Amyotrophic Lateral Sclerosis (ALS) Rating Criteria

Instructor Lesson Plan

Time Required: 3.25 Hours

**Table of Contents**

[Lesson Description 2](#_Toc443401147)

[Introduction to ALS Rating Criteria 4](#_Toc443401148)

[Topic 1: ALS Overview 6](#_Toc443401149)

[Topic 2: Complications of ALS 10](#_Toc443401150)

[Topic 3: Additional Considerations 13](#_Toc443401151)

[Practical Exercise 16](#_Toc443401152)

[Lesson Review, Assessment, and Wrap-up 17](#_Toc443401153)

|  |
| --- |
| Lesson Description |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. |
| TMS # | 4179706 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have 24 months of experience. Trainees should have a basic understanding of VBMS-R. |
| target audience | The target audience for Amyotrophic Lateral Sclerosis (ALS) Rating Criteria is RVSR.Although this lesson is targeted to teach the RVSR, (Post Challenge) employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3.25 hours |
| Materials/TRAINING AIDS | Lesson materials:* ALS Rating Criteria PowerPoint Presentation
* ALS Rating Criteria Trainee Handouts
 |
| Training Area/Tools  | The following are required to ensure the trainees are able to meet the lesson objectives: * Classroom or private area suitable for participatory discussions
* Seating, writing materials, and writing surfaces for trainee note taking and participation
* Handouts, which include a practical exercise
* Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials
* Computer with PowerPoint software to present the lesson material

Trainees require access to the following tools: * VA TMS to complete the assessment
 |
| Pre-Planning  | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session.
* Become familiar with the content of the trainee handouts and their association to the Lesson Plan.
* Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson.
* Ensure that there are copies of all handouts before the training session.
* When required, reserve the training room.
* Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed).
* Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson.
* This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins.
 |
| Training Day  | * Arrive as early as possible to ensure access to the facility and computers.
* Become familiar with the location of restrooms and other facilities that the trainees will require.
* Test the computer and projector to ensure they are working properly.
* Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly.
* Make sure that a whiteboard or flip chart and the associated markers are available.
* The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers.
 |

|  |
| --- |
| Introduction to ALS Rating Criteria |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
 |
| time required | 0.25 hour |
| Purpose of LessonExplain the following: | This lesson is intended to highlight key points related to completeing rating decisions pertaining to ALS claims. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * ALS overview
* complications of ALS
* additional considerations
 |
| Lesson ObjectivesDiscuss the following:Slide 2 Handout <> | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.TheRVSRwill be able to: * describe Amyotrophic Lateral Sclerosis and its symptoms
* describe the proper way to evaluate and apply diagnostic codes to ALS claims
* identify the appropriate subordinate issues associated with ALS claims
 |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed.  |
| Motivation | Amyotrophic Lateral Sclerosis (ALS) is a devastating neuromuscular disease which often results in death within 3 to 5 years from onset of symptoms. There have been several changes and additions to the governing laws for ALS over the past several years. It is important we correctly evaluate this very serious condition, and include all subordinate issues warranted. |
| STAR Error code(s) | A2, C1, C2, D1, D2 |
| ReferencesSlide 3&4 Handout 3 | Explain where these references are located in the workplace.All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).* [38 CFR 3.307 Presumptive service-connection for chronic, tropical or prisoner-of-war related disease, or disease associated with exposure to certain herbicide agents; wartime and service on or after January 1, 1947](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.309 Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.318 Presumptive service connection for Amyotrophic Lateral Sclerosis](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.350 Special monthly compensation ratings](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.352 Criteria for determining need for aid and attendance and “permanently bedridden”](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.383 Special consideration for paired organs and extremities](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.707 Dependents’ Educational Assistance](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.807 Dependents’ Educational Assistance; certification](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.808 Automobile or other conveyance; certification](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.809 Special home adaptation grants under 38 USC 2101 (a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 4.63 Loss of use of hand or foot](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.124a Schedule of ratings – Neurological Conditions and Convulsive Disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [M21-1, Part III, Subpart iv, 4, G - Neurological Conditions and Convulsive Disorders](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [M21-1, Part IX, Subpart i, 3 - Specially Adapted Housing (SAH) or Special Housing Adaptation (SHA) Grants](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [M21-1, Part IX, Subpart i, r 2 - Automobile and Adaptive Equipment Allowance Under 38 U.S.C. Chapter 39](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [M21-1, Part IV, Subpart ii, 2, H - Special Monthly Compensation (SMC)](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [M21-1, Part III, Subpart ii, 2, A - Department of Veterans Affairs (VA) Benefit Programs](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
 |

|  |
| --- |
| Topic 1: ALS Overview |
| Introduction | This topic will allow the trainee to describe the disease, recognize symptoms and complications, and identify the proper way to assign evaluations. |
| Time Required | 0.75 hour |
| OBJECTIVES/Teaching Points | Topic objectives:* Describe Amyotrophic Lateral Sclerosis and its symptoms
* Describe the proper way to evaluate and apply diagnostic codes to ALS claims

The following topic teaching points support the topic objectives: * Describing the disease
* 38 CRF 3.318
 |
| Amyotrophic Lateral SclerosisSlide 5&6Handout 4 | Amyotrophic lateral sclerosis (ALS) is disease affecting the neuromuscular functions of the body. It is commonly referred to as Lou Gehrig’s disease, named so for the famous baseball player who was diagnosed with it in 1939. ALS is a rapidly progressive, invariably fatal neurological disease that attacks the nerve cells responsible for controlling voluntary muscles. ALS causes weakness with a wide range of disabilities. Eventually, all muscles under voluntary control are affected, and patients lose their strength and ability to move their arms, legs, and body. When the muscles of the diaphragm and chest wall fail, patients lose their ability to breathe without ventilator support. Most people die from respiratory failure, usually within 3 to 5 years from the onset of symptoms. However, about 10 percent of ALS patients survive for 10 or more years.ALS is not reported to affect a person’s ability to see, smell, taste, hear, or recognize touch. Patients usually maintain control of eye muscles, as well as bladder and bowel functions, although they may need assistance getting to and from the bathroom. |
| ALS SymptomsSlide 7&8Handout 4 | Medical research notes the onset of symptoms may be so subtle that the symptoms are often overlooked. The earliest symptoms may include; twitching, cramping, stiffness of muscles, muscle weakness affecting an arm or leg, slurred and nasal speech, or difficulty chewing or swallowing. The parts of the body affected by early symptoms depend on which muscles are damaged first. In some cases, it may affect the muscles of the legs with the patient experiencing trouble walking or running, and noticing they are tripping and stumbling more often. Others may experience weakness in the hand or arm, with difficulty buttoning a shirt, writing, or turning a key in a lock. Others may notice speech problems.To be diagnosed, the ALS patient must have signs and symptoms of both upper and lower motor neuron damage that cannot be attributed to other causes.Symptoms include:* Difficulty breathing
* Difficulty swallowing
	+ Gagging
	+ Chokes easily
* Head drop due to weak spinal and neck muscles
* Muscle cramps
* Muscle weakness that slowly gets worse
	+ Commonly involves one part of the body first, such as the arm or hand
	+ Eventually leads to difficulty lifting, climbing stairs, and walking
* Paralysis
* Speech problems, such as slow or abnormal speech pattern
* Voice changes, hoarseness
* Other symptoms:
	+ Drooling
	+ Muscle contractures
	+ Muscle spasms
	+ Ankle, feet, and leg swelling
	+ Weight loss

Treatment – no known cure. Riluzole is reported to prolong life, but does not reverse or stop the disease from getting worse. |
| ALS: Recent Changes*Slide 9*Handout 4 | * Effective September 23, 2008, 38 CFR 3.318 established a presumption of SC for ALS for any Veteran who
	+ Had active, continuous service of 90 days or more, and
	+ Develops the disease at any time after discharge from active service
* Effective January 19, 2012, the diagnostic criteria for ALS was amended in 38 CFR 4.124a to provide a 100-percent evaluation for any Veteran with SC ALS.
* Effective December 3, 2013, 38 C.F.R. 3.809d provides that SC ALS is a qualifying condition for the purpose of entitlement to specially adapted housing.
* Effective February 25, 2015, 38 CFR 3.808 provides that SC ALS is a qualifying condition for entitlement to a certificate of eligibility for automobile or other conveyance and adaptive equipment.
 |
| 38 CFR 3.318Slide 10&11Handout 4 | ***Presumptive Service Connection for Amyotrophic Lateral Sclerosis*** (a) Except as provided in paragraph (b) of this section, the development of amyotrophic lateral sclerosis manifested at any time after discharge or release from active military, naval, or air service is sufficient to establish service connection for that disease. (b) Service connection will not be established under this section: (1) If there is affirmative evidence that amyotrophic lateral sclerosis was not incurred during or aggravated by active military, naval, or air service; (2) If there is affirmative evidence that amyotrophic lateral sclerosis is due to the Veteran's own willful misconduct; or (3) If the Veteran did not have active, continuous service of 90 days or more. |
| ALS Rating CriteriaSlide 12 | The guidelines under § 4.124a state to rate disability from ALS at the 100 percent evaluation in proportion to the impairment of motor, sensory, or mental function, referring to the appropriate bodily system of the schedule. With partial loss of use of one or more extremities from neurological lesions, rate by comparison with the mild, moderate, severe, or complete paralysis of the peripheral nerves. The minimum evaluation under diagnostic code 8017 is 100 percent.1. If there is no single 100 percent disabling complication, the Veteran warrants the minimum 100 percent evaluation underDC 8017. This includes all compensable complications. 2. Do not use the minimum 100 percent evaluation if there are other complications that warrant a 100 percent evaluation, (an example would be loss of use of the lower extremities, which would warrant a 100 percent under DC 5110, and would be coded as 8017-5110)3. Do not assign a 100 percent evaluation under 8017 and a separate 100 percent evaluation for a complication of ALS, as this is pyramiding under 38 CFR 4.14.4. Remember to consider entitlement to SMC, especially when there is a complication rated as 100 percent disabling and there are additional complications that may warrant entitlement.NOTE: Please see the Student Handout and other lessons pertaining to Special Monthly Compensation for greater explanation of entitlement. |

|  |
| --- |
| Topic 2: Complications of ALS |
| Introduction | This topic will allow the trainee to recognize many of the body systems affected by ALS. |
| Time Required | 0.75 hour |
| OBJECTIVES/Teaching Points | Topic objectives:* Describe the proper way to evaluate and apply diagnostic codes to ALS claims

The following topic teaching points support the topic objectives: * ALS Complications
* Rating Extremities
* Rating Respiratory
* Rating Digestive
* Rating Psychiatiric
 |
| ALS: ComplicationsSlide 13Handout 6 | ALS is a neurological condition which rapidly progresses. When assigning evaluations for ALS, remember to look at all associated complications. If no single complication warrants a 100% evaluation, assign a single 100% under diagnostic code 8017 and include complications in the diagnosis. For example:* 8017 Amyotrophic lateral sclerosis with weakness of the bilateral upper extremities, dysphagia, and bladder incontinence………………………………………………100%

If a complication does warrant a single 100% evaluation, assign separate evaluation for each complication, with a single 100 for the condition warranted, using a hyphenated code to include DC 8017. For example:* 8017-5110 Loss of use of the lower extremities, due to amyotrophic lateral sclerosis………………………………100%
* 7203 Dysphagia due to amyotrophic lateral sclerosis……..80%
* 7542 Incontinence of the bladder due to amyotrophic lateral sclerosis…………………………………………………….60%

This topic covers some of the common complications that may arise as ALS progresses. |
| Rating ExtremitiesSlide 14&15Handout 7 | Extremities may be evaluated as musculoskeletal (loss of use or muscle conditions) or neurological (peripheral nerves).* ALS Muscle Symptoms
	+ Difficulty standing, walking, or running
	+ Frequent tripping or falls
	+ Difficulty with fine hand motions
	+ Atrophy of hand muscles
	+ Weakness and atrophy in specific muscles
	+ Tight stiff muscles
	+ Muscle twitching under skin (fasciculations)
* ALS Peripheral Nerves Symptoms
	+ Rate on overall disability picture
	+ ALS evaluation will involve coding for unilateral or bilateral loss of use
	+ Evaluate extremities under 38 CFR 4.124a for peripheral nerves when loss of use is not shown
	+ Remember loss of use may be shown under the complete evaluation for neurological
	+ 38 CFR 3.383 – keep in mind the paired extremities – review the medical evidence for service-connected and nonservice-connected conditions.
 |
| Rating RespiratorySlide 16&17Handout 7 | Respiratory diseases under 38 CFR 4.97 are functional in origin where ALS is concerned. Late stage ALS will cause paralysis and atrophy of the diaphragm muscle and voluntary chest wall muscles. The following are things to consider:* Will lead to respiratory arrest
* Respiratory arrest may be acute or chronic
* Acute onsets are common in ALS and imitate Obstructive Sleep Apnea (a functional process)
* The use of a Bi-pap machine indicates the onset of respiratory arrest
* Patients generally forego the tracheotomy for placement of the respirator support equipment; however, recommendation of such a procedure is strongly indicative of chronic respiratory arrest
 |
| Rating DigestiveSlide 18&19Handout 7 | An early manifestation of ALS is affects on the digestive system. Eventually, the disease paralyzes digestive functioning, as the neurons controlling the tongue and the organs of digestion are destroyed. The following are things to consider:* ALS patients are often provided a feeding tube (PEG)
	+ Intubation prevents liquid entering lungs and causing pneumonia and suffocation
	+ Ease of ingesting vital nutrition for quality of life
* Rate on predominant symptoms
* Symptoms often associated with cranial nerves
* Symptoms include
	+ Dysphagia (trouble swallowing)
	+ Difficulty chewing food
	+ Oversensitive gag reflex
	+ Atrophy of the tongue
 |
| Rating Psychiatric*Slide 20*Handout 7 | ALS does not fundamentally impact functioning and cognitive dysfunction is rare. However, depression and anxiety are considered complications of the disease process. In some cases, frontotemporal dementia may occur. Remember, in ALS cases, incompetency due to mental functioning is rare. Incompetency due to physical functioning may be more likely in ALS cases. |

|  |
| --- |
| Topic 3: Additional Considerations |
| Introduction | This topic will allow the trainee to identify subordinate issues common when evaluating ALS claims. |
| Time Required | 0.75 hour |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify the appropriate subordinate issues associated with ALS claims

The following topic teaching points support the topic objectives: * DEA
* SAH/SHA
* Automobile and Adaptive Equipment Allowance
 |
| Dependents Educational Assistance (DEA)Slide 21Handout 14 | Dependents’ Educational Assistance (DEA) under 38 U.S.C. Chapter 35 provides payment of a monthly education or training allowance to the spouse and children of a veteran who:* Has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; is a member of the Armed Forces who is hospitalized or receiving outpatient medical care, services, or treatment for such disability; and is likely to be discharged or released from such service for such disability. [Statute amended by Public Law 109-461, December 22, 2006]
* Is on active duty and has, for more than 90 days, been missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign Government or power.
* Has a total SC disability that is permanent in nature, or
* Died -
* of a SC disability, or
* while a SC disability was evaluated as total and permanent in nature. This includes 38 USC 1318 benefits – permanent and total for minimum of 10 years.

The Education Service administers payment of DEA benefits.This is the one ancillary benefits that appears to be overlooked by RVSRs on a consistent basis. This benefit must be granted on a Dependency and Indemnity Compensation (DIC) claim even if the benefit has been previously granted under the veteran’s name. The DIC claimant, if eligible, must receive the Chapter 35 benefits on their own behalf.NOTE: As the minimal evaluation for Amyotrophic Lateral Sclerosis is now 100 percent, DEA is automatically warranted. |
| Specially Adapted Housing GrantSlide 22Handout 15 | Effective December 3, 2013, 38 C.F.R. 3.809d provides that service connected ALS is a qualifying condition for the purpose of entitlement to specially adapted housing.When granting service connection for ALS, SAH becomes a subordinate issue and will be addressed per M21-1, Part IX. Subpart i.3.3.. |
| Special Housing Adaption GrantSlide 23&24Handout 15 | Eligibility for Special Housing Adaptations Grants (SHA) is established when the claimant has a service connected condition which:* Is due to blindness in both eyes with 20/200 visual acuity (corrected) or less
	+ An eye with a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less,
* Blindness in both eyes with 5/200 visual acuity or less, or
* Deep partial thickness burns that have resulted in contractures with limitation of motion of two or more extremities or of at least one extremity and the trunk, or
* Full thickness or sub-dermal burns that have resulted in contracture(s) with limitation of motion of one or more extremities of the trunk, or
* Residuals of an inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease, or
* Includes the anatomical loss or loss of use of both hands.

This assistance will not be available to any veteran more than once.VA Form 26-4555 “Veteran’s Application in Acquiring Specially Adapted Housing or Special Housing Adaptation Grant” is sent to the Veteran or service person when the SAH Agent has been notified of a basic eligibility determination. The form is then used by the Veteran or service person to file for the benefit and is processed by Loan Guaranty. If the RVSR receives a VA Form 26-4555 and an eligibility determination has not been previously made, the RVSR must expedite the eligibility determination and then refer the completed rating and application to the SAH agent in Loan Guaranty. |
| Automobile and Adaptive Equipment AllowanceSlide 25Handout 16 | Effective February 25, 2015, 38 CFR 3.808 provides that SC ALS is a qualifying condition for entitlement to a certificate of eligibility for automobile or other conveyance and adaptive equipment. The amendment applies to all applications pending before VA on, or received after, February 25, 2015.When granting service connection for ALS, Automobile and Adaptive Equipment Allowance becomes a subordinate issue and will be addressed per M21-1, PartIX. Subpart i.2.3.  |

|  |
| --- |
| Practical Exercise |
| Time Required | 0.50 hours |
| EXERCISE*Handout 17* | Read the scenario given in the Student Handout and answer the attached questions.Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |

|  |
| --- |
| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The Amyotrophic Lateral Sclerosis (ALS) Rating Criteria lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hour  |
| Lesson Objectives | You have completed the Amyotrophic Lateral Sclerosis (ALS) Rating Criteria lesson. The trainee should be able to: * Describe Amyotrophic Lateral Sclerosis and its symptoms
* Describe the proper way to evaluate and apply diagnostic codes to ALS claims
* Identify the appropriate subordinate issues associated with ALS claims
 |
| Assessment  | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |