Rating Decision Requirements
(RVSR Challenge)

Instructor Lesson Plan

Time Required: 1.75 Hours

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| 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 # | 4279300 |
| Prerequisites | Challenge training classes prior to working eCases, such as Rating Analysis, Rating Schedule 4.1-4.31, Effective Dates, Evaluating Disabilties, Evaluation Builder Demonstration, SMC K, S, & L, Ancillary Benefits, VBMS-R Demonstration. |
| target audience | The target audience for Rating Decision Requirements is newly hired/promoted RVSRs who are participating in centralized Challenge training.  |
| Time Required | 1.75 hours***Please note:*** The schedule may only reflect 1.5, but the class begins as soon as homeroom ends, which should accommodate the additional 15 minutes.  |
| Materials/TRAINING AIDS | Lesson materials:* Rating Decision Requirements PowerPoint Presentation
* Rating Decision Requirements Trainee Handout
 |
| 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
* Compensation Service Intranet: Rating Job Aids
* Internet access for Compensation Pension Knowledge Management (CPKM)
* Internet access for Electronic Code of Federal Regulations
 |
| 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.
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| Introduction to Rating Decision Requirements |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
 |
| time required | 0.2 hours |
| Purpose of Lesson | This lesson provides the RVSR with a comprehensive understanding of all required elements for rating decisions and automated decision letter (ADL) rating procedures.  |
| Lesson ObjectivesSlide 2 | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.With completion of this lesson and available references and resources, the RVSR should generate rating decisions with: * required evidence,
* appropriate terminology, and
* all required text for both short and long form rating narratives.

***Stress:*** the eCases worked throughout Challenge (to include the two practicum rating decisions) will be evaluated/scored based on these requirements. |
| Motivation | Gaining knowledge in this area will improve your quality, your office’s quality, and most importantly; ensure the accuracy of your rating decisions and notification letters. This will directly impact the notification letter the Veteran receives, their ability to understand the decision you have made, and what evidence is needed to change the decision. This is also significant to ensure all legal requirements for rating decisions and notification letters are met. |
| STAR Error code(s) | N/A *Challenge introductory level course on rating decision requirements presented prior to working eCases in training.*  |
| ReferencesSlide 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 Conclusion
* 38 C.F.R 3.104
 |
| Topic 1: Guidelines for the Evidence Section |
| Introduction | This topic will identify and discuss evidence list requirements.  |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives and teaching points to support the topic objectives:Identify what evidence must be included in an evidence list, and how it should be specifically listed/formatted. |
| **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.

***Discuss:*** 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- while it is neccesary and significant to take appropriate action based on receipt of a 21-22, the election and identification of a POA does not influence the decision being made.
* VA Form 21-686c- while it is neccesary and significant to take appropriate action based on receipt of a 21-686c, the addition/removal/ identification of dependants does not (*usually*) influence the decision being made. *(****Could be*** *pertinent in rating a Helpless Child claim.)*

***Stress:*** Think about what you reviewed and considered when determining if you can grant SC, what the evaluation is, what the effective date is, etc.  |
| **Guidelines for the Evidence Section**Slide 5 | ***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. |

***Discuss:*** The how you list **VA** treatment records (**NO** doctor name) and PMRs (name of facility *OR* doctor). ***Also, note:*** The date of receipt AND dates of service (for STRs) or treatment records are both required (when available). ***Note:*** The date of receipt of VA treatment records is not required, just the dates covered by the records, because they are not “received” the date they were added to the claims folder since they were already in constructive custody of the VA. |
| **Guidelines for the Evidence Section**Slide 6 | ***This table is copied directly from the M21-1***

|  |  |
| --- | --- |
| **If the Evidence section identifies ...** | **Then list the evidence type and ...** |
| 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. |

***Emphasize:*** The lay statements must identify each lay statement by the person who provided the statement. The forms must be listed by the full form name, even though most of them are not specifically provided as canned text in VBMS-R. ***Stress:*** When you list the claim form, ensure you list it exactly as shown at the top of the form received. ***Example*** VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits. (This is currently the most common claim form received, but VBMS-R evidence list will default to listing VA Form 21-526EZ, Fully Developed Claim. This is not the same thing, even though the 526EZ can be a fully developed claim, which was a specific form with that name, which this one is not the same as.)***Discuss:*** You must identify all pertienent evidence we developed for but did not receive.  |
| **Guidelines for the Evidence Section**Slide 7 | ***This table is copied directly from the M21-1***

|  |  |
| --- | --- |
| **If the Evidence section identifies ...** | **Then list the evidence type and ...** |
| 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/). |

***Discuss:*** You cannot list “Rating Decision dated XX, and all evidence cited therein,” you must specifically identify what evidence in that decision you are currently considering.**Note:** This practice was previously acceptable. As such you will see it in prior decisions. |

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| Topic 2: Establishing the Issues |
| Introduction | This topic will identify and discuss how to identify conditions, and requirements of the use of VBMS-R tools.  |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives and teaching points to support the topic objectives:Determine how to use diagnostic terminology, and VBMS-R tools. |
| **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*.

***Discuss:*** Look at the diagnosis portion of the DBQ, and all other medical evidence of record. ***Example:*** The claim is for knee pain, the STRs show a knee strain, the DBQ shows severe degenerative arthritis of the knee. The issue on your rating decision (and codesheet) would be degenerative arthritis of the knee. You would not include severe, you would just use the actual diagnosis identified. (If you are denying SC due to no diagnosis, then you deny as a “body system or joint”. You do not arbitrarily use a diagnosis from the rating schedule, as there is no diagnosis.) |
| **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)*.

**Note:** Do not include the parenthetical note, if indicated, in the DIAGNOSIS field on VBMS-R’s DISABILITY DECISION INFORMATION (DDI) screens. The parenthetical note should not appear on the Codesheet.***Discuss:*** This must be done to ensure the Veteran knows that the condition being addressed is the same as what was claimed. It also 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.
	+ It is recommended that RVSRs review the outputs of these tools for accuracyprior to accepting the results as updates frequently cause disruptions in functionality.

***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.)***Discuss:*** When you deny SC for a condition, you usually do this as “manual entry,” rather than utilizing the built in Evaluation Builder. However, *all* claims for hearing loss (grant, denial, C&C) must use the hearing loss calculator. Confirmed and continued evaluations will also usually go through the Evaluation Builder, and VBMS-R recognizes that there is no change to the evaluation and populates the C&C language (and all evaluation related narrative text required) for you. Rating decisions generated on or after February 14, 2019 February 19, 2019, must address, as a narrative element for each decided issue, any findings made by the adjudicator that are favorable to the claimant under 38 CFR 3.104(c). |
| Topic 3: Reasons for Decision & Short Form Ratings |
| Introduction | This topic will identify and discuss what must be included in grants, confirmed and continued (C&C) evaluations, and denials; and short form rating narratives. |
| Time Required | 0.5 hours |
| OBJECTIVES/Teaching Points | Topic objectives and teaching points to support the topic objectives:Determine what must be addressed in the Reasons for Decisions for grants, denials, and C&C evaluations; and how to formulate a short for narrative. |
| **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
* laws and regulations applicable to the claim
* fact that all elements required to decide the issue were met, and all findings are favorable to the claimant
* 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.***Emphasize:***The Reasons for Decision should discuss the decision elements listed in M21-1, Part III, Subpart iv, 6.C.5.a. Findings favorable to the claimant under 38 CFR 3.104(c), if any, must be identified using procedural guidance found in M21-1, Part III, Subpart iv, 6.C.5.f. |
| **Example: Short Form Award**Slide 12 | Service connection for arthritis of the cervical spine has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304) The effective date of this grant is August 1, 2017. 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. (38CFR 3.400) An evaluation of 20 percent is assigned from August 1, 2017. We have assigned a 20 percent evaluation for your arthritis of the cervical spine based on: • Forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees Additional symptom(s) include:• X-ray evidence of traumatic arthritis • Combined range of motion of the cervical spine greater than 170 degrees but not greater than335 degrees • Painful motion upon examinationThe provisions of 38 CFR §4.40 and §4.45 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.This is the highest schedular evaluation allowed under the law for traumatic arthritis. Additionally, a higher evaluation of 30 percent is not warranted for cervical strain unless the evidence shows: • Favorable ankylosis of the entire cervical spine; or, • Forward flexion of the cervical spine 15 degrees or less. (38 CFR 4.71a)***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). **Emphasize**: ***As these tools can cite the wrong evaluation regulation, always review output for accracy.*** ***This example is copied directly from the M21-1.*** |
| **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
* laws and regulations applicable to the claim
* findings that are favorable to the claimant under 38 CFR 3.104(c), if any
* 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. **\*\*Recommended as best practice!** **Explain** C&C’s will look very similar to a grant (showing what the current evaluation is based on and the next higher criteria), but would also include glossary text addressing the C&C, potential improvement, and/or possible need for a future examination. |
| **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
* claimant’s contentions
* benefit denied,
* laws and regulations applicable to the claim, and
* reason for denial, including the
	+ criteria required to grant SC
	+ element(s) required to grant the claim that were not met, and
	+ findings favorable to the claimant under 38 CFR 3.104(c), if any.
 |

**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 in order to address the unmet elements and favorable findings relative to each theory of SC under consideration. **Explain:** When a Veteran claim service connection for a condition on a direct basis, but you know that it is something that they may qualify for on a presumptive basis, always address the presumptive basis as well (as shown by the example above). This often should be done with the use of glossary text P\_NC, supplemented by (required) free text.***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 | Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for left shoulder condition is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303)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. (38 CFR 3.303) We have been informed that you have missed the VA examination scheduled in support of your claim. There is no information presently indicating good cause for absence on the scheduled appointment date. As a result, medical evidence that could have been used to support your claim was not available to us. (38 CFR 3.655) Please notify us when you are ready to report for an examination, or you may submit a disability benefits questionnaire (DBQ) which must be completed and signed by a health care provider.Favorable Findings identified in this decision:The evidence shows that a qualifying event, injury, or disease had its onset during your service. Your service treatment records show that you injured your left shoulder in June, 1998.***Explain***: This denial is made up of all VBMS-R generated text and Favorable Findings free text. Generated by: 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.
5. Favorable findings functionality
 |
| Addressing Favorable Findings in the Rating NarrativeSlide 16Short Form Rating Narrative*Slide 17* |

|  |  |
| --- | --- |
| **If ...**  | **Then address favorable findings in the *Reasons for Decision* by ...**  |
| awarding the claim  | relying on system-generated grant language automated by VBMS-R’s DDI screen entries and selections.  |
| denying the claim  | adding and saving individual entries for each finding that was favorable to the claimant, if any, using the FAVORABLE FINDINGS screen under VBMS-R’s ISSUE MANAGEMENT tab.  |
| increasing or continuing an existing evaluation  | relying on system-generated language automated by evaluation builder entry and selections.  |

* 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.***
* Only use free text if appropriate automated or glossary text does not already exist.
* System-generated language will typically be sufficient to satisfy the requirement (as stated in M21-1, Part III, Subpart iv, 6.C.5.a) for inclusion of any laws and regulations applicable to the claim. In the event, however, that all applicable laws or regulations are not cited via system automation, identify those outstanding laws or regulations by inserting free-text parenthetical annotations.

***Stress***:Most decisions can be adequately explained with the VBMS-R generated language and available glossary text.  |
| Including Free Text in a Short Form Rating*Slide 18* | 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.***Emphasize:*** *Manual reference III.iv.6.C.b. provides a link to the VBMS-R Glossary which contains denial codes which “require” free text****.***  |
| Generating Rating Language*Slide 19* | * avoid the use of abbreviations
* use language that is appropriate to the audience
* avoid complex medical or legal terminology, or explain the underlying concept in layman’s terms when such use is unavoidable
* never include citations to case law unless required to do so by other, more specific procedural guidance
* keep sentences direct, concise, and clear, and
* draft the rating decision using
	+ second person point of view, and
	+ active voice.
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| Topic 4: Long Form Ratings |
| Introduction | This topic will identify and discuss when a long form narrative is necessary, and what they must include. |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives and teaching points to support the topic objectives:Determine when to use a long form narrative, and what they must include. |
| **Issues Requiring a Long Form Rating Narrative**Slide 20(For complete list see M21-1 III.iv.6.C.) | A long form rating narrative must be used in decisions involving any of the following types of claims: * award of an issue on legacy appeal
* higher-level reviews (HLRs)
* *Nehmer*
* • denials of SC for posttraumatic stress disorder based on
* military sexual trauma, or
* fear of hostile military or terrorist activity
* traumatic brain injuries • denials of benefits under 38 U.S.C. 1151
* 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
* final effectuation of severance, discontinuance, or reduction of benefits being paid
* final determinations of incompetency
* potential fraud
* survivor benefits
* live pension, and
* clear and unmistakable error (to include determinations made in any of the categories above or claims seeking earlier effective dates).***Discuss***: The long form is necessary for more complex decisions, and/or decisions which have an adverse impact on the Veteran.

**Notes:** *Legacy appeal decisions awarding benefits and HLR decisions will use the long-form decision format regardless of whether or not the underlying issues are complex and/or included on the list above.***Explain:** Decision makers should use their best judgment when deciding to use a long-form rating narrative for any type of claim not listed. |
| **Adequate Analysis in a Long Form Narrative**Slide 21 | 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.

***Explain***: The decision elements noted in M21-1, Part III, Subpart iv, 6.C.5.a. were those covered on slides 11, 13, and 14. ***Please note:*** The decision should be written in direct, concise, and clear lay terms; without the use of abbreviations, and/or legal terminology other that the required legal citations Write the rating decision using second person active voice.  |
| **Adequate Analysis in a Long Form Narrative** Slide 22 | 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.**Discuss**: Clearly identify the missing element(s)! You must identify what we need in order for us to make a different/favorable decision. |

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| Topic 5: Coded Conclusion |
| Introduction | This topic will identify signature requirements, and show a sample codesheet.  |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives and teaching points to support the topic objectives:Determine signature requirements for rating decisions. |
| **Signatures on rating Decisions**Slide 23 | * 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.

***Explain***: 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 may continue to require second/third signatures for certain cases, such as TBI, higher level SMCs, and CUEs. |
| **Sample Codesheet**Slide 24 | ***Reiterate***: 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 following all current procedural guidance. |
| **Questions?**Slide 25 |  |
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| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The Rating Decision Requirements lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.05 hours  |
| Lesson Objectives | You have completed the Rating Decision Requirements lesson. With completion of this lesson and available references and resources, the RVSR shouldgenerate rating decisions with * required evidence,
* appropriate terminology, and
* all required text for both short and long form rating narratives.
 |
| Assessment  | There is no assessment for this lesson, only daily survey in Challenge, and subsequent eCase scores. |