Rating Decision Requirements  
(RVSR Challenge)

Trainee Handout

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| Introduction to Rating Decision Requirements |
| **Objectives** Slide 2  With completion of this lesson and available references and resources the RVSR should, with 98% percent accuracy, generate rating decisions, with   * required evidence, * appropriate terminology, and * all required text for both short and long form rating narratives. |
| **References** Slide 3  All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).   * M21-1 Part III, Subpart iv, 6.C.- Completing the Rating Decision Narrative * M21-1 Part III, Subpart iv, 6.D.- Codesheet Section * M21-1 Part III, Subpart iv, 6.E.- Coded Section * M21-1, Part III, Subpart iv, 6.F. - Automated Decision Letter (ADL) Rating Procedures |
| Topic 1: Guidelines for the Evidence Section | |
| **Overview of the Evidence Section** Slide 4  The Evidence section is a listing of each piece of evidence considered in arriving at the decision, which may include but is not limited to   * service treatment records (STRs) * service personnel records * private and VA treatment records * VA or contract examination reports, to include Disability Benefits Questionnaires (DBQs) * lay statements, and/or * written or oral testimony, to include hearing transcripts.   The evidence list should only include *pertinent* evidence. The purpose of the evidence list is not to document every single page of every document in the claims folder. It is to legally identify and document every piece of evidence *considered*.  ***Examples*** of evidence that *may* not need to be listed:   * VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative. * VA Form 21-686c, Declaration of Status of Dependents. * Section 5103 Notice, in decisions that are a full grant of benefits sought. | |
| **Guidelines for the Evidence Section** Slide 5-7  ***This table is copied directly from the M21-1***   |  |  | | --- | --- | | **If the Evidence section identifies ...** | **Then list the evidence type and ...** | | service records, such as STRs or personnel records | * the date of receipt [MM-DD-YYYY], and * the period of service associated with the records [MM-YYYY to MM-YYYY].   ***Example***:  STRs received on June 20, 2017, for the period October 2006 to November 2010. | | VA treatment records | * the name of the facility, and * dates covered by the records [MM-DD-YYYY to MM-DD-YYYY]. | | private medical records | * the name of the facility or physician * date of receipt, and * dates covered by the records [MM-YYYY to MM-YYYY].   ***Example***:  Medical records, Dr. Jones, received February 1, 2017, for the period May 2012 to Feb 2016. | | VA or contract examination(s) | identify the   * examining facility/contractor, and * date the exam was conducted. | | other government, including Federal and State records | * the name of the source (agency, facility, etc.), and * date of receipt.   ***Example***:  Social Security Administration records received on March 8, 2017. | | lay statement(s) | * the source of the statement, and * date of receipt. | | Forms | * the full name of the form, and * date of receipt. | | evidence requested, but not received | * in the following format:  Private medical records requested from [provider’s or facility’s name], but not received. | | evidence considered in a prior VA decision | by separately stating each piece of evidence considered,   * including the prior decision. | | any medical evidence that is confidential under [38 U.S.C 7332](http://www.law.cornell.edu/uscode/text/38/7332) (certain medical records relating to human immunodeficiency virus (HIV) infection, substance abuse, or sickle cell anemia) | by specifying only the relevant date and name of the medical facility. | | non-relevant records not requested | follow the documentation requirements specified in [M21-1, Part I, 1.C.4.f](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/). | | |

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| Topic 2: Establishing the Issues |
| **Using Diagnostic Terminology** Slide 8  Use the diagnostic terminology provided by the medical examiner in the rating decision.   * + Do not attempt to translate the examiner’s terms into schedular terminology unless citation is required by way of explanation, such as when rating by analogy.   + Do not cite a lengthy diagnosis in full.  Instead, retain its essential elements in the decision.   + Do not cite residuals of diseases or therapeutic procedures without reference to the underlying disease.   + Do not include unnecessary descriptive words in the diagnosis.  For example, state the diagnosis as *hypertension*, and not *severe hypertension*. |
| **Using Diagnostic Terminology Cont.** Slide 9  If the diagnostic terminology used to describe the condition is different than the terminology used by the claimant on his/her application, the RVSR must include the terminology that the claimant used as a parenthetical note after the diagnostic terminology.   * + For example, Veteran claims *ringing in the ears*.  The medical examiner diagnoses the Veteran’s condition as *tinnitus*.  The rating decision should list the condition as *tinnitus (claimed as ringing in the ears)*.   This must be done to ensure the Veteran knows that the condition being addressed is the same as what was claimed. It also legally identifies what claimed condition is associated with which issue.  ***Example:*** A claim for PTSD, depression, and anxiety with a diagnosis of PTSD with depression and anxiety as symptoms that are included in the evaluation, you would grant “posttraumatic stress disorder (PTSD) (also claimed as anxiety and depression). This clearly resolves the claims for depression and anxiety as a part of the PTSD. |
| **Mandatory Use of VBMS-R Tools** Slide 10  Use of the VBMS-R embedded rules-based tools, such as the Evaluation Builder and Hearing Loss Calculator, is mandatory.   * + These tools generate adequate explanation of an assigned evaluation and the requirements for the next higher evaluation.   ***Exception***: Mental disorder evaluations generated by the Evaluation Builder are a suggestion and may be adjusted either one step higher or lower upon consideration of the evidence in its entirety. (This will be covered in the mental lesson later on in IWT.) |

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| Topic 3: Reasons for Decision & Short Form Ratings |
| **Reasons for Decision- Grant** Slide 11  ***This table is copied directly from the M21-1***   |  |  | | --- | --- | | **If ...** | **Then the Reasons for Decision must address ...** | | awarding the claim | * benefit being awarded and legal basis for the award (for example, secondary SC) * assigned evaluation, if applicable * effective date * basis for the current evaluation, if applicable * requirements for the next higher evaluation, if applicable * routine future examination notice, if applicable, and * reason for the effective date. |   ***Exception***:  An effective date explanation is ***not*** required when the assigned effective date is the date of the claim's receipt, or the day following discharge from active duty service.  ***Note:*** Every grant of a benefit needs to include the effective date in the Reasons for Decision. This is something you will **always** need to add to Dependents’ Educational Assistance DEA (CH35) grants, as it does not automatically populate for this issue. (You do not have to add it to the *Notification Letter User Text* (4th) box, as it will populate into the notification letter based on the effective date you entered.) |
| **Example: Short Form Award** Slide 12  ***This example is copied directly from the M21-1.***  Service connection for degenerative arthritis of the cervical spine has been established as directly related to military service.  An evaluation of 20 percent is assigned from April 12, 2014.  We have assigned a 20 percent evaluation for your cervical spine based on:   * Forward flexion of the of the cervical spine greater than 15 degrees but not greater than 30 degrees   Additional symptom(s) include:   * Painful motion upon examination * X-ray evidence of arthritis   The provision of [38 CFR 4.40](http://www.ecfr.gov/cgi-bin/text-idx?SID=155b9666b3d144cebbf6bd3ba4cee86f&mc=true&node=se38.1.4_140&rgn=div8) and [4.45](http://www.ecfr.gov/cgi-bin/text-idx?SID=155b9666b3d144cebbf6bd3ba4cee86f&mc=true&node=se38.1.4_145&rgn=div8) concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *Deluca v. Brown* and *Mitchell v. Shinseki* have been considered and are not warranted.  A higher evaluation of 30 percent is not warranted for cervical spine unless there is:   * Forward flexion of the cervical spine 15 degrees or less; or, * Favorable ankylosis of the entire cervical spine.   Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim.  ***Note:*** This is all generated text from use of VBMS-R built in tools, to include the evaluation builder and effective date builder (which would not be required in the scenario shown). This is legally sufficient ***as is***. |
| **Reasons for Decision- C&C** Slide 13  ***This table is copied directly from the M21-1***   |  |  | | --- | --- | | **If ...** | **Then the Reasons for Decision must address ...** | | confirming and continuing an existing evaluation | * basis for the current evaluation * requirements for the next higher evaluation * absence of evidence demonstrating sustained improvement, if applicable, and * potential for routine future examination, if applicable. |   **Note**:  The VBMS-R glossary fragment CCEVAL may be selected to insert supplemental language into the Reasons for Decision and Automated Decision Letter (ADL). **\*\*Recommended as best practice!** |
| **Reasons for Decision- Denial** Slide 14  ***This table is copied directly from the M21-1***   |  |  | | --- | --- | | **If ...** | **Then the Reasons for Decision must address ...** | | denying the claim | * theory of SC being addressed in the decision (for example, direct SC), if applicable * all of the claimant’s contentions * benefit denied, and * reason for denial. |   **Note**:  If there are multiple bases of SC being considered and/or multiple denial reasons, the relevant text must be added to the rating Narrative.  **Example**:  A Veteran alleges hypertension due to exposure to Agent Orange. The denial must address SC on a direct basis, as well as the contention that the disability was due to herbicide exposure.  **Note**:  When considering 3.309(a) presumptive conditions claimed on a direct (or other) basis, you should address this with the use of glossary text P\_NC, supplemented by (required) free text.  **Example P\_NC free text** Service connection may be granted on a presumptive basis if this condition is manifested to a compensable degree within a year after military discharge.  ***References***:  For more information on   * VBMS-R glossaries requiring free text, see the [*VBMS-R Glossary List*](http://vbacodmoint1.vba.va.gov/bl/21/Transformation/docs/Glossary%20List.docx), and * how to insert glossary text into a rating decision, see [*VBMS Rating Functionality Job Aid*](http://vbaw.vba.va.gov/VBMS/docs/VBMS_Rating_Functionality_Job_Aid_Using_Hot_Keys_National_Glossary_508.pdf). |
| **Example: Short Form Denial** Slide 15  ***This example is copied directly from the M21-1.***  (1) Service connection may be granted for a disability which began in military service or was caused by some event or experience in service.  (2) Service connection for left shoulder condition is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (3) While your service treatment records reflect complaints, treatment, or a diagnosis similar to that claimed, the medical evidence supports the conclusion that a persistent disability was not present in service. (4) You did not attend the VA examination we scheduled in connection with your claim, and did not show good cause for your failure to do so. Therefore, medical evidence that could have been useful to support your claim was not available to us.  This denial is made up of all VBMS-R generated text and glossary text.   1. VBMS-R based on selection of “Not Service Connected” under the *Decision* on the *Disability Decision Information* screen. 2. VBMS-R based on selection of “No Diagnosis” under the *Decision Basis* on the *Disability Decision Information* screen. 3. Glossary text AT. 4. Glossary text FTR. |
| Short Form Rating Narrative *Slide 16*   * The short form rating narrative does not have to contain the entire explanation of the analysis or specifically cite each piece of the evidence; however, ***each element of the decision should be adequately explained.*** * Use of VBMS-R generated language, glossary fragments, calculators, the Evaluation Builder, and ***limited*** free text will usually contain adequate explanation of the essential elements of the decision. |
| Including Free Text in a Short Form Rating *Slide 17*  In some cases, a *limited amount* of free text may be used to supplement the short form rating narrative.   * + Use free text in situations where it     - is required by the selected glossary fragment to supplement the explanation of the denial reason, or     - is needed because automated language does not exist.   ***Note***:  Any free text that you use must be clear, succinct, and written in lay terms. |
| Generating Rating Language *Slide 18*   * Write directly to the claimant. * “You” is acceptable usage. * Use clear, concise, lay terms. * Refer simply to *the condition* or *your condition*. * DO NOT use:   + abbreviations,   + legal terminology, and/or   + legal citation.   Capture the claimed medical condition in its full form within the issue. Any explanation in the notification letter should refer simply to *the condition* or *your condition*. Consider your audience!  You, the RVSR, are responsible for ensuring that your inputs in VBMS-R will generate an accurate and legally adequate ADL. |
| Topic 4: Long Form Ratings |
| **Issues Requiring a Long Form Rating Narrative** Slide 19  A long form rating narrative must be used in decisions involving any of the following types of claims *(For complete list see M21-1 III.iv.6.C.)*   * clear and unmistakable error (CUE) * traumatic brain injuries * denials of SC for posttraumatic stress disorder (PTSD) based on   + military sexual trauma, or   + fear of hostile military or terrorist activity   + adverse action proposals, including, but not limited to   + severance of SC   + discontinuance or reduction of benefits currently being paid   + incompetency, and   + those made under the Integrated Disability Evaluation System (IDES) * final effectuation of severance, discontinuance, or reduction of benefits being paid * final determinations of incompetency   The long form is necessary for more complex decisions, and/or decisions which have an adverse impact on the Veteran.  Completion of rating decision narratives in long form or short form does not change in the ADL process. From the above list, the only decisions that cannot use ADL are proposal and final rating decisions involving adverse actions other than reduction pursuant to 38 CFR 3.105(e), and/or incompetency.  You may determine that the facts of your case include special circumstances that although not excluded from ADL, may not be ADL appropriate. If you make such determination, you must insert the phrase *use PCGL* and a brief description explaining the reason the case cannot be processed using ADL in the SPECIAL ANNOTATION box. |
| **Adequate Analysis in a Long Form Narrative** Slide 20  The long form rating narrative format must be used in certain types of claims to more thoroughly and adequately discuss the reason a decision was made. In general, the narrative should   * address the decision elements noted in M21-1, Part III, Subpart iv, 6.C.5.a. * discuss evidence that is relevant and necessary to the determination, including specific treatment details both during service and after * clearly explain why that evidence is found to be persuasive or unpersuasive, and * address all pertinent evidence and all of the claimant's contentions.   ***Remember:*** The decision should be written in direct, concise, and clear lay terms; without the use of abbreviations, legal terminology and/or legal citation (such as the CFR or case law). Write the rating decision using second person active voice. |
| **Adequate Analysis in a Long Form Narrative** Slide 21  The reason for denial should be based on a review of the available facts and how they relate to the statutory and regulatory requirements for the benefit sought. The key factors involve   * the claimant’s stated belief or contentions * the pertinent facts, to include those that address the condition or circumstances claimed * what we may have asked for but did not receive, and * succinct reasoning explaining the elements not present which are needed to award the benefit.   **Note**:  Cite both favorable and unfavorable evidence without partiality, especially when a decreased benefit is under consideration. Compare relevant findings at the time of the previous rating with present findings. |

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| Topic 5: Coded Conclusion |
| **Signatures on rating Decisions** Slide 22   * Rating decisions must contain the decision maker’s digital signature on the bottom of the last page of the *Codesheet*. * ***Exception***:  If a rating decision requires more than one signature, the rating decision *Codesheet* should display the required additional signature fields, but the digital signatures of the additional reviewers are documented on [*VA Form 21-0961, Electronic Signatures*](http://vbaw.vba.va.gov/bl/20/cio/20s5/forms/VBA-21-0961-ARE.pdf). * ***Important***:  The signature of the decision maker(s) certifies that the claims folder was reviewed and all phases of the claims process leading to the decision were correctly handled.   While in Challenge, and until you are released to single signature authority, you will always need to have the second signature line on your decision. (You will have to add it on the *Profile* screen when you initiate each decision in VBMS-R.) You will also need to upload the 21-0961 into VBMS to show the appropriate signatures to accompany each decision (to include deferrals). |
| **Sample Codesheet** Slide 23    During Challenge your eCases will be reviewed and graded based on accuracy of your decision, to include the requirements outlined in this lesson. These requirements differ from those used by local quality and STAR, as this is a learning/training environment. Our goal is not just to ensure you don’t make benefit entitlement errors, it is to ensure that you learn how to properly input all aspects of your rating decisions and ADL following all current procedural guidance. |