## Section C. Completing the Rating Decision Narrative

#### Overview

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| In This Section | This section contains the following topics: |

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| Topic | Topic Name |
| 1 | Basic Information on Rating Decisions |
| 2 | Introduction |
| 3 | Decision |
| 4 | Evidence |
| 5 | Basic Information on Reasons for Decision |
| 6 | Short Form Rating Narrative |
| 7 | Long Form Rating Narrative |
| 8 | References |

#### 1. Basic Information on Rating Decisions

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| Introduction | This topic contains basic information on rating decisions including   * [definition of *decision*](#_a.__Definition:) * [definition of *rating decision*](#_b.__Definition:) * [components of the rating decision](#_c.__Components) * [rating decision sections](#_d.__Rating), and * [rating decision automation](#_e.__Rating) using Veterans Benefits Management System – Rating (VBMS-R). |

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| **Change Date** | June 18, 2015 |

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| a. Definition: Decision | A ***decision*** means a formal determination on all questions of fact and law affecting the provision of Department of Veterans Affairs (VA) benefits to a claimant.  ***Reference***: For more information on statutory decision requirements, see   * [38 U.S.C. 511](https://www.law.cornell.edu/uscode/text/38/511), and * [38 U.S.C. 5104](https://www.law.cornell.edu/uscode/text/38/5104). |

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| b. Definition: 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.  ***References***:For more information on   * the rating activity, see M21-1, Part III, Subpart iv, 1.1, and * issues that require a rating decision, see M21-1, Part III, Subpart ii, 7.3.b. |

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| c. Components of the Rating Decision | The rating decision is composed of a *Narrative* explanation of the determination on benefit entitlement and a *Codesheet* containing information about the claimant, the current decision, past decisions and the current state of entitlement to compensation and pension benefits.  ***Note***: To the maximum extent possible, rating decisions should not include mailing address information or RO-specific address information. Should a field be required in a system, placeholders should be used such as dashes or spaces.  ***References***: For more information on   * rating decision *Narrative*, see M21-1 Part III, Subpart iv, 6.C.5 * the *Codesheet*, see M21-1 Part III, Subpart iv, 6.D, and * the coded conclusion on the *Codesheet*, see M21-1 Part III, Subpart iv, 6.E. |

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| d. Rating Decision Sections | The table below provides information about the sections of a rating decision.  ***Reference***: For more information on the rating decision format, see the [*Veterans Benefits Management System-Rating (VBMS-R) User Guide*.](http://vbaw.vba.va.gov/VBMS/docs/VBMS_Rating_UserGuide.pdf) |

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| Rating Decision Sections | Description |
| *Narrative* | Contains the   * *Introduction* * *Decision*, for each issue considered * *Evidence* * *Reasons for Decision*, for each issue considered, and * *References*. |
| *Codesheet* | Contains the   * data table * *Jurisdiction* * coded conclusion * SPECIAL NOTATION and TEMPLATE fields, and * signature(s). |

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| e. Rating Decision Automation Using VBMS-R | Rating decisions are prepared using VBMS-R, which incorporates the latest rating decision format, includes tools to help ensure rating decision sufficiency, and transfers disability and entitlement data into a corporate database of claimants who have applied for VA benefits.  ***Reference***: For more information on VBMS-R, see [*VBMS-Rating User Guide*](http://vbaw.vba.va.gov/VBMS/docs/VBMS_Rating_UserGuide.pdf). |

#### 2. Introduction

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| Introduction | This topic contains information on the *Introduction* part, including   * [the purpose of the](#_a.__Purpose) *Introduction*, and * [generating the](#_b.__Generating) *Introduction*. |

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| Change Date | January 20, 2015 |

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| a. Purpose of the Introduction | The purpose of the *Introduction* is to   * identify the claimant, and * acknowledge the Veteran’s qualifying service, including any special considerations relevant to the claim, such as former prisoner of war (FPOW) status.   ***Note***: The level of detail in the introduction depends on the complexity of each issue. |

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| b. Generating the Introduction | The *Introduction* may be generated using the narrative assistance function in VBMS-R or may be composed manually. Use the guidelines listed below when manually composing the *Introduction*.   * Write directly to the claimant. “You” is acceptable usage. * Include all periods of service. Use the format month/day/year to month/day/year.   ***Note***: Service dates must be checked for accuracy.  ***Reference***: For more information on using the narrative assistance function, see the [*VBMS-Rating User Guide*](http://vbaw.vba.va.gov/VBMS/docs/VBMS_Rating_UserGuide.pdf). |

#### 3. Decision

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| Introduction | This topic contains information about the *Decision* part, including   * purpose of the *Decision* section * organizing the *Decision* section * [handling subordinate or reasonably raised issues](#_c.__Handling) * changes in diagnostic codes (DCs), and * handling changes to the DC based on progression of a disability. |

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| a. Purpose of the Decision Section | The *Decision* section lists the specific outcome for each issue addressed, such as the award or denial of   * service connection (SC) * an increased evaluation, or * an ancillary benefit, such as Special Monthly Compensation (SMC).   Where at least one (but not every) issue must be deferred, the *Decision* will also list the deferred issue(s).  ***Notes***:   * For an award of SC, the disposition of the issue will include the evaluation assigned. * For issues of SC, evaluation, and other awarded issues, the decision on the issue will include the effective date of the award. |

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| b. Organizing the Decision Section | If there is more than one decision made, each decision will have a number corresponding with the numbered issues.  Organize the *Decision* in a logical manner.   * Address all issues. * Place awards before denials. * Where consistent with the other guidance in this block, list awarded evaluations in descending order of evaluation. * Group together * similar decisions, such as awards and denials, and * related conditions, such as injuries from a single accident.   ***Examples***:   * List the award of SC for a knee disability first before listing the award of secondary SC for a back disorder based upon the knee disability. * List the award of SC for prostate cancer post prostatectomy before listing the award of SMC based on loss of use of a creative organ. |

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| c. Handling Subordinate or Reasonably Raised Issues | When a subordinate or reasonably raised issue is considered in a rating decision, explicitly address the subordinate issue in the *Reasons for Decision*.  If the subordinate issue and the primary issue   * share the same fact pattern, then the subordinate issue may be incorporated in the same *Issue*, *Decision*, and *Reasons for Decision*numbered item as the primary issue, or * are each itemized in a separate *Decision* and *Reasons for Decision*paragraph, then the discussion of the common fact pattern may be confined to the *Reasons for Decision*of the primary issue.   ***Example***: The issue statement on the rating decision could be worded as follows: *1. Evaluation of psychotic disorder currently evaluated as 30 percent disabling; Competency to handle disbursement of funds.*  ***References***: For more information on   * subordinate issues, see M21-1, Part III, Subpart iv, 6.B.2, and * when to address competency, see M21-1, Part III, Subpart iv, 8.A.2.a. |

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| **d. Changes in DCs** | The rating activity should not routinely change the previously assigned diagnostic code (DC) for a service-connected (SC) disability.  The rating activity should update a DC only when it is part of the current claim, and   * progression of a disability has occurred, or * the previous DC is outdated.   ***Exception***: If the assigned DC is erroneous or otherwise causing a payment error, the rating activity must update the DC even if the condition is not part of the current claim.  ***References***: For more information on   * handling changes to the DC based on progression of a disability, see M21-1, Part III, Subpart iv, 6.C.3.e, and * codesheet errors that must be corrected, see M21-1, Part III, Subpart iv, 7.B.3.b. |

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| **e. Handling Changes to the DC Based on Progression of a Disability** | Follow the instructions in the table below to address disabilities that have progressed to a point where they must now be evaluated under a different DC. |

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| **Step** | **Action** |
| 1 | Enter the current evaluation criteria into the Evaluation Builder and click ACCEPT. |
| 2 | Review the Evaluation Builder results to ensure they are accurate and click ACCEPT. |
| 3 | A pop-up window will request the rating activity to classify the disability.  ***Example***:  cid:image001.png@01D0E167.060953A0  Click PROGRESSION. |
| 4 | A pop-up window will request the rating activity to enter the subject/disability name for the rated issue.  ***Example***:  C:\Users\vbacomilenm\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\2CB1IO7J\Capture1.JPG   * Enter the current disability name * enter the prior DC, and * click OK.   ***Example***:  C:\Users\vbacomilenm\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\2CB1IO7J\Capture2.JPG |
| 5 | Enter all applicable information into the DISABILITY DECISION INFORMATION screen and click ACCEPT. |
| 6 | The ISSUE, DECISION, and GENERATED TEXT fields will display language that references initial establishment of SC. The rating activity ***must*** edit the language in these fields to reflect the actual decision at issue.  ***Example***:   * System-generated text   Issue text: Service connection for left ankle ankylosis (previously rated as left ankle strain, DC 5271).  Decision text: Service connection for left ankle ankylosis (previously rated as left ankle strain, DC 5271) is granted with an evaluation of 40 percent effective March 14, 2012.  Generated text: Service connection for left ankle ankylosis (previously rated as left ankle strain, DC 5271) has been established as directly related to military service.   * Edited text   Issue text: Evaluation of left ankle ankylosis (previously rated as left ankle strain, DC 5271).  Decision text: Evaluation of left ankle ankylosis (previously rated as left ankle strain, DC 5271), which is currently 20 percent disabling, is increased to 40 percent effective March 14, 2012.  Generated text: The evaluation of left ankle ankylosis (previously rated as left ankle strain, DC 5271) is increased to 40 percent disabling effective March 14, 2012. |
| 7 | Add additional text to explain any increased evaluation or confirmed and continued evaluation decision.  Please see the table below for instructions on the requirements for including additional text in the REASONS FOR DECISION and NOTIFICATION LETTER USER TEXT fields.   |  |  | | --- | --- | | **If the progression of the disability is associated with …** | **Then insert the following text …** | | an increased evaluation | *You were previously rated for* ***[INSERT DISABILITY]*** *at an evaluation of* ***[INSERT EVALUATION]*** *percent. This condition is now being evaluated as* ***[INSERT DISABILITY]*** *based on the progression of the condition.* | | a confirmed and continued evaluation | from the VBMS-R glossary (CCEVAL)  *We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation.*  and free text  *An evaluation of* ***[INSERT EVALUATION]*** *percent was previously assigned for this condition effective* ***[INSERT EFFECTIVE DATE]****.* | |
| 8 | After adding all necessary rating and notification letter language, click OK to finalize the decision for this issue. |
| 9 | Under the ISSUE LIST found on the ISSUE MANAGEMENT screen, ensure that the previous condition (in this case, the left ankle strain) is marked for deletion as shown below.  ***Example***: |
| 10 | Select the previous condition (in this case, the left ankle strain), and click DELETE ISSUE. |
| 11 | Select the MASTER RECORD tab, and under the DISABILITY DECISIONS tab, ensure the entry in the TO DATE field for the previous DC matches the FROM DATE field for the new DC (as shown below).  ***Example***:  C:\Users\vbacomilenm\Desktop\Capture3.jpg |

#### 4. Evidence

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| Introduction | This topic contains information on the *Evidence* section of the *Narrative*, including   * overview of the *Evidence* section of a rating decision * generating the *Evidence* section of a rating decision, and * guidelines for the *Evidence* section of a rating decision. |

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| Change Date | March 17, 2016 |

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| a. Overview of the Evidence Section of a Rating Decision | 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. |

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| b. Generating the Evidence Section of a Rating Decision | The *Evidence* section can be generated by importing evidence listed in VBMS or can be manually created through user input in VBMS-R.  ***Important***: When importing evidence from VBMS, the *Evidence* list should always be checked for accuracy and completeness. |

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| c. Guidelines for the Evidence Section of a Rating Decision | Use the following guidelines when generating the *Evidence* list:   * List records, such as STRs, other Federal records, and private and VA treatment records by the date received. * Identify private treatment records with the name of the facility or physician. * Identify VA treatment records with the name of the facility. * Specify only the relevant date and name of the medical facility furnishing 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). * Use the following format for evidence requested, but not received: *Private Medical Records (PMR) requested from Dr. XXXX, but not received*. * When listing evidence considered in a prior VA decision, list each piece of evidence separately, including the prior decision. |

#### 5. Basic Information on Reasons for Decision

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| Introduction | This topic contains basic information on the *Reasons for Decision* section of the narrative, including   * purpose of the *Reasons for Decision* * *Reasons for Decision* narrative formats * mandatory use of VBMS-R embedded rules-based tools for assigning disability evaluations * separating individual findings and pyramiding * [summarizing medical evidence from a [38 U.S.C 7332](http://www.law.cornell.edu/uscode/text/38/7332) record](#_e._Summarizing_Medical), and * [danger of paraphrasing](#_f.__Danger). |

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| a. Purpose of the Reasons for Decision | The purpose of the *Reasons for Decision* is to concisely cite and evaluate all relevant facts considered in making the decision.  Use the table below to determine what decision elements the *Reasons for Decision* must discuss. |

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| **If ...** | **Then the *Reasons for Decision* must address ...** |
| awarding the claim | * benefit being awarded and legal basis for the award (for example, secondary SC) * assigned evaluation, if applicable * effective date * basis for the current evaluation, if applicable * requirements for the next higher evaluation, if applicable * routine future examination notice, if applicable, and * reason for the effective date. |
| denying the claim | * theory of SC being addressed in the decision (for example, direct SC), if applicable * all of the claimant’s contentions * benefit denied, and * reason for denial.   ***Note***: If there are multiple bases of SC being considered and/or multiple denial reasons, the relevant text must be added to the rating *Narrative*.  ***Example***:A Veteran alleges hypertension due to exposure to Agent Orange. The denial must address SC on a direct basis as well as the contention that the disability was due to herbicide exposure. |

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| ***Reference***: For more information on the *Reasons for Decision* narrative formats, see M21-1, Part III, Subpart iv, 6.C.5.b. |

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| b. Reasons for Decision Narrative Formats | There are two basic *Reasons for Decision* formats: a short and a long form rating narrative. The distinction between the short and long form is the level of analysis and case-specific detail required in the *Reasons for Decision* part of the rating decision.  The short form rating narrative requires minimum explanation of the basic elements of the decision. It is characterized by standardized automated language and limited free text.  The long form ratingnarrative requires more detailed analysis and explanation of the facts of a case with reference to specific elements found in the evidence. The *Narrative* section is generated by automated language from VBMS-R, with the addition of free text.  A rating decision may contain a mix of both the short form narrative convention and the long form. This type of rating decision is known as a hybrid rating decision.  ***References***: For more information on   * short form rating narrative, see M21-1, Part III, Subpart iv, 6.C.6, and * long form rating narrative, see M21-1, Part III, Subpart iv, 6.C.7. |

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| c. Mandatory Use of VBMS-R Embedded Rules-Based Tools for Assigning Disability Evaluations | Use of the VBMS-R embedded rules-based tools, such as the Evaluation Builder and Hearing Loss Calculator, is mandatory. These tools generate adequate explanation of an assigned evaluation and the requirements for the next higher evaluation.  ***Exception***: Mental disorder evaluations generated by the Evaluation Builder are a suggestion and may be adjusted either one step higher or lower upon consideration of the evidence in its entirety.  ***Reference***: For more information on using the Evaluation Builder and other embedded tools, see the [*VBMS-Rating User Guide*](http://vbaw.vba.va.gov/VBMS/docs/VBMS_Rating_UserGuide.pdf). |

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| d. Separating Individual Findings and Pyramiding | Do *not* separate individual findings when these findings in their entirety constitute one disability. This is   * fundamental to the proper evaluation of a disability, and * consistent with the prohibition against pyramiding under [38 CFR 4.14](http://www.ecfr.gov/cgi-bin/text-idx?SID=4c5988bd39998d168ebeca3f1b3051b3&mc=true&node=se38.1.4_114&rgn=div8).   ***Note***: ***Pyramiding*** is rating the same physical manifestations of a disability under two separate DCs. Separate evaluations are warranted where none of the symptomatology for any one condition duplicates or overlaps another ([*Esteban v. Brown*](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bme)*,* 6 Vet.App. 259, 261-62 (1994)).  ***Example 1***: A disability of a tibia with malunion, limitation of dorsiflexion, eversion, inversion, and traumatic arthritis of the ankle would be evaluated under one DC, [38 CFR 4.71a, DC 5262](http://www.ecfr.gov/cgi-bin/text-idx?SID=4c5988bd39998d168ebeca3f1b3051b3&mc=true&node=se38.1.4_171a&rgn=div8), in accordance with the effect upon ankle function, with no separate evaluation for the limitation of motion or traumatic arthritis.  ***Example 2***: A shoulder disability manifest as limitation of motion of the arm is entitled to a single rating under [38 CFR 4.71a, DC 5201](http://www.ecfr.gov/cgi-bin/text-idx?SID=4c5988bd39998d168ebeca3f1b3051b3&mc=true&node=se38.1.4_171a&rgn=div8), regardless of how many planes of motion are affected.  ***Example 3***: Instability of the knee ([38 CFR 4.71a, DC 5257](http://www.ecfr.gov/cgi-bin/text-idx?SID=4c5988bd39998d168ebeca3f1b3051b3&mc=true&node=se38.1.4_171a&rgn=div8)) may be evaluated separately from limited motion of the knee due to arthritis ([38 CFR 4.71a, DC 5003](http://www.ecfr.gov/cgi-bin/text-idx?SID=4c5988bd39998d168ebeca3f1b3051b3&mc=true&node=se38.1.4_171a&rgn=div8)).  ***Refe***r***ences***: For more information on separating individual findings for knee disabilities, see   * M21-1, Part III, Subpart iv, 4.A.1 * [VAOPGCPREC 23-97](http://www.va.gov/ogc/docs/1997/Prc23-97.doc), and * [VAOPGCPREC 9-98](http://www.va.gov/ogc/docs/1998/prc09-98.doc). |

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| e. Summarizing Medical Evidence From a 38 U.S.C. 7332 Record | Medical records relating to drug abuse, alcohol abuse, infection with HIV, or sickle cell anemia require special protection and handling under [38 U.S.C. 7332](https://www.law.cornell.edu/uscode/text/38/7332).  Summarize information from a [38 U.S.C. 7332](https://www.law.cornell.edu/uscode/text/38/7332) record that is directly pertinent to the issue in the *Reasons for Decision*. Do not incorporate quotations from a [38 U.S.C. 7332](https://www.law.cornell.edu/uscode/text/38/7332) record.  ***Example***: If a Veteran claims to have been treated for an SC disorder and if records show treatment for substance abuse instead, state simply that there is no evidence of treatment for the claimed condition without mentioning the actual object of treatment. |

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| f. Danger of Paraphrasing | Paraphrasing in easy-to-understand language requires care because the paraphrase might   * misstate the law, or * misstate or mistake medical facts.   ***Example***: Use paraphrased language to help explain why the claim has been denied, but do not expressly state, *The law says that…* Simply insert the paraphrase. |

#### 6. Short Form Rating Narrative

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| Introduction | This topic contains information about the short form rating narrative, including   * [short form rating](#_a.__Short) narrative * [including free text in a short form rating](#_b._Including_Free) narrative * [short form](#_c.__Short) award * example of a short form award * short form denials, and * [example of a short form denial](#_f.__Example:). |

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| a. Short Form Rating Narrative | The short form rating narrative does not have to contain the entire explanation of the analysis or specifically cite each piece of the evidence; however, each element of the decision should be adequately explained.  Use of VBMS-R generated language, glossary fragments, calculators, the Evaluation Builder, and limited free text will usually contain adequate explanation of the essential elements of the decision. |

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| b. Including Free Text in a Short Form Rating Narrative | 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.  ***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). |

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| c. Short Form Award | For most awarded issues, the short form rating narrative is sufficient. Using text generated by selections made in VBMS-R, the embedded glossaries and tools, and limited free text, explain the essential components of the decision as listed in M21-1, Part III, Subpart iv, 6.C.5.a.  ***Note***: When awarding SC in the short form narrative style, discussion of specific treatment in service or post-service is not necessary. Simply citing the legal basis for awarding SC and the symptoms that are the basis of the assigned evaluation is sufficient.  ***References***: For more information on   * mandatory use of the Evaluation Builder and VBMS-R calculators, see M21-1, Part III, Subpart iv, 6.C.5.c * use of free text in a rating narrative, see M21-1, Part III, Subpart iv, 6.C.6.b * an example of an award in the short form rating narrative style, see M21-1, Part III, Subpart iv, 6.C.6.d, and * claims requiring the use of a long form rating narrative, see M21-1, Part III.iv.6.C.7.a. |

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| d. Example: Short Form Award | Below is an example of a short form rating *Narrative* awarding a claim for SC. |

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| e. Short Form Denials | Explanation of the reason for a denied benefit in a short form rating narrative is generated by selections made while inputting the decision in VBMS-R and supplemented with paragraphs from the embedded glossary fragments and limited free text.  The *Reasons for Decision* should discuss the the decision elements listed in M21-1, Part III, Subpart iv, 6.C.4.a.  In a short form denial, the reason for denial should provide succinct reasoning explaining the elements ***not*** present which are needed to award the benefit.  ***Important***: If there is evidence both for and against the claim, the short form narrative should discuss how the evidence was weighed and any discrepancies resolved. For most claims where evidence was weighed, the denial rationale glossaries in VBMS-R contain adequate explanation.  ***References***: For more information on   * a sample of short form denial rating narrative, see M21-1, Part III, Subpart iv, 6.C.6.f * use of free text in short form narrative, see M21-1, Part III, Subpart iv, 6.C.6.b * claims requiring the use of a long form rating narrative, see M21-1, Part III, Subpart iv, 6.C.7.a, and * weighing evidence, see, M21-1, Part III, Subpart iv, 5.9. |

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| f. Example: Short Form Denial | Below is an example of a short form rating denial *Narrative* addressing the Veteran’s claim of direct SC. |

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#### 7. Long Form

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| Introduction | This topic contains information on the long form rating narrative, such as   * issues requiring a long form rating narrative, and * adequate analysis in a long form narrative format. |

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| a. Issues Requiring a Long Form Rating Narrative | A long form rating narrative must be used in decisions involving any of the following types of claims   * award of an issue on appeal * *Nehmer* * denials of SC for posttraumatic stress disorder (PTSD) based on military sexual trauma or fear of hostile military or terrorist activity * traumatic brain injuries * denials of [38 U.S.C. 1151](https://www.law.cornell.edu/uscode/text/38/1151) * 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 (IDES)) * 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).   ***Notes***:   * Appeal awards will use the long form decision format regardless of whether or not the underlying issues are complex and/or included on the list above. * Rating Veterans Service Representatives (RVSRs) should use their judgment when deciding to use a long form rating narrative for any type of claim not listed.   ***Reference***: For more information on what constitutes adequate analysis in a long form rating narrative, see M21-1, Part III, Subpart iv, 6.C.7.b. |

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| b. Adequate Analysis in a Long Form Narrative Format | 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.   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.  ***References***: For more information on   * claims that require a long form rating narrative, see M21-1, Part III, Subpart iv, 6.C.7.a * an example of long form rating narrative, see the [*Automated Decision Letter (ADL) Process Guide*](http://vbacodmoint1.vba.va.gov/bl/21/Transformation/docs/ADL%20SOP.docx), and * evaluating evidence, see M21-1, Part III, Subpart iv, 5. |

#### 8. References

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| Change Date | January 20, 2015 |

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| a. Purpose of References | The *References* section of the *Narrative* is automatically generated by VBMS-R. It refers the reader to 38 U.S.C., as well as the VA web site, for the laws regarding VA benefits. |