the service member's separation date	the intake site is responsible for • establishing EP 290 (with the claim label *Pre-Discharge – Resumption of Compensation*), and • resuming compensation under the EP 290.
resumption of compensation for *static* disabilities ***and*** • resumption of compensation for *non-static* disabilities with a designated date for the future	• the intake site is responsible for • establishing EPs 290 (with the claim label *Pre-Discharge – Resumption of*

review examination that is ***not*** beyond the service member's separation date • service connection (SC) for additional disabilities, and/or • an increased evaluation for an SC disability	*Compensation*), and either • EP 310 for review of non-static disabilities, or • EP 336 (for a BDD claim), and • resuming compensation under the EP 290, and • the SOJ assumes responsibility for rating the claim and resolving all other issues associated with the claim. ***Notes***: • Set a tracked item under the EP 290 for verification of service with a suspense date of the day following discharge to ensure prompt action on the EP 290. • An EP 310 is not necessary if all review examinations are for a future date beyond the service member's separation date.

Important: VA does ***not*** require a Veteran to use a prescribed form to request reinstatement of benefits ***unless*** the Veteran is *concurrently* claiming entitlement to

- an increased disability rating, or
- SC for a new disability.

Notes:

- Simultaneously pending EPs 336 and 310 would only be allowed if the additional claimed conditions and non-static disabilities were different issues. ***Example***: If the service member claimed an increase in a non-static disability, then only the 336 would be allowed.
- If a service member's last rating decision is not available in the electronic claims folder (eFolder), the intake site must obtain a copy of the rating decision before resuming benefits.
- Because there is a possibility that service members who participate in the Integrated Disability Evaluation System (IDES) Program might return to active duty, the instructions in this block do *not* apply to their cases. Furthermore, Disability Rating Activity Sites (DRASs) prepare "preliminary" rating decisions for these service members *prior* to their separation if their Physical Evaluation Board determines they are unfit for duty. These decisions consider the severity of any non-static disabilities. Unless the service department returns an IDES participant to duty, the DRAS of jurisdiction resumes compensation for any static and non-static disabilities (if in order), upon promulgation of a *final* rating decision.
- Claims processors must review and complete any necessary withholding for receipt of separation benefits and/or military retired pay (MRP) when resuming compensation.

References: For more information on

- EPs, see **M21-4, Appendix B**
- establishing EPs for BDD and BDD-excluded claims, see **M21-1, Part X, Subpart i, 6.B.2**
- actions to take upon receipt of a claim for reinstatement of compensation, see **M21-1, Part X, Subpart v, 2.B**
- the use of prescribed forms, see **M21-1, Part II, Subpart iii, 1.A**
- intent to file, see **M21-1, Part II, Subpart iii, 2.A**
- requests for applications, see **M21-1, Part II, Subpart iii, 2.G**
- historical handling of applications and informal claims, see **M21-1, Part II, Subpart iii, 2.H**
- the requirement to reduce or withhold payments, see **M21-1, Part VI, Subpart i, 1.A.1.c**
- recoupment of separation benefits, see **M21-1, Part VI, Subpart ii, 2**

- elections and waivers in MRP cases, see M21-1, Part VI, Subpart ii, 4.A, and
- preparing and adjusting awards in MRP cases, see M21-1, Part VI, Subpart ii, 4.B.

X.i.6.D.3.c. Effective Date for Resuming a Service Member's Compensation

The effective date for resuming a service member's compensation is the day following release from active duty, *if* VA receives a request for resumption within one year from the date of such release. Otherwise, the proper effective date is one year prior to the date VA receives the request.

Important: Under 38 CFR 3.31(b) and 38 CFR 3.654(b)(2), the end-of-month rule does *not* apply to the resumption of compensation following release from active duty. This rule *does* apply, however, to any *additional* benefits VA awards the Veteran because of a grant of SC for a new disability or an increased disability rating.

4. Requests for CSPLs

Change Date August 5, 2016

X.i.6.D.4.a. Procedures for CSPL Requests

Civil Service Preference Letters (CSPL) can only be created by VA when there is a prior period of verified, completed, other than dishonorable service of record. Use the table below when receiving one of these requests.

If ...	Then ...
there is a prior period of service for which a CSPL can be given	• establish an EP 400 • follow the guidance in M21-1, Part XIII, Subpart ii, 2.A to create the letter, and • clear the EP 400.
there is a prior period of completed service which is not verified	• take the necessary steps to verify the prior period of service, and • following receipt of verified qualifying service, follow the above steps for creating the CSPL.
there is ***no*** prior period of service for which a CSPL can be given	• do not create the letter, and • inform the service member that their unit's personnel department can provide more information on obtaining a CSPL prior to discharge.

Note: If the service member does not have a prior period of service for which a CSPL can be given, does not want to obtain a CSPL letter from the service prior to separation, and would prefer to obtain the letter from VA, then

- ensure the request for a CSPL is documented in the eFolder, and
- insert a note in VBMS notifying the SOJ that a CSPL is requested.

Reference: For more information on EPs, see M21-4, Appendix B.

5. Handling Cases Involving Pregnant BDD Claimants

Introduction

This topic contains information on cases involving pregnant BDD claimants, including

- **information to provide pregnant claimants during an initial meeting**
- **requesting examinations for pregnant claimants**, and
- **rating decisions in claims involving a pregnant claimant**.

Change Date April 3, 2023

X.i.6.D.5.a. Information to Provide Pregnant Claimants During an Initial Meeting

When having an initial meeting with a pregnant BDD claimant, Military Services Coordinators (MSCs) must advise the claimant of the following:

- Medical professionals who examine BDD claimants may, at their discretion, defer some or all examinations because of pregnancy.
- Without the medical evidence from a deferred examination, VA may have to defer a decision on some or all of the claimed disabilities.
- Deferral of a decision will not adversely affect the ultimate outcome of the claim.
- The claimant must notify VA of any changes in mailing address or telephone number. This enables VA to follow up with the claimant on any deferred decisions.
- The claimant should contact VA if VA does not follow up on any deferred decision within 30 days after the expected delivery date.

X.i.6.D.5.b. Requesting Examinations for Pregnant Claimants

MSCs must include the following remarks in any examination request for a pregnant BDD claimant:

Please be advised that this individual has indicated a current pregnancy. If the examining physician determines that this examination (or any part of this examination) is medically contraindicated, please clearly indicate which parts of the examination were not completed due to the pregnancy.
Further, the examiner should indicate the earliest date that the examination may be safely completed.

X.i.6.D.5.c. Rating Decisions in Claims Involving a Pregnant Claimant

The RO will rate any claimed conditions that may be awarded based on the evidence of record, and defer consideration of any additional disabilities that could not be examined until conclusion of the pregnancy.
Reference: For more information on partial rating decisions and deferred issues, see **M21-1, Part V, Subpart ii, 3.B**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177952/M21-1-Part-X-Subpart-i-Chapter-6-Section-D-Ancillary-Benefits-and-Other-Issues-Involving-Benefits-Delivery-at-Discharge-BDD-or-BDD-Excluded-Claims>

M21-1, Part X, Subpart i, Chapter 6, Section E - Integrated Disability Evaluation System (IDES), Referrals, and Initial Processing

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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	Purpose and Elements of IDES
2	Referral of Individuals Into IDES
3	Initial Steps in Processing an IDES Referral
4	Initial Meeting Between Military Services Coordinators (MSCs) and an IDES Participant

1. Purpose and Elements of IDES

Introduction

This topic contains information about the purpose and elements of IDES, including

- purpose of IDES
- medical evaluation boards (MEBs)
- physical evaluation boards (PEBs)
- Physical Evaluation Board Liaison Officers (PEBLOs)
- MSCs
- regional office (RO) points of contact
- Disability Rating Activity Sites (DRASs)
- Veterans Tracking Application (VTA)
- IDES stages of responsibility, and
- timeliness goals of the IDES program.

Change Date April 10, 2025

X.i.6.E.1.a. Purpose of IDES

The purpose of the Integrated Disability Evaluation System (IDES) is to save time and resources by combining multiple aspects of the disability evaluation process individuals go through when

- the service department calls into question the service member's fitness for duty, and
- the service member files a claim for Department of Veterans Affairs (VA) benefits.

IDES participants undergo only one examination (or one set of examinations) that meet the needs of both VA and the service department. If, based on the results of the examination(s), a physical evaluation board (PEB) decides a participant is unfit for duty, VA prepares a rating decision to determine the amount of VA benefits to which the participant is entitled. The service department uses this same decision to determine the amount of military benefits to which the participant is entitled.

X.i.6.E.1.b. MEBs

Medical evaluation boards (MEBs) are entities of the service department responsible for evaluating the disabilities of IDES participants for the purpose of

- documenting medical status and duty limitations
- determining whether the IDES participants meet medical retention standards, and
- referring IDES participants to a PEB.

X.i.6.E.1.c. PEBs

PEBs are entities of the service department responsible for evaluating an IDES participant's fitness for duty for the purpose of determining whether the

- participant should remain in service, or
- service department should
- medically retire the participant, or
- separate the participant from service (with or without benefits).

Department of Homeland Security operates the Coast Guard PEB, Washington, D.C.

Department of Defense (DoD) operates the following PEBs:

- Joint Base San Antonio at Ft. Sam Houston, Texas (Army)
- Washington Navy Yard in Washington, D.C. (Navy and Marine Corps), and
- Joint Base San Antonio at Randolph Air Force Base, Texas (Air Force and Space Force).

X.i.6.E.1.d. PEBLOs

A Physical Evaluation Board Liaison Officer (PEBLO) is an employee of the service department who is the

- non-clinical case manager assigned to individuals after a treating physician refers them to IDES
- MEB's primary point of contact in the IDES process
- liaison between the service department and VA's Military

Services Coordinators (MSCs)
- representative that first meets with each IDES participant to provide assistance in
- understanding the IDES process, and
- scheduling required medical examinations (in coordination with an MSC)
- resource throughout the IDES process for IDES participants and their families with regard to information about IDES, and
- focal point for consolidation of all pertinent medical information.

X.i.6.E.1.e. MSCs

MSCs are VA representatives that work at IDES intake sites. They
- are typically an employee of the regional office (RO) with geographical jurisdiction over the intake site
- serve as a resource for IDES participants and their families with regard to information about VA benefits
- serve as the MEBs' primary point of contact with VA
- accept referrals of individuals into IDES from PEBLOs
- meet with each IDES participant when the participant first enters the program and assist in
- filing a claim for VA benefits, and
- understanding the claims process
- undertake development to obtain evidence relevant to participants' claims, to include requesting necessary VA examinations
- provide examination reports to PEBLOs once they become available, and
- offer an exit interview with each IDES participant.

Important: MSCs must have access to all relevant VA systems and applications that are necessary to process VA claims for disability benefits, to include Veterans Benefits Management System (VBMS). Further, to execute their IDES responsibilities, MSCs must be assigned the following VBMS user roles:
- Claims Assistant
- Intake Analyst, and
- Development Veterans Service Representative.

X.i.6.E.1.f. RO Points of Contact

Each RO must have an IDES point of contact. This employee's responsibilities include
- serving as a subject-matter expert on IDES, and
- overseeing the handling of IDES-related activities in the RO.

X.i.6.E.1.g. DRASs

Disability Rating Activity Sites (DRASs) serve as the PEBs' primary point of contact with VA. When a PEB informally decides that an IDES participant is unfit for duty, it sends a request to the DRAS of jurisdiction for a *proposed* rating decision. If the participant is ultimately discharged because they are unfit for duty, the DRAS
- prepares and promulgates a ***final*** rating decision, and
- sends a decision notice to the participant.

VA has two DRASs. The table below shows
- the RO at which the DRASs are located
- their contact information, and
- the IDES cases over which each DRAS has jurisdiction.

	Seattle RO	**Providence RO**
Mailing Address	SeaTac Processing Center 17930 International Blvd. Suite 100 SeaTac, WA 98188	Providence VA Regional Office 380 Westminster Street Attn: IDES Providence, RI 02903
E-Mail Address	• General inquiries: • **VAVBASEA/RO/DRAS**, or • **dras.vbasea@va.gov**.	For all inquiries: • **VAVBAPRO/RO/DRAS**, or • **dras.vavbapro.ro.dras@va.gov**.

	• For complex medical opinion requests: • VAVBASEA/RO/DES, or • des.vbasea@va.gov.	
Fax Number	(206) 965-3995	(401) 223-3680
Jurisdiction	IDES cases from the Army PEB	IDES cases from the Air Force/Space Force, Coast Guard, and Navy PEBs

Reference: For more information on IDES cases involving multiple special missions or circumstances, see M21-1, Part II, Subpart ii, 3.1.c.

X.i.6.E.1.h. VTA

The Veterans Tracking Application (VTA) is a web-based application PEBLOs, MSCs, DRASs, and PEBs use to track IDES participants as they proceed through the program.

VA employees access VTA through the Veterans Information Portal (VIP). They must have access to VIP before they can request access to VTA. Requests for access to VTA require supervisory approval.

Individual "tabs" for MSCs, DRASs, PEBLOs, and PEBs in VTA contain a field where users may leave notes for a variety of reasons. (There is also a field on the PEBLO tab where staff from the Office of Warrior Care Policy may leave comments.) In certain situations that are described in this section, users are *required* to leave a note in VTA.

Example:
Scenario: An MSC enters into VTA the dates for specific actions taken while processing an IDES case. The dates appear to be out of sequence but are, in fact, correct.

Result: To avoid confusion, the MSC should add a note in VTA that explains why the dates are out of sequence.

Reference: For more information about VTA, see the
- VTA Home Page (registration is required), and
- *VTA User Guide*.

X.i.6.E.1.i. IDES Stages of Responsibility

The table below describes the stages in IDES claims processing over which VA has responsibility, defines the starting and ending point of each stage, and lists the VTA indicators for each stage.

Stage	Starting Point	Ending Point	VTA Indicators
Claims Development	The PEBLO provides a proper referral to the MSC.	The MSC submits the examination request.	• PREPARE CLAIM START DATE, and • MEDICAL EVALUATION START DATE.
Medical Evaluation	The MSC submits the examination request.	The MSC provides completed examination reports to the PEBLO.	• MEDICAL EVALUATION START DATE, and • MEDICAL EVALUATION END DATE.
Proposed Rating	The PEB submits a request to the DRAS for a proposed rating.	The DRAS returns a completed proposed rating to the PEB.	• PROPOSED RATING REQUEST DATE, and • THE PROPOSED

			RATING END DATE.
Rating Reconsideration	The PEB submits a request for reconsideration to the DRAS.	The DRAS returns a response to the PEB.	• DATE RECONSIDERED RATING REQUESTED, and • VA RECONSIDERATION RATING END DATE.
VA Benefits	An active duty IDES participant is discharged from service.	The DRAS provides notification to the participant of the final rating and VA award.	• DATE OF SEPARATION, and • VA BENEFITS DATE.

X.i.6.E.1.j. Timeliness Goals of the IDES Program

VA and service departments have a shared goal to process 80 percent of all IDES claims in 180 calendar days or less measured from the date a participant is referred to IDES through separation, retirement, or return to duty.
In cases involving participants who are referred to IDES while serving on active duty, VA has a goal to award benefits within 30 days of discharge.
The table below lists the processing time goal for each IDES stage, over which VA has responsibility, for active duty and non-active duty IDES participants.

Stage	Processing Time -- Active Duty	Processing Time – Non-Active Duty
Claims Development	5 days	11 days
Medical Evaluation	32 days	32 days
Proposed Rating	20 days	20 days
Rating Reconsideration	4 days	4 days
VA Benefits	30 days	N/A

Notes:
- All listed periods refer to calendar days.
- Individuals who are referred to IDES as members of the National Guard or Reserve but are not on active duty are considered non-active duty IDES participants.
- There is no VA Benefits stage or goal for non-active duty IDES participants because they receive final VA ratings during the Proposed Rating stage.

2. Referral of Individuals Into IDES

Introduction

This topic contains information about referring individuals into IDES, including the service department
- **process for referring individuals into IDES**, and
- **statement of complete and current service treatment records (STRs)**.

Change Date April 3, 2023

X.i.6.E.2.a. Service Department Process for Referring Individuals Into IDES

The table below describes the service department's process for referring individuals into IDES.

Stage	Description
1	A physician at a military treatment facility (MTF) refers an ill or injured individual to an MEB.
2	The individual's service department assigns a PEBLO.
3	The PEBLO contacts the individual to provide information about IDES.
4	The PEBLO obtains copies of the individual's medical records, to include • all paper records maintained in the service treatment record (STR) jacket • a *Separation Health Assessment - Part A, Self Assessment* (SHA, Part A) with a response of either *Separation from military service* or *Retirement* (as appropriate) selected as the PURPOSE OF EXAM • *DD Form 2807-1, Report of Medical History* • TRICARE referrals and treatment reports from TRICARE providers • Armed Forces Health Longitudinal Technology Application records • Military Health System GENESIS records • entrance examination record • mental health records, and • dental records if a dental condition is a *referred* condition.
5	The PEBLO ensures that all sections of the ***VA Form 21-0819, DoD Referral to Integrated Disability Evaluation System (IDES)***, are complete, including • the participant's demographic and contact information • the conditions identified by the referring physician as the basis for the fitness determination (the referred conditions), and • a statement of complete and current STRs.
6	The PEBLO uploads the individual's complete STRs and completed ***VA Form 21-0819*** (hereafter referred to as the "referral package") into Health Artifact and Image Management Solution (HAIMS).
7	The PEBLO updates the PREPARE CLAIM START DATE field in VTA. ***Note***: This update notifies the VA MSC of the referral.

Notes:

- PEBLOs should ***not*** refer an individual to an MSC if the individual is
- unavailable to meet with the MSC within 5 days of the date the referral was made, or
- if the individual is unable to report for a VA examination within 30 days.
- If there are special circumstances surrounding the referral of an individual to an MSC, PEBLOs are responsible for communicating them to the MSC, preferably by describing them in the NOTES field on the PEBLO tab in VTA. Examples of such special circumstances include the following:

- STRs for prior periods of service are already in VA's possession
- an individual has special needs and/or requires an escort due to cognitive disorders, or
- an individual has been uncooperative.

X.i.6.E.2.b. Service Department Statement of Complete and Current STRs

Section III of a completed ***VA Form 21-0819*** contains the PEBLO's statement of complete and current STRs provided as part of the IDES referral. The statement will:

- indicate that all known STRs have been provided, ***or***
- specify any exceptions to the provided STRs completeness, and indicate all PEBLO actions that were taken to obtain the record.

Important:

- It is generally not necessary for an MSC to develop for specific elements of the STRs (such as the entrance physical) that have been deemed unavailable by the PEBLO and indicated as such on the ***VA Form 21-0819***. However, when STRs for an entire or extended period are missing, make all appropriate attempts to obtain the records. If the records cannot be obtained, prepare a final notification letter according to the instructions in **M21-1, Part III, Subpart ii, 1.A.1.g**, detailing the efforts the MSC ***and*** PEBLO took to obtain the missing records, as well as the outcome of those efforts.
- The SHA, Part A with a response of either *Separation from military service* or *Retirement* (as appropriate) selected as the PURPOSE OF EXAM must be part of the IDES referral.

References: For more information on

- STRs considered to be complete for development purposes, see **M21-1, Part III, Subpart ii, 2.A.1.f**, and
- requesting Federal records, see **M21-1, Part III, Subpart ii, 1.A.1**.

3. Initial Steps in Processing an IDES Referral

Introduction

This topic describes the initial steps in processing an IDES referral, including

- **use of the IDES Development Checklist**
- **identifying new IDES referrals**
- **IDES claims establishment**
- **automated transfer of IDES referral documents**
- **obtaining IDES referral documents when automated transfer fails**
- **acceptable alternative means of document transfer**
- **expeditious assessment of the referral package for completeness**
- **returning referrals**
- **scheduling and preparing for the initial meeting**, and
- **relevance of the duty status of members of the Reserve or National Guard**.

Change Date March 21, 2024

X.i.6.E.3.a. Use of the IDES Development Checklist

MSCs must complete an ***IDES Development Checklist*** for each IDES case.

MSCs may select to either

- initiate the checklist at the onset of the claim to help guide development actions, or
- complete the checklist prior to transferring the case to the DRAS to certify that all appropriate development actions have been taken.

The checklist may be completed electronically or printed for completion in hard copy, but in all cases, it must be incorporated into the participant's electronic claims folder (eFolder) upon completion of development action, as is discussed in Step 9 of M21-1, Part X, Subpart i, 6.F.3.d.

X.i.6.E.3.b. Identifying New IDES Referrals

Each IDES intake site must identify new IDES referrals that require MSC action including claims establishment by running the report *Pending CEST* in VTA.

Important: To the extent possible, the *Pending CEST* report must be run daily, or more frequently depending on site-specific requirements, to ensure timely action on new IDES referrals.

Notes:
- The *Pending CEST* report displays cases in which the PEBLO has entered a date in the PREPARE CLAIM START DATE field in VTA, but the MSC has not yet entered a date in the CLAIMS ESTABLISHMENT (CEST) field.
- The report is available under VTA Operational Reports; MSC Pending Reports.
- Cases associated with a specific intake site are displayed via use of the filter, *MEB MTF*.

X.i.6.E.3.c. IDES Claims Establishment

For each record that appears on the VTA *Pending CEST* report, the MSC must establish an end product (EP) in VBMS, following the instructions in M21-1, Part II, Subpart iii, 3.A and the table below.

Step	Action
1	Make the appropriate entries using the table below. **Characteristic** / **Selection/Entry** EP: *689* Date of Claim: The date listed in the PREPARE CLAIM START DATE field as shown in VTA. Claim Label: *DISABILITY EVALUATION SYSTEM* Claim Type: *PREDISCHARGE* Pre-Discharge Claim Type: *IDES*
2	Apply the *IDES Participant* corporate flash in Share or VBMS.
3	Update the following fields on the MSC tab in VTA: • MSC ASSIGNED • VA REGIONAL OFFICE, and • CLAIMS ESTABLISHMENT (CEST) DATE.
4	Assign the claim to the MSC who will be responsible for the case.
5	Add the following note in VBMS: *EP 689 established for IDES case that was initially referred to VA on [**MM/DD/YYYY**]*. ***Notes***: • The date shown in this note must reflect the entry in the PREPARE CLAIM START DATE field in VTA at the time of claims establishment. • This note explains the date of claim (DOC) of the EP 689.

References: For more information on using
- VTA, see the ***VTA User Guide***
- Share, see the ***Share Users Guide***, and
- VBMS, see the *VBMS Core User Guide*.

X.i.6.E.3.d. Automated Transfer of IDES Referral Documents

Establishment of the EP 689 in VBMS will initiate an automated transfer of the IDES referral documents uploaded by the PEBLO into HAIMs into the participant's eFolder.

Notes:
- The automated transfer typically takes less than 60 minutes but could take several hours.
- If the referral documents have not transferred within 24 hours after claims establishment, the MSC must take the actions outlined in **M21-1, Part X, Subpart i, 6.E.3.e**.

X.i.6.E.3.e. Obtaining IDES Referral Documents When Automated Transfer Fails

If referral documents do not automatically transfer from HAIMS to the eFolder within 24 hours of establishing EP 689, the MSC must take the actions in the table below.

Step	Action
1	Notify the PEBLO that the referral documents failed to transfer.
2	Request that the PEBLO • submit a trouble ticket to their local HAIMS system administrator, and • provide the referral documents via acceptable alternative means. ***Reference***: For information on acceptable alternative means of document transfer, see **M21-1, Part X, Subpart i, 6.E.3.f**.
3	Upon receipt of the referral documents, the MSC must • upload all referral documents into the eFolder according to the specifications outlined in **M21-1, Part X, Subpart i, 6.F.1.h**, and • ensure the entry in the PREPARE CLAIM START DATE field in VTA reflects the date that a proper referral was made to VA.

X.i.6.E.3.f. Acceptable Alternative Means of Document Transfer

IDES referral packages and IDES examination results will primarily be transmitted between MSCs and PEBLOs via automated processes. However, if those processes fail, or further documentation must be transferred, the following methods are acceptable:
- encrypted e-mail
- Department of Defense Safe Access File Exchange (DoD SAFE) transfer, or
- shared local drives.

X.i.6.E.3.g. Expeditious Assessment of the Referral Package for Completeness

MSCs must review the contents of the referral package within one day of the date it became available to determine whether the referral is complete.

A complete referral package must include
- a completed ***VA Form 21-0819***
- a completed SHA, Part A with a response of either *Separation from military service* or *Retirement* (as

appropriate) selected as the PURPOSE OF EXAM, and
- all available STRs (any missing STRs are documented in Section III of the ***VA Form 21-0819***).
If the referral package is incomplete, the MSC must coordinate with the PEBLO to resolve the deficiency. If the deficiency cannot be promptly resolved, the MSC may return the referral to the PEBLO in accordance with **M21-1, Part X, Subpart i, 6.E.3.h**.

Notes:
- Complete STRs must include all items listed in **M21-1, Part X, Subpart i, 6.E.2.a**, Step 4.
- Accept an unsigned SHA, Part A as complete. Examiners will evaluate the service member and review the SHA, Part A without a signature.
- When STRs have been deemed unavailable by the service department, the missing records must be indicated in Section III of the ***VA Form 21-0819*** in Blocks 21 and 22 (as discussed **M21-1, Part X, Subpart i, 6.E.2.b**).
- If the service department requires access to the SHA, Part A, direct them to download the form from the VA ***Public Disability Benefits Questionnaires (DBQs)*** webpage.

X.i.6.E.3.h. Returning Referrals

A referral can be returned if the
- referral package is incomplete, or
- participant is not available for either the initial meeting (within 5 days of referral) or VA examinations (within 30 days of referral).

Exceptions: Do not return the referral when
- there is a failure of automated transfer of referral documents to the eFolder due to technical issues. Instead, handle these cases in accordance with **M21-1, Part X, Subpart i, 6.E.3.e**, or
- the referral package does not contain a completed SHA, Part A. Instead, contact the service member to inform them that VA examinations will not be requested until a completed SHA, Part A is received.

Follow the steps in the table below to return a referral.

Step	Action
1	Contact the PEBLO and explain the reason that the referral is not proper.
2	Add a note in VTA and VBMS that provides the reason for rejecting the referral.
3	Remove the entry in the PREPARE CLAIM START DATE field.
4	Document the return of the referral package in the fields under the CORRECTIVE ACTION tab in VTA.
5	When the issue is resolved, ensure the PREPARE CLAIM START DATE reflects the date that a *proper* referral became available to VA.

Important:
- When referrals are returned as improper, the EP 689 must remain pending as long as the case remains enrolled in VTA. Do not change the DOC.
- If the service department determines that the participant will be removed from IDES and disenrolls the case from VTA, the MSC will either
- take the actions outlined in **M21-1, Part X, Subpart i, 6.I.2.a** if the participant has submitted an application for VA benefits, or
- clear the EP 689 if the participant has not yet submitted an application for VA benefits.

X.i.6.E.3.i. Scheduling and Preparing for the Initial Meeting

MSCs must
- make all possible attempts to schedule and complete the initial meeting within five days of the date a proper referral was made

Meeting	was made • review the contents of the participant's referral package and eFolder before the meeting in an effort to better advise the participant during the meeting about additional disabilities manifest in service, and • contact the participant (if possible) beforehand to • explain the purpose of the meeting • invite the participant to bring members of their family to the meeting, if applicable • advise that VA examinations cannot be requested until VA receives a completed SHA, Part A, if not already of record • arrange to provide the participant with ***VA Form 21-686c, Application Request to Add and/or Remove Dependents***, and ***VA Form 21-674, Request for Approval of School Attendance***, via e-mail as applicable, and • request that the participant bring the completed dependency forms, SHA, Part A, if applicable, as well as direct deposit information, ***Standard Form (SF) 1199A, Direct Deposit Sign Up Form***, to the initial meeting. ***Reference***: For more information on providing the SHA, Part A to participants, see **M21-1, Part X, Subpart i, 6.E.4.e**.
X.i.6.E.3.j. Relevance of the Duty Status of Members of the Reserve or National Guard	When a PEBLO submits a referral for a member of the Reserve or National Guard, MSCs should attempt to obtain a copy of the member's current orders from the PEBLO. If the PEBLO fails to provide the orders • accept the referral (if otherwise proper), and • ask the member to provide a copy of the orders at the initial meeting. In the absence of evidence to the contrary, accept the statements of members of the Reserve or National Guard regarding their duty status as credible. If the participant is receiving VA compensation payments while serving on active duty, establish EP 290 with the claim label, *IDES Return to Active Duty*. The EP 290 will be routed by National Work Queue for appropriate action under **M21-1, Part X, Subpart v, 2.B**. ***Important***: • Ensure that orders provided by the PEBLO and/or the participant are available in the eFolder. • **M21-1, Part X, Subpart i, 6.K.2** and **M21-1, Part X, Subpart i, 6.H.2.a** contain instructions that are unique to the handling of IDES cases involving members of the Reserve or National Guard that are ***not*** on active duty. • **M21-1, Part X, Subpart i, 6.G.1** discusses supplemental claims filed by Veterans who are currently not on active duty. • Before treating a member of the Reserve or National Guard as an individual who is on active duty, MSCs must ensure the individual is actually performing full-time, active duty service. The fact that a member is "on orders" or in uniform is ***not*** a reliable indicator that they are on active duty.

4. Initial Meeting Between MSCs and an IDES Participant

Introduction	This topic contains information about the initial meeting between MSCs and an IDES participant, including

- steps of the initial meeting
- circumstances that may require additional MSC actions
- determining whether posttraumatic stress disorder (PTSD) stressor development is required
- completing initial meetings by telephone or video conference
- providing forms to the participant when the meeting is conducted by telephone
- advising participants of how to return forms
- signatures by IDES participants that are incompetent or physically incapacitated, and
- handling
- an unsigned *VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits*
- cases where a participant does not immediately return a completed *VA Form 21-526EZ*
- *VA Form 21-526EZ* received after the five-day deadline, and
- failure to return *VA Form 21-526EZ*.

Change Date June 28, 2024

X.i.6.E.4.a. Steps of the Initial Meeting

The table below describes the steps of the initial meeting between MSCs and an IDES participant.

Step	Action
1	The MSC • explains the purpose of IDES and VA's role in it • answers any questions the participant has about IDES, and • provides the participant with • an overview of the benefits available through VA, as described on Veterans Benefits Administration Home (VA.gov) • a copy of the current edition of *Federal Benefits for Veterans, Dependents, Survivors, and Caregivers*, pointing out the section of the pamphlet that contains contact information for and the locations of VA facilities, and • the MSC's business card.
2	The MSC informs the IDES participant of the right to seek the advice of other parties during the claims process and explains the availability of Veterans service organizations (VSOs). If the participant expresses interest in being represented by a VSO, the MSC must provide the participant with *VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative*. ***Important***: Before providing *VA Form 21-22*, MSCs must replace the word "Veteran" with "service member" in Block 1 of the form, if the participant is still on active duty. ***Note***: Only service departments have the authority to initiate the submission of *VA Form 21-0819* and refer an individual into IDES. An individual's representative may ***not*** take either of these actions.
3	The MSC explains that: • IDES participants have the opportunity to initiate VA compensation claims as part of the IDES process, and • filing a VA claim as part of the IDES process allows VA to • begin paying any VA benefits shortly after separation from service (if the participant is found unfit and medically discharged), and • share examination reports and rating information for all issues raised in IDES (claimed and referred) with the

	service department, so that they can consider this information when determining the participant's fitness for continued service. ***Note***: If the participant expresses concern about VA's disclosure of information to the service department regarding disability(ies) claimed with VA, the MSC should recommend the participant delay submitting a claim to VA that involves the disability(ies) in question until *after* the participant exits IDES.
4	If the participant would like to submit a VA claim, go to Step 6 of this table. If the participant declines to submit a claim, go to the next step.
5	If the participant declines to submit a VA claim, the MSC must: • explain • that VA will evaluate the conditions referred by the service department for only the purposes of the service department, and • VA compensation will ***not*** be awarded as part of participation in IDES • provide the participant with a ***VA Form 21-4138, Statement in Support of Claim*** • ask the participant to document the decision to decline to submit a VA claim on the ***VA Form 21-4138***, and • go to Step 12 of this table. ***Note***: If the participant refuses to complete a ***VA Form 21-4138***, the MSC must document the discussion on a ***VA Form 27-0820, Report of General Information***, noting the participant's decision to decline to submit a VA claim.
6	The MSC provides the participant with a ***VA Form 21-526EZ Application for Disability Compensation and Related Compensation Benefits***. ***Reference***: For more information on providing forms to participants when an initial meeting is conducted by telephone or videoconference, see **M21-1, Part X, Subpart i, 6.E.4.d**.
7	The MSC assists the participant with completion of the ***VA Form 21-526EZ***. During this process, the MSC • calls attention to evidence tables on the ***VA Form 21-526EZ***, which describe the information and evidence needed to substantiate a claim for VA disability benefits • explains that service connection (SC) is limited to *chronic* disabilities the participant incurred during service or that service in the military aggravated, and • advises the participant to list the following in Section V, Block 16 of the ***VA Form 21-526EZ***: • the referred conditions the service department identified on the ***VA Form 21-0819***, and • any additional chronic, service-related disabilities the service department did not identify. ***Note***: When a participant submits a ***VA Form 21-526EZ*** during the IDES process, the referred conditions listed by the service department on the ***VA Form 21-0819*** will be considered in the VA rating decision—whether or not the conditions are specifically listed on the ***VA Form 21-526EZ***. However, listing the referred conditions on the ***VA Form 21-526EZ*** is recommended to direct attention to the referred conditions. ***Important***: Although MSCs should bring to the attention of an IDES participant additional disabilities they identified during review of the participant's medical records, the responsibility for formally placing the disabilities at issue ultimately lies with the participant.

<table>
<tr><td>8</td><td>The MSC provides the participant with
• VA Form 21-686c if
• the participant has dependents, and
• the MSC did not provide the form to the participant in advance of the initial meeting
• VA Form 21-674 if
• the participant has children between the ages of 18 and 23 who will be in school when the participant becomes eligible to receive VA benefits, and
• the MSC did not provide the form to the participant in advance of the initial meeting, and/or
• VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA), if the participant would like VA to consider private treatment records not included in the STRs.</td></tr>
<tr><td>9</td><td>The MSC records the date of receipt of any documentation submitted using the instructions in the table below.

<table><tr><th>If the documents were provided ...</th><th>Then the MSC must ...</th></tr><tr><td>in hard copy</td><td>date stamp the documents as provided in M21-1, Part II, Subpart i, 2.B.1.a.</td></tr><tr><td>electronically</td><td>handle the documents as provided in M21-1, Part X, Subpart i, 6.F.1.h.</td></tr></table></td></tr>
<tr><td>10</td><td>The MSC explains the importance of VA having up-to-date mailing address and direct deposit information and asks the participant to immediately notify VA if address or direct deposit information changes at any time during the IDES process or after discharge.

Important: If a participant notifies VA of a change of address at any point during involvement in IDES, the VA entity that receives the notice is responsible for
• updating the participant's address in the corporate record (This includes checking the C&P PAYMENT ADDRESS box if the update is made through Share and the box is available for editing.), and
• documenting the change of address as a note in VBMS.</td></tr>
<tr><td>11</td><td>The MSC explains that if the participant's service department
• determines the participant is unfit for duty, VA will
• determine the participant's entitlement to VA benefits, and
• begin paying benefits to the participant (if entitlement exists) shortly after separation from service, or
• returns the participant to duty, VA will
• close the participant's claim, and
• take no further action until a claim that is eligible for consideration is filed.
Exception: If the participant is a member of the Reserve or National Guard who is not on active duty, the MSC explains to the participant that VA will make a decision regarding entitlement to benefits as soon as the service department
• determines the participant is unfit for duty, or
• returns the participant to duty.
Reference: For more information about IDES cases involving members of the Reserve or National Guard that are not on active duty, see M21-1, Part X, Subpart i, 6.K.2.</td></tr>
<tr><td>12</td><td>The MSC informs the participant that VA will order examinations to evaluate all referred and claimed</td></tr>
</table>

	disabilities. ***Exception***: VA will ***not*** examine disabilities as provided in M21-1, Part X, Subpart i, 6.F.2.b.
13	The MSC closes the meeting with the IDES participant, at which time the MSC • informs the participant that • the PEBLO will provide the participant with the date and time of any VA examination the MSC schedules • the participant must go through the PEBLO to make any changes to the date and time of any scheduled VA examination • if they want to initiate a claim with VA for additional issues, they should contact their MSC to submit a prescribed form, bearing in mind that VA may not be able to decide those issues until *after* they exit IDES, and • the MSC will meet with the participant, regardless of the outcome, when the participant exits IDES, and • provides the participant with • copies of all documents the participant signed, and • the address and driving directions for the facility(ies) where the participant will report for VA examination(s).
14	The MSC documents the meeting by • completing *VA Form 27-0820* and uploading it to the participant's eFolder, ***or*** • entering a detailed note in VBMS. The documentation should include a summary of the meeting, including the reason for it, and any noteworthy information exchanged. ***Important***: If the meeting is held via telephone or video conference, it ***must*** be documented on a *VA Form 27-0820*, as discussed in M21-1, Part X, Subpart i, 6.E.4.d.

Note: If the participant returns *VA Form 21-526EZ* (or expressly declines to file a claim) during the initial meeting, treat the meeting as concluded on that date. Otherwise, consider the meeting concluded on the earlier of the following

- the date that the participant returns *VA-Form 21-526EZ*, or
- expiration of the suspense period discussed in M21-1, Part X, Subpart i, 6.E.4.i.

X.i.6.E.4.b. Circumstances That May Require Additional MSC Actions

The table below describes circumstances that arise or that become apparent during the initial meeting that will require additional MSC actions.

If …	Then MSCs must …
an IDES claim involves a disability for which VA previously granted SC	inform the participant that VA will consider this as a claim for an increased disability rating.
the participant currently has a claim or appeal pending with VA	follow the instructions in M21-1, Part X, Subpart i, 6.G.1.
the participant wishes to claim an issue that was previously denied by VA	follow the instructions for supplemental claims in M21-1, Part X, Subpart i, 6.A.2.
the participant wants to claim more issues than can fit in Sections V and XIII of the *VA Form 21-526EZ*	• provide the participant with a *VA Form 21-4138*, and • advise the participant to • continue the list of claimed conditions on the *VA Form 21-4138*, and • submit the *VA Form*

	21-4138 with the ***VA Form 21-526EZ***. ***Important***: The ***VA Form 21-4138*** must be received along with the ***VA Form 21-526EZ*** to be considered part of the IDES claim. ***Reference***: For more information on processing additional correspondence received with a prescribed form, see **M21-1, Part II, Subpart iii, 1.A.2.c**.
an IDES claim involves posttraumatic stress disorder (PTSD) or military sexual trauma (MST)	follow the instructions in **M21-1, Part X, Subpart i, 6.E.4.c**.
the participant is pregnant	follow the instructions in **M21-1, Part X, Subpart i, 6.K.3**.

X.i.6.E.4.c. Determining Whether PTSD Stressor Development Is Required

When there is a claim for SC for PTSD, the MSC's duty to provide a participant with the ***VA Form 21-0781, Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)***, and assist in completing it at the initial meeting will depend upon whether there is a need to obtain credible supporting evidence of a claimed in-service stressor. Whether a PTSD claim requires stressor development or whether a stressor can be established by the claimant's lay testimony is covered in detail in **M21-1, Part VIII, Subpart iv, 1**.

Important: For active duty IDES participants, the fact that a VA examination will be conducted while the individual is still in service will typically make completion of the ***VA Form 21-0781*** at the initial meeting unnecessary. This is because a diagnosis of PTSD in-service would typically be sufficient to support a grant on a direct basis without stressor verification. When PTSD is diagnosed in service, the participant's testimony alone may establish that the claimed in-service stressor occurred as provided in **38 CFR 3.304(f)(1)**, and if late onset or delayed PTSD is diagnosed related to a pre-service stressor, there is no statutory or regulatory requirement for credible supporting evidence. Conversely, VA examination results showing no PTSD diagnosis would also make stressor development unnecessary.

In cases involving IDES participants who are not on active duty, in which stressor development is required, the MSC must:

- provide and assist the participant with completing the ***VA Form 21-0781***, and
- process the claim in accordance with **M21-1, Part VIII, Subpart iv, 1.A**.

Note: If further stressor development is required in cases involving MST, the MSC must notify the DRAS. The MST Outreach Coordinator at the DRAS is responsible for taking the actions outlined in **M21-1, Part VIII, Subpart iv, 1.A**.

Reference: For more information on an in-service diagnosis of PTSD based on a in-service stressor or a pre-service stressor, see **M21-1, Part VIII, Subpart iv, 1**.

X.i.6.E.4.d. Completing Initial Meetings by Telephone or Video Conference

Whenever possible, the initial meeting between MSCs and IDES participants should be face-to-face. If such a meeting is not feasible, MSCs may hold the meeting by video conference or, as a last resort, by telephone. When conducting an initial meeting by telephone or video conference, MSCs must

- complete all initial meeting actions described in **M21-1, Part X, Subpart i, 6.E.4.a**

- provide all required forms to the participant per M21-1, Part X, Subpart i, 6.E.4.e
- advise the participant of
- the means to return completed forms to the MSC, per M21-1, Part X, Subpart i, 6.E.4.f, and
- the requirement for timely return of *VA Form 21-526EZ*, per M21-1, Part X, Subpart i, 6.E.4.i, and
- document the meeting on *VA Form 27-0820* and upload the *VA Form 27-0820* into the participant's eFolder.

X.i.6.E.4.e. Providing Forms to the Participant When the Meeting Is Conducted by Telephone

When conducting the initial meeting by telephone or video conference, the MSC must provide all forms indicated in M21-1, Part X, Subpart i, 6.E.4.a, (Steps 6 and 8) and M21-1, Part X, Subpart i, 6.E.4.c, if applicable, to the participant via e-mail. The e-mail must include the current portable document format (PDF) versions of all required forms or include hyperlinks to the forms.

If hyperlinks are provided, they must be obtained from VA's public-facing forms page and link to the specific form(s).

Examples:
- http://www.vba.va.gov/pubs/forms/VBA-21-526EZ-ARE.pdf
- http://www.vba.va.gov/pubs/forms/VBA-21-686c-ARE.pdf

Exceptions:
- If extenuating circumstances exist, these forms can be physically mailed to the participant, at the participant's request.
- The SHA, Part A, can be downloaded from the VA *Public DBQ* webpage.

X.i.6.E.4.f. Advising Participants of How to Return Forms

The MSC should encourage the participant to return the required forms to the MSC in-person. When a participant is unable to return the required forms to the MSC in-person, the MSC must advise the participant to return all required forms to the MSC, via one of the following means:
- encrypted e-mail
- DoD SAFE, or
- VA claims submission service website.

If the participant is unable or unwilling to submit the forms electronically, the claimant may return them to the MSC by mail; however, returning paper documents by mail is ***not*** recommended.

Important: If the participant wishes to file a VA claim, but does not complete the *VA Form 21-526EZ* during the initial meeting, the MSC must take action according to M21-1, Part X, Subpart i, 6.E.4.i.

Reference: For information on using DoD SAFE to send sensitive records, see M21-1, Part X, Subpart i, 6.K.9.a.

X.i.6.E.4.g. Signatures by IDES Participants That Are Incompetent or Physically Incapacitated

If an IDES participant is filing a VA claim, but is unable to sign the *VA Form 21-526EZ* because they are incompetent or physically incapacitated, MSCs must attempt to obtain an acceptable alternative.

Acceptable alternatives include:
- the claimant's *X* mark or thumbprint, if it was marked and witnessed in accordance with M21-1, Part II, Subpart i, 2.B.2.a, or
- the signature of an individual authorized to sign for a claimant as indicated in M21-1, Part II, Subpart

i, 2.B.3.a.

X.i.6.E.4.h. Handling an Unsigned VA Form 21-526EZ

If an IDES participant returns a *VA Form 21-526EZ* without a signature, the MSC must concurrently

- process the claim according to standard IDES procedure, and
- attempt to obtain the participant's signature.

If the signed application is not returned by the time of the proposed rating decision, the DRAS must

- prepare a proposed rating and benefits estimate letter (BEL) according to standard IDES rating procedure
- modify the BEL to indicate that the participant's signature was missing from the *VA Form 21-526EZ*, and that this form must be signed before VA benefits can be formally awarded, and
- develop directly to the participant for their signature on the application.

If the participant has not signed the form by the time they exit IDES, the DRAS of jurisdiction must

- take the actions described in M21-1, Part II, Subpart iii, 1.C for handling a claim that is ***not*** substantially complete
- enter the date of notification of the participant in the VA BENEFITS DATE field on the RO/RATING ACTIVITY tab in VTA
- add a note on the same tab that explains the date the DRAS entered in the VA BENEFITS DATE field, and
- clear the pending EP 689.

X.i.6.E.4.i. Handling Cases Where a Participant Does Not Immediately Return a Completed VA Form 21-526EZ

If a participant indicates the intention to file a VA claim as part of the IDES process, but is unable, or chooses not to, return the *VA Form 21-526EZ* immediately, then the MSC must notify the participant that

- the MSC can wait up to five calendar days for return of the *VA Form 21-526EZ*
- if the application is not received within five days, examinations will be ordered only for the conditions identified by the service department on the *VA Form 21-0819*
- if the *VA Form 21-526EZ* is received after five days, any claimed issues may be deferred until *after* the participant exits IDES, and
- unless VA receives a completed application, VA will be unable to pay benefits.

MSCs must wait until the completed *VA Form 21-526EZ* is received or until the five-day deadline passes (whichever is earlier) before requesting examinations. If extenuating circumstances exist that impact the participant's ability to return the form, the MSC may defer requesting exams beyond the five-day deadline.

Notes:

- If a participant returns a completed *VA Form 21-526EZ* within five days, then the form should be handled as if it were provided during the initial meeting.
- If the *VA Form 21-526EZ* is received after five days, it should be handled in accordance with M21-1, Part X, Subpart i, 6.E.4.j.

X.i.6.E.4.j. Handling a VA Form 21-526EZ Received After the Five-Day Deadline

If a participant returns the signed *VA Form 21-526EZ* after the five-day deadline following the initial meeting and has added new contentions, VA is ***not*** obligated to request additional examinations.

MSCs ***must*** add a note in VBMS and VTA

- stating that the additional issues were not received

until *after* five days of the initial meeting, and
- specifying if examinations will be ordered/conducted for the new issues as part of the IDES claim.

Reference: For more information regarding additional disabilities that IDES participants claim after the initial meeting, see **M21-1, Part X, Subpart i, 6.K.1.c and d**.

X.i.6.E.4.k. Handling Failure to Return VA Form 21-526EZ

If an IDES participant does not specifically decline to file a VA claim during the initial meeting, but fails to return a ***VA Form 21-526EZ*** within the timeframe specified in **M21-1, Part X, Subpart i, 6.E.4.i**, the MSC must proceed to order examinations for the referred conditions.

If a completed ***VA Form 21-526EZ*** is not returned by the time of the proposed rating decision, the DRAS must
- prepare a proposed rating and BEL according to standard IDES rating procedure
- modify the BEL to indicate no application for VA benefits has been received to date and that a completed application must be received for VA benefits to be formally awarded, and
- develop directly to the participant for a completed ***VA Form 21-526EZ***.

Exception: If the participant declined to file a VA claim during the initial interview with the MSC, and this was properly documented as required by **M21-1, Part X, Subpart i, 6.E.4.a**, Step 5, no further development for the ***VA Form 21-526EZ*** should be undertaken. These situations must be handled in accordance with **M21-1, Part X, Subpart i, 6.K.10.a**.

If the participant has not returned the application (or expressly declined to file a VA claim) by the time the participant exits IDES, the DRAS must
- take the actions described in **M21-1, Part II, Subpart iii, 2.G** for handling a request for application
- enter the date of the notification letter to the participant in the VA BENEFITS DATE field on the RO/RATING ACTIVITY tab in VTA
- add a note on the same tab that explains the date the DRAS entered in the VA BENEFITS DATE field, and
- clear the pending EP 689.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177953/M21-1-Part-X-Subpart-i-Chapter-6-Section-E-Integrated-Disability-Evaluation-System-IDES-Referrals-and-Initial-Processing>

M21-1, Part X, Subpart i, Chapter 6, Section F - Integrated Disability Evaluation System (IDES) Development and Examinations

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M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	Military Service Coordinator (MSC) Actions Upon the Conclusion of the Initial Meeting
2	Examinations for IDES Participants
3	Handling IDES Examination Reports

1. MSC Actions Upon the Conclusion of the Initial Meeting

Introduction This topic describes the actions MSCs must take following the initial meeting with an IDES participant, including

- summary of MSC actions upon the conclusion of the initial meeting
- updating systems
- requesting examinations and records
- providing claim and examination information to the Physical Evaluation Board Liaison Officer (PEBLO)
- handling evidence submitted by participants
- scanning IDES evidence locally
- shipping paper evidence to the scanning vendor
- uploading electronic documents to the electronic claims folder (eFolder)
- returning paper evidence, and
- processing paper documents in a timely manner.

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X.i.6.F.1.a. Summary of MSC Actions Upon the Conclusion of the Initial Meeting

The table below describes the actions Military Services Coordinators (MSCs) must take upon the conclusion of the initial meeting with an Integrated Disability Evaluation System (IDES) participant.

Step	Action
1	Perform all required system updates as specified in M21-1, Part X, Subpart i, 6.F.1.b.
2	Request examinations and records as specified in M21-1, Part X, Subpart i, 6.F.1.c.
3	Provide required documentation to the Physical Evaluation Board Liaison Officer (PEBLO) as specified in M21-1, Part X, Subpart i, 6.F.1.d.
4	Ensure all evidence is handled in accordance with M21-1, Part X, Subpart i, 6.F.1.e.

X.i.6.F.1.b. Updating Systems

The Veterans Tracking Application (VTA) and Veterans Benefits Management System (VBMS) updates listed in the table below must be completed after the initial meeting.

Step	Action
1	Update the following fields on the MSC tab in VTA as indicated in the table below.

Field Name	User Input
NUMBER OF CLAIMED CONDITIONS	Enter the number of disabilities the participant claimed. ***Notes***: • Include disabilities referred to Department of Veterans Affairs (VA) by the service department. • If the participant declined to file a VA claim or failed to return a completed application, enter *0*.

	MSC/SERVICE MEMBER INTERVIEW DATE	Enter the date of the interview with the participant.
	MSC/SERVICE MEMBER INTERVIEW TYPE	Select the manner in which the interview was completed.
	VA FORM 21-526EZ OUTCOME	Select the status of the participant's application submission upon conclusion of the initial meeting.
	VA FORM 21-526EZ RECEIVED	Indicate whether the participant has submitted a ***VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits***.
	VA FORM 21-526EZ RECEIVED DATE	Enter the date the ***VA Form 21-526EZ*** was received.

Important: If an MSC fails to assign an IDES case to themself, VTA will not save any of the other data they enter for the case.

2	Under the end product (EP) 689, enter contentions into VBMS in accordance with **M21-1, Part III, Subpart i, 2.F.2.a-e**, to include all • referred conditions listed on the ***VA Form 21-0819, DoD Referral to Integrated Disability Evaluation System (IDES)*** • claimed conditions listed on the ***VA Form 21-526EZ***, and • claimed dependents. ***Note***: The DATE OF CONTENTION field in VBMS is the date of claim (DOC) of the EP 689 for both referred issues and issues raised as part of the initial meeting. ***Exceptions***: • If the participant is currently service-connected (SC) at a rate of 30 percent or higher, do not list claimed dependents as contentions under EP 689. After completing the remaining system updates, process a separate EP 130 as explained in Step 5 of this table. • Conditions listed on a ***VA Form 21-526EZ*** that was not returned within five days of the initial meeting must be entered in VBMS with a date of contention which reflects the date the ***VA Form 21-526EZ*** was received.
3	Enter any applicable special issues in VBMS in accordance with **M21-1, Part III, Subpart i, 2.F.2.f and g**. ***Reference***: For more information on available special issue indicators, see **M21-4, Appendix E, 2**.
4	Ensure that the MILITARY SERVICE tab in VBMS accurately reflects the participant's • current branch of service, and • date of entry into active duty, *if the participant is currently on active duty.* ***Note***: If the participant is currently on active duty, do not check the SERVICE VERIFIED box. Service should not be marked as verified until after • the participant has been discharged, and • VA has received verification of the participant's separation date and character of discharge. ***Important***: It is critical that date of entry of the current period of service is entered in all cases involving active duty service members before entering VA exams. Incomplete service information can prevent the

	automated return of IDES disability benefits questionnaires (DBQs) to Department of Defense (DoD).
5	Only if the participant is currently SC at a rate of 30 percent or higher and submitted a completed ***VA Form 21-686c, Application Request to Add and/or Remove Dependents***, to claim dependents • establish an EP 130, using • the date the ***VA Form 21-686c*** was received as the DOC, and • a standard (non-IDES) dependency claim label, and • list the claimed dependents as contentions under the EP 130. The MSC takes no action on the EP130. National Work Queue (NWQ) will route it for processing. However, if for any reason it is still pending at the time of the IDES final rating, the Disability Rating Activity Site (DRAS) may take action on it as long as all evidence needed to determine the dependency issue is of record. ***Note***: All dependency related documents must also be uploaded into the Veteran's electronic claims folder (eFolder) or shipped to the scanning vendor as indicated in **M21-1, Part X, Subpart i, 6.F.1.g**.

References: For more information on
- using VTA, see the ***VTA User Guide***, and
- using VBMS, see the *VBMS Core User Guide*.

X.i.6.F.1.c. Requesting Examinations and Records

After the initial meeting is concluded, MSCs must initiate development including
- inputting examinations requests in accordance with **M21-1, Part X, Subpart i, 6.F.2**, and
- requesting records and any other identified evidence in accordance with the duty to assist.

References: For more information on
- the duty to assist, see **M21-1, Part III, Subpart i, 2.C**
- examination requests, see
- **M21-1, Part X, Subpart i, 6.F.2**, and
- **M21-1, Part IV, Subpart i, 2.A**, and
- development for records and
- evidence requested from the claimant, see **M21-1, Part III, Subpart i, 2.D**
- requesting evidence from Federal record custodians, see **M21-1, Part III, Subpart ii, 1.A**, and
- requesting records from private healthcare providers, see **M21-1, Part III, Subpart ii, 3**.

X.i.6.F.1.d. Providing Claim and Examination Information to the PEBLO

After ordering needed examinations as specified in **M21-1, Part X, Subpart i, 6.F.2**, provide the participant's PEBLO with
- a copy of the completed ***VA Form 21-526EZ*** (or notice that the participant declined to submit a VA claim, if applicable), and
- a list of examinations requested.

X.i.6.F.1.e. Handling Evidence Submitted by Participants

Use the table below to determine how to handle evidence submitted by a participant after completion of the initial meeting.

If the evidence is in ...	Then the MSC must ...
electronic format	upload the evidence to the eFolder in accordance with **M21-1, Part X, Subpart i, 6.F.1.h**.

paper format	forward the documents to the appropriate scanning vendor in accordance with M21-1, Part X, Subpart i, 6.F.1.g. ***Exceptions***: • As provided by M21-1, Part X, Subpart i, 6.F.1.f, MSCs may scan documents locally and upload the files directly to the eFolder instead of sending the documents to the scanning vendor. • The MSC must locally scan and upload evidence that may impact the ability of the DRAS to award benefits in a timely manner if possible.

Important: If the evidence is related to a pending appeal, the MSC must take action to notify the regional office of jurisdiction or Board of Veterans' Appeals in accordance with M21-1, Part X, Subpart i, 6.G.1.f.
Reference: For more information on Veterans Claims Intake Program (VCIP) shipping, see M21-1, Part II, Subpart i, 1.B.

X.i.6.F.1.f. Scanning IDES Evidence Locally

MSCs are permitted to locally scan evidence or forms submitted by the claimant during or after the initial meeting (such as *VA Form 21-686c*, dependency documents, private medical evidence, etc.) as an alternative to sending documents to the scanning vendor.
Exception: Local scanning is only permitted if the local scanner has a resolution of at least 300 dots per inch (DPI).
After scanning the documents, the MSC must
- review the files to confirm that all pages of the document have been properly scanned and are oriented properly
- upload and index the documents in accordance with M21-1, Part X, Subpart i, 6.F.1.h, and
- handle the original paper evidence in accordance with M21-1, Part X, Subpart i, 6.F.1.i.

Note: When documents are scanned and uploaded locally, the actions must be completed within the timeframes outlined in M21-1, Part X, Subpart i, 6.F.1.j.

X.i.6.F.1.g. Shipping Paper Evidence to the Scanning Vendor

When paper evidence is shipped to the scanning vendor, MSCs must
- create a document control sheet (DCS) and record management number (RMN) in VBMS, and
- forward the documents and DCS to the appropriate scanning vendor according to current VCIP shipping procedures.

Important:
- Documents must be shipped within the timeframe outlined in M21-1, Part X, Subpart i, 6.F.1.j.
- Under circumstances described in M21-1, Part X, Subpart i, 6.F.1.f, MSCs may scan documents locally and upload the documents directly into the eFolder as an alternative to sending the paper documentation to the scanning vendor.

References: For more information on
- VCIP shipping, see M21-1, Part II, Subpart i, 1.B.1, and
- the RMN/DCS shipping process, see M21-1, Part II, Subpart i, 1.B.2.

X.i.6.F.1.h. Uploading Electronic Documents to the eFolder

MSCs must upload into participant's eFolder any electronic evidence that was
- submitted to the MSC electronically by an IDES participant
- provided by a PEBLO via means discussed in M21-1, Part X, Subpart i, 6.E.3.f, or
- created by scanning paper evidence locally.

When uploading documents to VBMS, the MSC must

- ensure the documents are associated with the pending EP 689 in VBMS
- index the files by selecting an appropriate document type
- update DATE OF RECEIPT field to reflect the date the document first came into VA possession, and
- after ensuring the upload is successful, delete any locally stored electronic versions of the evidence.

Exception: The steps above are not applicable for evidence that was transferred directly into the eFolder via automated processes.

References: For more information on

- automated transfer of IDES referral documents, see **M21-1, Part X, Subpart i, 6.E.3.d**
- scanning IDES evidence locally, see **M21-1, Part X, Subpart i, 6.F.1.f**
- uploading files into VBMS, see the *VBMS Core User Guide*, and
- associating an eFolder note to a claim, see **M21-1, Part II, Subpart ii, 2.A.1.c**.

X.i.6.F.1.i. Returning Paper Evidence

Once documents have been successfully uploaded into the eFolder, as described in **M21-1, Part X, Subpart i, 6.F.1.h**, the MSC must follow the steps in the table below to return the original paper documents to the participant.

Step	Action
1	Compose a *Return of Documents* letter.
2	List the documents that were uploaded into the eFolder and the date they were received.
3	Enclose the original documents and provide the letter to the participant.
4	Upload a copy of the letter into the participant's eFolder.

X.i.6.F.1.j. Processing Paper Documents in a Timely Manner

MSCs must ensure that all paper documents either scanned locally or shipped to the scanning vendor as provided in **M21-1, Part X, Subpart i, 6.F.1.f** and **g** within the timeframes shown in the table below.

If the documents were provided ...	Then shipping or local scanning/upload must be completed within five calendar days of the ...
during the initial meeting	initial meeting.
after the initial meeting	date the documents were received.

2. Examinations for IDES Participants

Introduction

This topic contains information about requesting examinations for IDES participants, including

- **responsible providers for IDES examinations**
- **disabilities that require examination for IDES purposes**
- **use of prior examination reports in lieu of an IDES examination**
- **DBQs required for IDES examinations**

- submitting examination requests for IDES participants
- remarks MSCs must include in examination requests to Veterans Health Administration (VHA)
- types of medical opinions MSCs must request
- handling complex medical opinions
- limitations on the types of examinations examiners may conduct
- uploading examination requests into the eFolder
- tracking examination requests
- avoiding duplication of effort
- examination of pregnant IDES participants
- handling cases involving a participant who is too disabled to travel to an examination
- requirement for examiner eFolder review, and
- handling requests in which the examination provider is unable to provide required examinations.

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X.i.6.F.2.a. Responsible Provider for IDES Examinations

IDES claims processors will only utilize appropriate examination facilities whose providers are responsible for conducting IDES examinations, including military treatment facilities (MTFs).

Important: When informed by an appropriate examination facility that an examination request involves an examination site employee or employee's family member, cancel the request and submit another request using a different, appropriate, examination facility with a note providing justification.

Reference: For more information on appropriate examination facilities, see M21-1, Part IV, Subpart i, 2.A.1.b

X.i.6.F.2.b. Disabilities That Require Examination for IDES Purposes

VA examinations are generally required for

- all *referred* disabilities on the *VA Form 21-0819*, and
- all *claimed* disabilities on a *VA Form 21-526EZ* that was returned during an initial IDES meeting.

Exceptions:

- Do not provide an examination for
- dental conditions that are not subject to service connection (SC) under 38 CFR 4.150, or
- disabilities that were recently examined by VA as provided in M21-1, Part X, Subpart i, 6.F.2.c.
- Provide examinations only under the conditions specified in M21-1, Part X, Subpart i, 6.G.1 for
- previously denied conditions, and
- issues on appeal or review.

References: For more information on

- claims for dental treatment, see M21-1, Part XIII, Subpart i, 4, and
- dental/oral contentions for which compensation-purpose SC may not be established, see M21-1, Part V, Subpart iii, 14.1.c.

X.i.6.F.2.c. Use of Prior Examination Reports in Lieu of an IDES Examination

If VA previously examined a Veteran in connection with a claim filed *prior* to entering IDES, the results of the examination(s) are acceptable for IDES purposes, as long as they are *less* than one year old.

Exception: VA may use examination reports that are *more* than one year old if the participant agrees that the severity of the disabilities at issue has not changed since the prior examination.

Important: The MSC remains responsible for ensuring

that

- a *General Medical - Separation Health Assessment Disability Benefits Questionnaire* is completed, and
- all claimed and referred disabilities are examined.

Note: Examinations that were completed prior to IDES will not be transferred to DoD via automated processes. When previously completed exams are used for IDES purposes, they must be provided to the PEBLO via alternative means discussed in **M21-1, Part X, Subpart i, 6.F.3.e**.

X.i.6.F.2.d. DBQs Required for IDES Examinations

When an IDES examination is required as provided in **M21-1, Part X, Subpart i, 6.F.2.b** and **c**, MSCs must request completion of the *General Medical - Separation Health Assessment Disability Benefits Questionnaire* for *every* IDES participant.

In addition, when at issue, request completion of one or more DBQs corresponding with conditions requiring a specialist examination (as discussed in **M21-1, Part IV, Subpart i, 2.A.6**).

Important:

- Where a posttraumatic stress disorder (PTSD) examination is required, request completion of the *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* if VA has not yet established SC. Otherwise request the *Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire*.
- When there are claims involving an undiagnosed illness or medically unexplained chronic multi-system illness (MUCMI) due to exposures incurred during Gulf War era service, do not request a Gulf War general medical examination DBQ. Instead, as part of the request for the Separation Health Assessment (SHA), ensure to
- select *Other* in the IS A MEDICAL OPINION NEEDED? drop-down menu in the Examination Management System (EMS), and
- copy and paste the following examination request language from the **Supplemental Language Matrix** into the examination scheduling request (ESR):
- *Gulf War Claim Definitions*, and
- *SHA for a Gulf War contention*.

Note: If the participant was referred to IDES on the basis of PTSD, and the *Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* was completed as part of the current IDES examination (because the participant was previously SC), the MSC must provide a copy of the previously completed *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* along with the current *Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* when returning examination results to the PEBLO.

References: For more information on

- limitations on the types of examinations contract examiners may conduct, see
- **M21-1, Part X, Subpart i, 6.F.2.i**, and
- **M21-1, Part IV, Subpart i, 2.A.1.i**
- exceptions to ordering a Gulf War general medical examination, see **M21-1, Part VIII, Subpart ii, 1.B.2.c**
- deeming a Gulf War examination unnecessary when the claim is substantiated, see **M21-1, Part VIII, Subpart ii, 1.B.2.i**
- the SHA, see **M21-1, Part IV, Subpart i, 2.E.3.b**, and
- the availability of SHA results electronically, see **M21-1, Part X, Subpart i, 6.C.3.c**.

X.i.6.F.2.e. Submitting Examination Requests for IDES Participants

The table below describes how an MSC submits examination requests to the provider responsible for completing the examination.

If the examination will be conducted by ...	Then the ...

• Veterans Health Administration (VHA), or • a Veterans Benefits Administration (VBA) contract provider	MSC uses the appropriate tool/system and its embedded templates to prepare and submit the examination request.
DoD	• MSC notifies the participant's PEBLO of the required examination(s), and • PEBLO • schedules the examination(s) • notifies the MSC and participant of the date(s) and time(s) of the examination(s), and • ensures the examination(s) is(are) completed.

Important:
- *Separation Health Assessment - Part A Self-Assessment* (SHA, Part A) must be in the eFolder before ordering examinations.
- Examiners must follow VA protocol, to include the use of DBQs, when conducting examinations.
- MSCs are responsible for providing the appropriate DBQs to DoD examiners if DBQs are not otherwise available to them.

References: For more information on
- inputting examination requests in
- the Compensation and Pension Record Interchange (CAPRI), see **M21-1, Part IV, Subpart i, 2.A.9.a and b**, and
- VBMS EMS, see **M21-1, Part IV Subpart i, 2.A.10.a**
- an appropriate examination facility, see
- **M21-1, Part IV, Subpart i, 2.A.1.b**, and
- **M21-1, Part X, Subpart i, 6.F.2.a**, and
- limitations on the types of examinations contract examiners may conduct, see **M21-1, Part X, Subpart i, 6.F.2.i**.

X.i.6.F.2.f. Remarks MSCs Must Include in Examination Requests to VHA

MSCs must add the following remarks to requests for examination of IDES participants submitted to VHA:
- *Referred Disabilities:* [list all referred disabilities]
- *Claimed Disabilities:* [list all claimed disabilities]
- *Required Specialty Examinations of Referred Disabilities:* [list all specialty examinations that are required to evaluate disabilities the participant's service department referred to VA]
- *As soon as the examinations are scheduled, please notify the MSC and PEBLO of the dates and times.*
- *MSC:* [provide name, title, complete mailing address, phone and fax number, and e-mail address of MSC], and
- *PEBLO:* [provide name, location, phone and fax number, and e-mail address of the participant's PEBLO].

Important:
- MSCs must alter their request for notification, according to the instructions in **M21-1, Part X, Subpart i, 6.K.2.b**, if the participant is a member of the Reserves or National Guard who is ***not*** on active duty.
- MSCs must select *IDES* as a priority code when submitting a request for examination to VHA ***unless*** one of the following higher-priority codes is applicable
- *Terminal*, or

- *FPOW* (former prisoner of war).

Where an examination involves an undiagnosed illness or MUCMI due to exposures incurred during Gulf War era service, use EMS to generate standardized text by ensuring to

- select *Other* in the IS A MEDICAL OPINION NEEDED? drop-down menu in EMS, and
- copy and paste the following examination request language from the **Supplemental Language Matrix** into the examination request:
- *Gulf War Claim Definitions*, and
- *SHA for a Gulf War contention*.

References: For more information on

- inputting examination requests in CAPRI, see **M21-1, Part IV, Subpart i, 2.A.9**
- exceptions to ordering a Gulf War general medical examination, see **M21-1, Part VIII, Subpart ii, 1.B.2.c**, and
- deeming a Gulf War examination unnecessary when the claim is substantiated, see **M21-1, Part VIII, Subpart ii, 1.B.2.i**.

X.i.6.F.2.g. Types of Medical Opinions MSCs Must Request

Before requesting examinations, MSCs must identify cases in which a medical opinion is needed.

If a medical opinion is required, and the opinion is straight-forward or routine in nature, then the MSC must request the medical opinion as part of the exam request in accordance with **M21-1, Part IV, Subpart i, 2.A.7**. Generally, MSCs are responsible for requesting the following types of medical opinions:

- direct
- secondary, and
- aggravation.

If a complex medical opinion is required, MSCs must follow the procedure outlined in **M21-1, Part X, Subpart i, 6.F.2.h**.

Reference: For more information on determining when an examination or medical opinion is necessary under VA's duty to assist, see **M21-1, Part IV, Subpart i, 1.A**.

X.i.6.F.2.h. Handling Complex Medical Opinions

If a complex medical opinion is required, MSCs must send an e-mail to the appropriate DRAS and state

- a complex medical opinion is necessary
- the condition which requires a complex medical opinion, and
- the reason a complex medical opinion is required.

The DRAS must complete the following actions within three business days of the request:

- review the evidence of record
- draft the required medical opinion
- upload the draft into the participant's eFolder, and
- notify the MSC by e-mail that the medical opinion is available.

The MSC must copy and paste the draft medical opinion into the exam request and submit the request to the responsible examination provider.

References: For more information on

- DRAS e-mail addresses, see **M21-1, Part X, Subpart i, 6.E.1.g**, and
- the responsible examination provider, see **M21-1, Part X, Subpart i, 6.F.2.a**.

X.i.6.F.2.i. Limitations on

Contract examiners are prohibited from conducting certain examination types specified in the ***Contract Exam Exclusions***

the Types of Examinations Examiners May Conduct

List, and covered in **M21-1, Part IV, Subpart i, 2.A.1.i**.

Important: VHA and contract examiners cannot order hospitalization or surgical evaluation, such as colonoscopy or laparoscopy, and therefore cannot establish diagnoses that would require such workup. However, examiners may still conduct an examination on a claim if a required test needed to inform a medical assessment was previously performed and in the eFolder. For example, if a participant underwent a diagnostic laparoscopy in service, a contract examiner could conduct an examination for claimed endometriosis without violating the limitation on ordering surgical procedures.

If the requirements in the above paragraph are met, and an MSC submits the examination request to a contract examiner, the MSC must note in the examination request that proper diagnosis of the named disorder is already a matter of record.
Reference: For more information on the scope of practice relative to examination, see **M21-1, Part IV, Subpart i, 2.A.1.d**.

X.i.6.F.2.j. Uploading Examination Requests Into the eFolder

MSCs must ensure that examination requests have been uploaded to, and appear in, the IDES participant's eFolder.

Note: Submission of an ESR through VBMS automates the generation and insertion of a placeholder document into the participant's eFolder.

X.i.6.F.2.k. Tracking Examination Requests

After an MSC requests all the examinations an IDES participant requires, they must make updates on the MSC tab in VTA. The table below describes *additional* entries the MSC ***must*** make on the MSC tab.

Step	Action
1	In the SHA PROVIDER field, select the examination provider from which the MSC requested the SHA DBQ. ***Notes***: • This provider will be hereafter referred to as the "SHA provider" • It is typical to request additional DBQs from the SHA provider. However, these will not be entered or tracked separately in VTA. Is VHA the examination provider? • If *yes*, go to Step 2. • If *no*, go Step 3. ***Explanation***: The SHA EXAM SITE field, discussed in Step 2, is only completed when VHA is the examination provider.
2	Complete the SHA EXAM SITE field with the VHA facility that will conduct the examination.
3	In the SHA REQUESTED DATE field, enter the date the examination request was submitted to the SHA provider.
4	Were additional DBQs requested from a provider other than the SHA provider selected in Step 1? • If *yes*, go to Step 5. • If *no*, take no further action in the table.
5	In the OTHER PROVIDER field, select the provider from which the MSC requested ***only DBQs other than an SHA***. ***Notes***: • A provider who completes DBQs in an IDES case, but does not complete the SHA will hereafter be referred to as the "other provider."

	• When the SHA provider performs all required examinations in an IDES case, the OTHER PROVIDER field is not applicable. Was VHA the other provider? • If *yes*, go to Step 6. • If *no*, go to Step 7. ***Explanation***: The OTHER PROVIDER EXAM SITE field, discussed in Step 6, is only completed when VHA is the examination provider.
6	In the OTHER PROVIDER EXAM SITE field enter the VHA facility that will complete the examinations.
7	In the SHA REQUESTED DATE field, enter the date the examination request was submitted to the SHA provider.

Important: For all examination request submitted to VHA, MSCs ***must*** ensure a DBQ tracked item is created in VBMS under the pending EP 689 for *each* type of examination.
Reference: For more information on the automatic generation of tracked items for ESRs submitted in VBMS, see M21-1, Part IV, Subpart i, 2.C.1.a.

X.i.6.F.2.l. Avoiding Duplication of Effort

In order to avoid a duplication of effort,
- examiners should use laboratory and x-ray reports that are already of record, as long as
- the reports are less than six months old, and
- there is no evidence the related disability has worsened, and
- examiners should ***not*** duplicate diagnostic studies that establish a chronic diagnosis, *regardless of the date performed*, unless there is clinical evidence of a worsening of the related disability.

Examples: The term "diagnostic studies" includes
- sleep studies for obstructive sleep apnea, and
- magnetic resonance imaging (MRI), computed tomography (CT) scans, and x-rays for confirming degenerative processes.

Important: MSCs and PEBLOs must work together to ensure the reports and/or studies referenced above are forwarded to the DRAS of jurisdiction.

X.i.6.F.2.m. Examination of Pregnant IDES Participants

M21-1, Part X, Subpart i, 6.K.3 contains instructions for requesting examinations for pregnant IDES participants.

X.i.6.F.2.n. Handling Cases Involving a Participant Who Is Too Disabled to Travel to an Examination

MSCs, PEBLOs, and physicians at MTFs are responsible for determining whether a participant is too disabled to travel to an examination.

The table below describes the process for handling cases involving a participant who is too disabled to travel to an examination.

Step	Action
1	The participant's MSC • notifies the DRAS of jurisdiction by e-mail that the participant is too disabled to travel to an examination • requests that the DRAS make a determination whether all referred conditions can be rated on the basis of the evidence of record, and • provides the DRAS with participant's • service treatment records (STRs), and • current inpatient/outpatient treatment records that refer to any claimed or referred disability.
2	The rating activity at the DRAS reviews available medical records to determine whether

<table>
<tr><td></td><td>referred conditions can be rated using the evidence of record.

Note: If the rating activity determines additional, relevant treatment records exist, the MSC is responsible for obtaining them.</td></tr>
<tr><td>3</td><td>The DRAS notifies the MSC of the determination within five days of the request.</td></tr>
<tr><td>4</td><td>The MSC reviews the determination and takes the action specified in the table below.

<table>
<tr><th>If the determination is that the referred conditions …</th><th>Then the MSC must ...</th></tr>
<tr><td>can be rated on the basis of the evidence of record</td><td>• notify the participant’s PEBLO that the case can move forward without an examination, and
• update VTA by
• entering the
• Medical Evaluation Board (MEB) location in the SHA EXAM SITE field, and
• the provider who conducted the examination(s) in the SHA PROVIDER field, and
• selecting the NO NEW EXAMS NEEDED checkbox.
Note: VTA will auto-populate the current date into the following fields when the NO NEW EXAMS NEEDED checkbox is selected:
• MEDICAL EVALUATION START DATE
• SHA EXAM REQUESTED DATE
• SHA EXAM RETURNED DATE
• EXAM END DATE, and
• MEDICAL EVALUATION END DATE.</td></tr>
<tr><td>cannot be rated on the basis of the evidence of record</td><td>• notify Compensation Service of the determination by sending an e-mail to VAVBAWAS/CO/IDES, and
• await further guidance from Compensation Service.</td></tr>
</table>
</td></tr>
<tr><td>5</td><td>Upon receipt of a request for proposed rating from the physical evaluation board, the DRAS must prepare a proposed rating decision addressing
• all referred conditions, and
• any claimed conditions for which the evidence of record supports a favorable decision.
Important: When a participant is too disabled to report for examinations, it is acceptable for DRAS to defer decisions for claimed conditions on the proposed rating as noted in M21-1, Part X, Subpart i, 6.H.1.d.</td></tr>
</table>

X.i.6.F.2.o. Requirement for Examiner eFolder Review

Any examination conducted in connection with IDES must include a review of the participant's claims folder. All STRs provided by the PEBLO, SHA, Part A, and any other pertinent records provided by the participant, must be properly identified and available in the participant's eFolder prior to requesting the examination.

Important: IDES examinations should be requested after the initial meeting, once the STRs provided with the referral package has been uploaded and is available in the eFolder. Examination requests should not be delayed for receipt of STRs from previous periods of service.

Reference: For more information on the requirement to identify relevant evidence for the examiner's review, see **M21-1, Part IV, Subpart i, 2.A.8.d**.

X.i.6.F.2.p. Handling Requests in Which the Examination Provider Is Unable to Provide Required Examinations

When a VHA facility does not have the ability to complete a specific examination needed for an IDES claim, the MSC must submit the examination request to the appropriate contract examination vendor.

If the contract examination provider cancels (or directs cancellation of) the examination because contract support is not yet available in the participant's area, the MSC should contact their station Exam Liaison, who will coordinate with **VAVBAWAS/CO/Contract Examination Inquiries** for assistance.

3. Handling IDES Examination Reports

Introduction

This topic contains information about handling IDES examination reports, including

- **MSC responsibility for monitoring the status of examination requests**
- **transfer of examination reports into eFolders**
- **MSC review of examination reports**
- **actions MSCs must take once all examination reports are deemed complete**
- **providing examination reports to PEBLOs**
- **considering the sufficiency of IDES examinations for rating purposes**
- **examination reports that reveal the existence of additional disabilities**
- **DRAS actions if an examination report is insufficient**
- **MSC actions if an examination report is insufficient**
- **failure of an IDES participant to report for examination**, and
- handling
- **an IDES participant's request to reschedule an examination**, and
- **PEBLO reports of missing examination results**.

Change Date April 3, 2023

X.i.6.F.3.a. MSC Responsibility for Monitoring the Status of Examination Requests

At least once each week, MSCs must

- run the *Pending Medical Evaluation Stage Report* in VTA, and
- follow up on any examination requests that the report shows have been pending more than 32 days.

X.i.6.F.3.b. Transfer of Uploading Examination Reports Into eFolders

When VHA or a contract examiner completes an examination, the corresponding examination report is automatically transferred into the appropriate eFolder in VBMS and will typically require no further action from the MSC.

However, if examination results failed to transfer to the eFolder, MSCs must ensure that copies of all DBQs are uploaded into the eFolder.

Important: MSCs must ***not*** upload examination results completed by contract vendors into VBMS even if the results appear available in the vendor's portal. Examination reports completed by contract vendors will transfer once they are approved for release to VA.

X.i.6.F.3.c. MSC Review of Examination Reports

MSCs must complete a thorough review of examination reports once they become available. MSCs must ensure the reports are complete before providing results to the PEBLO or updating VTA to reflect the return of examination results.

MSCs must carefully review their examination request and all examination results to confirm that

- the request included all claimed and referred conditions
- all issues noted on the examination request have been addressed by the examiner
- all requested DBQs have been completed by the examiner, and
- all specific testing required by individual DBQs has been completed.

Notes:

- It is acceptable for an examiner to cite existing testing or imaging that already exists in the medical record to avoid duplication of medical procedures; however, the previous tests/images must be noted in the DBQ.
- In cases where the MSC identifies missing, incomplete, or insufficient DBQs, or where examinations were not requested for all claimed and referred conditions, the MSC must obtain the missing or deficient examination information before providing the results to the PEBLO.
- When reviewing examination results the MSC must solicit a claim for any identified chronic, unclaimed condition potentially subject to SC (particularly in cases involving active duty service members) as discussed in **M21-1, Part II, Subpart iii, 2.G.2.e**.

References: For more information on

- examination report requirements, see **M21-1, Part IV, Subpart i, 3.A.1**
- MSC actions if an examination report is insufficient, see **M21-1, Part X, Subpart i, 6.F.3.i**, and
- DRAS actions if an examination report is insufficient, see **M21-1, Part X, Subpart i, 6.F.3.h**.

X.i.6.F.3.d. Actions MSCs Must Take Once All Examination Reports Are Deemed Complete

MSCs must take the actions described in the table below as soon as ***all*** of an IDES participant's examination reports are available in the eFolder and have been deemed complete.

Step	Action
1	Update the SHA RETURNED DATE on the MSC Tab in VTA to reflect the date that *all* examinations requested from the SHA provider became available to the MSC. ***Notes***: • The provider the SHA DBQ was requested from is considered the "SHA provider." • When multiple DBQs were requested from the SHA provider, the SHA RETURNED DATE must reflect the date the last DBQ from the SHA provider was returned.

2	Were examination requests submitted to multiple providers? • If *yes*, go to the next step. • If *no*, go to Step 4.
3	Update the OTHER EXAM RETURNED DATE in VTA to reflect the date that all examinations requested from the other provider became available to the MSC. ***Notes***: • A provider who completes DBQs in an IDES case, but does not complete the SHA DBQ is considered the "other provider." • When multiple DBQs were requested from the other provider, the SHA REQUESTED DATE must reflect the date the last DBQ was returned.
4	Update the EXAM END DATE field in VTA to reflect the date when ***all*** the participant's examination reports became available to the participant's MSC.
5	Review VBMS notes for the message *SHA exam results have been successfully transferred to DoD (HAIMS)*. ***Important***: If this message is not shown, MSCs must compete the actions outlined in **M21-1, Part X, Subpart i, 6.F.3.e** before going to the next step.
6	If any previously completed DBQs (i.e., not associated with the current IDES examination request), will be used for IDES purposes, ensure that they have been provided to the PEBLO via acceptable alternative means. ***Rationale***: Previously completed DBQs are not transferred to DoD via automated process. ***Note***: PEBLOs require copies of *previously completed* DBQs when • the results of recently completed non-IDES examinations can be used for IDES purposes, (as discussed in **M21-1, Part X, Subpart i, 6.F.2.c**), and • when a PTSD Review DBQ was completed for a participant who was referred to IDES on the basis of PTSD (as discussed in **M21-1, Part X, Subpart i, 6.F.2.d**). ***Reference***: For more information about acceptable alternative means of document transfer, see **M21-1, Part X, Subpart i, 6.E.3.f**.
7	If the claim required development other than VA examinations, ensure that • all required development actions have been initiated, and/or • any required follow-up requests are made on development items with past due suspense dates ***Important***: Go to the next step after ensuring all required development has been *initiated*. Do not delay action on the remaining steps in this table because development actions (unrelated to VA examinations) are not yet resolved.
8	Ensure all tracked items have been updated to reflect the appropriate disposition per **M21-4, Appendix D, 1**. ***Notes***: • All examination tracked items must be marked *Closed*, *Received*, or *In Error* before

<table>
<tr><td></td><td>transferring the case to DRAS.
• When development remains pending on any other issue (not related to examinations) the associated tracked items must remain open with appropriate suspense dates; DRAS will ensure that these tracked items are resolved.</td></tr>
<tr><td>9</td><td>Ensure that the IDES Development Checklist has been completed and incorporated into the eFolder (or forwarded to the scanning vendor under a DCS).
Note: If the MSC uploads the checklist directly into the eFolder, they must use the indexing values specified on the checklist.
Reference: For more information on the use of the IDES Development Checklist, see M21-1, Part X, Subpart i, 6.E.3.a.</td></tr>
<tr><td>10</td><td>Update the claim status of the EP 689 to Ready for Decision (RFD).
Note: The claim status must reflect RFD, even if non-exam related tracked items remain open.</td></tr>
<tr><td>11</td><td>Apply the Transfer from Intake Site special issue to the first contention listed under the EP 689.
Note: Applying this special issue will transfer the claim to DRAS via automated NWQ routing.</td></tr>
<tr><td>12</td><td>Update the MEDICAL EVALUATION END DATE field according to the table below.
<table>
<tr><th>If …</th><th>Then, update the MEDICAL EVALUATION END DATE field to reflect …</th></tr>
<tr><td>all examination results were transferred via automated transfer process</td><td>the current date.</td></tr>
<tr><td>the MSC had to take action to provide the results to the PEBLO</td><td>the date the examination results were sent the PEBLO.</td></tr>
</table>
Notes:
• Entry of the MEDICAL EVALUATION END DATE serves to notify
• DRAS that the case is ready for rating preparation, and
• the PEBLO assigned that the results are available in HAIMS.
• MSCs must make every effort to take the actions outlined in Steps 5 through 12 of this table on the same day.</td></tr>
</table>

X.i.6.F.3.e. Providing Examination Reports to PEBLOs

Generally, completed DBQs will be transferred to PEBLOs via automated processes with no required action by the MSC. However, MSCs must confirm that the DBQs have successfully transferred by reviewing VBMS notes and ensuring the following message is displayed:

SHA exam results have been successfully transferred to DoD (HAIMS)

If the confirmation message is not shown in VBMS, the MSC must complete the actions in the table below.

Step	Action
1	Contact the PEBLO assigned by e-mail to

	• explain that the DBQs did not transfer to HAIMS via automated process and will be provided via Department of Defense Safe Access File Exchange (DoD SAFE) transfer, and • request the PEBLO submit a trouble ticket to their local HAIMS administrator.
2	If the MSC has a Common Access Card (CAC) and can initiate a DoD SAFE transfer, go to Step 4.
3	Request that the PEBLO initiate the transfer. ***Note***: If the PEBLO fails to respond or initiate the DoD SAFE transfer before the end of the next business day, notify **IDES.VBACO@VA.GOV**.
4	Download the DBQs from the eFolder.
5	Send the DBQs to the PEBLO via DoD SAFE.

Reference: For information about using DoD SAFE to send sensitive records, see **M21-1, Part X, Subpart i, 6.K.9.a**.

X.i.6.F.3.f. Considering Sufficiency of IDES Examinations for Rating Purposes

DRAS must consider the sufficiency of exams in accordance with standard VA rating requirements. If an IDES examination is determined to be insufficient for rating purposes, the DRAS must complete the actions outlined in **M21-1, Part X, Subpart i, 6.F.3.h**.
Reference: For more information on reviewing examination reports for rating criteria, see **M21-1, Part IV, Subpart i, 3.B**.

X.i.6.F.3.g. Examination Reports That Reveal the Existence of Additional Disabilities

If an examination report reveals the existence of disabilities that the IDES participant did not claim and the service department did not refer to VA, DRASs must follow the instructions in **M21-1, Part X, Subpart i, 6.K.1.i**.

X.i.6.F.3.h. DRAS Actions if an Examination Report Is Insufficient

If a DRAS determines an examination report is insufficient, it must

- complete the fields in the EXAM REVIEW section of the RO/RATING ACTIVITY tab in VTA
- handle the insufficient examination in accordance with **M21-1, Part IV, Subpart i, 3.C**
- upload the examination request, if necessary, in accordance with **M21-1, Part X, Subpart i, 6.F.2.j**, and
- add under the pending EP 689 additional tracked items for each type of examination request submitted outside the VBMS examination management environment.

Notes:

- Updating VTA to indicate an IDES exam has been found to be insufficient will trigger e-mail notification the MSC and PEBLO assigned.
- To perform the activities described above, a DRAS employee must have nationwide access to CAPRI.
- If a DRAS requests correction of an examination report or a new examination from a VHA facility, it must prepare the request according to the instructions in **M21-1, Part X, Subpart i, 6.F.2.e** and **f**. The DRAS employee who submits the request must include their contact information *in addition to* the PEBLO's and MSC's contact information.
- MTFs may perform tests or studies that a DRAS determines are necessary to correct deficiencies the DRAS identified in an examination report.
- Examination providers will correct any insufficient examination reports or complete any new examinations a DRAS requires within 14 days of notification of an insufficient examination report.

X.i.6.F.3.i. MSC Actions if an Examination Report Is Insufficient

When DRAS updates VTA to indicate that an IDES examination report has been found insufficient for rating purposes, VTA will send both the PEBLO and MSC assigned a notification via e-mail.
If a PEBLO states that the corrected examination report is required for MEB processing, the MSC must provide the corrected examination report once it becomes available.
Important: The MSC must ***not*** change the change the date initially entered in the EXAM END DATE or MEDICAL EVALUATION END DATE fields in VTA on the basis of an insufficient exam finding made by DRAS.

X.i.6.F.3.j. Failure of an IDES Participant to Report for Examination

The table below describes the actions MSCs should take when an IDES participant fails to report for an examination without good cause.

If the participant failed to report for examination of a ...	Then MSCs should ...
referred disability	work with the participant's PEBLO to determine whether it is more appropriate to • reschedule the examination • continue the IDES process without examinations, or • have the service department disenroll the participant from IDES. ***Note***: Before proceeding without examinations for referred conditions, the MSC must obtain documented agreement from the MEB.
claimed disability	consider the circumstances of each case and use their own discretion to decide whether examinations for claimed conditions should be rescheduled. If an examination is rescheduled for a referred disability, then MSCs should reschedule the examination(s) for claimed disabilities as well.

Important: MSCs ***must*** enter a note in VTA stating a new examination has been requested due to the participant missing the original appointment. Do ***not*** change the PREPARE CLAIM START DATE or MEDICAL EVALUATION START DATE in VTA.
Exception: If the purpose of the missed examination was to evaluate a mental disorder, MSCs should consider rescheduling the examination, especially if there is any indication the participant may have simply forgotten about it.
Reference: For more information on the definition of good cause, see **M21-1, Part IV, Subpart i, 2.F.1.b**

X.i.6.F.3.k. Handling an IDES Participant's Request to Re-schedule an Examination

MSCs must advise participants who wish to reschedule VA examinations to consult with their PEBLO.

Once an appointment for VA examinations has been scheduled, examination appointments cannot be changed unless the participant's PEBLO determines that it is necessary.

MSCs may reschedule IDES examinations only after receiving a request (or approval) from the participant's PEBLO. MSCs must ensure that the PEBLOs request/approval is noted in VTA.

X.i.6.F.3.I. Handling PEBLO Reports of Missing Examination Results	If a participant's PEBLO reports that complete examination results did not transfer to HAIMS in an IDES claim in which the MEDICAL EVALUATION END DATE had been previously entered in VTA, the MSC must • provide any missing examination results via an acceptable alternative means, and • update the MEDICAL EVALUATION END DATE field in VTA with the date that the missing records were provided to the PEBLO. ***Reference***: For more information about acceptable alternative means of document transfer, see **M21-1, Part X, Subpart i, 6.E.3.f**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177955/M21-1-Part-X-Subpart-i-Chapter-6-Section-F-Integrated-Disability-Evaluation-System-IDES-Development-and-Examinations>

M21-1, Part X, Subpart i, Chapter 6, Section G - Integrated Disability Evaluation System (IDES) Pending Claims, Appeals, and Previously Denied Issues

Article ID: 554400000177956
Updated May 17, 2023
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

<-- Previous Section Next Section -->

Overview

In This Section	This section contains the topic "**IDES Participants With a Pending Claim, Appeal, or Previously Denied Claim**."

1. IDES Participants With a Pending Claim, Appeal, or Previously Denied Claim

Introduction	This topic contains instructions for handling cases involving IDES participants with a pending claim, appeal, or previously denied claim, including • **handling IDES claims or referrals involving previously denied issues** • **examination of disabilities that were the subject of a previously denied claim** • **addressing previously denied issues in IDES ratings** • **handling a pending Benefits Delivery at Discharge (BDD) or other pre-discharge claim by an active duty IDES participant** • **handling pending claims from Veterans in IDES**, and • **notifying the regional office (RO) or Board of Veterans' Appeals (BVA)of new evidence related to a pending appeal or higher-level review (HLR)**.

X.i.6.G.1.a. Handling IDES Claims or Referrals Involving Previously Denied Issues

Integrated Disability Evaluation System (IDES) participants who are already Veterans might have previously filed claims for Department of Veterans Affairs (VA) compensation and either

- have a higher-level review (HLR) or appeal currently pending with respect to a previously denied claim, or
- simply wish to file another claim for a previously denied condition.

Appeals and HLRs, as well as supplemental claims filed by Veterans who are currently not on active duty, are processed outside of the IDES program.

However, claims and referrals involving previously denied issues can be developed and decided in the IDES program when

- an active duty IDES participant files a supplemental claim for previously denied issues on ***VA Form 20-0995, Decision Review Request: Supplemental Claim***, or
- the previously denied issues are referred by the service department (i.e., included on ***VA Form 21-0819, DOD Referral to Integrated Disability Evaluation System (IDES)***) even though the claimant does not file a claim.

Note: As specified in **M21-1, Part X, Subpart i, 6.H.2.d** determinations ultimately made on referrals will be for PEB purposes only when the referral is for an issue currently on appeal or HLR, or when the individual declines to file a claim.

References: For more information on

- handling previously denied issues in pre-discharge claims, see **M21-1, Part X, Subpart i, 6.A.2**
- the effect of a claimant filing IDES claims for previously denied issues on ***VA Form 21-526EZ*** rather than ***VA Form 20-0995***, see **M21-1, Part X, Subpart i, 6.A.2.a**
- examinations of IDES disabilities that were subject of a previously denied claim, see **M21-1, Part X, Subpart 1, 6.G.1.b**
- considering previously denied issues in IDES rating decisions, see **M21-1, Part X, Subpart 1, 6.G.1.c**
- supplemental claim procedures, see
- **M21-1, Part II, Subpart iii, 2.B**, and
- **M21-1, Part X, Subpart ii, 2.A**
- VA appeals and reviews, see **M21-5**, and
- required application forms, see **M21-1, Part II, Subpart iii, 1.A.1.a**.

X.i.6.G.1.b. Examination of Disabilities That Were the Subject of a Previously Denied Claim

For previously denied disabilities appropriately processed in IDES (as specified in **M21-1, Part X, Subpart 1, 6.G.1.a**) examinations are required for the

- referred previously denied condiitons listed on ***VA Form 21-0819*** (for a Physical Evaluation Board (PEB) purposes determination only), or
- the previously denied conditions claims on ***VA Form 20-0995*** submitted during the initial meeting with the Military Services Coordinator (MSC) when new and relevant evidence exists.

Note: For supplemental claims submitted after the initial meeting with the MSC, examinations are ordered only under the conditions specified in **M21-1, Part X, Subpart i, 6.E.4.h**.

MSCs should contact their disability rating activity site (DRAS) for guidance regarding the propriety of examining a disability that was the subject of a

previous denial if it is unclear whether new and relevant evidence exists.

Reference: For more information about readjudicating a previously decided claim after February 19, 2019, see **M21-1, Part X, Subpart ii, 2.A.3**.

X.i.6.G.1.c. Addressing Previously Denied Issues in IDES Ratings

An issue previously denied by VA will be rated as for *PEB purposes only* if

- referred to IDES by the service department but there is an appeal or HLR- on the matter currently pending, or
- there is a referral without an appeal or HLR but the participant declines to file a supplemental claim. When the participant is a Veteran on active duty and completes a supplemental claim on ***VA Form 20-0995*** follow the guidance in **M21-1, Part X, Subpart i, 6.A.2.d**.

References: For more information on

- when a referred condition that was previously denied by VA is appropriately processed through IDES, see **M21-1, Part X, Subpart 1, 6.G.1.a**, and
- addressing referred conditions for PEB purposes only, see **M21-1, Part X, Subpart i, 6.H.2.d**.

X.i.6.G.1.d. Handling a Pending BDD or Other Pre-Discharge Claim by an Active Duty IDES Participant

The table below describes the actions that are necessary when a service member who filed a Benefits Delivery at Discharge (BDD) or other pre-discharge claim is referred into IDES *before* the planned discharge date.

Responsible Party	Description of Necessary Action(s)
IDES/MSC	• Explain to the participant that because they will not be discharge as planned, • the BDD/pre-discharge claim will be closed, and • they will have an opportunity to submit a claim via the IDES process. • Notify the regional office (RO) with jurisdiction over the BDD/pre-discharge claim that the claimant has been retained on active duty and referred to IDES. • Process the IDES claim in accordance with standard IDES procedures.
station of jurisdiction (SOJ)/rating activity site	Process the BDD/pre-discharge end product (EP) in accordance with **M21-1, Part X, Subpart i, 6.C.3.i**.

Important: If the participant was discharged from active duty, then subsequently referred into IDES as a member of the National Guard or Reserves, handle the case in accordance with **M21-1, Part X, Subpart 1, 6.G.1.e**.

X.i.6.G.1.e. Handling Pending Claims From Veterans in IDES

The table below describes the actions that must be taken if a service department refers a Veteran with a pending claim into IDES.

Important: The instructions in the table below apply to cases involving BDD or other pre-discharge claims, *provided* the Veteran was discharged from service before the IDES referral was made.

If the BDD/pre-discharge claimant was referred into IDES prior to the projected discharge date, and remains on active duty at the time of the IDES referral, the claim must be handled in accordance with M21-1, Part X, Subpart i, 6.G.1.d.

Responsible Party	Description of Necessary Actions
MSC	• Explain to the participant that VA will continue to process the pre-IDES claim separately. • Do ***not*** request transfer of or broker the pre-IDES EP(s). • Establish EP 689 and develop the IDES claim in accordance with standard IDES procedures. • Ensure all IDES development actions are clearly documented in the Veterans Benefits Management System (VBMS). • Consider development actions taken by the RO working the pre-IDES EP, and avoid duplicative actions and examinations to the extent possible. • Ensure examinations are completed for all issues raised in IDES. • Take the following actions upon completion of IDES development: • broker the EP 689 to the appropriate DRAS, and • leave any pending pre-IDES EP to remain under the jurisdiction of the assigned RO. ***Reference***: For more information on the acceptability of examinations completed outside of IDES, see M21-1, Part X, Subpart i, 6.F.2.c.
RO with jurisdiction of the pre-IDES EP(s)	• Identify rating-related cases with a concurrent IDES claim by the presence of a pending EP 689. • Consider development actions taken by the IDES MSC, and avoid duplicative actions/examinations to the extent possible. • Continue to process the pre-IDES EPs in accordance with standard procedures, making all efforts to resolve the claim and EP as expeditiously as possible. • Take ***no*** action on EP 689.
Assigned DRAS	• Prepare the IDES rating under the existing rating EP. • Attempt to address *all* contentions (to include any undecided pre-IDES issues) within the IDES rating. ***Notes***: • If the pre-IDES EP has been resolved prior to DRAS rating action, the DRAS must establish a new rating EP in accordance with M21-1, Part X, Subpart i, 6.K.2.d. • The DRAS may defer any issue associated with a pre-IDES EP on the IDES rating if • the evidence of record is not sufficient to decide the issue, and • the issue was not claimed or referred as part of the IDES claim.

X.i.6.G.1.f. Notifying the When new evidence or information related to a

RO or BVA of New Evidence Related to a Pending Appeal or HLR

pending appeal or HLR is uploaded/scanned into VBMS, the MSC or DRAS must take the action outlined in the table below.

If the appeal is at the ...	Then notify ...
RO	the SOJ (via the appropriate mailbox) of evidence/information related to the pending HLR (or legacy appeal).
Board of Veterans' Appeals (BVA)	BVA (via **BVAVBMSMail@va.gov**) of any evidence/information related to the pending appeal.

Reference: For more information on determining location of an appeal, see the ***VACOLS User's Guide***.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177956/M21-1-Part-X-Subpart-i-Chapter-6-Section-G-Integrated-Disability-Evaluation-System-IDES-Pending-Claims-Appeals-and-Previously-Denied-Issues>

M21-1, Part X, Subpart i, Chapter 6, Section H - Integrated Disability Evaluation System (IDES) Proposed Ratings

Article ID: 554400000177957
Updated Aug 19, 2021
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

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Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	**Preparing Proposed Rating Decisions**
2	**Special Considerations Relating to Proposed Ratings**
3	**Providing Proposed Ratings to the Physical Evaluation Board (PEB)**
4	**Requests for Reconsideration, Review, and Correction of Proposed Rating Decisions**

5	Exhibit: Benefits Estimate Letter (BEL) for IDES Participants

1. Preparing Proposed Rating Decisions

Introduction This topic contains information about proposed rating decisions, including

- required Disability Rating Activity Site (DRAS) actions upon completion of Department of Veterans Affairs (VA) examinations
- considering evidence in proposed rating decisions
- addressing claimed and referred conditions in proposed rating decisions
- deferring claimed conditions in proposed rating decisions
- required information on the *Codesheet* of a proposed rating decision
- notification letter to accompany proposed rating decisions
- including dependents on the BEL, and
- end product (EP) credit for proposed rating decisions.

Change Date June 7, 2021

X.i.6.H.1.a. Required DRAS Actions Upon Completion of VA Examinations

Proposed rating activity should begin upon completion of the Medical Evaluation Stage. The Disability Rating Activity Site (DRAS) will identify cases requiring action using the Pending Rating Preparation Report in Veterans Tracking Application (VTA).

In each Integrated Disability Evaluation System (IDES) case with completed Department of Veterans Affairs (VA) examinations, the DRAS must complete the actions outlined in the table below.

Step	Action
1	Determine the duty status of the participant. If the case involves a • service member currently serving on active duty, go to Step 2, or • Veteran (not currently serving on active duty), complete the actions outlined in M21-1, Part X, Subpart i, 6.K.2.d and take no further action in this table.
2	Prepare a proposed rating decision under the pending end product (EP) 689 that addresses all claimed and referred conditions in accordance with M21-1, Part X, Subpart i, 6.H.1.c. ***Important***: • The rating must fully address all issues known to be referred by the service department. If incomplete development prevents a decision on any referred condition(s), the DRAS must resolve the deficiency before going to the next step. • When all referred conditions can be decided, but the evidence is insufficient to decide all claimed conditions, claimed conditions should be deferred in accordance with M21-1, Part X, Subpart i, 6.H.1.d.
3	Finalize the proposed rating in Veterans Benefits Management System-Rating (VBMS-R).

4	In VTA, update the following fields • PROPOSED RATING COMPLETED ON DATE • PROPOSED RATING COMPLETED BY, and • DEFERRED ISSUES.
5	Prepare the benefits estimate letter (BEL) in accordance with **M21-1, Part X, Subpart i, 6.H.1.f** and **M21-1, Part X, Subpart i, 6.H.5**.
6	Update the BENEFIT ESTIMATE LETTER COMPLETED ON DATE field in VTA.
7	Clear EP 310 in accordance with **M21-1, Part X, Subpart i, 6.H.1.h**.
8	Initiate development on any deferred claimed conditions in accordance with **M21-1, Part X, Subpart i, 6.H.1.d**.

X.i.6.H.1.b. Considering Evidence in Proposed Rating Decisions

Proposed IDES ratings must be prepared on the basis of the evidence of record at the time the examination is completed. This evidence will typically consist of

- the service treatment records provided as part of the IDES referral, and
- the results of the IDES examination(s).

Receipt of additional records after completion of a proposed rating does not necessitate readjudication of the proposed rating. Any additional records will be considered as part of the final rating process (or the rating reconsideration process, if applicable).

X.i.6.H.1.c. Addressing Claimed and Referred Conditions in Proposed Rating Decisions

The DRAS is responsible for preparing proposed rating decisions for Physical Evaluation Boards (PEBs)s that address every disability that was

- referred by the service department, and
- formally claimed by the participant during the initial meeting with the Military Services Coordinator (MSC).

Exceptions:

- When the evidence is sufficient to decide all disabilities that were referred by the service department, but not yet sufficient to decide claimed issues, the DRAS may defer a decision on the claimed issue(s) and return a partial rating decision to the PEB.
- In cases involving members of the National Guard and Reserve who are not on active duty, a final VA rating decision will be prepared and returned to the PEB in lieu of a proposed rating (in accordance with **M21-1, Part X, Subpart i, 6.K.2**).

Important: The rating decision returned to the PEB must always fully address all conditions that are understood to be *referred* by the service department at the time of the proposed rating action. When referred issues cannot be decided due to incomplete development, the DRAS must resolve the deficiency prior to preparing the proposed rating, as referred issues cannot be deferred on proposed ratings.

Deferrals of claimed conditions must be handled in accordance with

- **M21-1, Part X, Subpart i, 6.H.1.d**, in cases involving participants serving on active duty, and
- **M21-1, Part X, Subpart i, 6.J.1.e**, in cases involving participants who are not currently on active duty.

References: For more information on

- disabilities that IDES participants claim after their initial meeting with their MSC, see **M21-1, Part X, Subpart i, 6.K.1.c and d**
- issues associated with claims that were pending prior to the participant's referral to IDES, see **M21-1, Part X, Subpart i, 6.G.1.d and e**
- disabilities that cannot be evaluated due to a participant's

pregnancy, see M21-1, Part X, Subpart i, 6.K.3.e
- participants who are too disabled to report for examinations, see M21-1, Part X, Subpart i, 6.F.2.n, and
- disabilities found on examination that were not specifically claimed or referred, see M21-1, Part X, Subpart i, 6.K.1.i.

X.i.6.H.1.d. Deferring Claimed Conditions in Proposed Rating Decisions

When evidence is sufficient to decide all referred conditions in a proposed rating decision, but insufficient to decide one or more claimed issues, the claimed issues must be deferred on the proposed rating decision.

Note: Current VBMS-R functionality does not allow deferrals on proposed ratings via typical VBMS deferral process. As such, these deferrals must be entered as a "Free Text" issue in VBMS-R to ensure the deferral is properly indicated on the *Codesheet*.

Important: When claimed issues are deferred in proposed ratings, the DRAS must take timely corrective development so that the issue can be resolved on the final rating (the claim should ***not*** be returned to the rating activity prior to the participant's discharge).

If the at the time of the final rating, DRAS is still unable to fully resolve the deferred issue(s), the issues should be deferred on the final rating and handled in accordance with M21-1, Part X, Subpart i, 6.J.1.e.

X.i.6.H.1.e. Required Information on the Codesheet of a Proposed Rating Decision

DRAS decision makers must select the appropriate decision when entering a proposed rating decision into VBMS-R, either
- *Proposed DES Service Connected*, for proposed grants of service connection (SC), or
- *Proposed DES Not Service Connected*, for proposed denials of SC.

Important: Do ***not*** use
- *PEB Referred Proposed Service Connected*, or
- *PEB Referred Proposed Not Service Connected*.

X.i.6.H.1.f. Notification Letter to Accompany Proposed Rating Decisions

The DRAS must prepare a notification letter in conjunction with proposed rating decisions according to the table below.

If the participant is ...	Then the DRAS must prepare a …
on active duty	BEL shown in M21-1, Part X, Subpart i, 6.H.5. ***Rationale***: The purpose of the BEL is to provide the participant with a proposed estimate of VA benefits to assist him/her with financial planning following discharge from active duty.
is ***not*** on active duty	standard Veteran's notification letter in accordance with M21-1, Part X, Subpart i, 6.K.2.d.

Exception: If the participant declined to file a VA claim as part of the IDES process, the DRAS must prepare the notification letter as indicated in M21-1, Part X, Subpart i, Chapter 6.K.10.b.

X.i.6.H.1.g. In The DRAS must include dependents on the BEL when ***VA Form***

cluding Dependents on the BEL

21-686c, Application Request to Add and/or Remove Dependents, is of record and complete.

If the ***VA Form 21-686c*** of record is incomplete or the participant did not submit ***VA Form 21-686c***, the DRAS must add the following information to the dependency section of the BEL:

> *If you have submitted a complete VA Form 21-686c, Declaration of Status of Dependents, this information will be considered on your final rating. If you have eligible dependents, but have not yet submitted the VA Form 21-686c, please contact your Military Services Coordinator (MSC).*

X.i.6.H.1.h. EP Credit for Proposed Rating Decisions

Upon completion of a proposed rating decision, the DRAS must complete a one-time clear of EP 310 (with the *IDES Rating – Proposed* claim label) and use the current date the date of claim.

Exception: The one-time clear of EP 310 is not appropriate if the rating decision was prepared under a rating EP for an IDES participant who is a member of the Reserves or National Guard and is not on active duty, per **M21-1, Part X, Subpart i, 6.K.2.d**.

Note: If an IDES participant declines to file a VA claim, and the DRAS prepares a rating under **M21-1, Part X, Subpart i, 6.K.10.a**, an EP 310 should be cleared regardless of the participant's duty status.

2. Special Considerations Relating to Proposed Ratings

Introduction

This topic contains information about special rating considerations in IDES claim, including

- **rating decisions for IDES participants who are not on active duty**
- **rating issues that are unique to IDES cases**
- **decisions involving coexisting claimed and referred disabilities**
- **addressing referred conditions for PEB purposes only**, and
- **denying SC for a referred condition in a proposed rating**.

Change Date June 7, 2021

X.i.6.H.2.a. Rating Decisions for IDES Participants Who Are Not on Active Duty

In IDES cases involving Veterans (i.e., members of the National Guard and Reserve not currently serving on active duty), DRAS will prepare a standard VA rating and notification letter to be provided to the PEB in lieu of a proposed rating and BEL.

Reference: For more information on processing IDES claims from members of the Reserves or National Guard who are not on active duty, see **M21-1, Part X, Subpart i, 6.K.2**.

X.i.6.H.2.b. Rating Issues That Are Unique to IDES Cases

DRAS decision makers must consider the issues in the table below when preparing proposed ratings that will be used by the PEB.

Issue	Discussion
Goniometer Readings	Use the goniometer readings in examination reports when assigning evaluations for back disorders *unless* an examiner indicates in a report that the readings do not accurately reflect the IDES participant's true functional limitations. ***Important***: When goniometer readings do not accurately reflect the IDES participant's true

	functional limitations, provide an explanation in the narrative of the proposed rating decision.
Evaluations Subject to Change	When the evaluation assigned to a disability in a proposed rating decision is subject to change, explain in the narrative of the proposed rating decision that a different evaluation may be warranted when the final rating decision is made.
Future Examinations	When a future examination of a disability is necessary, note this in the proposed rating decision. ***Rationale***: When deciding whether to place a participant on the Temporary Disability Retired List or the Permanent Disability Retired List, PEBs consider a determination that a future examination of a disability is necessary. This information must be included in the proposed rating decision because PEBs do not receive copies of final rating decisions.
Coexisting Claimed and Referred Disabilities	When preparing a proposed rating decision, take the additional actions described in **M21-1, Part X, Subpart i, 6.H.2.c** *if* • coexisting disabilities exist to which the rating schedule requires the assignment of a single disability rating • one of the disabilities is a disability the IDES participant claimed, and • the other disability is one that the participant's service department referred to VA.
Examinations Found Insufficient for Rating Purposes	When IDES examinations are determined to be insufficient for rating purposes, the DRAS must take the actions outlined in **M21-1, Part X, Subpart i, 6.F.3.h**.

X.i.6.H.2.c. Decisions Involving Coexisting Claimed and Referred Disabilities

If an IDES participant has coexisting *claimed* and *referred* disabilities that must be assigned a *single* disability rating under the rating schedule, the DRAS decision maker must

- determine the appropriate disability rating for the *referred* disability alone (as if the coexisting *claimed* disability did not exist), and
- note the separate disability rating and the rationale for its assignment in the *Reasons for Decision* part of the rating decision that discusses the coexisting disabilities.

Rationale: PEBs may consider *only* the disability ratings VA assigns to *referred* disabilities when deciding a participant's final disposition.

Example: A participant claims SC for sleep apnea. Referred conditions include asthma. Both conditions are appropriately diagnosed, and sleep apnea is confirmed by a sleep study. Pulmonary function tests warrant a 10-percent disability rating. However, the participant also uses a continuous positive airway pressure machine which is medically necessary for sleep apnea.VA awards SC for asthma and sleep apnea as coexisting disabilities and assigns a disability rating of 50 percent.

Result: The individual who prepares the proposed rating decision ***must*** indicate in the corresponding *Reasons for Decision* that the participant's asthma, if rated alone, would warrant the assignment of a 10-percent disability rating based on the results of pulmonary function testing.

X.i.6.H.2.d. Addressing Referred Conditions for PEB

The DRAS must prepare a proposed evaluation for *PEB purposes only* when there are

- both coexisting claimed and referred disabilities as

Purposes Only

indicated in M21-1, Part X, Subpart i, 6.H.2.c, or
- referred conditions
- that are the subject of a pending appeal or higher-level review (HLR) as indicated in M21-1, Part X, Subpart i, 6.G.1.a and c
- where the IDES participant subsequently declines to file a VA claim, as indicated in M21-1, Part X, Subpart i, 6.K.10.a, or
- where a prescribed form was not used.

The proposed decision must include a clear indication that the evaluation assigned is for PEB purposes only.

Note: Evaluations for PEB purposes only must ***not*** be
- prepared for any issue for which SC cannot be established (these conditions must be handled in accordance with M21-1, Part X, Subpart i, 6.H.2.e), or
- indicated on final VA ratings (cases involving participants who are not on active duty that require evaluations for PEB purposes only must be handled in accordance with M21-1, Part X, Subpart i, 6.K.2.e).

X.i.6.H.2.e. Denying SC for a Referred Condition in a Proposed Rating

If the evidence does not support SC for a referred condition, the DRAS must
- prepare a proposed rating denying the condition with no disability evaluation, and
- provide a notice containing the following wording to the requesting PEB:

The evidence of record does not establish that the referred condition, [name of condition] is related to the participant's military service; as such, no disability rating will be provided. Please refer to the proposed rating decision narrative for additional information regarding the reason(s) for this proposed denial.
If DoD is in possession of any new/additional evidence that resolves the reason for denial, or otherwise might serve to establish service-connection, please submit a PEB-Directed Rating Return in VTA and forward the new information to DRAS for consideration.

The notice must be added to
- the *Special Notations* box on the *Codesheet* of the proposed rating, and
- a note placed in VTA.

3. Providing Proposed Ratings to the PEB

Introduction

This topic contains information on providing IDES ratings to the PEB on request, including
- handling a PEB request for a proposed rating decision
- distribution of the proposed rating decision, and
- presentation of the proposed rating documents to the participant.

Change Date June 7, 2021

X.i.6.H.3.a. Handling a PEB Request for a Proposed Rating Decision

PEBs will indicate their need for a VA rating decision via VTA update; no physical request or records will be sent to DRAS. Cases in which the PEB has requested a VA rating will be indicated on the *Pending Proposed Rating Report* in VTA.

For each case that appears on the VTA *Pending Proposed Rating Report*, the DRAS must complete the actions indicated in the table below.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Enter a date in the PROPOSED RATING START DATE field in VTA. (The date entered in this field must match the date entered in the PROPOSED RATING REQUEST DATE field on the PEB Tab of VTA).</td></tr>
<tr><td>2</td><td>Review VTA and/or VBMS to confirm that the following items have been completed
• a rating decision that meets the specifications outlined in M21-1, Part X, Subpart i, 6.H.1.c, and
• a notification letter that meets the specifications outlined M21-1, Part X, Subpart i, 6.H.1.f.</td></tr>
<tr><td>3</td><td>Are both the rating decision and notification letter completed and in the electronic claims folder (eFolder)?
• If yes, go to the next step.
• If no,
• take immediate action to complete the required rating and notification letter, and
• go to the next step.</td></tr>
<tr><td>4</td><td>Has the requesting PEB agreed to obtain proposed ratings directly from the eFolder?
• If yes, go to Step 6.
• If no, go to the next step.
Note: Some PEB personnel have access to the VBMS eFolder; as such, PEBs may elect to obtain the rating and notification letter directly from the eFolder. This method of transfer is encouraged, as it eliminates the need for DRAS to take additional action to transfer the documents.</td></tr>
<tr><td>5</td><td>Provide the rating decision, Codesheet, and notification letter to the requesting PEB via Department of Defense Secure Access File Exchange (DoD SAFE).

Reference: For more information on sending files through DoD SAFE, see M21-1, Part X, Subpart i, 6.K.9.a.</td></tr>
<tr><td>6</td><td>Update the PROPOSED RATING END DATE field in VTA in accordance with the table below.
If the documents were provided to the PEB via …
Then the DRAS must update the PROPOSED RATING END DATE field to reflect ...
DoD SAFE transfer the date the documents were sent via DoD SAFE.
the eFolder the current date.

Note: This entry serves to notify the PEB of the documents’ availability in the eFolder and must never be backdated.

<table>
<tr><th>If the documents were provided to the PEB via …</th><th>Then the DRAS must update the PROPOSED RATING END DATE field to reflect ...</th></tr>
<tr><td>DoD SAFE transfer</td><td>the date the documents were sent via DoD SAFE.</td></tr>
<tr><td>the eFolder</td><td>the current date.

Note: This entry serves to notify the PEB of the documents’ availability in the eFolder and must never be backdated.</td></tr>
</table>
</td></tr>
</table>

Note: If claimed issues were deferred in the proposed rating, DRAS must continue efforts to resolve.

X.i.6.H.3.b. Distribution of the Proposed Rating Decision

The table below describes the order in (and restrictions on) which a proposed rating decision and notification are distributed.

The …	Provides proposed rating documents to the …
DRAS	PEB.
PEB	Physical Evaluation Board Liaison Office (PEBLO).
PEBLO	participant.

Additionally, the DRAS must ensure the rating *Codesheet* is made available to the PEB. However, the participant does not later receive the *Codesheet* from the PEBLO. As stated in **M21-1, Part X, Subpart i, 6.H.3.c**, the participant receives the rating decision and notification letter from the PEBLO.

Important: With the following exceptions, neither a DRAS nor an MSC may provide a proposed rating decision to a participant's representative.

- In IDES cases involving Veterans (not currently on active duty), DRAS must release the rating and notification letter to the Veteran (and power of attorney, if applicable) upon completion. The DRAS will provide a copy of the same documents to the PEB at the time of their requests.
- If, at the time of exit interview (after the PEB process has concluded), the MSCs may the provide a copy of the proposed rating decision and/or BEL at the participant's request.

X.i.6.H.3.c. Presentation of the Proposed Rating Documents to the Participant

The PEBLO will present the participant with the proposed rating decision and notification letter, when briefing the participant on the PEB's findings. MSCs may attend these briefings at the request of the participant or PEBLO if the MSC's schedule allows it.

PEBLOs may advise participants that they may schedule a meeting with their MSC to discuss the proposed rating decision. MSCs ***must*** make every effort to meet or speak with participants who have questions about their proposed rating decision within 48 hours of receiving a request.

4. Requests for Reconsideration, Review, and Correction of Proposed Rating Decisions

Introduction

This topic contains information about requests for reconsideration, review, and correction of proposed rating decisions, including

- **requests for reconsideration of a proposed rating decision**
- system updates
- **upon receipt of a request for reconsideration**, and
- **after processing a request for reconsideration**
- **identification of errors in a proposed rating decision**
- **PEB-directed rating returns (PDRRs)**, and
- **handling PDRRs: DRAS responsibilities**.

Change Date November 22, 2019

X.i.6.H.4.a. Requests for Reconsideration of a Proposed Rating Decision

IDES participants may submit a one-time request for reconsideration of a proposed rating decision regarding any disability the participant's service department referred to VA. A proposed rating decision regarding a *claimed* disability is ***not*** subject to reconsideration.

Participants must submit a request for reconsideration to their PEB. If the PEB approves the request, it forwards the request to the DRAS that made the proposed rating

decision.

DRAS Decision Review Officers (DROs) are responsible for deciding all requests for reconsideration of a proposed rating decision. If a DRO decides revision of a proposed rating decision

- is warranted
- the DRO prepares either
- a new proposed rating decision for *active duty* cases, or
- a new final rating decision for *non-active-duty* cases, and
- the DRAS forwards the decision to the appropriate PEB, or
- is ***not*** warranted
- the DRO prepares a memorandum that states this fact, and
- the DRAS forwards the memorandum to the appropriate PEB.

Important:

- If a PEB submits a request for reconsideration that has not been initiated by the service member, then notify the PEB that no action will be taken and indicate the reason the request failed to meet the criteria for a formal reconsideration.
- The only acceptable bases for revision of a proposed rating decision are:
- receipt of new evidence, and/or
- error on the part of the individual who made the decision.
- See **M21-1, Part X, Subpart i, 6.K.2.e** for instructions that are unique to requests for reconsideration from participants that are
- members of the Reserves or National Guard, and
- ***not*** on active duty.

X.i.6.H.4.b. System Updates Upon Receipt of a Request for Reconsideration

Upon receipt of a request for reconsideration of a proposed rating decision, the DRAS must update

- VTA by entering the date the DRAS received the request in the VA RECONSIDERATION RATING START DATE field on the RO/RATING ACTIVITY tab, and
- VBMS by changing
- the claim-level suspense so it expires seven days in the future
- the suspense reason to *Special Project Team Claim, Awaiting: RD*, and
- the claim status to *Ready for Decision*.

X.i.6.H.4.c. System Updates After Processing a Request for Reconsideration

After processing a request for reconsideration, the DRAS must

- update VTA by entering the date the DRAS sent a new proposed rating decision or a memorandum to an IDES participant's PEB in the VA RECONSIDERATION RATING END DATE field on the RO/RATING ACTIVITY tab
- complete a one-time clear of
- EP 310 (with the *IDES Reconsideration Request – Active Duty* claim label) for active duty cases, or
- EP 020 (with the *IDES Reconsideration Request – Not on AD* claim label) for non-active-duty cases, and
- update VBMS by changing
- the claim level suspense so it expires 30 days in the future, and
- the suspense reason to *Awaiting Guidance from: PEB*.

Important: If a DRAS prepares a *new* proposed rating decision, it must also update VTA by selecting one of the following entries from the drop-down box in the

REVISED VA RATING RESULTS field on the RO/RATING ACTIVITY tab:

- *No change*
- *Increased evaluation, less than 30%*, or
- *Increased evaluation, 30% or more.*

Note: If an evaluation is increased as a result of a reconsideration request, the percentage in the REVISED VA RATING RESULTS field should indicate the combined percentage for all referred conditions after the change.

X.i.6.H.4.d. Identification of Errors in a Proposed Rating Decision

The table below describes the necessary actions to take when an error is identified in a proposed rating decision.

If the ...	Then the DRAS must ...
MSC identifies an error	• take corrective action, and notify the MSC and the PEB of the correction, or • respond to the request to indicate that no error was identified and that no change will be made to the proposed rating.
PEB requests a correction	handle the PEB's request in accordance with M21-1, Part X, Subpart i, 6.H.4.e and f.

Note: A DRAS's failure to address or properly defer a decision on all claimed and referred disabilities is considered an error.

X.i.6.H.4.e. PDRRs

When a PEB administrator has questions or concerns about an evaluation assigned on a proposed rating, the PEB may submit a request to the DRAS for clarification or potential correction. Such a request is called a ***PEB-Directed Rating Returns*** (PDRR).

When submitting a PDRR, the PEB will enter the date in the PEB DIRECTED RATING RETURN START DATE field in VTA and transmit associated documents to the DRAS via the eFolder or DoD SAFE.

Note: A PDRR is not considered the participant's one-time request for reconsideration of a proposed rating decision (as discussed in M21-1, Part X, Subpart i, 6.H.4.a).

X.i.6.H.4.f. Handling PDRRs: DRAS Responsibilities

For each PDRR submitted by the PEB (identified by the *Pending PDRR* report in VTA) the DRAS must:

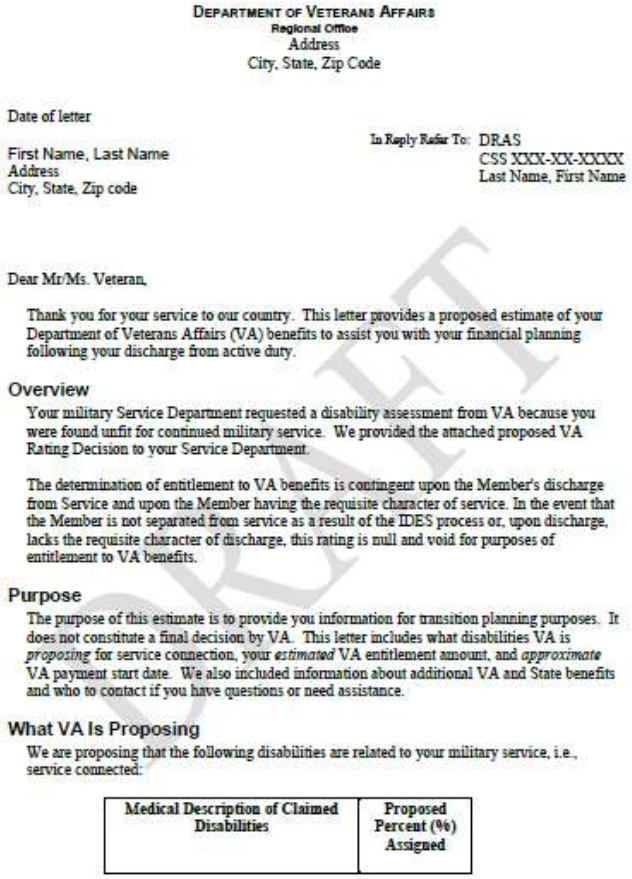
- evaluate the request to determine if corrective action is needed
- prepare a memo for the PEB explaining the outcome of the PDRR, including any appropriate clarification or explanation required
- prepare a corrected rating and notification letter or BEL (if necessary)
- return the response to the PEB in the manner the request was submitted, and
- enter the date in the PEB DIRECTED RATING RETURN END DATE field in VTA.
  Important: The PROPOSED RATING END DATE field in VTA should never be adjusted because of the outcome of a PDRR.

5. Exhibit: Benefits Estimate Letter (BEL) for IDES Participants

Introduction This topic contains a sample of the various pages and paragraphs that make up a BEL.

Change Date September 14, 2016

X.i.6.H.5.a. Sample BEL The images displayed below represent a sample BEL.



DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Address
City, State, Zip Code

Date of letter

First Name, Last Name
Address
City, State, Zip code

In Reply Refer To: DRAS
CSS XXX-XX-XXXX
Last Name, First Name

Dear Mr/Ms. Veteran,

Thank you for your service to our country. This letter provides a proposed estimate of your Department of Veterans Affairs (VA) benefits to assist you with your financial planning following your discharge from active duty.

Overview

Your military Service Department requested a disability assessment from VA because you were found unfit for continued military service. We provided the attached proposed VA Rating Decision to your Service Department.

The determination of entitlement to VA benefits is contingent upon the Member's discharge from Service and upon the Member having the requisite character of service. In the event that the Member is not separated from service as a result of the IDES process or, upon discharge, lacks the requisite character of discharge, this rating is null and void for purposes of entitlement to VA benefits.

Purpose

The purpose of this estimate is to provide you information for transition planning purposes. It does not constitute a final decision by VA. This letter includes what disabilities VA is *proposing* for service connection, your *estimated* VA entitlement amount, and *approximate* VA payment start date. We also included information about additional VA and State benefits and who to contact if you have questions or need assistance.

What VA Is Proposing

We are proposing that the following disabilities are related to your military service, i.e., service connected:

Medical Description of Claimed Disabilities	Proposed Percent (%) Assigned

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FIRST ISSUE	100%

We are proposing that the following conditions are not related to your military service:

Medical Description
SECOND ISSUE

We are proposing that your total combined rating for service-connected disabilities is 100%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious disabilities.

We provided a copy of your proposed Rating Decision to your Service Department Physical Evaluation Board (PEB). Your proposed Rating Decision and this letter are based on your claim received on January 1, 2014. It represents all claims we understood to be specifically made, implied, or inferred in that claim. It does not include any conditions that were *claimed* after you completed VA Form 21-0819, *VA/DoD Joint Disability Evaluation Board Claim*, during your initial meeting with the VA Military Service Coordinator shortly after entering the IDES program.

What You May Be Entitled to Receive If the IDES Process Results in Your Separation from Service and the Proposed VA Disability Decisions Are Finalized

We estimate that if the proposed ratings are implemented, you may be entitled after discharge from service to monthly VA compensation in the amount of $100.00 based on the current statutory rates of disability compensation. This estimate is based on paying you as a veteran with no dependents. Veterans having a 30% or more service-connected condition may be entitled to additional compensation for eligible dependents.

If you receive disability severance pay from the Service Department, your monthly VA compensation may be reduced by the amount of disability severance pay for the percentage(s) of the unfitting disabilities only. However, your monthly VA compensation will not be reduced for any unfitting disabilities the PEB determines were incurred in combat. If you are retired from service and would like information on Combat-Related Special Compensation (CRSC) or Concurrent Retirement Disability Pay (CRDP), call Defense Finance and Accounting Service toll free at 1-888-332-7411 or 1-800-321-1080.

What Happens Next

The following section applies to you only if you are subsequently separated or retired from service and you accept your PEB findings.

1. Your VA Military Services Coordinator (MSC) will contact you to set up an exit interview. At this interview, the MSC will gather dependency and other pertinent information, as well as provide you with additional information on VA benefits.
2. Unless we receive additional medical evidence, we will implement the proposed Rating Decision when the Service Department notifies us that you have separated as a result of the IDES process.
3. Once separated, generally, your effective date of eligibility for VA benefits is the first day of the month after the month of your separation. VA payments are made at the beginning of each month for the prior month. For example, if you were discharged on May 15, you would be service-connected as of May 16. Your benefits are effective June 1 and your first payment will be made approximately July 1 for June.

Are You Entitled To Additional Benefits?

You should contact your state's office for Veterans Affairs to obtain information about any tax, license, or fee-related benefits for which you may be eligible after separation from service. A link to each state's web site can be found at http://www.va.gov/statedva.htm

In addition, you may be eligible for VA Insurance, Education, Home Loan Guaranty, and Vocational Rehabilitation and Employment as described below. Certain benefits may be available while you are still on active duty.

Insurance

You may be eligible for Service-Disabled Veterans Insurance (S-DVI) if you are in good health (except for any service-connected disabilities), and apply within two years of your final disability rating notification. If you are totally disabled, you may be eligible to have your S-DVI premiums waived and receive up to $20,000 of Supplemental S-DVI coverage. You should receive a package within two weeks after your Rating Decision is finalized. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information at 1-800-669-8477 or go to the VA Insurance web site at http://www.insurance.va.gov.

Your Servicemembers' Group Life Insurance (SGLI) will terminate 120 days after separation or release from military service. However, if you are totally disabled, you are eligible to continue to receive SGLI for another two years under current law. After you are discharged, you will receive information about how to apply for the SGLI extension of coverage based on total disability. Also, you are eligible to convert your SGLI to Veterans' Group Life

Insurance (VGLI) within 120 days after discharge without proof of good health or one year after the 120-day period expires upon proof of good health. You will receive a VGLI application within 60 days after separation from service. If you do not receive information about the SGLI extension or VGLI, please contact the Office of Servicemembers' Group Life Insurance at 1-800-419-1473 or visit the VA Insurance web site at http://www.insurance.va.gov.

VA Education Benefits

VA pays benefits to eligible Veterans and Servicemembers while they are in an approved education or training program. Based on the type of military service, primary benefit programs are for active duty Servicemembers, Veterans, and Reserve or Guard members. Individuals with 90 days or more of active duty on or after September 11, 2001, are generally eligible under the Post-9/11 GI Bill (Chapter 33). However, in the case of a Servicemember who, on or after September 11, 2001, serves at least 30 continuous days on active duty and upon completion of such service is discharged or separated for a service-connected disability, the Servicemember is entitled to full benefits under that program. Those who first entered active duty after June 30, 1985, are generally eligible under the Montgomery GI Bill (MGIB) (Chapter 30). Reserve and Guard members may be eligible for MGIB –Selected Reserve (Chapter 1606). MGIB may be available for those who signed a six-year commitment after June 30, 1985, are actively drilling, and in good standing with their unit. The Reserve Educational Assistance Program (Chapter 1607) is for those who were activated under Federal authority for a contingency operation and served 90 continuous days or more after September 10, 2001. Time limits vary from 10-15 years from either the date of release from active duty or the date eligibility was established, depending upon the benefit. Each program has unique eligibility specified by law, and only one program can be used at any given time. If you need help with your VA education benefits, you can call toll free, 1-888-442-4551, or visit the VA's education web site at http://www.gibill.va.gov.

VA Home Loan Guaranty

VA offers a number of home loan services to eligible Veterans, some military personnel, and certain surviving spouses. VA can guarantee a portion of a loan made by a private lender to help you buy a home, a manufactured home, a lot for a manufactured home, a condominium unit, or a unit in a cooperative dwelling. VA may waive your mortgage funding fee if you are rated by VA as eligible to receive compensation as a result of your DES disability examination and proposed rating. VA also guarantees loans for building, repairing, and improving homes. If you have a VA mortgage, VA can help you refinance your loan at a lower interest rate. You may also refinance a non-VA loan. There is no time limit for a VA home loan. For more information, visit our web site at http://www.homeloans.va.gov/.

VA Vocational Rehabilitation and Employment

VA provides assistance to Servicemembers and Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment. Assistance may be provided in the form of job search, vocational evaluation, career exploration, vocational training, educational training, and supportive rehabilitation services. Visit the Vocational Rehabilitation and Employment web site at http://www.vba.va.gov/bln/vre/index.htm for additional information. Veterans generally are eligible for the program for 12 years from the date VA informs them that they have at least a 10% rating for a service-connected disability.

Medical Care

VA provides a variety of health care services including hospital, outpatient medical, dental, pharmacy, and prosthetic services; domiciliary, nursing home, and community-based residential care; sexual trauma counseling; specialized health care for women Veterans; health and rehabilitation programs for homeless Veterans; readjustment counseling; and alcohol and drug dependency treatment. Veterans who have one or more service-connected disabilities as determined by VA are eligible for most medical services through the VA health care system. VA provides cost-free health care for Veterans who served in combat operations after November 11, 1998, for any illness associated with their service in that theater. If you are a recently discharged combat Veteran, you have five years to access this cost-free care from the date of your discharge from active duty on or after January 28, 2008. If you are interested in obtaining VA medical care, contact your nearest VA health care facility or the VA Enrollment Service Center at 1-877-222-VETS (8387). For additional information, visit http://www.oefoif.va.gov/.

Clothing Allowance

VA offers an annual clothing allowance to Veterans who have a service-connected disability for which he or she uses prosthetic or orthopedic appliances. This allowance is also available to any veteran whose service-connected skin condition requires prescribed medication that irreparably damages outer garments. To apply, contact the prosthetic representative at the nearest VA Medical Center.

Dependents' Education Assistance

VA offers education assistance for dependents of veterans that are determined to be permanently and totally disabled due to service-connected disabilities. For more information, you can visit our website at http://www.benefits.va.gov/gibill/survivor_dependent_assistance.asp.

Automobile Grant and Adaptive Equipment

VA offers qualified Veterans and Servicemembers a one-time payment of not more than $19,817 toward the purchase of an automobile or other conveyance if they have service-connected loss or permanent loss of use of one or both hands or feet, permanent impairment of vision of both eyes to a certain degree, severe burn injuries (deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile), or ankylosis (immobility) of one or both knees or one or both hips. They may also be eligible for adaptive equipment, and for repair, replacement, or reinstallation required because of disability or for the safe operation of a vehicle purchased with VA assistance. To apply, contact a VA regional office at 1-800-827-1000 or the nearest VA medical center.

Specially Adapted Housing Grants

Certain Veterans and Servicemembers with service-connected disabilities are eligible to receive a Specially Adapted Housing (SAH) grant from VA to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements. Eligible Veterans or Servicemembers may receive up to three grants, with the total dollar amount of the grants not to exceed the maximum allowable.

To qualify for an SAH grant, the Veteran or Servicemember must be found eligible to receive compensation for permanent and total service-connected disability due to one of the following:

- Loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- Loss or loss of use of both upper extremities at or above the elbow.
- Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity.
- Loss or loss of use of one lower extremity together with (a) residuals of organic disease or injury, or (b) the loss or loss of use of one upper extremity which so affects the functions of balance or propulsion as to preclude locomotion without the use of braces, canes, crutches or a wheelchair.
- Severe burn injuries.

Supplemental Financing: Veterans and Servicemembers with available loan guaranty entitlement may also obtain a guaranteed loan or a direct loan from VA to supplement the grant to acquire a specially adapted home. Amounts with a guaranteed loan from a private lender will vary, but the maximum direct loan from VA is $33,000.

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CSS XXX-XX-XXXX
Last name, First

Special Home Adaptation Grants

VA may approve a grant not to exceed the maximum allowable for necessary adaptations to a Veteran's or Servicemember's residence or to help them acquire a residence already adapted with special features for their disability, to purchase and adapt a home, or for adaptations to a family member's home in which they will reside.

To be eligible for this grant, Veterans and Servicemembers must be entitled to compensation for permanent and total service-connected disability due to one of the following:

- Blindness in both eyes with 5/200 visual acuity or less.
- Anatomical loss or loss of use of both hands.
- Severe burn injuries
- Residuals of an inhalation injury

Additional information about the Specially Adapted Housing Program is available at the following web site: http://www.homeloans.va.gov/sah.htm.

Direct Deposit

The Department of Treasury mandated that new recurring benefit payments must be made via EFT or prepaid debit card. You must contact the U.S. Treasury at 1-888-224-2950 to discuss options available for receiving your future payments that are in compliance with U.S. Treasury regulations. Before you call the Treasury, we can help! If compensation or pension is awarded, you can receive your payments through electronic funds transfer (EFT). To have your federal benefits electronically transferred to your designated financial institution (e.g. bank) call VA at 1-800-827-1000 with your banking information or go online to www.ebenefits.va.gov.

Sincerely yours,

IDES Rating Activity Site Manager

Contact us at: https://iris.va.gov

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From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177957/M21-1-Part-X-Subpart-i-Chapter-6-Section-H-Integrated-Disability-Evaluation-System-IDES-Proposed-Ratings>

M21-1, Part X, Subpart i, Chapter 6, Section H - Integrated Disability Evaluation System (IDES) Proposed Ratings

Article ID: 554400000177957
Updated Aug 19, 2021
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

<-- Previous Section Next Section -->

Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	Preparing Proposed Rating Decisions
2	Special Considerations Relating to Proposed Ratings
3	Providing Proposed Ratings to the Physical Evaluation Board (PEB)
4	Requests for Reconsideration, Review, and Correction of Proposed Rating Decisions
5	Exhibit: Benefits Estimate Letter (BEL) for IDES Participants

1. Preparing Proposed Rating Decisions

Introduction

This topic contains information about proposed rating decisions, including

- required Disability Rating Activity Site (DRAS) actions upon completion of Department of Veterans Affairs (VA) examinations
- considering evidence in proposed rating decisions

- addressing claimed and referred conditions in proposed rating decisions
- deferring claimed conditions in proposed rating decisions
- required information on the *Codesheet* of a proposed rating decision
- notification letter to accompany proposed rating decisions
- including dependents on the BEL, and
- end product (EP) credit for proposed rating decisions.

Change Date June 7, 2021

X.i.6.H.1.a. Required DRAS Actions Upon Completion of VA Examinations

Proposed rating activity should begin upon completion of the Medical Evaluation Stage. The Disability Rating Activity Site (DRAS) will identify cases requiring action using the Pending Rating Preparation Report in Veterans Tracking Application (VTA).

In each Integrated Disability Evaluation System (IDES) case with completed Department of Veterans Affairs (VA) examinations, the DRAS must complete the actions outlined in the table below.

Step	Action
1	Determine the duty status of the participant. If the case involves a • service member currently serving on active duty, go to Step 2, or • Veteran (not currently serving on active duty), complete the actions outlined in M21-1, Part X, Subpart i, 6.K.2.d and take no further action in this table.
2	Prepare a proposed rating decision under the pending end product (EP) 689 that addresses all claimed and referred conditions in accordance with M21-1, Part X, Subpart i, 6.H.1.c. ***Important***: • The rating must fully address all issues known to be referred by the service department. If incomplete development prevents a decision on any referred condition(s), the DRAS must resolve the deficiency before going to the next step. • When all referred conditions can be decided, but the evidence is insufficient to decide all claimed conditions, claimed conditions should be deferred in accordance with M21-1, Part X, Subpart i, 6.H.1.d.
3	Finalize the proposed rating in Veterans Benefits Management System-Rating (VBMS-R).
4	In VTA, update the following fields • PROPOSED RATING COMPLETED ON DATE • PROPOSED RATING COMPLETED BY, and • DEFERRED ISSUES.
5	Prepare the benefits estimate letter (BEL) in accordance with M21-1, Part X, Subpart i, 6.H.1.f and M21-1, Part X, Subpart i, 6.H.5.
6	Update the BENEFIT ESTIMATE LETTER COMPLETED ON DATE field in VTA.
7	Clear EP 310 in accordance with M21-1, Part X, Subpart i, 6.H.1.h.
8	Initiate development on any deferred claimed conditions in accordance with M21-1, Part X, Subpart i, 6.H.1.d.

X.i.6.H.1.b. Considering Evidence in Proposed Rating Decisions

Proposed IDES ratings must be prepared on the basis of the evidence of record at the time the examination is completed. This evidence will typically consist of

- the service treatment records provided as part of the IDES referral, and
- the results of the IDES examination(s).

Receipt of additional records after completion of a proposed rating does not necessitate readjudication of the proposed rating. Any additional records will be considered as part of the final rating process (or the rating reconsideration process, if applicable).

X.i.6.H.1.c. Addressing Claimed and Referred Conditions in Proposed Rating Decisions

The DRAS is responsible for preparing proposed rating decisions for Physical Evaluation Boards (PEBs)s that address every disability that was

- referred by the service department, and
- formally claimed by the participant during the initial meeting with the Military Services Coordinator (MSC).

Exceptions:

- When the evidence is sufficient to decide all disabilities that were referred by the service department, but not yet sufficient to decide claimed issues, the DRAS may defer a decision on the claimed issue(s) and return a partial rating decision to the PEB.
- In cases involving members of the National Guard and Reserve who are not on active duty, a final VA rating decision will be prepared and returned to the PEB in lieu of a proposed rating (in accordance with **M21-1, Part X, Subpart i, 6.K.2**).

Important: The rating decision returned to the PEB must always fully address all conditions that are understood to be *referred* by the service department at the time of the proposed rating action. When referred issues cannot be decided due to incomplete development, the DRAS must resolve the deficiency prior to preparing the proposed rating, as referred issues cannot be deferred on proposed ratings.

Deferrals of claimed conditions must be handled in accordance with

- **M21-1, Part X, Subpart i, 6.H.1.d**, in cases involving participants serving on active duty, and
- **M21-1, Part X, Subpart i, 6.J.1.e**, in cases involving participants who are not currently on active duty.

References: For more information on

- disabilities that IDES participants claim after their initial meeting with their MSC, see **M21-1, Part X, Subpart i, 6.K.1.c and d**
- issues associated with claims that were pending prior to the participant's referral to IDES, see **M21-1, Part X, Subpart i, 6.G.1.d and e**
- disabilities that cannot be evaluated due to a participant's pregnancy, see **M21-1, Part X, Subpart i, 6.K.3.e**
- participants who are too disabled to report for examinations, see **M21-1, Part X, Subpart i, 6.F.2.n**, and
- disabilities found on examination that were not specifically claimed or referred, see **M21-1, Part X, Subpart i, 6.K.1.i**.

X.i.6.H.1.d. Deferring Claimed Conditions in Proposed Rating Decisions

When evidence is sufficient to decide all referred conditions in a proposed rating decision, but insufficient to decide one or more claimed issues, the claimed issues must be deferred on the proposed rating decision.

Note: Current VBMS-R functionality does not allow deferrals on proposed ratings via typical VBMS deferral process. As such, these deferrals must be entered as a "Free Text" issue in VBMS-R to ensure the deferral is properly indicated on the *Codesheet*.

Important: When claimed issues are deferred in proposed ratings, the DRAS must take timely corrective development so that the issue can be resolved on the final rating (the claim should ***not*** be returned to the rating activity prior to the participant's discharge).

If the at the time of the final rating, DRAS is still unable to fully resolve the deferred issue(s), the issues should be deferred on the final rating and handled in accordance with **M21-1, Part X, Subpart i, 6.J.1.e**.

X.i.6.H.1.e. Required Information on the Codesheet of a Proposed Rating Decision

DRAS decision makers must select the appropriate decision when entering a proposed rating decision into VBMS-R, either

- *Proposed DES Service Connected*, for proposed grants of service connection (SC), or
- *Proposed DES Not Service Connected*, for proposed denials of SC.

Important: Do ***not*** use

- *PEB Referred Proposed Service Connected*, or
- *PEB Referred Proposed Not Service Connected*.

X.i.6.H.1.f. Notification Letter to Accompany Proposed Rating Decisions

The DRAS must prepare a notification letter in conjunction with proposed rating decisions according to the table below.

If the participant is ...	**Then the DRAS must prepare a …**
on active duty	BEL shown in **M21-1, Part X, Subpart i, 6.H.5**. ***Rationale***: The purpose of the BEL is to provide the participant with a proposed estimate of VA benefits to assist him/her with financial planning following discharge from active duty.
is ***not*** on active duty	standard Veteran's notification letter in accordance with **M21-1, Part X, Subpart i, 6.K.2.d**.

Exception: If the participant declined to file a VA claim as part of the IDES process, the DRAS must prepare the notification letter as indicated in **M21-1, Part X, Subpart i, Chapter 6.K.10.b**.

X.i.6.H.1.g. Including Dependents on the BEL

The DRAS must include dependents on the BEL when ***VA Form 21-686c, Application Request to Add and/or Remove Dependents***, is of record and complete.

If the ***VA Form 21-686c*** of record is incomplete or the participant did not submit ***VA Form 21-686c***, the DRAS must add the following information to the dependency section of the BEL:

> *If you have submitted a complete VA Form 21-686c, Declaration of Status of Dependents, this information will be considered on your final rating. If you have eligible dependents, but have not yet submitted the VA Form 21-686c, please contact your Military Services Coordinator (MSC).*

X.i.6.H.1.h. EP Credit for

Upon completion of a proposed rating decision, the DRAS must complete a one-time clear of EP 310 (with the *IDES*

Proposed Rating Decisions	*Rating – Proposed* claim label) and use the current date the date of claim. ***Exception***: The one-time clear of EP 310 is not appropriate if the rating decision was prepared under a rating EP for an IDES participant who is a member of the Reserves or National Guard and is not on active duty, per **M21-1, Part X, Subpart i, 6.K.2.d**. ***Note***: If an IDES participant declines to file a VA claim, and the DRAS prepares a rating under **M21-1, Part X, Subpart i, 6.K.10.a**, an EP 310 should be cleared regardless of the participant's duty status.

2. Special Considerations Relating to Proposed Ratings

Introduction

This topic contains information about special rating considerations in IDES claim, including

- **rating decisions for IDES participants who are not on active duty**
- **rating issues that are unique to IDES cases**
- **decisions involving coexisting claimed and referred disabilities**
- **addressing referred conditions for PEB purposes only**, and
- **denying SC for a referred condition in a proposed rating**.

Change Date June 7, 2021

X.i.6.H.2.a. Rating Decisions for IDES Participants Who Are Not on Active Duty

In IDES cases involving Veterans (i.e., members of the National Guard and Reserve not currently serving on active duty), DRAS will prepare a standard VA rating and notification letter to be provided to the PEB in lieu of a proposed rating and BEL.

Reference: For more information on processing IDES claims from members of the Reserves or National Guard who are not on active duty, see **M21-1, Part X, Subpart i, 6.K.2**.

X.i.6.H.2.b. Rating Issues That Are Unique to IDES Cases

DRAS decision makers must consider the issues in the table below when preparing proposed ratings that will be used by the PEB.

Issue	Discussion
Goniometer Readings	Use the goniometer readings in examination reports when assigning evaluations for back disorders *unless* an examiner indicates in a report that the readings do not accurately reflect the IDES participant's true functional limitations. ***Important***: When goniometer readings do not accurately reflect the IDES participant's true functional limitations, provide an explanation in the narrative of the proposed rating decision.
Evaluations Subject to Change	When the evaluation assigned to a disability in a proposed rating decision is subject to change, explain in the narrative of the proposed rating decision that a different evaluation may be warranted when the final rating decision is made.
Future Examinations	When a future examination of a disability is necessary, note this in the proposed rating decision. ***Rationale***: When deciding whether to place a participant on the Temporary Disability Retired List or the Permanent Disability Retired List, PEBs consider a determination that a future examination of a disability is necessary. This information must

	be included in the proposed rating decision because PEBs do not receive copies of final rating decisions.
Coexisting Claimed and Referred Disabilities	When preparing a proposed rating decision, take the additional actions described in **M21-1, Part X, Subpart i, 6.H.2.c** *if* • coexisting disabilities exist to which the rating schedule requires the assignment of a single disability rating • one of the disabilities is a disability the IDES participant claimed, and • the other disability is one that the participant's service department referred to VA.
Examinations Found Insufficient for Rating Purposes	When IDES examinations are determined to be insufficient for rating purposes, the DRAS must take the actions outlined in **M21-1, Part X, Subpart i, 6.F.3.h**.

X.i.6.H.2.c. Decisions Involving Coexisting Claimed and Referred Disabilities

If an IDES participant has coexisting *claimed* and *referred* disabilities that must be assigned a *single* disability rating under the rating schedule, the DRAS decision maker must

- determine the appropriate disability rating for the *referred* disability alone (as if the coexisting *claimed* disability did not exist), and
- note the separate disability rating and the rationale for its assignment in the *Reasons for Decision* part of the rating decision that discusses the coexisting disabilities.

Rationale: PEBs may consider *only* the disability ratings VA assigns to *referred* disabilities when deciding a participant's final disposition.

Example: A participant claims SC for sleep apnea. Referred conditions include asthma. Both conditions are appropriately diagnosed, and sleep apnea is confirmed by a sleep study. Pulmonary function tests warrant a 10-percent disability rating. However, the participant also uses a continuous positive airway pressure machine which is medically necessary for sleep apnea.VA awards SC for asthma and sleep apnea as coexisting disabilities and assigns a disability rating of 50 percent.

Result: The individual who prepares the proposed rating decision ***must*** indicate in the corresponding *Reasons for Decision* that the participant's asthma, if rated alone, would warrant the assignment of a 10-percent disability rating based on the results of pulmonary function testing.

X.i.6.H.2.d. Addressing Referred Conditions for PEB Purposes Only

The DRAS must prepare a proposed evaluation for *PEB purposes only* when there are

- both coexisting claimed and referred disabilities as indicated in **M21-1, Part X, Subpart i, 6.H.2.c**, or
- referred conditions
- that are the subject of a pending appeal or higher-level review (HLR) as indicated in **M21-1, Part X, Subpart i, 6.G.1.a and c**
- where the IDES participant subsequently declines to file a VA claim, as indicated in **M21-1, Part X, Subpart i, 6.K.10.a**, or
- where a prescribed form was not used.

The proposed decision must include a clear indication that the evaluation assigned is for PEB purposes only.

Note: Evaluations for PEB purposes only must ***not*** be

- prepared for any issue for which SC cannot be established (these conditions must be handled in accordance with **M21-1, Part X, Subpart i, 6.H.2.e**), or

- indicated on final VA ratings (cases involving participants who are not on active duty that require evaluations for PEB purposes only must be handled in accordance with **M21-1, Part X, Subpart i, 6.K.2.e**).

X.i.6.H.2.e. Denying SC for a Referred Condition in a Proposed Rating

If the evidence does not support SC for a referred condition, the DRAS must

- prepare a proposed rating denying the condition with no disability evaluation, and
- provide a notice containing the following wording to the requesting PEB:

> *The evidence of record does not establish that the referred condition, [name of condition] is related to the participant's military service; as such, no disability rating will be provided. Please refer to the proposed rating decision narrative for additional information regarding the reason(s) for this proposed denial.*
> *If DoD is in possession of any new/additional evidence that resolves the reason for denial, or otherwise might serve to establish service-connection, please submit a PEB-Directed Rating Return in VTA and forward the new information to DRAS for consideration.*

The notice must be added to

- the *Special Notations* box on the *Codesheet* of the proposed rating, and
- a note placed in VTA.

3. Providing Proposed Ratings to the PEB

Introduction

This topic contains information on providing IDES ratings to the PEB on request, including

- **handling a PEB request for a proposed rating decision**
- **distribution of the proposed rating decision**, and
- **presentation of the proposed rating documents to the participant**.

Change Date June 7, 2021

X.i.6.H.3.a. Handling a PEB Request for a Proposed Rating Decision

PEBs will indicate their need for a VA rating decision via VTA update; no physical request or records will be sent to DRAS. Cases in which the PEB has requested a VA rating will be indicated on the *Pending Proposed Rating Report* in VTA.

For each case that appears on the VTA *Pending Proposed Rating Report*, the DRAS must complete the actions indicated in the table below.

Step	Action
1	Enter a date in the PROPOSED RATING START DATE field in VTA. (The date entered in this field must match the date entered in the PROPOSED RATING REQUEST DATE field on the PEB Tab of VTA).
2	Review VTA and/or VBMS to confirm that the following items have been completed • a rating decision that meets the specifications outlined in **M21-1, Part X, Subpart i, 6.H.1.c**, and • a notification letter that meets the specifications outlined **M21-1, Part X, Subpart i, 6.H.1.f**.
3	Are both the rating decision and notification letter completed and in the electronic claims folder (eFolder)?

<table>
<tr><td></td><td>• If yes, go to the next step.
• If no,
• take immediate action to complete the required rating and notification letter, and
• go to the next step.</td></tr>
<tr><td>4</td><td>Has the requesting PEB agreed to obtain proposed ratings directly from the eFolder?
• If yes, go to Step 6.
• If no, go to the next step.
Note: Some PEB personnel have access to the VBMS eFolder; as such, PEBs may elect to obtain the rating and notification letter directly from the eFolder. This method of transfer is encouraged, as it eliminates the need for DRAS to take additional action to transfer the documents.</td></tr>
<tr><td>5</td><td>Provide the rating decision, Codesheet, and notification letter to the requesting PEB via Department of Defense Secure Access File Exchange (DoD SAFE).

Reference: For more information on sending files through DoD SAFE, see M21-1, Part X, Subpart i, 6.K.9.a.</td></tr>
<tr><td>6</td><td>Update the PROPOSED RATING END DATE field in VTA in accordance with the table below.
If the documents were provided to the PEB via …
Then the DRAS must update the PROPOSED RATING END DATE field to reflect ...
DoD SAFE transfer the date the documents were sent via DoD SAFE.
the eFolder the current date.

Note: This entry serves to notify the PEB of the documents' availability in the eFolder and must never be backdated.

<table>
<tr><th>If the documents were provided to the PEB via …</th><th>Then the DRAS must update the PROPOSED RATING END DATE field to reflect ...</th></tr>
<tr><td>DoD SAFE transfer</td><td>the date the documents were sent via DoD SAFE.</td></tr>
<tr><td>the eFolder</td><td>the current date.

Note: This entry serves to notify the PEB of the documents' availability in the eFolder and must never be backdated.</td></tr>
</table>
</td></tr>
</table>

Note: If claimed issues were deferred in the proposed rating, DRAS must continue efforts to resolve.

X.i.6.H.3.b. Distribution of the Proposed Rating Decision

The table below describes the order in (and restrictions on) which a proposed rating decision and notification are distributed.

The …	Provides proposed rating documents to the …
DRAS	PEB.
PEB	Physical Evaluation Board Liaison Office (PEBLO).
PEBLO	participant.

Additionally, the DRAS must ensure the rating *Codesheet* is made available to the PEB. However, the participant does not later receive the *Codesheet* from the PEBLO. As stated in **M21-1, Part X, Subpart i, 6.H.3.c**, the participant receives the rating decision and notification letter from the PEBLO.

Important: With the following exceptions, neither a DRAS nor an MSC may provide a proposed rating decision to a participant's representative.

- In IDES cases involving Veterans (not currently on active duty), DRAS must release the rating and notification letter to the Veteran (and power of attorney, if applicable) upon completion. The DRAS will provide a copy of the same documents to the PEB at the time of their requests.
- If, at the time of exit interview (after the PEB process has concluded), the MSCs may the provide a copy of the proposed rating decision and/or BEL at the participant's request.

X.i.6.H.3.c. Presentation of the Proposed Rating Documents to the Participant

The PEBLO will present the participant with the proposed rating decision and notification letter, when briefing the participant on the PEB's findings. MSCs may attend these briefings at the request of the participant or PEBLO if the MSC's schedule allows it.

PEBLOs may advise participants that they may schedule a meeting with their MSC to discuss the proposed rating decision. MSCs ***must*** make every effort to meet or speak with participants who have questions about their proposed rating decision within 48 hours of receiving a request.

4. Requests for Reconsideration, Review, and Correction of Proposed Rating Decisions

Introduction

This topic contains information about requests for reconsideration, review, and correction of proposed rating decisions, including

- **requests for reconsideration of a proposed rating decision**
- system updates
- **upon receipt of a request for reconsideration**, and
- **after processing a request for reconsideration**
- **identification of errors in a proposed rating decision**
- **PEB-directed rating returns (PDRRs)**, and
- **handling PDRRs: DRAS responsibilities**.

Change Date November 22, 2019

X.i.6.H.4.a. Requests for Reconsideration of a Proposed Rating Decision

IDES participants may submit a one-time request for reconsideration of a proposed rating decision regarding any disability the participant's service department referred to VA. A proposed rating decision regarding a *claimed* disability is ***not*** subject to reconsideration.

Participants must submit a request for reconsideration to their PEB. If the PEB approves the request, it forwards the request to the DRAS that made the proposed rating decision.

DRAS Decision Review Officers (DROs) are responsible for deciding all requests for reconsideration of a proposed rating decision. If a DRO decides revision of a proposed rating decision

- is warranted
- the DRO prepares either
- a new proposed rating decision for *active duty* cases, or
- a new final rating decision for *non-active-duty* cases, and
- the DRAS forwards the decision to the appropriate PEB, or
- is ***not*** warranted
- the DRO prepares a memorandum that states this fact, and

- the DRAS forwards the memorandum to the appropriate PEB.

Important:

- If a PEB submits a request for reconsideration that has not been initiated by the service member, then notify the PEB that no action will be taken and indicate the reason the request failed to meet the criteria for a formal reconsideration.
- The only acceptable bases for revision of a proposed rating decision are:
- receipt of new evidence, and/or
- error on the part of the individual who made the decision.
- See **M21-1, Part X, Subpart i, 6.K.2.e** for instructions that are unique to requests for reconsideration from participants that are
- members of the Reserves or National Guard, and
- ***not*** on active duty.

X.i.6.H.4.b. System Updates Upon Receipt of a Request for Reconsideration

Upon receipt of a request for reconsideration of a proposed rating decision, the DRAS must update

- VTA by entering the date the DRAS received the request in the VA RECONSIDERATION RATING START DATE field on the RO/RATING ACTIVITY tab, and
- VBMS by changing
- the claim-level suspense so it expires seven days in the future
- the suspense reason to *Special Project Team Claim, Awaiting: RD*, and
- the claim status to *Ready for Decision*.

X.i.6.H.4.c. System Updates After Processing a Request for Reconsideration

After processing a request for reconsideration, the DRAS must

- update VTA by entering the date the DRAS sent a new proposed rating decision or a memorandum to an IDES participant's PEB in the VA RECONSIDERATION RATING END DATE field on the RO/RATING ACTIVITY tab
- complete a one-time clear of
- EP 310 (with the *IDES Reconsideration Request – Active Duty* claim label) for active duty cases, or
- EP 020 (with the *IDES Reconsideration Request – Not on AD* claim label) for non-active-duty cases, and
- update VBMS by changing
- the claim level suspense so it expires 30 days in the future, and
- the suspense reason to *Awaiting Guidance from: PEB*.

Important: If a DRAS prepares a *new* proposed rating decision, it must also update VTA by selecting one of the following entries from the drop-down box in the REVISED VA RATING RESULTS field on the RO/RATING ACTIVITY tab:

- *No change*
- *Increased evaluation, less than 30%*, or
- *Increased evaluation, 30% or more.*

Note: If an evaluation is increased as a result of a reconsideration request, the percentage in the REVISED VA RATING RESULTS field should indicate the combined percentage for all referred conditions after the change.

X.i.6.H.4.d. Identification of Errors in a Proposed Rating Decision

The table below describes the necessary actions to take when an error is identified in a proposed rating decision.

If the ...	Then the DRAS must ...

MSC identifies an error	• take corrective action, and notify the MSC and the PEB of the correction, or • respond to the request to indicate that no error was identified and that no change will be made to the proposed rating.
PEB requests a correction	handle the PEB's request in accordance with M21-1, Part X, Subpart i, 6.H.4.e and f.

Note: A DRAS's failure to address or properly defer a decision on all claimed and referred disabilities is considered an error.

X.i.6.H.4.e. PDRRs When a PEB administrator has questions or concerns about an evaluation assigned on a proposed rating, the PEB may submit a request to the DRAS for clarification or potential correction. Such a request is called a ***PEB-Directed Rating Returns*** (PDRR).

When submitting a PDRR, the PEB will enter the date in the PEB DIRECTED RATING RETURN START DATE field in VTA and transmit associated documents to the DRAS via the eFolder or DoD SAFE.

Note: A PDRR is not considered the participant's one-time request for reconsideration of a proposed rating decision (as discussed in M21-1, Part X, Subpart i, 6.H.4.a).

X.i.6.H.4.f. Handling PDRRs: DRAS Responsibilities

For each PDRR submitted by the PEB (identified by the *Pending PDRR* report in VTA) the DRAS must:

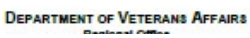
- evaluate the request to determine if corrective action is needed
- prepare a memo for the PEB explaining the outcome of the PDRR, including any appropriate clarification or explanation required
- prepare a corrected rating and notification letter or BEL (if necessary)
- return the response to the PEB in the manner the request was submitted, and
- enter the date in the PEB DIRECTED RATING RETURN END DATE field in VTA.
  Important: The PROPOSED RATING END DATE field in VTA should never be adjusted because of the outcome of a PDRR.

5. Exhibit: Benefits Estimate Letter (BEL) for IDES Participants

Introduction This topic contains a sample of the various pages and paragraphs that make up a BEL.

Change Date September 14, 2016

X.i.6.H.5.a. Sample BEL The images displayed below represent a sample BEL.



ample
BEL

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Address
City, State, Zip Code

Date of letter

In Reply Refer To: DRAS
CSS XXX-XX-XXXX
Last Name, First Name

First Name, Last Name
Address
City, State, Zip code

Dear Mr/Ms. Veteran,

Thank you for your service to our country. This letter provides a proposed estimate of your Department of Veterans Affairs (VA) benefits to assist you with your financial planning following your discharge from active duty.

Overview

Your military Service Department requested a disability assessment from VA because you were found unfit for continued military service. We provided the attached proposed VA Rating Decision to your Service Department.

The determination of entitlement to VA benefits is contingent upon the Member's discharge from Service and upon the Member having the requisite character of service. In the event that the Member is not separated from service as a result of the IDES process or, upon discharge, lacks the requisite character of discharge, this rating is null and void for purposes of entitlement to VA benefits.

Purpose

The purpose of this estimate is to provide you information for transition planning purposes. It does not constitute a final decision by VA. This letter includes what disabilities VA is *proposing* for service connection, your *estimated* VA entitlement amount, and *approximate* VA payment start date. We also included information about additional VA and State benefits and who to contact if you have questions or need assistance.

What VA Is Proposing

We are proposing that the following disabilities are related to your military service, i.e., service connected:

Medical Description of Claimed Disabilities	Proposed Percent (%) Assigned

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FIRST ISSUE	100%

We are proposing that the following conditions are not related to your military service:

Medical Description
SECOND ISSUE

We are proposing that your total combined rating for service-connected disabilities is 100%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious disabilities.

We provided a copy of your proposed Rating Decision to your Service Department Physical Evaluation Board (PEB). Your proposed Rating Decision and this letter are based on your claim received on January 1, 2014. It represents all claims we understood to be specifically made, implied, or inferred in that claim. It does not include any conditions that were *claimed* after you completed VA Form 21-0819, *VA/DoD Joint Disability Evaluation Board Claim*, during your initial meeting with the VA Military Service Coordinator shortly after entering the IDES program.

What You May Be Entitled to Receive If the IDES Process Results in Your Separation from Service and the Proposed VA Disability Decisions Are Finalized

We estimate that if the proposed ratings are implemented, you may be entitled after discharge from service to monthly VA compensation in the amount of $100.00 based on the current statutory rates of disability compensation. This estimate is based on paying you as a veteran with no dependents. Veterans having a 30% or more service-connected condition may be entitled to additional compensation for eligible dependents.

If you receive disability severance pay from the Service Department, your monthly VA compensation may be reduced by the amount of disability severance pay for the percentage(s) of the unfitting disabilities only. However, your monthly VA compensation will not be reduced for any unfitting disabilities the PEB determines were incurred in combat. If you are retired from service and would like information on Combat-Related Special Compensation (CRSC) or Concurrent Retirement Disability Pay (CRDP), call Defense Finance and Accounting Service toll free at 1-888-332-7411 or 1-800-321-1080.

What Happens Next

The following section applies to you only if you are subsequently separated or retired from service and you accept your PEB findings.

1. Your VA Military Services Coordinator (MSC) will contact you to set up an exit interview. At this interview, the MSC will gather dependency and other pertinent information, as well as provide you with additional information on VA benefits.
2. Unless we receive additional medical evidence, we will implement the proposed Rating Decision when the Service Department notifies us that you have separated as a result of the IDES process.
3. Once separated, generally, your effective date of eligibility for VA benefits is the first day of the month after the month of your separation. VA payments are made at the beginning of each month for the prior month. For example, if you were discharged on May 15, you would be service-connected as of May 16. Your benefits are effective June 1 and your first payment will be made approximately July 1 for June.

Are You Entitled To Additional Benefits?

You should contact your state's office for Veterans Affairs to obtain information about any tax, license, or fee-related benefits for which you may be eligible after separation from service. A link to each state's web site can be found at http://www.va.gov/statedva.htm

In addition, you may be eligible for VA Insurance, Education, Home Loan Guaranty, and Vocational Rehabilitation and Employment as described below. Certain benefits may be available while you are still on active duty.

Insurance

You may be eligible for Service-Disabled Veterans Insurance (S-DVI) if you are in good health (except for any service-connected disabilities), and apply within two years of your final disability rating notification. If you are totally disabled, you may be eligible to have your S-DVI premiums waived and receive up to $20,000 of Supplemental S-DVI coverage. You should receive a package within two weeks after your Rating Decision is finalized. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information at 1-800-669-8477 or go to the VA Insurance web site at http://www.insurance.va.gov.

Your Servicemembers' Group Life Insurance (SGLI) will terminate 120 days after separation or release from military service. However, if you are totally disabled, you are eligible to continue to receive SGLI for another two years under current law. After you are discharged, you will receive information about how to apply for the SGLI extension of coverage based on total disability. Also, you are eligible to convert your SGLI to Veterans' Group Life

Insurance (VGLI) within 120 days after discharge without proof of good health or one year after the 120-day period expires upon proof of good health. You will receive a VGLI application within 60 days after separation from service. If you do not receive information about the SGLI extension or VGLI, please contact the Office of Servicemembers' Group Life Insurance at 1-800-419-1473 or visit the VA Insurance web site at http://www.insurance.va.gov.

VA Education Benefits

VA pays benefits to eligible Veterans and Servicemembers while they are in an approved education or training program. Based on the type of military service, primary benefit programs are for active duty Servicemembers, Veterans, and Reserve or Guard members. Individuals with 90 days or more of active duty on or after September 11, 2001, are generally eligible under the Post-9/11 GI Bill (Chapter 33). However, in the case of a Servicemember who, on or after September 11, 2001, serves at least 30 continuous days on active duty and upon completion of such service is discharged or separated for a service-connected disability, the Servicemember is entitled to full benefits under that program. Those who first entered active duty after June 30, 1985, are generally eligible under the Montgomery GI Bill (MGIB) (Chapter 30). Reserve and Guard members may be eligible for MGIB –Selected Reserve (Chapter 1606). MGIB may be available for those who signed a six-year commitment after June 30, 1985, are actively drilling, and in good standing with their unit. The Reserve Educational Assistance Program (Chapter 1607) is for those who were activated under Federal authority for a contingency operation and served 90 continuous days or more after September 10, 2001. Time limits vary from 10-15 years from either the date of release from active duty or the date eligibility was established, depending upon the benefit. Each program has unique eligibility specified by law, and only one program can be used at any given time. If you need help with your VA education benefits, you can call toll free, 1-888-442-4551, or visit the VA's education web site at http://www.gibill.va.gov.

VA Home Loan Guaranty

VA offers a number of home loan services to eligible Veterans, some military personnel, and certain surviving spouses. VA can guarantee a portion of a loan made by a private lender to help you buy a home, a manufactured home, a lot for a manufactured home, a condominium unit, or a unit in a cooperative dwelling. VA may waive your mortgage funding fee if you are rated by VA as eligible to receive compensation as a result of your DES disability examination and proposed rating. VA also guarantees loans for building, repairing, and improving homes. If you have a VA mortgage, VA can help you refinance your loan at a lower interest rate. You may also refinance a non-VA loan. There is no time limit for a VA home loan. For more information, visit our web site at http://www.homeloans.va.gov/.

VA Vocational Rehabilitation and Employment

VA provides assistance to Servicemembers and Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment. Assistance may be provided in the form of job search, vocational evaluation, career exploration, vocational training, educational training, and supportive rehabilitation services. Visit the Vocational Rehabilitation and Employment web site at http://www.vba.va.gov/bln/vre/index.htm for additional information. Veterans generally are eligible for the program for 12 years from the date VA informs them that they have at least a 10% rating for a service-connected disability.

Medical Care

VA provides a variety of health care services including hospital, outpatient medical, dental, pharmacy, and prosthetic services; domiciliary, nursing home, and community-based residential care; sexual trauma counseling; specialized health care for women Veterans; health and rehabilitation programs for homeless Veterans; readjustment counseling; and alcohol and drug dependency treatment. Veterans who have one or more service-connected disabilities as determined by VA are eligible for most medical services through the VA health care system. VA provides cost-free health care for Veterans who served in combat operations after November 11, 1998, for any illness associated with their service in that theater. If you are a recently discharged combat Veteran, you have five years to access this cost-free care from the date of your discharge from active duty on or after January 28, 2008. If you are interested in obtaining VA medical care, contact your nearest VA health care facility or the VA Enrollment Service Center at 1-877-222-VETS (8387). For additional information, visit http://www.oefoif.va.gov/.

Clothing Allowance

VA offers an annual clothing allowance to Veterans who have a service-connected disability for which he or she uses prosthetic or orthopedic appliances. This allowance is also available to any veteran whose service-connected skin condition requires prescribed medication that irreparably damages outer garments. To apply, contact the prosthetic representative at the nearest VA Medical Center.

Dependents' Education Assistance

VA offers education assistance for dependents of veterans that are determined to be permanently and totally disabled due to service-connected disabilities. For more information, you can visit our website at http://www.benefits.va.gov/gibill/survivor_dependent_assistance.asp.

Automobile Grant and Adaptive Equipment

VA offers qualified Veterans and Servicemembers a one-time payment of not more than $19,817 toward the purchase of an automobile or other conveyance if they have service-connected loss or permanent loss of use of one or both hands or feet, permanent impairment of vision of both eyes to a certain degree, severe burn injuries (deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile), or ankylosis (immobility) of one or both knees or one or both hips. They may also be eligible for adaptive equipment, and for repair, replacement, or reinstallation required because of disability or for the safe operation of a vehicle purchased with VA assistance. To apply, contact a VA regional office at 1-800-827-1000 or the nearest VA medical center.

Specially Adapted Housing Grants

Certain Veterans and Servicemembers with service-connected disabilities are eligible to receive a Specially Adapted Housing (SAH) grant from VA to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements. Eligible Veterans or Servicemembers may receive up to three grants, with the total dollar amount of the grants not to exceed the maximum allowable.

To qualify for an SAH grant, the Veteran or Servicemember must be found eligible to receive compensation for permanent and total service-connected disability due to one of the following:

- Loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- Loss or loss of use of both upper extremities at or above the elbow.
- Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity.
- Loss or loss of use of one lower extremity together with (a) residuals of organic disease or injury, or (b) the loss or loss of use of one upper extremity which so affects the functions of balance or propulsion as to preclude locomotion without the use of braces, canes, crutches or a wheelchair.
- Severe burn injuries.

Supplemental Financing: Veterans and Servicemembers with available loan guaranty entitlement may also obtain a guaranteed loan or a direct loan from VA to supplement the grant to acquire a specially adapted home. Amounts with a guaranteed loan from a private lender will vary, but the maximum direct loan from VA is $33,000.

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CSS XXX-XX-XXXX
Last name, First

Special Home Adaptation Grants

VA may approve a grant not to exceed the maximum allowable for necessary adaptations to a Veteran's or Servicemember's residence or to help them acquire a residence already adapted with special features for their disability, to purchase and adapt a home, or for adaptations to a family member's home in which they will reside.

To be eligible for this grant, Veterans and Servicemembers must be entitled to compensation for permanent and total service-connected disability due to one of the following:

- Blindness in both eyes with 5/200 visual acuity or less.
- Anatomical loss or loss of use of both hands.
- Severe burn injuries
- Residuals of an inhalation injury

Additional information about the Specially Adapted Housing Program is available at the following web site: http://www.homeloans.va.gov/sah.htm.

Direct Deposit

The Department of Treasury mandated that new recurring benefit payments must be made via EFT or prepaid debit card. You must contact the U.S. Treasury at 1-888-224-2950 to discuss options available for receiving your future payments that are in compliance with U.S. Treasury regulations. Before you call the Treasury, we can help! If compensation or pension is awarded, you can receive your payments through electronic funds transfer (EFT). To have your federal benefits electronically transferred to your designated financial institution (e.g. bank) call VA at 1-800-827-1000 with your banking information or go online to www.ebenefits.va.gov.

Sincerely yours,

IDES Rating Activity Site Manager

Contact us at: https://iris.va.gov

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From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177957/M21-1-Part-X-Subpart-i-Chapter-6-Section-H-Integrated-Disability-Evaluation-System-IDES-Proposed-Ratings>

M21-1, Part X, Subpart i, Chapter 6, Section I - Integrated Disability Evaluation System (IDES) Processing Based on Service Department Outcomes

Article ID: 554400000177958
Updated Sep 08, 2022
Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

<-- Previous Section Next Section -->

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Determinations and Associated Outcomes
2	IDES Processing Based on MEB/PEB Determinations and Outcomes
3	Exit Interviews

1. MEB and PEB Determinations and Associated Outcomes

Introduction This topic contains information about the MEB and PEB determinations and associated outcomes, including outcomes of

- an MEB's review of examination reports, and
- a PEB determination on fitness for duty.

Change Date June 7, 2021

X.i.6.I.1.a. Outcomes of an MEB's Review of Examination Reports

After receiving an Integrated Disability Evaluation System (IDES) participant's examination report(s) from a Military Services Coordinator (MSC)

- the participant's Physical Evaluation Board Liaison Officer (PEBLO) forwards the report(s) to a physician
- the physician uses the report(s) to prepare the IDES case for the Medical Evaluation Board (MEB), and
- the MEB determines whether the participant is below established standards for retention in service.

The table below describes the actions that take place ***after*** an MEB makes its determination.

If ...	Then the ...
the MEB determines the participant is *below* the standards for retention	• PEBLO notifies the MSC, and • MEB refers the participant's case to a Physical Evaluation Board (PEB). ***Note***: The MEB physicians prepare a narrative summary (NARSUM) for IDES participants who are referred to the PEB. The NARSUM is intended to inform the PEB's fitness determination. It • summarizes the history and severity of medical conditions, and • describes the impact of those conditions on the participant's ability to perform in their assigned duties. ***Reference***: For more information on PEB actions upon referral by the MEB, see M21-1, Part X, Subpart i, 6.I.1.b.
• the MEB determines the participant meets or exceeds the standards for retention, and • the participant has exhausted their appeal rights	• service department returns the individual to duty • PEBLO notifies the MSC, and • MSC conducts an exit interview with the participant according to the instructions in M21-1, Part X, Subpart i, 6.I.3.b. ***Reference***: For more information on the specific actions the Department of Veterans Affairs (VA) must take when an MEB determines a participant meets or exceeds standards for retention, see M21-1, Part X, Subpart i, 6.I.2.a and b.

X.i.6.I.1.b. Outcomes of a PEB Determination on Fitness for Duty

After an MEB refers an IDES participant's case to a PEB, the PEB makes a decision as to whether the service department-referred disabilities render the individual unfit for duty.

The table below describes the actions that take place ***after*** a PEB makes its decision.

If ...	Then the ...
• the PEB decides the participant is *fit* for duty, and • the participant has exhausted their appeal rights	• service department returns the individual to duty, and • MSC conducts an exit interview with the participant according to the instructions in M21-1, Part X, Subpart i, 6.I.3.b. ***Reference***: For more information on the specific actions VA must take when a PEB determines a participant is fit for duty, see M21-1, Part X, Subpart i, 6.I.2.a.
the PEB decides the participant	• PEB notifies the Disability Rating Activity Site (DRAS) of jurisdiction,

is *unfit* for duty	and • DRAS returns a proposed rating decision to the PEB. ***Reference***: For more information on processing a PEB's notice that an IDES participant has been found unfit for duty, see **M21-1, Part X, Subpart i, 6.I.2.a**.

2. IDES Processing Based on MEB/PEB Determinations and Outcomes

Introduction This topic contains instructions for processing MEB/PEB determinations, including

- **processing notice that an IDES participant meets retention standards, is fit for duty, or has been disenrolled**
- **letters to participants who are returned to duty or disenrolled**
- **handling returned mail**
- **when a proposed rating decision is not binding**
- **processing notice that an IDES participant has accepted a PEB decision that they are unfit for duty**, and
- **how PEBs document their findings**.

Change Date September 8, 2022

X.i.6.I.2.a. Processing Notice That an IDES Participant Meets Retention Standards, Is Fit for Duty, or Has Been Disenrolled

The table below describes the steps MSCs must follow when a PEBLO notifies an MSC that an IDES participant's

- MEB determined the participant meets the standards for retention
- PEB determined the participant is *fit* for duty, or
- service department disenrolled the participant from IDES for any other reason (to include administrative discharges).

Important: Before proceeding with the actions in the table below, the MSC must:

- confirm with the PEBLO that the Department of Defense's (DoD's) decision to remove the participant from IDES is final (i.e. that the participant has accepted the decision, or has exhausted/declined all due process appeals or rebuttals), and
- request that the PEBLO defer disenrollment in the Veterans Tracking Application (VTA) for 48-96 hours to allow sufficient time to conduct the exit interview and make VTA updates.

Step	Action
1	Prepare the letter according to the instructions in **M21-1, Part X, Subpart i, 6.I.2.b**. The letter must be • provided to the participant during the exit interview (or mailed to the participant if an in-person exit interview is not conducted), and • uploaded into the participant's electronic claims folder (eFolder).
2	Schedule and hold an exit interview with the participant in accordance with **M21-1, Part X, Subpart i, 6.I.3**.
3	Forward any documents that belong in the

	participant's eFolder to the appropriate scanning vendor. ***Exception***: Under circumstances described in M21-1, Part X, Subpart i, 6.F.1.f, MSCs may scan documents locally and upload the files directly in the eFolder as an alternative to sending the paper documentation to the scanning vendor.
4	Add a note in the Veterans Benefits Management System (VBMS) that describes the reason for the participant's disenrollment and documents that actions required in this table were taken by the MSC.
5	Clear the pending end product (EP) 689.
6	Is the participant a member of the Reserves or National Guard who is not on active duty? • If *yes*, go to the next step. • If *no*, no further action is necessary.
7	Has the participant received a final VA rating decision for all issues formally claimed during the IDES process? • If *yes*, no further action is necessary. • If *no*, go to the next step.
8	Establish a rating EP in accordance with M21-1, Part X, Subpart i, 6.K.2.c.

X.i.6.I.2.b. Letters to Participants Who Are Returned to Duty or Disenrolled

The instructions in Step 1 of the procedure described in M21-1, Part X, Subpart i, 6.I.2.a indicate MSCs must prepare a letter for IDES participants whose service department returned them to duty. MSCs must follow the instructions in the table below when preparing the letter.

If the participant is ...	**Then MSC must compose an ...**
returned to *active* duty	*IDES Return to Active Service Letter*.
a member of the Reserves or National Guard and ***not*** on active duty	*IDES Return to Reserves/National Guard Letter*.
discharged administratively under conditions other than honorable	*IDES Disenrollment OTH Discharge Letter*.

X.i.6.I.2.c. Handling Returned Mail

If the letter an MSC delivered or mailed to an IDES participant as described in M21-1, Part X, Subpart i, 6.I.2.a is returned as undeliverable, the MSC must follow the instructions in M21-1, Part II, Subpart i, 2.C.6.d.

X.i.6.I.2.d. When a Proposed Rating Decision Is Not Binding

VA is ***not*** bound by the decisions set forth in an IDES participant's proposed rating decision if

- the service department returns the individual to duty (based on disenrollment or an MEB or PEB determination), and
- the participant subsequently files a claim for VA benefits, to include a Benefits Delivery at Discharge (BDD) or other pre-discharge claim.

X.i.6.I.2.e. Processing Notice That an IDES Participant Has Accepted a PEB

An IDES participant may appeal a PEB's decision that they are unfit for duty. After a participant *accepts* a PEB decision that they are unfit for duty, the participant's PEBLO is responsible for

Decision That They Are Unfit for Duty

notifying the participant's MSC.

Note: Sometimes, PEBLOs concurrently provide MSCs with a copy of the participant's

- final PEB decision
- separation/retirement orders, and/or
- *DD Form 214, Certificate of Uniformed Service*.

After an MSC receives notification that a participant has accepted a PEB decision, the MSCs and the DRAS must follow the steps in the table below.

Step	Description
1	The MSC schedules and holds an exit interview with the participant. ***Reference***: For more information on exit interviews, see **M21-1, Part X, Subpart i, 6.I.3**.
2	Is the participant awaiting a final VA rating decision? • If *yes*, go to the next step. • If *no*, no further action is necessary. ***Note***: No further action is required when • the participant already received a final rating decision during the PEB stage of the IDES process (because they were not on active duty at the time), or • the participant declined to file a VA claim as part of the IDES process.
3	If the MSC has documentation of the participant's discharge date, they must enter the date in the DATE OF SEPARATION field in VTA.
4	The MSC forwards a copy of all relevant documentation (such as PEB findings, a copy of the participant's orders and/or *DD Form 214*, evidence that establishes a dependent for VA purposes, etc.) to the appropriate scanning vendor. ***Notes***: • Under circumstances described in **M21-1, Part X, Subpart i, 6.F.1.f**, MSCs may scan documents locally and upload the files directly into the eFolder as an alternative to sending the paper documentation to the scanning vendor. • If a *DD Form 214* from the participant's current period of service has been uploaded into the VBMS, the MSC must check the block DD214 IN VBMS in VTA. ***Reference***: For information on how PEBs document their findings, see **M21-1, Part X, Subpart i, 6.I.2.f**.
5	If the participants's separation date has passed and the DRAS is able to verify the participant's date and character of discharge (COD), the DRAS goes to Step 7. Otherwise, the DRAS goes to the next step. ***Reference***: For more information on verifying a participant's service, see **M21-1, Part X, Subpart i, 6.J.1.a** .
6	The DRAS • updates the pending EP 689 by setting a VBMS claim-level suspense that expires on the *earlier* of the following dates:

	• 30 days from the current date, or • the anticipated date of separation, as shown on the participant's separation/retirement orders, and • changes the suspense reason in VBMS to *Requested/Awaiting Other Evidence.* After the participant's date and COD have been verified, the DRAS goes to the next step.
7	The DRAS • ensures that the entry in the DATE OF SEPARATION field on the RO/RATING ACTIVITY tab in VTA is complete and accurate • clears the pending EP 689, and • prepares and promulgates a final rating decision according to the instructions in **M21-1, Part X, Subpart i, 6.J.1** .

Reference: For more information about handling IDES cases involving members of the Reserves or National Guard who are not on active duty, see **M21-1, Part X, Subpart i, 6.K.2**.

X.i.6.I.2.f. How PEBs Document Their Findings

The table below lists the forms PEBs use to document their findings regarding an IDES participant's fitness for duty.

Service Department	Name of Form
Army	*DA Form 199, Physical Evaluation Board Proceedings*
• Air Force, and • Space Force	*AF Form 356, Findings and Recommended Disposition of the USAF Physical Evaluation Board*
• Navy, and • Marine Corps	*Findings of the Physical Evaluation Board Proceedings*

Note: PEBLOs ***must*** provide VA with one of the above forms when a PEB determines a participant is *fit* for duty.

3. Exit Interviews

Introduction

This topic addresses exit interviews that MSCs must conduct with IDES participants, including

- **MSC responsibilities for exit interviews**
- **interviews with IDES participants whose service department returned them to duty**
- **who has responsibility for the initial processing of BDD claims**
- **policies that are unique to BDD claims from former IDES participants**
- **interviews with IDES participants that a PEB determined are unfit for duty**
- **exit interviews by telephone**, and
- **updating VTA to reflect completion of an exit interview**.

Change Date December 30, 2020

X.i.6.I.3.a. MSC Responsibilities for Exit Interviews

MSCs must

- run the PENDING EXIT INTERVIEW REPORT in VTA to identify IDES cases requiring exit interviews
- contact all IDES participants to offer an exit interview
- schedule exit interviews when the offer of an interview is

accepted
- conduct scheduled interviews in person (or by telephone when circumstances prevent an in-person interview), and
- update VTA.

All required actions related to the exit interview must be completed within 14 days of the date entered in the EXIT INTERVIEW START DATE field in VTA.

References: For more information on
- conducting the exit interview
- when the participant has been returned to duty, see **M21-1, Part X, Subpart i, 6.I.3.b**
- when the participant has been found unfit for duty, see **M21-1, Part X, Subpart i, 6.I.3.e**, and
- by telephone, see **M21-1, Part X, Subpart i, 6.I.3.f**, and
- updating VTA, see **M21-1, Part X, Subpart i, 6.I.3.g**.

X.i.6.I.3.b. Interviews With IDES Participants Whose Service Department Returned Them to Duty

When an MSC holds an exit interview with an IDES participant whose service department returned the individual to duty (because of disenrollment or any other reason), the MSC must
- provide the participant with the appropriate letter described in **M21-1, Part X, Subpart i, 6.I.2.a** and **b**
- update the RETURN TO DUTY LETTER DATE field in VTA to reflect the date that the letter is provided or sent to the participant, and
- refer to the table below and take action as appropriate.

If the participant is ...	Then the MSC must ...
on *active* duty	• explain that the participant may file a claim for VA disability benefits • following separation from service, or • up to 180 days prior to separation, and • send the participant an e-mail containing a hyperlink to a **VA Pre-Discharge page** that discusses claims for disability benefits a service member may file prior to separation. ***Important***: If within 180 days of separation, the MSC should encourage the participant to submit a pre-discharge claim. If the participant files one of these claims, the MSC must follow the instructions in **M21-1, Part X, Subpart i, 6.I.3.c** and **d**.
a member of the Reserves or National Guard who is *not* on active duty	inform the participant that a regional office (RO) will determine the participant's entitlement to VA benefits based on the disabilities the participant claimed and the service department referred to VA.

Important: There is no requirement to conduct in-person exit interviews with participants whose service department returned them to duty. MSCs may choose to conduct these interviews over the telephone according to the instructions in **M21-1, Part X, Subpart i, 6.I.3.f**.

References: For more information on
- processing notice that an IDES participant meets retention standards, is fit for duty, or has been disenrolled, see **M21-1, Part X, Subpart i, 6.I.2.a**, and
- applications, see **M21-1, Part II, Subpart iii, 1.A**.

X.i.6.I.3.c. Who Has

The table below shows who has responsibility for the

Responsibility for the Initial Processing of BDD Claims

initial processing of a BDD claim that an MSC receives from a former IDES participant whose service department returned the individual to duty.

If the claim is ...	Then ...
physically submitted to an IDES/BDD intake site	the MSC may • undertake initial processing of the claim, or • forward the claim to the BDD Coordinator at the MSC's RO for initial processing.
submitted by electronic means or the mail portal	• the claim will be assigned to the appropriate station based on current assignment rules, and • the BDD Coordinator will assign the claim for initial processing. ***Important***: MSCs and BDD Coordinators are responsible for ensuring the timely initial processing of a BDD claim. BDD claims require MSC action if • examination of the former participant is necessary, and • the former participant is available for the examination(s) within the time frames required for the BDD program.

Note: Initial actions for BDD claims will be completed under EP 336.
Reference: For more information about the initial processing of BDD claims, see the roles and responsibilities of intake sites outlined in M21-1, Part X, Subpart i, 6.B and C.

X.i.6.I.3.d. Policies That Are Unique to BDD Claims From Former IDES Participants

The following policies are unique to BDD claims from individuals whose service department returned them to duty after referral into IDES.

- Former IDES participants may submit a BDD claim by completing a formal application.
- Reexamination of a former participant is unnecessary ***unless***
- relevant examinations were conducted more than one year prior to receipt of the BDD claim, or
- the former participant
- raises a claim that was *not* at issue during their participation in IDES
- claims their disabilities have increased in severity since the last examination, or
- has undergone surgery, given birth, or been pregnant or hospitalized since the last examination.

References: For more information on

- applications, see M21-1, Part II, Subpart iii, 1.A, and
- when a proposed rating is not binding, see M21-1, Part X, Subpart i, 6.I.2.d.

X.i.6.I.3.e. Interviews With IDES Participants That a PEB Determined Are Unfit for Duty

MSCs must take the actions described in the table below when they conduct an exit interview with an IDES participant that a PEB determined is unfit for duty.

Step	Action
1	If the participant requests it, provide them with • a copy of the notification letter, and/or

<table>
<tr><td></td><td>• a detailed explanation of the
• proposed rating decision, and/or
• notification letter.
Important: An MSC may not provide a copy of a proposed rating decision to a participant. Participants must receive this document from their PEBLO.</td></tr>
<tr><td>2</td><td>Confirm with the participant that their address has not changed.

Notes:
• If the participant's address has changed,
• update the corporate record with the new address, and
• document the change of address in a VBMS note.
• When updating an address in Share, check the C&P PAYMENT ADDRESS box if it is available.</td></tr>
<tr><td>3</td><td>Confirm with the participant that the entries in Section VI (Service Pay) and Section VII (Direct Deposit Information) of VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, are still accurate.</td></tr>
<tr><td>4</td><td>Ask the participant to complete one or both of the forms listed in the table below, if applicable, unless the forms are
• already of record, and
• up-to-date.
<table><tr><th>If the participant has ...</th><th>Then ask the participant to complete ...</th></tr><tr><td>• a spouse, and/or
• child(ren)</td><td>VA Form 21-686c, Application Request to Add and/or Remove Dependents.</td></tr><tr><td>a child that is
• between the ages of 18 and 23, and
• attending school.</td><td>VA Form 21-674, Request for Approval of School Attendance.</td></tr></table>
Note: At this time, MSCs should also attempt to obtain any evidence VA requires to establish a relationship between the participant and their dependents.

Reference: For more information on the evidence VA requires to establish a relationship between a Veteran and their dependents, see M21-1, Part VII, Subpart i.</td></tr>
<tr><td>5</td><td>Brief the participant on benefits that can be obtained through Veteran Readiness and Employment (VR&E) and provide the individual with
• VA Form 28-1900, Application For Vocational Rehabilitation For Claimants With Service-Connected Disabilities (Chapter 31, Title 38, U.S.C.)
• VA Form 28-8832, Educational/Vocational Counseling Application, and
• VA Form 28-0588, Service Persons Awaiting Discharge Who May Have a Disability.
Reference: For information on handling applications for VR&E benefits from an IDES participant, see M21-1, Part X, Subpart i,</td></tr>
</table>

	6.K.7.a.
6	Brief the participant on VA home loan benefits. Inform the participant that Loan Guaranty Service will accept either the proposed or final rating decision as the basis for waiving the home loan funding fee. If the participant indicates the intent to use VA home loan benefits prior to or immediately following separation from service, advise the participant to • complete ***VA Form 26-8937, Verification of VA Benefits***, and • submit the form and a copy of the proposed rating decision to the regional loan center (RLC) of jurisdiction. ***Reference***: For more information on handling an RLC's request for a rating decision to determine entitlement to a waiver of the home loan funding fee, see **M21-1, Part X, Subpart i, 6.K.7.e**.
7	Encourage the participant to submit ***VA Form 10-10EZ, Instructions and Enrollment Application for Health Benefits***, online through a VA claims submission service website. ***Note***: Also provide a ***VA Form 10-10EZ*** and instruct the participant to submit the completed form to the VA health care facility closest to their place of residence if they do *not* wish to submit the application online.
8	Unless the participant's PEBLO has already provided copies of the following documents to VA, ask the participant to provide their • final PEB decision • separation/retirement orders, and • *DD Form 214*. ***Important***: If the participant provides a portable document format (PDF) copy of the above documents, then the MSC should upload the documents into the participant's eFolder.
9	Thank the participant for their service to the country.
10	The MSC documents the exit interview by • completing ***VA Form 27-0820, Report of General Information***, and uploading it to the participant's eFolder, ***or*** • entering a detailed note in VBMS. ***Note***: The documentation should include a summary of the interview, including the reasons for the interview, and any noteworthy information exchanged.

X.i.6.I.3.f. Exit Interviews by Telephone

MSCs may conduct exit interviews over the telephone instead of in person based on participant preference and availability. If an IDES participant elects to have the interview over the telephone, follow the instructions in the table below.

Step	Action
1	Attempt to contact the participant by telephone to schedule the interview. If the participant cannot be reached by telephone, attempt to contact the participant by e-mail.
2	After scheduling the appointment, send a follow-up e-mail to the participant that confirms the date and time of the interview.
3	Did a PEB determine the participant is unfit for duty?

	• If *yes*, go to the next step. • If *no*, • follow the instructions in M21-1, Part X, Subpart i, 6.I.3.b, and • go to Step 8.
4	One week prior to the telephone interview, mail or e-mail the participant the VA forms referenced in Steps 4 through 7 of the procedure described in M21-1, Part X, Subpart i, 6.I.3.e.
5	Review the forms with the participant during the interview and provide assistance in completing them, if necessary.
6	Instruct the participant to take the following actions as soon as possible • complete the forms referenced in Steps 4 and 5 of the procedure described in M21-1, Part X, Subpart i, 6.I.3.e, and • return the forms and any evidence required to establish a relationship between the participant and their dependents online through one of the following means: • encrypted e-mail • DoD Secure Access File Exchange (SAFE), or • upload directly through a VA claims submission service website. ***Note***: Although it is recommended that the participant return the forms via the above means, if the participant does not wish to submit the forms electronically • provide the participant with the mailing address of the evidence intake center, and • instruct the participant to mail the completed forms/evidence to the intake center.
7	Complete the remaining actions described in M21-1, Part X, Subpart i, 6.I.3.e.
8	Document the telephone interview on *VA Form 27-0820*, and ensure it is associated with the participant's eFolder.

X.i.6.I.3.g. Updating VTA to Reflect Completion of an Exit Interview

Within 14 days of the date entered in the EXIT INTERVIEW START DATE field in VTA, the MSC must complete the EXIT INTERVIEW OUTCOME and EXIT OUTCOME DATE fields.

The table below lists the options for the EXIT INTERVIEW OUTCOME field and the corresponding date to use in the EXIT OUTCOME DATE field.

When the appropriate selection for the EXIT INTERVIEW OUTCOME field is ...	**Then update the EXIT INTERVIEW OUTCOME DATE field with ...**
Completed	the date that the exit interview was completed.
Not Completed – SM declined Exit interview	the date that the participant declined an exit interview.
Not Completed – SM did not show for scheduled Exit Interview	the date on which the exit interview was scheduled.
Not Completed – SM could not be contacted after two attempts	the date that the MSC determined the participant could not be reached.

Important: If a PEBLO updates VTA to reflect *disenrollment* of a participant *before* an MSC can conduct the exit interview, the MSC will not be able to update VTA to reflect completion of the interview. If this occurs, the MSC is still obligated to hold the

interview. However, they must document that the interview took place in a VBMS note.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177958/M21-1-Part-X-Subpart-i-Chapter-6-Section-I-Integrated-Disability-Evaluation-System-IDES-Processing-Based-on-Service-Department-Outcomes>

M21-1, Part X, Subpart i, Chapter 6, Section J - Integrated Disability Evaluation System (IDES) Final Ratings

Article ID: 554400000177959
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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
Chapter 06. Pre-Discharge Claims

<-- Previous Section Next Section -->

Overview

In This Section This section contains the topic "**Final Rating Decisions**."

1. Final Rating Decisions

Introduction

This topic contains information about final rating decisions, including

- requirement for verification of service
- establishing rating end products (EPs) for final rating decisions
- content of final rating decisions
- *Codesheet* entries on final rating decisions
- final rating decisions with deferred issues
- Disability Rating Activity Site (DRAS) actions after completing a final rating decision, and
- responsibility for higher-level reviews (HLRs) and appeals of final IDES rating decisions.

Change Date August 25, 2022

X.i.6.J.1.a. Requirement for Verification of Service

Before the Disability Rating Activity Site (DRAS) prepares a final rating decision for an Integrated Disability Evaluation System (IDES) participant on active duty at the time of the referral into IDES, it must verify the participant's

- character of service, and
- date of discharge.

A *DD Form 214, Certificate of Uniformed Service*, satisfies the requirement for verification. If a *DD Form 214* is *not* of record, use all available resources to obtain Military Services Coordinator

- participant's Military Services Coordinator
- VA Defense Information Repository data in Veterans Tracking Application (VTA)
- Defense Personnel Records Information Retrieval System (DPRIS)
- Veterans Information Solution (VIS), and
- Personnel Information Exchange System (PIES).

References: For more information on

- DPRIS, select the HELP tab on the DPRIS website (Registration is required.)
- VIS, see the *VIS User Guide*, and
- PIES, see the *PIES User Guide*.

X.i.6.J.1.b. Establishing Rating EPs for Final Rating Decisions

The DRAS must establish the appropriate rating end product (EP) and enter contentions in the Veterans Benefits Management System (VBMS) in accordance with M21-1, Part II, Subpart iii, 3.A. When establishing the rating EP, the DRAS must use:

- the day after the participant's discharge as the date of claim, and
- the applicable IDES claim label.

Important: Before establishing rating EPs in IDES cases, the DRAS must ensure the participant's service is verified and the EP 689 has been cleared.

Exception: If the participant is a member of National Guard or Reserves, and participated in IDES as a Veteran who was not on active duty, the rating EP should be established in accordance with M21-1, Part X, Subpart i, 6.K.2.d.

References: For more information on actions to take when the IDES participant

- has accepted the Physical Evaluation Board decision that

they are unfit for duty, see M21-1, Part X, Subpart i, 6.I.2.e, and
- meets retention standards, is fit for duty, or has been disenrolled, see M21-1, Part X, Subpart i, 6.I.2.a.

X.i.6.J.1.c. Content of Final Rating Decisions

The *final* rating decision must mirror the decisions set forth in the corresponding *proposed* rating decision.

Exception: The decisions reflected in the final rating decision may differ from those set forth in the proposed rating decision *only if*
- a clear and unmistakable error exists in the proposed rating decision
- a change in policy and/or rating criteria is implemented before the final rating is completed, and/or
- the Department of Veterans Affairs (VA) receives new evidence after issuing the proposed rating decision that justifies changing one or more of the decisions set forth in it.

Important:
- Under ***no*** circumstances may the DRAS make a different decision based solely on a difference of opinion or a different interpretation of rating criteria.
- When a final rating decision differs from the corresponding proposed rating decision based on the exceptions described above, the decision maker ***must*** add a note in VTA.
- The note must describe the reason(s) for changing the decision.
- No note is required if a final rating decision addresses *additional* disabilities that were not at issue in the proposed rating decision.

Reference: For more information on post-separation revisions of IDES-related rating decisions, see M21-1, Part X, Subpart i, 6.K.8.

X.i.6.J.1.d. Codesheet Entries on Final Rating Decisions

When preparing a final rating decision, on the *Codesheet*, note those disabilities for which a participant received/will receive disability severance pay. Service departments provide this information to the DRAS in the NOTES field on the PEB ADMIN tab in VTA.

Notes:
- When information in the NOTES field is used for the purpose described above, save a screen shot of the PEB ADMIN tab and upload a copy of the screen shot into the participant's electronic claims folder (eFolder).
- When converting to the final rating decision, add special issue flashes for referred conditions only, including when these flashes were not included on the proposed rating previously. Use the special issue *PEB Referred* when preparing the final rating. This is required for data collection purposes.

X.i.6.J.1.e. Final Rating Decisions With Deferred Issues

If any issue is deferred in a final IDES rating decision, the DRAS must
- continue the pending rating EP (110, 010, or 020) after promulgating the final rating decision
- apply the *IDES Deferral* special issue to the first deferred contention, and
- enter the date of the decision notice in the VA BENEFITS DATE field on the RO/RATING ACTIVITY tab in VTA.

Note: The National Work Queue will recall and distribute the claim to a Veterans Service Center for development and processing of the deferred decision.

X.i.6.J.1.f. DRAS

The table below lists the steps and associated actions that

Actions After Completing a Final Rating Decision

DRAS claims processors must take after completing a final rating decision.

Timeliness goals for completion of the VA benefits stage of IDES claims processing, as applicable, are listed in M21-1, Part X, Subpart i, 6.E.1.j.

Step	Action
1	• Establish a claim-level suspense in VBMS that expires five days in the future. • Change the suspense reason in VBMS to *Special Project Team Claim, Awaiting: Promg*.
2	Ensure the *IDES Participant* corporate flash remains attached to the participant's electronic record.
3	Follow the instructions in M21-1, Part VI, Subpart i, 1.A and B for • promulgating the final rating decision, and • preparing a decision notice. ***Important***: If the participant or participant's spouse or mother is entitled to a civil service preference letter, the DRAS must notify the participant that the civil service preference letter can be obtained through VA claims submission service websites. ***Reference***: For more information on civil service preference letters, see M21-1, Part XIII, Subpart ii, 2.A.
4	Change the suspense reason in VBMS to *Special Project Team Claim, Awaiting: Auth.*
5	Authorize/approve the award and decision notice. ***Important***: If a decision on any claimed or referred disability is deferred, the deferral must be handled in accordance with M21-1, Part X, Subpart i, 6.J.1.e.
6	Send the decision notice and its attachments to the participant.
7	• Enter the date of the decision notice in the VA BENEFITS DATE field on the RO/RATING ACTIVITY tab in VTA. • Ensure the other fields under the RO/RATING ACTIVITY tab contain accurate dates.
8	Ensure all relevant documents are uploaded into the participant's eFolder. ***References***: For more information on • uploading documents into the eFolder, see VBMS Job Aid - Adding Documents in VBMS eFolders, and • sending evidence to the scanning vendor, see M21-1, Part II, Subpart i, 1.B.

X.i.6.J.1.g. Responsibility for HLRs and Appeals of Final IDES Rating Decisions

Higher-level reviews (HLRs) and appeals of final IDES ratings are not considered part of IDES and the DRAS is not involved in either review option.

References: For more information on
- HLRs, see M21-5, Chapters 4 and 5
- modernized appeals, see M21-5, Chapter 4, and
- legacy appeals, see M21-5, Chapter 7.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177959/M21-1-Part-X-Subpart-i-Chapter-6-Section-J-Integrated-Disability-

M21-1, Part X, Subpart i, Chapter 6, Section K - Special Situations Related to Integrated Disability Evaluation System (IDES)

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Topics
M21-1 Adjudication Procedures Manual >
Part 10 (Part X). Benefits Administration and Oversight >
Subpart i. Priority Processing and Other Special Mission Claims >
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Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Handling Added Conditions and Reenrolled IDES Cases
2	IDES Participants in the Reserve or National Guard Who Are Not on Active Duty
3	Handling Cases Involving Pregnant IDES Participants
4	Handling Notice or Evidence That an IDES Participant May Be Incompetent for Department of Veterans Affairs (VA) Purposes
5	Handling Notice or Evidence That an IDES Participant Has Died on Active Duty
6	Handling Notice or Evidence Than an IDES Participant Has Been Discharged Under Conditions Other Than Honorable
7	Ancillary Benefits for IDES Participants
8	Post-Separation Revisions of IDES-Related Rating Decisions
9	Using Department of Defense Safe Access File Exchange (DoD SAFE) to Securely Send and Receive Files
10	Proposed Ratings for Participants Who Decline to Submit a VA Claim

1. Handling Added Conditions and Reenrolled IDES Cases

Introduction

This topic discusses benefit-entitlement issues that arise after a Military Services Coordinator (MSC) holds the initial meeting with an IDES participant, including

- requirement for a prescribed form to add claim conditions
- general information on claimed conditions added after the initial meeting with the MSC
- examination requests addressing claimed conditions added after the initial meeting with the MSC
- rating decisions addressing claimed conditions added after the initial meeting with the MSC
- handling the addition of referred conditions that were
- previously claimed, and
- not previously claimed
- handling new referred conditions added
- *before* completion of the medical evaluation stage, and
- *after* completion of the medical evaluation stage
- handling additional disabilities noted during examination, and
- handling IDES cases disenrolled due to additional referred conditions.

Change Date February 16, 2024

X.i.6.K.1.a. Requirement for a Prescribed Form to Add Claimed Conditions

Integrated Disability Evaluation System (IDES) participants have the opportunity to raise claimed conditions by submitting a *VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits*, during their initial interview with the Military Services Coordinator (MSC). Conditions identified on a *VA Form 21-526EZ* that is submitted to the MSC during the initial interview must be considered as part of the IDES process.

IDES participants who wish to claim additional conditions after completion of their initial interview with the MSC must submit the claim on a prescribed form as indicated in M21-1, Part II, Subpart iii, 1.A (a *VA Form 21-526EZ* is preferred). The form must be signed by the claimant or authorized representative to be considered a complete claim for benefits.

Note: Any issue formally claimed after the initial meeting with the MSC must be handled in accordance with M21-1, Part X, Subpart i, 6.K.1.b.

Important: Any request for benefits that is not submitted on a prescribed form must be handled in accordance with M21-1, Part II, Subpart iii, 2.G (or M21-1, Part II, Subpart iii, 2.H for claims received prior to March 24, 2015). The disability rating activity site (DRAS) must ensure that any request for benefits is properly addressed when preparing the final rating notification. However, both MSCs and DRASs are encouraged to make reasonable attempts to obtain a complete prescribed form via telephone development at the earliest opportunity (once the request for benefits is raised/identified) when doing so is feasible and beneficial to the participant.

X.i.6.K.1.b. General Information on Claimed Conditions Added After the Initial

When an IDES participant submits a prescribed form with new claimed conditions after the initial meeting with the MSC has been completed, the claims processor who identifies the new conditions must list

Meeting With the MSC

the contentions under the end product (EP) 689. A new EP should ***not*** be established.

If an EP is established erroneously while the EP 689 is pending, the claims processor who identifies the new EP must

- ensure that any new conditions on the new application are added as contentions under the EP 689, and
- cancel the new EP established in connection with the new application.

References: For more information on

- examination requests addressing added claimed conditions, see **M21-1, Part X, Subpart i, 6.K.1.c**, and
- rating decisions addressing added claimed conditions, see **M21-1, Part X, Subpart i, 6.K.1.d**.

X.i.6.K.1.c. Examination Requests Addressing Claimed Conditions Added After the Initial Meeting With the MSC

The Department of Veterans Affairs (VA) is *not* obligated to request additional examinations solely because an IDES participant claims a condition ***after*** the initial meeting with the MSC is completed.

Important: Occasionally, situations may arise that warrant examination of the additional disabilities referenced above. When submitting an examination request under these circumstances, MSCs and DRAS employees should ***not***

- use the *IDES* priority code referenced in **M21-1, Part X, Subpart i, 6.F.2.f**, or
- add any remarks that associate the examination request with IDES.

Exception: The instructions in this block do ***not*** apply to additional disabilities

- a participant's service department refers to VA, or
- examiners identify during IDES-related examinations that are related to disabilities a participant's service department referred to VA.

X.i.6.K.1.d. Rating Decisions Addressing Claimed Conditions Added After the Initial Meeting With the MSC

Unless the evidence of record is sufficient to make a decision regarding the additional conditions, DRASs should defer a decision on the additional conditions in the final rating decision.

Exceptions: Instructions in this block do ***not*** apply to additional disabilities

- a participant's service department refers to VA, or
- examiners identify during IDES-related examinations that are related to disabilities a participant's service department referred to VA.

Reference: For more information on deferring issues raised during the IDES process, see

- **M21-1, Part X, Subpart i, 6.H.1.c and d**, and
- **M21-1, Part X, Subpart i, 6.J.1.e**.

X.i.6.K.1.e. Handling the Addition of Referred Conditions That Were Previously Claimed

If the service department adds new referred conditions that were previously claimed by the participant during the initial meeting with the MSC, the MSC or DRAS must

- ensure the communication from the service department is documented in the electronic claims folder (eFolder), and
- continue routine IDES processing.

These conditions will be examined and evaluated by DRAS according to standard IDES procedures. No additional action or prescribed form is required.

X.i.6.K.1.f. Handling the Addition of Referred Conditions That Were Not Previously Claimed

The service department is required to provide a new ***VA Form 21-0819, DOD Referral to Integrated Disability Evaluation System (IDES)***, to VA in order to refer a new and previously unclaimed condition.

References: For more information on

- the service department's responsibilities when added new referred conditions, see the ***Veterans Tracking Application (VTA) User Guide***, and
- handling previously unclaimed issues that were referred
- *before* completion of the medical evaluation stage, see **M21-1, Part X, Subpart i, 6.K.1.g**, and
- *after* completion of the medical evaluation stage, see **M21-1, Part X, Subpart i, 6.K.1.h**.

X.i.6.K.1.g. Handling New Referred Conditions Added Before Completion of the Medical Evaluation Stage

When an MSC receives a new ***VA Form 21-0819*** from the service department, adding new referred conditions to a pending IDES claim *before* VA examinations have been completed, the MSC must

- request examinations to address the new conditions as needed
- provide examination results to the Physical Evaluation Board Liaison Officer (PEBLO) for all conditions, including the newly referred conditions, prior to closing out the medical evaluation stage in VTA, and
- handle the new ***VA Form 21-0819*** in accordance with the instructions in **M21-1, Part X, Subpart i, 6.F.1**.

Important: New referred conditions that are added before examinations are conducted will ***not*** require disenrollment of the case in VTA. Continue processing under the original case identification (ID) number.

X.i.6.K.1.h. Handlin g New Referred Conditions Added After Completion of the Medical Evaluation Stage

If the service department intends to refer a new and previously unclaimed condition(s) *after* the medical evaluation stage has been completed, the case must be disenrolled from VTA and reenrolled under a new case ID number.

Upon receipt of a new ***VA Form 21-0819*** from the service department, the reenrolled case will move through the claims development and medical evaluation stages again under the new case ID number. Examinations will be completed for the new referred condition(s).

Exception: The service department will not disenroll the case if the new referred condition(s) can be addressed without any additional VA examinations. These cases will remain at the DRAS for processing. However, the DRAS must solicit an application for the new condition on a prescribed form so that the new issue(s) can be considered as part of the claim for VA benefits.

References: For more information on

- the service department's responsibility when adding new referred conditions, see the ***VTA User Guide***, Section 3.4, and
- handling cases that are disenrolled due to additional referred conditions, see **M21-1, Part X, Subpart i, 6.K.1.j**.

X.i.6.K.1.i. Ha If an IDES participant's examination report reveals the existence

ndling Additional Disabilities Noted During Examination

of a condition that was neither part of a complete claim on a prescribed form nor referred by the service department, then the DRAS should address the condition only when the condition is reasonably within the scope of the issues enumerated in the complete claim in accordance with 38 CFR 3.155(d)(2).

DRASs must follow the instructions in the table below if an IDES participant's examination report reveals the existence of a disability that neither the participant claimed nor the service department referred to VA.

If the disability is ...	Then the DRAS of jurisdiction must ...
related to any disability the participant's service department referred to VA ***Example***: • A participant's service department refers to VA a disability identified as "gunshot wound." • Scarring, as a residual of the gunshot wound, is noted in an IDES-related examination report.	address the disability in the proposed rating decision. ***Important***: • If the evidence of record is insufficient to make a decision regarding the disability, the DRAS must request another examination. • It is appropriate to treat the examination report that revealed the existence of the disability as insufficient because it contained insufficient information about the disability for rating purposes.
• within the scope of any disability the participant claimed, ***and*** • the record includes sufficient evidence to decide the issue	address the disability in the proposed rating decision.
• within the scope of any disability the participant claimed, ***and*** • additional evidence is required to decide the issue	• add the new issue to the list of contentions, and • defer the issue on the proposed rating decision. ***Important***: If the issue cannot be decided before completion of the final IDES rating decision, it must be handled in accordance with M21-1, Part X, Subpart i, 6.J.1.e.
• not within the scope of any claimed or referred disability, ***but*** • the evidence suggests the potential for entitlement exists	invite a claim from the participant as indicated in M21-1, Part II, Subpart iii, 2.G.2.e.

X.i.6.K.1.j. Handling IDES Cases Disenrolled Due to Additional Referred Conditions

Use the table below to determine how to process IDES cases that are disenrolled due to the addition of new referred conditions.

If the service department ...	Then ...
reenrolls the participant in VTA within 30 days of the disenrollment	• the service department is required to provide the MSC with a new *VA Form 21-0819* that indicates the new referred condition(s) • VA will treat as referred conditions all conditions listed on both the original and

	the new ***VA Form 21-0819*** • referred conditions added by the service department must be addressed for VA purposes (provided the participant signed and submitted ***VA Form 21-526EZ*** as part of the initial interview), and • it is not necessary to send the IDES disenrollment letter or clear the pending EP 689, as the IDES claim will continue to be controlled under the EP 689 that was established in response to the original ***VA Form 21-0819***. ***Important***: If the reenrolled record in VTA reflects a PREPARE CLAIM START DATE, but a new ***VA Form 21-0819*** has not been provided by the service department, the MSC must handle the case as an improper referral in accordance with **M21-1, Part X, Subpart i, 6.E.3.g**.
does not reenroll the participant in VTA within 30 days of the disenrollment	the MSC will process the disenrollment in accordance with **M21-1, Part X, Subpart i, 6.I.2.a**. ***Important***: If the participant is on active duty, VA will take no further action on the claim. If the participant is not on active duty, VA must process the claim in accordance with **M21-1, Part X, Subpart i, 6.K.2.c**.
reenrolls the participant in VTA more than 30 days after the disenrollment	• the MSC will handle the case as a new IDES referral, and • VA will treat as referred conditions only the conditions listed on the current ***VA Form 21-0819***.

2. IDES Participants in the Reserve or National Guard Who Are Not on Active Duty

Introduction This topic contains instructions that are unique to cases involving IDES participants in the Reserve or National Guard but not on active duty, including

- **references to participants in the Reserve or National Guard who are not on active duty**
- **requests for examination of participants in the Reserve or National Guard who are not on active duty**
- **handling notice that a Veteran will not be medically separated via IDES**
- **preparing rating decisions in cases involving participants who are not on active duty**
- **providing evaluations for PEB purposes only when participants are not on active duty**, and
- **requests for reconsideration from participants who are not on active duty**.

Change Date June 9, 2022

X.i.6.K.2.a. References to Participants in the Reserve or National Guard Who Are Any reference in this section to participants in the Reserve or National Guard who are *not* on active duty includes individuals returned to active duty

Not on Active Duty for the sole purpose of participating in IDES.

X.i.6.K.2.b. Requests for Examination of Participants in the Reserve or National Guard Who Are Not on Active Duty

The MSC that requests examination of a participants who are in the Reserve or National Guard but ***not*** on active duty must ask the examining facility to notify the following of the date and time of all examinations *at least one week prior* to the date they are scheduled to occur

- member
- MSC, and
- member's
- PEBLO, and
- unit (if the PEBLO provided contact information to the MSC, and the MSC included the information in the examination request).

Rationale: Following this practice ensures the member's unit has ample time to prepare orders allowing the member to attend the examinations.

Reference: For information on routing examination requests, see M21-1, Part IV, Subpart i, 2.A.1.b.

X.i.6.K.2.c. Handling Notice That a Veteran Will Not Be Medically Separated via IDES

When a member of the National Guard or Reserve who is not serving on active duty (a "Veteran," for the purpose of this block) submits a claim for VA benefits as an IDES participant, VA must fully resolve the Veteran's claim regardless of the outcome of the IDES process.

Follow the steps in the table below if a service department removes a Veteran from the IDES program and disenrolls them from VTA because the service department decided ***not*** to medically separate the Veteran (this includes Veterans that a service department determined meet retention standards or are fit for duty).

Step	Action
1	Complete the actions described in Steps 1 through 5 of the procedure outlined in M21-1, Part X, Subpart i, 6.I.2.a.
2	Has a DRAS fully resolved all contentions the Veteran raised in the claim? • If *yes*, no further action is required. • If *no*, go to the next step.
3	Is EP 110, 010, or 020 already pending? • If *yes*, go to Step 5. • If *no*, go to the next step.
4	Establish the appropriate rating EP (110, 010, or 020), using the • date shown in the FINAL DISPOSITION DATE field in VTA as the date of claim (DOC), and • applicable standard (non-IDES) claim label. ***Notes***: • If the Veteran's service department disenrolled them from VTA without entering a date in the FINAL DISPOSTION DATE field, use as the DOC the date the service department disenrolled the Veteran from VTA. • Do ***not*** select an IDES claim label when establishing the EP (to ensure proper National Work Queue (NWQ) routing). ***References***: For more information on • claims establishment, see M21-1, Part II, Subpart iii, 3.A, and • selecting the appropriate rating EP, see M21-4, Appendix B.

5	Under the rating EP, list any unresolved contentions that originated from the member's involvement in IDES.

Notes:

- NWQ will route the claim to a Veterans Service Center (VSC) for standard processing.
- The VSC is responsible for taking any required actions on the Veteran's claim in accordance with standard claims-processing procedures.
- If the VSC grants entitlement to benefits, it must use the date stamped on ***VA Form 21-0819*** (the date VA received the form from the PEBLO) as the effective date of entitlement.

X.i.6.K.2.d. Preparing Rating Decisions in Cases Involving Participants Who Are Not on Active Duty

In cases involving IDES participants in the Reserve or National Guard who are not on active duty, when VA examinations are complete, DRASs must prepare a rating decision following the steps in the table below.

Exception: Do not complete the actions in the table below if the participant declined to file a VA claim. In these instances, DRAS must complete the actions outlined in **M21-1, Part X, Subpart i, 6.K.10.a**.

Step	Action
1	Clear the pending EP 689.
2	Is EP 110, 010, or 020 already pending? • If *yes*, go to Step 4. • If *no*, go to the next step.
3	Establish the appropriate rating EP (110, 010, or 020), and enter contentions in the Veterans Benefits Management System (VBMS) in accordance with **M21-1, Part II, Subpart iii, 3.A**. When establishing the rating EP, use • the same DOC as for the EP 689 (which was cleared in Step 1 above), and • the applicable IDES claim label, specifically • *IDES Non-AD Initial Live Comp <8 Issues* • *IDES Non-AD Compensation 8+*, or • *IDES Non-AD Non-Original*. ***Note***: The DOC of the EP 689 and the date of the rating EP must both reflect the date that the participant's IDES case was initially referred to VA.
4	Prepare a final rating decision and notification letter that • addresses all claimed and referred conditions as required by **M21-1, Part X, Subpart i, 6.H.1.c**, and • formalize VA decisions (and award VA benefits, if applicable). ***Notes***: • The final rating decision and notification letter will be provided to the PEB in lieu of a proposed rating and benefits estimate letter (BEL). • If issues are deferred on the final rating, they must be handled in accordance with **M21-1, Part X, Subpart i, 6.J.1.e**. • If the claim requires assignment of an evaluation for PEB purposes only, take the action outlined in **M21-1, Part X, Subpart i, 6.K.2.e**. ***Important***: If benefits are granted for issues that were raised as part of the IDES process (those referred by the service department and those formally claimed during the initial interview with the MSC), the date VA first received

	notification from the Department of Defense (DoD) of the participant's referral into IDES will generally serve as the effective date of entitlement. ***Reference***: For more information on evaluations for PEB purposes only, see **M21-1, Part X, Subpart i, 6.H.2.d**
5	Update the following fields in VTA • PROPOSED RATING COMPLETED ON DATE • PROPOSED RATING COMPLETED BY, and • DEFERRED ISSUES?. ***Important***: Although the above field names in VTA refer to proposed ratings they must be completed in all IDES cases, including those where a final rating is completed in lieu of proposed ratings. In these instances, the fields above should be updated with consideration of the final rating document.
6	Complete the actions outlined in the table shown in **M21-1, Part X, Subpart i, 6.J.1.f** .
7	Update BENEFIT ESTIMATE LETTER COMPLETED ON DATE field in VTA. ***Important***: It is critical that this field is updated in all IDES cases. When a standard notification letter is completed in lieu of a BEL, this field must reflect the day the standard notification letter was completed and available in the eFolder.

References: For more information on
- selecting the appropriate
- rating EP, see **M21-4, Appendix B**, and
- claim label, see **M21-4, Appendix C**, and
- preparing rating decisions in cases involving IDES participants who are not on active duty, see **M21-1, Part X, Subpart i, 6.H.2.a**.

X.i.6.K.2.e. Providing Evaluations for PEB Purposes Only When Participants Are Not on Active Duty

Never use final VA rating decisions to indicate proposed evaluations assigned for PEB purposes only. If an IDES claim involving a participant who is not on active duty requires an evaluation for PEB purposes only, the DRAS must prepare a *separate* proposed rating document for the PEB (in addition to the final rating).

Alternatively, DRAS management may elect to communicate these evaluations to the PEB via a supplemental memorandum, provided to the PEB along with the final rating. The proposed rating or memorandum for PEB must include a clear indication that the evaluation assigned is for PEB purposes only.

Reference: For more information on addressing conditions for PEB purposes only, see **M21-1, Part X, Subpart i, 6.H.2.d**.

X.i.6.K.2.f. Requests for Reconsideration From Members That Are Not on Active Duty

The rating decision that DRASs provide PEBs for participants in the Reserve or National Guard who are not on active duty serves as both a *proposed* rating decision ***and*** a *final* rating decision. As a result, these members may
- request a one-time reconsideration of evaluations assigned to referred conditions, and/or
- appeal or request a higher-level review (HLR) of the rating decision.

Notes:
- DRASs are responsible for addressing the requests

for reconsideration referenced in the preceding paragraph that PEBs refer to them as part of the IDES process.
- As stated in M21-1, Part X, Subpart i, 6.J.1.g, appeals and requests for an HLR of a final IDES rating decision are not addressed as part of the IDES process, and DRASs have no responsibility with regard to them.

Reference: For more information on handling the requests for reconsideration referenced in this block, see M21-1, Part X, Subpart i, 6.H.4.

3. Handling Cases Involving Pregnant IDES Participants

Introduction

This topic contains instructions unique to cases involving pregnant IDES participants, including
- information MSCs must provide to pregnant participants during their initial meeting
- requesting examinations for pregnant participants
- handling examination reports involving pregnant participants
- PEBLO or medical evaluation board (MEB) requests for examination after pregnancy ends, and
- DRAS defferal of a decision in a pregnant IDES participant's case.

Change Date August 11, 2020

X.i.6.K.3.a. Information MSCs Must Provide to Pregnant Participants During Their Initial Meeting

When holding the initial meeting with a pregnant IDES participant, MSCs must advise the participant of the following:
- medical professionals that examine participants in connection with IDES may, at their discretion, defer some or all examinations because the participant is pregnant
- without the medical evidence an examination provides, VA may have to defer a decision on some or all of the participant's disabilities when preparing its proposed and final rating decisions
- deferral of a decision will not adversely affect the ultimate outcome of the participant's claim
- the participant must notify VA of any address or telephone number changes, which will ensure VA can follow up with the participant on any deferred decisions after the anticipated delivery date, and
- the participant should contact VA if VA defers any decisions then fails to follow up within 90 days after the delivery date.

X.i.6.K.3.b. Requesting Examinations for Pregnant Participants

MSCs must include the following remarks in any examination request for a pregnant IDES participant:

Please be advised that this individual has indicated that she is currently pregnant. If the examining physician determines that this examination (or any part of this examination) is medically contraindicated, please clearly indicate which parts of the examination were not completed due to the pregnancy.

Further, the examiner should indicate the earliest point (in days following delivery) that the examination may be safely completed.

X.i.6.K.3.c. Handling Examination Reports

Once all examination reports that MSCs request for a pregnant IDES participant are available, MSCs must

Involving Pregnant Participants

take the following actions, *even if some or all of the reports indicate the participant could not be examined because of pregnancy*:

- provide the examination reports to the participant's PEBLO, and
- update the MEDICAL EVALUATION END DATE field on the MSC tab in VTA to reflect the date they provided the examination reports to the PEBLO.

X.i.6.K.3.d. PEBLO or MEB Requests for Examination After Pregnancy Ends

MSCs will make a second request for examination of an IDES participant *after* pregnancy ends if the

- participant's PEBLO or medical evaluation board (MEB) requests the examination, and
- time period has passed during which previous examiners indicated examination was contraindicated due to pregnancy.

Important: Under the circumstances described above, MSCs should

- ***not*** update any of the following fields in VTA ***unless*** a participant was disenrolled from IDES due to pregnancy and reenrolled with a new case ID number:
- MEDICAL EVALUATION START DATE
- EXAM END DATE, or
- MEDICAL EVALUATION END DATE, and
- record as a note in VTA the date the MSC
- made the second request for examination, and
- provided the corresponding examination report(s) to the participant's PEBLO.

X.i.6.K.3.e. DRAS Deferral of a Decision in a Pregnant IDES Participant's Case

DRASs may defer a decision on any issue in a pregnant IDES participant's case if the evidence of record is insufficient to decide that issue because the participant was unable to undergo some or all examinations due to pregnancy.

If a DRAS defers a decision on one or more issues in a *final* rating decision, it must process the deferral according to the instructions in **M21-1, Part X, Subpart i, 6.J.1.e** .

Exception: If a DRAS is unable to prepare a final rating decision because it must defer a decision on *all* issues in a pregnant participant's case, the DRAS must establish EP 930 (instead of a rating EP), with a suspense date that is 90 days after the participant's anticipated delivery date.

4. Handling Notice or Evidence That an IDES Participant May Be Incompetent for VA Purposes

Change Date August 11, 2020

X.i.6.K.4.a. Handling Evidence That an IDES Participant May Be Incompetent for VA Purposes

The table below provides an overview of the process DRASs must follow when the evidence of record indicates an IDES participant may be incompetent per **38 CFR 3.353(a)**.

Important: The information in this block does ***not*** apply if a court has appointed a fiduciary to a participant or determined a participant is incompetent. Instructions for handling these types of cases is found in **M21-1, Part X, Subpart ii, 6.D.2.e-g**.

Stage	Description
1	The DRAS of jurisdiction prepares a rating decision under EP 689 that proposes a finding of incompetency. ***Important***: The DRAS prepares the decision separate from the *proposed* rating decision discussed elsewhere in this section.
2	The DRAS • notifies the participant's MSC of the proposed rating decision by e-mail • provides a copy of the decision and corresponding notice of proposed adverse action directly to the participant, and • establishes an EP 600 using the *DRAS Incompetency Determination* claim label (to run concurrently with the pending EP 689), with a suspense date that is 65 days in the future. ***Important***: The DRAS does ***not*** provide a copy of the decision to the participant's PEB. ***Reference***: For more detailed information on due process requirements for incompetency determinations, see **M21-1, Part X, Subpart ii, 6.D.3**.
3	The DRAS clears the EP 600 when either of the following occur: • the participant returns to duty, or • the suspense date referenced in Stage 2 of this process passes. ***Note***: If a participant returns to duty at this point, the process stops at this stage; the DRAS of jurisdiction takes no further action on the proposed rating of incompetency.
4	The DRAS makes a decision regarding the participant's competency and incorporates it into the participant's *final* rating decision. ***Note***: If the DRAS determines a participant is *competent* at this point, the process stops at this stage.
5	The DRAS promulgates the final rating decision according to the instructions in **M21-1, Part X, Subpart i, 6.J**.
6	The DRAS establishes an EP 290 with the *Fiduciary Adjustment* claim label.
7	The DRAS must follow the steps in the table in **M21-1, Part X, Subpart ii, 6.C.1.c** for preparing ***VA Form 21-592, Request for Appointment of Fiduciary, Custodian or Guardian***, for the fiduciary hub.
8	Upon receipt of ***VA Form 21P-555, Certificate of Legal Capacity to Receive and Disburse Benefits and Fee Authorization***, from the fiduciary hub, the DRAS • authorizes the award • clears the EP 290, and • releases retroactive payments, if applicable, according to the instructions in **M21-1, Part X, Subpart ii, 6.E.2**.

5. Handling Notice or Evidence That an IDES Participant Has Died on Active Duty

Change Date January 23, 2023

X.i.6.K.5.a. Handling Notice That an IDES Participant Has Died

MSCs and/or DRAS personnel must follow the steps in the table below upon receipt of notification or evidence indicating that an IDES participant has died during the IDES process.

Step	Action
1	Document the report of the participant's death by adding a detailed note in VBMS.
2	Has the case been disenrolled in VTA? • If *yes*, go to Step 7. • If *no*, go to the next step.
3	Document the report of the participant's death by adding a note in VTA.
4	Complete any required VTA fields associated with actions that were completed prior to the participant's death.
5	<table><tr><th>If information about the participant's death is received by a(n) …</th><th>Then the claims processor must …</th></tr><tr><td>MSC</td><td>• notify the PEBLO and request disenrollment of the case in VTA, and • send e-mail notification to the DRAS (if the case has been transferred to a DRAS).</td></tr><tr><td>DRAS employee</td><td>notify appropriate parties using the *Request DoD Research for Possible Disenrollment* hyperlink in VTA. ***Note***: The *Request DoD Research for Possible Disenrollment* hyperlink is found on the bottom of the RO/RATING ACTIVITY tab in VTA. Selecting this hyperlink will generate an e-mail addressed to all appropriate parties.</td></tr></table>
6	Document all steps taken to notify appropriate parties with notes in VTA and VBMS.
7	Cancel the pending EP 689.

Important: If the participant was referred into IDES as a member of the National Guard or Reserve and was not on active duty, the potential for accrued benefits may exist. The MSC or DRAS with jurisdiction of the claim is responsible for completing the actions outlined in **M21-1, Part XI, Subpart ii, 3.C.1.c**.

Note: If the participant was on active duty at the time of death, the service department will provide VA with a *DD Form 1300*, *Report of Casualty*, which will be routed to the Casualty Assistance Coordinator (CAC) at the station of jurisdiction. The CAC will contact the survivor to provide the necessary information and facilitate the application process for appropriate VA benefits.

6. Handling Notice or Evidence That an IDES Participant Has Been Discharged Under Conditions Other Than Honorable

Change Date September 14, 2016

X.i.6.K.6.a. Handling Notice of a Participant's Discharge Under Conditions Other Than Honorable

MSCs and/or DRAS personnel must follow the steps in the table below upon receipt of notification or evidence that an IDES participant has been (or will be) discharged with an administrative discharge under conditions other than honorable.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Document the report of the participant’s discharge by adding a detailed note in VBMS.</td></tr>
<tr><td>2</td><td>Has the case been disenrolled in VTA?
• If yes, go to Step 7.
• If no, go to the next step.</td></tr>
<tr><td>3</td><td>Document the report of the participant’s discharge by adding a note in VTA.</td></tr>
<tr><td>4</td><td>Complete any required VTA fields associated with actions that were completed prior to the participant’s discharge.</td></tr>
<tr><td>5</td><td>
<table>
<tr><th>If information about the participant’s discharge is received by a(n) ...</th><th>Then the claims processor must ...</th></tr>
<tr><td>MSC</td><td>• notify the PEBLO and request disenrollment of the case in VTA, and
• send e-mail notification to the DRAS (if the case has been transferred to a DRAS).</td></tr>
<tr><td>DRAS employee</td><td>notify appropriate parties using the Request DoD Research for Possible Disenrollment hyperlink in VTA.

Note: The Request DoD Research for Possible Disenrollment hyperlink is found on the bottom of the RO/RATING ACTIVITY tab in VTA. Selecting this hyperlink will generate an e-mail addressed to all appropriate parties.</td></tr>
</table>
</td></tr>
<tr><td>6</td><td>Document all steps taken to notify appropriate parties with notes in VTA and VBMS.</td></tr>
<tr><td>7</td><td>Process the disenrollment in accordance with M21-1, Part X, Subpart i, 6.I.2.a.</td></tr>
</table>

7. Ancillary Benefits for IDES Participants

Introduction

This topic contains information on the processing of vocational rehabilitation/employment (VR&E) and home loan claims for IDES participants, including

- **handling VR&E inquiries from IDES participants**
- **service members' eligibility for the home loan program**
- **handling *VA Form 26-1880, Request for a Certificate of Eligibility*, received from IDES participants**
- **regional loan center (RLC) action upon receipt of *VA Form 26-8937, Verification of VA Benefits*, from a service member**, and
- DRAS responsibility for
- **preparing memorandum rating decisions**, and
- **responding to a request for an eligibility determination**.

Change Date August 24, 2023

X.i.6.K.7.a. Handling VR&E Inquiries From IDES Participants

Active-duty IDES participants are eligible for and automatically entitled to vocational rehabilitation/employment (VR&E) services. When participants express interest in, or have questions about, VR&E benefits or services, MSCs must direct the participant to an IDES Vocational Rehabilitation Counselor (VRC).

MSCs must maintain current contact information for the IDES VRC(s) that serve their respective installation so it is readily available to share with participants, as appropriate. To identify the IDES VRC(s) serving their installation, and/or obtain current contact information for the VRC(s)

- reference the **VRC directory**, or
- contact **VAVBAWAS/CO/VREOUTREACH**.

X.i.6.K.7.b. Service Members' Eligibility for the Home Loan Program

A Veteran who has a compensable, service-connected (SC) disability and purchases a home using VA's home loan program is eligible for a waiver of the VA home loan funding fee.

A service member who is separating from service may be eligible for the funding fee waiver if the evidence of record establishes the individual will be in receipt of VA disability compensation after separation.

X.i.6.K.7.c. Handling VA Form 26-1880 Received From IDES Participants

Following receipt of ***VA Form 26-1880, Request for a Certificate of Eligibility***, MSCs must

- forward the form to the appropriate regional loan center (RLC)
- ask whether the service member plans to use VA's home loan program to purchase a home prior to separation, and, if so,
- advise the service member to ensure the lender knows a pre-discharge claim is pending with VA.

X.i.6.K.7.d. RLC Action Upon Receipt of VA Form 26-8937 From a Service Member

Following receipt of ***VA Form 26-8937, Verification of VA Benefits***, from a service member, RLCs request an eligibility determination from the DRAS of jurisdiction by sending an e-mail to a designated point of contact at the appropriate site.

X.i.6.K.7.e. DRAS Responsibility for

Following receipt of a request for an eligibility determination from an RLC, DRASs must prepare a

Preparing Memorandum Rating Decisions

memorandum rating decision for inclusion in the service member's eFolder if the

- service member's proposed rating has not been completed yet, and
- evidence of record shows the service member is at least 10-percent disabled due to an SC disability(ies).

X.i.6.K.7.f. DRAS Responsibility for Responding to a Request for an Eligibility Determination

DRASs must establish EP 290, with the claim label *Pre-Discharge LGY Determination - IDES*, to control an RLC's request for an eligibility determination.

The table below shows the text that DRASs must use when responding to a request for an eligibility determination from an RLC.

If ...	**Then the DRAS must include the following text in the e-mail response to the RLC ...**
a proposed rating decision already exists	*The claimant will receive service-connected disability compensation of $[amount] monthly upon discharge from active duty.*
the DRAS prepared a memorandum rating decision	*The claimant will be entitled to service-connected disability compensation of at least $ [*10% rate*] upon discharge from active duty.*
the evidence of record is insufficient for rating purposes	*The claimant has an IDES claim pending; however, the evidence available is not sufficient to determine whether a compensable service-connected disability exists.*
the evidence of record is sufficient for rating purposes but does not show that a compensable, SC disability exists	*The evidence of record does not show the claimant has a service-connected disability that is compensable.*

8. Post-Separation Revisions of IDES-Related Rating Decisions

Introduction

This topic contains instructions for handling post-separation revisions of IDES-related rating decisions, including

- identifying cases in which post-separation revisions of IDES-related rating decisions are applicable,
- situations that require the application of post-separation revisions of IDES-related rating decisions, and
- notifying Veterans whose IDES-related rating decision has changed.

Change Date August 11, 2020

X.i.6.K.8.a. Identifying Cases in Which Post-Separation Revisions of IDES-Related Rating Decisions Are Applicable

VA must take the actions described in M21-1, Part X, Subpart i, 6.K.8.c if

- VA revises a rating decision it prepared for a Veteran who participated in IDES (these Veterans are identifiable by the presence of the *IDES Participant* corporate flash)
- the revision specifically involves a decision that

was made as part of a rating used for IDES purposes, *and*
- the revision results in a more favorable decision.

Rationale: Rating decisions VA makes as a result of a Veteran's participation in IDES directly impact the benefits the Veteran receives from the service department.

Notes:
- It is not necessary to consider whether the revision impacts a "claimed" or "referred" IDES condition. A favorable revision of any decision for IDES purposes will require application of the instructions in **M21-1, Part X, Subpart i, 6.K.8.c**.
- The instructions in **M21-1, Part X, Subpart i, 6.K.8.c** are not applicable when a revision results in a less favorable decision.
- Direct questions related to revisions of ratings in cases associated with previous IDES participants to **VAVBAWAS/CO/DES**.

X.i.6.K.8.b. Situations That Require the Application of Post-Separation Revisions of IDES-Related Rating Decisions

Examples of situations that would require application of the instructions in **M21-1, Part X, Subpart i, 6.K.8.a** and **c** are described below.
- VA conducts a special review of previous decisions. As a result of this review, VA revises a decision issued in a rating decision used for IDES purposes by issuing a more favorable decision.
- A Veteran appeals a decision issued in a rating decision used for IDES purposes. VA later resolves the appeal by issuing a more favorable decision.
- A Veteran had an appeal pending when entering IDES related to an issue that was raised during the IDES process. VA eventually resolves the appeal by issuing a more favorable decision.
- A quality review team identifies an error on an IDES final rating decision. Correction of the error results in a more favorable decision.
- A quality review team identifies an error on a *proposed* rating decision. Correction of the error will result in a more favorable decision. However, VA is unable to correct the proposed rating decision, because the Veteran has already separated from service.
- A claims processor identifies a clear and unmistakable error in an IDES final rating decision. Correction of the error results in a more favorable decision.

X.i.6.K.8.c. Notifying Veterans Whose IDES-Related Rating Decision Has Changed

When VA revises an IDES-related rating decision under the circumstances described in **M21-1, Part X, Subpart i, 6.K.8.a**, VA must
- include the text below in the corresponding decision notice, and
- attach to the notice *DD Form 149, Application for Correction of Military Record*.

This decision represents a change to a rating originally assigned as part of the Integrated Disability Evaluation System.

This decision could potentially warrant a change to your military record and/or an adjustment to the disability separation benefits you received from your service department.

Each service department operates an agency or board for correction of records. In light of the

change in your VA disability rating, it may be to your benefit to request a review of your discharge to the appropriate board. A DD Form 149, Application for Correction of Military Record, is enclosed for this purpose.

Please see the reverse side of the form for instructions and additional information. The completed form, along with a copy of this letter and enclosed rating decision, should be mailed to the appropriate address indicated on the DD Form 149.

9. Using DoD SAFE to Securely Send and Receive Files

Introduction This topic contains information about DoD SAFE, including
- **sending files through DoD SAFE**, and
- **receiving files through DoD SAFE**.

Change Date June 7, 2021

X.i.6.K.9.a. Sending Files Through DoD SAFE

The Department of Defense Safe Access File Exchange (DoD SAFE) is a web-based tool that provides users with the capability to securely send and receive large files, including files that are too large to be transmitted via e-mail.

To send files via DoD SAFE
- access the **DoD SAFE website**
- click on the DROP-OFF icon, and
- follow the system prompts.

Without a DoD-issued Common Access Card (CAC), claims processors may not initiate an unsolicited file transfer via DoD SAFE. When the need arises for a claims processor that does not possess a DoD-issued CAC to transfer a file via DoD SAFE, they must first obtain a request code from a DoD user.
Important: DoD SAFE is approved for the transfer of personally identifiable information and protected health information. When transmitting files containing this type of information, users must ensure they check the box labeled *Encrypted*.

Reference: For more information on DoD SAFE, see the
- **DoD SAFE Help webpage**, and
- ***DoD SAFE User Guide***.

X.i.6.K.9.b. Receiving Files Through DoD SAFE

After a sender completes the drop-off procedure in DoD SAFE, DoD SAFE sends notification via e-mail to the designated recipient(s). The e-mail contains a hyperlink and a password for accessing the files.

Notes: Recipients must
- retrieve files from DoD SAFE within seven days of the date of the e-mail, and
- ***not*** forward the e-mail, hyperlink, or password to anyone else.

10. Proposed Ratings for IDES Participants Who Decline to Submit a VA Claim

Introduct This topic contains information about processing PEB requests for

ion proposed ratings in cases in which the participant declined to submit a VA claim, including

- **requirement for issuance of a proposed rating to the PEB**, and
- **required notification letter to the IDES participant**.

Change Date June 7, 2021

X.i.6.K.10.a. Requirement for Issuance of a Proposed Rating to the PEB

When an IDES participant declines to submit a claim, VA must still provide proposed evaluations to the PEB for the referred conditions. In these instances, DRASs must:

- prepare a proposed rating decision for all referred issues in accordance with the procedures outlined in **M21-1, Part X, Subpart i, 6.H.1.c**; however, the rating decision must clearly indicate the evaluations are provided for DoD purposes only
- update the following fields in VTA
- PROPOSED RATING COMPLETED ON DATE
- PROPOSED RATING COMPLETED BY, and
- DEFERRED ISSUES?
- prepare the notification letter described in **M21-1, Part X, Subpart i, 6.K.10.b** (***Do not prepare a BEL***.)
- upload the notification letter to the participant's eFolder
- update the DECLINED TO FILE LETTER DATE field in VTA
- clear the pending EP 689, and
- clear EP 310, in accordance with **M21-1, Part X, Subpart i, 6.H.1.h**.

Important: In these cases, DRASs will not complete a final rating. The DRAS is not responsible for any further action, except when the participant requests reconsideration of the proposed decision as described in **M21-1, Part X, Subpart i, 6.H.4.a**.

X.i.6.K.10.b. Required Notification Letter to the IDES Participant

DRASs must prepare a notification letter to IDES participants who have declined to file a claim for VA benefits during the IDES process. The notification letter must include the following language and be uploaded into the participant's eFolder:

Thank you for your service to our country.

Your military Service Department requested a disability assessment from VA as part of your participation in the Integrated Disability Evaluation System (IDES). We have provided the attached proposed rating decision to your Service Department.

Our records indicate that you declined to submit a claim for VA benefits as part of the IDES program; therefore, the attached proposed rating decision will be used for Department of Defense purposes only. VA compensation will not be awarded as a result of your participation in IDES.

If you would like to submit a claim for VA Benefits, you can do so at the appropriate time. You can file a Pre-Discharge claim once you are within 180 days of your projected separation or retirement date. You can also file a VA claim at any time after your discharge from service.

References: For more information on

- distribution of this letter, see **M21-1, Part X, Subpart i, 6.H.3**, and
- uploading documents into the eFolder, see **VBMS Job Aid – Adding Documents in VBMS eFolders**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000177960/M21-1-Part-X-Subpart-i-Chapter-6-Section-K-Special-Situations-Related-to-Integrated-Disability-Evaluation-System-IDES>