(VSR VIP Post-D)

Reviewing Ratings & Notification Requirements

Trainee Handout

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Objectives

The purpose of this lesson is to teach the Veteran Service Representative (VSR) how to review all previous development actions taken and evidence received in the VBMS eFolder and/or c-file to ensure that all Duty to Assist requirements have been met prior to processing of a rating decision. This lesson will also review the major characteristics of a rating decision, provide an overview of the process involved with promulgating a rating decision, and discuss the required elements of notifying the Veteran or claimant of the decisions made by the rating decision.

Upon completion of this lesson, you will be able to:

* Describe the actions that must be taken by a VSR during the review of a rating decision
* Discuss the components of a rating decision and their key elements
* Determine the decisions being made on the rating decision
* Describe the award processing responsibilities of a VSR
* Identify the elements required in a decision notice
* Name the requirements specific to processing a claim for a visually impaired Veteran

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Topic 1: VSR Responsibility to Review

**It is the responsibility of each VSR to make sure the submitted claim**

**has been properly adjudicated.**

Processing rating decisions is part of the responsibility of the VSR. However, the rating decision should not be processed (generated award and decision notice) until the VSR has verified that all development actions required under VA’s Duty to Assist (DTA) have been completed accurately. The VSR is the final employee to make sure we have provided proper DTA, in accordance with (IAW) *38 CFR 3.159(b)* and the most current guidelines found in the *M21-1 Adjudication Procedures Manual* and the *M21-4 Manual*.

Important: If any part of the development has been missed, neglected, or forgotten, and the issue is denied, the claim is not ready and should not be processed because VA has not met its obligations under *38 CFR 3.159* to assist the Veteran/claimant in support of their claim.

**Substantially Complete Claim**

One of the first tasks a VSR must undertake in the review process is to verify that the claim received was substantially complete. Per *38 CFR 3.159(a)(3)*, *M21-1 I.1.A.4.f*, and *M21-1 I.1.B.1.b,* substantially complete claims must contain the following information:

* Claimant’s name and relationship to the Veteran, if applicable
* Sufficient service information for the VA to verify the Veteran’s service, if applicable
* Benefit sought and any medical condition(s) on which it is based
* Signature of the claimant or another legally authorized individual
* Statement of income for Veterans pension, Survivors pension, or Parents’ Dependency and Indemnity Compensation (DIC), if pension is claimed
* Identification or inclusion of potentially new evidence in supplemental claims, and
* For higher level reviews (HLRs), identification of the date of the decision for which review is sought

Remember, if the claim was not substantially complete, neither development actions nor a rating decision should have been completed, unless the claim was made substantially complete by phone call to the Veteran. The manual gives VSRs guidance on processing and notifying the Veteran concerning an incomplete application (*M21-1 I.1.B.1.g*).

**Type of Claim**

Another task that the VSR must review concerns the established end product (EP) which controls the processing of the claim. VSRs will process both initial and non-original claims.

An *original claim* refers to the first time a Veteran submits a claim for VBA benefits. They are identified by one of two different EPs:

* EP 110 – Initial compensation claim containing seven issues or less
* EP 010 – Initial compensation claim containing eight issues or more

Remember, all conditions claimed during the course of an original claim, even claims that are otherwise individually managed by other EPs, such as dependency claims or claims for ancillary benefits like Specially Adapted Housing (SAH) or Automobile Allowances, will all be included as contentions under the original claim EP. (*M21-1 III.ii.1.C.5.a, M21-1 III.iii.5.A.1.i*)

A *non-original claim* refers to any subsequent claim received after the finalization of the original claim. These non-original claims can be separated into four sub-claim categories: *New, Increase, Secondary*, and *Supplemental*. You may also have a subsequent claim that has any mixture of these categories; however, supplemental claims are managed by entirely, distinctly, under a separate EP. Non-original rating claims can be identified by one of the following EPs:

* EP 020 – Compensation claim received after an initial eligibility decision has been made
* EP 040 – Supplemental claims (previously referred to as reconsideration and reopen claims) for compensation
* EP 310 – Routine future examinations
* EP 290 – Adjudicative decisions related to benefits under other VA programs or claims based on elections, waivers, or other issues affecting payments

It is important to verify that the correct EP was established for the submitted claim along with the proper date of claim (DOC). Additional information concerning EPs and DOCs can be found in *M21-4, Appendix B*.

***Note***: Additional training is available concerning EP 130 Dependency claims in subsequent training courses.

**Claimed Disabilities and Issues**

The VSR must review all claim documents received from the Veteran or claimant to ensure that all claimed issues have been identified. Often times, the Veteran may use the *Remarks* section of a prescribed claims form to claim additional issues or may submit additional claims forms during the claims process. The VSR must verify that all issues have been identified through the creation of a contention in VBMS for each issue. Also, it is the responsibility of the VSR to ensure the claimed conditions have been properly identified with special issue indicators and flashes as needed, such as Fully Developed Claim (FDC) indicators, Posttraumatic Stress Disorder (PTSD) indicators, and Agent Orange (AO) indicators as well as Homeless, Prisoner of War (POW), and Terminally Ill flashes, just to name a few.

***Note***: A review of the rating decision will also need to be completed to confirm that all rating issues claimed by the Veteran or claimant have been addressed in the rating decision as well. This topic will be discussed more thoroughly later in this training.

**Duty to Assist and Section 5103**

Some of the most frequently missed development actions are those surrounding our duty to assist the Veteran or claimant. There are several tasks that fall under our duty to assist, including:

* Section 5103 Notice and “What the Evidence Must Show” was provided through the submission of an EZ form or issuance of a Standard or Custom 5103 Notice
* Development was completed for all federal records, to include service treatment records (STRs), personnel records, VAMC and MTF records
* Development was completed for any private/non-federal records, to include private medical records (PMRs)
* Specialized development was completed for any special issues such as claims due to asbestos, radiation, or herbicide exposure, claims for hepatitis, or claims for benefits that require additional development like Individual Unemployability
* All warranted examinations were ordered, completed, and received

All of the actions that are applicable to the case under review must have been completed prior to the finalization of the rating decision (unless benefits for the claimed issue are being granted or the issue in question is being deferred) in order for the VA’s duty to assist the Veteran or claimant to be met.

**Reviewing a Rating Decision**

One of the final tasks a VSR must undertake prior to processing a rating decision is to complete a thorough review of the rating decision itself. A VSR should confirm that all conditions claimed by the Veteran or claimant are addressed in the rating decision, unless:

* the issue is currently under legacy appeal or a decision review request (an explanation should be given to the Veteran), or
* the issue is an authorization issue (non-rating issue such as dependency).

Along with ensuring all claimed issues are addressed by the rating decision, the VSR will also need to check the entire rating decision to verify that all components of the rating decision are present and correct. The next topic in this training will help the VSR to understand more thoroughly the components of a rating decision and help to identify issues that might warrant sending the rating decision back for correction.

Topic 2: Rating Decision

Once a thorough review of all development actions has been completed, the VSR will need to review the rating decision for completeness and accuracy. Therefore, it is important for the VSR to know the components of a rating decision and the elements found within each component. This allows the VSR to review the decision and identify any missing or inconsistent elements that might need correction prior to processing.

**Components of a Rating Decision**

A rating decision is a record purposes document detailing the formal determination made by the regional office (RO) rating activity regarding one or more issues of benefit entitlement. The rating decision states the decisions made and provides an explanation supporting each decision.

There are two components of a rating decision: rating narrative and rating codesheet. The rating narrative is an explanation of the determination on benefit entitlement based on the *current claim only*. The rating codesheet contains information about the claimant, the current decision, past decisions, and the current state of entitlement to compensation and/or pension benefits.

**Elements of a Rating Narrative**

The rating narrative is made up of several key elements that all work together to communicate a thorough explanation of the decision(s) made and how those decisions were reached. The manual gives a thorough explanation of the rating narrative in *M21-1 III.iv.6.C*. The elements include:

* Introduction – Identifies the claimant, and acknowledges the Veteran’s qualifying service and any special considerations relevant to the claim
* Decision – Lists the specific outcome for each issue addressed. If there is more than one decision made, each decision will have a number corresponding with the explanation section found later in the narrative. Decisions can include any of the following:
  + Denial of service connection
  + Confirmed and continued denial
  + Grant of service connection
  + Confirmed and continued (C&C) evaluation
  + Increased evaluation
  + Grant of temporary evaluations
  + Grant of additional compensation benefits such as Individual Unemployability or Special Monthly Compensation (SMC)
  + Grant of ancillary benefits such as Dependents’ Education Assistance, Automobile Allowance, and Specially Adapted Housing
  + Deferral of an issue for further development, examinations, or clarification

***Note***: A rating decision must grant at least one claimed condition if it is to defer the other issue(s). The rating decision cannot deny one condition and defer the other condition(s).

* Evidence – Lists each piece of evidence considered in arriving at the decision. It may include, but is not limited to, the following:
  + Claim document
  + Service treatment records (STRS)
  + Service personnel records
  + Private and VA treatment records
  + VA or contract exams reports to include DBQs
  + Lay statements, or
  + Written or oral testimony, to include hearing transcripts

The evidence list has specific formatting for the different types of documents

***Note***: The evidence section can be imported from VBMS or manually created through user input in VBMS-R. The list should always be checked for accuracy and completeness.

* Reasons for Decision – Concisely cites and evaluates all relevant facts considered in making the decision so as to explain the rationale behind: the decision made, effective date granted, evaluation granted, or reason for denial. Each numbered decision should correspond with the numbered reason for decision found in this section of the narrative. For denials, the rating decision must also provide favorable findings (the requirements for service connection met by the Veteran), the requirements not met that prevent service connection, and the regulations that correspond to the requirements. If an issue has been deferred in the decision section, the corresponding reasons for decision narrative should give a short description of the missing development action needed.
* References - Refers the reader to 38 U.S.C., as well as the VA website, for the laws regarding VA benefits. The references section of the narrative is automatically generated by VBMS-R.

The rating narrative is part of the award decision notice package received by the Veteran or claimant. Therefore, it is important that all portions of the narrative are correct and effectively communicate to the claimant all decisions made, evidence considered, and reasons for decisions in order that they understand fully the outcome of their claim.

**Elements of a Rating Codesheet**

The rating codesheet is also made up of several key elements, but these elements provide in-house documentation of the current decisions made as well as a historical account of all previous decisions and the overall combined evaluation for the Veteran. Most of this information is automatically generated based on information inputted into VBMS-R at the time the rating decision is completed by the RVSR. From this information, the award and decision notice are generated. The manual provides an explanation of the rating codesheet in *M21-1 III.iv.6.D*.

The elements include:

* Data Table – Contains information identifying the Veteran including personal data and active duty information. The VSR should ensure this data matches the information of record in the Veteran’s eFolder as well as other VA systems used to store personal data.
* Jurisdiction – Explains why the case is before the rating activity, referring to the claim at issue and citing the pertinent jurisdictional date.
* Coded Conclusion – Contains a summary of information on the status of benefits and all decided issues. This element of the codesheet contains several sections which include:
  + *Subject to Compensation* – Addresses all service connected disabilities individually, providing a medical designation and a diagnostic code for the disability, a history of the evaluation(s) and corresponding effective date(s) for the disability.
  + *Combined Evaluation for Compensation* – Gives historical account of all initial and subsequent changes in the combined evaluation of all conditions, including any change in the combined evaluation based on decisions made in the current rating decision.
  + *Special Monthly Compensation* – Addresses any decisions made concerning SMC to include an explanation of the SMCs granted and a numeric chart indicating the levels of SMC granted and their effective dates.
  + *Not Service Connected/Not Subject to Compensation* – Records all conditions for which service connection was not granted, providing the medical designation and diagnostic code, a short explanation of the reason for denial, and the date of the original denial decision.
    - Please be aware that there may be an evaluation under each condition even though the condition is not SC. These evaluations are for non-service connected pension purposes.
  + *Competency and Ancillary Decision* - Indicates when additional ancillary benefits have been granted or denied to the Veteran, such as Chapter 35 Dependents’ Education Assistance and Permanent & Total Status, or findings concerning competency.

***Note***: Not all of these sub-sections in the coded conclusion will appear in every rating decision, depending on what decisions have been made throughout the life of the Veteran’s compensation benefits. For example, if the Veteran has only claimed one condition for which we have granted service connection, the *Not Service Connected* sub-section will not appear on the codesheet.

* Special Notation and Notifications Template – Provides a space for the RVSR to record special remarks or approvals applicable to the rating decision, and communicate to the authorization activity (processing and authorizing VSRs) any additional instruction for further action or administrative message that needs to be communicated to the Veteran as part of the award notification.
* Signatures – Rating decisions must contain the decision-maker’s digital signature, which consists of their LAN ID and job title, on the bottom of the last page of the codesheet.

**Review of the Rating Decision**

As stated earlier in this lesson, it is vitally important for the VSR to perform a thorough review of the rating decision, comparing both the narrative and codesheet to ensure consistency between the two components. Several points of review include:

* All claimed conditions and issues should be addressed by the decision portion of the narrative, if appropriate, and explained in the reasons for decision section as well as be reflected on the codesheet to ensure correct award processing
* Effective dates should be explained in the rating narrative, unless the effective date is the date of claim or day after release from active duty, taking into account any other circumstances that might impact the effective date, such as intent to file (ITF); the effective dates decided should match the effective dates on the codesheet
* Evaluation levels should match when comparing the decision section and reasons for decision section of the rating narrative to the evaluations given in the coded conclusions section of the rating codesheet
* All relevant evidence has been properly entered into the evidence section of the rating narrative based on the manual requirements (*M21-1 III.iv.6.C.4.c*)
* Coded Conclusion section of the codesheet should reflect not only the new decisions being addressed in the current rating decision, but also include any prior historical data reflected on previous codesheets

Important: Remember, it is *not* the job of the VSR to rate the claim. It is the job of the RVSR to determine the decisions made such as denying or granting service connection, the evaluation level or percentage, and the effective date. However, it is the job of the VSR to review and determine if all issues have been addressed, if any evidence has been missed, and if any there are “obvious” errors exist, needing correction.

The VSR should ensure all claimed conditions are addressed on the rating decision; however, it is important to note that an RVSR has authority to infer entitlement to certain additional benefits the Veteran or claimant is warranted even though they were not specifically claimed. These are some of the “obvious” error that a VSR should be able to identify. Such instances include:

* Housebound SMC – payable under [*38 U.S.C. 1114(s)*](https://www.law.cornell.edu/uscode/text/38/1114) and [*38 CFR 3.350(i)*](http://www.ecfr.gov/cgi-bin/text-idx?SID=d6acca5e6f5d3f9f70777710a516ed3b&mc=true&node=se38.1.3_1350&rgn=div8) to a Veteran who has a single, SC disability evaluated as totally disabling (100%), and:
  + has an additional SC disability, or combination of disabilities, independently evaluated as 60-percent or more disabling, or
  + is permanently housebound due to an SC disability.
* SMC K (loss or loss of use (anatomical loss) of a creative organ) – usually granted along with conditions such as hysterectomy or erectile disfunction. Often, you will see erectile disfunction granted as an inferred residual of other claimed condition(s) such as diabetes or prostate cancer.
* Dependents Educational Assistance (DEA), also known as Chapter 35 – if a Veteran is considered Permanent & Total (P&T), then DEA should be addressed, either on the current rating decision or a prior rating decision.
  + ***Note****:* A VSR can conclude that a Veteran is P&T when the rating is 100% *(not temporary)* or a Veteran is assigned individual unemployability (IU), *and* there is no routine future exam scheduled

Any discrepancies found between the narrative and the codesheet must be reconciled and corrected prior to processing of the rating decision in order to prevent errors in the award, benefit payments, and/or notification sent to the Veteran or claimant.

Once a thorough review of the rating decision has been completed and it is determined that no corrective action is needed, the VSR can move on to the first task in processing the rating decision, generating the award.

Topic 3: Decision Authorizations

After the completion of the rating decision, the final stage in the adjudication of a claim is the processing/authorization of an award and notification of the decision(s) to the claimant. As a first step in this stage, the VSR will process an award which will either grant benefits when the entitlement exists or deny benefits when the entitlement does not exist. Many adjudication actions will be a combination of granting and denying entitlement. As stated previously in the training, the VSR is responsible for ensuring a decision to award or deny entitlement to benefits is addressed for each claimed condition. The EP controlling the claim must remain pending until each of the claimed issues has been resolved.

**Award Processing Responsibilities**

The processing VSR is responsible for the following actions:

* Conducting a cursory review of the rating decision, to include the codesheet, in an attempt to identify any obvious errors
* Enter additional data pertaining to the decision into the claims-processing system (including authorization decisions such as dependency, withholdings, eligibility determinations, etc.)
* Generate an award (using VBMS-A)
* Ensure that the award document fully reflects all new and/or increased entitlements implemented by the associated rating decision and/or authorization determination(s) (any authorization decisions made by the VSR should be reflected in the award too)
* Prepare a decision notice for the claimant (discussed in the next section of this training)
* Route the award to an authorizing Senior VSR (per the NWQ Playbook)

Once the award is ready to be generated, the VSR will need to use VBMS-A to complete this task. Upon generation of the award, the information that has been recorded on the codesheet will then be read by VBMS-A and translated into an award with payment amounts and payment start dates. VSRs will need to review the award once created and ensure that it reflects the information on the codesheet exactly. This task will ensure that the award is paying the beneficiary correctly.

**Authorization Decisions**

VBMS-A not only takes into consideration the information collected from the rating decision, but also additional information that is input by the VSR. The system has options for entering many different types of authorization decisions (decisions made by VSRs). Some of the most frequent authorization decisions include:

* Dependency – If the Veteran has a disability rating of 30% or more, they may be entitled to the addition of dependents to their award. Dependency actions can include the addition, removal, or denial of dependents based on the specific circumstances of the given claim and information of record.
* Withholdings – There will be times the VA must reduce or withhold payments even if the VA assigns a compensable disability rating to a service connected disability. VA may have to reduce or withhold payments if the Veteran received certain forms of military pay. The most common of these types of military pay include retired pay, separation pay, disability severance pay, and special separation benefit (SSB).
* Eligibility Determinations – Other eligibility determinations that affect the payment of benefits like returning to, or being released from, active duty.

Additional training will be provided in subsequent courses concerning the specific steps for the creation of an award in VBMS-A as well as the input of decisions surrounding dependency claims, the process to calculate and input withholdings for receipt of military pay, and the input of other eligibility determinations.

Use of VBMS-A will also allow for the automated generation of the award decision notice referred to as the Redesigned Automated Decision Letter (RADL), which will be discussed further in the next section of this training.

Topic 4: Decision Notices

After generating the award and verifying it is correct based on the rating decision, the next step for a VSR in the process is to create and review the decision notice to be sent to the Veteran or claimant, informing them of the decision(s) made.

This decision notice should address the decisions made by the rating, but may also include additional decisions made by the VSR, including the addition of dependents or needed withholdings based on receipt of military pay. The decision notice should fully inform the Veteran or claimant of all decisions as well as the impact that these decisions will have on the compensation benefits being paid.

**Redesigned Automated Decision Letter**

The VA has several systems that have been used to generate a decision notice for a rating decision. Currently, VSRs are to use the Redesigned Automated Decision Letter (RADL) functionality that is found in VBMS-A, which provides for the automated generation of decision notices. RADL is used for several reasons:

* Efficiency – Along with automated generation, the system is created to insert into decision notices appropriate system-generated language based on the specific decision(s) made
* Standardization – The use of system-generated language allows for consistency through the standardization of decision notices

In order for the RADL functionality to be available, an award must first be generated in VBMS-A (as discussed in the previous section of this training). Generation of an award in this system is a requirement, including decisions that in the past did not require processing in the award system, such as denials for non-original claims and C&C decisions. The generation of the award is what allows the VSR to continue to the RADL portion of the VBMS-A system in order that the letter may be generated and reviewed.

The RADL portion of VBMS-A has several options that allow for additional content to be added to meet the award notification requirements listed in the manual. There are tabulated options for additional dependency development, creating or adding to the evidence list, adding enclosures to the letter that may be required, ensuring both the claimant and any appointed Power of Attorney (POA) receive copies of the letters, and an option for free text to add any additional comments that need to go to the claimant.

When the RADL fails to generate entirely or is missing a requirement, or if working an EP or administrative decision that is not listed in *M21-1 III.v.2.B.4.b*, VSRs will need to revert to using Personal Computer Generated Letters (PCGL) to create the decision notice.

***Note***: Further training will be given for the use of the RADL functionality in VBMS-A and PCGL in subsequent courses.

Once the actions outlined in this training have been completed, the claim is ready to be reassigned to the authorizing Senior VSR (SVSR, often referred to as an “authorizer”) for review and authorization. VBMS-A will store a draft copy of the generated award as well as a draft copy of the generated RADL. The authorizer will have access to these documents in VBMS-A. The claim will be removed from your work queue and reassigned to an authorizer per the directives in the National Work Queue (NWQ) playbook.

**Decision Notice Requirements**

The manual demands that certain requirements are met in notification letters VA sends to the Veteran. All decision notices should include the following requirements when they are prepared:

* Informs the claimant of the decision(s) made and the reason(s) for the decision
* Summarizes the:
  + Evidence VA considered
    - If the evidence is listed on the rating narrative provided to the claimant, it does not need to be summarized in the decision notice (*M21-1 III.v.2.B.1.f*)
    - The list of relevant evidence should use descriptive identifiers such as form names, document types, and date of receipt (*M21-1 III.iv.6.C.4.c*)
  + Laws and regulations applicable to the claim
  + Applicable review options the claimant may use to seek further review of the decision
* Explains how to obtain or access evidence used in making the decision
* Identifies, if applicable, the criteria required to grant service connection (SC) or the next-higher level of compensation, and/or
* Identifies:
  + for denied claims, the element(s) required to grant the claim that were not met, and
  + a listing of findings that are favorable to the claimant under *38 CFR 3.104(c)*, if any

When processing of a rating decision grants entitlement to benefits, the decision notice must also notify the claimant of:

* The monthly rate of payment (if an initial claim or if the subsequent award modifies the Veteran’s combined disability rating, or otherwise alters the current rate of payment)
* The effective dates of entitlement and payment
* The amount of any benefits VA is withholding and the reason for the withholding, and
* Information about any additional benefits to which the claimant may potentially be entitled (a full listing can be found in *M21-1 III.v.2.B.1.k*)

If enacting a decision results in the creation of an overpayment for a beneficiary, VA must notify the beneficiary of the overpayment and his/her right to request:

* A waiver of the overpayment, and/or
* A repayment plan

***Note***: Any action that might adversely affect the claimant and their entitlement to benefits requires advanced notice of the decision. The legal term for this is “due process”. This process will be addressed in depth in the training course specific to this topic.

Additionally, VSRs should strive to provide communication to all claimants that is professional and customer-friendly. Wording should be clear and concise with a compassionate tone. VSRs should avoid using VA jargon, abbreviations without accompanying definition, and phrases common to internal communication within the agency.

**Visually Impaired**

Along with all of the requirements listed above, there are additional actions specific to notification sent to a visually impaired Veteran.

A *visually impaired Veteran* can be defined as a Veteran that has visual impairment for which VA has assigned a disability rating of at least 70 percent, or who has expressly requested that VA accommodate visual impairment with modified correspondence and communication methods, regardless of whether the condition has been evaluated for disability benefits.

Actions specific to visually impaired Veterans include the following:

* Add the *Blind* flash to the Veteran’s corporate record in Share
* Prepare a decision notice using 18-point font
* Identify and reverse file *VA Form 21-0178,* *Visually Impaired Veteran*, if a paper claims folder exists

The addition of the *Blind* flash in the Veteran’s corporate record will automatically create an RADL in the required 18-point font.

***Note***: Per the *M21-1, Adjudication Procedures Manual*, telephone contact is also required to visually impaired Veterans once the award and decision notice have been finalized and mailed. This action will be taken by the claims processor and should not be taken prior to the completion of the authorization process. Requirements for telephone contact for visual impairment can be found in *M21-1 III.v.2.B.2.b*.

Job Aid: Review Reminders

* Confirm and verify correct Veteran eFolder or C-File
* Confirm and verify correct End Product (EP) and Date of Claim (DOC) established
* Check VBMS and Share
* Name and Address
* Power of Attorney (POA) matches *VA Form 21-22*
* Military Service screen in VBMS or BIRLS VID screen in Share (Service Information) matches service documents
* Service is verified either VADS and/or Verified box checked

***Note***: If service is not marked as verified in the system, the VSR must update the service to indicate “verified” in VBMS before processing an award.

* Confirm and verify all issues claimed have been identified
  + Review of all claims documents submitted
  + Appropriate contentions established
  + Appropriate special issue indicators and flashes used

* Confirm and verify all issues have been properly developed
  + 5103 Notice provided
  + Federal and non-federal records development complete
  + Special issue development complete
  + Examination(s) ordered, if warranted
* Confirm and verify rating decision is complete
  + All issues addressed by rating
  + All elements of rating decision are present
  + No contradictions or missing information
* Input award information and generate via VBMS-A
  + Rating decision information correctly generates in award
  + Added decisions for dependency, if needed
  + Added withholdings due to receipt of military pay, if needed
  + Financial direct deposit information is correct and current, if warranted
* Notify claimant via RADL (or PCGL, if RADL fails)
  + Informs claimant of decisions made (rating and authorization issues)
  + Summarizes
    - Evidence considered
    - Laws and regulations applicable to the claim
    - Applicable review options the claim and may use to seek further review of the decision
  + Explains how to obtain or access evidence used in making the decision
  + Identifies, if applicable, criteria required to grant SC or the next higher level of compensation
  + For denied claims
    - Elements required to grant the claim that were not met
    - A listing of favorable findings
  + For grants
    - Monthly rate of payment
    - Effective and payment dates
    - Amounts and reasons for withholding, if applicable
    - Information concerning additional benefits for potential entitlement
  + Overpayment created
    - Notify the claimant of the overpayment
    - Right to request a waiver of the overpayment
    - Repayment plan

Attachment 1: Sample Rating Decision

**DEPARTMENT OF VETERANS AFFAIRS**

**Veterans Benefits Administration**

**Regional Office**

**Joe Q. Veteran**

Should match with the eFolder name and number

**VA File Number**

**C/CSS #**

**Represented by:**

Verify VA Form 21-22 in VBMS documents

**AMERICAN LEGION**

**Rating Decision**

**August 4, 2018**

Lists both military service and claim-specific information

**INTRODUCTION**

The records reflect that you are a Veteran of the Vietnam Era. You served in the Navy from May 12, 1965 to April 4, 1967. You filed a new claim for hearing loss and tinnitus that was received on May 27, 2018. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

All claimed disabilities should be addressed in rating decision

**DECISION**

1. Service connected for tinnitus is granted with an evaluation of 10 percent effective May 27, 2018.

2. Service connection for bilateral hearing loss is granted with an evaluation of 10 percent effective May 27, 2018.

All received evidence should be stated in rating decision

**EVIDENCE**

1. VA Form 21-526EZ, Fully Developed Claim received May 27, 2018
2. VA Audio examination dated June 20, 2018
3. VA 21-22 Appointment of Veterans Service Organization as Claimant’s Representative received on May 27, 2018
4. Medical Clinic outpatient treatment records from February 24, 2011 through June 16, 2017
5. Service Treatment Records

**REASONS FOR DECISION**

Detailed reasoning for each decision made including explanation of effective date if other than DOC

**1. Service connection for tinnitus.**

Service connection for tinnitus is granted with an evaluation of 10 percent. The VA examiner's opinion did support an increase to your service connected disability. This is the maximum evaluation granted for this condition.

**2. Service connection for bilateral hearing loss.**

Service connection for bilateral hearing loss is service connected. Evidence found in the Service Treatment Records did show evidence of hearing loss. The VA examiner's opinion that your current hearing loss is related to noise exposure during your military service, therefore service connection for hearing loss is granted.

***Note: The rating decision will include a statement providing what is required for an increased rating. (if applicable)***

Lists the CFRs and the VA website. Individual applicable laws will be listed under each of the reasons for decision.

**REFERENCES:**

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs that govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

Military data should match introduction and VID data

| **ACTIVE DUTY** | | | |
| --- | --- | --- | --- |
| **EOD** | **RAD** | **BRANCH** | **CHARACTER OF DISCHARGE** |
| 05/12/1965 | 04/04/1967 | Navy | Honorable |

| **LEGACY CODES** | | | |
| --- | --- | --- | --- |
| **ADD’L SVC**  **CODE** | **COMBAT**  **CODE** | **SPECIAL PROV CDE** | **FUTURE EXAM**  **DATE** |
|  | 1 |  | None |

Same as Date of Claim (DOC)

**JURISDICTION:** Original Disability Claim Received 05/27/2018

EP should be 110 based on Original Disability

**ASSOCIATED CLAIMS(s)**: 110; Initial Live Comp <8 issues: 05/27/2018

**SUBJECT TO COMPENSATION (1. SC)**

|  |  |
| --- | --- |
| 6260 | TINNITUS  Service Connected, Vietnam Era, Incurred  All conditions should match with disabilities in Decision with Original Claim  10% from 05/27/2018 |
| 6100 | BILATERAL HEARING LOSS  Service Connected, Vietnam Era, Incurred  10% from 05/27/2018 |

***COMBINED EVALUATION FOR COMPENSATION***:

Effective Date

20% from 05/27/2018

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have reviewed and electronically signed

this decision

Attachment 2: Sample Redesigned Automated Decision Letter (RADL)

August 10, 2018

JOHN Q VETERAN 1234 VETERAN WAY

Verify the correct name and address populated.

BALTIMORE MD 21201

We made a decision on your VA benefits.

Informs the Veteran of items included with the letter

Dear Mr. Veteran:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Includes decisions made on this claim and the overall evaluation.

**Your Benefit Information:**

* Service connection for tinnitus is granted with a 10 percent evaluation effective May 27, 2018.
* Service connection for bilateral hearing loss is granted with an evaluation of 0 percent effective May 27, 2018.

Your combined rating evaluation is 20%.

Verify the correct POA

**How VA Combines Percentages**

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: [http://www.benefits.va.gov/compensation/rates-index.asp#howcalc.](http://www.benefits.va.gov/compensation/rates-index.asp#howcalc)

Monthly entitlement amount. If older information is included it is ok to be in there; however, this section ***must*** include current and future payment changes.

**We have included with this letter:**

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Written Correspondence

4. VA Form 20-0998

5. Rating Decision

**Contact information:**

Web: [www.vets.gov](http://www.vets.gov/) Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

**Social Media:**

Twitter: @VAVetBenefits Facebook: [www.facebook.com/](http://www.facebook.com/) VeteransBenefits

**Your representative:**

You appointed AMERICAN LEGION as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1

Your monthly entitlement amount is shown below:

|  |  |  |
| --- | --- | --- |
| **Monthly Entitlement Amount** | **Payment Start Date** | **Reason** |
| $269.30 | Jun 1, 2018 | Original Award |

We are currently paying you as a Veteran with one dependent. *Let us know right away if there is any change in the status of your dependents.*

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See **Explanation of Payment** for more details about your payment.

Payment set up for direct deposit. If no direct deposit, information on how to set it up will show here.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,

|  |
| --- |
| ***please notify us immediately.*** |

Review rights information.

**What You Should Do If You Disagree With Our Decision**

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

|  |  |
| --- | --- |
| **Review Option** | **Required Application Form** |
| **Supplemental Claim** | VA Form 20-0995, *Decision Review Request: Supplemental Claim* |
| **Higher-Level Review** | VA Form 20-0996, *Decision Review Request: Higher-Level Review* |
| **Appeal to the Board of Veterans’ Appeals** | VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)* |

***Please note:*** You **may not** request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Rights To Seek Further Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting [www.va.gov/vaforms/](http://www.va.gov/vaforms/) or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

How to obtain or access evidence used in decision.

You can visit [www.va.gov/decision-reviews](http://www.va.gov/decision-reviews) to learn more about how the disagreement process works.

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

Thank you for your service,

**Regional Office Director**

cc: AMERICAN LEGION

**Please Take Action: What Things Affect Your Right to Payment?**

Issues that may decrease benefits should they occur. Providing this notice upfront eliminates the need for due process later on.

Please notify VA ***immediately*** if there is a change in any condition affecting your right to continued payments. If you don’t notify us of these changes immediately, you may have to return any overpayments. Those changes include:

|  |
| --- |
| **Evidence received shows a change is warranted.** |
| **Military Pay or Worker's Compensation:** Your payments may be affected by the following, which you must bring to our attention:   * Reentrance into active military or naval service. * Receipt of armed forces service retirement pay, unless your retirement pay has already been reduced because of award of disability compensation. * Receipt of benefits from the Office of Federal Employees Compensation. * Receipt of active duty or drill pay as a reservist or member of the National Guard. |
| **Dependents:** If you have a disability rating of 30 percent or more, you must advise VA of any change with your spouse or children. |
| **Hospitalization:** If your award includes Aid and Attendance benefits, we may reduce this additional allowance if you are admitted to a hospital, nursing home, or domiciliary care at VA expense. |
| **Incarceration:** Benefits will be reduced if you are incarcerated in a federal, state, or local penal institution for more than 60 days for conviction of a felony. |
| **Lack of Cooperation:** We may stop monthly payments if you:   * fail to submit evidence we requested, * fail to attend a VA examination when requested, or * Submit false or fraudulent evidence to VA, or cause false or fraudulent evidence to be submitted to VA. |
| **Fraud/Lying to Government:** The law provides severe penalties, which include fines, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled. We may verify information you submit through computer-matching programs with other agencies.  Includes additional benefits for which the Veteran and/or dependents ***may*** be entitled, based on the decision made. |

**Additional Benefits**

|  |
| --- |
| **Education, Training, and Student Loans:**   * Job training and employment: For more information, please call 1-800-827-1000 or visit [www.vba.va.gov/bln/vre/.](http://www.vba.va.gov/bln/vre/) |

|  |
| --- |
| **Medical Care and Treatment:**   * Mental Health Counseling: For more information, please visit [www.myhealth.va.gov/mhv-](http://www.myhealth.va.gov/mhv-) portal-web/. * Blind Rehabilitation: For more information, please visit [www.va.gov/blindrehab/.](http://www.va.gov/blindrehab/) * Change in Compensation Benefits: For more information, please call 1-877-222-VETS or visit [www.va.gov/healtheligibility.](http://www.va.gov/healtheligibility) * Clothing Allowance: For more information, please call 1-800-827-1000 or visit [www.vets.gov/disability-benefits/conditions/special-claims/clothing/.](http://www.vets.gov/disability-benefits/conditions/special-claims/clothing/) * VA Medical Care: Present a copy of this notification letter to the Patient Registration/Eligibility Section at your nearest VA Medical Center [www.vets.gov/facility-](http://www.vets.gov/facility-) locator/. * Dental Benefits: For more information, please contact your nearest VA Medical Center or outpatient clinic [www.vets.gov/facility-locator/.](http://www.vets.gov/facility-locator/) |
| **Home Adaptations/Loans, Automobile Benefits, and Life Insurance:**   * Loans: For more information, please visit [www.benefits.va.gov/homeloans/.](http://www.benefits.va.gov/homeloans/) * Funding Fee Refund: If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin the refund process. * Government life insurance premiums: For more information, please call 1-800-669-8477 or visit [www.benefits.va.gov/insurance.](http://www.benefits.va.gov/insurance) |
| **Payment for Travel:**   * Payment for Travel: You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments because of your newly granted service-connected conditions. You must make a request for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter. |
| **State Benefits:**   * State Benefits: For more information, please visit [www.va.gov/statedva.htm.](http://www.va.gov/statedva.htm) |

|  |
| --- |
| **Where to Send Your Written Correspondence** |
| The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible. Only claimants or representatives can upload responses electronically currently. If you are not a claimant or representative, we recommend faxing so VA can receive your responses without wasting the time and money required to mail your documents. |

The **fastest** way to respond to VA is to upload your response electronically through VA.gov.

|  |
| --- |
| Visit [**https://www.va.**](http://www.va.gov/)**gov** and under **Disability** click “Upload evidence to support your claim”  VA.gov provides one easy location to upload correspondence as well as learn about filing claims, check claim status, find out how much money you have left to pay for school or training, or refill prescriptions and communicate with your health care team among many items. |

If you need to fax or mail your correspondence, identify the benefit type; then, use the corresponding fax number or mailing address below:

**Faxing:**

|  |  |
| --- | --- |
| **Compensation Claims**  Toll Free: 1-844-531-7818 | **Pension & Survivors Benefit Claims**  Toll Free: 1-844-655-1604 |
| **Board of Veterans’ Appeals**  Toll Free: 1-844-678-8979 | **Fiduciary**  Toll Free: 1-888-581-6826 |

**Mailing Addresses:**

|  |  |
| --- | --- |
| **Compensation Claims**  Department of Veterans Affairs Compensation Intake Center  P.O. Box 4444  Janesville, WI 53547-4444 | **Pension & Survivors Benefit Claims** Department of Veterans Affairs Pension Intake Center  P.O. Box 5365  Janesville, WI 53547-5365 |
| **Board of Veterans’ Appeals** | **Fiduciary** |
| Department of Veterans Affairs | Department of Veterans Affairs |
| Board of Veterans’ Appeals | Fiduciary Intake Center |
| P.O. Box 27063 | P.O. Box 5211 |
| Washington, DC 20038 | Janesville, WI 53547-5211 |

These addresses serve **all United States and foreign locations**.



You can also send a text message to 838255 to receive confidential support 24 hours a day,

7 days a week, 365 days a year.

For more information, visit [www.veteranscrisisline.net](http://www.veteranscrisisline.net/)

Practical Exercise

1. Describe three tasks that should be completed by a VSR as part of their responsibility to review a rating decision prior to processing.
2. Provide the type(s) of claim each end product (EP) controls:

EP 110:

EP 010:

EP 020:

EP 040:

EP 310:

EP 290:

1. List the five key elements of a rating narrative and describe their purpose in the rating decision.

1.

2.

3.

4.

5.

1. Identify six types of decisions you might find in the decisions section of the rating narrative.
2. What section on a rating codesheet can a VSR find the combined evaluation for service connection for a Veteran?
3. If the only coded conclusion section that appears on the codesheet for an initial claim is the *Not Service Connected/Not Subject to Compensation* section, what type of decision is being made by this rating?
4. In what system will a VSR both generate an award and create a decision notice using the RADL functionality?
5. Provide the required elements of a decision notice for a rating that *grants compensation* benefits.
6. What claims actions are specific to processing a rating decision for a visually impaired Veteran?