Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Diseases

Instructor Lesson Plan

Time Required: 1 Hour

**Table of Contents**

[Lesson Description 2](#_Toc52282071)

[Introduction to Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Disease 4](#_Toc52282072)

[Topic 1: Cardiovascular Disability Benefits Questionnaire (DBQ) Sufficiency 5](#_Toc52282073)

[Topic 2: Cardiovascular Disability Evaluation 8](#_Toc52282074)

[Practical Exercise 12](#_Toc52282075)

[Lesson Review and Wrap-up 12](#_Toc52282076)

|  |
| --- |
| 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 # | 4560426 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have completed Challenge Training. |
| target audience | The target audience for Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Disease is RVSR, Entry, Intermediate or Journey Level .Although this lesson is targeted to teach the RVSR, Entry, Intermediate or Journey Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1 hour |
| Materials/TRAINING AIDS | Lesson materials:* Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Disease PowerPoint Presentation
* Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Disease 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 Accuracy of Disability Benefit Evaluations for Veterans’ Service Connected Heart Disease |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
 |
| time required | 1 hour |
| Purpose of LessonExplain the following:Slide 4 | This lesson is intended to introduce and reinforce knowledge of the claims procedures for evaluating claims for heart disease. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * Evaluating cardiovascular DBQ
* Assigning evaluations for heart disease
 |
| MotivationSlide 5 | In an effort to identify the accurately to determine the sufficiency of the disability benefits questionnaire and the assignment of proper evaluations when rating claims for heart disease.  |
| Lesson ObjectivesDiscuss the following:Slide 6 Handout 2 | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.TheRVSR will be able to: * Determine the sufficiency of the disability benefits questionnaires (DBQ) when evaluating claims for heart disease.
* Determine the appropriate disability evaluation when deciding claims for heart disease.
 |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed.  |
| STAR Error code(s) | TBD |
| ReferencesSlide 7 Handout 3 | All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).* 38 CFR 3.102, Reasonable doubt
* 38 CFR 4.7, Choosing between two levels of evaluation
* 38 CFR 4.104, Schedule of ratings-cardiovascular system
* 38 CFR 3.309(e), Disease associated with exposure to certain herbicide agents
* M21-1 Part IV, Subpart ii.2.C, Service Connection (SC) for disabilities resulting from exposure to environmental hazards or service in the Republic of Vietnam (RVN)
* [Compensation Service Novel Coronavirus (COVID-19) Operational Information Page](https://vbaw.vba.va.gov/bl/21/corona.htm)
 |

|  |
| --- |
| Topic 1: Cardiovascular Disability Benefits Questionnaire (DBQ) Sufficiency |
| Introduction | This topic will assist the RVSR in determining the accuracy of cardiovascular DBQ. |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify the sufficiency or insufficiency of DBQ
* Recognize when to apply reasonable doubt rule
* Recognize when to apply the higher of two evaluations rule

The following topic teaching points support the topic objectives: * RVSRs have the primary responsibility for determining sufficiency for rating purposes.
 |
| Determining the sufficiency of the DBQ when evaluating claims for heart diseaseSlide 9-11Handout 4 | A disability benefits questionnaire is determined to be insufficient if it does not contain enough findings to render a decision on the claim. This could include missed fields on the disability benefits questionnaire or conflicting or unclear statements by the medical provider.The RVSR must request clarification when necessary when making disability evaluations. If a medical provider indicates one measurement was used to evaluate the heart disease but then provided an additional statement that another measurement was better. The RVSR should request clarification from the medical provider if the disability benefits questionnaire is insufficient. **Discuss**: Have a discussion on what type of missing fields can render an examination inadequate. |
|  Reasonable doubtSlide 12Handout 4 | **38 CFR 3.102 “Reasonable doubt”** allows claims processors to resolve conflicting evidence in favor of the Veterans if evidence is equal and not due to insuffiency or lack of clarity. Reasonable doubt does not apply if the evidence is unclear or incomplete, such as in the case of insufficient, missing, or conflicting information on a disability benefits questionnaire. **In these instances, the RVSR should seek medical clarification before completing a disability evaluation.** **Note:** RVSRs evaluate the credibility and probative value of all data and determine the approximate balance of positive and negative evidence for or against a finding. In those cases, for which there is an approximate balance of positive and negative evidence, the reasonable doubt rule would apply, and such doubt should be resolved in the veteran’s favor. 38 CFR 3.102 |
| Higher of two evaluationsSlide 13Handout 4-5 | 38 CFR 4.7 “**Higher of two evaluations**” allows for a higher percentage to be assigned during the evaluation in the Veteran’s favor if warranted by available evidence if there is doubt between which two percentage evaluations to assign. statements or reports fromThe evidence must equally (or approximately equally) support two levels of evaluation in order for the higher evaluation to be awarded. RVSRs should not grant the higher of two evaluations. **In these instances, the RVSR should seek medical clarification before completing a disability evaluation** **Note:** Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned. 38 CFR 4.7 |
| **Knowledge check** | Ask the trainees below, this can be a group or individual exercise:Scenario: A medical provider documented medical examination findings on a heart disability benefits questionnaire and provided a METs level of one to three due solely to the heart condition claimed by the veteran. However, the medical provider then provided conflicting evidence by stating the following on the disability benefits questionnaire, “It is difficult to precisely indicate what METs level is exactly due to his heart. Cardiac function is calculated best with determining LVEF.” In this case the LVEF was reported as 50 percent. This LVEF finding would warrant a 60 percent disability evaluation. The VBA decision maker, however, awarded a 100 percent disability evaluation based on the level of METs provided.**Answer:** Because of the conflicting information, the RVSR should have returned the disability benefits questionnaire to the medical provider for clarification on which measurement to use before evaluating the heart disease.Scenario: A medical provider documented medical examination findings on a heart disability benefits questionnaire with a METs level of one to three based solely on the heart condition claimed by the veteran. The medical provider noted the Veteran had two lung diseases: chronic obstructive pulmonary disease and emphysema. Also noted was that the Veteran’s symptoms were most likely related to his lung conditions and not his heart.**Answer:** Recognizing the conflict, a RVSR requested clarification from the medical provider to determine the METs level due solely to the heart condition, if possible. The medical provider did not provide a METs level due to the heart condition or an LVEF finding that would be useful in evaluating the disability. The RVSR should have returned the examination a second time for clarification, but instead inappropriately assigned a 100 percent evaluation based on the above METs level of one to three. |

|  |
| --- |
| Topic 2: Cardiovascular Disability Evaluation |
| Introduction | This topic focus on assigning appropriate evaluations when deciding claims for heart disease. |
| Time Required | 0.25 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify appropriate evaluations when rating heart disease.
 |
| Identifying the appropriate disability evaluation when deciding claims for heart disease.Slide 16Handout 5 | When evaluating heart conditions, METs testing is required, with some exceptions. When METs testing cannot be conducted for health reasons, the medical provider may provide an estimate of the METs by interviewing the Veteran to determine the lowest activity level at which the Veteran reports symptoms of heart disease. In some situations, however, Veterans may have both service-connected disabilities and disabilities not related to service. Disabilities that are not related to service may also have an impact on METs results. The medical provider must state in the examination that the estimated METs are due solely to the Veteran’s claimed service connected heart disability. |
| Identifying the appropriate disability evaluation when deciding claims for heart disease continued.Slide 17Handout 6 | GRAPHIC(*38 CFR 4.104)* |
| OIG NoteSlide 18 | **Note:**In addition to this refresher training the OIG recommended that the Under Secretary for Benefits implement a plan to:1. Incorporate the system-generated instructions for medical providers directly into the heart disability benefits questionnaire (instead of separately on the examination re quest) and determine whether additional revisions are necessary to ensure medical providers’ findings are sufficient for evaluation purposes.

Ensure medical providers who complete heart disability benefits questionnaires are made aware of common problem areas related to the questionnaire format and system-generated instructions and are provided guidance on how to avoid giving conflicting or insufficient information. |
| Determine how to properly read the DBQ. Slide 19-21Handout 6-7 | GRAPHIC (*Heart Disability Benefits Questionnaire, section 1 – Diagnosis Section)* |
| Determine how to properly read the DBQ. Continued.Slide 19-21Handout 6-7 | Medical providers have the opportunity to select several diagnoses listed on the DBQ. However, providing a new diagnosis of a heart condition not claimed by the Veteran or that is not service-connected could be problematic. New diagnoses require VBA **to** **obtain clarification to determine whether these conditions affect the MET level or whether any of the conditions should be considered for service-connection.**  |

|  |  |
| --- | --- |
| Determine how to properly read the DBQ. Continued.Slide 19-21Handout 6-7 | The unrelated diagnoses sometimes conflicted with responses to a later question on the DBQ regarding METs due solely to the heart condition as shown below.  |
| Determine how to properly read the DBQ. Continued.Slide 21Handout 6-7 | GRAPHIC (*Heart Disability Benefits Questionnaire, section XIV- METs testing, questions 14E-F)* |
| Knowledge Check | **Scenario 1**: A Veteran claimed a service-connected heart disability and submitted private medical records showing a diagnosis of myocardial infarction (heart attack). VA regulations state that a veteran with this diagnosis should be temporarily evaluated at the 100-percent rate. However, the RVSR did not award the temporary 100-percent evaluation and evaluated the condition based on the disability benefits questionnaire findings alone, assigning a 30-percent evaluation based on cardiac hypertrophy. As a result of this omission, VBA underpaid the veteran about $3,600.**Scenario 2**: A medical provider reported a Veteran’s cardiac dilatation on a disability benefits questionnaire and associated the dilatation with a condition not related to the Veteran’s military service. An RVSR inaccurately assigned a 30-percent evaluation for the dilatation when only a 10-percent evaluation was warranted based on the need for continuous medication for the veteran’s service-connected heart disease. |
| ConclusionSlide 23 | RVSRs inappropriately evaluated service-connected heart disease based on insufficient disability benefits questionnaires. The formatting of the disability benefits questionnaire used to evaluate the Veteran’s heart disease and the system-generated instructions on examination requests contributed to the identified errors. In addition, the OIG found RVSRs applied VBA guidance rather than returning conflicting or unclear disability benefits questionnaire findings for clarification. Errors resulted in both overpayments and underpayments to Veterans. |
| Regional Office Specific Topics | At this time add any information pertaining to:* Station quality issues with this lesson
* Additional State specific programs/guidance on this lesson
 |

|  |
| --- |
| Practical Exercise |
| Time Required | 0.25 hours |
| EXERCISEHandout 8 | Review the practical exercise and have trainees engage in discussion.Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |

|  |
| --- |
| Lesson Review and Wrap-up |
| IntroductionDiscuss the following: | The Accuracy of Disability Benefit Evaluations for Veterans' Service-Connected Heart Diseases lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hours  |
| Lesson Objectives | You have completed the Accuracy of Disability Benefit Evaluations for Veterans' Service Connected Heart Diseases lesson. The trainee should be able to: * Determine the sufficiency of the disability benefits questionnaires (DBQ) when evaluating claims for heart disease.
* Determine the appropriate disability evaluation when deciding claims for heart disease.
 |