



VETERANS GUIDE TO DISABILITY CLAIMS & APPEALS

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USVA Regional Office (VBA)

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Lincoln, Nebraska



TO: Nebraska Veterans

FROM: John Hilgert, Director
Nebraska Department of Veterans' Affairs

Thank you for your service to our Nation and state as a former member of the military, or if you are a family member, thank you for your dedicated support. Your sacrifices have ensured the freedoms we enjoy each day and have built a solid foundation for those men and women who are serving in the military today.

As our current veteran population has become more diverse over the years, the ability to assist them in acquiring the benefits and services they have earned has become increasingly challenging. Additionally, as the U.S. Department of Veterans Affairs transitions to electronic records and streamlined processes it is more important than ever to ensure all veterans can access their benefits.

This guide has been developed as part of our mission to provide assistance to Nebraska veterans and their dependents. The intent is to provide information that is useful and will help you understand your benefits.

Thank you again for all you have done and continue to do both as veterans and in your service to each other.



John Hilgert
Director
Nebraska Department of Veterans' Affairs



How to use this Guide

One of the most complex benefits provided by the U.S. Department of Veterans Affairs (VA) is compensation and pension. This guide is not meant to answer every question or address every concern but is provided as a general overview to VA compensation and pension benefits.

This guide is divided into three parts:

- 1) Overview, (Green Tab)
- 2) Claims, (Blue Tab)
- 3) Appeals (Red Tab)

This division allows us to follow the general process in how a claim moves from initial filing to final approval or denial. Also, this guide contains several terms and acronyms, many of which can be found at the back of this guide in the glossary.

For the purposes of this book, USVA or VA refers to the federal department based out of Washington D.C. while the Nebraska Department of Veterans' Affairs (NDVA) or State of Nebraska refers to the agency in the State of Nebraska which administers state programs, assists veterans with obtaining federal benefits and is staffed by state employees.

It is important to remember that every VA claim is unique and stands on its own merits. As an example, two soldiers from the same unit that were deployed for the same mission may be service connected for completely different conditions and at different rates.

Lastly, this guide pertains almost exclusively with disability compensation. For specific questions about non-service connected pension, please visit your Veterans Service Officer.

Disclaimer: This guide is meant only as a reference for veterans and their families in understanding compensation and pension claims submitted to the United States Department of Veterans Affairs. This guide book is not endorsed by the VA and does not guarantee or otherwise imply the receipt of any benefits from the VA or State of Nebraska.

The content of this guide may change at any time.



PART I: Overview

The VA System

An initial claim to the VA for compensation or pension is just the first step of what can be a long process. The length of time it takes to process a claim depends on the quality and quantity of supporting documents submitted with a claim. A Fully Developed Claim (FDC) may be adjudicated in a few months, while a claim on appeal may take years to reach a conclusion. It is important to remember that each claim stands on its own merits and may take a different path through the VA system.

In filing a claim, it is important to step back and first examine how the VA system is set up and discuss eligibility requirements.

What is the VA System?

The VA System stems from a rich tradition of assisting veterans and their families; informally at first through pensions and medical care. Following the civil war, it was common to establish state veterans' homes to provide domiciliary care. In 1930, Congress authorized the President to formalize the Veterans Administration.

http://www.va.gov/about_va/vahistory.asp

The VA continues to evolve and improve services to veterans and has continued to evaluate their service to be more efficient. The current VA is comprised of three divisions which collaborate to serve veterans. The three divisions are:

Veterans Benefits Administration (VBA)

This division is responsible for the administration of benefits including compensation and pension as well as education and burial benefits, to name a few. For the purposes of this guidebook, we will focus mainly on disability compensation.

The VBA office in Lincoln is just one of 57 regional offices which are mainly located in the United States. This office which serves Nebraska veterans, is referred to as the Lincoln VA Regional Office (VARO), is located at 3800 Village Drive in Lincoln, Nebraska and is recognized for its efficient claims processing and dedication to correctly adjudicating claims. The VARO processes claims and hosts appeals either with a local hearing conducted by VARO personnel or video conference or travel board conducted by the Board of Veterans Appeals (BVA).

The Lincoln VARO employs many veterans and has been credited with providing outstanding communication and training to external partners including National Service Officers, the State of Nebraska and Nebraska's County Veteran Service Officers (CVSOs). The Lincoln VARO is best contacted through your Service Officer if you have one, or by visiting with the Public Contact Team in the VARO at 3800 Village Drive. Please note, if you plan on visiting the VARO, you should bring a photo ID and be prepared to pass through security. The Lincoln VARO also houses a Vocational Rehabilitation and Employment office and is responsible for a regional VA Fiduciary Hub.

Veterans' Health Administration (VHA)

The VHA is one of the largest health providers in the United States and serves Nebraska veterans through a medical center in Omaha and community-based clinics in many Nebraska communities. The



VHA is an integral part of the claims process as they provide Compensation and Pension (C&P) exams for the VBA. For locations of VHA facilities please visit:

<http://www.nebraska.va.gov/>

Vet Centers offer a broad range of counseling, outreach and referral services to veterans and their family members.

National Cemetery Administration (NCA)

The NCA manages federal veterans' cemeteries including the Fort McPherson National Cemetery in Maxwell, NE and the Omaha National Cemetery in Sarpy County.



Intel update: Obtaining benefits in Nebraska may be different from obtaining benefits in other states because no two states are exactly alike. Nebraska has County Veterans Service Officers (CVSOs) who are wholly county employees, State Service Officers who are state employees, National Service Officers who are employed by Veteran Service Organizations and federal VA employees who process claims. All these individuals work with veterans' claims in some capacity. Generally, Nebraska is recognized for having an effective system that is responsive as well as professional. The Lincoln VARO does not carry a backlog of claims and is frequently called upon to assist other Regional Offices.

Relationship between VBA and VHA

While it can be confusing, it is important to understand the relationship between the different divisions of the VA. While the VBA is responsible for processing claims, they work closely with the VHA for C&P exams. VBA requests the exam from VHA and then receives the medical documents from VHA as a result of the examination. Please note that the C&P exams are evaluations, not for providing treatment. Those records are then used to adjudicate the claim. Once a claim is granted by VBA, you may be eligible for health care for those service connected conditions at VHA facilities.

The VBA and VHA have separate computer systems and Directors. If there is an issue with the C&P examination, your concern may be forwarded to the VBA as a courtesy but will probably be addressed by the VHA.

Additional Information on Vet Centers

The Vet Center Program was established by Congress in 1979 specifically to serve Vietnam Veterans who were experiencing readjustment problems. Organizationally, Vet Centers are part of VHA but operate independently for counseling and generally keep separate treatment records. Vet Centers may assist on VA claims for service connected disabilities, especially if they have offered counseling for PTSD or Military Sexual Trauma (MST). Vet Centers offer a relaxed environment where Veterans and family members can speak to trained professionals. Vet Centers also operate mobile Vet Centers which travel thousands of miles each year in Nebraska.





Mobile Vet Center

Claims Overview

It is important to know what you are expecting from the process. In exploring those options, we will examine a few concepts which will be part of your claim.

What is a claim?

A claim can be a request for service connection resulting in financial benefits from the VBA but could also result in healthcare from the VHA or burial benefits from the NCA. The claim may be for financial compensation for a service connected disability, pension or for an increase in a disability rating.

It is important to remember that your claim is just that - **“Your claim”**. This means that even if you have a representative, it is **your responsibility** to coordinate and communicate with the VA and your representative to ensure the proper records are acquired and timelines are met. Always remember, if you have a question, **just ask!**

What is compensation?

Disability compensation is a financial benefit that arrives from the VA monthly. VA compensation is tax free, not considered income for some purposes and generally is provided for the life of the veteran. A veteran may receive VA disability compensation and continue working, unless he/she is approved for Total Disability due to Individual Unemployability (TDIU) in which there are limits on continued employment. Contact your Service Officer for details on this benefit.

What is pension?

Pension is a needs-based financial benefit paid to wartime veterans who meet certain age or non-service connected disability requirements. There are also pensions available to surviving spouses and children who meet eligibility requirements.

Am I a veteran?

Generally, a veteran is a former service member who has served on active duty (Title 10). Eligibility for VA benefits often requires honorable service. The VA may grant a characterization upgrade one level for benefit purposes. Guard and Reserve members with active duty only for training may be eligible for VA healthcare and benefits if they incurred an injury or exposure during training.



Why should I file a claim?

There are numerous and important reasons to file a claim. First and foremost, by virtue of your military service you may be entitled to benefits. Whether it is a VA home loan, healthcare or disability compensation just to name a few, you should at least explore which benefits which you may be entitled to. If you are experiencing residual medical conditions from your military service, filing a VA claim may result in medical care and compensation for those conditions. Also, if you are service connected for an extended period at a total (100%) rating or your death is a result of service connected condition, your surviving spouse may also be entitled to benefits.

If you are a surviving spouse, and you are unsure if you are entitled to benefits, you should contact a Service Officer. The VA has no responsibility to contact you or initiate a claim for accrued benefits, burial benefits or Dependent Indemnity Compensation (DIC) but is willing to assist once your claim is submitted.

What is a representative?

A representative or Service Officer is someone accredited by a recognized veteran's organization who can access your file and work with you on your claim. CVSOs, State Service Officers and National Service Officers will work with you at no cost.

Appointing a representative is a voluntary agreement between you and the accredited organization. This relationship may be canceled during your claim by you or the organization if there is a disagreement over the handling of your claim. Once your claim is on appeal, there may be barriers to cancelling or changing your representation.

Some representatives may be Independent Agents or Attorneys. Additionally, at certain stages of your claim, Agents and Attorneys may charge for their services or request "gifts" for their work so it is important to ask before you begin a claim. These types of representatives may follow different processes in filing claims and therefore are not discussed further as part of this guidebook.

Build your team

Many veterans prefer to work locally with a CVSO. Once your claim is on appeal, you will be represented by either a State or National Service Officer, but you can continue to work with your CVSO if you have questions or need to submit information. Working with both a CVSO and either a State Service Officer or National Service Officer is advantageous to all parties because it allows information to flow more efficiently and keeps everyone in the loop.



Intel update: CVSOs generally may work with you regardless of the organization you choose to represent your claim. Once your claim is assigned to an organization it is only accessible to that organization.

What is Accreditation?

While any veteran may file a claim for benefits directly to the VA, the VA system can be a challenging and sometimes frustrating road to navigate. So, while some veterans may choose to independently file their claim, most Veteran Service Organizations recommend that veterans work their claims with the assistance of an accredited Veteran Service Officer (VSO). It is important to remember that your claim is represented by an organization, not a specific person.



While the VA recognizes over 90 organizations for accreditation, there are ten organizations with representatives at the Lincoln VARO:

VETERAN SERVICE ORGANIZATION	ABBREVIATION
American Ex-Pow's	ExPOW*
American Legion	AL*
American Veterans	AmVets*
Disabled American Veterans	DAV**
National Assn. of County Veterans Service Officers	NACVSO*
Nebraska Dept. of Veterans' Affairs	NDVA*
Paralyzed Veterans of America	PVA**
The Retired Enlisted Association	TREA*
Veterans of Foreign Wars	VFW*
Vietnam Veterans of America	VVA*
*Organization represented by Nebraska State Service Officers	
**Organization represented by a National Service Officer	



Intel update: The Lincoln VARO houses both National and State Service Officers. National Service Officers are employed by the national headquarters of a specific organization while State Service Officers are state employees. Regardless of who they work for, the Service Officers working at the Lincoln VARO have similar training and generally provide the same services.

What is a VA Power of Attorney?

VA Form 21-22 is the key to appointing a Veterans Service Organization to represent you. This form may also be used to change your representation from one organization to another. Once you sign your VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, your Service Officer will accept it on behalf of the appointed organization. This form establishes your VA Power of Attorney (POA) and is a voluntary agreement between you and your representative organization.

Do I need to be a member of a service organization to obtain representation?

No, while being a member of a veteran service organization is a personal decision for each veteran, you do not need to be a member to be represented by a particular organization. It is important to find a representative that you are comfortable working with on your claim.

Is the Post Service Officer in my Veteran Service Organization accredited?

Generally, while your Post Service Officer may have training in benefits and may give basic information, they are not accredited for VA purposes. Post Service Officers often have initial contact with a veteran seeking benefits and are therefore critical in pointing veterans to the right place to initiate a claim or seek advice.

I received a letter from the VA and I don't know what it means.

The VA attempts to keep you updated on your claim. In doing so, the VA is often required to notify you of changes, update you on your claim or inform you of your rights. Some letters are system generated while other require your prompt attention. If you have questions, you should contact your Service Officer.



I have a legal power attorney provided by my lawyer. Why won't the VA accept it as my VA power of attorney?

A VA Power of Attorney (VA Form 21-22) is not the same as a legal power of attorney provided by a lawyer. So, while they carry the same title - power of attorney - they are used for very different but specific purposes. The only caveat would be if your lawyer is accredited by the VA, then you may use him/her as your VA Power of Attorney as well.

I cannot find a phone number to speak to the Lincoln VA Regional Office.

The nationwide number to speak to a VA employee is 1-800-827-1000. As a large nationwide system, the VA utilizes call centers to best communicate with thousands of veterans who call every day. This system does experience high call volumes and may have a long wait time. Often a good alternative is to schedule a call back allowing you to set the date and time to speak to a VA employee. Also, you can submit an online request using the Inquiry Routing & Information System (IRIS) at:

<https://iris.custhelp.com/>

The VA has many dedicated phone numbers for various services. This directory is available by visiting the IRIS website listed above. Remember, Nebraska has a good support system for veterans that can probably answer your question so do not hesitate to contact your CVSO, State or National Service Officer.



Intel update: Phone calls originating from the Lincoln VARO will show up on your caller ID as 800-827-1000. If your phone rings and you see this number, it may be the VA calling with a question on your claim or your Service Officer attempting to assist you.

Where can I get more information?

There are many resources for veteran benefits many of which may be unofficial, outdated or flat-out incorrect. The VA website is a great resource for current information. You will find many links listed at the end of this book that will direct you to the appropriate VA webpage.

What is a "condition" and how do I claim it for compensation?

A condition is any physical or mental health problem which can be rated for severity and may or may not be compensable by the VA. Through speaking to your Service Officer and filling out the right forms, you may request "Service Connection" for your conditions.

Examples of conditions that may be service connected include such things as hearing loss, back injuries, ankle or knee injuries, heart disease, certain cancers and mental health conditions just to name a few. There are over 700 conditions listed by the VA which can be service connected.

What is service connection?

Service connection is a term used after the VA has linked your current medical condition to your military service. The link between your current condition and your military service is referred to as a "nexus". Most often the nexus is established after connecting medical notes from your Service Treatment



Records (STRs - medical records from your military service) and a current medical diagnosis from a medical professional.



Intel update: Every condition submitted as part of a VA disability claim for compensation **must** include three parts:

- 1) Event or exposure in service
- 2) Current medical diagnosis &
- 3) The nexus (medical statement) that connects #1 & #2

If you are denied service connection by the VA, your rating decision will provide information explaining which part(s) of your claim was missing. Your Service Officer can help if you have questions.

Once you are service connected, you may be eligible to receive medications or medical treatment at a VHA facility. You may also be eligible for financial compensation. In limited cases, the VA may assist with adaptive technology on a vehicle or in your home.

Which conditions should I claim?

While the VA uses complicated medical terms and specific diagnostic codes you are not required to use the terms or codes in your claim. You should focus on any condition that was caused or aggravated because of an event or exposure in service. Your Service Officer will be able to assist with the proper way to document your condition on the VA forms.

Additionally, after you are service connected, you may claim Secondary conditions which are other conditions that are most likely a result of your service connected condition. An example of a secondary condition would be a veteran who has a bad right knee from excessive running and carrying heavy loads in service. Because of a limp in the right knee, the veteran develops pain and a limit of the range of motion in the right hip as he compensates for the knee pain. In this hypothetical case, the right hip would be secondarily service connected to the right knee.

Evidence in Support of Your Claim:

Each condition you claim should be supported with service treatment records, military personnel records, private treatment records, photos, statements or anything that will assist the VA in granting benefits. If you provide photos, it helps if you have identifiable landmarks or signs and that you are in the photo. If you provide statements from former unit members or family, the statements should focus on points of fact and not offer a medical diagnosis unless that person is medically trained. There is no requirement to submit evidence that may be detrimental to your claim. Check with your Service Officer on which evidence best supports your claim.

Presumptive Conditions:

Some veterans who were stationed in specific areas of the world during a specific time period may be eligible for service connection to certain conditions without showing an event or exposure in service, although the VA may still request service and treatment records.

Vietnam veterans with heart conditions, diabetes or certain cancers may qualify for immediate service connection with a current diagnosis, because of a presumed exposure to Agent Orange. The veteran will still need to show that he/she stepped foot into Vietnam or was a “brown water” veteran which means that he/she navigated the inland waterways. Blue Water Navy Veterans are now entitled to a



presumption of service connection for conditions related to Agent Orange exposure. This extension of the presumption is a result of Public Law 116-23, the Blue Water Navy Vietnam Veterans Act of 2019, signed into law on June 25, 2019. The law takes effect January 1, 2020. The law states that Veterans aboard a vessel operating not more than 12 nautical miles seaward from the demarcation line of the waters of Vietnam and Cambodia as defined in Public Law 116-23, between January 9, 1962, and May 7, 1975, are presumed to have been exposed to herbicides such as Agent Orange and may be entitled to service connection for conditions related to that exposure.

Veterans stationed in Thailand during the Vietnam era may also qualify for presumptive conditions if they meet certain criteria.

Gulf war veterans may also qualify for service connection for presumptive conditions such as Chronic Fatigue Syndrome, Fibromyalgia and others.

Other categories of presumptive eligible veterans include former Prisoners of War and veterans who were exposed to ionizing radiation, also known as Atomic Veterans. Contact your Service Officer for more information or reference the VA website for presumptive conditions.

Other VA Benefits:

It is very difficult to know all the benefits which you are entitled to without a thorough conversation with your Service Officer. However, conducting research on your own prior to meeting with a Service Officer can be helpful in identifying benefits in which you may be entitled to. The VA has an outstanding website that contains a “Factsheet” on most benefits. These Factsheets can be saved and printed and provide a general overview of the benefits you wish to know more about. The website is available at the back of this book.



PART II: CLAIMS

Initial Steps

So, you are a former service member and you are interested in VA benefits. The most important first step is asking questions. Some veterans feel that they didn't do much in the service or may be depriving others if they apply for benefits. This cannot be stated more clearly: If you served, you are most likely entitled to benefits. There are enough resources for all; all you have to do is ask!

Many Service Officers can tell stories of veterans who wait years, sometimes decades to request benefits. You should apply as soon as possible for your benefits because you may need the health care sooner than you think and providing the information you need to be successful in pursuit of a claim is much easier sooner rather than later. Even if you may only need hearing aids years from now, receiving service connection for tinnitus or hearing loss now will ensure that you get the resources when you need them.



Intel update: If you are interested in benefits, contact your CVSO or someone with training in VA benefits. There are many misleading and outdated resources; always check with someone with the latest information and who is qualified to answer any questions you may have.

Step 1: Gather Important Documents

First and foremost, you will need documentation. A DD 214 or equivalent discharge document is a good start and, in many cases, can be required to begin a claim. If you have other service related documents, you should collect and bring them to meet with your Service Officer. Medical records, personnel records and photographs may be invaluable to being granted service connection for your conditions. If you aren't sure, bring it anyway. Service Officers are trained to recognize which documents will help on your claim. You are not required to submit any document that may be detrimental to your claim.

Step 2: Contact your Service Officer

A statewide directory of CVSOs including their office hours is available on the NDVA website (a link is available in the back of this book). While most Service Officers take walk-ins, it may be a good idea to call ahead or schedule an appointment. (Note: If you are visiting your Service Officer in the VARO, make sure to bring a photo ID for entry in the building. Remember, the security guards are just doing their job so help them out and get through security as smoothly as possible!)

Step 3: Meet with Your Service Officer

On your first visit, your Service Officer may go over general information or fill out a detailed claim. No two claims are alike, so be patient and participate as much as possible. It is your claim after all! Your Service Officer will probably have you fill out a VA Form 21-22 (POA). You will need to select an organization to represent you. Service Officers are not allowed to steer you to a specific organization, but you may ask questions about which organization will be a good fit for you and your claim.

You may need to meet with your Service Officer numerous times or make arrangements to collect supporting documentation for your claim. The more information you can get, the easier it is for the VA to grant benefits.



Step 4: Submit Your Claim - Establishing an Effective Date

Your Service Officer will assist you in submitting your intent to file a claim or your actual claim. Filing your claim establishes the Effective Date of your claim. The effective date is the date that benefits are established by the VA if service connection or other benefits are granted. If your claim is granted after six months, the VA will backdate your benefits to your effective date. Submitting an intent to file a claim preserves your effective date, allowing you more time to gather documentation for your claim.

Effective dates are important in the process because the VA generally can only pay benefits back to your effective date. If you are a veteran and waited to file a claim, the VA cannot back-date your benefits to your time of service.

Effective dates are identified by a month and year, so an effective date of March 31st would pay an extra month of benefits compared to a claim filed on April 1st.



Intel update: It's a good idea to keep original copies of any service or medical records and only submit copies! Sometimes records are mislabeled or lost and having originals can save a lot of time if your file needs to be rebuilt. Sometimes labeling your files will help you remember which documents were submitted and which weren't.

Non-Frivolous & Well-Founded Claims

A well-founded claim is one that can be properly supported by necessary evidence or is plausible under the context of the other information. Your Service Officer will only submit claims that are well grounded and may choose not to include conditions that he/she believes are fraudulent or which can be shown to be pre-existing and not aggravated by service.

A frivolous claim is one in which the VA, through policy or law, is not permitted to grant benefits. An example would be a claim that exhibits "pyramiding". Pyramiding occurs when the same disability is claimed multiple times under different diagnoses. An attempt at pyramiding is an attempt to get service connected and thus paid for the same condition categorized as separate conditions. An example would be attempting to get service connected and compensated for PTSD and Major Depressive Disorder (MDD), as the regulation only allows for one service connected mental health rating at a time.

Rarely, there may be a reason to file a frivolous claim if there is intent to force a change in VA policy or law. Generally, for this to occur, your Service Officer should be deliberate and transparent when filing the claim and seek guidance from the organization named on the VA Form 21-22 prior to submitting the claim to the VA.



Intel update: Attempting to file a fraudulent claim or receiving fraudulent benefits may result in a cancellation of your representation, fines, jail time or a combination of penalties.

Fully Developed Claim

A fully developed claim (FDC) contains all the documentation needed so the VA can readily make a decision on your claim. Your FDC should contain the three parts of a claim for all conditions you are seeking to get service connected. Again, the three parts are

- 1) Event or exposure in service
- 2) Current medical diagnosis



3) Nexus - Medical statement or other information indicating that items 1 & 2 are related

Traditional Claim:

A traditional claim is a claim requiring assistance from the VA to collect Service Treatment Records (STR's), other information or schedule a C&P exam before they can adjudicate your claim. Traditional claims require more work and more time before the VA can make a decision on your claim. It is important that if your claim is traditional, you should be ready to participate in any examinations or provide additional information as needed.



Intel update: It is very important to attend all the C&P exams that the VA schedules. If you miss your exam, VA may rate your claim "as-is." This means they will base their decision about your disability benefits only on the evidence they have in your file, which may not be enough.

Step 5: Allow the VA Time to Adjudicate Your Claim

Once the claim is received, it may be routed to a scanner to be converted to an electronic file. Once the electronic file is routed back to the VARO, it is processed by a team best suited to work with the conditions you are claiming. If the claim is traditional, the VA staff will work to collect the necessary information to adjudicate your claim.

This process can take a few weeks or several months to complete, depending on the quality and quantity of the documents in your claim.

There are some circumstances where your claim will not be adjudicated at the Lincoln VARO. For instance, if you are a VA employee, or a relative of a VA employee, your claim will be sent to another regional office for processing. If you are claiming non-service connected pension, your claim may be sent to the pension center in Minnesota. If you claim a specialized disability such as radiation exposure, your claim may be sent to Mississippi. So, while most claims are adjudicated at the Lincoln VARO, there are times when your claim is transferred to another site.

Step 6: Receive your Rating Decision

Once the VA makes a decision on your claim, they will send you notification in the mail. The notification will also be provided to your appointed service organization. The VA may grant any or all of your claim, deny any or all of your claim or any combination thereof. Upon receiving your rating decision, you should contact your Service Officer to discuss the next steps. In the event your rating is provisional, your Service Officer can help you understand the next steps.

Granting of Benefits

If the VA grants benefits to you, they will explain what is granted and any monetary compensation awarded to you. You should be prepared to receive these monthly payments and possible retroactive award through direct deposit. This amount is awarded for the remainder of the disability. This award is not considered permanent unless you meet the criteria for a permanent award. The VA may reevaluate your conditions at any time and reduce your award if justified; so, while your service connection is permanent, your disability rating may not be. Additionally, if your conditions are granted, you are eligible for no-cost health care at the VHA for those conditions.



Denied Benefits

If your benefit is denied, you should provide a copy of the rating decision to your Service Officer for review. The rating decision will list the evidence used to make the decision and if the list is missing any documents that may assist the VA in finding in your favor, your Service Officer can ensure that the documents are brought to the attention of the VA.

For each condition denied, the VA will list a reason why it was denied, which can generally be interpreted as one of the three parts needed for service connection.

If you and your Service Officer feel that the denials are not warranted, you may discuss appealing the decision to the VA. Appeals are covered in the next section. Appealing your claim will preserve your effective date but can take an extended amount of time to be completed.

Frequently Asked Questions:

I know that I had an event in service, but the VA won't service connect my condition. The VA maintains a standard in granting service connection, so a denial in service connection does not mean that the VA does not believe you, only that they must have documentation to establish their standard according to policy or law. You may always submit additional information in a new claim or as part of an appeal.

I received a denial on my claim when all my documentation was submitted and should have been considered. Why did the VA deny my claim? The VA weighs all applicable information on its merits. If the VA made a mistake (they are human too!) they can review the denial and change the decision if warranted. If you disagree with any part of your rating decision, speak to your Service Officer about beginning the appeal process that is right for your case. Filing a Notice of Disagreement (NOD) to start your appeal.

My service connected disabilities add up to over 100% but the VA is only paying me at 60%. How are they adding up my disability? The VA uses a Combined Rating Table to calculate your total percentage, so multiple conditions will pay less than their total rate. The VA operates on a total-body concept, so while your hearing loss may be rated at 30% it is a much smaller total percentage when considered with respect to your overall health. There are several combined rating calculators available online to help understand how specific ratings effect your combined rating.

My Service Officer told me I should be at 50% but the VA only granted 40%. Is the VA wrong? Service Officers may generally offer an opinion of where the VA may rate you but cannot guarantee or otherwise promise that the VA will grant any benefits. Remember, the VA assesses your medical records and other evidence against guidelines, regulations and law in an attempt to give you a fair rating decision. If you believe your supporting documents support a higher rating decision, you can ask for an increase or appeal.

Is it true that the VA denies everything the first time but grants on appeal? This is not correct as the VA will grant any claim that is properly supported with evidence.

I filed a claim myself and now I would like a representative, is it too late? No, you can file a 21-22 at almost any time during the claims process. You can also cancel or change representation. It is best to find an organization you are comfortable with and stay with them. Some organizations will not accept a 21-22 if there is a perception of "POA Shopping" which is when a veteran frequently changes POAs.



My Service Officer will not do what I want them to do. It's my claim so shouldn't he/she do what I want? It is important to remember that each Service Officer is here to assist and occasionally you may disagree with him/her. Service Officers must follow their training and guidelines established by their employer and accrediting Veterans Service Organizations. If you feel that you would be better served by another Veterans Service Organization or Service Officer you may transfer your claim to another Service Officer if they will accept your claim, or you may cancel your POA.

I would like to get to 100% and qualify for the Nebraska homestead exemption; does my Service Officer know the quickest way to get 100%? Service Officers attempt to get you any benefit you are entitled to by law but should not and cannot manipulate the VA system to get a certain disability percentage. Your Service Officer will work to establish service connection for any appropriate conditions regardless of the level assigned by the VA.

My husband refuses to file a VA claim, but I know that he should. How do I convince him? Filing a VA claim for disability compensation or pension is a very personal decision and should be weighed carefully. Claims for PTSD or conditions based on Military Sexual Trauma (MST) can be especially private and remind the veteran of a stressful event. Every veteran should at least consider seeking service connection for any condition caused by or aggravated by their service which could result in medications, medical treatments and monthly compensation. Service Officers and VA employees are trained to work with veterans who may be nervous about filing a claim. VA benefits are not a "handout" and should be claimed by all who are eligible.

Why doesn't the VA use veterans to adjudicate veterans' claims? The Lincoln VARO has a large percentage of veteran employees, who along with all other employees, participate in a rigorous training program, quality reviews and ongoing training events.

Why didn't anyone tell me that I was entitled to benefits a long time ago? Veteran Service Organizations, the VA, the State of Nebraska and Veteran Service Officers work hard to inform veterans and their dependents about benefits. Sometimes it is hard to identify specific eligibility when benefits are briefed to a large group. The best advice for every veteran or dependent is to ask questions and inform yourself. Service Officers are available to assist, and answer questions and the VA is engaged in hosting regular town hall meetings to answer questions and address concerns.

I did not receive my monthly compensation check; how do I figure out what happened? You may not receive your monthly compensation for a variety of reasons. The most likely reasons include overpayments by the VA because of VA medical bills, drill payment offsets or because you changed your address or bank and did not notify the VA. Status of payment inquiries may be made through IRIS or by contacting your Service Officer. Generally, the VA will update you prior to withholding payments.



PART III: APPEALS

As a result of the Veterans Appeals Improvement and Modernization Act of 2017 the process for appealing VA decision has changed dramatically. However, there remain many appeals already in process, which will continue to follow the “legacy” system. The following section will explain both systems. Many (but not all) appeals begun prior to Feb 19, 2019 will adhere to the Legacy appeals process. All appeals begun on or after Feb 19, 2019 will follow the Appeals Modernization Act.

The Appeals System

Once you receive a rating decision that you do not agree with, you may wish to appeal. The appeals system is very methodical, thorough and may take substantially longer than it took to adjudicate your initial claim. It is important to remember that once your claim is on appeal, you should pay close attention to any deadlines and be prepared to provide additional information if needed. Also, while this can be a very anxious and frustrating time, it is also very important to be patient as the VA works through your appeal.

The appeals process begins locally and can then be continued to the Board of Veterans Appeals (BVA) in Washington D.C. If you wish to appeal beyond the BVA, your claim is transferred to the Court of Appeals of Veterans Claims (CAVC).

The overall process, while lengthy, is designed to give the veteran maximum opportunity to present information and allows the VA to carefully weigh the evidence against regulation and law.

The Legacy Appeals Process (For VA decisions prior to 19 Feb 2019)

VA appeals is a multi-step process where the VA reevaluates your claim and can reconsider their decision. Along the way, you could be asked to submit additional information, appear for a hearing or clarify existing information. You should be willing to be an active participant in your appeal. If you miss any deadlines or do not respond to inquiries by the VA, your appeal may be closed by the VA.

Step 1:

To begin an appeal, you should work with your Service Officer to understand what you are seeking to accomplish with the appeal and the best process for being successful. The VA appeals process offers different avenues for appeal and some may be a better fit for you than others. You may need to decide if you want a Decision Review Officer (DRO) review or to take your appeal directly to the BVA. You may also want to discuss obtaining additional information or whether to participate in a personal hearing.

Be prepared to be patient as each step of your appeal can last several months. If you participate in a personal hearing and then forward your appeal to the BVA, you may be waiting two to three years for final disposition of your claim. If your claim is forwarded to the CAVC, you may need to wait several years longer. The VA is aware of the long wait times and is actively working to reduce the appeals backlog. It is important to remember that once your claim is at the CAVC, your claim is no longer in the VA appeals system but is in the U.S. Judicial System. Once your claim is at the CAVC, you may not submit additional information.

Step 2:

The first action to formally initiate an appeal is to file a Notice of Disagreement (NOD). This NOD should state which part of your claim you are appealing such as the effective date or service connection for specific conditions. You may also decide at this point how you want your appeal handled. You may



need to decide if you want a reconsideration, review by a Decision Review Officer (DRO) or BVA hearing. You may also elect to have a personal hearing.

De novo review:

A de novo review is a complete reexamination of your claim by a DRO. DRO's are usually seasoned VA employees with an advanced understanding of VA policy and regulation. The DRO will not take into consideration the previous decision and can issue a new decision including granting benefits. The DRO is not allowed to change any part of your claim decision that was favorable to you. If your DRO review is less than a total grant of benefits, you will be issued a Statement of the Case (SOC), which will outline which evidence was considered and which parts of law were used to make any decisions.

Personal Hearing:

A personal hearing allows you to meet with a VA hearing officer to discuss why your claim should be granted. The hearing is non-adversarial; you may have your State or National Service Officer present to assist you. It is a good idea to meet with your Service Officer ahead of any hearing to review any evidence or testimony. The hearing is an opportunity to see the hearing officer face to face and explain the impact of your condition(s); however, appearing unprepared can be detrimental to your claim, so communication with your Service Officer is key.

Step 3:

At this point, you have either navigated the local appeal process possibly with a personal hearing, or you and your Service Officer have decided to proceed directly to the BVA. Either way, you will need to work with your Service Officer to file a Substantive Appeal (VA Form 9). The Substantive Appeal indicates your desire for your appeal to be considered by a judge on the BVA. A VA Form 9 will allow you to choose the type of hearing you want (if any) and the relevant arguments, as to why you believe the VA was incorrect in under-rating or denying your claim.

Step 4:

Now is the time to prepare for your BVA hearing. The BVA is composed of judges who are experts on VA law and regulation. The process for a BVA review is also "de novo", meaning the judge will review your entire file without regard to the previous decision and make a determination. Also, you are allowed to submit additional evidence in support of your claim at this stage.

You should be in contact with your Service Officer, to ensure you are working on additional evidence if necessary. Also, you should know by now if you are having a hearing by video teleconference or in person at a BVA Travel Board.

Regardless of the process, be prepared to bring any new evidence to your hearing and do not miss this opportunity to be heard. In the event a conflict arises with your hearing, you must contact your Service Officer as soon as possible to reschedule.

Your hearing will most likely be held at the Lincoln VARO at 3800 Village Drive. * On the day of your hearing, you should be prepared to arrive early with a photo-identification. You will need to pass through security prior to meeting with your Service Officer. You should be prepared to discuss any concerns you have prior to the hearing.



If you are participating in a BVA Travel Board, you will be scheduled with many other veterans on the same day. It is important to understand that the Travel Board process can be very efficient and fast paced.

Once your BVA hearing is over, your claim will take several months to years to be decided depending on the amount of conditions claimed and the size of the appeal backlog. Your Service Officer should be able to advise you if you wish to file a new claim for different conditions.

*Veterans in Western Nebraska are sometimes scheduled for teleconference hearings at the Cheyenne, WY VARO.

In the event the BVA denies your appeal, you may accept the decision, ask for a reconsideration or appeal to the CAVC. Appealing to the CAVC is a serious and important decision that will require an attorney. Free representation may be available through the Veterans Consortium Pro Bono Program.

Veterans Appeals Improvement and Modernization Act of 2017

As you can see, the “legacy” appeals process is a complex system involving 3 VA administrations and the Board of Veterans’ Appeals. The Veterans Appeals Improvement and Modernization Act of 2017, otherwise known as the Appeals Modernization Act (AMA), was enacted in to law on Aug 23, 2017. This law was created to reduce the time it takes to process, review, and make a final determination of Veteran appeals.

To comply with this new law, the Rapid Appeals Modernization Program (RAMP) was launched in November 2017. RAMP provided Veterans the opportunity to use the new review process in the Appeals Modernization Act. From April 2018 - February 15, 2019, any Veteran with a pending disability compensation appeal in the stages listed below could opt in to RAMP. RAMP was discontinued on February 15, 2019, ahead of full implementation of the Appeals Modernization Act.

VA decisions received before February 19, 2019 may be under the legacy appeals process or the AMA system depending on whether the Veteran chose to opt in under the RAMP program. Additionally, Veterans in the legacy appeals process who receive a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) after February 2019 will be eligible to opt-in to the new Appeals Modernization process. All decisions received on or after February 19, 2019 will fall under AMA.

Under the AMA, a Veteran receives a VA decision. He or she disagrees fully or partially with the decision. The Veteran has 3 Lanes (methods) in which to appeal the decision. These are Supplemental Claim, Higher Level Review (HLR) and Board Appeal. If multiple issues are on the rating decision, the Veteran must specify which issue or issues are being appealed and which lane applies to each issue.

A Supplemental Claim

You can submit or identify new and relevant evidence to support your claim. VA will provide assistance in developing the evidence.

- New evidence is information that VA didn’t have before the last decision.
- Relevant evidence is information that could prove or disprove something about your case.

To file a Supplemental Claim, fill out the Decision Review Request: Supplemental Claim (VA Form 20-0995). Your VSO can help you with this.



You must select a benefit type. The most common benefit type is compensation, but if you're unsure, check your VA decision. You can't select multiple benefit types. You must complete a separate form for each type.

List the issue(s) you want VA to review. You can include all or just some of the issues VA decided. You must list the issue(s) you disagree with and the VA decision date.

Higher-Level Review

Your claim is reviewed by a more senior claims adjudicator and involves:

- A higher-level de novo review (new look) of the decision
 - No submission of new evidence allowed
- The possibility of overturning the decision based on:
 - A difference of opinion
 - A clear and unmistakable error

The reviewer, who identifies or learns of a duty to assist error, can return the claim to the regional office for correction. You or your representative can request a one-time, informal telephone conference with the higher-level reviewer to identify specific errors in the case, although this may cause a delay in the processing of your review.

To file a Higher-Level Review, complete a VA Form 20-0966.

Appeals to the Board

This option allows you to appeal directly to the Board of Veterans' Appeals. This is done by submitting the VA Form 10182. You can choose between three options:

- Direct review: You have no new evidence and do not want a hearing.
- Evidence submission: You have new evidence, but do not want a hearing.
 - You will have 90 days from your Notice of Disagreement (NOD) to submit any additional evidence.
- Hearing: You have new evidence and want to testify before a Veterans Law Judge.
- You submit evidence at the hearing or within the 90-day window following the scheduled hearing.

If you disagree with a decision from the Supplemental Claim Lane, you may choose to resubmit the claim as another supplemental claim with new evidence, as a higher-level review or as an appeal to the Board of Veterans' Appeals.

If you disagree with a decision from the Higher-Level Review Lane, you may choose to resubmit the claim as a supplemental claim or as an appeal to the Board of Veterans' Appeals.

If you disagree with a Board decision you may either resubmit as a supplemental claim or through an appeal to the U.S. Court of Appeals for Veterans Claims.

Except for Appeals to the Court of Appeals for Veterans' Claims, all filing deadlines are one year. The filing deadline for appeals to the court is 120 days from a board decision.

As with the legacy Appeals process, you should work with your Service Officer to determine which Lane is correct for you. Each lane requires the submission of a different form. If a Veteran submits the



correct form but fails to fill out the form correctly either VBA or BVA whichever is applicable will send Veteran an “Incomplete Election Letter.” If the Veteran fails to provide the requested information, then the claimant has 1 year from the date of decision notification to provide the correct information.

Frequently Asked Appeals Questions:

Is it true that the VA denies everything the first time but grants on appeal? This is not correct, as the VA will grant any claim that is properly supported with evidence.

Can I withdraw my appeal and file a new claim? Yes, you may withdraw individual conditions or an entire appeal, however, by doing so you lose your effective date of claim which is how the VA determines when to start any compensation payments. If you withdraw an appeal and file a new claim, you would reset your effective date to when you file the new claim. In filing a new claim, you should submit new and material evidence for the VA to consider.

I have a claim on appeal but have new conditions that I want to claim to the VA. Can I file a new claim with a claim on appeal? If your new claim does not overlap with any issues on appeal, you may file a new claim independent of your appeal.

Can I appeal the effective date on my claim? Generally speaking, you may appeal almost anything; however, you should have supporting evidence that would assist the VA in making a determination in your favor. Without the supporting evidence, it would not be a good use of resources to appeal simply because you do not like the VA decision.

I was recently service connected for PTSD, but I think the rating should be higher. Can I appeal only the rating percentage? Yes, you can appeal the rating percentage, if you have or can obtain medical documentation that would support a higher rating percentage. In rare cases, however, the VA may reduce your rating if they determine that your condition has improved.

I have a family emergency and cannot attend my appeal hearing. Can I reschedule? If you have a conflict with your scheduled hearing, you should contact your Service Officer or the VA as soon as possible to reschedule. Failure to notify the VA or skipping your hearing could result in a negative determination and is also an inconvenience to those who are waiting for you to appear.

Why doesn't the VA clear up the appeals backlog? When adjudicating an appeal, the BVA conducts thorough research, not only on your claim but also on the rules of law. When you receive a decision from the BVA, you should be able to tell that many hours went into both researching past legal opinions and writing how the law impacted your appeal. The VA understands that most conditions do not get better with time. The BVA is working diligently to work through claims on appeal.



Glossary

1151 Claim: Title 38 U.S.C. Section 1151 which allows VA compensation for death or disability “as if service connected” for injuries or aggravations due to VA sponsored care, vocational rehabilitation or work therapy.

38 C.F.R.: Title 38 Code of Federal Regulations; United States law that governs the United States Department of Veterans Affairs (VA) and how they process disability claims, pensions and other benefits.

Accrued Benefits: Benefits due to a veteran or dependent at the time of death but not paid prior to death which may be claimed by an eligible relative in the line of succession.

Apportionment: All or part of compensation not paid to an incarcerated veteran that may be paid to the veteran’s spouse, child or children and dependent parents, based on need.

BDD (Benefits Delivery at Discharge): Allows a service member to file a claim just prior to separation, retirement or release from active duty (different eligibility than Quick start).

Burial Benefits: Benefits allowed for the burial, funeral costs, plot, interment and transportation for eligible veteran remains.

BVA (Board of Veterans Appeals): Judge or Judges within the VA, that review claims after a substantive appeal (VA Form 9) was filed.

C&P Exam (Compensation and Pension Examination): Medical evaluation of conditions claimed for disability compensation or pension; part of the benefits process and not part of any treatment plan for overall healthcare.

CAVC (US Court of Appeals for Veterans Claims): Judiciary court, not part of the VA, with exclusive jurisdiction over decisions made by the Board of Veterans’ Appeals (BVA).

Combined Rating Decision: An overall rating of disability obtained by prorating individual disabilities into a comprehensive percentage as measured against your overall health.

CUE (Clear and Unmistakable Error): Mistake made because the correct and available facts are not considered, or a law is incorrectly applied to the facts.

CVSO (County Veteran Service Officer): A county employee who serves veterans locally and works with National and State Service Officers.

DBQ (Disability Benefits Questionnaire): Streamlined forms used during the disability evaluation process which may be used by VA or private physicians to efficiently evaluate conditions claimed to the VA for benefits.

De Novo Review (de novo (Latin) meaning “from the beginning”): Claim review as part of the appeals process conducted by a DRO which can result in a partial or full granting of benefits or an SOC for issues that cannot be granted.

Dependent Parent Benefit: Additional benefit available to a veteran who is financially responsible for his/her parent(s).



Diagnostic Code: Reference number assigned to a physical condition; used in the rating schedule and code sheets issued as part of a rating decision by the VA.

DIC (Dependent Indemnity Compensation): Benefit paid to eligible survivors of military service members who died on active duty or during training or to eligible survivors of a veteran whose death resulted from a service-related injury, disease or had a total rating over an extended period of time.

DRO (Decision Review Officer): VA employees who can review claims locally after receiving a Notice of Disagreement (NOD) and can issue SOCs or a new rating decision.

eBenefits: An automated VA website that allows veterans to electronically access information related to their benefits, claims and military records.

Effective Date: Date of claim used as a reference to know when a claim was submitted and used as a point to start payments if benefits are granted.

Extra-Scheduler Consideration: Consideration of disability ratings under special provisions outside of the normal rating schedule.

Fiduciary: An individual or entity who has been appointed by the VA to receive and manage VA financial benefits on behalf of a veteran.

Frivolous: A term describing a claim for benefits that is not “well grounded” or cannot be granted under current VA laws or policies.

FDC (Fully Developed Claim): An expedited claim for benefits which includes all non-federal information needed for the VA to make a decision; may be preceded by an intent to file.

Incarcerated Veteran: Veteran imprisoned for 60 days or more for a felony in a federal, state or local institution; monthly disability payments over 10% will be reduced to 10% on the 61st day; monthly disability payment at 10% will be reduced to 5%; Pension payments are discontinued on the 61st day.

Intent to File: Formerly known as an “Informal Claim”; statement of intent from a veteran that they will be filing a claim for benefits which preserves the effective date; completed utilizing a VA Form 21-0966.

IRIS (Inquiry Routing & Information System): VA website that allows veterans to submit questions or claim status requests to the VA which will generate an electronic or phone response; also contains an FAQ regarding VA benefits and processes. <https://iris.custhelp.com/>

MyHealthVet: An automated VA website that allows veterans to electronically access information related to their VA healthcare.

MST (Military Sexual Trauma): Sexual harassment or assault experienced during military service, of which resulting conditions may be service connected for benefits and medical treatment.

National Service Officer: A Veteran Service Officer (VSO) employed exclusively by a National Veteran Service Organization (DAV, PVA & MOPH) to assist veterans.

NCA (National Cemetery Administration): One of the three divisions of the USVA and operates the Fort McPherson National Cemetery at Maxwell, NE and the Omaha National Cemetery in Sarpy County.



Nehmer v. USVA: Class action lawsuit filed by NVLSP on behalf of Vietnam Veterans exposed to Agent Orange; lawsuit forced the VA to recognize detrimental effects of Agent Orange and led to Vietnam presumptive conditions.

New and Material Evidence: Additional evidence submitted in support of a claim that is different, relevant and unique from existing evidence that should be considered by the VA. This is the standard required for submitting additional evidence under the legacy appeals process.

New and Relevant Evidence: is evidence not previously part of the claim before VA adjudicators. Relevant evidence is information that tends to prove or disprove a matter at issue in a claim. Relevant evidence includes evidence that raises a theory of entitlement that was not previously addressed.

Non-Service Connected Pension: Also referred to as “pension” or NSC and is available to low income disabled veterans with qualifying wartime service.

NVLSP (National Veterans Legal Services Program): Nonprofit consortium of attorneys who provide training for Veteran Service Officers and representation of veterans at CAVC.

Parents’ DIC: Need based benefit paid to parents dependent upon a military service member who died from a disease injury.

Permanent and Total: Referred to as P&T; term that can be assigned to a disability to indicate eligibility for such benefits as CHAMPVA or Chapter 35 Dependents’ Educational Assistance (DEA); the word “permanent” in P&T does not guarantee that a veteran will not be rescheduled for a follow-up evaluation and reduction in rating if warranted

Personal Hearing: Hearing with either local VA personnel or a BVA judge in which the veteran may present personal testimony or answer questions regarding his or her claim.

Power of Attorney: VA Form 21-22; voluntary document allowing a veteran or claimant to designate an accredited Veteran Service Organization to assist them with claims or issues with the VA.

Prestabilization: A temporary initial rating given to veterans who were recently separated from service and have an unstable service-connected disability and are most likely in need and least likely to be self-sufficient granted at a 50% or 100% rate; allowable for 12 months following discharge.

Presumptive Condition: Specific conditions “presumed” to be caused by military service such as Agent Orange Exposure in Vietnam Veterans or undiagnosed illnesses in Gulf War veterans.

Provisional Rating: A temporary rating without appeal rights which is followed later by a final rating with appeal rights; used as a special initiative to expedite the processing of backlogged claims.

Pyramiding: Seeking benefits for the same condition or disability under various diagnoses and is not allowed under VA regulation.

Quick Start Claim: Claim for VA disability submitted by a service member prior to separation, retirement or release from active duty (different eligibility than BDD).

Rating Schedule: Chapter 4 of 38 C.F.R. which outlines how conditions are assigned as a percentage of disability regarding overall health.



Remand: Action by the BVA returning a claim to a local VARO for more work or development, because a decision could not be made with the current information. Remands may result in benefits being granted or returned to the VARO for an additional SSOC and/or rating decision.

Secondary Condition: Condition that is caused or aggravated as a result of a service-connected condition (primary & secondary).

Service Connected: Determination by the VA that a current diagnosis is related to an event or exposure in service and rated either non-compensable (0%) or compensable (10% or greater), which results in a monthly monetary benefit.

SMC (Special Monthly Compensation): Additional compensation paid to veterans who physically lose or experience a loss of use of specific organs or extremities because of military service.

SOC (Statement of the Case): A document provided by the VA during the initial stages of appeal after a timely Notice of Disagreement (NOD), which explains the facts and laws used by the VA to reach a decision.

SSOC (Supplemental Statement of the Case): A subsequent SOC issued upon review of additional evidence offered in support of the claim.

Special Claim: Compensation not based on an in-service event, including 1151 claims, convalescence, automobile allowances, clothing allowances, dentistry, hospitalization, TDIU or Prestabilization.

Standardized Forms: Process implemented by the VA to mandate forms for specific requests to the VA, thus eliminating the use of generic forms (21-4138) or other documents.

State Service Officer: A Veteran Service Officer (VSO) employed by the State of Nebraska to assist veterans; State Service Officers hold numerous accreditations.

STR (Service Treatment Record): Medical records from military service which may include information on conditions which have been claimed for compensation or health care to the VA.

Substitution of Claimant: Relative eligible for accrued benefits who is added as a claimant to a VA claim after the passing of the veteran or dependent who filed the claim.

Survivors Pension: Also known as Death Pension; tax-free monetary benefit payable to low income, unremarried surviving spouse (or married if 57 years old or older) and/or unmarried children of a deceased veteran with wartime service.

TDIU (Total Disability Individual Unemployability; also referred to as "IU"): An entitlement that allows payment at 100% when current disabilities preclude "Substantially Gainful Employment".

Temporary Total Disability: A temporary 100% disability rating granted for such things as hospitalization, recovery from surgery or immobility because of a service connected disability (convalescence).

Travel Board: An in-person BVA hearing conducted by traveling VA Judges.

VA Clinic: Formerly known as Community Based Outpatient Clinic (CBOC); facility that provides specific healthcare treatments; smaller than VA Medical Centers or VA Hospitals.



VACO (VA Central Office): Headquarters of the VA which administers benefits and programs and supervises the VARO.

VARO (VA Regional Office): Office which adjudicates VA claims within a prescribed area (The Lincoln VARO handles claims for Nebraska).

VBA (Veterans Benefit Administration): One of the three divisions of the USVA and for the purposes of Nebraska, is in Lincoln at the VARO; the entity responsible for adjudicating many of the claims for benefits in Nebraska.

VCAA (Veterans Claims Assistance Act of 2000, 38 U.S.C. 5103): Duty by the VA to assist veterans with their claim; also referred to as "Section 5103 Notice".

Vet Center: Program that provides counseling, outreach and referral services to assist veterans and their family members.

VHA (Veterans Health Administration): One of the three divisions of the USVA and is known in this area as the Nebraska Western Iowa Healthcare System. Based out of the Omaha VA Medical Center, with clinics throughout the area, VHA is divided into VISNs which are not contiguous to state borders; Western Nebraska is in a separate VISN from Eastern Nebraska.

Video Teleconference: An appeal hearing by a DRO or BVA judge, conducted through a secure video link.

VISN (Veterans Integrated Service Networks): VHA service areas divided up regionally that generally contain several states per VISN.

VONAPP (Veterans On-Line Application): VA self-service website with access to VA forms.

VR&E (Vocational Rehabilitation and Employment): Assists veterans with service-connected disabilities to prepare for, find, and keep suitable employment.

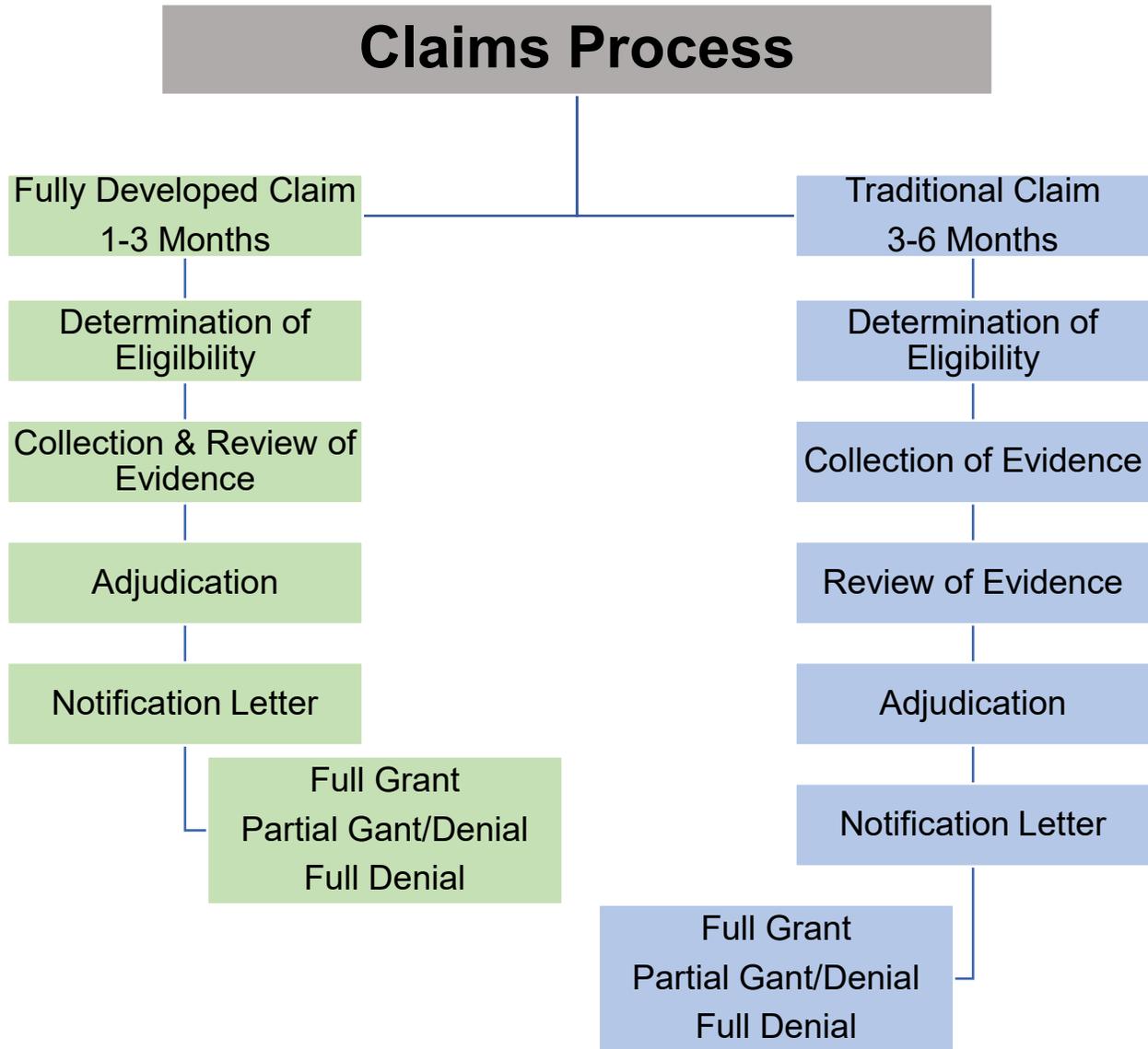
VSO: Veteran Service Officer - County, State or National or Veteran Service Organization, depending on the context.

Wartime Service: VA recognized wartime periods, used to determine eligibility for VA pensions.

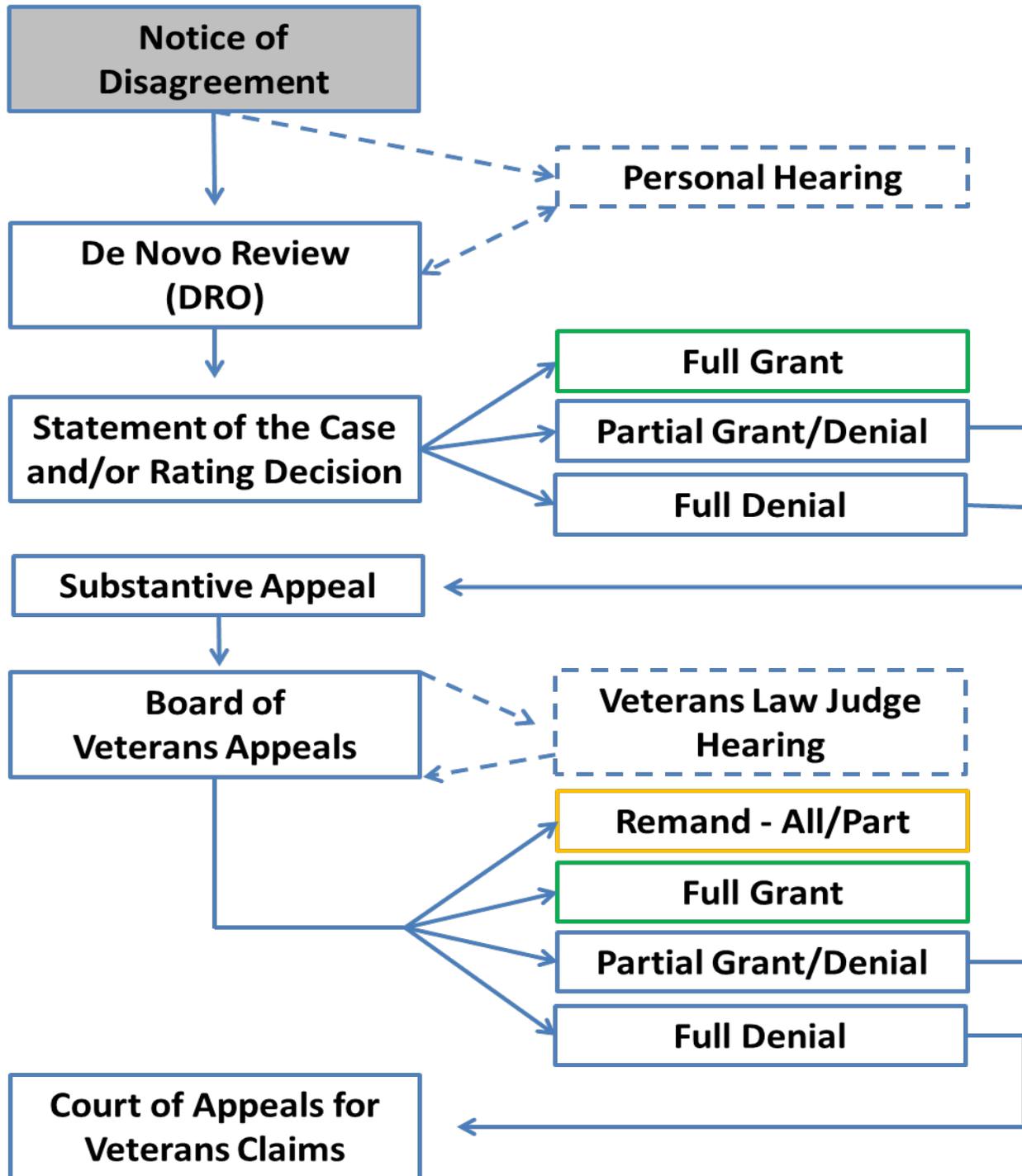
<http://www.benefits.va.gov/pension/wartimeperiod.asp>

Well Grounded: A claim for benefits that appears plausible and is capable of proving through policy or law.

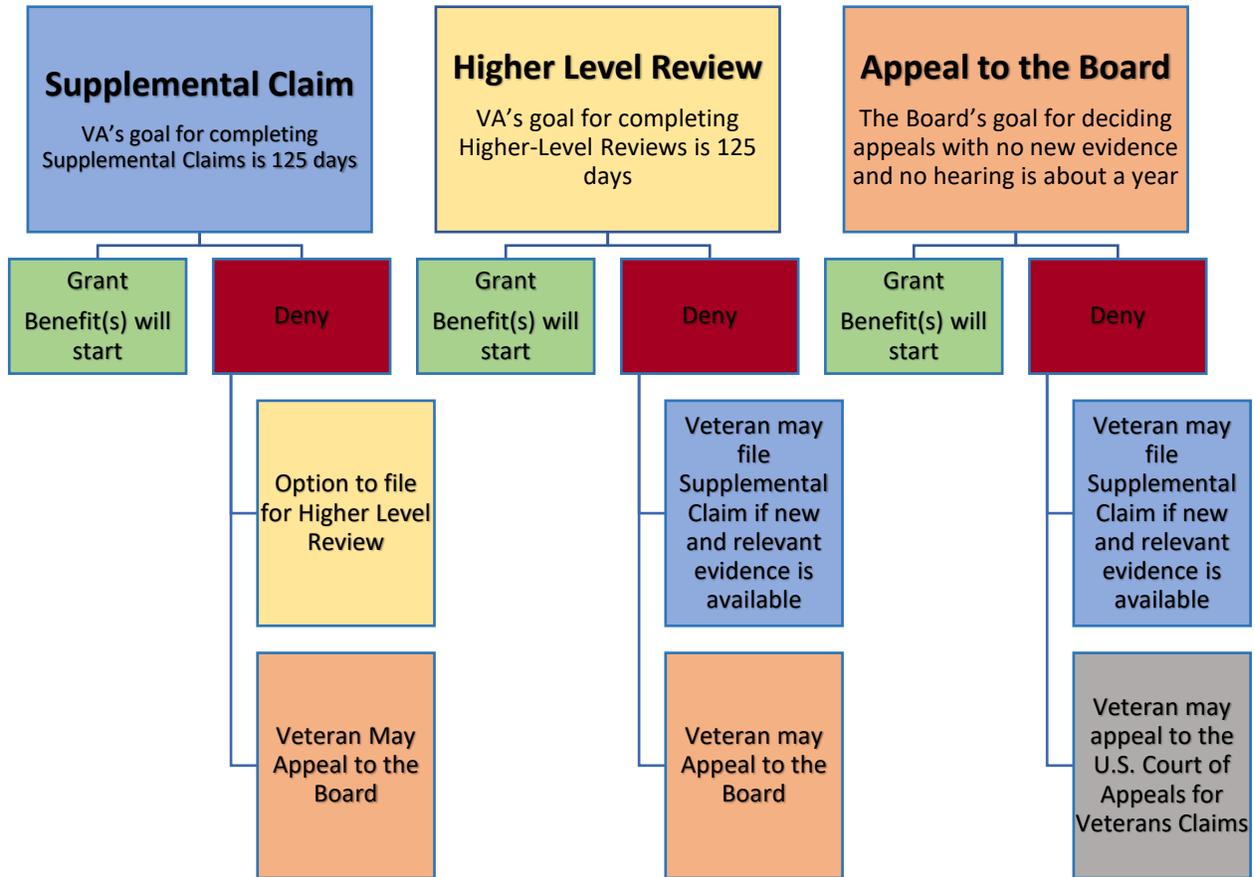




Generally 6 Months - 3 Years



Appeals Modernization Act



Contacts:

County Veteran Service Officers in Nebraska: <https://veterans.nebraska.gov/cvso>

Disabled American Veterans (DAV) National Service Office

National Service Officer
3800 Village Drive
Lincoln, NE 68501-5816
Phone: 402-420-4025
Fax: 402-423-0728
<http://www.dav.org/>

Nebraska Department of Veterans Affairs:
Nebraska State Service Office
3800 Village Drive
Lincoln, NE 68516-4737
Phone: 402-420-4021
Fax: 402-471-7070
<https://veterans.nebraska.gov/>

Accredited with:

American Ex-POW's, American Legion, American Veterans (AmVets), Veterans of Foreign Wars (VFW),
The Retired Enlisted Association (TREA), Vietnam Veterans of America (VVA) & National Association
of County Veteran Service Officers (NACVSO)

Paralyzed Veterans of America (PVA) National Service Office
National Service Officer
3800 Village Drive
P.O. Box 85816
Lincoln, NE 68501-5816
Phone: 402-420-4017
Fax: 402-420-4392
<http://www.pva.org/>



Useful Web Links:

VBA:

U.S. Department of Veterans Affairs: <http://www.va.gov/>

Veterans Benefits Administration: <http://benefits.va.gov/benefits/>

Board of Veterans Appeals: <http://www.bva.va.gov/>

Court of Appeals for Veterans Claims: <http://www.uscourts.cavc.gov/>

VA Statistics: <http://www.va.gov/vetdata/>

VA Accreditation Page: <http://www.va.gov/ogc/apps/accreditation/index.asp>

VBA Media and Publications: <http://www.benefits.va.gov/benefits/media-publications.asp>

Inquiry Routing & Information System (IRIS): <https://iris.custhelp.com/>

VA Fact Sheets on Benefits: <http://benefits.va.gov/benefits/factsheets.asp>

VA Self Service Benefits and Information: <https://www.ebenefits.va.gov/ebenefits/homepage>

VA Pay Tables: http://www.benefits.va.gov/compensation/resources_comp01.asp

VHA:

Veterans' Health Administration: <http://www.va.gov/health/>

VHA - Nebraska Western IA Health Care: <http://www.nebraska.va.gov/>

VA Vet Centers: <http://www.vetcenter.va.gov/>

VHA - Self Service/Personal Health Site: <https://www.myhealth.va.gov/index.html>

Veteran Crisis Line (1-800-273-8255 *1): <http://www.veteranscrisisline.net/Default.aspx>

NCA:

National Cemetery Administration: <http://www.cem.va.gov/>

Other Links:

DAV Emergency Assistance: <http://www.dav.org/veterans/outreach-programs/disaster-relief/>

DAV Disaster relief grants may be issued to provide food, clothing, temporary shelter or to obtain relief from injury, illness or personal loss not covered by insurance or other disaster relief agencies. The Gulf Coast hurricanes, the Midwestern floods, tornadoes and fires are just some of the natural disasters that have recently impacted veterans and their families.





Thank you for your service!

