#### Department of Veterans Affairs M21-1, Part III, Subpart ii

**Veterans Benefits Administration May 8, 2015**

**Washington, DC 20420**

#### Transmittal Sheet

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| Changes Included in This Revision | The table below describes the changes included in this revision of Veterans Benefits Manual M21-1, Part III, “General Claims Process,” Subpart ii, “Initial Screening and Determining Veterans Status.”  ***Notes***:   * The term regional office (RO) also includes pension management center (PMC), where appropriate. * The term Veterans Service Center Manager (VSCM) also includes Pension Management Center Manager (PMCM), where appropriate. * Unless otherwise noted, the term “claims folder” refers to the official, numbered, Department of Veterans Affairs (VA) repository – whether paper or electronic – for all documentation relating to claims that a Veteran and/or his/her dependent(s) file with VA. * Minor editorial changes have also been made to * remove references and instructions pertaining to the Benefits Delivery Network (BDN), which has, for the most part, been replaced by the Veterans Service Network (VETSNET) and the Veterans Benefits Management System (VBMS) * update obsolete terminology, where appropriate * renumber each topic based on the standard that the first topic in each section is Topic 1 * reassign alphabetical designations to individual blocks and repaginate, where necessary, to account for new and/or deleted blocks within a topic * update the section title to more accurately reflect its content * clarify block labels and/or block text, and * bring the documents into conformance with M21-1 standards. |

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| Reason(s) for the Change | Citation |
| * To update the instructions (in Step 3) to include the requirement to request relevant evidence and documentation from the claimant and, if applicable, his/her power of attorney, when rebuilding a claims folder. * To add a hyperlink (in Step 3) to a Transformation Initiatives and Pilots (TIP) sheet for creating a rebuilt eFolder in the Veterans Benefits Management System (VBMS). * To delete the *Note* (in Step 3) because a description of the purpose of the LOC screen is no longer necessary. | M21-1, Part III, Subpart ii, Chapter 4, Section D, Topic 1, Block b (III.ii.4.D.1.b) |
| * To consolidate (old) III.ii.4.D.3.a and b. * To note that users access the DUPC (duplicate claim) command through the Benefits Delivery Network (BDN). * To replace “Triage” with “intake processing center (IPC).” | III.ii.4.D.3.a |
| * To clarify that the “records” discussed in this block are records in the Beneficiary Identification and Records Locator Subsystem (BIRLS). * To incorporate instructions for consolidating duplicate BIRLS records when one or both of the corresponding claims folders is/are available in an electronic format (eFolder) only. | III.ii.4.D.3.b |
| * To update the guidelines for reconciling duplicate file numbers. * To delete the *Note* regarding applications for outpatient and domiciliary care, as its meaning/purpose is unclear. | III.ii.4.D.3.c |
| To delete (old) III.ii.4.D.3.e, as its content is outdated and no longer relevant. | --- |

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| Rescissions | None |

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| Authority | By Direction of the Under Secretary for Benefits |

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| Signature | Thomas J. Murphy, Director  Compensation Service |

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