

Department and Chapter Service Officer Case Management System User Reference Manual

# **Department and Chapter Service Officer – CMS User Reference Manual**

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### Logging into CMS

You can access the DAV CMS 4.0 at the following website. This is the live site, which all claims action *must* be taken through.

https://cms.dav.org/Account/Login

**Username:** Your email address **Password:** Set up by NSO Office

For *training purposes* only, you can also access the CMS UAT environment at the following website:

https://uatcms.dav.org Username: Your email address Password: Set up by NSO Office

\*\*Please note, the boarder is **RED in CMS UAT** and **Blue in CMS 4.0**, as seen in the following two pages.\*\*

#### Logging into CMS for First Time

When the local National Service Office has created a user account, a temporary password will be provided.

Upon logging in for the first time, the DSO/CSO must update the account with the following.

- ✓ Set up a *strong password*.
- ✓ Fill in the five security questions.

This is DAV CMS 4.0, which is the live site. All claims actions <u>must</u> be taken using this site.



# For training purposes only, you can also access the CMS UAT environment

NSO Portal   Memb	ership System   Employe	ee Portal	
			💄 Account Option
[	Use a DAV CMS a	account to log in.	
	User Name	CSO@dav.org	
	Password	······	
		♣ Log In Forget your password? Forget your user name?	

# **Finding a Claimant**

Upon logging into the system, a navigation bar will be seen on the top left. Upon selecting "Claimant", then "Find Claimant", a search for an individual <u>must always</u> be made with the below options to prevent creating duplicate claimants.

- ✓ Social Security or Claim Number
- ✓ First and Last Name
- ✓ Email Address
- ✓ Phone Number

Resource Links   NSO Portal	Membership System   Employee Portal	Working on behalf of Waco VA Regional Office
Claimant - & Welcome, csohope@dav.org		Outreach Select Outreach 🔻
Q Find Claimant		
Profile		
Search Criteria 💙 🛛	First Name <ul> <li>Last Name</li> <li>Date Of Birth</li> <li>City</li> <li>State</li> <li>State</li> </ul>	Country
SSN		
995-99-7765	Clear Filter	▲ 0 results found!
Claim Number		
Email		

Dhana Tuna

# Adding a Claimant

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To add a claimant select "Claimant", then "Add Claimant".

- Please note, before adding any claimant to CMS, a search <u>must always</u> be conducted to see if a record already exists.
- ✓ As shared previously, this can be completed by selecting "Find Claimant" then searching by first and last name, their social security and/or claim number, email address, and phone number.

By conducting a search, this avoids duplicate CMS records being created. CMS also provides a warning in most cases if a record matches another that already exists.

Resource Links   NSO Portal   Membership System   Employee Portal										~
Claimant - & Welcome, csohope@dav.org								Dutreach	Select Outread	:h ▼
Q Find Claimant										
Profile										
Search Criteria		First Name 👙	Last Name 🖨	Date Of Birth	City	State	Country	\$	Veteran?	¢
SSN										
995-99-7765	Clear Filter			Page 1	of 1   🔵 🔵 [	20 🔻	Waco VA Regional Office   Outreach   Select Outreach     •     Country         • Veteran? • • O results found!			
Claim Number					Waco VA Regional Office   Outreach     Select Outreach     City   State   Country   Veteran?     of 1   20     O results found!					
Email										
Dhana Tura										

#### **Adding a Claimant - Continued**

Upon selecting "Add Claimant", all information must be completed on the claimant. This includes first and last name, state, country, date of birth, and if available, their claim and social security number.

- ✓ The claim or social security number may be added by clicking on the slide bar seen below, which will access a different screen shown on the following page.
- ✓ All information required to be added are identified with red asterisks (\*). Although some information isn't required, every effort <u>must</u> be made to complete fully.
- ✓ Please note, when filling out, <u>do not</u> type in all caps. Example is "JUSTIN" versus "Justin" as a first name.

Create Claimant		
Personal Information		
Claim Number and SSN:		
First Name *		
Last Name *		
State		
Country	<b>•</b>	
Date of Birth		
	Continue 🗲	

# **Adding a Claimant - Continued**

This screen will appear upon the slide bar being selected.

✓ Although a claim or social security number isn't required, every effort <u>must</u> be made to include. If not available, do not select the slide bar.

Create Claimant	
Personal Information	
Claim Number and SSN:	
Claim Number	
N22	
	Continue 🗲

# Adding a Claimant, Potential Existing Record Match

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As shared earlier, CMS provides a warning in most cases if a record matches another that already exists. If this occurs, CMS provides a list of potential record matches as seen below.

- ✓ A review <u>must</u> be conducted of any potential matches listed that may be the claimant. Full claimant details may be viewed by selecting "View Full Details".
- ✓ If confirmed the record is in fact the claimant being added, select "Use this Record" in the individual claimant record of potential matches.
- ✓ If no warning message is shown of a potential record match, continue adding all information.

Resource Lini	ks   NSO Portal   Membership System   Employee Portal			Waco VA Regional Office
ASE MANAGEMENT SYSTEM			•	utreach Select Outreach
Claimant 👻 🍐 Welcome, csohope@da				
Q				
Create Claimant				
Personal Information			A We found potential Matches!	
Claim Number and SSN:			How would you like to proceed?	
Claim Number	123456789		Continue without using any Matches	
SSN			Select a match from the list below	
	Cancel C			
		嶜 Potential Matches		
		Croture	/Tologoan	
		Name	Mr. Paul Blart Mallcop	
		Date of Birth	6/17/1979	
		City	n/a	
		State	n/a	
		Country	n/a	
			i View Full Details	
			Use this record	
4				

#### **Recording a Phone Call or Interview**

First, conduct a search of a claimant record by selecting "Find Claimant" then searching by first and last name, their social security and/or claim number, email address, or phone number. Upon conducting a search, a list of claimant records may be shown.

- Confirm the correct record of claimants shown by initially reviewing the first and last name, date of birth, state, country, and gender.
- ✓ Upon confirming, select "View" to access the intended claimants electronic record.

Please note, any communication with a claimant *<u>must always</u>* be recorded.

	<b>Q</b> F	Resource Links   NSO Portal   Membership System   Er	mployee Portal								Waco VA Regional Office
CASE MANAGEMENT SYST											Outreach Select Outreach 🔻
Claimant - 🔺 🖉		csohope@dav.org <del>-</del>									
Q 🛔										Quick Actions:	File 😂 Note 🖋 Communication 🖼
Activities	~	Profile » Paul Mallcop; 3456789; SS12	23456789;								
<b>F</b> Appeals	~	Email									
e Dependents	-	Search Criteria	$\checkmark$ ×		First Name	Last Name	• Date Of Birth	City	State	Country	Veteran?
L Human Interest	~	SSN		-							
	8	123-45-6789		View   Details	Paul	Mallcop	6/17/1979				
Rating Decision	~	Claim Number		Clear Filter			Page 1	of 1   20	•		View 1 - 1 of 1
Submittals	~										
View All		Email									
General Request											
··· POA Only (21-22)		Phone Type	•								
··· ITF (21-0966)		Foreign Phone									
··· Claims											
··· Evidence Only		Prefix									
Case History	~		× -								
(%)		First Name									

# **Recording a Phone Call or Interview - Continued**

Upon selecting "View", the claimant record will be shown along with all information available.

- ✓ To record a phone call or interview, select "Communications", then "View All", then "Add New".
- ✓ Upon selecting "Add New", another page will be shown.

CASE MANAGEMENT SYSTE	<b>⊗</b> F EM	Resource Links   NSO Portal   Membership System   E	mployee Portal				Working on behalf of Waco VA Regional Office
Claimant 🗸 💄 w	/elcome, (	csohope@dav.org ▼					Outreach Select Outreach *
Q 🏜						Quick Actions: File	S Note 🖋 Communication 🜌
Activities	~	Communications » Paul Mallcop; 12345	6789; SS123456789;				
» Communications	~						
🔲 View All		DOB	Address	Phone	Special Cases		
- Notes	~	6/17/1979	n/a	n/a	n/a		
Files Reviewed	~	Reference ID 1597888					
📢 Appeals	~						
Dependents							Add New
🛕 Human Interest	~						
R POA	0	Торіс	Q	Q 🔶 Interview	и Туре	Q, o Date	۹. •
Rating Decision	~	Clear Filter		《 《   Page 1 of 1   > 》 20	Ŧ	A 0 results found!	
Submittals	~						
Case History	~						
· · · · · · · · · · · · · · · · · · ·							

# **Recording a Phone Call or Interview - Continued**

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Upon selecting "Add New", the below page will be shown. Several type of communications will be shown to select from for recording an activity. Any communication with a claimant <u>must always</u> be recorded.

- Selectable Communication Type(s) include: Interview-In Person; Interview-Phone; Interview-other Video; Phone Call Requested; Email; Fax; and Other.
- $\checkmark$  Select the correct option applicable for the communication being recorded.
- ✓ If wanting an NSO to call the claimant within 48 hours, select "Phone Call Requested".

Claimant 👻 💄 Welcom	e, csohope@dav.org ▼				
Q 🆀					Quick Actions: File 🛸 Note 🖋 Communication 🔤
Activities ~	Communications » Paul Mallcop; 123456789; SS Email	123456789;			
» Communications ✓					
View All	DOB	Address	Phone	Special Cases	
Notes ~	. 0/1// 9	n/a	n/a	n/a	
Files Reviewed V	Reference ID 15978				
📢 Appeals 🗸 🗸	·				
🚰 Dependents 🛛 🗕	Cani D				Save 🗸
🔔 Human Interest 🗸 🗸	Communication Type *	Can dik Ta	_		
< POA 🛛 🙁	Interview - In Person		•		
🔦 Rating Decision 🗸 🗸	, OINTERVIEW - Phone	Files Reviewed			
🔦 Submittals 🗸 🗸	Interview - Over Video	_			
Case History ~	Phone Call Requested				
······································	Email				
	- FdX				
	Topic *				
	Summary *				
	Cancel <b>ว</b>				Save 🗸
1					

# **Recording a Phone Call or Interview - Continued**

Upon selecting a Communication Type, the local NSO Supervisor <u>must</u> be selected from the "Credit To" drop down, and the following must be completed. Examples are shown below, and when preparing <u>do not</u> type in all caps.

- ✓ Fill in the "Topic" by providing a short summary of the action completed.
- ✓ At the end of the "Topic", your position and first/last name must be added.
  - Example: Discussed a potential claim for Migraines, submitted POA and ITF. DSO Jon Snow
- ✓ Fill in the "Summary" for greater detail of items discussed with the claimant.
  - Example: Type of evidence the claimant will be gathering and submitting later, issues filed for, etc.
- ✓ If records were reviewed, check "File Reviewed". Records may include service or medical records, etc.

Communication Type *	Credit To	Jon Retzer	x -		
O Interview - Phone	Files Reviewed				
O Interview - Over Video	Interview Type	VA	-		
O Phone Call Requested					
🔵 Email					
Fax					
Other					
Topic *	4				
Discussed Vietnam Service and Diabetes Type II					
Summary *					
Spoke with Veteran about his on ground service in Disability Questionnaire with him and no other con Office for submission, possibly as a DRC. Veteran w	Vietnam and his recent diagnosis on nditions to claim. We will be prese was appreciative and sign up as a F	of Type II diabetes. He has a nted a 526EZ, POA, and DBQ to NSO ull Life Member.			
Cancel D					
1					
· • •					

# **Preparing Scanned Documents for Electronic Submission**

Create and save a file on your personal desktop, and label it as "Submittals". In preparation of preparing documents for upload and submission in CMS, all information must be temporarily saved here.

- ✓ Documents may include VA Forms, such as the Power of Attorney, Intent to File for a Claim, Supplemental Claim, supporting evidence and documentation, etc.
  - Please note, all VA Forms *must* be downloaded directly from the Veterans Affairs website via <a href="https://www.va.gov/find-forms/">https://www.va.gov/find-forms/</a>.
- ✓ Upon all evidence and information being uploaded and submitted via CMS, all items <u>must</u> be deleted from the file, pursuant to policy.



# **Selecting a Submittal Type**

Begin by selecting the "Submittals" tab on the left hand side. Several options will be shown. Upon selecting an option, another screen will be shown. *Please note, <u>do not use the "POA Only" option</u> as an Intent to File must <i>always* be submitted with a POA.

- ✓ Select "ITF (21-0966)" when submitting a POA and Intent to File.
- ✓ Select "Claims" for submitting any new claim for benefits.
- ✓ Select "General Request" when submitting a supplemental claim or higher-level review.
- ✓ Select "Evidence Only" for submitting any type of supporting evidence or documentation for all pending.

Activities	~	Claimant Pro	ofile » Paul Mall	cop; 123456	5789; SS123456789;				
Appeals	~	EMall							
Dependents	-	The Commu	nication has been	saved success	sfully.				
🗘 Huma Interest	~								
POA	8	Contact Info	Military Service	Disabilities	Conflict/War Record	Treatment Record	Special Case		
Rating Decision	~	Cancel 🕽							
Submittals	~		Is Veteran?	•					
··· View All			SSN	123-45-6789	)				
General Request									
POA Only (21-22)			Verify SSN	123-45-6789	)				
ITF (21-0966)			Claim Number	ss ▼ 1	23456789				
Claims									
Evidence Only		VETERAN							^
Case History	~		Prefix *	Mr.				ж	-
<b>(%</b> )			First Name *	Paul					

#### **Preparing Intent to File Submittal**

Begin by selecting the "Submittals" tab on the left hand side, then select ITF (21-0966). Upon selecting, the below screen will be shown and after completing the following steps, select "Review Submission" at the end.

- Please note, a Power of Attorney form and Intent to File *must* have already been completed, signed by the claimant, and scanned/saved as separate PDF documents to your "Submittals" folder on your computer. If the claimant has a DD Form 214, include this with one of the scanned documents as well.
- ✓ Click a check mark next to the "Method" option that says "Include POA?". The VA Forms section will automatically update.
- ✓ Select the local NSO Supervisor from the "Credit To" drop down where the submission will be sent, then ensure the "Source" is shown as your position (CSO, or DSO), and "Source Name" indicates your name.

- Activities		Submission Contact Info » CSO Hope; 123456789; SS123456789; Email						
Appeals	~							
Dependents	-	Type Intent To File	Status	In Progress		ITF Effective Date		
Human Interest	~	Method * Print • Include POA?	Source	CSO	•	Davs Left	No ITF on file	
POA	0		Source Name	CSO Hope	х -	Credit To		-
Rating Decision	~		Send to VA	Department of Veterans Affairs	(VA) -			
			Section *					
Submittals		VA Forms: 21-0966						
View All		VA Pornis. 21-0300						
General Request		21-22 Power of Attorney		21-4140	Employment Questionnaire	*		
General Request		21-0966 Intent to File		21-4142	Authorization to Disclose In	formation to the VA*		
POA Only (21-22)		21-526EZ Compensation Claim		28-1900	Disabled Veterans Vocation	al Rehabilitation*		
ITE (21-0966)		21-686C Declaration of Status of Dependents*		22-0848	Rural Relocation Benefit*			
(21-0500)		74 Request for Approval of School Attendance*		22-5490	Survivors and Dependents	Educational Assistance*		
Claims		21-8940 Veteran's Increased Compensation Based on Unemployability	*	🔲 10-10 D	omiciliary Applications*			
Evidence Only		21-4192 Request for Employment Information in Connection with Claim	n for Disability*	10-10EZ	Enrollment Application For	Health Benefits*		
Evidence Only		21-0781 Statement in Support of Claim for Service Connection for PTS	D*	🔲 10-10D	Application for CHAMPVA Be	enefits*		
Case History	~	21-0781a Statement in Support of Claim for Service Connection for PT.	SD Secondary to Personal Assau	ilt* 🗌 10-2570	D Dental Record Authorizati	on and Invoice for Outpatien	nt Service*	
		26-4555 Veterans Application in Acquiring Specially Adapted Housing of Adapted Housing	or Special Home Adaptation Gra	nt Under Title 38 🔲 10-1394	Adaptive Equip - Motor Veh	icle*		
(4)		U.S.C. 2101(a) or (b)*		10-0103	Assistance In Acquiring Hor	ne Improvement and Structu	ural Alterations*	
		21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance and Adaptive Equipment United States 21-4502 Automobile or Other Conveyance 21-4502 Automobile or Other Conveyance 21-4502 Automobile States 21-4502 Automobile or Other Conveyance 21-4502 Automobile States 21-4502 Automobile or Other Conveyance 21-4502 Automobile States 2	nder 38 U.S.C. 3901-3904*	29-4364	Service-Disabled Veterans I	nsurance*		
		21-2680 Exam for Housebound Status or Permanent Need for Regular	A&A*	26-1880	Request for A Certificate of	Eligibility*		
		21-0779 Req. for Nursing Home Info. in Connect. with Claim for A&A*		26-0286	Loan Summary Sheet*			
		21-527EZ Pension Claim*		Earlier E	ffective Date*			
		10.9679 Appual Clothing Allowance *						

#### **Preparing Intent to File Submittal - Continued**

Select "Form Upload" on the top, then "Remove" to delete the auto drafted POA and Intent to File forms. Both auto drafted documents *must* be removed.

- Select the "Attach Claim" for each, then upload the Power of Attorney and Intent to File forms previously completed, already signed by the claimant, and scanned/saved as separate PDF documents to your "Submittals" folder on your computer.
- ✓ After uploading each of the documents, confirm they have been added.
- ✓ Select "Review Submission".

VA Form	is: 21-22, 2	1-0966									*
<b>C 1 1 1</b>				201	175		<i>c</i> 1				
Contact Int	o Homeles	veteran into	Evidence	POA	IIF	Form Upload	Correspondence	Signatures			
Cance	CI									Save 🗸 Continue 🖻	
For each	form below,	to upload a PDI	F, click the "	'Attach (	Claim	" butto					
Highlight	ed forms ind	icate that the fo	orm can be	genera	ted el	ectron Ily. Ho	owever you can c	hoose to repl	ace th	nese by manually uploading a PDF instead.	
21-22	- Power of	Attorney							^	]	
Attac	h Claim 💊										
21-09	56 - Intent t	o File					Ownloa	d   <b>Q</b> Preview	^		
This fireplace	-0966.202505 le was automa e it, click "Ren ing a new PDI	9132501993.pdf itically generated iove", then attach	: l on 5/19/202 n a claim PDI	25 at 1:2! To re-g	5:02 P genera	M using informa te a new version	tion provided on th , click "Remove", th	lis submission. en Save withou	nove To Jt		
Cance	C									Save 🗸 Continue 🖻	
Delete Su	bmittal									Review Submission	*

#### **Preparing Intent to File Submittal - Continued**

Upon selecting "Review Submission", the following page will be shown. Confirm the POA and ITF documents upload was successful on the screen.

- ✓ Confirm all disabilities claimed, attachments, and etc., are shown and listed by clicking on.
- ✓ Select "Send for Review All Paper Uploaded".
- ✓ Upon selecting, all information will be shared immediately with the National Service Office for final review and submission to the Department of Veterans Affairs. Affairs.

VA Forms:	21-22, 21-09	966										~
Contact Info	Veteran Info	POA	ITF	Form Upload	Correspondence	Signatures	Submit					
Submiss	ion Confir	mati	on Pa	age								
Please verify t	ne summary belo	ow, then	click on	e of the buttons	below. You can also g	go back to a pr	evious sectio	on and make any changes nece	essary.			
<ul> <li>Submissio</li> <li>Status: In</li> <li>Claimant:</li> <li>To: Depart</li> <li>Attachmer</li> <li>Form(s):         <ul> <li>21-22 F</li> <li>21-096</li> </ul> </li> <li># Claims F</li> <li>Submittal</li> </ul>	n #: 496975 Progress Mr. Paul Blart Ma tment of Veteran nt(s): Power of Attorney 5 Intent to File iled: 0 Letter: Included	allcop Is Affairs In Affairs	. (VA)									
						Se	nd For Revi	iew - All Paper Uploaded 📥	<b>(</b>			
						Send Fo	or Review - I	Paper Mailed/Faxed to Office	e 📥			
Cancel 🕽	Delete Su	ıbmittal									Save 🗸	
1 9												

### **Preparing Claims Submittal**

Begin by selecting the "Submittals" tab on the left hand side, then "Claims". Upon selecting, the below screen will be shown and after completing the following steps, select "Review Submission" at the end.

- Please note, a Power of Attorney along with all other forms and evidence must have already been completed, signed by the claimant, and scanned/saved as *separate* PDF documents to your "Submittals" folder on your computer.
- ✓ Click a check mark next to the "Method" option that says "Include POA?". The VA Forms section will automatically update.
- Click a check mark next to any of the VA Forms listed that's been prepared, and if the form is not shown, click a check mark next to "Form Not Listed" at the right bottom.
- ✓ Select the local NSO Supervisor from the "Credit To" drop down where the submission will be sent, then ensure the "Source" is shown as your position (CSO, or DSO), and "Source Name" indicates your name.

Activities	~	Submission Contact Info » Paul Mallcop; 989827530; XCSS98982 supercop911@aol.com;	27530;					
Appeals	~	Time	Chatrus			ITT Effective		
🖈 Appearances	~	Claims	Status	In Progress		Date		
Correspondence	~	Method Direct Mail Upl 🗸 🗹 Include POA?	Source				No ITF on file	
Pependents	-	I do not want my claim considered for rapid procession	Source Name	Must Choose Source	e	<ul> <li>Credit To *</li> </ul>	Justin Hart	
Gen Attachmer	it V	under the FDC Program because I plan to the evidence in support of my claim.	Send to VA Section *	Department of Vete	erans Affairs (VA)	<ul> <li>Files Reviewed</li> </ul>		
🕽 Hum nterest	~	VA Farmari 21.22						
• SF	~	VA Forms: 21-22						^
		21-22 Power of Attorney			21-530 Burial Benefits*			
R POA	$\bigcirc$	21-0966 Intent to File			21-0304 Spina Bifida Benefi	its*		
Patie ecicion	~	21-526EZ BDD Claim			21-4140 Employment Ques	tionnaire*		
INAL LISION		21-526EZ FDC Claim			21-4142 Authorization to Di	isclose Information to the V	A*	
Submittals	~	21-526EZ IDES Claim			28-1900 Disabled Veterans	Vocational Rehabilitation*		
-		21-526EZ Standard Claim			22-0848 Rural Relocation B	enefit*		
··· View All		21-686C Declaration of Status of Dependents*			22-5490 Survivors and Dep	endents Educational Assista	ance*	
- General Request		20-0995 Supplemental Claim*			10-10 Domiciliary Applicatio	ons*		
		20-0996 Higher-Level Review*			10-10EZ Enrollment Applica	ation For Health Benefits*		
<ul> <li>POA Only (21-22)</li> </ul>		21-674 Request for Approval of School Attendance*			10-10D Application for CHA	MPVA Benefits*		
ITF (21-0966)		21-8940 Veteran's Increased Compensation Based on Unemployability	ty*		10-2570D Dental Record Au	uthorization and Invoice for	Outpatient Service*	
111 (21 0500)		21-4192 Request for Employment Information in Connection with Cl.	aim for Disability	/* 🗆 1	10-1394 Adaptive Equip - M	lotor Vehicle*		
- Claims		0781 Statement in Support of Claim for Service Connection for P1	ISD*		10-0103 Assistance In Acqu	iiring Home Improvement a	nd Structural Alterations*	
Evidence Only		21-0781a Statement in Support of Claim for Service Connection for F	TSD Secondary	to Personal 🛛 🗆 🕯	29-4364 Service-Disabled V	eterans Insurance*		
Evidence Only		Assault*			26-1880 Request for A Certi	ificate of Eligibilitv*		

Upon selecting "Review Submission", the following page will be shown.

- ✓ Select the "Disability & Treatment" tab, then select "Add New Disability" and add each issue being claimed for entitlement.
- ✓ Select either "New" for a new condition, or "Increase" if claiming an increase with a current service connected condition.
- ✓ Within the "Disability" drop down, add each issue being claimed along with the others, if applicable. If the disability is not found within the drop down selection, just type out the claimed condition.
- ✓ Select "Review Submission" after completing.

ontact Info	Homeless	Veteran Info	Disability & Treatment	Evidence	Service Record	Service Pay	Direct Deposit	POA	Form Upload	Correspondence	Signatures	
Cancel 🕽 This is an ir	nitial applicati	ion for compen	sation or presion benefit	5		NO					Sa	ive 🗸 Continue 🖻
Disability	/ Entitleme	ents										
Add New	Disability O		Disability: *				Explain how disab event/exposure/ir	ility rela ijury:	tes to in-service	if c	due to exposu	re, event, or injury please speci
	Increase		8100 - Migrain			× *				X -		
۲	New		Disability: *				Explain how disab event/exposure/ir	ility rela ijury:	tes to in-service	If c	due to exposu	re, event, or injury please speci
	increase		hair loss			X *				X -		
•	New		Disability: *				Explain how disab event/exposure/ir	ility rela njury:	tes to in-service	If c	due to exposu	re, event, or injury please speci
	Increase		7828 - Acne			X *				× -		

Select "Form Upload" on the top, then "Remove" for any auto drafted VA forms to delete. All auto drafted documents *must* be removed.

- Select the "Attach Claim" for each, then upload all VA forms previously completed, already signed by the claimant, and scanned/saved as separate PDF documents to your "Submittals" folder on your computer.
- ✓ After uploading each of the documents, confirm they have been added.
- ✓ Select "Review Submission".



If applicable, select the "Evidence" tab on the top and the following screen will be shown. Please note, all supporting evidence and documentation must already be scanned and saved to the "Submittals" folder on the computer.

- ✓ Select "Add Evidence With Attachment" for each and all supporting documentation.
- ✓ Fill in the "What type of evidence is this?" and "With which claim(s) is the evidence associated". After uploading each of the documents, confirm all have been added from your "Submittals" folder.
- ✓ Select "Review Submission".

cancer 5											Save 🗸	Continu
Subm	ission Evid	ence			_							
Add Evid	lence With Att	achment 📎	Add Evidence (No Atta	ichment) 🗎								
Bo	arding Pas	s - Print you	ır boarding pass - A	merican /	Airlines.pdf	Remove	<b>@</b> [	ownload	d   <b>Q</b> Preview	~		
What typ	e of evidence	is this? *			With which cla	im(s) is this evi	dence associated	?				
Airline B	loarding Pass	for Baghdad, Ir	aq		21-22 Powe	er of Attorney			_			
					21-526EZ St Eorm Not Li	tandard Claim isted*						
					0							
c1 10											Entry A	
Cancel U											Save 🗸	Cor iu

Upon selecting "Review Submission", the following page will be shown. Confirm all disabilities claimed, attachments, and etc., are shown and listed.

- ✓ Confirm all disabilities claimed, attachments, and etc., are shown and listed by clicking on.
- ✓ Select "Send for Review All Paper Uploaded".
- Upon selecting, all information will be shared immediately with the National Service Office for final review and submission to the Department of Veterans Affairs. Affairs.

#### Submission Confirmation Page

Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.





#### **Preparing Supplemental Claim or Higher-Level Review Submittal**

Upon selecting "General Request" from the options listed, the following screen will be shown. Please note, a Power of Attorney form, and supplemental or higher level review form must have already been completed, signed, and scanned/saved as **separate** PDF documents to your "Submittals" folder on your computer.

- ✓ Click a check mark next to the "Method" option that says "Include POA?". The VA Forms section will automatically update.
- ✓ Click a check mark next to either supplemental claim, or higher-level review.
- ✓ Select the local NSO Supervisor from the "Credit To" drop down where the submission will be sent, then ensure the "Source" is shown as your position (CSO, or DSO), and "Source Name" indicates your name.
- ✓ Select "Review Submission" at the bottom right of the screen.



#### **Preparing Supplemental Claim or Higher-Level Review Submittal - Continued**

Upon selecting "Review Submission", the following page will be shown.

- ✓ Select the "Disability Claimed" tab, then select "Add New Disability" and add each issue being claimed for entitlement.
- Select either "New" for a new condition, "Increase" if claiming an increase with a current service connected condition, or "Secondary" if claiming a condition caused by a service connected condition.
- ✓ Within the "Disability" drop down, add each issue being claimed along with the others, if applicable. If the disability is not found within the drop down selection, just type out the claimed condition.
- ✓ Select "Review Submission" after completing.

abili Entitlements			^
dd New Disability 🗢			
New	Disability: *	If due to exposure, event, or injury please specify:	
<ul> <li>Increase</li> </ul>			<b>~</b>
<ul> <li>Secondary</li> </ul>			@ Remove
	Disability: *	If due to exposure, event, or injury please specify:	
	e	x -	~
<ul> <li>Secondary</li> </ul>			_
,			Remove

#### **Preparing Supplemental Claim or Higher-Level Review Submittal - Continued**

After selecting "Review Submission", select the "Evidence" tab, then the following screen will be shown.

- ✓ Select "Add Evidence with Attachment", then add the scan/saved supplemental claim or higher-level review forms from your "Submittals" folder on your computer.
- Continue selecting "Add Evidence with Attachment" for all others when applicable, and upload the Power of Attorney along with any other supporting evidence or documentation, which is scanned/saved as *separate* PDF documents to your "Submittals" folder on your computer.
- ✓ Select "Review Submission".

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Save 🖌 Continue		n Info Disabilities Claimed Evidence
Save 🖌 Continue		
	I	
		idence
		th Attachment 🗞 Add Evidence (No Attachment) 🖺
	Download   Q Preview	20-0996.pdf
	n claim(s) is this evidence associated?	ence is this? *
	5 Higher-Level Review*	5
Save 🗸 🛛 Conti le		
Review Submis		
Save		

#### **Preparing Supplemental Claim or Higher-Level Review Submittal - Continued**

Upon selecting "Review Submission", the following page will be shown.

- ✓ Confirm all disabilities claimed, attachments, and etc., are shown and listed by clicking on.
- ✓ Select "Send for Review All Paper Uploaded".
- ✓ All information will then be shared immediately with the National Service Office for final review and submission to the Department of Veterans Affairs. Affairs.

VA Forms:	21-22, 20-09	996					~
Contact Info	Veteran Info	Disabilities Claimed	Evidence	POA	Correspondence	Submit	
Submiss Please verify ti Submissio Status: In Claimant: Disabilitie	ion Confir ne summary belo n #: 2646465 Progress Mr. Paul Mallcop rment of Veteran s Claimed:	mation Page ww, then click one of the s Affairs (VA)	buttons belo	w. You c	an also go back to a	previous se	ction and make any changes necessary.
<ul> <li>N 7828</li> <li>N 7908</li> <li>Attachmei</li> <li>VA Forr</li> <li>Form(s):         <ul> <li>20-099</li> <li>21-22 F</li> </ul> </li> </ul>	- Acne - Acromegaly nt(s): n 20-0996.pdf - V 6 Higher-Level Re Power of Attorney	/A Form 20-0996					
<ul> <li># Claims F</li> <li># Condition         <ul> <li>New Set</li> <li>New In</li> <li>New Set</li> </ul> </li> <li>Submittal</li> </ul>	iled: 1 ins Filed: 2 crvice Connection crease(s): 0 ccondary Conditio Letter: Included	n(s): 2 pn(s): 0					
			l			Send For R	eview - All Paper Uploaded 🛓
					Send	For Reviev	v - Paper Mailed/Faxed to Office 🛓

#### **Preparing Evidence Only Submittal**

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Upon selecting "Evidence Only" from the options listed, the following screen will be shown. Please note, a Power of Attorney form, along with all supporting evidence and documentation should be scanned as separate PDF documents to your "Submittals" folder on your computer.

- ✓ Click a check mark next to the "Method" option that says "Include POA?". The VA Forms section will automatically update.
- ✓ Click a check mark next to either supplemental claim, or higher-level review.
- ✓ Select the local NSO Supervisor from the "Credit To" drop down where the submission will be sent, then ensure the "Source" is shown as your position (CSO, or DSO), and "Source Name" indicates your name.
- ✓ Select "Review Submission" at the bottom right of the screen.

C	λ 🚨						Quick Actions: File 🝃 Note 🖋 Communication 💟
*	Activities	~	Submission Contact Info » Paul Mallcop; 989827530; XC	SS989827530;			
<b>:</b> :::	Dependents	-	supercop911@aol.com;				
Ŀ	General Attachmen	t 🗸	Type Evidence Only	Status	In Progress	ITF Effective Date	
Ţ	Human Interest	~	Method Print  V Include POA?	Source	CSO	Days Left	No ITF on file
ĸ	POA	0		Source Name	Test Source	Credit To	
ĸ	Rating Decision	~		Send to VA	Department of Veterans Affairs (VA)	Files Reviewed	
٨	Submittals	~		Section			
	View All		VA Forms				~
	General Request		21-22 Power of Attorney		21-530 Burial Benefits*		
	DOA 0-1-(24-22)		21-0966 Intent to File		21-0304 Spina Bifida Benefits*		
	POA Only (21-22)		21-526EZ BDD Claim		21-4140 Employment Questionn	naire*	a.d.
	ITF (21-0966)		21-526EZ FDC Claim		21-4142 Authorization to Disclos	se information to the V	A^
	<u></u>		21-526EZ IDES Claim		28-1900 Disabled Veterans Voca	tional Rehabilitation*	
	Claims		21-526EZ Standard Claim		22-0848 Rural Relocation Benefi	t^	
	Evidence Only		21-686C Declaration of Status of Dependents*		22-5490 Survivors and Depende	ents Educational Assista	ance*
			20-0995 Supplemental Claim*		10-10 Domiciliary Applications*		
#	Case History	$\sim$	20-0996 Higher-Level Review*		10-10EZ Enrollment Application	For Health Benefits*	
_							

#### **Preparing Evidence Only Submittal - Continued**

After selecting "Review Submission", select the "Evidence" tab, then the following screen will be shown.

- ✓ Select "Add Evidence with Attachment", then add the scan/saved POA form from your "Submittals" folder on your computer.
- Continue selecting "Add Evidence with Attachment" for all others when applicable, and upload any other supporting evidence or documentation, which is scanned/saved as separate PDF documents to your "Submittals" folder on your computer.
- ✓ Select "Review Submission".

![](_page_29_Picture_5.jpeg)

#### **Preparing Evidence Only Submittal - Continued**

Upon selecting "Review Submission", the following page will be shown.

- ✓ Confirm all attachments, and etc., are shown and listed by clicking on.
- ✓ Select "Send for Review All Paper Uploaded".
- ✓ All information will then be shared immediately with the National Service Office for final review and submission to the Department of Veterans Affairs. Affairs.

VA Forms: 21-22	~
Contact Info Veteran Info Evidence POA Correspondence Signatures Submit	
Submission Confirmation Page	
Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.	
<ul> <li>Submission #: 2646468</li> <li>Status: In Progress</li> <li>Claimant: Mr. Paul Mallcop</li> <li>To: Department of Veterans Affairs (VA)</li> <li>Attachment(s):</li> <li>Form(s): <ul> <li>21-22 Power of Attorney</li> <li># Claims Filed: 0</li> <li>Submittal Letter: Included</li> </ul> </li> </ul>	
Send For Review - All Paper Uploaded 🕹	
Send For Review - Paper Mailed/Faxed to Office 🕹	
Cancel 🔊 Delete Submittal	

# **Special Case Notifications**

In certain special cases or circumstances, it's important to note and identify within a claimants record to ensure the national service office is made aware of. Some examples of special circumstances may include but are not limited to the following.

- ✓ Homelessness, such as the veteran losing their home due to a fire, and etc.
- ✓ Financial Hardship
- ✓ Terminal conditions, such as lung cancer, multiple sclerosis, and etc.
- ✓ Currently living in another country, email is the best method of communication.

To add a "Special Case", click on the silhouette on the top left of the screen of a claimants record, then click on "Add Special Case Record", and the below page will be shown. Select a "Case Type", then add notes for each and save. <u>**Do not**</u> type in all caps.

Q 🛔							Quick Actions:	File 📂 🛛 Note 🖋	Communication
Activities	Claimant Profile » Paul	Mallcop; 12345	6789; SS123456789;						
📢 Appeals 🗸 🗸	mail								
Dependents -	Contact Info Military Ser	vice Disabilities	Conflict/War Record	Treatment Record	Special Case				
🖞 Human Interest 🗸 🗸	Cancel D				Τ				Cave . 4
V POA									Save 🗸
🕻 Rating Decision 🗸 🗸	Add Special Case Record 👄								
🔍 Submittals 🔍 🗸	Special Case R	ecord 🛛 🕲 Ren			~				
View All	Case Type *	Homeless	•						
General Request	Notos	Votoran recently	lost home due to fire	Need to request to					
POA Only (21-22)	Notes	expedite.	lost nome due to me.	Need to request to					
ITF (21-0966)									
Claims									
Evidence Only	Cancel 🕽							· · · · · · · · · · · · · · · · · · ·	Save 🗸
Case History									

# **Important Reminders**

- ✓ All VA Forms must be downloaded directly from the Veterans Affairs website via <u>https://www.va.gov/find-forms/</u>.
- ✓ **Do not** use the auto generated VA forms in CMS, as they are not the most recent.
- Sometimes while submitting a claim the POA indicator will be a red X. This will need to be a green check or the POA included box checked on your submittal
- ✓ Always search for existing claimants in CMS, ensuring not to create a duplicate record. CMS will also help by sharing a warning one exists.
- *Ensure each disability being claimed is added for claims submittals*. Indicate specifically what is being claimed such as new, secondary or increase.
- ✓ **Do not** upload the DAV contact brief.
- ✓ **Do not** type in all caps. An example is "JON SNOW" versus "Jon Snow".
- Ensure interviews and phone calls are *kept* on all client interactions. This will ensure thorough communication between yourself and the local national service office.
- ✓ **Do not** create two or more separate submittals in the same interview.
- Always ensure clients *contact information*, such as email, mailing address, and phone numbers are up to date with each client interactions.
- Upon all evidence and information being uploaded and submitted via CMS, all items *must be deleted* from the "Submittals" file on your computer, pursuant to policy.

# Any questions or concerns with CMS, please contact the local National Service Office .