



NVS Health Team Update

Electronic Health Record Deployment



- Currently there are six VA sites with EHRM:
 1. Spokane, WA (Mann-Grandstaff VAMC – first site)
 2. Seattle, WA
 3. Walla Walla, WA
 4. Boise, ID
 5. Roseburg, OR
 6. White City, OR

All six sites continue to get the upgrades to the system. They are not legacy sites.

Electronic Health Record Deployment



Site	Location	Go-Live Date
VA Detroit Healthcare System	Detroit, Michigan	April 2026
VA Saginaw Healthcare System	Saginaw, Michigan	April 2026
VA Ann Arbor Healthcare System	Ann Arbor, Michigan	April 2026
VA Battle Creek Medical Center	Battle Creek, Michigan	April 2026
Dayton VA Medical Center	Dayton, Ohio	June 2026
Chillicothe VA Medical Center	Chillicothe, Ohio	June 2026
Cincinnati VA Medical Center	Cincinnati, Ohio	June 2026
Cincinnati VA Medical Center-Fort Thomas	Fort Thomas, Kentucky	June 2026
Richard L. Roudebush Veterans' Administration Medical Center	Indianapolis, Indiana	August 2026
Marion VA Medical Center	Marion, Indiana	August 2026
Fort Wayne VA Medical Center	Fort Wayne, Indiana	August 2026
Louis Stokes Cleveland Department of Veterans Affairs Medical Center	Cleveland, Ohio	October 2026
VA Alaska Healthcare System	Anchorage, Alaska	October 2026

Electronic Health Record Deployment

April 2026

VISN 10

John D. Dingell VAMC (Detroit, MI)



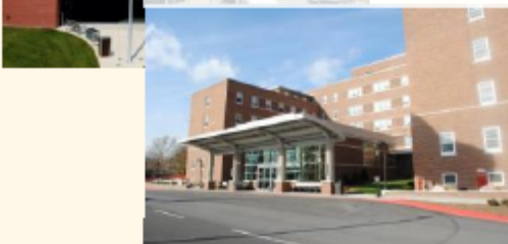
Battle Creek VAMC (Battle Creek, MI)



LTC Charles S. Kettles VAMC (Ann Arbor, MI)



Aleda E. Lutz VAMC (Saginaw, MI)



June 2026

VISN 10

Cincinnati VAMC (Cincinnati, OH)



Cincinnati VAMC-Fort Thomas (Ft. Thomas, KY)



Chillicothe VAMC (Chillicothe, OH)



Dayton VAMC (Dayton, OH)



August 2026

VISN 10

Fort Wayne VAMC (Fort Wayne, IN)



Marion VAMC (Marion, IN)



Richard L. Roudebush VAMC (Indianapolis, IN)



October 2026

**VISN 20/
VISN 10**

Alaska VA Healthcare System (Anchorage, AK)



Louis Stokes Cleveland VAMC (Cleveland, OH)



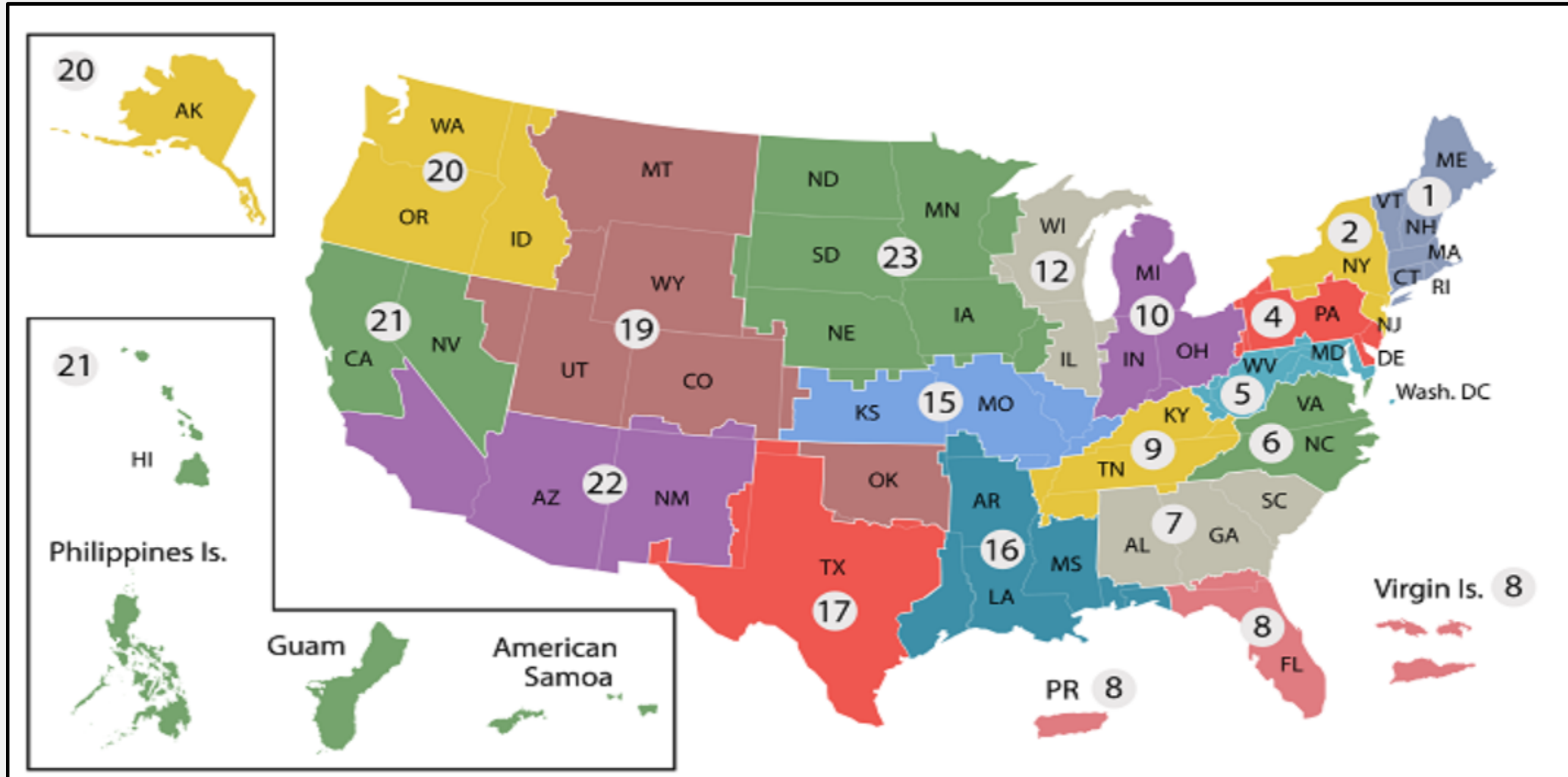
Timeline for Go-Live Sites



Deployment Year	Deployment Sites Numbers	VISNs Affected
2026	13	10, 20
2027	26	12, 15, 20, 23
2028	28	15, 16, 21, 22
2029	32	4, 16, 17, 19
2030	32	1, 6, 8, 9
2031	33	2, 5, 7

To Find the VISN:
<https://www.va.gov/HEALTH/visns.asp>

Timeline for Go-Live Sites



Hospital Staff - Initial Expectations



Based on previous deployments:

- Productivity slower first few weeks
 - Staff needs to use new workflows
 - More checking of orders, pharmacy flow
 - Probably backlog of patients
- Staff can become tired (have patience with them)
 - Learning a new system is frustrating
 - More folks looking over shoulders; IT, superusers, leadership
- We will likely hear how the old way was better, easier

Patients- Initial Expectations



Based on previous deployments:

- Fewer appointments first few weeks
- Wait times will likely be longer for appointments and pharmacy
- Visits may be longer
 - Providers may need more time inputting information initially
 - Providers may need to reconfirm basics
 - Meds
 - History
- Spending time on the phone for appointments may take longer

Service Officers - Initial Expectations



- There will likely be local town hall listening sessions
- Attend if you can – It will keep you updated on the local progress
- Last time, VA and Oracle had asked for:
 - locations to conduct town halls
 - Departments to encourage veterans to attend town halls

Thanks to the Departments!



Deputy Secretary Paul R Lawrence, Ph.D, VA 

@PaulRLawrence

Great news for Michigan Veterans: VA's Federal EHR is now live at [@VAAnnArbor](#), Battle Creek, [@VADetroit](#), and [@vasaginaw](#) medical facilities. This is a major step toward seamless, integrated care for those who served us.

Thank you to [@VFWHQ](#) for opening your doors and allowing me to host town halls over the last few months, creating the opportunity to meet directly with Michigan Veterans. That kind of partnership makes all the difference.

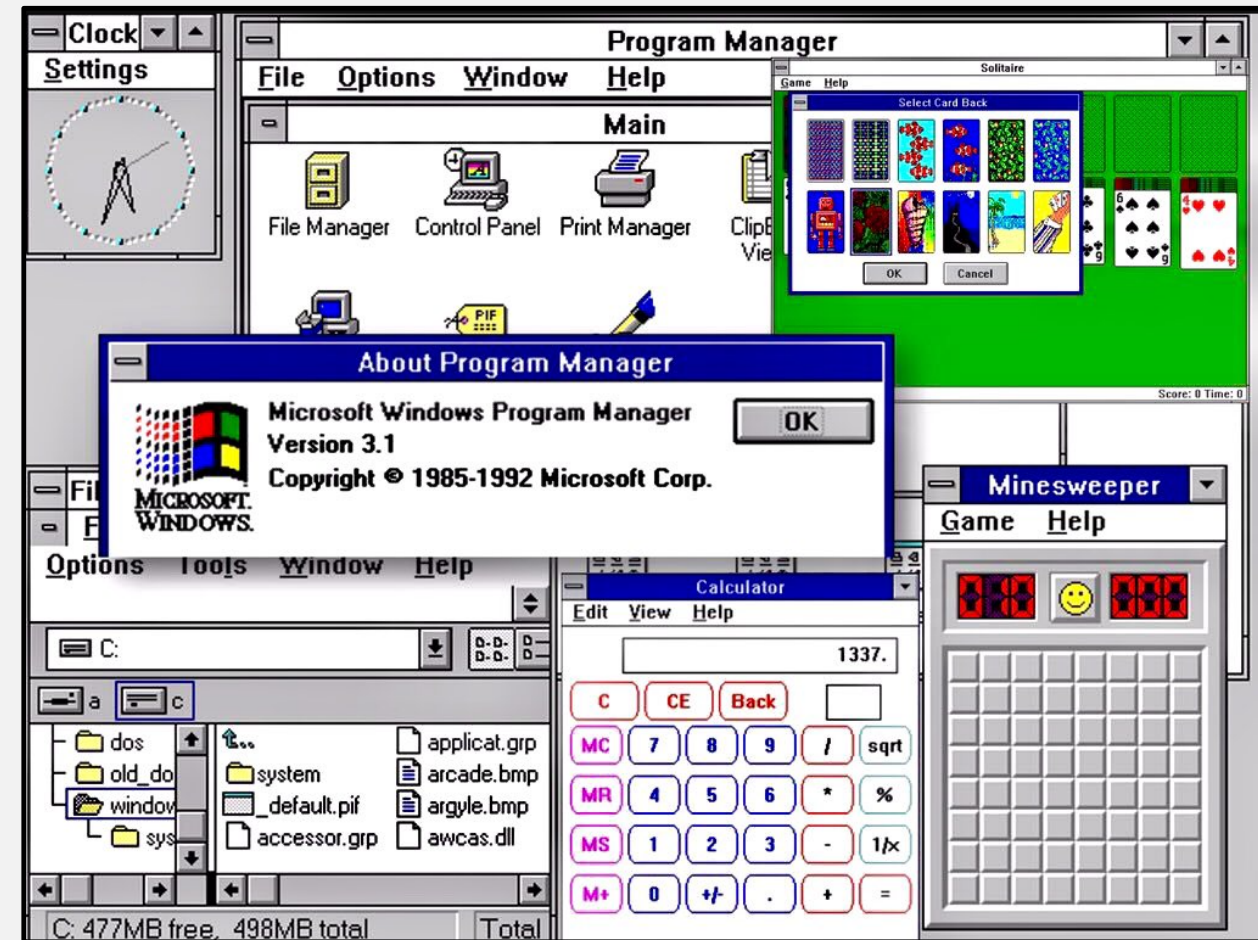
Read more about our collaboration with VFW here: vfw.org/media-and-even...

2:19 PM · Apr 17, 2026 · **3** Views

Why ? VistA is Good – Like Windows 3.1



- VistA – VA’s current system
 - Developed in 1970s
 - Deployed in 1980s
 - Pre-dates internet
- Has more than 130 patches and just as many variations in VA facilities
- Incompatible with modern health systems



Courtesy: https://ia800404.us.archive.org/10/items/windows-3.1_202103/win%203.1.jpg

VistA Cont.



- Records and data managed by each health care facility
 - Not integrated
- Sending information to another facility involves a transfer; fax, electronic, or physical
 - Somone has to reconcile it on the other end
- Good luck getting records from private health care facilities

VA Oracle EHR



- Interoperability between military and VA – transition/use of facilities
- Improved care
 - Real-time data viewing; Spokane can see same patient data as Roseburg OR VA
 - Less repeated tests, exams, x-rays
 - Will not need to repeat your health history; more time for treatment
- Standardized care across all VA facilities
- Will be able to know capacity, bed-space in each facility
 - Ex: Baltimore will know bed-space in Richmond
- New system connects private providers and records
 - No need for physical records carried by patient or faxed/mailed

Clinical AI Agent (VA Pilot Program)



- It is being piloted in the current six VAMC facilities that have EHRM
- Records conversations and generates clinical notes
- Reduction in documentation time in primary care by 24%
- 1-2% AI generated notes need updates; most capture everything correctly
- Can distinguish between multiple people in a room and different languages

Clinical AI Agent (DoW Implementation)



In recent Oracle brief:

- DoW is implementing the Clinical AI Agent
- 89% improvement in patient quality
- 96% reduction in document burden
- Especially helpfully in mental health appointments
 - Example – a 45 minute appointment
- AI agent being tested and modified for other clinics; in-patient and ER

AI and Civilian Health Care



Recent AMA survey:

- More than 80% surveyed use AI – double the rate from 2023
- Majority believes it improves their care for patients
- 39% use for research and standards of care
- 30% use for progress notes, care plans or discharge instructions
- 19% use for draft responses in the patient portal
- 17% assistive diagnosis
- 70% say they are concerned about loss of physician skills among students

<https://www.ama-assn.org/practice-management/digital-health/more-80-physicians-use-ai-professionally-ama-survey>

Armed Forces Retirement Homes



Gulfport, MS and Washington DC

- Independent governance – separate from VA and DoW
- Currently uses completely different health records system
- AFRH actively evaluating whether to implement MHS-Genesis
- Their strategic plan for 2026-2030 indicates potential transition plan


WellHive Pilot - Scheduling





- External Provider Scheduling (EPS)
- VA schedulers book appointments directly into CCN provider schedule
- VA scheduler sees referrals and what is available in the network
- Next is integrated scheduling showing VA and community appointment availabilities

Patient Portals VA vs MHS Genesis



VA |  U.S. Department of Veterans Affairs


VA Benefits and Health Care ▾ About VA ▾ F

[My HealtheVet](#)  Appointments  Me

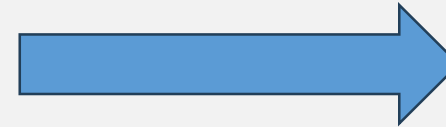
[VA.gov home](#) > [My HealtheVet](#)


My HealtheVet

Welcome. You can now manage your health care. You can also manage your other VA benefits on VA.gov. Here, you'll find new, improved health tools and more features.

Welcome, Gregg  [Profile](#)

Oracle Product



 **MHS GENESIS**
Patient Portal

Health Record

Medications

Immunizations

Current Allergies

Health Issues

COVID-19 Results

Results and Measurements

Clinical Notes & Documents

Procedures

Visit Summaries

Clinical Reports

Health Library

Patient Education

Non- Oracle



72 Hour Notice with VA



Community emergency care

Notify VA within 72 hours

Reasons:

1) **Payment** 2) VA confirms eligibility 3) VA coordinates follow-on care

Who may report it?

Where to report

844-72HRVHA (844-724-7842)

<https://emergencycarereporting.communitycare.va.gov/compliance>

VA Clinic

Bonus Material



- Foreign Medical Program

- This summer - auto-enrollment for all veterans with a service-connected rating of zero (0) or greater.
- Letters should be autogenerated within the veterans VA.GOV account and should be located under letters.
- Alternative filing options if online services are not accessible:
 - Mail to: VHA Office of Integrated Veteran Care
Foreign Medical Program
PO Box 200
Spring City, PA 19475
- If you are traveling...invest in medical insurance



Recent Court Opinions and Regulatory Changes Sept. 2025 - April 2026

<https://bergmannmoore.participoll.com/>



Polling Test Question



<https://bergmannmoore.participoll.com/>

How many decisions did the CAVC issue in FY2025 (Oct. 2024-Sept. 2025)?

- A. Under 6,000**
- B. 6,000-6,999**
- C. 7,000-7,999**
- D. 8,000-8,999**
- E. 9,000-9,999**
- F. Over 10,000**



Polling Test Answer

F. Over 10,000

- This is a record number!
- Official report has not been released.
- However, the Chief Judge has been stating this publicly.
- He has also stated that FY26 numbers are already running higher than FY25.



CAVC Vacancies



- The CAVC is authorized to have ten judges.
- The Court has eight judges, one of whom is leaving active status this summer.
- There are three vacancies that need to be filled.
- Currently, there are no nominations for these vacancies even though the first vacancy has existed since the end of 2024.
- Wait times at the CAVC are very likely to rise if these positions are not filled.

Learning Objectives

- **Learn about important recent court decisions.**
 - Review the different **courts above VA.**
 - Learn about some **recent court decisions.**
 - Learn **arguments to make** based off these recent decisions.

Brief Overview of VA's Judicial Review

- The **Board of Veterans' Appeals** (Board) is the highest appellate body *within VA*.
- Denials from Board can be appealed to the **U.S. Court of Appeals for Veterans Claims** (CAVC).
 - CAVC handles only Board appeals from VA.
 - Claimants cannot take VA appeals to any other court.
- Denials from CAVC can be appealed to the **U.S. Court of Appeals for the Federal Circuit** (Fed. Cir.).
 - Only decides questions of law.
 - The next and highest court is the U.S. Supreme Court.



Ingram v. Collins
38 Vet.App. 130
(2025)



Veteran Carlton Ingram applied for increased ratings for his back and left ankle. His medical records indicate that he takes a variety of prescription medications to alleviate his pain and inflammation of these joints. The Board rated his conditions based upon an examination that considered only the severity of his condition while taking these medications. Should the Board have evaluated based upon how bad his conditions would be if he were not taking those medications?

A. No. Ratings are based only upon the observed effect of a disability.

B. Yes. Ratings should not consider the effect of medication on a disability unless the diagnostic codes specifically says so.



Ingram v. Collins

B. Yes. Ratings should not consider the effect of medication on a disability unless the diagnostic codes specifically says so.

- The CAVC held that the default rule, which it had announced in cases more than a decade ago, applies to ratings of orthopedic conditions.
- Nothing in the diagnostic codes for orthopedic conditions mentions medications.
- The Court also held that a VA examination should seek information on the Veteran's unmedicated state just as it must for flare ups under *Sharp v. Shinseki*.

Ingram v. Collins

- VA appealed *Ingram* to the Federal Circuit and asked that court to overturn the CAVC.
- While that appeal was pending, VA published a rulemaking purporting to abrogate *Ingram*, i.e., nullify it by changing the underlying law.
- That rulemaking resulted in a huge uproar and was withdrawn.
- Subsequently, VA withdrew its appeal of *Ingram*.
- Presently, *Ingram* is good law.

Nothing prevents VA from trying a rulemaking in the future or challenging *Ingram* in a future Federal Circuit appeal.

Stewart v. Collins
38 Vet.App. 407
(2025)



Veteran Richard Stewart appealed a decision severing his award of special monthly compensation. The RO found that his award of TDIU for PTSD did not satisfy the requirement that he have a single disability rated at 100%. On appeal, the Board found that his PTSD did satisfy the 100% criteria, but that he did not meet the criteria for a separate 60% rating.

Did the Board have the authority to change the basis for the severance?

- A. Yes. The Board's review is de novo so it gives no deference to the RO findings.**
- B. No. The Board cannot ignore a favorable finding made by the RO that the Veteran has separate disabilities that satisfy the 60% requirement.**



Stewart v. Collins

B. No. The Board cannot ignore a favorable finding made by the RO that the Veteran has separate disabilities that satisfy the 60% requirement.

- The CAVC recognized that “**any** finding favorable to the claimant made by either a VA adjudicator . . . or by the Board . . . is binding on all subsequent [AOJ] and Board . . . adjudicators, unless rebutted by evidence that identifies a [CUE].” 38 C.F.R. § 3.104(c).
- This includes favorable findings that were made **previously** rather than in the decision on appeal.

***Witkowski v.
Collins***
38 Vet.App. 459
(2025)



Veteran Witkowski's combined ratings did not meet the schedular criteria for TDIU until June 17, 2021. He appealed denial of TDIU to the Board and specifically waived referral to the Director of Compensation Service for the period before June 17, 2021. The Board granted TDIU from June 17, 2021, but refused to consider extraschedular TDIU before that date. The Board stated it lacked authority to grant extraschedular TDIU in the first instance and that the Veteran had waived Director review.

Was the Board's decision correct?

- A. Yes. All extraschedular TDIU requests must be reviewed by the Director of Compensation Service at VBA first.**
- B. No. Referral to the Director of Comp Service is not a legal requirement.**



Witkowski v. Collins

B. No. Referral to the Director of Comp Service is not a legal requirement.

- The CAVC held that the Board **does** have jurisdiction to decide extraschedular TDIU in the first instance.
- This decision overturned an earlier CAVC decision in *Bowling v. Principi* which had required Director review before the Board could act.
- Waiving referral to the Director may lead to a quicker decision.

Reynolds v. Collins

39 Vet.App. 53
(2025)



Veteran Reynold's claim for service connection for hearing loss was denied in 1991. The record at the time included his DD 214 showing he had received a Purple Heart and a VA exam opining his STRs were "negative" for hearing loss.

In 2020 he filed a new supplemental claim and submitted copies of a new service record reflecting he received a Bronze Star Medal. Service connection was granted after a new VA examiner said that his hearing loss was due to acoustic trauma in combat during service.

Should 3.156(c) apply to award an effective date back to 1991?

- A. Yes. His claimed was granted after VA received new service records.**
- B. No. The new records of the Bronze Star were not cited in the August 2020 rating decision that granted service connection.**
- C. Maybe. It depends on what role the records played in the adjudication process.**



Reynolds v. Collins

C. Maybe. It depends on what role the records played in the adjudication process.

- The CAVC held that the Board was wrong to require the grant of benefits to cite the new service records for 38 C.F.R. § 3.156(c) effective date exception to apply.
- The CAVC held the new service records need only “form a link in the chain of reasoning that supports an award of benefits.”
- The CAVC then remanded the case back to the Board for them to apply this “link in the chain” analysis.

Cash v. Collins
166 F.4th 1046
(2026)



Veteran Cash's claim for service connection for COPD was denied in a July 2021 rating decision. In February 2022, he submitted medical articles linking lead exposure to COPD in support of his claim. Then in June 2022 he filed a 10182 selecting the evidence docket. He also included an addendum asking the Board to review the evidence that he submitted in February 2022. The Board denied his claims without reviewing the evidence submitted in February 2022.

Was the Board correct not to review the February 2022 evidence?

- A. Yes. The evidence was received after his rating decision but before his 10182.**
- B. No. Mr. Cash directed the Board's attention to this evidence during a valid AMA evidentiary window.**



Cash v. Collins

B. No. Mr. Cash directed the Board's attention to this evidence during a valid AMA evidence window.

- The Fed. Circ. reversed “Because we determine that Mr. Cash satisfied the statutory evidentiary submission requirement by clearly and timely referring to his prior submission to the Board in his Notice of Disagreement addendum.”
- In appealing to the Board **specifically identify** evidence already in the file you would like them to review during a valid AMA evidentiary window.

Westphal v. Collins

___ Vet.App. ___
2026 U.S. App. Vet.
Claims LEXIS 72
(Jan. 22, 2026)



Veteran Sharon Westphal receives SMC(k) benefits for loss of use of creative organ for her uterus. She is now seeking entitlement to an additional SMC(k) award for loss of use of creative organ for her vagina.

Can veterans be entitled to more than one award of SMC(k) for loss of use of more than one creative organ?

A. No. The law at 1114(k) only authorizes VA to grant one award of SMC(k) based on loss of use of creative organ.

B. Yes. She has lost use of more than one creative organ so should receive more than one award.



Westphal v. Collins

A. No. The law at 1114(k) only authorizes VA to grant one award of SMC(k) based on loss of use of creative organ.

- The CAVC held that the phrase “one or more” in 1114(k) means that veterans may only receive a single award of SMC(k) based on loss of use of creative organ even if the use of more than one creative organ is lost.
- The statute is structured in a confusing way.
- There are many ways to get multiple awards of SMC(k), but this is not one of them.

Hamill v. Collins

___ Vet.App. ___
2025 U.S. App. Vet.
Claims LEXIS 155
(Feb. 6, 2026)



In the past, David Hamill was denied benefits for PTSD because of an unfavorable character of discharge. In 2021, he filed a new claim to excuse his character of discharge and receive compensation for PTSD. The RO granted service connection for PTSD for treatment purposes only. It did not mention his character of discharge.

Did the RO implicitly deny the character of discharge issue?

- A. Yes. The grant put him on notice that had not been changed.**
- B. No. There is no indication that this was considered.**
- C. No. Implicit denial no longer exists under the AMA.**



Hamill v. Collins

C. No. Implicit denial no longer exists under the AMA.

- **“Under the AMA, a veteran’s claims can no longer be implicitly denied.”**
- The Fed. Circ. found the legislative history and notice provisions of the AMA means that implicit denial cannot survive under the AMA.
- The consequences of this are unclear, but it seems most likely this will arise in effective date appeals in the future.

Freund v. Collins
___ Vet.App. ___
2026 U.S. App. Vet.
Claims LEXIS 435
(Mar. 18, 2026)



Freund Background

- As far back as 1990, the Board's legacy computer system (VACOLS) automatically closed appeals "on the first day of the month following" the expiration of the appeal period if a Form 9 was not entered into the system.
- Thousands were closed erroneously, for example if the mail was received but just not logged in time.
- No notice was sent to these Veterans.

Freund History

- In 2021, Mr. Freund's attorney petitioned to certify a class of Veterans whose appeals were improperly closed.
- CAVC originally denied the class motion in 2022 as moot because Mr. Freund's appeal was reopened.
- In August 2024, the Federal Circuit found that the CAVC erred and remanded the case.
- In December of 2025, the parties filed a Joint Motion to Approve the Proposed Settlement.

Expected *Freund* Notice

- The class is based upon the period from December 12, **1990**, to February 6, **2025**.
- **Phase 1** – 28,000+ appeals with a timely Form 9 in VBMS
 - VA will individually review and automatically reactivate.
 - These Veterans will receive notice of the date of the SOC and appeal that has been reactivated.
- **Phase 2** – 64,000+ appeals with a VA Form 21-4138 in VBMS
 - VA will attempt to screen out blank 21-4138s.
 - Remaining Veterans will receive generic notice that they may have had an appeal improperly closed.
 - If they respond within one year, VA will review for reactivation.

Timing and process

- VA should have posted notice of the settlement last week.
- Actual letters to veterans should go out this summer.
- The CAVC still needs to decide who will get letters.
- Representatives may need to examine what was filed within the relevant timeframe and submit argument that there was a valid appeal.
- Once the legacy appeal is reopened, the claimant will need help with the merits.
- VBA will likely send a Supplemental Statement of the Case and there will be an opportunity to opt into the AMA system at that point.

Look for Pending Appeals

- Regardless of whether a veteran gets a *Freund* letter, be on the lookout for unprocessed substantive appeals.
- If a substantive appeal was filed within 60 days of an SOC or within the remainder of one year of the rating decision.
 - If no action was taken this may be a case where VACOLS improperly closed the appeal.
- Help the client contact VA and ask for their appeal to be reactivated.

**Freund is not the only pending class action
where courts are ordering notice letters!**

**Supreme
Court case
we are
closely
watching**



Pending Decision

- ***Johnson v. United States Congress***
 - Does the CAVC have exclusive jurisdiction over all VA benefits issues?
 - Decision of the 11th Circuit Court of Appeals (Alabama, Florida, Georgia).
 - Held that federal district court lacked jurisdiction over constitutional challenge to law reducing benefits to veterans while they are incarcerated.
 - Review granted in April. Will likely be argued next autumn and decided late this year or early next.

Pending Decision

- ***Johnson v. United States Congress***

- Prior to VJRA, the Supreme Court held that U.S. courts of general jurisdiction could hear claims involving constitutional violations.
 - This is how *Nehmer* was decided prior to the VJRA.
- Beginning with *Veterans for Common Sense* in 2012, some courts have held that the VJRA eliminated all jurisdiction over veterans benefits in courts other than the CAVC.
- However, the CAVC is not a trial court, so it has no ability to receive evidence and make factual findings.
- If the Supreme Court affirms, a veteran trying to make a constitutional challenge must go through VA for evidence development and initial fact finding.

Regulatory Updates



Federal Register

4-2-04
Vol. 69 No. 64

Friday
Apr. 2, 2004

United States
Government
Printing Office
SUPERINTENDENT
OF DOCUMENTS
Washington, DC 20402
OFFICIAL BUSINESS
Penalty for Private Use, \$300

PERIODICALS
Postage and Fees Paid
U.S. Government Printing Office
(ISSN 0097-6326)

ICD Codes

- Medical records use codes issued by the Centers for Medicare & Medicaid Services (CMS).
 - International Classification of Diseases (**ICD**) **codes** allow different health care providers to communicate clearly.
- Effective **October 1, 2025**, CMS added a new section to the ICD system: “T75.8, Other specified effects of external causes.”
 - This section includes “**T75.830, Gulf war illness**” and “T75.83, Effects of war theater.”

The screenshot shows the CMS.gov website page for ICD-10 codes. The page is titled "ICD-10" and features a "What's New?" section. The "What's New?" section contains two main announcements: "CMS announces new ICD-10-PCS codes effective October 1, 2025" and "CDC announces new ICD-10-CM codes effective October 1, 2025". Both announcements provide details about the effective dates and the types of procedures or diagnoses covered. A sidebar on the left lists various ICD-10 related resources, including "ICD-10 Files & News Archive", "ICD-10 Coordination and Maintenance Committee Meetings", "Process for Requesting New/Revised ICD-10-PCS Procedure Codes", "ICD-10 Coordination and Maintenance Committee Meeting Materials", "ICD-9-CM Diagnosis and Procedure Codes: Abbreviated and Full Code Titles", and "Updates and Revisions to ICD-9-CM Procedure Codes (Addendum)".

38 U.S.C. § 1117

The Gulf War compensation law provides benefits for “undiagnosed illnesses,” “medically unexplained chronic multisymptom illness,” and

- “Any **diagnosed** illness that the Secretary determines in regulations prescribed under subsection (c) warrants a presumption of service-connection.”

It is up to VA to promulgate a regulation that makes conditions diagnosed under this new ICD code presumptive.



M21-1 Updates

Adjudication Procedures Manual: M21-1

VOLUME 1

2024

M21-1 Question

Provisions of the M21-1 are binding on the Board. True or false?

A. True.

B. False.

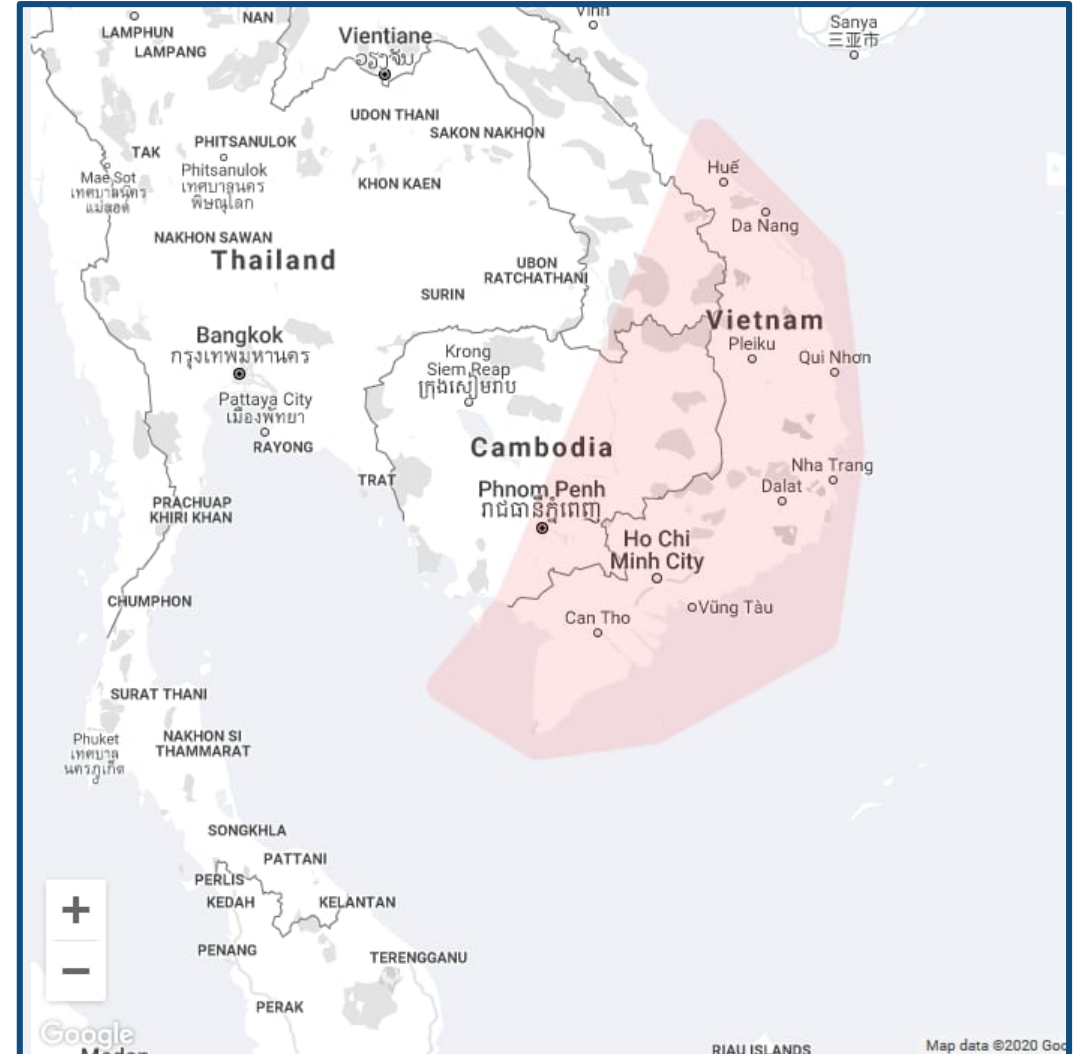


M21-1 Answer

B. False.

- The purpose of the M21-1 is to promote consistent decision making by the non-attorney adjudicators at the regional offices, who must decide large volumes of cases in limited amounts of time.
- The M21-1 is not generally binding on the more sophisticated, legally trained adjudicators at the Board who often handle more complex and unusual fact patterns that are less amenable to accurate resolution through bright-line rules. *See, e.g., Gray v. Sec'y of Veterans Affairs*, 875 F.3d 1102 (Fed. Cir. 2017).
- However, the Board must address potentially relevant M21-1 provisions to ensure that similar Veterans are treated consistently.

M21-1 Update Herbicide Claims (Sept. 15, 2025)



M21-1, Part VIII, Subpart i, Ch. 1

- Section A: Supplemental claims involving a new or modified presumption do not require new and relevant evidence.
- Section B.1.b: Retroactive effective dates under BWNA and *Nehmer* require service in the Republic of Vietnam.
- Section D.4.c.: “A previously denied claim is considered qualifying for retroactive entitlement **only** if the reason for denial was a lack of evidence that the disease was incurred or aggravated by the service of the Veteran.”
 - **Directly contrary to *Crews v. McDonough*, 36 Vet. App. 67 (2023).**

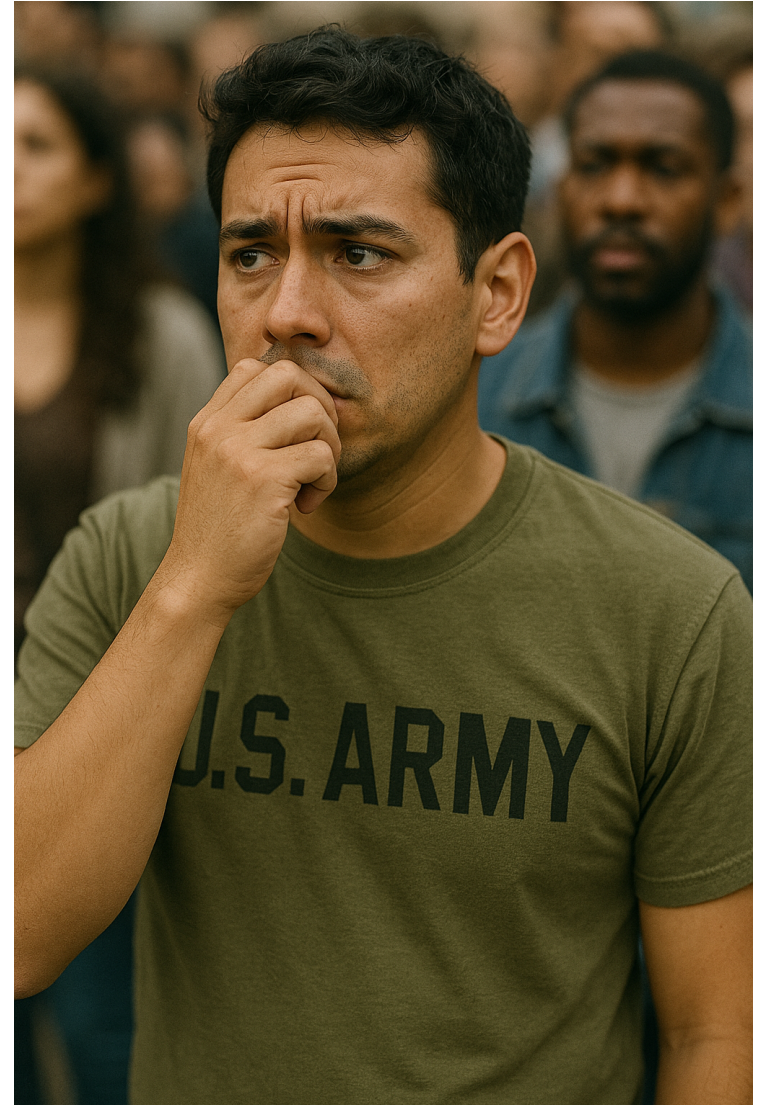
M21-1 Update Hearing Loss Claims (Apr. 30, 2025)



M21-1, Part IV, Subpart i, Ch. 3

- Section **B.1.c**: “In a case involving service connection (SC) for hearing loss where an etiology opinion is required, the examiner’s rationale **should not solely discuss that hearing was normal at the times of the Veteran’s enlistment and separation.**”
- Decision makers should not deny SC for hearing loss based on an examiner’s medical opinion rationale which solely discusses that hearing was normal during service to support a conclusion that the current hearing loss is not related to service. **The examination report should be returned due to an insufficient medical opinion rationale.”**

M21-1 Update Medical Examinations in PTSD Claims (Feb. 4, 2025)



M21-1, Part VIII, Subpart iv, Ch. 1

- Section C.2.a : Adds note: “The Federal Circuit held in *AZ and AY v. Shinseki*, 731 F.3d 1303 (Fed. Cir. 2013), that the **absence of a service record** documenting an unreported sexual assault or a Veteran’s failure to report a claimed assault in service **may not be treated as pertinent evidence** that the assault did not occur. Accordingly, if an examiner provides a negative medical opinion in response to a request for clinical interpretation of behavioral changes and the examiner uses the absence of a report or documentation of the event in the service records to support the negative opinion, **then the medical opinion should be returned** as insufficient.”





What's New at VA?

By Crystal Trulove
April 2026

Introduction



- Federal employee from 1987-2019
- Air Force, National Weather Service, VA
- Oldest and only girl of five siblings
- Mom of one human, 8 chickens, and 1 kitten
- Jupyter: <https://youtu.be/Jm-po6zeqlg>
- Cherokee Indian
- Nerd
- Squirrel-lover

- Review of court cases
 - Rudisill v McDonough & Perkins v Collins
 - Ingram v Collins
 - Laska v McDonough
- Changes to M21-1
 - Infertility
 - Mental health exams
 - Apportionments
 - Incompetency & Brady Act
 - BDD exams
 - Reasonably raised IU

Which court case is this?



SCOTUS
Decision
dated
April 16,
2024

Rudisill & GI Bill



Rudisill SCOTUS decision: If a veteran served at least *two periods* of service—one that qualifies for the Montgomery GI Bill (MGIB) and another that qualifies for the Post-9/11 GI Bill (PGIB)—they may be able to receive both benefits for up to 48-months of entitlement.

Do you remember this one?

CAVC Decision
May 16, 2025



Relying on the Supreme Court's Rudisill decision, CAVC in Perkins held that:

“a veteran whose *single period* of service is long enough to qualify for benefits under both (MGIB and PGIB) programs without using any period of time twice to establish eligibility is entitled to receive benefits under both programs up to a statutory 48-month cap.”

- April 16, 2024 SCOTUS Rudisill v McDonough
 - January 2025 VA announced changes
- May 16, 2025 CAVC Perkins v Collins
 - VA initially sought to appeal, but withdrew
 - February 27, 2026 VA announced changes
- Benefits that were a *probably* in 2025 are now a *definitely*
 - Review, not news, thanks VFW leadership & support

Rudisill & Perkins & GI Bill

- Entitlement to GI Bill benefits
 - Post 9/11 GI Bill
 - 3 years honorable for full benefit
 - Montgomery GI Bill
 - 2 years honorably + \$1200 for full benefit
 - The same years cannot be used to support both benefits
 - Additional 12 months granted for total of 48 months
 - Vet chooses how and when to use benefits
 - 36 month limit for a single GI Bill
 - Letters may be sent to the veteran informing them of eligibility under these decisions

Rudisill & Perkins & GI Bill



<https://benefits.va.gov/GI BILL/rudisill.asp>

VA estimates that the Perkins decision may enable as many as 1.2 million additional Veterans to access up to an additional 12 months of education benefits.

“Staff Sgt. Kay Perkins, an Air Force veteran, after receiving a Distinguished Graduate award at Fort Meade, Maryland, in 2019. (Courtesy Kay Perkins)” Image from military.com

Which court case is this?



Notice “gram” is highlighted and so is the joint

Court case decided March 12, 2025

Do you remember this one?



- December 20, 2021
- What is the image painted with?

Wilson v McDonough



- Service connection is possible when medications currently render HTN asymptomatic, as long as there is a history (reflected in V.iii.5.3.b.)
- The disability percentage depends on whether the predominant diastolic pressure was 100 or more *before symptoms were controlled* with medication. (reflected in 38 CFR 4.104)

Ingram v Collins



- CAVC decided Jones v Shinseki 2012
 - VA cannot deny a higher disability rating based on symptoms improved by medication, unless the specific diagnostic code dictates considering medication effects.
- CAVC decided Ingram v Collins 2025
 - Jones applies to musculoskeletal as well
 - Similar to Wilson

Ingram v Collins



- Ingram v Collins 2025
 - VA can no longer treat symptoms differently *if meds are mentioned* in the rating schedule
 - just like it must consider functional loss during flare-ups.
- VA Secretary ordered halt to compliance
 - <https://www.regulations.gov/document/VA-2026-VBA-0067-0001>
 - Said there had been “a series of erroneous court cases, culminating with Ingram”
 - May have been referring to Jones & Wilson that had similar court findings

Ingram v Collins



- Backlash from public (including VFW)
 - Secretary Collins rescinded rule via social media post February 19, 2026
- VA is currently complying with court
- Federal Register still lists Secretary Collins' instructions
 - Has not been officially rescinded
- As of April 2026, examiners and raters must account for symptoms without impact of medications

Which court case is this?

Decision September 26, 2024

Note the shape of the head
and location of explosion



Laska v McDonough



- CAVC Laska v McDonough 2024 held that old rules were invalid
 - 38 CFR 3.352 required that a Veteran show the need for a *higher level* of Aid & Attendance to qualify for SMC (t)
- CAVC found in Laska that this regulation was stricter than the authorizing statute
 - 38 USC1114(t), which requires a need for *regular level* A&A for SC residuals of TBI

SMC (t) updates due to Laska



- M21-1 VIII.iv.4.A.11.a.,b.,c., and d.
 - Updated January 5, 2026
 - Note added for clarification
- Veteran with TBI must meet same criteria for any other request for SMC
- If an examination is necessary
 - examiner must state whether veteran requires hospitalization, nursing home care, or other residential institutional care

VA Rules Hierarchy



- 38 United States Code (USC)
 - law
- 38 Code of Federal Regulations (CFR)
 - law
- M21-1 Adjudication Procedures Manual
 - Policy, not binding law
 - Primary guide VA raters follow, often leading to decisions
 - Purpose is consistency across VA

Infertility

- M21-1 V.iii.8.A.2.h Gynecological
 - Updated September 30, 2025
- New infertility section added
 - Infertility is a symptom, not a compensable disability
 - SC claims for infertility should rate the underlying injury or disease
 - Do not establish SC for “infertility”
- SMC may be warranted

- M21-1 V.ii.3.C.4 Reviewing Diagnoses
 - Updated September 30, 2025
 - New section added for infertility
- Definition: Infertility, for the purpose of SC disability benefits, is the inability to successfully procreate (with or without medical intervention), as a result of a Veteran's SC injury or disease.
- Applies to men and women
 - Examples in M21-1 include ED as well as endometriosis

- Changes in Gynecological and Reviewing Diagnoses sections include instructions to Raters
- SMC due to anatomical loss or loss of use of a creative organ is warranted when SC condition results in infertility
 - If the underlying cause can be SC
 - If the exam is not clear, it must be returned for diagnosis of underlying condition and nexus

Mental Health Examinations



- M21-1 IV.i.3.A.1.i Sufficiency of Exams
 - Updated January 12, 2026
- Updated guidance for mental health professionals conducting C&P psychological examinations
 - Similar to qualifications already in place
 - Now separated into qualifications for the initial exam, and for follow up exam

Mental Health Examinations



- Initial psychological examination:
 - a board-certified or board-eligible psychiatrist, or
 - a licensed doctorate-level psychologist, or
 - one of the following other mental health professionals, under close supervision:
 - a non-licensed doctorate-level psychologist working toward licensure, or
 - a psychiatry resident, or
 - a VHA psychology trainee completing an internship or residency for the purpose of completing a doctorate-level degree program.

Mental Health Examinations



- Follow up examination: includes everyone on previous slide, plus
 - a licensed clinical social worker under close supervision, or
 - a nurse practitioner, clinical nurse specialist, or physician assistant, if the individual is
 - under close supervision, and
 - clinically privileged by VHA to perform activities required for C&P psychological examinations.

Mental Health Examinations



- “Under close supervision” means that the individual is supervised by a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist who must
 - meet with the Veteran,
 - confer with the supervised individual in providing the diagnosis and the final assessment, and
 - co-sign the examination report.

Brain break



Apportionment



- An apportionment is when VA directly pays a portion of a veteran's disability or pension benefits to their dependents.
- Apportionments occur only in association with reduction of benefits due to incarceration or hospitalization.
 - Only if full time (e.g. not work release)
 - If veteran's entire benefit is withheld, such as to repay debt, then it is not subject to apportionment.

Apportionment



- M21-1 VI.iv.1.A.2.a. Amounts withheld when veteran incarcerated 61 days:
 - If veteran is in receipt of 20% or more
 - Reduce to amount equivalent to 10%
- M21-1 X.iii.1.D.1.b. When veteran hospitalized 22 days:
 - Pension reduced to \$50/\$90
- Dependents may request apportionment of the rest

Apportionment



- M21-1 VI.iv.2.A. & C. Apportionment
 - Updated March 9, 2026
 - Almost entire section is new but contains material previously located in VII.iii.1.A. & B.
- Relocation and changes due to regulatory revisions of 38 CFR 3.450-3.455 explained in Federal Register dated January 9, 2026.

Apportionment



VA will stop making need-based apportionments for separation/no support

- M21-1 VI.iv.2.A.1.b. Legacy Apportionments
- VA claims processors' expertise is VA benefits and not child or spousal support
 - Yet they make reallocation decisions
 - Without consent of beneficiary
- Significant financial consequences based on self-reported income and expenses
 - Unlike State courts, VA has no ability to compel evidence of income and expenses

Apportionment



VA will stop making need-based apportionments for separation/no support

- Allegations of inadequate child or spousal support are best suited to State courts
- VA apportionments can conflict with State awards, requiring State court to readjudicate
- Significant amount of information is needed to adjudicate apportionment claims properly
 - Typically available to State courts, but time consuming for VA

Apportionment



- 38 CFR 3.450 General Apportionment
 - Sections 3.450 through 3.459 apply to all apportionment claims after February 9, 2026
 - Apportionments being paid as of February 9, 2026, will continue to be paid while entitlement continues
 - Claims for apportionment must be submitted to VA on a form prescribed by the Secretary
 - VA Form 21-0788

CFR 3.451 Apportionment claims

- Veteran - all or part of compensation payable to a veteran may be apportioned for the veteran's spouse, child, or children, *or*, in some cases, for the dependent parent if:
 - The veteran is incompetent and under hospital treatment, nursing home, or government care; or
 - The veteran is incarcerated and meets the conditions of CFR 3.665 or 3.666.
 - Beneficiary is held for more than 60 days, VA is aware of dependents existence, dependent is not a fugitive felon, etc.

CFR 3.451 Apportionment claims

- Surviving spouse – when the surviving *spouse* is incarcerated, the dependency and indemnity compensation or pension may be apportioned to the child or children.
 - No apportionment shall be payable to a child who did not reside with the surviving spouse prior to incarceration.

CFR 3.451 Apportionment claims

- Child on active duty
 - If child is already on active duty, that child is not entitled to apportionment.
 - If apportionment is granted, then child goes on active duty, apportionment won't change.
- Apportionment of death benefits.
 - Amounts payable for children under CFR 3.454 and 3.455 will be equally divided among the children.

CFR 3.452 Veteran benefits apportionable when veteran receives hospital treatment, nursing home, or domiciliary care:

- Incompetent veteran: Amount may be sent to spouse, child(ren), or parents
 - Pending fiduciary
- Competent veteran: Offset amount may be sent to spouse when pension benefits based on spouse are reduced
 - Section 306 Pension \$50
 - Improved pension \$90

CFR 3.453 Benefits not apportionable

- VA May Not Apportion Benefits
 - When a claim has not been submitted
 - Unless claim is submitted by individual requesting apportionment (either spouse or children), not hospitalized or incarcerated beneficiary
 - When the dependent is guilty of:
 - Mutiny
 - Treason
 - Sabotage
 - Fraud
 - Subversive Activity

Apportionment



- Additional M21-1 instructions to VA
 - E.g.: screening, giving notice, due process, determining the amount of apportionment, and determining effective dates
- Apportionment for veteran's minor child
 - Request for fiduciary must be made by VA
 - If child is adopted out of veteran's family, that child no longer qualifies

Brain Break



Brain Break

Mathilda the Hun



Reasonably Raised IU



- History: Norris v West June 9, 1999
 - A claim for TDIU is implicitly raised when
 - Veteran claimant whose schedular rating meets the minimum criteria of 38 CFR 4.16(a), and
 - Evidence shows unemployability, and
 - Claim is for higher disability rating
 - Regardless of whether the veteran specifically states that s/he is seeking TDIU
- Robinson v Principi 2001
- Comer v Peake 2009

Reasonably Raised IU



- M21-1 II.iii.2.B.1.b Supplemental Claims
 - Updated September 18, 2025
- Entitlement to IU may be reasonably raised as part of a *supplemental claim* for other issues even if IU has not been previously claimed or decided.
 - New and relevant evidence
 - M21-1 VIII.iv.3.B.1.f for guidance in Identifying Reasonably Raised Claims of IU
 - Consistent with VA rules since 1999

Separation Health Assessment



- M21-1 X.i.6.C.1.b BDD claims
 - Updated December 18, 2025
- Separation Health Assessment (SHA) Disability Benefits Questionnaire required for BDD claimants still on active duty.
 - Specialist examinations should not occur for conditions that are not subject to service connection
 - Examples:
 - 38 CFR 4.9 - Congenital or developmental defects
 - 38 CFR 3.303(c) Preservice disabilities noted in service
 - 38 CFR 3.381 (b) Treatable dental conditions like cavities

Incompetency



- M21-1 X.ii.6.D.4. *Information About the Brady Act* has been removed as VA determined it is not subject to the Brady Act nor NICS.
 - Updated March 4, 2026
- Previously, VA had determined that veterans found to be incompetent met criteria from ATF because the language was the same.

Incompetency



- The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) defined mental defect
 - “if...a person, as a result of marked subnormal intelligence, mental illness, incompetency, condition or disease is a danger to himself or others;
 - “lacks the mental capacity to contract or manage his own affairs;
 - “is found insane by a court in a criminal case; or
 - "is found incompetent to stand trial.”
- 38 CFR 3.353 states that a mentally incompetent person “is one who, because of injury or disease, lacks the mental capacity to contract or manage his or her own affairs.”

Incompetency



- VA will no longer report incompetent veterans to NICS
 - Not being able to manage one's finances does not necessarily imply a veteran is a danger to self or others, or could not responsibly own and use firearms;
- Examiners have the agency to identify and note veterans who appear to be a danger to self or others.

Exercises



- Jeremy Li
- Calvin Freemont
- Eugene Turner
- Ruma Nandini

Jeremy Li



- Served six years in the Army, from 2004-2010. Earned his Bachelor's degree in 2024 and enrolled in Graduate School Fall 2025 and has been paying his own way. He used up all 36 months of the Post 9/11 GI Bill already. He called you and asked if there is any other educational assistance that he might qualify for. What can you suggest?

Calvin Freemont



- SC R knee continues to get worse. He wants knee surgery but has not had it. He uses Motrin 800mg daily and gets a steroid injection every 3 months for pain. He made a claim for increased evaluation and told you he stopped taking his meds because he knows VA might record his symptoms wrong if he's medicated. What court case will help him?

Eugene Turner



- Veteran Turner was incarcerated in March 2026. He has a child with his first wife that was adopted by the child's stepfather, and another child with his second, and current, wife. Veteran asks you how apportionments can go to both children?

- Veteran Nandini made a claim for throat cancer in the past that was denied. She appealed in 2025, and her Supplemental Claim is pending. She lost her customer service job in 2023 because she lost her voice during treatment. Veteran tells you she plans to wait until the Appeal is decided before she makes a claim for IU. What can you explain that might help?



VFW

VETERANS OF FOREIGN WARS.

QUESTIONS?

Crystal Trulove
crystal.trulove@gmail.com



Board of Veterans' Appeals (BVA) and Caseflow

- What is Caseflow
- Caseflow tools and concerns
- BVA Hearing Coordinators
- Do's and Don't's on contacting VA & VFW BVA Staff
- What does the VFW BVA staff do and what do IHPs mean for your office and the veteran in the appeals process

What is Caseflow?



- Digital case management system used by the Board of Veterans' Appeals, replacing VACOLS
- Tracks and processes appeals
- Can show to whom appeals are assigned for handling
- Shows current tasks within the appeal

How to access Caseflow?



- All accredited reps may access Caseflow
- Start behind the VA firewall visit:
<https://appeals.cf.ds.va.gov/organizations/veterans-of-foreign-wars>
- Enter Station ID and click the blue button underneath that says: Continue to PIV Login
- Select Regional Office Selector and click Log In

A fact sheet is available on the Online Learning Portal under the Resources tab

BVA Coordinators



- Works in the Board of Veterans' Appeals (BVA) appeals process
- Coordinates appeals between VA Regional Offices and the BVA
- Ensures appeals are prepared & coordinated before Veterans Law Judge (VLJ) review
- Acts as a VA/BVA point of contact (POC) for appeal processing
- Helps manage appeals using Caseflow and other VA systems

BVA Coordinator Responsibilities



- Review appeals to ensure required documentation is present
- Schedule and coordinate BVA hearings
- Verify & confirm that evidence and records are uploaded correctly
- Maintains communication with Veterans Service Organizations
- Monitors appeals through systems to ensure effective processing

I found an IHP in TVB, what does that mean?

- An Informal Hearing Presentation (IHP) is provided to the Veteran Law Judge (VLJ) by the NVS BVA staff as a summary of the requested action. It provides the VLJ a synopsis of the reasons for the action and can aid the accredited representative in conducting the formal hearing.
- Typically, a copy is uploaded into TVB for awareness and to assist the accredited representative.
- If an NVS BVA staff member performed a task and it is documented in TVB, this does not mean that they are taking ownership of the veteran and their claims.

Who to contact if there is a question or concern with a BVA action



- The NVS Regional Quality Assurance Specialists are the primary contact for procedural & process questions.
- RQAS will elevate a question to the NVS BVA staff as needed.
- Caseflow should be accessed for the general status and actions being taken or needed on the action.

When to reach out to NVS's BVA Staff



- The client would like to remove a BVA action, and you are unsure of the process.
- If the appellant needs to be advanced on the docket (AOD) due to extreme need or terminal illness, and clarification is needed on the process or actions needed to do so.
- The NVS BVA staff has contacts within the BVA that can be approached concerning specific issues with an appeal. These contacts cannot move an appellant's case forward on the docket.
- Revocation of a representation, if unsure of the actions needed to request approval from the Veterans Law Judge (VLJ).

Reasons *NOT* to reach out to the BVA Staff



- Status check, use the Board Status Line at 800-923-8387 or have the veteran visit <https://www.va.gov/claim-or-appeal-status/>. There is no update until BVA mails out correspondence to the appellant.
- If the NVS BVA staff submitted an IHP, made a phone call, or worked on their appeal/file. These are behind-the-scenes actions in support of the appeal.
- Any 20-0995, 20-0996, or other hearing (like reductions) actions are not within the BVA staff's purview.

Ways to be proactive with the Board

- Check Caseflow regularly for newly scheduled hearings
- Get to know your BVA coordinator
- Be alert to BVA changes and give yourself plenty of time to prepare for BVA hearings including contacting the appellant
- Maintain communication with VA/BVA staff and notate TVB accordingly
- Monitor appeals through the system to ensure effective processing

Things to consider with the BVA



- NVS's BVA Staff has no control over how long a decision may take. Ensure your clients understand that it is a docket order-driven process.
- For veterans expecting a status update on how long it “will” take - use VA's detail report found at https://www.benefits.va.gov/REPORTS/detailed_claims_data.asp
 - The “Monday Report” (towards the bottom) gives details on BVA cases and other VA claim metrics

What to do if you have an issue with Caseflow



- Missing hearing dockets
 - VA is aware and working on the missing docket issue. Stay in touch with your coordinators so that you do not miss scheduled hearings.
 - If you cannot contact VA with your Caseflow issue, then contact your RQAS representative.
- Electronic hearing notices to the VSOs
 - BVA is supposed to generate, but there have been gaps when none are received.
 - Contact the BVA Hearing Coordinator and report any issues

Bergmann & Moore – Who are they?



- Valued Partner of the VFW.
 - Contacts our clients who have had appeals at the BVA that resulted in erroneous decisions. “May” represent the client at the CAVC at no legal expense to the client. NOT a claims shark!
 - Clients who receive a letter to contact them have an increased chance of an eventual favorable decision due to their involvement.
- Worth being said again: 100% free legal service to the client

Activity Time



Please log into Caseflow and be prepared to answer the following questions:

- What is the present/average wait time for a BVA appeal in Caseflow?
- How many BVA hearings are scheduled for your state?
- When is the next case scheduled to take place?

Questions?



National Veterans Service

Michael Figlioli
Director, NVS

Since 2022...



- Monthly awards increased from 560,185 to 608,410 (8.6% increase)
- The Yearly Benefit Amount increased from \$11.2B to \$16.22B (44% increase)
- The Average Payment increased from \$1,739 to \$2,312 (33% increase)

	Monthly Awards	Yearly Benefit Amount	Average Payment
2025	608,410	\$16,220,316,244	\$2,312
2024	593,546	\$14,619,893,461	\$2,142
2023	574,492	\$13,037,769,567	\$1,978
2022	560,185	\$11,281,133,592	\$1,739

37,481 Service members briefed

14,542 Claims filed for service members and recently separated

\$187,461,000 Recovered awards for service members and recently separated

Our BDD team has been very busy this year!

BDD got a Passport



We have been taking claims from all over the world including Poland, Kosovo, Africa, Japan, Korea, Aviano, and all over Europe

Will Rumbaugh opens the Camp Humphreys, Korea office in May 2026



- Launched in March 2026
- Over 3100 Referrals as of 4/22/2026
- We are working on adding an additional communication column to the queue
- We've added language to the outgoing message telling them you will be asking for their SSN
- We are looking forward to your feedback and suggestions in your workgroups

Resolutions



- Many of you are on the resolutions committee for National Convention
- Please remember, NVS does not select the delegates – they are chosen by their Department
- If you are chosen as a delegate, be where you need to be when you need to be there. VFW business is important; make sure it happens.
- Remember – resolutions start at the Department level and are the VFW's way to ensure that the membership's voice is being heard
- This year we will be reintroducing resolutions from past years that were approved and need to be renewed, therefore we will be assigning delegates to one of three subcommittees (benefits, health, economic opportunity)

Looking to the Future, NVS...



Is currently working with developers to design a new claims management system that will have all the bells and whistles

Will keep expanding the BDD program

Hopes to have an agreement with NASDVA for cross accreditation, similar to the NACVSO MOU



National Legislative Service

Nancy Springer
Deputy Director

The Importance of Legislative Advocacy



Impacts veterans and family members

- Veterans Preference
- GI Bill
- Toxic Exposures

Veteran benefits don't just happen

- Stronger and better advocates together

Protect what we have secured

- Elimination of IU after reaching retirement age
- Round down of cost-of-living adjustment

Make Legislative Advocacy a Priority



All politics is local!

- Members of Congress care what their voters want
- Your perspective matters
- Know the VFW's stance on issues

Work with National Legislative Committee Members

- Inform them about issues
- Every knowledgeable voice matters



Recent Victories



- ✓ H.R. 1815, *VA Home Loan Program Reform Act*, became law on Jul 30, 2025.
- ✓ S.201, *ACES Act of 2025*, became law on Aug 14, 2025.
- ✓ H.R. 983, *Montgomery GI Bill Selected Reserves Tuition Fairness Act of 2025*, became law on Dec 12, 2025.

Current Priority Goals



- Fully fund relevant programs for service members, veterans, and their families
- Ensure timely service member and veteran access to high-quality health care without increasing cost shares
- Secure access to education/employment opportunities and assistance for success after leaving military service
- Improve the claims process to protect the earned benefits of our veterans and survivors
- Maintain military quality of life and comprehensive benefits/retirement packages
- Support the all-volunteer force that protects our citizens and defends American interests around the world

Join Action Corps



- Weekly e-newsletter and Action Alerts
 - Be informed and involved
 - Respond to Action Alerts and make a difference
- Informing your elected officials is crucial in helping get vital pieces of veteran legislation passed into law
- **Three ways to sign up:**
 - 1) Visit www.vfw.org/JoinActionCorps
 - 2) Text “VFW” to 50457
 - 3) Scan the QR Code



IMPACT OF ACTION CORPS

“Demand the PACT Act Passes”

180,000 messages sent



How You Can Help



- Inform your **NVS Quality Assurance Representative** about recurring issues you observe.
- Examples:
 - Claim Sharks activity
 - Specific conditions difficult to get VA rating (MST, TBI, toxic exposures)
 - Unexplainable denials when required evidence was provided
 - Consistent mistakes made by VA raters
 - Issues with appeals, ways to improve the process
- Respond to our call-outs for information and stories for our testimony in DC. You may be asked to testify in your home states as well.
- Draft VFW resolutions to enact change

We're Here to Help



www.vfw.org/advocacy

- Talking points & priority goals
- Congressional testimony
- Action Corps
 - Read the Action Corps Weekly
 - Respond to Action Alerts
 - Sign up advocates



QUESTIONS?

Contact the VFW National Legislative Service

- Email: nspringer@vfw.org
- Call: (202) 997-2853

Evaluating Military Service Records for VA Disability Claims

A Practical Training Course for VSOs

Case Study: Vietnam-Era Veteran — Claymore Mine Blast Injury · 1967

Bergmann & Moore
VFW- April 2026

Course Objectives

- Learn how to systematically read and evaluate military Service Treatment Records (STRs).
 - Identify documented conditions eligible for VA disability ratings.
 - Recognize when a referenced consult or report is missing from the record.
 - Apply service connection theories: direct, secondary, and presumptive.
 - Identify nexus opportunities — including conditions never diagnosed during service.
- Practice using real-world (redacted) records to develop additional claims.
- Understand what follow-up records to request before submitting a claim.

About This Service Record

Veteran Profile

Branch:	U.S. Army
Era:	Vietnam (1966–1968)
Grade:	PFC (E-3)
MOS:	11C10 — Indirect Fire Infantryman
Unit:	4th Infantry Division
Service No.:	RA12345678
Active Duty:	Approx. 1 year

Record Contents (240 Pages)

- Clinical Narrative Summaries (SF 502) — Fitzsimons General Hospital
- Medical Board Proceedings
- Operation Reports (5 surgical procedures)
- Patient Evacuation Tags — Vietnam field documents
- Dental Examination Records (SF 603)
- Health Record Abstract (AR 40-403)
- Clinical Record Cover Sheets

The Incident — 15 June 1967

"...on 15 June 1967 sustained a traumatic amputation of the right thumb and index finger and partial amputation of the right long finger... when a blasting cap of a Claymore mine exploded in his hand. Three miles from Dragon Mountain, Republic of Vietnam."

— Clinical Narrative Summary (SF 502), Fitzsimons General Hospital, Denver CO

DATE

June 15, 1967
~1830 hours

LOCATION

Dragon Mountain Area
Republic of Vietnam

MECHANISM

Blasting cap Claymore
mine detonation

LINE OF DUTY: YES — Confirmed in Medical Board Proceedings

Documented Primary Conditions

As recorded in the Medical Board Proceedings & Narrative Summary (SF 502) — page citations from redacted STR

VA Code 5132

UNFITTING

Amputation, Acquired — Right Thumb, Index & Long Fingers + Partial Ring Finger

Traumatic amputation at metacarpal level from Claymore blast. Skin grafting from right thigh performed. Thenar prosthesis required for pinch function.

 STR pp. 13, 15, 23 — SF 502 Narrative Summary & Final Diagnoses (Dx Code 8862-486-0447)

VA Code 5276 area

SECONDARY

Ankylosis — Right Ring Finger PIP Joint (65° flexion)

Arthrodesis performed 11 Oct 1967. PIP joint surgically fused at 65°. No motion at MP, PIP, or DIP joints remaining.

 STR pp. 14, 19 — SF 502 Narrative Summary, Course in Hospital & Present Condition sections

VA Code 5160 area

LOD: YES

Fracture — Proximal Phalanx, Right Ring Finger

K-wire fixation during hospitalization. Medical Board noted 'not unfitting' as standalone; LOD confirmed.

 STR pp. 15, 16, 23 — SF 502 Final Diagnoses & Medical Board Proceedings (Dx Code 8160-444-0447)

Key Clinical Findings in the Record

Right Hand

Amputation of thumb & 1st metacarpal, index & middle rays, tip of ring finger

Range of Motion

Wrist extension 0°, flexion 25°; Ring MP: 0–65° flexion only

Sensation Loss

Radial side of ring finger and over graft sites — lost sensation documented

Skin Graft Donor

Split-thickness graft taken from right thigh — separate ratable scar site

Urological

Consult obtained; WBCs and bacteria on admission urinalysis — consult not in chart

Surgeries

5 procedures: debridement ×2, skin graft, K-wire removal, osteotomy/arthrodesis

Prosthetic Need

Thenar (base of thumb) prosthesis required for any pinch function

Physical Therapy

Extensive PT/OT throughout hospitalization

Anesthesia

Multiple general anesthesia exposures documented across procedures

Mental Status

Noted 'alert and oriented' — no psychiatric evaluation documented in record

Additional VA Claims to Consider

Beyond what was rated at separation — potential claims supported by this record:

VA 7802/7804

Skin Graft Donor Site Scar (Right Thigh)

SF 502 documents graft taken from right thigh. Residual scar is separately ratable.

VA 5214/5215

Limitation of Motion — Right Wrist

Extension 0°, flexion 25° at separation. Separately ratable from hand amputation.

VA 8045

Traumatic Brain Injury (TBI)

Claymore blast overpressure at close range is a recognized TBI mechanism. Not screened in 1967. Warrants C&P exam and nexus letter.

VA 8599-8624

Loss of Sensation / Peripheral Nerve Damage

Radial nerve sensory loss documented in ring finger. Separately ratable from amputation.

VA 9411

PTSD / Adjustment Disorder (Combat Trauma)

No psychiatric eval in record. Combat blast + traumatic amputation = strong nexus basis.

VA 6100/6260

Hearing Loss / Tinnitus

No audiogram in record. Blast overpressure is a documented cause of noise-induced hearing loss.

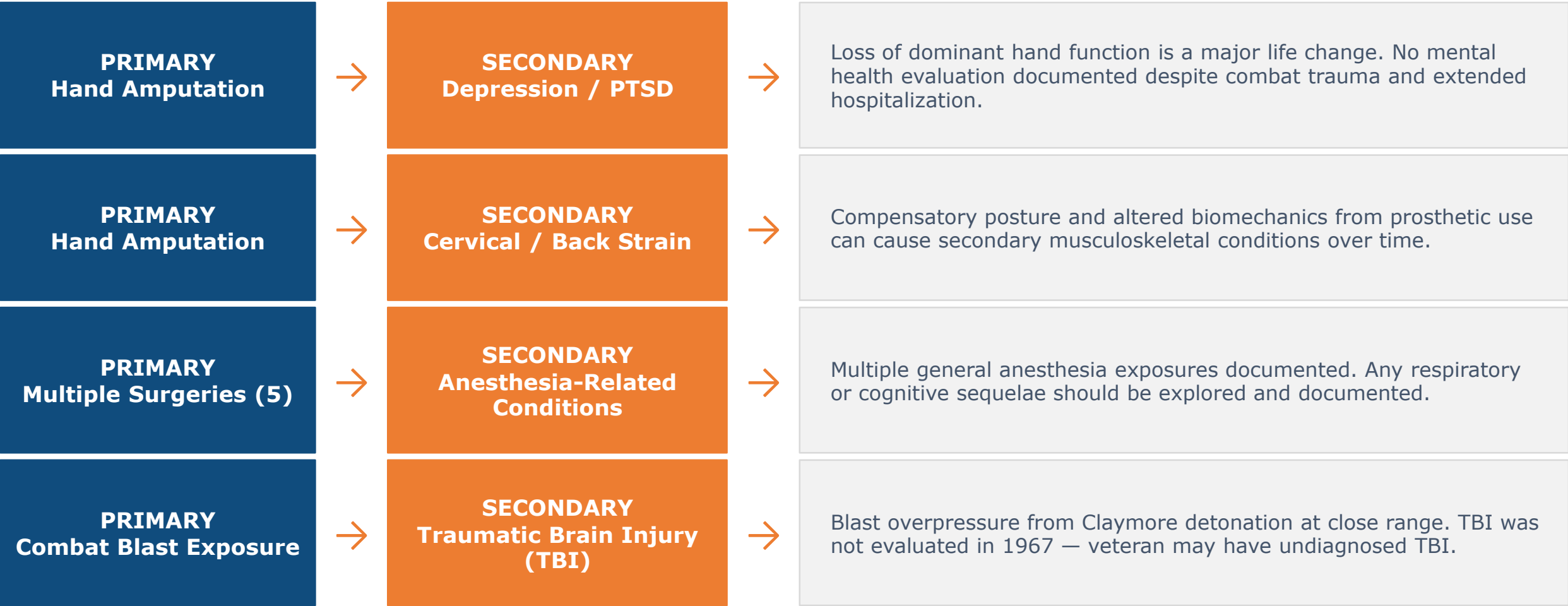
VA 7500 series

Genitourinary / Urological Residuals

WBCs/bacteria on admission. Consult obtained but not in chart — request consult records.

Secondary Conditions & Nexus Opportunities

Service connection can be established through secondary and presumptive theories — not just direct injury.



Record Red Flags & Documentation Gaps

Advocacy tip: Always request missing records BEFORE submitting a claim. A referenced-but-absent consult is not proof the condition doesn't exist.

⚠️ **No Audiogram / Hearing Test**

Blast injury with no hearing evaluation. Request audiology records from treating facilities and service entrance exams.

⚠️ **Urology Consult Not Included**

Consult noted as obtained but 'not reported on chart.' File a records request — may support a GU claim.

⚠️ **No Psychiatric Evaluation**

Combat trauma + traumatic amputation + extended hospitalization — no mental health screening documented.

⚠️ **No TBI Screening**

1967 records predate TBI awareness. Blast exposure at close range warrants retroactive nexus evaluation.

⚠️ **Thigh Donor Site Not Rated**

Skin graft harvest from right thigh is documented but no separate disability rating was assigned at separation.

⚠️ **No Post-Op Mental Health Follow-up**

Absence of any mental health referral post-amputation supports argument that PTSD was never diagnosed or treated.

How to Read a Service Treatment Record

Systematic 7-Step Approach

- 1 Identify the Trigger Event** Find the primary incident causing service connection. Note date, location, unit, and line-of-duty status.
- 2 List ALL Diagnoses** Capture every diagnosis — not just the 'unfitting' ones. Secondary and incidental conditions are often ratable.
- 3 Map the Treatment Timeline** Reconstruct hospitalizations, surgeries, consultations. Each procedure may generate a separate claim.
- 4 Flag Physical Exam Findings** Separation exams, admission exams, and medical board findings document ROM, scars, and functional deficits.
- 5 Identify Missing Consultations** Any consult referenced but absent from the record is a reason to file a formal records request.
- 6 Look for Nexus Opportunities** Connect documented conditions to potential secondary or presumptive claims. Consider evolving medical knowledge.
- 7 Check for Undiagnosed Conditions** PTSD, TBI, hearing loss — not diagnosed in era ≠ not present. Use nexus letters and buddy statements.

Class Exercise

Working in pairs or small groups, review the record and answer:

1. What is the FIRST claim you would file based on this record? Which VA rating code applies?
2. The urology consultation result is missing. What form would you use to request it, and from where?
3. How would you build a nexus argument for PTSD given that no psychiatric note exists in this record?
4. Identify TWO body parts with documented findings that could generate separate disability ratings.
5. What evidence of hearing damage — if any — exists in this record? What is your recommended next step?
6. The skin graft donor site is documented. Draft a one-sentence claim statement for this condition.

Class Exercise — Answer Key

INSTRUCTOR USE ONLY — All answers grounded in the redacted STR provided for this case study.


Q1. First claim to file / VA rating code?

Amputation, acquired, right thumb, index & long fingers (VA Code 5132) — documented as the primary 'unfitting' diagnosis in the Medical Board Proceedings and SF 502 Final Diagnoses. This is directly service-connected, LOD: Yes, with the strongest evidentiary support in the record.

 STR pp. 15, 23 — SF 502 Final Diagnoses, Dx Code 8862-486-0447

Q3. Nexus argument for PTSD?

Argue direct nexus: (1) confirmed combat stressor — Claymore blast, traumatic amputation (LOD: Yes, p. 15); (2) no psychiatric evaluation was ever conducted despite extended hospitalization (p. 19); (3) absence of diagnosis ≠ absence of condition (McKinney v. McDonald). Support with a private nexus letter, buddy statements, and lay statements describing ongoing symptoms since service.

 STR p. 13 (incident), p. 19 (no psych eval noted), p. 16 (Medical Board — no mental health referral)

Q5. Hearing damage evidence / next step?

No direct hearing evidence exists in this record — no audiogram, no hearing complaints documented. However, the mechanism (Claymore mine blast at close range) is a well-recognized cause of noise-induced hearing loss and acoustic trauma. Next step: Request service entrance and separation audiograms from NPRC; obtain a private audiology nexus letter linking blast exposure to current hearing loss or tinnitus.

 STR p. 13 — incident described; no audiology records present anywhere in the 240-page file

Q2. Form and source for missing urology consult?

Submit VA Form 21-4142 / 21-4142a (Authorization to Release Information) to authorize release from the treating facility — Fitzsimons General Hospital, Denver, CO (now closed; records held by National Personnel Records Center, St. Louis, MO). Also submit a written request to NPRC for any associated Army medical records.

 STR p. 19 — SF 502: 'Urology consultation was obtained but is not reported on the chart.'


Q4. Two body parts with separate ratable findings?

(1) Right wrist — extension 0°, flexion 25° documented on physical exam (VA 5215); (2) Right thigh — split-thickness skin graft donor site documented, residual scar separately ratable (VA 7802/7804). Also acceptable: radial nerve sensory loss in ring finger (VA 8624), or ankylosis of ring finger PIP joint (VA 5276 area).

 STR p. 13 — SF 502 Physical Exam: wrist ROM and graft donor site; p. 19 — Present Condition

Q6. One-sentence claim statement for skin graft donor site?

"I am claiming service connection for a residual scar on my right thigh, which resulted from a split-thickness skin graft harvest performed on 12 July 1967 at the 106th General Hospital to cover wounds sustained from a Claymore mine blast injury on 15 June 1967 in the Republic of Vietnam, as documented in my SF 502 Narrative Summary."

 STR p. 13 — SF 502: 'split thickness skin graft was taken from the right thigh to cover all open areas'

Key Takeaways



Read Every Page:

Medical boards, evacuation tags, and consult notes contain claim-critical information often overlooked.



Primary ≠ Only Claim:

The 'unfitting' diagnosis is just the beginning. Scars, nerve damage, donor sites, and motion deficits are all ratable.



Missing ≠ Absent:

Hearing loss, TBI, and PTSD were not screened for in 1967. Absence of a diagnosis is not the same as absence of the condition.



Document the Nexus:

Use service records to establish the link between the service event and current condition — even decades later.



Request Missing Records:

Any referenced-but-missing consult or report is a reason to file a formal records request before submitting.

What happened?

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
12/09/1966	07/25/1968	Army	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		At Once

JURISDICTION: New Claim Received 10/20/2021

ASSOCIATED CLAIM(s): 020; New/Increase: 10/20/2021

SUBJECT TO COMPENSATION (I.SC)

- 8045 TRAUMATIC BRAIN INJURY
Service Connected, Vietnam Era, Incurred
Static Disability
70% from 10/20/2021
- 9411 POSTTRAUMATIC STRESS DISORDER WITH ALCOHOL USE DISORDER [PTSD
- Combat/Fear - Easing Standard]
Service Connected, Vietnam Era, Incurred
Static Disability
70% from 10/20/2021
- 5217 RIGHT HAND, AMPUTATION OF THUMB, INDEX, MIDDLE, AND RING
FINGERS (RESIDUAL FRAGMENT WOUND)
Service Connected, Vietnam Era, Incurred
Static Disability
60% from 07/26/1968
- 6260 TINNITUS ASSOCIATED WITH HEARING LOSS, RIGHT EAR
Service Connected, Vietnam Era, Secondary
Static Disability
10% from 10/20/2021
- 5227 RIGHT HAND, AMPUTATION OF RING FINGER DISTAL PHALANX WITH
ANKYLOSIS OF THE PROXIMAL INTERPHALANGEAL JOINT

- 6100 Service Connected, Vietnam Era, Incurred
Static Disability
0% from 07/26/1968

HEARING LOSS, RIGHT EAR
Service Connected, Vietnam Era, Incurred
Static Disability
0% from 10/20/2021
- 8199-8100 TENSION HEADACHES ASSOCIATED WITH TRAUMATIC BRAIN INJURY
Service Connected, Vietnam Era, Secondary
Static Disability
0% from 10/20/2021

COMBINED EVALUATION FOR COMPENSATION :

60% from 07/26/1968
100% from 10/20/2021

SPECIAL MONTHLY COMPENSATION :

K-1 Entitled to special monthly compensation under 38 U.S.C. 1114, subsection (k) and 38 CFR 3.350(a) on account of anatomical loss of one hand from 10/20/2021.

EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
10/20/2021	01	01	00	12	0

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSCPeacetime)

- 5242 BACK PAIN WITH ARTHRITIS
Not Service Connected, Peacetime, No Diagnosis

Original Date of Denial: 01/12/2022
- 6100 HEARING LOSS, LEFT EAR
Not Service Connected, Peacetime, Not Incurred/Caused by Service





National Veteran Service Forum

OVERVIEW



- Revocations
- Accredited Representative Portal
- VBMS SSO Changes and updates
- Claims Sharks
- TVB Intake Queue
- POA verification
- Automatic Decision Support
- Freund V Collins Class Action
- Digital BDD
- MSC Support
- DSO Concerns

- NVS Policy and Procedure

- A Power of Attorney or other required designation shall not be refused or revoked by the VFW except for a compelling reason(s), and then only by the appropriate DSO or the Director, National Veterans Service. The Director, National Veterans Service, may delegate this authority to a member of the NVS staff not lower than an Associate Director.
- Once the decision to revoke Power of Attorney is made, the Department Service Officer shall submit notification of this decision in writing to the VA and the client, with a copy uploaded to the VFW's claims management system. The notification to the VA may be sent electronically and must request that access to VA systems be terminated immediately, and will include a copy of the notification sent to the client.

Revocation (Cont)



The notification to the client must be sent via First Class Mail and include at a minimum:

- Date of notification
- The client's name, return address, and last four of SSN
- An explanation that we have tried to assist the client
- A brief summary of the incident or interaction that led to the decision to revoke Power of Attorney
- Assurance that our decision to revoke will not affect the outcome of the claim or the client's ability to seek other representation.
- The name and signature of the Department Service Officer. If the Department Service Officer is uncomfortable or unavailable to sign the revocation notice, an NVS designee no lower than Associate Director may prepare and sign the document.

Revocation (Cont)



- A Power of Attorney may not be revoked after a client's appeal to the BVA has been submitted without coordination and permission granted by the Director, NVS or their designee (not lower than an Associate Director)

Accredited Representative Portal



- Access
- Utilization
- Issues?

- CITRIX Vs AZURE
- SSO process
- Issues?

- Reporting
- Resources
- What can be done to assist the veteran or family

TVB Intake Queue



- Where to locate the Intake Queue in TVB
- Response window & challenges
- Best Practices

POA Verification



- Where can POA be verified?
- Best Practices

Automatic Decision Support



Key Aspects of the VA Automated Process

- **Automated Decision Support (ADS):** This tool does not replace human adjudicators. Instead, it extracts key data from medical records and compiles them into an Automated Review Summary Document (ARSD), allowing processors to review cases faster.
- **Workflow Automation:** ADS assists with specific medical conditions (like tinnitus or migraines) by scanning records and building a digital file. It can also automatically draft requests for medical examinations.
- **Goal:** The ultimate goal is to increase efficiency, reduce the backlog, and free up claims processors to focus on complex cases rather than administrative tasks.

Automatic Decision Support



What is needed from the field:

- Reports of inaccurate or missing data
- Errors in claims related to AI tools

Freund V Collins Class Action



The Freund v. Collins (formerly Freund v. McDonough) class action lawsuit, recently certified on March 18, 2026, addresses VA system errors that improperly closed veterans' appeals between December 12, 1990, and February 6, 2025. It specifically targets "legacy" appeals closed due to alleged failures to file timely Substantive Appeals, often caused by the VACOLS computer system.

Freund V Collins Class Action



Key Aspects of the Freund Lawsuit:

- **Class Members:** Veterans (or their substitutes) whose VA appeals were closed between Dec. 12, 1990, and Feb. 6, 2025, due to automated system errors falsely indicating a missing timely Substantive Appeal.
- **Proposed Settlement:** The parties filed a proposed settlement on Dec. 16, 2025, to address these improperly closed files.
- **Action Required:** Generally, no action is required; the VA is attempting to identify members.

Why is it important for accredited representatives to be aware of the action?

Purpose:

- Effective April 20, 2026, VA will conduct a 60-day soft launch of the Digital BDD initiative at 16 prototype sites. This initiative uses digital platforms and automation support to improve timeliness and processing performance for Digital BDD claims submitted by transitioning Service members 180 to 90 days before their anticipated release from active duty (RAD).
- Digital BDD removes the need for Service members to submit service treatment records (STRs) and uses automation support to manage examination requests and route claims, while maintaining existing BDD eligibility rules. During the soft launch, only designated prototype sites and, when applicable, special mission stations will process Digital BDD claims.

Digital BDD Prototype sites:

- 1) 306 – New York Regional Office
- 2) 308 – Hartford Regional Office
- 3) 311 – Pittsburgh Regional Office
- 4) 315 – Huntington Regional Office
- 5) 321 – New Orleans Regional Office
- 6) 322 – Montgomery Regional Office
- 7) 329 – Detroit Regional Office
- 8) 333 – Des Moines Regional Office
- 9) 334 – Lincoln Regional Office
- 10) 339 – Denver Regional Office
- 11) 344 – Los Angeles Regional Office
- 12) 347 – Boise Regional Office
- 13) 348 – Portland Regional Office
- 14) 350 – North Little Rock Regional Office
- 15) 402 – Togus Regional Office
- 16) 452 – Wichita Regional Office

VFW National Headquarters Member Support Center

- Referral source from veteran contact at the MSC
- TVB profile creation
- Email to DSO requesting assistance

Accredited representative actions:

- Follow NVS policy & procedure contact guidelines
- Complete TVB profile
- Assist with requested actions

DSO/Accredited Representative Concerns



- What are the concerns you are having from the field?