

RAPID APPEALS MODERNIZATION PROGRAM (RAMP)

IMPROVED DECISION NOTIFICATION GUIDE



RAMP DECISION NOTIFICATION GUIDE

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RAMP DECISION NOTIFICATION GUIDE

1. Purpose

To provide Veterans Service Representatives (VSRs), Rating VSRs (RVSRs), Decision Review Officers (DROs) and supervisory regional office personnel, including Directors and Veterans Service Center Managers (VSCMs), with guidelines on providing the improved decision notifications under Public Law 115-55 for RAMP participants.

2. Background

On August 23, 2017, the President signed into law the Veterans Appeals Improvement and Modernization Act of 2017 (Public Law 115-55), creating a new appeals and claims framework for pursuing VA benefits. The new law goes into effect on or after February 14, 2019. The law outlines a new claims and appeals framework that includes new review options for claimants dissatisfied with initial decisions on their claims. Veterans in the new process can pursue one of three different lanes: a Higher-Level Review lane for review of the same evidence by a higher-level claims adjudicator, a Supplemental Claim lane for submission of new and relevant evidence, and an appeal to the Board of Veterans' Appeals (Board) for review by a Veterans Law Judge.

Although the new law does not take effect until after February 14, 2019, VA will offer some Veterans access to the new modernized claims process through early participation. VBA's Rapid Appeals Modernization Program (RAMP) allows eligible Veterans who have a pending legacy compensation appeal to opt into the Supplemental Claim or Higher-Level Review lanes in the new claims process. Veterans with legacy appeals will benefit from early resolution opportunities and effective date protection features in the new process.

As part of implementation of the RAMP initiative, VA will use an improved decision notice, which is a requirement for full implementation of Public Law 115-55.

3. Improved VBA Decision Notices Initiative

Under the new appeals systems, in order to make an informed and intelligent choice as to which review option makes the most sense, Veterans will need a clear and detailed notice when a claim is decided.

The statutory provision concerning the content of a rating decision is found under § 5104 of title 38 of the United States Code (U.S.C.). Public Law 115-55 amends § 5104(b) and now requires VA to include the following elements in all decision notices:

- (1) Identification of the issues adjudicated.
- (2) A summary of the evidence considered.
- (3) An explanation of the laws and regulations applicable to the claim.

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- (4) Summary of any findings made by the adjudicator that are favorable to the claimant.
- (5) For denied claims, identification of the element(s) required to grant the claim(s) that were not met.
- (6) If applicable, identification of the criteria required to grant the next higher level of compensation.
- (7) An explanation of how to obtain or access evidence used in making the decision.
- (8) A summary of the applicable review options available for the claimant to seek review of the decision.

To ensure Veterans receive clear notices, VA will implement new rating decision requirements and notification letter requirements as part of RAMP that addresses all of the above noted elements.

3.1. RAMP Rating Decision Elements and Construction

RVSRs and DROs will utilize VBMS-R to generate rating decisions under RAMP. When generating a decision in VBMS-R use the following inputs on the profile screen.

Profile Screen Field	Required Input
Jurisdiction	Authorized Review Requested
Document Title	Rating Decision

Claim Profile Information

* Jurisdiction: Authorized Review Requested

* Received: [Date Picker]

* Document Title: Rating Decision

Adjudicators must include the following elements within the rating decision itself:

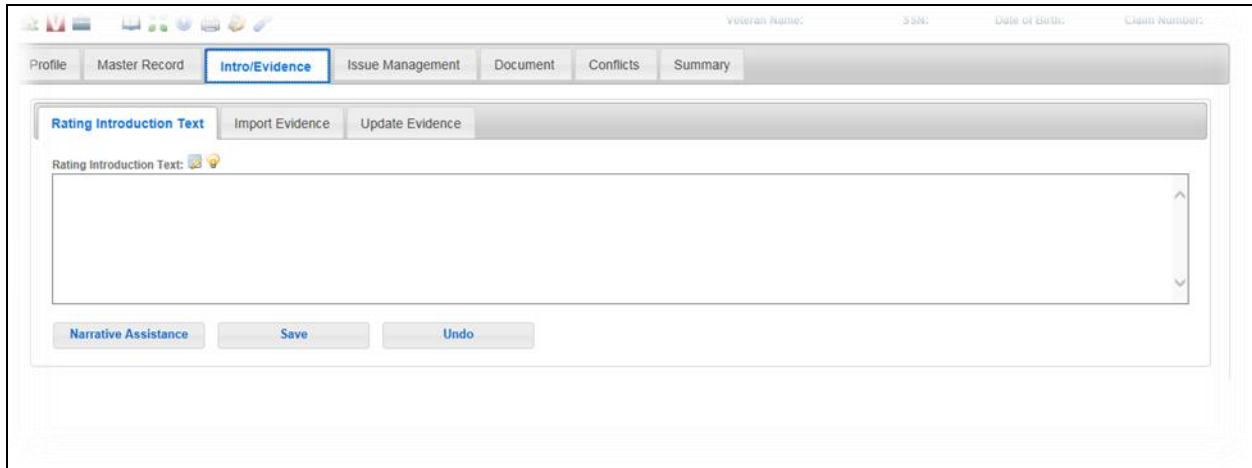
- (1) Identification of the issues adjudicated.
- (2) A summary of the evidence considered.
- (3) An explanation of the laws and regulations applicable to the claim.
- (4) Summary of any findings made by the adjudicator that are favorable to the claimant.
- (5) For denied claims, identification of the element(s) required to grant the claim(s) that were not met.
- (6) If applicable, identification of the criteria required to grant the next higher-level of compensation.

Claims adjudicators must follow the guidance provided in this letter when completing a rating decision under RAMP to ensure the above noted elements are met.

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There can be a number of sub-components, depending on the evidence and type of benefit. The following outlines the required inputs for each portion of the rating decision. Future VBMS-R programming changes will help facilitate this process.

3.1.1. Introduction

The screenshot shows a web application interface for a veteran's case. At the top, there are fields for 'Veteran Name:', 'SSN:', 'Date of Birth:', and 'Claim Number:'. Below these are several tabs: 'Profile', 'Master Record', 'Intro/Evidence' (which is selected and highlighted in blue), 'Issue Management', 'Document', 'Conflicts', and 'Summary'. Under the 'Intro/Evidence' tab, there are sub-tabs: 'Rating Introduction Text' (selected), 'Import Evidence', and 'Update Evidence'. The main area contains a large text input field labeled 'Rating Introduction Text:' with a small icon to its left. Below the text field are three buttons: 'Narrative Assistance', 'Save', and 'Undo'.

- Use the Narrative Assistance and include the follow statement **before** the generated introductory text:

As a result of the enactment of the Veterans Appeals Improvement and Modernization Act of 2017 (Public Law 115-55), the Department of Veterans Affairs (VA) is required to change its current appeals process. Under the authority of Public Law 115-55, VA created the Rapid Appeals Modernization Program (RAMP) to provide Veterans with the earliest possible resolution of their claims. You have chosen to participate in RAMP, and you selected to have your claim reviewed under the [Supplemental Claim or Higher-Level Review] lane option.

- Modify the generated introduction text by deleting the sentence regarding a mandated review and replace it with the following:

*We received your [insert **supplemental claim** or **request for higher-level review**] on [insert date].*

- For higher-level review decisions, add the following when there is evidence received after the RAMP Opt-in Election that is not considered:

Please note: The evidentiary record closed upon receipt of your election for higher-level review. VA received additional evidence after your election that was

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*not considered as part of this decision. If you would like VA to consider this evidence, you may submit a supplemental claim **at any time**; however, VA must **receive your application** within one year of the date of notice of this decision to **preserve your right to receive the maximum possible benefit.***

3.1.2. Evidence

- List all pertinent evidence used in deciding the claim in accordance with M21-1, III.iv.6.C.4.

3.1.3. Reasons for Decision

The screenshot displays the VA RAMP system interface. At the top, there are fields for Veteran Name, SSN, Date of Birth, and Claim Number. Below this is a navigation bar with tabs: Profile, Master Record, Intro/Evidence, Issue Management (selected), Document, Conflicts, and Summary. The main content area shows an issue and decision summary. The issue is "Evaluation of hearing loss currently evaluated as 0 percent disabling." The decision is "Evaluation of hearing loss, which is currently 0 percent disabling, is continued." Below this, there are tabs for Facts and Analysis. The Analysis tab is active, showing a "Generated Text" section with a decision narrative. The narrative includes: "We have granted your claim for bilateral hearing loss. Service connection is warranted because your hearing loss has been related to combat noise exposure. You are in receipt of the Combat Action Badge ; therefore, combat noise exposure is conceded. Your VA examiner opined that it is at least as likely as not that your hearing loss is due to military noise exposure. VA examination findings show the left ear with 90 percent discrimination. Decibel (dB) loss at the puretone threshold of 500 Hertz (Hz) is 76, at 1000 Hz is 65, at 2000 Hz is 50, at 3000 Hz is 40, and at 4000 Hz is 70. The average decibel loss is 56 in the left ear. The right ear shows a speech discrimination of 90 percent. Your right ear Decibel (dB) loss at the puretone threshold of 500 Hertz (Hz) is 75, at 1000 Hz is 56, at 2000 Hz is 56, at 3000 Hz is 75, and at 4000 Hz is 70. The average decibel loss is 64 in the right ear." Below the narrative are buttons for "Copy", "Append", and "Alternative Text Builder". At the bottom, there is a "Reasons for Decision" section with a checkbox and a "Generated Text" section containing the same narrative.

- Decision narratives for each issue must include the following seven (7) components:
 1. Auto-generated text explaining the decision on the issue.
 2. All elements met (**favorable findings**) and not met using decision shells from Appendix A.
 3. Evaluation Builder text explaining evaluation assigned and next higher criteria (*grants and increases only*).
 4. SMC Builder text when applicable.

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5. Effective date explanation (*grants only*).
6. Favorable findings **for denied claims**. Separately list all favorable conclusions of fact or application of law to fact, specific to the issue(s) under the heading “**Favorable findings identified in this decision**”. Findings should be specific and identify the evidence used to support the finding.

Example: Current diagnosis of right knee arthritis shown on VAMC Houston examination report dated October 3, 2017.

7. Applicable laws and regulations. Insert list of specific Code of Federal Regulations (C.F.R.) or U.S.C. references that apply to the issue. Use the reference guide in Appendix B; however, this guide is not all-inclusive. Use the citation and the header for the citation when listing the applicable laws and regulations.

Example: 38 C.F.R. § 3.103 Procedural due process and appellate rights.

NOTE: See Appendix C for a sample rating decision that meets the requirements above.

3.2. RAMP Non-Rating Decision Elements and Construction

VSRs and Senior VSRs will complete decisions on non-rating issues under RAMP. For supplemental claims, claims adjudicators will utilize the notification letter to issue a decision. For higher-level review requests, claims adjudicators will use the HLR Decision Template provided in Appendix D.

Adjudicators must include the following elements within the decision itself:

- (1) Identification of the issues adjudicated.
- (2) A summary of the evidence considered.
- (3) An explanation of the laws and regulations applicable to the claim.
- (4) Summary of any findings made by the adjudicator that are favorable to the claimant.
- (5) For denied claims, identification of the element(s) required to grant the claim(s) that were not met.
- (6) If applicable, identification of the criteria required to grant the next higher-level of compensation.

Claims adjudicators must follow the guidance provided in this letter when completing a non-rating decision under RAMP to ensure the above noted elements are met.

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3.3. RAMP Decision Notification Letter Elements and Construction

VSRs must include the following two improved notification elements within the decision notification letter for every decision issued under RAMP.

- (7) An explanation of how to obtain or access evidence used in making the decision.
- (8) A summary of the applicable review options available for the claimant to seek review of the decision.

Claims adjudicators will use PCGL to generate the required notification letter. VSRs must amend the following sections to ensure the notice properly addresses the two elements noted above as well the requirements for improved decision notices under Public Law 115-55.

- Introduction Paragraph
- “What We Decided”
- “What You Should Do If You Disagree With Our Decision”
- “What Is eBenefits?”

3.3.1. Introduction Paragraph

- Include the following text directly after the salutation line and before the sentence, “We made a decision regarding your entitlement to VA benefits.”

*You have chosen to participate in the Rapid Appeals Modernization Program (RAMP). VA completed your **[insert supplemental claim or request for higher-level review]** received on **[insert receipt date]**.*

3.3.2. What We Decided

- Ensure this section includes the following paragraph:

*We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on the **[insert supplemental claim or higher-level review]** request that we received on **[insert receipt date]**. It represents all claims we understood to be specifically made, implied, or inferred in that claim.*

- If applicable, include the following paragraph for higher-level reviews with both a rating decision and a deferred rating completed:

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We completed your request for higher-level review on the following issues. We discovered additional development actions are necessary for us to fulfill our duty to assist in gathering evidence in support of your claim. We will take action to finish our development and notify you once a decision is made on your claim.

- *Insert Issue*
- *Insert Issue*

3.3.3. What You Should Do If You Disagree With Our Decision

- Replace all of the generated text under this section with the following:

If you do not agree with our decision, you should write and tell us why. You have one year from the date of this letter to file one of the following options:

For review of a supplemental claim decision, you may

- File a Supplemental Claim
- Request a Higher-Level Review
- File an Appeal to the Board of Veterans' Appeals

For review of a higher-level review decision, you may

- File a Supplemental Claim
- File an Appeal to the Board of Veterans' Appeals

You must use the attached pre-populated VA Form 21-4138, *Statement in Support of Claim, "RAMP Selection"* to notify us of your decision to seek further review. The VA Form 21-4138, *"RAMP Selection"* is the only form accepted by VA during RAMP.

Please note: You **may not** request a higher-level review of a decision on a higher-level review or a decision on an appeal to the Board of Veterans' Appeals.

If you elect to file an appeal with the Board of Veterans' Appeals, your Notice of Disagreement (NOD) will be assigned a docket number based upon the date of receipt. The Board will begin processing these appeals in the new, more efficient appeals process no earlier than October 2018.

The enclosed *"RAMP Review Rights,"* explains your options in greater detail and provides instructions on how to request further review.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.eBenefits.va.gov.

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3.3.4. What Is eBenefits?

- Delete the bulleted line “Track the status of your claim or appeal.”

4. Questions/Comments

Review the RAMP Standard Operating Procedure for additional guidance on processing decisions under RAMP. Submit any questions or concerns to the AMO’s Program Administration staff at the following corporate mailbox: AMO-Appeals.Admin@va.gov.

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Appendix A – Rating Decision Shells

Make sure the decision narrative meets the requirements under section 3.2 of this guide. Many factors are relevant to consider during the deliberation process, but may not need to be discussed in your decision document because they were not ultimately critical to the decision. A decision should follow a logical, orderly flow. By addressing each of the component parts separately, you can better determine what is important to say in the decision and eliminate non-pertinent facts and unnecessary analysis.

Weighing evidence is most important in a denial primarily because claimants rarely question why we granted a benefit. Always remember, you need only weigh evidence when there is evidence both for and against the claim. In instances where the evidence is inconsistent or contradictory, you should discuss how you resolved the discrepancy.

Decision Shells

Use the following decision shells to assist in documenting your decision.

New and relevant evidence received

A claimant may request readjudication of a previously denied claim, if new and relevant evidence is presented or secured. VA will readjudicate the claim taking into consideration all of the evidence of record. New evidence means existing evidence not previously submitted to agency decisionmakers. The term “relevant evidence” means evidence that tends to prove or disprove a matter in issue. (See generally 38 U.S.C. § 5108, as amended by Public Law 115-55)

In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

[Insert denial or grant text using other decision shells]

New and relevant evidence presumed to be received

(Must be used for all decisions when a Veteran first elects RAMP and chooses the Supplemental Claim lane)

A claimant may request readjudication of a previously denied claim, if new and relevant evidence is presented or secured. VA will readjudicate the claim taking into consideration all of the evidence of record. New evidence means existing evidence not previously submitted to agency decisionmakers. The term “relevant

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evidence” means evidence that tends to prove or disprove a matter in issue. (See generally 38 U.S.C. § 5108, as amended by Public Law 115-55)

In support of your claim, VA has presumed the receipt of new and relevant evidence and your claim is now reconsidered.

[Insert denial or grant text using other decision shells]

No new and relevant evidence received

A claimant may request readjudication of a previously denied claim, if new and relevant evidence is presented or secured. VA will readjudicate the claim taking into consideration all of the evidence of record. New evidence means existing evidence not previously submitted to agency decisionmakers. The term “relevant evidence” means evidence that tends to prove or disprove a matter in issue. (See generally 38 U.S.C. § 5108, as amended by Public Law 115-55)

In support of your claim, new and relevant evidence has not been received and your claim remains denied.

[Insert explanation for why evidence was not new and relevant.]

Favorable findings identified in this decision:

[Insert findings or state “None”].

Laws and regulations applicable to this issue:

38 U.S.C. § 5108 Supplemental Claims. (as amended by Public Law 115-55)

38 U.S.C. § 101(35) (as amended by Public Law 115-55)

38 C.F.R. § 3.156 New and material evidence.

[Insert other applicable laws and regulations]

Service connection granted (direct)

Service connection may be granted for any injury or disease resulting in a disability was incurred in or aggravated by military service. To establish direct service connection for a claimed disorder, objective evidence must show a diagnosis of a current disability that is related to a disease or injury incurred in or aggravated during "active " service; or that manifested itself to a compensable degree within one year from the date of discharge (See generally 38 C.F.R. §§ 3.303, 3.304, 3.400).

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We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), [insert reason].**

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~**Favorable findings identified in this decision:**~~

~~[Insert findings or state "None"].~~

Laws and regulations applicable to this issue:

[Insert other laws and regulations]

Remove
this section

Service connection granted (presumptive)

In order to satisfy the requirements for service connection for a disability based on presumption, you must submit the following: (1) medical evidence demonstrating the existence of a current disability, and (2) medical evidence establishing that the disability manifested to a compensable degree within one year of your discharge from active service (See generally 38 C.F.R. § 3.309); longer time limits may apply for certain medical conditions.

We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), [insert reason].**

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~**Favorable findings identified in this decision:**~~

~~[Insert findings or state "None"].~~

Laws and regulations applicable to this issue:

Remove
this section

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[Insert other laws and regulations]

Service connection granted (secondary)

In order to establish service connection based on a disability resulting from disease or injury incurred in or aggravated by service, the evidence must show that the disability is proximately due to or the result of a service-connected disease or injury (specified in 38 C.F.R. § 3.310).

We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), (insert reason).**

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~Favorable findings identified in this decision:~~

~~[Insert findings or state "None"].~~

Remove
this section

Laws and regulations applicable to this issue:

[Insert other laws and regulations]

Service connection granted (aggravation)

A pre-existing injury or disease will be considered to have been aggravated during service when there is an increase in disability during service, unless there is a specific finding that the increase in disability is due to the natural progression of the disease. The evidence must show that the particular condition was noted upon entrance into active service, or was determined, based upon the evidence of record, to have existed at that time. Temporary or intermittent flare-ups of preexisting injury or disease are not sufficient to be considered "aggravation in service" unless the underlying condition itself, as contrasted with mere symptoms, has worsened.

In cases involving aggravation by active service, the rating will reflect only the degree of disability over and above the degree of disability existing at the time of entrance into active service. In terms of the rating schedule, it is necessary to deduct from the present evaluation the degree, if ascertainable, of the disability

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existing at the time of entrance into active service, except that if the disability is total (100 percent) no deduction will be made. (specified under 38 C.F.R. § 3.322).

We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), [insert reason]**.

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~Favorable findings identified in this decision:~~

~~[Insert findings or state "None"].~~

Remove
this section

Laws and regulations applicable to this issue:

[Insert other laws and regulations]

Increased evaluation granted (scheduler)

The rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. An increase in the evaluation assigned for a disability is warranted when the average impairment in earning capacity resulting from such diseases and injuries in civil occupations has increased and the disability picture meets the criteria required for a higher rating (specified under 38 C.F.R. §§ 4.1, 4.7).

We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), [insert reason]**.

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~Favorable findings identified in this decision:~~

~~[Insert findings or state "None"].~~

Remove
this section

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Laws and regulations applicable to this issue:

[Insert other laws and regulations]

Increased evaluation granted (extra-schedular)

To establish entitlement to an extra-schedular evaluation for your (), evidence must indicate your disability presents such an exceptional or unusual disability picture with such related factors as marked interference with employment or frequent period of hospitalization to render impractical the application of the regular rating schedule standards (specified under 38 C.F.R. § 3.321(a)(b)(1)).

We have granted service connection for your **(insert disability)** because **(insert reason for granting, to include favorable findings (must be specific and document supporting evidence), including relevant facts that led to the grant).**

We have assigned an effective date of **(insert date), [insert reason].**

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

~~Favorable findings identified in this decision:~~

~~[Insert findings or state "None"].~~

Remove
this section

Laws and regulations applicable to this issue:

[Insert other laws and regulations]

Denial of service connection (direct)

Service connection may be granted for any disease or injury that is considered to have resulted in a period of war or service. To establish direct service connection for a claimed disorder, objective evidence must show a diagnosis of a current disability that is related to a disease or injury incurred in or aggravated during "active" service; or that manifested itself to a compensable degree within one year from the date of discharge (specified under 38 C.F.R. § 3.303).

We have denied your claim for service connection for **(insert disability)** because **(insert reason for denying, elements met and not met).**

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Favorable findings identified in this decision:

[Insert findings or state "None"].

Laws and regulations applicable to this issue:

[Insert laws and regulations]

Denial of service connection (presumptive)

To satisfy the requirements for service connection for a disability based on presumption, you must submit the following: (1) medical evidence demonstrating the existence of a current disability, and (2) medical evidence establishing that the disability manifested to a compensable degree within one year of your discharge from active service. (specified under 38 C.F.R. § 3.309) Longer time limits may apply for certain medical conditions.

We have denied your claim for service connection for **(insert disability)** because **(insert reason for denying, elements met and not met)**.

Favorable findings identified in this decision:

[Insert findings or state "None"].

Laws and regulations applicable to this issue:

[Insert laws and regulations]

Denial of service connection (secondary)

In order to establish service connection for a secondary condition, the evidence must show a disability, which is proximately due to, or the result of a service-connected disease or injury (specified in 38 C.F.R. § 3.310).

We have denied your claim for service connection for **(insert disability)** as secondary to **(insert disability)** because **(insert reason for denying, elements met and not met)**.

Favorable findings identified in this decision:

[Insert findings or state "None"].

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Laws and regulations applicable to this issue:

[Insert laws and regulations]

Denial of service connection (aggravation)

A pre-existing injury or disease will be considered to have been aggravated during service when there is an increase in disability during service, unless there is a specific finding that the increase in disability is due to the natural progression of the disease. Temporary or intermittent flare-ups of preexisting injury or disease are not sufficient to be considered “aggravation in service” unless the underlying condition itself, as contrasted with mere symptoms has worsened (specified under 38 C.F.R. § 3.322).

We have denied your claim for service connection for **(insert disability)** because **(insert reason for denying, elements met and not met)**.

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

Favorable findings identified in this decision:

[Insert findings or state “None”].

Laws and regulations applicable to this issue:

[Insert laws and regulations]

Denial of increased evaluation (schedular)

The rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. An increase in the evaluation assigned for a disability is warranted when the average impairment in earning capacity resulting from such diseases and injuries in civil occupations has increased and the disability picture meets the criteria required for a higher rating. (specified under 38 C.F.R. §§ 4.1, 4.7).

The evaluation of **(insert disability)** is continued as **[xx]** percent disabling as the current evidence fails to show your condition warrants a higher evaluation.

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

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Favorable findings identified in this decision:

[Insert findings or state "None"].

Laws and regulations applicable to this issue:

[Insert laws and regulations]

Denial of increased evaluation (extra-schedular)

To establish entitlement to an extra-schedular evaluation for your (), evidence must indicate your disability presents such an exceptional or unusual disability picture with such related factors as marked interference with employment or frequent period of hospitalization to render impractical the application of the regular rating schedule standards (specified under 38 C.F.R. § 3.321(a)(b)(1)).

The evaluation of **(insert disability)** is continued as **[xx]** percent disabling, the maximum schedular evaluation for this condition. After a review of your claim folder, the evidence of record does not show **(insert disability)** as severe enough to warrant an evaluation in excess of () percent.

Insert Evaluation Builder criteria

Insert Evaluation Builder next higher evaluation

Favorable findings identified in this decision:

[Insert findings or state "None"].

Laws and regulations applicable to this issue:

[Insert laws and regulations]

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Appendix B – Guide to Laws and Regulations

Use the following as a guide for identifying applicable laws and regulations for each issue. Please note, this list is not all-inclusive but is a helpful tool to assist in providing the appropriate laws and regulations in the rating decision. Review 38 U.S.C. and 38 C.F.R. Part 3 for the full list of laws and regulations.



Guide to SOC_SSOC,
Laws and Regulation

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Appendix C – Sample Rating Decision & Notification Letter



Acrobat Document

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Appendix D – Non-Rating Higher-Level Review Decision Template



Acrobat Document