



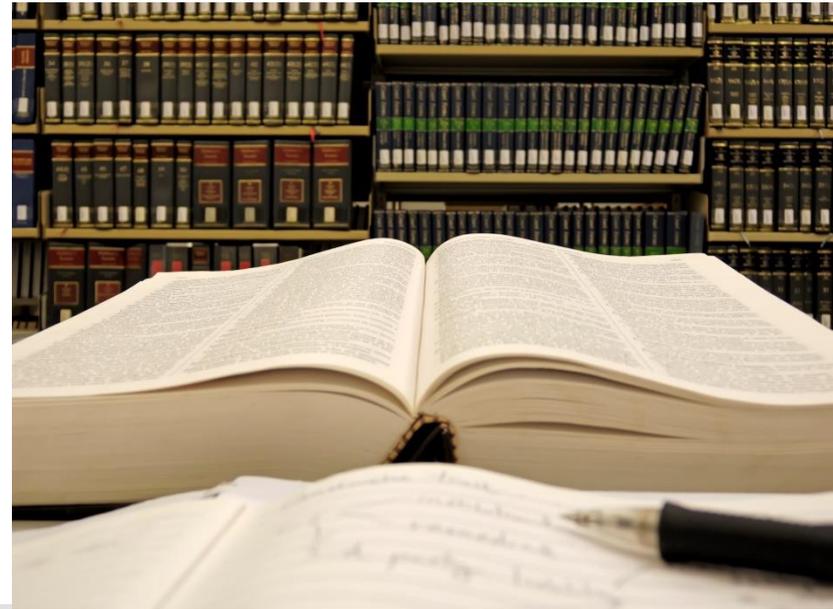
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Veterans Services

Code of Federal Regulations (CFR) 38

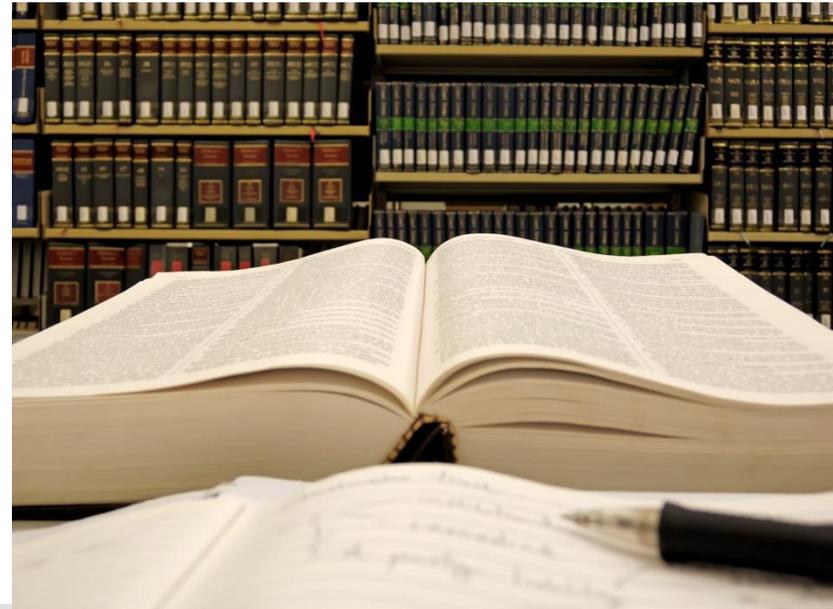
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- How to access Title 38 CFR:
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Code of Federal Regulations (CFR) 38

- CFR 38 Volume 1 Parts 0 to 17
- CFR 38 Volume 2 Parts 18 to End



Code of Federal Regulations (CFR) 38

- Compensation/Pension
- CFR 38 Part 3 – Adjudication
- CFR 38 Part 4 – Schedule For Rating Disabilities

BENEFITS



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NAME: Duck, Donald D. SSN: 123-44-5678 OFFICE: 1 VA CLAIM #: 55887574 POA: The American Legion

MY CALENDAR	RESOURCES	LIST ALL MY VETS
-------------	-----------	------------------

RESOURCES

The resources below are updated semi-annually. You may search the full text of both the 38CFR and the M-21-1MR by clicking the "Search" link.

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M-21-1MR
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- Title 15 - Commerce and Foreign Trade
- Title 16 - Commercial Practices
- Title 17 - Commodity and Securities Exchange
- Title 18 - Conservation of Power and Water Resources
- Title 19 - Customs Duties
- Title 20 - Employees' Benefits
- Title 21 - Food and Drugs
- Title 22 - Foreign Relations
- Title 23 - Highways
- Title 24 - Housing and Urban Development
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- Title 27 - Alcohol, Tobacco Products and Firearms
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- Title 30 - Mineral Resources
- Title 31 - Money and Finance: Treasury
- Title 32 - National Defense
- Title 33 - Navigation and Navigable Waters
- Title 34 - Education
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	2		18-199	
			II	200-299

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<i>Part</i>	<i>Table of Contents</i>	<i>Headings</i>
0	0.600 to 0.735-12	VALUES, STANDARDS OF ETHICAL CONDUCT, AND RELATED RESPONSIBILITIES
1	1.9 to 1.1000	GENERAL PROVISIONS
2	2.1 to 2.8	DELEGATIONS OF AUTHORITY
3	3.1 to 3.2600	ADJUDICATION
4	4.1 to 4.150	SCHEDULE FOR RATING DISABILITIES
5		[RESERVED]
6	6.1 to 6.21	UNITED STATES GOVERNMENT LIFE INSURANCE
7	7.2 to 7.8	SOLDIERS' AND SAILORS' CIVIL RELIEF
8	8.0 to 8.33	NATIONAL SERVICE LIFE INSURANCE
8a	8a.1 to 8a.4	VETERANS MORTGAGE LIFE INSURANCE

Subpart A—PENSION, COMPENSATION, AND DEPENDENCY AND INDEMNITY COMPENSATION

GENERAL

- §3.1 Definitions.
- §3.2 Periods of war.
- §3.3 Pension.
- §3.4 Compensation.
- §3.5 Dependency and indemnity compensation.
- §3.6 Duty periods.
- §3.7 Individuals and groups considered to have performed active military, naval, or air service.
- §3.10 Dependency and indemnity compensation rate for a surviving spouse.
- §3.11 Homicide.
- §3.12 Character of discharge.
- §3.12a Minimum active-duty service requirement.

PART 4—SCHEDULE FOR RATING DISABILITIES

Subpart A—GENERAL POLICY IN RATING

- §4.1 Essentials of evaluative rating.
- §4.2 Interpretation of examination reports.
- §4.3 Resolution of reasonable doubt.
- §4.6 Evaluation of evidence.
- §4.7 Higher of two evaluations.
- §4.9 Congenital or developmental defects.
- §4.10 Functional impairment.
- §4.13 Effect of change of diagnosis.
- §4.14 Avoidance of pyramiding.
- §4.15 Total disability ratings.



Department of

Veterans Services

Division Ready Claim (DRC)

Training Division Update

DISCLAIMER:

This presentation is for information purposes only. At this time there is no plan to implement Decision Ready Claims with county service officers. This program is a nationwide pilot program as of current.

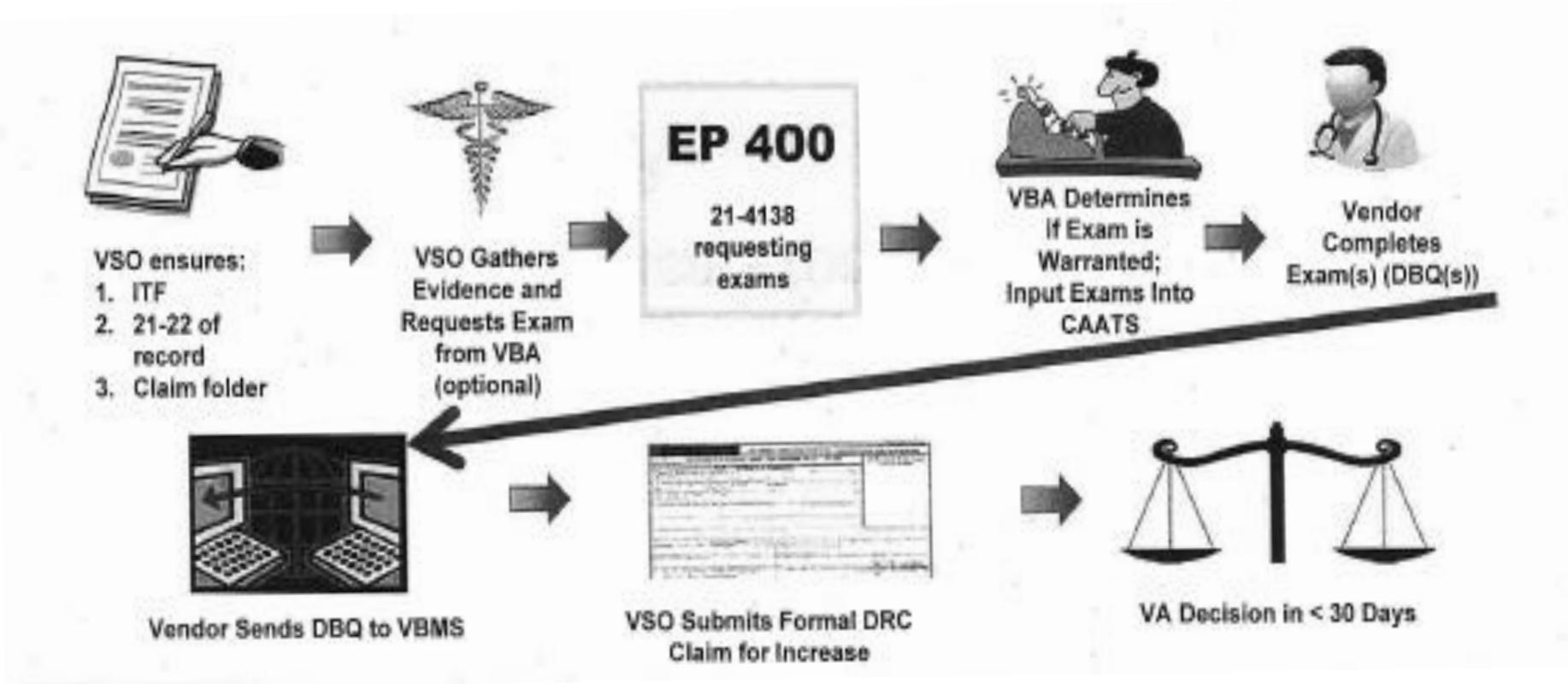
**Enacted by Public Law 104-13, C.F.R.
Updates are pending.**

Introduction

The Decision Ready Claim (DRC) initiative offers Veterans and survivors faster decisions on disability compensation increase claims. For the purpose of this initiative, claims for increase are defined as:

- **Claims for Increase**: Claim for disability compensation where the Veteran is currently service-connected for the condition and is requesting an increased evaluation.

Decision Ready Claim (DRC)



Advantages

- Streamlined process for eligible claims.
- Examination requests within two days of End Products (EP).
- Submission goes to Ready for a Decision (RFD) and decided in less than 30 days.
- Claims Process is more transparent.

VA Form 21-22

- Ensure a VA Form 21-22 viewable in Veterans Benefit Management System (VBMS).
- Recommend through eBenefits/Stakeholders Enterprise Portal (SEP) or Direct Upload.
- Ensure electronic access to VBMS documents.
- Signed by Veteran and Service Officer.

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.	
By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.	
<input checked="" type="checkbox"/>	I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by any service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.
13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:	
<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA

Intent to File (ITF) Submission

- Submit ITF through normal channels.
- Ensure DRC is filed within a year of active Intent to File (ITF).
- **IMPORTANT:** Remind the Veteran that you will submit 21-526ez within a year after all necessary DRC documents and evidence have been obtained. Veteran should not submit 21-526ez per ITF letter.

Eligible or Not?

SUBJECT TO COMPENSATION (1.SC)

8045 TRAUMATIC BRAIN INJURY (TBI)

- Service Connected, Gulf War, Incurred
- Future Exam, July 2021 0% from 09/05/2014
- 70% from 04/25/2016

9411 POSTTRAUMATIC STRESS DISORDER [PTSD - Combat/Combat Medal]

Service Connected, Gulf War. Incurred
Future Exam July 2021 50% from 09/05/2014

8100 MIXED MIGRAINE/TENSION HEADACHES

- Service Connected, Gulf War, Incurred Static Disability
- 30% from 09/05/2014

5242 LUMBAR (L2) DEGENERATIVE DISC DISEASE AND SPINA BIFIDA OCCULTA FUSION (CLAIMED AS LOW BACK PAIN)

- Service Connected, Gulf War, Incurred
- Static Disability
- 10% from 09/05/2014

6260 TINNITUS

- Service Connected, Gulf War, Incurred
- Static Disability
- 10% from 09/05/2014

Is the issue DRC eligible?

1. Traumatic Brain Injury
2. PTSD
3. Tinnitus
4. Low back
5. Depression
6. Toe fungus

38 CFR Part 4

- Schedule for Rating Disabilities.
- Know scheduler maximum.
 - Tinnitus 10%, anything 100%, hearing loss.

6207 Loss of auricle:	
Complete loss of both	50
Complete loss of one	30
Deformity of one, with loss of one-third or more of the substance	10

Evaluating Evidence

- A strategy that allows- you to focus on the development and review of relevant records.
 - Relate to the increase disability.
 - Has a reasonable possibility of substantiating the claim.
- Goal: we want evidence to substantiate a higher rating (see CFR Part 4).
- Question: Can you determine relevancy without a review of the records?

CAPRI (Compensation and Pension Record Interchange)

VA Medical Center (VAMC) Records

- Login
- Select VAMC
- Enter SSN
- Press select, or
- Enterprise Search

VISTA Sign-on

MISUSE OF THIS SYSTEM AND INFORMATION IN THIS SYSTEM IS A FEDERAL CRIME

NATIONAL VISTA SUPPORT (Including **BVA USERS**)
NATIONAL HELP DESK
8:00am-7:30pm Eastern Time, Monday-Friday 1-888-596-HELP (4357)

FORUM ACCESS AND VERIFY CODES ..1-888-596-4357 (8AM-7:30PM EASTERN)
FORUM TECHNICAL SUPPORT ..1-888-594-9406 or 1-800-865-1855

Verify codes have been implemented to require strong passwords. Passwords shall be at least eight characters in length, and contain three of the following four kinds of characters: letters (upper case and lower), numbers, and, characters that are neither letters nor numbers (like "#", "8" or "\$"). Samples would be 123ABC\$\$, ABC123#\$, or \$\$XYZ987.
NOTE: lower-case letters will be made upper-case.

You have reached the CLAIMS system, used for CAPRI authentication.



Access Code: OK

Verify Code: Cancel

Change Verify Code

Server: NCRAB3 Volume: ROU UC: VBA Port: NLAD:544366872

VAMC Records

- Have Veteran obtain a .pdf using a premium (no cost) MyHealthVet account to access medical records, select blue button at My HealthVet Website.

OR

- If you have a login, use CAPRI.

Answers: Recap

- What documents need to be in the file prior to the examination request phase?
 - *21-22, ITF, and electronic claim folder*
- What type of claims are eligible?
 - *Increase only,*
 - *can we accept 21-526? 21-526b? No*
 - *Who needs to sign the application? Veteran*
- What's the suggested contention wording?
 - *From the rating code sheet*

Questions





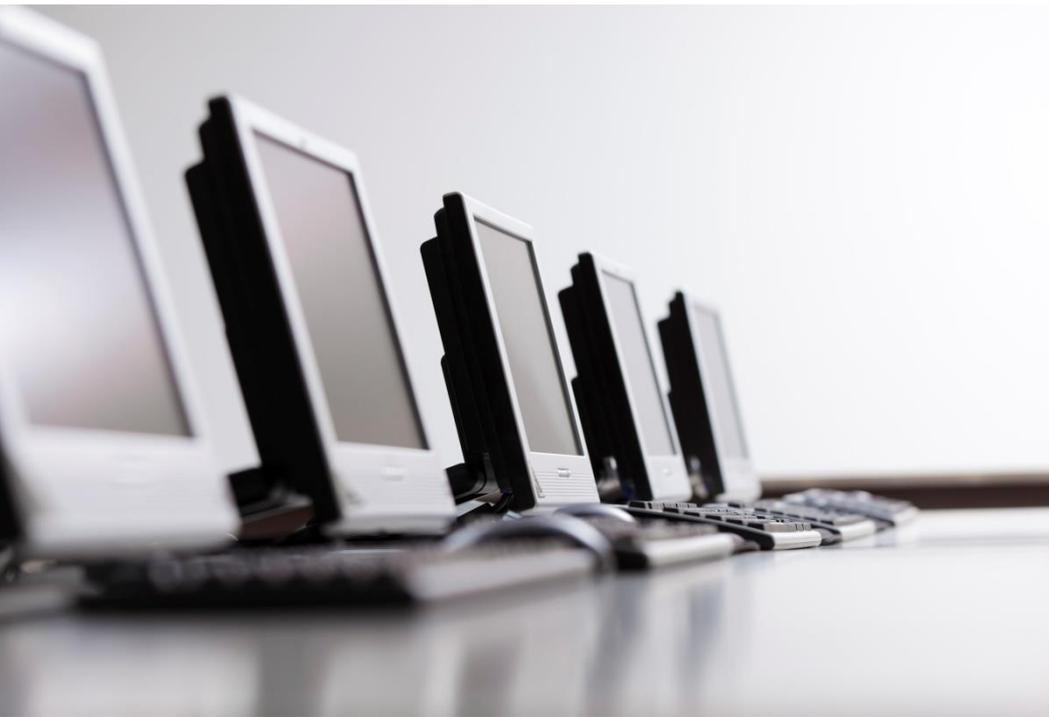
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VetraSpec Quality Review

Introduction

This course of instruction is intended to examine some of the most common errors among claim submissions.



Course Objectives

Upon completion of this course you will be able to:

- Identify five common errors on claims and how to correctly enter data.
- Understand the cost of errors.

Power of Attorney (POA)

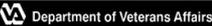
- **Always** verify the Power of Attorney.
- If not POA then complete a form 21-22.

WARNING! THIS IS A PUI



HOME	SEARCH	ADD	E-
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS
NAME: Duck, Donald D.		SSN: 123-44-5678	

OMB Control No. 2900-0021
Respondent Burden: 5 Minutes
Expiration Date: 08/31/2016

<div style="background-color: #4a7c9c; color: white; padding: 2px;">  </div> <p style="text-align: center; font-weight: bold; font-size: small;">APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE</p> <p style="font-size: x-small;">NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms.</p> <p style="font-size: x-small;">IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM</p> <p>1. LAST-FIRST-MIDDLE NAME OF VETERAN <input type="text" value="Duck"/> <input type="text" value="Donald"/> <input type="text" value="D."/></p> <p>2. VA FILE NUMBER (Include prefix) <input type="text" value="65887574"/></p> <p>3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) Tennessee Department of Veterans Services</p> <p>3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization) <input type="text" value="User User, CVSO"/></p> <p>3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A <input type="text" value="statevsso.mailbox@va.gov"/></p> <p style="text-align: center; font-weight: bold; font-size: small;">INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES</p> <p>4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN) <input type="text" value="123-44-5678"/></p> <p>5. INSURANCE NUMBER(S) (Include letter prefix) <input type="text"/></p> <p>6. NAME OF CLAIMANT (If other than veteran) <input type="text"/></p> <p>7. RELATIONSHIP TO VETERAN <input type="text"/></p> <p>8. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) <input type="text" value="1234 Disney Blvd."/> <input type="text" value="Orlando"/> <input type="text" value="FL"/> <input type="text" value="ZIP: 65855"/></p> <p>9. CLAIMANT'S TELEPHONE NUMBERS (Include Area Code) <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 50%;">A. DAYTIME <input type="text" value="(810) 555-1212"/></td> <td style="width: 50%;">B. EVENING <input type="text" value="(810) 555-1212"/></td> </tr> </table> <p>10. E-MAIL ADDRESS (If applicable) <input type="text" value="donald@disney.com"/></p> <p>11. DATE OF THIS APPOINTMENT <input type="text" value="August"/> <input type="text" value="16"/> <input type="text" value="2017"/></p> <p>12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. <small>By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.</small></p> <p style="font-size: x-small;">I authorize the VA to make known to any VA claimant records to disclose to the service organization named in Item 3A. All treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.</p> </p>	A. DAYTIME <input type="text" value="(810) 555-1212"/>	B. EVENING <input type="text" value="(810) 555-1212"/>	<p style="text-align: center; font-weight: bold; font-size: small;">OVERVIEW</p> <p style="color: red; font-weight: bold; font-size: small;">No Photo Uploaded Yet</p> <p style="border: 2px solid red; padding: 2px; font-weight: bold; font-size: small;">The American Legion</p> <p style="font-size: x-small;">1234 Disney Blvd. Orlando FL 95855 (810) 555-1212 () () donald@disney.com</p> <p style="font-weight: bold; font-size: small;">HER ADDRESS: MAY</p> <p style="font-size: x-small;">1234 Main St. MI 55878 555-1212</p> <p style="font-size: x-small;">Any additional notes for this veteran can go here.</p> <p style="font-weight: bold; font-size: small;">Date: Entered by:</p>
A. DAYTIME <input type="text" value="(810) 555-1212"/>	B. EVENING <input type="text" value="(810) 555-1212"/>		

Incorrect Data - Service Dates

- Service dates should match the DD-214.
- If no DD-214 is available then you may utilize SHARE or MAP-D.

HOHORON, MCAS YUMA, AZ		IPAC, MCAS, YUMA, AZ		
9. COMMAND TO WHICH TRANSFERRED MOBCOM, 15303 ANDREWS RD, KANSAS CITY, MO 64147-1207		10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 5811- MILITARY POLICE (4 YEARS 5 MONTHS)	12. RECORD OF SERVICE			
	a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
	b. SEPARATION DATE THIS PERIOD	2010	07	18
	c. NET ACTIVE SERVICE THIS PERIOD	05	00	00
	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
	e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
	f. FOREIGN SERVICE	01	00	09
	g. SEA SERVICE	00	00	00
	h. INITIAL ENTRY TRAINING	00	02	26
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) SEA SERVICE DEPLOYMENT RIBBON (2), IRAQ CAMPAIGN MEDAL, GLOBAL WAR ON TERRORISM SERVICE MEDAL, NATIONAL DEFENSE SERVICE MEDAL, NAVY UNIT COMMENDATION, RIFLE EXPERT BADGE (2ND AWARD), PISTOL EXPERT BADGE (3RD AWARD). CONT* ON BLK 18.		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) RF3 LAW ENFORCEMENT (MILITARY) 2006, A2 DRIVER AWARENESS 2006, MMD GREEN BELT 2007, LEVEL 1 OC CERT 2005, LVL 1 ANTI-TERR BRP 2005.		
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	<input checked="" type="checkbox"/> NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	<input checked="" type="checkbox"/> NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment:)		YES	<input checked="" type="checkbox"/> NO	
16. DAYS ACCRUED LEAVE PAID RLB 27.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES <input checked="" type="checkbox"/> NO	
18. REMARKS GOOD CONDUCT MEDAL PERIOD COMMENCED 20071221. CONT* FROM BLK 13: COMBAT ACTION RIBBON. WHILE A MEMBER OF THE MARINE CORPS RESERVE YOU WILL KEEP THE COMMANDING GENERAL, MOBCOM (TOLL FREE PHONE 1-800-255-5082) INFORMED OF ANY CHANGES OF ADDRESS, MARITAL STATUS, NUMBER OF DEPENDENTS, CIVILIAN EMPLOYMENT, OR PHYSICAL STANDARDS. SUBJECT TO ACTIVE DUTY RECALL AND OR ANNUAL SCREENING. MEMBER CONTRIBUTED \$1,200.00 TO THE MGIB. DELAYED ENTRY PROGRAM FROM 20040911 TO 20050619. 45644-2010-0311				

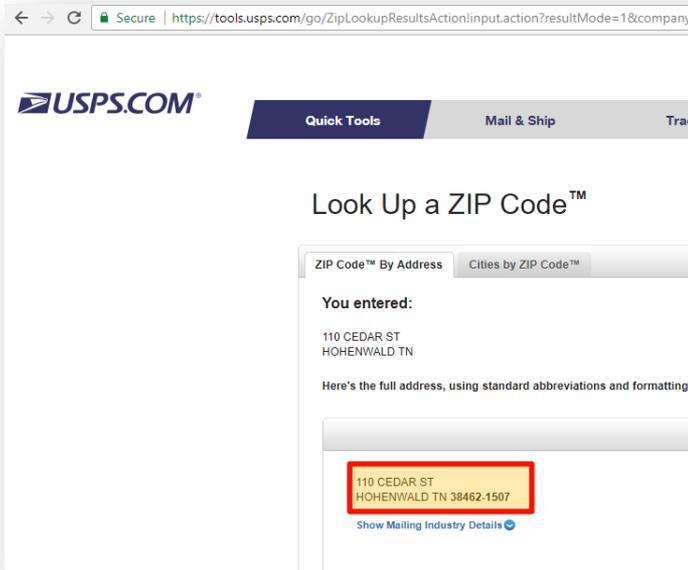
Incorrect Data – Service Number

- Certain Service members were issued service numbers for identification rather than social security number.
- Tip: sometimes a search utilizing the service number will populate information as opposed to using the social security number.

Branch	Date of Changeover
Army / Air Force	July 1, 1969
Navy / Marine Corps	January 1, 1972
Coast Guard	October 1, 1974

Incorrect Data – Postal Code

- Make sure the postal code is correct. You may use the United States Postal Service website for verification.
- Also, make sure the city spelling is correct such as Mt. Pleasant vs. Mount Pleasant.



USPS.COM

Quick Tools Mail & Ship Track

Look Up a ZIP Code™

ZIP Code™ By Address Cities by ZIP Code™

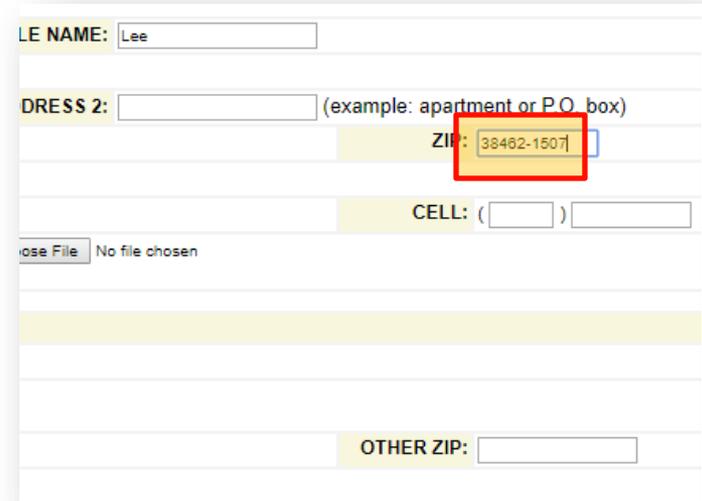
You entered:

110 CEDAR ST
HOHENWALD TN

Here's the full address, using standard abbreviations and formatting.

110 CEDAR ST
HOHENWALD TN 38462-1507

[Show Mailing Industry Details](#)



LE NAME:

ADDRESS 2: (example: apartment or P.O. box)

ZIP:

CELL: ()

Choose File No file chosen

OTHER ZIP:

Incorrect Data - Evidence

- Is the evidence new and supporting?
- Is there evidence of a diagnosis?
- Keep it simple and don't over complicate 21-526 EZ
- If additional information is needed then you may utilize a VA Form 4138.

donald@disney.com		
VA FORM FEB 2016	21-526EZ	SUPERSEDES VA WHICH WILL NOT
VETERANS SOCIAL SECURITY NO 123-44-5678		
13. LIST THE DISABILITY(IES) YOU ARE CLAIMING (If applicable, identify whether a disability is due to a service-connected disability, is or is related to benefits under 38 U.S.C. 1151).		
<ul style="list-style-type: none">• Example 1: Hearing loss• Example 2: Diabetes-Agent Orange (exposed 12/72, Da Nang)• Example 3: Left knee - secondary to right knee		
1.	Back pain - secondary to bilateral knees	
2.		
3.		

Cost of Errors

- Total Compensation Benefits for Tennessee Veterans was \$2,046,342,000 in FY 15.
- That amounts to \$3893.34 per minute of benefits that directly aid Tennessee Veterans.
- Errors:
 - Cost time
 - Time for the customer
 - Time for the reviewers
 - Time to correct mistakes
 - Delays in the process; backlog
 - Credibility
 - Customer loses faith in us
 - Customer loses faith in the process



Summary

ERROR CHECKS
GET THE CHECK

TN

Department of
Veterans Services

TN

Department of
Veterans Services

Review Course Objectives

Upon completion of this course you will be able to:

- Identify five common errors on claims and how to correctly enter data.
- Understand the cost of errors.



Department of

Veterans Services

Advanced Interviewing Techniques & Evidence Gathering

Introduction

This course of instruction is designed to provide an overview of advanced interviewing techniques and evidence gathering.



Course Objectives

Upon completion of this course the participant will be able to discuss:

- The elements of motivational interviewing.
- Examples of interview questions.

The Root of Successful Interviewing

- Successful interviewing begins with effective communication.



Interview vs. Interrogation

- Interviewing is often confused with interrogation.
- Both have similarities yet different.
- Motivational interviewing is the perfect combination of interviewing and evidence gathering.

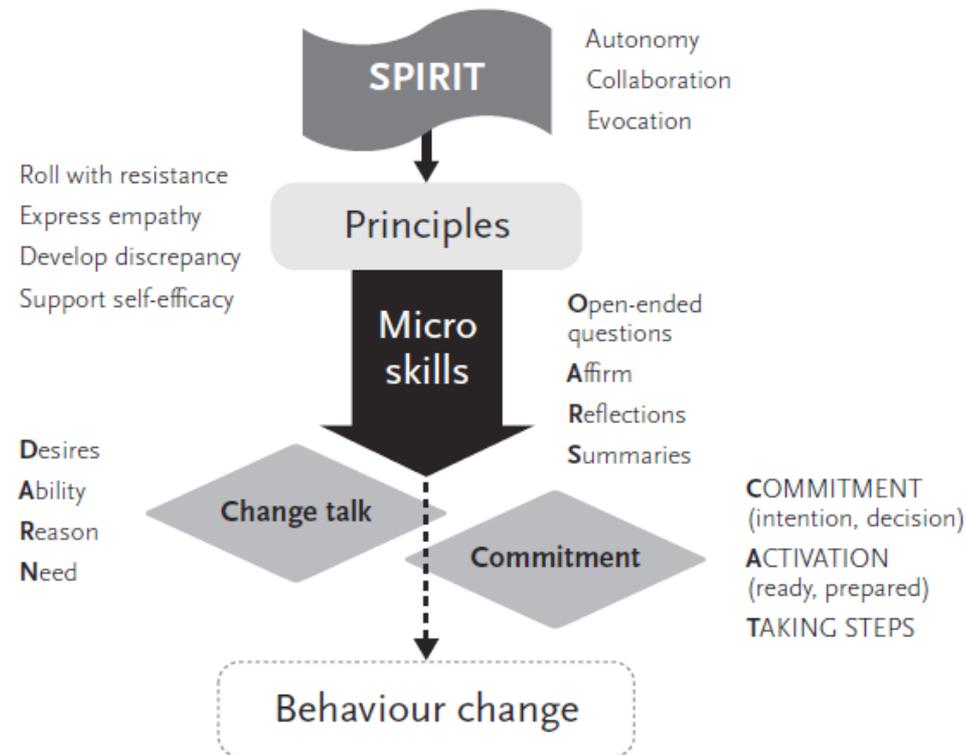


What is Motivational Interviewing?

- Motivational interviewing is a technique in which you become a helper in the change process and express acceptance of your client.
- Originally designed for mental health professionals it is now utilized in employment interviews, criminal investigations, and other applications.
- Essentially it allows the Veteran the opportunity to help in gathering needed information.

Framework

The Framework of Motivational Interviewing



Source: MINT Training, Centre for Addiction and Mental Health.

Building Rapport

- The first impression matters.
- Confidence = Trust.
- We need the Veteran as much as they need us.



Empathy

- Empathy "is a specifiabile and learnable skill for understanding another's meaning through the use of reflective listening. It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning"

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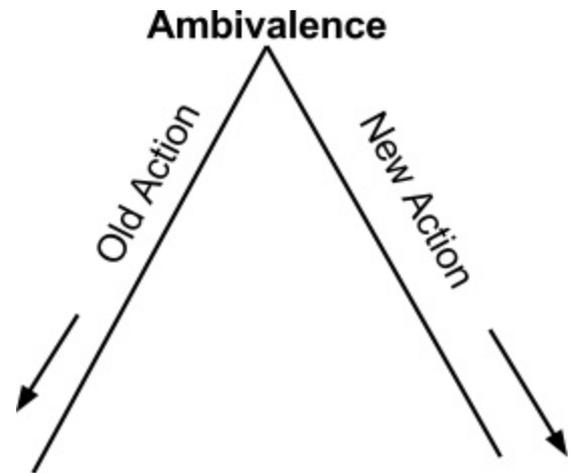


Empathy

- Communicates respect for and acceptance of clients and their feelings.
- Encourages a nonjudgmental, collaborative relationship.
- Allows you to be a supportive and knowledgeable consultant.
- Sincerely compliments rather than denigrates.
- Listens rather than tells.
- Gently persuades, with the understanding that the client has an important role in the claims process.
- Provides support throughout the claims process.

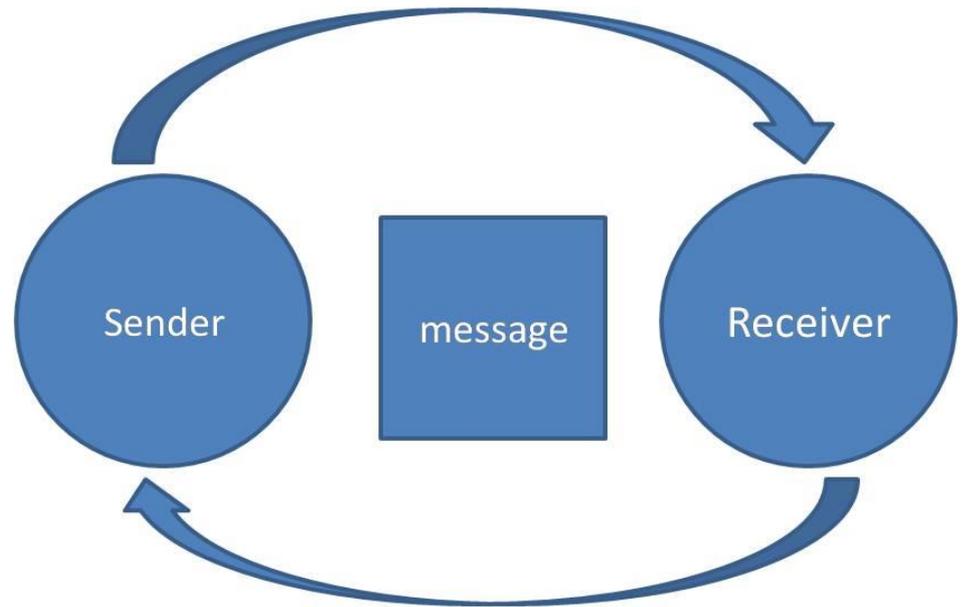
Explore Ambivalence

- Accept uncertainty as common and normal but resolvable.
- Explore the discrepancy between what is occurring and what is desired in the future?



Reflective Listening

- Active listening is imperative.
- Reflect what the Veteran is saying.
- Ask open-ended questions to encourage dialogue.
- Reflect feelings of ambivalence to create discussion about problem solving.



Roll with Resistance

- Strive to understand the Veterans situation.
- Encourage the Veterans role in the claim process.
- Seek input from the Veteran.
- Do not deny the Veterans experiences.
- Empathize when frustration is present.
- Stress choices.



Examples of Questioning

What branch did you serve in?

Tell me about your military service?

Versus

This type of direct questioning often leads to short answers much like a yes or no question.

This type of open ended questioning allows the Veteran to be more descriptive of their military service. This could lead to details relevant to their claim.

Examples of Questioning

Do you have dependents?

Allows only for a brief answer.

Versus

Tell me about your family?

The open ended question could lead to describing the age and number of dependents. This could be beneficial along with other factors.

Examples of Questioning

Do you experience pain?

Versus

Does your condition prevent you from activities that you were previously accustomed to?

Again, this limits the degree of information to be shared.

This direct yet open ended question draws necessary information needed for a disability claim.

Summary

- “The more you engage with customers the clearer things become and the easier it is to determine what you should be doing.” ~ John Russell



Review Objectives

Upon completion of this course the participant will be able to discuss:

- The elements of motivational interviewing.
- Examples of interview questions.



Department of

Veterans Services

10 Second Challenge Game

Game Rules

- Participants will answer until the clock is activated. You will have ten seconds at that time to answer.
- The instructor is the final decision maker in regards to contested answers.
- Each question is worth 10 points. A maximum of 300 points is possible.
- Should the participant provide a wrong answer the opposing team or participant with the next highest number of points will be allowed to try and answer the question.

A tax-free monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. The benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10 percent to 100 percent (in increments of 10 percent).

Answer:

Disability Compensation



What programs provide Service members with the opportunity to file claims for disability compensation up to 180 days prior to separation or retirement from active duty or full-time National Guard or Reserve duty (Titles 10 and 32)?

Answer:

Pre-Discharge



What program is an optional initiative that offers Service members, Veterans, and survivors faster decisions from VA on compensation, pension, and survivor benefit claims?

Answer:

Fully Developed Claim (FDC)



What is a tax-free monetary benefit generally payable to a surviving spouse, child, or parent of Service members who died while on active duty, active duty for training, or inactive duty training, or to survivors of Veterans who died from their service-connected disabilities?

Answer:

Dependency and Indemnity Compensation (DIC)



True or False: For general caregiver support services, the Veteran does not have to be enrolled in the VA health care system.

Answer:

(False) The veteran must be enrolled in the VA health care system.



Any disabled veteran who has one hundred percent (100%) permanent total disability from a service-connected cause or any former prisoner-of-war, as determined by the United States veterans administration, is exempt from the _____ tax imposed by this section or by private act upon submission of evidence of such disability to the officer in the county charged with the responsibility for collecting such tax.

Answer:

**Tennessee Motor Vehicle
Privilege Tax T.C.A. 5-8-102**



_____ is an additional tax-free benefit that can be paid to Veterans, their spouses, surviving spouses and parents. For Veterans, _____ is a higher rate of compensation paid due to special circumstances such as the need of aid and attendance by another person or by specific disability.

Answer:

**Special Monthly
Compensation (SMC)**



True or False: The VA Form 21-0779 is used when informing the VA of cost for nursing home care.

Answer:

(True) VA Form 21-0779 is used when informing the VA of that cost.



As provided in Public Chapter 842, Tenn. Code Ann. Section 67-6-303(a)(1) exempts from _____ the sale of motor vehicles in this state to members of the Tennessee National Guard or reserve members of a uniformed service of the United States who are called into active military service and who are stationed outside the United States during hostilities in which such person is actually engaged in combat.

Answer:

Sales Tax



True or False: In order to honor the veterans of this state and encourage the use of natural parks across Tennessee, the Department of Environment and Conservation shall designate two (2) days per year during which access to and use of all state parks, including, but not limited to, campgrounds and golf courses, shall be free of charge for all veterans. Each veteran shall be required to show proof of veteran status, prior to being granted free admission to any state park

Answer:

False it is 1 day not 2 days



When VA asks a claimant to provide evidence or information needed to decide a claim, the claimant is asked to submit such evidence or information within thirty (30) days. What action(s) will VA take if the claimant does not provide the requested evidence or information until six months later?

Answer:

When VA asks a claimant to provide evidence or information needed to decide a claim, the claimant is asked to submit such evidence or information within thirty (30) days. What action(s) will VA take if the claimant does not provide the requested evidence or information until six months later?



There is a \$_____ fee for the interment of a veteran's spouse or eligible dependent children that must be paid the day of burial. Dependent burial fees were reduced by state law which went into effect on April 27, 2016.

Answer:

\$600



True or False: You are a current Power of Attorney (POA) holder for a Veteran who wants to file for Total Disability rating based on Individual Unemployability (TDIU.) Because you are a current POA, you can sign the VA Form 21-8940 as the POA representative.

Answer:

(False) This is one of the few documents that the claimant must sign.



The application a Veteran uses to apply for the caregiver program is?

Answer:

VA Form 10-10CG



Veterans may have been exposed to a range of chemical, physical, and environmental hazards during military service. Veterans may be entitled to disability compensation if exposure to these hazards resulted in a _____ or _____. Examples include exposure to radiation, mustard gas, and asbestos.

Answer:

Disease or Injury



_____ is a cluster of medically unexplained chronic symptoms that can include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems may be eligible for disability compensation.

Answer:

Gulf War Syndrome



Authorizes property tax relief to _____ who would have been eligible for relief had the veteran qualified under later amendments to the law.

Answer:

Surviving spouses of disabled veterans.

**Public Chapter No. 884 (2006),
Public Chapter No. 481 (2015),
Public Chapter No. 1065 (2016)**



_____ may be issued to veterans whose education was interrupted by service in World War I, World War II, the Korean War, or the Vietnam War. The veteran is not required to be a current resident of the State of Tennessee at the time of the request. A surviving spouse or other immediate family member of a deceased veteran may also request.

Answer:

**High School Diploma
TCA 49-2-119**



This state grant will be available each year to as many as 375 eligible veterans on a first-come, first-serve basis and will award \$1,000 to students completing at least twelve (12) semester hours each term. Applicants need to have been awarded the Iraq Campaign Medal, the Afghanistan Campaign Medal, or the Global War on Terrorism expeditionary Medal.

Answer:

Helping Heroes Grant



As _____ enacted, _____ creates _____ offense of a person falsely representing (conduct, dress, verbally, or in writing) that he or she was or is a member of the United States armed forces with the intent to deceive another into believing such representation.

Answer:

Class B Misdemeanor



Veterans or surviving spouses who are eligible for VA pension and are housebound or require the aid and attendance of another person may be eligible for an _____.

Answer:

Additional Monetary Payment



As a _____, VA is responsible for getting relevant records from any Federal agency that you adequately identify and authorize VA to obtain.

Answer:

Standard Claim



In November 2000, Congress passed the _____ to define what VA's responsibilities are in assisting claimants in obtaining evidence to support a claim and also to define the responsibilities of the claimant.

Answer:

**Veterans Claims Assistance Act
(VCAA**



This increased monthly pension amount may be added to your monthly pension amount when you are substantially confined to your immediate premises because of permanent disability?

Answer:

Housebound Benefit



VA may provide compensation for injuries incurred or aggravated while receiving care from VA, such as medical treatment or vocational rehabilitation.

Answer:

Title 38 U.S.C. 1151 Claims



VA may provide a tax-free monetary allowance to children with _____ or certain _____ born to women who served in the Republic of Vietnam or served in or near the demilitarization zone in Korea during certain time periods.

Answer:

Birth Defects/Spina Bifida



VA may grant a temporary 100 percent disability compensation rating to recover from surgery or immobilization of a joint by a cast without surgery for a service-connected disability. This is known as?

Answer:

Convalescence



VA may pay disability compensation at the 100% rate to certain Veterans who are unable to maintain substantially gainful employment as a result of service-connected disabilities, even though VA has not rated their service-connected disabilities at the total level. This is known as?

Answer:

Individual Unemployability



VA may provide an annual _____ to Veterans who use a prosthetic or orthopedic device (including a wheelchair) because of a service-connected disability, or has a service-connected skin condition and uses a medication that causes irreparable damage to outer garments.

Answer:

Clothing Allowance



A state program dedicated to assisting veterans find jobs in state government, obtain educational benefits, and start a business.

Answer:

Next Chapter TN

