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DEPARTMENT OF VETERANS AFFAIRS

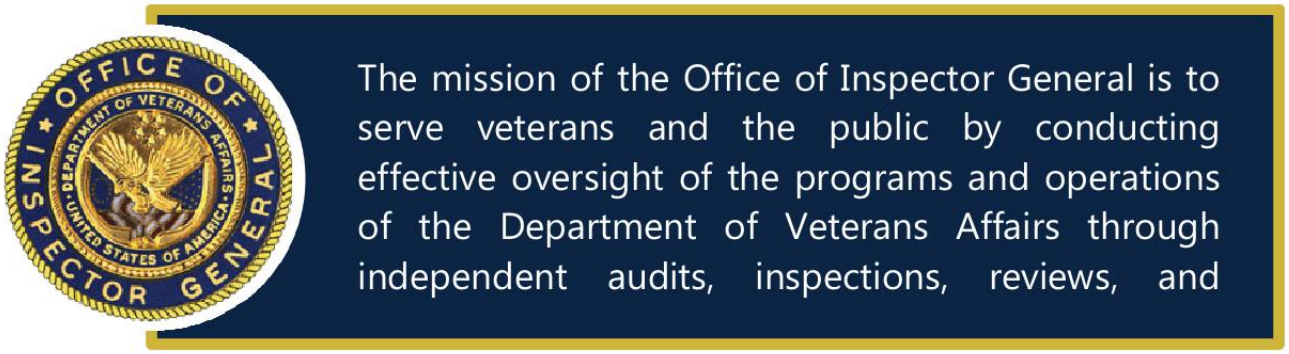
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS BENEFITS ADMINISTRATION

Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma

REVIEW | **REPORT #17-05248-241** | **AUGUST 21, 2018**



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Executive Summary

Why the OIG Did This Review

According to the Department of Defense, more than 5,200 service members reported a sexual assault in FY 2017 for an incident that occurred during their military service, an increase of about 10 percent from the previous year.[1] However, VA is aware that because of the nature of military sexual trauma (MST) stressors, it is often difficult for a victim to report or document the event when it occurs.[2] Reasons for not reporting that are unique to the military include reluctance to submit a report when the perpetrator is a superior officer, concerns about negative implications for performance reports, worries about punishment for collateral misconduct, and the perception of an unresponsive military chain of command. As a result, if the MST leads to posttraumatic stress disorder (PTSD), it is often difficult for victims of MST to produce the required evidence to support the occurrence of the reported assault.

Therefore, in 2011, the Veterans Benefits Administration (VBA) provided further guidance to ensure consistency, fairness, and a "liberal approach" regarding the types of evidence VBA would accept to support and identify stressors related to MST.[3] The OIG conducted this review to determine whether staff correctly processed veterans' MST-related claims in accordance with VBA policy prior to denying claims.

What the OIG Found

Based on the review, the OIG found that nearly half of denied MST-related claims were not properly processed following VBA policy. This could have resulted in the denial of benefits to potential victims of MST who could have been entitled to receive them. VBA policy requires staff to follow additional steps for processing MST claims so veterans have every opportunity to provide adequate evidence.[4] Once obtained, Veterans Service Representatives (VSRs) must thoroughly review all evidence of record to confirm the claimed stressor or identify behavioral markers for MST. A marker is an indicator of the effect or consequences of the personal trauma on the veteran, and could be one or more behavioral events or patterns of changed behavior. VSRs must request medical examinations with minimal supporting evidence to obtain a medical diagnosis, if warranted, and an informed opinion linking the diagnosis to the MST event.

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[1] Department of Defense Report on Sexual Assault in the Military, Fiscal Year 2017

[2] VBA Training Letter 11-05, *Adjudicating PTSD Claims Based on MST*, December 2, 2011. (Historical)

[3] VBA Training Letter, *Adjudicating PTSD Claims Based on MST*. (Historical)

[4] M21-1 Adjudication Procedures Manual, Part IV, Subpart II, Chapter 1, Section D, Topic 5, *Developing Claims for SC for PTSD Based on Personal Trauma*

The review team determined that a Rating Veterans Service Representative (RVSR)[5] may deny an MST-related claim without a medical examination only if there is no evidence of the stressor, no evidence of a behavioral marker, or no evidence of symptoms of a mental disorder.[6] Incomplete processing may lead to inaccurate claims decisions and psychological harm to MST victims, as well as a significant amount of rework for VBA employees.

VBA reported that it processed approximately 12,000 claims per year over the last three years for PTSD related to MST. In FY 2017, VBA denied about 5,500 of those claims (46 percent). The review team assessed a sample of 169 MST-related claims that VBA staff denied from April 2017 through September 2017 (the review period). The review team found that VBA staff did not properly process veterans' denied MST-related claims in 82 of 169 cases. As a result, the OIG estimated that VBA staff incorrectly processed approximately 1,300 of the 2,700 MST-related claims denied during that time (49 percent).[7]

In reviewing the MST-related claims denied by VBA, the review team found that staff did not follow the required claims processing procedures. The most commonly encountered errors in processing were that

- Evidence was sufficient to request a medical examination and opinion, but staff did not request one (28 percent of cases);
- Evidence-gathering issues existed, such as VSRs not requesting veterans' private treatment records (13 percent of cases);
- MST Coordinators did not make the required telephone call to the veteran, or VSRs did not use required language in the letter sent to the veteran to determine whether the veteran reported the claimed traumatic event in service and to obtain a copy of the report (11 percent of cases); and
- RVSRs decided veterans' claims based on contradictory or otherwise insufficient medical opinions (10 percent of cases).[8]

[5] RVSRs are VBA employees who have the authority to make formal decisions on veterans' claims.

[6] M21-1 Adjudication Procedure Manual, Part I, Chapter 1, Section C, 3.b. note: "An examination and/or opinion is not warranted until all three elements described above are present in the evidence."

[7] Percentages do not sum due to rounding. For additional information, see Appendix C.

[8] The OIG estimated that 11 percent of the error cases had multiple reasons for incorrect processing. Therefore, the percentages do not sum.

Why This Occurred

The OIG found that multiple factors led to the improper processing and denial of MST-related claims. Included among these factors were the lack of reviewer specialization, lack of an additional level of review, discontinued special focused reviews, and inadequate training.

Lack of Specialization

In 2016, the VBA Office of Field Operations implemented the National Work Queue (NWQ) and no longer required VA Regional Offices (VAROs) to use the Segmented Lanes Organizational Model.[9] The Segmented Lanes model required VSRs and RVSRs on Special Operations teams to process all claims VBA designated as requiring special handling, which included MST-related claims. By implementing the NWQ, VBA no longer required Special Operations teams to review MST-related claims. Under the NWQ, VSRs and RVSRs are responsible for processing a wide variety of claims, including MST-related claims. However, many VSRs and RVSRs do not have the experience or expertise to process MST-related claims.

Of the four VAROs the review team visited, two chose to continue some degree of specialization while the other two did not. Staff and management interviewed by the review team said that VSRs and RVSRs who did not specialize typically processed fewer MST-related claims after VBA implemented the NWQ, and as a result, became less proficient. The Deputy Under Secretary for Field Operations indicated that re-establishing specialized teams to process MST-related claims would help improve the quality of MST claims processing.

Lack of an Additional Level of Review

VBA currently requires an additional level of review for some types of complex claims, such as traumatic brain injury cases, but does not require this additional level of review for MST-related claims. The Compensation Services Chief of Policy and Chief of Regulations both indicated a requirement for an additional level of review would have to be weighed against the cost of the requirement, including the delay in claims processing. An additional level of review for MST-related claims would serve as an internal control to ensure VBA staff processes claims in accordance with applicable regulations.

[9] See Appendix A for further discussion of VBA's workload management models.

Discontinued Special Focused Reviews

VBA's quality assurance programs consist of the national Systematic Technical Accuracy Review (STAR)[10] team for Compensation Service and the Quality Review Teams (QRT)[11] at each VARO. The STAR team stopped conducting special focused quality improvement reviews of MST-related claims in December 2015. VBA's Quality Assurance Officer indicated they stopped performing these reviews because they had met the Government Accountability Office requirement. The Assistant Director of Quality Assurance for Compensation Service also stated that they reallocated resources towards other areas because the error rate declined for MST-related claims from 2011 to 2015. In addition, since the volume of MST-related claims is less than other types of claims, many of these claims did not appear in the samples reviewed by STAR and QRT staff. The OIG concluded the STAR office should reinstate the special focused reviews and provide targeted feedback and training to VSRs and RVSRs.

Inadequate Training

VBA has not updated the MST training since 2014, despite multiple changes to the Adjudication Procedures Manual during that time. The Assistant Director of Training indicated the training plan was in "the process of transition and will include competency training based on position description." The OIG team reviewed the training and identified significant deficiencies, including flawed development procedures and misstated roles and responsibilities for the MST Coordinator. The Director of Compensation Service and Assistant Director of Compensation Service Training agreed that training needed improvement and said that VBA was in the process of creating a new training program.

What the OIG Recommended

The OIG made six recommendations to the Under Secretary for Benefits. Recommendations included reviewing all denied MST-related claims since the beginning of FY 2017, reviewing and taking corrective action on those claims where VBA staff did not take all required steps, directing MST-related claims to a specialized group of claims processors, and making improvements to VBA's oversight and training on the processing of MST-related claims.

[10] M21-4 Manual, Chapter 3.01(b), *STAR*: STAR is the VBA's national method for measuring compensation claims processing accuracy in the National Quality Review Program. STAR results are generated for all VBA's regional offices (ROs).

[11] M21-4 Manual, Chapter 6.01(a), *Purpose of the QRT*: The Compensation Service Quality Review Team (QRT) Program establishes a team of dedicated Quality Review Specialists (QRSs) with a focused emphasis on station quality in every VBA facility that processes compensation claims.

Management Comments

The Under Secretary for Benefits concurred with five of the six recommendations, and concurred in principle with the remaining recommendation. To address Recommendation 3, in lieu of an additional level of review of all denied MST-related claims, the Under Secretary will institute a requirement for a 90-percent accuracy rate on at least 10 cases per employee, with all cases subject to a second-signature review until such accuracy rate has been achieved. The Under Secretary provided acceptable action plans for all six recommendations. The OIG will monitor VBA's progress and follow up on implementation of the recommendations until all proposed actions are completed.

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Assistant Inspector General
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Contents

Abbreviations

FY	fiscal year
GAO	Government Accountability Office
MST	Military Sexual Trauma
NWQ	National Work Queue
OFO	Office of Field Operations
OIG	Office of Inspector General
POW	prisoner of war
PTSD	posttraumatic stress disorder
QRT	Quality Review Team
RVSR	Rating Veterans Service Representative
STAR	Systematic Technical Accuracy Review
VA	Department of Veterans Affairs
VARO	VA Regional Office
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VHA	Veterans Health Administration
VSR	Veterans Service Representative

Introduction

Objective

The Veterans Benefits Administration (VBA) reported that they processed approximately 12,000 veterans' claims per year for posttraumatic stress disorder (PTSD) related to military sexual trauma (MST-related claims) over the last three years. In FY 2017, VBA denied about 5,500 of those claims (46 percent).[12] This review determined whether staff correctly processed veterans' MST-related claims in accordance with VBA procedures prior to denying the claims.

PTSD

PTSD is a mental health condition that military members can develop after experiencing or witnessing life-threatening events such as combat, natural disasters, car accidents, personal trauma, or other traumatic events known as stressors. A veteran must have a current diagnosis of PTSD, credible evidence that the stressor occurred during military service, and a link between the current PTSD symptoms and the in-service stressor for VBA to establish service connection for PTSD.[13] VBA defines MST as a subset of PTSD personal trauma claims, specifically related to sexual harassment, sexual assault, or rape that occurred in a military setting.[14]

MST

According to the Department of Defense, more than 5,200 service members reported a sexual assault in FY 2017 for an incident that occurred during their military service, an increase of about 10 percent from the previous year.[15] According to a report published in 2013 by the RAND Corporation National Defense Research Institute, most sexual assault victims do not seek immediate medical care. Studies suggest that at least five out of every six sexual assaults are not reported to authorities. Common reasons victims did not report an assault include

- They did not want anyone to know about the assault,
- They were uncomfortable with making a report, and

[12] Summary data on the number of MST-related claims decisions were provided by the VBA Office of Performance Analysis and Integrity.

[13] 38 CFR §3.304(f).

[14] M21-1 Adjudication Procedures Manual, Part III, Subpart iv, Chapter 4, Section H, Topic 4, *General Information on Personal Trauma.* (Historical)

[15] Department of Defense Report on Sexual Assault in the Military, Fiscal Year 2017

- They were concerned that officials would not protect their confidentiality.[16]

Reasons unique to the military included reluctance to submit a report when the perpetrator was a superior officer, concerns about negative implications for performance reports, worries about punishment for collateral misconduct, and the perception of an unresponsive military chain of command. Therefore, victims of MST could find it difficult to produce evidence to support the occurrence of the reported assault.

Processing MST Claims

VA is aware that, because of the nature of MST stressors, it is often difficult for a victim to report or document the event when it occurs.[17] Because of the difficulty in obtaining evidence of MST-related stressors, VBA provided further guidance in 2011 to ensure consistency, fairness, and a "liberal approach" for MST-related claims.[18] These guidelines eased the requirements for the types of supporting evidence VBA could accept to support and identify an in-service stressor for MST. VBA procedures require claims processors to follow additional steps for MST-related claims to give veterans every opportunity to prove their claims.[19] Each VA Regional Office (VARO) has two MST Coordinators—one male and one female—designated as the point of contact for veterans with MST-related claims. Upon receipt of an MST-related claim, the MST coordinator must attempt to contact the veteran by telephone. The purpose of the telephone call is to determine whether the veteran reported the claimed traumatic event in service and, if so, determine how they reported it and identify how to obtain this evidence. If the MST Coordinator is unable to reach the veteran by telephone, a Veterans Service Representative (VSR) must send a letter to the veteran requesting information about the reporting of the sexual assault. If the assault was reported, the veteran is urged to supply the report or provide the name of the military base where the report was filed.

VSRs are VBA employees whose duties include determining what evidence is necessary to decide a claim, undertaking development action to obtain necessary evidence, and determining when a claim is ready for decision. VSRs can use the information obtained by the MST coordinator to request additional documentation to support the veteran's claim.

The following are examples of additional steps VSRs must follow for MST-related claims:

- Obtain veterans' complete military personnel files.

[16] Coreen Farris, Terry L. Schell, and Terri Tanielian, *Physical and Psychological Health Following Military Sexual Assault, Recommendations for Care, Research, and Policy*, RAND 2013.

[17] VBA Training Letter 11-05, *Adjudicating PTSD Claims Based on MST*, December 2, 2011. (Historical)

[18] VBA Training Letter 11-05, *Adjudicating PTSD Claims Based on MST*, December 2, 2011. (Historical)

[19] M21-1 Adjudication Procedures Manual, Part IV, Subpart II, Chapter 1, Section D, Topic 5, *Developing Claims for SC for PTSD Based on Personal Trauma*.

- Advise veterans of alternative sources of evidence that may be used to provide support for claimed stressors—such as statements from family members, roommates, clergy, rape crisis center personnel, or personal journals.

Once obtained, VSRs must thoroughly review all evidence to confirm the stressor or identify behavioral markers for MST. A marker is an indicator of the effect or consequences of the personal trauma on the veteran. A marker could be one or more behavioral events or patterns of changed behavior, such as

- Increased use of leave without an apparent reason,
- Visits to a medical clinic without a specific diagnosis,
- Pregnancy tests or tests for sexually transmitted diseases around the time of the stressor,
- Changes in performance,
- Substance use and/or abuse, and
- Breakup of a primary relationship.

If the evidence shows possible PTSD symptoms or a diagnosis, credible evidence of the stressor, or a single marker for MST, VBA staff must request a medical examination. After meeting with the veteran, the medical examiner must provide a report that includes a medical diagnosis, if warranted, and an opinion on whether the diagnosis relates to the claimed sexual assault. Rating Veterans Service Representatives (RVSR) are VBA employees who have the authority to make formal decisions on veterans' claims. RVSRs may deny an MST-related claim without a medical examination only if there is no evidence of the stressor, no evidence of a behavioral marker, or no evidence of symptoms of a mental disorder.[20]

Before a RVSR can decide a veteran's claim, they must ensure that all of the required development procedures were completed. If the RVSR determines additional development is necessary, they should send the claim back to the VSR to complete the required steps. If the RVSR determines that the appropriate development procedures were completed, the RVSR will then evaluate the evidence of record. Service treatment records, military personnel records, private treatment records, lay statements, and medical examinations are examples of evidence that can be considered. The RVSR should review the medical examination report to ensure VBA received all required information. The RVSR should consider the examination insufficient for rating purposes when required information is missing from the report. If an examination report is insufficient, the RVSR should send the report back to the examiner for clarification.

[20] M21-1 Adjudication Procedure Manual, Part I, Chapter 1, Section C, 3.b.note: "An examination and/or opinion is not warranted until all three elements described above are present in the evidence."

The RVSR must assign weight to all evidence in the record. There may be evidence in the record that supports the claim and evidence in the record that disproves the claim. For example, if all the claims folder evidence is in favor of the claim, the RVSR should grant the claimed benefit.[21] If there is an equal amount of both positive and negative evidence, the claim should be resolved in favor of the veteran. VBA expects decision makers to be impartial and liberally apply VBA's pro-veteran policies, procedures, and regulations while following any applicable VBA guidance.[22]

Compensation Service

Compensation Service oversees the delivery of disability compensation, a tax-free monetary benefit paid to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. Furthermore, Compensation Service is responsible for

- Issuing and administering procedural guidance implementing initiatives and laws governing VBA benefits;
- Developing, facilitating, and overseeing training for VBA employees involved in processing veterans' compensation claims; and
- Controlling and overseeing VBA's national quality assurance reviews of compensation claims processing.

Office of Field Operations

The Office of Field Operations (OFO) oversees operations at VBA's district offices, VAROs, and other field offices to ensure that VBA delivers benefits and services in an effective and efficient manner. Further, OFO is responsible for

- Monitoring, tracking, and evaluating national workload systems using the National Work Queue (NWQ);
- Developing achievable performance measures that ensure timeliness, quality, and consistency of benefits; and
- Evaluating the performance of VAROs and other field offices.

[21] M21-1 Adjudication Procedures Manual, Part III, Subpart IV, Chapter 5, Section A, Topic 9, *Handling Imbalanced Evidence*.

[22] M21-1 Adjudication Procedures Manual, Part III, Subpart IV, Chapter 5, Section A, Topic 10, *Decision Making in a Non-Adversarial System*.

Results and Recommendations

Finding 1: Almost Half of Veterans' Denied MST-Related Claims Were Processed Incorrectly

VBA reported staff processed approximately 12,000 MST-related claims in FY 2017 and denied about 5,500 of those claims (46 percent). The review team assessed a sample of 169 denied MST-related claims during the period from April 1, 2017, through September 30, 2017 (the review period), and projected that staff did not properly process about 1,300 of the approximately 2,700 denials (49 percent).[23] VBA did not always fulfill its obligation to assist veterans in proving their MST-related claims. In these instances, the review team found that VBA staff did not follow required procedures for processing these claims. Neglecting required procedures could have resulted in the denial of benefits to potential victims of MST who otherwise might have been entitled to receive them. The OIG determined that multiple factors—including the lack of specialization, lack of an additional level of review, discontinuation of special focused reviews, and inadequate training—contributed to VBA staff incorrectly processing veterans' denied MST-related claims. The review team did not determine whether VBA staff should have ultimately granted these claims; however, the OIG recommended that VBA review the denied MST-related claims, ensure that all required procedures are followed, take corrective action as needed, and render a new decision as appropriate.

Incorrectly Processed MST-Related Claims Denials

The OIG used VBA's electronic systems, including the Veterans Benefits Management System (VBMS), to review the relevant documentation required to assess whether staff followed VBA's guidelines to get all necessary evidence, advised veterans of alternative sources of evidence, and obtained a medical examination when marker evidence was available for the sampled claims.

The review team based the projection on a review of 169 PTSD veterans' claims related to MST that were denied during the review period. The team found that VBA staff incorrectly processed veterans' denied MST-related claims in 82 of the 169 cases from the review period. The review team provided VBA Compensation Service Quality Assurance staff with the details on the 82 veterans' claims that VBA staff incorrectly processed, including the five example cases detailed in this finding. VBA Compensation Service Quality Assurance staff reviewed the cases and agreed with the review team's conclusions.

[23] Percentages do not sum due to rounding. For additional information, see Appendix C.

Table 1 summarizes the identified projected errors based on the results of the claims review. The review team estimated that in about 300 cases (11 percent), multiple errors contributed to the incorrect processing of the denials. Therefore, the numbers and percentages do not sum.

Table 1. Incorrectly Processed Denial Error Projections for MST-Related Claims

Error Category	Projected Number of Errors	Projected Percentage of Errors
Evidence was sufficient to request a medical examination and opinion, but staff did not request one (*See Example 1 below*)	740 cases	28
Evidence gathering issues, such as VSRs not requesting the veteran's private treatment records *(See Example 2 below)*	340 cases	13
MST Coordinator did not make the required telephone call, or VSRs did not use required language regarding the reporting of the assault in letter sent to the veteran *(See Example 3 below)*	300 cases	11
RVSRs made a decision on the veteran's claim based on contradictory or otherwise insufficient medical opinions *(See Example 4 below)*	270 cases	10
Total	**1,300 cases**	**49**

Source: VA OIG analysis of statistically sampled MST-related claims completed from April 1, 2017, through September 30, 2017.

Example 1: Evidence Was Sufficient to Request a Medical Examination and Opinion, But Staff Did Not Request One

A female veteran submitted an MST-related claim in March 2017 with details of a sexual assault that occurred during her military service. An MST coordinator determined there were no markers in the veteran's file and that the case was ready for a decision without a medical examination. An RVSR denied the claim in May 2017, indicating there was no evidence of stressors or behavioral markers in the veteran's military personnel files and no evidence of treatment for a mental disorder. However, the OIG team's review of these records showed that the veteran's overall job performance declined after the alleged sexual assault, which is a behavioral marker. In addition, the veteran reported the in-service assault to VA Medical Center personnel and received related treatment from a private medical provider. Considering this evidence, VBA staff should have requested a

medical examination for this veteran. Had VBA staff obtained a medical examination, a clinician might have provided a positive opinion regarding the veteran's claim, which in turn could have resulted in the approval of the claim.

Example 2: VSR Did Not Request the Veteran's Private Treatment Records

A male veteran submitted an MST-related claim in February 2017 and included information indicating he had received psychiatric treatment at several private hospitals. A VSR did not request release of information forms from the veteran to obtain the medical records from these hospitals. An RVSR denied the claim in May 2017, stating there was no credible supporting evidence of the event, including marker evidence. Had staff requested the medical release forms from the veteran and then requested the private treatment records before denying the claim, these records might have provided sufficient details and marker evidence to support granting the claim.

Example 3: MST Coordinator Did Not Make the Required Telephone Call and VSR Did Not Follow-Up With the Veteran

A male veteran submitted an MST-related claim in September 2016 and provided details of a sexual assault. The MST coordinator did not contact the veteran as required to determine if he reported the assault and to whom. In addition, the VSR did not send a letter to the veteran as required to determine whether the veteran reported the sexual assault. The RVSR denied the claim in May 2017, stating there was no evidence of the sexual assault during his military service. VBA staff should have contacted the veteran and allowed him the opportunity to submit additional information before denying the claim. Had VBA staff given this veteran the opportunity to provide additional evidence, they might have received sufficient information to support granting the claim.

Example 4: RVSR Decided Based on an Insufficient Medical Opinion

A female veteran submitted an MST-related claim in October 2016 and provided details of a sexual assault resulting in pregnancy. Her military medical treatment records showed treatment for pregnancy and birth consistent with the timeline of the reported assault. A VSR correctly requested a medical examination based on these MST markers. The examiner provided an opinion indicating the medical evidence supported the MST-related claim, but used vague language that made the opinion unclear to the claims processor. An RVSR denied the claim in June

2017, stating there was no evidence to support the stressors. The RVSR should have requested clarification regarding the medical examiner's statements prior to denying the claim. VBA policy clearly states contradictory or otherwise insufficient medical opinions should be returned for clarification.[24] A clarification of the statements could have led to a grant in benefits.

Example 5: Multiple Reasons Case Was Incorrectly Processed

A male veteran submitted an MST-related claim in March 2017 and provided details of a sexual assault. The MST Coordinator attempted to contact the veteran. However, a VSR did not request the veteran's complete military personnel file. A VSR also did not send a letter to the veteran, and therefore VBA did not request information from the veteran regarding the reporting of the assault to help him support his claim. The RVSR denied the claim in May 2017, stating there was no credible evidence of the assault. However, the team's review of the veteran's military medical treatment records showed the veteran demonstrated significant weight gain and was classified as "obese" six months following the reported assault with no prior mention of obesity, which should have been considered a marker. Prior to denying this claim, VBA staff should have (1) requested the veteran's complete military personnel file, which may have provided additional evidence or at least markers of the assault; (2) allowed the veteran the opportunity to submit additional information that may help him support his claim; and (3) requested a medical examination and opinion for this veteran due to the sufficient MST marker. Any of these actions could have affected the outcome of the veteran's claim.

Impact of Incorrectly Processed MST-Related Claims Denied by VBA

VBA did not always fulfill its obligation to help veterans prove their MST-related claims. Victims of MST are often reluctant to report the sexual assault; therefore, it is often difficult for them to produce the required evidence to support the occurrence of the reported assault. VBA implemented liberal evidentiary requirements for these types of claims and added duties for claims examiners to assist veterans with providing evidence. The review team found that VBA staff did not follow required procedures for processing these claims, which potentially resulted in undue stress to veterans as well as a denial of compensation benefits for victims of MST who could have been entitled to receive them. As reported to the review team by a mental health

[24] M21-1 Adjudication Procedures Manual, Part III, Subpart IV, Chapter 3, Section D, Topic 3, *Insufficient Examination Reports*; and M21-1 Adjudication Procedures Manual, Part III, Subpart IV, Chapter 3, Section D, Topic 3, *Clarification of Examination Reports*.

provider, it can be traumatizing for MST victims to relay their stories during examinations. Another mental health provider reported that veterans are confused and upset when VBA denies their claims, and this undue stress can interfere with the treatment process. For example, one veteran wrote about the process, describing nausea and vomiting for several days surrounding any time they had to discuss the MST event with mental health providers or examiners. The review team concluded that the trauma of restating or reliving stressful events could cause psychological harm to MST victims and prevent them from pursuing their claims. Incomplete processing may lead to inaccurate claims decisions, as well as a significant amount of rework for VBA employees.

Given that almost half of denied MST-related claims during the review period were processed incorrectly, the review team believes VBA should perform a review of all denied MST-related claims since the beginning of FY 2017. This review should determine whether VBA staff appropriately denied each claim and take corrective action as needed.

Recommendation 1 addresses the need for VBA staff to review all denied MST-related claims since the beginning of FY 2017, determine whether all required procedures were followed, take corrective action as needed, render new decisions as appropriate, and report the results back to the OIG.

Need for Specialization

In 2016, the VBA Office of Field Operations implemented the National Work Queue (NWQ) and no longer required VAROs to use the Segmented Lanes Organizational Model.[25] The Segmented Lanes model had required VSRs and RVSRs on Special Operations teams to process all claims VBA deemed highly complex, as well as sensitive issues such as MST-related claims. The review team concluded that staff on the Special Operations teams developed subject matter expertise on these highly sensitive claims due to focused training and repetition. However, under the NWQ, VBA no longer required the Special Operations teams. Under this new model, the NWQ distributed claims daily to each VARO and the VARO determined the distribution of MST-related claims. For example, two of the VAROs visited chose to continue some degree of specialization while the other two did not. Under the NWQ, VSRs and RVSRs are responsible for processing a wide variety of claims, including MST-related claims. As a result, MST-related claims could potentially be processed by any VSR or RVSR, regardless of their experience and expertise.

VBA consolidated processing of some types of claims to specialized individuals. For example, each VARO must designate at least one RVSR to be specifically responsible for handling claims filed by former prisoners of war (POWs). The stated purpose for this is to ensure former POW

[25] See Appendix A for further discussion of VBA's workload management models.

claims are handled and decided by those RVSRs who are knowledgeable on issues affecting former POWs and are sensitive to the former POW experience.

Staff interviewed by the review team indicated VSRs and RVSRs at offices that specialize typically processed more MST-related claims than the offices that do not specialize. For example, VSRs reported working between three and five MST-related claims per day at one office that still specialized, while VSRs at an office that did not specialize reported seeing three or fewer MST-related claims per month. As a result, the review team determined VSRs and RVSRs at offices that did not specialize lacked familiarity and became less proficient at processing MST-related claims. VARO staff suggested VBA reestablish specialized processing, allowing employees to develop the necessary expertise to ensure consistency and accuracy in processing these sensitive claims. The Deputy Under Secretary for Field Operations agreed that dedicated staff working MST-related claims would help improve the quality of claims processing.

Recommendation 2 addresses the need for VBA to focus the processing of MST-related claims to a specialized group of VSRs and RVSRs.

Lack of Additional Level of Review

VBA currently requires an additional level of review for some types of complex claims, such as traumatic brain injury cases, but does not require this additional level of review for MST-related claims. The Compensation Services Chief of Policy and Chief of Regulations both indicated that a requirement for an additional level of review would have to be weighed against the cost of the requirement, including the delay in claims processing. An MST Coordinator described processing MST claims as a "perishable skill," stating that employees would lose their expertise without working these claims often. RVSRs, quality review personnel, and supervisors interviewed at the four VAROs visited generally thought an additional level of review would be helpful and could improve accuracy. An additional level of review serves as an internal control and quality check to help ensure

- Claims processors followed all applicable statutes, regulations, and procedures;
- Evidence of record properly supports the decision; and
- RVSR adequately explained the decision.

Given the sensitive and time-consuming nature of MST-related claims, the review team determined that additional internal control would be appropriate and would help improve the quality of claims decisions. As part of this additional internal control, the review team concluded that VBA should hold second-level reviewers accountable for the accuracy of these claims. The Deputy Under Secretary for Field Operations and Compensation Service Quality Assurance

personnel agreed that an additional level of review would help improve the accuracy of processing MST-related claims.

Recommendation 3 addresses the need for VBA to require an additional level of review for denied MST-related claims.

Discontinued Special Focused Reviews

The national Systematic Technical Accuracy Review (STAR)[26] team for Compensation Service and the Quality Review Teams (QRT)[27] at each VARO execute VBA's quality assurance programs. The purpose of these programs is to measure claims processing accuracy at the VARO and employee levels, as well as provide feedback and training. MST-related claims are included in the STAR and QRT claim reviews. However, MST-related claims are only a small percentage of the overall claim volume and are less likely than other claim types to be statistically selected for STAR and QRT reviews. Therefore, STAR and QRT staff did not frequently review them. A Compensation Service employee told the review team that STAR only reviewed 60 denied MST-related claims nationwide during FY 2017. The majority of QRT employees interviewed told the team they rarely reviewed MST-related claims due to the random selection of cases. One QRT employee stated that they had never reviewed an MST-related claim.

STAR staff completed special focused quality improvement reviews of MST-related claims beginning in 2011. These reviews, designed to correct deficiencies identified during the claims process, occurred in response to a 2010 OIG report related to combat stress in women veterans.[28] These reviews continued based on a 2014 Government Accountability Office (GAO) report on MST-related claims.[29] Staff performed the reviews twice a year and identified errors similar to those this OIG review team found, such as missed evidence or markers and failure to request necessary medical examinations. The STAR office stopped completing special focused quality improvement reviews of MST-related claims in December 2015. VBA's Quality Assurance Officer indicated the STAR office stopped performing special focused quality improvement reviews because it had met the GAO requirement. The Assistant Director of Quality Assurance for Compensation Service also stated that they reallocated resources towards other areas because

[26] M21-4 Manual, Chapter 3.01(b), *STAR*: STAR is the Veterans Benefits Administration's (VBA) national method for measuring compensation claims processing accuracy in the National Quality Review Program. STAR results are generated for all VBA's regional offices (ROs).

[27] M21-4 Manual, Chapter 6.01(a), *Purpose of the QRT*: The Compensation Service Quality Review Team (QRT) Program establishes a team of dedicated Quality Review Specialists (QRSs) with a focused emphasis on station quality in every Veterans Benefits Administration (VBA) facility that processes compensation claims.

[28] *Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits* – Report No. 10-01640-45, December 16, 2010

[29] *Military Sexual Trauma: Improvements Made, but VA Can Do More to Track and Improve the Consistency of Disability Claim Decisions* - GAO-14-477, June 2014.

the error rate declined for MST-related claims from 2011 to 2015. Given the high error rate identified during its review, the review team determined the STAR office should reinstate special focused quality improvement reviews of these claims. STAR staff should also provide targeted feedback and training to VSRs and RVSRs based on the results of these reviews.

Recommendation 4 addresses the need for VBA to conduct special focused quality improvement reviews of denied MST-related claims.

Inadequate Training

The goal of VBA's MST training is to improve employee awareness of the characteristics and impacts of MST and ensure claims processors apply the regulations and policies for these claims correctly. Compensation Service delivered MST training through four modules using VBA's online training management system.[30] The following are the lesson titles and stated learning objectives:

- PTSD due to MST Lesson 1: *Overview.* Recognize concepts associated with MST
- PTSD due to MST Lesson 2: *Regulations.* Identify regulations related to rating cases for PTSD due to MST
- PTSD due to MST Lesson 3: *Development.* Identify development actions for PTSD due to MST
- PTSD due to MST Lesson 4: *Rating.* Identify rating procedures for claims for PTSD due to MST

The first three modules are required for VSRs; all four are required for RVSRs. VBA had not updated the four MST training modules since 2014 despite multiple changes to the Adjudication Procedures Manual during that time. The Assistant Director of Training indicated the training plan was in "the process of transition and will include competency training based on position description." The OIG reviewed the four training modules and identified the following issues:

- Consistently referred to a development checklist that was outdated and inaccurate
- Included erroneous development procedures, such as instructing claims processors to use incorrect medical opinion language
- Misstated the MST Coordinator's role and responsibilities
- Did not address how to rate claims where a diagnosis other than PTSD was provided

[30] Compensation Service provided other MST-related training; however, the review team determined it was not required and/or relevant to this review.

- Included incomplete information regarding what constitutes an insufficient or inadequate examination

Furthermore, the training was one-time only and there was no requirement for annual refresher training. The Compensation Service Quality Assurance Officer stated that VSRs and RVSRs needed refresher training, and staff at the four VAROs visited generally agreed it was not adequate. The Director of Compensation Service and Assistant Director of Compensation Service Training agreed that the training needed improvement and indicated that VBA was in the process of creating a new training program. The Deputy Under Secretary for Field Operations stated that training for MST-related claims should be an annual requirement.

Recommendation 5 addresses the need for VBA to improve training regarding processing MST-related claims.

Lesson 3 included a development checklist for MST-related claims. Despite the issues identified with the checklist, it could serve as an internal control if improved to help ensure that VBA staff takes all required steps before denying a veteran's claim. VBA should update the checklist to include all specific steps VSRs and RVSRs must take in processing MST-related claims to provide veterans every opportunity to prove their claims. To improve quality and establish accountability over these claims, VBA needs to require that all VSRs and RVSRs use the checklist and certify that they have completed all required steps prior to making a decision on a claim.

Recommendation 6 addresses the need for VBA to update the development checklist, as well as require VSRs and RVSRs to use and certify compliance with the checklist.

Conclusion

VBA staff did not always follow VBA's policy and procedures, which may have led to the denial of veterans' MST-related claims. Reviewing all denied MST-related claims since the beginning of FY 2017 and reopening the cases with errors will help ensure veterans receive accurate claims decisions as well as better customer service. VBA could decrease incorrectly processed denials of MST-related claims by directing reviews of these claims to a group of specialized staff. By requiring a higher level of review for all MST-related claims and reinstating special focused quality improvement reviews, VBA can ensure consistency in claims processing. VBA could decrease potential MST-related claims processing errors by updating the MST training, monitoring its effectiveness, and requiring it annually for all staff that process these claims. Finally, VBA could ensure claims processors complete all required actions before denying MST-related claims by updating the development checklist and requiring VSRs and RVSRs to use it and certify compliance.

Recommendations 1–6

1. The Under Secretary for Benefits reviews all denied military sexual trauma-related claims since the beginning of FY 2017, determines whether all required procedures were followed, takes corrective action based on the results of the review, renders a new decision as appropriate, and reports the results back to the Office of Inspector General.
2. The Under Secretary for Benefits focuses processing of military sexual trauma-related claims to a specialized group of Veterans Service Representatives and Rating Veterans Service Representatives.
3. The Under Secretary for Benefits requires an additional level of review for all denied military sexual trauma-related claims and holds the second-level reviewers accountable for accuracy.
4. The Under Secretary for Benefits conducts special focused quality improvement reviews of denied military sexual trauma-related claims and takes corrective action as needed.
5. The Under Secretary for Benefits updates the current training for processing military sexual trauma-related claims, monitors the effectiveness of the training, and takes additional actions as necessary.
6. The Under Secretary for Benefits updates the development checklist for military sexual trauma-related claims to include specific steps claims processors must take in evaluating such claims in accordance with applicable regulations, and requires claims processors to certify that they completed all required development action for each military sexual trauma-related claim.

Management Comments and OIG Response

The Under Secretary for Benefits concurred with Recommendations 1, 2, and 4–6, and concurred in principle with Recommendation 3. The Under Secretary provided acceptable action plans for all six recommendations.

To address Recommendation 1, VBA is developing a plan to conduct a review of denied MST-related claims decided between October 1, 2016, through June 30, 2018, take corrective actions based on the review, and report the results back to the OIG. To address Recommendation 2, VBA will issue guidance to all VAROs to designate a specialized group of MST-trained VSRs and RVSRs that process MST-related claims. To address Recommendation 3, in lieu of an additional level of review of all denied MST-related claims, VBA will institute a requirement for a 90 percent accuracy rate on at least 10 cases per employee, with all cases subject to a second-signature review until such accuracy rate has been achieved. The OIG agreed with this proposed action. To address Recommendation 4, VBA will conduct a special focus review of denied MST-related claims in FY 2019 after VSRs and RVSRs

have completed the mandated training courses. Any erroneous decisions found during this review will be returned to VAROs for corrective action. To address Recommendation 5, VBA will update the Talent Management System training, mandate all VSRs and RVSRs who are dedicated to handling MST-related claims complete this training, and administer a targeted consistency study to assess the effectiveness of the training. To address Recommendation 6, VBA will update the development checklist for MST-related claims to include the specific steps claims processors must take. When RVSRs sign the rating decision, they are certifying all required development actions have been taken.

The OIG will monitor VBA's progress and follow up on implementation of the recommendations until all proposed actions are completed.

Appendix A: Background

Segmented Lanes Organizational Model

VBA implemented its Segmented Lanes organizational model for processing compensation benefits claims in 2012. VBA developed this approach to increase the speed and accuracy of deciding claims because the individual lanes would become familiar with processing claims of similar complexity. Each lane included claims assistants providing file support, VSRs requesting evidence to support claims, and RVSRs deciding claims. Staff routed claims to three segmented lanes under this model: Express Lane, Core Lane, and Special Operations Lane.

Staff on the Express Lane processed claims involving only one or two medical conditions or those cases containing all necessary evidence to make a decision. The Core Lane staff completed claims with more than two medical conditions or those cases requiring additional evidence to make a decision. Finally, Special Operations Lane staff processed claims requiring special handling because of the unique circumstances of the veterans. These included claims involving homelessness; serious wounds, injuries, or illnesses; former prisoners of war; and MST-related claims.

The Special Operations Lane processed specific claims because of the sensitivity, complexity, and special care they required, including MST-related claims. MST Coordinators received specialized training and VBA designated them as the primary points of contact for these cases. VSRs and RVSRs received specialized training on MST-specific procedures, including identifying markers. Together, VBA employees in the Special Operations Lane developed the expertise to address MST-related claims based on their specific training and an increased frequency of addressing these cases.

National Work Queue

During FY 2016, VBA established the National Work Queue (NWQ) organizational model to centrally manage and distribute the national claims inventory. The NWQ is a rule-based workload distribution tool that assigns claims daily to VAROs nationwide. OFO centrally manages the NWQ and uses electronic claims processing within VBMS. The distribution of daily workload is based on VARO capacity, national claims processing priorities, and special missions.

Appendix B: Scope and Methodology

Scope

The review team conducted its work from October 2017 through June 2018. The review covered a population of 2,851 PTSD claims related to MST that VBA staff denied and completed from April 1, 2017, through September 30, 2017.

Methodology

To accomplish the review objective, the OIG team identified and reviewed applicable laws, regulations, VA policies, operating procedures, and guidelines for MST-related claims. The review team interviewed and obtained testimonial information related to work processes associated with these claims from management and staff at all four VAROs visited as well as VBA's Central Office, including Compensation Service; the Office of Performance Analysis and Integrity; and the Office of Field Operations. The review team also interviewed the Veterans Health Administration's (VHA) Central Office Chief Officer from the Office of Disability and Medical Assessment.

From December 2017 through February 2018, the review team conducted site visits to the following VAROs and medical facilities:

1. Detroit VARO (Detroit, Michigan)
2. John D. Dingell VA Medical Center (Detroit, Michigan)
3. Little Rock VARO (North Little Rock, Arkansas)
4. Central Arkansas Veterans Healthcare System Eugene J. Towbin Healthcare Center (North Little Rock, Arkansas)
5. Atlanta VARO (Decatur, Georgia)
6. Atlanta VA Health Care System (Decatur, Georgia)
7. Providence VARO (Providence, Rhode Island)
8. Providence VA Medical Center (Providence, Rhode Island)

The review team interviewed more than 120 employees including VSRs, RVSRs, supervisory VSRs, quality review specialists, decision review officers, training coordinators, MST coordinators, medical examiners, Veteran Service Center managers, Assistant Veteran Service Center managers, and VARO directors.

In coordination with OIG statisticians, the review team reviewed a stratified random statistical sample of 150 veterans' MST-related claims—75 claims from male veterans and 75 claims from female veterans—that VBA staff denied and completed from April 1, 2017, through

September 30, 2017. The review team determined whether VBA staff incorrectly processed these claims. The review team reviewed 19 additional judgmentally selected MST-related claims that VBA staff denied and completed from April 1, 2017, through September 30, 2017, and determined whether VBA staff incorrectly processed these claims. Appendix C provides more details on the statistical sampling methodology.

The review team used VBA's electronic systems, including VBMS, to review the sample veteran claims folders and relevant documentation required to assess whether VBA staff incorrectly processed denied MST-related claims. The review team also used VHA's electronic medical records to review the sample veteran claims folders for relevant evidence. The review team discussed the findings with VBA officials and included their comments where appropriate.

Fraud Assessment

The review team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this review. The review team exercised due diligence in staying alert to any fraud indicators by taking actions such as

- Soliciting the OIG's Office of Investigations for indicators,
- Reviewing the OIG hotline complaints and concerns for indicators, and
- Completing the Fraud Indicators and Assessment checklist.

The review team did not identify any instances of fraud during this review.

Data Reliability

The review team used computer-processed data from VBA's Corporate Data Warehouse. To test for reliability, the review team determined whether any data were missing from key fields, included any calculation errors, or were outside the timeframe requested. The review team also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, the review team compared veterans' names, file numbers, Social Security numbers, VARO numbers, dates of claims, and decision dates as provided in the data received in the 169 claims folders reviewed.

Testing of the data disclosed that they were sufficiently reliable for the review objectives. Comparison of the data with information contained in the veterans' claims folders reviewed did not disclose any problems with data reliability.

Government Standards

We conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation.*

Appendix C: Statistical Sampling Methodology

Approach

To accomplish the objective, the review team reviewed a statistical sample of MST-related claims denied by VBA staff. The team used statistical sampling to quantify the extent of cases where VBA staff incorrectly processed these claims.

Population

The review population included 2,851 MST-related claims that VBA staff denied, completed from April 1, 2017, through September 30, 2017. For the purposes of this review, the OIG team estimated the population to approximately 2,700 veterans after excluding cases determined to be outside the scope of review.[31]

Sampling Design

The review team selected a statistical sample of 150 cases from the universe of MST-related claims that VBA staff denied—75 claims from male veterans and 75 claims from female veterans. The review team also reviewed a judgmental sample of 19 MST-related claims that VBA staff denied and completed from April 1, 2017, through September 30, 2017. The review team identified these 19 MST-related denials from VBA generated reports; therefore, these were not statistically selected.

Weights

The review team calculated estimates in this report using weighted sample data. Sampling weights are computed by taking the product of the inverse of the probabilities of selection at each stage of sampling. The 19 judgmentally selected cases had a weight of one for the estimates.

Projections and Margins of Error

The review team used WesVar software to calculate the weighted universe estimates and associated sampling errors from the statistically selected cases. WesVar employs replication methodology to calculate margins of error and confidence intervals that correctly account for the complexity of the sample design. The margins of error and confidence intervals are indicators of the precision of the estimates. If the review team repeated this review with multiple samples, the confidence intervals would differ for each sample but would include the true population value

[31] The OIG identified 12 cases marked as MST-related; however, data reviews indicated they should be excluded. For example, several were claims for non-sexual personal trauma.

90 percent of the time. For the review results, the team used estimates of the 90 percent confidence interval. The following tables detail the review team's analysis and projected results.

Table 2 shows the projections of the estimated adjusted universe for veterans' cases with denied MST-related claims during the review period.

Table 2: Summary of Projections and Confidence Intervals for Estimated Adjusted Universe for Veterans' Denials of MST-Related Claims

Result	Projection	Margin of Error	Lower Limit 90% Confidence Interval	Upper Limit 90% Confidence Interval	Sample Size
Universe of denials of MST-related claims	2,688	150	2,538	2,838	169

Source: VA OIG statistician's projection of estimated population. Data were obtained from VBA's Corporate Data Warehouse.

Table 3 shows the projections of the estimated errors for MST-related denials for each category included in this report.

Table 3: Summary of Projections and Confidence Intervals for Estimated Cases in Error by Each Category

Error Category	Projection	Margin of Error	Lower Limit 90% Confidence Interval	Upper Limit 90% Confidence Interval	Sample Size
Evidence sufficient, but no medical examination requested	740	174	566	914	46
Evidence gathering issues	339	123	215	462	24
MST Coordinator call not conducted, required language not in letter to veteran	301	117	184	418	20
Medical opinion insufficient for decision	274	116	158	390	17
Multiple Errors	303	117	186	420	22
Total	**1,326**	203	1,123	1,529	82

Source: VA OIG statistician's projection of estimated population. Data was obtained from VBA's Corporate Data Warehouse.

Table 4 shows the projections of the estimated percentages of errors for MST-related denials for each category.

Table 4: Summary of Projections and Confidence Intervals for Percentages of Estimated Cases in Error by Each Category

Error Category	Projection	Margin of Error	Lower Limit 90% Confidence Interval	Upper Limit 90% Confidence Interval	Sample Size
Evidence sufficient, but no medical examination requested	27.5%	6.3	21.2%	33.8%	46
Other evidence gathering issues	12.6%	4.6	8.1%	17.2%	24
MST Coordinator call not conducted, required language not in letter to veteran	11.2%	4.3	6.9%	15.5%	20
Medical opinion insufficient for decision	10.2%	4.3	5.9%	14.5%	17
Multiple Errors	11.3%	4.3	7.0%	15.6%	22
Total	**49.3%**	**7.0**	**42.3%**	**56.4%**	**82**

Source: VA OIG statistician's projection of estimated population. Data was obtained from VBA's Corporate Data Warehouse.

Appendix D: Management Comments

Department of Veterans Affairs Memorandum

Date: July 31, 2018

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – Review of Denied PTSD Claims Related to Military Sexual Trauma [Project No. 2017-05248-DI-0181]

To: Assistant Inspector General for Audits and Evaluations (52)

1. Attached is VBA's response to the OIG Draft Report: Review of Denied PTSD Claims Related to Military Sexual Trauma.
2. Questions may be referred to Ruma Mitchum, Program Analyst, at (202) 632-8987.

Paul R. Lawrence, Ph.D.

Attachment

Attachment

Veterans Benefits Administration
Comments on OIG Draft Report
Review of Denied PTSD Claims Related to Military Sexual Trauma

The Veterans Benefits Administration (VBA) concurs with the findings in OIG's draft report and provides the following comments in response to the recommendations.

Recommendation 1: The Under Secretary for Benefits review all denied MST-related claims since the beginning of FY 2017, determine whether all required procedures were followed, take corrective action based on the results of the review, render a new decision as appropriate, and report the results back to the OIG.
VBA Response: Concur. VBA will implement a plan to conduct a review of denied military sexual trauma (MST)-related claims decided between October 1, 2016, through June 30, 2018, and take corrective actions based on the review if an incorrect decision was made. VBA will provide the results of this review to OIG.

Target Completion Date: September 30, 2019

Recommendation 2: The Under Secretary for Benefits focus processing of MST-related claims to a specialized group of Veterans Service Representatives and Rating Veterans Service Representatives.

VBA Response: Concur. VBA will issue guidance to all regional offices (ROs) to designate a specialized group of MST-trained Veterans Service Representatives (VSRs) and Rating Veterans Service Representatives (RVSRs) at each RO to process MST-related claims.

Target Completion Date: November 30, 2018

Recommendation 3: The Under Secretary for Benefits require an additional level of review for all denied MST-related claims and hold the second-level reviewers accountable for accuracy.

VBA Response: Concur in principle. In conjunction with establishing specialized VSRs and RVSRs at each RO to process these claims, VBA will institute a requirement for a 90 percent accuracy rate on at least 10 cases per employee, with all cases subject to a second-signature review until such accuracy rate is achieved. Single-signature authority will be granted for this specialized group of claim processors once the required accuracy rate has been achieved. Second-signature reviews may be included as part of local quality reviews under existing procedures. These procedures will further ensure the quality of all MST-related claims. VBA will issue guidance to all ROs in conjunction with the guidance issued in VBA's response to recommendation 2.

Target Completion Date: November 30, 2018

Recommendation 4: The Under Secretary for Benefits conduct special focused quality improvement reviews of denied MST-related claims and take corrective action as needed.

VBA Response: Concur. VBA will conduct a special focus review of denied MST-related claims in fiscal year 2019 after VSRs and RVSRs have completed the mandated training courses. Any erroneous

decisions found during this review will be returned to ROs for corrective action. VBA will provide the results of this review to OIG.

Target Completion Date: September 30, 2019

Recommendation 5: The Under Secretary for Benefits update the current training for processing MST-related claims, monitor the effectiveness of the training, and take additional actions as necessary.

VBA Response: Concur. VBA will update the "MST: Markers and Claims Development" recorded training course in the Talent Management System (TMS) by September 30, 2018, and will mandate all VSRs and RVSRs who are dedicated to handling MST claims complete this training course by October 31, 2018. In addition, VBA will update the four lessons contained in the "PTSD Due to MST" training course. We expect to upload the updated course into TMS by December 31, 2018, and will mandate the training be completed by March 31, 2019.

In addition, VBA will administer a targeted consistency study to assess the effectiveness of the training by September 30, 2019, (six months after the date the last MST training course has been completed).

Target Completion Date: October 31, 2019

Recommendation 6: The Under Secretary for Benefits update the development checklist for MST-related claims to include specific steps claims processors must take in evaluating such claims in accordance with applicable regulations, and require claims processors to certify that they completed all required development action for each MST-related claim.

VBA Response: Concur. By December 31, 2018, VBA will update the development checklist for MST-related claims to include specific steps claims processors must take in evaluating such claims in accordance with applicable regulations.

Additionally, when RVSRs sign the rating decision for any disability compensation claim, they are certifying all required development actions have been taken regardless of claim type. As such, VBA is currently compliant with this aspect of the recommendation.

Target Completion Date: December 31, 2018

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

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