United States General Accounting Office

GAO

Report to the Ranking Democratic Member, Committee on Veterans' Affairs, House of Representatives

April 2002

VETERANS BENEFITS ADMINISTRATION

Clarity of Letters to Claimants Needs to Be Improved

GAO

Accountability * Integrity * Reliability

GAO-02-395

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Abbreviations

RO	regional office
VBA	Veterans Benefits Administration
VA	Department of Veterans Affairs
VCAA	Veterans Claims Assistance Act

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United States General Accounting Office
Washington, DC 20548

April 23, 2002

The Honorable Lane Evans
Ranking Democratic Member
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Evans:

In fiscal year 2001, the Department of Veterans Affairs' (VA) Veterans Benefits Administration (VBA) provided more than $23 billion in monthly cash benefits to approximately 3.2 million disabled veterans and their families through its compensation and pension program. In the same year, VBA mailed approximately 1.2 million "notification" letters to veterans and their families, informing them of VBA's decisions regarding claims that they had filed to receive compensation or pension benefits. VBA also sent about 1.2 million "development" letters in fiscal year 2001 requesting information that the agency needed to reach a decision on claims.[1] Because these letters serve as VBA's official means of communicating its decisions to claimants and requesting information to support claims, it is important that the letters be clearly written and easy to understand.

In 1995, VBA found that its notification and development letters, among other types of letters, failed to communicate adequately, and it launched a still ongoing initiative, called Reader-Focused Writing, to improve its written communications. Because of your concern about the current understandability of VBA's letters, you asked us to assess (1) the extent to which VBA's notification and development letters are understandable to the reader and (2) the causes of any deficiencies and whether VBA has implemented initiatives to correct these deficiencies.

[1]We estimated the number of notification and development letters because these numbers are not tracked. We based our estimate on the assumption that most benefit decisions would generate, at a minimum, one notification and one development letter. While some decisions might not require a development letter and others could result in multiple notification letters, development letters, or both, generally VBA will generate at least one notification letter and one development letter for each decision. These estimates do not reflect letters generated for certain types of activities, such as appeals or special reviews. Neither do the estimates reflect the letters sent to claimants to explain cost-of-living adjustments in their benefits or acknowledging receipt of their claims.

To address these issues, we analyzed a random sample of each of three types of letters: (1) letters notifying claimants of original and reopened compensation decisions, (2) letters notifying claimants of original and reopened pension decisions, and (3) compensation and pension development letters sent to claimants.[2] We selected these letters from VBA's national sample of cases. This sample was likely to have included both letters that had been rewritten under the agency's initiative to improve the quality of its compensation and pension program letters, as well as letters that had not been rewritten. We limited the sample of development letters to those written in 2001, to assure that they were written after promulgation of a new law, the Veterans Claims Assistance Act (VCAA). The VCAA defines VBA's duty to assist claimants in gathering evidence to support their claims.

We reviewed the letters against a set of decision rules that we had developed for assessing letter clarity. We developed these rules in consultation with writing consultants, taking into consideration VBA's legal and policy requirements for its notification and development letters. Writing consultants verified that the decision rules were reliable for assessing, and were a valid measure of, letter clarity. Writing consultants also reviewed the clarity of standard forms commonly attached to VBA's letters.

We also interviewed officials at VBA's central office and at 7 of VBA's 57 regional offices (ROs), as well as representatives of veterans service organizations. In addition, we reviewed VBA laws, regulations, and policies on notification and development letters and VBA documentation on initiatives to improve letter clarity. We conducted our work between March 2001 and March 2002 in accordance with generally accepted government auditing standards. For more details about our scope and methodology, see appendix II.

Results in Brief

In its letters, VBA clearly explained some, but not all, of the key aspects that claimants needed to understand. In most of its notification letters, VBA clearly stated the decision concerning claimants' entitlement to benefits, claimants' responsibilities, their right to appeal, how they could

[2]When a claimant submits an initial claim to VBA for compensation or pension benefits, that claim is designated as an "original" claim. Once the original claim is decided, subsequent claims are called "reopened" claims. For example, claimants may submit reopened claims to request an increase in benefits or reconsideration of a previous denial.

contact VBA for more information, and other benefits for which they might be eligible. However, other key aspects that claimants needed to understand were unclear. About half of VBA's compensation letters did not clearly explain pertinent financial information concerning the claimants' benefit. Similarly, nearly 30 percent of compensation letters did not clearly explain the reason for VBA's decision regarding whether or not to award benefits. Among the letters that did not clearly explain the reason for the decision, many had legal and medical terminology in the attached rating decision document that would be difficult for a layperson to understand. Further, about 43 percent of the development letters did not clearly explain the actions that claimants were to take to support their claims. Beyond the lack of clarity in these key aspects of the letters, various writing deficiencies, such as sequencing and formatting problems, reduced the overall clarity of VBA's letters. Unclear notification and development letters confuse and frustrate claimants. As a result, claimants are more likely to contact VBA to discuss or appeal the decision, adding to VBA's workload, or they may not pursue benefits to which they are entitled.

Four key factors contribute to deficiencies in VBA's letters, and VBA has initiated efforts to address some of these deficiencies. First, in many of its rating decision documents and development letters, VBA attempts to achieve more than one objective and, in doing so, compromises clarity for the reader. For example, in its development letters, in attempting to explain VBA's new legal duties for assisting veterans in gathering evidence, the agency obscures its request that the claimant provide information to support the claim. Second, although VBA's central office and some ROs have developed boilerplate paragraphs for letters and their attachments to lessen the time that employees spend in creating them and to increase consistency and quality, some of these paragraphs contain writing deficiencies. Because the unclear text is part of the boilerplate language, it appears in numerous letters and their attachments that are mailed to claimants. VBA began taking steps in the spring of 2001 to clarify the boilerplate language in the national compensation and pension notification letters. It tested these revised national letters and mandated their use by all ROs at the end of 2001, but the extent to which these letters are being used by the ROs is unknown. Third, some types of writing deficiencies are caused by human errors. These include editorial mistakes and boilerplate language not adapted to the claimant's specific situation. Finally, despite its efforts to make its letters more understandable, VBA does not systematically evaluate the clarity of its letters, identify writing deficiencies, and provide timely feedback to help correct such

deficiencies. As a result, VBA lacks an organized process for continuously improving clarity of its letters.

We are making recommendations in this report to the Secretary of the Department of Veterans Affairs to improve the clarity of VBA's letters. These recommendations include simplifying and clarifying the wording of the letters in ways that facilitate claimants' comprehension and evaluating letter clarity by obtaining periodic input from claimants, their representatives, and staff who write letters. VA, in commenting on a draft of this report, agreed with our conclusions and concurred with our recommendations, and it detailed ongoing efforts and plans, including timeframes, to implement the recommendations.

Background

In the early 1990s, VBA learned through focus groups, surveys, and other studies that the agency was not communicating adequately with claimants. The agency also learned that lack of clarity in its letters was taking a toll on its efficiency by generating unnecessary calls to its ROs for clarification and creating unnecessary work on claims. To satisfy its customers and to increase efficiency, VBA launched its Reader-Focused Writing Program in 1995 to create understandable communications throughout the agency by focusing on what the reader needs to know. To better meet the needs of the reader, Reader-Focused Writing seeks to design documents that adhere to certain principles, including the following: (1) tell the reader the main message up front, (2) use headings and group similar information in short sections to help the reader find specific information, (3) use clear and concise sentences that avoid jargon, and (4) use correct spelling, grammar, and punctuation. VBA has taken a number of steps since 1995 to implement its Reader-Focused Writing initiative and, as a result, was recognized by then President Clinton as a leader in the governmentwide movement to use "plain language" in all written communications. For instance, a major step in implementing Reader-Focused Writing involved training nearly all of VBA's employees in the basic principles of Reader-Focused Writing through courses tailored to address the needs of particular positions, including VBA's veterans service representatives, who are generally responsible for preparing notification and development letters for VBA's compensation and pension program.

VBA's compensation and pension program provides monthly cash benefits to eligible veterans and their dependents. In fiscal year 2001, approximately 2.6 million beneficiaries received a total of $20.2 billion in disability compensation benefits, and approximately 600,000 beneficiaries received $3.0 billion in disability pension benefits. The rules affecting

eligibility and benefit amounts in these programs can be complex. VBA pays monthly compensation benefits, based on the degree of disability (from 0 to 100 percent), to veterans who have service-connected disabilities (injuries or diseases incurred or aggravated while on active military duty). The amount of basic benefits for veterans with no dependents ranges from $103 to $2,163 per month, depending on the degree of disability. VBA pays monthly pension benefits, based on financial need, to wartime veterans who have low incomes and are permanently and totally disabled for reasons that are not service connected.[3] For both types of benefits, additional amounts are paid for dependents as well as for a range of special needs. Under certain circumstances, claimants who are found to have a service-connected disability or are eligible for pension benefits can also qualify for other VA-provided benefits, including health care, employment support, and educational assistance. For example, disability compensation is a gateway to vocational rehabilitation and employment services for some veterans.

To obtain compensation or pension disability benefits, a claimant applies to one of VBA's 57 ROs. Upon receipt of a substantially complete claim, a veterans service representative attempts to obtain the evidence required to support the claim, which can involve creating and mailing a development letter requesting the necessary information from the claimant or someone else. If appropriate, an RO rating specialist subsequently analyzes the evidence obtained, evaluates the claimed conditions to determine whether they are service connected, and assigns a rating for the degree to which each claimed service-connected condition is disabling. To assign the rating, the rating specialist uses the Schedule for Rating Disabilities. This schedule contains medical criteria and disability ratings associated with the level(s) of severity for each condition.

To record the reasoning underpinning the decision, the rating specialist prepares a rating decision document. This document is supposed to

[3]To be eligible for pension benefits, in addition to having low income and permanent and total disability, veterans must have 90 days or more of active military service, at least one day of which was during a period of war. Under the law, VA recognizes certain war periods. For example, the war period for the Vietnam War is generally considered to be August 5, 1964, through May 7, 1975. The war period for the Gulf War is considered to have begun August 2, 1990, and is not yet recognized as having ended. Under the Veterans Education and Benefits Expansion Act of 2001, enacted on December 27, 2001, veterans who are 65 years or older do not have to be permanently and totally disabled to become eligible for pension benefits, as long as they meet the other requirements for income and military service.

explain, for each claimed condition, VBA's decision; the evidence considered in reaching the decision; the evidence for and against the claim; and the rationale for the decision, based on the facts and applicable legal requirements. Once a decision on benefit eligibility is reached, a veterans service representative creates a cover letter notifying the claimant of the decision and attaches the rating decision document and necessary forms (e.g., a form describing a claimant's appeal rights). The letter package is then mailed to the claimant. A copy of the letter and its attachments is also mailed to the veterans service organization representing the claimant, if the claimant has named one. If the claimant disagrees with the decision, he or she can request a review by an RO decision review officer, who will attempt to resolve the disagreement. If the claimant continues to disagree with the decision, he or she may appeal the decision to VA's Board of Veterans' Appeals and subsequently to the Court of Appeals for Veterans Claims, which is independent of VA. Finally, either the claimant or VA may appeal a decision of the Court of Appeals for Veterans Claims to the Court of Appeals for the Federal Circuit.

Legal, regulatory, and policy requirements govern the standards for notification and development letters prepared in the ROs. Notification letters should clearly state (1) the decision made; (2) the date the decision is to be effective, the monthly rates payable to the claimant, and any amounts to be withheld from the benefits; (3) the reasons for the decision; (4) a claimant's right to appeal the decision, including procedures and time limits; and (5) any additional benefits to which the claimant may be entitled. Standards for development letters follow the tenets of the VCAA, which was signed into law on November 9, 2000. According to the act, development letters are to advise claimants of any information needed to substantiate their claims—including the information that claimants are to submit in support of their claims, as well as that which VBA is to obtain on the claimants' behalf. In addition, VBA policy requires that these letters inform the claimant of the consequences for not submitting the requested information within a specified time limit.

To create a letter, veterans service representatives select from a national database certain boilerplate paragraphs that they can tailor to a particular claimant by inserting an unlimited amount of free text. Some ROs have adapted letters from the national database and created their own local letter databases. Additionally, individual letter writers in the ROs have created their own sets of letters by modifying the national and local letters.

VBA's ROs, which create the notification and development letters, face a complex operating environment. According to the VA Claims Processing Task Force, which was established by the Secretary in 2001 and which reviewed VBA's claims processing problems, VBA's inventory of pending claims nearly doubled, from about 350,000 to nearly 670,000 cases, between 1989 and August 2001.[4] Of the pending cases in August 2001, nearly 420,000 involved a disability rating.[5] VBA wants to reduce this backlog of pending claims involving a disability rating to 250,000 cases by September 2003. Over the past decade, the average amount of staff time that it takes for VBA to process a compensation claim has more than doubled. The task force attributes VBA's growing backlogs and increased processing time to a number of factors. For example, veterans are filing increasingly complex claims, with more disabilities per case than in the past and with disabilities that are more difficult to evaluate, such as illnesses related to service in the Gulf War. In addition, a number of legislative and regulatory changes, such as VBA's duty to assist claimants in gathering evidence to support their claims, have added to the complexity of processing claims. Moreover, VBA has recently hired a significant number of veterans service representatives and rating specialists to fill vacancies left by a recent wave of retirements. At the end of fiscal year 2001, about one quarter of veterans service representatives and rating specialists had less than one year of experience in their jobs. According to VBA, these new hires require intensive training and on-the-job experience to achieve proficiency.[6]

In Many VBA Letters, Certain Key Aspects Were Clear but Others Were Not

In its letters, VBA clearly explained some, but not all, of the key aspects that claimants needed to understand. In most of its notification letters, VBA clearly stated the decision concerning claimants' entitlement to benefits, claimants' responsibilities, their right to appeal, how they could contact VBA for more information, and other benefits for which they might be eligible. However, other key aspects that claimants needed to

[4]Department of Veterans Affairs, Claims Processing Task Force, *Report to the Secretary of Veterans Affairs* (Washington, D.C.: 2001), p. 9.

[5]Cases that do not involve a disability rating include such cases as adjustments to benefits resulting from income and dependency changes. Comparable data on the number of pending cases involving a disability rating in 1989 are unavailable.

[6]For further information on VBA's training program, see U.S. General Accounting Office, *Veterans' Benefits: Training for Claims Processors Needs Evaluation*, GAO-01-601 (Washington, D.C.: May 31, 2001).

understand were unclear in compensation letters. These included pertinent financial information and the reason for VBA's decision regarding whether or not to award benefits. Further, about 43 percent of development letters did not clearly explain the actions that claimants should take to support their claims. Beyond the lack of clarity in these key aspects of the letters, various writing deficiencies, such as sequencing and formatting problems, reduced the overall clarity of VBA's letters. Unclear notification and development letters confuse and frustrate veterans. As a result, they are more likely to contact VBA to discuss or appeal the decision, adding to VBA's workload, or they may not pursue benefits to which they are entitled.

Some Notification Letters Did Not Clearly Communicate the Reason for VBA's Decision or Financial Information

Many of VBA's notification letters were understandable in certain key aspects. However, significant percentages of VBA's notification letters were difficult to understand in other key areas (see table 1).

Table 1: Percentages of VBA's Notification Letters That Were Unclear, by Type

	Percentages of letters that were unclear	
Key aspects of VBA's notification letters	**Compensation**	**Pension**
Decision concerning the claimant's entitlement to benefits	5	15
Reason for the decision	29	10
Financial information concerning the claimant's benefit	52[a,b]	7[b]
Claimant's responsibilities and appeal rights and ways to contact VBA for more information	4	6
Other benefits available to the claimant	0[b]	N/A[c]

[a]The 95 percent confidence interval around this estimate ranges from 37 to 67 percent.

[b]The percentage was based on only those letters in the sample that contained the applicable information.

[c]The sample of pension letters that we reviewed included almost no letters that contained the applicable information.

Legend: N/A = not applicable.

Source: GAO's review of a national sample of letters.

Decision Concerning Entitlement

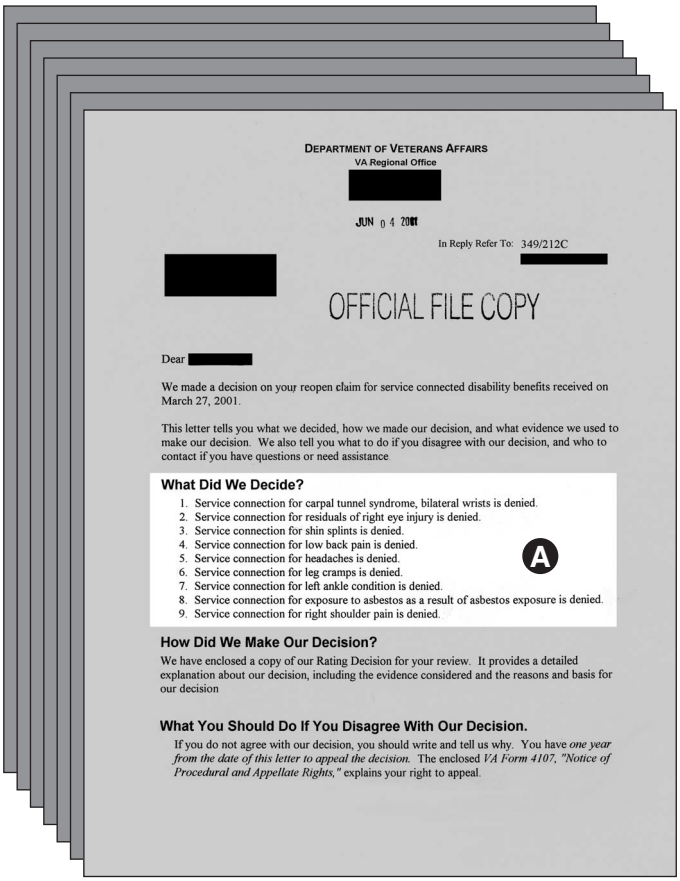
The vast majority of letters—95 percent of compensation letters and 85 percent of pension letters—clearly conveyed, in general, the decision concerning the claimant's entitlement to benefits. In comparison, VBA

estimates that about 70 and 80 percent of their customers, respectively, believe that VBA's compensation and pension letters explained the decision in a way that the reader could understand.[7] The letter in figure 1 provides an example of a compensation decision covering nine separate conditions that was particularly clear and easy to read, primarily because of the use of simple lay language.

Although the great majority of VBA's pension letters clearly stated the decision concerning the claimant's entitlement to benefits, 15 percent of the pension letters in our sample did not. Among the letters that we reviewed that were unclear, in most cases, the statement of the decision in the letter was inconsistent with that in the attached rating decision document. Figure 2 illustrates such a case. In this instance, the notification letter stated that VBA denied the claim for pension. However, the rating decision document stated that entitlement to pension was granted. Neither the notification letter nor the rating decision document explained how the claimant could be entitled to a pension and at the same time be denied it.

[7]Data were provided by Surveys and Research staff, VBA Data Management Office (from data presented in Department of Veterans Affairs, Veterans Benefits Administration, *Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process: 2000 Summary Report* [Washington, D.C.: 2001]). See appendix II for a description of possible data limitations. Veterans responding to the customer satisfaction survey would have evaluated letters written prior to spring 2001, when VBA launched its initiative to improve the quality of its compensation and pension program letters. In contrast, the samples of letters that we reviewed were likely to have included some letters that had been rewritten under the initiative.

Figure 1: Compensation Letter That Clearly Stated the Decision



DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
[redacted]

JUN 04 2001

In Reply Refer To: 349/212C [redacted]

[redacted]

OFFICIAL FILE COPY

Dear [redacted]

We made a decision on your reopen claim for service connected disability benefits received on March 27, 2001.

This letter tells you what we decided, how we made our decision, and what evidence we used to make our decision. We also tell you what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Did We Decide?

1. Service connection for carpal tunnel syndrome, bilateral wrists is denied.
2. Service connection for residuals of right eye injury is denied.
3. Service connection for shin splints is denied.
4. Service connection for low back pain is denied.
5. Service connection for headaches is denied.
6. Service connection for leg cramps is denied.
7. Service connection for left ankle condition is denied.
8. Service connection for exposure to asbestos as a result of asbestos exposure is denied.
9. Service connection for right shoulder pain is denied.

A

How Did We Make Our Decision?

We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision, including the evidence considered and the reasons and basis for our decision.

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Notice of Procedural and Appellate Rights,"* explains your right to appeal.

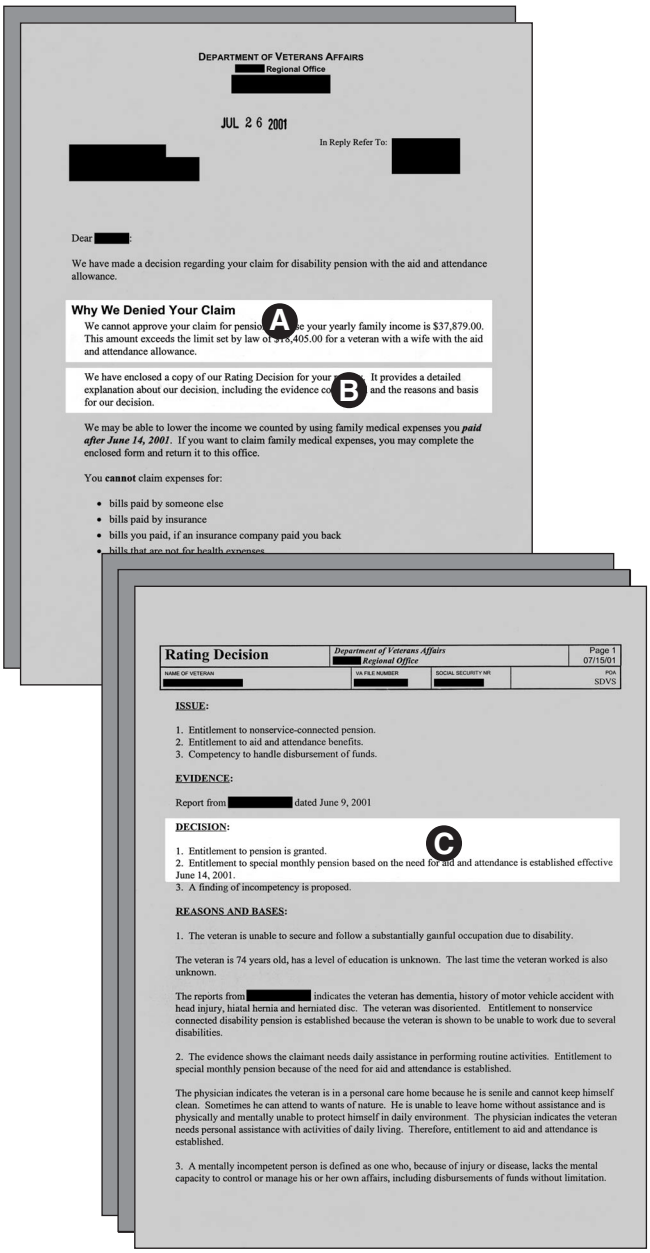
A What Did We Decide?

1. Service connection for carpal tunnel syndrome, bilateral wrists is denied.
2. Service connection for residuals of right eye injury is denied.
3. Service connection for shin splints is denied.
4. Service connection for low back pain is denied.
5. Service connection for headaches is denied.
6. Service connection for leg cramps is denied.
7. Service connection for left ankle condition is denied.
8. Service connection for exposure to asbestos as a result of asbestos exposure is denied.
9. Service connection for right shoulder pain is denied.

Commentary

A The letter set forth VBA's decision to deny the claim on nine separate conditions. It was written in lay language (e.g., "left ankle condition" or "right shoulder pain") and contained no editorial mistakes.

Figure 2: Pension Letter That Did Not Clearly State the Decision



DEPARTMENT OF VETERANS AFFAIRS
[redacted] Regional Office
[redacted]

JUL 26 2001

In Reply Refer To: [redacted]

[redacted]

Dear [redacted]:

We have made a decision regarding your claim for disability pension with the aid and attendance allowance.

Why We Denied Your Claim (A)

We cannot approve your claim for pension because your yearly family income is $37,879.00. This amount exceeds the limit set by law of $18,405.00 for a veteran with a wife with the aid and attendance allowance.

We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision, including the evidence considered and the reasons and basis for our decision. (B)

We may be able to lower the income we counted by using family medical expenses you ***paid after June 14, 2001***. If you want to claim family medical expenses, you may complete the enclosed form and return it to this office.

You **cannot** claim expenses for:

- bills paid by someone else
- bills paid by insurance
- bills you paid, if an insurance company paid you back
- bills that are not for health expenses

Rating Decision | *Department of Veterans Affairs* [redacted] *Regional Office* | Page 1 07/15/01

NAME OF VETERAN	VA FILE NUMBER	SOCIAL SECURITY NR.	POA
[redacted]	[redacted]	[redacted]	SDVS

ISSUE:

1. Entitlement to nonservice-connected pension.
2. Entitlement to aid and attendance benefits.
3. Competency to handle disbursement of funds.

EVIDENCE:

Report from [redacted] dated June 9, 2001

DECISION: (C)

1. Entitlement to pension is granted.
2. Entitlement to special monthly pension based on the need for aid and attendance is established effective June 14, 2001.
3. A finding of incompetency is proposed.

REASONS AND BASES:

1. The veteran is unable to secure and follow a substantially gainful occupation due to disability.

The veteran is 74 years old, has a level of education is unknown. The last time the veteran worked is also unknown.

The reports from [redacted] indicates the veteran has dementia, history of motor vehicle accident with head injury, hiatal hernia and herniated disc. The veteran was disoriented. Entitlement to nonservice connected disability pension is established because the veteran is shown to be unable to work due to several disabilities.

2. The evidence shows the claimant needs daily assistance in performing routine activities. Entitlement to special monthly pension because of the need for aid and attendance is established.

The physician indicates the veteran is in a personal care home because he is senile and cannot keep himself clean. Sometimes he can attend to wants of nature. He is unable to leave home without assistance and is physically and mentally unable to protect himself in daily environment. The physician indicates the veteran needs personal assistance with activities of daily living. Therefore, entitlement to aid and attendance is established.

3. A mentally incompetent person is defined as one who, because of injury or disease, lacks the mental capacity to control or manage his or her own affairs, including disbursements of funds without limitation.

A **Why We Denied Your Claim**

We cannot approve your claim for pension because your yearly family income is $37,879.00. This amount exceeds the limit set by law of $18,405.00 for a veteran with a wife with the aid and attendance allowance.

B We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision, including the evidence considered and the reasons and basis for our decision.

C **DECISION:**

1. Entitlement to pension is granted.
2. Entitlement to special monthly pension based on the need for aid and attendance is established effective June 14, 2001.

Commentary

A The letter set forth the decision on the claim for pension. The claim was denied because of income that exceeded specified limits.

B The letter referred the claimant to the attached rating decision document for an explanation of the decision.

C To the lay reader, the statement of the decision in the attached rating decision document seems to contradict VBA's decision as stated in the letter. The rating decision document stated that the claimant was entitled to pension and to another "special monthly pension."

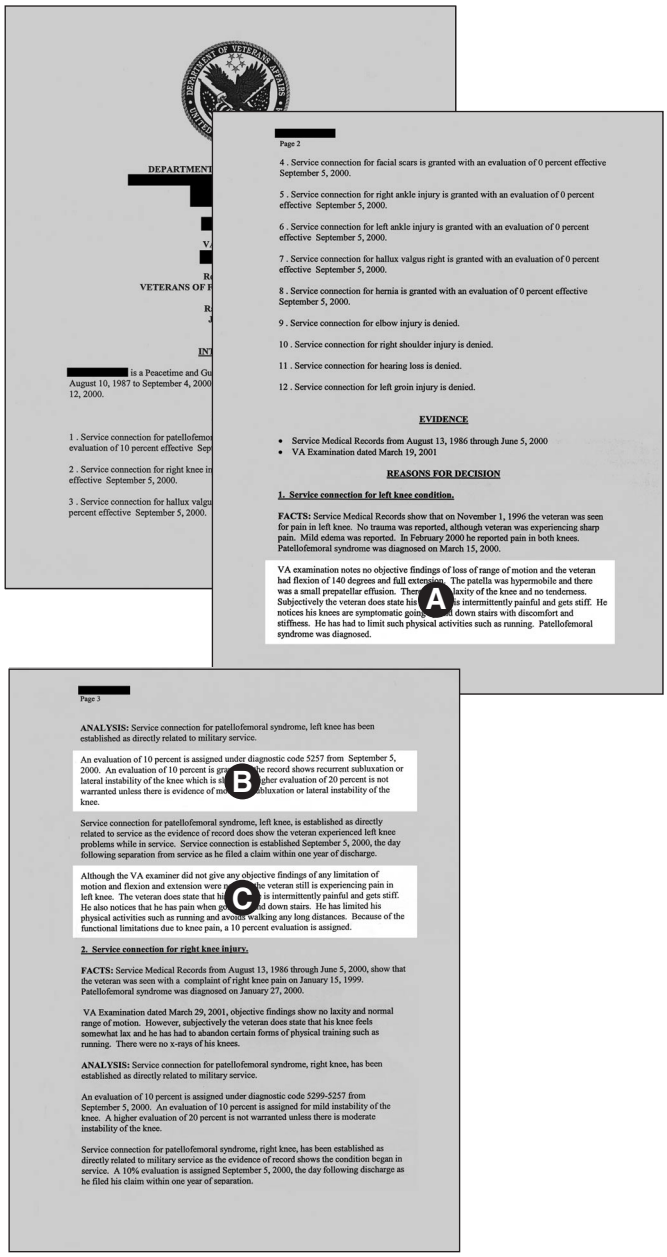
Reason for the Decision

Seventy-one percent of VBA's compensation letters and 90 percent of its pension letters clearly stated, in general, the reason for the decision. In comparison, VBA estimates that 74 and 81 percent of its customers, respectively, believe that VBA's compensation and pension letters clearly explained all of the reasons for the decision.[8] Figure 3 illustrates a rating decision document from our sample that used nontechnical language to explain how the facts of the case led to the decision. Despite the presence of technical language in the recitation of the facts of the case and in the criteria used to assign the degree of disability, this rating document provided a brief, generally plain English summary of the reasons for the decision that a layperson could understand.

Although the reason for VBA's decision in most of these compensation and pension letters was generally clear, nearly one-fifth of the compensation letters included rating decision documents that contained editorial mistakes or redundancies. Editorial mistakes included typographical errors, run-on sentences, and sentence fragments, making the documents more challenging to read. In addition, redundancies made the rating documents unnecessarily lengthy. For example, a legal requirement—such as the VCAA provisions—was listed for each of the multiple conditions, rather than being stated once for all claimed conditions. Similarly, the rating documents sometimes repeated language for each claimed condition that described the RO's attempts to obtain information from the claimant and the claimant's failure to respond to these attempts, when stating it once would have sufficed. In one rating document, essentially the same paragraph—including the sentence fragments embedded in it—was repeated 7 times throughout a 13-page document.

[8]See footnote 7.

Figure 3: Rating Decision Document That Clearly Summarized, Despite Medical Terminology, the Reasons for the Decision



Page 2

4 . Service connection for facial scars is granted with an evaluation of 0 percent effective September 5, 2000.

5 . Service connection for right ankle injury is granted with an evaluation of 0 percent effective September 5, 2000.

6 . Service connection for left ankle injury is granted with an evaluation of 0 percent effective September 5, 2000.

7 . Service connection for hallux valgus right is granted with an evaluation of 0 percent effective September 5, 2000.

8 . Service connection for hernia is granted with an evaluation of 0 percent effective September 5, 2000.

9 . Service connection for elbow injury is denied.

10 . Service connection for right shoulder injury is denied.

11 . Service connection for hearing loss is denied.

12 . Service connection for left groin injury is denied.

EVIDENCE

- Service Medical Records from August 13, 1986 through June 5, 2000
- VA Examination dated March 19, 2001

REASONS FOR DECISION

1. Service connection for left knee condition.

FACTS: Service Medical Records show that on November 1, 1996 the veteran was seen for pain in left knee. No trauma was reported, although veteran was experiencing sharp pain. Mild edema was reported. In February 2000 he reported pain in both knees. Patellofemoral syndrome was diagnosed on March 15, 2000.

VA examination notes no objective findings of loss of range of motion and the veteran had flexion of 140 degrees and full extension. The patella was hypermobile and there was a small prepatellar effusion. Ther laxity of the knee and no tenderness. Subjectively the veteran does state his is intermittently painful and gets stiff. He notices his knees are symptomatic going d down stairs with discomfort and stiffness. He has had to limit such physical activities such as running. Patellofemoral syndrome was diagnosed.

Page 3

ANALYSIS: Service connection for patellofemoral syndrome, left knee has been established as directly related to military service.

An evaluation of 10 percent is assigned under diagnostic code 5257 from September 5, 2000. An evaluation of 10 percent is gr he record shows recurrent subluxation or lateral instability of the knee which is s gher evaluation of 20 percent is not warranted unless there is evidence of m bluxation or lateral instability of the knee.

Service connection for patellofemoral syndrome, left knee, is established as directly related to service as the evidence of record does show the veteran experienced left knee problems while in service. Service connection is established September 5, 2000, the day following separation from service as he filed a claim within one year of discharge.

Although the VA examiner did not give any objective findings of any limitation of motion and flexion and extension were n he veteran still is experiencing pain in left knee. The veteran does state that hi is intermittently painful and gets stiff. He also notices that he has pain when go d down stairs. He has limited his physical activities such as running and avoids walking any long distances. Because of the functional limitations due to knee pain, a 10 percent evaluation is assigned.

2. Service connection for right knee injury.

FACTS: Service Medical Records from August 13, 1986 through June 5, 2000, show that the veteran was seen with a complaint of right knee pain on January 15, 1999. Patellofemoral syndrome was diagnosed on January 27, 2000.

VA Examination dated March 29, 2001, objective findings show no laxity and normal range of motion. However, subjectively the veteran does state that his knee feels somewhat lax and he has had to abandon certain forms of physical training such as running. There were no x-rays of his knees.

ANALYSIS: Service connection for patellofemoral syndrome, right knee, has been established as directly related to military service.

An evaluation of 10 percent is assigned under diagnostic code 5299-5257 from September 5, 2000. An evaluation of 10 percent is assigned for mild instability of the knee. A higher evaluation of 20 percent is not warranted unless there is moderate instability of the knee.

Service connection for patellofemoral syndrome, right knee, has been established as directly related to military service as the evidence of record shows the condition began in service. A 10% evaluation is assigned September 5, 2000, the day following discharge as he filed his claim within one year of separation.

A VA examination notes no objective findings of loss of range of motion and the veteran had flexion of 140 degrees and full extension. The patella was hypermobile and there was a small prepateller effusion. There was no laxity of the knee and no tenderness. Subjectively the veteran does state his left knee is intermittently painful and gets stiff. He notices his knees are symptomatic going up and down stairs with discomfort and stiffness. He has had to limit such physical activities such as running. Patellofemoral syndrome was diagnosed.

B An evaluation of 10 percent is assigned under diagnostic code 5257 from September 5, 2000. An evaluation of 10 percent is granted if the record shows recurrent subluxation or lateral instability of the knee which is slight. A higher evaluation of 20 percent is not warranted unless there is evidence of moderate subluxation or lateral instability of the knee.

C Although the VA examiner did not give any objective findings of any limitation of motion and flexion and extension were normal, the veteran still is experiencing pain in left knee. The veteran does state that his knee is intermittently painful and gets stiff. He also notices that he has pain when going up and down stairs. He has limited his physical activities such as running and avoids walking any long distances. Because of the functional limitations due to knee pain, a 10 percent evaluation is assigned.

Commentary

A The facts of the case were written with medical terminology that would be difficult for a layperson to understand.

B Similarly, the medical criteria used to assign the degree of disability were written with medical terms.

C In spite of the medical terms used in describing the facts and the criteria, the document provided a simple, brief summary, written in lay language, of the reasons for the decision.

While notification letters, in general, clearly stated the reason for VBA's decision concerning the claimant's entitlement to benefits, 29 percent of the compensation letters did not. Among the letters that were unclear, many had legal and medical terminology in the rating decision document that would be difficult for a layperson to understand. For example, one rating decision document used highly technical medical language in attempting to establish the reasons for a decision about inflammation of tendons in the wrist (De Quervain's Syndrome), as follows:

> The evaluation of Post operative residuals, De Quervain's Syndrome, right wrist is increased to 40 percent disabling effective April 19, 2001. An evaluation of 40 percent is assigned under diagnostic code 5214 from April 19, 2001. An evaluation of 40 percent is granted for any position of ankylosis other than: palmar flexion, ulnar or radial deviation, or favorable ankylosis in 20 to 30 degrees of dorsiflexion. A higher evaluation of 50 percent is not warranted unless evidence demonstrates unfavorable ankylosis of the wrist in any degree of palmar flexion, or with ulnar or radial deviation. [Claimant name] experiences limitation of dorsiflexion to 10 degrees, which warrants assignment of the 40 percent evaluation. She does not, however, experience unfavorable ankylosis in palmer [*sic*] flexion, or with ulnar or radial deviation, which warrants the 50 percent evaluation.

Another rating decision document used the legalistic language illustrated below in trying to explain why a case did not warrant a higher evaluation than would be allowed by the rating schedule. In this paragraph, technical jargon such as "schedular evaluation," "extra-schedular evaluation," and "increased evaluation," as well as such legalistic language as "to render impractical the application of the regular schedular standards," would be difficult for a lay reader to understand.

> In exceptional cases where the schedular evaluations are found to be inadequate, an extra-schedular evaluation may be approved, provided that case presents such an exceptional or unusual disability picture, with such related factors as marked interference with employment or frequent periods of hospitalizations, as to render impractical the application of the regular schedular standards. The veteran has not submitted evidence tending to show this case presents such an exceptional or unusual disability picture as to warrant an extra-schedular increased evaluation, and the veteran has made no assertion to that effect. Accordingly, referral for an extra-schedular increased evaluation is not warranted in this case.

Likewise, VBA officials in the agency's central office and in the ROs, as well as claimant representatives, told us that rating decision documents are difficult for claimants to understand because of the highly technical language. Officials in one RO, for example, told us that the RO received, on average, between 8 and 15 calls per day from claimants about letters and rating decisions. Several calls typically involved claimants' asking for clarification of language in the rating decision, particularly about how VBA

had reviewed the evidence and reached the decision, as well as what other evidence the claimant could submit to better substantiate the claim.

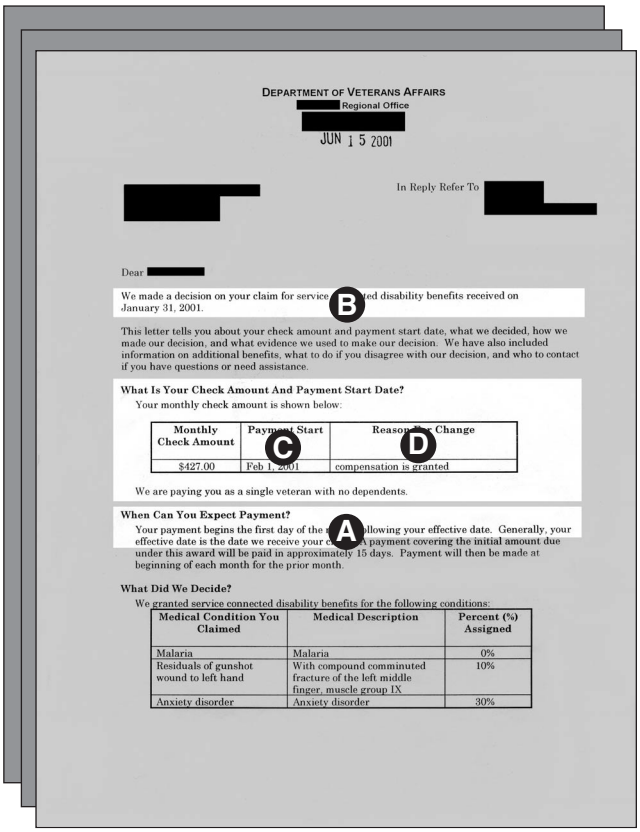
Financial Information

Forty-eight percent of compensation letters and 93 percent of pension letters that contained financial information clearly conveyed, in general, such information. Figure 4 provides an example of a compensation letter with clear financial information. In this letter, the explanation of the payment start date was consistent with the actual date given in the table, and the letter clearly stated the reasons cited for the benefit.

However, in 52 percent of VBA's compensation letters that contained financial information concerning the claimant's benefit, this information was unclear. Among the letters that did not clearly explain the financial information, 30 percent or more had one or more of the following deficiencies:

- The way that financial information was communicated could make claimants think that they would receive a larger payment than they would actually receive. When notifying claimants of a decision that would result in a retroactive change in benefits, several letters gave the new gross monthly entitlement amount, less any withholding amounts (see figure 5). These letters did not explain to claimants that to calculate their net retroactive benefits, they must deduct from the gross amount the benefits that they had already received at the preexisting rate. Veterans' representatives in the two regions that we visited told us that presenting the gross benefit amount without any explanation confused claimants, causing them to think that they would receive a larger retroactive payment than they would actually receive. However, several RO and central office officials with whom we spoke had not found problems with this method of communicating the benefit amount to claimants.
- Inconsistencies, contradictions, and incomplete information in VBA's compensation letters resulted in unclear statements of the date that the claimant was first eligible for payment. Figure 6 provides an excerpt from a typical example. In this letter, the general explanation of the payment start date was not applicable to the particular case. As a result, the payment start date that one would expect from reading this general explanation was inconsistent with the actual date given in the letter.
- The explanations of how the benefit amount was computed were incomplete or contradictory, contained convoluted language, or were simply missing. For example, in one letter, the monthly rate of payment of benefits was projected to decrease over the next three years without any explanation for the decrease.

Figure 4: Compensation Letter That Clearly Stated Financial Information about the Claimant's Benefits



DEPARTMENT OF VETERANS AFFAIRS
[redacted] Regional Office
[redacted]
JUN 15 2001

[redacted]

In Reply Refer To [redacted]

Dear [redacted]

We made a decision on your claim for service [redacted]ed disability benefits received on January 31, 2001. B

This letter tells you about your check amount and payment start date, what we decided, how we made our decision, and what evidence we used to make our decision. We have also included information on additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below:

Monthly Check Amount	Payment Start	Reason [redacted] Change
$427.00	Feb 1, 2001	compensation is granted

We are paying you as a single veteran with no dependents.

When Can You Expect Payment?

Your payment begins the first day of the [redacted]llowing your effective date. Generally, your effective date is the date we receive your c[redacted] A payment covering the initial amount due under this award will be paid in approximately 15 days. Payment will then be made at beginning of each month for the prior month.

What Did We Decide?

We granted service connected disability benefits for the following conditions:

Medical Condition You Claimed	Medical Description	Percent (%) Assigned
Malaria	Malaria	0%
Residuals of gunshot wound to left hand	With compound comminuted fracture of the left middle finger, muscle group IX	10%
Anxiety disorder	Anxiety disorder	30%

A When Can You Expect Payment?

Your payment begins the first day of the month following your effective date. Generally, your effective date is the date we receive your claim.

B We made a decision on your claim for service connected disability benefits received on January 31, 2001.

What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below:

Monthly Check Amount	Payment Start Date	Reason For Change
$427.00	Feb 1, 2001	compensation is granted

D We are paying you as a single veteran with no dependents.

Commentary

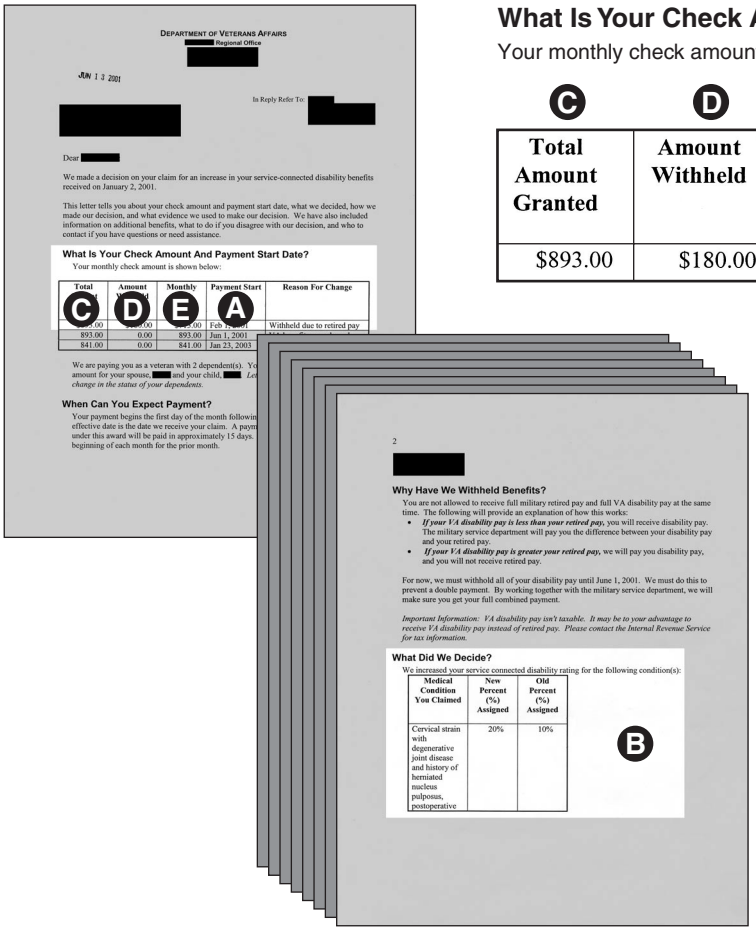
A Payment was to begin the first day of the month following the "effective date." The effective date was generally the date that VBA received the claim.

B This claim was received on January 31, 2001.

C The actual payment start date was established as February 1, 2001, as the claimant would expect.

D The reasons cited for the benefit were clearly stated in lay language and contained no editorial mistakes. Additionally, the reasons cited presented no contradictions.

Figure 5: Compensation Letter Illustrating VBA's Policy of Communicating the Gross Benefit Amount



DEPARTMENT OF VETERANS AFFAIRS
[redacted] Regional Office

JUN 13 2001

In Reply Refer To: [redacted]

[redacted]

Dear [redacted]

We made a decision on your claim for an increase in your service-connected disability benefits received on January 2, 2001.

This letter tells you about your check amount and payment start date, what we decided, how we made our decision, and what evidence we used to make our decision. We have also included information on additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below:

C Total Amount Granted	D Amount Withheld	E Monthly Check Amount	A Payment Start Date	Reason For Change
[illegible]	[illegible]	[illegible]	Feb [illegible]	Withheld due to retired pay
893.00	0.00	893.00	Jan 1, 2001	[illegible]
841.00	0.00	841.00	Jan 25, 2003	[illegible]

We are paying you as a veteran with 2 dependent(s). Yo[illegible] amount for your spouse, [redacted] and your child, [redacted] *Lo[illegible] change in the status of your dependents.*

When Can You Expect Payment?

Your payment begins the first day of the month followin[illegible] effective date is the date we receive your claim. A paym[illegible] under this award will be paid in approximately 15 days. [illegible] beginning of each month for the prior month.

2

[redacted]

Why Have We Withheld Benefits?

You are not allowed to receive full military retired pay and full VA disability pay at the same time. The following will provide an explanation of how this works:

- ***If your VA disability pay is less than your retired pay,*** you will receive disability pay. The military service department will pay you the difference between your disability pay and your retired pay.
- ***If your VA disability pay is greater your retired pay,*** we will pay you disability pay, and you will not receive retired pay.

For now, we must withhold all of your disability pay until June 1, 2001. We must do this to prevent a double payment. By working together with the military service department, we will make sure you get your full combined payment.

Important Information: VA disability pay isn't taxable. It may be to your advantage to receive VA disability pay instead of retired pay. Please contact the Internal Revenue Service for tax information.

What Did We Decide?

We increased your service connected disability rating for the following condition(s):

Medical Condition You Claimed	New Percent (%) Assigned	Old Percent (%) Assigned
Cervical strain with degenerative joint disease and history of herniated nucleus pulposus, postoperative	20%	10%

B

What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below:

C Total Amount Granted	D Amount Withheld	E Monthly Check Amount	A Payment Start Date	Reason For Change
$893.00	$180.00	$713.00	Feb 1, 2001	Withheld due to retired pay

B What Did We Decide?

We increased your service connected disability rating for the following condition(s):

Medical Condition You Claimed	New Percent (%) Assigned	Old Percent (%) Assigned
Cervical strain with degenerative joint disease and history of herniated nucleus pulposus, postoperative	20%	10%

Commentary

A. "Payment Start Date" was February 1, 2001, 4½ months prior to the date of the letter, which was June 13, 2001.

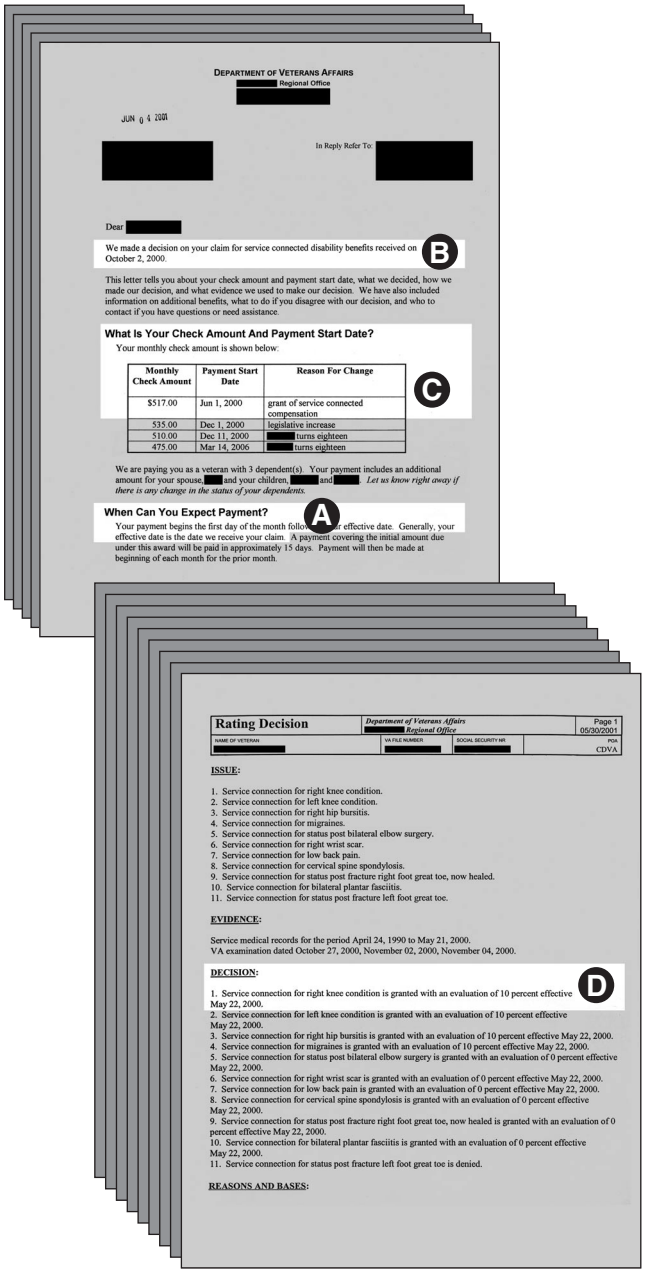
B. VBA assigned the claimant an increased degree of disability (from 10 to 20 percent) for one condition.

C. As a result, the claimant's benefits were increased retroactively to the payment start date to reflect the difference between the amount the veteran had been receiving and the newly established amount. "Total Amount Granted" referred to the newly awarded gross monthly entitlement amount.

D. The "Amount Withheld" referred to special withholdings, such as military retirement pay, deducted from the monthly entitlement amount.

E. VBA subtracted the amount withheld from the total amount granted to obtain the "Monthly Check Amount." Contrary to what the heading says, the "Monthly Check Amount" did not reflect the net monthly amount the claimant would have actually received. To calculate that amount, the claimant must have deducted from the "Monthly Check Amount" the previous monthly benefit payments that he or she had already received for the 4½ months prior to the date of the letter.

Figure 6: Compensation Letter in Which the Date the Claimant Was First Eligible for Benefits Was Unclear



DEPARTMENT OF VETERANS AFFAIRS
[redacted] Regional Office
[redacted]

JUN 04 2001

[redacted]

In Reply Refer To: [redacted]

Dear [redacted]

We made a decision on your claim for service connected disability benefits received on October 2, 2000. (B)

This letter tells you about your check amount and payment start date, what we decided, how we made our decision, and what evidence we used to make our decision. We have also included information on additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below: (C)

Monthly Check Amount	Payment Start Date	Reason For Change
$517.00	Jun 1, 2000	grant of service connected compensation
535.00	Dec 1, 2000	legislative increase
510.00	Dec 11, 2000	[redacted] turns eighteen
475.00	Mar 14, 2006	[redacted] turns eighteen

We are paying you as a veteran with 3 dependent(s). Your payment includes an additional amount for your spouse, [redacted] and your children, [redacted] and [redacted]. *Let us know right away if there is any change in the status of your dependents.*

When Can You Expect Payment? (A)

Your payment begins the first day of the month following your effective date. Generally, your effective date is the date we receive your claim. A payment covering the initial amount due under this award will be paid in approximately 15 days. Payment will then be made at beginning of each month for the prior month.

Rating Decision — *Department of Veterans Affairs* [redacted] *Regional Office* — Page 1 05/30/2001

NAME OF VETERAN [redacted] | VA FILE NUMBER [redacted] | SOCIAL SECURITY NR [redacted] | POA CDVA

ISSUE:

1. Service connection for right knee condition.
2. Service connection for left knee condition.
3. Service connection for right hip bursitis.
4. Service connection for migraines.
5. Service connection for status post bilateral elbow surgery.
6. Service connection for right wrist scar.
7. Service connection for low back pain.
8. Service connection for cervical spine spondylosis.
9. Service connection for status post fracture right foot great toe, now healed.
10. Service connection for bilateral plantar fasciitis.
11. Service connection for status post fracture left foot great toe.

EVIDENCE:

Service medical records for the period April 24, 1990 to May 21, 2000.
VA examination dated October 27, 2000, November 02, 2000, November 04, 2000.

DECISION: (D)

1. Service connection for right knee condition is granted with an evaluation of 10 percent effective May 22, 2000.
2. Service connection for left knee condition is granted with an evaluation of 10 percent effective May 22, 2000.
3. Service connection for right hip bursitis is granted with an evaluation of 10 percent effective May 22, 2000.
4. Service connection for migraines is granted with an evaluation of 10 percent effective May 22, 2000.
5. Service connection for status post bilateral elbow surgery is granted with an evaluation of 0 percent effective May 22, 2000.
6. Service connection for right wrist scar is granted with an evaluation of 0 percent effective May 22, 2000.
7. Service connection for low back pain is granted with an evaluation of 0 percent effective May 22, 2000.
8. Service connection for cervical spine spondylosis is granted with an evaluation of 0 percent effective May 22, 2000.
9. Service connection for status post fracture right foot great toe, now healed is granted with an evaluation of 0 percent effective May 22, 2000.
10. Service connection for bilateral plantar fasciitis is granted with an evaluation of 0 percent effective May 22, 2000.
11. Service connection for status post fracture left foot great toe is denied.

REASONS AND BASES:

(A) When Can You Expect Payment?

Your payment begins the first day of the month following your effective date. Generally, your effective date is the date we receive your claim.

(B) We made a decision on your claim for service connected disability benefits received on October 2, 2000.

(C) What Is Your Check Amount And Payment Start Date?

Your monthly check amount is shown below:

Monthly Check Amount	Payment Start Date	Reason For Change
$517.00	Jun 1, 2000	grant of service connected compensation

(D) DECISION:

1. Service connection for right knee condition is granted with an evaluation of 10 percent effective May 22, 2000.

. . . . .

Commentary

(A) Payment was to begin the first day of the month following the "effective date." The reader was told only that the effective date was generally the date that VBA received the claim.

(B) This claim was received on October 2, 2000. The claimant would therefore conclude that payment would begin November 1, 2000.

(C) However, the payment start date was established as June 1, 2000, with no further explanation in the letter.

(D) The rating decision document, to which the reader would typically turn only after having read the multipage letter, showed that, in this case, the effective date—May 22, 2000—was not the date that VBA received the claim. The effective date, instead, was the date that VBA granted service connection for a claimed condition.

Responsibilities, Appeal Rights, and Contact Information

Nearly all of VBA's letters—96 percent of compensation letters and 94 percent of pension letters—clearly explained, in general, a claimant's responsibilities and right to appeal VBA's decision and how to contact VBA. Claimant responsibilities include, for example, reporting changes in income or dependents that could affect benefits. VBA's letters generally used simple, lay language to explain the rights, responsibilities, and contact information, as illustrated in figure 7.

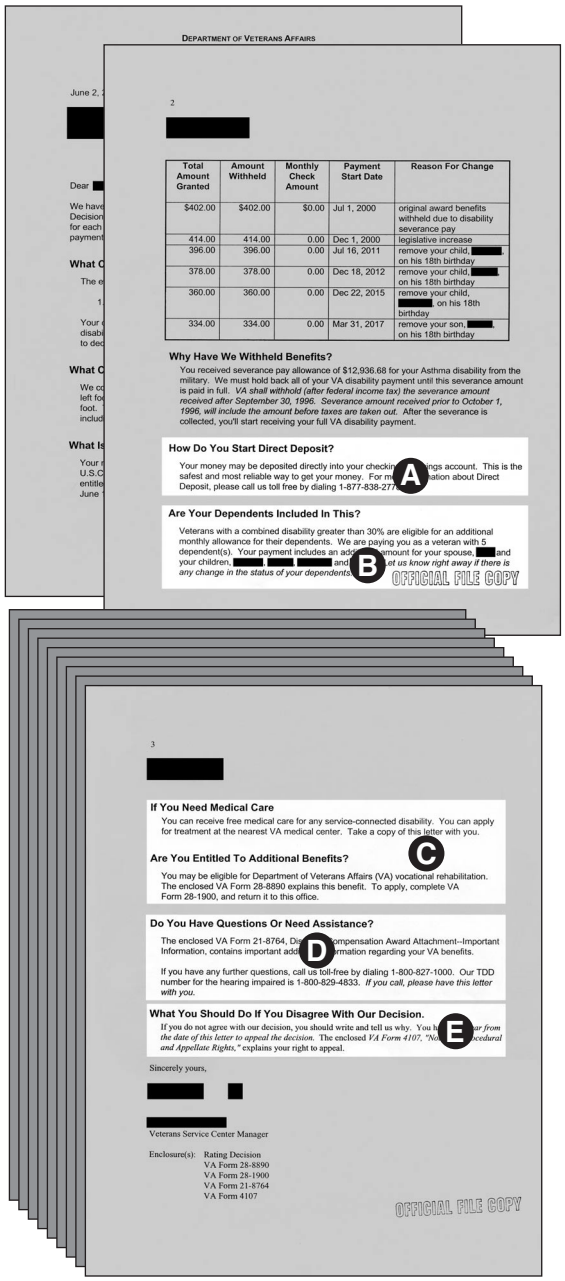
While the letters were generally clear in explaining claimant rights and responsibilities and VBA contact information, nearly 30 percent of pension letters and 17 percent of compensation letters did not provide a deadline for filing an appeal of VBA's decision, as required by VBA policy.[9] However, a form describing appeal rights—including the deadline for filing an appeal—was attached to nearly all notification letters. In those notification letters that mentioned a deadline for appealing, the deadline always complied with the statutory requirement that an appeal be filed within one year of the date of the notification letter.

Other Benefits Available

VBA's compensation letters that mentioned other benefits for which the claimant might be eligible clearly explained, in general, these other benefits, using lay terms. These benefits include, for example, medical, educational, or vocational rehabilitation benefits. The letter in figure 7 (see the paragraphs labeled "C") illustrates VBA's use of lay terminology in explaining the benefits for which the claimant could be eligible.

[9]The 95 percent confidence interval for the pension estimate ranges from 19 to 41 percent.

Figure 7: Notification Letter That Clearly Stated the Claimant's Rights and Responsibilities, Contact Information, and Other Benefits for Which the Claimant Could Be Eligible



DEPARTMENT OF VETERANS AFFAIRS

2

Total Amount Granted	Amount Withheld	Monthly Check Amount	Payment Start Date	Reason For Change
$402.00	$402.00	$0.00	Jul 1, 2000	original award benefits withheld due to disability severance pay
414.00	414.00	0.00	Dec 1, 2000	legislative increase
396.00	396.00	0.00	Jul 16, 2011	remove your child, on his 18th birthday
378.00	378.00	0.00	Dec 18, 2012	remove your child, on his 18th birthday
360.00	360.00	0.00	Dec 22, 2015	remove your child, on his 18th birthday
334.00	334.00	0.00	Mar 31, 2017	remove your son, on his 18th birthday

Why Have We Withheld Benefits?

You received severance pay allowance of $12,936.68 for your Asthma disability from the military. We must hold back all of your VA disability payment until this severance amount is paid in full. *VA shall withhold (after federal income tax) the severance amount received after September 30, 1996. Severance amount received prior to October 1, 1996, will include the amount before taxes are taken out.* After the severance is collected, you'll start receiving your full VA disability payment.

How Do You Start Direct Deposit?

Your money may be deposited directly into your checking/savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

Are Your Dependents Included In This?

Veterans with a combined disability greater than 30% are eligible for an additional monthly allowance for their dependents. We are paying you as a veteran with 5 dependent(s). Your payment includes an additional amount for your spouse, and your children, and *Let us know right away if there is any change in the status of your dependents.*

OFFICIAL FILE COPY

3

If You Need Medical Care

You can receive free medical care for any service-connected disability. You can apply for treatment at the nearest VA medical center. Take a copy of this letter with you.

Are You Entitled To Additional Benefits?

You may be eligible for Department of Veterans Affairs (VA) vocational rehabilitation. The enclosed VA Form 28-8890 explains this benefit. To apply, complete VA Form 28-1900, and return it to this office.

Do You Have Questions Or Need Assistance?

The enclosed VA Form 21-8764, Disability Compensation Award Attachment--Important Information, contains important additional information regarding your VA benefits.

If you have any further questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Notice of Procedural and Appellate Rights,"* explains your right to appeal.

Sincerely yours,

Veterans Service Center Manager

Enclosure(s): Rating Decision
VA Form 28-8890
VA Form 28-1900
VA Form 21-8764
VA Form 4107

OFFICIAL FILE COPY

A How Do You Start Direct Deposit?

Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

B Are Your Dependents Included In This?

. . . Your payment includes an additional amount for your spouse, , and your children, , , , and . *Let us know right away if there is any change in the status of your dependents.*

C If You Need Medical Care

You can receive free medical care for any service-connected disability. You can apply for treatment at the nearest VA medical center. Take a copy of this letter with you.

Are You Entitled To Additional Benefits?

You may be eligible for Department of Veterans Affairs (VA) vocational rehabilitation. The enclosed VA Form 28-8890 explains this benefit. To apply, complete VA Form 28-1900, and return it to this office.

D Do You Have Questions Or Need Assistance?

. . . If you have any further questions, call us toll-free by dialing 1-800-827-1000. Our TTD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

E What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Notice of Procedural and Appellate Rights,"* explains your right to appeal.

Commentary

A This sentence clearly set forth contact information about directly depositing the benefit amount.

B This sentence clearly reminded the claimant of his or her responsibility to report changes in the status of dependents.

C These two paragraphs clearly explained that the claimant might be eligible for medical and vocational rehabilitation benefits and how to apply for these benefits.

D This paragraph clearly explained how claimants could contact VBA for more information.

E The final paragraph briefly highlighted the actions that claimants could take if they disagreed with the decision, stating the one-year deadline for appealing the decision and referring the claimant to an attached form that details procedures for appealing.

Many Development Letters Did Not Clearly Explain Actions That the Claimant Should Take

About 43 percent of VBA's development letters did not clearly explain the actions that the claimant should take to support the claim. These letters were generally clear, however, in explaining VBA's actions in attempting to obtain information to support the claim. (See table 2.)

Table 2: Percentages of VBA's Development Letters That Were Unclear

Key aspects of VBA's development letters	Percentages of letters that were unclear
Actions that claimant should take to support the claim	43[a]
Actions that VBA would take or had taken in attempting to obtain information to support the claim	13[b]

Source: GAO's review of a national sample of letters.

[a]The 95 percent confidence interval around this estimate ranges from 30 to 56 percent.

[b]The percentage is based on only those letters in the sample that contained the applicable information.

Actions That Claimant Should Take

Fifty-seven percent of VBA's development letters, in general, clearly explained the actions that the claimant should take to support the claim. For example, one easily understandable letter that we reviewed grouped the actions that the claimant should take under a single heading, using simple, lay language to describe these actions. Attachments to the letter listed the more detailed information needed from the claimant. The letter also clarified and simplified the description of the evidence needed to establish that a disability was connected to military service (see figure 8).

Figure 8: Development Letter That Clearly Set Forth What VBA Needed from the Claimant

DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE
[redacted]

March 7, 2001

In Reply Refer To: [redacted]

[redacted]

Dear [redacted]

We are writing to you about your claim for benefits.

- Due to a change in the law, we are reconsidering service connection for a left ring finger condition, left ankle condition and post traumatic stress disorder (PTSD).

In the event that you change your address, notify us immediately.

WHAT YOU SHOULD DO

1. It is extremely important to identify all evidence of any post-service treatment for the conditions shown above. Also, send us a statement that provides a detailed history about the claimed condition(s). Include all information from the date of the onset of the condition(s) to the present.

The statement should include:
- a description of the symptoms and the level of severity
- when the symptoms were experienced and how long they lasted
- whether medication was taken for the symptoms (either prescription or over the counter)

A

2. Your service medical records do not show treatment for a left ankle condition or PTSD. Send evidence showing inservice occurrence or aggravation of your claimed disease or injury. See the *Secondary Evidence* attachment.

3. Complete the enclosed Stressor Detail forms using the *PTSD Attachment* as a guide.

4. If you had private treatment that has not already been submitted and you would like us to request the records, complete, sign, and return the enclosed VA Form 21-4142, *Authorization and Consent to Release Information to the Department of Veterans Affairs (VA).*

2

[redacted]

A

5. For any statement submitted in support of the claim, use the enclosed VA Form 21-4138, *Statement in Support of Claim*. If the form is not used, the statement must conclude with the following certification: "I hereby certify that the information I have given is true and to the best of my knowledge and belief." PLEASE SHOW VETERAN'S FULL NAME AND VA FILE NUMBER ON ALL CORRESPONDENCE OR EVIDENCE SUBMITTED.

WHAT VA WILL DO

- Let you know what information we need to process your claim.
- Obtain evidence kept by the VA and any other federal government agency.
- Request private treatment records, if you complete a release form.
- Obtain medical records from a VA facility, if you give us the location and dates of treatment.
- Request statements from persons who have knowledge of the claimed condition(s), if you provide complete names and mailing addresses.

B

In reviewing applications and making decisions on claims for service connection, we consider all of the following to determine if it tends to prove or support the claim:

- All the information of record
- Any medical evidence
- Statements from the claimant
- Statements from persons who have knowledge of the claimed condition(s)

C

The information and evidence of record should show that the claimant has a current disability, or persistent or recurrent symptoms of disability. In addition, the evidence considered should show that the disability or symptoms may be associated with the claimant's active military service.

WHEN WE NEED IT

Send the requested evidence as soon as possible, preferably within 60 days. PLEASE SHOW VETERAN'S FULL NAME AND VA FILE NUMBER ON ALL CORRESPONDENCE OR EVIDENCE SUBMITTED.

Commentary

A The first major section of the letter, following the introduction, focused the reader's attention directly on a clear, crisp checklist of claimant responsibilities.

B The second section of the letter grouped the actions that VBA would take on behalf of the claimant.

C The description of the evidence needed to establish that a disability was connected to military service was stated clearly and simply, using lay language.

However, 43 percent of VBA's development letters did not clearly explain the actions that claimants should take to support their claims. Among the letters that were unclear, half or more had one or more of the following deficiencies: not grouping similar ideas, using convoluted language, and raising unanswered questions. Table 3 describes each of these writing deficiencies. In addition, in about 11 percent of development letters, a description of the consequences for claimants' not responding in a timely manner to VBA's request for information was either incomplete or missing. A claimant who does not realize the significance of VBA's request might delay in providing the needed information. Moreover, about one-third of development letters did not ask the claimants to put their full name and VBA file number on the information that they submitted to the agency.[10] If claimants do not appropriately identify the documents that they submit, these documents can be misfiled or lost, lengthening the time that it takes to process the claim and increasing claimant frustration.

Table 3: Writing Deficiencies That Obscured Development Letters' Explanation of Actions That Claimants Should Take

Specific writing deficiency	Description of the writing deficiency
Similar ideas not grouped together	Actions that the claimant should take were frequently spread throughout the letter under multiple headings rather than grouped together under a single heading. Therefore, the reader could not go to a single section of the letter to determine what he or she should do to comply with VBA's request for information.
Convoluted language used	Language describing the actions that the claimant should take was sometimes legalistic and awkward and thus difficult for a layperson to understand.
Unanswered questions raised	Passages describing actions that the claimant should take often raised questions that were not answered. For example, in the four paragraphs that typically described the evidence necessary to establish a disability's connection to military service, cumbersome sentence structure and legalistic wording frequently made the paragraphs' content hard to grasp. This left the reader confused as to the specific evidence needed to substantiate the claim. In addition, the letters typically gave the claimant two very different deadlines for submitting the needed information. The letter asked the claimant to send the requested information within 60 days from the date of the letter, but it also said that the evidence could still be received within one year from the date of the letter. The differing deadlines raised unanswered questions for a lay reader about the differences in the consequences for not complying with each of the two deadlines.

Officials with whom we spoke in VBA's central office and ROs also told us that poor structure and use of legalistic language, among other factors, made development letters difficult to read. For example, officials in several ROs reported that development letters were unnecessarily long

[10]The 95 percent confidence interval for this estimate ranges from 21 to 45 percent.

and complicated, causing confusion among veterans. Some RO and central office officials with whom we spoke suggested simplifying and clarifying the letters by placing the details in an attachment.

Actions That VBA Would Take or Had Taken

Eighty-seven percent of VBA's development letters clearly explained, in general, the actions that VBA would take or had taken in attempting to obtain information on behalf of the claimant to support the claim. The exemplary development letter in figure 8 clearly explained VBA's actions. For example, this letter grouped under a single heading, without redundancy, the actions that VBA would take and explained these actions in simple lay terms. However, while the majority of development letters generally clearly explained VBA's actions, many letters mentioned VBA's actions throughout the letter—sometimes mentioning the same actions repeatedly—making this aspect of the development letters difficult to comprehend.

Variety of Writing Deficiencies Reduced Overall Clarity of VBA's Letters and Their Attachments

Beyond the lack of clarity of certain key aspects of VBA's notification and development letters, a variety of writing deficiencies made letters and their attachments generally harder to understand. In many letters, the ordering of ideas made it more difficult to grasp information quickly, and in some instances, there were almost as many headings as sentences. Moreover, certain standard forms attached to VBA's letters contained writing deficiencies similar to those that we found in the letters that we reviewed.

In many letters, the sequence of ideas was out of order, and information of greatest importance to the claimants was often not discussed first. This ordering generally made letters more difficult to understand. For example, two-thirds of VBA's development letters did not state specific actions that claimants should take to support their claims until at least the second page of the letter.[11] In 14 percent of the letters, VBA did not provide this information until the third or fourth page.[12] The specific request for information from the claimant was generally preceded by information about provisions of the VCAA, including a description of the act, VBA's duty to notify the claimant about needed information, and VBA's duty to assist the claimant in obtaining evidence. Also preceding the request for

[11]The 95 percent confidence interval for this estimate ranges from 53 to 79 percent.

[12]The 95 percent confidence interval for this estimate ranges from 7 to 25 percent.

information was a multiparagraph description of the evidence needed to establish that a disability was connected to military service.

RO officials with whom we spoke noted problems with the ordering of information in VBA letters. Officials in one RO said that one of the most frequent complaints received on that RO's hot line involved claimants' having to go through two or three pages of information before locating what they were being asked to do. Officials in another RO questioned whether claimants would actually take the time to read through the entire letter to find out exactly what was being requested of them. We did find some VBA letters that ordered ideas in a more logical manner. These letters were easier to understand, because VBA placed first an explanation of what the agency needed from the claimant, as shown in figure 8.

In addition to overall problems with sequencing, some letters categorized information under too many headings. Sometimes only a single sentence appeared below the heading. In one instance, a one-page letter contained 10 sentences that were broken down under 5 separate headings. On the other hand, most letters contained headings in boldface that were, in general, useful for breaking information down and enabling the reader to find particular topics quickly. Figure 7, for instance, illustrates VBA's use of headings to group information about specific topics, such as ways to contact VBA and other benefits for which the claimant might be eligible.

Finally, some VBA standard forms attached to the letters that we reviewed contained writing deficiencies similar to those that we encountered in our review of VBA's letters. For example, some of the forms contained convoluted language and technical jargon that made them difficult to understand. To illustrate, figure 9—VA's Form 21-8760, which provides additional information for veterans with military service-related permanent and total disability—contained technical jargon, lengthy sentences, convoluted language, and typographical errors that hindered clarity.

On the other hand, some forms were relatively easy to understand—for example, the form explaining appeal rights that is shown in figure 10.

Figure 9: Letter Attachment with Technical Jargon and Lengthy Sentences That Made It Difficult to Understand

Department of Veterans Affairs

ADDITIONAL INFORMATION FOR VETERANS WITH SERVICE-CONNECTED PERMANENT AND TOTAL DISABILITY

BENEFITS FOR VETERANS

SPECIALLY ADAPTED HOUSING

Veterans who have a service-connected disability entitling them to compensation for permanent and total disability due to:

(1) the loss, or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair, or

(2) disability which includes (a) blindness in both eyes, having only light perception, plus (b) loss or loss of use of one lower extremity, or

(3) the loss or loss of [illegible] one lower extremity together with residuals of organic disease or injury or the loss or loss of use of one lower and one upper extremity which so affect the functions of balance or propulsion as to preclude locomotion without resort to braces, crutches, canes or a wheelchair;

may be entitled to a VA grant of not more than 50 percents, or up to a maximum of 38,000, to pay part of the cost of building, buying or remodeling a specially adapted house or to pay indebtedness on such homes already acquired. Apply to the nearest VA office.

SPECIAL HOME ADAPTION GRANT

Veterans who have a service-connected disability entitling them to compensation due to:

(1) blindness in both eyes with 5/200 visual acuity or less, or

(2) the anatomical loss or [illegible]se of both hands may be entitled to a VA grant of [illegible]ore than $6,500 to pay the cost of remodeling a house in which they reside. Apply to the nearest VA office.

SOCIAL SECURITY CREDITS

Monthly retirement, disability, and survivors benefits under Social Security are payable to a veteran and his/her family if he/she has earned enough work credits under the program. In addition, the veterans may qualify at 65 for Medicare's hospital insurance and medical insurance. Since July 1, 1973, Medicare also has been available to people under 65 who have been entitled to Social Security disability checks for 2 years or more and to insured people and their dependents with severe kidney disease who need dialysis or kidney transplants.

Service personnel and veterans may be entitled to Social Security work credits for active service performed after September 15, 1940.

Further information about Social Security credits and benefits is available from any of the 1,300 Social Security offices. For the address and telephone number, look in the telephone directory under Social Security Administration, or ask at the post office.

COMMISSARY AND EXCHANGE PRIVILEGES

Honorably discharged veterans with 100 percent service-connected disability, their dependents and unremarried surviving spouses are entitled to unlimited exchange and commissary store privileges. Certification of total disability will be given by the Department of Veterans Affairs. Assistance in completing DD Form 1172 (Application for Uniformed Services Identification and Privilege Card) may be provided by the nearest VA office.

BENEFITS FOR DEPENDENTS

EDUCATIONAL ASSISTANCE

Generally surviving spouses of deceased veterans, spouses of living veterans and children of either, between 18 and 26 year old, when the death or permanent and total disability was the result of service in the Armed Forces, are entitled to benefits.

If eligible children under 18 have (a) graduated from high school or (b) are above the age of compulsory school attendance, VA benefits may begin for this schooling before the children reach age 18.

CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs)

VA is authorized to provide medical care for the spouse or child of a veteran who has total disability, permanent in nature, resulting from a sevice-connected disability, and the widow(er) or child of a veteran who has died of a service-connected disability, providing they do not have entitlement to care under CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) or Medicare. Normally, this care will be provided in non-VA facilities under the CHAMPVA program. VA facilities however, may be utilized for specialized treatment when (1) they are uniquely equipped to provide the most effective care and (2) use of these facilities does not interfere with the care and treatment of veterans.

JOB COUNSELING AND EMPLOYMENT SERVICES

A job and job training counseling service program, employment placement service program, and job training placement service program are available to a spouse of any veteran who has a total [illegible]y permanent in nature resulting from a service-con[illegible] disability or the spouse of a veteran who dies while a disability so evaluated was in existence.

Information concerning other Department of Veterans Affairs, Federal, State or local benefits may be obtained from your nearest VA office or from any national sevice organization representative.

Commentary

A and **B** These sections used technical jargon (e.g., "residuals of organic disease;" "as to preclude locomotion without resort to;" "anatomical loss or loss of use of both hands") that would be difficult for a layperson to understand. Further, the structure of both sections—using single lengthy sentences connected by the word "or" to list a series of alternatives—hindered clarity. Finally, typographical errors (e.g., "50 percents" and lack of a dollar sign preceding "38,000") also reduced clarity.

C This lengthy sentence contained convoluted language.

A SPECIALLY ADAPTED HOUSING

Veterans who have a service-connected disability entitling them to compensation for permanent and total disability due to:

(1) the loss, or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair, or

(2) disability which includes (a) blindness in both eyes, having only light perception, plus (b) loss or loss of use of one lower extremity, or

(3) the loss or loss of use of one lower extremity together with residuals of organic disease or injury or the loss or loss of use of one lower and one upper extremity which so affect the functions of balance or propulsion as to preclude locomotion without resort to braces, crutches, canes or a wheelchair;

may be entitled to a VA grant of not more than 50 percents, or up to a maximum of 38,000, to pay part of the cost of building, buying or remodeling a specially adapted house or to pay indebtedness on such homes already acquired. Apply to the nearest VA office.

B SPECIAL HOME ADAPTATION GRANT

Veterans who have a service-connected disability entitling them to compensation due to:

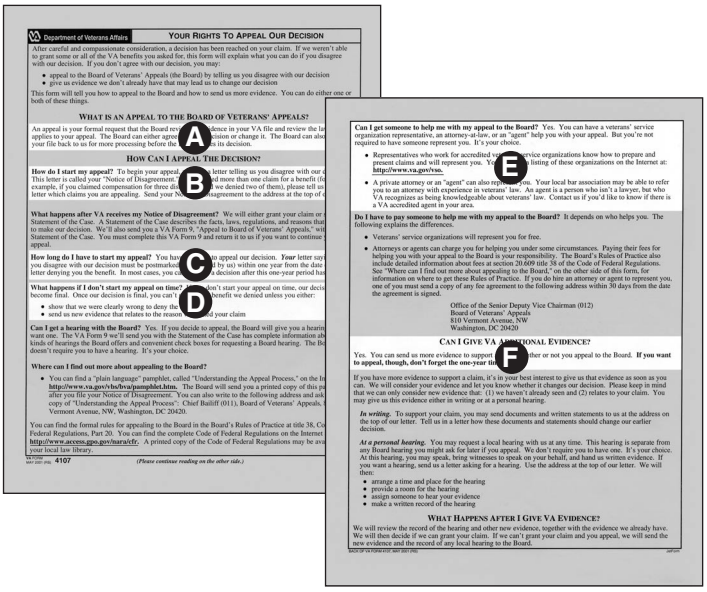
(1) blindness in both eyes with 5/200 visual acuity or less, or

(2) the anatomical loss or loss of use of both hands may be entitled to a VA grant of not more than $6,500 to pay the cost of remodeling a house in which they reside. Apply to the nearest VA office.

C JOB COUNSELING AND EMPLOYMENT SERVICES

A job and job training counseling service program, employment placement service program, and job training placement service program are available to a spouse of any veteran who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who dies while disability so evaluated was in existence.

Figure 10: Form That Was Clear and Easy to Read



Department of Veterans Affairs

YOUR RIGHTS TO APPEAL OUR DECISION

After careful and compassionate consideration, a decision has been reached on your claim. If we weren't able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you don't agree with our decision, you may:

- appeal to the Board of Veterans' Appeals (the Board) by telling us you disagree with our decision
- give us evidence we don't already have that may lead us to change our decision

This form will tell you how to appeal to the Board and how to send us more evidence. You can do either one or both of these things.

WHAT IS AN APPEAL TO THE BOARD OF VETERANS' APPEALS?

An appeal is your formal request that the Board rev ence in your VA file and review the la applies to your appeal. The Board can either agree cision or change it. The Board can also your file back to us for more processing before the s its decision.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, letter telling us you disagree with our d This letter is called your "Notice of Disagreement." d more than one claim for a benefit (fo example, if you claimed compensation for three dis we denied two of them), please tell us letter which claims you are appealing. Send your N agreement to the address at the top of o

What happens after VA receives my Notice of Disagreement? We will either grant your claim or Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that to make our decision. We'll also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," wit Statement of the Case. You must complete this VA Form 9 and return it to us if you want to continue appeal.

How long do I have to start my appeal? You ha o appeal our decision. ***Your*** letter say you disagree with our decision must be postmarked by us) within one year from the date letter denying you the benefit. In most cases, you ca a decision after this one-year period has

What happens if I don't start my appeal on time? don't start your appeal on time, our decis become final. Once our decision is final, you can't benefit we denied unless you either:

- show that we were clearly wrong to deny the
- send us new evidence that relates to the reason d your claim

Can I get a hearing with the Board? Yes. If you decide to appeal, the Board will give you a hearin want one. The VA Form 9 we'll send you with the Statement of the Case has complete information ab kinds of hearings the Board offers and convenient check boxes for requesting a Board hearing. The Bo doesn't require you to have a hearing. It's your choice.

Where can I find out more about appealing to the Board?

- You can find a "plain language" pamphlet, called "Understanding the Appeal Process," on the In **http://www.va.gov/vbs/bva/pamphlet.htm.** The Board will send you a printed copy of this pa after you file your Notice of Disagreement. You can also write to the following address and ask copy of "Understanding the Appeal Process": Chief Bailiff (011), Board of Veterans' Appeals, Vermont Avenue, NW, Washington, DC 20420.

You can find the formal rules for appealing to the Board in the Board's Rules of Practice at title 38, Co Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet **http://www.access.gpo.gov/nara/cfr.** A printed copy of the Code of Federal Regulations may be ava your local law library.

VA FORM 4107 MAY 2001 PMC **4107** *(Please continue reading on the other side.)*

Can I get someone to help me with my appeal to the Board? Yes. You can have a veterans' service organization representative, an attorney-at-law, or an "agent" help you with your appeal. But you're not required to have someone represent you. It's your choice.

- Representatives who work for accredited ervice organizations know how to prepare and present claims and will represent you. Y listing of these organizations on the Internet at: **http://www.va.gov/vso.**
- A private attorney or an "agent" can also rep you. Your local bar association may be able to refer you to an attorney with experience in veterans' law. An agent is a person who isn't a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you'd like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal to the Board? It depends on who helps you. The following explains the differences.

- Veterans' service organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal to the Board is your responsibility. The Board's Rules of Practice also include detailed information about fees at section 20.609 title 38 of the Code of Federal Regulations. See "Where can I find out more about appealing to the Board," on the other side of this form, for information on where to get these Rules of Practice. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is signed.

Office of the Senior Deputy Vice Chairman (012)
Board of Veterans' Appeals
810 Vermont Avenue, NW
Washington, DC 20420

CAN I GIVE VA ADDITIONAL EVIDENCE?

Yes. You can send us more evidence to support ther or not you appeal to the Board. **If you want to appeal, though, don't forget the one-year ti**

If you have more evidence to support a claim, it's in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we haven't already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing.

In writing. To support your claim, you may send documents and written statements to us at the address on the top of our letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a local hearing with us at any time. This hearing is separate from any Board hearing you might ask for later if you appeal. We don't require you to have one. It's your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a hearing, send us a letter asking for a hearing. Use the address at the top of our letter. We will then:

- arrange a time and place for the hearing
- provide a room for the hearing
- assign someone to hear your evidence
- make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review the record of the hearing and other new evidence, together with the evidence we already have. We will then decide if we can grant your claim. If we can't grant your claim and you appeal, we will send the new evidence and the record of any local hearing to the Board.

EDCE OF VA FORM 4107, MAY 2001 (VB) *ARP/GW*

A An appeal is your formal request that the Board review the evidence in your VA file and review the law that applies to your appeal. The Board can either agree with our decision or change it. The Board can also send your file back to us for more processing before the Board makes its decision.

B **How do I start my appeal?** To begin your appeal, write us a letter telling us you disagree with our decision. This letter is called your "Notice of Disagreement." If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in your letter which claims you are appealing. Send your Notice of Disagreement to the address at the top of our letter.

C **How long do I have to start my appeal?** You have one year to appeal our decision. ***Your*** letter saying that you disagree with our decision must be postmarked (or received by us) within one year from the date of ***our*** letter denying you the benefit. In most cases, you can't appeal a decision after this one-year period has ended.

D **What happens if I don't start my appeal on time?** If you don't start your appeal on time, our decision will become final. Once our decision is final, you can't get the VA benefit we denied unless you either:

- show that we were clearly wrong to deny the benefit ***or***
- send us new evidence that relates to the reason we denied your claim

E **Can I get someone to help me with my appeal to the Board?** Yes. You can have a veteran's service organization representative, an attorney-at-law, or an "agent" help you with your appeal. But you're not required to have someone represent you. It's your choice.

- Representatives who work for accredited veterans' service organizations know how to prepare and present claims and will represent you. You can find a listing of these orgranzations on the Internet at: **http://www.va.gov/vso**.
- A private attorney or an "agent" can also represent you. Your local bar association may be able to refer you to an attorney with experience in veterans' law. An agent is a person who isn't a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you'd like to know if there is a VA accredited agent in your area.

F **CAN I GIVE VA ADDITIONAL EVIDENCE?**

Yes. You can send us more evidence to support a claim whether or not you appeal to the Board. **If you want to appeal, though, don't forget the one-year time limit!**

Commentary

A Short sentences and lay language described what is essentially a legal process.

B Potentially confusing technical terms were kept to a minimum. However, where they were used (e.g., "Notice of Disagreement"), they were clearly defined.

C Emphasis was used to make critical distinctions—in this case, between the claimant's letter disagreeing with VBA's decision and VBA's letter denying benefits.

D Questions used as headings anticipated a reader's questions and emphasized important points, such as the consequences of not appealing on time.

E In a series of alternatives, clarity was achieved with short sentences.

F The reader was reminded of important procedural deadlines that the claimant was responsible for meeting.

Clarity in VBA's standard forms is important, because these forms serve critical purposes. For example, they provide claimants with detailed information about other benefits for which the claimants might be eligible. The forms also request specific information—such as claimant income and net worth—that is needed to support the claim.

Negative Consequences May Occur for Both Claimants and VBA if Letters Are Unclear

Unclear letters confuse claimants and make them anxious, according to VBA. Such letters also cause frustration and can affect the benefits that a claimant receives. For example, if claimants do not understand VBA's development letters, they may not provide VBA with the information needed to support their claims, claimant representatives told us. As a result, VBA may delay processing the claimant's application or may deny benefits because of inadequate evidence. Moreover, if claimants do not understand the reasoning that VBA used to reach its decision, they may not question an incorrect decision and may therefore not receive the appropriate level of benefits.

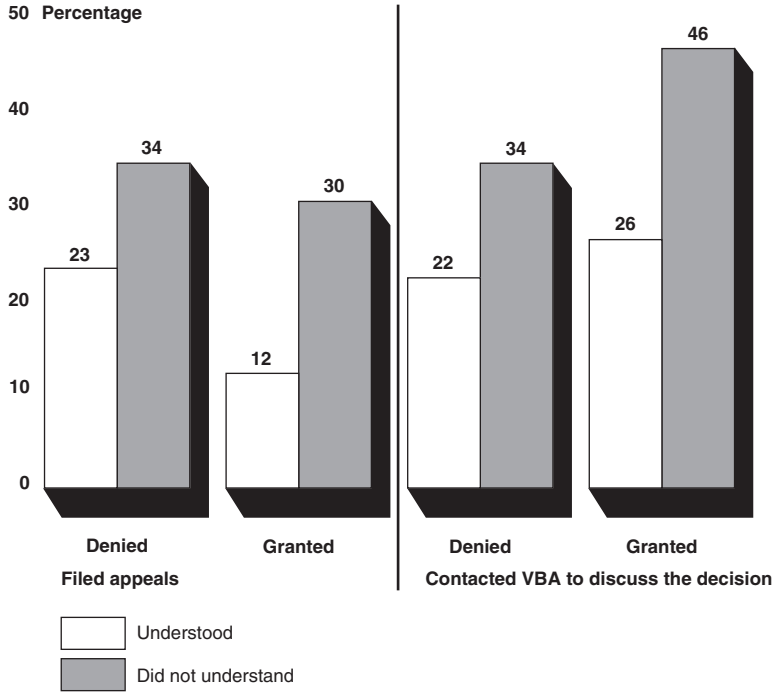
Unclear letters can also have an adverse effect on VBA, requiring that staff resources be diverted to rework claims or respond to additional inquiries rather than to process claims and reduce VBA's backlog. According to VBA's 2000 national customer satisfaction survey, if notification letters and rating decision documents do not explain the decision in a way that claimants can understand, claimants are more likely to contact VBA to discuss or appeal the decision, adding to VBA's already heavy workload (see figure 11). Survey respondents who understood VBA's explanation of its decision in the notification letter were less likely to appeal the decision or contact VBA to discuss it than respondents who did not understand the explanation. This was true regardless of whether the decision granted or denied benefits. Of respondents who had been denied benefits, 34 percent of those who did not understand the explanation of the decision appealed, compared with 23 percent of those who understood the explanation. Even when benefits were granted, 30 percent of those who did not understand the explanation appealed, compared with 12 percent of the respondents who understood.[13] Survey results were similar for respondents who contacted VBA to discuss the decision: significantly more respondents who did not understand the explanation of the decision contacted VBA,

[13]VBA grouped under "denied" those respondents whose entire claim was denied. VBA grouped under "granted" all respondents who replied that they had been awarded benefits, even if benefits were less than respondents had expected.

regardless of whether they were granted or denied benefits, than did those who understood the explanation.

VBA officials agree that processing appeals and responding to claimants diverts employees from processing pending cases. These officials conclude that any reductions in appeals or in the number of claimants who contact VBA to discuss decisions would improve VBA's productivity.

Figure 11: Respondents to the Customer Satisfaction Survey Who Appealed or Contacted VBA to Discuss a Decision on a Compensation or Pension Claim



Note: These data reflect only the types of notification letters that we reviewed as part of this study. See appendix II for a description of possible data limitations.

Source: Department of Veterans Affairs, Veterans Benefits Administration, "Effect of Clarity of Decision Letter on Percent Who Appealed or Who Contacted VA to Discuss the Letter by Whether Their Claim was Granted or Denied," *Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process: 2000 Summary Report* (Washington, D.C.: 2001).

Multiple Factors Contribute to Deficiencies; Some Initiatives Are Under Way, but an Evaluation System Is Needed

Four key factors contribute to deficiencies in VBA's letters and their attachments:

- Attempting to achieve more than one objective and, in doing so, compromising clarity for the reader
- Using boilerplate paragraphs that contain redundancies and writing deficiencies, such as technical terminology that is difficult for a layperson to understand
- Through human error, making editorial mistakes and not adapting boilerplate language to the claimant's specific situation
- Not systematically evaluating letter clarity, not identifying writing deficiencies, and not providing timely feedback to help correct such deficiencies.

VBA has initiatives underway to address some of these problems (see table 4).

Table 4: Status of VBA Initiatives That Can Improve Clarity of Letters and Attachments

Initiative	Description	Status
Letters		
Revisions of national compensation and pension program letters	To make letters more reader friendly, VBA revised the paragraphs that are stored in a national database and used by ROs to compose letters.	Begun in spring 2001, revisions of national compensation and pension notification letters and new Strong Prompts technology were tested with some ROs and made available for RO use at the end of 2001. Use of these revised national notification letters was then mandated for all ROs. VBA has plans extending into 2003 to revise other types of national compensation and pension program letters. For example, VBA officials plan to clarify the national development letter and incorporate the revised language into the national database of paragraphs in the summer of 2002 at the earliest.
Strong Prompts	VBA created a software application that provides a mechanism for selecting and inserting paragraphs from the national database of revised paragraphs.	
Rating Decision Documents		
Improvement of rating decision document quality		
Training and guidance materials	VBA provided training and guidance materials for rating specialists that, in part, were intended to encourage them to eliminate redundancy and incorporate into the rating document a brief layperson's summary of the reasons for the decision.	The initiative, begun in 2000, was subject to a range of implementation problems that limited the initiative's success in enhancing clarity of the rating document. These problems included not mandating that ROs provide a layperson's summary, not emphasizing clarity sufficiently in training, and increasing workload pressures in ROs. Although training has ended, related written guidance was distributed in May 2001.
Review of rating decision documents prepared for recently discharged claimants	VBA reviewed rating decision documents to determine their sufficiency for notifying claimants of the reason for the decision, among other objectives. This review was to consider, in part, ways to prepare a rating document that explained the decision clearly for all readers—especially laypersons—and was free of professional jargon while meeting legal requirements.	The results of the review, which began at the end of 2001, are currently being assessed.

Initiative	Description	Status
Revisions of rating schedule	VBA updated the terminology and medical conditions in the Schedule for Rating Disabilities. While improving clarity was not a focus of this initiative, the initiative did involve removing ambiguity and, with more recent regulations, explaining some medical terms in lay language when this could be done briefly. Some medical terms and concepts would require lengthy explanations, which VBA believes would be better left to claimants' medical providers.	VBA has completed more than two-thirds of this initiative and estimates that it will not be finalized for another 2 years.
Simplification of legal terms	VBA aimed to simplify and clarify legalistic language embedded in a computer application used to create rating decision documents.	This initiative focused only on a few less complex types of rating decisions, such as whether to award benefits for specially adapted housing. The initiative was temporarily suspended to redirect agency resources toward reducing the backlog of pending cases. A task force is currently assessing how to resume this process of simplifying language.
Forms		
Revision of standard forms	VBA revised standard forms to make them more reader friendly.	VBA revised the claimant's appeal rights form and is currently assessing how to go about rewriting the rest of its standard forms.

VBA's Attempt to Achieve Multiple Objectives May Compromise Clarity; VBA Has Some Initiatives Planned and Under Way to Improve Clarity

In many of its rating decision documents and development letters, VBA attempts to achieve more than one objective. In doing so, however, VBA may compromise clarity for the reader. The rating decision document is intended to serve two purposes. Its first purpose is to provide veterans with a readily understandable explanation of the decision regarding their claims for benefits. Its second purpose is to document the precise legal and medical reason for the decision, which is especially important if the claimant appeals the decision. If a claimant appeals a decision, the Board of Veterans' Appeals and the Court of Appeals for Veterans Claims use the rating decision document as a basis for their review. Because the rating decision document is used in this legal process, regulation and court precedents require that rating decision documents include certain key pieces of information that can involve highly technical language.

For example, the rating decision documents must lay out the medical criteria justifying the degree of disability assigned to a claim, as well as the medical criteria for the next higher degree of disability. The criteria are taken from VA's Schedule for Rating Disabilities, which sometimes uses

technical medical terminology. Additionally, rating decision documents must include an evaluation of all relevant evidence and how this evidence supports a particular decision on the claim. Because the documents must discuss the evidence with reference to the medical criteria justifying the degree of disability, this discussion is typically written with terminology similar to that found in the criteria. Table 5 illustrates the similarity of technical language in the Schedule for Rating Disabilities for heart diseases to the language in a rating decision document that we reviewed in our sample of letters.

Table 5: Similarity of Technical Language in Medical Criteria from the Schedule for Rating Disabilities and a Rating Decision Document

Illustration of medical criteria for heart diseases, excerpted from the Schedule for Rating Disabilities (38 CFR 4.104, July 1, 2001)	Excerpt from a typical rating decision document taken from our sample
[For 30 percent degree of disability:] "Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electro-cardiogram, echocardiogram, or X-ray."	"An evaluation of 30 percent is assigned if there is workload greater than 5 METs but not greater than 7 METs resulting in dyspnea, fatigue, angina, dizziness, or syncope; or evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.
[Note:] "One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute."	"One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute."

Some central office officials assert that the ability of rating specialists to explain medical conditions in lay terms is necessarily limited because the specialists lack in-depth medical training and physicians are not available in all regional offices to assist them. As a result, in preparing rating decision documents, rating specialists tend to repeat the language used in regulations and medical reports. Because the reports of VA physicians' medical examinations of claimants are now available in electronic form, employees can now copy wording from these reports directly into the rating document.

While rating decision documents may be used as legal documents by the Board of Veterans' Appeals and the Court of Appeals for Veterans Claims, they are also used to meet the needs of a vastly different audience—the claimant, who is typically a lay reader. VBA regulations state that

claimants are entitled to notice of a VBA decision that affects their benefits, including a clear statement of the reason, or reasons, for the decision. The rating decision document is currently the primary means of complying with the regulations and communicating the reasons for the decision to the claimant. However, as our review of letters and their attached rating decision documents showed, the reasons for the decision were often unclear to lay readers. These documents did not provide a lay summary explanation of the reasons for the decision.

Acknowledging that its rating decision documents need improvement, VBA is working to assure that these documents provide the claimant with a clear explanation of the reasoning used to reach the decision, while documenting for the record the legal and medical reasons for the decision. For example, one aim of VBA's initiative to improve the quality of the rating decision document was to train rating specialists to briefly summarize the reasons for the decision in terms that a layperson could easily understand. However, this initiative had limited success, owing to a range of implementation problems explained in table 4. In a related initiative, the review of rating decision documents prepared for recently discharged claimants, VBA has reemphasized the importance of preparing high-quality rating decision documents. In this initiative, VBA is considering how it can explain the decision clearly for all readers, especially laypersons, while meeting legal requirements. The results of this review, which was begun at the end of 2001, are currently being assessed. In addition, recent revisions of the Schedule for Rating Disabilities include efforts to explain some medical terms in lay language, but only when such explanations can be written relatively briefly. Lengthier explanations are left for the claimants' medical providers. Some of these revisions of the schedule have yet to be published, so it is too early to know the extent to which they will affect readability of the rating documents.

With the development letters, like the rating decision documents, VBA attempts to serve two purposes and, in doing so, may compromise clarity for the claimant. VBA sends development letters to claimants to request specific information necessary to reach decisions on their claims. At the same time, VBA uses the letter to meet its legal obligations under VCAA. VCAA requires, among other things, that VBA notify claimants of any information that is necessary to substantiate the claim. VCAA also requires VBA to distinguish between the information that the claimant is to supply and the information that VBA is to obtain on the claimant's behalf. Our review of a sample of development letters showed that in attempting to comply with its legal duties, VBA obscured its explanation of the specific information needed from the claimant to support the claim.

VBA acknowledges that improvements are needed to clarify the current development letter, but improvement efforts are not yet under way. Currently, VBA is focusing its energies on revising its national compensation and pension program letters. As part of this effort, VBA officials plan to clarify the national development letter's language and incorporate the revised language into the national database of paragraphs in the summer of 2002, at the earliest.

Some Standardized Paragraphs and Forms Contain Deficiencies; VBA Is Working on Resolutions

VBA's central office, as well as some ROs, have developed boilerplate paragraphs for letters and the rating decision attachments to lessen the time that employees spend in creating them and to improve their quality and consistency. VBA has also developed a variety of standard forms to provide detailed information to claimants regarding other types of benefits and to obtain various types of information from claimants. Employees in ROs who write letters may choose to attach these forms to the letters, as appropriate.

Some boilerplate paragraphs and standard forms, however, contain writing deficiencies that reduce clarity, such as convoluted language and highly technical terminology. Because the unclear text is part of the standard boilerplate language, it is replicated in numerous letters and attachments that are mailed to claimants. Moreover, boilerplate paragraphs lack critical information such as, in some notification letters, the deadline for filing an appeal of VBA's decision and, in some development letters, the consequences for not responding in a timely manner to VBA's request for information.

VBA has begun to take steps to deal with boilerplate language problems. First, in the spring of 2001, VBA began to simplify and clarify boilerplate language in its national compensation and pension notification letters. However, the extent to which these letters are being used by the ROs is unknown. Second, as part of its Reader-Focused Writing effort, VBA attempted to simplify legal terms embedded in the computer application used to create a rating decision document. VBA did not attempt, however, to simplify the legalistic language used for the more complicated rating issues involved in deciding disability compensation and pension claims. Although the initiative was temporarily suspended, a task force is currently considering how to resume efforts to simplify the language. The agency also recognizes the need for rewriting its standard forms according to reader-focused principles. It has rewritten the form that describes a claimant's right to appeal a decision and is currently considering how to go about rewriting the rest of its standard forms.

Boilerplate language contributes to the redundancy that we found in rating decision documents. The computer application that VBA employees use in creating rating decision documents automatically inserts boilerplate text concerning the legal principle applicable to the decision for each claimed condition.[14] This boilerplate text is automatically inserted for each condition, even if the reason for the decision for each condition is the same. In the same way, a rating specialist, when preparing a rating decision document, may insert the same boilerplate text for each claimed condition.

As part of its previously described initiative to improve the quality of rating decision documents, VBA has attempted to reduce some of the redundancy in them. Guidance materials issued nationwide as part of this initiative instructed ROs, when preparing rating decision documents, to consider grouping the reasons for the decision for each claimed condition when the reasons were the same. VBA's guidance materials note, however, that grouping the reasons for the decision is a cumbersome task. These materials state that VBA might seek computer enhancements to make it easier for employees to reduce redundancy. To date, however, VBA has not made any computer enhancements that would ease the task of eliminating redundancy.

Human Error Contributes to Some Writing Deficiencies; VBA's Efforts to Improve Letters May Reduce the Need for Human Intervention

During the process of drafting a letter to a claimant or a rating decision document, editorial mistakes and other writing deficiencies can result from human error. Human error can occur when employees modify existing text or insert original text, which they may do for a variety of reasons. For example, boilerplate paragraphs may not be appropriate for every claimant's particular situation and may therefore have to be revised. In addition, an employee will need to insert original text, such as medical conditions, dates, dollar amounts, or other facts that are specific to the claimant. Also, because they believe that some boilerplate paragraphs used to create letters or rating decision documents contain writing deficiencies, employees with whom we spoke in some ROs edit these paragraphs by inserting original text, or they cut and paste from what they perceive to be clearer existing text developed by other RO employees. Officials in one RO told us that this process of modifying existing text and

[14]VBA is currently using two different versions of a computer application to create rating decision documents—the older Rating Board Automation (RBA) and a newer version, called RBA 2000. Both versions created substantial redundancy in some of the rating decision documents that we reviewed.

inserting original text could result in editorial mistakes. Types of editorial mistakes in the letters that we reviewed included typographical errors, run-on sentences, and sentence fragments.

Workload pressures and an inexperienced new workforce can exacerbate writing deficiencies related to human error. ROs are under pressure to reduce VBA's large backlog of pending claims. Additionally, according to VBA officials, a significant portion of VBA's veterans service representatives and rating specialists are newly hired and need intensive training and on-the-job experience to become fully proficient at creating and modifying letters and rating decision documents. For example, rating specialists require about 2 years to become fully productive. The combined effect of many new hires and a heavy workload can increase the potential for human error that can contribute to writing deficiencies.

Writing deficiencies can also occur when a letter writer does not check the relevance of the boilerplate language. It is ultimately the responsibility of the employee to read the letter or rating document that he or she has created and to revise or replace any text if it does not apply to the claimant's particular situation. However, according to some RO officials, because of time pressures, employees do not take the time necessary to review letters for writing deficiencies. The inconsistencies and incomplete information that we found in some key aspects of the letters we reviewed—such as the statement of VBA's decision and the financial information concerning a claimant's benefits—suggest that the letters had not been reviewed thoroughly for overall clarity.

VBA's efforts to revise its national compensation and pension notification letters may help to reduce the need for human intervention in letter writing. For example, VBA has designed its revised national compensation and pension notification letters to cover about 80 percent of possible claimant situations that a letter might have to address. As a result, the need for a veterans service representative to modify boilerplate paragraphs in letters that are inappropriate for a claimant's particular situation should decrease. However, some human intervention will probably always be required, even with the revised national notification letters, because these letters cannot be written to cover all possible claimant situations.

In addition, VBA has developed the new Strong Prompts software application, intended to make it easier for the veterans service representative in the field to create a letter. With this application, a series of automated commands guides a veterans service representative in the

process of creating a notification letter using the revised boilerplate paragraphs. These commands prompt the veterans service representative to select particular paragraphs or to insert specific information. VBA officials expect that use of the new software application will reduce the time needed to create a letter. If this productivity enhancement is achieved, it could eventually help to reduce workload pressures that contribute to mistakes.

Further, during the process of testing the revised national compensation and pension notification letters with the ROs, VBA received feedback from the ROs about how to improve the letters. The agency used this feedback to improve the national letters as appropriate. Thus, some of the writing deficiencies that veterans service representatives identified in the previous national notification letters may have been eliminated through the testing process, potentially reducing the perceived need for veterans service representatives to modify the boilerplate paragraphs. However, simply using the revised national letters will not eliminate human error. In fact, RO officials warn that errors can result from excessive dependence on automated tools for preparing letters without close review of how the letters apply to claimants' specific situations.

VBA Lacks Systematic Monitoring and Feedback to Identify and Correct Writing Deficiencies

VBA recognizes the importance of evaluating the clarity of its letters. For example, the agency's blueprint for its Reader-Focused Writing Program acknowledged that ongoing evaluation of program effectiveness should be an essential element of this initiative.[15] Moreover, the agency has some systems in place to assess the clarity of its letters. However, these systems are not adequate for helping VBA continuously monitor and improve the clarity of its letters throughout the compensation and pension program. Consequently, VBA will continue to miss opportunities to systematically evaluate clarity, identify writing deficiencies, and provide timely feedback to the responsible organizational component to help correct such deficiencies.

VBA has a customer satisfaction survey that addresses some aspects of letter quality, but this survey is not designed to be a tool for continuously improving clarity of VBA's letters. The annual Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process

[15]Department of Veterans Affairs, Undersecretary for Benefits, *Reader-Focused Writing. Task Force on Simplified Communications* (Washington, D.C.: 1995).

measures various aspects of customer satisfaction for a random sample of persons whose claims are pending or were recently decided.[16] Three questions on the survey measure the extent to which notification letters clearly explain the agency's decision and the subsequent appeal process. While responses to these questions provide broad information on overall customer satisfaction with clarity of notification letters and their attachments, they do not allow VBA to identify the root causes of specific problems with clarity in its notification letters. Without this information, VBA may not be able to develop effective solutions.

In addition to its customer service survey, the agency's Systematic Technical Accuracy Review Program includes a limited review of letters. However, this system is intended primarily to assess overall claims accuracy, not letter clarity. To assess accuracy of VBA claims, reviewers evaluate a monthly sample of completed cases, including letters created as part of the cases. The reviewers use formal guidelines that address such accuracy issues as whether all claims issues were addressed; correctness of the decision, effective dates, and payment rates; and whether the basis of each decision was explained and all applicable evidence was discussed. Reviewers also follow guidelines for assessing accuracy and completeness of letters notifying claimants about the agency's decision. Although the guidelines were not designed to assess letter clarity in a comprehensive fashion, they do address some dimensions of letter clarity such as conciseness, logical sequencing, and consistency. They do not, however, cover other important elements of clarity, such as the absence of technical jargon, convoluted language, or redundancy. Moreover, the system is not designed to obtain the opinions of claimants, their representatives, or VBA employees who process claims with regard to specific letter clarity problems. Yet, given the deficiencies that we encountered in our letter review and the complaints about clarity that we heard from RO officials and claimant representatives, such information is essential for identifying writing deficiencies.

While VBA does not have a programwide mechanism for systematically evaluating letter clarity, each RO is required to assess at least annually various aspects of claims processing, including the quality of its locally generated letters. On the basis of this assessment, each RO is to diagnose

[16]Department of Veterans Affairs, Veterans Benefits Administration *Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process: 2000 Summary Report* (Washington, D.C.: 2001).

potential problems and identify solutions. Our interviews with RO officials indicated that there is variation in whether and how the ROs evaluate letter clarity. For example, officials at two ROs told us that they review a sample of a day's outgoing letters every three months to assess writing deficiencies. Additionally, one of these ROs reviewed its letters for clarity semiannually with focus groups of veterans and their representatives, although workload pressures resulted in recent reductions in this effort. On the basis of claimant input obtained in this way, this RO has made immediate improvements to its letters. Officials whom we interviewed at another RO survey a sample of 10 claimants every week to assess letter clarity, among other service issues, and invite comments. In contrast to the emphasis placed by these ROs on evaluating letter clarity, at another RO where we conducted interviews, the annual assessment of letter quality does not focus on clarity but rather on accuracy.

VBA acknowledges the importance of evaluation. Prior to establishing its Reader-Focused Writing Program, VBA used focus groups of veterans and employees and a variety of ad hoc studies to assess the clarity of the letters that it sent to claimants. However, its compensation and pension program has more recently focused its efforts on revising its national letters rather than on evaluating the clarity of the letters that the ROs are generating. Without systematically evaluating the clarity of its letters, VBA will not know if its revised national letters or other efforts are improving letter clarity.

Conclusions

Given the environment in which VBA is operating—including large claims backlogs, the inexperience of a significant portion of the workforce, and complex laws and regulations—writing clear letters can be a daunting task. Veterans and their families, as well as VBA itself, benefit when the agency effectively conveys the information that it intends to communicate. Veterans are entitled to compensation and other benefits for their military service-related conditions and, in some instances, to pensions for conditions not directly related to their military service. If veterans submit a claim for benefits, it is reasonable for them to expect that they will be able to understand what VBA decided and why.

To fulfill these expectations, it is imperative that VBA clearly convey in its development letters what claimants must provide to support their claims. Doing so at the outset could improve the chances of VBA's making the appropriate decision based on complete information, thus avoiding the processing delays that could result from subsequent information requests. It is also important that VBA provide claimants with a clear explanation of

the reasoning that the agency used to reach its decision. Unclear reasoning can confuse and frustrate claimants and take a toll on VBA's efficiency if scarce staff resources must be diverted to rework claims. While explaining the reasoning is challenging, VBA acknowledges that improvements are needed and is working to clarify the rating decision documents. Some of the letters that we read demonstrate that VBA can prepare rating decision documents that clearly state the reasons for the decision in language that a layperson can understand.

VBA has taken some steps to address the root causes of writing deficiencies. In addition, its reader-focused initiative has been in the vanguard of the plain-language movement in the federal government. However, without a systematic mechanism for evaluating the clarity of its letters, VBA lacks a means to position itself to continuously improve letter clarity. As a result, VBA will continue to miss opportunities to identify writing deficiencies in letters, diagnose their causes, and provide timely feedback to guide corrective actions. Moreover, the agency will not have a way to assess whether its initiatives are being implemented consistently and are having the intended effect of improving letter clarity. Until VBA systematically evaluates letter clarity, the agency cannot comprehensively measure its performance in communicating clearly with claimants, assess its progress in improving letter clarity, or hold itself accountable for making such improvements. VBA already uses its Systematic Technical Accuracy Review Program to partially assess the clarity of its letters. It could develop this into a more comprehensive review to supplement its accuracy rate computation or choose other ways to assess clarity. In deciding how to proceed, VBA would need to balance the costs of evaluating clarity against the benefits to claimants, and to VBA itself, of reducing the need to rework claims.

We recognize that VBA is trying to address other high-priority issues, namely, reducing the backlog and shortening lengthy processing times, a long-standing problem. These issues are extremely important and deserve the immediate attention that they are getting. However, communicating clearly with claimants is an integral part of the solution and needs to be addressed. The Secretary of the Department of Veterans Affairs estimates that VBA's pending workload will be under control by September 2003. At that time, VBA needs to start holding itself accountable for communicating clearly to claimants. In the meantime, to position itself to do this, the agency needs to develop a systematic mechanism that will enable it, on an ongoing basis, to assess the effectiveness of initiatives to improve letter clarity.

Recommendations

As VBA proceeds with its initiatives to improve the clarity of its letters, we recommend that the Secretary of the Department of Veterans Affairs direct the Undersecretary for Benefits to take the following steps to enhance the effectiveness of these efforts:

1. Eliminate writing deficiencies in the national development letter to clarify the actions that the claimant should take to substantiate a claim. Once the letter is rewritten, before mandating its use by the ROs, test its clarity with claimants, their representatives, and employees who process claims in the ROs.

2. In continuing VBA's efforts to improve rating decision documents, write succinctly, clearly, and in lay terms the reasons for its decisions to grant or deny benefits.

3. Expand the Systematic Technical Accuracy Review Program or choose other ways to systematically evaluate whether letters (including their attachments) are clear to the claimant. The evaluation method should include obtaining periodic input on letter clarity from claimants, their representatives, and employees who process claims. Use the results of this evaluation to continuously improve letters by identifying writing deficiencies and providing timely feedback to enable the responsible entity (e.g., central office or ROs, as appropriate) to take corrective actions. In September 2003, when VBA projects that its large inventory of backlogged claims will be reduced, the agency should formally measure letter clarity and hold itself accountable for improved clarity.

Agency Comments and Our Response

The Department of Veterans Affairs provided written comments on a draft of this report. These comments are reprinted in appendix I. The agency agreed with our conclusions and concurred with our recommendations, noting that, in seeking to enhance quality of service to veterans, improving the quality of its communications is a critical element. The agency also detailed steps that it is planning or has under way, including timeframes, to implement the recommendations.

As agreed with your office, we will make no further distribution of this report until 10 days after its issue date, unless you publicly release the contents earlier. At that time, we will send copies of this report to the Honorable Anthony J. Principi, Secretary of the Department of Veterans Affairs; appropriate congressional committees; and other interested parties. We will make copies available to others on request. The report will also be available on GAO's home page at www.gao.gov.

If you or your staff have any questions regarding this report, please call me at (202) 512-7101 or Shelia Drake, assistant director, at (202) 512-7172. Staff acknowledgments are listed in appendix III.

Sincerely yours,

Cynthia A. Bascetta
Director, Education, Workforce, and
Income Security Issues

Appendix I: Comments from the Veterans Benefits Administration

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 10, 2002

Ms. Cynthia A. Bascetta
Director Education, Workforce, and
Income Security Issues
U. S. General Accounting Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Bascetta:

The Department of Veterans Affairs (VA) has reviewed your draft report, ***VETERANS BENEFITS ADMINISTRATION: Clarity of Letters to Claimants Needs to Be Improved*** (GAO-02-395) and agrees with your conclusions and concurs with your recommendations. In the Department's efforts to enhance the overall quality of service to our Nation's veterans, improving the quality of VA's communications is a critical element. As GAO pointedly concludes, making VA's letters more readily understandable can be a significant factor in achieving the Veterans Benefits Administration's (VBA) goal of reducing the serious problem of claims processing backlogs.

The enclosure details actions underway and plans to implement GAO's recommendations. Thank you for the opportunity to comment on your draft report.

Sincerely yours,

Anthony J. Principi

Enclosure

Enclosure

DEPARTMENT OF VETERANS AFFAIRS COMMENTS
TO GAO DRAFT REPORT, ***VETERANS BENEFITS ADMINISTRATION: Clarity of Letters to Claimants Needs to Be Improved***
(GAO-02-395)

As VBA proceeds with its initiatives to improve the clarity of its letters, GAO recommends that I direct the Under Secretary for Benefits to take the following steps to enhance the effectiveness of these efforts:

1. **Eliminate writing deficiencies in the national development letter to clarify the actions that the claimant should take to substantiate a claim. Once the letter is rewritten, before mandating its use by the ROs, test its clarity with claimants, their representatives, and employees who process claims in the ROs.**

Concur - The development/substantiation letter created to address the duty to assist requirements established by the Veterans Claims Assistance Act of 2000 (Public Law 106-475) must be rewritten. Members of the Compensation and Pension (C&P) Service will draft a rewrite of the letter. To ensure clarity, VBA proposes to contract with Kleimann Communications Group to protocol test the letter at 3 sites with a total of 18 veterans. VBA has used the Kleimann Communication Group for its Reader Focused Writing initiative and still has an open contract with them. VBA plans to have that contract modified to add this task.

Based on comments received during the protocol testing, C&P will revise the letter as needed. VBA will send the revised letter to some regional office users and veterans' service organization (VSO) representatives for review and comment. Based on comments received from regional office users and VSOs, VBA will revise the letter further, as needed.

VBA will send the finalized letter to regional offices in the form of a template or sample letter for their use, pending programming in national personal computer generated letters (PCGL). VBA anticipates the sample letter can be drafted, tested, revised, and finalized by August 1, 2002.

Once the letter has been finalized, C&P Service staff members will build the specifications and share them with VA's Hines data processing center for PCGL programming. After C&P Service staff members have tested and certified the letter, it will go to pre-production according to schedule. The letter will be deployed initially to beta sites for testing prior to national deployment. At this time, VA cannot project when the programmed letter will be deployed as a part of

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DEPARTMENT OF VETERANS AFFAIRS COMMENTS
TO GAO DRAFT REPORT, ***VETERANS BENEFITS ADMINISTRATION: Clarity of Letters to Claimants Needs to Be Improved***
(GAO-02-395)
(Continued)

national PCGL. The timeline is dependent on VBA's technology upgrade from Windows 95 to Windows 2000 which we currently anticipate to be effective by May 30, 2003 for the desktops.

2. In continuing VBA's efforts to improve rating decision documents, write succinctly, clearly, and in lay terms the reasons for its decisions to grant or deny benefits.

Concur - VBA is aware that rating decision documents produced in its regional offices may be improved with respect to their clarity. Statutory requirements for rating decision content can sometimes result in language that is either fraught with medical terminology or legalese, both of which may be confusing to a layperson.

In an effort to improve the content and the clarity of rating decisions, VA has formed a task force to review the content of rating decisions and the process through which they are prepared. The task force consists of three employees from VBA's C&P Service, along with three representatives from the Office of General Counsel and three representatives from the Board of Veterans' Appeals. The task force has identified ways to improve the content and clarity of rating decisions. Members of the task force believe this may be accomplished by being more precise in the formulation and communication of organizational expectations to VBA's decision makers and by developing and using information technology (IT) more prudently.

Well written, legally sufficient ratings should explain the decision without undue details, and be in terms understandable to a layperson. This is the goal of VBA. Neither the interests of veterans nor VBA are served when Rating Veterans Service Representatives write unnecessarily long rating decisions that are unclear to veterans and their advocates.

VBA has approved the task force's recommendations. Within the next 2 months, VBA will develop and issue new guidelines and training materials. Shortly after issuing them, VBA will hold a nationwide satellite broadcast to discuss the guidelines and to share directly with decision makers VBA's organizational expectations.

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Enclosure

DEPARTMENT OF VETERANS AFFAIRS COMMENTS
TO GAO DRAFT REPORT, ***VETERANS BENEFITS ADMINISTRATION: Clarity of Letters to Claimants Needs to Be Improved***
(GAO-02-395)
(Continued)

3. **Expand the Systematic Technical Accuracy Review (STAR) program or choose other ways to systematically evaluate whether letters (including their attachments) are clear to the claimant. The evaluation method should include obtaining periodic input on letter clarity from claimants, their representatives, and employees who process claims. Use the results of this evaluation to continuously improve letters by identifying writing deficiencies and providing timely feedback to enable the responsible entity (e.g. central office or regional offices, as appropriate) to take corrective actions. In September 2003, when VBA projects that its large inventory of backlogged claims will be reduced, the agency should formally measure letter clarity and hold itself accountable for improved clarity.**

Concur - STAR reviews will include assessment of letter clarity. The issue of clarity alone will not be included as an error category, but will be a documented comment category. Recently, VBA modified the STAR database to capture comments in several key areas, including notification. These comments provide case specific feedback to VBA's regional offices. Additionally, summary reports will provide essential data for trend analysis. An individual with extensive experience in the area of written communication has been added to VBA's quality review team and will be assigned the lead for ensuring continuing assessment and feedback concerning letter clarity. VA agrees that September 2003 would be the appropriate time to formally measure letter clarity.

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Appendix II: Scope and Methodology

To assess letter clarity, we analyzed a random sample of each of three types of letters (including the letter attachments) generated by the Veterans Benefits Administration's (VBA) compensation and pension program: (1) letters notifying claimants of original and reopened compensation decisions, (2) letters notifying claimants of original and reopened pension decisions, and (3) compensation and pension development letters sent to claimants.[1] We selected these types of letters because they reach a large number of people, have the potential for affecting VBA's productivity if they are unclear, and are relatively complex. Moreover, the compensation and pension notification letters convey important information about claimants' eligibility for benefits and about changes in their benefit amounts that can significantly affect their future income. The types of letters that we selected account for about 36 percent of notification and development letters sent by VBA's compensation and pension program.[2]

We selected each of our three samples of letters from a national sample of cases that VBA collects for its Systematic Technical Analysis Review Program. VBA draws this sample each month from the cases involving a disability rating that are completed in each of VBA's nine service delivery networks during the month.[3] After we had accounted for missing cases and letters, our three samples comprised the following:

- Ninety-seven compensation letters selected from VBA's sample of cases that were closed in June 2001.
- Seventy-two pension letters comprising VBA's entire sample of pension cases that were closed in both June and July 2001. (VBA's sample of cases closed in June 2001 was not large enough to yield an adequate number of letters.)
- Seventy-three development letters drawn from our sampled compensation and pension cases that were closed in June 2001, as described above, and written in 2001. Because the Veterans Claims Assistance Act (VCAA) was

[1]Our selected compensation and pension categories do not include letters notifying survivors of benefits following the death of the claimant, such as death pensions.

[2]As mentioned earlier, the estimates of the number of VBA's compensation and pension letters do not reflect letters generated for certain types of activities, such as appeals or special reviews. Neither do they reflect the letters sent to claimants explaining cost-of-living adjustments in their benefits or acknowledging receipt of their claims.

[3]In addition to original and reopened compensation and pension cases, cases involving a disability rating include appeals. Cases that do not involve a disability rating include adjustments to benefits due to income and dependency changes.

signed into law on November 9, 2000, letters written in 2001 were more likely to reflect the law's requirements than were letters written before 2001. The development letters that we selected were those substantive development letters that were first sent to claimants after they had filed a claim for benefits. Thus, our development letter sample did not include the letters sent subsequently to claimants or others to request particular items, such as a signature on a form, that were missing from the claim files.

Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as 95 percent confidence intervals (for example, ±7 percentage points). These are the intervals that would contain the actual population values for 95 percent of the samples that we could have drawn. This means that there is a 95 percent likelihood that each of the confidence intervals in this report will include the true values in the study population. Unless otherwise noted, all percentage estimates from the letter review have sampling errors (confidence intervals) whose upper and lower bounds are not more than 10 percentage points higher or lower than the estimated percentage.

We used VBA's legal and policy requirements for its notification and development letters as the basis for identifying the aspects of a letter that should be clearly conveyed to claimants. For the notification letters, these were

1. VBA's decision concerning the claimant's entitlement to benefits,
2. the reason for VBA's decision,
3. the financial information concerning the amount of benefits to which the claimant is entitled,
4. the claimant's responsibilities and appeal rights and ways to contact VBA for more information, and
5. other benefits that might be available to the claimant.

Moreover, we based our assessment of VBA's development letters on the premise that they would clearly explain

1. the actions that the claimant should take to support the claim and

2. the actions that VBA would take or had taken in attempting to obtain information to support the claim.

To review our samples of letters, we developed a set of decision rules in consultation with writing consultants and incorporated these rules into a data collection instrument to assess letter clarity.[4] For each aspect of a letter, our decision rules defined specific types of writing deficiencies—for example, jargon, contradictory or incomplete information, or convoluted language—that reduced understandability. The consultants used their professional opinion to judge whether the decision rules were a valid measure of letter clarity. To verify that these rules could be reliably applied to assess letter clarity, the consultants and our GAO team used the rules to review examples of VBA letters and identify writing problems. We then verified that the results of our reviews were consistent among all reviewers. Similarly, throughout the process of assessing the sampled letters for clarity, we used a systematic method of review to help assure that we were consistently applying the decision rules.

In general, we used a two-staged process to assess whether VBA's letters were clear. First, we determined what, if any, writing deficiencies were present for a key aspect of the letter. Second, we determined whether the writing deficiencies—if such existed—made the letter unclear for that aspect. An aspect of a letter could have multiple writing deficiencies, but unless the deficiencies were sufficient to make the meaning unclear to the reader, we would judge that aspect of the letter to be clear.

As part of our methodology, to identify questions that were pertinent to this study, we reviewed the questionnaire used by VBA to survey its customers in its 2000 Survey of Veterans' Satisfaction with the VA [Veterans Administration] Compensation and Pension Claims Process. For the relevant questions, VBA's Surveys and Research staff provided us with special data results based on the 2000 survey. This survey data may have some limitations, however. The response rate to the VBA 2000 survey was 62 percent. Because VBA did not conduct a nonresponse follow-up analysis to determine whether there was a difference between those individuals who responded to the survey and those who did not, the survey

[4]Additionally, the writing consultants assessed the clarity of VBA's standard forms that were commonly attached to the sampled letters.

results may reflect an unknown level of bias. VBA believes that the sampling errors of estimates from their 2000 national customer service survey that are cited in this report do not exceed 3.4 percentage points.

To assess the underlying factors contributing to writing deficiencies in VBA's letters and any initiatives to correct these deficiencies, we interviewed officials at VBA's central office and at seven regional offices (RO), as well as claimant representatives. We selected the seven ROs because they reflected a range in the understandability of the ROs' letters from the claimants' perspective, according to VBA's customer satisfaction survey, and because of their geographic dispersion. Moreover, we discussed writing deficiencies in VBA's letters during interviews with claimant representatives on VCAA implementation, as part of another GAO study.

We also reviewed VBA laws, regulations, and policies on notification and development letters and VBA documentation on initiatives to improve letter clarity. We conducted our work between March 2001 and March 2002 in accordance with generally accepted government auditing standards.

Appendix III: GAO Contacts and Staff Acknowledgments

GAO Contacts

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GAO Acknowledgments

In addition to those named above, Barbara Bordelon, Patrick diBattista, Tamara Harris, John Smale, James Wright, and Paul Wright made key contributions to this report.

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